

更改個人資料 / 簽名 / 聯絡資料
[地址 / 電話 / 電郵地址]申請書
CHANGE OF PERSONAL INFORMATION /
SIGNATURE / CONTACT INFORMATION [ADDRESS / TELEPHONE / E-MAIL ADDRESS] APPLICATION FORM

TPLHK-795 單証條形碼

保單號碼 Policy Number										保單持有人姓名 Name of Policy Owner										受保人姓名 Name of Insured									
T	P	L	H	K													0	0	8										
保險中介人姓名 Name of Insurance Intermediary										保險中介人編號 Code of Insurance Intermediary										保險中介人聯絡電話 Contact No. of Insurance Intermediary									

注意事項 Important Notes

- 請在適當的空格內填上[✓]。Please tick [✓] the relevant box(es).
- 請勿在空白申請書或尚未填妥的申請書上簽署。Please do not sign on a blank or incomplete form.
- 請在簽署此申請書後的 30 天內，將此申請書提交予中國太平人壽保險(香港)有限公司(“本公司”)處理。Please return this form to China Taiping Life Insurance (Hong Kong) Company Limited (the “Company”) within 30 days after signing the same.
- 此申請書的任何資料如有更改，保單持有人必須在更改的位置簽署作實。All amendments to this form shall be endorsed with the signature of the Policy Owner.
- 保險中介人收到此申請書並不代表本公司亦已收到。當本公司收到此申請表的正本後，方會辦理閣下之申請。Receipt of this form by the Insurance Intermediary does not constitute receipt by the Company. The Company will only process your request upon actual receipt of the original of this form.
- 此申請於保單持有人及受保人在世期間獲本公司收到並存檔，並經本公司確認及發出的信函/批註作實後方為有效。This application is valid when received and recorded by the Company during the lifetime of both the Policy Owner and Insured, as well as confirmed by a letter / an endorsement issued by the Company.
- 此申請書應由保單持有人及 / 或受保人及 / 或承讓人(如適用)以正楷填寫及簽名，簽名式樣須與上述保單(“保單”)上的記錄相符。This form shall be completed by the Policy Owner and / or Insured and / or Assignee in BLOCK LETTERS and signed with the signatures as recorded in the above policy (the “Policy”).
- 如閣下未能符合本公司的有關規定，本公司有權拒絕閣下的申請。We shall have the right to reject your application if you fail to fulfill the applicable requirement(s) of the Company.
- 如更改身份證明文件類別及號碼 / 出生日期 / 國籍，請連同下列相關文件一併遞交此申請書：For change of type and number of Identity Document / Date of Birth / Nationality, please submit this form together with the following document(s):
 - 香港身份證 / 護照 / 出世紙的認證副本(只適用於香港及非中國內地客戶)。Certified Copy of HKID Card / Passport / Birth Certificate (applicable to Hong Kong and non-PRC customers only).
 - 中國居民身份證 / 旅遊證件 / 完整戶口簿 / 就前述文件作出公證的公證書的認證副本(只適用於中國內地客戶)。Certified Copy of PRC ID / Travel Document and a full set of Household Register / Notary Certificate for notarization of the aforesaid documents (applicable to PRC customer only)
- 如更改姓名，請連同下列相關文件一併遞交：For change of name, please submit together with the following documents:
 - 有效香港身份證 / 護照，及改名契 / 結婚證書的認證副本如因結婚而更改姓名(只適用於香港及非中國內地客戶)。Certified Copy of valid HKID / Passport, and Deed Poll / Marriage Certificate if change of name is due to marriage (applicable to Hong Kong and non-PRC customers only).
 - 有效中國居民身份證 / 旅遊證件，及完整戶口簿 / 就前述文件作出公證的公證書的有效認證副本(只適用於中國內地客戶)。Certified Copy of valid PRC ID Card / Travel Document, and full set of Household Register / Notary Certificate for notarization of the aforesaid documents (applicable to PRC customer only).
- 如更改國籍、地址 / 聯絡電話、身份證明文件類別及號碼，請填寫第四部份-稅務居民身份的資料。如有美國相關的指標，請同時申報《海外帳戶稅收合規法案》的認證資料。For change of nationality, address / contact number, ID type & number, please complete Part 4 - Tax Residency. Please declare the “FATCA Certification” if information related to U.S. indicia.

☐ **第一部份 更改個人資料 Part 1 Change of Personal Information (需與身份證明文件上之姓名相同 Must be the same as shown on identity document)**

<input type="checkbox"/> 受保人 Insured		<input type="checkbox"/> 保單持有人 Policy Owner	
中文全名 (如適用) Full Name in Chinese (if applicable)		英文姓名 Name in English	
		姓 Surname	名 Given Name
性別 Gender	出生日期 Date of Birth	出生地 Place of Birth	婚姻狀況 Marital Status
<input type="checkbox"/> 男 Male	____ / ____ / ____ 日 DD 月 MM 年 YYYY		<input type="checkbox"/> 已婚 Married <input type="checkbox"/> 未婚 Single <input type="checkbox"/> 其他 Others _____ (請註明 please specify)
身份證明文件類別 Type of Identity Document		國籍 (國家/地區) Nationality (Nation/District)	
<input type="checkbox"/> 香港身份證 HKID Card <input type="checkbox"/> 內地身份證 PRC ID Card <input type="checkbox"/> 香港出世紙 HK Birth Certificate <input type="checkbox"/> 護照 Passport <input type="checkbox"/> 其他證件 Others _____ (請註明 please specify)		<input type="checkbox"/> 中國香港 Hong Kong SAR, China <input type="checkbox"/> 中國澳門 Macau SAR, China <input type="checkbox"/> 中國 China <input type="checkbox"/> 美國 United States <input type="checkbox"/> 其他 Others _____ (請註明 please specify)	
身份證 / 護照 / 公司證明文件號碼 ID Card / Passport / Company ID Document No. _____		職業 Occupation	
簽發國家 Country of Issuance		New Occupation 現職: _____ since 任職日: _____	
		Daily Job Duty 日常職務: _____	
		Employer's Name and Address 僱主姓名及地址: _____	

☐ **第二部份 更改簽名 Part 2 Change of Signature**

- | | |
|--|---|
| <input type="checkbox"/> 保單持有人之新簽名 New Signature of the Policy Owner | <input type="checkbox"/> 受保人之新簽名 New Signature of the Insured
(倘非保單持有人 if different from the Policy Owner) |
|--|---|

<input type="checkbox"/> 第三部份 更改地址 / 聯絡電話 / 電郵地址 Part 3 Change of Address / Contact Telephone / Email Address									
本部分只適用於保單持有人更改地址 / 聯絡電話 / 電郵地址的情況。This part is applicable only when there is a change of address / contact telephone / email address of the Policy Owner. 請提供閣下的其它保單號碼 (如適用)。Please provide other policy number(s) belonging to you (if applicable).									
(1)			(2)						
(3)			(4)						
(5)			(6)						
<input type="checkbox"/> 通訊地址 Correspondence Address (恕不接受郵政信箱 Post Office Box address is not acceptable)									
郵編(如適用) Post Code (if applicable)									
如閣下的現居住 / 永久 / 辦事處地址跟上述聯絡地址不同, 請提供該地址 (恕不接受郵政信箱)。If your current residential / permanent / business address is different from your correspondence address above, please provide such address(es) (Post Office Box address is not acceptable).									
<input type="checkbox"/> 現居住地址 Current Residential Address									
郵編(如適用) Post Code (if applicable)									
<input type="checkbox"/> 永久地址 Permanent Address									
郵編(如適用) Post Code (if applicable)									
<input type="checkbox"/> 辦事處地址 Business Address									
郵編(如適用) Post Code (if applicable)									
聯絡電話 Contact Telephone Number (請註明電話國家 / 地區編號 Please specify telephone country / area code)									
手提電話 Mobile			居住電話 Residential Telephone No.				公司電話 Office Telephone No.		
() - ()			() - ()				() - ()		
國家號	地區號	電話號碼	國家號	地區號	電話號碼	國家號	地區號	電話號碼	
Country Code	Area Code	Telephone No.	Country Code	Area Code	Telephone No.	Country Code	Area Code	Telephone No.	
<input type="checkbox"/> 電郵地址 Email Address						<input type="checkbox"/> 傳真號碼 Fax Number			
若閣下希望收取此保單的電子訊息通知, 請選擇下列渠道。(可選多於一項) If you wish to receive electronic notification regarding the Policy, please select the following channels. (Can choose more than one option).									
<input type="checkbox"/> 電郵 E-mail <input type="checkbox"/> 短訊服務 SMS <input type="checkbox"/> 本人選擇不接受任何電子訊息提示 I choose not to receive any electronic notification									
<input type="checkbox"/> 第四部份 稅務居民身份及《海外帳戶稅收合規法案》認證 Part 4 Tax Residency and FATCA Certification									
稅務居民身份 Tax Residency 本部分只適用於保單持有人更改個人資料的情況。請於以下其中一個方格填上[✓]號, 以表示閣下的稅務居民身份。This part is applicable only when there is a change of personal information of the Policy Owner. Please tick [✓] one of the following boxes to indicate your tax residency status.									
<input type="checkbox"/> (1) 只是香港稅務居民。A Hong Kong Tax resident only.									
<input type="checkbox"/> (2) 是香港稅務居民及擁有其他稅務管轄區或國家的稅務居民身份。A Hong Kong tax resident AND also a tax resident in other jurisdiction(s) or country(ies).									
<input type="checkbox"/> (3) 非香港稅務居民, 但擁有其他稅務管轄區或國家的稅務居民身份。Not a Hong Kong tax resident, but instead a tax resident of other jurisdiction(s) or country(ies).									
如在上述的選項(2)或(3)填上[✓], 請提供以下資料, 列明閣下的所有居留司法管轄區(即閣下的稅務管轄區)及就該居留司法管轄區閣下的稅務編號。如沒有提供稅務編號, 則必須填寫合適的理由。If a [✓] is put in item (2) or (3) above, please provide details in the following table to indicate all the jurisdiction(s) of residence where you are a resident for tax purposes and your TIN for each jurisdiction indicated. If a TIN is unavailable, please provide an appropriate reason.									
居留司法管轄區 (香港除外) Jurisdiction(s) of Residence (except Hong Kong)			稅務編號 TIN		如沒有提供稅務編號, 請填寫理由 A、B 或 C Please state Reason A, B or C if no TIN is available		如選取理由 B, 請解釋保單持有人不能取得稅務編號的原因 Please explain why the Policy Owner is unable to obtain a TIN if you have selected Reason B		
(1)									
(2)									
(3)									
理由 A – 閣下的居留司法管轄區並沒有向其居民發出稅務編號。 Reason A – The jurisdiction where you are a resident for tax purposes does not issue TINs to its residents. 理由 B – 閣下不能取得稅務編號。如選取這一理由, 請解釋閣下不能取得稅務編號的原因。 Reason B – You are unable to obtain a TIN. Please explain why you are unable to obtain a TIN if this reason is selected. 理由 C – 閣下毋須提供稅務編號。居留司法管轄區的主管機關不需要閣下披露稅務編號。 Reason C – TIN is not required. Select this reason only if the authorities of the jurisdiction of residence do not require the TIN to be disclosed.									
注意事項 Important Notice 本公司是根據《稅務條例》(第 112 章)有關交換財務帳戶資料的法律條文, 收集此申請書所載資料並可備存作自動交換財務帳戶資料用途。本公司可能根據《稅務條例》把該等資料和關於保單持有人及任何須申報帳戶的資料向香港特別行政區政府稅務局申報, 從而把資料轉交到保單持有人的居留司法管轄區的稅務當局。如保單持有人有任何疑問, 請聯絡稅務及 / 或法律顧問。Pursuant to the legal provisions for exchange of financial account information provided under the Inland Revenue Ordinance (Cap.112), the information contained in this form is collected and may be kept by the Company for the purpose of automatic exchange of financial account information. The Company may pursuant to the Inland Revenue Ordinance report such information and information regarding the Policy Owner and any reportable account(s) to the Inland Revenue Department of the Government of the Hong Kong Special Administrative Region and exchange the said information with the tax authorities of another jurisdiction or jurisdictions in which the Policy Owner may be resident for tax purposes. If the Policy Owner has any questions, please contact a tax and / or legal advisor.									

<div><div>第四部份 稅務居民身份及《海外帳戶稅收合規法案》認證（續）Part 4 Tax Residency and FATCA Certification (Continued)</div><div><div>《海外帳戶稅收合規法案》認證 FATCA Certification</div><div>(本部分只適用於保單持有人更改個人資料的情況。This part is applicable only when there is a change of personal information of the Policy Owner.</div><div>閣下是否美國公民或美國稅務居民(見以下備註)? 若「是」, 請填妥並遞交美國報稅表 W-9 表格或等同文件。</div><div>Are you a U.S. Citizen or a U.S. tax resident (See Notes below)? If “yes”, please complete and submit U.S. IRS Form W-9 or its equivalent form.</div><div><div><input type="checkbox"/> 是 Yes 納稅人識別編號 TIN No. _____</div><div><input type="checkbox"/> 否 No</div></div><div><div>為遵循 FATCA 及相關的本地法規, 本人/我們同意本公司提供本人/我們的個人資料予美國或相關的本地司法、稅務或其他監管機構, 以確保本公司遵行 FATCA 或適用規定。</div><div>Pursuant to FATCA or applicable local laws, I/we hereby consent to the Company to report my/our personal data to the U.S. or applicable local regulators or tax authorities where necessary in order to comply with FATCA or applicable local laws.</div></div><div><div>備註:</div><div><div>1. 美國稅務居民指是美國綠卡持有人(即美國合法永久居民) 或滿足實質居住測試(即他 / 她於納稅年內已在美國逗留至少 31 天和三年內在美國逗留至少 183 天(包括本納稅年度及過往兩年)。如閣下的答案為“是”, 請填寫 W-9 表格。三年內在美國逗留日數計算方法=本年實際居住在美國日數+1/3 去年居住在美國的日數的+1/6 前年居住在美國的日數。</div><div>2. 如閣下的答案為“否”, 並非美國公民或美國稅務居民, 但具有以下其中一項或以上之身份 / 狀況, 例如: 具美國住址或通訊地址或郵政信箱、具美國電話號碼, 或指示將資金轉入 / 轉出位於美國的賬戶, 請遞交填妥好的 W-8BEN 表格及相關證明文件。</div><div>3. 如閣下的出生國家是美國, 但聲稱為非美國公民或非美國稅務居民, 請提供喪失 / 放棄美國籍之證明文件副本並遞交 W-8BEN 表格。</div></div><div><div>Notes:</div><div><div>1. U.S. tax resident refers to U.S. Green Card holder (i.e. U.S. lawful permanent resident) or an individual who meets the substantial presence test (i.e. he / she has been present in the U.S. for at least 31 actual days in the current tax year and 183 equivalent days during a three year period (including current tax year and the two prior years). If you answered “yes” to the question “Are you a U.S. Citizen or a U.S. tax resident?”, please complete Form W-9. Equivalent days = Actual days in the U.S. in the current year + 1/3 of his / her days in the U.S. in the immediately preceding year + 1/6 of his / her days in the U.S. in the second preceding year.</div><div>2. If you answered “No” to the question “Are you a U.S. Citizen or a U.S. tax resident?”, but carrying U.S. indicia. e.g. having U.S. addresses or U.S. contact numbers or standing instructions to make payments to / from accounts maintained in U.S., please submit supporting document(s) along with Form W-8BEN.</div><div>3. If your country of birth is the U.S. and you declare being a non U.S. citizen or non U.S. tax resident, please submit Certificate of Loss of Nationality of the United States along with Form W-8BEN.</div></div></div></div></div></div>
<div><div>私隱政策聲明和收集個人資料聲明 PRIVACY POLICY STATEMENT AND PERSONAL INFORMATION COLLECTION STATEMENT</div><div><div>私隱政策聲明</div><div>中國太平人壽保險（香港）有限公司和中國太平保險集團有限責任公司（以下合稱“本公司及集團”）明白其在《個人資料（私隱）條例》下就個人資料的收集、持有、處理或使用所負有的責任。本公司及集團僅將為合法和相關的目的收集個人資料，並將採取一切切實可行的步驟，確保本公司及集團所持個人資料的準確性。本公司及集團將採取一切切實可行的步驟，確保個人資料的安全性，及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。本公司及集團不會在沒有您的同意，把閣下的個人資料提供予協力廠商作直接促銷用途或其他沒有關係的用途。下列的個人資料收集聲明是私隱政策聲明的一部分。</div><div><div>個人資料收集聲明</div><div>閣下的個人資料為自願提供。敬請注意，如果閣下不向本公司及集團提供所需的個人資料，本公司及集團可能無法提供閣下要求的資料、產品或服務。</div><div>目的：本公司及集團不時有必要使用閣下的個人資料作下列用途：</div><div><div>(1) 向閣下推介、提供和營銷本公司及集團及其子公司的產品／服務（請參閱下文“為直接促銷目的而使用個人資料”部份），以及提供、維持、管理和操作該等產品／服務；</div><div>(2) 處理和評估閣下就本公司及集團及其子公司的產品／服務提出的任何申請或要求；</div><div>(3) 向閣下提供後續服務及執行/管理已發出的保單，例如協助閣下安排身體檢查（如需要）和為相關保單作出增加、更改、變更、撤銷、續期或恢復；</div><div>(4) 本公司及集團和／或其子公司提供的任何產品／服務而由閣下或其他索賠方提出的、針對閣下或其他索賠方提出的、或者其他涉及閣下或其他索賠方的任何索賠相關的任何目的，包括對索賠進行調查；</div><div>(5) 供我們資料核對，內部業務及行政之用；</div><div>(6) 為本公司及集團及其子公司設計新的產品／服務或改進現有的產品/服務；</div><div>(7) 為本公司及集團及其子公司、金融服務行業或相關的監管機構的統計或類似目的進行市場或精算研究；</div><div>(8) 基於本聲明所列的任何目的，將本公司及集團不時持有並與閣下有關的任何資料進行核對；</div><div>(9) 滿足任何適用法律、規則、規例、實務守則或指引規定的要求，或協助在香港或香港境外的警方或其他政府或監管機構執法及進行調查；</div><div>(10) 進行身份和／或信用核查和／或債務追收；</div><div>(11) 就閣下在本公司及集團持有的任何帳戶或本收集個人資料聲明未來的變更發出行政性通訊；及</div><div>(12) 與上述任何目的直接有關的其他目的。</div></div><div><div>個人資料的移轉：個人資料將予以保密，但在遵守任何適用法律條文的前提下，可移轉予：</div><div><div>(1) 任何本公司及集團及其在香港境內或境外（包括中國大陸）的子公司；</div><div>(2) 就本公司及集團和／或其子公司提供的任何產品／服務而由閣下或針對閣下提出的、或者其他涉及閣下的任何索賠相關的任何人士（包括私人調查方和索賠調查公司）；</div><div>(3) 就本公司及集團和/或其子公司所提供產品/服務提供服務的任何代理、承包商或協力廠商，包括任何再保險公司、保險中介、基金管理公司或金融機構；</div><div>(4) 就業務經營關係向本公司及集團和／或及其子公司提供行政、技術、數據處理、電訊、電腦、支付、債務追收、電話中心服務、直接促銷服務或其他服務的任何代理、承包商或協力廠商；</div><div>(5) 協助收集閣下資料或與閣下聯絡的其他公司，例如研究公司、信貸資料機構或（在出現拖欠欠款的情況下）追討欠款公司；</div><div>(6) 本公司及集團權利或業務的任何實際或建議的承讓人、受讓方、參與者或次參與者；</div><div>(7) 協助閣下進行所需的身體檢查的醫療診所、醫院或醫療設施；及</div><div>(8) 因任何適用法律規定、法規、實務守則或指引，要求或規定本公司及集團和/或其子公司向任何在香港境內或境外（包括中國大陸）的政府部門或其他適當的政府或監管機關作出的披露。</div></div><div><div>閣下的個人資料可能會提供給上述任何一方該方可能位於香港境內或境外(包括中國大陸)，而就此而言，閣下同意將閣下的資料移轉至香港境外(包括中國大陸)。</div><div><div>閣下的個人資料將僅為上文規定的一個或多個有關目的而被移轉。如欲瞭解本公司及集團為推廣或促銷目的而使用閣下的個人資料的政策，請參閱下文“為直接促銷目的而使用個人資料”部份。</div><div><div>為直接促銷目的而使用個人資料：本公司及集團打算：</div><div><div>(1) 使用本公司及集團不時持有的閣下的姓名、聯絡資料、產品和服務的組合資料、交易模式和行為、財政背景和統計數據以在香港境內或境外（包括中國大陸）進行直接促銷；</div><div>(2) 就本公司及集團及其子公司可能提供下列類別的產品和服務進行直接促銷（包括提供獎賞、客戶或會員或優惠計劃）：<div><div>a) 保險、年金、銀行、財富管理、退休計劃、投資、金融服務、信用卡、證券以及相關產品和服務；及</div><div>b) 有關健康、保健及醫療、餐飲、體育活動、會籍及相關產品和服務；</div></div></div><div>(3) 上述產品和服務將可能由本公司及集團和/或下列機構提供：<div><div>a) 任何本公司及集團及其子公司；</div><div>b) 就本公司及集團營運以及向閣下提供的服務相關而提供管理、數據處理、電訊、電腦、付款、收債或證券結算、技術外判、電話中心服務、郵寄及印刷服務的代理、任何代理、承包商或協力廠商服務供應商；</div><div>c) 代理、承包商或協力廠商服務供應商，包括協助提供服務的公司，例如再保險公司、投資管理公司、索賠調查公司、業界協會或聯盟；及</div><div>d) 協助收集閣下資料或與閣下聯繫的其他公司，例如研究調查公司及信貸評級機構，藉以加強本公司及集團向閣下所提供的服務。</div></div></div><div>(4) 本公司及集團需取得閣下的書面同意（或表示不反對）方可為任何推廣或促銷目的而使用閣下的個人資料並向上文所述的各方提供資料。</div></div><div><div>閣下可隨時撤回給予本公司及集團有關使用閣下的個人資料及提供予協力廠商作直接促銷用途的同意，而本公司及集團將在不收取任何費用的情況下停止使用該等資料作直接促銷用途。閣下如欲撤回閣下給予本公司及集團的同意，請聯絡本公司及集團的個人資料保護主任（詳情參閱下文）。</div><div><div>個人資料的查閱和更正：根據《個人資料（私隱）條例》，閣下有權查明本公司及集團是否持有閣下的個人資料，獲取該資料的副本，更正任何不準確的資料，以及查明本公司及集團有關個人資料的政策及常規。閣下還可以要求本公司及集團告知閣下本公司及集團所持個人資料的種類。</div></div></div></div></div></div></div></div></div></div>

私隱政策聲明和收集個人資料聲明 (續)

PRIVACY POLICY STATEMENT AND PERSONAL INFORMATION COLLECTION STATEMENT (Continued)

查閱和更正的要求，或有關獲取政策、常規及所持的資料種類的資料，均應以書面形式發送至：香港銅鑼灣新寧道8號中國太平大廈二期7樓，中國太平人壽保險（香港）有限公司，個人資料保護主任收，電話：2853 6333 / 傳真：2853 6323。

本公司及集團可能會向閣下收取合理的費用，以抵銷本公司及集團為執行閣下的資料查閱要求而引致的行政和實際費用。

此中文私隱政策聲明和個人資料收集聲明為英文版本譯本，如中、英文兩個版本有任何抵觸或不相符之處，應以英文版本為準。

PRIVACY POLICY STATEMENT

China Taiping Life Insurance (Hong Kong) Company Limited and China Taiping Insurance Group Ltd (collectively "the Company and the Group") recognize their responsibilities in relation to the collection, holding, processing or use of personal data under the Personal Data (Privacy) Ordinance. Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company and the Group is accurate. The Company and the Group will take all practicable steps to ensure security of the personal data and to avoid unauthorized or accidental access, erasure or other use. The Company and the Group will not provide your personal data to third parties for direct marketing or other unrelated purposes without your consent. The Personal Information Collection Statement set out below also forms part of this Privacy Policy Statement.

PERSONAL INFORMATION COLLECTION STATEMENT

The provision of your personal data is voluntary. Please note that if you do not provide the Company and the Group with the required personal data, the Company and the Group may not be able to provide your requested information, products or services.

Purpose: From time to time it is necessary for us to use your personal data for the following purposes:

- (1) offering, providing and marketing to you the products/services of the Company and the Group and its subsidiaries (see "Use of Personal Data for Direct Marketing Purposes" below) and administering, maintaining, managing and operating such products/services;
- (2) processing and evaluating any applications or requests made by you for products/services offered by the Company and the Group and its subsidiaries;
- (3) providing subsequent services to you and administering the policies issued e.g. arranging medical examination for you (if required) and additions, alterations, variations, cancellation, renewal or reinstatement of the relevant policies;
- (4) any purposes in connection with any claims made by or against or otherwise involving you or other claimants in respect of any products/services provided by the Company and the Group and / or its subsidiaries, including investigation of claims;
- (5) for our data matching, internal business and administrative purposes;
- (6) designing new or enhancing existing products/services of the Company and the Group and its subsidiaries;
- (7) conducting market or actuarial research for statistical or similar purposes undertaken by the Company and the Group and its subsidiaries, the financial services industry or our respective regulators;
- (8) matching any data held which relate to you from time to time for any of the purposes listed herein;
- (9) meeting requirements imposed by any applicable law, rules, regulations, codes of practice or guidelines or assisting with law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere including Mainland China;
- (10) conducting identity and/or credit checks and/or debt collection;
- (11) sending out administrative communications about any account you may have with the Company and the Group or about future changes to this Personal Information Collection Statement; and
- (12) other purposes directly relating to any of the above.

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be transferred to:

- (1) any of the subsidiaries of the Company and the Group in Hong Kong or elsewhere including Mainland China;
- (2) any person (including private investigators and claims investigation companies) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and the Group and / or its subsidiaries;
- (3) any agent, contractor or third party who provide services in connection with the product/services provided by the Company and the Group and / or its subsidiaries in the following classes of business: reinsurance, insurance intermediary, fund management or finance;
- (4) any agent, contractor or third party who provides administrative, technology, data processing, telecommunications, computer, payment, debt collection, call centre services, direct marketing services or other services to the Company and the Group and / or its subsidiaries in connection with the operation of its business;
- (5) other companies who help gather your information or communicate with you, such as research companies and credit reference agencies or, in the event of default, debt collection agencies;
- (6) any actual or proposed assignee, transferee, participant or sub-participant of our rights or business;
- (7) any medical clinics or hospitals or medical facilities for the purposes of carrying out any required medical examinations; and
- (8) any government department or other appropriate governmental or regulatory authority, whether within or outside Hong Kong (such as Mainland China), to whom the Company and the Group and / or its subsidiaries are requested or required by any applicable law, rules, regulations, codes of practice or guidelines to make disclosures.

Your personal data may be provided to any of the above parties who may be located in Hong Kong or outside of Hong Kong (such as Mainland China), and in this regard you consent to the transfer of your data outside of Hong Kong including but not limited to Mainland China.

Transfer of your personal data will only be made for one or more of the purposes specified above. For our policy on using your personal data for promotional or marketing purposes, please see the section entitled "Use of Personal Data for Direct Marketing Purposes".

Use of Personal Data for Direct Marketing Purposes: The Company and the Group intends to:

- (1) Use your name, contact details, products and services portfolio information, transaction pattern and behavior, financial background and demographic data held by the Company and the Group from time to time for direct marketing in Hong Kong and outside Hong Kong (such as Mainland China);
- (2) Conduct direct marketing (including providing reward, loyalty or privileges programmes) in relation to the following classes of products and services that the Company and the Group and its subsidiaries may offer:
 - (a) insurance, annuities, banking, wealth management, retirement plans, investment, financial services, credit cards, securities and related products and services; and
 - (b) health, wellness and medical, food and beverage, sporting activities, memberships and related products and services;
- (3) The above products and services may be provided by:
 - (a) the Company and the Group or any of its subsidiaries;
 - (b) any agent, contractor or third party service provider who provides administration, data processing, telecommunications, computer, payment, debt collection or securities clearing, technology outsourcing, call center services, mailing and printing services in connection with the operation of the Company and the Group's business and provision of our services to you;
 - (c) agents, contractors or third party service providers including companies to help deliver our services, such as reinsurance companies, investment management companies, claims investigation companies, industry associations or federations; and
 - (d) other companies who help gather your information or communicate with you, such as research companies and ratings agencies.
- (4) The Company and the Group requires your written consent (which includes an indication of no objection) for the Company and the Group to use and to provide the data to the third parties as set out above for any promotional or marketing purpose.

You may withdraw your consent for the Company and the Group to use and to provide to a third party of your personal data for direct marketing purposes at any time, and thereafter the Company and the Group shall, without charge to you, cease to use such data for direct marketing purposes. If you wish to withdraw your consent, please contact the Data Protection Officer (details below).

Access and correction of personal data: Under the Personal Data (Privacy) Ordinance, you have the right to ascertain whether the Company and the Group holds your personal data, to obtain a copy of the data, to correct any data that is inaccurate, and to ascertain the Company and the Group's policies and practices in relation to personal data. You may also request the Company and the Group to inform you of the type of personal data held by it.

私隱政策聲明和收集個人資料聲明 (續) PRIVACY POLICY STATEMENT AND PERSONAL INFORMATION COLLECTION STATEMENT (Continued)
Requests for access and correction or for information regarding policies and practices and types of data held should be addressed in writing to: Data Protection Officer, China Taiping Life Insurance (Hong Kong) Company Limited., 7/F, Phase 2, China Taiping Tower, 8 Sunning Road, Causeway Bay, Hong Kong Telephone: 2853 6333 / Fax: 2853 6323. A reasonable fee may be charged to offset the Company and the Group's administrative and actual costs incurred in complying with your access requests. This Privacy Policy Statement and the Personal Information Collection Statement have been translated into Chinese. If there is any inconsistency or ambiguity between the English version and the Chinese version, the English version shall prevail.
客戶確認符合《海外帳戶稅收合規法案》和其他適用法律 Customer acknowledgement regarding compliance with Foreign Account Tax Compliance Act and other Applicable Laws
閣下確認中國太平人壽保險（香港）有限公司(下稱“本公司”)須遵從，遵守或履行法律，法規，命令，指引，守則和包括《海外帳戶稅收合規法案》適用規定的要求，或任何公眾，司法，稅務，政府和／或其他監管機構等協定的要求，包括但不限於美國國稅局（以下簡稱「監管機構」）在不同的司法管轄區不時頒布及修訂的協定(以下簡稱「適用規定」)。在這方面，閣下同意本公司可以在任何時候行使完全酌情權採取任何相關行動包括但不限於向任何監管機構透露閣下的個人資料，以確保本公司遵行適用規定。 客戶同意向第三方披露資料 閣下同意本公司可能將根據適用規定的要求，向任何監管機關披露閣下的個人資料或任何資料。此等披露可以由本公司直接或通過中國太平保險集團有限責任公司或與中國太平保險集團有限責任公司有關的其他公司進行。基於前述的原因，以及儘管在本申請書或我們之間的任何其他協議所載的任何內容，本公司可能需要閣下向本公司提供進一步資料，以便向任何監管機關透露，而閣下必須在合理要求的時間(由提出申請或知會變更資料的 90 日期天)內，向本公司提供相關的資料。 更新客戶有關國籍，稅務狀況的資料及其他資料 儘管載於本申請書或我們之間其他任何協議所包含的任何內容，閣下同意向本公司提供協助，使本公司能夠就閣下或閣下向本公司購買的保險計劃，遵行適用規定下的義務。 就閣下任何在申請時或其他時間向本公司提供的任何資料，閣下同意及時(30 日期天之內)向本公司提供更新資料。尤其重要的是閣下立即通知本公司下列的更新：若閣下是個人，閣下的個人身份證號碼，地址，電話，國籍，稅務狀況，稅籍所在地的變動或閣下擁有多於一個國家的稅籍的變動；若閣下是法團法人或任何其他類型的實體，閣下的註冊地址，業務營運地址，主要股東，法定及實際受益人或管理人（擁有或控制 10%以上股份或所有權或管理權的人士），稅務狀況，稅籍所在地，或若閣下擁有多於一個國家的稅籍的變動。若發生這些變動，或任何其他資料顯示發生了變動，本公司可能會要求閣下提供額外文件或資料。此等資料和文件包括但不限於正式完成及／或簽署(並且如有需要，由公證人作出公證)的稅務申報或表格。 如果閣下未能及時向本公司提供資料或文件，或閣下所提供所需的資料或文件並非最新，準確或完整，閣下同意本公司擁有完全及絕對酌情權決定隨時採取任何相關行動以確保本公司遵從適用法律及法規的要求。 You acknowledge that China Taiping Life Insurance (Hong Kong) Co. Ltd (hereinafter called “the Company”) shall be obliged to comply with, observe or fulfill the requirements of the laws, regulations, orders, guidelines, codes, and requirements including the applicable requirements under the Foreign Account Tax Compliance Act of or agreements with any public, judicial, taxation, governmental and/or other regulatory authorities, including but not limited to, the Internal Revenue Service of the United States of America (the “Authorities” and each an “Authority”) in various jurisdictions as promulgated and amended from time to time (the “Applicable Requirements”). In this connection, you agree that the Company may at any time take any relevant actions as may be determined by the Company in its sole and absolute discretion which including but not limited to disclose your particulars to any Authority for the purpose of ensuring the Company's compliance or adherence with the Applicable Requirements. Customer consent to disclose information to third parties You agree that the Company may disclose your particulars or any information to any Authority in connection or adherence with the Applicable Requirements. Such disclosure may be effected directly or sent through any of the China Taiping Insurance Group Company or other affiliates of the China Taiping Insurance Group Company. For the purposes of the foregoing and notwithstanding anything contained in this form or any other agreements between us, the Company may need you to provide the Company with further information as may be required for disclosure to any Authority and you shall provide the same to the Company's within such time as may be reasonably required (Within 90 calendar days from the date of the application or information change). Updating of customer information about nationality, tax status and others Notwithstanding anything contained in this form or any other agreements between us, you agree to provide the Company with such assistance as may be necessary to enable the Company to comply with the Company's obligations under all Applicable Requirements concerning you or your policies with the Company. You agree to update the Company in a timely manner (within 30 calendar days) of any change of any of the details previously provided to the Company whether at time of application or at any other times. In particular, it is very important that you notify the Company immediately if, where you are an individual, your personal identification numbers, addresses, telephone numbers, nationality, tax status or tax residency changes or if you become tax resident in more than one country, or, where you are a corporation or any other type of entity, your registered address, address of your place of business, substantial shareholders, legal and beneficial owners or controllers (who own or control more than 10% of your shares or ownership interest or control), tax status, tax residency changes or if you become tax resident in more than one country. If any of these changes occurs or if any other information comes to light concerning such changes, the Company may need to request additional documents or information from you. Such information and documents include but are not limited to duly completed and/or executed (and, if necessary, notarized) tax declarations or forms. If you do not provide the Company with the information or documents requested in a timely manner or if any information or documents provided are not up-to-date, accurate or complete you agree that the Company may take any relevant actions at any time as may be determined by the Company in its sole and absolute discretion to be required to ensure compliance with the applicable Laws and Regulations on the part of Company.
稅務條例》的規定 Requirements of the Inland Revenue Ordinance
中國太平人壽保險(香港)有限公司必須遵從《稅務條例》（第 112 章）的下列規定，以協助香港特別行政區政府稅務局（「稅務局」）進行自動交換某些財務帳戶資料： (1) 將某些帳戶識別為「不獲豁除財務帳戶」； (2) 識別就稅務而言，持有不獲豁除財務帳戶的個人和某些持有不獲豁除財務帳戶的實體所屬的居留司法管轄區； (3) 確定某些持有不獲豁除財務帳戶的實體的狀況為「被動非財務實體」，並識別其控權人就稅務而言的居留司法管轄區； (4) 收集有關不獲豁除財務帳戶的某些資料（「所需資料」）；及 (5) 向稅務局提供某些所需資料（以上統稱為「自動交換資料要求」）。 本人(保單持有人)知悉及同意，中國太平人壽保險(香港)有限公司(「太平人壽（香港）」)可根據《稅務條例》有關交換財務帳戶資料的法律條文，（a）收集此申請書所載資料並可儲存作自動交換財務帳戶資料用途及（b）把該等資料和關於保單持有人及任何須申報帳戶的資料向稅務局申報，從而把資料轉交到保單持有人的居留司法管轄區的稅務當局。 本人(保單持有人)承諾，如情況有所改變，以致影響此申請書所述的保單持有人的稅務居民身分，或引致本申請書所載的資料不正確，本人會通知太平人壽（香港），並會在情況發生改變後 30 日內，向太平人壽（香港）提交一份已適當更新的自我證明表格。 本人(保單持有人)同意遵從太平人壽（香港）為了符合「自動交換資料要求」而提出的請求。 本人(保單持有人)聲明就本人所知所信，本申請書內所填報的所有資料和聲明均屬真實、正確和完備。 警告：根據《稅務條例》第 80(2E)條，如任何人在作出須自我證明時，在明知一項陳述在要項上屬具誤導性、虛假或不正確，或罔顧一項陳述是否在要項上屬具誤導性、虛假或不正確下，作出該項陳述，即屬犯罪。一經定罪，可處第 3 級（即\$10,000）罰款。

稅務條例》的規定 (續) Requirements of the Inland Revenue Ordinance (Continued)

China Taiping Life Insurance (HK) Co., Ltd must comply with the following requirements of the Inland Revenue Ordinance (Cap. 112) to facilitate the Inland Revenue Department of the Government of the Hong Kong Special Administrative Region ("IRD") in implementing automatic exchange of certain financial account information as provided for thereunder:

- (1) to identify certain accounts as "non-excluded financial accounts" ("NEFAs");
- (2) to identify the jurisdiction(s) in which NEFA-holding individuals and certain NEFA-holding entities reside for tax purposes;
- (3) to determine the status of certain NEFA-holding entities as "passive NFEs" and identify the jurisdiction(s) in which their controlling persons reside for tax purposes;
- (4) to collect certain information on NEFAs ("Required Information"); and
- (5) to furnish certain Required Information to the IRD (collectively, the "AEOI requirements").

I, the Policy Owner, acknowledge and agree that (a) the information contained in this form is collected and may be kept by China Taiping Life Insurance (HK) Co., Ltd ("TPLHK") for the purpose of automatic exchange of financial account information, and (b) such information and information regarding the Policy Owner and any reportable account(s) may be reported by TPLHK to the IRD and exchanged with the tax authorities of another jurisdiction or jurisdictions in which the Policy Owner may be resident for tax purposes, pursuant to the legal provisions for exchange of financial account information provided under the Inland Revenue Ordinance.

I, the Policy Owner, undertake to advise TPLHK of any change in circumstances which affects my tax residency status of the Policy Owner or causes the information contained herein to become incorrect, and to provide TPLHK with a suitably updated self-certification form within 30 days of such change in circumstances.

I, the Policy Owner, agree to comply with requests made by TPLHK to comply with the AEOI requirements.

I, the Policy Owner, declare that the information given and statements made in this form are, to the best of my knowledge and belief, true, correct and complete.

WARNING: It is an offence under section 80(2E) of the Inland Revenue Ordinance if any person, in making a self-certification, makes a statement that is misleading, false or incorrect in a material particular AND knows, or is reckless as to whether, the statement is misleading, false or incorrect in a material particular. A person who commits the offence is liable on conviction to a fine at level 3 (i.e. \$10,000).

保單持有人 / 受保人的聲明 Declaration of the Policy Owner / Insured

本人 / 我們(保單持有人/受保人)已細閱此申請書的全部內容並完全明白全部內容。

本人 / 我們(保單持有人/受保人)謹此聲明, 本人/我們在此申請書提供的資料均是真實及正確的。本人 / 我們已閱讀及同意“私隱政策聲明和收集個人資料聲明”、“《稅務條例》的規定”及“客戶確認符合《海外帳戶稅收合規法案》和其他適用法律”中的條款及內容。

☐ 本人(保單持有人)不同意根據以上個人資料收集聲明(參閱“為直接促銷目的而使用個人資料”部份)為直接促銷之目的而使用和提供本人的個人資料, 亦不希望接收任何推廣及直接促銷材料。

I / We, the Policy Owner / Insured, have read through the contents of this form and I / we fully understand the same.

I / We, the Policy Owner / Insured, declare that the information I/we provided in this form is true and correct. I / We have read and agree to the terms and content of the "Privacy Policy Statement and Personal Information Collection Statement", "Requirements of the Inland Revenue Ordinance" and "Customer acknowledgement regarding compliance with Foreign Account Tax Compliance Act and other Applicable Laws".

☐ I, the Policy Owner, do not agree with the use and provision of my personal data for direct marketing purposes as set out above in the Personal Information Collection Statement (see "Use and provision of personal data in direct marketing") and do not wish to receive any promotional and direct marketing materials.

保單持有人簽署
Signature of Policy Owner

日期 Date: _____(日/月/年 DD/MM/YYYY)

受保人簽署 (倘非保單持有人及 18 歲或以上)
Signature of Insured (if different from the Policy Owner & aged 18 or above)

日期 Date: _____(日/月/年 DD/MM/YYYY)

承讓人簽署(如適用)
Signature of Assignee (if applicable)

日期 Date: _____(日/月/年 DD/MM/YYYY)