

Change of Personal Information / Beneficiary Designation Form 更改個人資料及指定受益人申請表格

Filling in this form 請填寫此表格

Please fill in this form and return the original to 12/F, Lincoln House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong. If you have any enquiries, please contact our Customer Service Department on (852) 2169 0300.
請填妥下列表格，並將正本寄回香港鰂魚涌英皇道 979 號太古坊林肯大廈 12 樓。若閣下有任何查詢，請致電本公司之客戶服務部 (852) 2169 0300。

Policy Number
保單編號

Name of First Policy Owner
第一保單持有人姓名

Name of First Life Insured
第一受保人姓名

Name of Second Policy Owner (if applicable)
第二保單持有人姓名 (如適用)

Name of Second Life Insured (if applicable)
第二受保人姓名 (如適用)

1. Change of Personal Particulars 更改個人資料

Please complete this section if there is a change in your personal particulars.
如需更改您的個人資料，請填妥本部份。

If you update your place of tax residency, please also submit a "self-certification form".
如欲更新您的稅務居民身份，請同時提交一份「自我證明表格」。

☐ First / Second Policy Owner*
第一 / 二保單持有人*

☐ First / Second Life Insured*
第一 / 二受保人*
(*Please delete where inappropriate 請刪去不適用)

☐ Others
其他

☐ New name (Please submit HKID / passport and deed poll copy 請提供香港身份證 / 護照及改名契副本)
新名字

☐ Nationality
國籍

☐ Sex* ☐ M ☐ F
性別 男 女

Place of Birth
出生地點

Date of Birth*
出生日期

dd
日

mm
月

yyyy
年

New signature
新簽名樣本

Others
其他

* Note 註：Please submit HKID copy / passport copy 請提供香港身份證副本 / 護照副本
Please refer to the Checklist on the last page for the required supporting document 請參考檢查表並提交所需的證明文件

2. Change of Contact Information 更改聯絡資料

Please complete this section if there is a change in your contact information.

如需更改聯絡資料，請填妥本部份。

If your updated residential address, correspondence address, permanent address or phone number is in any country or jurisdiction other than Hong Kong, please complete and return a separate "Self-Certification Form".

如閣下更新後的住址、通訊地址、永久地址或聯絡電話屬於香港以外的任何國家或司法管轄區，請單獨提交一份「自我證明表格」。

☐ First / Second Policy Owner*
第一 / 二保單持有人*☐ First / Second Life Insured*
第一 / 二受保人*
(*Please delete where inappropriate 請刪去不適用)

Residential Address 住址

(e.g. Flat/Room, Floor, Building/House... 如室，樓，大廈 / 樓 ...)

(e.g. Estate, Road/Street 如屋苑，路 / 街名)

District

地區

(e.g. Wanchai, Mongkok, Shatin... 如灣仔，旺角，沙田 ...)

HK / KLN / NT*

香港 / 九龍 / 新界*

(*Please delete where inappropriate 請刪去不適用)

Country

國家

ZIP / Postal code (If applicable)

郵遞區號 (如適用)

Note: P.O. Box address is not accepted for residential address

注意：郵政信箱不可作為住址

Correspondence Address 通訊地址 (if different from the above 如與上址不同)

(e.g. Flat/Room, Floor, Building/House... 如室，樓，大廈 / 樓 ...)

(e.g. Estate, Road/Street 如屋苑，路 / 街名)

District

地區

(e.g. Wanchai, Mongkok, Shatin... 如灣仔，旺角，沙田 ...)

HK / KLN / NT*

香港 / 九龍 / 新界*

(*Please delete where inappropriate 請刪去不適用)

Country

國家

ZIP / Postal code (If applicable)

郵遞區號 (如適用)

Permanent Address (if different from Residential Address)

永久地址 (如與住址不同)

(e.g. Flat/Room, Floor, Building/House... 如室，樓，大廈 / 樓 ...)

(e.g. Estate, Road/Street 如屋苑，路 / 街名)

District

地區

(e.g. Wanchai, Mongkok, Shatin... 如灣仔，旺角，沙田 ...)

HK / KLN / NT*

香港 / 九龍 / 新界*

(*Please delete where inappropriate 請刪去不適用)

Country

國家

ZIP / Postal code (if applicable)

郵遞區號 (如適用)

☐ Contact no. 聯絡電話
Telephone no. (Residential)
電話號碼 (住宅)(Country Code + Area Code + Telephone No)
(國家號碼 + 地區號碼 + 電話號碼)Telephone no. (Office)
電話號碼 (辦公室)(Country Code + Area Code + Telephone No)
(國家號碼 + 地區號碼 + 電話號碼)

Mobile phone no.

流動電話號碼

(Country Code + Area Code + Telephone No 國家號碼+地區號碼+電話號碼)

☐ E-mail address
電郵地址

Please refer to the Checklist on the last page for the required supporting document

請參考檢查表並提交所需的證明文件

3. Change of Beneficiary Details 更改受益人

If there is a change in the beneficiary designation, please complete this section with the details of all the new beneficiaries and all your previous designation will be revoked.
如需更改受益人，請填妥本部份。並提供每一位新受益人的資料。您過往所指定的受益人將全部被撤銷。
If a new Irrevocable Beneficiary is designated in the policy, a specimen signature of such new Irrevocable Beneficiary will be required.
如本保單已指定新的不可撤銷受益人，該不可撤銷受益人必須提供其簽署式樣。

Name of Beneficiary (English) 受益人姓名(英文)	Name of Beneficiary (Chinese) 受益人姓名(中文)	Sex (M/F) 性別(男/女)	Relationship to Life Insured 與受保人關係	Date of Birth(dd/mm/yy) 出生日期(日/月/年)	HK ID/Passport No. 香港身份證/護照號碼	Share 所佔比例
						Total 合共: 100%

Note: The percentage share of each Beneficiary must be a whole number and total sum must be 100%.
注意 每位受益人所佔之百分比必須為整數，並合共必須為 100%。
If an Irrevocable Beneficiary has been previously designated in the policy, a written consent is required from that existing Irrevocable Beneficiary.
如保單已有指定不可撤銷受益人，該不可撤銷受益人需以書面同意有關更改受益人之申請。
Name of beneficiary name must be the same as the one shown on HKID/Passport.
受益人名字須與香港身份證 / 護照上相同。
Please refer to the Checklist on the last page for the required supporting document.
請參考檢查表並提交所需的證明文件。

4. Declaration & Authorisation 聲明及授權

- I/We hereby authorize Heng An Standard Life (Asia) Limited (the“Company”) to act upon written instructions transmitted by electronic means producing a facsimile of a document (“facsimile instructions”) purporting to bear my/our signature(s) without verifying the authenticity of the signature(s) appearing thereon or enquiring as to the validity of the facsimile instructions and to consider the facsimile instructions to be of the same force and effect as written instructions made in accordance with the policy.
本人 / 吾等茲授權恒安標準人壽 (亞洲) 有限公司 (「貴公司」) 根據通過電子方式發給貴公司並帶有聲稱屬於本人 / 吾等的簽署之傳真文件 (「傳真指示」)，代表本人 / 吾等行事，並視該傳真指示之效力如同根據保單規定發出的書面指示一樣，貴公司亦不必核實該簽署的真偽或查問有關傳真指示的有效性。
- The Company may be in its sole discretion accept or reject such facsimile instruction.
貴公司可全權決定接受或拒絕此傳真指示。
- All instructions transmitted to the Company through facsimile transmission and reasonably believed by the Company to have been given by me/us and which have been relied on or acted upon by the Company shall be irrevocable and binding on me/us whether or not such instructions have in fact been given personally or authorized by me/us.
所有通過傳真發給貴公司，且貴公司合理地相信乃由本人 / 吾等發出的指示，凡屬貴公司已經依照行事的，均不得撤回，並對本人 / 吾等具有約束力；不論該指示實際上是否由本人 / 吾等親自發出或授權發出，概無例外。
- Under no circumstances shall the Company have any duty to enquire or verify the identity or authority of the person giving instruction by means of facsimile transmission.
在任何情況下，貴公司概無責任查問或核實通過傳真發出指示的人士的身分或授權。
- I/We hereby undertake to indemnify and save the Company harmless from all losses and liabilities that the Company may suffer, in any way relating to or arising out of the Company action upon, delaying in acting upon or refusing to act upon any facsimile instructions, including improper, unauthorized or fraudulent facsimile instruction given by any person.
本人 / 吾等特此承諾，如因貴公司依據任何傳真指示 (包括由任何人士發出的不妥善、未經授權或欺詐性傳真指示) 行事、延遲依據或拒絕依據任何傳真指示行事，由此導致貴公司遭受的各種損失和責任，本人 / 吾等將全面賠償貴公司使貴公司免於受損。
- I/We fully understand that if the Policy is expressed to be for the benefit of or purporting to confer a benefit upon my/our spouse or child(ren), or if my/our spouse or child(ren) is named as the beneficiary(ies) of the Policy, the Policy may be subject to application of the Married Persons Status Ordinance (Chapter 182 of the Laws of Hong Kong) (“MPSO”). In such circumstances, the money payable under the Policy may not be able to be used to repay my/our debts. As a result, I/we may not be able to use or effect any assignment of the Policy as collateral for any of my/our debts.
本人 / 吾等完全明白，若本保單表明若本人 / 吾等的配偶或子女受益或擬以賦予利益予本人 / 吾等的配偶或子女，或本保單上將本人 / 吾等的配偶或子女列為受益人，本保單可能須符合香港法例第 182 章《已婚者地位條例》的規定所監管。在該等情況下，保單下應付的款項可能不可用於償還本人 / 吾等的債項。因此，本人 / 吾等可能不可使用或轉讓本保單作為本人 / 吾等債項的抵押品。
- I/We hereby declare that any personal information of third parties provided by me/us to the Company (whether provided under this application or otherwise provided) in relation to this application has been obtained by me/us in compliance with the PDPO and the relevant third party has agreed to the disclosure of his/her personal information to the Company in relation to this application for the purposes as set out in this personal information collection statement. I/We agree to indemnify and hold harmless, on demand, the Company against all losses, liabilities and costs which the Company may incur arising out of, or in connection with, any breach of the declaration set forth in this paragraph.
本人 / 吾等特此聲明，由本人 / 吾等就此申請提供予貴公司的任何第三方個人資料 (無論載於此申請書或從其他途徑所提供) 乃由本人 / 吾等在遵守個人資料 (私隱) 條例的情況下獲得，且有關第三方已同意為此等個人資料收集聲明所載之目的就此申請向貴公司提供其個人資料。本人 / 吾等同意應貴公司要求，就貴公司因發生任何違反本條款所載的聲明，而可能招致或與之相關的任何損失、責任及費用，對貴公司作出賠償，並使貴公司免受損害。

4. Declaration & Authorisation 聲明及授權

Personal Information Collection Statement 個人資料收集聲明

I/We confirm that I/we have read and understood the Company's Personal Information Collection Statement made available on the Company's website (<http://www.hengansl.hk>) ("PICS"), based on which I/we am/are willing to provide my/our personal information to the Company for the uses and purposes stated therein. I/We understand that in relation to the Company's intended use and transfer of my/our personal data for direct marketing purposes, I/we have the right to refuse such use and transfer by checking the tick-box below. Unless I/we have done so, it is my/our agreement that the Company may use and transfer my/our personal data to the transferee(s) (whether in or outside Hong Kong) for the direct marketing purposes as stated in the PICS.

☐ I/We object to the Company's use and transfer of my/our personal data for direct marketing purpose.

本人 / 吾等確認本人 / 吾等已閱讀及明白載於貴公司網站上 (<http://www.hengansl.hk>) 的個人資料收集聲明“PICS”，並願意根據當中的指明用途及目的向貴公司提供本人 / 吾等的個人資料。本人 / 吾等明白貴公司使用及轉交本人 / 吾等的個人資料作直接促銷用途，並理解本人 / 吾等有權在下方空格內畫上剔號以拒絕有關的使用及轉交行為。除非本人 / 吾等已經剔選以下選項，否則即代表本人 / 吾等已同意貴公司可使用及轉交本人 / 吾等的個人資料予不論在本地或海外的受讓方以作在 PICS 下規定的直接促銷用途。

☐ 本人 / 吾等拒絕讓公司使用和轉交本人 / 吾等的個人資料作直接促銷用途。

Foreign Tax Reporting and Withholding Obligations Statement ("Tax Obligations Statement") 外地稅務呈報 / 稅務責任聲明 (「稅務責任聲明」)

(a) Provision of information 提供資料

(i) I/We agree to provide the Company with the Personal Information of myself/ourselves and, where reasonably required by the Company, of any other Consenting Person in such manner, in such form and within such time, as the Company may from time to time require.

本人 / 吾等同意向公司提供本人 / 吾等的個人資料，亦會應公司的合理要求，按公司不時要求的方式、形式及時間向公司提供其他同意人士的個人資料。

(ii) Where there is any change or addition to the Personal Information of myself, and, where applicable, any other Consenting Person, I/we agree to update the Company promptly (and in any event no later than 31 days of the change or addition) of the change or addition.

倘本人 / 吾等及任何同意人士 (倘適用) 的個人資料有任何更改或增加，本人 / 吾等同意當有更改或增加會盡快 (無論如何不遲於更改或增加後的 31 天) 通知公司有關於的更改或增加。

(iii) I/We agree that I/we shall, and, where applicable, shall procure such other Consenting Person(s) to, complete and sign such documents and do such things, as the Company may reasonably require from time to time for the purposes of ensuring the Company's compliance with the Compliance Obligations.

本人 / 吾等同意會應公司不時合理的要求，自行及 (倘適用) 促使有關的其他同意人士填妥及簽署有關文件及辦理有關事宜，以確保公司遵守合規責任。

(iv) I/We agree that the Company may directly require any other Consenting Persons to provide or confirm accuracy of their Personal Information without involving me/us if the Company reasonably considers it to be appropriate.

本人 / 吾等同意，倘公司有理由認為恰當，可毋須通過本人 / 吾等直接要求其他同意人士提供其個人資料或確認個人資料是否準確。

(b) Disclosure of information 資料披露

(i) I/We agree that the Company and/or any other members of the Company's group may disclose the Tax Information of myself/ourselves and any other Consenting Person(s) to any government or tax authority in any jurisdiction for the purpose of ensuring compliance with Compliance Obligations (including but not limited to obligations under the laws, regulations and international agreements for the implementation of automatic exchange of financial account information ("AEOI") and the U.S. Foreign Account Tax Compliance Act ("FATCA")) on the part of the Company or on the part of the Company's group.

本人 / 吾等同意公司及 / 或公司集團任何成員可向任何司法管轄區的政府或稅務當局披露本人 / 吾等及任何同意人士的稅務資料，以確保公司或公司集團遵守合規責任 (包括但不限於任何實施的自動交換財務帳戶資料 (「自動交換資料」) 和美國海外帳戶稅收合規法案 (「合規法案」) 的法律、法規及國際協定)。

(ii) I/We hereby waive, and, where reasonably required by the Company, agree to procure any other Consenting Person(s) to waive, any applicable restrictions which would otherwise hinder the ability of the Company and/or any other members of the Company's group to disclose Tax Information in the manner as described in this paragraph (b) of the Tax Obligations Statement (or in the relevant policy provision relating to foreign tax reporting and withholding obligations).

本人 / 吾等謹此放棄並 (倘公司合理要求) 同意促使其他同意人士放棄可能妨礙公司及 / 或 [公司集團] 其他成員按稅務責任聲明第 (b) 段 (或有關外地稅務呈報或稅務責任的相關保單條文) 所述方式披露稅務資料的任何相關限制。

(iii) I/We agree that the Company may directly require any other Consenting Person to agree to the disclosure as described in this paragraph (b) of the Tax Obligations Statement (or in the relevant policy provision relating to foreign tax reporting and withholding obligations) and/or waive any otherwise applicable restrictions on such disclosure, if the Company reasonably considers appropriate.

本人 / 吾等同意，倘公司有理由認為恰當，可毋須通過本人 / 吾等直接要求其他同意人士同意按稅務責任聲明第 (b) 段 (或有關外地稅務呈報或稅務責任的相關保單條文) 所述作出披露及 / 或放棄相關披露的相關限制。

(c) Failure to Provide Information 無法提供資料

I/We agree that:

本人 / 吾等同意：

(i) where I/we fail to comply with my/our obligations under paragraph (a) of the Tax Obligations Statement; or

倘若本人 / 吾等不遵守稅務責任聲明第 (a) 段所載本人 / 吾等的責任；或

(ii) where any of the other Consenting Persons fails to comply with the Company's requirements described in paragraph (a)(iv) or (b)(iii) of the Tax Obligations Statement; or

倘若其他同意人士不遵守稅務責任聲明第 (a)(iv) 段或第 (b)(iii) 段所述公司的要求；或

(iii) where the Personal Information (regardless of whether it is in relation to me/us or any other Consenting Person) is inaccurate, incomplete or not promptly updated; or

倘若個人資料 (不論是否與本人 / 吾等或任何其他同意人士有關) 不準確、不完整或未有及時更新；或

iv) for whatever reason the Company and/or any other members of the Company's group is prevented (under Hong Kong law or otherwise) from making the disclosure of the Tax Information of myself/ourselves and/or any other Consenting Person(s) to the relevant government or tax authorities in the relevant jurisdiction,

公司及 / 或 [公司集團] 任何其他成員不論任何原因 (根據香港法律或其他原因) 遭禁止向相關司法管轄區的相關政府或稅務當局披露本人 / 吾等及 / 或任何其他同意人士的稅務資料，

the Company may take one or more of the following actions at any time:

公司可於任何時間採取以下一項或多項行動：

(I) deduct from or withhold part of any amounts payable under the Policy;

扣減或不予支付任何保單應付款項；

(II) terminate the Policy (in which case, the Company will pay me/us the Policy Account Value less any applicable fees and charges and less any withholding or deductions required pursuant to the Compliance Obligations); and

終止保單 (在此情況下，公司會向本人 / 吾等支付經扣減任何相關費用及收費和根據合規責任所指定的任何不予支付或扣減款項後的保單賬戶價值)；及

(III) provide (whether before or after the termination of the Policy) the Tax Information relating to me/us and/or any other Consenting Persons to such government or tax authority(ies) in any jurisdiction,

向任何司法管轄區的相關政府或稅務當局提供 (不論在保單終止之前或之後) 有關本人 / 吾等及 / 或任何其他同意人士的稅務資料，

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as may be required by the Company to ensure its compliance with the Compliance Obligations.
如公司按其需要以確保其遵守合規責任。

(d) Confirmations
確認

I/We confirm and agree that:
本人 / 吾等確認並同意：

- (i) any agreement, waiver, confirmations given in, or to be given pursuant to, the Tax Obligations Statement or the relevant policy provision relating to foreign tax reporting and withholding obligations are irrevocable;
根據稅務責任聲明或有關外地稅務呈報或稅務責任的相關保單條文作出的任何協議、放棄及確認均不可撤銷；
- (ii) neither the Company nor any member of the Company's group shall be liable for any costs or loss that I/we (or any other Consenting Persons) may incur because of the Company and/or any member of the Company's group taking any actions permitted by or exercising any powers under the Tax Obligations Statement or the relevant policy provision relating to foreign tax reporting and withholding obligations;
由於公司或公司集團任何成員根據稅務責任聲明或有關外地稅務呈報或稅務責任的相關保單條文所容許或授權採取的行動引致本人 / 吾等 (或任何其他同意人士) 蒙受的任何費用或損失，公司或公司集團任何成員均毋須負責；
- (iii) I/we must obtain or, as the case may be, have obtained the requisite consent from each Consenting Person for the provision of his/her Tax Information to the Company and the disclosure of any of such Tax Information by the Company and/or any of the Company's affiliates under paragraph (b) of the Tax Obligations Statement (or the relevant policy provision relating to foreign tax reporting and withholding obligations);
本人 / 吾等人必須或 (視乎情況而定) 已經取得每位同意人士所需的同意，以提供彼等的稅務資料予公司，而公司及 / 或公司任何聯屬公司可根據稅務責任聲明第 (b) 段 (或有關外地稅務呈報或稅務責任的相關保單條文) 披露任何該等稅務資料；
- (iv) I/we must inform each Consenting Person of the Company's powers under the Tax Obligations Statement (and the relevant policy provision relating to foreign tax reporting and withholding obligations);
本人 / 吾等必須將稅務責任聲明 (及有關外地稅務呈報或稅務責任的相關保單條文) 所載公司的權力告知每位同意人士；
- (v) the Tax Obligations Statement (and the relevant policy provision relating to foreign tax reporting and withholding obligations) are without prejudice, and in addition, to any of the Company's rights or powers under any other policy provisions or this application form; and
稅務責任聲明 (及有關外地稅務呈報或稅務責任的相關保單條文) 並不影響任何其他保單條文或本申請表格所載公司的權利或權力並屬於以外的權力；及
- (vi) Where there is any withdrawal or payment under the Tax Obligations Statement (or the relevant policy provision relating to foreign tax reporting and withholding obligations) for any reason, the withdrawal amount or payment amount will at all times be subject to the exercise of the Company's powers under paragraph (c)(i) and (ii) of the Tax Obligations Statement.
無論任何原因凡有稅務責任聲明 (或有關外地稅務呈報及稅務責任的相關保單條文) 所指的任何提款或付款，提款金額或付款金額均任何時間須受限於稅務責任聲明第 (c)(i) 及 (ii) 段所公司權力的行使。
- (vii) the Tax Obligation Statement shall form an integral part of the Policy once this application is accepted by the Company.
一旦申請獲公司接納，稅務責任即屬保單的一部分。

If there is any inconsistency between the English and Chinese versions of this Statement, the English version shall prevail.
中英文版本如有歧異，概以英文版為準。

Are you a resident for tax purposes of any countries or jurisdiction(s) other than Hong Kong, and in respect of such countries or jurisdiction(s) you have not previously provided Heng An Standard Life (Asia) Limited with information about your Tax Identification Number(s)?
請問閣下是否為除香港以外任何國家或司法管轄區的稅務居民，並且未曾向恒安標準人壽 (亞洲) 有限公司提供有關該國家或司法管轄區的稅務編號？

Yes
是

☐

No
否

☐

If the answer is yes, you must provide Heng An Standard Life (Asia) Limited a separate "Self-Certification Form".
如答是，請閣下向恒安標準人壽 (亞洲) 有限公司單獨提交一份「自我證明表格」。

I/We further acknowledge that I/we have been given sufficient time to seek independent advice (legal, financial or otherwise) in relation to this Application and the declarations made in the above, the Chinese version of the declarations is translated for my/our reference only.
本人 / 吾等進一步確認，本人 / 吾等有充足時間就此申請及上文所作聲明而尋求獨立顧問 (法律、財務或其他) 之意見，本聲明的中文譯本只供本人 / 吾等作參考。

Signature of First Policy Owner
第一保單持有人簽署

Date of Signature (dd/mm/yy)
簽署日期 (日 / 月 / 年)

Signature of Second Policy Owner
(if applicable)
第二保單持有人簽署 (如適用)

Date of Signature (dd/mm/yy)
簽署日期 (日 / 月 / 年)

Signature of Policy Assignee (for collateral assignment only) (if applicable)
保單受讓人 (只限抵押轉讓) (如適用)

Date of Signature (dd/mm/yy)
簽署日期 (日 / 月 / 年)

Signature of Irrevocable Beneficiary (if applicable)
不可撤銷受益人簽署 (如適用)

Date of Signature (dd/mm/yy)
簽署日期 (日 / 月 / 年)

Checklist 檢查表

In order to process effectively, please provide the following document and information with the Change of Personal Information / Beneficiary Designation Form and tick alongside all the following boxes when completed.

為了有效地處理保單更改，請填妥此表格的有關部分，並連同所需的證明文件一併遞交，以及在完成後於下列空格內填上『✓』號。

Change of Personal Particulars

更改個人資料

- ☐ 1) Provide information about the policy: (i) Policy number; (ii) Name of Policy Owner(s); and (iii) Name of Life Insured(s)
請於本表格首頁填妥 (i) 保單號碼、(ii) 保單持有人及 (iii) 受保人姓名
- ☐ 2) Complete Section 1
請填妥第一部分
- ☐ 3) Read the declarations in Section 4. Please sign and date Section 4 by all relevant parties.
請相關人士閱讀第四部分之聲明並簽署作實
- ☐ 4) Submit HKID / valid passport copy*
請提供香港身份證 / 有效的護照副本*
- ☐ 5) Submit deed poll copy*
請提供改名契副本*

Change of Contact Information

更改聯絡資料

- ☐ 1) Provide information about the policy: (i) Policy number; (ii) Name of Policy Owner(s); and (iii) Name of Life Insured(s)
請於本表格首頁填妥 (i) 保單號碼、(ii) 保單持有人及 (iii) 受保人姓名
- ☐ 2) Complete Section 2
請填妥第二部分
- ☐ 3) Read the declarations in Section 4. Please sign and date Section 4 by all relevant parties.
請相關人士閱讀第四部分之聲明並簽署作實
- ☐ 4) If the updated residential address, correspondence address, permanent address or phone number is in any country or jurisdiction other than Hong Kong, please complete and return a separate "Self-Certification Form"
如更新後的住址、通訊地址、永久地址或聯絡電話屬香港以外的任何國家或司法管轄區，請單獨提交一份「自我證明表格」

Change of Beneficiary

更改受益人

- ☐ 1) Provide information about the policy: (i) Policy number; (ii) Name of Policy Owner(s); and (iii) Name of Life Insured(s)
請於本表格首頁填妥 (i) 保單號碼、(ii) 保單持有人及 (iii) 受保人姓名
- ☐ 2) Complete Section 3
請填妥第三部分
- ☐ 3) Read the declarations in Section 4. Please sign and date Section 4 by all relevant parties.
請相關人士閱讀第四部分之聲明並簽署作實

* Copy of original supporting documents submitted (including identification proofs) must be properly certified by suitable certifiers as set out in the Anti-Money Laundering and Counter-Terrorist Financing (Financial Institutions) Ordinance. The certifier must (i) state that the copy document is a true copy of the original; (ii) sign and date the copy document (printing his/ her name clearly in capitals underneath); and (iii) clearly indicate his/ her position or capacity on it

* 根據打擊洗錢及恐怖分子資金籌集（金融機構）條例，所有副本（包括身份證明）均需由合適核證人（例如：香港獲授權保險經紀，公證人）加簽作實。核證人必須清楚在文件上列明 (i) 該文件為原本之副本、(ii) 核證人簽署及日期（要清楚列明核證人姓名），與及 (iii) 清楚列明該核證人之職位。