Please read the following carefully before you retrieve, print or complete this form.
在索取、列印或填寫表格前，請閣下先詳閱下文。

Disclaimer

Any form downloaded/printed via any electronic media provided by FTLife Insurance Company Limited ("FTLife") (e.g. corporate website, interactive voice response system) is done at your own discretion and risk. FTLife is not responsible for any printing error that results from the form download/printing and any loss or damage howsoever caused as a result of such printing error. In the event that there is any printing error in the downloaded/printed form, FTLife may require you to fill in a correct form before starting to process your application.

For forms downloaded from the Internet (the "Internet Printed Form"), upon completing and signing the Internet Printed Form, you shall be deemed to have read and understood the contents of the form displayed on computer screen (the "Displayed Form") which shall prevail in case there is any inconsistency, contradiction or difference of whatever kind between the Displayed Form and the Internet Printed Form and have agreed to all provisions contained therein and to have agreed and undertaken not to raise any objection whatsoever in connection with any inconsistency, contradiction of difference of whatever kind between the Displayed Form and the Internet Printed Form.

FTLife reserves the right to update the forms from time to time as it sees fit and also reserves the right to accept or reject the form submitted by you.

免責聲明

閣下凡透過富通保險有限公司 [富通保險] 之電子收發渠道 [如公司網站、互動語音回應系統] 下載或列印任何表格，應自行考慮及衡量需承擔之風險。富通保險概不負責任何因下載或列印表格所引致的列印錯誤及其可能導致之任何損失或毀壞。若閣下提交之下載或列印表格有任何列印錯誤，富通保險有可能在處理閣下的申請前要求閣下填寫一份正確之表格。

當閣下填寫及簽署由網站下載之表格 [互聯網列印表格] ，則被視作閣下已詳閱及明白電腦螢幕上出現之表格 [閱覽表格] 之內容，並同意表格內之所有條文。如該閱覽表格與互聯網列印表格出現任何不符、矛盾或分歧時，閣下同意並承諾不會提出任何異議。如閱覽表格與互聯網列印表格出現任何不符、矛盾或分歧時，概以閱覽表格為準。

富通保險有權隨時在認為適當情況下更新表格內容，並保留接受或拒絕閣下遞交之申請表格的權利。

保單號碼 Policy Number		保險代理人 / 保險經紀姓名 Name of the Insurance Agent / Insurance Broker	
保單持有人姓名 Name of Policy Owner		保險代理人 / 保險經紀編號 Insurance Agent / Insurance Broker Code	
		保險代理人 / 保險經紀電話號碼 Insurance Agent / Insurance Broker Telephone No.	

請在適當位置加上 " √ " 剔號及刪除不適用者。
Please tick " √ " where appropriate and delete whichever is inappropriate.

第一部份 Part 1 保單更改 Policy Change

☐ **1. 更改繳費方式 Change of Payment Frequency**

☐ 年繳 Annually

☐ 半年繳 Semi-Annually

☐ 月繳 Monthly (請遞交填妥之直接付款授權書並預繳兩個月保費及保費徵費 Please submit a completed Direct Debit Authorization Form together with 2 months' premium and premium levy in advance)

☐ **2. 更改抗通脹權益之選擇 Change of Inflation Proof Right Option (IIR)**

☐ 取消本年度之抗通脹權益 Cancel IIR for the Current Year   ☐ 取消抗通脹權益之選擇 Cancel IIR Option

☐ **3. 減少保額 / 更改計劃 / 終止計劃 Decrease of Sum insured / Change of Plan / Termination of Plan**
(如欲增加 / 附加保障，請遞交填妥之「更改申請書 (附健康狀況問卷)」。For increase / addition of benefit, please submit a completed "Change Form (with Health Questionnaire)".)

計劃名稱 / 編號 Plan Name / Code	新保額(以保單貨幣計算) New Sum Insured (in policy currency)	遞減 Decrease	終止* Termination*	備註 Remarks (例子 e.g. : CPACUR1 —> CPAC4UR)
_____	_____	☐	☐	_____
_____	_____	☐	☐	_____
_____	_____	☐	☐	_____
_____	_____	☐	☐	_____

* For Termination of a basic plan, please submit "Surrender Form". 如欲終止基本計劃，請遞交〔退保申請書〕。

☐ **4. 更改簽署 Change of Signature**

☐ 保單持有人 / 受讓人 Policy Owner / Assignee _____   ☐ 受保人 Insured _____

(請提供新簽署式樣 Please provide specimen of new signature)

☐ **5. 更改受益人 Change of Beneficiary**

- 如受益人超過一人，除非在此列明各分配比例，否則上述保單的身故賠償將平均分配給各受益人。
  If more than one beneficiary is designated, death proceeds of the captioned policy will be paid to each beneficiary in equal shares unless otherwise specified herein.
- 如受益人為候補受益人或不可撤換受益人，請註明。
  Please specify if the beneficiary is a Secondary / Contingent Beneficiary or irrevocable beneficiary.
- 如指定不可撤換受益人，指定的不可撤換受益人需於此申請書上簽署。有關詳情，請與您的保險代理人或保險經紀聯絡。
  If irrevocable beneficiary is designated, the named irrevocable beneficiary is needed to sign on this request form. For details, please contact your insurance agent or insurance broker.

姓名 (英文) Name (in English)	姓名 (中文) Name (in Chinese)	身份證 / 護照號碼 ID Card / Passport No.	性別 Sex	年齡 Age	與受保人的關係 Relationship with the Insured	身故賠償百份比 (只可填寫整數) Percentage of Death Benefit (Integer only)
						%
						%
						%
						%
						總百份比 Total: 100 %

☐ **6. 後補保單持有人資料 (只適用於兒童保單及非投資相連產品) Designation of Contingent Owner (only applicable to juvenile policies and non-unit-linked product)**

- 如當您作出指定後補保單持有人時在我們的記錄上已有一位現有的後補保單持有人，則該現有後補保單持有人將自動被撤銷。
  If you designate a Contingent Owner while there is an existing Contingent Owner on our records, the existing Contingent Owner will automatically be revoked.
- 如指定不可撤換受益人，指定的不可撤換受益人需於此申請書上簽署。有關詳情，請與您的保險代理人或保險經紀聯絡。
  If irrevocable beneficiary is designated, the named irrevocable beneficiary is needed to sign on this request form. For details, please contact your insurance agent or insurance broker.

姓名 (英文) Name (in English)	姓名 (中文) Name (in Chinese)	身份證 / 護照號碼 ID Card / Passport No.	性別 Sex	年齡 Age	與受保人的關係 Relationship with the Insured

第二部份 Part 2 其他更改 Other Changes

CS0031
2003

FTLife Insurance Company Limited
(Incorporated in Bermuda with limited liability)
富通保險有限公司
(於百慕達註冊成立之有限公司)

第三部份 Part 3　更改/新增個人資料 Change/Addition of Personal Information

請注意 Please be noted: 如香港居民，請提供香港身份證及/或其他身份證明文件副本及改名契（如有）。如非香港居民，請提供國民身份證、護照、旅遊證件或其他身份證明文件副本及改名契（如有）。

For HK residents, please provide a copy of your Hong Kong Identity Card and/or other identification document & deed poll, (if any). For non-HK residents, please provide a copy of your national identity card, passport, travel document or other identification document & deed poll, (if any).

☐ 保單持有人 / 受讓人 Policy Owner / Assignee　　　☐ 受保人 Insured / 新受保人 New Insured

姓名 Name	英文姓名 (請以英文正楷填寫) Name in English (Use BLOCK letters)			
	姓 Surname		名 Given Name	
	中文姓名 Name in Chinese			
	姓 Surname		名 Given Name	

出生日期 Date of Birth	日 DD　　　月 MM　　　年 YYYY	性別 Sex	☐ 男 Male　　☐ 女 Female

國籍 # Nationality #	**# 如保單持有人的國籍更改為美國，請填妥並遞交「W9」表格。** **Please also complete and submit "Form W9" if the nationality of Policy Owner is changed to American.**	出生國家 Country of Birth	

永久居留身份 (您享有永久居留權的國家) Permanent resident status (countries that you have permanent resident status)	

身份證明文件類型和號碼 Type and Number of the Identification Document	**香港居民 For HK Residents** * 香港身份證 HKID / 其他 (請註明) Others (please specify) _____ 證件號碼 Identification No.: _____ **非香港居民 For non-HK Residents** * 國民身份證 National Identity Card / 護照 Passport / 旅遊證件 Travel Document / 其他 (請註明) Others (please specify): _____ 簽發國家 Country of Issue: _____ 證件號碼 Identification No.: _____

保單持有人美國稅務狀況 Policy Owner US Taxation Status	您現時有否於美國報稅? Do you currently file tax return in the US?	☐ 有 Yes　　☐ 否 No *** 若「有」，請填妥並遞交「W9」表格。** **If "Yes", please complete and submit "Form W9".**
保單持有人稅務居留司法管轄區 Policy Owner Jurisdiction of Tax Residence	閣下是否香港稅務居民? Are you a Hong Kong tax resident?	☐ 是 Yes ☐ 否 No ➔ (請填妥並提交相關的「自我證明表格」 Please complete and submit the relevant Self-certification form)
	香港是否為 閣下唯一所屬的稅務居留司法管轄區? Is Hong Kong the only tax resident jurisdiction you belong to?	☐ 是 Yes ☐ 否 No ➔ (請填妥並提交有相關的「自我證明表格」 Please complete and submit the relevant Self-certification form)

個人資料收集聲明 Personal Information Collection Statement

本人 / 我們確認本人 / 我們已閱讀及明白富通保險有限公司（以下簡稱 "富通保險"）之個人資料收集聲明（"該聲明"）。本人 / 我們聲明及同意貴公司可根據該聲明所述的任何目的收集及 / 或持有、使用及/或披露/分享任何個人資料（不論是否從此表格或以其他方式獲得）。本人 / 我們明白本人 / 我們必須於此表格提供所須資料，否則貴公司將可能無法執行該聲明之目的及 / 或向本人 / 我們提供產品或服務。本人 / 我們確認及同意本人 / 我們的個人資料可能披露/共享給該聲明所指明的第三方; 執法機構; 保險業就現有資料而對所提供的資料作出分析和檢查而使用的數據庫或登記冊作出於該聲明所述的任何目的。本人/我們明白該聲明的最新版本可於富通保險的網址下載：www.ftlife.com.hk，及可向貴公司索取。

I /We confirm that I/we have read and understood FTLife Insurance Company Limited ("FTLife")'s Personal Information Collection Statement ("PICS"). I/We declare and agree that any personal data FTLife may collect and/or hold, use and/or disclose/share with (whether contained in this form or otherwise obtained) in accordance with the Purposes as set out in the PICS. I/We understand that if I/we do not provide the required personal data, FTLife may not be able to perform the Purposes and/or provide products or services to me/us. I/We acknowledge and agree that my/our personal data may be disclosed/shared with specified parties in the PICS; law enforcement authorities; databases or registers used by the insurance industry to analyse and check information provided against existing information for any of the Purposes stated in the PICS. I/We understand the updated version of the PICS is available for download from FTLife's website: www.ftlife.com.hk, and will be made available upon request.

聲明、同意及授權 Declaration, Agreement and Authorizations

本人謹此聲明及同意 (1) 上述一切資料、陳述及問題的所有答案，無論是否由本人親手所寫，就本人所知所信均為事實之全部並確實無訛; (2) 富通保險有權要求本人或可能有權獲得保單價值或更改保單受益人的任何其他人士包括但不限於任何索償人、受益人和受讓人(以及任何以上人士之遺囑執行人、遺產管理人或遺產代理人)(本第(2)段所述的各人士稱為「相關人士」)提供富通保險可能合理索取的資料及附助確證的文件（及/ 或填寫及簽署與此相關的文件），包括但不限於姓名、出生地點、住宅和郵遞地址、納稅人識別編號、社會安全號碼、國籍、居留地、稅務居留地及相關人士在報稅或納稅責任方面須遵守的稅制; (3) 本人將就本人的處境上的任何改變或本人可能曾不時向富通保險提供的關於上述保單或富通保險簽發的其他保單的資料的更改或增加從速通知富通保險，包括若相關人士的身分有所改變，而且本人承諾會在處境發生改變後的30日內向富通保險提交一份已適當更新的自我證明表格，並且富通保險有權求其他各相關人士就其個人資料的任何變化或增加通知富通保險; (4) 為確保富通保險能履行適用於富通保險或富通保險應該遵守的有關披露或使用資料的責任，規定或安排(「該等責任」)，此包括但不限於其在美國《海外賬戶稅收合規法案》(「海外賬戶稅收合規法案」)的責任為及為自動交換財務帳戶資料的目的在香港《稅務條例》的責任，本人將應富通保險不時就上述保單提出的合理要求在其所定的時限內填妥並簽署文件、提供文件證據並採取行動; (5) 富通保險在某些情況下可能必須將《海外賬戶稅收合規法案》預扣稅強制加於其從閣下的保單所作出的付款或保單所收到的款項。目前，富通保險只在下列情況可能必須採取上述行動(a)尚若香港稅務局沒有根據香港與美國簽訂的跨政府協議(及香港與美國簽訂的相關的稅務資料交換協定)與美國稅務局（「美國稅務局」）交換資料，及(b)若本人或任何其他相關人士或賬戶持有人為非參與協議的海外金融機構; 則富通保險可能必須從保單所收到的可預扣款項扣減或扣起《海外賬戶稅收合規法案》預扣稅並將其匯付給美國稅務局。不論如何，本人同意富通保險為確保其履行該等責任可把上述的及適用法律不時訂明的必要資料向香港及海外的稅務機構披露及轉移及同意本人的資料將被用作與其他司法管轄區的稅務機構交換資料，及本人謹此放棄禁止或限制該等披露的權利(如有)。

I HEREBY DECLARE AND AGREE that (1) all the above information, statements and answers to all the questions in this change form whether or not in my own handwriting are to the best of my knowledge and belief, complete and true; (2) FTLife shall have the right to request me or any other person who may be entitled to access the policy value or change a beneficiary under the policy including without limitation any claimant, beneficiary and assignee (and the executor, administrator or personal representative of any of the above) (each person in this paragraph (2), a "Relevant Person"), to provide (and/or complete and sign such document relating to) such information and supporting documentation as FTLife may reasonably require including without limitation, name, place of birth, residential and mailing addresses, taxpayer identification number, social security number, citizenship, residency, tax residency and the tax regime(s) to which the Relevant Person is subject in respect of tax reporting or payment responsibility); (3) I shall update FTLife promptly on any change of circumstances or any change or addition to the information that I may have provided to FTLife from time to time in relation to the captioned policy or other policies or other policies issued by FTLife , including change in the identity of a Relevant Person; and FTLife shall have the right to request each other Relevant Person to update it of any change or addition to their information, and I undertake to provide FTLife with a suitably updated self-certification form within 30 days of such change in circumstances; (4) I shall complete and sign such documents, provide documentary evidence and take such actions within such timeframe as FTLife may reasonably require from time to time to enable it to comply with the obligations, requirements or arrangements for disclosing or using data that apply to it or with which it is expected to comply (the "Obligations"), these include but are not limited to its obligations under the US Foreign Account Tax Compliance Act ("FATCA") and the Inland Revenue Ordinance of Hong Kong in respect of the captioned policy for the purpose of automatic exchange of financial account information; (5) FTLife could, in certain circumstances, be required to impose FATCA withholding tax on payments made to or which it makes from the policy. Currently the only circumstances in which FTLife may be required to do so are (a) if the Hong Kong Inland Revenue Department fails to exchange information with the US Internal Revenue Service ("IRS") under the Intergovernmental Agreement between Hong Kong and the US (and the relevant tax information exchange agreement between Hong Kong and the US), and (b) if I am or any other Relevant Person or account holder is a non participating foreign financial institution; then FTLife may be required to deduct or withhold FATCA withholding tax on withholdable payments made to the policy and remit that to the IRS. In any event, I consent to the disclosure and transfer of the required information stated above and as prescribed by applicable laws from time to time from FTLife to the tax authorities both in Hong Kong and outside Hong Kong and the exchange of information with tax authorities of other jurisdictions to ensure FTLife complies with the Obligations, and I waive all rights I have (if any) to prohibit or restrict such disclosure.

本人明白若中、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。

I understand that if there is any inconsistency or ambiguity between the English version and the Chinese version, the English version shall prevail.

本人確認，本人已經細讀本「聲明、同意及授權」章節的以上段落；本人完全明白本章節以上段落的含義，亦明白本人根據本章節以上段 落作出的同意、豁免及確認均不可撤銷。本人進一步同意，對於本人/ 相關人士由於富通保險採取以上段落准許的行動而蒙受的任何代價或損失，富通保險概不負責。

I confirm that I have read the above paragraphs in this "Declaration, Agreement and Authorizations" section; I fully understand the implications of the above paragraphs in this section; our agreement, waiver and confirmations given under the above paragraphs in this section are irrevocable. I further agree that FTLife shall not be liable for any costs or loss that I/the Relevant Person may incur because of FTLife taking any of the actions permitted by the above paragraphs.

_____	_____	_____	_____
保單持有人 / 受讓人簽署 Signature of Policy Owner / Assignee	簽署日期 (日/月/年) Date of Signature (DD/MM/YY)	見證人 / 保險代理人 / 保險經紀簽署 Signature of Witness / Insurance Agent / Insurance Broker	簽署日期 (日/月/年) Date of Signature (DD/MM/YY)
_____	_____	_____	_____
受保人簽署 Signature of Insured	簽署日期 (日/月/年) Date of Signature (DD/MM/YY)	不可撤換受益人簽署(如有) ＊＊ Signature of Irrevocable Beneficiary (if any) ＊＊	簽署日期 (日/月/年) Date of Signature (DD/MM/YY)

＊＊適用於更改受益人及後補保單持有人
＊＊Applicable for Change of Beneficiary and Designation of Contingent Owner