



Policy Number 保單編號:

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AXA Wealth Management (HK) Limited
(Expressed as "The Company" in this application form)
安盛財富管理(香港)有限公司
(於本申請書表述為“本公司”/“貴公司”)

Amount submitted with this Request Form
連同此申請表格一併遞交之款項
***HK\$ 港元 / US\$ 美元**

REQUEST FORM FOR POLICY CHANGES 保單更改申請表格

Simple steps for your service request submission: 請按以下步驟作有關申請:

- | | |
|--|--|
| (1) Complete this form. Please do not sign on a blank form. | (1) 填寫申請表。請勿在空白申請表上簽署。 |
| (2) "✓" the request option and provide the necessary details. | (2) "✓" 適用的選項並提供所需資料。 |
| (3) Countersign any alteration on this form with the Owner/Trustee/Assignee's (expressed as "Owner" in this form) signature. | (3) 本申請書上如有任何修改, 持有人 / 信託人 / 受讓人 (於本申請書表述為「持有人」) 必須在旁加簽。 |
| (4) Please refer to the document checklist for documents required to process your request. | (4) 請參閱所需文件指引以便處理您的申請。 |
| (5) Submit this form and supporting documents to your financial consultant or AXA Customer Service Centre. | (5) 遞交此申請書及所需文件給您的理財顧問或 AXA 安盛客戶服務中心。 |
| (6) The original of this form and supporting documents you submit will not be returned. | (6) 您所遞交之正本申請書及所需文件將不獲退還。 |

POLICY OWNER/ASSIGNEE'S INFORMATION 保單持有人 / 受讓人資料

| | |
|---|--|
| Full Name of Policy Owner/Assignee 保單持有人 / 受讓人姓名 | |
|---|--|

IMPORTANT NOTES 重要事項

If service request is to fund the purchase of your new life and/or medical insurance policy, please contact your financial consultant or our customer service centre to understand and submit the "Important Facts Statement – Policy Statement". You should carefully compare your existing insurance policy against the new insurance policy you intend to purchase, and assess whether replacing your existing insurance policy is in your best interests before you make a final decision.
 若服務申請是用以資助您購買新的人壽及 / 或醫療保險保單, 請聯絡您的理財顧問或本公司客戶服務中心以了解及提交「重要資料聲明書一轉保」。您應仔細比較現有保險保單與擬購買的新的保險保單, 並在作出最終決定前評估取代現有保險保單是否最為符合您之最佳利益。

1. CHANGE OF POLICY OWNER'S CONTACT DETAILS 更改保單持有人通訊資料

CHANGE OF POLICY OWNER'S CONTACT NUMBER 保單持有人聯絡電話更改

* Country code must be provided for telephone number (Hong Kong=852, China=86, for other, please specify).
 電話號碼必須提供國家編號 (香港=852, 中國=86, 其他請註明)。

| | | |
|-----------------|----------------------|---------------------------|
| Mobile 流動電話 | Country Code 國家編號 | E-mail Address 電郵地址 |
| Residence 住宅 | Country Code 國家編號 | Office 辦事處 |
| | Area Code 地區編號 | |

CHANGE OF POLICY OWNER'S CORRESPONDENCE ADDRESS 保單持有人通訊地址更改

| | | | |
|---------------------------|------------------|---------------------------------------|---|
| Room/Flat 室/單位 | Floor 樓層 | Block 座 | Name of Building/Estate 大廈或屋邨名 |
| Street No. & Name 街道名稱及號碼 | | District/City/Province 城區 / 城市 / 省 | |
| Country 國家 | Postal Code 郵寄代碼 | <input type="checkbox"/> Hong Kong 香港 | <input type="checkbox"/> Kowloon 九龍 <input type="checkbox"/> New Territories 新界 |

Notes:

- Address change will be applied to correspondence address of ALL your policies in the Company.
- If address change will be also applied to both residential and permanent address of ALL your policies in the Company, please specify in "OTHER SERVICE REQUEST" section. **Please submit residential address proof.**
- The residential/permanent address cannot be a business address.

注意:

- 您於本公司之所有保單的通訊地址將會一併修改。
- 如需一併修改您於本公司之所有保單的住宅及永久地址, 請在「其他更改」部分特別註明, **並提交住宅地址證明。**
- 住宅 / 永久地址不能為商業地址。

FOREIGN TAX REPORTING AND WITHHOLDING OBLIGATIONS 外國稅務申報和預扣義務

| | |
|---|--|
| Individual Policy Owner 適用於保單持有人為個人 | Is Policy Owner a US citizen or US tax resident? 保單持有人是否美國公民或美國稅務居民？ <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If Yes, please submit “Supplement – Tax Residency Self-Certification for Individual”. 如是，請同時填交「資料補充一稅務居民身份自我證明（個人）」。 If No, you must notify us if you become a US citizen or US tax resident immediately (and in any event within 30 days of you becoming a US citizen or US tax resident). 如否，但若您成為美國公民或美國稅務居民，請立即（且在任何情形下須於您成為美國公民或美國稅務居民的三十日內）通知本公司。 Have you undergone a change in tax residency as a result of the changes initiated in this form? 您之稅務居民身份是否在這申請書獲批後有所改變？ <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If yes, please submit “Supplement – Tax Residency Self-Certification for Individual” 如是，請同時填交「資料補充一稅務居民身份自我證明（個人）」 |
| Non-Individual Policy Owner 適用於保單持有人為非個人 | Is Policy Owner an entity/trust? 保單持有人是否實體 / 信託？ <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If Yes, please submit “Supplement – Tax Residency Self-Certification for Non-Individual”, and provide (a) IRS Form W-8 (for Entities) if you are a non-US entity or trust; or (b) IRS Form W-9 if you are a US entity or trust. 如是，請同時填交「資料補充一稅務居民身份自我證明（非個人）」及 (a) IRS W-8 表格（用於實體）如您為非美國實體或信託；或 (b) IRS W-9 表格如您為美國實體或信託。 Have you undergone a change in tax residency as a result of the changes initiated in this form? 您之稅務居民身份是否在這申請書獲批後有所改變？ <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If yes, please submit “Supplement – Tax Residency Self-Certification for Non-Individual” 如是，請同時填交「資料補充一稅務居民身份自我證明（非個人）」 |

2. DECREASE OF SUM INSURED AND/OR PERIODIC PREMIUM 調低保額及 / 或每期供款金額

| Benefit 保障 | Life Insured 受保人 | Revised Total Sum Insured (US\$) 修正後之保額 (美元) | Revised Total Periodic Premium (US\$) 修正後之每期新供款金額 (美元) | Effective Date (MM/YY) 生效日期 (月 / 年) |
|---------------|---------------------|---|---|--|
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Note 注意：

Sum Insured of WinLady Core Benefit and WinLady Optional Benefit must be the same.
 豐姿計劃核心保障及豐姿計劃自選保障之保額必須相同。

3. DECREASE OF REGULAR INVESTMENT AMOUNT 調低定期投資計劃供款金額

| Investment Plan Name 投資計劃名稱 | Life Insured 受保人 | Premium Term (Years) 供款年期 (年) | First Premium Due Date 首次供款日期 | Existing Periodic Premium (US\$) 現有之每期供款金額 (美元) | Revised Periodic Premium (US\$) 修訂之每期供款金額 (美元) |
|--------------------------------|---------------------|----------------------------------|----------------------------------|--|---|
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Notes:

- The effective date for Decrease of Regular Investment Amount must be the first day of the month at the next premium due date.
- For the current minimum premium level and relevant charges for regular premium, please refer to your financial consultant/relevant Principal Brochure for details.

注意：

- 調低定期投資供款金額之生效日期為下次保費到期月之一號。
- 有關現時定期投資的最低保費及有關收費，請向您的理財顧問查詢詳情 / 查閱有關之主要推銷刊物。

4. CHANGE OF PAYMENT FREQUENCY 更改繳費方式

| | |
|--|---|
| <input type="checkbox"/> Change of Payment Frequency (please submit “Direct Debit Authorisation” for monthly and quarterly mode) 更改繳費方式 (月繳及季繳方式須連同《直接付款授權書》一併遞交) | <input type="radio"/> Annual 年繳 <input type="radio"/> Semi-Annual 半年繳 <input type="radio"/> Quarterly 季繳 <input type="radio"/> Monthly 月繳 Effective Date (MM/YY) 生效日期 (月 / 年) |
|--|---|

5. CHANGE OF BENEFICIARY 更改受益人

| Beneficiary Class (✓) 受益人類別 (✓) | | Full name of beneficiary 受益人姓名 | Relationship to Primary Life Insured 與第一受保人之關係 | Beneficiary Identity No. 受益人身份證明號碼 | Share (%) 分配比率 (%) |
|------------------------------------|--------------------------|-----------------------------------|--|---------------------------------------|-----------------------|
| Primary 基本 | Secondary 次位 | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | |

- Notes:
- 注意：
- (1) Death proceeds of this policy shall be payable to the beneficiaries in equal shares unless otherwise stated.

(1) 如分配比率未有註明，保單的身故賠償將平均支付予每名受益人。
- (2) Total share % among each beneficiary class must total up to 100%.

(2) 每受益人類別之百分比率須總共 100%。

6. CHANGE/UPDATE OF AUTHORIZED SIGNATURE 更改 / 更新授權簽名

| New Authorized Signature of Life Insured 受保人的新授權簽名 | New Authorized Signature of Policy Owner/Assignee 保單持有人 / 受讓人的新授權簽名 |
|---|--|
| | |

7. DELETION OF SUPPLEMENTARY BENEFIT 取消附加保障

| Benefit 保障 | Life Insured 受保人 | Effective Date (MM/YY) 生效日期 (月 / 年) |
|---------------|---------------------|--|
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- Notes:
- 注意：
- (1) If both Living Insurance Benefit and WinHealth (5-year Renewable Living Insurance Benefit) are deleted, WinLady (Core & Optional) Benefit will be automatically deleted.

(1) 如取消康健危疾保障及瑞康危疾保 (5 年續保定期危疾保障)，則豐姿 (核心及自選保障) 計劃亦隨即被取消。
- (2) If WinLady Core Benefit is deleted, WinLady Optional Benefit will be automatically deleted.

(2) 如取消豐姿計劃核心保障，則豐姿計劃自選保障亦隨即被取消。

8. REDUCE/DELETE OF WINMED/WINCASH BENEFIT 調低 / 取消豐泰保 / 豐惠保住院現金保障

| | |
|---------------------|--|
| Life Insured 受保人 | |
|---------------------|--|

| WinMed 豐泰保 | | | | | | |
|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--|
| Reduce 調低 | Delete 取消 | Benefit 保障 | Supreme 豐善 ^(A) | Premier 豐裕 ^(B) | Standard 豐逸 ^(C) | Effective Date (MM/YY) 生效日期 (月 / 年) |
| <input type="checkbox"/> | <input type="checkbox"/> | Hospital & Surgical Benefit 住院及手術費用保障 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | <input type="checkbox"/> | Out-patient Benefit 門診費用保障 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | <input type="checkbox"/> | Hospital Income Benefit 住院入息保障 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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|---------------------|--|
| Life Insured 受保人 | |
|---------------------|--|

WinCash 豐惠保住院現金

| Reduce 調低 | Delete 取消 | Benefit 保障 | WinCash 200 豐惠 200 ^(A) | WinCash 130 豐惠 130 ^(B) | WinCash 100 豐惠 100 ^(D) | WinCash 65 豐惠 65 ^(C) | Effective Date (MM/YY) 生效日期 (月 / 年) |
|--------------------------|--------------------------|------------------------------|-------------------------------|-------------------------------|-------------------------------|-----------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | WinCash Benefit 豐惠保住院現金保障 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

^Company Reference Code 公司參考編號

Note 注意：

If Hospital and Surgical Benefit is deleted, Out-patient Benefit and Hospital Income Benefit will be automatically deleted.

如取消住院及手術費用保障，則門診費用保障及住院入息保障亦隨即被取消。

9. PAID UP 繳清保單

| <input type="checkbox"/> Whole Policy 整份保單 | Effective Date (MM/YY) 生效日期 (月 / 年) _____ | |
|--|---|--|
| <input type="checkbox"/> Supplementary Benefit 附加保障 | | |
| Benefit 保障 | Life Insured 受保人 | Effective Date (MM/YY) 生效日期 (月 / 年) |
| | | |
| | | |

Note 注意：

For whole policy paid up, benefit(s) without Encashment Value will be ceased.

如繳清整份保單，沒有現金價值的保障將被取消。

10. DUPLICATE POLICY 保單副本

- ☐ Request for Duplicate Policy 申請保單副本 (Administration fee is HKD \$100 行政費用為港幣 \$100)
I confirm that the original policy contract has been lost/destroyed. I would like to be issued a duplicate policy and understand that any previous copy/policy will be considered invalid.
本人確認保單正本已遺失 / 毀壞。本人謹此申請補發保單副本及明白任何之前發出的保單副本將被視為無效。

11. CHANGE OF PERSONAL INFORMATION 更新個人資料

If the identity document of Policy Owner has been changed since last submission, please put a 「✓」 in the related box(es) below.

若保單持有人的身份證件自上次提交後有所更改，請在下列的空格內加上「✓」號。

- ☐ Change of Identity Document (Please also submit copy of the latest identification proof. If information is changed, your policy record will be updated)
更改身份證件 (請同時提交最新身份證明文件副本。如資料有所更改，保單記錄將會更新)

12. OTHER SERVICE REQUEST 其他更改

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PERSONAL INFORMATION COLLECTION STATEMENT 收集個人資料的聲明

Please visit our website (www.axa.com.hk) and read carefully the details of the Personal Information Collection Statement ("PICS") which can also be made available upon request.

請登入本公司網頁 (www.axa.com.hk) 下載或向本公司索取收集個人資料的聲明 ("該聲明")，並細閱《該聲明》的詳細資料。

For our policy on using your personal data for marketing purposes, please see the section below "Use and provision of personal data in direct marketing".

Use and provision of personal data in direct marketing: The Company intends to:

(1) use your name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company from time to time for direct marketing; (2) conduct direct marketing (including but not limited to providing reward, loyalty or privileges programmes) in relation to the following classes of products and services that the Company, our affiliates, our co-branding partners and our business partners may offer: (a) insurance, banking, provident fund or scheme, financial services, securities and related products and services; (b) products and services on health, wellness and medical, food and beverage, sporting activities and membership, entertainment, spa and similar relaxation activities, travel and transportation, household, apparel, education, social networking, media and high-end consumer products; (3) the above products and services may be provided by the Company and/or: (a) any of our affiliates; (b) third party financial institutions; (c) the business partners or co-branding partners of the Company and/or affiliates providing the products and services set out in (2) above; (d) third party reward, loyalty or privileges programme providers supporting the Company or any of the above listed entities; (4) in addition to marketing the above products and services, the Company also intends to provide the data described in (1) above to all or any of the persons described in (3) above for use by them in marketing those products and services, and the Company requires your written consent (which includes an indication of no objection) for that purpose.

Before using your personal data for the purposes and providing to the transferees set out above, the Company must obtain your written consent, and only after having obtained such written consent, may use and provide your personal data for any promotional or marketing purpose.

You may in future withdraw your consent to the use and provision of your personal data for direct marketing.

Important: If you do not agree to the use and provision of your personal data for direct marketing as set out in the section "Use and provision of personal data in direct marketing", please indicate your request by ticking the box below. Once your opt-out instruction is recorded, we will not use your personal data for direct marketing.

I/WE ACKNOWLEDGE AND CONFIRM that I/We have read and understood the Personal Information Collection Statement ("PICS"). **I/We confirm** that I/We have been advised to read carefully the PICS, and I/We have read it carefully its effect and impact in respect of my/Our personal data collected or held by the Company (whether contained in this application or otherwise). Based on the foregoing, I/We hereby give my/Our acknowledgement and agree to the use and transfer of my/Our personal data by the Company in accordance with the PICS, including the use and provision of my/Our personal data for the purpose of direct marketing.

- ☐ I/We do not agree with the use and provision of my/Our 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.

如欲了解本公司為促銷目的使用您的個人資料的政策，請參閱下文“在直接促銷中使用及將其個人資料提供予其他人士”部份。

使用本公司不時持有的您的姓名、聯絡資料、產品及服務的組合資料、交易模式及行為、財政背景及人口統計數據以進行直接促銷；(2) 就本公司、安盛關聯方，本公司合作品牌夥伴及商業合作夥伴可能提供關於下列類別的服務及產品而進行直接促銷（包括但不限於提供獎賞、客戶或會員或優惠計劃）：(a) 保險、銀行、公積金或公積金計劃、金融服務、證券和相關產品及服務；(b) 健康、保健及醫療、餐飲、體育運動及會員服務、娛樂、健身浴或類似的休閒活動、旅遊及交通、家居、教育、社交網絡、媒體的產品及服務及高級消費類產品；(3) 以上服務及產品將會由本公司及 / 或以下機構提供：(a) 任何安盛關聯方；(b) 第三方金融機構；(c) 提供上文 (2) 所列之服務及產品之本公司及 / 或安盛關聯方的商業合作夥伴或合作品牌夥伴；(d) 向本公司或任何以上所列機構提供支援的第三方獎賞、客戶或會員或優惠計劃提供者；(4) 除由本公司促銷上述服務及產品外，本公司亦有意將上文 (1) 段部份所述的資料提供予上文 (3) 段部份所述的全部或任何人士，以供該等人士在促銷該等服務及產品中使用，而本公司為此目的須獲得客戶書面同意（包括表示不反對）。

您日後可撤回您給予本公司有關使用您的個人資料及提供予其他人士作任何促銷用途的同意。

本人 / 我們確認本人 / 我們已閱讀並明白收集個人資料的聲明《該聲明》。本人 / 我們確認本人 / 我們已被通知本人 / 我們須詳細閱讀《該聲明》，而本人 / 我們已詳細閱讀《該聲明》對貴公司所收集或持有之本人 / 我們的個人資料的影響（不論是否此表格所載或從其他途徑所取得）。根據以上所述，本人 / 我們特此確認並同意貴公司根據《該聲明》使用及轉移本人 / 我們的個人資料，包括在直接促銷中使用及將本人 / 我們個人資料提供予其他人士。

- ☐ 本人 / 我們不同意貴公司根據“收集個人資料的聲明”使用和轉移本人 / 我們的個人資料作直接促銷用途 (參閱 “在直接促銷中使用及將其個人資料提供予其他人士” 部份) 及並不願意接收任何貴公司的推廣及直接促銷的材料。

I HEREBY DECLARE AND AGREE on behalf of myself and any other persons referred to in the relevant policy contract(s) and in this application ("Relevant Persons", "We", "Our" or "Us", and for the avoidance of doubt, these expressions include myself and such other persons) that:

- (1) the application(s) shall only take effect provided all of the following conditions are met: (i) any required payment for the application(s) is paid in full; (ii) the application(s) is / are approved by the Company at the Company's office (as defined in the policy contract of the above policy) during the lifetime of the person(s) insured by the above policy; and (iii) all applicable requirement(s) is / are met;
- (2) the application(s) shall be effective from the date we approve the request unless otherwise specified, but only if the change is provided by the policy or is allowed by the Company under the policy;
- (3) the application(s) as indicated above is / are based on my / Our own judgment and I / We have not relied on any advice provided by financial consultant;
- (4) all information, statements and answers to all questions stated in this application whether or not written by my / Our own hand are to the best of my / Our knowledge and belief complete and true;
- (5) I have read and fully understood the relevant Principal Brochure and Investment Fund Choice leaflet and fully understand that investment in an investment-linked plan involves risks and value of Units in the Investment Funds may rise or fall. The benefits payable under such plan are linked to the performance of the Investment Funds invested in respect of the above policy;
- (6) all statements and answers to such questions, together with this application, shall form the basis for policy change / service and become a part of the policy;
- (7) the Company is not bound by any statement which I / We may have made to any person if not written or printed here; and
- (8) If I / We fail to provide any information requested in this application, it may result in the Company's inability to accept or process this application.

I HEREBY DECLARE AND AGREE that I have the full authority from and consent of the Relevant Persons to make the above declaration, agreements and authorizations.

In the event of any inconsistency between the English version and the Chinese version of these declarations and agreements, the English version shall prevail.

本人謹此確認本人並沒有代表任何其他人士提出此保單更改 / 服務申請；如在此申請書或就此申請提交的任何其他文件上另有註明則除外。

本人謹此代表本人及在有關的保單合約內及此申請書上提及之任何其他人士（「相關人士」或「我們」，為免存疑，此表述包括本人及在有關的保單合約內及此申請書上提及之任何其他人士）聲明及同意：

- (1) 申請需符合下列條件後方可生效；(i) 繳清所有申請所需之款項；(ii) 申請是於上述保單受保人在生之情況下經貴公司在公司辦事處（根據上述保單合約內之定義）批核；及 (iii) 符合申請所需之要求；
- (2) 更改之要求由貴公司批核日期起生效，除非特別指定，但該更改必須是保單內列為可更改事項或經貴公司許可；
- (3) 上述之申請是基於本人／我們之個人判斷，並沒有依賴任何理財顧問所提供的意見；
- (4) 上述一切在此申請書的資料，陳述及問題的所有答案，不論是否由本人／我們親手所寫，盡本人／我們所知所信，均為事實之全部並確實無訛；
- (5) 本人已細閱並明白有關主要推銷刊物及投資基金選擇簡介並完全明白投資在投資連繫式壽險計劃涉及風險，投資基金單位價值可升亦可跌。此計劃的可支付利益與上述保單所投資的投資基金表現連繫；
- (6) 上述一切陳述及問題的所有答案，以及此申請書，將成為保單更改／服務的根據，並作為保單一部份；
- (7) 本人／我們對任何人所作出的任何聲明，如沒有在此申請書上填寫或印出，貴公司不須受其約束；及
- (8) 如本人／我們不能提供任何此申請所需的資料，貴公司或不能接受或處理此申請。

本人謹此聲明本人明白貴公司或會從保單的給付金額及 / 或貴公司為保單所收金額中，根據適用法定及 / 或規管要求扣除任何逾期金額，包括保險業監管局收取的徵費。

本人謹此聲明及同意已獲相關人士授權及同意本人作出以上聲明、協議及授權。

如此聲明及協議的中英文版本有任何分歧，請以英文版本為準。

I/WE ACKNOWLEDGE AND CONFIRM that I/We have carefully read this form and understood the Important Notes.

本人 / 我們確認本人 / 我們已詳細閱讀本表格並明白重要事項。

| | |
|---|-------------------------------------|
| Signature of Policy Owner/Assignee* 保單持有人 / 受讓人簽署* | Date (dd/mm/yyyy) 日期 (日 / 月 / 年) |
| | |

*Please ensure the signature matches with the one provided in the policy file. 簽名式樣須與保單上的記錄相符。

| Name 姓名 | Code 編號 | Contact Number 聯絡號碼 |
|------------|------------|------------------------|
|------------|------------|------------------------|

DOCUMENT CHECKLIST 所需文件指引

| Type of service request 服務申請類別 | Documents Required (Please ✓ against the documents you submitted) 所需文件 (請 ✓ 您已提交的文件) |
|--|---|
| Declaration of Foreign Tax Reporting and Withholding Obligations 外國稅務申報和預扣義務聲明 | <input type="checkbox"/> Supplement – Tax Residency Self-Certification for Individual/Supplement – Tax Residency Self-Certification for Non-Individual 資料補充—稅務居民身份自我證明 (個人) / 資料補充—稅務居民身份自我證明 (非個人) <input type="checkbox"/> IRS Form W-8 (for non-US entity or trust) IRS W-8 表格 (如您為非美國實體或信託) <input type="checkbox"/> IRS Form W-9 (for US entity or trust) IRS W-9 表格 (如您為美國實體或信託) |
| Change of Residential Address/ Business Address/ Registered Office Address in Place of Incorporation 更改住宅地址 / 公司業務地址 / 於成立註冊地點之公司註冊 辦事處地址 | <input type="checkbox"/> Copy of address proof (issued within past 3 months from the date of submission) 地址證明副本 (發出日期必需為申請遞交日期 3 個月內) |
| Change of Personal Particulars 更改個人資料 | <input type="checkbox"/> Copy of the Policy Owner's identification proof (if not provided before) 保單持有人身份證明文件副本 (若之前未曾提交) <input type="checkbox"/> Copy of related proof documents, for example: Deed Poll 相關證明文件副本如: 改名契 |
| Duplicate Policy 保單副本 | <input type="checkbox"/> Administration fee (HKD \$100) 行政費用 (港幣 \$100) |
| Change Payment Frequency to Monthly/Quarterly 將繳費方式更改為月繳 / 季繳 | <input type="checkbox"/> Direct Debit Authorisation 直接付款授權書 |
| Decrease of Sum Insured/ Periodic Premium 調低保額 / 每期供款金額 | <input type="checkbox"/> Important Facts Statement - Policy Replacement (if applicable) 重要資料聲明書 – 轉保 (如適用) |
| Decrease of Regular Investment Amount 調低定期投資計劃供款金額 | <input type="checkbox"/> Important Facts Statement - Policy Replacement (if applicable) 重要資料聲明書 – 轉保 (如適用) |
| Paid Up 繳清保單 | <input type="checkbox"/> Important Facts Statement - Policy Replacement (if applicable) 重要資料聲明書 – 轉保 (如適用) |

CONTACT US 聯絡我們

If you have any questions on your request, please reach us at 如果您有任何疑問，請聯絡我們。



(852) 2864 5888

Policy number starting with 38/58
保單編號以 38/58 為開端



(852) 2802 2812

Other policy
其他保單



www.axa.com.hk



cs@axa.com.hk

AXA is committed to making your service request process as easy and stress-free as possible.

Thank you for insuring with us. We are always glad to be of service.

安盛致力使您的服務申請過程輕鬆簡單。感謝您與我們投保。我們很高興為您服務。