



太平洋人壽保險有限公司

THE PACIFIC LIFE ASSURANCE CO., LTD.

(一九六〇年香港註冊) (INCORPORATED IN HONG KONG IN 1960)

REQUEST FOR POLICY CHANGE FORM 保單更改申請書

Please complete in BLOCK letters. 請用正楷填寫。 Please tick (✓) the appropriate box for request service(s). 請在適當方格內填上「✓」號

Name of Insured 受保人姓名	_____
Name of Policy Owner (if different from Insured) 保單持有人姓名 (若非受保人)	_____
Change to be made in 請更改下列保單	
<input type="checkbox"/> Policy No. 保單編號	____-____-____
<input type="checkbox"/> All my policies in the Pacific Life Assurance Co., Ltd. 本人持有太平洋人壽保險有限公司的所有保單	

1. Change of Permanent Address / Correspondence Address / Residential Address / Registered Address (If it is a body corporate) 更改永久地址／通訊地址／住宅地址／登記地址 (若為法人團體)

<input type="checkbox"/> Insured 受保人	<input type="checkbox"/> Policy Owner 保單持有人	
<input type="checkbox"/> Change of Correspondence Address 更改通訊地址		
Room/Flat 室	Floor 樓	Block 座
Building/House 大廈/樓		
Court/Estate 屋苑/屋邨		
Street/Road 街道名稱		
District/Area 地區	<input type="checkbox"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界	
City 城市		
Country / Jurisdiction 國家 / 司法區	Postal Code 郵政編號	
Please provide Residential Address / Permanent Address / Registered Address (if it is a body corporate) (if different from Correspondence Address) 請提供住宅地址／永久地址／登記地址 (若為法人團體) (如與通訊地址不同)		
<input type="checkbox"/> Residential Address 住宅地址	<input type="checkbox"/> Permanent Address 永久地址	<input type="checkbox"/> Registered Address 登記地址
Room/Flat 室	Floor 樓	Block 座
Building/House 大廈/樓		
Court/Estate 屋苑/屋邨		
Street/Road 街道名稱		
District/Area 地區	<input type="checkbox"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界	
City 城市		
Country / Jurisdiction 國家 / 司法區	Postal Code 郵政編號	

2. Change of Home Telephone Number / Mobile Phone Number / Company Telephone Number 更改住宅電話號碼／手提電話號碼／公司電話號碼

<input type="checkbox"/> Insured 受保人	<input type="checkbox"/> Policy Owner 保單持有人	
<input type="checkbox"/> Change of Home Telephone Number 更改住宅電話號碼		
Country Code 國家號碼	Area Code 地區號碼	Telephone Number 電話號碼
<input type="checkbox"/> Change of Mobile Phone Number 更改手提電話號碼		
Country Code 國家號碼	Area Code 地區號碼	Telephone Number 電話號碼
<input type="checkbox"/> Change of Company Telephone Number 更改公司電話號碼		
Country Code 國家號碼	Area Code 地區號碼	Telephone Number 電話號碼

3. Change of Email Address 更改電郵地址

☐ Insured 受保人 ☐ Policy Owner 保單持有人

4. Change of Beneficiary/Trustee 更改受益人／信托人

English Name of Beneficiary 受益人英文姓名	Beneficiary ID No./Passport No. 受益人身份証號碼 / 護照號碼	Relationship 與受保人關係	Percentage of Share 分配比率
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total share percentage among each beneficiary class must total up to 100%. 每受益人類別之百分比率須總共 100%。

5. Change of Personal Particulars 更改個人資料 (No need to fill in if personal particulars remain unchanged 如無須更改之個人資料，請不必填寫)

(Please provide copy of Identification Card and copy of supporting document 請提供身份證明文件副本及有關證明文件副本)

☐ Insured 受保人 ☐ Policy Owner 保單持有人

English Name 英文姓名 _____

Chinese Name 中文姓名 _____ Sex 性別 _____

Date of Birth 出生日期 _____ (DD 日/MM 月/YYYY 年) HK ID/ Passport No. 身份證或護照號碼 _____

6. Change of Nationality, Citizenship and/or Tax Residence 更改國籍、公民身份及／或稅務地區

(Please provide copy of supporting document 請提供有關證明文件副本)

☐ Insured 受保人 ☐ Policy Owner 保單持有人

(a) Nationality 國籍 _____

(b) Citizenship (If other than Hong Kong SAR and U.S. citizenship, please specify. If more than one citizenship, please provide details.)
公民身份 (如非香港或美國公民，請註明哪個地區或國家的公民。如多於一個公民身份，請提供詳細資料。)

☐ Hong Kong SAR citizenship 香港特別行政區公民身份

☐ U.S. citizenship (including “Green Card” holder) 美國公民身份 (包括「綠咭」持有人)

☐ Other than Hong Kong SAR and U.S. citizenship 其他地區公民身份 _____

(c) Are you subject to U.S. income tax on a basis other than that applicable to a non-resident for any other reason?¹ If “Yes”, please provide details.
作為非美國居民，閣下是否需要繳納美國收入稅？¹如「是」，請提供詳細資料。

☐ No 否

☐ Yes 是， _____

(d) If tax residence² has been changed, please provide details. (If more than one tax residence, please provide all.)
如稅務地區²已經更改，請提供有關資料。(如多於一個稅務地區，請提供所有。)

(e) U.S. Taxpayer Identification Number (TIN No.) (If applicable) 美國納稅人識別號碼 (若適用)

(f) Foreign Taxpayer Identification Number (other than Hong Kong SAR and U.S., please specify.) (If applicable)
海外納稅人識別號碼 (除香港特別行政區及美國外，請註明國家或司法區) (若適用)

Country / Jurisdiction 國家 / 司法區 _____

Taxpayer Identification Number 納稅人識別號碼 _____

7. Change of Signature 更改簽名

☐ New Signature of Insured 受保人新簽名 ☐ New Signature of Policy Owner 保單持有人新簽名

¹ As an example, are you a dual tax resident? Have you elected to be treated as a resident of the U.S. for any purposes, including an election to “file jointly” with a U.S. citizen spouse? Have you expatriated or given up your “Green Card” during the last ten years and are subject to special “sourcing rules”? 例：閣下是否有雙重稅務居民身份？閣下有否因其他原因而被定為美國稅務居民，包括與美國公民之配偶合併報稅？閣下有否於過去十年因移居國外或放棄「綠咭」而受到特別「來源原則」所限制？

² You are also considered as a U.S. resident for tax purposes if: i) you are a lawful permanent resident (“Green Card” holder) not eligible for treaty protection; or ii) you qualify as an income tax resident of the U.S. under the “substantial presence test” 閣下被視為美國稅務居民，若 i) 閣下為合法永久居民 (綠咭持有人) 而不合資格受美國條約保護，或 ii) 閣下因「實質居住測試」而被定為稅務居民。

8. Change of Occupation 更改職業

Current Occupation 現時職業

Start Date 任職日期

Exact Duties 職務

☐ Indoor work 戶內工作☐ Outdoor work 戶外工作☐ Work at Construction Site 建築地盤工作☐ Work at Height 高空工作 Max Height 最高 _____ m 米☐ Manual Work Involved 牽涉手製、手控或體力勞動的工作 Please provide details 請詳述 _____

Name of Company 公司名稱

Address of Company 公司地址

9. Addition / Deletion of Rider 增加 / 取消附加保障

(Please complete Statement of Insurability / Questionnaire for additional coverage 如增加保障，請填寫健康或可保聲明)

Addition 增加 Deletion 刪除

Full name of rider 附加保障名稱

Face Amount / Class 保額／類別

☐☐☐☐☐☐**10 Change of Sum Insured of Basic Plan / Rider 更改基本計劃 / 附加保障之保障額**

(Please complete Statement of Insurability / Questionnaire for additional coverage 如增加保障，請填寫健康或可保聲明)

Increase 增加 Reduce 減低

Full name of plan 計劃名稱

Increase / Reduce Face Amount to
增加 / 減少保額至☐☐☐☐☐☐**11 Change of Payment Mode 更改繳付形式**☐ Monthly (Autopay) 每月 (自動轉賬)

(Please complete Direct Debit Authorization Form 請填寫直接扣賬授權書)

☐ Quarterly (Autopay) 每季 (自動轉賬)

(Please complete Direct Debit Authorization Form 請填寫直接扣賬授權書)

☐ Semi-Annual 每半年☐ Annual 每年**12 Change of Payment Method 更改繳付方式**☐ Autopay 自動轉賬 (Please complete Direct Debit Authorization Form 請填寫直接扣賬授權書)☐ Direct billing 郵寄賬單**13 Removal / Reduction of 刪除或減免**☐ Medical Special Rating 健康特別保費☐ Occupational Special Rating 職業特別保費☐ Exclusion 不保事項

(Health/Insurability declaration and other supporting documents attached 附上健康或可保聲明及其他有關文件): _____

14 Reinstatement of Policy 保單復效 (Please complete Statement of Insurability for reinstatement 請填寫健康或可保聲明)☐ In accordance with Policy Provisions 根據保單條款**15 Conversion of 轉換**☐ Term Policy 定期壽保基本計劃☐ Term Rider 定期壽保附加保障計劃

(Return policy for total term basic conversion 如完全轉換定期壽保基本計劃，請交回保單)

New Plan 新壽險計劃

Conversion Amount 轉換保額

☐ US\$ 美元☐ HK\$ 港元

Remaining amount 剩餘保額

16 Declaration of Loss of Policy 保單遺失聲明 (Please submit administration fee HKD 200 per policy 請遞交每份保單行政費港幣 200)

I, the policyowner of _____ (policy number(s)) hereby declare that the policy(ies) was/were last in the possession of _____ and was/were lost on or about _____ (DD/MM/YYYY). I also declare that the policy(ies) cannot be found after diligent search and inquiry have been made, and is/are not in the possession or control of any other person to the best of my knowledge. I hereby apply for a duplicate copy of the above policy(ies) and understand that the original policy and any duplicate policy copy(ies) issued before this declaration shall be rendered void.

本人為保單號碼 _____ 之保單持有人，現謹此聲明，此保單遺失前由 _____ 所保管，並約於 _____ (日/月/年) 遺失。本人並謹此聲明已經盡力尋找及查詢但未能尋獲保單，而此保單亦未由其他人士佔有或保管。本人謹此申請上述保單之複製本，並同意在此聲明訂立前之原有保單及任何其他保單之複製本均為無效。

17 Change of Policy Ownership 更改保單持有人

- (a) English Name of New Policy Owner 新保單持有人英文姓名 _____
- (b) Chinese Name of New Policy Owner 新保單持有人中文姓名 _____
- (c) HKID Card No. / Passport No. / Business Registration No. 香港身份證號碼／護照號碼／商業登記號碼 _____
- (d) Date of Birth / Date of Incorporation 出生日期／成立日期 _____ (DD 日/MM 月/YYYY 年)
- (e) Place of Birth / Place of Incorporation 出生地點／成立地點 _____
- (f) Relationship 關係 _____ (g) Sex 性別 _____
- (h) Nationality 國籍 _____

(i) Are you subject to U.S. income tax on a basis other than that applicable to a non-resident for any other reason?¹ If “Yes”, please provide details.
作為非美國居民，閣下是否需要繳納美國收入稅？¹ 如「是」，請提供詳細資料。

☐ No 否

☐ Yes 是， _____

(j) Citizenship (If other than Hong Kong SAR and U.S. citizenship, please specify. If more than one citizenship, please provide details.)
公民身份（如非香港或美國公民，請註明哪個地區或國家的公民。如多於一個公民身份，請提供詳細資料。）

☐ Hong Kong SAR Citizenship 香港特別行政區公民身份

☐ U.S. Citizenship (including “Green Card” holder) 美國公民身份（包括「綠咭」持有人）

☐ Other than Hong Kong SAR and U.S. Citizenship 其他地區公民身份 _____

(k) Tax residence² (If more than one tax residence, please provide details.) 稅務地區²（如多於一個稅務地區，請提供詳細資料。）

(l) U.S. Taxpayer Identification Number (TIN No.) (If applicable) 美國納稅人識別號碼（若適用）

(m) Foreign Taxpayer Identification Number (Other than Hong Kong SAR and U.S., please specify.) (If applicable)
海外納稅人識別號碼（除香港特別行政區及美國外，請註明哪個國家或司法區。）（若適用）

Country / Jurisdiction 國家 / 司法區 _____

Taxpayer Identification Number 納稅人識別號碼 _____

(n) Correspondence Address 通訊地址

Room/Flat 室 _____ Floor 樓 _____ Block 座 _____

Building/House 大廈/樓 _____

Court/Estate 屋苑/屋邨 _____

Street/Road 街道名稱 _____

District/Area 地區 _____ ☐ HK 香港 ☐ KLN 九龍 ☐ NT 新界

City 城市 _____

Country / Jurisdiction 國家 / 司法區 _____ Postal Code 郵政編號 _____

Please provide Residential Address / Permanent Address / Registered Address (if it is a body corporate) (if different from Correspondence Address)
請提供住宅地址／永久地址／登記地址（若為法人團體）（如與通訊地址不同）

☐ Residential Address 住宅地址 ☐ Permanent Address 永久地址 ☐ Registered Address 登記地址

Room/Flat 室 _____ Floor 樓 _____ Block 座 _____

Building/House 大廈/樓 _____

Court/Estate 屋苑/屋邨 _____

Street/Road 街道名稱 _____

District/Area 地區 _____ ☐ HK 香港 ☐ KLN 九龍 ☐ NT 新界

City 城市 _____

Country / Jurisdiction 國家 / 司法區 _____ Postal Code 郵政編號 _____

¹ As an example, are you a dual tax resident? Have you elected to be treated as a resident of the U.S. for any purposes, including an election to “file jointly” with a U.S. citizen spouse? Have you expatriated or given up your “Green Card” during the last ten years and are subject to special “sourcing rules”? 例：閣下是否有雙重稅務居民身份？閣下有否因其他原因而被定為美國稅務居民，包括與美國公民之配偶合併報稅？閣下有否於過去十年因移居國外或放棄「綠咭」而受到特別「來源原則」所限制？

² You are also considered as a U.S. resident for tax purposes if: i) you are a lawful permanent resident (“Green Card” holder) not eligible for treaty protection; or ii) you qualify as an income tax resident of the U.S. under the “substantial presence test” 閣下被視為美國稅務居民，若 i) 閣下為合法永久居民（綠咭持有人）而不合資格受美國條約保護，或 ii) 閣下因「實質居住測試」而被定為稅務居民。

(o) Home Telephone Number 住宅電話號碼

Country Code 國家號碼 - Area Code 地區號碼 - Telephone Number 電話號碼

(p) Mobile Phone Number 手提電話號碼

Country Code 國家號碼 - Area Code 地區號碼 - Telephone Number 電話號碼

(q) Office Telephone Number 公司電話號碼

Country Code 國家號碼 - Area Code 地區號碼 - Telephone Number 電話號碼

(r) Have you granted power of attorney or signatory authority to a person with a U.S. address? If "Yes", please provide the mailing address.
有否授權具美國地址之「代理人」或「代簽人」處理閣下之保單？如「有」，請提供上述人士之郵寄地址。

☐ No 否

☐ Yes 有，* Power of Attorney 代理人/ * Authorized Signatory 代簽人 * Delete as inappropriate 將不適用者刪除

Room/Flat 室 _____ Floor 樓 _____ Block 座 _____

Building/House 大廈/樓 _____

Court/Estate 屋苑/屋邨 _____

Street/Road 街道名稱 _____

District/Area 地區 _____ ☐ HK 香港 ☐ KLN 九龍 ☐ NT 新界

City 城市 _____

Country / Jurisdiction 國家 / 司法區 _____ Postal Code 郵政編號 _____

(s) Do you have any "in-care-of" or "hold mail" address? If "Yes", please provide the address.
有否「轉信地址」或「代存郵件地址」？如「有」，請提供有關地址。

☐ No 否

☐ Yes 有，* In-care-of address 轉信地址/ * Hold mail address 代存郵件地址 * Delete as inappropriate 將不適用者刪除

Room/Flat 室 _____ Floor 樓 _____ Block 座 _____

Building/House 大廈/樓 _____

Court/Estate 屋苑/屋邨 _____

Street/Road 街道名稱 _____

District/Area 地區 _____ ☐ HK 香港 ☐ KLN 九龍 ☐ NT 新界

City 城市 _____

Country / Jurisdiction 國家 / 司法區 _____ Postal Code 郵政編號 _____

For Juvenile Policy 兒童保單

(t) With Payor Benefit rider 保留父母風險供款豁免附加保障 ☐ Yes 保留 ☐ No 不保留

(Please complete Statement of Insurability if Payor Benefit is needed. 如須保留父母風險供款豁免附加保障，請新保單持有人填寫之健康或可保聲明)

(u) Signature of New Policy Owner 新保單持有人簽名

18 Other Changes 其他更改

Declaration and Agreement relating to “Foreign Account Tax Compliance Act” and other Applicable Laws 有關《海外帳戶稅收合規法案》和其他適用法律的聲明和同意書

(1) I acknowledge that The Pacific Life Assurance Co., Ltd (the Company) may be required by legislation or regulation, as promulgated and amended from time to time, or by agreement with (the Applicable Requirements) local or overseas authorities (the Authorities and each an Authority), including but not limited to, Internal Revenue Service (IRS) of the United States of America, to report certain information about me and about my relationship with the Company: (a) to the Authorities in the jurisdiction where the Company is registered, which may then pass that information to the Authorities in another jurisdiction to establish any tax liabilities in such jurisdiction pursuant to orders, agreements with regulators or Authorities or otherwise; or (b) directly to the Authorities in other jurisdictions (such as the United States) to establish any tax liabilities in such jurisdiction pursuant to orders, agreements with regulators or Authorities or otherwise. (2) In this connection, I confirm and agree that the Company, for the purpose of ensuring its compliance or adherence with the Applicable Requirements may: (a) disclose such information to (i) the Authorities and their agents; and (ii) the agents or sub-contractors engaged by the Company that have adequate protections for keeping its customers' data secure and operate under a strict duty of confidentiality to the Company; and (b) withhold a proportion of payments otherwise payable to me. (3) I also confirm and agree that: (a) If any of the following information provided by me to the Company changes, I shall inform the Company of such change in writing within 30 days from the date of such change: (i) where I am an individual, my personal identification number, addresses, telephone number, nationality, tax status, and tax residences; and (ii) where we are a body corporate, our registered address, address of our place of business, substantial shareholders, ultimate beneficial owners with 10% direct or indirect of our shares or ownership interest or control, tax status, and tax residences. (b) Upon the Company's written request to me, I shall, within 30 days of the date of request, provide information, documents or certifications requested by it and that, to the extent permitted by applicable laws I waive any confidentiality rights under the applicable data protection or similar laws in respect of all information the Company holds or obtains from me which it needs to disclose to comply with the Applicable Requirements. (c) In the event where I fail to provide the Company with the information, documents or certifications specified by the Company within the time period stated in the request, and if the Company reasonably believes it to be necessary for it to comply with the Applicable Requirements, or I become a citizen or tax resident of any foreign jurisdiction, the Company has the right to: (i) disclose my particulars or any information to any Authority; (ii) withhold a proportion of payments paid to me as required by any Authority or the Company is otherwise required by law or pursuant to agreements with any regulations or any Authority to do so; or (iii) terminate my policy. (d) The Company may transfer my data to another jurisdiction or jurisdictions for processing by or on behalf of it and use agents and sub-contractors to process my data to comply with the Applicable Requirements. (e) The Company will not be liable to me for any loss I may suffer as a result of it complying with the Applicable Requirements with the Authorities. (f) This consent will override any consent provided by me under any agreement(s) with the Company, whether before or after the date of this agreement.

(1) 本人確知太平洋人壽保險有限公司（太平洋人壽）須根據不時頒佈及修訂的法規或條例，或與本地或海外監管機構（監管機構），包括但不限於美國國家稅務局之協定（適用規定），在下列情況下向監管機構呈報有關本人及本人與太平洋人壽業務關係之資料：(a) 根據監管機構之適用規定或其他適用情況下，透過太平洋人壽註冊地司法管轄區之監管機構，將本人資料轉交其他司法管轄區之監管機構以確立本人之稅務責任；或(b) 根據監管機構之適用規定或其他適用情況下，直接向其他司法管轄區（如美國）之監管機構呈報資料以確立本人之稅務責任。(2) 為確保太平洋人壽遵守適用規定，本人確定並同意太平洋人壽可：(a) 向下列機構透露本人之資料：(i) 監管機構及其代理人；及 (ii) 太平洋人壽聘用之代理人或承包商，該代理人或承包商須和太平洋人壽有嚴謹的保密協議，並有足夠措施保障客戶資料不外洩；及 (b) 扣留部分應支付給本人之款項。(3) 本人亦確定並同意：(a) 若本人向太平洋人壽提供的以下任何資料有所變更，本人須於有關變更日期起計 30 天內，將有關變更以書面方式通知太平洋人壽：(i) 若本人是個體：本人之個人身份證號碼、地址、電話、國籍、稅務狀況及稅務地區；及 (ii) 若我們是法人團體：我們之註冊地址、業務營運地址、主要股東、直接或間接擁有 10%股份、所有權或管理權之最終實際受益人、稅務狀況及稅務地區。(b) 在太平洋人壽向本人提出書面要求後，本人須於發信日期起計 30 天內，向太平洋人壽提供所需之資料，文件或證明，以遵守適用規定。對太平洋人壽為遵守適用規定而持有或索取有關本人之資料，在法律容許的範圍內，本人同意放棄適用於資料保障或類似法律下之保密權利。(c) 若本人於要求日期內未能提供所需之資料，文件或證明予太平洋人壽而太平洋人壽合理地相信有需要遵守適用規定，或本人已成為任何外地司法管轄區之公民或稅務居民，太平洋人壽有權 (i) 向任何監管機構透露本人的個人或任何資料；(ii) 根據監管機構之適用規定，扣留部分支付給本人之款項；或 (iii) 終止本人之保單。(d) 太平洋人壽可代表本人轉移本人之資料予其他司法管轄區，並使用代理人或承包商處理本人之資料，以遵守適用規定。(e) 太平洋人壽為遵守監管機構適用規定，引致本人蒙受損失，太平洋人壽概不承擔任何責任。(f) 此同意書將取代本人與太平洋人壽過往或將來所簽訂的同意書。

Signature of Insured 受保人簽署	Signature of Policyowner (if other than Insured) 保單持有人簽署（如非受保人）	Signature of Assignee/ Irrevocable Beneficiary (if any) 承讓人／不可撤換受益人簽署（如有）
Date 日期	Date 日期	Date 日期

For Office Use Only 公司專用	Term Conversion New Policy No. 新保單編號	- -	Captured by
	Signature verified by		Confirm action is completed

Please return this completed form to The Pacific Life Assurance Co., Ltd. at 10/F, Dominion Centre, 43-59 Queen’s Road East, Wanchai, Hong Kong.
Should you have any queries, please feel free to call our Customer Service Hotline at 2876 0876.
請填妥此表格並交回太平洋人壽保險有限公司（地址：香港灣仔皇后大道東 43-59 號東美中心 10 樓）。如有疑問，請致電客戶服務熱線 2876 0876。