

Application for Life Insurance

人壽保險申請書



Applicant must be in Hong Kong at the time of making this application.

申請人申請此保險時須身處於香港。

For Internal Use :

Application No. 申請書號碼:	
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To ensure your future benefits, you have to disclose in this application ALL material facts, which shall form the basis of our contract; otherwise the policy issued may be declared void at the discretion of the company.

為確保閣下的未來利益，閣下必須在此申請書上填報一切有關之事實，因閣下與本公司之合約將以這些事實為根據，否則本公司有權將發出之保單宣告無效。

A. Details Of The Applicant and The Insured (The Applicant and the Insured must be the same person)

投保人及受保人資料 (投保人及受保人必須為同一人)

1. Name in English 英文全名	
2. Name in Chinese 中文全名	
3. HKID Card No. 香港身份證號碼	
4. Gender 性別	
5. Date of Birth 出生日期	
6. Marital Status 婚姻狀況	
7. Place of Birth 出生地點	
8. Nationality 國籍	
9a. Residential Phone No. 住宅電話號碼	
9b. Mobile Phone No. 手提電話號碼	
10. Email Address 電郵地址	
11. Residential Address (Not P.O. Box) 住宅地址 (非郵政信箱)	District 地區:
12. Permanent Address (Not P.O. Box) 永久地址(非郵政信箱)	District 地區:
13. Correspondence Address of the Policy (Not P.O. Box) 保單通訊地址(非郵政信箱)	District 地區:

14. Will you or do you intend to live or work outside Hong Kong or home country over 183 days in the coming 12 months? 閣下是否將會或打算在未來 12 個月於香港或原居地以外地區居住或工作多於 183 日？	
<input type="checkbox"/> Yes 是 <input checked="" type="checkbox"/> No 否	

B. Life Insurance Plan Details 人壽保險計劃詳情		
1. Plan Name 計劃名稱:	Savie Insurance Plan 自助息理財壽險計劃	Plan Code 計劃代碼: KSTS Currency 貨幣: HKD 港幣
2. Premium 保費	Single Premium 躉繳保費	HKD 港幣 _____

C. Beneficiary Information 受益人資料					
Name in English 英文全名	Name in Chinese 中文全名	Gender 性別	HKID Card No./Passport No. 香港身份證號碼/護照號碼	Relationship with Life to be Insured 與被保人關係 (For example: Parents, Child, Spouse 例如：父母、子女、夫婦)	% of Entitlement 可得權益之百分比
Total 合共: 100%					

D. DIRECT DEBIT AUTHORIZATION 直接轉賬授權 (APPLICABLE TO HKD ACCOUNT ONLY 只限港元戶口)Name and Account Number of the party to be credited (*The Receiver*) 收款之一方及其賬戶號碼 (收款人)**FWD Life Insurance Company (Bermuda) Limited**

富衛人壽保險(百慕達)有限公司

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Bank Name and Branch Name 銀行及分行名稱

Bank No. 銀行編號

Branch No. 分行編號

Account No. 賬戶號碼

☐ Amount for the One-Off Payment 一次性付款金額

港元 HKD

Expiry Date (day/month/year) (if applicable)

到期日 (日/月/年) (如適用)

English Name of Account Holder

賬戶持有人英文姓名

HKID No.

香港身份證明文件號碼

☒

I confirm that I am the applicant of the Life Insurance Plan ("the Plan") and the holder of the above bank account. I hereby authorize FWD Life Insurance Company (Bermuda) Limited to debit my bank account for the premium payment of the Plan .

本人確認本人是人壽保險計劃("計劃")之申請人及上述銀行戶口賬戶的持有人。本人現授權富衛人壽保險(百慕達) 有限公司從本人的銀行戶口賬戶扣除計劃所應繳之保費。

☒

I have read and I understand and accept Savie HKID Card Promotion Terms and Conditions.

本人已閱讀、明白和接受Savie自助息身份證號碼優惠條款及細則。

E. Declaration and Authorization 聲明與授權

Direct Debit Authorization 直接轉賬授權

1. I hereby authorize my above named Bank to effect transfers from my account to that of the above named receiver in accordance with such instructions as my Bank may receive from the named receiver and /or its banker from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated below.
本人現授權本人之上述銀行，(根據收款人或其往來銀行不時給予本人銀行之指示)自本人之帳戶內轉帳予上述收款人。惟每次轉帳金額不得超過以上指定之限額。
2. I agree that my Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me.
本人同意本人的銀行毋須證實該等轉帳通知是否已交予本人。
3. I accept full responsibility for any overdraft (or increase in existing overdraft) on my account which may arise as a result of any such transfer(s).
如因該等轉帳而令本人之帳戶出現透支(或令現時之透支增加)，本人願意承擔全部責任。
4. I agree that should there be insufficient funds in my account to meet any transfer hereby authorized, my Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank may make the usual charge and that it may cancel this authorization at any time on one week's written notice.
本人同意如本人之帳戶並無足夠款項支付該等授權轉帳，本人之銀行有權不予轉帳，且銀行可收取慣常之收費，並可隨時以一星期書面通知取消本授權書。
5. This authorization shall have effect until further notice or until the expiry date written above (whichever shall first occur).
本授權書將繼續生效直至另行通知為止或直至上述到期日為止(以兩者中最早的日期為準)。
6. I agree that any notice of cancellation or variation of this authorization which I may give to my Bank shall be given at least two working days prior to the date on which such cancellation/variation is to take effect.
本人同意，本人取消或更改本授權書之任何通知，須於取消/更改生效日最少兩個工作天之前交予本人之銀行。

+ Notes 附註:

*If the amounts of your payments are likely to vary each time, set the **Limit for Each Payment** at the maximum amount you would expect to pay at any one time. If “**Limit for Each Payment**” is not specified, the debtor's bank will set the limit as “unlimited”.*

如台端付款的數額每次可能不同，請將最高者訂為每次付款的最高限額。如「每次付款的限額」一欄未有填上，債務銀行會將轉帳限額設定為「不設上限」。

All direct debits will be transacted in Hong Kong dollar and currency conversion is required when the policy currency is not denominated in Hong Kong dollar. An exchange rate, determined by FWD Life Insurance Company (Bermuda) Limited, will be used to calculate the premium due in Hong Kong dollar equivalent for purpose of direct debit.

所有轉賬款項以港元為單位，若保單貨幣並非以港元為單位，則必需把保單貨幣換算成港元計算。貨幣換算以富衛人壽保險(百慕達)有限公司匯率為準。

Personal Data Protection Policy and Practices 個人資料保護政策及執行

- ☒ I have read and I understand and accept this [Personal Information Collection Statement](#). By accepting this Personal Information Collection Statement, you consent to the transfer of your personal data outside Hong Kong and you understand your personal data may not be protected to the same or similar level in Hong Kong.

本人已細閱及本人明白及接受本**收集個人資料聲明**。就接受本收集個人資料聲明，即代表閣下同意把閣下的個人資料轉移至香港境外，並明白閣下的個人資料未必可以獲得與在香港相同或類似程度的保障。

If you do NOT wish the Company to use Your Personal Data in direct marketing or provide Your Personal Data to other persons or companies for their use in direct marketing, please tick (✓) the appropriate box(es) below to exercise your opt-out right.

若閣下不希望本公司使用閣下的個人資料，或將閣下的個人資料提供予其他人士或公司作直接促銷用途，請在以下有關方格內加上剔(✓)號，藉以行使閣下不同意此項安排的權利。

- ☐ Please do not send direct marketing information to me.
請不要將直接促銷資料發給本人。
- ☐ Please do not provide my personal data to other persons or companies for their use in direct marketing.
請不要將本人的個人資料提供予其他人士或公司作其直接促銷用途。

☐ I declare, agree and acknowledge that:

本人謹此聲明、同意及承認：

1. FWD Life Insurance Company (Bermuda) Limited (“FWD”) and/or its affiliates are obliged to comply with all laws, regulations, orders, guidelines and codes, including the applicable requirements under the Foreign Account Tax Compliance Act or agreements with any public, judicial, taxation, governmental and/or other regulatory authorities, including 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”).

富衛人壽保險(百慕達)有限公司 (以下簡稱「富衛」) 及 / 或任何其附屬機構須遵從法律、法規、命令、指引、守則和包括《外國帳戶稅務合規法》適用規定的要求、或任何公眾、司法、稅務、政府和 / 或其他監管機構協定的要求、包括美國國家稅務局 (以下簡稱「監管機構」) 在不同司法管轄區不時頒布及修訂的協定 (以下簡稱「適用規定」)。

2. I am not and not acting for and on behalf of, a United States person, being a U.S. citizen, U.S. resident for U.S. federal income tax purposes or U.S. Resident Alien (i.e. a so-called U.S. green card holder) and I will notify FWD in writing within 30 days if there is any change of details provided to FWD in this application, in particular, my nationality, tax status or tax residency changes and will provide any further information or document requested by FWD.

本人非美國人士、(即美國公民、符合美國所得稅目的之美國居民、或擁有美國居民身份之外僑 (即美國綠卡持有人), 並不代表上述美國人士行事), 並就本人任何在申請時或其他時間向富衛提供的任何資料、尤其是對於本人的國籍 / 註冊地、稅務狀況或稅籍所在地的變動、本人同意在三十天內書面通知富衛。若發生這些變動、或其他資料已為大家所知、並將應富衛要求提供任何文件或資料。

3. FWD may disclose my particulars or any information to any Authority (within or outside Hong Kong) in connection or adherence with the Applicable Requirements. I also agree to provide FWD with assistance as may be necessary to enable FWD to comply with its obligations under all Applicable Requirements.

本人同意富衛可能會根據適用規定的要求、向任何在香港境內或境外的監管機構披露本人的個人資料或任何資料。本人亦同意向富衛提供協助、使富衛能夠遵行公司在適用規定下的義務。

4. FWD may withhold payment of any amount due to myself under my policy(ies) if I have failed to provide any up-to-date or complete information or documents to FWD in compliance with the Applicable Requirements and/or pay the same to any relevant Authority on my behalf as the relevant Authority may require. I also agree that the Company reserves the right and shall be entitled to terminate my policy(ies) and return to me the cash value (if any) calculated pursuant to the provisions of such policy(ies).

如果本人未能及時向富衛提供資料或文件、或本人所提供的資料或文件並非最新、準確或完整、引致富衛無法確定它可以持續遵從適用規定、富衛可能於本人保單應支付本人或本人的個人代表 / 代表的任何款項中作出扣留、並 / 或按相關監管機構的要求、代本人向相關監管機構支付所扣留的款項。本人且同意富衛保留權利、並有權終止本人之保單及根據保單適用的條款條件及規定計算現金價值 (如有)。

Policy Replacement Declarations* 壽險轉保聲明 *

a) **Have you replaced**** in the past 12 months any or a substantial part of your existing life insurance policy(ies) with this application?

閣下是否於過去 12 個月內以這份投保申請書取代**閣下任何現有壽險保單，或取代任何現有壽險保單內大部分的壽險成分？

☐ Yes 是
☒ No 否

b) **Do you intend to replace** in the next 12 months any or a substantial part of your existing life insurance policy(ies) with this application?

閣下是否打算於未來 12 個月內以這份投保申請書取代閣下任何現有壽險保單，或取代任何現有壽險保單內大部分的壽險成分？

☐ Yes 是
☒ No 否

I realize if I answer “No” to both questions above but indeed,

本人知道如果本人就上述兩條問題都選擇「否」，而事實上：

i. this application has replaced any or a substantial part of my existing life insurance policy(ies) in the past 12 months; or
這份投保申請書卻於過去 12 個月內，取代本人任何現有壽險保單或任何現有壽險保單內大部分的壽險成分；或者

ii. my current intention is to replace any or a substantial part of my existing life insurance policy(ies) within the next 12 months by this application, I may jeopardize my future right of redress if I find later that I have been disadvantaged because of such replacement.
本人現正打算於未來 12 個月內，以這份投保申請書取代本人任何現有壽險保單或任何現有壽險保單內大部分的壽險成分，即使日後發現因是次轉保導致本人蒙受損失，本人或會因此而有損日後的追討權益。

I hereby authorize FWD Life Insurance Company (Bermuda) Limited to give the Insurance Agents Registration Board, the Hong Kong Confederation of Insurance Brokers, the Professional Insurance Brokers Association Limited, the Insurance Authority (“IA”), the Hong Kong Federation of Insurers, the insurer(s) of the life insurance policy(ies) that is/are being or has/have been replaced (if applicable) or other parties, as required for proper administration/implementation/execution of the Code of Practice for Life Insurance Replacement and the “Minimum Requirements” for insurance brokers as specified by the IA under the Insurance Companies Ordinance, a copy of this “Replacement Declaration” and any related records or information.

本人現授權富衛人壽保險(百慕達)有限公司向保險代理登記委員會、香港保險顧問聯會、香港專業保險經紀協會有限公司、保險業監督(「保監」)、香港保險業聯會、所有已被取代或將會被取代的現有壽險保單的保險公司(如適用者)、或為了有效管理/執行/履行《壽險轉保守則》及保監根據《保險公司條例守則》指名的適用於保險經紀的「最低限度規定」所需的其他機構，提供本「轉保聲明」的副本，以及任何有關紀錄或資料。

Notes:

註:

**This Replacement Declaration does not form part of the application/proposal for the new life insurance policy.*

**本「轉保聲明」並不是新壽險保單的投保申請書/建議書其中一部分。*

***Any transaction involving the purchase of life insurance is construed as a Replacement if (i) any existing life insurance policy(ies) or a substantial part of the sum insured of its/their basic life coverage has been/have been/will be terminated or (ii) a substantial part of the guaranteed cash value of the existing life insurance policy(ies) was reduced/will be reduced including where a policy loan was/will be taken out against a substantial part of the guaranteed cash value. Existing life insurance policy(ies) include(s) all types of traditional life, annuity and other non-traditional policies of the applicant/proposer, which has/have been terminated within 12 months before or will be terminated within 12 months after the new life insurance policy's issue date. Termination includes lapse, surrender, converted to reduced paid-up or extended-term insurance under the non-forfeiture provision of the existing life insurance policy(ies). “A substantial part” means “50% or above”. However, converting term life insurance to whole life insurance (or some forms of permanent life insurance) under policy provisions of the existing life insurance policy(ies) is not construed as a Replacement.*

***任何購買壽險的交易，如涉及(i)任何現有壽險保單或其基本壽險保障的大部分保額已被終止或將被終止，或(ii)現有壽險保單內大部分的保證現金價值已被減少/將被減少，包括：大部分的保證現金價值已被提取/將被提取作為保單借貸，均會被視為「轉保」。現有壽險保單包括在新購壽險保單生效日前後的 12 個月內，申請人/投保人已經終止或將會終止的任何壽險保單。壽險保單包括所有類型的傳統壽險、年金及其他非傳統壽險保單。終止包括：讓保單失效、退保、或根據現有壽險保單的不能作廢條款，將保單轉為減額繳清/展期保單。「大部分」指「50%或以上」。若根據現有壽險保單的保單條款，將定期壽險保單轉為終身壽險保單(或某些形式的長期壽險保單)，則不會被視為「轉保」。*

Cancellation Right and Refund of Premium(s) 取消權利及退回保費

☒ I understand that I have the right to cancel and request for refund of any premium(s) by giving written notice. Such notice must be signed by me and received directly by FWD Life Insurance Company (Bermuda) Limited at 1/F., FWD Financial Centre, 308 Des Voeux Road Central, Hong Kong within 21 days after the delivery of the policy or issue of a Notice to me or my representative, whichever is the earlier.

本人明白透過書面通知，本人可以有權取消合約及要求取回任何保險費。上述通知書須由本人簽署，並須在發出保險單或寄出《通知書》給本人或本人的代表後起計的 21 天內，直接由富衛人壽保險(百慕達)有限公司香港中環德輔道中 308 號富衛金融中心 1 樓收取，以較先者為準。

Application 申請書

☒ I hereby DECLARE and AGREE that:

本人聲明並同意：

1. I am in Hong Kong at the time of making this application and the answers to all the above questions are complete, true and accurate and are given to the best of my knowledge and belief;
本人申請此保險時身處於香港，而且上述所有問題的答案均是完整、真實及準確，並且是盡本人所知及所信而作答的；
2. I have the duty to immediately inform the Company and correct the answers to the above questions if they have become incomplete, untrue and inaccurate subsequently before any policy is issued;
本人明白於保單生效日前，若因任何原因／改變，導致上述問題之答案不再完全、不再正確或不再準確，本人有責任立即知會貴公司並更正該資料；
3. Any payment made in connection with this application does not guarantee immediate approval of the coverage applied for. The insurance coverage applied for shall only take effect when the relevant policy has been issued and the initial premium paid (including any additional initial premium payable due to revisions of the policy terms and conditions); and
就有關本申請所作出付款，並不保證立刻批准所申請的承保範圍。承保範圍只在發出保單及交妥第一期保費時方生效（包括由於更改受保條件而需繳付的額外第一期保費）；及
4. I hereby declare and confirm that I am the beneficial owner of this Policy and I am not acting or holding this policy on behalf of any other person including legal person or trust.
本人謹此聲明及確認本人是此保單的實益擁有人，並不是作為第三者代表包括法人或信託。

Signature Date: (DD/MM/YYYY)

簽署日期：

Signature of the Applicant:

投保人簽署：

Signature Place 簽署地: Hong Kong 香港

Personal Information Collection Statement ("PICS")

1. From time to time, it is necessary for you to supply **FWD Life Insurance Company (Bermuda) Limited** (the "Company") or agents and representatives acting on its behalf with personal information and particulars in connection with our services and products. Failure to provide the necessary information and particulars may result in the Company being unable to provide or continue to provide these services and products to you.
2. The Company may also generate and compile additional personal data using the information and particulars provided by you. All personal data collected, generated and compiled by the Company about you from time to time is collectively referred to in this PICS as "Your Personal Data".
3. "Your Personal Data" will also include personal data relating to your dependents, beneficiaries, authorised representatives and other individuals in relation to which you have provided information. If you provide personal data on behalf of any person you confirm that you are either their parent or guardian or you have obtained that person's consent to provide that personal data for use by the Company for the purposes set out in this PICS.
4. As detailed in this PICS, Your Personal Data may also be processed by the Company's subsidiaries, holding companies, associated or affiliated companies and companies controlled by or under common control with the Company (collectively, "the Group").
5. The purposes for which Your Personal Data may be used are as follows:
 - (i) providing our services and products to you, including administering, maintaining, managing and operating such services and products;
 - (ii) processing, assessing and determining any applications or requests made by you in connection with our services or products and maintaining your account with the Company;
 - (iii) developing insurance and other financial services and products;
 - (iv) developing and maintaining credit and risk related models;
 - (v) processing payment instructions;
 - (vi) determining any indebtedness owing to or from you, and collecting and recovering any amount owing from you or any person who has provided any security or other undertakings for your liabilities;
 - (vii) exercising any rights that the Company may have in connection with our services and/or products;
 - (viii) carrying out and/or verifying any eligibility, credit, physical, medical, security, underwriting and/or identity checks in connection with our services and products;
 - (ix) any purposes in connection with any claims made by or against or otherwise involving you in respect of any of our services or products, including, making, defending, analysing, investigating, processing, assessing, determining, responding to, resolving or settling such claims;
 - (x) performing policy reviews and needs analysis (whether or not on a regular basis);
 - (xi) meeting disclosure obligations and other requirements imposed by or for the purposes of any laws, rules, regulations, codes of practice or guidelines (whether applicable in or outside Hong Kong) binding on the Company or any other member of the Group, including making disclosure to any legal, regulatory, governmental, tax, law enforcement or other authorities (including for compliance with sanctions laws, the prevention or detection of money laundering, terrorist financing or other unlawful activities) or to any self-regulatory or industry bodies such as federations or associations of insurers;
 - (xii) for statistical or actuarial research undertaken by the Company or any member of the Group; and
 - (xiii) fulfilling any other purposes directly related to (i) to (xii) above.
6. Your Personal Data will be kept confidential, but to facilitate the purposes set out in paragraph 5 above, the Company may transfer, disclose, grant access to or share Your Personal Data with the following:
 - (i) other members of the Group;
 - (ii) any person or company carrying on insurance-related and/or reinsurance-related business which is engaged by the Company in connection with the Company's business;
 - (iii) any physicians, hospitals, clinics, medical practitioners, laboratories, technicians, loss adjusters, risk intelligence providers, claims investigators, legal advisors and/or other professional advisors engaged in connection with the Company's business;

- (iv) any agent, contractor or service provider providing administrative, distribution, credit reference, debt collection, telecommunications, computer, call centre, data processing, payment processing, printing, redemption or other services in connection with the Company's business; and/or
 - (v) any official, regulator, ministry, law enforcement agent or other person (whether within or outside Hong Kong) to whom the Company or another member of the Group is under an obligation or otherwise required or expected to make disclosures under the requirements of any law, rules, regulations, codes of practice or guidelines (whether applicable in or outside Hong Kong).
7. Your Personal Data may be transferred or disclosed to any assignee, transferee, participant or sub-participant of all or any substantial part of the Company's business.
 8. The Company is only allowed to (i) use Your Personal Data in direct marketing; or (ii) provide Your Personal Data to another person or company for its use in direct marketing, if you provide your consent or do not object in writing.
 9. In connection with direct marketing, the Company intends:
 - (i) to use your name, contact details, services and products portfolio information, financial background and demographic data held by the Company from time to time in direct marketing to market the following classes of services and products offered by the Company, other members of the Group and/or Our Business Partners (being providers of the product and services described below) from time to time:
 - a. insurance services and products;
 - b. wealth management services and products;
 - c. pensions, investments, brokering, financial advisory, credit and other financial services and products;
 - d. health-check and wellness services and products;
 - e. media, entertainment and telecommunications services;
 - f. reward, loyalty or privileges programmes and related services and products; and
 - g. donations and contributions for charitable and/or non-profit making purposes; and
 - (ii) to provide your name and contact details to any members of the Group and/or Our Business Partners for their use in direct marketing the classes of services and products described in paragraph 9 (i) above (including, in the case of Our Business Partners, for money or other commercial benefit).
 10. You may also write to the Company at the address below to opt out from direct marketing at any time.
 11. To facilitate the purposes set out in paragraphs 5 and 9 above, the Company may transfer, disclose, grant access to or share Your Personal Data with the parties set out in paragraphs 6 and 9(ii) and you acknowledge that those parties may be based outside Hong Kong and that Your Personal Data may be transferred to places where there may not be in place data protection laws which are substantially similar to, or serve the same purposes as, the Personal Data (Privacy) Ordinance.
 12. Under the Personal Data (Privacy) Ordinance you have the right to request access to Your Personal Data held by the Company and request correction of any of Your Personal Data which is incorrect and the Company has the right to charge you a reasonable fee for processing and complying with your data access request.
 13. Requests for access to or correction of Your Personal Data should be made in writing to:

Corporate Data Protection Officer
FWD Life Insurance Company (Bermuda) Limited
1st Floor, FWD Financial Centre,
308 Des Voeux Road Central
Hong Kong
- Should you have any queries, please do not hesitate to call our Customer Service Hotline on 3123 3123.
14. In case of discrepancies between the English and Chinese versions of this PICS, the English version shall apply and prevail.
 15. The Company reserves the right, at any time effective upon notice to you, to add to, change, update or modify this PICS.

收集個人資料聲明

- 閣下需要不時向富衛人壽保險(百慕達)有限公司(「本公司」)或本公司的代理及代表就本公司的服務及產品提供個人資料及詳情。如未能提供所需資料及詳情，可能會導致本公司無法向閣下提供或繼續提供有關服務及產品。
- 本公司亦可以利用閣下提供的資料及詳情製作及匯編額外的個人資料。本公司不時收集、製作及匯編的所有個人資料，以下統稱為「閣下的個人資料」。
- 「閣下的個人資料」亦包括由閣下提供有關閣下的受養人、受益人、獲授權代表及其他人士的資料。如閣下代表他人提供個人資料，閣下確認閣下乃是他們的父母或監護人或閣下已取得有關人士之同意提供有關人士之個人資料予本公司作本聲明之用途。
- 如本聲明所述，閣下的個人資料亦可能被本公司的附屬公司、控股公司、聯營或聯屬公司或本公司控制的公司或與本公司受共同控制的公司(統稱「本集團」)處理。
- 閣下的個人資料可能用於以下用途：
 - 向閣下提供本公司的服務及產品包括管理、維持、處理及運作有關服務及產品；
 - 處理、評估及決定閣下就本公司的服務或產品而提出的任何申請或要求，以及維持閣下在本公司的賬戶；
 - 發展保險及其他金融服務及產品；
 - 發展及維持本公司信貸及風險之相關模型；
 - 處理付款指示；
 - 釐訂任何欠付閣下或閣下所欠的負債，及向閣下或任何為閣下的債務提供擔保或其他承諾的人士收取及追討欠款；
 - 行使與本公司的服務及/或產品有關的任何權利；
 - 就本公司之服務及產品作出資格、信貸、身體、醫療、擔保、承保及/或身份核証；
 - 用於任何因本公司的產品或服務而由閣下提出或本公司對閣下提出的申索，包括作出、抗辯、分析、調查、處理、評核、決定、回應、解決或和解有關申索；
 - 進行保單審閱及需求分析(不論是否定期進行)；
 - 本公司或本集團的其他成員根據任何法律、規則、規例、實務守則或指引(不論在香港境內或境外適用)要求而須作出披露，包括向任何法定機構、監管機構、政府機構、稅務機構、執法機構或其他機構(包括為遵守制裁法、避免或偵查洗錢、恐怖分子資金籌集或其他不法活動)或向任何獨立監管或行業團體(如保險業聯會或協會等)作出披露；
 - 作本公司或本集團的任何成員的統計或精算研究；及
 - 履行與上文第(i)至(xii)段直接有關的其他用途。
- 閣下的個人資料將被保密但為達成上文第5段列出的用途，本公司可能將閣下的個人資料轉移、披露、讓其查閱或與以下各方共同使用：
 - 本集團的其他成員；
 - 任何因本公司業務而聘用之經營保險相關及/或再保險相關業務之人士或公司；
 - 任何因本公司業務而聘用的治療師、醫院、診所、醫生、化驗所、技師、損失理算人、風險情報供應商、索賠調查人、法律顧問及/或其他專業顧問；
 - 任何向本公司之業務提供行政、分銷、信貸資料庫、債務追討、電訊、電腦、熱線中心、資料處理、付款處理、印刷、贖回或其他服務的代理人、承包商或服務供應商；及/或
 - 任何本公司或本集團的其他成員負責任或需要或預期要根據任何法律、規則、規例、實務守則或指引(不論在香港境內或境外適用)作出披露的官員、規管者、部門、執法代理或其他人士(不論在香港境內或境外)。

- 閣下的個人資料可能被轉移或披露予任何承讓人、受讓人、本公司業務的任何實質部分的參與人或次參與人。
- 本公司只可在閣下作出書面同意或不反對的情況下(i)使用閣下的個人資料作直接促銷用途，或(ii)將閣下的個人資料提供予其他人士或公司作其直接促銷用途。
- 就直接促銷而言，本公司擬：
 - 使用本公司不時持有的閣下姓名、聯絡資料、服務及產品組合資料、財務背景及人口統計資料作直接促銷用途；銷售本公司、本集團其他成員及/或本公司之業務夥伴(即以下產品及服務的供應商)不時提供的下列服務及產品：
 - 保險服務及產品；
 - 財富管理服務及產品；
 - 退休金、投資、經紀、財務諮詢、信貸及其他金融服務及產品；
 - 健康檢查及健康服務及產品；
 - 媒體、娛樂及電信服務；
 - 獎賞、客戶忠誠或優惠計劃及相關服務及產品；及
 - 為慈善及/或非牟利用途的捐款及捐贈。
 - 將閣下的姓名及聯絡資料提供予本集團任何成員及/或本公司之業務夥伴，讓其用於直接促銷上文第9(i)段所載的服務或產品(如為業務夥伴，則包括作金錢或其他商業利益)。
- 閣下亦可於任何時間致函本公司以下地址，藉以拒絕直接促銷。
- 為達成上文第5及第9段所列出的目的，本公司可能將閣下的個人資料轉移、披露、讓其查閱或與上文第6及第9(ii)段所列的各方共同使用及閣下知悉有關一方可能設在香港以外的地方及閣下的個人資料可能被轉往的地方未必設有與《個人資料(私隱)條例》大致相同或作用同一用途的資料保護法。
- 根據《個人資料(私隱)條例》，閣下有權要求查閱本公司所持有閣下的個人資料，並要求改正閣下的不正確個人資料及本公司有權就處理及遵行閣下的查閱資料要求而收取合理費用。
- 查閱或改正閣下的個人資料要求，應以書面形式向下列人士提出：

資料保護主任
富衛人壽保險(百慕達)有限公司
香港德輔道中308號富衛金融中心1樓

如閣下有任何疑問，敬請致電本公司之客戶服務熱線3123 3123。
- 中英文本如有歧異，概以英文本為準。
- 本公司保留隨時增補、更改、更新及修訂本聲明之權利，並任何更改將於發出通知時起生效。

Savie HKID Card Promotion Terms and Conditions:

1. This Promotion for the “Savie” Insurance Plan (“Savie”) underwritten by FWD Life Insurance Company (Bermuda) Limited (“FWD”) will be offered between 4 July 2016 and 21 August 2016 (both dates inclusive) (“Promotion Period”) and the application for Savie must be submitted within the Promotion Period.
2. Savie applicants with Hong Kong Permanent Identity Card (“HKID Card”) containing “0” or “2” or “3” are eligible for this Promotion, subject to these terms and conditions. The premium discount is determined by the total number of occurrences of digit “0” and “2” and “3” in the HKID Card number, in accordance to the following table:

Total number of occurrences of “0” and “2” and “3” in the HKID Card Number (e.g. HKID Card number “A023456(3)” – the total number is 4).	Premium Discount		
	For One-off Plan		For Monthly Regular Contribution Plan
	≥ HK\$ 200,000	< HK\$ 200,000	
1	HK\$ 500	HK\$ 300	HK\$ 200
2	HK\$ 800	HK\$ 500	HK\$ 400
3	HK\$ 1,000	HK\$ 700	HK\$ 600
4	HK\$ 3,000	HK\$ 2,000	HK\$ 1,000
5	HK\$ 5,000	HK\$ 3,000	HK\$ 2,000
6	HK\$ 7,000	HK\$ 5,000	HK\$ 3,000*
7	HK\$ 10,000	HK\$ 10,000	HK\$ 10,000*

* If the first initial payment paid (which equivalent to the first 2 months’ regular contribution) for the Monthly Regular Contribution Plan (“the First Initial Payment”) is less than the Premium Discount, the applicant can only enjoy the Premium Discount not more than the First Initial Payment.

3. To enjoy this Promotion, applicants can apply through either of the following methods:

i) Apply at Customer Service Centre

Applicant must make an appointment through <https://i.fwd.com.hk/en/savings-insurance> to visit one of FWD’s customer service centres to conduct a simple financial needs analysis to assess his/her suitability for Savie. Once it is confirmed that Savie meets applicant’s objective(s) and need(s), applicant must present his/her HKID card proving his/her eligibility of this Promotion and obtain a premium discount on the premium payment. The discounted premium must be paid by applicant’s personal cheque, or direct debit through the applicant’s bank account (only applicable to One-off Plan) or Bank of Communications FWD Credit Card.

OR

ii) Apply online (only applicable to One-off Plan)

Applicant must conduct a simple financial needs analysis through <https://i.fwd.com.hk/en/savings-insurance> to assess his/her suitability for Savie. Once it is confirmed that Savie meets applicant’s objective(s) and need(s), applicant must fill in his/her HKID number correctly during the online application and upload the copy of his/her HKID card proving his/her eligibility of this Promotion and obtain a premium discount on the premium payment. The discounted premium must be paid by direct debit through the applicant’s bank account.

4. Each HKID Card Holder can enjoy this Promotion once only.
5. The application date of Savie is based on the record of FWD.
6. This Promotion is not redeemable for cash and cannot be used in conjunction with other promotional offers or discounts.
7. Savie is subject to its terms and conditions and policy provisions. FWD has the right to reject any application, and its decision in relation to disputes that may arise from this Promotion will be final and conclusive.
8. FWD reserves the right to amend these terms and conditions of this Promotion or discontinue this promotion at any time without prior notice.
9. In the event of any inconsistency between the Chinese and English versions of these terms and conditions, the English version shall prevail.

自助息身份證號碼優惠條款及細則：

1. 此優惠只適用於 2016 年 7 月 4 日至 2016 年 8 月 21 日(包括首尾兩天) (「推廣期」) 內由富衛人壽保險(百慕達)有限公司(「富衛」)所承保的自助息理財壽險計劃(「自助息」)，並須於推廣期內遞交自助息申請。
2. 受此條款及細則所限制下，香港永久性居民身份證(「身份證」)號碼出現「0」或「2」或「3」之自助息的申請人方可享受此優惠。保費折扣將根據其身份證號碼出現「0」和「2」和「3」的次數而定，詳見下表：

身份證號碼總共出現「0」和「2」和「3」的次數 (例如：身份證號碼「A023456(3)」的總出現次數為 4)	保費折扣		
	一筆過保費		月繳保費
	≥ 200,000 港元	< 200,000 港元	
1	500 港元	300 港元	200 港元
2	800 港元	500 港元	400 港元
3	1,000 港元	700 港元	600 港元
4	3,000 港元	2,000 港元	1,000 港元
5	5,000 港元	3,000 港元	2,000 港元
6	7,000 港元	5,000 港元	3,000 港元*
7	10,000 港元	10,000 港元	10,000 港元*

* 如在月繳計劃下所支付之首次保費(相等於首兩個月之月繳保費)(「首次保費」)少於保費折扣，申請人只可享受不多於首次保費之折扣優惠。

3. 如要享受此優惠，申請人可透過以下其中一個方法申請：

i) 於客戶服務中心申請

申請人須於 <https://i.fwd.com.hk/tc/savings-insurance> 預約時間並親臨富衛保險任何一個客戶服務中心進行簡單財務需要分析以了解自助息是否適合他/她的需要。如自助息符合申請人的目標及需要，申請人須要出示他/她的身份證作確認，以便享受以上的保費折扣。折扣後的保費須以申請人之個人支票、申請人銀行戶口之自動轉帳(只適用於一筆過計劃)或交通銀行 FWD 富衛信用卡來繳付。

或

ii) 於網上申請(只適用於一筆過計劃)

申請人須於 <https://i.fwd.com.hk/tc/savings-insurance> 進行簡單財務需要分析以了解自助息是否適合他/她的需要。如自助息符合申請人的目標及需要，申請人須要正確地輸入他/她的身份證號碼，並上載他/她的身份證副本作確認，以便享受以上的保費折扣。折扣後的保費須以申請人銀行戶口之自動轉帳來繳付。

4. 每名身份證持有人只可享受此優惠一次。

.....) ".....

6. 此優惠不能兌換現金或與其他優惠或折扣同時使用。
7. 自助息將受其條款及細則及保單條款所約束，富衛保留拒絕任何申請的權利，並就此優惠的任何爭議保留最終決定權。
8. 富衛保留一切修訂此推廣條款及細則之權利，或於任何時候停止此優惠並無須另行通知。
9. 此條款及細則中英對照，如有歧異，概以英文原義為準。