

人身保险投保单

Personal Insurance Application Form

投保单编号Application No.:

(多被保险人专用)
(Only for multiple insured)

中介机构填写To be completed by sub-branch

中介机构代码 Sub-branch Code:	营销员编号 Sales Staff Code:	营销员姓名 Name of Sales Staff:

- ☐ SCC ☐ VIP ☐ HNW ☐ 投保人银行客户编号 Policy Owner's Customer Code in Bank: _____
☐ SCC ☐ VIP ☐ HNW ☐ 被保险人1银行客户编号 Proposed Insured 1 Customer Code in Bank: _____
☐ SCC ☐ VIP ☐ HNW ☐ 被保险人2银行客户编号 Proposed Insured 2 Customer Code in Bank: _____

投保须知 Insurance Instruction

- 一、本投保单为投保人与汇丰人寿保险有限公司(以下简称“汇丰人寿”)所订立保险合同的组成部分。在填写投保单之前,请仔细阅读投保单的内容并确认其含义。This application form is an integral part of the insurance policy between the Policy Owner and HSBC Life Insurance Company Limited. (Hereinafter called "HSBC Life" as the case may be). Before completing this form, please carefully read and make sure you clearly understand the contents herein.
- 二、**投保单填写:** 投保单应由投保人及被保险人在汇丰人寿授权的营销员的指导下,用黑色或蓝色墨水笔填写,字迹清晰,不得涂改。投保单必须由投保人、被保险人/监护人亲笔签名。如果您选择的是以身故为给付保险金条件的合同,未经被保险人书面同意并认可保险金额的,合同无效。父母为其未成年子女投保的人身保险不受此限制。**Completing the form:** This application form should be completed by the Policy Owner and the Proposed Insured under the guidance of HSBC Life's authorized sales staff, using black or blue fountain pen. All handwriting should be legible, and no corrections may be made. This application form must be signed by the Policy Owner and the Proposed Insured/guardian. If you have selected the cover for death benefit, the policy shall be invalid unless with the written consent of the Proposed Insured, which must also include the consent with respect to the sum insured. The aforesaid shall not apply in the case of parents proposing insurance cover for their children who are minors.
- 三、**告知义务:** 投保人及被保险人在投保时,应对投保单、体检报告书各项内容及汇丰人寿指定医院检查被保险人健康时的各项询问按规定如实详细告知;且所有告知事项均以书面告知为准,口头告知无效。否则,汇丰人寿有权依据相关规定解除保险合同,并对于保险合同解除前发生的保险事故不负任何责任。**Duty of disclosure:** When applying for insurance, the Policy Owner and the Proposed Insured should give detailed and faithful disclosures with respect to the items in the application form, physical examination report and various questions raised to the Proposed Insured during medical checkup in a hospital appointed by HSBC Life, failing which HSBC Life shall have the right to cancel the policy pursuant to the relevant regulations. All disclosures shall be in writing, while oral disclosures shall be deemed invalid. HSBC Life shall furthermore not be liable for incidents which occur before the cancellation of the said insurance policy.
- 四、**保险责任:** 所有保险责任以保险合同(含保险单、保险条款、批单)所载为准,除由汇丰人寿经正式程序修改或者批注的内容外,其他任何人的口头及书面陈述、报告或合约,汇丰人寿概不负责。**Insurance Liabilities:** All insurance liabilities shall be limited to that stated in the policy (including policy schedule, provision and endorsement). Save where otherwise amended or endorsed by HSBC Life through official procedures, HSBC Life shall not be liable with respect to any oral or written statements; reports or contracts of any persons.
- 五、投保人、被保险人在投保单上提供的本人及受益人信息(包括联系方式),将被用于包括但不限于保费计算、核保、保单递送、客户回访、续期服务等事项,因此请您务必提供真实、准确、完整的信息,如所提供信息不真实或不完整将直接影响投保人、被保险人或受益人的权益。汇丰人寿承诺,未经您同意,不会将您所提供的信息用于汇丰人寿及第三方机构的销售活动。The information, including contact information, on the application form provided by the Policy Owner and Proposed Insured regarding themselves and the Beneficiary will be used for the following purposes, including but not limited to premium calculation, underwriting, policy delivery, client review and coverage extension. Therefore, please make sure the information you provide is true, accurate and complete, otherwise the rights of the Policy Owner/Proposed Insured/Beneficiary shall be affected directly. It is assured by HSBC Life that without your consent the information you provide will not be utilized for any sales activity by HSBC Life or a third-party institution.
- 六、汇丰人寿对未成年被保险人身故保险金累计赔付的最高限额以保险监管机构规定的限额为准。HSBC Life's total cumulative liabilities for death benefit with respect to a Proposed Insured who is a minor shall be limited to the maximum amount stipulated by the insurance regulator.
- 七、**效力恢复:** 本合同效力中止后2年内,您可以申请恢复合同效力,经我们批准并且符合保险合同规定的其他条件下,保险合同方可恢复效力。You can apply to reinstate the Policy within 2 years since the lapse of the Policy. Policy reinstatement is subject to our approval and other conditions under the Policy.
- 八、请以符号“√”确认您的选项。Please tick ("√") the option that applies to you.

在本投保单中,如英文表述与中文表述不一致,则以中文表述为准。If any statement in this application form is inconsistent in meaning between its English and Chinese versions, the Chinese version of the statement shall always prevail.

保险合同签发形式 Policy Issuance Method: ☐ 电子合同 Electronic Policy ☐ 纸质合同 Paper Policy

客户资料 Client Information	姓名Name: (以身份证件上登记者为准) (As appears in ID Document)	曾用名Previous Name/Other Name:		
	性别Gender: <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	出生日期Date of Birth: _____年/YYYY____月/MM____日/DD	国籍(国家/地区) Nationality(Country/Jurisdiction):	
	您是否有多重国籍? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No (若“是”,请告知) Do you have multiple nationalities? (If the answer is "yes", please disclose)	国籍2(国家/地区) Nationality(Country/Jurisdiction):	国籍3(国家/地区) Nationality(Country/Jurisdiction):	
	户籍所在地Domicile:	婚姻状况Marital status: <input type="checkbox"/> 已婚Married <input type="checkbox"/> 未婚Single <input type="checkbox"/> 离异Divorced <input type="checkbox"/> 鳏寡Widowed		
	公民身份所在国家/地区Country/Jurisdiction of Citizenship:	出生地所在国家/地区Country/Jurisdiction of Birth: 省Province: _____ 市City: _____		
	证件类型Type of ID Document: <input type="checkbox"/> 身份证ID Card <input type="checkbox"/> 其他Others_____	证件号码 ID Document No. _____		
	通讯地址 Mailing Address: (为确保您的合法权益,请详细填写,汇丰人寿将依据此地址发送各项通知 Please provide the address in detail as correspondences will be delivered to this address.) 国家/地区Country/Jurisdiction: 省/直辖市Province/Municipality: _____ 市City: _____ 区/县District/County: _____ 镇/街道Town/Street: _____	电子邮件 E-mail: _____		
	村/社区Village/Community: _____ 地址Address: _____	邮 编 Postcode: _____		
	居住地址Residential Address: 国家/地区Country/Jurisdiction: _____ 省/直辖市Province/Municipality: _____ 市City: _____ 地址Address: _____			
	永久地址若与您的居住地址不一致,请提供您的永久地址 If your permanent address is not the same as your residential address, please provide your permanent address: 国家/地区Country/Jurisdiction: _____ 省/直辖市Province/Municipality: _____ 市City: _____ 地址Address: _____			
	若您现居住地址居住时间少于12个月,请提供您的曾居住地址(未填写则默认为“您在现居住地址居住时间超过12个月”): Please provide your previous address if you haven't resided in the current residential address for more than 12 months (The default option shall be "You have resided in the current residential address for more than 12 months"): 国家/地区Country/Jurisdiction: _____ 省/直辖市Province/Municipality: _____ 市City: _____ 地址Address: _____			
	单位/学校名称Name of Employer/School:	行业Industry:		
	单位地址Address of Employer: 国家/地区Country/Jurisdiction: _____ 省/直辖市Province/Municipality: _____ 市City: _____			
	工作内容 Job Duties: _____	职位 Job Position: _____	年收入Annual Income: 人民币RMB _____ 元Yuan	职业代码 Occupation Code _____
	主要收入来源Main source of income: <input type="checkbox"/> 工薪Salary <input type="checkbox"/> 证券投资Securities investment <input type="checkbox"/> 房屋出租Property rental <input type="checkbox"/> 其他Others_____			
财富来源所在国家/地区Country/Jurisdiction of source of wealth:		兼职Part-time Job:		
移动电话 Mobile Phone: _____	电话所在国家/地区 Country/Jurisdiction of phone: _____	住宅电话 Home Phone: _____	电话所在国家/地区 Country/Jurisdiction of phone: _____	
单位/学校电话 Work/School Phone: _____		电话所在国家/地区 Country/Jurisdiction of phone: _____		
投保目的 Purpose of Insurance: <input type="checkbox"/> 退休养老Retirement Needs <input type="checkbox"/> 家庭保障Protection Needs <input type="checkbox"/> 子女教育Educational Needs <input type="checkbox"/> 资产规划Asset Planning Needs <input type="checkbox"/> 健康医疗Medical Protection Needs <input type="checkbox"/> 财富传承Wealth Legacy Needs <input type="checkbox"/> 其他,请详述Others, please describe: _____				
投保人是被保险人1的Relationship with the Proposed Insured 1: <input type="checkbox"/> 本人Principal <input type="checkbox"/> 父母Parent <input type="checkbox"/> 配偶Spouse <input type="checkbox"/> 子女Child <input type="checkbox"/> 其他Others_____ 投保人是被保险人2的Relationship with the Proposed Insured 2: <input type="checkbox"/> 本人Principal <input type="checkbox"/> 父母Parent <input type="checkbox"/> 配偶Spouse <input type="checkbox"/> 子女Child <input type="checkbox"/> 其他Others_____ (投保人对被保险人应当具有保险利益The Policy Owner must have an insurable interest in the Proposed Insured)				

客户资料 Client Information

客户资料 Client Information

身故保险金受益人信息

☐ 第一被保险人First Insured ☐ 主险被保险人Insured of Basic Plan

(如投保人是被保险人1本人, 则无须填写以下被保险人1栏。Please leave below section blank if the Policy Owner is also the Proposed Insured 1)

姓名Name: (以身份证件上登记者为准)
(As appears in ID Document)

性别Gender: ☐ 男 Male ☐ 女 Female 国籍(国家/地区)
Nationality(Country/Jurisdiction): 户籍所在地Domicile:

出生日期Date of Birth: _____年/YYYY____月/MM____日/DD 婚姻状况Marital status: ☐ 已婚Married ☐ 未婚Single ☐ 离异Divorced ☐ 鳏寡Widowed

证件类型Type of ID Document: 证件号码
ID Document No. ☐ 身份证ID Card ☐ 其他Others

目前居住地址Current Residential Address: 电子邮件E-mail:
国家/地区Country/Jurisdiction: 省/直辖市Province/Municipality: 市City: 地址Address: 邮编
Postcode: _____

单位/学校/幼儿园名称Name of Employer/School/Kindergarten:

单位地址Address of Employer: 国家/地区Country/Jurisdiction: 省/直辖市Province/Municipality: 市City:

工作内容Job Duties: 职位Job Position: 年收入Annual Income: 职业代码
人民币RMB 元Yuan Occupation Code: _____

移动电话 电话所在国家/地区 住宅电话 电话所在国家/地区 单位/学校电话 电话所在国家/地区
Mobile Phone: Country/Jurisdiction of phone: Home Phone: Country/Jurisdiction of phone: Work/School Phone: Country/Jurisdiction of phone:

☐ 第二被保险人Second Insured ☐ 附加险被保险人Insured of Rider

(如投保人是被保险人2本人, 则无须填写以下被保险人2栏。Please leave below section blank if the Policy Owner is also the Proposed Insured 2)

姓名Name: (以身份证件上登记者为准)
(As appears in ID Document)

性别Gender: ☐ 男 Male ☐ 女 Female 国籍(国家/地区)
Nationality(Country/Jurisdiction): 户籍所在地Domicile:

出生日期Date of Birth: _____年/YYYY____月/MM____日/DD 婚姻状况Marital status: ☐ 已婚Married ☐ 未婚Single ☐ 离异Divorced ☐ 鳏寡Widowed

证件类型Type of ID Document: 证件号码
ID Document No. ☐ 身份证ID Card ☐ 其他Others

目前居住地址Current Residential Address: 电子邮件E-mail:
国家/地区Country/Jurisdiction: 省/直辖市Province/Municipality: 市City: 地址Address: 邮编
Postcode: _____

单位/学校/幼儿园名称Name of Employer/School/Kindergarten:

单位地址Address of Employer: 国家/地区Country/Jurisdiction: 省/直辖市Province/Municipality: 市City:

工作内容Job Duties: 职位Job Position: 年收入Annual Income: 职业代码
人民币RMB 元Yuan Occupation Code: _____

移动电话 电话所在国家/地区 住宅电话 电话所在国家/地区 单位/学校电话 电话所在国家/地区
Mobile Phone: Country/Jurisdiction of phone: Home Phone: Country/Jurisdiction of phone: Work/School Phone: Country/Jurisdiction of phone:

是 被保险人1的 Relationship with the Proposed Insured 1: ☐ 配偶Spouse ☐ 其他Others_____

被保险人1的身故保险金受益人Death Benefit Beneficiary of Proposed Insured 1

姓名Name: 性别Gender: 出生日期Date of Birth: _____年/YYYY____月/MM____日/DD

证件类型Type of ID Document: 证件号码
ID Document No. ☐ 身份证ID Card ☐ 其他Others

是 被保险人1的 Relationship to the Proposed Insured 1: ☐ 父母 Parent ☐ 配偶 Spouse ☐ 子女 Child 受益比例Benefit Percent: _____%

姓名Name: 性别Gender: 出生日期Date of Birth: _____年/YYYY____月/MM____日/DD

证件类型Type of ID Document: 证件号码
ID Document No. ☐ 身份证ID Card ☐ 其他Others

是 被保险人1的 Relationship to the Proposed Insured 1: ☐ 父母 Parent ☐ 配偶 Spouse ☐ 子女 Child 受益比例Benefit Percent: _____%

被保险人2的身故保险金受益人Death Benefit Beneficiary of Proposed Insured 2

姓名Name: 性别Gender: 出生日期Date of Birth: _____年/YYYY____月/MM____日/DD

证件类型Type of ID Document: 证件号码
ID Document No. ☐ 身份证ID Card ☐ 其他Others

是 被保险人2的 Relationship to the Proposed Insured 2: ☐ 父母 Parent ☐ 配偶 Spouse ☐ 子女 Child 受益比例Benefit Percent: _____%

姓名Name: 性别Gender: 出生日期Date of Birth: _____年/YYYY____月/MM____日/DD

证件类型Type of ID Document: 证件号码
ID Document No. ☐ 身份证ID Card ☐ 其他Others

是 被保险人2的 Relationship to the Proposed Insured 2: ☐ 父母 Parent ☐ 配偶 Spouse ☐ 子女 Child 受益比例Benefit Percent: _____%

说明Explanation:

- 身故保险金受益人如没有填写, 则默认为被保险人的法定继承人。If no beneficiary is named, the statutory heir(s) of the Proposed Insured shall be regarded as the death beneficiary(s).
- 填写的受益比例之和应为100%; 若不填写受益比例, 则身故保险金受益人按照相等比例享有受益权。The total of benefit shares shall be 100%; If the benefit proportions are not indicated, the beneficiaries shall be entitled to equal shares of the death benefit.

(适用于投保人向汇丰人寿交费、领取汇丰人寿退费、投保人为本人领取汇丰人寿支付的年金、生存保险金、超额红利的自动转账付费/领款授权。交费人及领款人应为投保人本人。Applies to Direct Debit Authorization of payment to, Direct Credit Authorization of refund, annuity, living coupon and revisionary bonus from HSBC Life. The payer and payee should be the policy owner.)

[illegible]

(适用于被保险人领取汇丰人寿支付的年金、生存保险金、增额红利的自动转账领款授权。领款人应为被保险本人。Applies to Direct Credit Authorization of annuity, living coupon and revisionary bonus from HSBC Life Insurance Company Limited. The payee should be the proposed insured.)

[illegible]

第一部分 Part 1: 健康告知 Health Disclosures (如涉及汇丰人寿对投保人承担保险责任, 则投保人栏必须填写。The column "Policy Owner" must be completed if HSBC Life will undertake insurance liabilities for the Policy Owner.)			被保险人1 Proposed Insured 1 是Yes 否No	被保险人2 Proposed Insured 2 是Yes否No	投保人 Policy Owner 是Yes 否No
1、	被保险人1 Proposed Insured 1: a. 身高 Height: _____厘米cm b. 体重 Weight: _____公斤kg c. 过去12个月内体重变化是否超过5公斤Have you gained/lost weight of over 5 kg in the last 12 months? 若“是”, 请详述If the answer is “yes”, please describe: <input type="checkbox"/> 增Increase____公斤kg <input type="checkbox"/> 减Loss____公斤kg d. 体重增/减原因Reasons for weight increase/loss: _____	<input type="checkbox"/> <input type="checkbox"/>			
	被保险人2 Proposed Insured 2: a. 身高 Height: _____厘米cm b. 体重 Weight: _____公斤kg c. 过去12个月内体重变化是否超过5公斤Have you gained/lost weight of over 5 kg in the last 12 months? 若“是”, 请详述If the answer is “yes”, please describe: <input type="checkbox"/> 增Increase____公斤kg <input type="checkbox"/> 减Loss____公斤kg d. 体重增/减原因Reasons for weight increase/loss: _____		<input type="checkbox"/> <input type="checkbox"/>		
2、	您是否曾经有下列症状、曾被告知患有下列疾病或接受治疗: Do you have any of the following symptoms, or have you been informed of having the following diseases or have you been accordingly treated?				
a	视力障碍或失明、视网膜出血或剥离、视神经病变、青光眼、白内障、高度近视800度以上、眼底病变、听力障碍或聋哑、中耳炎、眩晕、梅尼埃氏病及其他眼、耳、鼻、喉或口腔的疾病? Visual disorders or Amblyopia, Retinal Hemorrhage or Retinal Detachment, Optic Neuropathy, Glaucoma, Cataract, High Myopia (above -8.0 D), Pathological Changes of Fundus, Hearing Disorders or Deaf-mutism, Tympanitis, Vertigo, Meniere disease or other diseases of eyes, ears, nose, throat or oral cavity?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
b	智能障碍、抑郁、精神分裂症、癫痫、脑血管畸形或脑动脉血管瘤、短暂性脑缺血、脑血管意外(包括脑出血、脑梗死)、脑炎或脑膜炎、阿尔茨海默病(老年痴呆症)、重症肌无力、多发性硬化症、帕金森氏综合症、运动神经元疾病(如进行性肌萎缩、肌萎缩性侧索硬化)、肌肉萎缩、脊髓灰质炎、瘫痪或麻痹、舞蹈症及其他神经精神疾病? Disturbance of Intelligence, Depression, Paleophrenia, Epilepsy, Cerebrovascular Malformation or Cerebral Aneurysm, Transient Ischemic Attack, Cerebral Vascular Accident (including Cerebral Hemorrhage and Cerebral Infarction), Encephalitis or Meningitis, Alzheimer's disease (senile dementia), Myasthenia Gravis, Multiple Sclerosis, Parkinson's syndrome, Motor Neuron Diseases (Progressive Muscular Atrophy, Amyotrophic Lateral Sclerosis, etc.), Muscular Atrophy, Poliomyelitis, Paralysis, Chorea and other neuropsychopathies?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
c	咯血、慢性支气管炎、支气管扩张、哮喘、肺结核、肺栓塞、肺气肿、气胸、胸膜炎、尘肺及其他呼吸系统疾病? Haemoptysis, Chronic Bronchitis, Bronchiectasis, Asthma, Tuberculosis, Pulmonary Embolism, Emphysema, Pneumothorax, Pleurisy, Pneumoconiosis and other diseases of respiratory system?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
d	胸痛、心律失常、血压升高(收缩压超过140mmHg或舒张压超过90mmHg)、冠心病、心肌梗塞、心肌炎、心内膜炎、心肌病、心脏瓣膜疾病(狭窄、闭锁不全、畸形)、风湿性心脏病、先天性心脏病、静脉曲张及其他心血管疾病? Chest Pain, Arrhythmia, Hypertension (systolic pressure over 140mmHg or diastolic pressure over 90mmHg), Coronary Heart Disease, Myocardial Infarction, Myocarditis, Endocarditis, Cardiomyopathy, Heart Valve Diseases (stenosis, insufficiency, malformation), Rheumatic Heart Diseases, Congenital Heart Diseases, Varicose Vein and other cardiovascular diseases?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	

e	呕血、黄疸、肝功能异常、肝脾肿大、便血、脂肪肝、肝炎、肝炎病毒携带、肝硬化、肝脓肿、胆囊炎、肝胆结石、化脓性胆管炎、胰腺炎、消化道溃疡、溃疡性结肠炎、克隆氏病、疝、痔、直肠肛周疾病及其他消化系统疾病？ Hematemesis, Jaundice, Dysfunction of Liver, Hepatosplenomegaly, Hematochezia, Fatty Liver, Hepatitis, Hepatitis Virus Carrier, Hepatic Cirrhosis, Liver Abscess, Cholecystitis, Hepatic/Gall Stone, Suppurative Cholangitis, Pancreatitis, Gastrointestinal Ulcer, Ulcerative Colitis, Crohn's Disease, Hernia, Hemorrhoids, Perianorectal Diseases and other diseases of digestive system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	血尿、蛋白尿、肾功能异常、肾炎、肾病综合征、尿毒症、肾囊肿、泌尿系统结石或炎症、前列腺炎、前列腺增生及其他泌尿生殖系统疾病？ Hematuria, Proteinuria, Renal Dysfunction, Nephritis, Nephrotic Syndrome, Uremia, Renal Cyst, Lithiasis or Inflammation of Urinary System, Prostatitis, Prostatic Hyperplasia and other diseases of urogenital system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g	糖尿病、糖耐量异常、痛风、肢端肥大症、垂体机能亢进或低下、甲状腺或甲状旁腺机能亢进或低下、肾上腺机能亢进或低下及其他内分泌系统疾病？ Diabetes Mellitus, Impaired Glucose Tolerance, Gout, Acromegaly, Hyperpituitarism or Hypopituitarism, Hyperthyroidism or Hypothyroidism, Hyperparathyroidism or Hypoparathyroidism, Hyperadrenalism or Hypoadrenalism, and other diseases of endocrine system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h	癌症、肿瘤（良性、恶性、交界性以及尚未证实为良性或恶性的）、结节或肿块、息肉？ Cancers, Tumors (benign, malignant, borderline and not yet confirmed to be benign or malignant), Nodules or mass, Polypi?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i	淋巴结肿大、紫癜、血友病、各类贫血、白血病及其他血液系统疾病？ Lymphadenectasis, Purpura, Haemophilia, various anaemias, Leukemia and other diseases of hematological system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j	风湿性关节炎、类风湿性关节炎、其他类型关节炎、硬皮病（系统性硬化症等）、椎间盘突出、脊柱疾病、系统性红斑狼疮及其他骨、关节或结缔组织疾病？ Rheumatic Arthritis, Rheumatoid Arthritis, other arthritises, Scleroderma (Systemic Sclerosis, etc.), Prolapsed intervertebral disk, Spinal diseases, Systemic Lupus Erythematosus and other bone/joint/connective tissue diseases?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k	艾滋病或艾滋病病毒携带？ AIDS or HIV carrier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l	任何皮肤疾病、性病或职业病？ Any skin disease, sexually transmitted disease or occupational disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m	其他以上未提及的疾病及症状、先天或后天的健康问题？ Other diseases, symptoms, congenital or postnatal health problems not mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3、	被保险人1 Proposed Insured 1:						
a	您是否吸烟或曾经吸烟？若“是”，请详述：Do you or did you smoke now or before? If the answer is “yes”, please describe: 被保险人吸烟The Proposed Insured has(had) been smoking_____支/天sticks/day for_____年years。 若现已停止吸烟If you have stopped smoking, 停止吸烟you have not been smoking for_____年years after stopped smoking, 停止吸烟原因Reason for stopping smoking: _____。	<input type="checkbox"/>	<input type="checkbox"/>				
b	您是否饮酒或曾饮酒？若“是”，请详述：Do you or did you drink alcohol? If the answer is “yes”, please describe: 被保险人饮酒The Proposed Insured has been or was drinking 种类type_____, 平均每次averagely_____毫升ml/every time, _____次/周times/week, 已饮酒lasting for_____年years。 若现已停止饮酒If you have stopped drinking, 停止饮酒you have not been drinking for _____年years after stopped drinking, 停止饮酒原因Reason for stopping drinking: _____。	<input type="checkbox"/>	<input type="checkbox"/>				
	被保险人2 Proposed Insured 2:						
a	您是否吸烟或曾经吸烟？若“是”，请详述：Do you or did you smoke now or before? If the answer is “yes”, please describe: 被保险人吸烟The Proposed Insured has(had) been smoking_____支/天sticks/day for_____年years。 若现已停止吸烟If you have stopped smoking, 停止吸烟you have not been smoking for_____年years after stopped smoking, 停止吸烟原因Reason for stopping smoking: _____。			<input type="checkbox"/>	<input type="checkbox"/>		
b	您是否饮酒或曾饮酒？若“是”，请详述：Do you or did you drink alcohol? If the answer is “yes”, please describe: 被保险人饮酒The Proposed Insured has been or was drinking 种类type_____, 平均每次averagely_____毫升ml/every time, _____次/周times/week, 已饮酒lasting for_____年years。 若现已停止饮酒If you have stopped drinking, 停止饮酒you have not been drinking for _____年years after stopped drinking, 停止饮酒原因Reason for stopping drinking: _____。			<input type="checkbox"/>	<input type="checkbox"/>		
4、	在自投保单签署日之前的五年中，您是否曾经接受1) X光、CT、MRI、心电图、活体检查、血液或尿液化验、超声波、内窥镜等检查或其他特殊检查，2) 手术治疗、住院治疗或连续7天以上的药物治疗？ In the last five years since the date of this application form, have you ever undergone: 1) any medical examination or other special medical examination for instance: X-ray, CT, MRI, ECG, Biopsy, Blood or Urine test, Ultrasonography, Endoscopy, etc? 2) any surgery, hospitalization or medicine treatment for over consecutive seven days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5、	您是否存在身体残障或畸形：言语、咀嚼、四肢、手指、足趾机能障碍或残缺，脊柱、胸廓畸形，跛行，脊髓灰质炎所致的残缺或其他缺陷？ Have you had physical disabilities or malformations such as dysfunction or mutilation of speech, mastication, four limbs, fingers and toes, malformation of the spine, thoracis, claudication, mutilation or other defect resulting from poliomyelitis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6、	a 您的近亲属（包括父母、子女、兄弟姐妹等）中有无被诊断患有高血压病、糖尿病、肝肾囊肿、精神疾病、多发性硬化症、恶性肿瘤、舞蹈病、大肠多发性息肉？若“是”，请在“补充说明”中说明与被保险人的关系、被诊断年龄以及所患疾病名称。 Does (do) or did your kinsfolk(s) (parents, children, brothers and sisters etc.) have any hypertension, diabetes mellitus, cyst of liver or kidney, psychoses, multiple sclerosis, malignant tumors, huntington's disease, multiple colorectal polyps? If so, please give details on each relationship with the proposed insured, age of onset and diagnosis in the columns of supplement explanation beneath.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b 您的近亲属（包括父母、子女、兄弟姐妹等）中是否有在65岁前去世的？若“是”，请说明与被保险人的关系以及去世原因？ Has (have) any of your kinsfolk(s) (parents, children, brothers and sisters etc.) passed away before the age of 65? If so, please give details on each relationship with the proposed insured and the reason of passing away.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7、	您是否酒精或药物滥用成瘾、曾经醉酒或酗酒肇事、酒精中毒、企图自杀或服药过量，曾经或正在使用镇静安眠药、迷幻药及其他毒品或违禁药物？ Are you addicted to alcohol or drugs? Have you been in a drunken state or involved in incidents while drunk? Have you experienced alcohol poisoning or attempted suicide or had drug overdose? Have you used or are you using tranquilizers; sleeping pills; psychedelic drugs and other drugs or contrabands?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8、	女性适用 Applicable to women:						
a	您是否正在怀孕Are you currently pregnant? 若“是” If so, 被保险人1 Proposed Insured 1 怀孕_____周weeks of pregnancy; 被保险人2 Proposed Insured 2 怀孕_____周weeks of pregnancy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	您是否患有或曾经患有阴道异常出血、子宫颈涂片检查异常、乳腺疾病、子宫内膜异位症、子宫肌瘤、卵巢囊肿、盆腔炎及其他生殖器官疾病？ Have or had you any abnormal vaginal hemorrhage, abnormalities in cervical smear test, breast diseases, endometriosis, hysteromyoma, ovarian cysts, pelvic inflammation and other genital diseases?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9、	被保险人为婴幼儿适用 (≤2周岁) Applicable only to Proposed Insured being an infant (≤ 2 years old):			
a	出生时身高Height_____厘米cm、体重and weight_____公斤kg at birth.			
b	出生时留院天数是否超过7天? 是否早产、难产、剖宫产? 是否有窒息、抢救史? 是否存在先天性或遗传性疾病或畸形、唐氏综合征? 出生至今, 是否患有任何慢性疾病? 是否出现体重不增或增长缓慢? 是否因病住院治疗或手术? Had it been in hospital for more than 7 days at birth? Was it a premature delivery, dystocia or cesarean section delivery? Any history of asphyxia or rescue? Any congenital or genetic disease, malformation or Down's syndrome? Any chronic disease after birth? Any weight invariability or slowness? Any treatment in hospital or operation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

第二部分 Part 2: 其他告知 Other Disclosures (如涉及汇丰人寿对投保人承担保险责任, 则投保人栏必须填写。The column "Policy Owner" must be completed if HSBC Life will undertake insurance liabilities for the Policy Owner.)		被保险人1 Proposed Insured 1 是Yes 否No	被保险人2 Proposed Insured 2 是Yes否No	投保人 Policy Owner 是Yes否No
10、	您的职业是否涉及或接触任何危险物(化学物质、爆炸物、有毒物质或其他危险物)、室外作业或重体力劳动、高空作业、潜水或水下作业、隧道坑道或井下作业及其他危险职业或工作? 若“是”, 请详述。Does your occupation involve coming into contact with any hazardous materials (e.g. chemicals; explosives; toxic substances or other hazardous materials)? Do you engage in outdoor work; work involving heavy physical labor; work as a steeplejack or diver or underwater work; work in tunnels or underground wells or other dangerous occupation or work? If the answer is “yes”, please describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11、	您是否正在或试图参加私人性质飞行、赛车、竞马、潜水、登山攀岩或从事其他危险性运动? 若“是”, 请填写相关问卷, 连同此投保单一并交回汇丰人寿。Are you taking part in or do you intend to take part in private flying; racing; horse-racing; diving; rock climbing or other dangerous sports activities? If the answer is “yes”, please complete the relevant Questionnaire and return it together with the Insurance Application.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12、	您是否曾在海外持续居住超过六个月或未来的12个月内有计划前往国外? 若“是”, 请详述往返时间、地点及事由。Have you lived overseas for more than 6 months continuously, or are you preparing to move overseas within the following 12 months? If the answer is “yes”, please give details on each round trip time, destination and purpose.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13、	您是否已购买、正在或准备购买其他保险公司的人寿保险、意外伤害保险或健康保险? 若“是”, 请详述。 Have you bought or is currently buying or intending to buy life insurance; personal accident insurance or health insurance from another insurance company? If so, please describe. 被保险人1 Proposed Insured 1: 保险公司名称Name of insurance company _____ 保障类型Type of protection _____ 保险金额Sum Assured _____ 被保险人2 Proposed Insured 2: 保险公司名称Name of insurance company _____ 保障类型Type of protection _____ 保险金额Sum Assured _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14、	您的人寿保险、意外伤害或健康保险的投保申请是否曾被拒保、延期、加费或作任何形式的修改? 若“是”, 请详述。 Has your application for life insurance; personal accident insurance or health insurance ever been declined, postponed, loaded with extra premium or revised in any other way? If so, please describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15、	您是否曾经向任何保险公司提出索赔申请? 若“是”, 请详述事故原因以及索赔结果。 Have you made any claims against any insurance company? If so, please describe the reasons and the result of your claim.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

第三部分Part 3: 未成年人告知 Disclosures of Minor (未滿18周岁未成年被保险人适用 For the Proposed Insured minor under 18 years of age)		
A	被保险人累计寿险、意外险、健康险等的最高身故保险金总额Highest accumulative total death benefit of the insured, including life insurance amount, accident insurance amount, and health insurance amount.	200,000 元人民币 RMB (被保险人年龄<10周岁) 500,000 元人民币 RMB (被保险人年龄≥10周岁)
B	被保险人在其他保险公司生效的和正在申请的寿险、意外险、健康险等的身故保险金总额Highest accumulative total death benefit of the insured effected by and applied to other insurance companies, including life insurance amount, accident insurance amount, and health insurance amount.	_____元人民币 RMB
C	被保险人在汇丰人寿生效的寿险、意外险、健康险等的身故保险金总额Highest accumulative total death benefit of the insured effected by HSBC Life, including life insurance amount, accident insurance amount, and health insurance amount.	_____元人民币 RMB
D	被保险人可投保的寿险、意外险、健康险等的最高身故保险金总额(注释) The insurable highest accumulative total death benefit of the insured, including life insurance amount, accident insurance amount, and health insurance amount.(Notes)	D = A - B - C = _____元人民币 RMB
<p>被保险人在汇丰人寿生效的身故保险金总额最终以汇丰人寿根据被保险人实际投保情况累计为准。The final total death benefit of the insured effected by HSBC Life is subject to the actual amount for the insured accumulated by HSBC Life.</p> <p>注释Notes: 如果上述C项为“可变”, 则D项填写为“可变”。If column C is “variable”, column D shall be “variable”. 根据监管规定, 汇丰人寿在理赔时给付的身故保险金总额及其他保险公司实际赔付金额的总和不超过人民币20万元(被保险人年龄<10周岁) / 不超过人民币50万元(被保险人年龄≥10周岁), 但以下三项不计算在上述限额之中: In accordance with the provisions of the Regulatory, the actual payment of death claims made by all insurance companies in respect of the policies shall add up to no more than 200,000RMB for the proposed insured minor under 10 years of age / no more than 500,000RMB for the proposed insured minor above 10 years of age (includes 10 years of age). However, the following items are not subject to the limits aforesaid:</p> <p>(一) 投保人已交保险费或被保险人死亡时合同的现金价值; 对于投资连结保险合同、万能保险合同, 该项为投保人已交保险费或被保险人死亡时合同的账户价值。The premiums or the cash value stipulated in the Policy upon the death of the insured which have been paid by Policy owner; or, the premiums or the account value included in the investment-linked insurance policy and universal insurance policy upon the death of the insured which have been paid by Policy Owner.</p> <p>(二) 合同约定的航空意外死亡保险金额。此处航空意外死亡保险金额是指航空意外伤害保险合同死亡的死亡保险金额, 或其他人身保险合同约定的航空意外身故责任对应的死亡保险金额。The amount of aviation accident death insurance agreed in the Policy. The amount of aviation accident death insurance herein refers to the death insurance amount agreed in the Aviation Accident and Injury Policy, or the death insurance amount agreed in other life insurance contracts which specify the aviation accident death liabilities.</p> <p>(三) 合同约定的重大自然灾害意外死亡保险金额。此处重大自然灾害意外死亡保险金额是指重大自然灾害意外伤害保险合同死亡的死亡保险金额, 或其他人身保险合同约定的重大自然灾害意外身故责任对应的死亡保险金额。The amount of major natural disasters accident death insurance agreed in the Policy. The amount of major natural disasters accident death insurance herein refers to the death insurance amount agreed in the Major Natural Disasters Accident and Injury Policy, or the death insurance amount agreed in other life insurance contracts which specify the major natural disasters accident death liabilities.</p>		

补充说明 Supplemental Explanation

如上述“健康告知”、“其他告知”中有任何问题答案为“是”者，请在本栏详细说明就诊日期、诊断、持续时间、治疗经过、检验结果、主治医生姓名/医院名称、地址或其他详情。If any answer in the above “Health Disclosures” and “Other Disclosures” is “yes”, please describe in details in the column provided below the date of treatment; diagnosis; period; treatment process; results of checks; name and address of doctor/hospital and other details.

声明与授权 Declaration & Authorization

投保人及被保险人谨此声明与授权The Policy Owner and Proposed Insured hereby declare and authorize:
1. 本人已阅读保险条款、产品说明书和投保提示书，了解本产品的情况和特点，并自愿承担保单利益不确定的风险。对于保险责任、责任免除、犹豫期、退保、前三年度退保金额等条款，本人已了解并同意遵守。（如您投保分红、投连或万能保险，且确认本项声明内容，请投保人亲笔抄写本项红色加粗部分文字。）

I have thoroughly read the insurance clauses, product specification and insurance indication, and have fully understood the conditions and features of the products and am willing to take the risk of uncertain insurance benefit. Meanwhile, I have understood the clauses on insurance liabilities, exclusions, “cooling-off” period, surrender and the amount of refund upon surrender within the first three years, etc. I hereby declare my understanding and consent to comply with the same. (Please the Policy Owner handwrite the above sentences highlighted in bold red color if you are applying for participating, investment-linked or universal insurance product(s) and agree with the said statement.)

声明与授权（续） Declaration & Authorization (Continued)

2. 本人在决定投保之前已经认真阅读并充分理解了投保须知的全部内容。Prior to applying for insurance cover, I have thoroughly read and understood the insurance instructions.
3. 本人确认以上所做的各项声明和陈述、与投保单有关的各份答卷及文件均完全属实无误，所有陈述均可作为汇丰人寿判断是否能够承保的依据并成为保险合同的一部分。若不属实，汇丰人寿可以依据相关规定解除本合同。I hereby confirm that the aforesaid disclosures and statements in the questionnaires and documents related to this application form are true. All representations herein may be used by HSBC Life to judge whether or not to undertake insurance and shall constitute an integral part of the Policy (hereinafter called "the Policy") upon my application being accepted by HSBC Life. HSBC Life may rely on the relevant provisions to terminate the Policy in the event the aforesaid disclosures and statements are found to be untrue.
4. 所有保险责任以保险合同所载为准，除由汇丰人寿经正式程序修改或批注的内容外，其他任何人的口头及书面陈述、报告或合约，汇丰人寿无需负责。All insurance liabilities shall be limited to those stated in the Policy. Save where the contents therein have been amended or annotated by HSBC Life through official procedure, HSBC Life shall not be liable with respect to any other oral and written representations, reports or contracts.
5. 本人在决定投保之前已充分理解如果需要分期交纳保费，将根据自身财务状况，选择合适的交费期限和交费金额，无法持续交纳保费可能导致保险合同效力中止或保险合同解除。Prior to deciding to apply for insurance cover I have fully understood the need to select the appropriate premium-payment terms and amount according to my financial situation where I desire to pay the insurance premium in installments. I fully understand that failure to pay insurance premium may lead to the termination or dissolution of the Policy.
6. 本人授权汇丰人寿在审核本人投保申请时根据需要，委派医师或指定医疗机构安排进行体检、血液尿液化验及其他项目的检查，或要求本人递交补充材料。本人已理解汇丰人寿根据核保审核的有关情况，可能会要求增加保险费，或是拒绝承保等。I hereby authorize HSBC Life to appoint physicians or designated medical institutions to carry out medical checkup; blood and urine laboratory tests and other checks which HSBC Life deem necessary. HSBC Life may furthermore demand that I furnish supplementary information. I understand and accept that HSBC Life may require payment of additional premiums or reject my insurance application based on the results of underwriting.
7. 本人授权汇丰人寿在审核本人投保申请时可以向任何医生、医院、诊所、保险公司或任何组织单位，就有关投保事宜，查询有关投保人及被保险人的资料或索取其他有关证明文件。With respect to my application for insurance cover I hereby authorize HSBC Life to inquire with any doctor; hospital; clinic; insurance company or any organization or request from the same other relevant documentary proof in order to facilitate HSBC Life's review of my said application.
8. 在汇丰人寿同意承保的前提下，本合同的生效日以保险单所载的生效日期为准。汇丰人寿对本合同项下应负的保险责任自本合同生效日当日24时开始，但须以投保人交付约定保险费且汇丰人寿同意承保为前提。汇丰人寿应签发保险单作为承保的凭证。Subject to HSBC Life having accepted my insurance application, the effective date of the Policy shall be that stated in the Policy Schedule. HSBC Life's insurance liabilities with respect to this Policy shall be from zero hour of the day following the date on which this Policy takes effect, provided always that the Policy Owner has paid the insurance premium and that HSBC Life has accepted my application. Policy Schedule shall be issued by HSBC Life as proof of accepting my insurance application.
9. 在中国法律法规允许或要求的范围内，本人同意并授权汇丰人寿将本人的个人信息及保单信息提供给承保地保险行业协会的信息平台以做合理利用。I agree and authorize HSBC Life to disclose my personal information and insurance Policy information to the information platform of Insurance Association for reasonable use within the limits prescribed by law.
10. 若投保汇丰人寿的一年期险种，本人确认已认真阅读并接受续保条款，并将遵照续保条款的约定进行续保。If applying for yearly-renewable-term insurance, I have carefully read and accepted the renewal terms and conditions stated in insurance clauses, and hereby agree to comply with the same when renewing the Policy.
11. 本人现确认本人是保单的最终实益拥有人，并可以对保单享有最终有效控制权。如保单的最终实益拥有权或控制权在保单生效期间有任何变动，本人将立即通知汇丰人寿保险有限公司及提供其所需的资料，作为对保单的最终实益拥有人进行身份核实。I hereby confirm that I am the ultimate beneficial owner of the Policy and can exercise ultimate effective control over it. Should there be any change in the ultimate beneficial ownership or control under the Policy while it is in force, I shall inform HSBC Life Insurance Company Limited immediately and provide such relevant information as it may be required for the purpose of identifying the ultimate beneficial owner(s) of the policy.
12. 对于本投保单内的《转账付费/领款授权》、《转账领款授权》，本人确认并同意：With respect to the "Direct Debit/Credit Authorization", "Direct Credit Authorization", I confirm and agree that:
 - 1) 本授权书签署日期即为转账授权生效日期。The date of execution of the said Authorization shall be the date on which the said direct debit /direct credit authorization takes effect.
 - 2) 授权账户的开户银行为汇丰人寿指定的授权银行。The authorized bank shall be one of the banks appointed by HSBC Life.
 - 3) 本人同意并授权汇丰人寿及授权银行从本人授权的银行个人结算账户内扣取上述投保单编号或保险合同编号的投保申请所列之初算总保险费、因投保计划调整或加费等原因而产生的实际应收首期保险费与投保申请所列之初算保险费的差额、上述保险合同成立后的变更费用及续期保险费等相关费用。I hereby agree and authorize HSBC Life and the bank concerned to deduct the following amounts from my authorized personal bank account: Estimated total initial insurance premium listed in this insurance application under this Application Form number or Policy number; the difference between the actual initial premium receivable as a result of change of insurance plan or loading of extra premium, etc. and the said estimated initial premium; fees caused by change(s) of Insurance Policy and the renewal premiums after the aforesaid Policy comes into effect, etc.
 - 4) 本人同意在签署投保单、续期交费通知、保险合同变更申请等文件或收到保费通知书后，立即将相应的保险费存入账户内，以便汇丰人寿及授权银行进行转账。如果由于授权账户中的款项不足而导致转账失败，由此产生的后果由本人自行承担。I agree that I will deposit the premium needed in the authorized account immediately after I sign this application form, the premium adjustment notification, application for Policy change or other documents related and receive the renewal premium notification. I shall be responsible for the consequence if the debit fails for there is no enough deposit in the authorized account.
 - 5) 如果汇丰人寿从本人授权账户中成功扣取的上述投保单编号或保险合同编号的投保申请所列之初算总保险费、因投保计划调整或加费等原因而产生的实际应收首期保险费与投保申请所列之初算保险费产生差额、上述保险合同成立后的变更费用及续期保险费等费用后，则均视为投保人已按保险合同保险条款约定履行了交费义务。The deduction by HSBC Life from my authorized bank account of the following shall be deemed to amount to the fulfillment by the Policy Owner of its duty of payment of premium pursuant to the provisions of the Policy: Estimated total initial insurance premium listed in this insurance application under this Application Form number or Policy number; the difference between the actual initial premium receivable as a result of change of insurance plan or loading of extra premium, etc. and the said estimated initial premium; fees caused by change(s) of Policy and the renewal premiums after the aforesaid Policy comes into effect, etc.
 - 6) 如因授权账户余额不足而导致保险费转账扣取失败，本人授权汇丰人寿在我足额存款后再次进行保险费转账。If the debit fails due to the insufficient balance, I authorize HSBC Life and the designated bank to redo the debit process after I deposit the sufficient amount in my authorized bank account.
 - 7) 本人同意汇丰人寿将上述保险合同对投保人之应付款项转入上述指定授权账户。通过转账转入上述授权账户内的所有应付款项，均视为投保人本人已收到。I hereby agree that HSBC Life shall transfer all payments that are payable to Policy Owner in respect of the Policy to the authorized bank account. All payments payable in respect of the Policy shall be deemed to have been received by Policy Owner once the full amount of the respective payment is transferred by HSBC Life to the authorized bank account nominated by Policy Owner.
 - 8) 因本授权书指定账户信息提供错误，或指定账户因存款不足或因发生挂失、冻结、结清等造成转账失败而产生后果由本人自行承担。I shall be solely liable for all consequences arising from wrong information with respect to the designated bank account in the Authorization herein, or from failure of direct debit as a result of insufficient funds in the said account or the said account being lost, frozen or closed, etc.
 - 9) 本人如欲终止账户授权，应在保险费到期日前一个月，以书面形式通知汇丰人寿。对于保险合同续保年度，如本人未终止转账付费授权且未以书面方式向汇丰人寿提出终止保险合同，则汇丰人寿有权在合同约定交费期内自动扣缴到期保险费。If I need to terminate the direct debit authorization with respect to the said bank account, I shall notify HSBC Life in writing one month before the premium due date. With respect to the Policy renewal, if I have not terminated the direct debit authorization and I have not by writing notified HSBC Life of a termination of the Policy, HSBC Life shall have the right to automatically deduct the insurance premium due within the premium payment period stipulated in the said Policy.
 - 10) 本人同意扣划款项将和汇丰人寿按期寄发的上述保险合同保险费收讫通知或对账单保持一致。I hereby agree that the amount to be deducted shall be the same as that in the Premium Receipt Notice or Payment Statement issued by HSBC Life pursuant to the aforesaid Policy.
 - 11) 如本人在指定账户下有多种交费项目，银行有权决定扣款顺序。如果款项不足交纳所有费用导致部分扣款失败的，其后果由本人自行承担。If I have more than one payment items by way of direct debit in my designated bank account, the bank concerned shall have the right to determine the order of deduction. I shall be solely liable for any consequences arising from insufficient funds.
 - 12) 本人知晓一份保险合同只能同时授权一个转账付费/领款账号；如多次授权，则汇丰人寿以本人最近一次授权账号为准。I am aware that for each Policy only one bank account can be authorized to make direct debit /direct credit payment. In the case of multiple authorizations, the authorized bank account shall be that last authorized by me.
13. 收集和使用客户信息，金融犯罪风险管理及税务透明度：COLLECTION AND USE OF CUSTOMER INFORMATION, FINANCIAL CRIME RISK MANAGEMENT ACTIVITY AND TAX COMPLIANCE:
 - 1) 定义DEFINITIONS
除非文中另有所指，否则在本声明与授权中使用的词语具有如下含义：Capitalised terms used in this Declaration & Authorization shall have the following meanings, unless the context otherwise requires:
“权力机关”包括对汇丰集团任何部分具有管辖权的任何司法、行政或监管机构、任何政府或公共机构、任何税务机关、证券或期货交易所、法院、中央银行或执法机关，或该等机关的任何代理。“Authorities” means any judicial, administrative or regulatory body, any government, or public or government agency, instrumentality or authority, any Tax Authority, securities or futures exchange, court, central bank or law enforcement body, or any agents thereof, having jurisdiction over any part of HSBC Group.
“合规责任”指汇丰集团的任何成员需履行下列各项所要求的责任：(a)任何适用的国内及外国的法律法规、规章、条例、规则、判决、法令、自律准则、指令、制裁决议、法院指令、汇丰集团的任何成员与权力机关签署的协议、或适用于汇丰集团及其任何成员的权力机关之间所签署的协议或条约（“适用规范”），或国际

声明与授权 (续) Declaration & Authorization (Continued)

指引及内部政策或程序, (b)权力机关的任何要求或适用规范下的申报、披露或其他责任, 及(c)要求汇丰人寿核实其客户身份的适用规范。"Compliance Obligations" means obligations of any member of the HSBC Group to comply with: (a) any applicable local or foreign statute, law, regulation, ordinance, rule, judgment, decree, voluntary code, directive, sanctions regime, court order, agreement between any member of the HSBC Group and an Authority, or agreement or treaty between Authorities and applicable to HSBC Life or a member of the HSBC Group ("Laws"), or international guidance and internal policies or procedures, (b) any valid demand from Authorities or reporting, regulatory trade reporting, disclosure or other obligations under Laws, and (c) Laws requiring HSBC Life to verify the identity of our customers.

"关联人士"指客户以外的人士或实体, 而其信息(包括个人信息或税务信息)由客户(或代表客户)因与服务之提供有关的原因向任何汇丰集团成员提供。关联人士可包括(但不限于)任何被认定为保险合同受益人的人士、任何有权或可能有权接受此保险合同项下利益的人士、持有或(直接或间接)控制公司的董事或职员、持有或(直接或间接)控制合伙组织的合伙人或合伙成员、持有或(直接或间接)控制此保险合同的信托计划的任何"主要拥有人"、"控制人"、实益拥有人、受托人、委托人或保障人, 客户的代表、代理或指定人士、或与客户有关系的任何其他人士或实体, 且该关系与客户及汇丰集团之间的关系有关。"Connected Person" means a person or entity other than the Customer whose information (including Personal Data or Tax Information) is provided by, or on behalf of, the Customer to any member of the HSBC Group or otherwise received by any member of the HSBC Group in connection with the provision of the Services. A Connected Person may include, but is not limited to, any person identified as a beneficiary under this insurance policy, any person who is, or may be, entitled to receive a payment under this insurance policy, a director or officer of a company, partners or members of a partnership, any "substantial owner", "controlling person", or beneficial owner, trustee, settlor or protector of a trust holding or controlling (directly or indirectly) the insurance policy, any representative, agent or nominee of the Customer, or any other persons or entities having a relationship to the Customer that is relevant to its relationship with the HSBC Group.

"控制人"一般指对某实体行使控制权的人士(就信托而言, 指委托人、受托人、保障人、受益人或各类受益人, 及就信托行使最终有效控制权的任何其他人士; 就信托以外的法律实体而言, 指处于同等或类似控制地位的人士)。“controlling persons” generally means individuals who exercise control over an entity (for a trust, these are the settlor, the trustees, the protector, the beneficiaries or class of beneficiaries, and any other individual who exercises ultimate effective control over the trust, and in the case of a legal entity other than a trust, such term means persons in equivalent or similar positions of control).

"客户"指此保险合同的投保人。"Customer" means the person named as policyholder of this insurance policy.

"客户信息"指客户或关联人士的个人信息、保密信息及/或税务信息。"Customer Information" means Personal Data, confidential information, and/or Tax Information of either the Customer or a Connected Person.

"金融犯罪"指洗钱、恐怖分子融资、贿赂、贪污、逃税、欺诈、逃避经济或贸易制裁及/或违反有关此等事宜的任何适用规范, 或旨在规避或违反有关此等事宜的任何适用规范的任何行为或企图。"Financial Crime" means money laundering, terrorist financing, bribery, corruption, tax evasion, fraud, evasion of economic or trade sanctions, and/or violations, or attempts to circumvent or violate any Laws or regulations relating to these matters.

"汇丰人寿"指汇丰人寿保险有限公司。"HSBC Life" means HSBC Life Insurance Company Limited.

"汇丰集团"指汇丰控股有限公司, 及/或任何其关联公司、子公司、联营实体及该等的任何分行及办事处或其中任何一个; "汇丰集团成员"具有相同含义。"HSBC Group" means HSBC Holdings plc, and/or any of its affiliates, subsidiaries, associated entities and any of their branches and offices, and "any member of the HSBC Group" has the same meaning.

"个人信息"指与个人有关的、可识别个人身份的信息(在隐私保护法律也适用于公司主体的国家, 也包括与公司主体有关的信息), 包括但不限于, 敏感个人信息(姓名、住址、联系信息、年龄、出生日期、出生地、国籍、公民身份、个人及婚姻状况)。“Personal Data” means any data relating to an individual (and corporate entities, in those countries where data privacy law applies to corporates), from which the individual can be identified, including, without limitation, sensitive personal data, name(s), residential address(es), contact information, age, date of birth, place of birth, nationality, citizenship, personal and marital status.

"服务"包括但不限于, (a)投保及维持保险合同, (b)提供与保险合同及其终止或到期相关服务, 及(c)维持汇丰人寿与客户整体关系, 包括向客户促销金融服务或相关产品、进行市场调查、保险、审计及管理目的和用途。"Services" means, without limitation, (a) the opening and maintaining of this insurance policy, (b) the provision of services relating to this insurance policy and its termination or expiry, and (c) the maintenance of HSBC Life's overall relationship with the Customer, including marketing or promoting financial services or related products to the Customer, market research, insurance, audit and administrative purposes

"主要拥有人"指直接或间接地享有一个实体多于10%的利润或权益的任何个人。"substantial owners" means any individuals entitled to more than 10% of the profits of or with an interest of more than 10% in an entity either directly or indirectly.

"税务机关"指国内或外国税务、税收或金融机关。"Tax Authorities" means domestic or foreign tax, revenue, fiscal or monetary authorities.

"税务信息"指直接或间接的关于客户或关联人士(无论该客户是个人或是企业, 非赢利组织或其他公司实体)税务状况的以及客户或关联人士的任何拥有人、"控制人"、"主要拥有人"或实益拥有人的税务状况的任何文件或信息(及随附的陈述书、豁免书及同意书), 这些文件或信息是汇丰人寿合理认为为了遵守(或者不违反)任何汇丰集团成员对任何税务机关负有的义务或者为了证明其遵守了该等义务所需要的。"税务信息"包括但不限于关于下列的信息: 税务居所及/或组织所在地(如适用)、税务住所、税务识别号码、税务证明表格、某些个人信息(包括姓名、住址、年龄、出生日期、出生地、国籍、公民身份)。“Tax Information” means any documentation or information (and accompanying statements, waivers and consents) relating, directly or indirectly, to the tax status of a Customer or a Connected Person (regardless of whether that Customer is an individual or a business, non-profit or other corporate entity) and any owner, "controlling person", "substantial owner" or beneficial owner of a Customer or Connected Person, that HSBC Life considers, acting reasonably, is needed to comply (or demonstrate compliance, or avoid non-compliance) with any HSBC Group member's obligations to any Tax Authority. "Tax Information" includes, but is not limited to, information about: tax residence and/or place of organisation (as applicable), tax domicile, tax identification number, Tax Certification Forms, certain Personal Data (including name(s), residential address(es), age, date of birth, place of birth, nationality, citizenship).

"税务证明表格"指税务机关或汇丰人寿为确认客户或关联人士的税务状况而不时发出或要求提供的任何表格或其他文件。"Tax Certification Forms" means any forms or other documentation as may be issued or required by a Tax Authority or by HSBC Life from time to time to confirm the tax status of the Customer or a Connected Person.

2) 收集、处理及分享客户信息 COLLECTION, PROCESSING AND SHARING OF CUSTOMER INFORMATION

本声明与授权规范汇丰人寿如何使用关于客户及其关联人士的信息。通过使用服务, 客户同意, 汇丰人寿及汇丰集团成员可按本声明与授权使用客户信息。This Declaration & Authorization explains how HSBC Life will use information about the Customer and Connected Persons. By using the Services, the Customer agrees that HSBC Life and members of the HSBC Group shall use Customer Information in accordance with this Declaration & Authorization.

客户信息将不会向任何人披露(包括汇丰集团的其他成员), 除非: Customer Information will not be disclosed to anyone (including other members of the HSBC Group), other than where:

- 汇丰人寿应法律要求作出披露; HSBC Life is legally required to disclose;
- 汇丰人寿有公共责任作出披露; HSBC Life has a public duty to disclose;
- 汇丰人寿或第三方应合法的业务目的作出披露; HSBC Life's or a third party's legitimate business purposes require disclosure;
- 获客户同意作出披露; 或 the disclosure is made with Customer consent; or
- 根据本声明与授权的约定作出披露。It is disclosed as set out in this Declaration & Authorization.

收集 COLLECTION

汇丰人寿及其他汇丰集团成员可收集、使用及分享客户信息(包括与客户、关联人士、客户使用汇丰人寿的产品和服务、以及客户与汇丰集团之间的关系相关信息)。客户信息可由客户或关联人士(或代表客户或关联人士的人士)提供, 或由汇丰人寿或汇丰集团成员通过其他来源(包括公开信息)收集, 亦可通过与汇丰人寿或任何汇丰集团成员可获取的其他信息组合而形成。HSBC Life and other members of the HSBC Group may collect, use and share Customer Information (including relevant information about the Customer, a Connected Person, the Customer's use of HSBC Life's products and services, and the Customer's relationships with the HSBC Group). Customer Information may be requested from the Customer or a Connected Person (or a person acting on behalf of the Customer or a Connected Person), or may also be collected by or on behalf of HSBC Life, or members of the HSBC Group, from other sources (including from publicly available information), generated or combined with other information available to HSBC Life or any member of the HSBC Group.

处理 PROCESSING

汇丰人寿及/或汇丰集团成员, 在中华人民共和国法律不禁止的范围内, 可为下列目的和用途(以下简称"用途")处理、转移及披露客户信息: (a)提供服务; (b)履行合规责任; (c)进行金融犯罪风险管理活动; (d)向客户收取任何欠款; (e)进行信贷调查及获取或提供信贷信息; (f)行使或维护汇丰人寿或汇丰集团成员的权利; (g)出于或满足汇丰人寿或汇丰集团的内部营运要求(包括信用及风险管理、系统或产品研发及计划、保险、审计及管理用途); 及/或(h)维持汇丰人寿与客户整体关系(包括向客户促销或推广金融服务或相关产品及进行市场调查)。HSBC Life and/or members of the HSBC Group will, to the extent not prohibited by laws of the People's Republic of China, process, transfer and disclose Customer Information in connection with the following Purposes: (a) providing Services, (b) meeting Compliance Obligations, (c) conducting Financial Crime Risk Management Activity, (d) collecting any amounts due from the Customer, (e) conducting credit checks and obtaining or providing credit references, (f) enforcing or defending HSBC Life's, or a member of the HSBC Group's, rights, (g) for internal operational requirements of HSBC Life or the HSBC Group (including, without limitation, credit and risk management, system or product development and planning, insurance, audit and administrative purposes), and/or (h) maintaining HSBC Life's overall relationship with the Customer (including marketing or promoting financial services or related products to the Customer and market research) (the "Purposes").

分享 SHARING

通过使用服务, 客户同意汇丰人寿可以(如为用途所需且适当的), 在中华人民共和国法律不禁止的范围内, 向下列接收者转移及披露任何客户信息(接收者亦可

声明与授权 (续) Declaration & Authorization (Continued)

为用途之需要, 处理、转移及披露该等客户信息): (a)任何汇丰集团成员; (b)汇丰集团的任何分包商、代理、服务供应商或汇丰集团的关联人(包括其雇员、董事及职员); (c)任何权力机关的要求; (d)代表客户行使的任何人、收款人、受益人、账户代名人、中介人、往来及代理行、清算所、清算或结算系统、市场交易对手、上游预扣税代理人、掉期或交易储存库、证券交易所、客户拥有证券权益的公司(如该等证券由汇丰人寿为客户持有); (e)获取服务项下利益或承担服务项下的风险的任何一方, 包括但不限于再保险公司; (f)其他金融机构、信用评级机构或征信机构, 以获取或提供信用信息; (g)任何由汇丰人寿提供介绍或居间的中介经纪商; (h)与汇丰人寿的任何业务转让、处置、合并或收购有关的任何一方。By using the Services, the Customer agrees that HSBC Life may (as necessary and appropriate for the Purposes), to the extent not prohibited by laws of the People's Republic of China, process, transfer and disclose any Customer Information to the following recipients (who may also process, transfer and disclose such Customer Information for the Purposes): (a) any member of the HSBC Group; (b) any sub-contractors, agents, service providers, or associates of the HSBC Group (including their employees, directors and officers); (c) in response to any requests from any Authorities; (d) anyone acting on behalf of the Customer, payment recipients, beneficiaries, account nominees, intermediary, correspondent and agent banks, clearing houses, clearing or settlement systems, market counterparties, upstream withholding agents, swap or trade repositories, stock exchanges, companies in which the Customer has an interest in securities (where such securities are held by HSBC Life for the Customer); (e) any party acquiring an interest in or assuming risk in or in connection with the Services, including but not limited to reinsurers; (f) other financial institutions, credit reference agencies or credit bureaus, for obtaining or providing credit references; (g) any introducing broker to whom HSBC Life provides introductions or referrals; (h) in connection with any HSBC Life business transfer, disposal, merger or acquisition.

而无论客户信息接收者处于何地, 包括那些不具备相应数据保护法律以致无法提供与服务所在地同等水平保护的司法管辖区。Wherever located, including in jurisdictions which do not have data protection laws that provide the same level of protection as the jurisdiction in which the Services are supplied.

客户义务CUSTOMER OBLIGATIONS

如果不时提供给汇丰人寿或汇丰集团成员的个人信息有任何变更, 客户同意及时书面通知汇丰人寿。客户亦同意及时回复汇丰人寿或汇丰集团成员的任何要求。The Customer agrees to inform HSBC Life promptly, in writing if there are any changes to Customer Information supplied to HSBC Life or a member of the HSBC Group from time to time, and to respond to any request from, HSBC Life, or a member of the HSBC Group.

客户确认每一关联人士已获通知且已同意其将被客户不时提供给汇丰人寿或汇丰集团成员的信息(包括个人信息或税务信息)按本声明与授权处理、披露及转移。客户须知会任何该等关联人士他们可能有权查阅及改正其个人信息。The Customer confirms that every Connected Person whose information (including Personal Data or Tax Information) has been provided to HSBC Life or a member of the HSBC Group has been notified of and agreed to the processing, disclosure and transfer of their information as set out in this Declaration & Authorization. The Customer shall advise Connected Persons that they may have rights of access to, and correction of, their Personal Data.

如果客户或关联人士未按汇丰人寿合理的要求提供客户信息, 或客户拒绝给予或撤回汇丰人寿为用途而处理、转移或披露客户信息所需的任何同意, 或汇丰人寿或汇丰集团成员怀疑有金融犯罪的可能或就任何汇丰集团成员而言, 客户呈现出潜在的金融犯罪风险, 在中华人民共和国法律不禁止的范围内, 汇丰人寿可以向客户提供新服务或不再继续提供全部或部分服务, 及/或采取所需行动以履行汇丰人寿或汇丰集团成员的合规责任。另外, 如客户未按要求提供客户或关联人士的税务信息及随附陈述书、豁免书及同意书, 在中华人民共和国法律不禁止的范围内, 汇丰人寿可自行判断有关客户或关联人士的状况, 包括是否将客户或关联人士的情况向税务机关报告。Where a Customer or a Connected Person fails to provide Customer Information that HSBC Life reasonably requests, or a Customer withholds or withdraws any consents which HSBC Life may need to process, transfer or disclose Customer Information for the Purposes, or HSBC Life or a member of the HSBC Group has suspicions regarding the possible commission of Financial Crime or a Customer presents a potential Financial Crime risk to a member of the HSBC Group, HSBC Life may, to the extent not prohibited by laws of the People's Republic of China, be unable to provide new, or continue to provide all of or part of the Services to the Customer; and/or take actions necessary for HSBC Life or a member of the HSBC Group to meet the Compliance Obligations. In addition, the failure of a Customer to supply their, or a Connected Person's, Tax Information and accompanying statements, waivers and consents, may result in HSBC Life making its own decision with respect to the Customer's or a Connected Person's status, including whether to report such Customer or Connected Person to a Tax Authority, to the extent not prohibited by laws of the People's Republic of China.

3) 数据保护DATA PROTECTION

无论是在本地司法管辖区或海外处理客户信息, 根据适用的数据保护法律, 客户信息将受到汇丰集团成员及其员工以及第三方均需遵守的严格的保密及安全规范的保护。Whether it is processed in a home jurisdiction or overseas, in accordance with data protection legislation, Customer Information will be protected by a strict code of secrecy and security which all members of the HSBC Group, their staff and third parties are subject to.

4) 金融犯罪风险管理活动FINANCIAL CRIME RISK MANAGEMENT ACTIVITY

汇丰人寿及汇丰集团成员被要求并且可能采取他们认为合适的行动(他们具有独立和绝对自由裁量权), 以履行有关侦测、调查及防止金融犯罪的合规责任(“金融犯罪风险管理活动”)。该等行动可能包括但不限于: (a)筛查、拦截及调查客户或关联人士或其代表的任何指示或通讯; (b)调查款项的来源或预定收款人; (c)将客户信息与汇丰集团持有的其他相关信息相结合; 及/或(d)对个人或实体(不论其是否受制裁制度约束)的状况作进一步查询, 或确认客户的身份及状况。HSBC Life, and members of the HSBC Group, are required, and may take any action they consider appropriate in their sole and absolute discretion, to meet Compliance Obligations in connection with the detection, investigation and prevention of Financial Crime (“Financial Crime Risk Management Activity”). Such action may include, but is not limited to: (a) screening, intercepting and investigating any instruction or communication by the Customer or Connected Person, or on its behalf, (b) investigating the source of or intended recipient of funds (c) combining Customer Information with other related information in the possession of the HSBC Group, and/or (d) making further enquiries as to the status of a person or entity, whether they are subject to a sanctions regime, or confirming a Customer's or Connected Person's identity and status.

在法律允许的限度内, 对客户或任何第三方, 由于金融犯罪风险管理活动造成延迟、阻碍或拒绝付款, 或无法提供全部或部分服务, 而遭受的或与之有关的任何损失, 汇丰人寿及任何汇丰集团成员均无需向客户或任何第三方承担任何责任。To the extent permissible by law, neither HSBC Life nor any other member of HSBC Group shall be liable to the Customer or any third party in respect of any loss whether incurred by the Customer or a third party in connection with the delaying, blocking or refusing of any payment or the provision of all or part of the Services or otherwise as a result of Financial Crime Risk Management Activity.

5) 税务合规TAX COMPLIANCE

客户确认客户应自行负责了解及遵守其因开立及使用账户及/或使用由汇丰人寿或汇丰集团成员提供的服务或与之有关而在所有相关司法管辖区引起的税务责任(包括但不限于缴税, 税务申报或填报纳税有关的其他所需文件)。某些国家的税务立法具有域外效力, 而不论客户的住所地、居所地、公民身份所在地或设立地。汇丰人寿及任何汇丰集团成员均不提供税务意见。汇丰人寿建议客户寻求独立法律及/或税务意见。对于客户在任何司法管辖区的税务责任, 包括但不限于任何与开立及使用账户及/或汇丰人寿及/或汇丰集团成员提供的服务相关的税务责任, 汇丰人寿及任何汇丰集团成员均不承担任何责任。The Customer acknowledges they are solely responsible for understanding and complying with their tax obligations (including but not limited to, tax payment or filing of returns or other required documentation relating to the payment of all relevant taxes) in all jurisdictions in which those obligations arise and relating to the opening and use of account(s) and/or Services provided by HSBC Life and/or members of the HSBC Group. Certain countries may have tax legislation with extra-territorial effect regardless of the Customer's place of domicile, residence, citizenship or incorporation. HSBC Life and/or any member of the HSBC Group does not provide tax advice. The Customer is advised to seek independent legal and/or tax advice. HSBC Life and/or any member of the HSBC Group has no responsibility in respect of a Customer's tax obligations in any jurisdiction which they may arise including, without limitation, any that may relate specifically to the opening and use of account(s) and/or Services provided by HSBC Life and/or members of the HSBC Group.

6) 其他MISCELLANEOUS

如果本声明与授权与客户和汇丰人寿所签署的其他协议包含的条款有冲突或者不一致, 则以本声明与授权为准。在本地适用法律允许的范围内, 任何与客户信息相关的已经过客户同意、授权、汇丰人寿要求的弃权或许可将继续完全有效。In the event of any conflict or inconsistency between any of this Declaration & Authorization and the terms contained in any other agreement between the Customer and HSBC Life, this Declaration & Authorization shall prevail. Any consents, authorisations, HSBC Life requested waivers and permissions that already exist from the Customer in relation to Customer Information shall continue to apply in full force and effect, to the extent permissible by applicable local law.

如果本声明与授权的全部或部分在任何司法管辖区成为非法、无效或不能强制执行, 将不影响该等条款在其他司法管辖区的合法性、有效性及可执行性, 也不影响剩余声明与授权在该司法管辖区的合法性、有效性及可执行性。If all or any part of this Declaration & Authorization become illegal, invalid or unenforceable in any respect under the law of any jurisdiction, that shall not affect or impair the legality, validity or enforceability of such provision in any other jurisdictions or the remainder of the Declaration & Authorization in that jurisdiction.

7) 终止后继续有效SURVIVAL UPON TERMINATION

即使保险合同期满或终止提供服务, 本声明与授权将继续有效。This Declaration & Authorization shall continue to apply notwithstanding the termination of the Services or the expiry of this insurance policy.

14. (本项声明仅适用于美国公民/居民This declaration is only applicable to US citizens/residents)

按照本人所属国的法律, 本人未受限或被禁止购买保险产品。本人理解, 从汇丰人寿购买保险产品可能会产生本人在国籍国或居留国涉及税务相关的义务。本人认可并同意汇丰人寿提供的信息并不构成任何法律、财务或税务建议, 同时本人也并非基于此而购买保险产品。若有必要, 本人将向本人的专业顾问寻求合适的法律、财务或税务建议。I am not prohibited from purchasing insurance products of any kind under the laws of country(ies) that I am subject to. I understand that my purchase of a Policy of insurance from HSBC Life may induce tax obligations for me in the country(ies) of which I hold citizenship or reside. I acknowledge and agree that the information provided by HSBC Life is not intended to provide legal, accounting or tax advice and I will not rely on the same in this regard. I will seek appropriate legal, accounting or tax advice from my consultants where necessary.

个人税收居民身份声明 Declaration of Individual Tax Residency

本人声明: Self Declaration: ☐ 仅为中国税收居民Tax Residence in China only ☐ 仅为非中国税收居民Tax Residence outside of China only ☐ 既是中国税收居民又是其他国家(地区)税收居民Tax Residence both in China and other country/jurisdiction

如在以上选项中勾选“仅为非中国税收居民”或“既是中国税收居民又是其他国家(地区)税收居民”,并且在投保人客户资料栏中下列信息填写中文的,请填写英文或拼音: Please provide English or Pin Yin of below information if the above checkbox is 'Tax Residence outside of China only' or 'Tax Residence both in China and other country/jurisdiction', meanwhile Chinese of below information is provided in client information of policy owner.

姓Surname(英文或拼音English or Pin Yin): _____ 名Given name(英文或拼音English or Pin Yin): _____

出生地Birthplace(英文或拼音English or Pin Yin): 国家/地区Country/Jurisdiction: _____ 省Province: _____ 市City: _____

居住地址Residential Address(英文或拼音English or Pin Yin): _____

国家/地区Country/Jurisdiction: _____ 省Province: _____ 市City: _____ 地址Address: _____

税收居民国(地区) Country/Jurisdiction of tax residence		居民国(地区)纳税人识别号 TIN (Tax Identification Number)
1		
2		
3		

如果不能提供居民国(地区)纳税人识别号,请选择原因: Please select the reason if the Account Holder can not provide TINs.

☐ 居民国(地区)不发放纳税人识别号 The country/jurisdiction where the Account Holder is liable to pay tax does not issue TINs to its residents.

☐ 账户持有人未能取得纳税人识别号,如选此项,请解释具体原因: The Account Holder is otherwise unable to obtain a TIN or equivalent number. Please explain why you are unable to obtain a TIN if you have selected this reason.

1

2

3

如果税收居民国(地区)与投保单上提供的任一地址的所在国家(地区)不一致,请解释原因: Please explain if the country/jurisdiction of any address provided in the application form above is not consistent with the Country/Jurisdiction of tax residence:

本人确认上述信息的真实、准确和完整,且当这些信息发生变更时,将在30日内通知汇丰人寿,否则,本人承担由此造成的不利后果。I confirm the information I provide is true, accurate and complete. I agree to inform HSBC Life in 30 days if there are any changes to the information, otherwise I shall be responsible for the consequence.

<以下空白>

温馨提示: 为了您的利益着想,签署前请再次校对所填资料,请勿在空白之投保单上签署。

Reminder: Before signing the application form, please check all information entered. Please do not sign on blank form.

投保人签名
Signature of Policy Owner

被保险人1签名
Signature of Proposed Insured 1

被保险人2签名
Signature of Proposed Insured 2

签署日期(年/月/日)
Date Signed(YYYY/MM/DD)

签署地
Location of Signature

见证营销员签名
Signature of Witness Sales Staff

注: 如被保险人未满18周岁的,仅需前项投保人签名。

Note: If the Proposed Insured is below 18 years of age, only the signature of Policy Owner is required.