



Application/Policy Number 投保書/保單編號:

Supplement to Application – Declaration of Trust for Proposed Insured/Insured aged below 18 投保申請資料補充 – 18 歲以下 建議被保人 / 被保人之信託聲明

Important Notes:

1. Please complete this form in Block Letters.
2. Please do not sign on blank form.
3. The original form submitted will not be returned.

重要事項:

1. 請以正楷填寫此表格。
2. 請勿在空白申請書上簽署。
3. 所遞交之正本表格將不獲退還。

1. Proposed Insured/Insured/Proposed Owner/Owner 建議被保人 / 被保人 / 建議持有人 / 持有人

Name of Proposed Insured/Insured
建議被保人 / 被保人姓名:Name of Proposed Owner/Owner
建議持有人 / 持有人姓名:

2. Declaration of Trust 信託聲明

I, the Proposed Owner/Owner under this application, hereby declare that this application for insurance for the Proposed Insured (or this application for change of the policy, as the case may be) is made with the intention that the policy to be issued (or the policy with policy number as stated above, as the case may be) (the "Policy") should, from when the policy/change is effective, be held by me, as the Trustee for the benefit of the Proposed Insured/Insured, and the Policy shall be subject to the following terms and conditions:

All benefits and proceeds payable under the Policy shall belong exclusively to the Proposed Insured/Insured or his/her estate who shall constitute the irrevocable Beneficiary of the Policy, and shall be paid through the Trustee until the Trust is terminated. Every transaction/alteration relating to the Policy before the Proposed Insured/Insured attains 18 years of age or before the Trust is terminated shall be between the Company and the Proposed Owner/Owner/Trustee and valid without notice to or consent of the Proposed Insured/Insured.

I shall, until the Trust is terminated, have the right to exercise every option, benefit or privilege under the Policy but only in my capacity as Trustee.

When the Trust is terminated by the Proposed Insured/Insured who has attained the age of majority and has full capacity, all rights, entitlements and powers previously vested in me shall vest solely in the Proposed Insured/Insured as the new Owner of this Policy and all my rights, entitlements and powers shall automatically cease.

本人，此投保申請的建議持有人 / 持有人，現聲明作為此投保申請（或申請保單之更改，根據情況而定）以發出保單（或上述保單編號之保單，根據情況而定）（「保單」）為由，由保單生效 / 保單更改生效起，本人作為保單之信託人，並依據以下條款及條件進行託管：

保單之所有須支付的保險賠償及利益將完全屬於建議被保人 / 被保人或其遺產繼承人，並被視為不可更換的受益人，而所有保險賠償及利益將經信託人支付，直至此信託終止為止。建議被保人 / 被保人年滿十八歲之前，與本保單有關的每項交易 / 變更應屬本公司與建議持有人 / 持有人 / 信託人之間的事務，而無需知會建議被保人 / 被保人或得其同意。

本人可以信託人身份擁有行使所有此保單之選擇權、利益或特權，直至此信託終止為止。

當建議被保人 / 被保人已屆成年並具有完全行為能力而終止此信託時，全部曾授予本人的所有權利、權益及權力將單獨授予建議被保人 / 被保人作為新的持有人，而本人的所有權利、權益及權力將自動終止。

3. Declaration and Authorisation 聲明及授權

I, on behalf of myself and other persons referred to in this application (hereinafter referred to as "We" or "Our"), acknowledge that this form is supplemental to the application for insurance, change or reinstatement (the "Application Form") in relation to the above Application No./Policy No. signed by me/us. I agree and confirm that (1) to the best of my knowledge and belief the above statements and answers to all questions are true and complete; (2) I/we have not had any change in material facts and/or medical consultation since the date I/we signed the Application Form of the above mentioned application; (3) the declarations, agreements and authorisations made by me/us under the Declaration & Authorisation Section and Personal Information Collection Statement Section of the Application Form shall also apply to this form; and (4) this statement shall form the basis and become a part of the policy to be issued / reinstated or issued by the Company.

本人，代表本人及其他在此投保申請提及之人士（下稱「我們」）確認此表格補充本人 / 我們就有關上述投保書編號 / 保單編號已簽署的投保、保單更改或保單復效申請書（「申請書」）。本人同意及確認 (1) 上述一切陳述及問題的所有答案，就本人所知所信，均為事實之全部及確實無訛；(2) 自簽署上述申請書，我們之重要事項並無轉變，亦沒有接受任何醫療診治；(3) 載於申請書上聲明及授權部份及收集個人資料的聲明部份內的聲明、協議及授權均適用於此表格；及 (4) 此聲明將作為貴公司發出 / 復效的保單的根據，並作為保單一部份。

Signature of Proposed Owner/Owner
建議持有人 / 持有人簽署Date (YYYY/MM/DD)
簽署日期 (年 / 月 / 日)