

# 人壽保險申請書

## Life Insurance Application Form

CTF Life  
周大福人壽

申請編號  
Application No.

獨立理財顧問公司名稱  
Name of IFA Company

獨立理財顧問公司編號  
IFA Company Code

☐ 驗身投保申請 (若已安排體檢, 請加上「✓」)  
Medical Application (Please "✓" if medical examination has been done)

推廣編號 (如適用)  
Campaign Code (If applicable)

### 重要提示 IMPORTANT NOTE:

閣下在本申請書或根據本申請書的條款提供的所有資料 (包括但不限於「聲明、同意及授權」章節載列的條款) 將構成閣下與周大福人壽保險有限公司 (以下簡稱「周大福人壽」) 訂立之準合約條款的一部分, 並將對閣下具約束力。

All the information you provide in or pursuant to this application form, and the terms of the application form (including without limitation the terms in the "Declaration, Agreement and Authorizations" section) shall form part of the terms of the proposed contract between you and Chow Tai Fook Life Insurance Company Limited ("CTF Life") which will be binding on you.

申請人必須在此申請書上全部披露一切重要事實, 因為您與周大福人壽的合約將以此為依據, 否則其後所發出的保單將告無效或可使其無效。全面披露重要事實通常是指披露所有相關事實, 信息或情況。就與醫學有關的事實而言, 如病史、吸煙狀況等會影響保險公司釐定保費及/或判斷是否加入不保事項及/或判斷是否承保有關風險決定等的情況均會被視為重要事實。如您不確定某一項資料是否重要, 您應將該項資料在第10項的附註中披露。如要更改任何答案, 申請人須在旁簽署。如選用支票繳付保費, 請在劃線支票抬頭寫「周大福人壽保險有限公司」, 而不是任何其他個人或團體。

The Applicant must fully disclose all material facts in this application form, which shall form the basis of the proposed contract between you and CTF Life, otherwise any policy subsequently issued will be void or voidable. Full disclosure of material facts generally refers to the disclosure of all relevant facts, information or circumstances. As far as medically-related facts are concerned, circumstances such as medical history, smoking status and etc., which would influence the decision of an insurer in setting premium and/or in determining whether to include exclusion(s) and/or in determining whether to insure relevant risk(s) or etc., are considered to be material facts. If you are uncertain as to whether or not a piece of specific information is material, you shall disclose it at Q10 Remarks. All amendment shall be initiated by the Applicant. If premium payment is made by cheque(s), crossed cheque(s) shall be made payable to "Chow Tai Fook Life Insurance Company Limited", not to any other individual or party.

如果您申請投資相連保險, 本表格須連同「產品指南」、「投資指南」、「產品資料概要」和說明文件一併發出。

If you apply for investment-linked insurance, this form shall be issued in conjunction with the "Product Guide", "Investment Guide", "Product Key Facts Statement" and illustration document.

第一部分 Part I		* 請刪去不適用者 Please delete as appropriate	
1. 個人資料 Personal Information		準受保人 Proposed Insured	申請人 (如與準受保人不同) Applicant (if different from the Proposed Insured)
姓名 Name	英文姓名(以英文正楷填寫) Name in English (Use BLOCK letters)	英文姓名(以英文正楷填寫) Name in English (Use BLOCK letters)	姓 Surname
以身份證 / 護照為準 As shown on I.D. card / Passport	名 Given Name	名 Given Name	中文姓名 Name in Chinese
	姓 Surname	姓 Surname	名 Given Name
	名 Given Name	名 Given Name	
商業組織的中文及英文名稱 (如適用及以商業登記證為準) Chinese & English Name of Business Association (if applicable and as shown on Business Registration)	不適用 Not applicable		中文名稱 Chinese Name 英文名稱 English Name * 請遞交已填妥及簽署的「商業組織申請人 / 保單持有人補充聲明書」及「自我證明表格 - 實體」 Please submit the completed and signed "Supplementary Statement for the Business Association Applicant/Policy Owner" and "Self-Certification Form - Entity"
性別 Sex	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	
出生日期 Date of Birth	日DD 月MM 年YYYY	日DD 月MM 年YYYY	
出生國家 / 地區 Country / Region of Birth	<input type="checkbox"/> 香港 Hong Kong <input type="checkbox"/> 中國 China <input type="checkbox"/> 美國 USA <input type="checkbox"/> 其他 Others: _____	<input type="checkbox"/> 香港 Hong Kong <input type="checkbox"/> 中國 China <input type="checkbox"/> 美國 USA <input type="checkbox"/> 其他 Others: _____	
國籍 Nationality			* 若申請人的國籍是美國, 請填妥並遞交「W9」表格 Please complete and submit "Form W9" if the nationality of Applicant is American
身份證明文件類型和號碼 Type and number of the Identification Document	<input type="checkbox"/> Hong Kong Permanent Resident 香港永久性居民 HKID / Birth Cert. No. 香港身份證 / 出世紙號碼	<input type="checkbox"/> Hong Kong Permanent Resident 香港永久性居民 HKID No. 香港身份證號碼	
請遞交身份證明文件副本 Please submit a copy of the Identification Document	<input type="checkbox"/> Hong Kong Non-Permanent Resident 香港非永久性居民 HKID No. 香港身份證號碼	<input type="checkbox"/> Hong Kong Non-Permanent Resident 香港非永久性居民 HKID No. 香港身份證號碼	
# 如香港非永久性居民身份證持有人, 請提供旅遊證件副本以供核實國籍 For HK non-permanent ID card holder, please provide a copy of travel document for verification of nationality	<input type="checkbox"/> PRC / Macau Resident 國內 / 澳門居民 Resident ID / Birth Cert. No. 居民身份證 / 出世紙號碼	<input type="checkbox"/> PRC / Macau Resident 國內 / 澳門居民 Resident ID No. 居民身份證號碼	
	<input type="checkbox"/> Foreign Resident 外國居民 Passport No. 護照號碼	<input type="checkbox"/> Foreign Resident 外國居民 Passport No. 護照號碼	
如屬國內居民/外國居民(18歲或以上), 請提供入境證明 For PRC/Foreign Resident (Age 18 or above), please provide Entry Proof	<input type="checkbox"/> Others 其他 (Please specify 請註明: _____) No. 號碼 _____	<input type="checkbox"/> Business Association 商業組織 Business Registration No. 商業登記證號碼 <input type="checkbox"/> Certificate of Incorporation No. 公司註冊證書號碼	
如申請人及或準受保人持有有效中華人民共和國居民身份證或護照或居住地位為中國, 請遞交已填妥 / 「中華人民共和國附錄」 If the Applicant / Proposed Insured holding a valid Resident Identity Card or passport of the People's Republic of China or china residential address, please complete and submit "People's Republic of China Addendum"	<input type="checkbox"/> Others 其他 (Please specify 請註明: _____) No. 號碼 _____	<input type="checkbox"/> Others 其他 (Please specify 請註明: _____) No. 號碼 _____	
申請人是否持有有效中華人民共和國居民身份證? Is the Applicant holding a valid Resident Identity Card of the People's Republic of China? 如「是」, 請遞交已填妥「重要資料聲明書 - 內地人士在港購人身壽險保單」 If Yes, Please complete and submit "Important Facts Statement for Mainland policy holders"	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No		
與準受保人關係 Relationship with the Proposed Insured	不適用 Not applicable		

Chow Tai Fook Life Insurance Company Limited

(Incorporated in Bermuda with limited liability)

周大福人壽保險有限公司

(於百慕達註冊成立之有限公司)

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教育程度 Level of Education	<input type="checkbox"/> 大學或以上 University or above  <input type="checkbox"/> 中學 Secondary School	<input type="checkbox"/> 專上或工業學院 College or Technical Institute  <input type="checkbox"/> 小學或以下 Primary School or below	<input type="checkbox"/> 大學或以上 University or above  <input type="checkbox"/> 中學 Secondary School	<input type="checkbox"/> 專上或工業學院 College or Technical Institute  <input type="checkbox"/> 小學或以下 Primary School or below
婚姻狀況 Marital Status	<input type="checkbox"/> 單身 Single <input type="checkbox"/> 已婚 Married <input type="checkbox"/> 離婚 Divorced <input type="checkbox"/> 喪偶 Widowed	<input type="checkbox"/> 單身 Single <input type="checkbox"/> 已婚 Married <input type="checkbox"/> 離婚 Divorced <input type="checkbox"/> 喪偶 Widowed		
<b>申請人聯絡資料 Contact Information of the Applicant</b>				
不接受郵政信箱 Post Box will not be accepted  (如提供英文地址，請以英文正楷填寫) (If English address is provided, please use block letters)  #如非香港地址必須填寫此項 Must be completed for addresses out of HK	<b>目前通訊地址 Current Correspondence Address</b>  <div> <div>室 Room/Flat</div> <div>樓 Floor</div> <div>座數/大廈 Block/Building</div> </div> <div> <div>屋苑名稱 Name of Estate/Court</div> <div>街道名稱及號碼 No. and Name of Street/Road</div> </div> <div> <div>地區 District</div> <div>* HK / KLN / NT 香港 / 九龍 / 新界</div> </div> <div> <div>#省 Province</div> <div>#國家 Country</div> <div>#郵政編號 Postal Code (適用於非港澳地址 Applicable for Non Hong Kong and Macau address) (如中國內地，請提供所在小區的郵政編號 For Mainlander, please provide the district postal code)</div> </div>			
<b>目前居住地址 (若與以上目前通訊地址不同) Current Residential Address (If different from the above current correspondence address)</b>  <div> <div>室 Room/Flat</div> <div>樓 Floor</div> <div>座數/大廈 Block/Building</div> </div> <div> <div>屋苑名稱 Name of Estate/Court</div> <div>街道名稱及號碼 No. and Name of Street/Road</div> </div> <div> <div>地區 District</div> <div>* HK / KLN / NT 香港 / 九龍 / 新界</div> </div> <div> <div>#省 Province</div> <div>#國家 Country</div> <div>#郵政編號 Postal Code (適用於非港澳地址 Applicable for Non Hong Kong and Macau address) (如中國內地，請提供所在小區的郵政編號 For Mainlander, please provide the district postal code)</div> </div>				
<b>聯絡電話 Contact Phone Numbers:</b>  <div> <div>手提： Mobile:</div> <div> <input type="checkbox"/> 香港 Hong Kong   <input type="checkbox"/> 中國 China  <input type="checkbox"/> 美國 USA   <input type="checkbox"/> 其他 Others: _____ ( )            國家 Country (國家/地區號碼 Country code) + 電話號碼 phone number         </div> </div> <div> <div>住宅： Residential:</div> <div> <input type="checkbox"/> 香港 Hong Kong   <input type="checkbox"/> 中國 China  <input type="checkbox"/> 美國 USA   <input type="checkbox"/> 其他 Others: _____ ( )            國家 Country (國家/地區號碼 Country code) + 電話號碼 phone number         </div> </div> <div> <div>公司： Office:</div> <div> <input type="checkbox"/> 香港 Hong Kong   <input type="checkbox"/> 中國 China  <input type="checkbox"/> 美國 USA   <input type="checkbox"/> 其他 Others: _____ ( )            國家 Country (國家/地區號碼 Country code) + 電話號碼 phone number         </div> </div> <p>*如非香港電話號碼必須提供國家/地區號碼 Country code must be provided for non-Hong Kong phone numbers</p>				
<b>電郵 E-mail:</b> _____  <input type="checkbox"/> 如欲開設客戶網上服務戶口，請在此格劃上「剔」號 (請參閱本申請書內聲明及授權部分以了解條款及細則) 在你的申請獲接納後，如您現時沒有戶口，我們將會把網上服務戶口的用戶登入代號及密碼設定連結傳送至你指定的電郵地址，以便你設置個人網上服務戶口密碼。 Please check this box if you wish to set up your customer e-Service account (Please refer to the Declaration and Authorizations section of this application form for terms and conditions) After your application is accepted, if you do not have an existing account, we shall send the login ID and password-setting link to your designated email address to facilitate you to set your e-Service account password.				
K Dollar 獎賞計劃會員號碼 K Dollar Program Membership Number				
<b>準受保人居住資料(若與申請人不同) Residential Information of the Proposed Insured (If different from Applicant)</b>				
不接受郵政信箱 Post Box will not be accepted  (如提供英文地址，請以英文正楷填寫) (If English address is provided, please use block letters)  #如非香港地址必須填寫此項 Must be completed for addresses out of HK	<b>目前居住地址 Current Residential Address</b>  <div> <div>室 Room/Flat</div> <div>樓 Floor</div> <div>座數/大廈 Block/Building</div> </div> <div> <div>屋苑名稱 Name of Estate/Court</div> <div>街道名稱及號碼 No. and Name of Street/Road</div> </div> <div> <div>地區 District</div> <div>* HK / KLN / NT 香港 / 九龍 / 新界</div> </div> <div> <div>#省 Province</div> <div>#國家 Country</div> <div>#郵政編號 Postal Code (適用於非港澳地址 Applicable for Non Hong Kong and Macau address) (如中國內地，請提供所在小區的郵政編號 For Mainlander, please provide the district postal code)</div> </div>			
<b>申請人稅務狀況 Taxation Status of the Applicant</b>				
申請人的美國稅務狀況 US Taxation Status of the Applicant	您現時有否於美國報稅？ Do you currently file tax return in the US? <input type="checkbox"/> 有 Yes <input type="checkbox"/> 否 No   *若「有」，請填妥並遞交「W9」表格 If "Yes", please complete and submit "Form W9"			
申請人的稅務居留司法管轄區 (適用於申請人為個人) Jurisdiction of Tax Residence of the Applicant (For Individual Applicant only)	閣下是否香港稅務居民？ Are you a Hong Kong tax resident? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No   若任何一項答案為「否」，請填妥及遞交「自我證明表格」或提供下列個人稅務居住地自我申報書 If any of the questions is answered "No", please complete and submit CRS self-certification form, or provide the following Individual Tax Residence Self-Certification  香港是否為閣下唯一所屬的稅務居留司法管轄區？ Is Hong Kong the only tax resident jurisdiction you belong to? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No			
<b>個人稅務居住地自我申報書 Individual Tax Residence Self-Certification</b> 請提供以下資料，列明(a)申請人的居留司法管轄區，亦即申請人的稅務管轄區(香港包括在內)及(b)該居留司法管轄區發給申請人的稅務編號。列出所有(不限於3個)居留司法管轄區。 Please complete the following table indicating (a) the jurisdiction of residence (including Hong Kong) where the applicant is a resident for tax purposes and (b) the applicants TIN for each jurisdiction indicated. Indicate all (not restricted to three) jurisdictions of residence. 如申請人是香港稅務居民，稅務編號是其香港身份證號碼。如申請人是中國稅務居民，稅務編號是其中國內地居民身份證號碼。 If the applicant is a tax resident of Hong Kong, the TIN is the Hong Kong Identity Card Number. If the applicant is a tax resident of China, the PRC resident ID number. 如沒有提供稅務編號，必須填寫合適的理由： If a TIN is unavailable, provide the appropriate reason A, B or C: 理由 A : 申請人的居留司法管轄區並沒有向其居民發出稅務編號。 Reason A The jurisdiction where the applicant is a resident for tax purposes does not issue TINs to its residents. 理由 B : 申請人不能取得稅務編號。如選取這一理由，解釋申請人不能取得稅務編號的原因。 Reason B The applicant is unable to obtain a TIN. Explain why the applicant is unable to obtain a TIN if you have selected this reason. 理由 C : 申請人毋須提供稅務編號。居留司法管轄區的主管機關不需要申請人披露稅務編號。 Reason C TIN is not required. Select this reason only if the authorities of the jurisdiction of residence do not require the TIN to be disclosed.				

### Contact Information of the Applicant (Cont'd)

居留司法管轄區 Jurisdiction of Residence	稅務編號 TIN	如沒有提供稅務編號， 填寫理由 A、B 或 C Enter Reason A, B or C if no TIN is available	如選取理由 B， 解釋申請人不能取得稅務編號的原因 Explain why the applicant is unable to obtain a TIN if you have selected Reason B
(1)		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
(2)		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
(3)		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	

## 聲明及確認

## Declaration and Acknowledgment

本人知悉及同意，周大福人壽可根據《稅務條例》(第 112 章)有關交換財務帳戶資料的法律條文，(a)收集本表格所載資料並可儲存作自動交換財務帳戶資料用途及 (b)把該等資料和關於帳戶持有人及任何須申報帳戶的資料向香港特別行政區政府稅務局申報，從而把資料轉交到帳戶持有人的居留司法管轄區的稅務當局。

I acknowledge and agree that (a) the information contained in this form is collected and may be kept by the CTF Life for the purpose of automatic exchange of financial account information, and (b) such information and information regarding the account holder and any reportable account(s) may be reported by the CTF Life to the Inland Revenue Department of the Government of the Hong Kong Special Administrative Region and exchanged with the tax authorities of another jurisdiction or jurisdictions in which the account holder may be resident for tax purposes, pursuant to the legal provisions for exchange of financial account information provided under the Inland Revenue Ordinance (Cap.112).

本人承諾，如情況有所改變，以致影響本表格第一部分所述的個人的稅務居民身分，或引致本部分所載的資料不正確，本人會通知周大福人壽，並會在情況發生改變後 30 日內，向周大福人壽提交一份已適當更新的自我證明表格。

I undertake to advise CTF Life of any change in circumstances which affects the tax residency status of the individual identified in of this part or causes the information contained herein to become incorrect, and to provide CTF Life with a suitably updated self-certification form within 30 days of such change in circumstances.

本人聲明就本人所知所信，本部分所填報的所有資料和聲明均屬真實、正確和完備。

I declare that the information given and statements made in this part are, to the best of my knowledge and belief, true, correct and complete.

**警告 WARNING:**

根據《稅務條例》第80(2E)條，如任何人在作出自我證明時，在明知一項陳述在要項上屬具誤導性、虛假或不正確，或罔顧一項陳述是否在要項上屬具誤導性、虛假或不正確下，作出該項陳述，即屬犯罪。一經定罪，可處第3級（即\$10,000）罰款。

It is an offence under section 80(2E) of the Inland Revenue Ordinance if any person, in making a self-certification, makes a statement that is misleading, false or incorrect in a material particular AND knows, or is reckless as to whether, the statement is misleading, false or incorrect in a material particular. A person who commits the offence is liable on conviction to a fine at level 3 (i.e. \$10,000).

**注意 ATTENTION:**

如申請人對稅務居住地有任何疑問，請徵詢您的稅務顧問。

**If there is any uncertainty about tax residency status, please consult your own tax advisor.**

2. 職業資料 (甲部) Occupation Information (Part A)	必須提供準受保人以下的資料 The following information of the Proposed Insured must be provided (不適用於十八歲或以下的本港全日制學生) (Not applicable to HK full-time student whose age is 18 or below)	必須提供申請人以下的資料 The following information of the Applicant must be provided
僱主/學校名稱 Name of Employer/School		
公司業務性質/行業 Nature of Business/Industry		
職位及日常職務 Occupation Title and Job Duties		
工作性質 Job Nature	1. 是否自僱? Self-employed? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 2. 有否高空工作(15米或以上)? Any work at height (15M or above)? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	1. 是否自僱? Self-employed? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 2. 有否高空工作(15米或以上)? Any work at height (15M or above)? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
每月平均收入 Average Monthly Income	港幣 HK\$ _____ 包括所有工作收入來源(不包括投資及租金收入) Include all incomes from employment (Not from investment/rental income)	港幣 HK\$ _____ 包括所有工作收入來源(不包括投資及租金收入) Include all incomes from employment (Not from investment/rental income)
僱主/學校地址 Address of Employer/School	_____ 室 Room/Flat      樓 Floor      座數/大廈 Block/Building _____ 街道名稱及號碼 No. and Name of Street/Road _____ * HK / KLN / NT 地區 District      香港/九龍/新界 _____ #省 Province      #國家 Country      #郵政編號 Postal Code #如非香港地址必須填寫此項 Must be completed for addresses out of HK	_____ 室 Room/Flat      樓 Floor      座數/大廈 Block/Building _____ 街道名稱及號碼 No. and Name of Street/Road _____ * HK / KLN / NT 地區 District      香港/九龍/新界 _____ #省 Province      #國家 Country      #郵政編號 Postal Code #如非香港地址必須填寫此項 Must be completed for addresses out of HK
其他職業及確實職務 (如有) Other Occupation & Exact Duties (if any)		

**3. 財務需要分析 (如已填妥財務分析表格, 請劃去此部分)**

**Financial Needs Analysis (Please cross out this section if completed Financial Needs Analysis "FNA" form)**

a. 投保目的 (可「√」一項或以上) Purpose of Insurance (Please 「√」 one or more):

- a) ☐ 為應付不時之需的財務保障 Financial protection against adversities    b) ☐ 為應付醫療保健需要 Preparation for health care needs    c) ☐ 為未來提供定期的收入 Providing regular income in the future
- d) ☐ 為未來需要儲蓄 Saving up for the future    e) ☐ 投資 Investment    f) ☐ 其他(請詳述) Others(please specify) \_\_\_\_\_

**b. 目標醫療保健需要 - 如問題3a選擇b，必須回答此題目 Target Healthcare Need - Mandatory to complete this question if answer option b in Question 3a**

如閣下有意考慮以危疾及/或醫療保險產品迎合閣下上述問題3a的目標，閣下會考慮投保以下哪種類型的危疾及/或醫療保險產品？(可「√」一項或多項)  
If you are considering critical illness and/or medical insurance product(s) to meet your objectives in Q3a above, what type(s) of the following critical illness and/or medical insurance product(s) will you consider to purchase? (Please 「√」 one or more):

- a) ☐ 住院期間的現金津貼的產品 Product providing income subsidy during hospital confinement      b) ☐ 實報實銷住院期間醫療費用的產品 Product reimburse medical expense for hospital confinement
- c) ☐ 在確認指定情況或接受特定治療後，支付預定的生存賠償金額的產品 Product paying a pre-defined amount of living benefit upon confirming specific conditions or undergoing certain treatments
- d) ☐ 其他，請說明 Others, Please specify: \_\_\_\_\_

**c. 資金來源 (可「√」一項或以上) Source of Fund (Please 「√」 one or more):**

- a) ☐ 薪酬 Salary      b) ☐ 投資收入 Investment income      c) ☐ 租金收入 Rental income      d) ☐ 家用 Household income      e) ☐ 儲蓄 Savings
- f) ☐ 投資 Investment      g) ☐ 其他(請詳述) Others (please specify) \_\_\_\_\_

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4a. 投保資料 Information of Insurance Applied For

保單及通訊語言 (如無特別指明，將以繁體中文作為保單及通訊語言)

Policy and Correspondence Language (The Policy and Correspondence Language is in Traditional Chinese by default, unless otherwise specified)

☐ 繁體中文 Traditional Chinese

☐ 簡體中文 Simplified Chinese (只適用於通訊語言，中文保單文件只提供繁體版本)

☐ 英文 English (Only applicable to Correspondence Language. The Chinese Policy Document only available in Traditional Chinese)

☐ 本人欲就此申請另外收取紙本保單文件。  
I would like to additionally receive a physical copy of policy documents for this application.

☐ 本人欲就現時及/或將來所有周大福人壽的保單(如適用)另外收取紙本通知書。  
I would like to additionally receive physical copy of notices for all of my current and/or future CTF Life policies (if applicable)

「電子保單」及「電子通知書」服務將預設應用於閣下現時及/或將來所有周大福人壽的保單(如適用)。閣下需要提供有效的手提電話號碼及電郵地址以使用「電子保單」及/或「電子通知書」服務。接受「電子保單」及/或「電子通知書」服務後，除非閣下向我們提出紙本要求，否則我們將不會向閣下提供紙本保單文件及/或紙本通知書。閣下可利用客戶手機應用程式「周大福人壽」或網上客戶服務系統<https://www.ctflife.com.hk>查閱及下載相關保單文件及通知書。請即掃描以下二維碼下載手機應用程式APP「周大福人壽」\*\*：The "ePolicy" and "eAdvice" services shall by default apply to all of your current and/or future CTF Life policies (if applicable). You need to provide a valid mobile number and email address to use the "ePolicy" and/or "eAdvice" services. By choosing "ePolicy" and/or "eAdvice" service, there will be no physical copy of policy documents and/or notices provided to you, except with submission of request to us for physical copy. You can view and download the policy documents and notices via the customer's mobile app "CTF Life" or the online customer service system <https://www.ctflife.com.hk>. Please scan the following QR code to download the mobile app "CTF Life"\*\*: \*\*如閣下過往未曾「周大福人壽」註冊帳戶，請於此保單續發後才登記註冊  
If you have not registered an account via "CTF Life" before, please register after the issuance of this policy



<div>保單貨幣 Policy Currency</div> <div><input type="checkbox"/> 港元 HKD</div> <div><input type="checkbox"/> 美元 USD</div> <div><input type="checkbox"/> 其他 Other: _____</div>	<div>繳費方式 Payment Mode</div> <div><input type="checkbox"/> 年繳 Annually</div> <div><input type="checkbox"/> 半年繳 Semi-annually</div> <div><input type="checkbox"/> 月繳 Monthly</div> <div><input type="checkbox"/> 整付保費 Single Premium</div> <div><input type="checkbox"/> 預繳保費 Prepayment _____年 yrs</div>	<div>續期繳費方法 Payment Method for Renewal Premium</div> <div><input type="checkbox"/> 周大福人壽信用卡 CTF Life Credit Card</div> <div><input type="checkbox"/> 自動轉賬 Autopay</div> <div><input type="checkbox"/> 其他 Others</div>	<div>紅利分派方式 (如沒有註明,設定為積存如適用) Dividend Payment Option (if there is no indication, defaulted as Accumulation if applicable)</div> <div><div><input type="checkbox"/> 現金 Cash</div><div><input type="checkbox"/> 積存 Accumulation</div></div> <div><input type="checkbox"/> 付清額外保險 Paid-up Additional Insurance (不適用於保證可支取現金 Not applicable to Guaranteed Cash Coupon Benefit)</div>
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<div>基本計劃 - 名稱 / 編號 Basic Plan - Name / Code</div> <div>_____</div>	<div>保費繳付年期 Premium Payment Period (years)</div> <div>_____</div>	<div>保額 / 最初投保單位 / 每年基本保費 / 每月保證入息 / 其他 Sum Insured / Initial Units / Annual Basic Premium / Guaranteed Monthly Income / Other</div> <div>_____</div>	<div>每年額外投資保費/ 額外保費金額 (如適用) (只接受整數) Amount of Annual Top-up Premium / Top-up Premium (if applicable) (Accept integer only)</div> <div>_____</div>	<div>保額 / 保費遞增權益 (如此權益內置在計劃中, 沒有註明則默認為需要) Inflation Protector Option (Defaulted as "Yes", if this Option is embedded in the plan and without indication)</div> <div><input type="checkbox"/> 不需要 No</div>
<div>附加保障 - 名稱/編號 Supplementary Benefits - Name / Code</div> <div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div>	<div>保額 / 投保單位 / 保障金額 Sum Insured / Units / Protection Amount</div> <div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div>	<div>保單延續選項 (如選擇保單延續選項 必須指定一位受益人，特定產品除外) Policy Continuation Option (One beneficiary must be designated if Policy Continuation Option is selected, not applicable to specific product(s))</div> <div><input type="checkbox"/> 需要 Yes <input type="checkbox"/> 不需要 No</div>		

身故賠償支付選項 (只適用於有「身故賠償支付選項」的產品)已預設為「一筆過」支付，如需更改請遞交已填妥及簽署的保險申請補充聲明書(適用於「身故賠償支付選項」產品)  
Death Benefit Settlement Option (Only applicable to product with Death Benefit Settlement Option) is "Lump Sum" by default, please submit the completed and signed Supplementary Statement Form for the Application of Insurance (Applicable to product with Death Benefit Settlement Option) for change if necessary.

4b. 連同此申請繳交之首期保費總額 Amount of total initial premium paid together with this application  
(退款金額將按照周大福人壽的兌換率計算 CTF Life will use its designated currency exchange rate to compute the amount of premium to be refunded)

<div>首期繳費方法 Payment Method for Initial Premium</div>	<div><input type="checkbox"/> 支票 By Cheque <input type="checkbox"/> 周大福人壽信用卡 By CTF Life Credit Card <input type="checkbox"/> 其他信用卡 By Other Credit Card <input type="checkbox"/> 保費融資 Premium Financing (如適用 If Applicable)</div> <div><input type="checkbox"/> 其他 (請註明)Others (Please specify): _____</div>
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所有預繳保費或於扣除首期保費後之保費餘額，均會被自動存放於保費餘額戶口，不會享有利息。  
All prepaid premium or balance of overpaid premium (after deduction of Initial Premium) will be automatically deposited into the Premium Suspense Account and will not be entitled to any interest

<div><input type="checkbox"/> 人壽保險 Life Insurance 以首期保費及保費徵費總額足繳的月數 No. of Months for which the total initial premium and premium levy are paid</div> <div>港幣HK\$ / 美元US\$ _____ 月數 No. of Months _____</div>	<div><input type="checkbox"/> 人身意外保險 Life Personal Accident Insurance 以首期保費及保費徵費總額足繳的月數 No. of Months for which the total initial premium and premium levy are paid</div> <div>港幣HK\$ / 美元US\$ _____ 月數 No. of Months _____</div>
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投資選擇分配指示 (每個投資選擇的最少分配為10%)

Investment Choice Allocation Instructions (Minimum allocation per Investment Choice is 10%)

基本保費/投資保費/額外投資保費/每年定期保費

Basic Premium/Investment Premium/Top-up Premium/Annual Regular Premium

投資選擇 — 基金編號

Investment Choice – Code of Underlying Fund

百分比 (整數)

% (Integer only)

_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
總數 Total	100%

一筆過投資保費:

Lump Sum Investment Premium: \_\_\_\_\_

投資選擇 — 基金編號

Investment Choice – Code of Underlying Fund

百分比 (整數)

% (Integer only)

_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
總數 Total	100%

人身意外計劃 (將以獨立保單發出) Life Personal Accident Plan (Standalone Policy will be issued)

「伴您同行」意外保障計劃

“Be With You” Personal Accident Plan

\_\_\_\_\_單位Unit(s)

繳費方式

Payment Mode

☐ 年繳 Annually

☐ 半年繳 Semi-annually

(適用於「伴您同行」意外保障計劃  
Applicable to “Be With You” Personal  
Accident Plan)

☐ 月繳 Monthly

5a. 受益人資料 (只接受有可保權益的人為受益人) - 如就「信託計劃」提交申請，請刪去此問題並提交已填妥的「補充聲明書(信託計劃)」

Beneficiary Information (Only those with insurable interest will be accepted as a beneficiary)

- For “Trust Solution application”, please cross out this question and submit the completed “Supplementary Statement Form (Trust Solution)”

如受益人超過一人，除非在此列明分配比例，否則本保單的身故賠償將平均分配給各受益人。

If more than one beneficiary is designated, death proceeds of this policy will be paid to each beneficiary in equal shares unless otherwise specified herein.

如選擇保單延續選項必須指定一位受益人，特定產品除外。

One beneficiary must be designated if Policy Continuation Option is selected, not applicable to specific product(s)

如無指定受益人，將預設為持有人之遺產。

If there is no beneficiary designated, Owner's Estate will be set by default.

主要受益人 Primary Beneficiary

中文 / 英文姓名 Chinese / English Name	與準受保人關係 Relationship with the Proposed Insured	*身份證 / 護照號碼 ID Card / Passport No.	出生日期 Date of birth (DD/MM/YY)	身故賠償分配百分比 (只可填寫整數) Percentage of the Death Benefit (Integer only)
姓 Surname	名 Given name			
				%
				%
				%
				%
總數 Total				100 %

候補受益人 Contingent Beneficiary (如適用 if applicable)

中文 / 英文姓名 Chinese / English Name	與準受保人關係 Relationship with the Proposed Insured	*身份證 / 護照號碼 ID Card / Passport No.	出生日期 Date of birth (DD/MM/YY)	身故賠償分配百分比 (只可填寫整數) Percentage of the Death Benefit (Integer only)
姓 Surname	名 Given name			
				%
				%
				%
				%
總數 Total				100 %

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**5b.後補保單持有人資料 (只適用於指定產品投保申請)**  
**Information of Contingent Owner (Only applicable to designated products)**

後補保單持有人資料 Information of the Contingent Owner:

英文姓名 English Name	中文姓名 Chinese Name	與準受保人關係 Relationship with the Proposed Insured	年齡 Age	*身份證 / 護照號碼 ID Card / Passport No.	出生日期 Date of birth

**如欲投保簡易核保產品，請直接填寫第五部分**

**Please complete Part V directly if you intend to apply for simplified underwriting products**

**6. 「康復保險」申請資料 (如不適用，請刪去答案部分，不要留下空格)**

**Information for Application of "Disability Protector" (If inapplicable, please cross out the field instead of leaving it blank)**

6.(a) 準受保人受僱於現職多少年?

How long has the Proposed Insured been employed in his/her current job(s)? \_\_\_\_\_ 年 Year(s)

如少於一年，請說明前一份職業：

If less than 1 year, please state his/her previous occupation: \_\_\_\_\_

6.(b) 如準受保人因疾病或受傷不能工作，僱主會否給予任何報酬或薪金？若會，請註明：

Would the employer(s) of the Proposed Insured pay any remuneration or salary to the Proposed Insured if the latter becomes unable to work during periods of injury or sickness? ☐ 會 Yes ☐ 否 No

If yes, please state:

(a) 給付期限 the payment period \_\_\_\_\_ ; 及 and

(b) 每月金額(港幣) monthly amount (HK\$) \_\_\_\_\_

**7. 已生效保單或正在處理中的其他保險申請 (倘“有”，請詳述保額(以美元計算)。) 若投保獨立自願醫保不需要填寫此部份 ☐ Yes / 有 ☐ No / 沒有**  
**In-force Insurance Policy or Other Pending Insurance Applications (If "Yes", please specify the sum insured (in USD).)**

**Not applicable to standalone VHIS application**

承保公司 Insurance Co.	申請日期 Application Date	人壽 Life	危疾 Critical Illness	意外 Accident	意外每週賠償 Accidental Weekly Indemnity	住院入息 Hospital Income	傷殘入息 Disability Income
準受保人 Proposed Insured	(1) _____	_____	_____	_____	_____	_____	_____
	(2) _____	_____	_____	_____	_____	_____	_____
	(3) _____	_____	_____	_____	_____	_____	_____
申請人 Applicant	(1) _____	_____	_____	_____	_____	_____	_____
如屬於子女投保，請同時 提供父及母親之資料 (子女 保障額不可高於父或母其 各自的保障額) Please provide both parents' information for Juvenile Application (Coverage of the Juvenile cannot be higher than that of the Parents)	(2) _____	_____	_____	_____	_____	_____	_____
	(3) _____	_____	_____	_____	_____	_____	_____

**特別問題 - 若投保獨立自願醫保不需要填寫此部份；若沒有投保「付款人保障」，不需要填寫申請人部分。**

**Special Questions - No need to complete this section if apply standalone VHIS ; No need to complete the Applicant's section if no Payor Benefit applied.**

如第8及第9項問題的答案是「有」或「是」，請在第10項的附註中詳述情況。

If any answer to Q8 and Q9 is "Yes", please give the details of all such answer(s) as Remarks in Q10.

8. 您或準受保人的任何人壽、危疾、意外、醫療或傷殘保險的投保申請或保單復效申請或續保，曾否被拒絕、延期、加費或設有不保事項？如有，請在第10項的附註中註明保險公司名稱、日期、原因及其他詳情。  
Have you or the Proposed Insured made any application for, reinstatement of or renewal of life, critical illness, accident, health or disability insurance which is eventually declined, postponed, or accepted with loading or coverage exclusion? If yes, please state the name of the insurance company, date, reason and other details as remarks in Q10.

9. 您或準受保人於過去或未來一年內曾否或會否離開您或準受保人的原居地往外地居住超過六個月？倘曾經或將會，請於第10項附註中詳述逗留外地的原因/性質、時期/次數及城市/地區的名稱。  
Have you or the Proposed Insured been, or will you or the Proposed Insured be, taking up residence away from your respective places of domicile for more than 6 months in the past or coming year? If yes, please provide the reason/nature, duration/frequency of the visit(s) and the name(s) of the resident city(ies)/region(s) as remarks in Q10.

準受保人  
Proposed Insured  
有/是 Yes 否 No

申請人  
Applicant  
有/是 Yes 否 No

**10. 附註 / 特別要求**

**Remarks / Special Requests**

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☐ 提前保單日期至準受保人生日前一天  
Policy date back to 1 day before Proposed Insured's birthday

## 第二部分 — 基本資料 Part II – General Information

— 投保「付款人保障」需回答申請人部分 Please complete the Applicant's section if apply Payor Benefit

11.	準受保人 Proposed Insured	身高 Height		厘米 centimetres (cm)	或 OR		呎 / 吋 feet / inches																						
	申請人 Applicant	身高 Height		厘米 centimetres (cm)	或 OR		呎 / 吋 feet / inches																						
12.	準受保人 Proposed Insured	體重 Weight		公斤 kilogrammes (kg)	或 OR		磅 pounds (lbs)																						
	申請人 Applicant	體重 Weight		公斤 kilogrammes (kg)	或 OR		磅 pounds (lbs)																						
13.	<p><b>吸煙習慣 Smoking habit</b></p> <p>「吸煙」在此問題的含義包括但不限於香煙、雪茄、煙斗、嚼煙及使用尼古丁補充劑產品（例如電子煙）。</p> <p>For the purpose of this question, the meaning of “smoking” includes but is not limited to cigarettes, cigars, tobacco pipes, chewing tobacco and the use of nicotine replacement products (such as e-cigarettes).</p> <p>您有吸煙或在過去五年內曾否吸煙？ Do you smoke or have you smoked in the last 5 years?</p> <p>準受保人 <input type="checkbox"/> 有 Yes <input type="checkbox"/> 否 No Proposed Insured 申請人 <input type="checkbox"/> 有 Yes <input type="checkbox"/> 否 No Applicant</p> <p>如有，請詳述：If yes, please give details:</p> <p>a) 煙草產品種類 Type of tobacco product</p> <p>準受保人 Proposed Insured 申請人 Applicant</p> <p>b) 吸煙習慣的持續時間、頻密度及吸食份量 Duration of smoking habit, and frequency and quantity of consumption</p> <table border="1"> <thead> <tr> <th></th> <th>吸煙習慣的持續時間 Duration of smoking habit</th> <th>頻密度及吸食份量 Frequency and quantity of Consumption</th> </tr> </thead> <tbody> <tr> <td>準受保人 Proposed Insured</td> <td>_____年 Year(s)</td> <td>_____支Piece(s)/ _____日 day</td> </tr> <tr> <td>申請人 Applicant</td> <td>_____年 Year(s)</td> <td>_____支Piece(s)/ _____日 day</td> </tr> </tbody> </table> <p>若您現時已沒有吸煙 If you no longer smoke now,</p> <p>c) 請問您是何時戒煙的？ when did you quit smoking?</p> <p>準受保人 _____月MM _____年YYYY Proposed Insured 申請人 _____月MM _____年YYYY Applicant</p> <p>d) 是否醫生建議戒煙及原因為何？ are you advised by doctor to quit smoking and for what reason?</p> <p>準受保人 <input type="checkbox"/> 有 Yes <input type="checkbox"/> 否 No 原因 Proposed Insured Reason: _____ 申請人 <input type="checkbox"/> 有 Yes <input type="checkbox"/> 否 No 原因 Applicant Reason: _____</p>								吸煙習慣的持續時間 Duration of smoking habit	頻密度及吸食份量 Frequency and quantity of Consumption	準受保人 Proposed Insured	_____年 Year(s)	_____支Piece(s)/ _____日 day	申請人 Applicant	_____年 Year(s)	_____支Piece(s)/ _____日 day													
	吸煙習慣的持續時間 Duration of smoking habit	頻密度及吸食份量 Frequency and quantity of Consumption																											
準受保人 Proposed Insured	_____年 Year(s)	_____支Piece(s)/ _____日 day																											
申請人 Applicant	_____年 Year(s)	_____支Piece(s)/ _____日 day																											
14.	<p><b>飲酒 Alcohol consumption</b></p> <p>在過去十二個月內，您是否平均每週飲用酒精飲品超過三次？ In the last 12 months, on average do you drink alcoholic beverage for more than 3 times in a week?</p> <p>準受保人 <input type="checkbox"/> 有 Yes <input type="checkbox"/> 否 No Proposed Insured 申請人 <input type="checkbox"/> 有 Yes <input type="checkbox"/> 否 No Applicant</p> <p>如有，請詳述：If yes, please give details:</p> <p>a) 酒精飲品種類，飲酒習慣的持續時間、頻密度及飲用份量 Type of alcoholic beverage, duration of drinking habit, and frequency and quantity of consumption</p> <table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="4">酒精飲品種類，頻密度及飲用份量 Type of alcoholic beverage, frequency and quantity of Consumption</th> <th rowspan="2">飲酒習慣的持續時間 Duration of drinking habit</th> </tr> <tr> <th>啤酒 Beers (1罐can = 330毫升ml)</th> <th>餐酒 Wine (1杯glass = 100毫升ml)</th> <th>烈酒 Spirit (1小杯tot=30毫升ml)</th> <th>其他 Others</th> </tr> </thead> <tbody> <tr> <td>準受保人 Proposed Insured</td> <td><input type="checkbox"/> _____罐can / _____日 day</td> <td><input type="checkbox"/> _____杯glass/ _____日 day</td> <td><input type="checkbox"/> _____小杯tot/ _____日 day</td> <td><input type="checkbox"/> 種類Type_____ _____毫升ml/ _____日 day</td> <td>_____年 Year(s)</td> </tr> <tr> <td>申請人 Applicant</td> <td><input type="checkbox"/> _____罐can / _____日 day</td> <td><input type="checkbox"/> _____杯glass/ _____日 day</td> <td><input type="checkbox"/> _____小杯tot/ _____日 day</td> <td><input type="checkbox"/> 種類Type_____ _____毫升ml/ _____日 day</td> <td>_____年 Year(s)</td> </tr> </tbody> </table>								酒精飲品種類，頻密度及飲用份量 Type of alcoholic beverage, frequency and quantity of Consumption				飲酒習慣的持續時間 Duration of drinking habit	啤酒 Beers (1罐can = 330毫升ml)	餐酒 Wine (1杯glass = 100毫升ml)	烈酒 Spirit (1小杯tot=30毫升ml)	其他 Others	準受保人 Proposed Insured	<input type="checkbox"/> _____罐can / _____日 day	<input type="checkbox"/> _____杯glass/ _____日 day	<input type="checkbox"/> _____小杯tot/ _____日 day	<input type="checkbox"/> 種類Type_____ _____毫升ml/ _____日 day	_____年 Year(s)	申請人 Applicant	<input type="checkbox"/> _____罐can / _____日 day	<input type="checkbox"/> _____杯glass/ _____日 day	<input type="checkbox"/> _____小杯tot/ _____日 day	<input type="checkbox"/> 種類Type_____ _____毫升ml/ _____日 day	_____年 Year(s)
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申請人 Applicant	<input type="checkbox"/> _____罐can / _____日 day	<input type="checkbox"/> _____杯glass/ _____日 day	<input type="checkbox"/> _____小杯tot/ _____日 day	<input type="checkbox"/> 種類Type_____ _____毫升ml/ _____日 day	_____年 Year(s)																								

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若您現時已沒有飲酒  
If you no longer drink now,

b) 請問您是何時戒酒的？  
When did you quit drinking?

準受保人  
Proposed Insured  
申請人  
Applicant  
\_\_\_\_\_月MM\_\_\_\_\_年YYYY  
\_\_\_\_\_月MM\_\_\_\_\_年YYYY

c) 是否醫生建議戒酒及原因為何？

Are you advised by doctor to quit drinking and for what reason?

準受保人  
Proposed Insured  
申請人  
Applicant  
☐ 有 Yes ☐ 否 No 原因  
Reason: \_\_\_\_\_  
☐ 有 Yes ☐ 否 No 原因  
Reason: \_\_\_\_\_

15. 服用未經醫生處方之藥物

Taking of drugs not prescribed by doctors

在過去五年內，您曾否持續超過一個月使用未經醫生處方之藥物（包括成癮性或消遣性藥物，例如可卡因、興奮劑、海洛英、美沙酮、同化性類固醇；惟不包括營養補充品）？

In the last 5 years, have you used any drugs (excluding dietary supplements) which are not prescribed by doctors (including habit-forming or recreational drugs such as cocaine, ecstasy, heroin, methadone, anabolic steroids) for a continuous period of more than 1 month?

如有，請詳述：

If yes, please give details:

a) 藥物種類  
Type of drugs

準受保人  
Proposed Insured  
申請人  
Applicant  
\_\_\_\_\_  
\_\_\_\_\_

b) 用藥持續時間、頻密度及份量  
Duration, frequency and quantity of consumption

準受保人  
Proposed Insured  
申請人  
Applicant  
用藥持續時間  
Duration of Consumption  
\_\_\_\_\_年Year(s)  
頻密度及吸食份量  
Frequency and quantity of Consumption  
\_\_\_\_\_  
\_\_\_\_\_年Year(s)  
\_\_\_\_\_

16. 您曾否在過去十二個月內或會否在未來十二個月內參與以下活動？

Have you engaged in the following activities within the last 12 months or will you engage / intend to engage in the following activities within the next 12 months?

a) 任何危險性運動或活動（例如：潛水、賽車、攀山或攀石、跳傘、高空跳傘、懸掛滑翔飛行）  
Any hazardous sports or activities (such as diving, motor racing, mountaineering or rock climbing, parachuting, sky diving, hang gliding).

準受保人  
Proposed Insured  
申請人  
Applicant  
☐ 有 Yes ☐ 否 No  
☐ 有 Yes ☐ 否 No

b) 飛行活動（不包括以付費乘客身份乘搭由商業性民航客機提供並獲認可的定期航班服務）  
Flying activities other than as a fare-paying passenger of a licensed air service operating within recognised scheduled routes.

準受保人  
Proposed Insured  
申請人  
Applicant  
☐ 有 Yes ☐ 否 No  
☐ 有 Yes ☐ 否 No

如有，請詳述：

If yes, please give details:

c) 活動種類  
Type of activity

準受保人  
Proposed Insured  
申請人  
Applicant  
\_\_\_\_\_  
\_\_\_\_\_

d) 參與活動的持續時間及頻密度  
Duration and frequency of engagement in the activity

準受保人  
Proposed Insured  
申請人  
Applicant  
參與活動的持續時間  
Duration of engagement in the activity  
\_\_\_\_\_年Year(s)  
參與活動的頻密度  
Frequency of engagement in the activity  
\_\_\_\_\_  
\_\_\_\_\_年Year(s)  
\_\_\_\_\_

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### 第三部分 — 健康資料 Part III – Health Information

- 投保「付款人保障」需回答申請人部分  
Please complete the Applicant's section if apply Payor Benefit

- 無需披露以下健康狀況或治療 –  
Do not require to disclose information regarding the medical conditions or treatments below –

傷風 / 感冒 / 喉嚨痛、腸胃炎 / 食物中毒（已痊癒）、消化不良（無需檢查）、痤瘡、肌肉扭傷（已痊癒）、鵝口瘡、常規產前掃描 / 血液檢驗（檢驗結果正常）、常規子宮頸細胞塗片檢驗（檢驗結果正常）、常規健康檢查（檢查結果正常）、預防疫苗、荷爾蒙補充治療（更年期）、不育治療或胎兒生長情況正常的懷孕、近視 / 遠視 / 散光 / 老花。

Cold / flu / sore throat, gastroenteritis / food poisoning (fully recovered), indigestions (no investigations required), acne, muscle sprained (fully recovered), thrush, routine scan / blood test for pregnancy (normal result), routine cervical smear (normal result), routine health check (normal result), preventive vaccination, Hormonal Replacement Therapy (menopause), infertility treatment or uncomplicated pregnancy, myopia / hyperopia / astigmatism / presbyopia.

- 若以下第17至24及第28題中任何一項問題之答案為「是」者，請於第四部分健康資料補充回答相關的跟進問題。  
If your answer to any of the questions 17 – 24 and 28 below is "Yes", please proceed to answer relevant follow-up questions in Part IV Supplementary Health Information.

Please ✓ the appropriate boxes.  
請在適當方格上填上 ✓

準受保人 Proposed Insured		申請人 Applicant	
是 Yes	否 No	是 Yes	否 No

17.	您是否曾被確診下列疾病或健康狀況？ Have you ever been diagnosed with any of the following diseases or medical conditions?				
a)	癌症或原位癌 Cancer or carcinoma in situ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b)	腦部腫瘤 Brain tumor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c)	心臟疾病 Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d)	中風（包括短暫性腦缺血，俗稱「小中風」） Stroke (including transient ischemic attack (TIA))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e)	高血壓 Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f)	糖尿病或葡萄糖耐量異常 Diabetes mellitus or impaired glucose tolerance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g)	腎病 Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h)	椎間盤突出或脊椎退化性疾病 Prolapsed intervertebral disc or degenerative spine conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i)	需要植入醫療儀器或義肢的疾病或健康狀況 Diseases or medical conditions requiring a medical device or prosthesis to be implanted within the body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j)	人體免疫力缺乏病毒（愛滋病病毒）感染 Human immunodeficiency virus ("HIV") infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k)	先天性疾病（指於出生時或之前已存在的醫學、生理或精神上的異常） Congenital conditions (medical, physical or mental abnormalities that existed at the time of or before birth)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l)	身體缺陷、不健全、畸形，及 / 或影響活動能力、視力、說話能力或聽力的狀況 Physical defects, impairments, deformities, and / or conditions affecting mobility, sight, speech or hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m)	精神健康狀況（例如抑鬱、焦慮、精神分裂、飲食失調或躁狂抑鬱症） Mental health conditions (such as depression, anxiety, schizophrenia, eating disorders, or bipolar disorders)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n)	高膽固醇症或高血脂症 Hypercholesterolemia or Hyperlipidemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o)	肝臟疾病（例如乙型或丙型肝炎（包括測試呈陽性反應）、脂肪肝或肝硬化） Liver disorder (such as hepatitis B or hepatitis C (including tested positive), fatty liver or cirrhosis of liver)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p)	多發性硬化症 Multiple sclerosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	您目前是否患有下列疾病或健康狀況？ Do you currently have any of the following diseases or medical conditions?				
a)	疝氣（俗稱「小腸氣」） Hernia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b)	乳房病變（腫瘤 / 硬塊 / 腫塊 / 囊腫 / 結節 / 增生） Breast lesion (tumour / mass / lump / cyst / nodule / growth)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c)	子宮或卵巢病變（腫瘤 / 硬塊 / 腫塊 / 囊腫 / 息肉 / 結節 / 增生） Uterine or ovarian lesion (tumour / mass / lump / cyst / polyp / nodule / growth)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d)	良性前列腺肥大 Benign prostatic hypertrophy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e)	膽結石或泌尿道結石（腎結石、輸尿管結石或膀胱結石） Gall bladder stone or urinary stone (renal stone, ureteric stones or urinary bladder stone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f)	白內障、青光眼或視網膜病變 Cataract, glaucoma or retinopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g)	關節炎或其他關節疾病 Arthritis or other joint disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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		準受保人 Proposed Insured		申請人 Applicant	
		是 Yes	否 No	是 Yes	否 No
19.	在過去五年內，您是否曾經或被建議定期或持續（例如每月、每兩個月、每半年、每年）為任何疾病或健康狀況接受專業醫護人員（例如專科醫生、物理治療師、精神科醫生）的跟進診治或醫療護理？ In the last 5 years, have you ever had or been advised to have any regular or ongoing (such as monthly, every 2 months, half-yearly, annually) follow-up consultations or medical care with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any disease or medical condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	在過去五年內，您是否曾被醫生建議定期（例如按醫生指示每日 / 每週一次 / 有需要時）服用為期超過一個月的處方藥物？ In the last 5 years, have you been advised by your doctor to take any medications (such as to be taken daily / once per week / as needed as directed by doctor) for a continuous period of more than 1 month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	在過去五年內，您是否曾入住醫院？ In the last 5 years, have you been admitted into a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	在過去五年內，您是否曾在非住院情況下接受外科程序（包括內窺鏡檢查或活組織化驗）？ In the last 5 years, have you undergone a surgical procedure (including endoscopy or biopsy) without being admitted into a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	在過去五年內，您是否曾接受或曾被建議接受檢查（例如驗血、驗尿、心電圖、X光、超聲波、電腦掃描、磁力共振、正電子掃描、愛滋病測試、乙型肝炎測試、丙型肝炎測試）？ In the last 5 years, have you ever had or been advised to undergo investigations (such as blood or urine test, ECG, X-ray, ultrasound, CT scan, MRI, PET scan, HIV test, Hepatitis B test, Hepatitis C test)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		如果答案屬「是」，您的檢查結果是否包括下列情況？ If the answer is "Yes", do your investigation result(s) include the followings?			
	a) 檢驗結果正常 Normal test result is advised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) 檢驗結果異常 Abnormal test result is advised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c) 您正等候檢驗或檢驗結果 You are still awaiting test / test result	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d) 檢驗結果為無定論或不確定（需要重新或進一步檢驗） Test result is inconclusive or uncertain (retesting or follow up test is required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e) 就檢驗結果已尋求醫療意見或需要接受治療（例如一些未必需要即時治療的情況如肝囊腫 / 腦囊腫 / 關節退化或鈣化 / 於成像檢測中發現肺部或乳房或甲狀腺出現鈣化） Medical advice has been sought or treatment is required for the test result (such as liver cyst / brain cyst / joint degeneration or calcification / lung or breast or thyroid calcification discovered on imaging test, that may not require immediate treatment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	除了您在第17至23項問題中已披露的資料外，您是否有下列情況？ Apart from anything you have already disclosed in Questions 17 - 23, do you have any of the following conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a) 在過去一年內，體重無故地減少了5公斤（11磅）以上 Unintentional weight loss by more than 5 kg (11 lbs) over past 1 year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) 不正常出血（例如陰道出血、便血、流鼻血或咳血）至少一個月 Abnormal bleeding (such as vaginal bleeding, rectal bleeding, nose bleeding or coughing up of blood) for at least one month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c) 在過去一年內，您有任何健康狀況或病徵及症狀曾經接受或需要接受專業醫護人員（例如專科醫生、物理治療師、精神科醫生）的跟進診治 In the last 1 year, you had or have been required to have follow-up consultation with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any medical condition or sign and symptom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d) 其他健康狀況或病徵及症狀（例如腫塊、頭痛、持續咳嗽、胸痛或上腹痛）而正在或打算尋求醫療意見 Other medical conditions or sign and symptom (such as lump, headache, persistent coughing, chest pain or epigastric pain) that you are seeking or intend to seek medical advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	<u>只適用於六歲或以下之受保兒童 For insured children aged 6 or below only</u> 受保兒童是否於懷孕第37週前出生，及 / 或出生時體重少於2.5公斤（5.5磅）？ Was the insured child born before 37th week of pregnancy and / or born with body weight less than 2.5 kg (5.5 lbs)? 如是，請詳述： If yes, please give details:	<input type="checkbox"/>	<input type="checkbox"/>		
	a) 受保兒童在孕期哪一週出生？ At which week of pregnancy was the insured child born? 多於37週 more than 37 weeks 32至37週 32 to 37 weeks 28至31週 28 to 31 weeks 少於28週 less than 28 weeks	<input type="checkbox"/>	<input type="checkbox"/>		

		準受保人 Proposed Insured		申請人 Applicant																																								
		是 Yes	否 No	是 Yes	否 No																																							
	b) 出生時體重 Body weight at birth 多於2.50公斤 / 5.51磅 more than 2.50 kg / 5.51 lbs 1.51 - 2.50 公斤 / 3.32 - 5.51 磅 1.51 - 2.50 kg / 3.32 - 5.51 lbs 1.00 - 1.50 公斤 / 2.20 - 3.31 磅 1.00 - 1.50 kg / 2.20 - 3.31 lbs 少於 1.00 公斤 / 2.20 磅 less than 1.00 kg / 2.20 lbs	<input type="checkbox"/>																																										
26.	就您所知，您的親生父母或兄弟姊妹曾否於六十歲或以前被確診下列疾病或健康狀況： At your best knowledge, have any of your parents or siblings by blood been diagnosed with any of the following diseases or medical conditions at or before age 60: a) 癌症 Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																							
	b) 冠心病 Coronary heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																							
	c) 糖尿病 Diabetes mellitus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																							
	d) 運動神經元疾病 Motor neuron disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																							
	e) 多發性硬化症 Multiple sclerosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																							
	f) 中風 Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																							
	g) 帕金森症 Parkinson's disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																							
	h) 遺傳病 - 包括囊性纖維化、家族性大腸腺息肉病、亞茲海默氏症、家族性心肌病、遺傳性血病（血友病、地中海貧血、鐮刀型貧血）、肌肉萎縮症、多囊性腎病或亨丁頓舞蹈症。 Hereditary diseases - including cystic fibrosis, familial adenomatous polyposis, Alzheimer's disease, familial cardiomyopathy, inherited blood disorders (hemophilia, thalassemia, sickle cell disease), muscular dystrophy, polycystic kidney disease or Huntington's disease.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																							
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27.	除獨立申請自願醫保計劃外，必須回答。 <u>Applicable to all application except standalone VHIS application</u> 您是否曾被告知有慢性阻塞性氣道疾病、阻塞性睡眠窒息症、癲癇症、自閉症、注意力不足過動症、任何腫瘤/硬塊/腫塊/囊腫/瘰癧/結節/增生/異常腫脹，或心悸、心臟雜音、麻痺、蛋白尿或血尿的任何病徵或症狀？ Have you ever been advised to have chronic obstructive airways disease, obstructive sleep apnoea, epilepsy, autism, ADHD, any tumour/mass/lump/cyst/polyp/nodule/growth/abnormal swelling, or any signs and symptoms of palpitation, heart murmur, numbness, albuminuria or haematuria?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																							

## 第四部分 — 健康資料補充 Part IV – Supplementary Health Information

若第三部分第17至24及第28題任何一項問題之答案為「是」者，請在適用的問題提供更多資料  
If the answer to any of the questions 17-24 and 28 in Part III is "Yes", please provide additional information as applicable  
請盡量提供齊全資料（例如在未能回憶確實日期的情況下提供年份及月份）以便作出公平核保決定。  
Please provide information as detailed as possible (e.g. provide year and month if exact date could not be recalled) for the sake of fair assessment in underwriting.  
如以下空位不足，請填寫「保險申請補充聲明書(健康資料補充)」  
If the following space is not sufficient, please complete "Supplementary Statement Form for the Application of Insurance (Supplementary Health Information)"

題號 Question No.			
* 請刪去不適用者 * Please delete as appropriate	_____ *準受保人 / 申請人 *Proposed Insured / Applicant	_____ *準受保人 / 申請人 *Proposed Insured / Applicant	_____ *準受保人 / 申請人 *Proposed Insured / Applicant
(1) 疾病 / 健康狀況 / 病徵及症狀 Disease / medical condition / sign and symptom			
(2) 首次出現病徵及症狀的日期 Date of first occurrence of sign and symptom	_____ (日DD/月MM/年YY)	_____ (日DD/月MM/年YY)	_____ (日DD/月MM/年YY)
(3A) 已進行的治療 / 檢查 / 測試 / 掃描 Treatment / investigations / tests / scans that have been performed			
(3B) 有關治療 / 檢查 / 測試 / 掃描日期 Date of such treatment / investigation / tests / scan	_____ (日DD/月MM/年YY)	_____ (日DD/月MM/年YY)	_____ (日DD/月MM/年YY)
(4) 現況（例如是否已完全康復、有否跟進 / 服用跟進藥物 / 下次覆診日期） Present condition (such as whether fully recovered, follow up action / medication / next follow up date)			
(5) 最後覆診 / 治療日期 Date of last follow-up medical consultation / treatment	_____ (日DD/月MM/年YY)	_____ (日DD/月MM/年YY)	_____ (日DD/月MM/年YY)
(6) 治療有關疾病 / 不適 / 健康狀況 / 病徵及症狀的醫生姓名 Name of doctor who treated the disease / sickness / medical condition / sign and symptom	（注意：在保險公司聯絡申請人的醫生以獲取其醫療記錄前，需獲得申請人的書面同意。） (Note: written consents from applicant are needed before an insurance company may approach the applicant's doctor for access to his / her medical records)		
(7) 醫院名稱（如適用） Name of Hospital, where applicable	（注意：在保險公司聯絡申請人的醫生以獲取其醫療記錄前，需獲得申請人的書面同意。） (Note: written consents from applicant are needed before an insurance company may approach the applicant's doctor for access to his / her medical records)		

## 資料收集聲明 Statement for Collection of Information

以下聲明闡述收集健康相關的資料之目的，以及申請人須盡其所知所信提供完整及準確的資料。  
The following statement states the purpose of collecting health-related information and the applicant is required to provide the complete and accurate information to the best of his/her knowledge and belief.

- (i) 第二、三、四部分及保險申請補充聲明書(健康資料補充)收集與健康相關的資料僅作為核保之用途，而核保是周大福人壽評估申請人之健康風險及決定申請結果的程序。周大福人壽採用的核保程序為公平合理，並會因應客戶要求解釋申請結果。  
Parts II, III, IV and Supplementary Statement Form for the Application of Insurance (Supplementary Health Information) collect health-related information solely for the purpose of underwriting which is a process for CTF Life to evaluate the health risk of the Applicant and decide the application results. The underwriting process that CTF Life adopts shall be fair and reasonable, and CTF Life should explain the application results if requested by the customers.
- (ii) 作為申請人，閣下需要盡其所知所信，按本問卷中要求向周大福人壽提供完整及準確的資料。周大福人壽根據閣下提供的資料，可能會提出跟進問題或查詢而需要閣下進一步提供資料以作核保之用。  
As the Applicant, you are required to provide CTF Life with complete and accurate information requested in this questionnaire to the best of your knowledge and belief. Based on the information provided, CTF Life may have follow-up questions or enquiries that require you to provide further information for underwriting purpose.
- (iii) 若閣下在提交本申請表後至閣下收到保單前的期間就本問卷中提供的資料有任何改變或更新，閣下需要及早通知周大福人壽。  
If there are any changes to or updates of the information provided in this application after the time of submission of this application and before you receive the policy, you are required to notify CTF Life in a timely manner.
- (iv) 即使已成功投保並獲簽發保單，若閣下未按 (ii) 所述盡其所知所信向周大福人壽提供完整及準確的資料，或未按 (iii) 所述就資料的任何改變或更新而及早通知周大福人壽，閣下的保險保障可能會受到影響，周大福人壽亦可能因此終止、作廢或撤銷有關保單，或拒絕賠償。  
Even after an insurance policy has been issued upon successful application, the insurance coverage for you may be affected or the policy may be terminated, voided or rescinded, or claims may be repudiated by CTF Life, if you have not provided CTF Life with complete and accurate information to the best of your knowledge and belief according to (ii), or if you have not notified CTF Life on any changes to or updates of the information in time according to (iii).

**第五部分 - 健康狀況聲明 (簡易核保產品)**  
**Part V – Health Declaration (Simplified Underwriting Product)**

適用於非投資相連之簡易核保產品

**Applicable to Simplified Underwriting Products of Non-ILAS**

1. 準受保人現在是否住院或是否於過去36個月連續住院6日以上，或準受保人是否曾被建議因身體狀況於未來6個月內需要住院或接受診斷性之檢查？如是，請提供日期、疾病性質、治療詳情、現時情況(如適用)  
Has the Proposed Insured currently hospitalized or has been hospitalized for more than 6 consecutive days in the past 36 months or has the Proposed Insured been advised that he/she is having medical condition that will need to be hospitalized or required diagnostic checkup in the next 6 months? If yes, please provide the date, nature of illness, details of treatment, current condition (if applicable).

☐ 是 ☐ 否  
Yes No

適用於投資相連簡易核保產品

**Applicable to ILAS Simplified Underwriting Products**

2. 準受保人是否曾：Has the Proposed Insured:

- (a) EVER been diagnosed or treated for AIDS or any kind of terminal cancer or tumor; or  
被診斷患有愛滋病或任何種類之末期癌症或腫瘤或曾接受與上述任何一項有關的治療；或  
(b) been hospitalized for 30 days or more for any disease within the past 6 months; or  
於過去6個月內，因任何疾病而須留院30日或以上；或  
(c) been postponed for any life insurance application in the past 6 months; or  
於過去6個月內，被延期接受任何人壽投保申請；或  
(d) been declined for any life insurance application in the past year?  
於過去1年內，被拒絕任何人壽投保申請？

☐ 是 ☐ 否  
Yes No

如是，請提供日期、疾病性質、治療詳情、現時情況、人壽投保申請被延期 / 拒絕的原因、保險公司名稱及保單號碼(如適用)。  
If yes, please provide the date, nature of illness, details of treatment, current condition, reason of your life insurance application being postponed / declined, name of insurance company and policy number (if applicable).

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## 個人資料收集聲明 Personal Information Collection Statement

在周大福人壽保險有限公司（以下簡稱“**周大福人壽**”、“**本公司**”、“**我們**”或“**本公司的**”），保護客戶的個人資料私隱是周大福人壽所持的其中一個核心價值。作為一個提供保險產品和服務的公司，客戶的個人資料收集和使用是周大福人壽業務的重要一環。周大福人壽尊重您的個人資料的私隱，並致力於完全遵守「個人資料（私隱）條例」（第 486 章）。本個人資料收集聲明（本“**聲明**”）由周大福人壽擬訂，並適用於我們和您（“**您**”或“**您的**”）之間。本聲明應與提述和/或載有本聲明的任何文書、文件、表格（“**文件**”）和/或軟件應用程式（“**應用程式**”）（如適用），以及於<https://www.ctflife.com.hk>網站（“**網站**”）的條款及細則（如果有）（“**條款及細則**”）結合一併解讀，但如果本聲明與有關個人資料的條款及細則之間存在任何不一致，則以本聲明為準。

At Chow Tai Fook Life Insurance Company Limited (“CTF Life”, “we”, “us” or “our”), we hold as one of our core values the protection of privacy of our customer's personal data. As a provider of insurance products and services, collection and use of personal data of our customers is at the heart of our business. CTF Life respects the privacy of your personal data and are committed to fully complying with the Personal Data (Privacy) Ordinance (Cap. 486). This Personal Information Collection Statement (this “**Statement**”) is made by CTF Life, and applies between us and you (“**you**”, or “**your**”). This Statement should be read together with the terms and conditions (if any) of any instrument, documentation, form (the “**Documentation**”) and/or software application (the “**Application**”) (as applicable), and the website at <https://www.ctflife.com.hk> (the “**Website**”) that refers to and/or contains this Statement (the “**Terms and Conditions**”), provided that, in the event of any inconsistency between this Statement and the Terms and Conditions concerning matters relating to personal data, this Statement shall prevail.

周大福人壽是新世界集團公司的關連公司，而新世界集團公司乃包括新世界發展有限公司（“**NWD**”）及其不時成立及存續的關聯公司或相關公司（“**新世界集團**”或“**NWG**”），其業務涵蓋房地產（銷售、租賃和投資）、按揭服務、零售、物業管理、設施管理、活動策劃及管理、基礎設施、購物中心、忠誠計劃項目、百貨公司、珠寶首飾及奢侈品、電子商務、款待服務、食品與飲料、會議及展覽中心、體育和娛樂設施、教育、醫療保健和長者護理、其他健康和保健產品和服務、金融服務和保險、運輸、可持續發展項目及產品、TMT（科技、媒體和電訊）、企業創新、加速器和孵化計劃、競賽組織、會議和活動、初創及社會創新項目和慈善事業，包括體育、娛樂、藝術和文化項目、扶貧、促進教育、宗教推廣以及其他以對社會有益為目的之範疇（“**商品與服務**”）（新世界集團和合資公司統稱為“**關聯公司**”）。

CTF Life is a related company of the New World group of companies including New World Development Company Limited (“NWD”) and its affiliated or related companies from time to time (the “New World Group”, or “NWG”) whose activities include real estate (sale, leasing and investment), mortgage services, retail, property management, facilities management, activity planning and management, infrastructure, shopping malls, loyalty programmes, department stores, jewellery and luxury products, e-commerce, hospitality services, food and beverages, convention and exhibition centres, sports and recreational facilities, education, health care and senior care, other health and wellness products and services, financial services and insurance, transportation, sustainability programmes and products, TMT (Technology, Media and Telecom), corporate innovation, accelerator and incubation programmes, organization of competitions, conferences and events, start up and social innovation programmes and charitable pursuits including sports, recreation, art and cultural programmes, relief of poverty, advancement of education, advancement of religion, and other purposes that are beneficial to the community (the “**Goods and Services**”) (the New World Group and joint venture companies together referred to as “**Affiliates**”).

為使本公司能夠實現目的（如下文“使用所收集的個人資料之目的”部分所定義），您需要在提述和/或載有本聲明的文件、應用程式和/或網站（如適用）中提供所有要求/指定的個人資料。如果您未提供所需的個人資料，我們則可能無法實現目的和/或向您提供商品或服務。

In order to enable us to perform the Purposes (as defined in the “Purposes for using personal data collected” section below), you are required to provide all the requested/mandatory personal data in the Documentation, the Application, and/or the Website (as applicable) that refers to and/or contains this Statement. If you do not provide the required personal data, then we may not be able to perform the Purposes and/or provide goods or services to you.

### 所收集的個人資料類型 Kinds of personal data collected

我們可能向您及/或從本聲明下文提及的其他來源（不論按文件或任何您與周大福人壽已經簽署或準備簽署之其他合約、協定或其他有約束力的安排）收集及/或持有、使用及/或披露或分享（不論在此載有或在其他情況下取得）的個人資料類型包括您的姓名、性別、年齡（或年齡範圍）、出生日期、身份/旅行證件詳細信息、國籍、聯繫方式、電子郵件地址、郵寄/住宅/通訊地址、聯繫電話、保單資料、交易記錄、信用記錄、會員編號、婚姻狀況、家庭狀況、教育及培訓資料、就業資料、財政資料、稅務資料、醫療及健康記錄、申索記錄、您的家庭、生活方式及社會環境資料、職業資料、用戶名和密碼、日誌文件（見下文）、個人興趣及活動愛好、有關您使用應用程式及/或網站（視情況而定）及交易數據的跟蹤信息（包括您的特點及交易行為）（“**跟蹤數據**”）、社交媒體帳戶信息以及與您的受保人、保單受益人、承讓人、受託人、第三者付款人（如適用）之相關資料。對於通過使用cookies和其他跟蹤機制收集的跟蹤數據，請參見我們的相關政策（包括但不限於周大福人壽私隱政策聲明），以進一步瞭解我們如何收集、使用和處理跟蹤數據的詳情。

The kinds of personal data we may collect from you and/or from other sources as mentioned below in this Statement and/or hold (whether pursuant to the Documentation or any other contracts, agreements or other binding arrangements which you have entered into or intend to enter into with CTF Life), use and/or disclose/share with (whether contained here or otherwise obtained) include your name, gender, age (or age range), date of birth, identity/ travel document details, nationality, contact details, e-mail address, mailing/residential/correspondence address, contact number, policy details, transaction records, credit information, membership number, marital status, family status, educational and training details, employment details, financial details, tax details, medical and health records, claims history and information on your family, lifestyle and social circumstances, occupation details, username and password, Log Files (see below), interests and favourite activities, tracking information about your use of the Application and/or the Website (as the case may be) and transaction information (including your characteristics and transaction behaviour) (“**Tracking Data**”), social media account information and etc. as well as information in relation to your insured, policy beneficiaries, assignees, trustees, third party payor (if applicable). For Tracking Data collected through the use of cookies and other tracking mechanisms, please also refer to our related policies (including but not limited to the CTF Life Privacy Policy Statement) for further details as to how we collect, use and process Tracking Data.

### 使用所收集的個人資料之目的 Purposes for using personal data collected

我們和/或本公司的關聯公司和/或本公司的營銷合作夥伴（如下文“直接促銷”部分所定義，如適用）將使用並保留從您和/或來自本聲明下文提及的其他來源那裏收集的個人資料，用於以下目的（可能不時適用）（統稱“**目的**”）：

The personal data to be collected from you and/or from other sources as mentioned below in this Statement will be used and retained by us (and/or our Affiliates and/or our Marketing Partners as defined in the “Direct Marketing” section below, as applicable) for the following purposes (as may be applicable from time to time) (together, the “**Purposes**”):

- 與保險或再保險相關業務的管理，其中包括承保、處理和評估申請、身份和信用檢查、適用性檢查、保單服務、作為抵押貸款轉讓安排（如為保費融資而作）、理賠處理、理賠調查、理賠結算、偵測和防止欺詐行為（無論是否與此申請而發出的保單有關）、帳戶/債務追收、訴訟、通訊、製作統計、數據分析和研究、內部和外界審計、保持優質的服務、銷售和營銷、企業品牌建設和客戶忠誠度建設；

Administration of insurance or reinsurance related business, which includes underwriting, processing and evaluation of applications, identity and credit checking, suitability checking, policy servicing, collateral assignment arrangement (e.g. for premium financing purpose), claims processing, claims investigation, claims settlement, fraud detection and prevention (whether or not relating to the policy issued in respect of this application), account/debt collection, litigation, communications, preparing statistics, data analysis and research, internal and external audit, maintaining quality services, sales and marketing, corporate brand building and customer loyalty building;

- 識別和驗證您的身份和/或會員資格；  
Identifying and verifying your identity and/or as a member.
- 將您註冊為應用程式及/或網站（視情況而定）的用戶；  
Registering you as a user of the Application and/or the Website (as the case may be);
- 在使用應用程式及/或網站（視情況而定）時，為您提供更好的服務及/或在一個或多個場節內/之間將您的個人資料和/或信息保存在多個頁面；  
To serve you better and/or maintain your personal data and/or information across multiple pages within or across one or more sessions when using the Application and/or the Website (as the case may be);

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- 註冊為用戶後，讀取您的帳戶信息（包括但不限於您的姓名、會員編號等）並管理您的帳戶（包括但不限於更改您的密碼、更新您的個人資料、訂閱/取消訂閱直接促銷等）；  
Following registration as a user, accessing your account information (including, but not limited to, your name, membership number, etc.) and managing your account (including, but not limited to, changing your password, updating your personal information, subscribing/unsubscribing from direct marketing, etc.);
- 與您的/客戶的行為相關的研究、開發和分析，包括進行數據排序及分析以使我們進一步瞭解您的特點及交易行為（在您同意直接促銷的情況下，如適用），以便我們按您的需要提供更多個人化商品和/或服務及以助我們為您挑選您可能感興趣的促銷標的（見下文），和進行行為分析整合，包括運用個人資料作統計分析、數據科學研究及資料探勘；  
Research, development, and analysis in relation to your/customer behaviour including carrying out data sorting and analysis to enable us to better understand your characteristics and transaction behaviour (subject to your consent for direct marketing, if/where applicable) to provide other goods and/or services better tailored to your needs, and to assist us in selecting Marketing Subjects (see below) that are likely to be of interest to you, and carrying out aggregated behavioural analysis, including using personal data for statistical analysis, data science studies and data mining;
- 您可以就目的和/或商品與服務向本公司查詢、投訴和/或提出建議（包括但不限於通過移動設備上的應用程式內文訊息或通過本公司官方社交媒體頁面和/或本公司官方網站，或通過短訊、電子郵件和/或郵件，和/或現已存在的或者將來可能出現的其他媒體）；  
For you to make enquiries, complaints, and/or suggestions to us in relation to the Purposes and/or the Goods and Services (including, but not limited to, through an in-app text box on your mobile device or through our official social media page and/or our official website, or by text message, email and/or mail, and/or other media whether now known or available in the future);
- 通過包括調查等方式獲取您就目的和/或商品與服務相關的回饋（包括但不限於通過移動設備上的應用程式內文訊息或通過本公司官方社交媒體頁面和/或本公司官方網站，或通過短訊、電子郵件和/或郵件，和/或現已存在的或者將來可能出現的其他媒體）  
Seeking your feedback, including through surveys, in relation to the Purposes and/or the Goods and Services (including, but not limited to, through an in-app text box on your mobile device or through our official social media page and/or our official website, or by text message, email and/or mail, and/or other media whether now known or available in the future);
- 改進文件、應用程式和/或網站、目的以及本公司和本公司的關聯公司和本公司的營銷合作夥伴的商品與服務；  
Improving the Documentation, the Application and/or the Website, the Purposes, and our and our Affiliates' and Marketing Partners' Goods and Services;
- 經同意後，就促銷標的進行直接促銷和跨業直銷（見下文標題為“直接促銷”的部分）；  
Direct marketing and cross-marketing for the Marketing Subjects, subject to consent (see below section entitled “Direct marketing”);
- 數據分析、研究、信息管理和數據庫管理；  
Data analytics, profiling, information management and database administration;
- 阻止、偵查、調查和/或預防可能違反或可能疑似違反本公司政策或可能涉及濫用、非法和/或犯罪行為的活動；  
Deterring, detection, investigation and/or prevention of activities that may violate, or may be suspected to violate, our policies or may be abusive, illegal, and/or criminal;
- 為遵守下列適用於周大福人壽或周大福人壽預期須遵守的有關披露及使用資料的責任、規定或安排：  
Compliance with the obligations, requirements or arrangements for disclosing and using data that apply to CTF Life or with which it is expected to comply according to:
  - a) 在香港境內或境外，現行或將會存在的，並對其具約束力或適用於其的任何法律；  
any law binding or applying to it within or outside Hong Kong existing currently and in the future;
  - b) 在香港境內或境外，現行或將會存在的，並由任何法定、監管、政府、稅務、執法或其他機構，或由金融服務提供者的自我監管或業界的團體或組織所提供或發出之任何指引或指導；  
any guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers within or outside Hong Kong existing currently and in the future; and
  - c) 周大福人壽因其在本地或海外的法定、監管、政府、稅務、執法或其他機構或金融服務提供者的自我監管或業界的團體或組織的司法管轄區或與該司法管轄區相關的金融、商業、營業或其他利益或活動而須承擔或受強加與該本地或海外的法定、監管、政府、稅務、執法或其他機構或自我監管或業界的團體或組織之間的現有或將來之任何合約承諾或其他承諾。  
any present or future contractual or other commitment with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers that is assumed by or imposed on CTF Life by reason of its financial, commercial, business or other interests or activities in or related to the jurisdiction of the relevant local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations.
- 收取或收回您欠本公司或本公司的關聯公司的任何債務；  
Collection or recovery of any debt owed by you to us or our Affiliates;
- 應用程式和/或網站的正常管理、運營和維護以及向您提供商品與服務；  
The normal management, operation, and maintenance of the Application and/or the Website and the provision of the Goods and Services to you;
- （無論是由一個或多個關聯公司（包括本公司）或本公司的營銷合作夥伴）存儲您的個人資料，以便與本公司的關聯公司和/或本公司的營銷合作夥伴共享個人資料，以用於上述任何和所有其他目的（前提是在涉及為直接促銷向任何或所有該類別資料承轉人轉移資料的情況下，徵得您的同意）；和/或  
Storing your personal data (whether by a single or multiple Affiliates (including us) or our Marketing Partners) for the purpose of sharing such personal data with our Affiliates and/or our Marketing Partners for any and all of the other Purposes listed above (and subject to your consent in the event that transfer to any or all such data transferees for direct marketing are involved); and/or
- 上述目的之其他輔助目的或相關目的。  
Other purposes ancillary or related to the above.

#### 我們分享個人資料之第三方 Those with whom we share personal data

周大福人壽會對您提供的個人資料加以保密，除了可能會與下列各方披露/共享：  
The personal data you provide to CTF Life will be kept confidential, except that it may be disclosed/shared with the following parties:

- 代表您的任何保險經紀、代理、獨立財務顧問或您的受讓人、理算人、僱主、醫護專業人士、醫院、會計師、財務顧問、律師、及/或為保險業整合申索和承保資料的組織；防欺詐組織；其他保險公司（無論是直接地或是通過防欺詐組織或本段中指名的其他人士）、警察和保險業就現有資料而對所提供的資料作出分析和檢查而使用的數據庫或登記冊（及其運營者）以實現（任何一）目的；  
any insurance agent, broker, independent financial advisor acting on your behalf or your assignee, adjusters, employers, health care professionals, hospitals, accountants, financial advisors, solicitors, and/or organizations that consolidate claims and underwriting information for the insurance industry; fraud prevention organizations; other insurance companies (whether directly or through fraud prevention organization or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information) for any of the Purposes;
- 損失估價人、私人調查員、信函裝封服務機構、債務追收員、及任何其他代理人、承包商或第三方服務供應商以實現（任何一）目的，而上述人士在每種情況下均向周大福人壽提供風險分析、行政、電訊、電腦、網際網路或付款服務：  
loss adjusters, private investigators, letter shopping service providers, debt collectors, and any other agent, contractor or third party service provider, in each case, that provides risk intelligence, administrative, telecommunications, computer, Internet or payment services to CTF Life for any of the Purposes;
- 任何周大福人壽的實際或建議再保險公司以實現（任何一）目的；  
any actual or proposed reinsurers of CTF Life for any of the Purposes;
- 周大福人壽在根據對其本身或其任何關聯公司具約束力或適用的任何法律規定下，或按照及為實施其預期須遵守的由任何法定、監管、政府、稅務、執法或其他機構或金融服務提供者的自我監管或業界的團體或組織所提供或發出的任何指引或指導，或根據其與本地或海外之法定、監管、政府、稅務、執法或其他機構或金融服務提供者的自我監管或業界的團體或組織之間的任何合約承諾或其他承諾，而有責任或有其他原因必須對其作出披露的任何人士，而上述一切可能在香港境內或境外及可能現行或將會存在。  
any person to whom CTF Life is under an obligation or otherwise required to make disclosure under the requirement of any law binding on or applying to CTF Life or any of its Affiliates, or any disclosure under and for the purposes of any guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers with which CTF Life is expected to comply or any disclosure pursuant to any contractual or other commitment of CTF Life with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers, all of which may be within or outside Hong Kong and may be existing currently and in the future.

為實現目的和/或為提供商品與服務，我們也可能會與代理商、承包商、供應商和服務供應商（無論在中華人民共和國香港特別行政區（“香港”）境內或境外）進行合作，例如資訊科技/軟件解決方案/技術服務供應商、營銷代理商、社交媒體、研究公司以及開發和維護、行政、數據處理、數碼存儲或其他類似服務的服務供應商，並可能在香港境內或境外向其轉交或與其共享您的個人資料，以供其實現目的。我們還可能與本公司的關聯公司、本公司的營銷合作夥伴（見下文）以及本公司和/或本公司的關聯公司/本公司的營銷合作夥伴（見下文）用於實現目的的社交媒體平臺共享您的個人資料（前提是徵得您的同意，如適用）。如因任何國家/地區的法律要求或任何國家/地區的任何法院、監管機構或政府機構的要求，我們也可能會根據有關需要披露您的個人資料。如果本公司或本公司的業務或本公司的關聯公司或關聯公司的業務涉及任何實際或擬議的業務轉讓、股份轉讓、重組、合併、併購、出售、轉讓或購買，您的個人資料可能會作為交易的一部分轉交給新的實體，前提是新的實體須遵守本聲明並繼續對您的個人資料進行與本公司同等級別的保護。您將收到此類事件的通知，您可以決定撤銷同意使用您的個人資料。

We may also engage agents, contractors, suppliers and service providers (whether within or outside the Hong Kong Special Administrative Region of the People's Republic of China ("Hong Kong")) in connection with the Purposes and/or the provision of the Goods and Services, e.g. IT/software solutions/technology services providers, marketing agents, social media, research companies, and service providers of development and maintenance, administrative, data processing, digital storage, or other similar services, and may transfer to or share your personal data with them for the Purposes within or outside Hong Kong. We may also share your personal data (subject to your consent, if/where applicable) with our Affiliates, our Marketing Partners (see below) and the social media platforms that we and/or our Affiliates/our Marketing Partners (see below) use for such Purposes. Where we are required by the law of any country or place or requested by any court, regulatory body or governmental body of any country or place, we may also disclose your personal data as required. In the event of any actual or proposed transfer of business, transfer of shares, re-structuring, amalgamation, merger, sale, transfer, or purchase of us or our business or our Affiliates or our Affiliates' businesses, your personal data may be transferred to the new entity as part of the transaction, provided that the new entity abides by this Statement and continues to exercise the same level of care, in respect of your personal data, as we would. You will be notified of such event and you may decide to withdraw your consent to the use of your personal data.

我們可能將您的個人資料移轉到和/或存儲在香港境內或境外的實際地點和/或伺服器中，並且/或者與香港境內或境外的本公司的關聯公司和/或本公司的營銷合作夥伴（見下文）共享。但是，無論其存儲在哪个國家/地區，我們將採取一切合理措施確保您的個人資料得以安全存儲和處理，並且我們通過合同方式或盡本公司的合理努力確保本公司的關聯公司和營銷合作夥伴（見下文）提供同等程度的保護。

Your personal data may be transferred to and/or stored by us in physical locations and/or servers located within or outside Hong Kong and/or shared with our Affiliates and/or our Marketing Partners (see below) located within or outside Hong Kong. However, we will take all reasonable measures to ensure that your personal data is stored and processed securely, regardless of the country or place in which it is stored, and we procure by contract or use our reasonable endeavours to ensure that our Affiliates and our Marketing Partners (see below) do the same.

#### 直接促銷 Direct marketing

在徵得您的同意後，我們可能會使用您的個人資料，通過發送到您的移動設備的應用程式內置信息和/或通知和/或推送通知的形式、帖子、電子郵件、電話、短訊或現已存在的或將來可能會出現的其他媒體，將有關本公司、本公司的關聯公司和/或本公司的營銷合作夥伴（見下文）之促銷標的（見下文）相關的直接促銷（包括但不限於優惠、新聞、信息和營銷）發送給您。

Subject to your consent, we may use your personal data to send you direct marketing (including, but not limited to, special offers, news, information and marketing) about us, our Affiliates and/or our Marketing Partners (see below) in relation to the Marketing Subjects (see below) whether by in-app messages and/or notifications and/or push notifications to your mobile device, post, email, telephone, text message, or other media whether now known or available in the future.

在徵得您的同意後，我們還可能將您的個人資料用於，或將其提供給本公司的關聯公司和/或營銷合作夥伴（見下文），以便他們通過發送到您的移動設備的應用程式內置消息和/或通知和/或推送通知的形式、帖子、電子郵件、電話、短訊或現已存在的或將來可能會出現的其他媒體，將有關本公司、本公司的關聯公司和/或本公司的營銷合作夥伴（見下文）與促銷標的（見下文）相關的直接促銷（包括但不限於優惠、新聞、信息和營銷）發送給您。

Subject to your consent, we may also use your personal data for, or provide your personal data to, our Affiliates and/or our Marketing Partners (see below) so that they may send you direct marketing (including, but not limited to, special offers, news, information and marketing) about us, our Affiliates and/or our Marketing Partners (see below) in relation to the Marketing Subjects (see below) whether by in-app messages and/or notifications and/or push notifications to your mobile device, post, email, telephone, text message, and/or other media whether now known or available in the future.

本公司的“**營銷合作夥伴**”包括房地產開發商、銀行、金融和投資機構、保險公司、保險企業經紀、保險代理公司、私人俱樂部、禮賓和客服供應商、零售商店及網上商店（產品和服務包括時尚服飾和美容、健康和個人護理、奢侈品、家居生活、食品、酒類飲料、書籍和文具）、購物中心、百貨公司、鐘錶和珠寶商（如周大福珠寶集團有限公司）、連鎖酒店、餐飲服務供應商、醫療保健和長者護理、其他服務和/或產品供應商，包括健康與保健、藝術和文化、畫廊和展覽、環保和自然、體育和娛樂、旅遊和住宿、休閒和娛樂、運輸和物流、電訊、媒體和資訊科技、企業創新、加速器和孵化計劃、競賽、會議和活動、學前教育、小學、中學和/或高等教育機構。



Our **"Marketing Partners"** include property developers, banks, financial and investment institutions, insurance companies, insurance brokerage companies, insurance corporate agencies, private clubs, concierge and customer service providers, retail outlets and online businesses (products and services including fashion and beauty, health and personal cares, luxury, home and living, food, wine and beverage, books and stationery), shopping malls, department stores, watches and jewellers (such as Chow Tai Fook Jewellery Group Limited), hotel chains, catering services providers, healthcare and senior care, services and/or products providers including health and wellness, art and culture, gallery and exhibition, green and nature, sports and recreation, travel and accommodation, leisure and entertainment, transportation and logistics, telecommunication, media and information technology, corporate innovation, accelerator and incubation programmes, competitions, conferences and events, pre-school, primary, secondary and/or tertiary education institutions.

由於我們可能會與本公司的關聯公司和/或本公司的營銷合作夥伴共享您的個人資料，我們也可能會從他們那裏收到您的個人資料。本公司的關聯公司和/或本公司的營銷合作夥伴經您同意後，我們也可能使用此類個人資料向您發送有關本公司、本公司的關聯公司和/或本公司的營銷合作夥伴與促銷標的（見下文）相關的直接促銷。

As we may share your personal data with our Affiliates and/or our Marketing Partners, we may also receive your personal data from them. Subject to your consent given to our Affiliates and/or our Marketing Partners, we may also use such personal data to send you direct marketing about us, our Affiliates and/or our Marketing Partners in relation to the Marketing Subjects (see below).

本公司、本公司的關聯公司和/或本公司的營銷合作夥伴可能向您推廣的產品、服務、活動和慈善事業類型包括以下內容（統稱為**"促銷標的"**）：

The types of products, services, events and charitable initiatives that we, our Affiliates and/or our Marketing Partners may market to you include the following (together, the **"Marketing Subjects"**):

- 本公司和/或本公司的關聯公司提供的與商品與服務有關的貨品和服務；  
goods and services offered by us and/or our Affiliates in relation to the Goods and Services;
- 銀行、金融和投資機構、證券公司以及保險公司提供的金融、銀行、證券、按揭、保險及其他相關服務和產品；  
finance, banking, securities, mortgage, insurance and other related services and products by banks, financial and investment institutions, securities companies and insurance companies;
- 私人俱樂部會籍及其尊尚禮遇；  
access and privileges at private clubs;
- 客戶服務專業諮詢，包括但不限於活動策劃、假期、酒店、旅遊及門票/機票預訂；  
professional consultation on customer services, including but not limited to event planning, holidays, hotels, travel, and tickets reservation;
- 零售商店和/或網上商店的消費產品及服務，包括服裝、鞋靴、時裝、時尚配飾和美容、健康和個人護理、奢侈品、家居生活、日用品、食品、酒類和飲料、糖果、雜貨、書籍和文具、玩具、香煙和雪茄、香水和化妝品、嬰兒用品、電話和移動設備、電子產品和電器、電腦軟件、遊戲、袋及行李箱、家具、運動和休閒用品；  
consumer products and services by retail outlets and/or online businesses, including clothing, shoes, fashion, fashion accessories and beauty, health and personal cares, luxury, home and living, household products, food, wine, liquor and beverages, confectionary, groceries, books and stationery, toys, cigarettes and cigars, fragrances and cosmetics, baby products, telephones and mobile devices, electronics and electrical appliances, computer software, and games, bags and luggage, furniture, sports and leisure equipment;
- 醫藥產品、醫療和配藥服務、治療產品和服務及治療師之治療服務  
pharmaceutical products, medical and pharmaceutical services, therapeutical products and services, and therapy services by therapists;
- 補習、輔導、家居清潔、門衛服務、園林及植物護理服務、農業服務、鐘點家居護理、管道服務、鎖匠、理髮和美髮服務、健身室及健身服務、洗衣服務、花店、拖車和機動車服務；  
tutoring, mentoring, home cleaning, janitor services, landscape and plant maintenance services, agricultural services, part time housekeeping, plumbing services, locksmiths, barber and salon services, gym and fitness services, laundry services, florists, vehicle towing, and motor vehicle services;
- 購物中心和百貨公司的獎賞、忠誠、禮遇計劃及推廣活動；  
reward, loyalty, privileges programmes and promotions at shopping malls and department stores;
- 新世界集團客戶和/或潛在客戶的獎賞、忠誠、禮遇計劃及推廣活動；  
reward, loyalty, privileges programmes and promotions for customers and/or potential customers of the New World Group;
- 鐘錶、珠寶及首飾；  
watches, jewelleries and accessories;
- 餐廳及提供食物、酒類、飲品的餐飲服務；  
restaurants, catering services on food, wine and beverage;
- 旅遊、款待及住宿服務及產品，包括但不限於酒店及服務式公寓、由旅行社提供的假期套票、景點門票；  
travel, hospitality and accommodation services and products, including but not limited to hotels and serviced apartments, holiday package products and services offered by travel agents, tickets to attractions;
- 交通及物流服務，包括但不限於航空及非航空運輸服務，如酒店接送、汽車租賃、巴士運營、火車運營及遊輪運營，以及快遞服務和托運服務；  
transportation and logistics services, including but not limited to air travel and non-air transportation services such as hotel transfers, car rentals, bus operators, train operators and cruise operators, and courier services and shipping services;
- 會議和展覽管理服務、諮詢和營銷研究服務、供應鏈管理、活動和項目管理服務、遊戲服務、廣告和公共關係服務、媒體製作服務；  
conference and exhibition management services, consultancy and marketing research services, supply chain management, event and project management services, gaming services, advertising and public relations services, media production services;
- 演唱會/音樂會、畫廊、展覽、電影、戲劇、體育賽事、特殊活動及其他文化活動的門票；  
tickets for concerts, galleries, exhibitions, films, theatricals, sporting, special and cultural events;
- 環保及自然為主題的活動；  
green and nature activities;
- 科技、電訊、互聯網和移動通訊服務、社交網絡和媒體；  
technology, telecommunication, internet and mobile communication services, social networking and media;

- 平面和室內設計服務、攝影服務、印刷和出版服務；  
graphic and interior design services, photography services, printing and publishing services;
- 法律服務、醫療服務、會計、審計、簿記和稅務服務、工程服務、建築服務、測量服務、設備租賃服務、款待服務；  
legal services, medical services, accounting, auditing, bookkeeping and taxation services, engineering services, architectural services, surveying services, equipment rental services, hospitality services;
- 關於教育和/或個人發展的專業建議和/或諮詢；  
professional advice and/or consultation on education and/or personal enhancement;
- 慈善事業，涵蓋促進體育、娛樂、藝術和文化活動、扶貧、促進教育、宗教推廣及其他對社會有益為目的之範疇。  
charitable initiatives which support areas including sports, recreation, art and cultural programmes, relief of poverty, advancement of education, advancement of religion and other purposes that are beneficial to the community.

除非您同意授權，我們不會將您的個人資料用於直接促銷目的和/或將您的個人資料提供給第三方（無論是我們的關聯公司和/或我們的營銷合作夥伴），用於他們的直接營銷目的。即使您同意授權，您也可以通過發送電子郵件到 [ctflife.csc@ctflife.com.hk](mailto:ctflife.csc@ctflife.com.hk) 或寫信給我們的保障資料主任（地址：香港特別行政區周大福人壽保險有限公司客戶服務中心，九龍海濱道123號綠景NEO大廈7樓）（標記為機密），隨時免費選擇拒絕授權資料作直接促銷之用（或者您可以要求我們停止向第三方提供您的個人資料，屆時我們將停止提供）。

We cannot use or provide your personal data for direct marketing purposes and/or provide your personal data to third parties (whether to our Affiliates and/or our Marketing Partners) for their direct marketing purposes unless you consent. Even if you give your consent, you can opt out of direct marketing at any time (or you may request that we cease to provide your personal data to third parties, at which point we will cease to do so), free of charge, by emailing [ctflife.csc@ctflife.com.hk](mailto:ctflife.csc@ctflife.com.hk) or writing to our Data Protection Officer, CTF Life Customer Service Centre, Chow Tai Fook Life Insurance Company Limited, at CTF Life, 7/F, NEO, 123 Hoi Bun Road, Kowloon, Hong Kong SAR (marked Confidential).

### 您的權利 Your rights

除了上文所述您有權選擇拒絕直接促銷之外，您還享有以下的其他權利：

Apart from your right to opt out of direct marketing as mentioned above, you have the following additional rights to

- 檢查我們是否持有您的任何個人資料；  
check whether we hold any of your personal data;
- 查閱我們持有的您的個人資料；  
access your personal data held by us;
- 要求我們改正任何不準確的個人資料；及  
require us to correct any personal data which is inaccurate; and
- 確定我們關於個人資料和我們持有的個人資料類型的不時生效的政策和做法。  
ascertain our policies and practices (from time to time) in relation to personal data and the types of personal data held by us.

如果您想就上述事宜提出請求（或作出任何一般查詢），請聯繫我們的保障資料主任（地址：香港特別行政區周大福人壽保險有限公司客戶服務中心，九龍海濱道123號綠景NEO大廈7樓）或發送電子郵件到 [ctflife.csc@ctflife.com.hk](mailto:ctflife.csc@ctflife.com.hk)（標記為機密）。根據香港法例第486章《個人資料（私隱）條例》（“《私隱條例》”），我們有權就處理任何個人資料查閱請求向您收取合理費用。

If you would like to make a request in relation to the above (or make any general enquiries), please contact our Data Protection Officer, CTF Life Customer Service Centre, Chow Tai Fook Life Insurance Company Limited at CTF Life, 7/F, NEO, 123 Hoi Bun Road, Kowloon, Hong Kong SAR or [ctflife.csc@ctflife.com.hk](mailto:ctflife.csc@ctflife.com.hk) (marked Confidential). In accordance with the Personal Data (Privacy) Ordinance (Cap. 486, Laws of Hong Kong) (the “PDPO”), we have the right to charge you a reasonable fee for the processing of any personal data access request.

### 私隱政策聲明 Privacy Policy Statement

您可以瀏覽 <https://www.ctflife.com.hk/tc/disclaimer> 上提供的周大福人壽私隱政策，瞭解我們有關個人資料保護政策的更多信息。如果周大福人壽私隱政策與本聲明之間存在任何不一致或衝突，則以本聲明為準。

You can find out more about our policy on personal data protection by accessing the CTF Life Privacy Policy Statement available at <https://www.ctflife.com.hk/en/disclaimer>. If there is any inconsistency or conflict between the CTF Life Privacy Policy Statement and this Statement, this Statement shall prevail.

有關本公司以下相關政策和信息，另請參見周大福人壽私隱政策：

Please also see the CTF Life Privacy Policy Statement for our policies and information about;

- 本公司對日誌文件的收集和/或使用（與您使用/訪問應用程式和/或網站（視情況而定）有關的數據，包括但不限於您的 IP 地址、域名、瀏覽器類型和訪問時間）；  
our collection and/or use of Log Files (data relating to your use of/visits to the Application and/or the Website (as the case may be), including but not limited to your IP address, domain name, browser type and access time);
- Cookies 和其他跟蹤機制的使用  
the use of cookies and other tracking mechanisms;
- 保留您的個人資料；  
retention of your personal data;
- 在應用程式和/或網站（視情況而定）中可能包含的第三方商戶和/或網站；  
third party merchants and/or websites that may be contained in the Application and/or the Website (as the case may be);
- 我們如何保護您的個人資料安全；  
how we keep your personal data secure;
- 在法律訴訟中使用您的個人資料。  
use of your personal data in legal proceedings.

### 不一致或衝突 Inconsistency or conflict

如果本聲明的中英文版本有任何不一致或衝突，須以英文版本為準。

If there is any inconsistency or conflict between the English and Chinese version of this Statement, the English version shall prevail.



## 其他 Miscellaneous

本聲明可能會不時更新，以反映我們因應個人資料保護和/或個人資料/數據私隱法律和法規變化而產生的政策變更。如有重大變更，我們將通知您並徵得您對變更、同意和/或選擇（必要或適用時）的許可。如果您不接受變更和/或提供您的許可，那麼我們可能無法執行目的和/或向您提供商品與服務。我們建議您定期查看應用程式和/或網站（視情況而定）以獲取本聲明的更新版本。

This Statement may be updated from time to time to reflect changes to our policy with respect to personal data protection and/or changes to personal data/data privacy laws and regulations. Where there are significant changes, we will notify you and obtain your acceptance of the changes, consents, and/or opt in (as necessary or applicable). If you do not accept the changes and/or provide your consent, then we may not be able to perform the Purposes and/or provide goods or services to you. You are advised to check the Application and/or the Website (as the case may be) for updates to this Statement on a regular basis.

本聲明中的任何內容均不限制您根據《私隱條例》所享有的權利。  
Nothing in this Statement shall limit your rights under the PDPO.

如果您是：  
If you are:

- (i) 位於中國內地的個人，於中國內地訪問周大福人壽相關網站或使用周大福人壽相關流動應用程式或從中國內地通過手機或任何其他方式使用周大福人壽產品及/或服務；及/或  
an individual located in Mainland China who visits CTF Life's relevant website(s) or uses relevant mobile application(s) of CTF Life, or otherwise uses CTF Life's products and/or services by phone or any other means from Mainland China; and/or
- (ii) 持有中國內地護照及/或居民身份證的個人，到訪周大福人壽在香港的客服中心或其他實體場所或在香港通過手機或任何其他方式使用周大福人壽產品及/或服務，  
an individual holding a Mainland China passport and/or resident identity card who visits the service centres or other physical premises of CTF Life in Hong Kong or otherwise uses CTF Life's products and/or services by phone or any other means in Hong Kong,

除(i)周大福人壽私隱政策和(ii)本聲明以及中國內地適用的數據保護法律和法規外，周大福人壽將根據“中華人民共和國附錄”處理您的個人資料。就此處目的而言，中國內地是指除香港、中華人民共和國澳門特別行政區和台灣以外的地區。

your personal data will be processed by CTF Life in accordance with the "People's Republic of China Addendum" in addition to the (i) CTF Life Privacy Policy Statement and (ii) this Statement, as well as the applicable data protection laws and regulations in Mainland China which, for the current purposes, excludes Hong Kong, the Macau Special Administrative Region of the People's Republic of China and Taiwan.

本聲明受香港法律約束並據其進行解釋。

This Statement shall be governed by, and construed in accordance with, the laws of Hong Kong.

我已閱讀並理解以上周大福人壽的《個人資料收集聲明》。

I have read and understood the above Personal Information Collection Statement of CTF Life.

- ☐ 我同意接收來自周大福人壽的直接促銷，詳情已載於上文所述的《個人資料收集聲明》。  
I consent to receive direct marketing from CTF Life, details of which have been set out in the Personal Information Collection Statement mentioned above.
- ☐ 我同意接收來自周大福人壽的關聯公司和/或周大福人壽的營銷合作夥伴的直接促銷，詳情已載於上文所述的《個人資料收集聲明》。  
I consent to receive direct marketing from CTF Life's Affiliates and/or from CTF Life's Marketing Partners, details of which have been set out in the Personal Information Collection Statement mentioned above.

\_\_\_\_\_  
申請人姓名 (如非準受保人)  
Name of the Applicant  
(if other than the Proposed Insured)

X \_\_\_\_\_  
申請人簽署 (如非準受保人)  
Signature of the Applicant  
(if other than the Proposed Insured)

\_\_\_\_\_  
簽署日期 (日 / 月 / 年)  
Signed on (DD / MM / YY)

\_\_\_\_\_  
準受保人姓名 (適用於18歲或以上)  
Name of the Proposed Insured  
(Applicable to age 18 or above)

X \_\_\_\_\_  
準受保人簽署 (適用於18歲或以上)  
Signature of the Proposed Insured  
(Applicable to age 18 or above)



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## 佣金披露聲明 Commission Disclosure Statement

申請人明白、確知及同意，周大福人壽會就申請人購買周大福人壽簽發的保單，從保單開始及於保單仍生效期間，向獲授權保險代理人 / 企業保險代理商 / 保險經紀支付佣金。這包括但不限於續保、復效、增加附加保障及提升起初訂明保費。假如申請人為法人團體，代表申請人簽署的獲授權人員須向周大福人壽確認他/她已獲法人團體授權簽署。

The Applicant understands, acknowledges and agrees that, as a result of purchasing the policy to be issued by CTF Life, CTF Life will pay the authorized insurance agent/ agency / insurance broker commission from inception and while the policy remains in force. These include, but may not be limited to, renewals, reinstatement, additional of supplementary cover and increases in the initial contracted premium. Where the Applicant is a business association, the authorized person who signs on behalf of the Applicant further confirms to CTF Life that he or she is authorized to do so.

申請人亦明白周大福人壽必須取得申請人的同意，才可以處理有關申請。

The Applicant further understands that the above agreement is necessary for CTF Life to proceed with the application.

## 聲明、同意及授權 Declaration, Agreement and Authorization

本人 / 我們 (申請人 / 準受保人) 謹此代表本人 / 我們及準受保人聲明及同意 (1) 上述一切資料、陳述及問題的所有答案，無論是否由本人 / 我們親手所寫，就本人 / 我們所知所信均為事實之全部並確實無訛；(2) 上述所有資料、陳述及問題的所有答案及本聲明，將成為發出保單的根據，並作為保單一部分；(3) 本人 / 我們對任何人所發出的聲明，如沒有在本申請書上填寫或印出，周大福人壽保險有限公司(以下簡稱“周大福人壽”) 不須受其約束；(4) 於本申請書簽署後及準保單發出前，若本人/我們的健康情況或可保性有所改變，本人 / 我們必須以書面方式通知周大福人壽，否則周大福人壽有權選擇將任何已發出的保單作廢；(5) 所申請的任何保險，須在本人/我們生存和身體繼續健康的情況下，首期保費已全數付清及周大福人壽發出準保單後，方行生效；(6) 申請的保險並非由本人/我們代表另一人行事，以及所有現在及隨後用以繳交保費的資金並非來自任何非法活動；(7) 周大福人壽有權要求本人 / 我們、準受保人或可能有權獲得保單價值 (透過貸款、提取、退保、索償、轉讓、賠付或其他途徑) 或更改保單受益人的任何其他人士包括但不限於任何索償人、受益人和受讓人(以及任何以上人士之遺囑執行人、遺產管理人或遺產代理人) (本第(7)段所述的各人士稱為「相關人士」) 提供周大福人壽可能合理索取的資料及附助證證的文件 (及 / 或填寫及簽署與此相關的文件)，包括但不限於姓名、出生地點、住宅和郵遞地址、納稅人識別編號、社會安全號碼、國籍、居留地、稅務居留地及相關人士在報稅或納稅責任方面須遵守的稅制；(8) 本人/我們將就本人 / 我們的處境上的任何改變或本人 / 我們可能曾不時向周大福人壽提供的關於準保單或周大福人壽簽發的其他保單的資料的更改或增加從速通知周大福人壽，包括若相關人士的身分有所改變，而且本人 / 我們承諾會在處境發生改變後的30日內向周大福人壽提交一份已適當更新的自我證明表格，並且周大福人壽有權要求其他各相關人士就其個人資料的任何變化或增加通知周大福人壽；(9) 為確保周大福人壽能履行適用於周大福人壽或周大福人壽應該遵守的有關披露或使用資料的責任、規定或安排 (「該等責任」)，此包括但不限於其就準保單在美國《海外賬戶稅收合規法案》(「海外賬戶稅收合規法案」) 的責任及為自動交換財務帳戶資料的目的在香港《稅務條例》的責任，本人 / 我們將應周大福人壽不時提出的合理要求在其所定的時限內填妥並簽署文件、提供文件證據並採取行動；(10) 周大福人壽在某些情況下可能必須將《海外賬戶稅收合規法案》預扣稅強制加於其從閣下的保單所作出的付款或保單所收到的款項。目前，周大福人壽只在下列情況可能必須採取上述行動(a)倘若香港稅務局沒有根據香港與美國簽訂的跨政府協議(及香港與美國簽訂的相關的稅務資料交換協定)與美國稅務局(「美國稅務局」)交換資料，及(b)若本人/我們或任何其他相關人士或賬戶持有人為非參與協議的海外金融機構；則周大福人壽可能必須從保單所收到的可預扣款項扣減或扣起《海外賬戶稅收合規法案》預扣稅並將其匯付給美國稅務局。不論如何，本人/我們同意周大福人壽為確保其履行該等責任可把上述的及適用法律不時訂明的必要資料向香港及海外的稅務機構披露及轉移及同意本人 / 我們的資料將被用作與其他司法管轄區的稅務機構交換資料，及本人/我們謹此放棄禁止或限制該等披露的權利(如有)。本人 / 我們特此確認及同意，上文第(7)至(10)段的條款及本人/我們就周大福人壽向稅務機構披露資料所給予的同意可被明確納入保單的一般條款並構成保單的一部分，無論它們被列載在「條款部分完」部分之前或之後。本人 / 我們進一步同意，在申請書或根據上文、申請書的條款 (包括但不限於在上文作出的聲明、同意及授權) 提供的所有資料應構成對本人 / 我們具約束力之準保單的一部分。本人 / 我們確認，本人 / 我們已細讀並明白有關準保單的建議書與說明文件及(如果本人申請任何投資相連保險)「產品指南」、「投資指南」和「產品資料概要」。

I/we, the Applicant/Proposed Insured, HEREBY DECLARE AND AGREE on behalf of myself/ourselves and the Proposed Insured that (1) all the above information, statements and answers to all the questions in this application whether or not in my/our own handwriting are to the best of my/our knowledge and belief, complete and true; (2) all such information, statements and answers to such questions, together with this declaration, shall form the basis and become a part of the proposed policy; (3) CTF Life is not bound by any statement or answer which I/we may have made to any person if not written or printed in this application; (4) in the event of any change in my/our health or insurability after this application is signed and before the proposed policy is issued, I/we shall inform CTF Life of the same in writing, otherwise any policy issued is voidable at the option of CTF Life; (5) any insurance applied for shall not take effect until the first premium for the proposed policy is paid in full and the proposed policy is issued by CTF Life during my/our lifetime and continued good health; (6) the insurance applied for is not acted by me/us on behalf of another person, and the funds that are and will be used for the application and subsequent premium payment are not derived from any illegal activities; (7) CTF Life shall have the right to request me/us, the Proposed Insured or any other person who may be entitled to access the policy value (through a loan, withdrawal, surrender, claim, assignment, benefit payment or otherwise) or change a beneficiary under the policy, including without limitation any claimant, beneficiary and assignee (and the executor, administrator or personal representative of any of the above) (each person in this paragraph (7), a "Relevant Person"), to provide (and/or complete and sign such document relating to) such information and supporting documentation as CTF Life may reasonably require including without limitation, name, place of birth, residential and mailing addresses, taxpayer identification number, social security number, citizenship, residency, tax residency and the tax regime(s) to which the Relevant Person is subject in respect of tax reporting or payment responsibility); (8) I/we shall update CTF Life promptly on any change of circumstances or any change or addition to information that I/we may have provided to CTF Life from time to time in relation to the proposed policy or other policies issued by CTF Life, including change in the identity of a Relevant Person, and I / We undertake to provide CTF Life with a suitably updated self-certification form within 30 days of such change in circumstances; and CTF Life shall have the right to request each other Relevant Person to update it if any change or addition to their information; (9) I/we shall complete and sign such documents, provide documentary evidence and take such actions within such timeframe as CTF Life may reasonably require from time to time to enable it to comply with the obligations, requirements or arrangements for disclosing or using data that apply to it or with which it is expected to comply (the "Obligations"), these include but are not limited to its obligations under the US Foreign Account Tax Compliance Act ("FATCA") and the Inland Revenue Ordinance of Hong Kong in respect of the proposed policy for the purpose of automatic exchange of financial account information; (10) CTF Life could, in certain circumstances, be required to impose FATCA withholding tax on payments made to or which it makes from the policy. Currently the only circumstances in which CTF Life may be required to do so are (a) if the Hong Kong Inland Revenue Department fails to exchange information with the US Internal Revenue Service ("IRS") under the Intergovernmental Agreement between Hong Kong and the US (and the relevant tax information exchange agreement between Hong Kong and the US), and (b) if I am/we are or any other Relevant Person or account holder is a non participating foreign financial institution; then CTF Life may be required to deduct or withhold FATCA withholding tax on withholdable payments made to the policy and remit that to the IRS. In any event, I/we consent to the disclosure and transfer of the required information stated above and as prescribed by applicable laws from time to time from CTF Life to the tax authorities both in Hong Kong and outside Hong Kong and the exchange of information with tax authorities of other jurisdictions to ensure CTF Life complies with the Obligations, and I/we waive all rights I/we have (if any) to prohibit or restrict such disclosure. In particular, I/we acknowledge and agree that the terms in paragraphs (7) to (10) above and our consent given for the disclosure of information by CTF Life to tax authorities may be expressly included in the general provisions of the policy, which shall form part of the policy, regardless they are set out before or after the "end of the provisions" of the policy. I/we further agree that all the information that are provided under the Application or pursuant to the above, the terms of the Application Form (including without limitation my above declaration, agreement and authorizations) shall form part of the terms of the proposed policy binding on me/us. I/we confirm that I/we have read and understood the proposal and illustration document for the proposed policy and the "Product Guide", "Investment Guide" and "Product Key Facts Statement" in case of any investment-linked insurance.



本人 / 我們謹此授權凡知道或擁有任何有關本人 / 我們或準受保人記錄的僱主、任何註冊西醫、醫院、診所、保險公司、其他機構或人士，均可將該等資料提供給周大福人壽。即使本人或任何準受保人死亡或喪失能力，此授權書仍然有效，所有本人及準受保人之繼承人及承讓人亦會受此授權書約束。本授權書的影印本與正本具有同等效力。

I/we HEREBY AUTHORIZE any employer, registered medical practitioner, hospital, clinic, insurance company or other institution or person, that has any records or knowledge of me/us or the Proposed Insured to give such information to CTF Life. This authorization shall bind the successors and assignees of me/the Proposed Insured(s) and remain valid notwithstanding the death or incapacity of me/the Proposed Insured. A photocopy of this authorization shall be as valid as the original.

本人 / 我們聲明及同意本人 / 我們已獲準受保人指示、授權及同意本人 / 我們給予上述資料、陳述及答案和作出上述聲明、同意及授權。

I/we DECLARE AND AGREE that I/we have the full instructions, authorities and consents from all the Proposed Insured(s) to give the above information, statements, answers and to make the above declarations, agreements and authorizations.

若本人已選擇開設客戶網上服務戶口，本人謹此確認本人同意透過電郵接收用戶登入代號及密碼設定連結。本人亦明白由於互聯網上通訊具有固有的不安全特質，因此不能保證發出的電郵必能收到，亦不能保證該等電郵內容必能保密且不會在互聯網上傳送途中發生錯誤。本人接受互聯網上通訊的固有風險，並同意周大福人壽概不承擔任何就使用電郵和互聯網上通訊而引起之直接、間接、專項或相應而生之損害賠償之責任。

If I have elected to set up a customer e-Service account, I hereby confirm I agree to receive the login ID and password-setting link through e-mail, and I understand that due to the inherently insecure nature of Internet communications, there is no guarantee that any e-mail will be received, or that the contents of any such e-mail will remain private and will not be corrupted during internet transmission. I accept the risks inherent to internet-based communication, and agree that CTF Life shall not incur any liability for direct, indirect, special or consequential damages arising out of the use of email and internet based communication.

本人 / 我們明白若此申請書的中、英文兩個版本有任何抵觸或不相符之處，應以英文版本為準。

I/We understand that if there is any inconsistency or ambiguity between the English version and the Chinese version of this application form, the English version shall prevail.

冷靜期內取消保單的權利及退還保費（適用於所有人壽保險保單，惟投資相連壽險計劃保單及整付保費保單除外）

**Cancellation Rights and Refund of Premium(s) within Cooling-off Period (applicable to all life insurance policies except Investment-linked Assurance Schemes (ILAS) policies and single premium policies)**

本人明白本人有權以書面通知要求周大福人壽保險有限公司取消保單並獲退還所有已繳保費。本人明白為行使這項權利，該取消保單的通知必須由本人簽署並由周大福人壽保險有限公司在九龍海濱道123號綠景NEO大廈7樓於冷靜期內直接收到。本人明白冷靜期為緊接保單或冷靜期通知書交付予本人或本人的指定代表之日起計的21個曆日的期間（以較早者為準）。本人明白冷靜期通知書是由周大福人壽保險有限公司在交付保單時致予本人或本人的指定代表的一份通知書，以就冷靜期一事通知本人。

I understand that I have the right to cancel the policy and obtain a refund of any premium(s) paid by giving a written notice to Chow Tai Fook Life Insurance Company Limited. I understand that to exercise this right, the notice of cancellation must be signed by me and received directly by Chow Tai Fook Life Insurance Company Limited at 7/F, NEO, 123 Hoi Bun Road, Kowloon within the Cooling-off Period. I understand that the Cooling off Period is the period of 21 calendar days immediately following either the day of delivery of the policy or the Cooling-off Notice to me or my nominated representative (whichever is the earlier). I understand that the Cooling-off Notice is a notice that will be sent to me or my nominated representative by Chow Tai Fook Life Insurance Company Limited to notify me of the Cooling-off Period around the time the policy is delivered.

冷靜期內取消保單的權利及退還保費（適用於投資相連壽險計劃保單及整付保費保單）（適用於盈晉之選2除外）

**Cancellation Rights and Refund of Premium(s) within Cooling-off Period (applicable to Investment-linked Assurance Schemes (ILAS) policies and single premium policies) (Except Legend 2)**

本人明白本人有權以書面通知要求周大福人壽保險有限公司取消保單並獲退還經扣除市值調整金額後的已繳保費。本人明白為行使這項權利，該取消保單的通知必須由本人簽署並由周大福人壽保險有限公司在九龍海濱道123號綠景NEO大廈7樓於冷靜期內直接收到。本人明白冷靜期為緊接保單或冷靜期通知書交付予本人或本人的指定代表之日起計的21個曆日的期間（以較早者為準）。本人明白冷靜期通知書是由周大福人壽保險有限公司在交付保單時致予本人或本人的指定代表的一份通知書，以就冷靜期一事通知本人。

I understand that I have the right to cancel the policy and obtain a refund of any premium(s) paid less any market value adjustment, by giving a written notice to Chow Tai Fook Life Insurance Company Limited. I understand that to exercise this right, the notice of cancellation must be signed by me and received directly by Chow Tai Fook Life Insurance Company Limited at 7/F, NEO, 123 Hoi Bun Road, Kowloon within the Cooling-off Period. I understand that the Cooling-off Period is the period of 21 calendar days immediately following either the day of delivery of the policy or the Cooling-off Notice to me or my nominated representative (whichever is the earlier). I understand that the Cooling-off Notice is a notice that will be sent to me or my nominated representative by Chow Tai Fook Life Insurance Company Limited to notify me of the Cooling-off Period around the time the policy is delivered.

冷靜期內取消保單的權利及退還保費（適用於盈晉之選2）

**Cancellation Rights and Refund of Premium(s) within Cooling-off Period (applicable to Legend 2)**

本人明白本人有權以書面通知要求周大福人壽保險有限公司取消保單並獲退還保費及保費徵費並須扣除任何市值調整的金額及任何已付給閣下的部分提取金額。本人明白為行使這項權利，該取消保單的通知必須由本人簽署並由周大福人壽保險有限公司（地址：九龍海濱道123號綠景NEO大廈7樓）於冷靜期內直接收訖。本人明白冷靜期為緊接保單或冷靜期通知書交付予本人或本人的指定代表之日起計的21個公曆日的期間（以較早者為準）。本人明白冷靜期通知書是由周大福人壽保險有限公司在交付保單時致予本人或本人的指定代表的一份通知書，以就冷靜期一事通知本人。

I understand that I have the right to cancel the policy and obtain a refund of the Premium and levy paid less any market value adjustment and any partial withdrawal amount paid to you, by giving a written notice to Chow Tai Fook Life Insurance Company Limited. I understand that to exercise this right, the notice of cancellation must be signed by me and received directly by Chow Tai Fook Life Insurance Company Limited at 7/F, NEO, 123 Hoi Bun Road, Kowloon within the Cooling-off Period. I understand that the Cooling-off Period is the period of 21 calendar days immediately following either the day of delivery of the policy or the Cooling-off Notice to me or my nominated representative (whichever is the earlier). I understand that the Cooling-off Notice is a notice that will be sent to me or my nominated representative by Chow Tai Fook Life Insurance Company Limited to notify me of the Cooling-off Period around the time the policy is delivered.

本人 / 我們確認，本人 / 我們已經細讀本「聲明、同意及授權」章節的以上段落，並且周大福人壽或本人的保險代理人 / 經紀已經向本人 / 我們作出充分的解釋；本人 / 我們完全明白本章節以上段落的含義，亦明白本人 / 我們根據本章節以上段落作出的同意、豁免及確認均不可撤銷。本人 / 我們進一步同意，對於本人 / 我們 / 相關人士由於周大福人壽採取以上段落准許的行動而蒙受的任何代價或損失，周大福人壽概不負責。本人 / 我們確認指定並授權本人 / 我們的保險經紀作為本人 / 我們的指定代表，接收或處理本人 / 我們的人壽保險保單或相關文件，並確認本人 / 我們的保險經紀已經提示本人 / 我們有關授權指定代表的含義。

I/we confirm that I/we have read the above paragraphs in this "Declaration, Agreement and Authorizations" section and have received adequate explanation from CTF Life or my insurance agent/broker; I/we fully understand the implications of the above paragraphs in this section; my/our agreement, waiver and confirmations given under the above paragraphs in this section are irrevocable. I/we further agree that CTF Life shall not be liable for any costs or loss that I/we/the Relevant Person may incur because of CTF Life taking any of the actions permitted by the above paragraphs. I/we confirm to nominate and authorize my/our insurance broker to act as my/our nominated representative to receive to handle the life insurance policy or policy related documents on behalf of me / us. I / We also acknowledge that my / our insurance broker has reminded me/us of the implication of the nomination.

X

申請人簽署  
簽署地為香港  
Signature of the Applicant  
Signed at Hong Kong

見證人姓名及身份證號碼 / 保險經紀姓名及登記號碼  
Name and HKID Card Number of the Witness /  
Name and Registration Number of Insurance Broker

X

見證人 / 保險經紀簽署  
Signature of the Witness/  
Insurance Broker

簽署日期 (日 / 月 / 年)  
Signed on (dd/mm/yy)

X

準受保人簽署 (如非申請人及適用於18歲或以上)  
Signature of the Proposed Insured  
(if other than the Applicant and applicable to age 18 or above)

轉保聲明  
Replacement Declaration

CTF Life  
周大福人壽

申請人姓名  
Name of the Applicant : \_\_\_\_\_

申請號碼  
Application No. : \_\_\_\_\_

閣下是否使用或打算使用現有人壽保險保單的部分或全部資金，或使用或打算使用通過減少現有人壽保險保單的應付保費而節省的金額，以資助閣下購買新的人壽保險保單？例如，此等資金或金額可能來自：

In order to fund the purchase of your new life insurance policy, are you using, or do you intend to use some or all of the funds arising from your existing life insurance policy, or any savings made by reducing the premium payable under your existing life insurance policy? For example, such funds or savings may arise from:

- a) 就閣下現有人壽保險保單作出退保/部分退保的安排，以獲得其退保價值  
surrendering / partially surrendering your existing life insurance policy to obtain its surrender value
- b) 從閣下現有人壽保險保單中提取保單貸款 (包括自動保費貸款) 或抵押現有人壽保險保單以獲取貸款  
taking out a policy loan (including automatic premium loan) from your existing life insurance policy or use existing life insurance policy as a collateral to obtain loan facility
- c) 從閣下現有人壽保險保單中提取保單價值 (例如：套現紅利或贖回基金單位等)  
withdrawing policy values from your existing life insurance policy (e.g. cash out dividends or redeem fund units etc.)
- d) 容許閣下現有人壽保險保單失效 (例如：終止支付保費)  
lapsation of your existing life insurance policy (e.g. by non-payment of premium)
- e) 行使閣下現有人壽保險保單中「保費假期」的權利  
exercising the right to a premium holiday under your existing life insurance policy

☐ 是  
Yes

☐ 尚未決定  
Not yet decided

☐ 否  
No

請在適當的方格內填上剔號 (只可選擇一項)  
Please check one appropriate box only

忠告：請小心回答上述問題。就現有人壽保險保單作出變更未必符合閣下的最佳利益。閣下的持牌保險中介人必須向閣下解釋有關變更對閣下的財務、受保資格及索償資格所構成的影響。因此，閣下的持牌保險中介人可能會向閣下索取閣下現有人壽保險保單的某些資料。閣下可能需要聯絡現有人壽保險保單的保險公司並向其索取有關現有人壽保險保單準確及最新的資料。

**Warning: Please answer the above question carefully. Making changes on your existing life insurance policy may not be in your best interest. Your licensed insurance intermediary must explain to you the financial implications, insurability implications and claims eligibility implications of such changes. For this purpose, your licensed insurance intermediary may require certain information on your existing life insurance policy. You may need to approach the insurer of your existing life insurance policy to obtain accurate and up to date information on your existing policy.**

若閣下的回答為「是」或「尚未決定」，閣下的持牌保險中介人必須向閣下解釋《重要資料聲明書—轉保》。

**If your answer is “Yes” or “Not yet decided”, your licensed insurance intermediary must explain the “Important Facts Statement – Policy Replacement” to you.**

申請人簽署  
Signature of the Applicant \_\_\_\_\_

日期 (日/ 月/ 年)  
Date ( DD / MM / YYYY) \_\_\_\_\_

持牌保險中介人簽署  
Signature of Licensed Insurance  
Intermediary \_\_\_\_\_

日期 (日/ 月/ 年)  
Date ( DD / MM / YYYY) \_\_\_\_\_

持牌保險中介人姓名  
Full name of Licensed Insurance  
Intermediary \_\_\_\_\_

牌照類別及牌照號碼  
Intermediary Type of  
License and License No. \_\_\_\_\_

