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第二部份 更改受益人(續) Part 2 Change of Beneficiary(ies) (Continued)

1. 更改受益人資料 Information of Beneficiary(ies)

請在適當的空格內填上 Please tick the relevant box(es)

受益人類別 Beneficiary Class <input checked="" type="checkbox"/>		受益人全名 Full Name of Beneficiary	受益人的身份證號碼/ 護照號碼/公司註冊 編號/商業登記號碼 Beneficiary's Identity Card No./Passport No./Company Registration No./Business Registration No.	性別 Gender	與受保人 關係 Relationship to Insured	受益人的 出生日期 (年/月/日) Date of Birth of the Beneficiary (YY/MM/DD)	分配比 率%(共) Share% (Total)
第一 Primary	第二 Secondary						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						

2. 委任未成年受益人的信託人 Designation of Trustee of Minor Beneficiary

保單持有人謹此聲明：在以下受益人年滿十八歲前，下列指定人士將被委任為信託人，代表該受益人根據保單內的身故賠償百分比領取賠償金額。

The Policyholder hereby declares that before the beneficiary stated below attains age 18, the following assignee shall be appointed as trustee to receive death proceeds on behalf of the aforesaid under the percentage proportion stated in the policy.

保單內未成年之受益人姓名 Name of Minor Beneficiary(ies) under the Policy

信託人全名 Full Name of Trustee

身份證明文件 / 護照號碼 Identity Document / Passport No. (須提供副本 Please provide a copy)

與受益人關係 Relationship with Beneficiary (ies) (如非家庭成員，請注明原因 Please provide a reason if non-family member)

3. 其他指示 Other Instructions

第三部份 保單捐贈 Part 3 Policy Donation

重要事項 Important Notes :

- 保單捐贈計劃是保單持有人可把指定百分比的身故賠償支付予指定的慈善機構/慈善信託，作為捐贈。
Under the Policy Donation Scheme, the Policyholder may specify a proportion of the death benefit to be paid to the designated Charitable Institution(s) / Charitable Trust(s) as a charitable donation.
- 「慈善機構/慈善信託」是指根據《稅務條例》(香港法例第 112 章)第 88 條獲豁免繳稅的屬公共性質的慈善機構/慈善信託，以香港稅務局網頁內不時更新的《根據《稅務條例》第 88 條獲豁免繳稅的慈善機構及慈善信託的名單》(「慈善機構/慈善信託名單」)為準。
"Charitable Institutions / Charitable Trusts" mean the charitable institutions/ charitable trusts of a public character which are exempt from tax under - Section 88 of the Inland Revenue Ordinance (Cap. 112 of Laws of Hong Kong). The most updated version of the "List of Charitable Institutions and Trusts of a Public Character, which are Exempt from Tax under Section 88 of the Inland Revenue Ordinance" (the "List of Charitable Institutions and Trusts") published on the website of the Inland Revenue Department of Hong Kong shall apply.
- 慈善機構/慈善信託的名稱必須與慈善機構/慈善信託名單中的名稱一致，並請提供該慈善機構/慈善信託的公司註冊編號及/或商業登記號碼 (如適用)。
The name of the Charitable Institution / Charitable Trust should match the name as shown on the List of Charitable Institutions and Trusts. Please also provide the Company Registration Number and/or the Business Registration Number (if applicable) of the Charitable Institution / Charitable Trust.
- 如保單持有人選擇參與保單捐贈計劃，本公司將按保單持有人要求，於支付身故賠償予受益人前，按下述的保單捐贈指定百分比支付身故賠償予下述的慈善機構/慈善信託。
If the Policyholder chooses to participate in the Policy Donation Scheme, the Company shall act in accordance with the request of the Policyholder to pay the death benefit to the Charitable Institution(s) /Charitable Trust(s) according to the specified policy donation percentage(s) as mentioned below before paying the death benefit to the Beneficiary(ies).

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第三部份 保單捐贈 (續) Part 3 Policy Donation (Continued)

- 下述的保單捐贈指定百分比與本表格第二部分所示的受益人的分配比率加起來必須為 100%。如因保單持有人沒有指定保單捐贈指定百分比，或下述的保單捐贈指定百分比與本表格第二部分所示的受益人的分配比率加起來不足 100%，則本公司有權將身故賠償按本公司認為適當的比例支付。
The specified policy donation percentage(s) as mentioned below and the percentage(s) payable to the Beneficiary(ies) as specified under Part 2 of this form must add up to 100%. If the Policyholder has not designated any policy donation percentage, or if the specified policy donation percentage(s) as mentioned below and the percentage(s) payable to the Beneficiary(ies) as specified under Part 2 of this form add up to a figure less than 100%, the Company shall have discretion to pay the death benefit in such proportion(s) as the Company shall deem appropriate.
- 如本表格第二部份所示的第一受益人及第二受益人在受保人去世前死亡，本公司於支付身故賠償時，仍按下述的保單捐贈指定百分比支付身故賠償予下述的慈善機構/慈善信託。原於本表格第二部分所示的受益人的分配比率，本公司將按該分配比率支付身故賠償予保單持有人；如保單持有人同時為受保人，則本公司將按該分配比率支付身故賠償予保單持有人的遺產。
If the Primary Beneficiary(ies) and the Secondary Beneficiary(ies) as specified under Part 2 of this form do not survive the Insured, the Company shall still pay the death benefit to the Charitable Institution(s) / Charitable Trust(s) according to the specified policy donation percentage(s) as mentioned below. The percentage(s) originally payable to the Beneficiary(ies) as specified under Part 2 of this form shall be paid to the Policyholder; or if the Policyholder and the Insured is the same person, the percentage(s) originally payable to the Beneficiary(ies) as specified under Part 2 of this form shall be paid to the estate of the Policyholder.
- 於本公司支付身故賠償時，若下述的慈善機構/慈善信託已不屬本表格定義下的「慈善機構/慈善信託」，或已清盤、結業或被凍結資產，或法律不容許支付予該慈善機構/慈善信託，下述的保單捐贈指定百分比將平均分配予本表格第二部份所示的受益人。
At the time when the death benefit is paid by the Company, if the Charitable Institution(s) / Charitable Trust(s) as mentioned below are no longer the Charitable Institution(s) / Charitable Trust(s) as defined in this form, or if such Charitable Institution(s) / Charitable Trust(s) have been wound up, closed or have its assets frozen, or if payment to such Charitable Institution(s) / Charitable Trust(s) is prohibited by the law, the specified policy donation percentage(s) as mentioned below shall be paid to the Beneficiary(ies) specified under Part 2 of this form in equal shares.
- 保單持有人/受保人/不可撤換受益人/受讓人(如適用)之簽署必須與本公司之紀錄相同。
The signature(s) of the Policyholder / Insured / Irrevocable Beneficiary / Assignee (if applicable) must be the same as the Company's record.
- 保險中介人或銀行職員收到本表格並不代表本公司亦已收到，本公司對本表格的有效性擁有最終決定權。
Receipt of this form by the insurance intermediary or bank staff does not constitute receipt by the Company. The final decision on the validity of this form rests with the Company.

慈善機構/慈善信託登記名稱 Charitable Institution/ Organization	註冊編號 Registration Number	保單捐贈指定百分比 Donation Percentage
1.		%
2.		%
3.		%

第四部份 客戶確認符合《海外帳戶稅收合規法案》和其他適用法律

Part 4 Customer acknowledgement regarding compliance with Foreign Account Tax Compliance Act and other Applicable Laws

閣下認知中國人壽保險(海外)股份有限公司(下稱“本公司”)須遵從、遵守或履行法律、法規、命令、指引、守則和包括《海外帳戶稅收合規法案》適用規定的要求，或任何公眾、司法、稅務、政府和/或其他監管機構等協定的要求，包括但不限於美國國稅局(以下簡稱“監管機構”)在不同的司法管轄區不時頒布及修訂的協定(以下簡稱“適用規定”)。在這方面，閣下同意本公司可以在任何時候完全酌情採取任何相關行動包括但不限於向任何監管機構透露閣下的個人資料，以確保本公司遵行適用規定。

You acknowledge that China Life Insurance (Overseas) Co. Ltd (hereinafter called “the Company”) shall be obliged to comply with, observe or fulfill the requirements of the laws, regulations, orders, guidelines, codes, and requirements including the applicable requirements under the Foreign Account Tax Compliance Act of or agreements with any public, judicial, taxation, governmental and/or other regulatory authorities, including without limitation, the Internal Revenue Service of the United States of America (the “Authorities” and each an “Authority”) in various jurisdictions as promulgated and amended from time to time (the “Applicable Requirements”). In this connection, you agree that the Company may at any time take any relevant actions as may be determined by the Company in its sole and absolute discretion which including but not limited to disclose your particulars to any Authority for the purpose of ensuring the Company's compliance or adherence with the Applicable Requirements..

客戶同意向第三方披露資料

Customer consent to disclose information to third parties

閣下同意 本公司可能將根據適用規定的要求，向任何監管機關披露閣下的個人資料或任何資料。此等披露可以由本公司直接或通過中國人壽保險(集團)公司或中國人壽保險(集團)公司的其他成員進行。基於前述的原因，以及儘管在本表格或我們之間的任何其他協議所載的任何內容，本公司可能需要閣下向本公司提供進一步資料，以便向任何監管機關透露，而閣下必須在合理要求的時間(由提出申請或知會變更資料的90日期天)內，向本公司提供相關的資料。

You agree that the Company may disclose your particulars or any information to any Authority in connection or adherence with the Applicable Requirements. Such disclosure may be effected directly or sent through any of the Company's Head Office(s) or other affiliates of the China Life Insurance (Group) Company. For the purposes of the foregoing and notwithstanding anything contained in this form or any other agreements between us, the Company may need you to provide the Company with further information as may be required for disclosure to any Authority and you shall provide the same to the Company's within such time as may be reasonably required (Within 90 calendar days from the date of the application or information change).

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第四部份 客戶確認符合《海外帳戶稅收合規法案》和其他適用法律 (續)

Part 4 Customer acknowledgement regarding compliance with Foreign Account Tax Compliance Act and other Applicable Laws (Continued)

更新客戶有關國籍、稅務狀況的資料及其他資料

Updating of customer information about nationality, tax status and others

儘管載於本表格或我們之間其他任何協議所包含的任何內容，閣下同意向本公司提供協助，使本公司能夠就閣下或閣下向本公司購買的保險計劃，遵行適用規定下的義務。

Notwithstanding anything contained in this form or any other agreements between us, you agree to provide the Company with such assistance as may be necessary to enable the Company to comply with the Company's obligations under all Applicable Requirements concerning you or your policies with the Company.

就閣下任何在申請時或其他時間向本公司提供的任何資料，閣下同意及時(30日期天之內)向本公司提供更新資料。尤其重要的是閣下立即通知本公司下列的更新：若閣下是個人，閣下的個人身份號碼、地址、電話、國籍、稅務狀況或稅籍所在地的變動；閣下擁有多於一個國家的稅籍；若閣下是法團法人或任何其他類型的實體，閣下的註冊地址、業務營運地址、主要股東、法定及實際受益人或管理人(擁有或控制10%以上股份或所有權或管理權的人士)、稅務狀況、稅籍所在地的變動，或若閣下擁有多於一個國家的稅籍。若發生這些變動，或任何其他資料顯示發生了變動，本公司可能會要求閣下提供額外文件或資料。此等資料和文件包括但不限於正式完成及/或簽署(並且如有需要，由公證人作出公證)的稅務申報或表格。

You agree to update the Company in a timely manner (within 30 calendar days) of any change of any of the details previously provided to the Company whether at time of application or at any other times. In particular, it is very important that you notify the Company immediately if, where you are an individual, your personal identification numbers, addresses, telephone numbers, nationality, tax status or tax residency changes or if you become tax resident in more than one country, or, where you are a corporation or any other type of entity, your registered address, address of your place of business, substantial shareholders, legal and beneficial owners or controllers (who own or control more than 10% of your shares or ownership interest or control), tax status, tax residency changes or if you become tax resident in more than one country. If any of these changes occurs or if any other information comes to light concerning such changes, the Company may need to request additional documents or information from you. Such information and documents include but are not limited to duly completed and/or executed (and, if necessary, notarized) tax declarations or forms.

如果閣下未能及時向本公司提供資料或文件，或閣下所提供所需的資料或文件並非最新、準確或完整，為確定本公司持續遵從適用規定，閣下同意本公司可以完全酌情決定隨時採取任何相關行動以確保本公司遵從適用法律及法規的要求。

If you do not provide the Company with the information or documents requested in a timely manner or if any information or documents provided are not up-to-date, accurate or complete you agree that the Company may take any relevant actions at any time as may be determined by the Company in its sole and absolute discretion to be required to ensure compliance with the applicable Laws and Regulations on the part of Company.

第五部份 個人資料收集聲明 Part 5 Personal Information Collection Statement

本人/我們確認已閱讀及明白中國人壽(海外)股份有限公司的收集個人資料聲明("本聲明")。有關最新版本的收集個人資料聲明，可於 www.chinalife.com.hk 下載或向中國人壽(海外)股份有限公司索取。

I/We confirm that I/We have read and understood the Personal Information Collection Statement ("PICS") of China Life Insurance (Overseas) Company Limited. For the latest version of the PICS, it can be downloaded from www.chinalife.com.hk or is made available upon request.

第六部份 聲明及承諾 Part 6 Declaration and Undertaking

- 本人/我們謹此聲明所有在本表格內及隨本表格提交的相關文件內所提供之資料及所作出的陳述，就本人/我們所知及所信，乃準確無誤、真實及為事實之全部。該等資料及陳述將作為 貴公司批准本人/我們的以上申請之根據並構成本表格所述保單(「本保單」)之一部份。
- 本人/我們謹此聲明及同意本人/我們的以上申請須符合下列條件，方可生效：
 - 以上申請是於本保單的受保人在生並仍然符合受保條件之情況下經 貴公司批核；
 - 本保單之利益為保單持有人合法所擁有及未有被轉讓或以其他方式轉移予除 貴公司以外之任何其他方；及
 - 本人/我們在香港或其他地方沒有被宣判破產、或作為任何破產或類似法律程序、或任何接管或類似命令之目標，而且在香港或其他地方沒有由本人/我們提起、或針對本人/我們提起之待決或已提起之任何破產或無力償債之法律程序。
- 本人/我們謹此確認及承諾本保單以前曾指定之受益人均完全知悉，及如需要獲取其同意，已同意本表格的內容。
- 本人/我們謹此同意及承諾就 貴公司因以上申請而招致的任何索償、損失、責任、賠償及所有相關的費用及開支(包括法律費用)作全數彌償。
- 本人/我們明白及同意本表格之申請經 貴公司接納及批准後，所有本保單以前曾指定之慈善機構/慈善信託/受益人/信託人將會被撤銷。
- 本人/我們明白及同意本表格的中、英文版本如有任何抵觸或不一致之處，概以中文版本為準。

1. I/We hereby declare that all information given and representations made in this form and in the related documents submitted together with this form are, to the best of my/our knowledge and belief, accurate, true and complete. Such information and representations shall form the basis for the approval by the Company of my/our above request and shall form part of the policy specified in this form (the "Policy").

2. I/ We hereby declare and agree that my/our above request shall only take effect provided that all the following conditions are met:

- The above request is approved by the Company during the lifetime and continued insurability of the Insured of the Policy;
- The Policyholder is legally entitled to the benefits under the Policy which have not been assigned or otherwise transferred to any party other than the Company; and
- I/We am/are not adjudged bankrupt, or made the subject of any bankruptcy or similar proceedings, or of any receiving or similar order, in Hong Kong or elsewhere, and there are no bankruptcy or insolvency proceedings that are pending or have been instituted by or against me/us in Hong Kong or elsewhere.

3. I/We hereby confirm and undertake that all Beneficiary(ies) previously designated under the Policy is/are fully aware of and if consent is required, has/have consented to the contents of this form.

保單號碼 Policy No.

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第六部份 聲明及承諾 (續) Part 6 Declaration and Undertaking (Continued)

- I/We hereby agree and undertake to indemnify the Company in full and hold the Company harmless from any claims, losses, liabilities, damages and all related costs and expenses (including legal fees) arising from or in connection with my/our above request.
- I/We understand and agree that all previous designations of Charitable Institution(s) / Charitable Trust(s) / Beneficiary(ies) / Trustee(s) under the Policy shall be revoked once the application under this form is accepted and approved by the Company.
- I/We understand and agree that if there is any discrepancy or inconsistency between the English version and the Chinese version of this form, the Chinese version shall prevail.

第七部份 簽署 Part 7 Signature

本人/我們僅此確認已閱讀及明白以上申請的所有條款及條件，並同意受該等條款及條件約束。本人/我們僅此同意作出以上指示及聲明。
I/We hereby confirm that I/we have read and understood all the terms and conditions of the above request, and agree to be bound by those terms and conditions.
I/We hereby agree to make the above instructions and declarations.

<p>受保人簽署 (倘非保單持有人及 18 歲或以上) Signature of Insured (if different from the Policyholder & aged 18 or above)</p> <p>_____/_____/_____ 年Year 月Month 日Day</p>	<p>保單持有人之簽署及或公司印鑑 Policyholder Signature (s) and/or Company Chop</p> <p>_____/_____/_____ 年Year 月Month 日Day</p>
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<p>受讓人簽署 (如適用) Signature of Assignee (if applicable)</p> <p>_____/_____/_____ 年Year 月Month 日Day</p>	<p>不可撤換受益人簽署 (如適用) Signature of irrevocable beneficiary (if applicable)</p> <p>_____/_____/_____ 年Year 月Month 日Day</p>	<p>見證人簽署* Signature of Witness 見證人姓名及身份證明文件號碼 Name and Identity Document Number of Witness</p> <p>_____/_____/_____ 年Year 月Month 日Day</p>
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*若保單持有人/受保人/不可撤換受益人/受讓人(如適用) 以圖章蓋印簽署，必須有一位成年的見證人作證，見證人不能是現有的受益人或將被指定的受益人。見證人之個人資料只會用於處理本表格及確認本表格簽署人的身份之用。

*If the Policyholder / Insured / Irrevocable Beneficiary / Assignee (if applicable) uses a signature chop, it must be in the presence of an adult witness. The witness cannot be an existing Beneficiary or a Beneficiary to be designated. The personal particulars of the witness will only be used for the purpose of processing this form and verifying the identity of the signatory of this form.

註：Remarks:

- 每份申請表祇可填寫一份保單號碼 (副本表格，恕不接受)。
Please use a separate form for each policy number (Copies of this form are not accepted).
- 本表格必須於簽署日起計 30 天內交至本公司辦理手續，方為有效。
This form must be received by the Company within 30 days from the date of its signing.
- 請小心閱讀本表格內所有項目，以確保在簽署時，已經填妥申請表上所有資料。切勿在空白表格上簽署。
Please read all items in this form carefully and ensure that all the information on this form has been completed before you sign on this form. Please do not sign on blank form.
- 如中、英文版本有任何抵觸或不符之處，概以中文版本為準。
In case of discrepancies or inconsistencies between the English version and the Chinese version, the Chinese version shall prevail.

如有任何查詢，請與閣下的保險中介人聯絡或致電本公司客戶服務熱線(852) 3999-5519 查詢。填妥的表格請寄往香港灣仔軒尼詩道 313 號中國人壽大廈 22 字樓 客戶服務部。

If you have any queries, please feel free to contact your insurance intermediary or our Customer Service Hotline at (852) 3999-5519 for details. Completed form should be sent to Customer Service Department, China Life Insurance (Overseas) Company Limited, 22/F, CLI Building, 313 Hennessy Road, Wan Chai, Hong Kong.