

## 保單權益轉讓申請表

### Request for Change of Policy Ownership Transfer

CS-CHG02

保單號碼 Policy No.

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本表格中所用之「本公司」或「貴公司」之表述指中國人壽保險(海外)股份有限公司。

The expression "the Company" used in this form refers to China Life Insurance (Overseas) Company Limited.

#### 保險中介人資料 Insurance Intermediary's Information

保險中介人姓名 Insurance Intermediary's Name	1. 2.	保險中介人分行/編號 Branch/ Intermediary's Code	1. 2.	聯絡電話號碼 Contact No.	1. 2.
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#### 第一部份 保單資料 Part 1 Policy Information

##### 受保人姓名 Name of Insured (選擇性填寫 Optional)

姓 Last Name 名 First Name

##### 保單持有人姓名 Name of Policyholder

姓 Last Name 名 First Name

#### 第二部份 注意事項 Part 2 Important Notes

- 此申請表應由保單持有人及/或受保人或受抵人以正楷填妥及簽名。簽名式樣須與保單上的記錄相符。任何資料如有更改，保單持有人必須在更改的位置簽署作實。  
This form is to be completed by the Policyholder and/or Insured or Assignee in BLOCK LETTERS and signed with the signature same as recorded in the policy file. All amendments should be endorsed by the Policyholder in full signature.
- 如閣下未能符合本公司的有關規定，本公司有權拒絕閣下的申請。  
We shall have right to reject your application if you fail to fulfill Company's requirement(s).
- 所有遞交的身份證明文件，必須經由本公司的保險中介人認證。  
All identification document(s) must be certified by an Insurance Intermediary of the Company.
- 保險中介人或銀行職員收到此表格並不代表本公司亦已收到。  
Receipt of this form by Insurance Intermediary or Bank Staff does not constitute receipt by the Company
- 如新保單持有人或指定受益人為組織機構，所需提交的證明文件依組織機構註冊類別而不同，詳情請與本公司/保險中介人聯絡。If The New Policyholder or designated beneficiary is an entity, identity documents required to be submitted varies according to entity type. Please contact the Company / Intermediary for details.
- 在有需要的情况下，我司保留權利索取額外地址證明以作核實。  
Under certain circumstance, we reserve the right to request additional proof of the address for verification.
- 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).

#### 第三部份 新保單持有人資料 Part 3 Information of New Policyholder

於申請時，請連同下列文件(如適用)一併遞交：  
Please submit the following document(s) (if applicable) together with your application

- 新保單持有人的身份證明文件的認證副本。  
Certified copy of identification of New Policyholder.  
如新保單持有人為債權人(只接受香港居民)：請提交身份證明文件及香港合法律師事務所發出之有效債務證明的認證副本。  
If the New Policyholder is a Creditor (Only accepts Hong Kong resident): Please submit certified copy of the identification document(s) and a valid proof of debt issued by law firm registered in Hong Kong.
- 須提供新保單持有人與受保人的關係證明文件認證副本。  
It is required to provide certified copy of the relationship proof between New Policyholder and Insured.
- 填寫本申請表第七部份「其他資料」及第八部份「健康資料」(適用於有供款者免繳保費利益責任保障(PB)保單)。  
Complete Part 7 "Other Information" and Part 8 "Health Details" of this form (applicable for policy with the Payor Benefit (PB)).
- 請同時遞交「CRS - 自我證明」的表格。Please also submit "Self-Certification" Form.

新保單持有人姓名(中文) Name of New Policyholder (in Chinese)		新保單持有人姓名(英文) Name of New Policyholder (in English)	
性別 Gender <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	出生日期 Date of Birth / / 年 Year 月 Month 日 Day	出生國家 Country of Birth	婚姻狀況 Marital Status <input type="checkbox"/> 未婚 Single <input type="checkbox"/> 已婚 Married 其他 Others _____



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**第三部份 新保單持有人資料(續) Part 3 Information of New Policyholder(Continued)**

國籍/公司註冊地 Change of Nationality/ Place of Incorporation <input type="checkbox"/> 中國 Chinese <input type="checkbox"/> 台灣 Taiwan <input type="checkbox"/> 澳門 Macau <input type="checkbox"/> 美國 United States 其他 Others _____ (請註明 please specify)		身份證明文件類別及號碼 Change of Identity Documents Type and No. <input type="checkbox"/> 香港永久居民 Hong Kong Permanent Resident 香港身份證號碼 Hong Kong Identity Card No.: _____ <input type="checkbox"/> 非香港永久居民 Non-Hong Kong Permanent Resident 身份證/護照號碼 Identity Card/Passport No.: _____ 簽發國家 Issue Country: _____ <input type="checkbox"/> 組織機構(公司客戶) Entity (Corporate Client) 商業登記/公司註冊號碼 Business Registration/Company Registration No:	
閣下是否美國公民或美國稅務居民(見第3頁之備註)? 若「是」, 請填妥並遞交W-9表格或同等文件。 Are you a U.S. Citizen or a U.S. tax resident (See Notes on P.3)? If "Yes", please complete and submit Form W-9 or an equivalent form. <input type="checkbox"/> 是 Yes 納稅人識別編號 TIN No. _____ <input type="checkbox"/> 否 No			
為遵循 FATCA 及相關的本地法規, 閣下是否同意本公司提供閣下的個人資料予美國或相關的本地司法、稅務或其他監管機構, 以確保本公司遵行FATCA或適用規定? Pursuant to FATCA or applicable local laws, do you agree the Company to report your personal data to the U.S. or applicable local regulators or tax authorities where necessary in order to comply with FATCA or applicable local laws? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/> 不適用 NotApplicable			
與受保人之關係 Relationship to the Insured		與原保單持有人之關係 Relationship to the existing Policyholder	
保單權益轉讓原因 Reason(s) of policy ownership transfer			
住宅地址 (郵政信箱恕不接受) Residential Address ( P. O. Box is not accepted)		城市 City	國家 Country
(此欄必須提供) ( This column must be provided)			
通訊/郵寄地址 (如非上述地址) Correspondence/ Mailing Address (If different from the above address)		城市 City	國家 Country
辦公室地址 Company Address		城市 City	國家 Country
郵寄地址Mailing Address <input type="checkbox"/> 住宅地址 Residential Address <input type="checkbox"/> 通訊地址 Correspondence Address <input type="checkbox"/> 辦公室地址 Office Address			
聯絡號碼 Contact No. 住宅 Residential _____ -- _____ 國家號 電話號碼 Country Code Telephone No.		辦公室 Office _____ -- _____ 國家號 電話號碼 Country Code Telephone No.	
手提電話 Mobile Phone _____ -- _____ 國家號 電話號碼 Country Code Telephone No.			
電郵地址 E-mail Address			
若閣下希望收取此保單的電子訊息通知, 請選擇下列渠道。(可選多於一項) If you wish to receive electronic notification of this policy information, please select the following channels. (Can choose more than one option) <input type="checkbox"/> 電郵 E-mail <input type="checkbox"/> 短訊服務 SMS <input type="checkbox"/> 本人選擇不接受任何電子訊息提示 I choose not to receive any electronic notification			
僱主名稱 Employer Name		現時職業/職位(包括兼職) Current Occupation/Title (including Part-time job)	業務性質(包括兼職) Nature of Business(including Part-time job)
		工作範圍(包括兼職) Job Duties (including Part-time job)	服務年期 Year(s) of Service
資產來源 Source of Wealth			
<input type="checkbox"/> 薪金 Salary <input type="checkbox"/> 儲蓄 Savings <input type="checkbox"/> 其他, 請說明Others, please specify			

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**第三部份 新保單持有人資料(續) Part 3 Information of New Policyholder (Continued)**

**備註：**如上述第三部份的資料顯示，保單持有人可能是美國公民或美國稅務居民<sup>1</sup>及/或可能與美國有關聯<sup>2</sup>。保單持有人需填妥將由本公司發出的確認書，連同所需的美國稅務自我聲明書(如：W-9、W-8BEN 或同等文件)及相關證明文件(如適用)一併呈交予本公司。如保單持有人為組織機構，除前述文件之外，保單持有人另需填妥並遞交「補充陳述書 – 適用於要保人/保單持有人/受託人為組織機構」及「補充陳述書 – 適用於個人股東」(如適用)。

- 美國稅務居民指的是美國綠卡持有人(即美國合法永久居民)或滿足實質居住測試(即他/她於本納稅年內已在美國逗留至少31天和三年內在美國逗留至少 183 天(含本納稅年度及過往兩年))。
  - 三年內在美國逗留日數計算方法 = 本年實際居住在美國日數 + 1/3 去年居住在美國的日數 + 1/6 前年居住在美國的日數
- 與美國有關聯的資料包括但不限於：出生國家為美國<sup>3</sup>、電話號碼為美國號碼、郵寄或永久地址為美國地址、客戶提供美國郵政信箱或轉交地址或代存地址、客戶授予擁有美國地址的人代理權或簽名權、常設指示將資金轉入位於美國的賬戶、任何與美國相關的資訊等。
- 若保單持有人的出生國家為美國，但聲明為非美國公民或美國稅務居民，除 W-8BEN 之外，保單持有人需提供美國以外國家或地區簽發的護照副本，或政府簽發可證明非美國公民或美國稅務居民身份的證明文件的副本，及喪失/放棄美國籍之證明文件副本。

**Notes:** If the information provided under Part 3 of this form indicates that the Policyholder may have become a U.S. Citizen or a U.S. tax resident<sup>1</sup> and/or the Policyholder may have links to the U.S.<sup>2</sup>, the Policyholder is required to complete and return a confirmation letter which shall be posted by the Company, along with a U.S. tax self-certification form (e.g. W-9, W-8BEN or an equivalent form) and relevant supporting documents (if applicable) to the Company. If the Policyholder is an Entity, the Policyholder is required to complete and submit the "Supplementary Information Form – Applicable to Entity Applicant/Policyholder/Assignee" and "Supplementary Form – Applicable to Individual Shareholder" (if applicable) in addition to the aforementioned documents.

- U.S. tax resident refers to U.S. Green Card holder (i.e. U.S. lawful permanent resident) or individual who meets the substantial presence test (i.e. he/she has been present in the U.S. for at least 31 actual days in the current tax year and 183 equivalent days during a three year period<sup>3</sup> (including current year and the two prior years)).
  - Equivalent days = Actual days in the U.S. in the current year + 1/3 of his/her days in the U.S. in the immediately preceding year + 1/6 of his/her days in the U.S. in the second preceding year.
- Information that has a U.S. link, included but not limited to: a U.S. place of birth<sup>3</sup>, a U.S. telephone number, a U.S. correspondence or permanent address, a U.S. P.O. box address, a U.S. "in-care-of" or "hold mail" address, a power of attorney or signatory authority granted to a person with a U.S. address, standing instructions to make payments to accounts maintained in the U.S., any U.S. related information, etc.
- If the Policyholder's place of birth is U.S., but declared that he/she is not a U.S. Citizen or a U.S. tax resident, apart from filing in W-8BEN, the Policyholder is required to provide a copy of non-U.S. passport to government issued identification document evidencing non-U.S. citizenship or Tax resident, AND a Certificate of Loss of Nationality of U.S..

**第四部份 現時保單權益人聲明 Part 4 Declaration by Existing Policyholder**

本人 / 我們現將上述保單轄下本人 / 我們的權利、賠償金、保費徵費、利益及責任，轉讓予上述新的保單權益人。本人 / 我們明白此保單權益轉讓將自動撤銷保單之前所指定的受益人及受託人(如有)。如新保單持有人未有指定新受益人，本司將為新保單持有人的指定受益人設為"法定受益人"。

I/We transfer all my/our rights, claim、Premium Levy and interests in and obligations under the above Policy to the new Policyholder stated above. I/We understand that this transfer of ownership will automatically revoke all previous designation of beneficiary(ies) and appointment of trustee(s) under the policy(ies), if any. The Proposed Policy Owner's **Own Estate** will be assumed if not specified.

現時保單權益人簽署 \_\_\_\_\_

Signature of Existing Policyholder

日期 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date 年 Year 月 Month 日 Day

見證人簽署 \_\_\_\_\_

Signature of Witness

日期 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date 年 Year 月 Month 日 Day

**第五部份 委任未成年受益人的信託人 Part 5 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 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)

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## 第六部份 更改受益人 Part 6 Change of Beneficiary(ies)

## 注意事項 Important Notes :

- 如受益人超過一人，除非在此列明各分配比例，否則保單內之利益將平均分配給予受保人去世後尚生存的受益人。為免延誤索償，請儘量填寫受益人的身份證/護照號碼。  
If more than one beneficiary is designated, all policy proceeds will be paid to each beneficiary in equal share unless herein specified. Please provide Identity Document/Passport No. of the beneficiary to avoid possible delay during claims process.
- 此申請是提供指定第一受益人及第二受益人。指定第二受益人須於所有第一受益人身身故後才生效。  
This request provides beneficiary designation of primary and secondary beneficiaries. The beneficiary designation of secondary beneficiary will be effective only if all primary beneficiaries die.
- 除特別指明外，相同類別的受益人(第一或第二)的分配百分比將平分。相同類別的總分配百分比必須是 100%。  
Beneficiaries in the same class (primary or secondary) should share equally unless otherwise stated. Total share for each class must be 100%.
- 如指定受益人涉及組織機構，請提供商業登記號碼。If beneficiary designation involving an Entity, please provide the Business Registration No..
- 如未有填寫，則假設為準要保人的法定受益人。The Proposed Policy Owner's own estate will be assumed if not specified.
- 請遞交指定受益人身份證明文件的認證副本。Please submit Certified Copy of identity document of designated beneficiary(ies).

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"/>						

## 其他指示 Other Instructions

## 第七部份其他資料 Part 7 Other Information

+如申請「供款者免繳保費利益保障」(PB)，新保單持有人須回答此部份。New Policyholder should complete this section if applying for Payor Benefit.

		受保人 Insured	+保單持有人 Policyholder
1.	閣下是否曾以非乘客身份乘搭或駕駛飛機或有此意圖? Have you engaged in or intend to fly other than as a fare-paying passenger?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
2.	閣下是否現役軍人? 於過去五年內閣下是否曾參加或意圖參加任何有危險性之運動或競技? Are you now a military member? In the past 5 years, did you participate or intend to participate in any hazardous sports or competitions?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
3.	閣下是否有或可能參與攀山、跳傘、潛水或賽車等危險性之運動? Do you, or are you likely to, engage in such hazardous pursuits as mountaineering, parachute jumping, skin or scuba diving, or motor racing.	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
4.	閣下在過去投保或申請復效人壽、危疾、意外或醫療保險時，曾否被拒絕、延期、加費或被修改? 如有，請填寫原因、投保公司名稱、投保日期及保單號碼。 Has any application for or reinstatement of life, critical illness, accident or medical insurance on you been declined, postponed, rated-up or accepted on a basis other than that applied for? If yes, please provide the reason, insurance company's name, and application date and policy number.	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No

若上方任何問題答案為「是」者，請註明題號，並提供詳細資料。

For any of the "Yes" answer in the above questions, please indicate the question number and provide details.

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## 第八部份 健康資料 Part 8 Health Details

\*如申請「供款者免繳保費利益保障」(PB)·新保單持有人須回答此部份。 New Policyholder should complete this section if applying for Payor Benefit.

		受保人 Insured		+ 保單持有人 Policyholder	
		公分 cm	公斤 kg	公分 cm	公斤 kg
1.	身高及體重 Height and Weight				
2.	過去 12 個月內·閣下的體重是否曾經增加/減少? 請注明原因。 Any gain or loss of your weight in the past 12 months? Please specify the reason(s). 原因 Reason(s) : _____	增 / 減 Gain / Loss	公斤 kg	增 / 減 Gain / Loss	公斤 kg
3.	職業 Occupation				
4.	業務性質 Nature of Business				
5.	(a) 高空作業 Work at Height (請註明 please specify) : 最高 max height _____ 米/m	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No
	(b) 重型機械操作 Heavy Machinery Operation : (請註明 please specify) _____	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No
6.	在過去 12 個月內閣下是否吸煙·如有·請填寫下列問題 : In the past 12 months, have you ever smoked, if yes, please complete below questions :	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No
	(a) 每日平均吸煙多少支 Average number of sticks daily?	_____ 支/天 sticks/day		_____ 支/天 sticks/day	
	(b) 吸煙已有多少年 How many years have you smoked?	_____ 年 years		_____ 年 years	
7.	閣下的家屬中曾否有人患癌症、精神病、糖尿病、心血管病或任何遺傳疾病? Have your family members ever had cancer, mental disease, diabetes mellitus, cardiovascular diseases and any other inherited diseases?	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No
8.	閣下曾否使用任何可成癮藥物·吸毒·酗酒或曾接受戒毒或戒酒治療? Have you ever used habit forming drugs or narcotics or alcohol excessively or been treated for drug or alcoholism?	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No
9.	閣下是否患有先天性缺陷疾病·例如先天性心臟病、腦發育不全等? Have you ever had congenital disease such as congenital heart disease, abnormal brain development, etc?	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
閣下曾否患有·或獲告知患有·或曾接受下列疾病之治療 : Have you ever had or been told you had, or been treated for :					
10.	(a) 肺結核病·呼吸系統或肺部疾病? Tuberculosis, respiratory or lung disease?	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No
	(b) 風濕性心臟病·血壓病·胸痛·心臟·血液或血管疾病? Rheumatic heart disease, high blood pressure, chest pain, any disease of the heart, blood or blood vessels?	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No
	(c) 腸胃潰瘍·肝或膽囊或消化器官之疾病? Gastro-intestinal ulcer, disease of liver, gall-bladder or digestive organs?	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No
	(d) 腎石或任何生殖泌尿系統病症? Renal stones or any reproductive urinary disease?	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No
	(e) 癲癇或任何精神病或神經不正常? Epilepsy, or any mental or nervous disorder?	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No
	(f) 癌症·腫瘤·任何透過性接觸傳染的疾病·糖尿病·其他內分泌疾病或嚴重受傷? Cancer, tumor, any sexually transmitted disease, diabetes, any endocrine disease or severe injury?	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No
11.	在過去五年內·閣下曾否 In the past 5 years, have you ever :				
	(a) 接受過或被建議進行診斷檢驗·如 X 光·心電圖·特殊血液檢驗及健康檢查? Had or been advised to take any diagnostic test(s), such as X-Ray, ECG, special blood test or body check-up?	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No
	(b) 患有疾病·接受過手術·就診或留醫等而未在上述各項提及者? Had any illness, operation, medical consultation/treatment or hospitalization not mentioned above?	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No

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第八部份 健康資料(續) Part 8 Health Details (Continued)			
12	閣下目前是否正接受藥物治療或醫療護理？ Are you currently receiving medical treatment or under medical care of any kind?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
13	閣下是否有可預見或打算進行之醫生囑咐、診症或治療？ Do you have any expected need or intention of receiving medical advice, consultation, or treatment?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
14	閣下曾否接受或打算接受任何有關愛滋病或愛滋病綜合病徵之醫生囑咐、輔導或治療，或曾被通知患有上述提及之疾病？ Have you ever received or do you intend to receive any medical advice, counseling or treatment in connection with AIDS, or any AIDS-related conditions, or been told you had the above-mentioned disease?	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No
15	閣下曾否被通知在愛滋病毒抗體測驗中呈陽性反應？ Have you ever been told you had positive reaction in AIDS test?	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No
16	閣下曾否在過去三個月內持續超過一星期有下列病徵：疲倦、體重下降、腹瀉、淋巴核腫大或不尋常的皮膚潰瘍？ Have you at anytime in the past 3 months had any of the following symptoms for more than 1 week continuously: fatigue, weight loss, diarrhea, enlarged lymph nodes or unusual skin lesions?	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No
17	閣下是否曾因身體不適而接受任何檢查或治療未在上述各項提及？ Have you ever received any medical check-up or treatment which is not mentioned in the above?	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No
只適用於十二歲或以上之女性 For Female aged 12 or above only:			
18	(a) 閣下現在是否懷孕？如「是」，請告知懷孕週數。 Are you pregnant now? If "Yes", please state pregnancy duration.	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
	(b) 閣下曾否有乳房或生殖器官疾病或產前產後之併發症？ Have you had any disorder of the breast or reproductive organs, or prenatal or postnatal complication?	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No
19	閣下過去有否因疾病、意外、受傷而提出或獲得過任何賠償？ Have you ever made a claim or received any compensation for illness, accident or injury?	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No
若第八部份問題答案「是」/「有」者，請在此欄提供詳細資料並註明所屬部份及題號。 If any answer to Section 8 is "Yes", please give full particulars below and quote the relevant section and question number.			
第九部份 聲明及授權 Part 9 Declaration and Authorization			
<p>本人/我們現申請辦理上述之更改事項，謹此聲明並確認所有提供之資料及細節是準確無誤、真實及為事實之全部，並且是盡本人/我們所知及所信而作答的，本人/我們並同意此等更改事項或服務必須符合下列所有條件及經 貴公司批准，方能生效：</p> <ol style="list-style-type: none"> <li>所有需要之款項及文件提交予 貴公司並完整無缺。</li> <li>此項申請在受保人在生並仍然符合受保條件時，經 貴公司接納及批准。</li> <li>在此申請表及 貴公司所須之其他文件上填報之一切資料及申報，將成為此保單之一部份(除非另有其他指示)</li> <li>貴公司將以書面或附註形式通知此申請被接納。</li> <li>本人/我們提供符合 貴公司要求之有效證明文件(例如：身分證明及地址證明)予 貴公司，讓 貴公司能按照於「打擊洗錢及恐怖分子資金籌集(金融機構)條例」第 615 章所載，對本人/我們、保單之最終實益擁有人(如有)及本人/我們之授權簽署人士(如適用) 進行客戶盡職審查。</li> <li>本人/我們完全明白，若本保單表明若本人/我們的配偶或子女受益或擬以賦予利益予本人/我們的配偶/子女，或本保單上將本人/吾等的配偶或子女列為受益人，本保單可能須符合香港法例第 182 章《已婚者地位條例》的規定所監管。在該等情況下，保單下應付的款項可能不可用於償還本人/我們的債項。因此，本人/我們可能不可使用或轉讓本保單作為本人/我們債項的抵押品。</li> </ol> <p>本人/我們謹此代表本人及所有受保人同意及授權：</p> <ol style="list-style-type: none"> <li>任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構，或其他機構、組織或人士、凡知道或持有任何有關本人及受保人或任何一位受保人之記錄者，及/或曾診驗或可能將會診驗本人及任何一位受保人者，均可將該等資料提供給 貴公司。</li> <li>貴公司或任何其指定之醫生或化驗所，可就此保單更改申請替本人及任何受保人進行所需之醫療評估及測試，作為審核本人及任何受保人之健康狀況。此授權對本人之繼承人及受讓人具有約束力；即使本人死亡或無行為能力時，此授權仍具效力。本授權書的影印本與正本均有同等效力。</li> </ol> <p>本人/我們聲明及同意已獲所有受保人授權及同意本人作出上述授權。</p> <p>I/We hereby request the above change(s) be effected and declare that all statement, information and particulars given herein are accurate, true and complete and are given to the best of my/our knowledge and belief and no material information has been withheld in relation to this request. I/We agree that such change(s) or service(s) will not take effect unless all of the following conditions are met and approve by China Life Insurance (Overseas) Company Limited (hereinafter called "the Company").</p>			

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**第九部份 聲明及授權 (續) Part 9 Declaration and Authorization (Continued)**

- All required payment and complete supporting documents have been submitted to the Company.
- The request is accepted and approved by the Company during the lifetime and continued insurability of the Insured.
- The information and statement made in this request and in other documents as required by the Company shall form the basis for this policy alteration request and form a part of the policy(ies) unless otherwise specified.
- Acceptance of the request for change shall be confirmed by the Company in writing or endorsement.
- I/We provide valid documentation proofs (such as identity document and address proof) to the satisfaction of the Company for the Company to conduct due diligence on myself/ourselves, the ultimate beneficial owner of the policy (if any) and my/our authorized signatory(ies) (if applicable) pursuant to the Anti-money Laundering and Counter-Terrorist Financing (Financial Institutions) Ordinance, Cap. 615
- We fully understand that if the Policy is expressed to be for the benefit of or purporting to confer a benefit upon my/our spouse or child(ren), or if my/our spouse or child(ren) is named as the beneficiary(ies) of the Policy, the Policy may be subject to application of the Married Persons Status Ordinance (Chapter 182 of the Laws of Hong Kong) ("MPSO"). In such circumstances, the money payable under the Policy may not be able to be used to repay my/our debts. As a result, I/we may not be able to use or effect any assignment of the Policy as collateral for any of my/our debts

I/We hereby agree and authorize on behalf of myself and/or the Insured that:

- Any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organization, institution or person, that has any records or knowledge of me/the Insured and who has attended or may hereafter attend myself/the Insured to disclose such information to the Company.
- The Company or any of its appointed medical examiners or laboratories may perform the necessary medical assessment and tests to evaluate the health status of myself/the Insured in relation to this Application. This authorization shall bind my successors and assignees and remain valid notwithstanding my death or incapacity. A photocopy of this authorization shall be as valid as the original.

I/We declare and agree that I/we have the full authority from and consent of the Insured to make the above authorizations.

**第十部份 客戶確認符合《外國帳戶稅收遵從法案》和其他適用法律 Part 10 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).

**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任何其他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.

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### 第十一部分 收取個人壽險保費徵費 Part 11 Collection of Premium Levy on Individual Life Insurance Policy

本人(我們)確認：貴公司按香港保險業監管局(下稱「保監局」)的要求及授權，有法定需要向每位保單持有人所持有的有效保單徵收保費徵費(下稱「徵費」)，並將收取的徵費全數轉交予保監局。保監局可以根據相關條例，將有關的徵費欠款作為民事債項向相關的保單持有人追討欠款，並有機會徵收罰款。有關收取徵費的詳情，請瀏覽中國人壽(海外)股份有限公司的網頁www.chinalife.com.hk/levy。

I/We hereby acknowledge that: China Life Insurance (Overseas) Company Limited, as an authorized insurer, is statutorily required to collect premium levy ("Levy") on any inforce policy from the policyholder on behalf of the Insurance Authority of Hong Kong ("IA") and transfer all collected Levy to IA. IA may take legal proceedings against policyholders in respect of any outstanding Levy as a civil debt and may impose pecuniary penalty according to the relevant regulations. For details of the collection of Levy, please refer to the website at www.chinalife.com.hk/levy.

### 第十二部份 個人資料收集聲明 Part 12 Personal Information Collection Statement

中國人壽保險(海外)股份有限公司(於中華人民共和國註冊成立之股份有限公司)(下稱「本公司」)明白其在《個人資料(私隱)條例》下就個人資料的收集、持有、處理或使用所負有的責任。本公司僅將為合法和相關的目的收集個人資料，並將採取一切切實可行的步驟，確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟，確保個人資料的安全性，及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

閣下的個人資料為自願提供。敬請注意，如果閣下不向本公司提供所需的個人資料，本公司可能無法提供閣下要求的資料、產品或服務。

在本收集個人資料聲明(「本聲明」)，下列詞語將具有以下的含義：

「本公司關聯方」指本公司任何附屬公司、本公司任何聯營公司、以及本公司的母公司、母公司任何附屬公司、母公司任何聯營公司，為避免疑義，中國人壽保險(集團)公司集團內之公司(「本公司關聯方」應作相應解釋)。

目的：本公司不時有必要使用閣下的個人資料作下列用途：

- (1) 向閣下推介、提供和營銷本公司、本公司關聯方或本公司聯合品牌合作夥伴的產品/服務(參閱下文「為直接促銷目的而使用個人資料」部份)，以及提供、維持、管理和操作該等產品/服務；
- (2) 處理和評估閣下就本公司及本公司關聯方的產品/服務提出的任何申請或要求；
- (3) 向閣下提供後續服務(包括但不限於健康檢測和/或健康管理服務)及執行/管理已發出的保單，包括但不限於增加、更改、變更、撤銷、續期或恢復；
- (4) 就本公司和/或本公司關聯方提供的任何產品/服務而由閣下或其他索賠方提出的、針對閣下或其他索賠方提出的、或者其他涉及閣下或其他索賠方的任何索賠相關的任何目的，包括對索賠進行調查；以及偵測和防止欺詐行為(無論是否與就此申請而發出的保單有關)所需的目的；
- (5) 評估閣下的財務需求；
- (6) 為本公司和/或本公司關聯方設計新的產品/服務或改進現有的產品/服務；
- (7) 為本公司和/或本公司關聯方、金融服務行業或相關的監管機構的統計或類似目的進行市場或精算研究；
- (8) 基於本聲明所列的任何目的，將本公司不時持有並與閣下有關的任何資料進行調查；
- (9) 滿足任何適用已存在、現有或將來法律、規則、規例、實務守則或指引要求，或協助在香港或香港以外其他地方的警方或其他政府或監管機構執法及進行調查；
- (10) 進行身份和/或信用核查和/或債務追收；
- (11) 開展與本公司業務經營有關的其他服務；
- (12) 就閣下在本公司持有的任何帳戶或本聲明未來的變更發出行政性通訊；
- (13) 根據第112章《稅務條例》中自動交換財務帳戶資料的規定，進行所需的盡職審查程序；及
- (14) 與上述任何目的直接有關的其他目的。

個人資料的移轉：個人資料將予以保密，但在遵守任何適用法律條文的前提下，可移轉予：

- (1) 任何本公司關聯方；
- (2) 就本公司和/或本公司關聯方提供的任何產品/服務而由閣下或針對閣下提出的、或其他涉及閣下的任何索賠相關的任何人士(包括私人調查方和索賠調查公司)；
- (3) 就本公司和/或本公司關聯方所提供產品/服務的任何代理、承包商或第三方，包括任何再保險公司、保險中介、基金管理公司、健康管理機構或金融機構；
- (4) 就業務經營關係向本公司和/或本公司關聯方提供行政、技術、數據處理、電訊、電腦、支付、債務追收、電話中心服務、直接促銷服務或其他服務的任何代理、承包商或第三方；
- (5) 協助收集閣下資料或與閣下聯絡的其他公司，例如研究公司、信貸資料機構或(在出現拖欠還款的情況下)追討欠款公司；
- (6) 本公司權利或業務的任何實際或建議的承讓入、受讓方、參與者或次參與者；
- (7) 任何適用已存在、現有或將來法律、規則、規例、實務守則或指引要求或規定本公司和/或本公司關聯方向其作出披露的任何政府部門或其他適當的政府或監管機關(被移轉的資料或會進一步轉交予其他司法管轄區的政府部門或適當的政府或監管機關)；及
- (8) 任何金融服務供應商的行業協會或聯會；
- (9) 預防保險詐騙偵測的人士，而他們只能在有合理需要履行預防保險詐騙目的之情況下才可收集和處理個人資料；保險理算人、代理和經紀；僱主；醫護專業人士；醫院；會計師；財務顧問；律師；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)；和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊(及其運營者)。

閣下的個人資料可能會提供給上述任何一方(該方可能位於香港境內或境外)。而就此而言，閣下同意將閣下的資料移轉至香港境外。

閣下的個人資料將僅為上文規定的一個或多個有關目的而被移轉。如欲瞭解本公司為推廣或促銷目的而使用閣下的個人資料的政策，請參閱下文「為直接促銷目的而使用個人資料」部份。

為直接促銷目的而使用個人資料：本公司打算：

- (1) 使用本公司不時持有的閣下的姓名、聯絡資料、產品和服務的組合資料、交易模式和行為、財政背景和統計數據以進行直接促銷；
- (2) 就本公司、本公司關聯方和本公司聯合品牌合作夥伴可能提供下列類別的產品和服務進行直接促銷(包括提供獎賞、客戶或會員優惠計劃)：
  - (a) 保險、年金、銀行、財富管理、退休計劃、投資、金融服務、信用卡、證券以及相關產品和服務；及
  - (b) 有關健康、保健及醫療、餐飲、體育活動、會籍及相關產品和服務；
- (3) 上述產品和服務將可能由本公司和/或下列機構提供：
  - (a) 任何本公司關聯方；
  - (b) 第三方金融機構；
  - (c) 提供本部份第2段所列的產品及服務的本公司、本公司關聯方和本公司聯合品牌合作夥伴；
  - (d) 第三方獎賞、客戶或會員優惠計劃的提供者；及
  - (e) 支援本公司或任何以上所列機構提供本部份第2段所列的產品及服務的外部服務提供者；
- (4) 除由本公司促銷上述產品和服務外，本公司亦有意將本部份第1段所述的資料提供予本部份第3段所述的全部或任何人士，以供該等人士作促銷該等產品及服務之用；
- (5) 本公司需取得閣下的書面同意(包括表示不反對)方可為任何推廣或促銷目的而使用並向上文所述的第三方提供資料。

閣下可隨時撤回給予本公司有關使用閣下的個人資料及提供予第三方作直接促銷用途的同意，而本公司將在不收取任何費用的情況下停止使用該等資料作直接促銷用途。閣下如欲撤回閣下給予本公司的同意，請聯絡本公司的個人資料保護主任(詳情參閱下文)。

個人資料的查閱和更正：根據《個人資料(私隱)條例》，閣下有權查明本公司是否持有閣下的個人資料，獲取該資料的副本，更正任何不準確的資料，以及查明本公司有關個人資料的政策及常規。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。

查閱和更正的要求，或有關獲取政策、常規及所持資料種類的資料，均應以書面形式發送至：個人資料保護主任

中國人壽保險(海外)股份有限公司

香港灣仔軒尼詩道313號中國人壽大廈22樓

電話：(+852) 3999 5519

傳真：(+852) 2892 0520

本公司有權就處理任何查閱個人資料的要求收取合理費用。



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## 第十二部份 個人資料收集聲明(續) Part 12 Personal Information Collection Statement (Continued)

China Life Insurance (Overseas) Company Limited (the "Company") recognizes its responsibilities in relation to the collection, holding, processing or use of personal data under the Personal Data (Privacy) Ordinance. Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorized or accidental access, erasure or other use. The provision of your personal data is voluntary. Please note that if you do not provide us with the required personal information, the Company may not be able to provide your requested information, products or services.

In this Personal Information Collection Statement ("PICS"), the following terms shall have these following meanings:-

"Our affiliates" means any subsidiary undertaking of the Company, any associated company of the Company, and parent undertaking of the Company, any subsidiary undertaking of parent undertaking, any associated companies undertaking of parent undertaking, for the avoidance doubt, undertaking within the group of China Life Insurance (Group) Company ("Our affiliates" shall be construed accordingly).

**Purpose:** From time to time it is necessary for us to use your personal data for the following purposes:

- (1) offering, providing and marketing to you the products/services of the Company, our affiliates or our co-branding partners (see "Use of Personal Data for Direct Marketing Purposes" below), and administering, maintaining, managing and operating such products/services;
- (2) processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates;
- (3) providing subsequent services (including but not limited to health inspection / management) to you and administering the policies issued including but not limited to additions, alterations, variations, cancellation, renewal or reinstatement;
- (4) any purposes in connection with any claims made by or against or otherwise involving you or other claimants in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims; detect and prevent fraud (whether or not relating to the policy issued in respect of this application);
- (5) evaluating your financial needs;
- (6) designing new or enhancing existing products/services of the Company and/or our affiliates;
- (7) conducting market or actuarial research for statistical or similar purposes undertaken by the Company and/or our affiliates, the financial services industry or our respective regulators;
- (8) investigating any data held which relates to you from time to time for any of the purposes listed herein;
- (9) meeting requirements imposed by any applicable, present, existing or future law, rules, regulations, codes of practice or guidelines or assisting with law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;
- (10) conducting identity and/or credit checks and/or debt collection;
- (11) carrying out other services in connection with the operation of the Company's business;
- (12) sending out administrative communications about any account you may have with the Company or about future changes to this PICS;
- (13) performing relevant due diligence procedures in accordance with the Common Reporting Standard (or Automatic Exchange of Financial Account Information) as set out in the Inland Revenue Ordinance (Cap. 112); and
- (14) other purposes directly relating to any of the above.

**Transfer of personal data:** Personal data will be kept confidential but, subject to the provisions of any applicable law, may be transferred to:

- (1) any of our affiliates;
- (2) any person (including private investigators and claims investigation companies) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates;
- (3) any agent, contractor or third party who provide services in connection with the product/services provided by the Company and/or our affiliates, including any reinsurance company, insurance intermediary, fund management company, health management institution or financial institution;
- (4) any agent, contractor or third party who provides administrative, technology, data processing, telecommunications, computer, payment, debt collection, call centre services, direct marketing services or other services to the Company and/or our affiliates in connection with the operation of its business;
- (5) other companies who help gather your information or communicate with you, such as research companies and credit reference agencies or, in the event of default, debt collection agencies;
- (6) any actual or proposed assignee, transferee, participant or sub-participant of our rights or business;
- (7) any government department or other appropriate governmental or regulatory authority (which may be further transferred to governmental or regulatory authority of certain other jurisdiction(s)) to whom the Company and/or our affiliates are requested or required by any applicable, present, existing or future law, rules, regulations, codes of practice or guidelines to make disclosures;
- (8) any financial services provider industry association or federation;
- (9) any person preventing and detecting insurance fraud, who may collect and use the personal data only as reasonably necessary to carry out the purposes of preventing and detecting insurance fraud: insurance adjusters, agents and brokers; employers; health care professionals; hospitals; accountants; financial advisors; solicitors; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information.

Your personal data may be provided to any of the above parties who may be located in Hong Kong or outside of Hong Kong, and in this regard you consent to the transfer of your data outside of Hong Kong. Transfer of your personal data will only be made for one or more of the purposes specified above. For our policy on using your personal data for promotional or marketing purposes, please see the section entitled "Use of Personal Data for Direct Marketing Purposes"

**Use of Personal Data for Direct Marketing Purposes:** The Company intends to:

- (1) Use your name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company from time to time for direct marketing;
- (2) Conduct direct marketing (including providing reward, loyalty or privileges programmes) in relation to the following classes of products and services that the Company, our affiliates and our co-branding partners may offer:
  - (a) insurance, annuities, banking, wealth management, retirement plans, investment, financial services, credit cards, securities and related products and services; and
  - (b) health, wellness and medical, food and beverage, sporting activities, memberships and related products and services;
- (3) The above products and services may be provided by the Company and/or:
  - (a) any of our affiliates;
  - (b) third party financial institutions;
  - (c) the Company, our affiliates and our co-branding partners providing the products and services set out in 2;
  - (d) third party reward, loyalty or privileges programme providers; and
  - (e) external service providers supporting the Company or any of the above listed entities in providing the products and services set out in 2.
- (4) In addition to marketing the above products and services, the Company also intends to provide the data described in 1 above to all or any of the persons described in 3 above for use by them in marketing those products and services;
- (5) The Company requires your written consent (which includes an indication of no objection) to use and provide the data to the third parties as set out above for any promotional or marketing purpose.

You may withdraw your consent to the use and provision to a third party of your personal data for direct marketing purposes at any time, and thereafter the Company shall, without charge to you, cease to use such data for direct marketing purposes. If you wish to withdraw your consent, please contact the Company's Personal Data Protection Officer (details below).

**Access and correction of personal data:** Under the Personal Data (Privacy) Ordinance, you have the right to ascertain whether the Company holds your personal data, to correct any data that is inaccurate, and to ascertain the Company's policies and practices in relation to personal data. You may also request the Company to inform you of the type of personal data held by it.

Requests for access and correction or for information regarding policies and practices and types of data held should be addressed in writing to: The Personal Data Protection Officer

China Life Insurance (Overseas) Company Limited  
22/F, CLI Building, 313 Hennessy Road, Wan Chai, Hong Kong  
Telephone: (+852) 3999 5519 Fax: (+852) 2892 0520

The Company have the right to charge a reasonable fee for the processing of any data request.

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**第十二部份 個人資料收集聲明 (續) Part 12 Personal Information Collection Statement (Continued)**

聲明和授權：本人 / 我們確認本人/我們已閱讀並明白收集個人資料聲明（“本聲明”）。本人 / 我們特此確認並同意公司根據本聲明使用和移轉本人/我們的個人資料，包括為直接促銷之目的使用和提供本人 / 我們的個人資料。本人/我們已取得在此申請提供第三方資料（如有）所需的同意。本人 / 我們確認並同意為本聲明中所述之目的將本人 / 我們的個人資料移轉至香港境外給本聲明所述的承轉人的類別。

重要提示：請於以下簽署部份簽名，以示閣下同意。若閣下不同意根據“為直接促銷目的而使用個人資料”部份所述為直接促銷之目的而使用和提供閣下的個人資料，請在以下方格劃上「✓」號。

Declaration and authorization: I/We acknowledge and confirm that I/we have read and understood the Personal Information Collection Statement (“PICS”). I/We hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by the Company in accordance with the PICS, including the use and provision of my/our personal data for the purpose of direct marketing. I/We have obtained the consent to provide the third party information (if any) in this application. I/We acknowledge and consent to the transfer of my/our personal data outside of Hong Kong for the purposes and to the types of transferee as set out in the PICS.

Important: Please indicate your agreement by signing on the space provided below. If you do not agree to the use and provision of your personal data for direct marketing as set out in the section “Use of personal data in direct marketing”, please tick the box below.

本人 / 我們不同意根據以上收集個人資料聲明（參閱“為直接促銷目的而使用個人資料”部份）為直接促銷之目的而使用和提供本人 / 我們的個人資料，亦不希望接收任何推廣及直接促銷材料。

I/We do not agree with the use and provision of my / our personal data for direct marketing purposes as set out above in the Personal Information Collection Statement (see “Use of personal data in direct marketing”) and do not wish to receive any promotional and direct marketing materials.

**第十三部份 簽署 Part 13 Signature**

本人/我們已閱讀及完全明白本表格的第九、十及十一部分內容，並接納本申請書內之聲明及指引所載各款條款及條件。

I/We have read and understood the content in part 9, 10 and 11 of this form, and agree to be bound by the terms and conditions as currently set forth in the agreement.

**註: Remark:**

- 此表格必須於保單持有人及/或受抵人(如適用)簽署日起計30天內交至本公司辦理手續。  
This form must be received by the Company within 30 days from the date of its signing
- 請小心閱讀本申請表內所有項目，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 carefully and check that you have completed all the information on this application form before you sign your name below. Please do not sign on blank form.  
This application must be received by our Company within 30 days from sign date of Policyholder and /or Assignee (if applicable).
- 若保單持有人或受保人以圖章蓋印簽署，必須有一位見證人。見證人之個人資料只會用於處理本申請及確認本申請表簽署人的身份之用。  
If the Policyholder or Insured uses a signature chop, a witness is required. The personal particulars of the witness will only be used for the purpose of verification and confirmation of the identity of the signatory of this form.
- 保單權益轉讓將於本公司收到此申請並記錄在案後才生效，有關批單將寄給新保單持有人。  
The Policy Ownership Transfer shall take effect once your request is received and recorded by the Company. The endorsement will be sent to the new Policyholder.
- 在有需要的情况下，我司保留權利索取額外地址證明以作核實。  
Under certain circumstance, we reserve the right to request additional proof of the address for verification.

原保單持有人簽署 Signature of the existing Policyholder	日期 _____ / _____ / _____ Date 年 Year 月 Month 日 Day
新保單持有人簽署 Signature of New Policyholder	日期 _____ / _____ / _____ Date 年 Year 月 Month 日 Day
不可撤換受益人簽署 (如適用) Signature of irrevocable beneficiary (if applicable)	日期 _____ / _____ / _____ Date 年 Year 月 Month 日 Day
受抵人簽署 (如適用) Signature of Assignee (if applicable)	日期 _____ / _____ / _____ Date 年 Year 月 Month 日 Day
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 日期 _____ / _____ / _____ Date 年 Year 月 Month 日 Day

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) 399-95519 for details. Completed form should be sent to Customer Service Department, China Life Insurance (Overseas) Co. Ltd., 22/F, CLI Building, 313 Hennessy Road, Wan Chai, Hong Kong.

如中英文版本有任何抵觸或不符之處，概以中文本為準。

In case of discrepancies between the English and Chinese versions, the Chinese version shall apply and prevail.