

更改持有人及受保人資料 / 職業/ 簽名申請表

Request for Change of Owner & Insured Information / Occupation/ Signature

CS-CHG11

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.	分行/中介人編號/註冊編號 Branch/Intermediary's Code/ Registration Code	1. 2.	流動電話號碼 Mobile 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 更改個人資料 Part 2 Change of Personal Information

- 如申請更改身份證明文件類別及號碼 / 出生日期 / 國籍，請連同下列相關文件一併遞交：
For change of Identity Document Type and No. / Date of Birth / Nationality, please submit together with the following document(s):
 - 香港身份證/護照 / 出世紙的認證副本（適用於香港及非中國內地客戶）。Certified Copy of HKID / Passport / Birth Certificate (applicable to Hong Kong and non-PRC customers only).
 - 中國居民身份證/旅遊證件 / 完整戶口簿，及公證書的認證副本（適用於中國內地客戶）。Certified Copy of PRC ID Card / Travel Document / full set of Household Register, AND Notary Certificate (applicable to PRC customers only).
- 如申請更改姓名，請連同下列相關文件一併遞交：For change of name, please submit together with the following documents:
 - 香港身份證/護照，及改名契/結婚證書的認證副本- 如因結婚而更改姓名（適用於香港及非中國內地客戶）。Certified Copy of HKID / Passport, AND Deed Poll / Marriage Certificate if change of name is due to marriage (applicable to Hong Kong and non-PRC customers only).
 - 中國居民身份證/旅遊證件，及完整戶口簿/公證書的認證副本（適用於中國內地客戶）。Certified Copy of PRC ID / Travel Document, AND full set of Household Register / Notary Certificate (applicable to PRC customer only).
- 如申請更改組織機構資料，所需提交的證明文件會因應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。
Identity document(s) required to be submitted for change of entity particulars varies according to entity type. Please contact the Company / Insurance

☐ 受保人 Insured

☐ 保單持有人 Policyholder

更改中文姓名
Change of Name in Chinese

更改英文姓名
Change of Name in English

更改性別
Change of Gender

☐ 男 Male
☐ 女 Female

更改出生日期

Change of Date of Birth

____ / ____ / ____
年 Year 月 Month 日 Day

更改出生國家

Change of Country of Birth

更改婚姻狀況 Change of Marital Status

☐ 未婚 Single
☐ 已婚 Married

其他 Others _____

更改國籍/公司註冊地

Change of Nationality/ Place of Incorporation

☐ 中國 Chinese
☐ 台灣 Taiwan
☐ 澳門 Macau
☐ 美國 United States
☐ 其他 Others _____

(請註明 please specify)

更改身份證明文件類別及號碼 Change of Identity Documents Type and No.

☐ 香港永久居民 Hong Kong Permanent Resident
香港身份證號碼 Hong Kong Identity Card No.: _____

☐ 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: _____

☐ 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.: _____


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第三部份 更改簽名 Part 3 Change of Signature

保單持有人之新簽名 New Signature of Policyholder

受保人之新簽名 New Signature of Insured

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第四部份 更新職業 Part 4 Update Occupation現時職業及職位(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)

入職日期 Date of Employment

____/____/____
年 Year 月 Month 日 Day工作範圍 (包括兼職)
Job Duties
(including Part-time job)1. 高空作業：
Work at Height：
☐ 是 Yes ☐ 否 No最高max height ____米/m
(請註明 please specify)2. 重型機械操作：
Heavy Machinery Operation：
☐ 是 Yes ☐ 否 No最高max height ____米/m
(請註明 please specify)

公司名稱及地址 Company Name & Address

第五部份 聲明及授權 Part 5 Declaration and Authorization

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：

1. 所有需要之款項及文件提交予 貴公司並完整無缺。
2. 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。
3. 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)。
4. 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。

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 approved by the Company.

1. All required payment and complete supporting documents have been submitted to the Company.
2. The request is accepted and approved by the Company during the lifetime and continued insurability of the Insured.
3. 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.
4. 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.

第六部份 有關《外國帳戶稅務合規法》的聲明 Part 6 Declaration relating to Foreign Account Tax Compliance Act

本人 / 吾等謹此聲明、同意及承認：

1. 中國人壽保險(海外)股份有限公司(下稱“貴公司”)及 / 或任何其附屬機構須遵從法律、法規、命令、指引、守則和包括《外國帳戶稅務合規法》適用規定的要求，或任何公眾、司法、稅務、政府和/或其他監管機構協定的要求，包括但不限於美國國家稅務局(以下簡稱“監管機構”)在不同司法管轄區不時頒布及修訂的協定(以下簡稱“適用規定”)。
2. 就美國聯邦薪俸稅之有關事項而言，本人 / 吾等並非美國稅務居民(即美國綠卡持有人或滿足實質居住測試)，及並不代表美國人行事。本人 / 吾等明白貴公司相信此陳述是真實的，並以此為依據及代為行事。倘若此陳述是不正確 / 虛假的，貴公司保留權利並有權取消保單。任何依據此陳述而續發的保單可視作無效。(註：美國公民或居民必須填寫 IRS 之 W-9 表格，而上以上之有關係款並不適用。)
3. 就本人 / 吾等任何在申請時或其他時間向貴公司提供的任何資料，尤其是對於本人 / 吾等的國籍、身份證號碼、公司註冊地、稅務狀況或稅籍所在地的變動，或若本人 / 吾等擁有多於一個國家的稅籍，本人 / 吾等同意在三十天內書面通知公司。若發生這些變動，或若任何其他資料顯示發生了變動，貴公司可能會要求本人 / 吾等提供某些文件或資料，包括正式填妥及 / 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。
4. 本人 / 吾等同意 貴公司可能將根據適用規定的要求，向任何監管機關披露本人 / 吾等的個人資料或任何資料。此等披露可以由貴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貴公司之間的任何其他協議所載的任何內容，貴公司可能需要本人 / 吾等向貴公司提供進一步資料，以便向任何監管機關透露，而本人 / 吾等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，向貴公司提供相關的資料。
5. 如本人 / 吾等未能及時向貴公司提供資料或文件，或本人 / 吾等所提供所需的資料或文件並非最新、準確或完整，為確定貴公司持續遵從適用規定，本人 / 吾等同意貴公司可以完全酌情決定隨時採取任何相關行動以確保貴公司遵從適用法律及法規的要求。

I/We hereby declare, agree and acknowledge that:

1. China Life Insurance (Overseas) Co. Ltd (hereinafter called "the Company") and/or its affiliates are obliged to comply with 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 but not limited to 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").
2. I / we represent that I am / we are not a U.S. tax resident (i.e. U.S. Green Card holder or individual who meets the substantial presence test) for purposes of U.S. federal income tax and that I am / we are not acting for, or on behalf of, a U.S. person. I / We understand that the Company, believing this statement to be true, will rely on it and act on it. In the event this statement is incorrect / false, the Company reserves the right and shall be entitled to cancel the policy. Any policy issued may accordingly be considered void. (Note: This Clause is not applicable to U.S. citizens or residents, who must complete IRS Form W-9.)

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第六部份 有關《外國帳戶稅務合規法》的聲明(續) Part 6 Declaration relating to Foreign Account Tax Compliance Act (Continued)

3. I/We agree to notify the Company in writing within 30 days if there is any change of any of the details previously provided to the Company whether at time of application or at any other times, in particular, my/our nationality, ID card number, place of incorporation, tax status or tax residency changes or if I/we 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 certain documents or information from me/us, including duly completed and/or executed (and, if necessary, notarized) tax declarations or forms.
4. I/We agree that the Company may disclose my/our 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 I/we to provide the Company with further information as may be required for disclosure to any Authority and I/we 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).
5. If I/we 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 I/we 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.

☐ 為遵循 FATCA 及相關的本地法規，本人/我們同意貴公司提供本人/我們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，以確保貴公司遵行 FATCA 或適用規定。

Pursuant to FATCA or other applicable local laws, I / we hereby consent to the Company to report my/our personal data to the U.S. or other applicable local judicial, regulatory or tax authorities where necessary in order to comply with FATCA or other applicable local laws.

第七部份 收取個人壽險保費徵費 Part 7 Collection of Premium Levy on Individual Life Insurance Policy

本人/我們謹已收悉：

貴公司就保險業監管局要求並授權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」)，及將收取的保費徵費將會全數轉交予該局。保險業監管局亦可以根據相關條例，將有關的欠付款作為民事債項及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 notified that:

China Life Insurance (Overseas) Company Limited, as an authorized insurer, is statutorily required to collect Premium Levy ("Levy") from policyholder on behalf of the Insurance Authority ("IA") and report to IA. IA may take legal proceedings against policyholder in respect of any outstanding Levy as civil debt and may impose pecuniary penalty. For details of the collection of Levy, please refer to the website at www.chinalife.com.hk/levy.

第八部份 個人資料收集聲明 Part 8 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")。有關最新版本之收集個人資料聲明，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.

第九部份 簽署 Part 9 Signature

註: Remark:

- 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).
- 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 the Company's requirement(s).
- 此表格必須於保單持有人及/或受託人(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.

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)

年Year 月Month 日Day

保單持有人之簽署及或公司印鑑
Policyholder Signature (s) and/or Company Chop

年Year 月Month 日Day

受讓人簽署 (如適用)
Signature of Assignee (if applicable)

年Year 月Month 日Day

見證人姓名/身份證明文件號碼及簽署
Name /ID no. & Signature of Witness

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) 3999 5519 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