



請掃二條碼登入
客戶專頁，隨時
提交索償申請及
查閱進度。

<https://cs.chinalife.com.hk>

受益人提取年金賠款申請表 BENEFICIARY WITHDRAW ANNUITY BENEFIT FORM

保單持有人姓名 Name of Policyholder	受保人姓名 Name of Insured	保單編號 Policy No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

保險中介人資料 INSURANCE INTERMEDIARY INFORMATION

保險中介人姓名 Name of Insurance Intermediary	
保險中介人代碼 Insurance Intermediary Code	聯絡電話 Contact No.
<input type="text"/>	<input type="text"/>

重要須知 IMPORTANT NOTE

- 請以正楷填寫本申請表。任何資料如有更改，受益人必須在更改的位置簽署作實。Please complete this form in BLOCK LETTERS. All amendments should be endorsed by the Insured / Policyholder / Claimant in full signature.
- 本申請表中所用之「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 expressions "the Company" or "our Company" used in this form refers to China Life Insurance (Overseas) Company Limited.
- 如受益人為十八歲或以上，受益人必須親自填寫及簽署本申請表，如受益人為十八歲以下，本申請表應由受益人之家長或合法監護人填寫及簽署。如受益人因傷殘不能書寫，其直系親屬可代為填寫本申請表及簽字，並提供醫生證明。If the beneficiary is at or above age 18, the beneficiary must complete and sign this form by his or her good self. If the beneficiary is under age 18, this form should be completed and signed by the beneficiary's parent/ legal guardian. In the event that the Insured/ policyholder is physically incapacitated and prevented from signing, this form may be completed and signed by an immediate family member with relevant physician's statement provided.
- 若受益人以圖章蓋印簽署，必須由一位見證人予以見證。見證人之個人資料只會用於處理本索償申請及核實和確認本申請表簽署人的身份之用。If the Beneficiary uses a signature stamp, it must be witnessed by a witness. The personal particulars of the witness will only be used for the purpose of processing this claim and verifying and confirming the identity of the signatory of this form.
- 受益人之簽署必須與本公司之紀錄相同。The signature of the Beneficiary must be the same as the Company's record.
- 保險中介人或銀行營業員收到本申請表並不代表本公司已收到。Receipt of this form by your Insurance Intermediary or bank officer does not constitute receipt by the Company.
- 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。填妥的表格及所需文件請寄往香港灣仔軒尼詩道 313 號中國人壽大廈 22 字樓。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(s) and required document(s) should be sent to China Life Insurance (Overseas) Co. Ltd., 22/F, CLI Building, 313 Hennessy Road, Wan Chai, Hong Kong.
- 本公司有權隨時更新此申請表，並接受或拒絕未符合本公司要求的申請表。請登入本公司網站 www.chinalife.com.hk 瀏覽及下載最新版本。The Company has the right to update this form from time to time and to accept or to reject the form if the Company's requirements are not fulfilled. Please visit our website www.chinalife.com.hk to view and download the latest version of the form.
- 如中英文版本有任何抵觸或不符之處，概以中文本為準。If there is any discrepancy or inconsistency between the English version and the Chinese version of this form, the Chinese version shall prevail.

A. 受益人資料(由受益人或受益人之代表填寫) INFORMATION OF THE BENEFICIARY (to be completed by the Beneficiary or Beneficiary's Representative)

1	稱謂 (先生/太太/女士/小姐) Title (Mr/ Mrs/ Ms/ Miss)	性別 Gender
2	中文姓名 Name in Chinese	
3	英文姓名 Name in English	名字 First Name
	姓氏 Last Name	
4	出生日期 Date of Birth	年 Year
		月 Month
		日 Day
5	出生國家 Country of Birth	
6	國籍 / 地區 Nationality / Region	<input type="checkbox"/> 中國 Chinese <input type="checkbox"/> 美國 U.S. <input type="checkbox"/> 其他(請註明) Others (please specify)



A. 受益人資料(由受益人或受益人之代表填寫)(續) INFORMATION OF THE BENEFICIARY (to be completed by the Beneficiary or Beneficiary's Representative)(Continued)

7 與受保人關係 Relationship to the insured

8 香港永久居民身份證/香港身份證號碼 HK Permanent ID Card/HKID Card No. 非香港永久居民身份證:身份證/護照號碼 Non-HKID Card: ID Card / Passport No. 商業組織註冊編號 Business association Registration No.

9 目前居住地址(個人)/目前營業地址(商業組織)*Current Residential Address(Individual)/Current Business Address(Business association)*

城市 City

國家 Country

目前永久地址(個人) / 於成立地方之註冊辦事處地址(商業組織)* (如與目前居住地址(個人)/目前營業地址(商業組織)不同)
Current Permanent Address (Individual)/Registered Office Address in the Place of Incorporation (Business association)* (if different from Current Residential Address (Individual)/Current Business Address (Business association))

城市 City

國家 Country

請提供地址證明及必須為遞交申請表當天之前3個月內 Please provide proof of address within 3 months of application submission date

10 電話號碼 Telephone No.

國家號 Country Code

電話號碼 Telephone No.

11 手電號碼 Mobile No.

國家號 Country Code

電話號碼 Telephone No.

12 電郵地址 Email Address

13 提取金額 Withdrawal Amount 提取金額: Withdrawal Amount:

 保單貨幣 Policy Currency

港元 Hong Kong Dollar (適用於非港幣保單。選擇此項時, 賠付金額將按本保險公司不時釐定之兌換率計算。) Applicable to non-Hong Kong Dollar Policy. (If selected this option, the payable amount will calculated at the exchange rate determined by our Company from time to time.)

14 領款方式 PAYMENT METHODS

(a) 自動入賬申請 (請提供賬戶證明文件, 如印有賬戶持有人姓名/名稱及賬戶號碼的銀行卡/月結單/存摺)

Direct Payment Application (Please provide bank account document(s), such as bank card/monthly statement/ passbook with account holder name and account no.)

 至保單受益人/索償人於香港登記的轉數快戶口 To a HK account registered as the FPS account in Hong Kong held by the Beneficiary/Claimant

銀行名稱 Name of bank

銀行編號 Bank No.

分行編號 Branch No.

銀行賬戶號碼 Account No.

賬戶持有人姓名(中文) (必須為保單受益人/索償人)

Name of bank account holder (Chinese) (Beneficiary/Claimant Only)

賬戶持有人姓名(英文) (必須為保單受益人/索償人)

Name of bank account holder (English) (Beneficiary/Claimant Only)

「轉數快」(FPS)只適用於實付幣種為港元或人民幣的申請。每筆交易上限為港元或人民幣一百萬元。請注意人民幣幣種僅適用於人民幣保單。 "Faster Payment System" (FPS) is only applicable to the payment in HKD or CNY. The maximum amount of each transaction is HKD/CNY1,000,000.00. Please note that CNY currency is only applicable for CNY policy.

 至保單受益人/索償人於香港開立的港元戶口 To a HKD account set up in Hong Kong held by the Beneficiary/Claimant

銀行名稱 Name of bank

銀行編號 Bank No.

分行編號 Branch No.

銀行賬戶號碼 Account No.

賬戶持有人姓名(中文) (必須為保單受益人/索償人)

Name of bank account holder (Chinese) (Beneficiary/Claimant Only)

賬戶持有人姓名(英文) (必須為保單受益人/索償人)

Name of bank account holder (English) (Beneficiary/Claimant Only)

 電匯 (請遞交賠償自動入賬申請表) Telegraphic Transaction (Please submit Claim Direct Payment Application Form)

14 領款方式(續)PAYMENT METHODS (Continued)

(b) 支票支付(本公司將開付以保單持有人抬頭之劃線支票)

Cheque Payment (The Company will issue a crossed cheque payable to the Policyholder)

 支票寄往本人於本申請表問題 A9 填寫之地址 Mail cheque to the address filled in question A9 in this form 經保險中介人轉遞 Deliver via Insurance Intermediary 親身到分行領取支票 Pick up cheque at Branch in person 分行名稱/編號 Branch Name/Code: _____ 親身到客戶服務中心領取支票 Pick up cheque at Customer Service Centre in person 受益人/索償人領取 Pick up cheque in person by Beneficiary/Claimant 授權第三者(代領人)領取 Pick up cheque in person by authorized person

代領人姓名

代領人聯絡電話

代領人身份證明文件號碼

Name of authorized person

Contact no. of authorized person

I.D. no. of authorized person

 灣仔 Wan Chai *其他地點*Other Location: _____*請於 www.chinalife.com.hk 的「聯絡我們」>「聯絡中心」查閱香港境內其他地點的客戶中心(如有)。*Please visit our website www.chinalife.com.hk "Contact Us" > "Our Customer Service Centre" to obtain information of other Customer Service Centre location(s) in HK (if any).

(c) 其他方式 Other Methods

 其他(請列明) Others (Please specify) _____

*申請非劃線支票或匯票，請填寫「特別領取方式申請表」。

* Please complete the SPECIAL PAYMENT ARRANGEMENT REQUEST FORM if apply Uncrossed Cheque or Demand Draft.

15 閣下以何名義索償? In what capacity or title are you claiming this insurance?

 指定受益人 Designated Beneficiary 受托人 Trustee 遺產承辦人 Estate Administrator 受讓人 Assignee

16 閣下是否美國公民或美國稅務居民(見備註)? Are you a U.S. Citizen or a U.S. tax resident (See Note)?

 是 Yes

TIN No. _____

 否 No

B. 受益人之代表資料 INFORMATION OF BENEFICIARY'S REPRESENTATIVE

1 受益人之代表姓名 Name of Applicant _____

年齡及性別 Age and Sex _____

2 身份證號碼 H.K.I.D. Card No. _____

聯絡電話 Contact phone no. _____

3 與受益人關係 Relationship with Beneficiary _____

4 通訊地址 Mailing Address _____

C. 索償所需文件清單 CLAIM DOCUMENT CHECKLIST

- ✓ 基本文件 Basic Documents ; ● 附加文件 Additional Documents ; ✖ 不適用 Not Applicable

索償所需文件(文件的核實副本可於本公司的客戶服務中心辦理) Claim Document (Documents can be certified at our Company's Customer Service Centres)	受益人提取年金賠款 Beneficiary Withdraw Annuity Benefit
<input type="checkbox"/> 受益人之身份證明文件 ID of Beneficiary	✓
<input type="checkbox"/> 商業組織之商業登記證 Business Registration of Business Association	✓
<input type="checkbox"/> 商業組織之授權信予簽署人 Authorization Letter to Authorized Signer of Business Association	✓
<input type="checkbox"/> 商業組織授權簽署人之身份證明文件 Identity Proof of the Authorized Signer of Business Association	✓
<input type="checkbox"/> 共同申報準則之自我證明表格(理賠適用) Self-Certification Form (For Claims) for Common Reporting Standard (CRS)	●

D. 個人資料收集聲明 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。

D. 個人資料收集聲明(續)PERSONAL INFORMATION COLLECTION STATEMENT(Continued)

在本收集個人資料聲明(“本聲明”)，下列詞語將具有以下含義：

“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人、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使用個人資料：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中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，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

本公司有權就因處理任何查閱個人資料的要求收取合理費用。

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.

D. 個人資料收集聲明(續)PERSONAL INFORMATION COLLECTION STATEMENT(Continued)

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.

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.

D. 個人資料收集聲明(續)PERSONAL INFORMATION COLLECTION STATEMENT(Continued)

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.

E. 客戶確認符合《海外帳戶稅收合規法案》和其他適用法律 CUSTOMER ACKNOWLEDGEMENT REGARDING COMPLIANCE WITH FOREIGN ACCOUNT TAX COMPLIANCE ACT AND OTHER APPLICABLE LAWS

閣下認知本公司須遵從、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 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 or agreements with any public, judicial, taxation, governmental and/or other regulatory authorities, including without limitation, the U.S. Internal Revenue Service (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 China Life Insurance (Group) Company 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 within such time as may be reasonably required (Within 90 calendar days from the date of the application or information change).

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遵行適用規定下的義務。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%或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。

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。

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. 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 10% or more 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

E. 客戶確認符合《海外帳戶稅收合規法案》和其他適用法律(續)CUSTOMER ACKNOWLEDGEMENT REGARDING COMPLIANCE WITH FOREIGN ACCOUNT TAX COMPLIANCE ACT AND OTHER APPLICABLE LAWS(Continued)

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. 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.

備註：如上述第二部份資料顯示受益人可能是美國公民或美國稅務居民 1 及/或可能與美國有關聯 2，受益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。如受益人為組織機構，除前述文件之外，受益人另需填妥並遞交「補充陳述書 - 適用於要保人/保單持有人/受抵人為組織機構」及「補充陳述書 - 適用於個人股東」(如適用)。

- 1 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 天在(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
- 2 與美國有關聯的資料包括但不限於：出生國家為美國 3、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。
- 3 若受益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，受益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任何身份證明文件的副本，及喪失/放棄美國籍之證明文件副本。

Notes: If the information provided in Part II indicates that the Beneficiary may have become a U.S. Citizen or a U.S. tax resident¹ and/or the Beneficiary may have links to the U.S.2, the Beneficiary 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 Beneficiary is an Entity, the Beneficiary is required to complete and submit the "Supplementary Information Form – Applicable to Entity Applicant/Policyholder/Assignee" and "Supplementary Information Form – Applicable to Individual Shareholder" (if applicable) in addition to the aforementioned documents.

1 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 (including current year and the two prior years)). - Equivalent days = Actual days in the U.S. in the current year + 1/3 of his days in the U.S. in the immediately preceding year + 1/6 of his days in the U.S. in the second preceding year.

2 Information that has a U.S. link, included but not limited to: a U.S. place of birth³, 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.

3 If the Beneficiary'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 Beneficiary is required to provide a copy of non-U.S. passport or government issued identification document evidencing non-U.S. citizenship or Tax resident, AND a Certificate of Loss of Nationality of U.S.

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。亦明白本人/我們需回答本申請表的所有問題及於 90 日期天內將所需的稅務自我聲明書及相關證明文件（如適用）一併交予貴公司，否則貴公司須按規定將本人/我們列為不合規帳戶，並可能向美國國稅局彙報。

Pursuant to FATCA or applicable local laws, I/we hereby consent to the Company to report my/our 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 and understand that I/we need to answer all questions in this form and return the required tax self-certification form and relevant supporting documents (if applicable) to the Company within 90 calendar days. Otherwise, the Company may report my/our account to the IRS as a Non-Consenting U.S. Account in compliance with the FATCA regulations.

F. 簽署(請勿在空白表格上簽署) SIGNATURE (Please DO NOT sign on BLANK form)

聲明及授權 Declaration and Authorization

本人/我們現申請辦理上述之申請事項，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：I/We hereby request the above application(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 the Company.

1. 所有需要之款項提交予 貴公司並完整無缺。All required payment and complete supporting documents have been submitted to the Company.
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。The request is accepted and approved by the Company during the lifetime and continued insurability of the Insured.
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) 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. 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 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.

	受益人/受益人代表 Beneficiary / Beneficiary's Representative			見證人 Witness		
	簽署 Signature					
姓名 Name						
身份證/護照號碼 I.D. Card / Passport No.						
日期 Date	年 Year	月 Month	日 Day	年 Year	月 Month	日 Day