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 客戶專頁，即時
 辦理保單更改或
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委任 / 更改 / 終止後備保單持有人申請表

Request for Appointment / Change / Termination of Contingent Policyholder Form

保單持有人姓名 Name of Policyholder	受保人姓名 Name of Insured	保單號碼 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	
<input type="text"/>	
分行 / 中介人編號 / 註冊編號 Branch/ Intermediary Code/ Registration Code	聯絡電話 Contact No.
<input type="text"/>	<input type="text"/>

重要須知 IMPORTANT NOTE
<ol style="list-style-type: none"> 1. 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 expression "the Company" used in this form refers to China Life Insurance (Overseas) Company Limited. 2. 只接受正本申請表格及本表格應由保單持有人以正楷填寫及簽名，簽名式樣須與本公司的記錄相符。保單持有人亦必須於此表格內任何曾修改的地方簽署作實。Only original form is accepted and this form is to be completed by the Policyholder in BLOCK LETTERS and signed with the signature correspond with the Company's record. Any amendments in this form must be countersigned by the Policyholder in full signature. 3. 請提交後備保單持有人的身份證明文件的核實副本，以便本公司處理閣下的申請。Please submit certified true copy of the Contingent Policyholder's identification document(s) to the Company in order to process your request. 4. 保險中介人或銀行職員收到本申請表並不代表本公司亦已收受。Receipt of this form by Insurance Intermediary or Bank Staff does not constitute receipt by the Company. 5. 本公司有權隨時更新本申請表，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. 6. 如申請未能符合本公司的有關規定，本公司有權拒絕有關申請。The Company shall have right to reject the application if the application fails to fulfill Company's requirement(s).

第一部份 委任 / 更改 / 終止後備保單持有人注意事項 Part 1 Important Notes of Appointment / Change / Termination of Contingent Policyholder
<ol style="list-style-type: none"> 1. 此申請不適用於以下保單：i)保單持有人為受保人本人（保單已有指定後補受保人除外），或 ii)保單持有人為公司，或 iii)保單持有人為聯合持有人，或 iv)已抵押轉讓予受讓人，或 v)已指定不可更改之保單受益人，或 vi)已委任臨時受託人的兒童保單，或 vii)投資相連保單，或 viii)合資格延期年金保單，或 ix)提供家庭共享保障及 / 或關懷子女延伸保障的計劃。This application is NOT applicable if i) the Policyholder is the Insured (except the Policy has designated Contingent Insured(s)), or ii) the Policy is held by a corporate, or iii) the Policy is held by joint Policyholders, or iv) the Policy is assigned to the Assignee as collateral, or v) the Policy has appointed irrevocable beneficiary, or vi) the Juvenile Policy with appointed trustee, or vii) Investment Linked Policy, or viii) QDAP Policy, or ix) Plan with Family Sharing Benefit and/or Extended Care for Children Benefit. 2. 於保單持有人及受保人在生及保單生效期間，只可以委任一名後備保單持有人，並須經本公司確認及發出的批註作實後方為有效。有關批註只確認委任後備保單持有人的申請。有關轉移保單擁有權至後備保單持有人之轉讓，只會於本公司完成根據相關法律及 / 或監管機構（包括但不僅限於保險業監管局）就防止洗黑錢及恐怖分子融資活動的規定及其他適用指引之要求而進行之客戶盡職審查後，並受限於本公司接收所要求的任何其他文件以及當時的行政規條，且獲本公司發出批註作實後方會生效。轉移保單擁有權予後備保單持有人的生效日期將是本公司簽發確定新保單持有人的批註上顯示的生效日期（以本公司記錄為準），保單的所有權利、賠償、利益及責任均在前述生效日期起才轉移至後備保單持有人。Only one Contingent Policyholder could be appointed during the period while the Policyholder and the Insured is alive and the policy is in force. It is not valid until the request is confirmed by the Company by issuance of endorsement. The issuance of the endorsement simply acknowledges the appointment of the Contingent Policyholder for the Policy. The transfer of policy ownership to the Contingent Policyholder will only become effective after customer due diligence is completed to the satisfaction of the Company in accordance with the requirements from legal and/or regulatory bodies, including but not limited to the Insurance Authority, with respect to the prevention of money laundering and terrorist financing and other applicable guidelines, and will also be subject to the Company's receipt of any other documents as requested by the Company and the prevailing administrative rules of the Company, and the request is confirmed by the Company by issuance of endorsement. The effective date of transfer of policy ownership to the Contingent Policyholder will be the effective date shown in the New Policyholder's confirmation endorsement issued by the Company (according to the Company's record). All rights, claims and interests in and obligations under the Policy will be transferred to the Contingent Policyholder from the abovementioned effective date.



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第一部份 委任 / 更改 / 終止後備保單持有人注意事項 (續) Part 1 Important Notes of Appointment / Change / Termination of Contingent Policyholder (Continued)

3. 被委任的後備保單持有人必須為個人及年滿 18 歲或以上。Contingent Policyholder must be an individual and attained the age of 18 or above at the time he/she is appointed as Contingent Policyholder.
4. 後備保單持有人必須為現有保單持有人的配偶、父母、子女、兄弟姊妹、祖父母 / 外祖父母或孫 / 外孫。The Contingent Policyholder must be the spouse, parents, children, siblings, grandparents or grandchildren of the current Policyholder.
5. 後備保單持有人在申請轉換保單持有人時，必須與當時的受保人存在本公司滿意之可保權益 (如：本人、配偶、父母、子女、祖父母 / 外祖父母、孫 / 外孫或監護人)。There must have insurable interest satisfactory to the Company between the Contingent Policyholder and the Insured at the time of application of change of policy ownership, such as self, spouse, parents, children, grandparents, grandchildren or guardian.
6. 當本公司接受 i) 此更改/終止後備保單持有人的申請後，或 ii) 保單持有人轉換受保人或其他人為新保單持有人後，或 iii) 後備保單持有人早於現有保單持有人身故，或 iv) 後備保單持有人提供書面確認至本公司表示不願意取得保單擁有權後，或 v) 保單抵押轉讓申請後，或 vi) 保單轉換申請後，vii) 終止後補受保人的申請後而保單沒有有效的後補受保人 (只適用於保單持有人與受保人為同一人的情況)，於本保單較早前所有被委任的後備保單持有人將會被自動撤銷。Upon the Company's acceptance of i) this change/termination of the Contingent Policyholder, or ii) the change of the Insured or other people as new Policyholder, or iii) if the Contingent Policyholder fails to outlive the current Policyholder, or iv) the Contingent Policyholder provides written confirmation to the Company for unwilling to take the policy ownership, or v) application of collateral assignment, or vi) application for policy conversion, or vii) the termination of the appointed Contingent Insured and no valid Contingent Insured in the Policy (only applicable to the Policyholder and Insured is the same person), then the previous appointed Contingent Policyholder(s) will be revoked with immediate effect.
7. 保單持有人須提示後備保單持有人須在保單持有人身故後即時通知本公司，並需填妥由本公司指定的相關申請表格及提供認可之證明並符合本公司的相關行政程序作轉換申請。The Policyholder shall remind the Contingent Policyholder that he/she shall inform the Company immediately after the death of the Policyholder. He/she is required to complete the relevant change form and provide satisfactory evidence and fulfill the relevant administration procedures of the Company to apply for change of policy ownership.
8. 當保單持有人身故後而本公司因任何原因無法安排後備保單持有人成為新保單持有人，保單將成為已故保單持有人遺產的其中一部份。If the Company is not able to arrange the Contingent Policyholder to be the New Policyholder of the Policy due to any reasons after the death of the Policyholder, the Policy will become the estate of the deceased Policyholder.
9. 本公司沒有責任或不會負責核實任何後備保單持有人之有效性或合法性，或就任何後備保單持有人之有效性或合法性負責。本公司不會亦不應被認為會就任何後備保單持有人的委任承擔任何責任。The Company shall not assume any duty or be responsible to verify or be responsible for the validity or legality of any appointment of Contingent Policyholder. The Company shall not assume or be regarded to assume any responsibility or liability in relation to any appointment of Contingent Policyholder.
10. 在此委任後備保單持有人可能於轉移保單擁有權時涉及重要的法律、會計及/或稅務後果。保單持有人須於簽署同意委任後備保單持有人前提示後備保單持有人須仔細閱讀保單內之條款和條件，以及自行獨立評估其履行保單支付保費以及其他保單責任之能力。本公司概不負責提供任何法律、會計及/或稅務意見。保單持有人及後備保單持有人應於作出此委任前先行諮詢獨立法律、會計及/或稅務顧問。Appointing Contingent Policyholder hereunder may have legal, accounting and/or tax consequences as a result of transferring policy ownership. Before signing below signifying consent to appoint the Contingent Policyholder, the Policyholder shall remind the Contingent Policyholder that he/she should carefully study the terms of the Policy and make his/her own independent assessment on his/her ability to meet premium payment obligations and other obligations under the Policy. The Company does not provide legal, accounting and/or tax advice. The Policyholder and Contingent Policyholder should consult their own independent legal, accounting and/or tax advisors as appropriate.
11. 在簽署並提交本申請書予本公司時，保單持有人保證及聲明後備保單持有人具有資格處理此職責及同意就關於或因以下事項而使本公司招致或蒙受的所有損失、損害、費用、申索及法律行動，向本公司作出彌償，並須保持令本公司獲得彌償：In signing and submitting this Form to the Company, the Policyholder warrants and represents that the Contingent Policyholder is eligible to act in such role and agrees to indemnify and keep the Company indemnified against all losses, damages, costs, claims and actions which the Company may incur or suffer as a result of or in connection with:
 - 11.1 本公司按照有關批註及 / 或按其合理認為是由保單持有人及/或後備保單持有人給予之指示，包括但不限於在此申請書中給予之指示而行事；The Company acting in accordance with the Endorsement and/or instructions it reasonably believes to be given by the Policyholder and/or Contingent Policyholder, including but not limited to instructions given in this Form;
 - 11.2 任何對後備保單持有人之委任或更改的質疑，或所述委任或更改無效；Any challenge to, or invalidity of the appointment or change of Contingent Policyholder;
 - 11.3 任何後備保單持有人對此所載之條款之違反或不遵守。Any breach or non-observance by the Contingent Policyholder of the terms herein contained.
12. 如本保單在香港特別行政區簽發，任何不是本保單某一方的人士或實體，不能根據《合約 (第三者權利) 條例》(香港法例第 623 章) 強制執行本保單的任何條款。If the Policy is issued in the Hong Kong Special Administrative Region, any person or entity which is not a party to the Policy shall have no rights under the Contracts (Rights of Third Parties) Ordinance (Cap. 623 of the Laws of Hong Kong) to enforce any terms of the Policy.

保單號碼 Policy No.

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第二部份 委任/更改/終止後備保單持有人 Part 2 Appointment / Change / Termination Of Contingent Policyholder

- 委任 / 更改後備保單持有人 (請填寫第三部份) Appointment / Change of Contingent Policyholder (Please complete Part 3)
- 終止後備保單持有人之委任 Termination of the appointment of Contingent Policyholder

第三部份 後備保單持有人資料 Part 3 Information of Contingent Policyholder

中文姓名 Name in Chinese	英文姓名 Name in English	出生日期 Date of Birth			性別 Gender
		年 Year	月 Month	日 Day	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female

與保單持有人之關係 Relationship with Policyholder	與受保人之關係 Relationship with Insured
<input type="checkbox"/> 配偶 Spouse <input type="checkbox"/> 父母 Parents <input type="checkbox"/> 祖父母 / 外祖父母 Grandparents	<input type="checkbox"/> 子女 Children <input type="checkbox"/> 兄弟姊妹 Siblings <input type="checkbox"/> 孫 / 外孫 Grandchildren
<input type="checkbox"/> 子女 Children <input type="checkbox"/> 兄弟姊妹 Siblings <input type="checkbox"/> 孫 / 外孫 Grandchildren	<input type="checkbox"/> 本人 Self <input type="checkbox"/> 配偶 Spouse <input type="checkbox"/> 父母 Parents <input type="checkbox"/> 子女 Children <input type="checkbox"/> 祖父母 / 外祖父母 Grandparents <input type="checkbox"/> 孫 / 外孫 Grandchildren <input type="checkbox"/> 監護人 Guardian

身份證明文件號碼 Identity Document No.	
身份證明文件類別 Identity Document Type	<input type="checkbox"/> 香港身份證 Hong Kong ID <input type="checkbox"/> 中國內地居民身份證 PRC Resident ID <input type="checkbox"/> 其他身份證明文件 Other Identity Document · 請註明 Please specify : _____ <input type="checkbox"/> 簽發國家 Issue Country : _____

第四部份 個人資料收集聲明 Part 4 Personal Information Collection Statement

本人 / 我們確認已閱讀及明白「中國人壽保險(海外)股份有限公司」的收集個人資料聲明。有關最新版本的收集個人資料聲明，可於 www.chinalife.com.hk 下載或向本公司索取。I/We confirm that I/we have read and understood Personal Information Collection Statement ("PICS") of China Life Insurance (Overseas) Company Limited. For the latest version of PICS, it can be downloaded from www.chinalife.com.hk or available upon request.

第五部份 聲明 Part 5 Declaration

本人 / 我們僅此確認已閱讀及明白以上申請內的所有內容、條款及條件並同意受該等內容、條款及條件約束。本人 / 我們僅此同意作出以上協議及聲明。I/We hereby confirm that I/we have read and understood all the content, terms and conditions of the above request, and agree to be bound by those content, terms and conditions. I/We hereby agree to make the above agreements and declarations.

第六部份 簽署 Part 6 Signature

- 本申請表必須於保單持有人簽署日起計 30 天內交至本公司辦理手續。This form must be received by the Company within 30 days after the Policyholder signing this form.
- 若保單持有人以圖章蓋印簽署，必須有一位見證人，見證人必須為年滿 18 歲或以上的第三者。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 uses a signature chop, a witness is required. The witness must be an individual third party aged 18 or above. 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.
- 請勿在空白表格上簽署。Please DO NOT sign on BLANK form.

	保單持有人 Policyholder			見證人 Witness (if applicable)		
簽署或印鑑 Signature and/or Chop						
姓名 Name						
身份證明文件號碼 Identity Document No.						
日期 Date	年 Year	月 Month	日 Day	年 Year	月 Month	日 Day