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客戶專頁，即時  
辦理保單更改或  
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<https://cs.chinalife.com.hk>

保單號碼 Policy No.

## 保單捐贈及更改保單受益人申請表

## Policy Donation and Change of Beneficiary Appointment Form

### 保單持有人和受保人資料 Particulars of Policyholder and Insured

保單持有人姓名/名稱 Name of Policyholder

受保人姓名 Name of Insured

### 保險中介人資料 Particulars of Insurance Intermediary (可選填 Optional)

保險中介人姓名/名稱 Name of Insurance Intermediary

保險中介人編號 Insurance Intermediary's Code

聯絡電話 Contact No.

### 重要須知 Important Notes

1. 本表格只適用於保單捐贈、更改保單受益人及就指定人壽保險計劃更改受益人領取身故賠償及意外身故保障方式(請閱利益保障條款以了解保單是否可選擇不同的領取方式)。This form is only applicable for Policy Donation, change in Beneficiary Appointment and changing the Death Benefit and Accidental Death benefit settlement option to beneficiary for designated life policies (Please refer to the Benefit Provision for whether the policy is applicable for different settlement option).
2. 本表格中「本公司」或「貴公司」之表述均指中國人壽保險(海外)股份有限公司。The expression of "the Company" in this form refers to China Life Insurance (Overseas) Company Limited.
3. 只接受申請表格正本及本表格應由保單持有人/受保人/不可撤換受益人/受讓人(如適用)以正楷填寫及簽署。簽署式樣須與本公司的記錄相符。保單持有人亦須於此表格內任何曾修改的地方簽署作實。Original form is accepted and should be completed by the Policyholder/ Insured/ Irrevocable Beneficiary/ Assignee (if applicable) in BLOCK LETTERS and signed with the signature(s) identical to that of the Company's record, any amendments in this form must be countersigned by the Policyholder in full signature.
4. 每份申請表只可填寫一份保單號碼。Please use a separate form for each policy number.
5. 經保險中介人/分銷銀行遞交的申請，以本公司收悉有關申請文件為準。Requests submitted via insurance intermediaries/ distribution banks are subject to the Company's receipt of the relevant documents.
6. 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有關規定的申請表。請登入本公司網站 [www.chinalife.com.hk](http://www.chinalife.com.hk) 瀏覽及下載最新版本。The Company reserves the right to update this form from time to time, accept or reject the form if the Company's requirements are not fulfilled. Please visit our website [www.chinalife.com.hk](http://www.chinalife.com.hk) to view and download the latest version of the form.
7. 保單持有人可透過本公司客戶專頁 [cs.chinalife.com.hk](http://cs.chinalife.com.hk) 遞交申請，亦可填妥及簽署此表格並於 30 天內交回本公司處理；如選擇郵寄，請將已填妥及簽署的申請表格正本連同所需證明文件寄往香港灣仔軒尼詩道 313 號中國人壽大廈 24 樓「中國人壽保險(海外)股份有限公司」收。Policyholder may submit the application via our Customer Portal at [cs.chinalife.com.hk](http://cs.chinalife.com.hk), or complete and return this form to the Company within 30 days after signing this form. If you choose to mail, please send the duly completed and signed original application form(s) and the supporting document(s) required to "China Life Insurance (Overseas) Co. Ltd.", 24/F, CLI Building, 313 Hennessy Road, Wan Chai, Hong Kong.

### 第一部份 更改受益人 Part 1 - Change of Beneficiary(ies)

#### 重要須知 Important Notes :

1. 第二受益人須於所有第一受益人身故後才適用。The designation of the Secondary Beneficiary(ies) shall apply only if all Primary Beneficiary(ies) is/are deceased.
2. 除保單持有人參與本表格第二部份所述的保單捐贈計劃外，下方表格中相同類別的受益人(第一或第二)的分配比率的總和必須為 100%。本公司將按下述的分配比率支付身故賠償予下述的受益人。如因保單持有人沒有指定向每名受益人支付身故賠償的分配比率，或所有的分配比率的總和不足 100%，則本公司有權將身故賠償按本公司認為適當的比例支付。Unless the Policyholder participates in the Policy Donation Scheme under Part 2 of this form, the total sum of percentage(s) among the same class of Beneficiary(ies) (Primary or Secondary) in the table below should be 100%. The Company shall pay the death benefit to the Beneficiary(ies) according to the percentage(s) as specified below. If the Policyholder has not specified any percentage of the death benefit to be paid to each Beneficiary, or if all percentage(s) as specified add up to a figure less than 100%, the Company shall have discretion to pay the death benefit in such proportion(s) as the Company shall deem appropriate.
3. 根據受益人的身份及/或類別，保單持有人所需要提交的證明文件亦會不同，詳情請參考「所需文件指引」部分或與本公司/保險中介人聯絡。The identification documents required to be submitted may differ according to the identify and/ or the nature of the Beneficiary(ies). Please refer to the "Documents Checklist" part or contact the Company/ the insurance intermediary for details.
4. 如受益人為組織機構，請提供公司註冊編號/商業登記號碼。If beneficiary designation is an Entity, please provide the company or business registration number.

**第一部份 更改受益人(續) Part 1 - Change of Beneficiary(ies) (Continued)**

5. 如下表格填寫的指定受益人與受保人關係屬非直系親屬/屬直系親屬但未有完全提供下方表格其他資料，需要提供該指定受益人身份證明文件的副本。If the relationship between the designated beneficiary(ies) and Insured stated in the below form is(are) non-immediate family member(s)/is(are) immediate family member(s) but the other parts of the below form is not fully completed, a copy of identity document of the designated beneficiary(ies) will be required.
6. 倘保單的受益人於保單利益給付時為未成年受益人(即未年滿十八歲)，保單的利益將會支付給未成年受益人的法定監護人。如欲委任個人作為未成年受益人於未年滿十八歲期間應得之保單利益的信託人，可填妥本表格「2. 委任未成年受益人的信託人」以確定有關之委任，並需要提供信託人的身份證明文件副本。If the beneficiary is a minor (i.e. under age 18) at the time when the benefit proceeds is paid, the benefit proceeds will be paid to the legal guardian of the minor beneficiary. If you wish to appoint an individual as trustee of any benefit proceeds payable to a minor beneficiary during his/her minority, you may make a request to appoint a trustee for a minor beneficiary by completing "2. Designation of Trustee of Minor Beneficiary" of this form, and is required to provide copy of the identification documents of the designated Trustee(s).
7. 本公司只接受委任已年滿十八歲之個人為仍未成年受益人的信託人。The Company only accept individual who attains age 18 being appointed as the trustee(s) for minor beneficiary.
8. 於保單利益給付時，如未成年受益人已年滿十八歲，保單利益將直接支付給受益人。When the minor beneficiary attains age 18 by the time the benefit proceeds is paid, the benefit proceeds shall be paid directly to the beneficiary.
9. 當信託人收取保單利益後，本公司已完全履行本保單上的所有法律責任。本公司就信託人對保單利益的運用及處理概不負責。The receipt of the benefit proceeds by the Trustee(s) shall be a full discharge of the liability of the Company under the Policy. The Company shall not be responsible for the application or disposition of the benefit proceeds by the Trustee(s).

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

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

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

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

保單持有人謹此聲明，在以下受益人年滿十八歲前，下列指定人士將被委任為信託人，代表該受益人根據保單內的身故賠償百分比領取賠償金額。The Policyholder hereby declares that before the beneficiary stated below attains age 18, the following assignee shall be appointed as trustee to receive death proceeds on behalf of the aforesaid under the percentage proportion stated in the policy.

保單內未成年之受益人姓名 Name of Minor Beneficiary(ies) under the Policy	信託人全名 Full Name of Trustee	信託人性別 Gender of Trustee	信託人的身份證明文件/護照號碼 Identity Document/ Passport No. of Trustee (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)
		<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female		
		<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female		

**3. 其他指示 Other Instructions**

**第二部份 保單捐贈計劃 Part 2 - Policy Donation Scheme****重要須知 Important Notes :**

- 保單捐贈計劃是保單持有人可把指定百分比的身故賠償支付予指定的慈善機構/慈善信託，作為捐贈。Under the Policy Donation Scheme, the Policyholder may specify a proportion of the death benefit to be paid to the designated Charitable Institution(s)/ Charitable Trust(s) as a charitable donation.
- 「慈善機構/慈善信託」是指根據《稅務條例》(香港法例第 112 章)第 88 條獲豁免繳稅的屬公共性質的慈善機構/慈善信託，以香港稅務局網頁內不時更新的《根據《稅務條例》第 88 條獲豁免繳稅的慈善機構及慈善信託的名單》(「慈善機構/慈善信託名單」)為準。「Charitable Institutions/ Charitable Trusts」mean the charitable institutions/ charitable trusts of a public character which are exempt from tax under - Section 88 of the Inland Revenue Ordinance (Cap. 112 of Laws of Hong Kong). The most updated version of the "List of Charitable Institutions and Trusts of a Public Character, which are Exempt from Tax under Section 88 of the Inland Revenue Ordinance" (the "List of Charitable Institutions and Trusts") published on the website of the Inland Revenue Department of Hong Kong shall apply.
- 慈善機構/慈善信託的名稱必須與慈善機構/慈善信託名單中的名稱一致，並請提供該慈善機構/慈善信託的公司註冊編號及/或商業登記號碼(如適用)。The name of the Charitable Institution/ Charitable Trust should match the name as shown on the List of Charitable Institutions and Trusts. Please also provide the Company Registration Number and/ or the Business Registration Number (if applicable) of the Charitable Institution/ Charitable Trust.
- 如保單持有人選擇參與保單捐贈計劃，本公司將按保單持有人要求，於支付身故賠償予受益人前，按下述的保單捐贈指定百分比支付身故賠償予下述的慈善機構/慈善信託。If the Policyholder chooses to participate in the Policy Donation Scheme, the Company shall act in accordance with the request of the Policyholder to pay the death benefit to the Charitable Institution(s)/ Charitable Trust(s) according to the specified policy donation percentage(s) as mentioned below before paying the death benefit to the Beneficiary(ies).
- 下述的保單捐贈指定百分比與本表格第一部份所示的受益人的分配比率的總和必須為100%。如因保單持有人沒有指定保單捐贈指定百分比，或下述的保單捐贈指定百分比與本表格第一部份所示的受益人的分配比率的總和不足100%，則本公司有權將身故賠償按本公司認為適當的比例支付。The total sum of the specified policy donation percentage(s) as mentioned below and the percentage(s) payable to the Beneficiary(ies) as specified under Part 1 of this form must be 100%. If the Policyholder has not designated any policy donation percentage, or if the total sum of the specified policy donation percentage(s) as mentioned below and the percentage(s) payable to the Beneficiary(ies) as specified under Part 1 of this form is less than 100%, the Company shall have discretion to pay the death benefit in such proportion(s) as the Company shall deem appropriate.
- 如本表格第一部份所示的第一受益人及第二受益人在受保人去世前死亡，本公司於支付身故賠償時，仍按下述的保單捐贈指定百分比支付身故賠償予下述的慈善機構/慈善信託。原於本表格第一部份所示的受益人的分配比率，本公司將按該分配比率支付身故賠償予保單持有人；如保單持有人同時為受保人，則本公司將按該分配比率支付身故賠償予保單持有人的遺產。If the Primary Beneficiary(ies) and the Secondary Beneficiary(ies) as specified under Part 1 of this form do not survive the Insured, the Company shall still pay the death benefit to the Charitable Institution(s)/ Charitable Trust(s) according to the specified policy donation percentage(s) as mentioned below: The percentage(s) originally payable to the Beneficiary(ies) as specified under Part 1 of this form shall be paid to the Policyholder; or if the Policyholder and the Insured is the same person, the percentage(s) originally payable to the Beneficiary(ies) as specified under Part 1 of this form shall be paid to the estate of the Policyholder.
- 於本公司支付身故賠償時，若下述的慈善機構/慈善信託已不屬本表格定義下的「慈善機構/慈善信託」，或已清盤、結業或被凍結資產，或法律不容許支付予該慈善機構/慈善信託，下述的保單捐贈指定百分比將平均分配予本表格第一部份所示的受益人。At the time when the death benefit is paid by the Company, if the Charitable Institution(s)/ Charitable Trust(s) as mentioned below are no longer the Charitable Institution(s)/ Charitable Trust(s) as defined in this form, or if such Charitable Institution(s)/ Charitable Trust(s) have been wound up, closed or have its assets frozen, or if payment to such Charitable Institution(s)/ Charitable Trust(s) is prohibited by the law, the specified policy donation percentage(s) as mentioned below shall be paid to the Beneficiary(ies) specified under Part 1 of this form in equal shares.

慈善機構/慈善信託登記名稱 Charitable Institution/ Organization	註冊編號 Registration No.	保單捐贈指定百分比 Donation Percentage
		%
		%
		%
		%

**第三部份 受益人領取身故賠償及意外身故保障方式 <適用於指定人壽保險計劃>****Part 3 - Death Benefit and Accidental Death benefit settlement option to beneficiary <Applicable for designated life policies>**

<input type="checkbox"/> 一筆過提取 Lump Sum Payment	<input type="checkbox"/> 以二十年提取 Payout Period by 20 years
<input type="checkbox"/> 以十年提取 Payout Period by 10 years	<input type="checkbox"/> 以三十年提取 <sup>^</sup> Payout Period by 30 years <sup>^</sup>

**注意 Note :**

- 只適用於「重要須知」1.提及的指定人壽保險計劃。It is only applicable for designated life policies mentioned in point 1 of the Important Notes.
- 如保單持有人未作受益人領取身故賠償及意外身故保障方式的選擇，則假設為一筆過提取。Lump sum payment will be assumed if no death benefit and accidental death benefit settlement option has been not selected by the Policyholder.
- 若身故賠償及意外身故保障(如適用)(按受保人身故日計算的身故賠償)總金額少於港元四十萬或美元五萬，將會以一筆過提取方式辦理。If the total amount of death benefit and accidental death benefit (if applicable) is less than Hong Kong Dollars Four Hundred Thousand or United States Dollars Fifty Thousand, lump sum payment will be applied.
- 身故賠償及意外身故保障(如適用)必須以同一項領取方式支付。Both death benefit and accidental death benefit (if applicable) must be paid by the same settlement option.
- 身故賠償及意外身故保障(如適用)賠付方式選擇 Choice of Death Benefit and accidental death benefit (if applicable) Settlement Option :  
在本保單有效期內及保單持有人繳足所有到期保費的情況下，身故賠償將按以下其中一種由保單持有人以指定表格書面確認的領取方式賠付，惟須滿足以下條件：(i)該領取方式在受保人身故日前已經本公司同意及記錄在案；及(ii)根據上文按受保人身故日計算的身故賠償總金額超過或等於美元五萬(美元 50,000)(美金保單)/港元四十萬(港元 400,000)(港幣保單)。While this Policy is in force, provided that all due Premiums have been fully paid by the Policyholder, the death benefit will be paid according to one of the following options as selected in writing by the Policyholder on the Company's prescribed form subject to the conditions that (i) such selection request(s) is accepted and recorded by the Company prior to the Insured's death and (ii) the total amount of death benefit as calculated above as of the date of death of the Insured is greater than or equal to USD fifty thousand (USD50,000) (for USD policy)/ HKD four hundred thousand (HKD400,000) (for HKD policy).
  - 受益人將獲本公司一筆過賠付根據上文按受保人身故日計算的身故賠償，而本保單即告終止。The Company will pay the death benefit in a lump sum to the Beneficiary(ies) as calculated above as of the date of death of the Insured. This Policy shall then terminate.
  - 受益人可將根據上文按受保人身故日計算的身故賠償保留於本公司積存生息。身故賠償將以年期付款方式按保單持有人所選定的付款方案分十(10)年期或二十(20)年期或三十(30)<sup>^</sup>年期於固定付款日及其後每一年派發予受益人。身故賠償分期派發後的餘額將從首期付款日起按照由本公司不時制定的利率按年衍生利息直至身故賠償全數賠付。累計利息將會於派發最後一期身故賠償時一同支付，而本保單即告終止。The Beneficiary(ies) shall deposit the death benefit as calculated above as of the date of death of the Insured with the Company to accumulate interest. Death benefit shall be paid to the Beneficiary(ies) by annual instalments on a fixed payment date and at one-year intervals thereafter over a period of ten (10) years or twenty (20) years or thirty (30)<sup>^</sup> years in accordance with the Policyholder's selected payout option. Interest will be accrued annually on the remaining balance of death benefit at a rate to be determined by the Company from time to time starting from the date of the first (1st) instalment until the total amount of death benefit has been paid. The accumulated interest will be paid together with the last instalment of death benefit. This Policy shall then terminate.
- 倘受益人於獲發放身故賠償及意外身故保障(如適用)期間身故，本公司將一筆過支付身故賠償的餘額及利息(如有)予已故受益人的遺產，而本保單即告終止。If the Beneficiary(ies) dies during the settlement period of the death benefit and accidental death benefit (if applicable), the Company shall pay the remaining balance of the death benefit with interest (if any) in a lump sum payment to the estate of the deceased Beneficiary(ies). This Policy shall then terminate.
 

<sup>^</sup> 需符合保單條款中訂明身故賠償及意外身故保障可選擇的領取方式年期。The payout period available for the Settlement option of death benefit and accidental death benefit must be stipulated in the policy provision.

**第四部份 客戶確認符合《海外帳戶稅收合規法案》和其他適用法律Part 4 - Customer acknowledgement regarding compliance with Foreign Account Tax Compliance Act and other Applicable Laws**

閣下知悉中國人壽保險(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.



#### 第四部份 客戶確認符合《海外帳戶稅收合規法案》和其他適用法律 (續) Part 4 - Customer acknowledgement regarding compliance with Foreign Account Tax Compliance Act and other Applicable Laws (Continued)

##### 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 日曆日之內)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 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).

##### 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 other information

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

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 日曆日之內)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(擁有或控制閣下 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/或已執行(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行適用在本公司的法律及法規的要求。

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

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

本人/我們確認已閱讀及明白貴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](http://www.chinalife.com.hk) 下載或向貴公司索取。I/We confirm that I/we have read and understood the Personal Information Collection Statement ("PICS") of the Company. For the latest version of the PICS, it can be downloaded from [www.chinalife.com.hk](http://www.chinalife.com.hk) or is made available upon request to the Company.

#### 第六部份 聲明及承諾 Part 6 - Declarations and Undertaking

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

**第六部份 聲明及承諾 (續) Part 6 - Declarations and Undertaking (Continued)**

- I/We hereby declare that all information given and representations made in this form and in the related documents submitted together with this form are, to the best of my/our knowledge and belief, accurate, true and complete. Such information and representations shall form the basis for the approval by the Company of my/our above request and shall form part of the policy specified in this form (the "Policy").
- I/We hereby declare and agree that my/our above request shall only take effect provided that all the following conditions are met:
  - The above request is approved by the Company during the lifetime and continued insurability of the Insured of the Policy;
  - The Policyholder is legally entitled to the benefits under the Policy which have not been assigned or otherwise transferred to any party other than the Company; and
  - I/We am/are not adjudged bankrupt, or made the subject of any bankruptcy or similar proceedings, or of any receiving or similar order, in Hong Kong or elsewhere, and there are no bankruptcy or insolvency proceedings that are pending or have been instituted by or against me/us in Hong Kong or elsewhere.
- I/We hereby confirm and undertake that all Beneficiary(ies) previously designated under the Policy is/are fully aware of and if consent is required, has/have consented to the contents of this form.
- I/We hereby agree and undertake to indemnify the Company in full and hold the Company harmless from any claims, losses, liabilities, damages and all related costs and expenses (including legal fees) arising from or in connection with my/our above request.
- I/We understand and agree that all previous designations of Charitable Institution(s)/ Charitable Trust(s)/ Beneficiary(ies)/ Trustee(s) under the Policy shall be revoked once the application under this form is accepted and approved by the Company.
- I/We understand and agree that if there is any discrepancy or inconsistency between the English version and the Chinese version of this form, the Chinese version shall prevail.

**第七部份 簽署 Part 7 - Signature**

本人/我們僅此確認已閱讀及明白以上申請內的所有內容、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.

**注意 Note :**

- 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 or Insured 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.

保單持有人簽署 及印鑑(如適用) Signature and Stamp (if applicable) of Policyholder	不可撤換受益人簽署 及印鑑(如適用) Signature and Stamp (if applicable) of Irrevocable Beneficiary	受讓人簽署 及印鑑(如適用) Signature and Stamp (if applicable) of Assignee	見證人簽署(如適用) Signature of Witness (if applicable)
			<p><b>與保單持有人之關係 Relationship to Policyholder</b></p> <p><input type="checkbox"/> 保險中介人/銀行職員/客戶服務中心 職員 Insurance Intermediary/ Bank Staff/ CS Centre Staff 編號 Code _____</p> <p><input type="checkbox"/> 其他人士(請註明) Others (Please Specify) _____ 身份證明文件號碼 Identity Document No. _____</p>
姓名/名稱 Name	姓名/名稱 Name	姓名/名稱 Name	姓名 Name
日期 (年/月/日) Date (YYYY/MM/DD)	日期 (年/月/日) Date (YYYY/MM/DD)	日期 (年/月/日) Date (YYYY/MM/DD)	日期 (年/月/日) Date (YYYY/MM/DD)

所需文件指引 Documents Checklist

客戶類別 Customer Type	服務申請類別 Type of Service Request	所需文件(請✓閣下已提交的文件) Documents Required (Please ✓ against the documents you submitted)		
		保單持有人 Policyholder	指定受益人 Designated Beneficiary(ies)	委任信託人 (如適用) Appointed Trustee (if applicable)
個人客戶 Individual Customer	更改保單受益人 Beneficiary Appointment	不適用 Not applicable	<input type="checkbox"/> 身份證明文件副本 (適用於填寫的指定受益人與受保人屬非直系親屬/屬直系親屬但未有完全提供本表格「1. 更改受益人資料」其他資料) Copy of Identification Proof (If the relationship between the designated beneficiary(ies) and Insured stated is(are) non-immediate family member(s) / is(are) immediate family member(s) but the other parts in "1. Information of Beneficiary(ies)" of this form is not fully completed)	<input type="checkbox"/> 身份證明文件副本 Copy of Identification Proof
公司客戶 Corporate Customer	更改保單受益人 Beneficiary Appointment	<input type="checkbox"/> 公司註冊證書已核實正本之副本(如適用) <sup>1</sup> Certified True Copy of Certificate of Incorporation (CI) (if applicable) <input type="checkbox"/> 商業登記證已核實正本之副本(有效期為一年) <sup>1</sup> Certified True Copy of Business Registration (BR) (Valid for one year only) <sup>1</sup> <input type="checkbox"/> 董事在職證明書副本(有效期為半年)/公司查冊報告(有效期為半年) Copy of Certificate of Incumbency (within 6 months)/ Company Search Report (within 6 months) <input type="checkbox"/> 董事會的決議案或授權書 - 董事會的決議案或授權書交代更改受益人目的 Board of Director's Resolution or Letter of Authorization - Board of Director Resolution or Letter of Authorization to indicate the purpose of change of beneficiary	<input type="checkbox"/> 身份證明文件副本 (適用於填寫的指定受益人與受保人屬非直系親屬/屬直系親屬但未有完全提供本表格「1. 更改受益人資料」其他資料) Copy of Identification Proof (If the relationship between the designated beneficiary(ies) is(are) and Insured stated is non-immediate family members / is(are) immediate family member(s) but the other parts in "1. Information of Beneficiary(ies)" of this form is not fully completed)	<input type="checkbox"/> 身份證明文件副本 Copy of Identification Proof

<sup>1</sup>核實正本之副本之人士包括以下任何一位人士：本公司保險中介人、本公司客戶服務中心職員、發出身份核實文件的國家的大使館、領事館或高級專員公署的人員、太平紳士、根據《受託人條例》第 VIII 部註冊並在香港經營信託業務的信託公司及在香港或對等司法管轄區的司法人員、經營業務或執業的律師、公證人、核數師、專業會計師或稅務顧問。The certification can be conducted by any of the following persons: The Company's insurance intermediary, the Company's customer service centre staff, the embassy, consulate or high commission of the associated document(s) issuance country, Justice of the Peace, judicial officers of licensed trust business in Hong Kong under "Trustee Ordinance" (Cap. 29) Part 8 - Trust Companies, practicing lawyers, notary public, professional accountants or tax advisors in Hong Kong or equivalent jurisdictions.