



下載國壽海外APP

享受升級用戶體驗! 即時輕鬆辦理服務申請或查閱進度。

保單號碼 Policy No.

更改持有人通訊地址/聯絡電話/電郵地址申請表 Change of Policyholder Address/ Contact Numbers/ Email Address 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. 本表格適用於更改保單持有人聯絡資料及申報自我證明(個人保單持有人的身份識別資料)。This form is only applicable for Policyholder changing contact information and Self-Certification (Identification of Individual Policyholder).
2. 本表格中「本公司」/「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. 請以正楷填寫本表格。任何資料如有更改，保單持有人必須在更改的地方簽署作實。Please complete this form in BLOCK LETTERS. All amendments should be endorsed by the Policyholder in full signature.
4. 保單持有人之簽署必須與本公司之記錄相符。The signature of the Policyholder must be identical to that of the Company's record.
5. 經保險中介人/分銷銀行遞交申請，以本公司收悉有關申請文件為準。Applications submitted via Insurance Intermediaries/ Distribution Banks are subject to the Company's receipt.
6. 保單持有人可下載國壽海外 APP 辦理服務申請，亦可填妥及簽署此表格並於 30 天內交回本公司處理，表格可傳真至(852)2892 0520，或電郵至 cs@chinalife.com.hk，或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 OneService App, or complete and return this form to the Company within 30 days after signing this form. Please return by fax to (852)2892 0520, or by email to cs@chinalife.com.hk, or by mail to "China Life Insurance (Overseas) Co. Ltd.", 24/F, CLI Building, 313 Hennessy Road, Wan Chai, Hong Kong.
7. 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 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 to view and download the latest version of the form.
8. 本公司保留權利按需要索取額外地址證明以作核實。The Company reserves the right to request additional proof of the address for verification on a need basis.
9. 如保單持有人的稅務居民身份有所改變，請填寫第二部份自我證明。如保單持有人為組織機構，則需填寫最新之自我證明表格 - 實體(保單服務適用)，請登入本公司網站 www.chinalife.com.hk 瀏覽及下載。Policyholder should report all changes in his/her tax residency status in part 2 Self-Certification. If policyholder is an entity, please download and complete the Self-Certification Form - Entity (For Policy Service Use) in our website www.chinalife.com.hk.

第一部份 更改手提電話及電郵地址資料 Part 1 - Change of Mobile Phone and Email Address Information

更改手提電話及電郵地址注意事項：Important Notes of Change of Mobile Phone and Email Address:

以下 1.1 所更改的資料會應用於保單持有人現時所有有效保單 The below changes in 1.1 are applied to all the existing inforce policy(ies) of Policyholder

1.1 手提電話及電郵地址 Mobile Phone and Email Address

國家/地區號 Country/ Area Code

電話號碼 Phone No.

手提電話 Mobile Phone

電郵地址 Email Address



第一部份 更改聯絡資料 (續) Part 1 - Change of Contact Information (Continued)

☐ 以下更改應用於本人現時持有的所有有效保單 The below changes applied to all my existing inforce policy(ies)

1.2 通訊/郵寄地址 Correspondence/ Mailing Address

室 Flat/ Room 樓層 Floor 座 Block

大廈/屋邨 Building/ Estate 號碼/街道/區域 Street No./ Street Name/ District

州/省/市 State/ Province/ City 國家/地區 Country/ Region 郵政編號(如適用) Postal Code (if applicable)

1.3 住宅地址 (郵政信箱恕不接受) Residential Address (P. O. Box is not acceptable)

室 Flat/ Room 樓層 Floor 座 Block

大廈/屋邨 Building/ Estate 號碼/街道/區域 Street No./ Street Name/ District

州/省/市 State/ Province/ City 國家/地區 Country/ Region 郵政編號(如適用) Postal Code (if applicable)

1.4 辦公室地址 Office Address

室 Flat/ Room 樓層 Floor 座 Block

大廈/屋邨 Building/ Estate 號碼/街道/區域 Street No./ Street Name/ District

州/省/市 State/ Province/ City 國家/地區 Country/ Region 郵政編號(如適用) Postal Code (if applicable)

1.5 聯絡電話 Contact Number

住宅 Residential 國家/地區號 Country/ Area Code 電話號碼 Phone No.

辦公室 Office 國家/地區號 Country/ Area Code 電話號碼 Phone No.

第二部份 自我證明 (個人保單持有人的身份識辨資料) (如適用)

Part 2 - Self-Certification (Identification of Individual Policyholder) (If Applicable)

重要須知 Important Note :

- 這是由保單持有人向本公司提供的自我證明表格，以作自動交換財務帳戶資料用途。本公司可把收集所得的資料交給稅務局，稅務局會將資料轉交到另一稅務管轄區的稅務當局。This is a self-certification form provided by a Policyholder to the Company for the purpose of automatic exchange of financial account information. The data collected may be transmitted by the Company to the Inland Revenue Department for transfer to the tax authority of another jurisdiction.
- 如保單持有人的稅務居民身份有所改變，應盡快將所有變更通知本公司。Policyholder should report all changes in his/her tax residency status to the Company.
- 除不適用或特別註明外，必須填寫這份表格所有部份。如這份表格上的空位不敷應用，可另紙填寫。All parts of the form must be completed (unless not applicable or otherwise specified). If space provided is insufficient, continue on additional sheet(s).
- 對於聯名帳戶或多人聯名帳戶，每名個人帳戶持有人須分別填寫一份表格。For joint or multiple account holders, complete a separate form for each individual account holder.

2.1 個人保單持有人的身份識別資料 Identification of Individual Policyholder

保單持有人在我們保單記錄以及此表格更新的姓名、身份證明文件號碼、出生日期、出生國家/地、住址、通訊地址(如適用)將被視為閣下的自我證明一部份。Policyholder's Name, Identification Document Number, Date of Birth, Country/Place of Birth, Residential Address, and Correspondence Address (if applicable) of our policy records and the updates in this Application Form will be considered as your Self-Certification.

2.2 居留司法管轄區及稅務編號或具有等同功能的識別編號 (以下簡稱「稅務編號」) Jurisdiction of residence and taxpayer identification number of its functional equivalent ("TIN")

提供以下資料，列明(a)保單持有人的居留司法管轄區，亦即保單持有人的稅務管轄區(香港包括在內)及(b)該居留司法管轄區發給保單持有人的稅務編號。列出**所有**(不限於5個)居留司法管轄區。如保單持有人是香港稅務居民，稅務編號是其香港身份證號碼。如沒有提供稅務編號，必須填寫合適的理由：Complete the following table indicating (a) the jurisdiction of residence (including Hong Kong) where the Policyholder is a **resident for tax purposes** and (b) the Policyholder's TIN for each jurisdiction indicated. Indicate **all** (not restricted to five) jurisdictions of residence. If the Policyholder is a tax resident of Hong Kong, the TIN is the Hong Kong Identity Card Number. If a TIN is unavailable, provide the appropriate reason A, B or C:

理由 A Reason A	保單持有人的居留司法管轄區並沒有向其居民發出稅務編號。 The jurisdiction where the Policyholder is a resident for tax purposes does not issue TINs to its residents.		
理由 B Reason B	保單持有人不能取得稅務編號。如選取這一理由，解釋保單持有人不能取得稅務編號的原因。 The Policyholder is unable to obtain a TIN. Explain why the Policyholder is unable to obtain a TIN if you have selected this reason.		
理由 C Reason C	保單持有人毋須提供稅務編號。居留司法管轄區的主管機關不需要保單持有人披露稅務編號。 TIN is not required. Select this reason only if the authorities of the jurisdiction of residence do not require the TIN to be disclosed.		
居留司法管轄區 Jurisdiction of Residence	稅務編號 TIN	如沒有提供稅務編號，填寫理由 A、B 或 C。Enter Reason A, B or C if no TIN is available	如選取理由 B，解釋保單持有人不能取得稅務編號的原因 Explain why the Policyholder is unable to obtain a TIN if you have selected Reason B
1.			
2.			
3.			
4.			
5.			

聲明 Declaration：

本人知悉及同意，財務機構可根據《稅務條例》(第 112 章)有關交換財務帳戶資料的法律條文，(a)收集本表格所載資料並可備存作自動交換財務帳戶資料用途及(b)把該等資料和關於保單持有人及任何須申報帳戶的資料向香港特別行政區政府稅務局申報，從而把資料轉交到保單持有人的居留司法管轄區的稅務當局。

本人承諾，如情況有所改變，以致影響本表格所述的個人的稅務居民身份，或引致本表格所載的資料不正確，本人會通知貴公司，並會在情況發生改變後 30 日內，向貴公司提交一份已適當更新的自我證明表格。

本人聲明就本人所知所信，本表格內所填報的所有資料和聲明均屬真實、正確和完備。

I acknowledge and agree that (a) the information contained in this form is collected and may be kept by the financial institution for the purpose of automatic exchange of financial account information, and (b) such information and information regarding the Policyholder and any reportable account(s) may be reported by the financial institution to the Inland Revenue Department of the Government of the Hong Kong Special Administrative Region and exchanged with the tax authorities of another jurisdiction or jurisdictions in which the Policyholder may be resident for tax purposes, pursuant to the legal provisions for exchange of financial account information provided under the Inland Revenue Ordinance (Cap.112).

I undertake to advise the Company of any change in circumstances which affects the tax residency status of the individual identified in this form or causes the information contained herein to become incorrect, and to provide the Company with a suitably updated self-certification form within 30 days of such change in circumstances.

I declare that the information given and statements made in this form are, to the best of my knowledge and belief, true, correct and complete.

警告：根據《稅務條例》第 80(2E)條，如任何人在作出自我證明時，在明知一項陳述在要項上屬具誤導性、虛假或不正確，或罔顧一項陳述是否在要項上屬具誤導性、虛假或不正確下，作出該項陳述，即屬犯罪。一經定罪，可處第 3 級(即\$10,000)罰款。

WARNING: It is an offence under section 80(2E) of the Inland Revenue Ordinance if any person, in making a self-certification, makes a statement that is misleading, false or incorrect in a material particular AND knows, or is reckless as to whether, the statement is misleading, false or incorrect in a material particular. A person who commits the offence is liable on conviction to a fine at level 3 (i.e. \$10,000).

第三部份 聲明及授權 Part 3 - 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)。

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.

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.

第四部份 有關《外國帳戶稅務合規法》的聲明 Part 4 - Declaration Relating to Foreign Account Tax Compliance Act

本人/吾等謹此聲明、同意及承認：

1. 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。任何依據此陳述而繕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，而上以上之有關條款並不適用。)
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、地址、電話、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. 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.)
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, address, 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 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 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 the 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.

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

本人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 下載或向貴公司索取。
I 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 or is made available upon request to the Company.

第六部份 聲明及簽署 Part 6 - Declaration & Signature

本人/我們謹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/我們謹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	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)
		與保單持有人之關係 Relationship to Policyholder
		<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
		<input type="checkbox"/> 其他人士(請註明) Others (Please Specify)
		身份證明文件號碼 Identity Document No.
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)

所需文件指引 Documents Checklist

客戶類別 Customer Type	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	
個人客戶 Individual Customer	<input type="checkbox"/>	3 個月內載有保單持有人名稱及地址並由公共或金融機構發出的信件副本作為地址證明 (內地人士更改通訊地址為香港地址 或 任何人士將地址更改至被評估為高風險的國家/地區適用) A copy of correspondence bearing the name of Policyholder and address which is issued by public or financial institutions within last 3 months as address proof (For mainlanders changing their correspondence address to Hong Kong or anyone changing their address to a country/region assessed as high risk)
	<input type="checkbox"/>	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 (美國公民或美國稅務居民及/或可能與美國有聯繫人士適用) U.S. tax self-certification form (e.g. W-9, W-8BEN or an equivalent form) and relevant supporting documents (U.S. citizens or U.S. tax residents and/or persons with possible U.S. connections)
公司客戶 Corporate Customer	<input type="checkbox"/>	3 個月內載有保單持有人名稱及有效公司註冊地址的證明文件 (適用於更改地址) a copy of correspondence bearing the name of Policyholder and valid company's registration address issued by public or financial institutions within last 3 months as address proof (Applicable on changing address)
	<input type="checkbox"/>	《自我證明表格 - 實體(保單服務適用)》(如有任何稅務地區變更) "Self-Certification Form - Entity (For Policy Service Use)" (If there is any change of the tax residence)