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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. 本申請表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申請表內任何曾修改的地方簽署作實。This form must be completed by the Policyholder in BLOCK LETTERS and signed with the signature that corresponds to the Company's records. Any amendments in this form must be countersigned by the Policyholder with their full signature. 3. 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妥。Receipt of this form by an Insurance Intermediary or Bank Staff does not constitute receipt by the Company. 4. 請將填妥及簽署的申請表正本連同所需文件於簽署此申請表的 30 天內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」。Please send the original completed and duly signed form(s) and the required document(s) to "China Life Insurance (Overseas) Co.Ltd.", 24/F, CLI Building, 313 Hennessy Road, Wan Chai, Hong Kong within 30 days after signing this form. 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 the right to reject the application if it fails to fulfill Company's requirements.

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（保單有指定後補受保人除外），或 ii)保單持有人為法人團體，或 iii)保單持有人為聯合持有人，或 iv)正在/已抵押轉讓予受讓人，或 v)已指定不可撤換受益人，或 vi)已委任(臨時)受託人的兒童保單，或 vii)投資相連產品，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 Policyholder is a body corporate, or iii) the Policyholder is Joint Policyholder, or iv) the Policy being/is subject to an assignment, or v) Policyholder has appointed an irrevocable beneficiary, or vi) the Policyholder is a registered (interim) trust, or vii) Investment Linked Product, or viii) QDAP, or ix) Plan with Family Sharing Benefit and/or Extended Care for Children Benefit. 2. 後備保單持有人必須為個人及年滿 18 歲或以上。The Contingent Policyholder must be an individual and at least 18 years old at the time of appointment. 3. 在指定後備保單持有人時，後備保單持有人與受保人必須存在可保權益。The Contingent Policyholder and the Insured must have insurable interest at the time of designation of Contingent Policyholder. 4. 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確認信作實後方為有效。有關確認信只確認委任後備保單持有人的申請。保單持有人應在提交本申請後通知後備保單持有人其任命事宜。Only one Contingent Policyholder may be appointed. The appointment of Contingent Policyholder is not valid until this application is confirmed by the Company by issuance of confirmation letter. The issuance of the confirmation letter simply acknowledges the appointment of the Contingent Policyholder for the Policy. The Policyholder shall inform the Contingent Policyholder of his/her appointment once the Policyholder submits this application.



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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)

5. 倘若現時保單持有人於保單有效期內身故，而本保單內已有後備保單持有人及本公司於現時保單持有人身故後九十(90)日內收到有關後備保單持有人之申請及相關文件，及該轉換保單持有人的申請符合本公司的相關行政程序，本公司將會安排後備保單持有人成為本保單的保單持有人及該後備保單持有人將需承擔本保單訂明的所有義務及有權行使在本保單下所有屬於保單持有人的權利。At the time when the current Policyholder dies while the Policy is in force, provided that a Contingent Policyholder has been appointed under this Policy and the application with related documents of the Contingent Policyholder have been received by the Company within ninety (90) days after the death of the current Policyholder and the application of change of Policyholder fulfills the Company's related administrative procedure, the Company will arrange the Contingent Policyholder to become the Policyholder of this Policy and the Contingent Policyholder shall assume all the obligations and be entitled to exercise all the rights belonging to the Policyholder under this Policy.
6. 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。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 transfer of Policy ownership to the Contingent Policyholder will only become effective after 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. The effective date of transfer of Policy ownership to the Contingent Policyholder will be the effective date shown in the new Policyholder's endorsement issued by the Company (according to the Company's record). All rights, claims and interests and obligations under the Policy will be transferred to the Contingent Policyholder from the aforementioned effective date.
7. 當本公司簽發批註確認下列申請後或發生下列任何一項事件時，保單之前所委任的後備保單持有人將會被自動撤銷：i)更改保單持有人申請，或 ii)保單抵押轉讓申請，或 iii)保單保障轉換申請，或 iv)後備保單持有人早於保單持有人身故，或 v)後備保單持有人提供書面確認至本公司表示不願意成為本保單的後備保單持有人或保單持有人後，或 vi)（適用於保單持有人與受保人為同一人）終止後補受保人的申請後而保單沒有有效的後補受保人。前述情況下，一旦本公司簽發批註確認上述申請後，本保單之前指定的後備保單持有人或指定保單暫託人（如適用）將被撤銷。
- When the Company issues an endorsement to confirm the following application or the occurrence of any of the following events, the appointed Contingent Policyholder under the Policy will be automatically revoked: i) application for change of the Policyholder, or ii) application for policy assignment, or iii) application for coverage conversion of policy, or iv) if the Contingent Policyholder dies before the Policyholder, or v) after the Contingent Policyholder provides written notice to the Company of his unwillingness to become the Contingent Policyholder or Policyholder of this Policy, or vi) (for situations where the Policyholder and the Insured are the same person) after application for termination of Contingent Insured and the Policy does not have a valid Contingent Insured. Notwithstanding the foregoing, any previously appointed Contingent Policyholder or Designated Interim Policyholder (where applicable) of this Policy will be revoked once the Company issues an endorsement to confirm the aforementioned application(s).
8. 倘若因任何原因導致本公司無法安排該後備保單持有人成為本保單的保單持有人，則保單擁有權將歸屬於已故保單持有人之遺產。當本公司安排轉移保單擁有權至已故保單持有人遺產後，於任何情況下後備保單持有人將不再擁有該保單的任何權利或利益。
- If the Company is unable to arrange that Contingent Policyholder to be the Policyholder of the Policy for any reasons, the ownership of this Policy will become part of the estate of the deceased Policyholder. Once the Company arranges the transfer of ownership of the Policy to the estate of the deceased Policyholder, the Contingent Policyholder shall then cease to have any right or interest in respect of this Policy under any circumstances.
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 a 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. 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
身份證明文件號碼 Identity Document No.					
後備保單持有人與現有保單持有人的關係 Relationship between the Contingent Policyholder and the current Policyholder		<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			
後備保單持有人與現有受保人的關係 Relationship between the Contingent Policyholder and the current Insured		<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"/> 兄弟姊妹 Sibling <input type="checkbox"/> 監護人 Guardian <input type="checkbox"/> 祖父母 / 外祖父母 Grandparents <input type="checkbox"/> 孫 / 外孫 Grandchildren <input type="checkbox"/> 父母的兄弟姊妹 Parent's sibling <input type="checkbox"/> 繼父母 Step Parents <input type="checkbox"/> 繼子女 Step Children			

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

1. 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.
2. 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.
3. 請勿在空白申請表上簽署。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