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更改保單持有人申請表 Request For Change of Policyholder Application Form

請在適當的格內填上「√」。Please tick the appropriate boxes where applicable.

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'S 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 NOTES
<ol style="list-style-type: none"> 1. 本申請表中所用之「本公司」或「貴公司」指中國人壽保險(海外)股份有限公司。In this form, "the Company" refers to China Life Insurance (Overseas) Company Limited. 2. 此申請表應以正楷填寫及由現有保單持有人及新保單持有人簽名,且現有保單持有人簽名式樣須與本公司的記錄相符。現有保單持有人及新保單持有人亦必須於此表格內任何曾修改的地方以完整簽署作實。This form is to be completed in BLOCK LETTERS and signed by the Current Policyholder and New Policyholder, with the Current Policyholder's signature must match the Company's record. Any amendments in this form must be countersigned by the Current Policyholder and New Policyholder in full signature. 3. 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. 4. 請參閱此表格最後幾頁的所需文件指引以便處理此申請。Please refer to the Documents Checklist on the last few pages for documents required to process this application. 5. 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. 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 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. 7. 根據「打擊洗錢及恐怖分子資金籌集(金融機構)條例」及其他適用指引,就更改保單持有人對新保單持有人進行客戶盡職審查,且該審查結果須符合本公司要求。因此,本公司保留權利決定該盡職審查之範圍,並要求作進一步闡述及索取其他文件(如新保單持有人支付保費的資金、財富來源證明),如申請未能符合本公司的有關規定及/或未能及時提交所需的資料或文件,本公司可能無法處理甚或拒絕閣下的申請,亦不會承擔任何可能因此引致的損失。As required by the Anti-Money Laundering and Counter-Terrorist Financing (Financial Institutions) Ordinance and other applicable guidelines, customer due diligence on New Policyholder upon Change of Policyholder shall be completed to the satisfaction of the Company. Therefore, the Company reserves the right to determine the scope of such customer due diligence, and to request you for further clarification and additional documents if deemed necessary (e.g. the proof of source of fund/wealth of New Policyholder for insurance premium). If the application fails to fulfill the Company's requirements or the necessary information/documents cannot be provided in a timely manner, the Company may not be able to process or may even reject your application and will not bear any loss that may arise.

更改保單持有人注意事項 Important Notes for Change of Policyholder
<ol style="list-style-type: none"> 1. 更改保單持有人申請將於本公司收到申請,批核及記錄在案後才生效,有關批註將會發送給新保單持有人。The Change of Policyholder shall take effect once the application is received, approved and recorded by the Company. The endorsement will be sent to the New Policyholder after the approval of the application. 2. 新保單持有人必須年滿十八歲或以上。The New Policyholder must be attained the age of 18 or above. 3. 新保單持有人須與現有受保人存在本公司滿意之可保權益(如:配偶、父母、子女、受保人為未成年或已成年之 18-25 歲全日制學生的祖父母/外祖父母或監護人)及提供關係證明。There must have insurable interest satisfactory to the Company between the New Policyholder and the Current Insured, such as spouse, parents, sons/daughters, grandparents or guardian of the Insured whose minors or aged 18 to 25 full time student, and provide relationship proof.



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更改保單持有人注意事項(續) Important Notes for Change of Policyholder(Continued)

4. 當本公司批核更改保單持有人申請後，於本保單較早前所有已設立的各類保單角色(包括但不限於受益人、後備保單持有人、後補受保人、指定保單暫托人)、自動轉賬繳費賬戶(如原自動轉賬繳費賬戶既不是新保單持有人也不是受保人的)、預設收款賬戶、期滿利益支付指示及供款者免繳保費利益保障將會被自動撤銷，不作另行通知。Upon the Company's approval of this application, any previous designated policy roles of the policy(including but not limited to Beneficiary, Contingent Policyholder, Contingent Insured, Designated Interim Policyholder), autopay account (if the autopay account is neither the New Policyholder nor the Insured), default payment account, policy maturity benefit payment instruction and Payor Benefit will be revoked at the same time without further notice.
5. 新保單持有人所提供的手提電話號碼及電郵地址，會成為本司與閣下的主要聯絡方式。如有需要，客戶可隨時更新聯絡方式。The mobile phone number and email address provided by the new policyholder will be the primary means of contact between our company and you. And the customer can update the new means of contact at any time, if necessary.
6. 如新保單持有人為內地人士(持中國護照、中國居民身份證或往來港澳通行證之人士)，必須同時提交已填妥的《重要資料聲明書內地人士在港投購人身/壽險保單》(IFS-MP)。倘更改保單持有人申請於保單生效日或首期保費日(以較前者為準)首年內提出，而現有及新保單持有人並非直系親屬關係(即配偶、父母及子女)，新保單持有人必須於香港境內簽署 IFS-MP 並連同入境證明的核實副本於簽署日起計 7 天內交回本公司。If the New Policyholder is a Mainlander (holder of either PRC Passport, PRC ID Card or PRC Travel Permit for HKSAR & MSAR), he/she must submit a completed "Important Facts Statement for Mainland Policyholder"(IFS-MP). If the change of Policyholder is applied within the first year from the Date of Policy Date or Commencing Date (whichever the earlier) and if the Current Policyholder and New Policyholder are not direct family members (i.e. spouse, parent and children), the New Policyholder is required to sign the IFS-MP at Hong Kong and submit it together with certified true copy of entry proof to the Company in 7 days.
7. 如資料顯示新保單持有人是美國公民或美國稅務居民^a及/或可能與美國有關聯^b，新保單持有人需將已填妥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)，連同此表格一併呈交予本公司。如新保單持有人為組織機構，除前述文件之外，新保單持有人另需填妥並遞交《補充陳述書 - 適用於要保人/保單持有人/受讓人為組織機構》及《補充陳述書 - 適用於個人股東》(如適用)。If the information of this form indicates that the New Policyholder is a U.S. Citizen or a U.S. tax resident^a and/or may have links to the U.S.^b, the New Policyholder is required to complete and return a U.S. tax self-certification form (e.g. W-9, W-8BEN or an equivalent form) and relevant supporting documents (if applicable), along with this form to the Company. If the New Policyholder is an Entity, the New Policyholder is required to complete and submit "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.
- a. 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(含本納稅年度及過往兩年)]。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)].
- b. 與美國有關聯的資料包括但不限於：出生國家為美國^c、電話號碼為美國號碼、郵寄或永久地址為美國地址、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。Information that has a U.S. link, included but not limited to: a U.S. place of birth^c, a U.S. telephone no., 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.
- c. 若新保單持有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，請同時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。If the New Policyholder'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, please 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.
8. 現有保單持有人聲明及保證本保單的更改保單持有人申請不受任何先前協議、合同義務、法律程序或法院/審裁庭命令的限制、影響或禁止。如有此類限制，現有保單持有人須提交該相關人士的適當書面同意以進行更改持有人申請。現有保單持有人明確聲明並同意，若更改持有人後發現任何義務，致使本公司在知情後本不會處理該保單的更改持有人申請(或未經現有保單持有人以外的其他人之書面同意不更改保單持有人)，則本持有人變更將立即無效，現有保單持有人須賠償並使本公司免於一切因本保單持有人變更而引起的損失、損害、負債、法律程序、索賠、要求及費用。The Current Policyholder warrants that the change of policyholder is not subject to any prior agreement, contractual obligations, legal proceedings and/or orders by the Court / tribunal, which may restrict, limit or otherwise prohibit such change of policyholder as contemplated under this change of policyholder. If any such restriction exists, the Current Policyholder must produce the Company proper written consent from such person(s) together with this change of policyholder application. The Current Policyholder expressly acknowledges and agrees that in the event of any obligations become known subsequent to the change of policyholder being made, which if then made known to the Company, would have caused the Company not to process any change of policyholder on the Policy (or not to change policyholder without the written consent of a party other than the Current Policyholder), the change of policyholder will become immediately void and the Current Policyholder shall indemnify and hold the Company harmless from any and all losses, damage, liabilities, proceedings, claims, demands and expenses arising out of and in connection with this change of policyholder application.
9. 請同時遞交「自我證明表格」。Please also submit "Self-Certification Form".

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第一部份 新保單持有人的基本資料 Part 1 Basic Information of New Policyholder

1. 新保單持有人姓名/名稱 Name of New Policyholder	中文 Chinese	_____	
	英文 English	_____	
2. 與受保人之關係 Relationship with the Insured		3. 與現有保單持有人之關係 Relationship with the Insured	
_____		_____	
4. 更改保單持有人原因 Reason(s) for Change of Policyholder			
<input type="checkbox"/> 資產配置 Asset Allocation <input type="checkbox"/> 教育儲備 Education Savings <input type="checkbox"/> 入息保障 Income Protection <input type="checkbox"/> 財富傳承 Wealth Succession			
<input type="checkbox"/> 其他 Other (請註明 please specify) _____			
5. 住宅地址(郵政信箱恕不接受) (新保單持有人為個人必須填寫此欄) Residential Address (P.O. Box is not accepted) (This column must be completed if the New Policyholder is Individual)			

城市/地區/國家 City/District/Country		郵政編號 Post Code	
_____		_____	
6. 通訊地址(必須填寫) Correspondence Address (Must be completed)			

城市/地區/國家 City/District/Country		郵政編號 Post Code	
_____		_____	
7. 聯絡電話 Contact No.	國家/地區號 Country Code	電話號碼 Phone No.	
手提電話號碼(必須填寫) Mobile Phone No. (Must be completed)			
辦公室電話號碼 Office Phone No.			
住宅電話號碼 Residential Phone No.			
8. 電郵地址 E-mail Address			

9. 通訊語言喜好 Correspondence Language Preference		<input type="checkbox"/> 中文 Chinese <input type="checkbox"/> 英文 English	
<ul style="list-style-type: none"> 如未有選擇，則預設為中文 Chinese will be assumed if not selected. 通訊語言喜好將適用於新保單持有人名下持有之所有保單 e-Correspondence Method is applicable to all the policies owned by the New Policyholder 			
10. 通訊方式喜好 Correspondence Method Preference (適用於新保單持有人為個人) (Applicable to New Policyholder is individual)			
<ul style="list-style-type: none"> 如選擇電子通訊方式，必須提供有效手提電話號碼。 If select e-Correspondence Method, please provide valid mobile number. 請提供有效電郵地址(如有)。 Please provide valid email address(if any). 新保單持有人需下載中國人壽海外 APP 及完成 OneService 註冊後，所選擇的電子通訊方式方能生效。 New Policyholder must download the China Life Overseas APP and complete the OneService registration process before their e-Correspondence Method preferred can take effect. 如新保單持有人為實體，通訊方式喜好只能選擇紙質通訊方式。 If New Policyholder is Entity, the Correspondence Method preferred must be Paper Correspondence Method. 			
電子通訊方式 e-Correspondence Method		紙質通訊方式 Paper Correspondence Method	
<input type="checkbox"/> (電子通訊方式將適用於新保單持有人名下持有之所有保單) (e-Correspondence Method is applicable to all the policies owned by the New Policyholder)		<input type="checkbox"/> 紙質通訊方式 Paper Correspondence Method	
11. 新保單持有人是否美國公民或美國稅務居民(見「更改保單持有人注意事項」)? 若「是」，請填妥並遞交 W-9 表格或同等文件。 Is New Policyholder a U.S. Citizen or a U.S. tax resident (See "Important Note for Change of Policyholder")? If "Yes", please complete and submit Form W-9 or an equivalent form.			
<input type="checkbox"/> 否 No <input type="checkbox"/> 是，請提供納稅人識別編號 Yes, please provide TIN No. _____			

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第二部份 新保單持有人(個人)的個人資料 Part 2 Personal Particulars of New Policyholder (Individual)										
如新保單持有人為個人，必須填寫此部份 If the New Policyholder is an individual, please complete this part.										
1. 性別 Gender		<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female		2. 婚姻狀況 Marital Status			<input type="checkbox"/> 未婚 Single <input type="checkbox"/> 已婚 Married		<input type="checkbox"/> 其他 Others _____	
3. 出生國家 Country of Birth		4. 出生日期 Date of Birth			年 Year	月 Month	日 Day			
5. 國籍/地區 Nationality/Region		<input type="checkbox"/> 香港 Hong Kong		<input type="checkbox"/> 中國 China		<input type="checkbox"/> 澳門 Macau		<input type="checkbox"/> 台灣 Taiwan		<input type="checkbox"/> 美國 U.S.
		<input type="checkbox"/> 其他 Other (請註明 please specify) _____								
6. 身份證明文件類別及號碼 Identity Document Type and No		<input type="checkbox"/> 香港永久性居民身份證/香港出世紙號碼 HK Permanent Identity Card/ HK Birth Certificate No.								
		<input type="checkbox"/> 其他身份證/護照/出世紙/等同文件號碼 Other Identity Card/ Passport/ Birth Certificate/ Equivalent Document No.								
		簽發國家/地區 Country/ Place of Issue _____								
7. 教育程度 Education Level		<input type="checkbox"/> 小學或以下 Primary or below			<input type="checkbox"/> 中學 Secondary		<input type="checkbox"/> 大專或以上 Post Secondary or above			
8. 公司名稱 Company Name										
9. 公司地址 Company Address										
		城市/地區/國家 City/District/Country _____			郵政編號 Post Code _____					
10. 業務性質 Nature of Business		11. 職位 Position			12. 主要工作職務 Major Job Duties					
13. 是否自僱 Self-employed		<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No			14. 每月經常性收入/固定收入(港元) Monthly Regular Income (HK\$)					
15. 財富來源/ 資金來源聲明 Source of Wealth/Source of Fund Declaration										
我們，為現有保單持有人及新保單持有人，在此聲明 We, the Current Policyholder and New Policyholder, declare that :										
<input type="checkbox"/> 保費已繳清 Fully Paid-up										
<input type="checkbox"/> 保費仍未繳清，以下為新保單持有人支付保費的資金來源與財富來源(必須填寫以下 i 及 ii 部份) : Not fully paid, and the source of wealth and source of fund for the New Policyholder pay the premium are as below(Must complete below i and ii):										
i. 新保單持有人支付保費的資金來源 Source of Fund of New Policyholder pay the premium (可選多於一項 Can select more than one option)										
<input type="checkbox"/> 薪金 Salary <input type="checkbox"/> 儲蓄 Savings <input type="checkbox"/> 收入 Income <input type="checkbox"/> 投資 Investments <input type="checkbox"/> 其他 Other(請註明 please specify) _____										
ii. 新保單持有人的財富來源 Source of Wealth of New Policyholder(可選多於一項 Can select more than one option)										
<input type="checkbox"/> 生意收益 Business Income <input type="checkbox"/> 儲蓄 Savings <input type="checkbox"/> 薪金 Salary <input type="checkbox"/> 投資回報 Return on Investment <input type="checkbox"/> 遺產 Inheritance										
<input type="checkbox"/> 其他 Other(請註明 please specify) _____										

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第三部份 新保單持有人(組織機構/信託公司)的資料 Part 3 Particulars of New Policyholder (Entity/Trust Company)

如新保單持有人為組織機構/信託公司，必須填寫此部份 If the New Policyholder is an entity/trust company, please complete this part.

1. 商業登記/公司註冊號碼 Business Registration / Company Registration No
2. 公司註冊或成立日期 Date of Incorporation or Establishment or Registration

年 Years

月 Month

日 Day

3. 公司註冊地

Place of Incorporation

 香港 Hong Kong 中國 China 澳門 Macau 台灣 Taiwan 美國 U.S. 其他 Other (請註明 please specify) _____
4. 公司註冊辦事處地址 Registered Office Address

城市/地區/國家 City/District/Country _____

郵政編號 Post Code _____

5. 公司類別 Company Type
 實體業務公司 Operating Company 非實體業務公司 Non-Operating Company

非實體業務公司需提供使用此公司種類之理由 For Non-Operating Company, please state the purpose of the use of such company type

 繼承計劃

Succession planning

 遺產計劃

Estate planning

 稅務計劃

Tax planning

 其他 Other (請註明 please specify) _____
是否受監管金融機構 Is Regulated Financial Institution?
 是 Yes 監管機構名稱 Name of regulatory body _____ 否 No
是否上市公司 Is Listing on stock exchange?
 是 Yes 交易所名稱 Name(s) of stock exchange _____ 否 No
6. 公司行業 Industry
7. 營運/貿易地區 Region of operation/ trade
8. 在過去五年有否作出行業轉變?

Any change in industry in the past 5 years?

 是 Yes 轉變前行業 previous industry _____ 否 No
9. 資金來源聲明 Source of Fund Declaration

我們，為現有保單持有人及新保單持有人，在此聲明 We, the Current Policyholder and New Policyholder, declare that :

 保費已繳清 Fully Paid-up
 保費仍未繳清，以下為新保單持有人支付保費的資金來源與財富來源：(必須填寫以下 i 及 ii 部份)
 Not fully paid, and the source of wealth and source of fund for the New Policyholder pay the premium are as below: (Must complete below i and ii)

i. 新保單持有人支付保費的資金來源 Source of Fund of New Policyholder pay the premium (可選多於一項 Can select more than one option)

 生意收益 Business Income 捐獻 Donation 由生意持有人提供 From Business Owner 投資回報 Return on Investment 酬金及佣金收入 Fee and Commission Income 銷售收入 Sales Proceed 其他 Other (請註明 please specify) _____

ii. 獲得財富的國家/地區 Country/ Region where the wealth is generated _____

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第四部份 委任新受益人 Part 4 Appointment of New Beneficiary(ies)
第一受益人類別 Primary Beneficiary Class

受益人全名 Full name of Beneficiary	受益人的身份證明文件號碼/ 公司註冊編號/商業登記號碼 Beneficiary's Identity Document No./Company Registration No./Business Registration No.	性別 (如適用) Gender (if applicable)	與受保人關係 Relationship to Insured	受益人的出生日期 Date of Brith of the Beneficiary			分配比率% Share%
				年 Year	月 Month	日 Day	

第二受益人類別 Secondary Beneficiary Class

受益人全名 Full name of Beneficiary	受益人的身份證明文件號碼/ 公司註冊編號/商業登記號碼 Beneficiary's Identity Document No./Company Registration No./Business Registration No.	性別 (如適用) Gender (if applicable)	與受保人關係 Relationship to Insured	受益人的出生日期 Date of Brith of the Beneficiary			分配比率% Share%
				年 Year	月 Month	日 Day	

其他指示 Other Instructions
注意 Note :

- 此申請是提供指定第一受益人及第二受益人。第二受益人須於所有第一受益人身故後才適用。This request provides beneficiary designation of primary and secondary beneficiaries. The designation of the Secondary Beneficiary(ies) shall apply only if all Primary Beneficiary(ies) is/are deceased.
- 如未有填寫任何受益人，則假設為新保單持有人之遺產。The New Policyholder's estate will be assumed if no beneficiary is specified.
- 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%。本公司將按分配比率支付身故賠償予受益人。如因新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。The total sum of percentage(s) among the same class of Beneficiary(ies) (Primary or Secondary) in the table should be 100%, the Company shall pay the death benefit to the Beneficiary(ies) according to the percentage(s). If the New 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.
- 根據受益人的身份及/或類別，新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.
- 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.
- 如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填寫受益人的資料，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 is(are) non-immediate family member(s)/is(are) immediate family member(s) but the beneficiary deatail have not been fully completed, a copy of identity document of the designated beneficiary(ies) will be required.
- 如填寫的指定受益人與受保人關係為非家庭成員，需要說明更改指定受益人的原因。If the relationship between the designated beneficiary(ies) and Insured stated in the form is(are) non family member(s), the reason of change the designated beneficiary(ies) will be required.
- 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，可填妥本申請表第五部分「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 Part 5 "Designation of Trustee of Minor Beneficiary" of this form, and is required to provide copy of the identification documents of the designated Trustee(s).
- 如因任何原因未能接納此表格的更改保單持有人申請，本部份內的委任受益人要求將不獲處理。If this application is not accepted due to whatever reason, the request for beneficiary appointment made in this part of the form will not be processed.

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第五部份 委任未成年受益人的信託人 Part 5 Designation of Trustee of Minor Beneficiary

新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 New Policyholder hereby declares that before the beneficiary stated below attains age 18, the following individual shall be appointed as trustee to receive death proceeds on behalf of the aforesaid beneficiary according to 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		

注意 Note

1. 本公司只接受委任已年滿十八歲之個人仍為未成年受益人的信託人。The Company only accepts individual who attains age 18 being appointed as the trustee(s) for minor beneficiary.
2. 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.
3. 新保單持有人應通知以上委任的信託人並取得其同意擔任信託人。若新保單持有人未能通知信託人及取得其同意將影響信託人委任的有效性，惟本公司對此並不承擔任何責任。The New Policyholder shall notify the trustee(s) for minor beneficiary for the above designation and the trustee(s) has/have consented to act as trustee. Any failure by the New Policyholder to do so may affect the validity of the designation for which the Company shall not assume any responsibility or liability.
4. 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

第六部份 客戶確認符合《外國帳戶稅收遵從法案》和其他適用法律**Part 6 Customer Acknowledge Regarding Compliance With Foreign Account Tax Compliance Act And Other Applicable Laws**

閣下認中國人壽保險（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.

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 Company’s Head Office(s) 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’s 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 others

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.

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第六部份 客戶確認符合《外國帳戶稅收遵從法案》和其他適用法律(續)**Part 6 Customer Acknowledge Regarding Compliance With Foreign Account Tax Compliance Act And Other Applicable Laws (Continued)**

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% 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。

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從適用法律及法規的要求。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.

第七部份 收取個人壽險保費徵費 Part 7 Collection Of Premium Levy On Individual Life Insurance Policies

本人/我們確認：貴公司按香港保險業監管局（下稱「保監局」）的要求及授權，有法定需要向每位保單持有人所持有的有效保單徵收保費徵費（下稱「徵費」），並將收取的徵費全數轉交予保監局。保監局可以根據相關條例，將有關的徵費欠款作為民事債項向相關的保單持有人追討欠款，並有機會徵收罰款。有關收取徵費的詳情，請瀏覽中國人壽（海外）股份有限公司的網頁 www.chinalife.com.hk/levy。

I/We hereby acknowledge that: China Life Insurance (Overseas) Company Limited, as an authorized insurer, is statutorily required to collect Premium Levy ("Levy") on any inforce policy from the policyholders on behalf of the Insurance Authority of Hong Kong ("IA") and transfer all collected Levy to IA. IA may take legal proceedings against the policyholders in respect of any outstanding Levy as a civil debt and may impose pecuniary penalty according to the relevant regulations. For details of the collection of Levy, please refer to the website at www.chinalife.com.hk/levy.

第八部份 收集個人資料聲明 Part 8 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。在本收集個人資料聲明（“本聲明”），下列詞語將具有以下的含義：

“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 / 服務而由與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。

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第八部份 收集個人資料聲明(續) Part 8 Personal Information Collection Statement (Continued)

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定的其他人士)；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)。

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。**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、常規及所持的資料種類的資料，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24樓

電話：(+852) 3999 5519 傳真：(+852) 2892 0520

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第八部份 收集個人資料聲明(續) Part 8 Personal Information Collection Statement (Continued)

China Life Insurance (Overseas) Company Limited (incorporated in the People's Republic of China with limited liability) (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.

The provision of your personal data is voluntary. Please note that if you do not provide us with the required personal information, the Company may not be able to provide your requested information, products or services.

In this Personal Information Collection Statement ("PICS"), the following terms shall have these following meanings:-

"Our affiliates" means any subsidiary undertaking of the Company, any associated company of the Company, and parent undertaking of the Company, any subsidiary undertaking of parent undertaking, any associated companies undertaking of parent undertaking, for the avoidance of doubt, undertaking within the group of China Life Insurance (Group) Company ("Our affiliates" shall be construed accordingly).

Purpose: From time to time it is necessary for us to use your personal data for the following purposes:

1. offering, providing and marketing to you the products/services of the Company, our affiliates or our co-branding partners (see "Use of Personal Data for Direct Marketing Purposes" below), and administering, maintaining, managing and operating such products/services;
2. processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates;
3. providing subsequent services (including but not limited to health inspection / management) to you and administering the policies issued including but not limited to additions, alterations, variations, cancellation, renewal or reinstatement;
4. any purposes in connection with any claims made by or against or otherwise involving you or other claimants in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims; detect and prevent fraud (whether or not relating to the policy issued in respect of this application);
5. evaluating your financial needs;
6. designing new or enhancing existing products/services of the Company and/or our affiliates;
7. conducting market or actuarial research for statistical or similar purposes undertaken by the Company and/or our affiliates, the financial services industry or our respective regulators;
8. investigating any data held which relates to you from time to time for any of the purposes listed herein;
9. meeting requirements imposed by any applicable, present, existing or future law, rules, regulations, codes of practice or guidelines or assisting with law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;
10. conducting identity and/or credit checks and/or debt collection;
11. carrying out other services in connection with the operation of the Company's business;
12. sending out administrative communications about any account you may have with the Company or about future changes to this PICS;
13. performing relevant due diligence procedures in accordance with the Common Reporting Standard (or Automatic Exchange of Financial Account Information) as set out in the Inland Revenue Ordinance (Cap. 112); and
14. other purposes directly relating to any of the above.

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be transferred to:

1. any of our affiliates;
2. any person (including private investigators and claims investigation companies) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates;
3. any agent, contractor or third party who provide services in connection with the product/services provided by the Company and/or our affiliates, including any reinsurance company, insurance intermediary, fund management company, health management institution or financial institution;
4. any agent, contractor or third party who provides administrative, technology, data processing, telecommunications, computer, payment, debt collection, call centre services, direct marketing services or other services to the Company and/or our affiliates in connection with the operation of its business;
5. other companies who help gather your information or communicate with you, such as research companies and credit reference agencies or, in the event of default, debt collection agencies;
6. any actual or proposed assignee, transferee, participant or sub-participant of our rights or business;
7. any government department or other appropriate governmental or regulatory authority (which may be further transferred to governmental or regulatory authority of certain other jurisdiction(s)) to whom the Company and/or our affiliates are requested or required by any applicable, present, existing or future law, rules, regulations, codes of practice or guidelines to make disclosures;
8. any financial services provider industry association or federation;
9. any person preventing and detecting insurance fraud, who may collect and use the personal data only as reasonably necessary to carry out the purposes of preventing and detecting insurance fraud: insurance adjusters, agents and brokers; employers; health care professionals; hospitals; accountants; financial advisors; solicitors; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information.

Your personal data may be provided to any of the above parties who may be located in Hong Kong or outside of Hong Kong, and in this regard you consent to the transfer of your data outside of Hong Kong.

Transfer of your personal data will only be made for one or more of the purposes specified above. For our policy on using your personal data for promotional or marketing purposes, please see the section entitled "Use of Personal Data for Direct Marketing Purposes".

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第八部份 收集個人資料聲明(續) Part 8 Personal Information Collection Statement (Continued)

Use of Personal Data for Direct Marketing Purposes: The Company intends to:

1. Use your name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company from time to time for direct marketing;
2. Conduct direct marketing (including providing reward, loyalty or privileges programmes) in relation to the following classes of products and services that the Company, our affiliates and our co-branding partners may offer:
 - (a) insurance, annuities, banking, wealth management, retirement plans, investment, financial services, credit cards, securities and related products and services; and
 - (b) health, wellness and medical, food and beverage, sporting activities, memberships and related products and services;
3. The above products and services may be provided by the Company and/or:
 - (a) any of our affiliates;
 - (b) third party financial institutions;
 - (c) the Company, our affiliates and our co-branding partners providing the products and services set out in 2;
 - (d) third party reward, loyalty or privileges programme providers; and
 - (e) external service providers supporting the Company or any of the above listed entities in providing the products and services set out in 2.
4. In addition to marketing the above products and services, the Company also intends to provide the data described in 1 above to all or any of the persons described in 3 above for use by them in marketing those products and services;
5. The Company requires your written consent (which includes an indication of no objection) to use and provide the data to the third parties as set out above for any promotional or marketing purpose.

You may withdraw your consent to the use and provision to a third party of your personal data for direct marketing purposes at any time, and thereafter the Company shall, without charge to you, cease to use such data for direct marketing purposes. If you wish to withdraw your consent, please contact the Company's Personal Data Protection Officer (details below).

The Company have the right to charge a reasonable fee for the processing of any data request. 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
 24/F, CLI Building, 313 Hennessy Road,
 Wan Chai, Hong Kong
 Telephone: (+852) 3999 5519 Fax: (+852) 2892 0520

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之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.

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）為直接促銷之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 for Direct Marketing Purposes”) and do not wish to receive any promotional and direct marketing materials.

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第九部份 聲明及授權 Part 9 Declarations & Authorization

本人/我們，作為現有保單持有人/新保單持有人，謹此聲明完全明白及同意以下事項：I/We, as the Current Policyholder / New Policyholder, hereby declare that we fully understand and agree to the following items:

- 在此表格上所填報的資料均屬完整、真實及準確，並會構成保單契約之一部份。All information disclosed in this form is complete, true and accurate and will become a part of the Policy.
- 此表格上所有重要事項、注意事項的內容。The contents in the Important Notes and Note of this form.
- 更改保單持有人申請一旦經貴公司批核：Upon the Company's approval of this application:
 - 現有保單持有人將此保單轄下的所有權利、賠償金、利益、保費徵費及責任，全部轉讓予新保單持有人。All of the current Policyholder's rights, claims, interests in, Premium Levy and obligations under the Policy will be transferred to the New Policyholder.
 - 新保單持有人需承擔所有受保單條款約束的責任，包括但不限於所有逾期及未來應繳的保費，向保監局繳付所有逾期及未來應繳保費徵費，及受保單條款和條件約束。The New Policyholder is required to assume all responsibilities under the terms and conditions of the Policy, including but not limited to settling all outstanding and future premium payable, all outstanding and future levies payable to the Insurance Authority. The New Policyholder is also bound by and subject to the terms and conditions of the Policy.
- 如日後情況有變以致影響稅務居民身份，或引致此表格所載資料不正確，新保單持有人會通知貴公司並在情況改變後30日內向貴公司提交一份已適當更新的自我證明表格。The new Policyholder undertake to advise the Company of any change in circumstances which affects the tax residency status 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.
- 若本保單表明若本人/我們的配偶或子女受益或擬以賦予利益予本人/我們的配偶/子女，或本保單上將本人/我們的配偶或子女列為受益人，本保單可能須符合香港法例第182章《已婚者地位條例》的規定所監管。在該等情況下，保單下應付的款項可能不可用於償還本人/我們的債項。因此，本人/我們可能不可使用或轉讓本保單作為本人/我們債項的抵押品。If the Policy is expressed to be for the benefit of or purporting to confer a benefit upon my/our spouse or child(ren), or if my/our spouse or child(ren) is named as the beneficiary(ies) of the Policy, the Policy may be subject to application of the Married Persons Status Ordinance (Chapter 182 of the Laws of Hong Kong) ("MPSO"). In such circumstances, the money payable under the Policy may not be able to be used to repay my/our debts. As a result, I/we may not be able to use or effect any assignment of the Policy as collateral for any of my/our debts.
- 適用於新保單持有人為個人：For the New Policyholder is an Individual: 本人/我們，作為新保單持有人，現確認本人/我們是保單最終實益擁有人。如最終實益擁有權或控制權有任何變動，本人/吾等將立即通知貴公司及提供所需的資料，作為對本保單的最終實益擁有人進行身份核實。I/We, the New Policyholder(s), hereby confirm that I am/we are the ultimate beneficiary owner(s) of the Policy. If any change in the ultimate beneficiary ownership or control under the Policy, I/We shall immediately inform the Company and provide all relevant information as may be required for identifying the ultimate beneficial owner(s) of the Policy.
- 適用於新保單持有人為組織機構：For the New Policyholder is an Entity: 本人/我們，作為新保單持有人之授權人，現確認已提供新保單持有人的所有最終實益擁有人的資料。如最終實益擁有權或控制權的任何變動，本人/我們將立即通知貴公司及提供其所需的資料，作為對新保單持有人的最終實益擁有人進行身份核實。I/We, the authorized person(s) of the New Policyholder, hereby confirm that the information of all ultimate beneficiary owner(s) of the Policy have been provided. If any change in the ultimate beneficiary ownership or control under the Policy, I/We shall immediately inform the Company and provide all relevant information as may be required for identifying the ultimate beneficial owner(s) of the Policy.

第十部份 聲明及簽署(請勿在空白表格上簽署) Part 10 Declarations & Signature (Please DO NOT sign on BLANK form)

- 此表格必須於簽署日起計30天內交至本公司辦理手續。This form must be received by the Company within 30 days from the date of its signing.
- 若保單持有人以圖章蓋印簽署，必須有一位見證人。見證人之個人資料只會用於處理本申請及確認此表格簽署人的身份之用。If the Policyholder or Insured uses a signature chop, a witness is required. 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.

本人/我們僅此確認已閱讀及明白以上申請的所有條款及條件，並同意受該等條款及條件約束。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 terms and conditions of the above request, and agree to be bound by those terms and conditions. I/We hereby agree to make the above agreements and declarations.

	現有保單持有人 Current Policyholder			新保單持有人 New Policyholder			不可撤換受益人 Irrevocable Beneficiary (如適用) (if applicable)			受讓人 Assignee (如適用) (if applicable)			見證人 Witness		
簽署及印鑑 (如適用) Signature and Stamp (if applicable)															
姓名/名稱 Name															
身份證明文件號碼 I.D. Document No.															
日期 Date	年 Year	月 Month	日 Day	年 Year	月 Month	日 Day	年 Year	月 Month	日 Day	年 Year	月 Month	日 Day	年 Year	月 Month	日 Day

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個人為新保單持有人的檢查表 Checking List For Individual As New Policyholder		
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	保單持有人為內地人士 Mainland Policyholder
一般文件 General documents	<input type="checkbox"/> 身份證明文件已核實正本之副本 Certified True Copy of Identification Proof <input type="checkbox"/> 新保單持有人與受保人的關係證明文件已核實正本之副本 Certified True Copy of the relationship proof between New Policyholder and Insured <input type="checkbox"/> 《自我證明表格 – 個人(保單服務適用)》 “Self-Certification Form – Individual (For Policy Service Use)”	<input type="checkbox"/> 身份證明文件已核實正本之副本 Certified True Copy of Identification Proof <input type="checkbox"/> 新保單持有人與受保人的關係證明文件已核實正本之副本 Certified True Copy of the relationship proof between New Policyholder and Insured <input type="checkbox"/> 新保單持有人與現有保單持有人之關係證明 Certified True Copy of the relationship proof between New Policyholder and Current Policyholder <input type="checkbox"/> 《自我證明表格 – 個人 (保單服務適用)》 “Self-Certification Form – Individual (For Policy Service Use)” <input type="checkbox"/> 內地人士在港投購人身/壽險保單重要資料聲明書 Important Facts Statement for Mainland Policyholder (IFS-MP)
其他文件 (如適用) Others (if applicable)	<input type="checkbox"/> 若受保人未滿十八歲，需提交受保人父/母的書面同意 The written consent of the insured's parent is required if the insured is under the age of 18 <input type="checkbox"/> 美國稅務自我聲明書 (如：W-9、W-8BEN 或同等文件)及美國稅籍身份確認書 (如適用) U.S. tax self-certification form (e.g. W-9, W-8BEN or an equivalent form) and relevant supporting documents (if applicable) <input type="checkbox"/> 董事會決議或會議記錄表示同意進行更改保單持有人(適用於由公司客戶轉至個人客戶) Board Resolution or Meeting Minutes approving the change of policyholder of the above policy (Applicable for change of policyholder from Entity to individual)	<input type="checkbox"/> 有效入境證明文件已核實正本副本 (適用於更改保單持有人申請於保單生效日或首期保費日 (以較前者為準) 首年內提出，而現有及新保單持有人並非直系親屬關係 (即配偶、父母及子女) · 新保單持有人必須於香港境內簽署 IFS-MP 並連同已核實的入境證明於簽署日起計 7 天內交回本公司) Certified true copy of Effective Entry Proof (Applicable for the change of Policyholder is applied within the first year from the Date of Policy Date or Commencing Date (whichever the earlier) and if the Current Policyholder and New Policyholder are not direct family members (i.e. spouse, parent and children), the New Policyholder is required to sign the IFS-MP at Hong Kong and submit it together with certified true copy of entry proof to the Company in 7 days.) <input type="checkbox"/> 最近三個月內發出且載有新保單持有人姓名的香港地址證明 (首選『通訊地址』為香港地址) The latest 3 months Hong Kong address proof of New Policyholder (the preferred "correspondence address" is Hong Kong address) <input type="checkbox"/> 美國稅務自我聲明書 (如：W-9、W-8BEN 或同等文件)及美國稅籍身份確認書 (如適用) U.S. tax self-certification form (e.g. W-9, W-8BEN or an equivalent form) and relevant supporting documents (if applicable)

組織機構為新保單持有人的檢查表 Checking List For Entity As New Policyholder		
除更改表格之外，如新保單持有人為組織機構，請提供以下文件： If New Policyholder is Entity, other than the change form, please also provide the below:		
1.	公司註冊證書已核實正本之副本(如適用) Certified True Copy of Certificate of Incorporation (CI) (if applicable)	<input type="checkbox"/>
2.	商業登記證已核實正本之副本(有效期為一年) Certified True Copy of Business Registration (BR) (Valid for one year only)	<input type="checkbox"/>
3.	公司組織章程大綱及細則已核實正本之副本(如適用) Certified True Copy of Memorandum and Articles of Association (M&A) (if applicable)	<input type="checkbox"/>
4.	公司註冊地址及公司營運地址(如與註冊地址不同)的證明文件已核實正本之副本(如未能於公司查冊報告或其他遞交之文件取得此項文件，保險中介人需額外提供) Certified True Copy of Proof of Registered Office Address in place of incorporation and proof of Business Address (if different from Registered Address)(insurance intermediary is required to obtain this record if it is not available in company search report or other submitted document)	<input type="checkbox"/>
5.	所有被授權於申請表上簽署的個人身份證明文件已核實正本之副本 Certified True Copy of identification document of all authorized signatories who are authorized to sign on application form	<input type="checkbox"/>

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組織機構為新保單持有人之檢查表 (續)
Checking List For Entity As New Policyholder (Continued)

6.	所有被授權於申請表上簽署的個人簽署式樣 Signatory specimen of all authorized signatories	<input type="checkbox"/>
7.	持有超過 25% 投票權或股本的股東或擁有或控制信託或合夥超過 0% 資本 / 利潤 / 投票權的個人之身份證明文件已核實正本之副本 Certified True Copy of identification document of individual shareholders with over 25% share capital/voting rights or who own or control over 0% of capital/interest/voting right under trust or partnership	<input type="checkbox"/>
8.	對法團管理層作出最終控制的任何個人之身份證/護照已核實正本之副本 Certified True Copy of the identification document of the ultimate Individual beneficial owner(s)	<input type="checkbox"/>
9.	所有公司董事的姓名 Names of all company directors	<input type="checkbox"/>
10.	公司組織擁有權架構圖以顯示公司組織擁有權及其架構操控之詳細資料 架構組織圖需要顯示 - 由獲授權之董事/管理層核實簽署,並有簽署人姓名及簽署日期: (a)公司名稱 [包括中層架構 (如適用)] (b)公司註冊地 [包括中層架構 (如適用)] (c)股東姓名及擁有權百分比 (d)所有董事姓名[包括中層架構 (如適用)] Organization chart with the ownership structure and the details of its structure controls of the company The organization chart shall include - certified by the company's authorized director/authorized staff, the name of the signatory, title and sign date: (a) Company Name(s), [including middle layers (if applicable)] (b) Place of incorporation including middle layers [including middle layers (if applicable)] (c) Shareholder's name with share % (d) All Director's full name [including middle layers (if applicable)]	<input type="checkbox"/>
11.	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持有人目的及明確同意更改持有人申請及同意動用公司資金繳付保費(必須有公司印章及公司授權人簽署及有關人士的身份資料) Board of Director's Resolution or Letter of Authorization - Board of Director Resolution or Letter of Authorization to indicate the purpose of change of policyholder, expressly agree to change of policyholder application and to use company funds to pay premiums (with company chop and authorized signatories and identity information of concerned parties)	<input type="checkbox"/>
12.	公司查冊(香港註冊法團)/由有關公司的當地註冊代理人於過去 6 個月內簽發的職權證明書/由相關司法管轄區的专业第三者核證與公司查冊報告類似的文件 The company search report or similar documents should be a true copy certified by a professional third party (e.g. lawyer, certified accountant, etc.) of the relevant jurisdiction and issued within the last 6 months. Alternatively, a certificate of incumbency certified by a professional third party in the relevant jurisdiction issued within the last 6 months can be accepted.	<input type="checkbox"/>
13.	補充陳述書 - 適用於(準)保單持有人/受抵人為組織機構 (如適用) SUPPLEMENTARY INFORMATION FORM – Applicable to Entity As (Proposed) Policyholder /Assignee (if applicable)	<input type="checkbox"/>
14.	所有有權行使或控制行使公司超過 25% 之投票權的個人股東或擁有或控制信託或合夥超過 0% 資本 / 利潤 / 投票權的個人, 每位分別填寫及遞交「補充陳述書 - 適用於個人股東」 All individual shareholders with over 25% share capital/voting rights or who own or control over 0% of capital/interest/voting right under trust or partnership shall individually complete SUPPLEMENTARY INFORMATION FORM – Applicable to Individual Shareholder.	<input type="checkbox"/>
15.	自我證明表格 - 實體(保單服務適用) Self-Certification Form –Entity (For Policy Service Use)	<input type="checkbox"/>
16.	如實體/新保單持有人是被動非財務實體, 所有有權行使或控制行使公司超過 25% 之投票權的個人股東或擁有或控制信託或合夥超過 0% 資本 / 利潤 / 投票權的個人, 每位需分別填寫及遞交「自我證明表格 - 控權人」(保單服務適用)。 If the entity/ New Policyholder is a passive NFE, all individual shareholders with over 25% share capital/voting rights or who own or control over 0% of capital/interest/voting right under trust or partnership shall individually complete Self-Certification Form – Controlling Person (For Policy Service Use).	<input type="checkbox"/>
17.	如實體/新保單持有人是美國組織 (如:公司/機構/企業在美國或根據美國的法律註冊, 請填妥並遞交 W9 表格) 或 If the entity/ New Policyholder is U.S. Entity (e.g. Company / organization / business registered in the U.S. or under the laws of the U.S., please complete and submit W-9 form) or 如實體/新保單持有人是非美國組織, 請填寫及遞交 W-8BEN-E 表格 If the entity/ New Policyholder is a Non-U.S. Entity, please complete and submit W-8BEN-E form.	<input type="checkbox"/>

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組織機構為新保單持有人之檢查表 (續)
Checking List For Entity As New Policyholder (Continued)

18.	<p>如有權行使或控制行使公司超過 25%之投票權的個人股東或擁有或控制信託或合夥超過 0%資本 / 利潤 / 投票權的個人是美國稅務居民，每位必須分別填寫及遞交 W9 表格或；</p> <p>如有權行使或控制行使公司超過 25%之投票權的個人股東或擁有或控制信託或合夥超過 0%資本 / 利潤 / 投票權的個人為非美國稅務居民，但具有美國指標，每位股東必須提供 W-8BEN 表格</p> <p>If individual shareholders with over 25% share capital/voting rights or who own or control over 0% of capital/interest/voting right under trust or partnership is a U.S. tax resident, shall individually complete and submit W9 form or</p> <p>If individual shareholders with over 25% share capital/voting rights or who own or control over 0% of capital/interest/voting right under trust or partnership is a Non-U.S. tax resident but carrying U.S. indicia, shall individually complete and submit W-8BEN form</p>	<input type="checkbox"/>
<p align="center">除上述文件外，「信託公司」為新保單持有人所需之「額外」文件如下： “Additional documents” for “Trust Company” as New Policyholder listed:</p>		
1.	<p>信託契約已核實正本之副本 (信託契約上必須完整、清楚表明信託安排、委託人、保護人或執行人(如有)及受益人等資料)</p> <p>Certified True Copy of Trust Deed (complete document and clearly stated Trust arrangement, information of Settlor, Protector or Enforcer (if any) and Beneficiary)</p>	<input type="checkbox"/>
2.	<p>委託人、保護人或執行人(如有)及受益人等人之身份證明文件已核實正本之副本</p> <p>Certified True Copy of ID copy of Settlor, Protector or Enforcer (If any) and Beneficiary</p>	<input type="checkbox"/>
3.	<p>信託的委託人、保護人或執行人(如有)的身份及地址陳述</p> <p>Supplementary Information about residential address and Identity of Settlor, Protector or Enforcer (If any)</p>	<input type="checkbox"/>
4.	<p>委託人簽署之委託書清楚授權信託公司代其成為新保單持有人及保護人或執行人(如有)委託書清楚授權信託公司代其成為新保單持有人</p> <p>Authorization Letter - signed by Settlor and Protector or Enforcer (if any) with the below information: Authorize Trust Company acting on behalf of the Policyholder</p>	<input type="checkbox"/>
5.	<p>更改保單持有人/受益人為信託人之保障聲明書</p> <p>Declaration and Indemnity Form for Change of Policyholder/Beneficiary to Trustee</p>	<input type="checkbox"/>

註 Notes :

- 若公司為離岸公司，所有投保/更改申請均以個案處理，公司保留一切決定權。
All Offshore registered Companies will be considered independently, the Company reserves the right to make final decision.
- 本公司保留一切決定權要求其他需要文件。
The Company reserves the right to request any other necessary documents.