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享受升級用戶體驗！即時輕鬆辦理服務申請或查閱進度。

中國人壽 CHINA LIFE | 海外

轉換受保人申請表
Request for Change of Insured 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.

保險中介人資料 INSURANCE INTERMEDIARY'S INFORMATION

保險中介人姓名 Name of Insurance Intermediary

分行/中介人編號/註冊編號
Branch/ Intermediary Code/ Registration Code

聯絡電話
Contact No.

重要須知 IMPORTANT NOTES

1. 本表格只適用於有轉換受保人或後補受保人安排之保單用以申請轉換受保人。如需申請指定/更改/終止後補受保人，請使用指定/更改/終止後補受保人申請表。This form is only applicable for the Policy with the change of Insured or Contingent Insured arrangement to request for change of Insured. In respect of the request for designation /changing /terminating Contingent Insured, please use Request for Designation / Change /Termination of Contingent Insured Form.
2. 本表格中所用之「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.
3. 只接受正本申請表格及本表格應由保單持有人以正楷填寫及簽名，簽名式樣須與本公司的記錄相符。保單持有人亦必須於此表格內任何曾修改的地方簽署作實。Only original form is accepted and this form is to be completed by the Policyholder in BLOCK LETTERS and signed with the signature correspond with the Company's record. Any amendments in this form must be countersigned by the Policyholder in full signature.
4. 保險中介人或銀行職員收到此表格並不代表本公司亦已收妥。Receipt of this form by Insurance Intermediary or Bank Staff does not constitute receipt by the Company.
5. 本公司有權隨時更新此申請表，並接受或拒絕未符合本公司要求的申請表。請登入本公司網站 www.chinalife.com.hk 瀏覽及下載最新版本。The Company has the right to update this form from time to time and to accept or to reject the form if the Company's requirements are not fulfilled. Please visit our website www.chinalife.com.hk to view and download the latest version of the form.
6. 如申請未能符合本公司的有關規定，本公司有權拒絕有關申請。The Company shall have right to reject the application if the application fails to fulfill the Company's requirement(s).

第一部份 轉換受保人注意事項 Part 1 Important Notes of Change of Insured

1. 保單持有人可在以下情況填妥及提交本公司指定表格及符合要求的證明申請轉換受保人至另一名受保人(「新受保人」)，並須經本司確認及發出的批註作實後方為有效：Policyholder may apply to change of Insured of the Policy to another Insured ("New Insured") by completing and submitting to the Company in the Company's prescribed application form and the satisfactory evidence in the following conditions. It is not valid until the request is confirmed by the Company by issuance of endorsement：
   1.1 根據保單條款指定的保單年度起及於保單生效期間，而現有受保人及新受保人在申請及轉換受保人生效日期時仍然在生，或；–From the policy year as specified in the policy provision and while the Policy is in force, and both the current Insured and New Insured are alive at the time of application and the effective date of the change of Insured, OR；
   1.2 現有受保人於保單有效期內身故而保單已設立後補受保人，而後補受保人在申請及轉換受保人生效日期時仍然在生，及本公司於受保人身故後 90 日內收到有關後補受保人之相關文件，並符合本公司的相關行政程序及要求。如有訂立多於一名後補受保人，則根據本公司所記錄的後補受保人次序安排。At the time when the current Insured dies while the Policy is in force, provided that there is Contingent Insured in the Policy who is alive at the time of application and the effective date of the change of Insured, and the related documents of the Contingent Insured has been received by the Company within 90 days after the death of the current Insured and fulfil the Company's related administrative procedures and requirements. The arrangement should be made according the sequence of the Contingent Insured in the Company's record if more than one Contingent Insured has been designated.
2. 保單持有人、現有受保人(適用於以上 1.1 情況，倘非保單持有人及 18 歲或以上)、新受保人(倘非保單持有人及 18 歲或以上)、不可撤換的受益人（如有）及承讓人（如有）必須於申請表上簽署。The Policyholder, the current Insured (applicable to the condition of above 1.1, if different from Policyholder & aged 18 or above), the New Insured (if different from Policyholder & aged 18 or above), the irrevocable beneficiary (if any) and the collateral assignee (if any) must sign the application form.

保單號碼 Policy No.

第一部份 轉換受保人注意事項(續) Part 1 Important Notes of Change of Insured (Continued)

3. 保單持有人在轉換受保人時需要重新委任受益人及身故賠償之領取方式(如有)，否則於轉換受保人後現有受益人及已設立的身故賠償之領取方式將維持不變。Policyholder shall designate new beneficiary(ies) and the settlement option of death benefit (if any) at the time of change of Insured, otherwise the existing beneficiary(ies) and the settlement option of death benefit (if any) will remain unchanged after the change of Insured.
4. 第一後補受保人成為新受保人時，保單內的第二後補受保人（如有）會仍然於後補受保人之列，但保單持有人有權可隨時更改後補受保人的名單及次序。When the first Contingent Insured becomes the New Insured, the second Contingent Insured (if any) in the policy shall remain on the Contingent Insured list, but the Policyholder has the right to change the list and the sequence of the Contingent Insured at anytime.
5. 若轉換保單持有人及後補受保人成為新受保人的申請同時發生，會先處理後補受保人成為新受保人的申請，然後才處理轉換保單持有人的申請。If the applications of change of the Policyholder and the Contingent Insured to be New Insured happen at the same time, the change of the Contingent Insured to be the New Insured will be processed prior to the change of Policyholder.
6. 如本公司批准轉換受保人後，以下所列將適用：The following will be applied after the Company accepted the change of Insured：
   6.1 保單的基本計劃之基本金額、現金價值、保單日期、保單年度、繳費滿期日、累積到期已收保費、身故賠償、意外身故保障(如有)、終期紅利管理權益(如有)、終期紅利管理權益戶口總額(如有)、鎖定保單價值權益（如有）、鎖定保單價值權益戶口總額（如有）、「分享喜悅獎勵」(如有）及保單負債（如有）在轉換受保人後維持不變；The Basic Amount, Cash Value, Policy Date, Policy Year, Premium Expiry Date, Accumulated Premium Due and Received, death benefit, accidental death benefit (if any), Terminal Dividend Management Option (if any), Total Amount of Terminal Dividend Management Account (if any), Policy Value Lock-in Option (if any), Total Amount of Locked-in Policy Value Account (if any),"Share Happiness Reward"(if any) and Policy Indebtedness (if any) will remain unchanged after the change of Insured；
   6.2 保單所有附加計劃（如有）在首次轉換受保人生效日當日將被終止且往後不得有任何附加計劃附加於本保單；All riders (if any) under the Policy will be terminated on the effective date of the first change of Insured and no riders can be added afterwards；
   6.3 保單的不持異議及自殺身故條款的等候期將自轉換受保人生效日或保單最後恢復效力當日起重新計算，以較後者為準。The waiting period of Incontestability and Suicide clauses of the Policy will be recalculated from the effective date of the change of Insured or since the latest date of reinstatement of the Policy, whichever occurs later；
7. 請確認細閱整份保險合約包括但不限於承保表、保單條款及批註(如有)。Please read and acknowledge the entire policy contract including but not limited to the Policy Information Page, provision and endorsement (if any).
8. 轉換受保人的生效日期將是本公司簽發的批註上顯示的生效日期（以本公司記錄為準），而新受保人將隨即成為本保單之受保人，而現有/已故受保人享有的保障則於同日終止。轉換受保人的申請一經本公司批准，則不可撤回。The effective date of change of Insured will be the effective date of change as recorded in the endorsement issued by the Company (according to the Company's record). The New Insured will become the Insured of the Policy and the coverage on the current / deceased Insured shall cease simultaneously on the same date. The application for the change of Insured cannot be withdrawn once the Company approved the application.
9. 申請轉換受保人不會更改此保單之持有人、受益人及付款形式。Any request for change of Insured does not change the ownership, beneficiary(ies) and the mode of payment under the Policy.
10. 此項申請受保單條款和條件所約束，且不會導致任何保單條款之更改/修改，除非該等更改/修改已於保單契約內及於任何保單批註內另有清楚列明。This request is made subject to the terms and conditions of the Policy, and shall not result in a change / modification in any provision of the Policy, except as expressly provided for in the Policy and in any endorsement.
11. 非保單合約一方（包括但不限於新受保人及原有受保人及受益人）沒有權利執行任何保單條款。A person who is not a party to the Policy (including but not limited to the New Insured or current Insured or beneficiary(ies) has no right to enforce any of the terms of the Policy.

第二部份 新受保人資料 Part 2 Details of New Insured

中文姓名 Name in Chinese	英文姓名 Name in English	出生日期 [1] Date of Birth[1]			性別 Gender
		年 Year	月 Month	日 Day	☐ 男 Male ☐ 女 Female

現有保單持有人是新受保人以下親屬 [2] The Current Policyholder is the following relatives of New Insured [2]

☐ 本人 Self ☐ 配偶 Spouse ☐ 父母 Parents ☐ 監護人 Guardian ☐ 子女 Children ☐ 祖父母/外祖父母 Grandparents ☐ 孫/外孫 Grandchildren ☐ 商業保險 Commercial insurance

出生國家/地 Country/Place of Birth		**國籍/地區 Nationality/Region**	
身份證明文件號碼 Identity Document No.			
身份證明文件類別 Identity Document Type	☐ 香港身份證/ 香港出世紙 Hong Kong ID / Hong Kong Birth Certificate ☐ 中國內地居民身份證 PRC Resident ID ☐ 其他身份證明文件 Other Identity Document，請註明 Please specify：_____ 簽發國家 Issue Country：_____		

保單號碼 Policy No.

第二部份 新受保人資料(續) Part 2 Details of Proposed New Insured (Continued)

住宅地址 Residential Address				城市 City				
				國家 Country				
電郵地址 Email Address		流動電話號碼 Mobile No.		國家 Country Code		電話號碼 Phone No.		
公司名稱 Company Name								
公司地址 Company Address				城市 City				
				國家 Country				
業務性質 Nature of Business		入職日期 Date of Employment		年 Year		月 Month		日 Day
職位及主要工作職務 Position & Major Job Duties		職位 Position		主要工作職務 Major Job Duties				
是否自僱 Self-employed	☐ 是 Yes ☐ 否 No	每月經常性收入/固定收入(港元) Monthly Regular Income(HK$)						
新受保人是否患有末期疾病[3]？Is the New Insured suffering from terminal illness[3]?				☐ 是 Yes ☐ 否 No				

備註Notes:

1. 在本保險公司收到申請時，新受保人之年齡不可超過保單條款訂明的年齡要求。When the Company receives the written request, the age of the New Insured(s) cannot be above the age requirements stipulated in the policy provision.
2. 保單持有人與新受保人須存在本公司滿意之可保權益，現時只接受上面所列之關係。There must have insurable interest satisfactory to the Company between the Policyholder and New Insured(s), currently only the above-mentioned relationships will be accepted.
3. 末期疾病指疾病或狀況無法治癒及預期生存期為12個月或更短。 Terminal Illness means a disease or condition that is incurable and expected to lead to death within 12 months or less.

第三部份 投保履歷 Part 3 Insurance History

新受保人是否持有或正在申請任何保險公司的人壽、危疾、醫療、意外保障或年金/儲蓄計劃？若是，請填妥下表。Does the New Insured have in force or is the insured applying for life, critical illness, medical, accident insurance or annuity/saving plan with any insurance company? If Yes, please complete the table below.	☐ 是Yes ☐ 否No

承保公司名稱 Name of Insurance Company	簽發年份 Year Issued	保障額 / 基本金額 Sum Assured / Basic Amount (港元 HKD) (註 1 Note 1)					
		人壽保障 Life Insurance	危疾保障 Critical Illness	住院入息保障 Hospital Income	住院彌償保障 Hospital Indemnity	意外保障 Accident Coverage	年金/儲蓄計劃 Annuity/Saving Plan
總保障額 / 基本金額 Total Sum Assured / Basic Amount							

註 1：毋須提供由本公司承保之簽發年份、保障額/基本金額。

Note 1 : No need to provide Year Issued, Sum Assured/Basic Amount for policy(ies) undertaken by the Company.

第四部份 轉換受保人所需文件清單 Part 4 Change of Insured Document Checklist

☐	新受保人的身份證明文件（正本之核實副本）New Insured's identification document(s) (Certified True Copy)	✓
☐	新受保人與現有保單持有人的關係證明文件（副本）Relationship proof / document(s) of New Insured and current Policyholder (Copy)	✓
☐	已故受保人的身份證明文件（正本之核實副本）Deceased Insured's identification document(s) (Certified True Copy)	▲
☐	死亡證明書（正本之核實副本）Death Certificate (Certified True Copy)	▲
☐	死亡公證書（正本之核實副本）* Notarial Certificate of Death (Certified True Copy) *	▲

保單號碼 Policy No.

第四部份 轉換受保人所需文件清單(續) Part 4 Change of Insured Document Checklist(Continued)

✓ 基本文件 Basic Documents

▲ 只適用於現有受保人身故而申請後補受保人成為新受保人 Only applicable to the application of the Contingent Insured to be the New Insured upon the death of current Insured

* 適用於在中國內地身故的個案 Applicable to the death event occurred in the Mainland China

備註 Notes：

1. 文件的核實副本可經保險中介人或於本公司的客戶服務中心辦理。Documents can be certified by Insurance Intermediary or at our Company's Customer Service Centre.
2. 倘提交的文件未能符合本公司的要求，本公司可能要求提供其他文件以處理申請。If the submitted documents cannot fulfill our Company's requirements, we may request for other documents in order to process the request.

第五部份 個人資料收集聲明 Part 5 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。

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名的其他人士）；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。

保單號碼 Policy No.

第五部份 個人資料收集聲明(續) Part 5 Personal Information Collection Statement (Continued)

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、客戶或會員或優惠計劃)：

(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和/或關聯方之聯合品牌合作夥伴；

(d) 第三方獎賞、客戶或會員或優惠計劃的提供者；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，獲取該資料的副本，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

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 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;

保單號碼 Policy No.

第五部份 個人資料收集聲明(續) Part 5 Personal Information Collection Statement (Continued)

(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 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".

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 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.**

保單號碼 Policy No.

第六部份 聲明 Part 6 Declarations

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 request that the Policy be changed according to the above particulars.

第七部份 簽署 Part 7 Signature

1. 此表格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 from the sign date of Policyholder.
2. 若保單持有人或現有/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 current/New 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.
3. 請勿在空白表格上簽署。Please DO NOT sign on BLANK form.

	保單持有人 Policyholder	**現有受保人(倘非保單持有人及 18 歲或以上) Current Insured (if different from the Policyholder & aged 18 or above)**	**新受保人(倘非保單持有人及 18 歲或以上) New Insured (if different from the Policyholder & aged 18 or above)**	**不可撤換受益人 (如適用) Irrevocable Beneficiary (if applicable)**	**受讓人 (如適用) Signature of Assignee(if applicable)**	**見證人(如適用) Witness (if applicable)**
簽署及/或公司印鑑 Signature and/or Company 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	年Year 月Month 日Day	年Year 月Month 日Day	年Year 月Month 日Day	年Year 月Month 日Day