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Supplementary Form for Designation / Change / Termination of Contingent Policyholder (For Designated Plans ONLY)
委任／更改／終止第二保單持有人附加申請表 (只適用於指定計劃)

Private & Confidential 私人及機密

Name of Policyholder:
保單持有人姓名 _____

Policy Number:
保單號碼 | | | | | | | | |

Please ☑ when appropriate.
請於適當位置加上☑。

Important Note 重要事項

1. This Supplementary Form (the "Form") is used for designation or change of Contingent Policyholder subject to the rights and prior written consent of all irrevocable Beneficiaries (if any) on our records, our prevailing administrative rules and all applicable laws and regulations.
受制於我們記錄中的所有不可撤換的受益人（如有）的權利及其預先書面同意、我們當時的現行行政規則及所有適用的法律和規例的情況下，此附加申請表（「表格」）用作於委任或更改第二保單持有人。

2. **This Form is ONLY applicable to LionAchiever/LionAchiever Elite Insurance Plan/Emerald Savings Insurance Plan/Pearl Savings Insurance Plan/PrimeAchiever Insurance Plan/LionGlobal Multi-currency Insurance Plan.**
此表格只適用於啟航創富／啟航創富（卓越版）保險計劃／玲瓏儲蓄保險計劃／駿耀儲蓄保險計劃／領航財富保險計劃／寰意多元貨幣保險計劃。

3. Contingent Policyholder refers to the individual (i.e. a natural person) named in this Form.
第二保單持有人是指於此表格內指定的個人 (即自然人)。

4. Contingent Policyholder must have attained the age of 18 at the time of appointment (unless an Interim Policyholder under Policy Custodian Option is also assigned for him/her). To become the new Policyholder, the Contingent Policyholder must have attained the designated age (if applicable) upon the death or diagnosis of the Policyholder as a Mentally Incapacitated Person.
第二保單持有人於被委任時必須已年滿 18 歲（除非已透過保單托管選項為其委任臨時保單持有人）。第二保單持有人須在保單持有人身故或被診斷為精神上無行為能力的人時已達到指定歲數（如適用），才能成為新保單持有人。

5. You may designate only one Contingent Policyholder at a time. If you designate a Contingent Policyholder while there is an existing Contingent Policyholder on our records, the existing Contingent Policyholder will automatically be revoked. A transfer ownership made will automatically revoke a Contingent Policyholder.
您每次只能委任一位第二保單持有人。如您在委任第二保單持有人時，我們的記錄上已存在第二保單持有人，則現有的第二保單持有人將自動被撤銷。進行轉移所有權將自動撤銷第二保單持有人。

6. If a request for a designation of Contingent Policyholder is approved by us, the designation of Contingent Policyholder will be effective as of the date of our approval whether or not the Policyholder is living or diagnosed as a Mentally Incapacitated Person when we approve that request.
如委任第二保單持有人的要求被我們批准，則不論我們批准該要求時保單持有人是否仍然生存或被診斷為精神上無行為能力的人，該指定第二保單持有人的生效日期為批准日的當日。

7. If a request for a designation of Contingent Policyholder is approved by us, upon the death or diagnosis as a Mentally Incapacitated Person of policyholder, Contingent Policyholder shall prevail and become the new Policyholder, regardless of "Policy Continuation Option" applied before or after the approval of designation of Contingent Policyholder.
如委任第二保單持有人的要求被我們批准，不論「保單延續選項」在委任第二保單持有人批准之前或之後申請，於保單持有人身故或被診斷為精神上無行為能力的人時，第二保單持有人應優先並成為新的保單持有人。

8. Mentally Incapacitated Person means a person who is incapable, by reason of mental incapacity, of managing and administering his/her property and affairs. The diagnosis must be confirmed by a Registered Medical Practitioner who is a psychiatric specialist. The Company reserves the right to conduct an independent evaluation whenever deemed necessary to ascertain the diagnosis.
精神上無行為能力的人意指因精神上無行為能力而無能力處理和管理其財產及事務的人。診斷必須由精神科專科註冊醫生確定。若本公司認為需要，本公司保留權利要求進行獨立鑑定以查明診斷。

9. The request must be made before the Policyholder has become a Mentally Incapacitated Person. If the sign date of this form is on or after the diagnosis date upon the Policyholder becomes a Mentally Incapacitated Person, designation / change of the Contingent Policyholder will be revoked.
此要求必須於保單持有人成為精神上無行為能力的人前提出。如此表格的簽署日期是在保單持有人被診斷成為精神上無行為能力的人的當日或之後，第二保單持有人的委任／更改將自動撤銷。

10. If a request for a designation of Contingent Policyholder cannot be approved by us for whatever reason, the ownership of this Policy shall vest in the Policyholder upon the death or diagnosis as a Mentally Incapacitated Person.
在任何原因下，若我們無法批准第二保單持有人的要求，則本保單的所有權利於保單持有人身故或被診斷為精神上無行為能力的人時歸於原保單持有人。

11. If the Contingent Policyholder becomes the new Policyholder, the Contingent Policyholder shall assume all the obligations and be entitled to exercise all the rights belonging to the Policyholder under this Policy, and the Married Persons Status Ordinance (Cap 182) (MPSO) (if applicable).
當第二保單持有人成為新保單持有人時，其將須承擔本保單和《已婚人士身份條例》（第 182 章）（如適用）下訂明的所有義務及有權行使在保單下所有屬於保單持有人的權利。

☐ Designation or Change of Contingent Policyholder
委任或更改第二保單持有人

Subject to our then prevailing administrative rules and any applicable laws and regulations, where the Policyholder dies or is diagnosed as a Mentally Incapacitated Person while this Policy is in force at that time, the Contingent Policyholder shall become the new Policyholder.
在不抵觸當時的現行行政規則及任何適用的法律及規例的情況下，當保單持有人於本保單仍然生效時身故或被診斷為精神上無行為能力的人，第二保單持有人將成為新保單持有人。

For the policy which the Insured is under age of eighteen (18), if the Policyholder wishes the Insured become the new Policyholder irrespective of whether a Contingent Policyholder has been designated by the Policyholder according to the following condition, please tick ("✓") the box below.
如保單的受保人未滿十八（18）歲，不論保單持有人有否已委任第二保單持有人，保單持有人欲受保人根據以下條件成為新保單持有人，請在以下方格加上剔號 ("✓")。

☐ On the date of death or diagnosis as a Mentally Incapacitated Person of the Policyholder, if the Insured has attained the age of eighteen (18) or above, the Insured shall become the new Policyholder irrespective of whether a Contingent Policyholder has been designated by the Policyholder.
如於保單持有人身故或被診斷為精神上無行為能力的人時，受保人年齡已滿十八（18）歲或以上，不論保單持有人有否已委任第二保單持有人，受保人將成為新保單持有人。

If either one of the following events occurs:
如以下任何一件事件發生：

a. the Contingent Policyholder is unable or unwilling to take the ownership of this Policy; or
第二保單持有人不能或不願意承接本保單的擁有權；或

b. the Contingent Policyholder is not alive or does not appear at the Policyholder's death or diagnosis as a Mentally Incapacitated Person; or
第二保單持有人在保單持有人身故或被診斷為精神上無行為能力的人時不在世或沒有出現；或

c. the Contingent Policyholder is unable to satisfy the customer due diligence requirements and / or any other applicable laws and regulations applicable to the Company; or
第二保單持有人未能通過客戶盡職審查要求及 / 或未能符合適用於本公司的任何其他適用法律及規例時；或

d. if no Contingent Policyholder is designated by the Policyholder.
如保單持有人並沒有委任第二保單持有人。

then the ownership of this Policy shall vest in the Policyholder's estate if the Policyholder dies; or the ownership of this Policy shall remain unchanged if the Policyholder is diagnosed as a Mentally Incapacitated Person.
則如保單持有人身故，本保單的擁有權將歸屬於保單持有人遺產之中；或如保單持有人被診斷為精神上無行為能力的人，本保單的擁有權將維持不變。

☐ Termination of Contingent Policyholder
終止第二保單持有人

Personal Details of Contingent Policyholder
第二保單持有人個人資料

Note : If Contingent Policyholder is under age 18, please also submit the "Supplementary Form for Policy Custodian Option" together with this form
備註 : 如第二保單持有人未滿十八歲，請連同「保單托管選項附加申請表」一併提交

1. Name in English and Chinese 英文及中文姓名 (as shown on I.D. card / Passport 以身份證 / 護照為準)	Surname _____ Given Name _____ 姓 _____ 名 _____
2. Gender 性別	☐ Male 男 ☐ Female 女
3. Date of Birth (Age at Last Birthday) 出生日期 (上次生日年齡)	DD 日 / MM 月 / YYYY 年 (Age 年齡 _____)
4. Country of Birth 出生國家	
5. I.D. Card No. / Passport No. 身份證 / 護照號碼	_____ (Please attach certified true copy 請附上核實副本) * If non-permanent HKID Card Holder, please provide certified true copy of HKID Card and Passport 如非香港永久性居民，請提供香港身份證及護照的核實副本。
6. Nationality 國籍	
7. Marital Status 婚姻狀況	☐ Single未婚 ☐ Married 已婚
8. Relationship with Insured 與受保人關係	
9. Residential Address in English 英文住宅地址 (Please provide certified true copy of Address Proof) (請提供住址證明的核實副本)	
10. Correspondence Address in English 英文通訊地址 (If differ from Residential address) (如與住宅地址不同)	
11. Contact Telephone No. 聯絡電話號碼	(1) Home 住宅 ☐ Hong Kong 香港 ☐ China 中國 ☐ Others 其他 _____ Country Code 國家代碼 _____ Area Code 地區代碼 _____ Phone No. 電話號碼 _____ (2) Mobile 流動電話 ☐ Hong Kong 香港 ☐ China 中國 ☐ Others 其他 _____ Country Code 國家代碼 _____ Area Code 地區代碼 _____ Phone No. 電話號碼 _____
12. E-mail Address 電郵地址	_____ @ _____ Note: Providing an email address will mean you have chosen to receive policy correspondences and notices through email (instead of paper version through postal delivery) once we have processed your request, unless you indicate to us otherwise by ticking the box below. 備註：提供電郵地址即表示當您的申請獲得處理後，您選擇以電子郵件方式接收保單信函及通知書(而非紙本郵遞），除非您勾選以下方格向我們另作指示。 ☐ I / We would like to keep receiving policy correspondences and notices in paper format by post. I / We understand I / we will have to give you further notice if I / we change my/our mind in the future. 我 / 我們希望繼續以紙本郵寄方式接收保單信函及通知書。我 / 我們明白，如我 / 我們將來改變主意，我 / 我們將需要進一步通知公司。

PEP Self-declaration 政治人物自我聲明 (Compulsory to complete 必須填寫)

Are you or any relevant parties[#1] of this policy a politically exposed person ("PEP[#2]"), PEP family member or PEP close associate?
閣下或本保單相關各方人士[#1] 是否政治人物「PEP[#2]」、其家庭成員或與政治人物有關係密切的人？

☐ No 否 ☐ Yes 是, please provide 請提供

a. Name of this "PEP":
此政治人物的姓名: _____
Position:
職位: _____

b. Name of the relevant party(ies) of this policy 本保單相關人士的姓名: _____
Relationship with this "PEP":
與此政治人物的關係: _____

[#1] Relevant parties include but not limited to the insured, beneficiary(ies), person acting on behalf of the policyholder, beneficial owner(s), etc.
相關各方人士包括但不限於受保人、受益人、代表保單持有人行事的人、實益擁有人等。

[#2] A politically exposed person (PEP) is an individual who is or has been entrusted with a prominent public function in Hong Kong / a place outside Hong Kong/ by an international organization.
政治人物被界定為在香港 / 香港以外地方 / 國際組織擔任或曾擔任重要公職的個人。

Declarations and Authorization
聲明及授權

IT IS DECLARED, UNDERSTOOD AND AGREED that (1) I / We have read and fully understood the contents of this Form; (2) the answers and information provided in this Form together with this declaration and authorization are complete and true to the best of my/our knowledge and form the basis of the Policy issued / to be issued; (3) the Company shall be entitled not to accept this request upon my/our failure to disclose any material facts or information which may influence or which the Company would regard as likely to influence the assessment and acceptance of this Form. In the event of doubt as to whether a fact or information is material, it should be disclosed in this Form; (4) I / We, the Policyholder, confirm that I / we have informed the Contingent Policyholder of this appointment / change / termination of Contingent Policyholder (whichever is applicable) and hereby agree that all my / our rights and obligations under the Policy shall be transferred to the Contingent Policyholder (including the obligation to pay premiums) ; (5) Where applicable, I / we confirm that the Contingent Policyholder shall be appointed as the Statutory Trustee for the purposes of the Married Persons Status Ordinance (Cap 182), with such appointment taking effect upon the date of my / our death or diagnosis as a Mentally Incapacitated Person; (6) I / We, the Policyholder, agree to inform the Company immediately in writing of any change in (a) my / our personal information provided on this Form; (b) the personal particulars of any of the persons mentioned in this Form; and/or (c) the other information provided by me in this Form or any other documents, including but not limited to any change of the person(s) who has/have any legal or beneficial interest in the policy directly or indirectly.(7) I / We hereby agree and confirm to indemnify the Company against any losses, liabilities, claims, actions, damages, costs and expenses which the Company may suffer or incur arising out of or in connection with administering the Policy in a manner consistent with this form.
謹此聲明清楚明白及同意下列各項：(1) 本人 / 我們已細閱並完全明白本表格之內容； (2) 填報於本表格內之資料連同此聲明及授權均為本人 / 我們所知之全部及真實無訛，並為日後簽發 / 已簽發保單之基礎；(3) 如本人 / 我們未有披露任何重要事實或資料，而該等重要事實或資料足以影響貴公司評估及接受本表格，貴公司有權拒絕此申請。假如未能確定事實或資料的重要性，則須於本表格披露該等事實或資料；(4) 本人 / 我們，保單持有人，確認已通知第二保單持有人有關保單持有人的委任 / 更改/終止 (視何者適用) ；並特此同意，本人 / 我們在保單下之所有權利和義務應轉移至第二保單持有人（包括支付保費之義務）；(5) 在適用的情況下，本人 / 我們確認以《已婚人士身份條例》（第182章）為目的，委任第二保單持有人為法定受託人，該委任自本人 / 我們離世日或被診斷為精神上無行為能力的人時起生效；(6) 本人 / 我們，保單持有人，茲同意（a）本人 / 我們於本表格的個人資料；（b）本表格內所提及任何人士的個人資料；及 / 或（c） 本人 / 我們於本表格或任何其他文件提供的資料如有任何變動（包括但不限於直接或間接於保單擁有任何法定或實益權益的人士有所更改），本人 / 我們將即時以書面通知貴公司；(7) 本人 / 我們特此向貴公司保證，會賠償貴公司因按照與此表格以一致的方式執行本保單而可能使貴公司遭受或蒙受的任何損失，負債，索賠，訴訟，損害，成本和費用。

I / We confirm that I / we have accessed, read and understood the Personal Information Collection Statement (the "Statement") of Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A. Hong Kong Branch (whichever applicable) (the "Company"), which is available on the Company's website: https://www.generali.com.hk/EN_US/personal_information. I / We agree that the Company may collect, use, store, disclose, transfer and otherwise process my / our personal data in accordance with the terms of the Statement. I / We further confirm that I / we have obtained the express consent of the life insureds and any other relevant individuals (where applicable) for providing their personal data to the Company for the purposes stated in the Statement and for allowing the Company to collect, use, store, disclose, transfer and otherwise process such personal data in accordance with the terms of the Statement.
本人 / 我們確認已經查閱並且明白由忠意人壽 (香港) 有限公司 / 忠意保險有限公司香港分行（如適用）（「貴公司」）的收集個人資料聲明（「該聲明」），該聲明可於貴公司網站查閱：https://www.generali.com.hk/ZH_HK/personal_information; 本人 / 我們同意貴公司可依照該聲明的條款收集、使用、儲存、披露、轉移及以其他方式處理本人 / 我們的個人資料。本人 / 我們進一步確認，本人 / 我 們已獲得受保人和任何其他有關人士（如適用）的明示同意，可以按照該聲明所述的用途將他們的個人資料提供給貴公司，並允許貴公司可依照該聲明的條款收集、使用、儲存、披露、轉移及以其他方式處理該等個人資料。

I / We agree that this Supplementary Form (the "Form") shall be incorporated into and form part of the general provisions of the policy. I / We acknowledge that by signing this Form, I / we accept and understand the terms set forth in both the Form and the general provisions.
本人 / 我們同意本附加申請表（「表格」）將納入保單一般條款並構成其一部分。本人 / 我們確認，透過簽署本表格，本人 / 我們接受並明白本表格及一般條款中規定的條款。

The Parties below hereby consent to the transfer of rights and obligations as set out herein and further declare that the information given and statements made in this form are, to the best of their knowledge and belief, true, correct and complete.
以下各方特此同意轉移此處所述之權利和義務，本人進一步聲明就本人所知所信，本表格內所填報的所有資料和聲明均屬真實、正確和完備。

***** Please DO NOT sign on BLANK form 請勿在空白表格上簽署 *****

X _____
Signature of Policyholder
保單持有人簽署

X _____
Signature of Contingent Policyholder
(if age 18 or above)
第二保單持有人簽署 (如十八歲或以上)

_____
Date (DD / MM / YYYY)
日期 (日 / 月 / 年)

Assignee hereby consents to the above request(s) for change applied by the Policyholder.
承讓人特此同意保單持有人以上之變更請求之申請。

X _____
Signature of Assignee (if any)
承讓人簽署 (如適用)
If signed by company authorized signatory(ies), please indicate his/her title with Company Chop
如由公司獲授權簽署人士簽署，請列明其職銜及加上公司蓋印

X _____
Signature of Irrevocable Beneficiary (if any)
不可撤換受益人簽署 (如適用)

X _____
Signature of Witness
見證人簽署

(Name 姓名:)