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

Private & Confidential 私人及機密

Policy Number
保單號碼

Name of Policyholder 保單持有人姓名	**Name of Insured** 受保人姓名

Please complete the Form in ENGLISH BLOCK LETTERS.
請以英文正楷填寫此申請表。

Please ☑ when appropriate.
請於適當位置加上☑。

IMPORTANT NOTE 注意事項

1. This Request for Change of Policyholder Form is to be completed by the Policyholder and the Assignee (if applicable) and signed with the same signature as recorded in the policy file. Any changes or amendments in this form must be countersigned by the Policyholder in full signature.
   此更改保單持有人申請表應由保單持有人及受讓人 (如適用) 填寫及簽名，簽名式樣須與保單上的記錄相符。保單持有人必須在此表格內任何更改或修改的地方簽署作實。

2. Please ensure that you disclose All Material Facts in this Request for Change of Policyholder Form to the best of your knowledge, which shall form the basis of contract, otherwise the policy issued, may be void. If you are in doubt whether a fact is material, please disclose it on the application.
   請閣下確定能盡己所知於此更改保單持有人申請表上提供所有重要資料，此重要資料將成為合約之根據。否則，所繕發之保單將告無效。若閣下不清楚資料是否為重要資料，應在投保書上披露該等資料。

3. Ownership change to your insurance advisor is not accepted.
   本公司不接受所有權利轉讓予閣下之保險顧問。

4. Ownership change is not applicable to Qualifying Deferred Annuity Policy.
   所有權利轉讓不適用於合資格延期年金保單。

5. The existing supplementary benefit, Payor's Benefit / Extended Love Benefit (if any) will be terminated after approval of ownership change. To apply the supplementary benefit for the new policyholder, please submit "Request for Policy Change Form - Financial".
   當核准權利轉讓人後，現有附加契約 - 付款人保障 / 延續愛保障 (如有) 將會被終止。如新保單持有人需申請該附加契約，請遞交「更改保單申請書 - 財務」。

6. Your request may not be processed until all requested information has been provided to Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A. Hong Kong Branch (whichever applicable) (hereinafter "Generali").
   在向忠意人壽（香港）有限公司 / 忠意保險有限公司香港分行(如適用) (下稱「忠意」) 提供所有的要求之前，此申請有可能不會受理。

7. A written confirmation and / or endorsement will be issued to you after the acceptance of your request. Your request will be effective as of the date of such written confirmation.
   本公司更改保單申請後會向閣下發出書面確認及 / 或批註。而此申請會於發出書面確認當天生效。

8. The Contingent Policyholder, Contingent Recipient, Interim Policyholder, Policy Continuation, if any, under the policy will be revoked once your request has been accepted.
   當您的申請被確認後，保單原有的第二保單持有人、後備收益人、臨時保單持有人、保單延續（如有）將被撤銷。

New Policyholder Particulars (if an Individual) 新保單持有人資料 (若為個人)

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認實副本。
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. Occupation Category 職業類別	☐ Employed 就業 ☐ Self-Employed 自僱 ☐ Housewife 家庭主婦 ☐ Student 學生 ☐ Retiree 退休人士 ☐ Unemployed 待業
10. Name of Employer 僱主名稱	
11. Business Nature 業務性質	Occupation 職業
12. Job Details 工作職務	Average Monthly Income (HK$) 每月平均收入
13. Business Address 辦事處地址	
14. 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)	
15. Correspondence Address in English 英文通訊地址 (If differ from Residential Address) (如與住宅地址不同)	
16. 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 _____
17. 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。
18. Reason of Changing Policy Ownership 保單權益轉讓原因	☐ Asset Allocation 資產配置 ☐ Estate Planning 遺產策劃 ☐ Gift Offering 餽贈 ☐ Others, please specify 其他請詳述 : _____
19. Source of Fund 資金來源	☐ Salary 薪酬 ☐ Income 收入 ☐ Savings 儲蓄 ☐ Investment 投資 ☐ Company sale/profits 公司銷售/利潤 ☐ Premium Financing 保費融資 ☐ Others, please specify 其他請詳述 : _____
20. Source of Wealth 財富來源	☐ Income-savings from salary (basic and/or bonus) 由薪酬儲得的收入 (基本及或花紅) ☐ Company sale / profits 公司銷售 / 利潤 ☐ Sale of shares or other investments 出售股票或其他投資 ☐ Sale of property 出售物業 ☐ Others, please specify 其他請詳述 : _____

New Policyholder Particulars (if a body corporate) 新保單持有人資料 (如是法人團體)	
1. Type of corporate 法人團體類別	☐ Corporation 公司 ☐ Partnership 合夥業務 ☐ Trust 信託 ☐ Others 其他
2. Full Name in English & Chinese 英文及中文全名	
3. Registered Address 登記地址	
4. Business Address 商業地址	
5. Correspondence Address 通訊地址	
6. Business Registration No. 商業登記號碼	
7. Certificate of Incorporation No. 公司註冊證書號碼	
8. Date of Incorporation 註冊日期	
9. Country of Incorporation 註冊國家	
10. Telephone No. 電話號碼	☐ 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
11. Relationship with Insured 與受保人關係	
12. Reason of Changing Policy Ownership 保單權益轉讓原因	☐ Asset Allocation 資產配置 ☐ Estate Planning 遺產策劃 ☐ Gift Offering 餽贈 ☐ Others, please specify 其他請詳述 : _____
13. Source of Fund 資金來源	☐ Investment 投資 ☐ Company sale / profits 公司銷售/利潤 ☐ Premium Financing 保費融資 ☐ Others, please specify 其他請詳述 : _____
14. Source of Wealth 財富來源	☐ Company sale / profits 公司銷售 / 利潤 ☐ Sale of shares or other investments 出售股票或其他投資 ☐ Sale of property 出售物業 ☐ Others, please specify 其他請詳述 : _____

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。

Beneficiary Information 受益人資料

If this section is left blank, all benefit under this policy shall be paid towards the New Policyholder if the New Policyholder is alive, otherwise to the New Policyholder's own estate.
如留空此部分，若新保單持有人尚存，所有保障金額將歸屬新保單持有人；否則全數將撥作新保單持有人的遺產處理。

The Percentage of Share should be in whole number and the total percentage should equal 100%.
分配比例之百分比必須為整數及總數相等於 100%。

If not specified, all beneficiaries designated are Primary Beneficiaries. If all Primary Beneficiaries cannot survive the death of the Insured, Secondary Beneficiary, if any, shall be entitled to the policy proceeds or become the new Insured if Policy Continuation is elected.
如未有特別指明，所有指定的收益人均為基本受益人。如所有基本受益人無法於受保人去世時尚生存，次位受益人（如有）將可收到保險收益或若已選擇保單延續，將成為新受保人。

If more than one beneficiary is designated, all policy proceeds will be made in equal share to the surviving beneficiaries, unless herein specified.
如受益人超過一人，除非在此列明各分配比例，否則保單之所有利益將平均分配予各在生之受益人。

a. Individual Beneficiary 個人受益人

Priority 優先次序	Name of Beneficiary (English & Chinese) 受益人姓名 (英文及中文)	Relationship with Insured 與受保人關係	Sex 性別	Date of Birth (DD/MM/YYYY) 出生日期 (日/月/年)	ID Card No. / Passport No. 身份證號碼 / 護照號碼	Country of Birth 出生國家	Country of Residence 居住國家	Tax Residence 稅務國家	Share (Total 100%) 分配比例 (合共 100%)
☐ Primary 基本 ☐ Secondary 次位									
☐ Primary 基本 ☐ Secondary 次位									
☐ Primary 基本 ☐ Secondary 次位									
☐ Primary 基本 ☐ Secondary 次位									

b. Corporate Entity Beneficiary 法人團體受益人

Priority 優先次序	Name of Beneficiary (English & Chinese) 受益人姓名 (英文及中文)	Relationship with Insured 與受保人關係	Entity Type / Registration Number 公司實體 / 登記號碼	Date of Incorporation (DD/MM/YYYY) 註冊日期 (日/月/年)	Country of Incorporation 註冊國家	Country of Business 營業國家	Tax Jurisdiction 稅務管轄區	Share (Total 100%) 分配比例 (合共 100%)
☐ Primary 基本 ☐ Secondary 次位			☐ Corporation 公司 ☐ Partnership 合夥業務 ☐ Trust 信託 ☐ Others 其他:_____ Registration Number 登記號碼： _____					

Personal Information Collection Statement 收集個人資料聲明

a) From time to time, it is necessary for you to supply Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A. Hong Kong Branch (where applicable) (the "**Company**") with data about yourself(ves), policyholder(s), life insured(s), beneficiary(ies), claimant(s), and/or other relevant individuals (the "**Personal Data**") in connection with the provision of insurance and/or related products and services to you, the processing of claims under insurance policies issued and/or arranged by the **Company**, and/or the processing of any or all other requests, enquiries and complaints from you.
閣下須要不時向忠意人壽（香港）有限公司/忠意保險有限公司香港分行〔如適用〕（「**本公司**」）提供關於閣下自己、保單持有人、受保人、受益人、索償人及/或其他有關人士的資料（「**個人資料**」），以讓**本公司**為閣下提供保險及/或相關產品與服務，處理經由**本公司**發出及/或安排的保單之下的索償事宜，及/或處理閣下提出的任何或所有其他要求、查詢和投訴。

b) Provision of the **Personal Data** to the **Company** by you is voluntary. However, failure to supply the **Personal Data** may result in the **Company** being unable to provide insurance and/or related products and services to you, process claims under insurance policies issued and/or arranged by the **Company**, and/or process any or all other requests, enquiries, or complaints from you.
閣下向**本公司**提供的**個人資料**全屬自願。然而，若閣下未能提供**個人資料**，可能導致**本公司**不能夠為閣下提供保險及/或相關產品與服務，處理經由**本公司**發出及/或安排的保單之下的索償事宜，及/或處理閣下提出的任何或所有其他要求、查詢和投訴。

c) The purposes for which the **Personal Data** may be used are as follows: (i) administering your insurance application, arranging and executing insurance contracts and/or related products and services, and managing your account with the **Company**;(ii) processing (including, but not limited to, investigating, analyzing, assessing and adjudicating) and/or settlement of claims under insurance policies issued and/or arranged by the **Company**;(iii) exercising rights of subrogation(if applicable);(iv) collection of amounts outstanding (if any) from customers;(v) arranging coinsurance and/or reinsurance in respect of the insurance policies issued and/or arranged by the **Company**;(vi) communicating with customers via telephone, mail, e-mail, facsimile and other communication means;(vii) providing customer services (including, but not limited to, processing enquiries and complaints) and other related activities;(viii) conducting data matching procedures;(ix) designing insurance and/or related products and services for customers' use;(x) statistical or actuarial research of the **Company**, **Company**'s parent company and group companies (hereinafter referred to as the "**Group Entities**"), insurance industry associations or federations, government departments, regulatory or other recognized bodies;(xi) complying with the requirements under any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the **Company** and/or its **Group Entities** are expected to comply with, including, without limitation, performing due diligence on customers and making disclosures of the relevant information; and(xii) fulfilling any other purposes directly relating to (i) to (xi) above.
個人資料可被用於以下用途：(i)處理閣下的保險申請，安排並執行保險合約或相關產品與服務，並管理閣下在**本公司**的賬戶；(ii)處理（包括但不限於調查、分析、評估和裁定）及/或理賠經由**本公司**發出及/或安排的保單之下的索償事宜；(iii) 行使代位權（如適用）；(iv)向客戶追收尚欠金額（如有）；(v)經由**本公司**發出及/或安排的保單之下籌劃共同保險及/或再保險；(vi)透過電話、郵件、電郵、傳真及其他通訊方式與客戶聯絡；(vii)提供客戶服務（包括但不限於處理查詢和投訴）及其他相關活動；(viii) 進行資料核對程序；(ix)設計保險及/或相關產品與服務供客戶使用；(x)**本公司**、**本公司**的母公司及集團公司（下文合稱為「**集團實體**」）、保險業協會或聯會、政府部門、監管或其他認可機構的統計或精算研究；(xi)為遵從任何法律、規則、規例、守則、指引、法院命令、合規政策和程序的規定，或**本公司**及/或**集團實體**應要遵守的任何其他有關規定，包括但不限於對客戶進行盡職審查及披露有關資料；及(xii)實現與上述(i)至(xi)直接有關的任何其他用途。

d) The **Company** requires your separate consent to the use and provision of **Personal Data** in direct marketing (which includes an indication of no objection) to use your **Personal Data**, including but not limited to name, contact details, other products and services portfolio information, transaction pattern and behavior, financial background and demographic information, etc., to send you direct marketing communications regarding the following classes of products and services, including but not limited to direct marketing of: insurance related products and services; health, wellness, medical, hospitality and accommodation, and lifestyle and entertainment related products and services; discounts, promotions, rewards, loyalty or privileges programs related to the foregoing products and services; and donations and contributions for charitable or non-profit making purposes ("**Classes of Marketing Subjects**").The **Company** also intends to provide your Personal Data to the **Group Entities** and third party service providers selected by the **Company**, including, without limitation, call centers, so that they may send you direct marketing communications regarding the same **Classes of Marketing Subjects.**
本公司須取得閣下的另行同意使用及提供**個人資料**作直接促銷（包括表示不反對）方可使用閣下的**個人資料**（包括但不限於姓名、聯絡資料、其他產品及服務組合資訊、交易模式與行為、財務背景及人口統計資料等）向閣下發送有關以下類別產品及服務的直接促銷通訊，包括但不限於直接促銷：保險相關產品及服務； 健康、保健、醫療、住院和家居，以及生活和娛樂及其相關之產品與服務；與前述產品及服務相關之折扣、推廣、獎賞、客戶忠誠或優惠計劃；以及為慈善或非牟利用途的捐款和捐贈（「**促銷目的類別**」）。**本公司**亦擬將閣下的**個人資料**提供予**集團實體**，以及**本公司**選定的第三方服務供應商（包括但不限於電話服務中心），以便其向閣下發送關於上述**促銷目的類別**的直接促銷通訊。

e) The **Personal Data** held by the **Company** shall be kept confidential, but the **Company** may provide the **Personal Data** to the following parties (whether within or outside the Hong Kong Special Administrative Region) for the purposes set out in paragraph (c) above, without prior notification to you and/or any other relevant individuals to whom the **Personal Data** is related:(i) intermediaries, claims service provider, coinsurers, reinsurers, banks and credit-card companies, health and medical organizations, professional advisers, contractors, business partners, and / or any other relevant parties, as appropriate, who provide administrative, telecommunication, computer, payment, marketing, investigation, advisory and/ or other services to the **Company** in connection with the operation of its business;(ii) relevant insurance industry associations or federations, and/ or members of such industry associations or federations;(iii) overseas locations or branches, as appropriate, of the **Company** and/or its **Group Entities**;(iv) persons to whom the **Company** and/or its **Group Entities** are under an obligation to make disclosure under the requirements of as mentioned in (c)(xi);(v) any court, government departments, regulatory or other recognized bodies (including, without limitation, tax authority, insurance authority, etc.) under any laws binding on the **Company** and/or its **Group Entities**;(vi) lawful successors or assigns of the **Company**; and (vii) persons who owe a duty of confidentiality to the **Company** and/or its **Group Entities.**
由**本公司**持有的**個人資料**將受到保密，但**本公司**可依據以上（c）段所列的用途向以下各方（不論在香港特別行政區境內還是境外）提供**個人資料**，事前無須知會閣下及/或該等個人資料所涉及的任何其他有關人士：(i)中介人、索償服務提供商、共同保險公司、再保險公司、銀行及信用卡公司、健康及醫療機構、專業顧問、承包商、業務夥伴及/或任何以適用於向**本公司**提供行政、電訊、電腦、付款、推銷、調查、諮詢及/或其他與業務營運相關服務的有關各方；(ii)相關的保險業協會或聯會，及/或該等協會或聯會的成員；(iii)**本公司**及/或以適用的**集團實體**海外辦事處或分行； (iv)根據上述(c)(xi)的規定，**本公司**及/或**集團實體**負有義務須向其作出披露的人士；(v)任何根據法律約束之下，**本公司**及/或**集團實體**須向其提供資料的任何法院、政府部門、監管或其他認可機構（包括但不限於稅務局、保險業監管局等）；(vi)**本公司**的合法繼承人或受讓人；及(vii) 對**本公司**及/或**集團實體**負有保密責任的人士。

f) The **Company** may verify any or all of the **Personal Data** by using information collected and released or transferred by relevant insurance industry associations or federations, and/or members of such industry associations or federations.
本公司可使用由相關的保險業協會或聯會及/或該等協會或聯會的成員所收集及發放或轉移的資料，來核實任何或所有**個人資料**。

g) In accordance with the Personal Data (Privacy) Ordinance (Cap 486): (i)any individual has the right to: (A) check whether the **Company** holds **Personal Data** about him/her and, if so, obtain a copy of such data;(B) require the **Company** to correct any **Personal Data** relating to him/her that is inaccurate; and (C) ascertain the **Company**'s policies and practices in relation to **Personal Data** and to be informed of the kind of **Personal Data** held by the **Company**; and (ii) the **Company** has the right to charge a reasonable fee for the processing of any data access request.
根據第486章《個人資料（私隱）條例》：(i)任何人士均有權：(A)查詢**本公司**有沒有持有其**個人資料**，如有的話，可取得一份該等資料；(B)要求**本公司**改正其任何不正確的**個人資料**；及(C)查明關於**本公司**的個人資料政策和處事常規，並可獲通知有關本公司所持個人資料的種類；及(ii)**本公司**有權就處理任何查閱**個人資料**的要求之下收取合理的費用。

h) The person to whom requests for access to **Personal Data** and / or correction of **Personal Data** and / or for information regarding policies and practices and kinds of **Personal Data** held are to be addressed as follows:
如欲查閱及/或改正**個人資料**及/或查詢關於**本公司**的政策和處事常規及所持**個人資料**的種類，請向以下人員提出要求：

Personal Data Protection Officer, Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A. Hong Kong Branch (where applicable), 21/F, 1111 King's Road, Taikoo Shing, Hong Kong.
個人資料保護主任忠意人壽（香港）有限公司 或 忠意保險有限公司香港分行〔如適用〕香港太古城英皇道 1111 號 21 樓

Note: In case of discrepancies between the English and Chinese versions of this Personal Information Collection Statement, the English version shall prevail.
附註：本收集個人資料聲明的英文及中文版本之間如有任何歧義，概以英文版本為準。

Use and Provision of Personal Data in Direct Marketing 使用及提供個人資料作直接促銷

(This section forms part of the Personal Information Collection Statement.)
（本節條文是組成「**收集個人資料聲明**」的一部分。）

Provision of consent in this Section by you is voluntary and it will not affect your application.
閣下在本節中提供的允許是自願的，並不會影響閣下的申請。

1) The **Personal Data**, including but not limited to, name, contact details, other products and services portfolio information, transaction pattern and behavior, financial background and demographic information, etc., may be used by the **Company** and its parent company and group companies (hereinafter referred to as the "**Group Entities**") and / or third parties selected by the **Company** for direct marketing the following classes of products and services: (a) Insurance related products and services; (b) Discounts, promotions, rewards, loyalty or privileges programmes and related products and services on health, wellness, medical, hospitality and accommodation, and lifestyle and entertainment; and (c) Donations and contributions for charitable and/ or non-profit making purposes. For the avoidance of doubt, whether you consent to receive marketing communications on the classes of products and services described in this paragraph, the **Company** may still communicate with you regarding the administration, features and renewal of your insurance policy.
個人資料，包括但不限於，姓名、聯絡的詳細資料、其他產品及服務組合資料、交易模式及行為，財務背景及人口統計資料等可被用作於**本公司**及本母公司及本集團的公司（下文合稱為「**集團實體**」）及/或由**本公司**所選定的第三方用於直接促銷以下類別的產品與服務；(a) 保險相關產品與服務； (b) 折扣、推廣、獎賞、客戶忠誠或優惠計劃及其相關推廣活動；健康、保健、醫療、住院和家居、生活和娛樂及其相關產品與服務；及 (c) 為慈善及/或非牟利用途的捐款和捐贈。為免生疑問，無論閣下是否同意接收有關本段所述產品和服務類別的推廣資訊，本公司仍可能就閣下保單的行政、保障和續保與你進行溝通。

2) The **Personal Data** may also be provided to and used by the **Group Entities** and third party service providers selected by the **Company** for the purpose set out in paragraph (1) above, including, without limitation, call centres.
就以上（1）段所述的用途，**個人資料**亦可被提供予本**集團實體**及**本公司**所選定的第三方服務提供商使用，包括但不限於電話服務中心。

3) The **Company** requires your consent (which includes an indication of no objection) to the use of **Personal Data** for the purpose set out in this section. If you do not wish the **Company** to use or provide to other parties the **Personal Data** for the purpose of direct marketing, you may exercise the opt-out right below or by notifying the **Company** at any time thereafter.
本公司須獲閣下允許（包括表示不反對）**本公司**可按照本節條文所述的用途使用**個人資料**。若閣下不希望**本公司**使用或向第三方提供**個人資料**作直接促銷用途，閣下可於下方行使退出權利或於日後任何時間知會**本公司**。

Please tick ("✓") the boxes below if you do not agree with the following use(s) of the **Personal Data** for direct marketing purposes. Please note that your choice will apply to all life policies you hold with the Company.
如閣下不同意**個人資料**用作下列直接促銷用途，請在以下方格內加上剔號 ("✓")。請注意：閣下在此作出的選擇將適用於閣下在本公司持有的所有人壽保單。

☐ I / We do not consent to the provision of the **Personal Data** to the third parties as described herein for the purpose of direct marketing.
本人 / 我們不允許貴公司向本文所述的第三方提供**個人資料**作直接促銷用途。

☐ I / We do not consent to the use of the **Personal Data** by the **Company** for the purpose of direct marketing.
本人 / 我們不允許貴公司使用**個人資料**作直接促銷用途。

(If you do not tick the boxes but sign the Form / document, you will be regarded as having indicated you have no objection (i.e. you consent) to the use or transfer to third parties of the Personal Data for the purpose of direct marketing by the Company.)
(若閣下沒有在方格內加上剔號但簽署本表格 / 文件，閣下會被視之為不反對（即閣下允許）本公司使用或向第三方提供個人資料作直接促銷用途。)

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附註： 本收集個人資料聲明的英文及中文版本之間如有任何歧義，概以英文版本為準。

Version: PICS_202611

Foreign Account Tax Compliance Act Statement 海外帳戶稅收合規法案聲明

Under the U.S. Foreign Account Tax Compliance Act ("FATCA"), a foreign financial institution ("FFI") is required to report to the U.S. Internal Revenue Service ("IRS") certain information on U.S. persons that hold accounts with that FFI outside the U.S. and to obtain their consent to the FFI passing that information to the IRS. An FFI which does not sign or agree to comply with the requirements of an agreement with the IRS ("FFI Agreement") in respect of FATCA and / or who is not otherwise exempt from doing so (referred to as a "nonparticipating FFI") will face a 30% withholding tax ("FATCA Withholding Tax") on all "withholdable payments" (as defined under FATCA) derived from U.S. sources (initially including dividends, interest and certain derivative payments).
在美國的《海外帳戶稅收合規法案》("《合規法案》") 下，海外金融機構須就美國人於海外金融機構之非美國境內之帳戶，向美國國稅局匯報有關資料及取得客戶同意海外金融機構可向美國國稅局匯報有關資料。海外金融機構如未有簽署或同意遵守《合規法案》下的協議 (即 "《海外金融機構協議》") 有關之要求，及 / 或未曾獲得相關豁免遵守相關要求(以上海外金融機構統稱為 "《不參與合規法案之海外金融機構》") ，其所有源自美國的付款中可預扣款項(在合規法案中已闡明)將被徵收百分之三十之預扣稅 ("《合規法案預扣稅》") (初步包括紅利、利息及一些衍生款項)。

The U.S. and Hong Kong have agreed an inter-governmental agreement ("IGA") to facilitate compliance by FFIs in Hong Kong with FATCA and which creates a framework for Hong Kong FFIs to rely on streamlined due diligence procedures to (i) identify U.S. indicia, (ii) seek consent for disclosure from its U.S. policyholders and (iii) report relevant tax information of those policyholders to the IRS.
美國政府與香港政府已簽訂("《跨政府協議》")促使香港的海外金融機構遵守合規法案，及提供一個框架讓香港的海外金融機構能有效率的進行盡職審查以(i) 識別美國身份標記，(ii) 徵求美國保單持有人同意披露及(iii) 向美國國稅局匯報美國保單持有人相關稅務資料。

FATCA applies to Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A. Hong Kong Branch (whichever applicable) (the "**Company**"), and this Policy. The **Company** is a participating FFI and committed to complying with FATCA. To do so, the **Company** requires you to:
合規法案適用於相等之港幣將以忠意人壽(香港)有限公司 / 忠意保險有限公司香港分行(如適用)（「**本公司**」）及此保單。**本公司**是一間參與合規法案之海外金融機構，及致力遵守合規法案。因此，**本公司**需要閣下:

(i) provide to the **Company** certain information including, as applicable, your U.S. identification details (e.g. name, address, the U.S. federal taxpayer Identifying numbers, etc) ; and
提供相關資料予**本公司**，如適用，包括閣下的美國身份証明資料 (如姓名、地址、美國聯邦納稅人識別號碼等); 及

(ii) consent to the **Company** reporting this information and your account information (such as account balances, interest and dividend income and withdrawals) to IRS.
同意**本公司**向美國國稅局匯報此資料及閣下之帳戶資料(如帳戶結存、利息、紅利收入及提款) 。

If you fail to comply with these obligations (being a "Non-Compliant Accountholder"), the **Company** is required to report all information relating to of account balances, payment amounts and the number of non-consenting U.S. accounts to IRS.
如閣下未能遵從以上要求(即為 "《不遵從合規法案之戶口持有人》")，**本公司**須向美國國稅局匯報帳戶結存、款項及不同意披露的美國帳戶數目之綜合資料。

The **Company** could, in certain circumstances, be required to impose FATCA Withholding Tax on payments made to, or which it makes from, your Policy. Currently the only circumstances in the **Company** may be required to do so are:
本公司，在某些情況下，可能被要求在閣下保單付款中徵收合規法案預扣稅。現時**本公司**只會在以下情況徵收合規法案預扣稅:

(i) if the Inland Revenue Department of Hong Kong fails to exchange information with the IRS under IGA (and the relevant tax information exchange agreement between Hong Kong and the U.S.), in which case the **Company** may be required to deduct and withhold FATCA Withholding Tax on withholdable payments made to your Policy and remit this to the IRS; and
若香港稅務局未能與美國國稅局就跨政府協議(及有關香港與美國之間的稅務資料交換協定)交換資料，**本公司**可能需要從閣下保單的可預扣款項中扣除及預扣合規法案之預扣稅及匯出予美國國稅局; 及

(ii) if you are (or any other account holder is) a nonparticipating FFI, in which case the **Company** may be required to deduct and withhold FATCA Withholding Tax on withholdable payments made to your Policy and remit this to the IRS.
如閣下(或任何一位帳戶持有人)是不參與合規法案之金融機構，**本公司**可能需要從閣下保單的可預扣款項中扣除及預扣合規法案之預扣稅及匯出予美國國稅局。

You should seek independent professional advice on the impact FATCA may have on you or your Policy.
有關合規法案對閣下及閣下保單之影響，請諮詢獨立的專業意見。

If the New Policyholder is an individual, please complete the declaration below and provide the information requested. If the New Policyholder is an entity (including but not limited to a trust or a company), such entity does not need to complete the declaration below but must complete a separate form "FATCA Self-Certification for Entities" or Form W-8BENE or Form W-8IMY.
如果新保單持有人為個人，請填妥以下聲明以及提供所須的資料。如果新保單持有人為機構（包括但不限於信託或公司），該機構則不須填寫下列聲明，但其必須填妥另一份「海外帳戶稅收合規法案公司客戶聲明書」或「W-8BENE表格」或「W-8IMY表格」。

Declaration 聲明
Please declare whether you are a U.S. resident for tax purposes* or not by ticking below check box.
請閣下在下方加上「✓」號以聲明閣下是否美國稅務居民*。

☐ I / We declare that I am / we are not a U.S. resident for tax purposes *at the time of signing this declaration.
本人 / 我們聲明於簽署本聲明時並非美國稅務居民*。

☐ I / We declare I am / we are a U.S. resident for tax purposes* at the time of signing this declaration.
本人 / 我們聲明於簽署本聲明時是美國稅務居民*。

I / We acknowledge that the **Company** may transfer any required information to the Tax Authorities in or outside Hong Kong to comply with FATCA obligations and waive all rights I / we have, if any, to prohibit or restrict such disclosure.
本人 / 我們確認**貴公司**可將所需資料轉移到香港境內及境外地區之稅務機關以遵守合規法案的責任，如適用時，本人 / 我們願意放棄所有禁止或限制該披露之權利。

U.S. Taxpayer Identification Number (TIN):
美國納稅人識別號碼：

* A U.S. resident for tax purposes includes but is not limited to any individual who is a U.S. citizen or U.S. resident alien (such as a "Green Card" holder).
* 美國稅務居民包括但不限於任何具有美國公民或美國居住外國人（如「綠卡持有人」）身份的個人。

Note: In case of discrepancies between the English and Chinese versions of this Section, the English version shall prevail.
附註: 本部分之英文及中文版本之間如有任何歧義，概以英文版本為準。

Automatic Exchange of Information 自動交換資料

Under the laws, regulations and international agreements for the implementation of automatic exchange of financial account information ("AEOI"), financial institutions are required to identify account holders (including certain policyholders and beneficiaries) and controlling persons of certain entity policyholders who are reportable foreign tax residents and report their information (including but not limited to their name, address, jurisdiction(s) of tax residence, tax identification number in that jurisdiction(s), account balance and income information) to the local tax authority where the financial institution operates. The local tax authority will provide this information to the tax authority of the reportable foreign tax resident's country of tax residence on a regular, annual basis. The information provided to the **Company** will be used for the purpose of AEOI. This information and other information regarding the account holder may be transmitted by the **Company** to the Hong Kong Inland Revenue Department ("IRD") or any other relevant domestic or foreign tax authority for transfer to the tax authority of another jurisdiction. Please browse the IRD website for guidance on AEOI in Hong Kong: http://www.ird.gov.hk/eng/tax/dta_aeoi.htm.
根據實施的自動交換財務帳戶資料（「自動交換資料」）的法律、法規及國際協定，財務機構須辨別具有須申報外國稅務居民身份的帳戶持有人（包括某些帳戶持有人及保單受益人）和某些機構保單持有人的控權人，並向財務機構營運當地的稅務部門申報其稅務資料（包括但不限於姓名、地址、稅務居住地、該稅務居住地的稅務編號、帳戶結餘及收入資料）。當地稅務部門將每年定期把上述資料交予須申報外國稅務居民所屬稅務居住地的相關稅務部門。本公司會將收集的稅務資料用於自動交換資料。這些資料以及其他關於帳戶持有人的資料可能會被傳遞給香港稅務局或其他本地或海外稅務部門用於轉交其他司法管轄區的稅務部門。有關香港實施自動交換資料的指南，請瀏覽香港稅務局網站：http://www.ird.gov.hk/chi/tax/dta_aeoi.htm。

The information required in this Part and the information regarding your name, residence address and date of birth constitute a self-certification for AEOI purposes. It is an offence under section 80(2E) of the Inland Revenue Ordinance if any person, in making a self-certification, makes a statement that is misleading, false or incorrect in a material particular and knows, or is reckless as to whether, the statement is misleading, false or incorrect in a material particular.
在本部分中收集的資料、關於閣下姓名和住址之資料和出生日期，將共同組成用於自動交換資料的自我證明。根據《稅務條例》第80(2E) 條，如任何人在作出自我證明時，在明知一項陳述在要項上屬具誤導性、虛假或不正確，或罔顧一項陳述是否在要項上屬具誤導性、虛假或不正確下，作出該項陳述，即屬犯罪。

You must report all changes in your tax residence status to the **Company** within 30 days of that change.
閣下必須在閣下的稅務居民身份發生任何變動後的30 日內，向本公司申報該等變動。

You should seek independent professional advice on the impact AEOI may have on you or your Policy.
閣下應就自動交換資料對閣下保單造成的影響，諮詢獨立的專業意見。

If the New Policyholder is an individual, please complete the declaration below and provide the information requested. If the New Policyholder is an entity (including but not limited to a trust or a company), such entity does not need to complete the declaration below but must complete separate forms titled "Entity Tax Residency Self-Certification Form" which shall form part of this application form.
如果新保單持有人為個人，請填妥以下聲明以及提供所須的資料。如果新保單持有人為機構（包括但不限於信託或公司），該機構則不須填寫下列聲明，但其必須填妥另一份「實體稅務居民身分自我證明表格」；填妥後該表格會構成本申請表的一部分。

Declaration 聲明

Please declare your jurisdiction of tax residence for tax purposes by ticking below check box.
請在下方適當空格內加上「✓」號，以申報閣下的稅務居住地。

☐ I / We declare that I am / we are Hong Kong resident(s) for tax purposes and that I am / we are not resident(s) for tax purposes of any jurisdiction other than Hong Kong at the time of signing this declaration.
本人 / 我們謹此聲明，在簽署本聲明時，本人 / 我們是香港的稅務居民，而且本人 / 我們並非任何香港以外司法管轄區的稅務居民。

☐ I / We declare I am / we are resident(s) for tax purposes of a jurisdiction other than Hong Kong at the time of signing this declaration.
本人 / 我們謹此聲明，在簽署本聲明時，本人 / 我們是在香港以外的司法管轄區的稅務居民身份。

Jurisdiction of Residence 稅務居住地	**Taxpayer Identification Number (TIN) 稅務編號**	**Enter Reason A, B or C if no TIN is available 如沒有提供稅務編號，填寫理由 A、B 或 C**	* **Explain why the account holder is unable to obtain a TIN if you have selected Reason B** * **如選擇理由 B， 請提供帳戶持有人不能取得稅務編號的原因**
		☐ A ☐ B * ☐ C	
		☐ A ☐ B * ☐ C	
		☐ A ☐ B * ☐ C	

Note 註:
If you are a resident for tax purposes of any jurisdiction other than Hong Kong, then you must complete the above table indicating (a) your jurisdiction of residence where you are a **resident for tax purposes** and (b) your TIN for each jurisdiction indicated. Indicate **all** (not restricted to five) jurisdictions of residence. If space provided is insufficient, continue on additional sheet(s).
如果閣下是香港以外司法管轄區的稅務居民，閣下須填妥上列表格，列明（一）閣下所屬的稅**務居住地**；以及（二）閣下所屬各稅務居住地的稅務編號。請列明閣下所屬的**全部**（而不限於五個）稅務居住地。如果表格中的空格不敷應用，請另紙填寫。

If this form is completed by more than one Policyholder, and one or more of the Policyholders is a resident for tax purposes of any jurisdiction other than Hong Kong, then each of the Policyholders must complete a separate "Individual Tax Residency Self-Certification Form".
如果本表格由多於一名保單持有人填寫，而且其中一個或多個保單持有人是任何香港以外司法管轄區的稅務居民，則各保單持有人均須各自填妥另一份「個人稅務居民身分自我證明表格」。

If a TIN is unavailable, please provide the appropriate reason A, B or C:
如沒有提供稅務編號，必須填寫合適的理由：
• Reason A – The jurisdiction where the account holder is a resident for tax purposes does not issue TINs to its residents.
• Reason B – The account holder is unable to obtain a TIN. Explain why the account holder is unable to obtain a TIN if you have selected this reason.
• Reason C – TIN is not required. Select this reason only if the authorities of the jurisdiction of residence do not require the TIN to be disclosed.
• 理由 A – 帳戶持有人的稅務居住地並沒有向其居民發出稅務編號。
• 理由 B – 帳戶持有人不能取得稅務編號。如選取這一理由，請提供帳戶持有人不能取得稅務編號的原因。
• 理由 C – 帳戶持有人毋須提供稅務編號。稅務居住地的主管機關不需要帳戶持有人披露稅務編號。

If you declare the OECD (Organisation for Economic Co-operation and Development) designated country(ies) under residence / citizenship by investment (CBI/RBI) schemes as your sole tax residence, please complete Supplementary Form for Common Reporting Standard. For details, please refer to OECD website, https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/residence-citizenship-by-investment/
如果閣下聲明為經濟合作與發展組織（經合組織）所指的 RBI / CBI 投資移民計劃之國家之稅務居民身份，請填妥共同匯報標準補充表格。詳情請參閱經合組織網頁 https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/residence-citizenship-by-investment/

I / We acknowledge that the Company may transfer any required information to the IRD, and the IRD may exchange this information with tax authorities outside Hong Kong, and waive all rights I / we have, if any, to prohibit or restrict such disclosure.
本人 / 我們確認，貴公司可向香港稅務局轉交本表格所載資料，香港稅務局又可將這些將資料交換至香港以外的稅務部門；本人 / 我們放棄任何本人 / 我們所擁有的關於禁止或限制上述資料披露之全部權利（如有）。

I / We undertake to advise the **Company** of any change in circumstances which affects the tax residence status of the Policyholder(s) or causes the information contained herein to become incorrect, and to provide the **Company** with a suitably updated form within 30 days of such change in circumstances.
本人 / 我們承諾，如情況發生改變以致影響的本人 / 我們的稅務居民身份，或導致本表格所載的資料變得不正確，本人 / 我們會通知貴公司，並會在情況發生改變後三十日內，向貴公司提交一份已適當更新的自我證明書。
Note: In case of discrepancies between the English and Chinese versions of this Section, the English version shall prevail.
附註: 本部分之英文及中文版本之間如有任何歧義，概以英文版本為準。

Declaration and Authorization 聲明及授權

1. I / We acknowledge that I / we have been provided with a copy of the Personal Information Collection Statement (the "**Statement**") issued by Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A. Hong Kong Branch (whichever applicable) ("the **Company**"). I / We confirm that I / we have read and understood the **Statement**. 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，本人 / 我們已獲提供一份由忠意人壽(香港)有限公司 / 忠意保險有限公司香港分行(如適用)（「**貴公司**」）發出的收集個人資料聲明（「該聲明」)。本人 / 我們確認已經閱讀並且明白該聲明。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（如適用的話）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。

2. I / We acknowledge that I / we have been provided with a copy of the notice on Foreign Account Tax Compliance Act ("FATCA") and Automatic Exchange of Financial Account Information ("AEOI") issued by the **Company**. I / We confirm that I / we have read and understood the notice on FATCA and AEOI. I / We understand that a false statement or misrepresentation of tax status by a U.S. resident for tax purposes (as defined in Foreign Account Tax Compliance Act) may result in penalty under relevant law and regulations. If my/ our tax status change and I/we become a U.S. person or a resident for tax purposes in any jurisdiction not previously reported to the **Company**, I/we must notify the **Company** no later than thirty (30) days.
本人 / 我們確認，本人 / 我們已獲提供一份由**貴公司**發出有關《海外帳戶稅收合規法案》（"《合規法案》"）及自動交換財務帳戶資料（《自動交換資料》）的通知。本人 / 我們確認已經閱讀並且明白該《合規法案》及《自動交換資料》通知。本人 / 我們明白，根據有關的法律，任何美國稅務居民（定義於《海外帳戶稅收合規法案》）就其稅務狀況作出虛假或失實陳述，可能會受到刑罰。若本人 / 我們的稅務狀況有更改，或成為美國人士，或者成為任何本人 / 我們未曾就其向忠意保險進行申報的司法管轄區之稅務居民，本人 / 我們會於三十日內通知**貴公司**。

3. I / We hereby declare and agree that all statements and information provided in this form are to the best of my / our knowledge and belief complete and true, and all such statements and information shall form the basis and become a part of the policy, and understand that if any such statement or information is incomplete or untrue, the coverage provided under the policy may be void. I / We hereby declare that no information (whether or not it is covered by this form) which may influence the **Company**'s assessment and acceptance of this application has been withheld and understand that if I / We am / are uncertain as to whether or not a particular information is material, the information should be disclosed.
本人 / 我們在此聲明及同意，此申請表內所提供之一切陳述及資料，就本人 / 我們所知所信，均為事實之全部並確實無訛，及一切該等陳述及資料，將成為更改保單的根據，並作為保單一部分，並且明白若資料錯誤或不詳盡，可能導致保單之保障無效。本人 / 我們在此聲明，並無隱瞞任何足以影響**貴公司**衡量應否接受此申請之事實 (不論是否已包括在此申請表內) 及假如未能確定某些資料是否重要，則應將有關事實予以披露。

4. I / We, the Policyholder, hereby request that this policy be changed in accordance with the above particulars with the understanding and agreement that a copy of this request shall be attached to and formed part of the said policy.
本人 / 我們，作為保單持有人，在此要求保單按照上述細則更改，本人 / 我們明白及同意此申請表之副本將附於此保單合約內，且成為上述保單合約的一部分。

5. This request is not valid until it is recorded as received by the **Company** and it is finally confirmed as accepted by the **Company** by way of Endorsement or letter.
此申請須由**貴公司**確實接收及存檔，並經批准及發出批註或確認信後方為有效。

6. I / We understand that a false statement or misrepresentation of tax status by a U.S person could lead to penalties under the U.S law.
本人 / 我們明白，根據美國法律，任何美國人士就其稅務狀況作出虛假或失實陳述，將會受到刑罰。若本人 / 我們的稅務狀況有更改，或成為美國人士本人 / 我們會於三十日內通知**貴公司**。

7. I / We confirm and acknowledge that:
本人 / 我們同意和確認：

(i) I / We shall be responsible for observing and complying with all applicable laws and regulations of any relevant jurisdiction;
本人 / 我們將有責任遵守任何有關司法管轄區之所有適用法律和法規之要求;

(ii) If necessary, I / we shall consult independent professional advisers concerning financial, tax, legal or regulatory consequences of purchasing, holding, withdrawing, redeeming, disposing or exercising any rights of this policy. The **Company** has not provided any advice to me / us in respect of the taxation or citizenship；
如有需要，本人 / 我們將徵詢獨立專業顧問有關購買、持有、撤銷、贖回或以其他方式處置所發保單或行使保單任何權利可能引致的財務、稅務法律或法規上的後果。忠利保險沒有就有關本人 / 我們之稅務或公民身份提供任何意見;

(iii) If the **Company** subsequently becomes aware that the policy issued is directly or beneficially owned by any person in breach of any applicable laws and regulations of any relevant jurisdiction, I / we may be required to redeem, surrender or withdraw from the policy ; 若**貴公司**其後發現所發保單因由任何人士直接或實益擁有，而該人士違反任何有關司法管轄區之適用法律和法規之要求，本人 / 我們可被要求贖回或退保或撤銷該保單；

(iv) Should I / we be compelled by any applicable laws and regulations of any jurisdiction to redeem, surrender or withdraw from the policy, I / We shall bear any costs , loss or liability incurred as a result of such redemption, surrender or withdrawal;
若本人 / 我們被任何司法管轄區之適用法律和法規要求贖回，退保或撤銷該保單，本人 / 我們願意承擔因此而引致的費用、損失或責任;

(v) The **Company** shall be entitled to, to the extent permitted by laws, submit or report any of my / our Personal Data and other information relating to this policy / application.to the relevant governmental authorities, regulator(s), court(s), tribunal(s), administrative board(s) and / or law enforcement bodies (both local and overseas) (collectively known as " relevant authorities"). The **Company** shall also be entitled to reply to any inquiry from the relevant authorities in order to comply with all applicable laws and regulations of any relevant jurisdiction. I / We understand and acknowledge that the **Company** will not be able to provide any insurance or related product and service to me /us if I / we refuse to give the said express consent.
貴公司有權，在法律許可的範圍內，提交或報告有關本人 / 我們的個人資料和其他有關本保單或申請的資料予有關政府部門、監管機構、法院、法庭、行政委員會及 / 或執法機構（包括本地及海外）(統稱為「有關機構」）。**貴公司**也有權就上述有關機構所提出之任何查詢作出回覆，以符合任何司法管轄區適用之法律和法規要求。本人 / 我們明白和確認，如果本人 / 我們拒絕給予上述事項之明示同意予**貴公司**，**貴公司**將無法提供任何保險或相關產品和服務予本人 / 我們。

8. I / We agree to indemnify the **Company** in respect of any false statement or misrepresentation regarding my / our nationality, residency or tax status.
就有關本人 / 我們之國籍、居住地或稅務狀況，如有任何錯誤或不實的陳述，本人 / 我們同意對**貴公司**作出賠償。

9. I / We confirm that I am / we are acting solely on my / our own behalf but not acting on behalf of another person in respect of the request of policy change such as in the capacity of trustee or agent. In the event that I am / we are acting on behalf of another person, I / we agree to provide any information or documentation including but not limited to any copies of identification documents of the principal / beneficial owner and any documentary proof of my / our legal capacity and authority in so acting.
本人 / 我們確認本人 / 我們是僅以按本人 / 我們的名義行事，並不是代表他人如以受託人或代理人身份提出更改此保單之要求。倘若本人 / 我們是代表他人行事，本人 / 我們同意提供任何資料或文件，包括但不限於任何委託人 / 實益擁有人的身份證明文件副本及任何授予本人 / 我們具法律身份和授權的證明文件。

10. I / We confirm and understand that I am / we are required to provide valid documentary proofs (such as identity document or address proof) to **The Company** from time to time on myself / ourselves, the insured, the ultimate beneficial owner (if any), the authorized signatory(ies) (if any) or any relevant person of this policy for the purposes of customer due diligence pursuant to the Anti-Money Laundering and Counter-Terrorist Financing (Financial Institutions) Ordinance (Cap 615) (or any applicable laws and legislations). If I / We fail to do so, or if the customer due diligence cannot be completed within a reasonable time for any reason, the **Company** reserves the rights to disprove the application, terminate the policy or cease the business relationship with me / us. The **Company** shall be entitled to deduct such applicable fees and charges and shall not be liable for any loss, damage, reimbursement or compensation in connection with such event.
本人 / 我們確認及明白必須提供有效文件證明(如身份證明文件或地址證明)予**貴公司**，讓**貴公司**能按照《打擊洗錢及恐怖分子資金籌集(金融機構)條例》(第 615 章) 所載(或所有適用法律和法規之要求)，不時對本人 / 我們、保單之受保人、最終實益擁有人(如適用)、獲授權簽署人士(如適用)或其他相關人士進行客戶盡職審查。如本人 / 我們未能符合此要求，或因任何理由客戶盡職審查未能在合理時間內完成, **貴公司**有權否決上述申請及/或終止此保單及/或終止與本人 / 我們的業務關係。**貴公司**因此有權扣除適當的費用及收費，而不需向本人 / 我們承擔任何有關之損失，損害，償還和/或補償。

11. (Applicable only if the Applicant is body corporate) (只適用於法人之申請人)
We undertake to inform the **Company** upon any change to (i) our particulars (such as name, registered address and ownership structure); (ii) the personal particulars of our shareholder(s) holding not less than 10% of total shares / voting rights; (iii) our director(s) / authorized signatory(ies) or his / her personal particulars and to provide relevant documentary proof(s) of such change to the satisfaction of the **Company** upon its request.
我們保證會立刻通知**貴公司**任何有關 (i) 我們資料之更改（如名字、註冊地址及擁有權結構）；或(ii) 擁有不少於 10%股本 / 投票權之股東之個人資料的更改；或(iii)我們的董事/獲授權簽署人士或其個人資料的更改，我們保證提交與該更改有關之文件證明以滿足**貴公司**之要求。

12. I / We authorize the sales intermediary to provide any of my / our Personal Data, information together with the supporting or related documents to the **Company** or its representatives for the purpose of this change request and to meet any ongoing administration requirement pursuant to any applicable laws and regulations from time to time. I / We further authorize the **Company** to pass this authorization to the sales intermediary for the purpose of facilitating the transfer provision of such Personal Data, when required. A copy of this authorization shall be as valid as the original.
本人 / 我們現授權銷售中介人提供任何有關本人 / 我們之個人資料，包括但不限於本人 / 我們之醫療紀錄或其他文件，予**貴公司**或其代表以作本保單申請之用或以符合任何適用法律和法規不時之要求。當有需要時，本人 / 我們進一步授權**貴公司**將本授權文件交予銷售中介人以轉移該等個人資料。此授權文件之副本皆與正本同樣有效。

Signatures 簽署

I / We, Existing Policyholder, transfer all my / our rights, claims and interests in and obligations under the above policy to the New Policyholder stated above. I/We understand that this change of policyholder will automatically revoke the existing revocable beneficiary designation on the Policy.
本人 / 我們，現時保單持有人，現將上述保單轉下本人 / 我們的權利、賠償金、利益及責任，轉讓予上述新保單持有人。本人 / 我們明白轉讓擁有權將自動撤銷現時在保單上指定的可撤換受益人。

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

X _____
Signature of Existing Policyholder
現時保單持有人簽署

X _____
Signature of New Policyholder
新保單持有人簽署

_____
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:)