Generali Life (Hong Kong) Limited
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Hong Kong Branch

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忠意人壽 (香港) 有限公司
忠意保險有限公司
香港分行

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Supplementary Form for Death Benefit Payment Option (For Designated Plans ONLY)
身故保障支付方式附加申請表 (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☑。

Beneficiary Information **受益人資料**	
Full Name in English and Chinese 英文及中文姓名	
Death Benefit Payment Option (For LionAchiever/LionAchiever Elite/Emerald/Pearl/PrimeAchiever Insurance Plan ONLY) **身故保障支付方式 (只適用於啟航創富／啟航創富 (卓越版)／玲瓏／駿耀／領航財富保險計劃)**	
☐ **Lump Sum Payment** 全數支取	☐ Immediate Payment 即時支取 ☐ Deferred Payment 延後支取 a. ☐ Defer to _____ years after the Insured's death (must be between 1 - 30 years) 延後至受保人身故後 _____ 年 (必須於 1 - 30 年之間) b. ☐ Pay at Beneficiary's attained age_____ (must be between age 18 - 30) 於受益人 _____ 歲支取 (必須於 18 - 30 歲之間)
☐ **Monthly Installment Payment** 每月支取	Payment Period : ☐ 5 Years 年 ☐ 10 Years 年 ☐ 20 Years 年 ☐ 30 Years 年 支付年期 ☐ Immediate Payment 即時支取 ☐ Deferred Payment 延後支取 a. ☐ Start from _____ years after the Insured's death (must be between 1 - 30 years) 延後至受保人身故後 _____ 年開始 (必須於 1 - 30 年之間) b. ☐ Start from Beneficiary's attained age_____ (must be between age 18 - 30) 由受益人 _____ 歲開始 (必須於 18 - 30 歲之間)
☐ **Partial Payment** **(Combination of Lump Sum Payment and Monthly Installment Payment)** 部分支付 (一筆過及每月分期支付組合)	Lump Sum Payment : _____ % (at least 5% or multiple of 5% 最少 5% 或 5% 的倍數) 全數支取 ☐ Immediate Payment 即時支取 ☐ Deferred Payment 延後支取 a. ☐ Defer to _____ years after the Insured's death (must be between 1 - 30 years) 延後至受保人身故後 _____ 年 (必須於 1 - 30 年之間) b. ☐ Pay at Beneficiary's attained age_____ (must be between age 18 - 30) 於受益人 _____ 歲支取 (必須於 18 - 30 歲之間) Monthly Installment Payment Period: ☐ 5 Years 年 ☐ 10 Years 年 ☐ 20 Years 年 ☐ 30 Years 年 每月分期支付年期 ☐ Immediate Payment 即時支付 ☐ Deferred Payment 延後支付 a. ☐ Start from _____ years after the Insured's death (must be between 1 - 30 years) 延後至受保人身故後 _____ 年開始 (必須於 1 - 30 年之間) b. ☐ Start from Beneficiary's attained age_____ (must be between age 18 - 30) 由受益人 _____ 歲開始 (必須於 18 - 30 歲之間)
☐ **Policy Split – Auto-split Upon Death of Insured** (Applicable from the third policy anniversary or end of premium payment period, whichever is later) 保單分拆 - 於受保人身故時自動分拆保單 (適用於第三個保單週年日或保費繳付年期完結 (以較後者為準))	

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, 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.(5) 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，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），本人將即時以書面通知貴公司；(5) 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 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

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:)