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Request for Policy Change Form - Non Financial
更改保單申請書 - 非財務

Policy Number
保單號碼

Private & Confidential 私人及機密

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

IMPORTANT NOTES 重要事項

This Form should be completed in BLOCK LETTERS in BLACK / BLUE PEN. Any corrections made should be signed / endorsed by you or you should complete a new Form. Your request of change 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) (the "Company"). A written confirmation and / or endorsement will be issued to you after the acceptance of your request of change. Your request to change will be effective as of the date of such written confirmation.

本申請表應用黑色 / 藍色筆以英文正楷填寫。本表格內任何修改，您應在旁加簽或重新填寫一份。若所提供的資料未能達到忠意人壽（香港）有限公司 / 忠意保險有限公司香港分行（如適用）（「本公司」）之所有要求，此更改之申請有可能不會受理。本公司接受更改保單申請後會向您發出書面確認及 / 或批註。而更改之申請會於發出書面確認當天生效。

Please ☑' when appropriate. 請於適當位置加上 ☑。

Part I – Change Request 第一部分 – 更改要求

☐ **1** **Change of Personal Information 更改個人資料**

* Please note : For HK residents, please provide a certified copy of your Hong Kong Identity Card and/or other identification document & deed poll, if any. For non-HK residents please provide a certified copy of your national identity card, passport, travel document or other identification document & deed poll, if any.

* 請注意：如香港居民，請提供香港身份證及 / 或其他身份證明文件及改名契 (如有) 的認證副本。如非香港居民，請提供國民身份證、護照、旅行証件或其他身份證明文件及改名契 (如有) 的認證副本。

Policyholder 保單持有人	**Insured 受保人**
☐ **Name in English 英文姓名 *** (Use BLOCK letters) (請以英文正楷填寫) Surname 姓 _____ Given Name 名 _____	☐ **Name in English 英文姓名 *** (Use BLOCK letters) (請以英文正楷填寫) Surname 姓 _____ Given Name 名 _____
☐ **Name in Chinese 中文姓名 *** Surname 姓 _____ Given Name 名 _____	☐ **Name in Chinese 中文姓名 *** Surname 姓 _____ Given Name 名 _____
☐ **Gender 性別 *** ☐ Male 男 ☐ Female 女	☐ **Gender 性別 *** ☐ Male 男 ☐ Female 女
☐ **Date of Birth 出生日期 *** DD 日 / _____ MM 月 / _____ YYYY 年	☐ **Date of Birth 出生日期 *** DD 日 / _____ MM 月 / _____ YYYY 年
☐ **Country of Birth 出生國家** _____	☐ **Country of Birth 出生國家** _____
☐ **ID Card / Passport *** **身份證 / 護照 *** ID Card No. 身份證號碼 _____ Passport No. 護照號碼 _____	☐ **ID Card / Passport *** **身份證 / 護照 *** ID Card No. 身份證號碼 _____ Passport No. 護照號碼 _____
☐ **Nationality 國籍 *** _____	☐ **Nationality 國籍 *** _____
☐ **Marital Status 婚姻狀況** ☐ Single 單身 ☐ Married 已婚	☐ **Marital Status 婚姻狀況** ☐ Single 單身 ☐ Married 已婚

☐ 2 Change of Contact Information 更改聯絡資料

Policyholder 保單持有人	Insured 受保人
☐ Residential Address AND Correspondence Address 住宅地址及通訊地址 (Please submit Address Proof. 請遞交住址證明。) ☐ Residential Address ONLY 住宅地址 (Please submit Address Proof. 請遞交住址證明。) ☐ Correspondence Address ONLY 通訊地址 _____ _____ _____ _____ The address will be updated for ALL policy(ies) under the Policyholder. 地址將更新於保單持有人名下的所有保單。 If not specify, both Residential Address and Correspondence Address will be updated. 如沒有註明，住宅地址及通訊地址將會一併更新。 If the correspondence address is applied to specific policy, please provide policy no. below. 如通訊地址只適用於指定保單，請於以下註明保單號碼。 _____	☐ Residential Address 住宅地址 (Please provide Address Proof. 請提供住址證明。) _____ _____ _____ _____ The address will be updated for ALL policy(ies) under the Insured. 地址將更新於受保人名下的所有保單。
☐ **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	☐ **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
☐ **Email 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。	Not Applicable 不適用

☐ 3 Change of Signature 更改簽名式樣

New Signature 新簽名式樣	New Signature 新簽名式樣
_____	_____

☐ 4 Change of Beneficiary 更改受益人

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。
If the Secondary Beneficiary is blank, existing records of Secondary Beneficiary(ies) remain unchanged.
如次位受益人為空白，現時次位受益人記錄維持不變。

a. Individual Beneficiary 個人受益人

Priority 優先次序	Name of Beneficiary 受益人姓名 English & Chinese 英文及中文	Relationship with Insured 與受保人關係	Sex 性別	Date of Birth 出生日期 DD/MM/YYYY 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 % 分配比例 Total 合共 100%
☐ 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 受益人姓名 English & Chinese 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 註冊日期 DD/MM/YYYY 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 % 分配比例 Total 合共 100%
☐ Primary 基本 ☐ Secondary 次位			☐ Corporation 公司 ☐ Partnership 合夥業務 ☐ Trust 信託 ☐ Others 其他:_____ Registration No. 登記號碼 : _____					

☐ 5 Change of Payment Mode 更改繳付方式 (Not applicable to Qualifying Deferred Annuity Policy [QDAP] 不適用於合資格延期年金保單)

☐ Annually 年繳 ☐ Semi-Annually 半年繳 ☐ Quarterly 季繳 ☐ Monthly 月繳

For change to autopay, please submit Direct Debit Authorization Form or Credit Card Payment Authorization Form (for specific product only) together with 2 months' premium and premium levy for monthly mode / 1 modal premium for non-monthly mode in advance.
如更改為自動轉賬，請遞交直接付款授權書或信用卡付款授權書 (只適用於指定產品) 並預繳2個月之保費及保費徵費(月繳方式) / 1 期保費及保費徵費 (非月繳方式)。

☐ 6 Change of Payment Method 更改繳付方法

☐ Direct Billing 郵寄賬單方式（Not applicable for monthly mode 不適用於月繳）

☐ Others 其他: _____

☐ 7 Change of Dividend Option 更改紅利支付方式

☐ Cash Payment 支取現金 (Please complete Item 11 – Payment Instruction 請填寫第十一項 – 付款指示)
☐ Accumulate with interest 積存生息
☐ Paid Up Additions 購買繳費保險

☐ 8 Change of Monthly Annuity Income Option / Annuity Payment Option 更改每月年金入息支付方式 / 年金金額支付方式

☐ Cash Payment 支取現金 (Please complete Item 11 – Payment Instruction 請填寫第十一項 – 付款指示)
☐ Accumulate with interest 積存生息 (Not applicable to LionHarvest Deferred Annuity 不適用於稅悅保延期年金)

☐ 9 Change of Annuity Period Start Age / Income Period Start Age 更改年金期開始年齡 / 入息期開始年齡

New Annuity Period Start Age / Annuity Income Period Start Date 新年金期開始年齡 / 年金入息期開始日# :
Age of Insured 受保人年齡: _____

 # 1. LionPromise 逸悅保
The new Annuity Period Start Date must be a Policy Anniversary on or after the 5th Policy Anniversary to age 80.
新年金期開始日期必須為第 5 個或其後的保單週年日至 80 歲。

2. LionPromise Pro / Z-Retire Pro Insurance 豐盛逸悅保 / Z-Retire Pro 退休保
The new Annuity Period Start Date must be a Policy Anniversary on or after the 5th Policy Anniversary to age 95.
新年金期開始日期必須為第 5 個或其後的保單週年日至 95 歲。

3. LionHarvest / LionHarvest Pro Deferred Annuity 稅悅保 / 豐盛稅悅保延期年金
The new Income Period / Annuity Income Period Start Date must be after premium term and between age of 50 and 80.
新入息期開 / 年金入息期開始日期必須付清保費後，並且入息期開始年齡為 50 歲到 80 歲之間。

4. LionHarvest Prime Deferred Annuity 悠然稅悅延期年金
The new Annuity Income Period Start Date must be a Policy Anniversary on or after the 10th Policy Anniversary
新年金入息期開始日期必須為第 10 個或其後的保單週年日。
The new Annuity Income Period Start Date must be after premium term and between age of 50 and 80.
新年金入息期開始日期必須付清保費後，並且入息期開始年齡為 50 歲到 80 歲之間。

☐ 10 Request for Re-issuance of Policy Document 要求補發保單文件

I declare that the original policy contract of the captioned policy has been lost / destroyed. No other person has claim or interest in this policy by virtue of any assignment or mortgage. I hereby apply for a duplicate of the policy contract and agree that the original policy contract and any previously issued duplicated policy contract before this declaration have been void. I understand that I shall be responsible for paying the handling charge of HKD200 for the re-issuance of the policy document.
本人謹此聲明，上述保單契約已遺失或損毀。沒有其他人因轉讓或按揭而對此保單可作任何索償或享有任何權益。本人現申請補發保單副本，並同意在此聲明訂立前，原先之保單及任何已發出的保單副本均視為無效。本人明白須繳付港幣 200 元作為保單補發費用。

☐ 11 Payment Instruction 付款指示 (Applicable to Item 7 & 8 適用於第七及八項)

Direct Credit 直接存入

☐ Credit to Policyholder's local bank account as below in Hong Kong dollar currency以港幣存入保單持有人以下之本地銀行帳戶
Please provide copy of passbook / bank statement / ATM card with bank account number and name of account holder for verification.
請提供存摺 / 銀行戶口結單 / 提款卡副本 (附有銀行帳戶號碼及銀行戶口持有人的姓名) 以作核實。

☐☐☐ - ☐☐☐ - ☐☐☐☐☐☐☐☐☐☐

Bank Code 銀行編號 Branch No. 分行編號 Account No. 帳戶號碼

By Cheque支票

☐ HKD Cheque 港幣支票

☐ USD Cheque (HK clearance) 美金支票 (香港兌現) [applicable to USD Policy ONLY 只適用於美金保單]

Telegraphic Transfer電匯

(Remittance charges will be borne by the policyholder and deducted from the payment 電匯的相關費用將由保單持有人支付並從付款中扣除)

☐ HKD 港幣

☐ USD 美金 [applicable to USD Policy ONLY 只適用於美金保單]

Please provide copy of bank statement with bank account number and name of account holder for verification.
請提供銀行戶口結單副本 (附有銀行帳戶號碼及銀行戶口持有人的姓名) 以作核實。

English Name of Bank Account Holder 銀行戶口持有人英文姓名 _____

Bank Account No. 銀行戶口號碼 _____

Bank Name 銀行名稱 _____

SWIFT Code 銀行國際代碼 _____

Correspondent Bank Name 中轉銀行名稱 _____

Correspondent Bank SWIFT Code 中轉銀行國際代碼 _____

Notes 注意事項：

(1) Please submit certified true copy of the identity document of policyholder.
請遞交保單持有人之身份證明文件的認證副本。

(2) If not specified, the cheque will be delivered to policyholder's correspondence address by mail as in company record.
如沒有特別指示，支票 / 本票將以郵寄方式送到公司記錄之保單持有人的通訊地址。

(3) The HKD equivalent will be based on the currency exchange rate provided by Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A. Hong Kong Branch (whichever applicable) at the time of arranging payment and it can be changed from time to time.
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) 於安排款項時所釐訂之貨幣兌換率計算，而有關之貨幣兌換率將不時轉變。

(4) Payment transfer to other life policies is accepted only under the same policyholder within Generali Life (Hong Kong) Limited or under the same policyholder within Assicurazioni Generali S.p.A. Hong Kong Branch.
款項轉入只限於忠意人壽 (香港) 有限公司所屬之相同保單持有人的保單或忠意保險有限公司香港分行所屬之相同保單持有人的保單。

☐ 12 Other Service Request 其他更改

Part II – PEP Self-declaration 第二部分 – 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。

Part III – Foreign Account Tax Compliance Act 第三部分 – 海外帳戶稅收合規法案

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 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**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 the 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 "aggregate information" 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 Policyholder is an individual, please complete the declaration below and provide the information requested. If the 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。

Part IV– Automatic Exchange of Information 第四部分 – 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 Policyholder is an individual, please complete the declaration below and provide the information requested. If the 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	
		☐ 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。

Part V – Declaration and Authorization 第五部分 – 聲明及授權

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 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**貴公司**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**。

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 is covered by this Personal/ Policy Information Change Request Form) which may influence the **Company's** assessment and acceptance of this application has been withheld and understand that if / 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，此申請書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更改個人 / 保單資料申請書內）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。

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份。

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。

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

X _____	X _____	_____
Signature of Policyholder 保單持有人簽署	Signature of Insured 受保人簽署	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變更請求之申請。

X _____	X _____	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	Signature of Irrevocable Beneficiary (if any) 不可撤換受益人簽署 (如適用)	Signature of Witness 見證人簽署 (Name 姓名: _____)