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Request for Policy Change Form - Financial
更改保單申請書 - 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.
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。

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

Part I – Change of Policy Benefit 第一部分 - 更改保單保障

☐ 1.

	Increase* 增加 *	Decrease 減少	Add* 附加	Delete 刪除	New Amount of Sum Assured / Benefit / New Notional Amount 新投保額 / 保障 / 名義金額 (In Policy Currency 以保單貨幣計算)
☐ Basic Plan 基本保障	N/A 不適用	☐	N/A 不適用	N/A 不適用	_____
☐ Rider 附加保障					
☐ Waiver of Premium Benefit 保費豁免保障	N/A 不適用	N/A 不適用	☐	☐	_____
☐ Payor's Benefit 付款人保障	N/A 不適用	N/A 不適用	☐	☐	_____
☐ Extended Love Benefit 延續愛保障	N/A 不適用	N/A 不適用	☐	☐	_____
☐ Elderly Illness Benefit 長者疾病保障	N/A 不適用	☐	N/A 不適用	☐	_____
☐ Others 其他 _____	☐	☐	☐	☐	_____

* For add/increase benefit, please complete Part III and submit together with certified true copy of the identity document of the policyholder and insured.
附加/增加保障，請填妥第三部分並連同保單持有人及受保人之身份證明文件的認證副本一併遞交。

Part II – Policy Servicing 第二部分 - 保單服務

☐ 1. **Reinstatement 保單復效**

Please provide certified true copy of the identity document of the policyholder and insured. 請提供保單持有人及受保人之身份證明文件的認證副本。

☐ For guaranteed acceptance products, no health declaration is required. 保證受保產品，毋需任何健康申報。

☐ For non-guaranteed acceptance products 非保證受保產品

☐ Simplified Reinstatement (only applicable for policy lapsed more than 3 months and up to 6 months from last Premium Due Date, and not applicable for policy accepted at special rate, and/or with exclusion(s), and/or with any rider being declined/postponed and/or with claims history)
簡易保單復效 (只適用於由上一個保費到期日計起超過 3 個月但不超過 6 個月失效的保單，並不適用於保單曾被徵收額外保費、及/或附加不保事項、及/或其附加保障曾被拒保或延期、及/或有索償記錄)

- I declare there is no change in my/our health, occupation or avocation activities and I/we have not undergone any routine health check-up or medical investigation with abnormal result(s) since the lapsation of this Policy.
- 本人/我們聲明自本保單失效至今，本人/我們的健康、職業及業餘活動並無改變，亦沒有進行任何常規身體檢查或醫療檢驗而有不正常的檢測結果。

☐ Normal Reinstatement (applicable for policy accepted at special rate, and/or with exclusion(s), and/or with any rider being declined/postponed and/or with claims history, and/or policy lapsed over 6 months from last Premium Due Date)
一般保單復效 (適用於保單曾被徵收額外保費、及/或附加不保事項、及/或其附加保障曾被拒保或延期、及/或有索償記錄、及/或由上一個保費到期日計起，保單失效超過 6 個月)
Please complete Part III and submit the relevant medical evidence.
請填妥第三部分及提供相關之健康資料證明文件。

☐ 2. **Change of Smoking Status 更改吸煙狀況**

Please complete Part III Question 2. If change to non-smoker, please perform Nicotine Test and the cost should be borne by the customer. 請填妥第三部分問題 2。若改為非吸煙者，請進行尼古丁測試，費用需由客戶承擔。

☐ 3. **Removal / Reduction of Loading / Exclusion 刪除 / 減免額外保費 / 不保事項**

Please complete Part III and submit the relevant medical evidence. 請填妥第三部分及提供相關之健康資料證明文件。

☐ Exclusion 不保事項 _____

☐ Loading 額外保費 _____

☐ 4. **Re-declaration of Health 重新申報健康資料**

Please complete Part III and submit the relevant medical evidence. 請填妥第三部分及提供相關之健康資料證明文件。

☐ 5. **Exercise of Extended Grace Period Option 行使延長寬限期選項**

This option is only applicable to certain products and **can only be exercised one time/two times**. Please refer to your Policy contract for details. 此更改只適用於指定之產品及**只可以行使一次/兩次**。詳情請參閱閣下之保單合約。

☐ 6. **Exercise of Premium Holiday Option 行使保費假期選項**

This option is only applicable to certain products and the Start Date must be on the next Policy Anniversary. Please refer to your Policy contract for details. 此更改只適用於指定之產品及開始日期必須為下一個保單週年日。詳情請參閱閣下之保單合約。

☐ One Year 一年

☐ Two Years 兩年

☐ 7. **Policy Continuation Option 選擇保單延續選項**

This option is only applicable to certain products. Please refer to your Policy contract for details. 此更改只適用於指定之產品。詳情請參閱閣下之保單合約。

☐ Exercise of Policy Continuation Option 行使保單延續選項

☐ Cancellation of Policy Continuation Option 取消保單延續選項

☐ 8. **Policy Split Option (while the Life Insured is alive) 保單分拆選項(受保人在世時)**

This option is only applicable to certain products and **can only be exercised once per each policy year**. The request cannot be changed or cancelled once it is approved. Please refer to your Policy contract for details. 此更改只適用於指定之產品及**只可於每個保單週年行使一次**。當更改申請獲批准後，將不可更改或取消。詳情請參閱閣下之保單合約。

Split Percentage 分拆百分比 _____ (%)

☐ 9. **Exercise of Guaranteed Conversion Option 行使保證轉換權益**

This option is only applicable to certain products. The request can not be changed or cancelled and the existing policy will be terminated once the new insurance plan is approved. This option is not applicable to the policy with substandard premium or any extra exclusion(s). Please refer to your Policy contract for details and contact your insurance intermediary for the relevant requirements.
此更改只適用於指定之產品。當新保險計劃批准後，此更改申請將不可更改或取消而現有的保單將會終止。此更改不適用於有任何額外保費或額外不保事項的保單。詳情請參閱閣下之保單合約，並聯絡您的險中介人以了解相關要求。

Converted to (Insurance Plan) 轉換至(保險計劃) _____

New Amount of Sum Assured / Notional Amount 新投保額 / 名義金額 (In Policy Currency 以保單貨幣計算) _____

☐ 10. **Exercise of Guaranteed Insurability Option 行使保證可保權益**

This option is only applicable to certain products and **can only be exercised once**. The request can not be changed or cancelled once the new insurance plan is approved. This option is not applicable to the policy with substandard premium or any extra exclusion(s). Please refer to your Policy contract for details and contact your insurance intermediary for the relevant requirements.
此更改只適用於指定之產品及只可行使一次。當新保險計劃批准後，此更改申請將不可更改或取消。此更改不適用於有任何額外保費或額外不保事項的保單。詳情請參閱閣下之保單合約，並聯絡您的保險中介人以了解相關要求。

Converted to (Insurance Plan) 轉換至(保險計劃) _____

New Amount of Sum Assured / Notional Amount 新投保額 / 名義金額 (In Policy Currency 以保單貨幣計算) _____

☐ 11. **Other Instructions 其他指示**

Part III – Medical Evidence 第三部分 – 健康資料

			Life Insured 受保人		Policyholder 保單持有人	
Policyholder should complete this section together if the policy with Payor's Benefit/Extended Love Benefit or applying Payor's Benefit/Extended Love Benefit. 如保單附有付款人保障/延續愛保障或申請付款人保障/延續愛保障，保單持有人必須同時回答此部分。						
In this section, "You" or "Your" refers to the Life Insured / Policyholder. 在此部分，「閣下」乃指受保人 / 保單持有人			**Yes 是**	**No 否**	**Yes 是**	**No 否**
1.	Height 身高 Weight 體重		_____ cm厘米 _____ kg公斤		_____ cm厘米 _____ kg公斤	
2.	Have you smoked cigarette(s) within the past 12 months? If "Yes", please provide details below. 閣下在過去12個月內曾否吸煙？如答「是」，請在以下部分提供資料。		☐	☐	☐	☐
	a	Average daily consumption 每日平均數量	pieces支		pieces支	
	b	Duration of Smoking 吸食年數	years年		years年	
	If quit, please state when and for what reason ? 如已戒掉煙草製品，請說明原因及日期。					
	Date Ceased 停止日期					
	Reason 原因					
3.	Do you take soft drugs, narcotics or alcohol? If "Yes", please provide details below. 閣下是否服食任何成癮藥物、吸毒或飲酒？如答「是」，請在以下部分提供資料。		☐	☐	☐	☐
	a	Type 種類				
	b	Average Weekly Consumption 每星期平均份量				
4.	Are you now taking any medication, having injection or on a special diet? If "Yes", please provide details in the Supplementary Information Section. 閣下現時是否服食或注射任何藥物或需要特別飲食限制？如答「是」，請在補充資料部分提供資料。		☐	☐	☐	☐
5.	Have your natural parents or siblings ever had diabetes, cancer, high blood pressure, heart problems, mental disease, multiple sclerosis, muscular dystrophy, stroke, haemochromatosis, Huntington disease (huntington's chorea), kidney disease (polycystic kidney disease), liver disease (hepatitis) or any other hereditary disease(s) before the age of 60? If "Yes", please provide the family medical history in the Supplementary Information Section. 閣下的親生父母或兄弟姊妹有否於 60 歲前患有糖尿病、癌症、高血壓、心臟疾病、精神病、多發性硬化症、肌肉萎縮症、中風、血色素沉著症、亨廷頓舞蹈病、腎病（多囊腎症）、肝病（肝炎）或其他遺傳病？如答「是」，請在補充資料部分提供家庭病史。		☐	☐	☐	☐
6.	As far as you know have you ever had and / or been treated for and / or been told you had any of the following diseases or disturbances: 就閣下所知曾否患有及 / 或接受治療及 / 或被告知患有以下任何疾病或機能失調：					
	a	Chest pain, palpitation, high blood pressure, hyperlipidemia, rheumatic fever, heart murmur, heart attack, shortness of breath, poor circulation or other disorder of the heart? 胸痛、心悸、高血壓、高脂血症、風濕性熱、心雜音、心臟病、呼吸困難、血液循環不良或其他心臟疾病？	☐	☐	☐	☐
	b	Lungs or respiratory disorder, disease of nose or throat, blood spitting, persistent hoarseness or cough, bronchitis, pleurisy, asthma, emphysema or tuberculosis? 肺或呼吸器官疾病、鼻或喉之疾病、吐血、持久沙啞或咳嗽、支氣管炎、胸膜炎、哮喘、肺氣腫或肺結核？	☐	☐	☐	☐
	c	Jaundice, hepatitis B / C carrier, ulcer, colitis, gallstones, diverticulitis, recurrent indigestion, hernia or other disorder of the oesophagus, stomach, pancreas, intestines, rectum, anus, liver or gallbladder? 黃膽病、乙 / 丙型肝炎帶菌、潰瘍、結腸炎、膽石、憩室炎、經常消化不良、疝氣或其他食道、胃、胰臟、腸、直腸、 肛門、肝或膽的疾病？	☐	☐	☐	☐
	d	Sugar, albumin, blood or pus in urine; stone or other disorder of kidney, bladder, prostate or reproductive organs? 尿中有糖、蛋白、血或膿；腎、膀胱、前列腺或生殖器官結石或其他疾病？	☐	☐	☐	☐
	e	Disorder of eye or ear, dizziness, convulsion, epilepsy, seizure, headaches, speech defect, paralysis or stroke; mental or nervous disorder? 眼或耳的疾病、暈眩、痙攣、癲癇、抽搐、頭痛、語言缺陷、癱瘓或中風、精神病或神經系統疾病？	☐	☐	☐	☐
	f	Diabetics, thyroid or other endocrine (glandular) disorder? 糖尿、甲狀腺或其他內分泌系統（腺系統）的疾病？	☐	☐	☐	☐
	g	Deformity, lameness or amputation; disorder of the spine, back, neck, joints, muscles, bone, nerves including neuritis, sciatica, or autoimmune disease (e.g. any form of arthritis, rheumatoid arthritis, gout, systemic lupus erythematosus (SLE) or any other connective tissues disease etc.)? 畸形、跛或斷肢、脊椎骨、背部、頸、關節、肌肉、骨、神經系統的疾病包括神經炎、坐骨神經痛或自體免疫疾病（如：各種關節炎、風濕性關節炎、痛風、全身性紅斑狼瘡或其他結締組織疾病等）？	☐	☐	☐	☐
	h	Cancer, tumour, cyst or disorder of the skin or lymph gland? 癌症、腫瘤、囊腫或皮膚或淋巴腺的疾病？	☐	☐	☐	☐
	i	Congenital disorder, allergies, anaemia, leukemia or other disorder of blood? 先天性的疾病、敏感、貧血、白血病或其他與血有關的疾病？	☐	☐	☐	☐
	j	Venereal disease or have you received any medical advice, counseling, treatment in connection with AIDS, AIDS related complex or condition and / or have you had any blood test for the HIV virus? 性病或閣下是否曾接受愛滋病、與愛滋病有關之併發症或其綜合群徵的任何醫療建議、輔導或治療，及 / 或你曾否接受愛滋病毒的血液測試？	☐	☐	☐	☐

		Life Insured 受保人		Policyholder 保單持有人	
		Yes 是	No 否	Yes 是	No 否
7.	In the past 5 years, do you plan to attend, or are you currently attending or have attended any hospital, clinic or doctor for: 過去 5 年內，閣下是否打算或現在、或曾經在任何醫院、診所、醫生接受:				
a	Any investigation(s) or diagnostic test(s) such as ECG, X-ray, MRI, CT scan, ultrasound, urine, special blood test or physical checkup? 任何檢查或診斷檢驗，如心電圖、X 光、磁力共震、電腦掃瞄、超聲波、尿液、特別血液測試及健康檢查？	☐	☐	☐	☐
b	Any illness, injury, operation, medical advice or hospital treatment not mentioned above? 以上並未有提及的任何疾病、受傷、手術、醫療建議或留院治療？	☐	☐	☐	☐
8.	For Female age 12 or above only 只適用於十二歲或以上之女性				
a	Have you ever had and / or been treated for and / or been told you had any disorder of the breast or reproductive organs including abnormal smear tests or abnormal bleeding or menstrual irregularity or any complications during pregnancy or delivery? 閣下曾否患有及 / 或接受治療及 / 或被告知患有任何乳房或生殖器官疾病包括不正常塗片檢驗或異常出血或月經不調或於懷孕或生產期間所引致之任何併發症？	☐	☐	☐	☐
b	Are you now pregnant? If yes, please state the expected date of delivery. 現在是否懷孕？如是，請說明預產期。 DD日 / MM月 / YYYY年	☐	☐	☐	☐
9.	For Juvenile age 17 or below only 只適用於十七歲或以下之未成年人士				
a	Was the birth of the insured premature (that refers to a birth before 37 weeks of pregnancy and/or born with body weight less than 2.5kg) or postmature (that refers to a birth after 42 weeks of pregnancy)? Any special care needed after birth? 受保人是否早產（指懷孕 37 周前出生及 / 或出生時體重低於 2.5 公斤）或過期出生（指懷孕 42 周後出生）？出生後曾否接受特別護理？	☐	☐	☐	☐
b	Has the Insured had any physical defects or shown any sign of slow physical or mental development? 受保人是否有身體缺陷、生理上或心智發育緩慢的跡象？	☐	☐	☐	☐

Other Insurability Information 其他可保資料

10.	Occupation 職業				
	Exact Duty 確實職務				
	Average Monthly Income (HKD) 平均每月收入(港幣)				
11.	Does your job nature involve working at height over 30 feet, working underground, handling explosives, working underwater or armed with weapons (exclude police forces)? If “Yes”, please provide details in Supplementary Information Section. 閣下從事的工作性質是否涉及高空作業超過 30 英呎、地下作業、處理爆炸物、水底作業、或攜帶武器（警察除外）？如答「是」，請在補充資料部分提供相關資料。	☐	☐	☐	☐
12.	Do you have any existing insurance policy or pending insurance application on your life? If “Yes”, please provide details below. 閣下現時是否已有或正在申請任何保險，如答「是」，請提供以下資料。	☐	☐	☐	☐

Name of Insurance Company 保險公司名稱	Name of Insured 受保人姓名	Nature of Insurance Cover 保障類別	Sum Assured (Currency) 保障額 (貨幣)	Issue Year / Pending 保單繕發年份 / 正在申請

13.	Has any application for or reinstatement of life, critical illness, accident, disability or health insurance on your life ever been declined, postponed, rated or in any way modified? If “Yes”, please provide details in Supplementary Information Section. 閣下是否曾於申請或申請復效任何人壽、危疾、意外、傷殘或醫療保險時被拒絕受保、延遲受保、增加保費或修改受保條款？如答「是」，請在補充資料部分提供相關資料。	☐	☐	☐	☐
14.	Have you ever had any disability benefit and / or claimed payment for any sickness, accident or injury from any sources? 閣下曾否獲得傷殘保障及 / 或因疾病、意外或受傷而取得賠償？	☐	☐	☐	☐
15.	Do you travel or reside outside Hong Kong for more than 6 months in past and next year? If “Yes”, please provide details below. 閣下是否在過往及未來一年在香港以外的地方居住超過6個月？如答「是」，請在以下部份提供資料。	☐	☐	☐	☐

Country / City 國家 / 城市	Duration of Each Visit 每次逗留時間	Reason 原因
		-

16.	Do you participate in, or intend to participate in any hazardous sports including, but not limited to, scuba diving, arachuting, racing other than on foot or flying other than as a fare-paying passenger on a regularly scheduled airline? If “Yes”, please complete appropriate questionnaire. 閣下曾否參與或意圖參與任何危險性運動包括但不限制於潛水、跳傘、非跑步的賽事或並非以購票乘客身份乘搭有固定班次之民航客機之飛行活動？如答「是」，請填寫相關問卷。	☐	☐	☐	☐

Supplementary Information Section 補充資料部分

Applicable to each “Yes” answer from questions 1, 4 to 7, 8a, 9, 11, 13 to 14 & 16, please identify the question number and give full details or other supplementary information.
適用於第1, 4 至 7、8a、9、11、13 至 14 及 16 題的答案為「是」，請在此註明題號及列出詳情或其他補充資料。

Part IV – Foreign Account Tax Compliance Act 第四部分 – 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 with hold 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 V – Automatic Exchange of Information 第五部分 – 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 VI – Declaration and Authorization 第六部分 – 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 Part V) 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（定義於第五部分）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 Request for Policy Change 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 Request for Policy Change 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，此更改保單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保單申請書）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 authorize the **Company** or any of its appointed medical examiners or laboratories to perform the necessary medical assessment and tests to evaluate the health status of myself / ourselves in relation to this application and any claim therefrom. If I / we fail to provide any information requested in this Request for Policy Change Form, it may result in the **Company's** inability to process this application. I / We authorize any medical attendant, hospital, clinic, insurance company or other organization, institution or person, who / which has any records or knowledge of me / us or my / our health, to divulge to the **Company** or its authorized representatives or any reinsurers or any tribunal any information he or she or it may have with regard to me / us for the purpose of evaluating this application and any claim arising from the policy. A faxed or photographic copy of this authorization shall be as valid as the original.
本人 / 我們授權貴公司或任何其委任之體檢醫生或化驗所，替本人 / 我們進行所需之醫療評估及測試，並對本人 / 我們之健康狀況進行審核及評估，作為處理本申請及其後與之有關的賠償事宜。如本人 / 我們不能提供任何此更改保單申請書所需的資料，**貴公司**可能因此不能處理此申請。本人/ 我們謹此授權任何註冊西醫、醫院、診所、保險公司及機構、其他組織或人士，凡知道或擁有有關本人/ 我們或本人/ 我們健康狀況之資料者、均可將該等資料提供給貴公司或其授權代表或再保險公司或仲裁機構以作評核本申請及其後與保單有關的賠償事宜之用。此授權文件之傳真或影印本皆與正本同樣有效。

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:_____)