

Request for Policy Change Form - Non Financial

Policy Number
保單號碼

更改保單申請書 - 非財務

--	--	--	--	--	--	--	--	--	--

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 NOTE 注意事項

This Form should be completed in BLOCK LETTERS in BLACK/BLUE PEN. Any corrections made should be signed / initialed by the Form signatory 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閣下發出書面確認及/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 請注意: 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. 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、旅行證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
<input type="checkbox"/> Name in English 英文姓名* (Use BLOCK letters) (請以英文正楷填寫) Surname 姓 Given Name 名	<input type="checkbox"/> Name in English 英文姓名* (Use BLOCK letters) (請以英文正楷填寫) Surname 姓 Given Name 名
<input type="checkbox"/> Name in Chinese 中文姓名* Surname 姓 Given Name 名	<input type="checkbox"/> Name in Chinese 中文姓名* Surname 姓 Given Name 名
<input type="checkbox"/> Gender 性別* <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	<input type="checkbox"/> Gender 性別* <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
<input type="checkbox"/> Date of Birth 出生日期* DD 日 / MM 月 / YYYY 年	<input type="checkbox"/> Date of Birth 出生日期* DD 日 / MM 月 / YYYY 年
<input type="checkbox"/> Country of Birth 出生國家	<input type="checkbox"/> Country of Birth 出生國家
<input type="checkbox"/> ID Card / Passport / Business Registration No.* 身份證 / 護照 / 商業登記號碼* ID Card No. 身份證號碼 Passport No. 護照號碼 Business Registration No. 商業登記號碼	<input type="checkbox"/> ID Card / Passport* 身份證 / 護照* ID Card No. 身份證號碼 Passport No. 護照號碼
<input type="checkbox"/> Nationality 國籍	<input type="checkbox"/> Nationality 國籍
<input type="checkbox"/> Marital Status 婚姻狀況 <input type="checkbox"/> Single 單身 <input type="checkbox"/> Married 已婚	<input type="checkbox"/> Marital Status 婚姻狀況 <input type="checkbox"/> Single 單身 <input type="checkbox"/> Married 已婚

□ 2 Change of Contact Information 更改聯絡資料	
<input type="checkbox"/> Residential Address 住宅地址 (Please submit Address Proof. 請遞交住址證明。) <input type="checkbox"/> Residential Address 住宅地址 (Please submit Address Proof. 請遞交住址證明。) The above address applies to all policies under my ownership unless specify below otherwise. 除非於下方另有說明，否則上述地址適用於所有我擁有的保單。 <input type="checkbox"/> The above address applies to only the specific policy(ies) stated below. 上述地址僅適用於下述特定保單。 Correspondence Address will also be changed as Residential Address stated above. Otherwise please specify below. 通訊地址將同時更改至上述住宅地址，否則請於下方說明。 <input type="checkbox"/> Correspondence Address 通訊地址	<input type="checkbox"/> Residential Address 住宅地址 (Please submit Address Proof. 請遞交住址證明。) Not Applicable 不適用
<input type="checkbox"/> Mobile 流動電話 Country 國家 <input type="checkbox"/> Hong Kong 香港 <input type="checkbox"/> China 中國 <input type="checkbox"/> Others 其他 _____ Phone Number 電話號碼: _____ <input type="checkbox"/> Home 住宅 Country 國家 <input type="checkbox"/> Hong Kong 香港 <input type="checkbox"/> China 中國 <input type="checkbox"/> Others 其他 _____ Phone Number 電話號碼: _____ <input type="checkbox"/> Office 辦事處 Country 國家 <input type="checkbox"/> Hong Kong 香港 <input type="checkbox"/> China 中國 <input type="checkbox"/> Others 其他 _____ Phone Number 電話號碼: _____	<input type="checkbox"/> Mobile 流動電話 Country 國家 <input type="checkbox"/> Hong Kong 香港 <input type="checkbox"/> China 中國 <input type="checkbox"/> Others 其他 _____ Phone Number 電話號碼: _____ <input type="checkbox"/> Home 住宅 Country 國家 <input type="checkbox"/> Hong Kong 香港 <input type="checkbox"/> China 中國 <input type="checkbox"/> Others 其他 _____ Phone Number 電話號碼: _____ <input type="checkbox"/> Office 辦事處 Country 國家 <input type="checkbox"/> Hong Kong 香港 <input type="checkbox"/> China 中國 <input type="checkbox"/> Others 其他 _____ Phone Number 電話號碼: _____
<input type="checkbox"/> Email Address 電郵地址	Not Applicable 不適用
<p><i>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.</i> 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。</p> <input type="checkbox"/> 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。	
□ 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 Payment Mode 更改繳付方式	
<input type="checkbox"/> Annually 年繳 <input type="checkbox"/> Semi-Annually 半年繳 <input type="checkbox"/> Quarterly 季繳 <input type="checkbox"/> Monthly 月繳 For change to autopay, please submit Direct Debit Authorization Form or Credit Card Payment Authorization Form (Not applicable Z series plans) 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(不適用於Z系列計劃)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)。	
□ 5 Change of Payment Method 更改繳付方法	
<input type="checkbox"/> Direct Billing 郵寄賬單方式 (Not applicable for monthly mode 不適用於月繳) <input type="checkbox"/> Others 其他: _____	
□ 6 Change of Dividend Option 更改紅利支付方式	
<input type="checkbox"/> Cash Payment 支取現金 <input type="checkbox"/> Accumulation 積存生息 <input type="checkbox"/> Paid Up Additions 購買繳費保險	

□ 7 Change of Monthly Annuity / Income Payment Option 更改每月年金/入息金額支付方式

Accumulate with interest 積存生息 (Not applicable to LionHarvest Deferred Annuity 不適用於稅悅保延期年金)

Cash Payment 支取現金

Payment Method 支付方式:

(a) USD Cheque 美金支票 (For USD Policy Only 只供美金保單選擇)

HKD Cheque 港幣支票*

(b) Credit to Policyholder's local bank account in Hong Kong currency 轉帳至保單持有人本地銀行之港幣戶口*

<input style="width: 100%; height: 15px;" type="text"/> <small>Bank Code 銀行編號</small>	-	<input style="width: 100%; height: 15px;" type="text"/> <small>Branch No. 分行編號</small>	-	<input style="width: 100%; height: 15px;" type="text"/> <small>Account No. 賬戶編號</small>
--	---	---	---	--

* The HKD equivalent will be based on the currency exchange rate provided by the Company at the time of issue of the cheque / bank transfer and it can be changed from time to time. 相等之港幣將以本公司於鑄發支票 / 戶口轉帳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。

□ 8 Change of Beneficiary 更改受益人

The Percentage of Share should be in integer, cannot be less than 10% and equal to total 100%. Maximum no. of Beneficiaries is 5. 百分比必須為整數，不可少於10%，總數相等於100%。總受益人不可多於5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。

Secondary Beneficiary 次位受益人

1. The person shall be entitled to death proceeds if all Primary Beneficiaries cannot survive the death of insured.

在所有基本受益人都無法於受保人去世時尚生存，此人將收到身故賠償。

2. 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%)
<input type="checkbox"/> Primary 基本 <input type="checkbox"/> Secondary 次位									
<input type="checkbox"/> Primary 基本 <input type="checkbox"/> Secondary 次位									
<input type="checkbox"/> Primary 基本 <input type="checkbox"/> Secondary 次位									
<input type="checkbox"/> Primary 基本 <input type="checkbox"/> Secondary 次位									
<input type="checkbox"/> Primary 基本 <input type="checkbox"/> 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 公司實體	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%)
<input type="checkbox"/> Primary 基本 <input type="checkbox"/> Secondary 次位			<input type="checkbox"/> Corporation 公司 <input type="checkbox"/> Partnership 合夥業務 <input type="checkbox"/> Trust 信託 <input type="checkbox"/> Others 其他:_____					
<input type="checkbox"/> Primary 基本 <input type="checkbox"/> Secondary 次位			<input type="checkbox"/> Corporation 公司 <input type="checkbox"/> Partnership 合夥業務 <input type="checkbox"/> Trust 信託 <input type="checkbox"/> Others 其他:_____					
<input type="checkbox"/> Primary 基本 <input type="checkbox"/> Secondary 次位			<input type="checkbox"/> Corporation 公司 <input type="checkbox"/> Partnership 合夥業務 <input type="checkbox"/> Trust 信託 <input type="checkbox"/> Others 其他:_____					
<input type="checkbox"/> Primary 基本 <input type="checkbox"/> Secondary 次位			<input type="checkbox"/> Corporation 公司 <input type="checkbox"/> Partnership 合夥業務 <input type="checkbox"/> Trust 信託 <input type="checkbox"/> Others 其他:_____					
<input type="checkbox"/> Primary 基本 <input type="checkbox"/> Secondary 次位			<input type="checkbox"/> Corporation 公司 <input type="checkbox"/> Partnership 合夥業務 <input type="checkbox"/> Trust 信託 <input type="checkbox"/> Others 其他:_____					

□ 9 Change of Income / Death Benefit Option 更改入息 / 身故保障支付方式

- Lump-Sum Payment 全數支取
- Monthly Installment Payment 每月分期支取
- Payment Period 支付期：
- 5 Years 五年 10 Years 十年 20 Years 二十年 30 Years 三十年
- To age of Beneficiary 至受益人年齡 _____
(Only applicable for policy with only one beneficiary and payment period must be between 5-30 years.
只適用於只有一名受益人的保單及支付期須為 5 年到 30 年之間。)
- Partial Payment 部份支取
- Withdrawal Percentage 提取百分比： _____
(The minimum payment is 5% of Death Benefit and must be a multiple % of 5%. 最少提取金額為身故保障的 5% 及必須為 5% 的倍數)
- Payment Period of Remaining Amount 餘額支付期 (Monthly Payment 每月支取)：
- 5 Years 五年 10 Years 十年 20 Years 二十年 30 Years 三十年
- To age of Beneficiary 至受益人年齡 _____
(Only applicable for policy with only one beneficiary and payment period must be between 5-30 years.
只適用於只有一名受益人的保單及支付期須為 5 年到 30 年之間。)
- Cash Payment 支取現金
- Payment Method 支付方法：
- (a) USD Cheque 美金支票 (For USD Policy Only 只供美金保單選擇)
- HKD Cheque 港幣支票*
- (b) Credit to Policyholder's local bank account in Hong Kong currency 轉帳至保單持有人本地銀行之港幣戶口*
- | | | |
|----------------|-----------------|------------------|
| Bank Code 銀行編號 | Branch No. 分行編號 | Account No. 賬戶編號 |
|----------------|-----------------|------------------|
- * The HKD equivalent will be based on the currency exchange rate provided by the Company at the time of issue of the cheque / bank transfer and it can be changed from time to time. 相等之港幣將以本公司於鑄發支票 / 戶口轉帳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。

□ 10 Change of Annuity / Income Period Start Age 更改年金 / 入息期開始年齡

- New Annuity / Income Period Start Date 新年金 / 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 Start Date must be after premium term and between age of 50 and 80.
新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。

□ 11 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。

□ 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。

- 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、受益人、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) marketing insurance and / or other related products and services of the **Company** and / or its affiliated companies (which includes, but are not limited to, its group companies, parent company, trust companies of the **Company's** parent company) (hereinafter referred to as the **Group Entities**); (xi) statistical or actuarial research of the **Company**, its **Group Entities**, insurance industry associations or federations, government departments, regulatory or other recognized bodies; (xii) 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 (xiii) fulfilling any other purposes directly relating to (i) to (xii) 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) 推銷**本公司**及/或**本公司**的關聯公司（包括但不限於本集團的公司、母公司、本母公司的信託公司）（下文合稱為「**集團實體**」）的保險及/或其他相關產品與服務；(xi) **本公司**、**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；(xii) 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 (xiii) 實現與上述(i)至(xii)直接有關的任何其他用途。

- d) 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, 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) (xii); (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) (xii)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。

- e) 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**。

- f) 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。

- g) 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: *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.*

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：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。

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證明資料（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。

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
		<input type="checkbox"/> A <input type="checkbox"/> B* <input type="checkbox"/> C	
		<input type="checkbox"/> A <input type="checkbox"/> B* <input type="checkbox"/> C	
		<input type="checkbox"/> A <input type="checkbox"/> B* <input type="checkbox"/> C	
		<input type="checkbox"/> A <input type="checkbox"/> B* <input type="checkbox"/> C	
		<input type="checkbox"/> A <input type="checkbox"/> B* <input type="checkbox"/> 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。

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，香港稅務局又可能將這些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。

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 / 我們同意忠意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。

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 (“AEOL”) issued by the Company. I / We confirm that I / we have read and understood the notice on FATCA and AEOL. 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 Personal/ Policy Information Change Request 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，此更改個人 / 保單資料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 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 Personal/ Policy Information Change Request 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 my / 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個人 / 保單資料申請書所需的資料，貴公司可能因此不能處理此更改保單之申請。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保險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 ***

<p style="text-align: center;">X</p> <p style="text-align: center;">Date (dd / mm / yyyy) 日期 (日/月/年)</p> <hr style="border: 0.5px solid black;"/> <p>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。</p>	<p style="text-align: center;">X</p> <p style="text-align: center;">Signature of Insured 受保人簽署</p> <hr style="border: 0.5px solid black;"/>	<p style="text-align: center;">X</p> <p style="text-align: center;">Signature of Policyholder (If other than the Insured) 保單持有人簽署 (如非受保人)</p> <hr style="border: 0.5px solid black;"/>
<p style="text-align: center;">X</p> <p style="text-align: center;">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</p> <hr style="border: 0.5px solid black;"/>	<p style="text-align: center;">X</p> <p style="text-align: center;">Signature of Irrevocable Beneficiary (if any) 不可撤換受益人簽署 (如適用)</p> <hr style="border: 0.5px solid black;"/>	<p style="text-align: center;">X</p> <p style="text-align: center;">Signature of Witness 見證人簽署</p> <hr style="border: 0.5px solid black;"/> <p>(Name 姓名: _____)</p>