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Request for Policy Surrender (Full / Partial) Form (For Sigillo Universal Life Plan ONLY)
保單退保 / 部分退保申請表 (只適用於「承晉」萬用人壽保險計劃)

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 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 (whichever applicable) (hereinafter "Generali"). A written confirmation and / or endorsement will be issued to you after the acceptance of your request of change. Your request of 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 (如適用) (下稱「忠意」) 之所有要求，此更改之申請有可能不會受理。忠意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 – Policy Surrender 第一部分 – 保單退保

I / We, the policyholder, hereby request the surrender of the captioned policy. I / We declare that (i) the captioned policy is not now assigned to any other person(s) or with the assignee's consent to release the collateral assignment under the captioned policy; (ii) no proceedings in bankruptcy or insolvency have been instituted by or against me/us. I / We understand and agree that the payment of the cash value will be made in accordance with the Policy's terms and conditions and that Generali shall be discharged of all liabilities upon such payment.
本人 / 我們，為保單持有人，現申請退保上述保單。本人 / 我們聲明：(一)上述保單並無轉讓予任何其他人士或已得到承讓人同意下取消此保單之抵押轉讓；(二)本人 / 我們並未有破產或無力償債的訴訟。本人 / 我們同意及明白現金價值將按照保單之條款及條件支付，而忠意對上述保單之所有責任於給付後已告終結。

☐ Original Policy is attached. 現附上保單文件正本。

☐ I / We, the policyholder, hereby declare that I / we have lost the policy(ies) and to the best of my/our knowledge, it is not under any other person's possession.
茲聲明，本人 / 我們，為保單持有人，現遺失上述保單，且相信該保單亦非由其他人持有。

Please provide reason(s) for surrendering the policy. 請提供退保此保單之原因。

☐ Part II – Partial Surrender 第二部分 – 部分退保

I / We request to partial surrender the following amount from the Policy: USD ____________
本人 / 我們要求從此保單部分退保右列之款項：美元

I / We, the policyholder, understand and agree that the payment of the cash value will be made in accordance with Policy's terms and conditions.
本人 / 我們，為保單持有人，同意及明白現金價值將按照保單之條款及條件發還。

Please note: 請注意：

Upon a partial surrender, the sum assured under this Policy will be reduced in by the same amount as the reduction of the account value of this Policy due to the partial surrender. The minimum partial surrender amount is USD5,000. Any partial surrender resulting in the remaining account value being less than USD5,000 or the sum assured falling below USD500,000, will be treated as a request for full surrender. [We reserve the right to deduct from the partial surrender benefit payment any and all Policy loan and interest accrued thereto up to the date of partial surrender benefit payment.]
當部分退保時，此保單的投保額將對應賬戶價值所減少的金額而作出相同之減少。最低的部分退保金額為 5,000 美元。若因任何部分退保而導致餘下的賬戶價值少於 5,000 美元或保額少於 50 萬美元，將被視為全數退保。[我們保留從部分退保的款項扣除任何及所有截至部分退保給付當日之保單貸款結餘及應計利息的權利。]

Part III – PEP Self-declaration 第三部分 – 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 IV – Payment Instructions 第四部分 – 付款指示

☐ Mail the crossed cheque to the correspondence address based on current records.
將劃線支票寄往現行的通訊地址。

☐ Mail the crossed cheque to the following address:
將劃線支票寄往下列地址：

____

☐ Deliver the crossed cheque to me / us through the insurance intermediary.
將劃線支票經保險中介人轉遞。

☐ Transfer to the following designated bank account (must be held by the policyholder). Please note that any bank charges imposed on this particular transaction will be deducted from the amount payable.
將款項存入下列指定之銀行賬戶 (只適用於保單持有人之賬戶)。請注意，任何因是次交易而收取之銀行手續費，將從貸款款項中扣除。
Please provide a 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。

Name of Bank Account Holder 銀行戶口持有人姓名 ____________________

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 ____________________

Part V – Other Instructions 第五部分 – 其他指示

Part VI – Personal Information Collection Statement 第六部分 – 收集個人資料聲明

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

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

c. The purposes for which the **Personal Data** may be used are as follows: (i) administering your insurance application, arranging and executing insurance contracts and / or related products and services, and managing your account with the **Company**; (ii) processing (including, but not limited to, investigating, analyzing, assessing and adjudicating) and / or settlement of claims under insurance policies issued and / or arranged by the **Company**; (iii) exercising rights of subrogation(if applicable); (iv) collection of amounts outstanding (if any) from customers; (v) arranging coinsurance and / or reinsurance in respect of the insurance policies issued and / or arranged by the **Company**; (vi) communicating with customers via telephone, mail, e-mail, facsimile and other communication means; (vii) providing customer services (including, but not limited to, processing enquiries and complaints) and other related activities; (viii) conducting data matching procedures; (ix) designing insurance and / or related products and services for customers' use; (x) 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, coinsurers, reinsurers, banks and credit-card companies, health and medical organizations, professional advisers, contractors, business partners, and / or any other relevant parties, as appropriate, who provide administrative, telecommunication, computer, payment, marketing, investigation, advisory and/ or other services to the **Company** in connection with the operation of its business; (ii) relevant insurance industry associations or federations, and/ or members of such industry associations or federations; (iii) overseas locations or branches, as appropriate, of the **Company** and / or its **Group Entities**; (iv) persons to whom the **Company** and / or its **Group Entities** are under an obligation to make disclosure under the requirements of as mentioned in (c) (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。

Version: PICS_202207

Part VII – Foreign Account Tax Compliance Act Statement 第七部分 – 海外帳戶稅收合規法案聲明

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

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

FATCA applies to Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A. Hong Kong Branch (whichever applicable) (hereinafter “**Generali**”), and this Policy. **Generali** is a participating FFI and committed to complying with FATCA. To do so, **Generali** requires you to:
合規法案適用於忠意人壽（香港）有限公司/ 忠意保險有限公司香港分行（如適用）(下稱「**忠意**」)及此保單。**忠意**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，**忠意**需要閣下:

(i) provide to **Generali** 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**忠意**，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 **Generali** reporting this information and your account information (such as account balances, interest and dividend income and withdrawals) to the IRS.
同意**忠意**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”), **Generali** is required to report “aggregate information” of account balances, payment amounts and 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》”)，**忠意**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。

Generali 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 **Generali** may be required to do so are:
忠意，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**忠意**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 **Generali** 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，**忠意**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 **Generali** 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，**忠意**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-8BEN-E” or “Form W-8IMY” or “Form W-9”.
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-8BEN-E 表格」或「W-8IMY 表格」或「W-9 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 **Generali** 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**忠意**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 VIII – Automatic Exchange of Financial Account Information 第八部分 – 自動交換財務帳戶資料

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 **Generali** will be used for the purpose of AEOI. This information and other information regarding the account holder may be transmitted by **Generali** 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。**忠意**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 in this form 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、關於在本表格的閣下姓名、住址和出生日期之資料，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 **Generali** 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**忠意**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 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	**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	
		☐ 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:
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.
如沒有提供稅務編號，必須填寫合適的理由 A、B 或 C：
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 **Generali** 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，**忠意**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 **Generali** of any change in circumstances which affects my/our tax residence status or causes the information contained herein to become incorrect, and to provide **Generali** 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**忠意**，並會在情況發生改變後三十日內，向**忠意**提交一份已適當更新的自我證明表格。

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 IX – Declaration 第九部分 – 聲明

a. 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) ("**Generali**"). I / We confirm that I / we have read and understood the **Statement**. I / We agree that **Generali** 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 Proposed Insured and any other relevant individuals (where applicable) for providing their personal data to **Generali** for the purposes stated in the **Statement** and for allowing **Generali** 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）（「**忠意**」）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 / 我們已獲得準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**忠意**，並允許**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該等個人資料。

b. I / We acknowledge I / we have read and understood the Foreign Account Tax Compliance Act Statement ("FATCA Statement") and Automatic Exchange of Financial Account Information ("AEOI"). I / We agree with the terms and conditions as stated in the FATCA Statement and AEOI, including but not limited to Generali reporting of my / our Personal Data and account information and imposing FATCA Withholding Tax on the policy payment in accordance with the terms of the Statement.
本人 / 我們確認已經閱讀並且明白海外帳戶稅收合規法案聲明(「合規法案聲明」) 及自動交換財務帳戶資料（「自動交換資料」）。本人 / 我們同意「合規法案聲明」及「自動交換資料」所列之條款及條件，包括但不限於忠意可依照該聲明的條款匯報本人 / 我們的個人資料及賬戶資料，並從保單付款中徵收合規法案預扣稅。

c. I / We understand that a false statement or misrepresentation of tax status by a U.S. person could lead to penalties under the U.S. laws. 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 Generali, I / we must notify Generali no later than thirty (30) days.
本人 / 我們明白，根據美國法律，任何美國人士就其稅務狀況作出虛假或失實陳述，將會受到刑罰。若本人 / 我們的稅務狀況有更改，或成為美國人士，或者成為任何本人 / 我們未曾向忠意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忠意。

d. I / We agree to indemnify and hold harmless Generali from any tax, costs, expenses, penalties or other charges arising from my/our or relevant parties of this policy's non-compliance of any tax obligations in relation to this Policy (including but not limited to the U.S. Excise Tax) brought against Generali by any relevant tax authorities (including but not limited to the U.S. Internal Revenue Service). I / We agree Generali reserves the right to deduct such tax, costs, expenses, penalties or other charges from the account value, benefits, payments or other amount payable under this Policy or be directly reimbursed for such tax, costs, expenses, penalties or other charges by me/us.
若因本人 / 我們或與本保單有關人士不遵守任何納稅義務(包括但不限於美國工商稅) ，而使有關之稅務機構(包括但不限於美國國稅局)對忠意追討任何與本保單有關之稅費、成本、開支、罰款或其他費用，本人 / 我們同意全數賠償忠意，並同意忠意可從本保單中的賬戶價值、權益、付款或其他金額中扣除此類稅費、成本、開支、罰款或其他費用，或可向本人 / 我們直接追討此類稅費、成本、開支、罰款或其他費用。

***** 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 Witness 見證人簽署 (Name 姓名：)	Date (DD / MM / YYYY) 日期 (日/月/年)

Assignee hereby consents to the above request(s) for change applied by the Policyholder.
承讓人特此同意保單持有人以上之變更請求之申請。

X

Signature of Assignee (if any)
承讓人簽署 (如適用)
If signed by company authorized signatory(ies), please indicate his/her title with Company Chop
如由公司獲授權簽署人士簽署，請列明其職銜及加上公司蓋印