Generali Life (Hong Kong) Limited
Assicurazioni Generali S.p.A.
Hong Kong Branch

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忠意人壽 (香港) 有限公司
忠意保險有限公司
香港分行

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Deposit to Premium Deposit Fund Request Form
保費預存賬户存款申請表

Private & Confidential 私人及機密

Policy Number
保單號碼

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

Please ☑ when appropriate.
請於適當位置加上☑。

Deposit Information 存款資料

I / We hereby request Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A. Hong Kong Branch (whichever applicable) to deposit the following amount into the Premium Deposit Fund for settlement of future premium and levy for the captioned policy.
本人 / 我們現向忠意人壽 (香港) 有限公司 / 忠意保險有限公司香港分行 (如適用) 申請存入下列金額於保費預存賬户作為日後繳付此保單保費及徵費之用。

Deposit Amount 存款金額	Payment Method 繳費方法	Payment Date 繳付日期
☐ HKD 港元 _____ ☐ USD 美元 _____	☐ Cheque / Bank Draft / Cashier Order 支票 / 匯票 / 本票 ☐ Direct Deposit / Bank Transfer 直接存款 / 銀行轉賬 ☐ PPS 繳費靈 ☐ WeChat Pay (HK) 微信支付 (香港) ☐ Faster Payment System (FPS) 轉數快 ☐ Telegraphic Transfer (TT) 電匯 ☐ Others 其他 : _____	_____ Date (DD / MM / YYYY) 日期 (日 / 月 / 年)

PEP Self-declaration 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。

Terms and Conditions 條款及細則：

IT IS UNDERSTOOD AND AGREED THAT 本人 / 我們明白及同意下列各項：

(1) Minimum deposit amount is HKD10,000 / USD1,200 per deposit and maximum total balance is the total premium payable for the remaining payment term of the insurance policy including the basic plan and any supplementary benefit.
每次存款最低限額為港元 10,000 / 美元 1,200 及總存款之最高限額為此保單（包括基本計劃和任何附加保障）餘下繳款期內所需之總保費。

(2) If the deposit currency is different from the policy currency, the deposit amount will be converted into policy currency at the prevailing exchange rate as determined by the Company from time to time, and then deposited into Premium Deposit Fund.
如存款貨幣額與保單貨幣不同，存款金額將以本公司不時訂定的兌換率兌換至保單貨幣，並存入保費預存賬户。

(3) Premium Deposit Fund is only applicable to insurance policy of annual payment mode.
保費預存賬户只適用於年繳保單。

(4) Premium Deposit Fund is NOT applicable to insurance policy with supplementary benefit of "Extended Love Benefit", "Waiver of Premium Benefit" or "Payor's Benefit".
保費預存賬户不適用於已附有「延續愛保障」、「保費豁免保障」或「付款人保障」之保單。

(5) Premium Deposit Fund is NOT applicable to insurance policy which has autopay as renewal premium payment method. If there is any Credit Card or Bank Autopay in the policy, the Company will terminate the existing Credit Card or Bank Autopay before proceeding the application for deposit of Premium Deposit Fund.
保費預存賬户不適用於已設立自動轉賬為續期保費支付方式之保單。如保單已設立信用卡或銀行自動轉賬，公司處理保費預存賬户申請前，將終止現有之信用卡或銀行自動轉賬。

(6) Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A. Hong Kong Branch (whichever applicable) reserves the right to reject deposit to Premium Deposit Fund at its discretion.
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)保留不接受存款至保費預存賬户之最终決定。

(7) The request shall take effect on the approval date of this application or such later date as may be specified in the application, subject to the approval of Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A. Hong Kong Branch.
上述申請得到意人壽 (香港)有限公司 / 忠意保險有限公司香港分行(如適用) 批准後，將於批核日生效。

(8) The Insurance Authority will collect levy from policyholders through insurance companies. Levy is subject to the prescribed rate as published by Insurance Authority from time to time and may be changed in the future. I / We may be required to pay any outstanding premiums and/or levy in case the balance of Premium Deposit Fund is not sufficient to pay any renewal premium and / or levy due and payable.
保險業監管局將透過保險公司向保單持有人收取徵費。規定之徵費率由保險業監管局不時公佈並於將來或會更改。若保費預存賬户的餘額不足夠支付續期的保費及 / 或徵費，本人 / 我們將須繳付未繳付的保費及 / 或徵費。

(9) The balance in the Premium Deposit Fund will be used to settle the premium and levy due on a premium due date. In case of overdue premium and levy, the balance in the Premium Deposit Fund will be used to settle the overdue premium and levy on the day where payment has been deposited into the account.
保費預存賬户內之餘額會於保費到期日自動用以繳付到期保費及徵費。如有逾期保費及徵費，保費預存賬户內之餘額會於存入該賬户當日自動用以繳付逾期保費及徵費。

(10) Interest will be calculated daily on the deposit at the rate determined by Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A. Hong Kong Branch (whichever applicable) which may vary across different insurance products. Except some designated products, the current interest rate is 3% per annum. The interest rate is not guaranteed and may vary from time to time without prior notice to the Policyholder. Interest earned will compound on each Policy Anniversary Date.
保費預存賬户內之存款會根據忠意人壽 (香港)有限公司 / 忠意保險有限公司香港分行(如適用) 訂定之年息率計算每日利息及不同產品有所不同。除指定產品，現行年息率為3%，此年息率並非保證及可毋須預先通知保單持有人隨時變更。有關利息會於每個保單週年日作本利複息計算。

(11) In a pessimistic scenario, the interest rate applied to the amount of the deposited into the Premium Deposit Fund may not be equal to or higher than the deposit interest rate offered by other financial institutions, e.g. banks, etc.
在悲觀的情況下，於保費預存賬户存款金額的利率可能不等於或高於其他金融機構提供的存款利率，如銀行等。

(12) Once the Policy is paid up or when all the future premiums are waived in accordance with the Benefit Provisions (if applicable), the balance of the Premium Deposit Fund shall be paid to the policyholder (or the assignee in case of a valid Policy Assignment). Upon the death of insured, the balance of the Premium Deposit Fund shall be paid to the beneficiary.
當完全繳清保單所有保費或根據保障條款下所有將來的保費已被豁免（如適用）後，保費預存賬户之餘額將付予保單持有人 (或承讓人如有有效之保單承讓）。如受保人身故，保費預存賬户之餘額將付予受益人。

(13) A withdrawal charge may be incurred for each withdrawal from Premium Deposit Fund or upon policy lapse or surrender depending on the duration after deposit and product. Withdrawal charge rates are not guaranteed and may increase or decrease from time to time without prior notice. Withdrawing the Premium Deposit Fund could bring a negative impact on the financial soundness of the Premium Deposit Fund and could suffer financial loss when withdrawing any amount of the Premium Deposit Fund within three (3) years after the deposit date. The current withdrawal charge schedule is as follows:
於保費預存賬户內提取金錢或保單失效或退保保單，可能會因應不同產品和存款後年期產生提取費用。有關提早費用並非保證，並且可能不時提高或降低，而不需另行通知。從保費預存賬户提取金額可能會對保費預存賬户的財務狀況造成負面影響。如於存款日期後三（3）年內從保費預存賬户提取任何金額會帶來財務損失。現行提取費用如下:

Withdrawal Charge 提取費用:

Eligible Products 適用產品	First year after deposit 存款後第一年	Second year after deposit 存款後第二年	Third year after deposit 存款後第三年
Ruby Critical Illness Plan 紅寶石危疾保障計劃	5%	3%	1%
LionAchiever 啟航創富			
LionAchiever Elite Insurance Plan 啟航創富 (卓越版) 保險計劃			
LionAlong Insurance Plan 跨越同行保險計劃			
LionGlobal Multi-currency Insurance Plan 寰意多元貨幣保險計劃			
LionGuardian 無限保			
LionGuardian Beyond Insurance Plan / Z-Protect Pro 跨越無限保險計劃 / Z-Protect Pro 危疾保			
LionGuardian PlusOne Insurance Plan / Z-Protect Pro Lite 加愛無限保險計劃 / Z-Protect Pro 危疾保 Lite			
LionPatron Insurance Plan 摯愛相伴保險計劃			
LionPromise Pro Insurance Plan / Z-Retire Pro Lite 豐盛逸悅保險計劃 / Z-Retire Pro 退休保			
LionTycoon 世紀創富保			
LionTycoon Beyond 2 Insurance Plan / Z-Save Pro 跨越創富 2 保險計劃 / Z-Save Pro 儲蓄保			
LionPrima / Z-Save Pro Mega (p.s. applicable to the policy with Premium Payment Terms are 5-year & 8-year) 騰躍保 / Z-Save Pro 儲蓄保 Mega (註：適用於保單的保費繳付年期為 5年及 8年)			

Foreign Account Tax Compliance Act Statement 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**」）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. federaltaxpayer 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 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 all information relating to 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。

Automatic Exchange of Information 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**	

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。

Declaration 聲明

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 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 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 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. I / We hereby declare that no information (whether or not is covered by this Request Form) which may influence the Company's assessment and acceptance of this application has been withheld and understand that if / we am / are uncertain as to whether or not a particular information is material, the information should be disclosed.
本人 / 我們在此聲明及同意，此申請表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，將成為申請的根據，並作為保單一部分。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申請表內）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, 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，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分。

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 _____
Signature of Policyholder
保單持有人簽署

_____
Date (DD / MM / YYYY)
日期 (日 / 月 / 年)

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 Witness
見証人簽署

(Name 姓名:)