



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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Trust Verification Form

信託核實表格

Private & Confidential 私人及機密

Policy Number

保單號碼

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Complete this form if the Insurance Application / Policy is directly or ultimately owned by a Trust

如投保申請 / 保單由信託直接或最終持有，請填寫此表格

Name of (Proposed) Insured (準)受保人姓名	ID. Card / Passport No. 身份證 / 護照號碼
Name of the (Proposed) Policy Owner (準)保單持有人姓名	Name of the Insurance Intermediary 保險中介人姓名

1. Trust Information 信託資料

Full Name of Trust 信託全名 _____ Set up date of Trust 信託成立日期 _____

Identification No. (if any) granted by any applicable official bodies (e.g. tax identification number) 任何官方機構授予之識別號碼(如繳稅證件號碼) _____

Type of Trust 信託類別 Revocable 可撤回 Irrevocable 不可撤回

Governing Laws of the Trust (Country) 信託監管法律 (國家) _____

Purpose and Nature of the Trust 成立信託的目的與性質 _____

2. Settlor & Individual Having Ultimate Control 信託財產授予人及對信託擁有最終控制權之個人

(e.g. Settlor or any individual who is entitled to a vested interest in not less than 25% of the capital of the trust property or an individual who has ultimate control over trust. 如信託財產授予人，或有權享有信託財產的資本既得權益不少於 25% 的任何個人，或對信託擁有最終控制權之個人。)

Full Name 全名	Relationship to Proposed Insured 與準受保人關係	ID Card / Passport No.* 身份證/護照號碼*	Date of Birth 出生日期	Country of Birth 出生國家	Tax Residence 稅務居住地	Residential Address* 住宅地址*

* Please provide the certified true copy 請附上已核證之副本

3. Trust Beneficiary(ies) 信託受益人

If only a class of beneficiary is available for identification, list out the name and scope of the class (e.g. children of a named individual) 若只有一類別之受益人可供識別，請列明該組別之名稱和類別 (如: 某指名人士之子女)。

Full Name 全名	Relationship to Settlor 與財產授予人關係	Sex 性別	ID Card / Passport No.* 身份證/護照號碼*	Date of Birth 出生日期	Country of Birth 出生國家	Country of Residence 居住國家	Tax Residence 稅務居住地	Discretionary Beneficiary? 酌情受益人?	Beneficial Interest Share 實益百分比
								<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
								<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
								<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
								<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
								<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	

* Please provide the certified true copy 請附上已核證之副本

Total must be equal to 100% 總數必須等於 100%

4. Trustee 信託人						
a. <input type="checkbox"/> Institutional or Corporate Trustee acting in professional capacity # 機構或公司信託人(以專業身份行事#) <input type="checkbox"/> Institutional or Corporate Trustee not acting in professional capacity # 機構或公司信託人(非以專業身份行事#)						
# Professional capacity means acting in the course of a profession or business which consists of or includes the provision of services in connection with the administration or management of trusts (or a particular aspect of the administration or management of trusts) # 以專業身份行事是指包含或包括提供信託管理服務(或某方面的信託管理服務)的行業或業務的過程中管理信託						
Full Name 全名	Governing Laws and Regulations 監管法律及條例			Nature of Business 業務性質		
b. <input type="checkbox"/> Individual Trustee / Protector / Enforcer 個人信託人/保護人/執行人						
Full Name 全名	Capacity (Individual Trustee/ Protector/ Enforcer) 身份(個人信託人/保護人/執行人)	ID Card / Passport No.* 身份證/護照號碼*	Date of Birth 出生日期	Country of Birth 出生國家	Tax Residence 稅務居住地	Residential Address* 住宅地址*
<input type="checkbox"/> Individual Trustee 個人信託人 <input type="checkbox"/> Protector 保護人 <input type="checkbox"/> Enforcer 執行人						
<input type="checkbox"/> Individual Trustee 個人信託人 <input type="checkbox"/> Protector 保護人 <input type="checkbox"/> Enforcer 執行人						

* Please provide the certified true copy 請附上已核證之副本

5. Authorized Signatories 獲授權簽署人士			
Please provide information of all authorized person(s) who are signing the application for and on behalf of the trust. 請提供所有獲授權代表信託簽署投保申請書之獲授權人士的資料。			
Full Name 全名	Title 職銜	I.D. or Passport No. * 身份證或護照號碼*	Signature and Date 簽署及日期

* Please provide the certified true copy 請附上已核證之副本

6. 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?	
<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是, please provide 請提供	a. Name of this "PEP": 此政治人物的姓名: _____ b. Name of the relevant party(ies) of this policy 本保單相關人士的姓名: _____
	Position 職位: _____ Relationship with this "PEP" 與此政治人物的關係: _____
^{#1} Relevant parties include but not limited to the proposed 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準受保人、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。	

Personal Information Collection Statement 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。