

Supplementary Form for Death Benefit Payment Option (For Designated Plans ONLY) 身故保障支付方式附加申請表 (只適用於指定計劃)

Private & Confidential 私人及機密

Name of Policyholder:
保單持有人姓名

Policy Number:
保單號碼

Please when appropriate.
請於適當位置加上 。

Beneficiary Information 受益人資料

Full Name in English and Chinese
英文及中文姓名

Death Benefit Payment Option (For LionAchiever/LionAchiever Elite/Emerald/Pearl Insurance Plan ONLY) 身故保障支付方式 (只適用於啟航創富/啟航創富(卓越版)/玲瓏/駿耀保險計劃)

Lump Sum Payment
全數支取

- Immediate Payment
即時支取
- Deferred Payment
延後支取
- a. Defer to _____ years after the Insured's death (must be between 1 - 30 years)
延後至受保人身故後 _____ 年 (必須於 1 - 30 年之間)
- b. Pay at Beneficiary's attained age _____ (must be between age 18 - 30)
於受益人 _____ 歲支取 (必須於 18 - 30 歲之間)

Monthly Installment Payment
每月支取

- Payment Period: 5 Years 年 10 Years 年 20 Years 年 30 Years 年
- Immediate Payment
即時支取
- Deferred Payment
延後支取
- a. Start from _____ years after the Insured's death (must be between 1 - 30 years)
延後至受保人身故後 _____ 年開始 (必須於 1 - 30 年之間)
- b. Start from Beneficiary's attained age _____ (must be between age 18 - 30)
由受益人 _____ 歲開始 (必須於 18 - 30 歲之間)

Partial Payment
(Combination of Lump Sum Payment
and Monthly Installment Payment)
部分支付
(一筆過及每月分期支付組合)

- Lump Sum Payment: _____ % (at least 5% or multiple of 5% 最少 5% 或 5% 的倍數)
全數支取
- Immediate Payment
即時支取
- Deferred Payment
延後支取
- a. Defer to _____ years after the Insured's death (must be between 1 - 30 years)
延後至受保人身故後 _____ 年 (必須於 1 - 30 年之間)
- b. Pay at Beneficiary's attained age _____ (must be between age 18 - 30)
於受益人 _____ 歲支取 (必須於 18 - 30 歲之間)
- Monthly Installment Payment Period: 5 Years 年 10 Years 年 20 Years 年 30 Years 年
- 每月分期支付年期
- Immediate Payment
即時支付
- Deferred Payment
延後支付
- a. Start from _____ years after the Insured's death (must be between 1 - 30 years)
延後至受保人身故後 _____ 年開始 (必須於 1 - 30 年之間)
- b. Start from Beneficiary's attained age _____ (must be between age 18 - 30)
由受益人 _____ 歲開始 (必須於 18 - 30 歲之間)

Policy Split – Auto-split Upon Death
of Insured
(Applicable from the third policy
anniversary or end of premium payment
period, whichever is later)
保單分拆 - 於受保人身故時自動分拆保單
(適用於第三個保單週年日或保費繳付年
期完結 (以較後者為準))

Declarations and Authorization

聲明及授權

IT IS DECLARED, UNDERSTOOD AND AGREED that (1) I / We have read and fully understood the contents of this Form; (2) the answers and information provided in this Form together with this declaration and authorization are complete and true to the best of my/our knowledge and form the basis of the Policy issued/ to be issued; (3) the Company shall be entitled not to accept this request upon my/our failure to disclose any material facts or information which may influence or which the Company would regard as likely to influence the assessment and acceptance of this Form. In the event of doubt as to whether a fact or information is material, it should be disclosed in this Form; (4) I, the Policyholder, agree to inform the Company immediately in writing of any change in (a) my personal information provided on this Form; (b) the personal particulars of any of the persons mentioned in this Form; and/or (c) the other information provided by me in this Form or any other documents, including but not limited to any change of the person(s) who has/have any legal or beneficial interest in the policy directly or indirectly. (5) I / We hereby agree and confirm to indemnify the Company against any losses, liabilities, claims, actions, damages, costs and expenses which the Company may suffer or incur arising out of or in connection with administering the Policy in a manner consistent with this form.

謹此聲明清楚明白及同意下列各項：(1) 本人 / 我們已細閱並完全明白本表格之內容；(2) 填報於本表格內之資料連同此聲明及授權均為本人 / 我們所知之全部及真實無訛，並為日後簽發/ 已簽發保單之基礎；(3) 如本人 / 我們未有披露任何重要事實或資料，而該等重要事實或資料足以影響貴公司評估及接受本表格，貴公司有權拒絕此申請。假如未能確定事實或資料的重要性，則須於本表格披露該等事實或資料；(4) 本人，保單持有人，茲同意 (a) 本人於本表格的個人資料；(b) 本表格內所提及任何人士的個人資料；及/或 (c) 本人於本表格或任何其他文件提供的資料如有任何變動 (包括但不限於直接或間接於保單擁有任何法定或實益權益的人士有所更改)，本人將即時以書面通知貴公司；(5) 本人 / 我們特此向貴公司保證，會賠償貴公司因按照與此表格以一致的方式執行本保單而可能使貴公司遭受或蒙受的任何損失，負債，索賠，訴訟，損害，成本和費用。

I / We acknowledge that I / we have been provided with a copy of the Personal Information Collection Statement (the "Statement") issued by 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 agree that this Supplementary Form (the "Form") shall be incorporated into and form part of the general provisions of the policy. I / We acknowledge that by signing this Form, I / we accept and understand the terms set forth in both the Form and the general provisions.

本人 / 我們同意本附加申請表 (「表格」) 將納入保單一般條款並構成其一部分。本人 / 我們確認，透過簽署本表格，本人 / 我們接受並明白本表格及一般條款中規定的條款。

The Parties below hereby declare that the information given and statements made in this form are, to the best of their knowledge and belief, true, correct and complete.

以下各方特此聲明就本人所知所信，本表格內所填報的所有資料和聲明均屬真實、正確和完備。

***** 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)

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

X

Signature of Irrevocable Beneficiary (if any)
不可撤換受益人簽署 (如適用)

X

Signature of Witness
見證人簽署

(Name 姓名:)

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:

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：

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 Hong, Hong Kong.

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。