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Supplementary Form for Policy Custodian Option (For Designated Plans ONLY)
保單托管選項附加申請表 (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☑。

Important Note 重要事項

1. This Supplementary Form (the "Form") is used for applying Policy Custodian Option, while the policy remains in force and the Insured is still alive, subject to the rights and prior written consent of all irrevocable Beneficiaries (if any) on our records, our prevailing administrative rules and all applicable laws and regulations.
   此附加申請表（「表格」）用作於保單生效期間而且受保人仍然在生時申請保單托管選項，受制於我們記錄中的所有不可撤換的受益人（如有）的權利及其預先書面同意、我們當時的現行行政規則及所有適用的法律和規例的情況下。

2. **This Form is ONLY applicable to LionAchiever/LionAchiever Elite/Emerald/Pearl/PrimeAchiever Insurance Plan.**
   此表格只適用於啟航創富／啟航創富 (卓越版)／玲瓏／駿耀／領航財富保險計劃。

3. If any of the following criteria met: (i) a Contingent Policyholder is designated and the Policyholder is dead or diagnosis as a Mentally Incapacitated person; (ii) Policy Continuation is applied; or (iii) automatic Policy Split upon the death of the Insured is applied, the person designated by the existing Policyholder at application of Policy Custodian Option ("Interim Policyholder") will assume the ownership of the Policy with limited Policy rights until the designated Age of the Contingent Policyholder or Beneficiary, if applicable.
   如果符合以下任何條件：(i) 已指定第二保單持有人及保單持有人身故或被診斷為精神上無行為能力的人; (ii) 已選擇保單延續;或 (iii) 已預先提出要求受保人身故時自動保單分拆，現時保單持有人在申請保單托管選項時指定的人（「臨時保單持有人」）將以有限的保單權利接管保單，直至第二保單持有人或受益人（如適用）已達到指定年齡。

4. Interim Policyholder refers to the individual (i.e. a natural person) named in this Form.
   臨時保單持有人是指於此表格內指定的個人（即自然人）。

5. If the Policyholder is also the Insured, to apply for Policy Custodian Option, you must have selected Policy Continuation or pre-requested an automatic Policy split upon the death of the Insured.
   若保單持有人同為受保人，您必須已選擇保單延續或預先提出要求受保人身故時自動保單分拆，以申請保單托管選項。

6. If the Contingent Policyholder or Beneficiary (applicable to Policy Continuation or automatic Policy Split upon the death of the Insured) is still alive but has not attained to the designated Age (must be between Age 18 to 50) to assume ownership of the Policy, Policy Custodian Option will be effective.
   若第二保單持有人或受益人（若已選擇保單延續或預先提出要求受保人身故時自動保單分拆）仍在生但未達到接管保單的指定年齡（年齡必須在 18-50 歲之間），保單托管選項將會生效。

7. The Contingent Policyholder or Beneficiary (applicable to Policy Continuation or automatic Policy Split upon the death of the Insured) will immediately become the new Policyholder upon the attainment of the designated Age.
   第二保單持有人或受益人（若已選擇保單延續或預先提出要求受保人身故時自動保單分拆）將在達到指定年齡後立即成為新保單持有人。

8. Mentally Incapacitated Person means a person who is incapable, by reason of mental incapacity, of managing and administering his/her property and affairs. The diagnosis must be confirmed by a Registered Medical Practitioner who is a psychiatric specialist. We reserve the right to conduct an independent evaluation whenever deemed necessary to ascertain the diagnosis.
   精神上無行為能力的人意指因精神上無行為能力而無能力處理和管理其財產及事務的人。診斷必須由精神科專科註冊醫生確定。若我們認為需要，我們保留權利要求進行獨立鑑定以查明診斷。

9. Interim Policyholder must have attained the age of 18 at the time he/she is nominated as Interim Policyholder.
   臨時保單持有人必須於被指定為臨時保單持有人時已年滿 18 歲。

10. The Interim Policyholder must have an acceptable relationship with the Insured and Beneficiary. Acceptable relationship includes spouse, son, daughter, parent, sibling, grandparent, grandchild, uncle, auntie, nephew, niece, cousin, fiancée / fiance, de-facto / same-sex couple.
    臨時保單持有人與受保人及受益人必須有可接受的關係。可接受的關係為配偶、子女、父母、兄弟姊妹、(外)祖父母、(外)孫子女、姑丈、姑母、伯父、伯母、叔父、嬸嬸、姨丈、姨母、舅父、舅母、侄子女、甥子女、堂兄弟姊妹、表兄弟姊妹、未婚夫／未婚妻、同居伴侶／同性伴侶。

11. If a request for a designation of Interim Policyholder is approved by us, the designation of Interim Policyholder will be effective as of the date of our approval whether or not the Policyholder is living or diagnosed as a Mentally Incapacitated Person when we approve that request.
    如委任臨時保單持有人的要求被我們批准，則不論我們批准該要求時保單持有人是否仍然生存或被診斷為精神上無行為能力的人，該指定臨時保單持有人的生效日期為批准日的當日。

12. If a request for a designation of Interim Policyholder cannot be approved by us for whatever reason, the ownership of this Policy shall vest in the Policyholder upon the death or diagnosis as a Mentally Incapacitated Person of existing Policyholder.
    在任何原因下，若我們無法批准臨時保單持有人的要求，則本保單的所有權利於保單持有人身故或被診斷為精神上無行為能力的人時歸於原保單持有人。

13. The Interim Policyholder is required to submit the satisfactory evidence of the Policyholder's death or the Policyholder has become a Mentally Incapacitated Person to us for approval.
    臨時保單持有人必須向我們提交滿意的證據，證明保單持有人身故或保單持有人變成精神上無行為能力的人，以獲得我們批准。

Rights and Roles of Interim Policyholder
臨時保單持有人的權利及職責

1. The Interim Policyholder can apply to withdraw a percentage of the total Surrender Benefit available at the time of withdrawal, which the aggregated withdrawal percentage in each Policy Year cannot exceed the maximum percentage designated by the Policyholder (subject to a cap of 50%). Interim Policyholder is not allowed to change such maximum percentage.
臨時保單持有人可要求提取部分當時可獲的總退保保障 ，而每個保單年度的總提取百分比不能超過保單持有人指定的最高百份比（最高50%）。臨時保單持有人不能更改該最高百份比。

2. The withdrawal amount will first be paid from a) any balance of Benefit Accumulation Account, and subsequently be paid from b) the Guaranteed Cash Value and Terminal Dividend in proportion through reduction of Notional Amount. If the withdrawal triggers a reduction of Notional Amount, it will be subject to the applicable minimum Notional Amount requirements, and any Indebtedness will be first deducted from the withdrawal amount that is to be paid.
提取金額將首先從 (a) 任何保障累積賬戶餘額支付，其後透過(b)減少名義金額按比例由保證現金價值及終期紅利中提取。如提取導致名義金額減少 ， 該名義金額減少將受限於適用之最低名義金額要求 ， 及任何債項將由待支付的提取金額內扣除 。

3. The Interim Policyholder is not allowed to apply for a Policy Loan, full surrender, Policy Split Option, or make changes to Death Benefit Payment Option, Insured, beneficiary or Policyholder
臨時保單持有人不可申請保單貸款、完全退保、保單分拆選項、更改身故保障支付方式、受保人、受益人或保單持有人。

4. During the time which the Interim Policyholder is acting in his/her role,
在臨時保單持有人已開始履行其職責期間，

   a. if the Interim Policyholder passes away, the executor or administrator of the deceased existing Policyholder's estate shall act as the Interim Policyholder to manage the Policy until the Contingent Policyholder / beneficiary (applicable to Policy Continuation or automatic Policy split upon the death of the Insured) attains his/her designated Age to assume the ownership of the Policy; or
   如臨時保單持有人離世，已身故之現時保單持有人的遺囑執行人或遺囑管理人將擔任臨時保單持有人，負責管理保單事務，直至第二保單持有人或受益人（若已選擇保單延續或預先提出要求受保人身故時自動保單分拆）已達可接管保單的指定年齡；或

   b. if the Contingent Policyholder passes away or becomes a Mentally Incapacitated Person, the Interim Policyholder will become the new Policyholder provided that a pre-request was made during the application of Policy Custodian Option and approved by us. Otherwise, the executor or administrator of the deceased existing Policyholder's estate will act as the new Policyholder to manage the Policy; or if the Policyholder is diagnosed as a Mentally Incapacitated Person, the ownership of the Policy shall remain unchanged, but his/her guardian or legal representative may exercise the rights under the Policy on his/her behalf; or
   如第二保單持有人離世或變成精神上無行為能力的人，臨時保單持有人成為新保單持有人，惟您須在申請保單托管選項時已提出及獲得我們批准。否則，已身故之現時保單持有人的遺囑執行人或遺囑管理人將擔任新保單持有人，負責管理保單事務；或若保單持有人被診斷為精神上無行為能力的人，保單擁有權維持不變，但其監護人或法定代理人可代為行使保單相關權利；或

   c. the Insured passes away and there is no beneficiary, we will pay the Death Benefit proceeds to the estate of the deceased existing Policyholder
   如受保人離世而且沒有受益人，我們會向已身故之現時保單持有人的遺產支付身故保障款項

5. If either one of the following events occurs:
如以下任何一件事件發生：

   a. the Interim Policyholder is not able or unwilling to take up the Policy; or
   臨時保單持有人不能或不願意承接本保單的擁有權；或

   b. the Interim Policyholder is not alive or does not appear at/after the Policyholder's death or diagnosis as a Mentally Incapacitated Person; or
   當保單持有人身故時或被診斷為精神上無行為能力的人後，臨時保單持有人亦已離世或並未出現；或

   c. the Interim Policyholder is unable to satisfy the customer due diligence requirements and / or any other applicable laws and regulations applicable to us.
   臨時保單持有人無法通過客戶盡職審查要求及未能符合適用於我們的任何其他法律及規例。

   the executor or administrator of the Policyholder's shall act as the Interim Policyholder to manage the Policy, or if the Policyholder is diagnosed as a Mentally Incapacitated Person, the ownership of the Policy shall remain unchanged, but his/her guardian or legal representative may exercise the rights under the Policy on his/her behalf.
   保單持有人的遺囑執行人或遺囑管理人將擔任臨時保單持有人，負責管理保單事務；或若保單持有人被診斷為精神上無行為能力的人，保單擁有權維持不變，但其監護人或法定代理人可代為行使保單相關權利。

Revocation of Interim Policyholder / Policy Custodian Option
撤銷臨時保單持有人 / 保單托管選項

1. You may designate only one interim Policyholder at a time. If you designate an Interim Policyholder while there is an existing Interim Policyholder on our records, the existing Interim Policyholder will automatically be revoked.
   您每次只能委任一位臨時保單持有人。如您在委任臨時保單持有人時，我們的記錄上已存在臨時保單持有人，則現有的臨時保單持有人將自動被撤銷。

2. The request must be made before the death of Policyholder / the Policyholder has become a Mentally Incapacitated Person. If the sign date of this form is on or after the diagnosis date upon the Policyholder becomes a Mentally Incapacitated Person, designation / change of the Interim Policyholder will be revoked.
   此要求必須於保單持有人身故前或保單持有人成為精神上無行為能力的人前提出。如此表格的簽署日期是在保單持有人被診斷成為精神上無行為能力的人的當日或之後，臨時保單持有人的委任／更改將自動撤銷。

3. The Interim Policyholder will be revoked if, before the death of Policyholder / Policyholder has become a Mentally Incapacitated Person (if applicable),
   在保單持有人身故或保單持有人成為精神上無行為能力的人（如適用）前，若以下情況發生，臨時保單持有人將被撤銷，

   a. the Contingent Policyholder / beneficiary (applicable to Policy Continuation or automatic Policy split upon the death of the Insured) passes away or becomes a Mentally Incapacitated Person; or
      第二保單持有人或受益人（若已選擇保單延續或預先提出要求受保人身故時自動保單分拆）身故或變成精神上無行為能力的人；或

   b. the Contingent Policyholder / beneficiary (applicable to Policy Continuation or automatic Policy split upon the death of the Insured) reaches the designated Age to assume the ownership of the Policy
      第二保單持有人或受益人（若已選擇保單延續或預先提出要求受保人身故時自動保單分拆）已達可接管保單的指定年齡

4. The Policy Custodian Option arrangement will be automatically revoked upon our acceptance of,
   我們接受任何以下申請後，保單托管選項將被撤銷，

   a. any subsequent change of Contingent Policyholder and/or beneficiary (applicable to Policy Continuation or automatic Policy split upon the death of the Insured) ; or
      任何其後的第二保單持有人及／或受益人（若已選擇保單延續或預先提出要求受保人身故時自動保單分拆）的變更；或

   b. a subsequent change of Policyholder and/or Insured (unless the change is due to the exercise of Policy Continuation or automatic Policy split upon the death of the Insured); or
      任何其後的保單持有人及／或受保人（保單延續或預先提出要求受保人身故時自動保單分拆所導致的受保人變更除外）的變更；或

   c. a subsequent change of the designated Age of Contingent Policyholder and/or beneficiary (applicable to Policy Continuation or automatic Policy split upon the death of the Insured) to assume the ownership of the Policy.
      任何其後就第二保單持有人及／或受益人（若已選擇保單延續或預先提出要求受保人身故時自動保單分拆）接管保單的指定歲數的變更。

☐ **Designation of Interim Policyholder (Please complete all relevant items)**
委任臨時保單持有人 (請填寫所有相關項目)
This nomination supersedes all prior designations (if any)
此項提名取代一切以往的委任紀錄 (如有)

Assume ownership of the Policy until the designated age of Contingent Policyholder and/or Beneficiary as below (must be age 18 to 50).
第二保單持有人及／或受益人接管保單的指定年齡如下 (年齡必須在 18-50 歲之間)。

The Interim Policyholder can apply to withdraw a percentage of the total Surrender Benefit available at the time of withdrawal, which the aggregated withdrawal percentage in each Policy Year cannot exceed the maximum percentage designated by the Policyholder (subject to a cap of 50%).
臨時保單持有人可要求提取部分當時可獲的總退保保障，而每個保單年度的總提取百分比不能超過保單持有人指定的最高百份比 (最高 50%)。

If not specified, the aggregated withdrawal percentage per Policy Year of the Surrender Benefit will be assumed as 0%. Interim Policyholder is not allowed to change such maximum percentage.
如沒有註明，每個保單年度總提取百分比將為 0%。臨時保單持有人不能更改該最高百份比。

☐ Contingent Policyholder (Designated Age _____)
第二保單持有人 (指定年齡 _____)

☐ Aggregated withdrawal percentage per Policy Year _____ %)
每個保單年度總提取百分比(_____ %)

Please select one of the following for the arrangement when the Contingent Policyholder passes away or becomes a Mentally Incapacitated Person.
請選擇下列其中一項作為第二保單持有人離世或變成精神上無行為能力的人時的安排。

☐ the Interim Policyholder will become the new Policyholder.
臨時保單持有人成為新保單持有人

☐ the executor or administrator of the deceased existing Policyholder's estate will act as the new Policyholder to manage the Policy; or if the Policyholder is diagnosed as a Mentally Incapacitated Person, the ownership of the Policy shall remain unchanged, but his/her guardian or legal representative may exercise the rights under the Policy on his/her behalf
已身故之現時保單持有人的遺囑執行人或遺囑管理人將擔任新保單持有人，負責管理保單事務；或若保單持有人被診斷為精神上無行為能力的人，保單擁有權維持不變，但其監護人或法定代理人可代為行使保單相關權利

☐ Beneficiary designated under Policy Continuation / automatic Policy Split upon the death of the Insured
受益人經保單延續／受保人身故時自動保單分拆委任的受益人

Name of Beneficiary _____ _____ (Designated Age _____)
受益人姓名 Surname 姓 Given Name 名 (指定年齡 _____)

☐ Aggregated withdrawal percentage per Policy Year _____ %)
每個保單年度總提取百分比(_____ %)

☐ **Termination of Interim Policyholder**
終止臨時保單持有人

☐ **Change of Designated Age of Contingent Policyholder and/or Beneficiary**
更改第二保單持有人及／或受益人指定年齡

Assume ownership of the Policy until the designated age of Contingent Policyholder and/or Beneficiary as below (must be age 18 to 50).
第二保單持有人及／或受益人接管保單的指定年齡如下（年齡必須在 18-50 歲之間）

☐ Contingent Policyholder (Designated Age _____)
第二保單持有人 (指定年齡 _____)

☐ Beneficiary designated under Policy Continuation / automatic Policy Split upon the death of the Insured
受益人經保單延續／受保人身故時自動保單分拆委任的受益人

Name of Beneficiary _____ _____ (Designated Age _____)
受益人姓名 Surname 姓 Given Name 名 (指定年齡 _____)

Personal Details of Interim Policyholder
臨時保單持有人個人資料

1. Name in English and Chinese 英文及中文姓名 (as shown on I.D. card / Passport 以身份證 / 護照為準)	Surname _____ Given Name _____ 姓 _____ 名 _____
2. Gender 性別	☐ Male 男 ☐ Female 女
3. Date of Birth (Age at Last Birthday) 出生日期 (上次生日年齡)	DD 日 / MM 月 / YYYY 年 (Age 年齡 _____)
4. Country of Birth 出生國家	
5. I.D. Card No. / Passport No. 身份證 / 護照號碼	_____ (Please attach certified true copy 請附上核實副本) * If non-permanent HKID Card Holder, please provide certified true copy of HKID Card and Passport 如非香港永久性居民，請提供香港身份證及護照的核實副本。
6. Nationality 國籍	
7. Marital Status 婚姻狀況	☐ Single未婚 ☐ Married 已婚
8. Relationship with Insured 與受保人關係	
9. Relationship with Beneficiary 與受益人關係	
10. Residential Address in English 英文住宅地址 (Please provide certified true copy of Address Proof) (請提供住址證明的核實副本)	
11. Correspondence Address in English 英文通訊地址 (If differ from Residential address) (如與住宅地址不同)	
12. Contact Telephone No. 聯絡電話號碼	(1) Home 住宅 ☐ Hong Kong 香港 ☐ China 中國 ☐ Others 其他 _____ _____ _____ _____ Country Code 國家代碼 Area Code 地區代碼 Phone No. 電話號碼 (2) Mobile 流動電話 ☐ Hong Kong 香港 ☐ China 中國 ☐ Others 其他 _____ _____ _____ _____ Country Code 國家代碼 Area Code 地區代碼 Phone No. 電話號碼
13. E-mail Address 電郵地址	_____ @ _____ Note: Providing an email address will mean the interim policyholder has chosen to receive policy correspondences and notices through email (instead of paper version through postal delivery) once the policy custodian option is effective, unless you indicate to us otherwise by ticking the box below. 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。 ☐ The interim policyholder would like to keep receiving policy correspondences and notices in paper format by post. The interim policyholder will have to give you further notice if he/she changes his/her 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。

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。

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) Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A. Hong Kong Branch (where applicable) (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 / we, the Policyholder, confirm that I / we have informed the Interim Policyholder of this designation / change / termination of Interim Policyholder (whichever is applicable) and hereby agree that the obligation and ownership of the Policy with limited Policy rights until the designated Age of the Contingent Policyholder or Beneficiary (applicable to Policy Continuation or automatic Policy Split upon the death of the Insured) shall be transferred to the Interim Policyholder (including the obligation to pay premiums) ; (5) Where applicable, I / we confirm that the Interim Policyholder shall be appointed as the Statutory Trustee for the purposes of the Married Persons Status Ordinance (Cap 182), with such appointment taking effect upon the date of my death or diagnosis as a Mentally Incapacitated Person; (6) I / we, the Policyholder, agree to inform the Company immediately in writing of any change in (a) my / our 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.(7) 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」）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 / 我們，保單持有人，確認已通知臨時保單持有人有關臨時保單持有人的委任 / 更改 / 終止 (視何者適用) ；並特此同意，本人 / 我們在保單下以有限的保單權利接管保單之權利和義務應轉移至臨時保單持有人（包括支付保費之義務）；(5) 在適用的情況下，本人 / 我們確認以《已婚人士身份條例》（第182章）為目的，委任臨時保單持有人為法定受託人，該委任自本人離世日或被診斷為精神上無行為能力的人時起生效；(6) 本人 / 我們，保單持有人，茲同意（a）本人 / 我們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 / 我們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 / 我們將即時以書面通知貴公司；(7) 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 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 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 consent to the transfer of rights and obligations as set out herein and further declare that the information given and statements made in this form are, to the best of their knowledge and belief, true, correct and complete.
以下各方特此同意轉移此處所述之權利和義務，本人進一步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 _____	X _____	_____
Signature of Policyholder 保單持有人簽署	Signature of Interim Policyholder 臨時保單持有人簽署	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 _____	X _____	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 Irrevocable Beneficiary (if any) 不可撤換受益人簽署(如適用)	Signature of Witness 見證人簽署 (Name 姓名:)