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Form for Designation / Change / Termination of Contingent Recipient
委任／更改／終止後備收益人附加申請書

Private & Confidential 私人及機密

Name of Policyholder:
保單持有人姓名 _____

Policy Number:
保單號碼 | | | | | | | | |

Important Note 重要事項

1. Contingent Recipient refers to the individual (i.e., a natural person) named in this Form.
   後備收益人是指於此表格內指定的個人 (即自然人)。

2. Designation / Change / Termination of Contingent Recipient does not change the beneficiary(ies) under the policy to receive the death benefit.
   委任 / 更改 / 終止後備收益人並不改變根據保單收取身故賠償的受益人。

3. Contingent Recipient must have attained the age of 18 at the time of his/her appointment.
   後備收益人必須於被委任時已年滿 18 歲。

4. The Contingent Recipient must have an acceptable relationship* with the insured.
   後備收益人與受保人之間必須為可接受之關係*
   * Acceptable relationship means Spouse, Parents, Children, Siblings, Grandparent / Grandchild, Fiancee / Fiance, De-facto / Same-sex Couple. Other relationships would be under individual consideration.
   * 可接受之關係指配偶、父母、子女、兄弟姊妹、祖父母 / 孫兒女、未婚夫 / 未婚妻、同居 / 同性伴侶。其他關係會根據個別情況考慮。

5. The witness should not be the policyholder him / herself or the person who is / will become the Contingent Recipient.
   見證人不可為保單持有人本人或當下 / 將會成為後備收益人的個人。

6. If a request for a designation of Contingent Recipient is approved by us, the designation of Contingent Recipient will be effective as of the date of our approval whether or not the Insured has become a Mentally Incapacitated Person when we approve that request.
   如委任後備收益人的要求被我們批准，則不論我們批准該要求時受保人是否已成為精神上無行為能力的人，該後備收益人的生效日期為批准日的當日。

7. You may designate only one Contingent Recipient at a time. If you designate a new Contingent Recipient while there is an existing Contingent Recipient on our records, the existing Contingent Recipient will automatically be revoked.
   您每次只能委任一位後備收益人。如您在委任新的後備收益人時，我們的記錄上已存在後備收益人，則現有的後備收益人將自動被撤銷。

8. The request must be made before the Insured has become a Mentally Incapacitated Person. If the sign date of this form is on or after the diagnosis date upon the Insured becomes a Mentally Incapacitated Person, designation / change / termination of the Contingent Recipient will be revoked.
   此要求必須於受保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受保人被診斷成為精神上無行為能力的人的當日或之後，後備收益人的委任 / 更改 / 終止將自動撤銷。

9. This form is not an enduring power of attorney ("EPA") and does not designate the Contingent Recipient as your attorney, guardian or committee.
   本表格並非一份持久授權書，也不是用以委任後備收益人為閣下的受權人或監護人。

10. Designation / Change / Termination of Contingent Recipient is only available if you are the Policyholder and you do not have an existing EPA covering this policy. You will need to notify us if you later create an EPA covering this policy and the appointment of the Contingent Recipient shall be automatically revoked.
    委任 / 更改 / 終止後備收益人只當閣下是保單持有人而且現時沒有涵蓋本保單的持久授權書時適用。如閣下日後設立一份涵蓋本保單的持久授權書，閣下需通知我們，而後備收益人的委任將自動撤銷。

11. The appointment of the Contingent Recipient will be automatically revoked if any of the following events occur: (1) you notify us that you have created an EPA; (2) we are notified of a committee or guardianship order taking effect; or (3) if there is a change of the policyholder.
    在以下任何情況下，後備收益人的委任會被自動撤銷：（1）若閣下通知我們，閣下已訂立持久授權書；（2）若我們收到通知受托監管或監護令已生效；或（3）如果保單持有人有變更。

12. In case there is a committee or guardian appointed under the Mental Health Ordinance (Cap. 136 Laws of Hong Kong SAR), we will only make payment to the Contingent Recipient with the consent of the committee or guardian, as the case may be.
    倘若有根據「精神健康條例」（香港特別行政區法例第 136 章） 委任受託監管人或監護人，則我們只會在得到受託監管人或監護人（視屬何情況而定）的同意下向後備收益人作出付款。

13. In case there is a dispute between the Contingent Recipient and any other person, including but not limited to the Policyholder, Insured's guardian or committee, attorney, Beneficiary(ies) or assignee, we reserve the right to withhold payment until such dispute is resolved.
倘若後備收益人與任何其他人（包括但不限於保單持有人、受保人的監護人或受託監管人、受權人、受益人或承讓人）之間有爭議，本公司保留權利暫不付款直至該爭議得到解決為止。

14. When you execute the Contingent Recipient Option, you shall submit "Contingent Recipient Option Execution Form" ^, the relationship proof between the Insured and Contingent Recipient and other document or evidence we may require upon submitting the request.
閣下於行使後備收益人選項時，需要提交「後備收益人選項行使表格」，受保人與後備收益人之關係證明及我們可能要求的任何其他文件或證明。
^ The form includes a part filling by the insured's attending doctor confirming the insured's mental incapacity. Moreover, Policyholder's signature is required in the form if Policyholder is not same as insured.
該表格的其中一部份需要由受保人由主診醫生填寫，以確認受保人精神上失去行為能力。另外，如保單持有人與受保人非同一人，保單持有人需要於表格上簽署。

15. For other terms and conditions of this option, please refer to the policy provisions of relevant product.
對於其他關於此選項之條款及細則，請參閱相關產品的保單條款。

☐ 委任後備收益人 (請填寫所有相關項目)
☐ Designation of Contingent Recipient (Please complete all relevant items)

此項提名取代一切以往的委任紀錄 。 This nomination supersedes all prior designations.

Personal Details of Contingent Recipient 後備收益人的個人資料

Name in English 英文姓名			
Name in Chinese 中文姓名		Gender 性別	☐ Male 男 ☐ Female 女
Relationship with Insured 與受保人關係	☐ Spouse 配偶 ☐ Parents 父母 ☐ Child 子女 ☐ Siblings 兄弟姊妹 ☐ Grandparent 祖父母 ☐ Grandchild 孫兒女 ☐ Fiancee / Fiance 未婚夫 / 未婚妻 ☐ De-facto / Same-sex Couple 同居 / 同性伴侶 ☐ Others 其他: _____		
HK Identity Card / Passport Number 香港身份證 ／ 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認實副本。		
Date of Birth 出生日期	DD日 ／ MM月 ／ YYYY年	Country of Birth 出生國家	☐ Hong Kong 香港 ☐ China 中國 ☐ Others 其他 : _____
Country of Residence 居住國家	☐ Hong Kong 香港 ☐ China 中國 ☐ Others 其他 : _____	Tax Residence 稅務居住地	☐ Hong Kong 香港 ☐ China 中國 ☐ Others 其他 : _____

☐ 終止後備收益人 Termination of Contingent Recipient

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, the Policyholder, 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) (5) (6) I / we 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 / us 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 indemnify the Company against any losses, liabilities, claims, actions, damages, costs and expenses which the Insurer may suffer or incur arising out of or in connection with administering the Policy in a manner consistent with this form.
謹此聲明本人 / 我們，保單持有人，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) (5) (6) 本人茲同意（甲）本人 / 我們於本表格的個人資料；（乙）本表格內所提及任何人士的個人資料；及 / 或（丙） 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障，因按照與此表格以一致的方式執行本保單而可能引起或與之相關的受保人可能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。

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 *****

Signature of Policyholder 保單持有人簽署 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 Witness 見證人簽署 X _____ Name 姓名: ( )	Sign Date 簽署日期 _____ DD 日 / MM 月 / YYYY 年