

Request For Change in Policy Form for Chubb MyLegacy Insurance Plan III

安達傳承守創儲蓄保障計劃III-保單更改申請書

Please tick appropriate box(es) for request 請於適當之空格內加上 號 New Request 新申請 Reply 回覆

| | | |
|------------------------|--------------------------------|--------------------------------------|
| Policy Number: 保單編號 | Full Name of Insured: 受保人姓名 | Full Name of Policyowner: 保單持有人姓名 |
|------------------------|--------------------------------|--------------------------------------|

- Please choose the below item(s) for the change of policy option(s) 請選擇下列項目作更改保單的申請
- Request for Cash Withdrawal, please complete PART I. 申請現金提取，請填寫第一部份。
 - Application of Split Policy, please complete PART II. 申請分拆保單，請填寫第二部份。
 - Request for Standby Regular Withdrawal Instruction, please complete PART III. 申請備用定期提取指示，請填寫第三部份。
 - Request for Designation of Successor Owner, please complete PART IV. 申請指定繼任持有人，請填寫第四部份。
 - Application of Life Insurance Proceeds Settlement Option, please complete PART V. 申請人壽保險金支付選擇，請填寫第五部份。

PART I: Request for Cash Withdrawal 第一部份: 申請現金提取

| | |
|-------------------------|---|
| CASH WITHDRAWAL 現金提取 | <input type="checkbox"/> Annual Cash Withdrawal Amount (USD) 每年現金提取金額 (美元) _____ The increment in withdrawal % per year 提取金額的每年增幅百分比 (%) _____ Effective Date (mm/yyyy) 生效日期 (月/年) _____ until 直至 _____ (mm/yyyy) (月/年) <p style="text-align: center;">Choose one option only 只可揀選一個選擇：</p> <input type="checkbox"/> (A) Transfer to a designated policy 轉至指定保單 (available on or after the 3rd Policy Anniversary 只適用於由第3個保單週年日或以後) Withdrawal amount to pay annual premium of a designated policy with policy number: _____ under the same Policyowner ("Designated Policy"). 提取金額以支付相同保單持有人所指定保單的年繳保費，其保單編號為 _____ (「指定保單」)。 <input type="checkbox"/> (B) Interest accumulation 累積利息 (available on or after the 10th Policy Anniversary 只適用於第10個保單週年日或以後) <input type="checkbox"/> (C) One-off Cash Withdrawal Amount (USD) 一次性現金提取金額(美元) (available on or after the 3rd Policy Anniversary 只適用於由第3個保單週年日或以後) _____ |
|-------------------------|---|

CASH WITHDRAWAL
現金提取

Transfer to local bank account 存入本地銀行戶口

If no payment instruction is specified, the payment will be credited to the autopay bank account solely held by the policyowner, if any. If there is no active autopay bank account or if the payment amount exceeds HKD1,000,000, cheque in HKD will be issued and sent to the correspondence address directly.
如無任何付款指示，款項將直接存入保單持有人個人持有的自動轉賬戶口（如有）。如沒有生效的自動轉賬戶口或款項多於港幣一百萬，將會發出港幣支票並直接郵寄至通訊地址。

Direct Credit to Bank Account 直接存入銀行戶口

ONLY applicable to the policy WITHOUT autopay bank account. Otherwise, the payment will be credited to autopay bank account which is held by the Policyowner directly.

只適用於不是以自動轉賬形式收取保費的保單，否則，款項將直接存入自動轉賬的銀行戶口（銀行戶口持有人必須為保單持有人）。

Bank Account MUST BE in HKD Currency.

銀行戶口必須為港幣戶口。

Name of Bank Account Holder (MUST BE the Policyowner)

銀行戶口持有人姓名 (必須為保單持有人)

Bank Name 銀行名稱

| Bank No. 銀行編號 | Branch No. 分行編號 | Bank Account No. 銀行賬戶號碼 |
|------------------|--------------------|----------------------------|
| | | |

Please provide copy of passbook / bank statement / ATM card with name of account for verification purpose.
請提供存摺 / 銀行戶口結單 / 提款卡副本 (附有銀行戶口持有人的姓名) 以作核實。

TT Payment 匯款

(applicable to One-off Cash Withdrawal and overseas clients only 只適用於一次性現金提取及海外客戶)

Remittance charges will be borne by the Policyowner

匯款的相關費用將由保單持有人支付

HKD 港幣 USD 美金

• Name of Bank Account Holder (MUST BE the Policyowner) 銀行戶口持有人姓名(必須為保單持有人)

• Bank Account No. 銀行戶口號碼

• SWIFT Code SWIFT 代號

• Bank Name 銀行名稱

• Bank Address 銀行地址

• IBAN No. 國際銀行賬戶號碼

• Intermediary Bank Name 中介銀行名稱

• Intermediary Bank Account No. 中介銀行戶口號碼

Notes 備註：

- After Cash Withdrawals, notional value of accumulated Reversionary Bonus credited to your Policy will be proportionally reduced to reflect the withdrawals. Correspondingly, the notional value of Terminal Bonus will also be reduced.
現金提取後，已派發至您的保單之累積增保紅利參考價值會按比例減少以反映該提取。此外，終期紅利的參考價值亦會相應地減少。
- Minimum Withdrawal Amount - USD150 per month/ USD1,800 per year.
最低提取金額每月150美元/每年1,800美元。
- Maximum Withdrawal Amount - 90% of Cash Value in the Policy.
最高提取金額 - 現金價值的90%。
- The minimum and maximum requirements are determined by us and subject to change at our sole discretion.
最低及最高金額由本公司釐定，並由本公司全權決定其更改。
- Annual Cash withdrawal for 'Transfer to Policy' is only allowed for annual premium payment mode for the Designated Policy.
每年現金提取轉至保單，只接受年繳保費模式的指定保單。
- Annual Cash withdrawal for 'Transfer to Policy' is only applicable for premium payment.
每年現金提取轉至保單，只適用於支付保費。
- Annual Cash Withdrawal Instruction for transferring to a designated policy will be terminated when the cash value of accumulated Reversionary Bonus and Terminal Bonus is insufficient to pay for the premium of the Designated Policy.
當累積增保紅利及終期紅利的現金價值不足以支付指定保單的保費時，每年現金提取轉至指定保單的指示將會終止。
- All Cash Withdrawal will be payable in the policy currency, or its Hong Kong Dollar equivalent, by the payment method determined by us. The currency exchange rate is determined by us and subject to change from time to time.
提取現金將根據保單之貨幣或等值港幣，以我們指定之付款方式支付。我們將釐定及不時調整貨幣兌換率。
- If no end date has been specified for the withdrawal, it would be lasted until the cash value of accumulated Reversionary Bonus and Terminal Bonus is insufficient to pay for the premium of the Designated Policy.
如沒有指定現金提取的完結日期，現金提取將直至累積增保紅利及終期紅利的現金價值不足以支付指定保單的保費時終止。

PART II: Application for Split Policy 第二部份: 申請分拆保單

Important Note: The effective date of Split Policy must be on or after the designated Policy Anniversary according to your premium payment term.

重要事項: 分拆保單之生效日期須在根據你的保費繳付年期而定的指定保單週年日或之後。

I, the Policyowner, would like to apply for Split Policy to the above Policy as specified below.

本人(保單持有人)現就上述保單根據下列指定申請分拆保單。

The year of Policy Split 分拆保單的年份: The 第 _____ Policy Anniversary 保單週年日

| Personal Details 個人資料 | Proposed Insured 1 準受保人1 | Proposed Insured 2 準受保人2 | Proposed Insured 3 準受保人3 |
|---|--------------------------|--------------------------|--------------------------|
| Proportion of Surrender Value for each Proposed Insured 各準受保人獲取退保價值之比例 | | | |
| Relationship with Policyowner 與保單持有人關係 | | | |
| Surname in English 姓氏(英文) | | | |
| Other name in English 名字(英文) | | | |
| Name in Chinese 姓名(中文) | | | |
| H.K. ID card No./Passport No. 香港身份證號碼/護照號碼 | | | |

PART III: Request for Standby Regular Withdrawal Instruction 第三部份: 申請備用定期提取指示

STANDBY REGULAR
WITHDRAWAL INSTRUCTION
備用定期提取指示*

Regular Cash Withdrawal Amount (USD) 定期現金提取金額(美元) Monthly 每月 Yearly 每年

Applicable starting from 3rd
policy anniversary only
僅適用於由第三個保單週年日
開始

The increment in withdrawal % per year 提取金額的每年增幅百分比 (%)

 Transfer to local bank account 存入本地銀行戶口

If no payment instruction is specified, the payment will be credited to the autopay bank account solely held by the policyowner, if any. If there is no active autopay bank account or if the payment amount exceeds HKD1,000,000, cheque in HKD will be issued and sent to the correspondence address directly.

如無任何付款指示，款項將直接存入保單持有人個人持有的自動轉賬戶口（如有）。如沒有生效的自動轉賬戶口或款項多於港幣一百萬，將會發出港幣支票並直接郵寄至通訊地址。

 Direct Credit to Bank Account 直接存入銀行戶口

ONLY applicable to the policy WITHOUT autopay bank account. Otherwise, the payment will be credited to autopay bank account which is held by the Policyowner directly.

只適用於不是以自動轉賬形式收取保費的保單，否則，款項將直接存入自動轉賬的銀行戶口（銀行戶口持有人必須為保單持有人）。

Bank Account MUST BE in HKD Currency.

銀行戶口必須為港幣戶口。

Name of Bank Account Holder (MUST BE the Policyowner)

銀行戶口持有人姓名(必須為保單持有人)

Bank Name 銀行名稱

| | | |
|------------------|--------------------|----------------------------|
| Bank No. 銀行編號 | Branch No. 分行編號 | Bank Account No. 銀行賬戶號碼 |
|------------------|--------------------|----------------------------|

| | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Please provide copy of passbook / bank statement / ATM card with name of account
請提供存摺 / 銀行戶口結單 / 提款卡副本(附有銀行戶口持有人的姓名)以作核實。

Notes 備註：

- After Cash Withdrawals, notional value of accumulated Reversionary Bonus credited to your Policy will be proportionally reduced to reflect the withdrawals. Correspondingly, the notional value of Terminal Bonus will also be reduced.
現金提取後，已派發至您的保單之累積增保紅利參考價值會按比例減少以反映該提取。此外，終期紅利的參考價值亦會相應地減少。
- Minimum Withdrawal Amount - US\$150 per month/ US\$1,800 per year.
最低提取金額 - 每月150美元/ 每年1,800美元。
- Maximum Withdrawal Amount - 90% of cash value in the Policy.
最高提取金額 - 現金價值的90%。
- The minimum and maximum requirements are determined by us and subject to change at our sole discretion.
最低及最高金額由本公司釐定，並由本公司全權決定其更改。
- All Cash Withdrawal will be payable in the policy currency, or its Hong Kong Dollar equivalent, by the payment method determined by us. The currency exchange rate is determined by us and subject to change from time to time.
提取現金將根據保單之貨幣或等值港幣，以我們指定之付款方式支付。我們將釐定及不時調整貨幣兌換率。

* You must notify us in writing within 60 days from the date of initial diagnosis of the Specific Illness of the Insured.
您須於受保人經首次診斷患有指定疾病當天起計 60 天內書面通知我們。

PART IV: Request for Designation of Successor Owner 第四部份: 申請指定繼任持有人**Important Notes:**

- Please submit copy(ies) of valid identity document(s) of the Successor Owner for us to process your request.
請遞交繼任持有人的有效身份證明文件副本以便我們處理您的申請。
- Please read the below Remarks for PART IV and provide the signatures of both Policyowner and the Successor Owner, and the agent/intermediary for the request for Designation of Successor Owner (PART IV).
申請指定繼任人(第四部份)，請細閱下列部份備註並由保單持有人、繼任持有人以及保險代理/中介人簽署。

I. Personal Particulars of Successor Owner 繼任持有人的個人資料

| | | |
|--|---|--|
| Full name in English ^c 英文姓名 ^c | Full name in Chinese ^c 中文姓名 ^c | Sex 性別 |
| Date of birth ^c (dd/mm/yyyy) 出生日期 ^c (日/月/年) | | Place of Birth ^{B&C} 出生地 ^{B&C} |
| Nationality ^A 國籍 ^A | Citizenship ^A 公民身份 ^A | Residency ^A 居住籍 ^A |
| No. of HKID/Passport/Business Registration ^c 香港身份證/護照號碼/商業登記證號碼 ^c | | Relationship to Insured 與受保人之關係 |
| Email address (apply eAdvice service automatically) 電郵地址 (自動申請電子通知書服務) | | |

| | | | | |
|---|---------|---|---|--|
| Residential Address^c 住宅地址^c | | | Mailing Address^c 郵遞地址^c | |
| Room/Flat 室 | Floor 樓 | Block 座 | <input type="checkbox"/> Same as residential address 與住宅地址相同 <input type="checkbox"/> Please update as follows 請使用以下地址 | |
| Building/Estate 大廈/屋苑 | | | | |
| No. and Name of Street/Road 街道及號數 | | | | |
| District 地區 | | HK/ KLN/ NT 香港/九龍/新界 | | |
| | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| Province/ Country 省/國家 | | Postal Code 郵遞編號 | | |

| | | | | |
|---|-----|--------------------------------|-------------------|---|
| Mobile Phone No. ^B 手提電話號碼 ^B | () | Country & Area Code 國家及地區號碼 | Phone No. 電話號碼 | Country/Region (if it is not Hong Kong) 國家/地區名稱 (如非香港) |
| Workplace Phone No. ^B 工作電話號碼 ^B | () | Country & Area Code 國家及地區號碼 | Phone No. 電話號碼 | Country/Region (if it is not Hong Kong) 國家/地區名稱 (如非香港) |
| Residence Phone No. ^B 住宅電話號碼 ^B | () | Country & Area Code 國家及地區號碼 | Phone No. 電話號碼 | Country/Region (if it is not Hong Kong) 國家/地區名稱 (如非香港) |

II. Occupation Details 職業資料

| | |
|----------------------------|---------------------------------------|
| Name of Employer 僱主名稱 | Industry/Nature of Business 行業/公司業務性質 |
| Occupation (Title) 職業 (職銜) | Exact Duties 職務 |
| Workplace Address 工作地址 | |

III. Tax Residency (please select your tax residency(ies) (can select more than one)

稅務居民 (請選擇您的稅務居民身份 (可選擇多項))

- Hong Kong^c 香港^c US^{A&B} 美國^{A&B} Others^c 其他^c

IV. Successor Owner as PEP 繼任持有人為政治人物

Are you a politically exposed person (PEP)^d? 您是否政治人物 (PEP)^d ?

- Yes 是 No 否

V. Successor Owner as Entity 繼任持有人為實體

Are you a passive non-financial entity (Passive NFE)? (This question is only applicable to the Successor Owner which is an entity)

繼任持有人是否被動非財務實體? (只適用於繼任持有人是一個實體)

- Yes 是 No 否

If the answer above is "Yes", please complete the "Supplementary Form of Beneficial Owner/Controlling Person/Successor Owner" (NB222) by controlling person(s) of the entity.

如上述答案為「是」, 請由實體的控權人填寫「實益擁有人/控權人/繼任持有人補充資料表格」(NB222)

Details of "Passive NFE" and other relevant details can be found within the Inland Revenue Ordinance (Cap. 112 of the Laws of Hong Kong) ("IRO") or the website of Inland Revenue Department of Hong Kong.

關於被動非財務實體的詳情及其他相關資料, 請參閱《稅務條例》(香港法律第112章) (「稅務條例」) 或香港稅務局網頁。

VI. Successor Owner Act on Behalf 繼任持有人代人名義行事

Are you acting solely on your own behalf in this policy which, in other words, not acting on behalf of another person, without limitation, as trustee, nominee or agent?

您是否完全僅代表您自己的名義行事而申請此保單, 即是說, 您不是以作為託管人、代名人或代理人身份代表其他人行事?

- Yes 是 No 否 (Please state in what capacity 請說明以何身份: _____)

If the Successor Owner is an entity, please complete the "Supplementary Form of Beneficial Owner/Controlling Person/Successor Owner" (NB222) by Beneficial Owner of the entity.

如繼任持有人是一個實體, 請由實體的實益擁有人填寫「實益擁有人/控權人/繼任持有人補充資料表格」(NB222)

VII. Source(s) of Funds for Insurance Premiums 保險保費的資金來源

- Salary and benefits from full-time work 全職工作的薪金及收益 Income from other part-time work 其他兼職的收入 Income from Investments 投資的收入
- Accumulative savings 累積的儲蓄 Others (Please specify:) _____

VIII. Self-certification for Tax Residency 稅務居民身份自我證明

If answer(s) for tax residency is/are "Hong Kong" and/or "Others" in Section III, please complete the following table indicating (i) the country/jurisdiction of residence (including Hong Kong) where the Successor Owner is a tax resident and (ii) Successor Owner's Taxpayer Identification Number ("TIN") for each country/jurisdiction indicated. If the Successor Owner is a tax resident in more than three countries/jurisdictions, please use separate Self Certification Form to supplement. If Successor Owner is filling in this Section VI on behalf of someone else, Successor Owner is required to tell the Company in what capacity in which Successor Owner is acting on behalf of another person by completing Section VI above and/or the "Supplementary Form of Beneficial Owner/Controlling Person/Successor Owner" (NB222) to furnish necessary information. To facilitate the completion of the table below, Successor Owner must read the Notes for Completion below carefully. Further details for the understanding of the said Notes and meaning of the terms can be found within the Inland Revenue Ordinance (Cap. 112 of the Laws of Hong Kong) ("IRO") or the website of Inland Revenue Department of Hong Kong.

如果第三部份有關稅務居民的答案包括「香港」及/或「其他」, 請回答下表並列出 (i) 繼任持有人為稅務居民的納稅居住國家/司法管轄區 (包括香港) 及 (ii) 繼任持有人於每個國家/司法管轄區的稅務編號。如果繼任持有人是三個以上國家/司法管轄區的稅務居民, 請使用「自我證明表格」補充。如填寫第六部份的繼任持有人是代表其他人行事, 繼任持有人必須在第六部份及/或於「實益擁有人/控權人/繼任持有人補充資料表格」(NB222) 提供所需資料以告訴本公司繼任持有人是以什麼身份行事。為方便完成下表, 繼任持有人必須細閱下方的填寫須知。更多關於上述須知及術語意義的詳情可於《稅務條例》(香港法律第112章) (「稅務條例」) 或香港稅務局網頁找到。

If the Successor Owner is a tax resident of Hong Kong, the TIN is the Hong Kong Identity Card Number (for individual) and the Hong Kong Business Registration Number (for entity).

如繼任持有人是香港稅務居民, 稅務編號是其香港身份證號碼 (就個人而言) 及商業登記號碼 (就實體而言)。

(a) Jurisdiction of Residence and Taxpayer Identification Number 居留司法管轄區及稅務編號

| Country/Jurisdiction of tax residence ¹ 納稅居住國家/司法管轄區 ¹ | TIN 稅務編號 | If no TIN available, please provide Reason A, B or C ² 如未能提供稅務編號，請提供原因A、B或C ² | Please explain why you are unable to obtain a TIN if you selected Reason B ² 如您選擇原因B，請解釋為何您未能獲得稅務編號 ² |
|---|-------------|--|--|
| I. | | | |
| II. | | | |
| III. | | | |

¹Pursuant to sub-section 3 of Section 50B of the IRO, the Company may collect information from the Successor Owner for identifying his/her tax residency even if he/she is a resident for tax purposes in a territory outside Hong Kong that is not a "Reportable Jurisdiction" as defined under Part 1 of Schedule 17E of the IRO. If the country/jurisdiction of tax residence(s) so provided herein is/are different from the country/jurisdiction of residential address/ mailing address/ workplace address as provided in this application form, please provide the explanation in Section (b) below.

根據稅務條例第50B第3款，本公司可為識辨繼任持有人的稅務居民身份而收集資料，即使他/她是某個並非「申報稅務管轄區」（定義於稅務條例第17E第1部）的地區的稅務居民。如於此提供的納稅居住國家/司法管轄區與本通知書提供之居住地址/郵遞地址/工作地址的國家/司法管轄區不同，請於以下部份（b）條提供解釋。

²If a TIN is unavailable, please provide the appropriate reason A, B or C where indicated below:

如未能提供稅務編號，請提供以下適合的原因A、B或C：

- Reason A - The country/jurisdiction where the Successor Owner is a tax resident does not issue TINs to its tax residents.
原因A - 繼任持有人為稅務居民的國家/司法管轄區不提供稅務編號予其稅務居民。
- Reason B - The Successor Owner is otherwise unable to obtain a TIN or equivalent number. Please explain why a TIN is unable to be obtained in the above table if this reason is selected.
原因B - 繼任持有人因其他原因未能獲得稅務編號或相等的編號。如選擇此原因，請於上表解釋為何未能獲得稅務編號。
- Reason C - No TIN is required. (Note: Only select this reason if the domestic law and authority of the relevant jurisdiction of tax residence does not require the collection and disclosure of the TIN issued by such jurisdiction).
原因C - 不需要稅務編號。（註：只有當相關納稅居住司法管轄區的國內法及主管機關並不需要該司法管轄區收集及披露稅務編號，才能選擇此原因）

- (b) Please provide explanation(s) if the country/jurisdiction of tax residence(s) so provided in the above table is/are different from the country/jurisdiction of residential address/ mailing address/ workplace address as provided in this request for change form:
如於上述列表的納稅居住國家/司法管轄區與本更改通知書提供之居住地址/郵遞地址/工作地址的國家/司法管轄區不同，請提供解釋：

PART V: Application for Life Insurance Proceeds Settlement Option 第五部份: 申請人壽保險金支付選擇

I, the Policyowner, would like to apply for the Life Insurance Proceeds Settlement Option to the above Policy. I agree that the Company should pay the Life Insurance Proceeds to the designated Beneficiary(ies) in the above Policy by way of one of the following options as indicated. 本人(保單持有人)現就上述保單申請人壽保險金支付選擇。本人同意貴公司按以下所指定之選擇發行人壽保險金予上述保單內指定之受益人。

| | | | | | |
|---|-----------------------------------|---|-----------------------------------|---|-----------------------------------|
| Name of Beneficiary 受益人姓名 | | Name of Beneficiary 受益人姓名 | | Name of Beneficiary 受益人姓名 | |
| H.K. ID card/Passport/ Business Registration No. 香港身份證/護照/商業登記證號碼 | | H.K. ID card/Passport/ Business Registration No. 香港身份證/護照/商業登記證號碼 | | H.K. ID card/Passport/ Business Registration No. 香港身份證/護照/商業登記證號碼 | |
| Relationship with Insured 與受保人關係 | | Relationship with Insured 與受保人關係 | | Relationship with Insured 與受保人關係 | |
| % of Life Insurance Proceeds 人壽保險金百分比 | | % of Life Insurance Proceeds 人壽保險金百分比 | | % of Life Insurance Proceeds 人壽保險金百分比 | |
| Choose option I or II 只可揀選I 或II : | | Choose option I or II 只可揀選I 或II : | | Choose option I or II 只可揀選I 或II : | |
| <input type="checkbox"/> I. Life Insurance Proceeds will be paid to Beneficiary 將人壽保險金付予受益人 | | <input type="checkbox"/> I. Life Insurance Proceeds will be paid to Beneficiary 將人壽保險金付予受益人 | | <input type="checkbox"/> I. Life Insurance Proceeds will be paid to Beneficiary 將人壽保險金付予受益人 | |
| By lump sum 一筆過形式 | By installments 分期形式 | By lump sum 一筆過形式 | By installments 分期形式 | By lump sum 一筆過形式 | By installments 分期形式 |
| _____ % | _____ % | _____ % | _____ % | _____ % | _____ % |
| Designated Date of the settlement | Designated Date of the settlement | Designated Date of the settlement | Designated Date of the settlement | Designated Date of the settlement | Designated Date of the settlement |
| _____ (dd/mm/yyyy) 日/月/年 | _____ (dd/mm/yyyy) 日/月/年 | _____ (dd/mm/yyyy) 日/月/年 | _____ (dd/mm/yyyy) 日/月/年 | _____ (dd/mm/yyyy) 日/月/年 | _____ (dd/mm/yyyy) 日/月/年 |
| Percentage total for lump sum and installments needs to be equal to 100%. 一筆過形式及分期形式的百分比總和須等於100%。 | | Percentage total for lump sum and installments needs to be equal to 100%. 一筆過形式及分期形式的百分比總和須等於100%。 | | Percentage total for lump sum and installments needs to be equal to 100%. 一筆過形式及分期形式的百分比總和須等於100%。 | |
| For receiving Life Insurance Proceeds by installments, please choose the below. 以分期形式支付人壽保險金, 請選擇下列選項。 | | For receiving Life Insurance Proceeds by installments, please choose the below. 以分期形式支付人壽保險金, 請選擇下列選項。 | | For receiving Life Insurance Proceeds by installments, please choose the below. 以分期形式支付人壽保險金, 請選擇下列選項。 | |
| Payment Mode 支付方式 <input type="checkbox"/> Annually 按年# <input type="checkbox"/> Monthly 按月## | | Payment Mode 支付方式 <input type="checkbox"/> Annually 按年# <input type="checkbox"/> Monthly 按月## | | Payment Mode 支付方式 <input type="checkbox"/> Annually 按年# <input type="checkbox"/> Monthly 按月## | |
| Payment Period (Year) 支付年期 (年) <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30 | | Payment Period (Year) 支付年期 (年) <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30 | | Payment Period (Year) 支付年期 (年) <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30 | |
| # Minimum Life Insurance Proceeds per Policy 每張保單的最低人壽保險金 USD美元120,000 | | # Minimum Life Insurance Proceeds per Policy 每張保單的最低人壽保險金 USD美元120,000 | | # Minimum Life Insurance Proceeds per Policy 每張保單的最低人壽保險金 USD美元120,000 | |
| ## Minimum Life Insurance Proceeds per Policy 每張保單的最低人壽保險金 10 payment years 10年支付年期 USD美元120,000 20 payment years 20年支付年期 USD美元240,000 30 payment years 30年支付年期 USD美元360,000 | | ## Minimum Life Insurance Proceeds per Policy 每張保單的最低人壽保險金 10 payment years 10年支付年期 USD美元120,000 20 payment years 20年支付年期 USD美元240,000 30 payment years 30年支付年期 USD美元360,000 | | ## Minimum Life Insurance Proceeds per Policy 每張保單的最低人壽保險金 10 payment years 10年支付年期 USD美元120,000 20 payment years 20年支付年期 USD美元240,000 30 payment years 30年支付年期 USD美元360,000 | |
| <input type="checkbox"/> II. Policy Continuation 保單延續 | | <input type="checkbox"/> II. Policy Continuation 保單延續 | | <input type="checkbox"/> II. Policy Continuation 保單延續 | |

Others (Please specify the details) 其他 (請詳細說明):

USE OF PERSONAL INFORMATION COLLECTION STATEMENT 使用個人資料收集聲明

I/WE UNDERSTAND AND CONSENT THAT, by signing the application, any personal data collected or held by Chubb Life Insurance Hong Kong Company Limited (the “Company”) is provided and may be used, processed, stored, disclosed, transferred by the Company to (a) any branch, subsidiary, holding company, associated company or affiliates of the Company (“Group Companies”); (b) any agents, insurance intermediaries, third party providers or administrators such as medical and healthcare providers, hospitals, in connection with the distribution of the Company’s products and services, placement or handling of my/our insurance policy(ies) and any related claims and/or services; (c) any agents, contractors, advisors or third party service providers providing accounting, finance, legal, payment, data processing and storage, administration, telecommunications, mailing, printing, computer, technology, security, analytics, research, funds management, regulatory screenings, customer services, call centre services, and/or other services in connection with the Company’s operations; (d) reinsurers, claims investigators, loss adjudicators, medical advisors, recovery agents, credit reference agencies, debt collection agencies, law enforcing bodies and police, insurance industry associations and federations and organizations that consolidate underwriting and claims information for the insurance industry, fraud prevention/detection agencies, and databases or registers (and their operators) used by the insurance industry to analyze and check information provided against existing information; and (e) government or judicial or competent regulatory bodies or any person to whom the Company is under legal and/or regulatory obligations to make disclosure, in each case whether within or outside of Hong Kong to (i) evaluate or process this application and any future insurance application for the insurance policy; (ii) administer and process my/our insurance policy(ies), payment instructions and premium collection; (iii) perform medical, security and underwriting checks; (iv) assess insurance claims and process payments; (v) provide insurance products and related services; (vi) with my/our consent, to promote and directly market to me/us: (a) the insurance products and services of the Company; (b) mandatory provident fund-related products/services sponsored by the third party providers connected with the Company; (c) insurance, financial or investment related products/services, rewards, loyalty, co-branding and/or other privileges programs offered by the Company, the Company’s affiliates, the Company’s co-branding partners or the Company’s business partners; (vii) perform data matching and communicate with me/us and/or another person in connection with my/our application or insurance policy(ies), which may include but is not limited to my/our dependents, the insured, the beneficiaries, my/our authorized representatives and any other individuals whom I/we have provided personal data of for such purposes; (viii) cooperate with law enforcement bodies for law enforcement purposes, to prevent any serious threat to public safety; for police investigation purposes; or to comply with laws, rules, regulations, codes of practice, guidelines, or requirements imposed by or agreed with government or regulatory bodies or for litigation; (ix) apply registration of activities organized and/or sponsored by the Company; (x) enable industry associations, federations, government or regulatory bodies to carry out their functions and requirements that may be assigned to them from time to time as are reasonably required and in the interests of the insurance industry; (xi) conduct research, surveys, data analytics and statistics, administration, communications, computer, security and other services (including medical services, mailing and IT services) in connection with the usual operations of the Company as a life insurance company; and (xii) for any other purpose directly relating to any of the above. Moreover, the Company is hereby authorized to obtain access to and/or to verify any of my/our data with the information collected by the insurance industry associations, the federations, the government and regulatory bodies and medical personnel or organizations. I/We am/are obliged to supply the information required from me/us under this application which is a condition precedent for this application. Failure to supply the required information may result in the Company being unable to process this application. I/We understand that I/We have the right to obtain access to and to request correction of any personal data held by the Company or be given reasons for any refusal of access or correction. I/We also understand that a reasonable fee may be charged by the Company for processing of any access. Any questions regarding personal data, access to or correction of personal data should be made in writing and forwarded to The Data Protection Officer, Chubb Life Insurance Hong Kong Limited at 35/F, Chubb Tower, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong.

就簽署此申請書，本人/吾等明白及同意安達人壽保險香港有限公司（「貴公司」）可以使用、處理、儲存、透露、轉移任何貴公司所收集或持有任何本人/吾等的個人資料到（a）貴公司的任何分行、附屬公司、控股公司、聯營公司或聯繫公司（「集團公司」）；（b）就貴公司的產品和服務分銷、安排或處理本人/吾等的保單及任何相關索償及/或服務有關的任何代理、保險中介人、第三方供應商或管理人員，例如醫療及保健供應商和醫院；（c）任何代理、承包商、顧問或第三方服務供應商，以提供會計、財務、法務、付款、資料處理及儲存、行政、電訊、郵寄、印刷、電腦、資訊科技、安全、分析、研究、基金管理、法規審查、客戶服務、電話中心服務及/或與貴公司的營運相關的其他服務；（d）再保險公司、理賠調查公司、理賠調查員、醫療顧問、索償代理、信貸資料機構、債務追收公司、執法團體及警方、保險行業協會及聯會、為保險業整合承保及索償資料的機構、防止/偵測欺詐機構，以及保險業用作分析和基於現有資料核對所提供資料的數據庫或登記處（及其運營人）；及（e）貴公司有法律及/或監管義務向其作出披露的政府或司法或主管監管機構或任何人士，不論在香港境內或境外，以（i）評估或處理此申請及本人/吾等將來提交之保險申請及索償；（ii）管理和處理本人/吾等的保單、付款指示及保費收取；（iii）進行任何醫療、保安及核保檢查；（iv）評估保險索償及處理付款事宜；（v）提供保險產品及有關服務；（vi）在本人/吾等的同意下，向本人/吾等推廣及直接促銷（a）貴公司的保險產品/服務；（b）與貴公司有關聯之第三者供應商所提供的強制性公積金相關產品/服務；（c）由貴公司、貴公司的聯繫公司、貴公司的聯合品牌夥伴或貴公司的商業合作夥伴提供的保險、金融或投資相關產品/服務、獎賞、年資獎勵、聯合品牌及/或其他優惠計劃；（vii）進行資料核對，及因此用途與本人/吾及/或與本人/吾的申請或保單有關的其他人士，這可能包括但不限於本人/吾的受養人、受保人、受益人、本人/吾的獲授權代表以及本人/吾為其提供個人資料的任何其他人士聯絡；（viii）協助執法團體執法，以防止任何嚴重威脅公眾安全的事宜；作警察進行調查用途；或遵守政府或監管機構施加或協議的法律、規則、規例、實務守則、指引或規定；或訴訟；（ix）申請登記參加貴公司舉辦及/或贊助的活動；（x）讓保險行業協會及聯會、政府或監管機構執行其經不時修定及為合理要求以維護其及保險行業利益的功能及規定；（xi）進行與貴公司作為人壽保險公司的日常運營有關的研究、調查、數據分析和統計、行政、通訊、電腦、安全和其他服務（包括醫療服務、郵寄和資訊科技服務）；及（xii）用於與上述任何一項直接相關的任何其他目的。此外，貴公司獲授權向保險行業協會及聯會、政府及監管機構、及醫務人員或機構取閱及/或核實任何該等機構向本人/吾等收集之資料。本人/吾等有責任提供此申請書上之所需資料，以作為此申請之先決條件。如未能提供所需的資料，可能會導致貴公司無法處理此申請。本人/吾等明白本人/吾等有權取閱及要求更正任何貴公司持有之有關本人/吾等的任何個人資料，或被給予拒絕查閱或更正的理由。本人/吾等亦明白貴公司可能會收取任何查閱資料的要求之合理費用。如欲查詢有關個人資料事宜，查閱或更正個人資料必須以書面形式向貴公司的資料保護主任提出，並送交至香港銅鑼灣告士打道三一一號皇室大廈安達人壽大樓三十五樓。

IMPORTANT NOTICE

重要提示

1. In compliance with the legal and regulatory requirements with respect to the prevention of money laundering and terrorist financing, Chubb Life Insurance Hong Kong Company Limited (the “Company”) requires reviewing the customer identity information of the Policyowner, Successor Owner and/or Beneficial Owner (“you”) to ensure they are up-to-date and relevant. For any change of customer identity information provided previously, you are required to provide i) the up-to-dated identity information by completing the relevant request form for policy change; and ii) the relevant identification documents proof for the purpose of identification, verification and record keeping.
根據相關法律及監管機構就防止洗錢及恐怖分子資金籌集活動的規定，安達人壽保險香港有限公司（「本公司」）必須不時覆核保單持有人、繼任持有人及 / 或實益擁有人（「您」）以確保其身份資料反映最新現況及仍屬相關的。如任何身份資料與之前提供的資料有所不同，您必須提供i) 相關的更改保單事項通知書以更新最新的身份資料；及 ii) 有關的身份證明文件以作識別、驗證及存檔之用。
2. In compliance with the legal and regulatory requirements with respect to U.S. Foreign Account Tax Compliance Act (FATCA) and Automatic Exchange of Financial Account Information (AEOI), the Company requires you to provide certain information (including but not limited to place of birth, address, telephone number, citizenship, residency and Taxpayer Identification Number (TIN) etc) by completing the relevant request form for policy change of the Company and other relevant form where it is applicable if you have any change on the tax residence.
根據相關法律及監管機構就美國海外賬戶稅收合規法案及自動交換財務帳戶資料，如您更改稅務居民身份，本公司會要求您填寫相關的更改保單事項通知書以提供相關資料（包括但不限於出生地、住址、電話號碼、公民身份、居籍及稅務編號等等）及其他適用的相關表格。

COLLECTION OF LEVY BY THE INSURANCE AUTHORITY

保險業監管局收取的保費徵費

Pursuant to the Insurance (Levy) Regulation, with effect from 1 January 2018, the Policyowner under a contract of insurance issued by an authorized insurer must, each time a premium is paid, also pay to the insurer a prescribed levy for the premium. The Insurance Authority may impose on the Policyowner a pecuniary penalty if such Policyowner fails to pay the prescribed levy.

按照《保險業(徵費)規例》，由2018年1月1日起，獲授權保險公司發出的保險合約下的保單持有人，須在每次繳付保費時，亦就該筆保費向該保險公司繳付訂明徵費。否則，保險業監管局可向沒有按規定繳付訂明徵費的保單持有人施加罰款。

REMARKS FOR PART IV

第四部份的備註

- A** If you confirm that you are an US citizen or a resident in the US for tax purpose or your citizenship, residency or nationality is US, please provide a signed Form W-9 “Request for Taxpayer Identification Number and Certification” (“Form W-9”).
如您確認為美國公民，或是有美國繳稅義務之美國居民；或確認您的公民身份、居籍或國籍為美國，請提交已簽署的W-9表格。
- B** If you confirm that your place of birth, address or telephone number is in US, please provide (1) a signed Form W-8BEN “Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)”; (2) a valid government issued identification document evidencing the non-US citizenship; and (3) a copy of Certificate of Loss of Nationality of the United States or a valid government issued certificate of residence evidencing non-US residency.
如您確認您的出生地為美國，或擁有美國地址或電話號碼，請提交（1）已簽署的W-8BEN表格；（2）由政府發出的有效身份證明文件以茲證明您非美國公民；及（3）放棄美國國籍證明書之副本或由政府發出的有效居住證明文件副本以茲證明您的居籍非為美國。
- C** This information provided (if any) shall form part of Section I “Self-certification for Tax Residency”. You are required to complete “Self-certification for Tax Residency” if answer(s) in Section C for tax residency is/are “Hong Kong” and/or “Others”.
這些資料會構成第九部份—「稅務居民身份自我證明」的一部份。如果第三部份有關稅務居民的答案包括「香港」及/或「其他」，您必須完成「稅務居民身份自我證明」。
- D** PEP includes:
政治人物被界定為：
(a) an individual who is or has been entrusted with a prominent function by an international organization:
在國際組織擔任或曾擔任重要職位的個人：
(i) includes members of senior management, i.e. directors, deputy directors and members of the board or equivalent functions;
並包括高級管理層成員，即董事、副董事及董事會成員或同等職能；
(ii) but does not include a middle-ranking or more junior official of the international organization;
但不包括國際組織的中級或更低級人；
(b) a spouse, a partner, a child or a parent of an individual falling within paragraph (a) above, or a spouse or a partner of a child of such an individual; or
上文（a）段所指的個人的配偶、伴侶、子女或父母，或該名個人的子女的配偶或伴侶；或
(c) a close associate of an individual falling within paragraph (a) above.
與上文（a）段所指的個人關係密切的人。
- E** Beneficial Owner refers to a person who ultimately owns or controls, directly or indirectly, a policyowner on whose behalf a transaction is being conducted. It also includes those persons who exercise ultimate effective control over a legal person or arrangement.
實益擁有人指保單持有人的擁有人/控權人，即最終擁有或控制一名保單持有人的個人或代其進行交易的人。此外，這詞也包括對某名法人或某項安排行使最終有效控制權的人士。

NOTES FOR COMPLETING PART IV

填寫第四部份的須知

The Inland Revenue Ordinance (Cap. 112 of the Laws of Hong Kong) (“IRO”) requires and authorizes the Company to collect and/or report certain information about the policyowner’s tax residence and the policy information for the purpose of automatic exchange of financial account information. Section III, V and VIII are intended to request and collect information consistent with the law requirements in Hong Kong. **As a financial institution, the Company is not allowed to give tax advice.** If policyowner has any questions on policyowner’s tax residence status and/or in answering Section III, V and VIII, please seek advice from independent tax adviser.

《稅務條例》（香港法律第112章）要求及授權本公司為自動交換財務帳戶資料，可收集及/或報告若干關於保單持有人納稅居住地的資料及保單資料。第III、V及VIII部份旨在要求及收集與香港法例要求一致的資料。**作為一間財務機構，本公司不得提供稅務意見。**如保單持有人對保單持有人的納稅居住地狀況及/或回答第III、V及VIII部份有任何問題，請向獨立稅務顧問徵詢意見。

Each jurisdiction has its own rules for defining tax residence, and jurisdictions have provided information on how to determine if policyowner is a tax resident in the jurisdiction. In general, policyowner will find that tax residence is the country/jurisdiction in which policyowner resides. Special circumstances may cause policyowner to be a tax resident elsewhere or a tax resident in more than one country/jurisdiction at the same time. For more information on tax residence, please consult a tax adviser or find the information at the Automatic Exchange of Information (“AEOI”) portal of the Organisation for Economic Co-operation and Development (“OECD”). Policyowner’s domestic tax authority may provide guidance regarding how to determine the tax status. 每個司法管轄區均按其本身的規則釐定納稅居住地的定義，及司法管轄區已提供了關於如何決定保單持有人是否該司法管轄區的稅務居民的資料。一般而言，保單持有人會發現納稅居住地為保單持有人居住的國家/司法管轄區。若干特別情況可能會導致保單持有人成為其他地方的稅務居民，或同時成為超過一個國家/司法管轄區的稅務居民。有關納稅居住地的更多資訊，請諮詢稅務顧問或尋找經濟合作暨發展組織資訊自動交換網站的資料。保單持有人的本地稅務機關或能提供指引如何決定稅務狀況。

If policyowner’s tax residence is located outside Hong Kong, the Company may be legally obliged to pass on the information in this form and other required information with respect to the policyowner’s Policy to the Inland Revenue Department of Hong Kong (“IRD”) and they may exchange this information with tax authorities of another jurisdiction or jurisdictions in which the policyowner may be tax resident pursuant to intergovernmental agreements to exchange relevant account/policy information.

如果保單持有人的納稅居住地是於香港以外，本公司在法律上可能有責任把此表格內的資料或其他關於保單持有人的保單要求的資料轉交於香港稅務局，及他們可能根據政府之間交換相關戶口/保單資料的協定與其他可能為保單持有人所屬稅務居民的司法管轄區交換資料。

Kindly note that the information so provided under Section III, V and VIII serve as policyowner’s self-certification and will remain valid unless there is a change in circumstances relating to information, such as policyowner’s tax residence status or other mandatory field information, that makes the information incorrect or incomplete. In that case, policyowner must notify the Company and provide an updated self-certification. 請注意於第III、V及VIII部份提供的資料視為保單持有人的自我證明並將一直有效，直至出現資料（如保單持有人稅務居住狀況或其他必須填寫的欄目資料）變動而導致資料失實或不完整。在這種情況下，保單持有人必須通知本公司及提供最新的自我證明。

If there is any discrepancy or contradictory information are found during application/ due diligence process of the Company, the Company may clarify with policyowner and policyowner may be requested to provide an updated self-certification or provide explanation on the discrepancy if necessary. Failing to provide an updated self-certification or explanation to the Company, the Company may be required by law to provide the information in this Form and the other required information to the IRD.

於申請或本公司盡職審查時，如發現有差異或矛盾的資料，本公司可能會與保單持有人澄清，當有需要時，保單持有人或會被要求提供最新的自我證明或提供差異的解釋。未能提供最新的自我證明或解釋，本公司可因應法例要求下提供本表格中的資料及其他所需資料予香港稅務局。

FATCA Declaration and Authorization

海外帳戶稅收合規法案聲明

By signing this form, I/We, the policyowner(s), declare that I/We understand and agree that:-

就簽署此申請書，本人/吾等作為保單持有人，現聲明本人/吾等明白和同意：—

(1) Chubb Life Insurance Hong Kong Limited (the “Company”) is obliged to comply with the laws, regulations or orders (the “Requirements”) of local and/or foreign regulatory, tax, legislative, or judicial authorities, including but not limited to, the Inland Revenue Department of Hong Kong and the Internal Revenue Service of the United States of America (the “Authorities” and each an “Authority”) as promulgated and amended from time to time;

安達人壽保險香港有限公司（「貴公司」）有責任遵從本地及/或外國的監管，稅務，立法或司法機構，包括但不限於香港稅務局及美國稅務局（以下簡稱「官方機構」）所頒布及不時修訂的法例，條例或指令（「規定」）；

(2) From time to time during the term of the Policy, the Company will:-

在本保單期間，貴公司將不時：—

(i) request the Policyowner, the Beneficiary, the Successor Owner and/or the Beneficial Owner of the Policy to provide his/her personal data, information and supporting documents and to complete additional forms; and

要求保單持有人、受益人、繼任持有人及/或實益擁有人提供其個人資料，保單資料及其他證明文件並填寫額外的表格；及

(ii) to comply with the Requirements, report and/or disclose to the applicable Authorities information regarding the Policyowner, the Beneficiary, the Successor Owner and/or the Beneficial Owner of the Policy, Policy information and/or additional information (collectively the “Information”) including, but not limited to, the Internal Revenue Service of the United States and the Inland Revenue Department of Hong Kong.

向有關官方機構，包括但不限於美國稅務局及香港稅務局，報告及/或披露保單持有人、受益人、繼任持有人及/或實益擁有人的資料，保單資料及其他額外資料（統稱「資料」）以遵從規定。

(3) I/We will immediately update the Company if any change of the Information and complete additional forms and provide additional information and documents at the Company request in support of the change;

若本人/吾的資料出現任何變動，本人/吾會立即通知貴公司，並且按照貴公司之要求填寫額外的表格，及提供額外資料和文件，以證明該項變更；

(4) Where there is a change in the Policyowner, the Beneficiary, the Successor Owner and/or the Beneficial Owner of the Policy, I/We will immediately provide to the Company the information and supporting documentation for the new Policyowner, Beneficiary, Successor Owner and/or Beneficial Owner;

若保單持有人、受益人、繼任持有人及/或實益擁有人發生改變，本人/吾會立即向貴公司提供新的保單持有人、受益人、繼任持有人及/或實益擁有人的資料及其相關文件；

(5) I/We consent to the Company’s deducting and withholding the tax as required to withhold under the Requirements from payments made to or from the Policy account and remitting this to the Internal Revenue Service of the United States of America (“IRS”) to comply with the Requirements; and

本人/吾同意貴公司可就向本保單帳戶支付或收取的款項中扣除並預扣貴公司根據規定下必須預扣的美國稅項（預扣稅），並將該預扣稅上繳美國稅務局以履行規定；及

(6) Where I/We have an obligation under the Policy with respect to information relating to the Beneficiary, Successor Owner and/or Beneficial Owner, I/We will use my best endeavours to procure that they will comply with that obligation with regard to their information including providing to the Company directly that information and supporting documentation and giving the Company their consent to the disclosure and transfer of that information and supporting documentation to the Authorities and deducting and withholding the tax as required to withhold under the Requirements and remitting this to the IRS. I/We further agree that the Company may contact the Beneficiary, Successor Owner and/or Beneficial Owner directly for these purposes.

本人/吾在本保單下對受益人、繼任持有人及/或實益擁有人的資料須負有義務時，本人/吾將盡最大努力使他們就其資料遵守相同的義務，包括直接向貴公司提供其資料和相關文件，並向貴公司給予他們的同意，以向官方機構披露及轉移他們的資料，以及按規定扣除和持有其預扣稅並上繳美國稅務局。本人/吾亦同意貴公司可為此直接聯絡受益人、繼任持有人及/或實益擁有人。

CRS Declaration 共同匯報標準聲明

By signing this Form, I/We, the policyowner(s) undersigned declare that I/We understand and agree that:-
本人/吾等作為保單持有人，現聲明本人/吾等明白和同意:-

- (1) Chubb Life Insurance Hong Kong Limited (the “Company”) is obliged to comply with the laws, regulations or orders (the “Requirements”) of local regulatory, tax, legislative authorities, including but not limited to the Inland Revenue Department of Hong Kong (the “Authorities” and each an “Authority”) as promulgated and amended from time to time;
安達人壽保險香港有限公司（「貴公司」）有責任遵從本地的監管、稅務、立法或司法機構，包括但不限於香港稅務局（以下簡稱「官方機構」）所頒布及不時修訂的法例、條例或指令（「規定」）；
- (2) I/We have read and understood the Notes for Completion;
本人/吾等已詳閱及了解填寫須知；
- (3) I/We acknowledge that from time to time during the term of the Policy, the Company will:- (i) request the Policyowner(s), the Beneficiary, the Successor Owner and/or the Beneficial Owner of the Policy to provide his/her personal data, information and supporting documents and to complete additional forms; and (ii) to comply with the Requirements, report and/or disclose to the Inland Revenue Department of Hong Kong (“IRD”) information regarding the Policyowner(s), the Beneficiary, the Successor Owner and/or the Beneficial Owner of the Policy, Policy information and/or additional information (collectively the “Information”);
本人/吾等明白和同意在本保單期間不時：- (i) 要求保單持有人、受益人、繼任持有人及/或實益擁有人提供其個人資料、保單資料及其他證明文件並填寫額外的表格；及 (ii) 向香港稅務局報告及/或披露保單持有人、受益人、繼任持有人及/或實益擁有人之資料、保單資料及/或其他額外資料（統稱「資料」）以遵從規定；
- (4) I/We will immediately update the Company of any change in circumstances which affect my/our tax residence status as certified in “Self-Certification for Tax Residency” in this Form or cause the information contained herein to become incorrect or incomplete, complete and provide additional information and documents including a suitably updated self-certification within 30 days of such change in circumstances in support of the change;
若發生任何影響本人/吾等於本申請表「稅務居民身份自我證明」所證明本人/吾等之稅務居民狀況或造成本表格所含資料不準確或不完整的改變，本人/吾等會於此改變後的三十天內立即通知貴公司，完成及提供額外資料和文件，包括適當而更新的自我證明以證實此改變；
- (5) Where there is a change in the Policyowner(s), the Beneficiary, the Successor Owner and/or the Beneficial Owner of the Policy during the term of the Policy, I/We will immediately provide to the Company the information and supporting documentation for the new Policyowner(s), Beneficiary, Successor Owner and/or Beneficial Owner;
若在保單生效期間，保單的保單持有人、受益人、繼任持有人及/或實益擁有人發生改變，本人/吾等會立即向貴公司提供新的保單持有人、受益人、繼任持有人及/或實益擁有人之資料及其相關文件；
- (6) Where I/We have an obligation under the Policy with respect to information relating to the Beneficiary, Successor Owner and/or Beneficial Owner, I/We will use my/our best endeavours to procure that they will comply with that obligation with regard to their information including providing to the Company directly that information and supporting documentation and giving the Company their consent to the disclosure and transfer of that information and supporting documentation to IRD. I/We further agree that the Company may contact the Beneficiary, Successor Owner and/or Beneficial Owner directly for these purposes;
本人/吾等在本保單下對受益人、繼任持有人及/或實益擁有人之資料須負有義務時，本人/吾等將盡最大努力使他們就其資料遵守相同的義務，包括直接向貴公司提供其資料和相關文件，並向貴公司給予他們的同意，以向香港稅務局披露及轉移他們的資料，本人/吾等亦同意貴公司可為此直接聯絡受益人、繼任持有人及/或實益擁有人；
- (7) I/We acknowledge that the information furnished and contained in this form regarding the identification, jurisdictions of residence and tax identification number of me/us and any reportable Policy may be provided to IRD for exchange to the tax authorities of another country/ jurisdiction or countries/ jurisdictions in which I/we may be tax resident pursuant to intergovernmental agreements to exchange financial account information;
本人/吾等確認，本表格提供及包含關於本人/吾等識別、納稅居住地及稅務編號的資料和須申報保單，可能會根據交換財務帳戶資訊的政府間協議，傳送給香港稅務局及與另一個國家/司法管轄區的稅務機關或本人/吾等可能為稅務居民的國家/司法管轄區交換；
- (8) I/We declare that all statements made in this declaration are, to the best of my knowledge and belief, true, correct and complete.
本人/吾等聲明，據本人/吾等所知所信，本聲明內的所有陳述真實、準確及完整。

Consent to disclose information to third party 同意向第三方披露資料

I/WE, the policyowner(s) further understand and consent that:
本人/吾等作為保單持有人，現聲明本人/吾明白及同意：

- (1) Any Information, Policy information and governmental/official documents and forms received from me/us containing my/our personal data collected under the Policy by the Company are provided and may be used, processed, stored, disclosed, transferred by the Company to the companies within the group of which the Company is a subsidiary (the “Group Companies”) and/or to any of the tax authorities for the compliance of the Requirements;
貴公司使用、處理、儲存、披露、轉移貴公司向本人/吾等收取之任何資料、保單資料及任何包含本人/吾等的個人資料的政府/官方文件及表格予貴公司隸屬同一集團之其他公司（「集團公司」）及/或任何稅務機構以遵從規定；
- (2) I/We am/are obliged to supply update, accurate and complete information and documentation as required under this declaration and this is a condition precedent for me/us to apply the Policy/request for change thereof.
根據此聲明的要求下，本人/吾等有責任提供最新、準確及完整的資料及文件，以作為該保單申請/更改要求之先決條件。

WARNING: 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. A person who commits the offence is liable on conviction to a fine at level 3 (i.e. \$10,000).

警告：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。一經定罪，可處第3級（即\$10,000）罰款。

USE of PERSONAL INFORMATION FOR DIRECT MARKETING PURPOSES STATEMENT

使用個人資料於直接營銷用途之聲明

In respect of use of your personal data for direct marketing purposes, Chubb Life Insurance Hong Kong Company Limited (the "Company") may, with your prescribed consent:

就使用閣下的個人資料作直接營銷用途而言，在閣下訂明的同意下，安達人壽保險香港有限公司（「本公司」）可能：

1. use your name, contact details and policy details ("Relevant Data") for direct marketing of the following classes of products and services that the Company, any branch, subsidiary, holding company, associated company or affiliates of the Company ("Group Companies"), our co-branding partners or our business partners may offer:

使用閣下的姓名、聯絡資料及保單資料（「有關資料」），作直接營銷本公司、本公司的任何分行、附屬公司、控股公司、聯營公司或聯繫公司（「集團公司」）、我們的聯合品牌夥伴或我們的商業合作夥伴可能提供的以下類別產品及服務；

(i) insurance, financial or investment related products/services.

保險、金融或投資相關產品/服務。

(ii) rewards, loyalty, co-branding and/or other privileges programs related to health, wellness, medical, entertainment, media, social networking, recruitment, education, training, sport activities, travel, transportation, hospitality, household, food and beverages, telecommunications, charitable and non-profit making purposes.

獎賞、年資獎勵、聯合品牌及/或其他優惠計劃：有關健康、保健、醫療、娛樂、媒體、社交網絡、招募、教育、訓練、體育活動、旅遊、交通、酒店、家居、餐飲、電訊、慈善及非牟利用途。

2. provide your Relevant Data to any agents, contractors, or insurance intermediaries, for the purpose of carrying out direct marketing of the above classes of products or services on behalf of the Company;

向任何代理、承包商或保險中介人提供閣下的有關資料，以代表本公司就上述類別的產品或服務作直接營銷用途；

3. provide your Relevant Data to third party providers connected with us for their direct marketing of their mandatory provident fund-related products and services; and

向與本公司有關聯之第三方供應商提供閣下的有關資料，作直接營銷其強制性公積金相關產品及服務用途；及

4. for gain, provide your Relevant Data to any third party providers or companies (within or outside our Group Companies) for their direct marketing of any of the classes of products or services as described under paragraph 1 above.

為了獲利，向任何第三方供應商或公司（在我們的集團公司範圍內或外）提供閣下的有關資料，作其直接營銷以上第 1 段所述的任何類別的產品或服務用途。

The Company may only use your Relevant Data or disclose the same to the above specified transferees for direct marketing purposes with your written consent. Should you find such use of your Relevant Data not acceptable, please indicate your objection by selecting the opt-out box(es) below.

只有經閣下的書面同意，本公司才能夠使用或披露閣下的相關個人資料予上述指定的承轉人和任何其他第三方作直接營銷用途。如果閣下不接受對閣下的有關資料的該使用，請剔選以下退出空格表示反對。

I do not want the Company to use my Relevant Data for direct marketing purposes.

我不希望貴公司將我的有關資料用於直接營銷用途。

I do not want the Company to share my Relevant Data with third party product/service providers (within or outside Group Companies) for direct marketing purposes.

我不希望貴公司與第三方產品/服務供應商（在集團公司範圍內或外）分享我的有關資料以用於直接營銷用途。

If you have consented to direct marketing but later decide that you no longer wish to receive direct marketing, you may exercise the right to opt-out at any time by writing to: The Data Protection Officer of Chubb Life Insurance Hong Kong Limited at 35/F, Chubb Tower, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong.

如果閣下已同意直接營銷，但其後決定不再希望接受直接營銷，閣下可以隨時行使選擇退出的權利，並以書面形式向安達人壽保險香港有限公司的資料保護主任提出，並送交至香港銅鑼灣告士打道三一號皇室大廈安達人壽大樓三十五樓。

SUCCESSOR OWNER'S DECLARATION

繼任持有人聲明

I/WE HEREBY DECLARE AND AGREE THAT 本人 / 吾等謹此聲明及同意：

1. Subject to the terms and conditions of the policy document, the above request(s) for change in policy will not take effect unless all of the following conditions are met: (i) Any required payment and documents are submitted in full. (ii) The request is approved by Chubb Life Insurance Hong Kong Limited (hereinafter called "the Company") during the lifetime and continued insurability of the Insured. 2. The request(s) for change in policy and evidence of insurability of the Insured (if applicable) shall be the basis for change in the Policy and will form part of the Policy unless otherwise specified. 3. All statements and answers to all questions whether or not written by my/our own hands are to the best of my/our knowledge and belief complete and true. 4. I/We have read and understood (a) the use of personal information collection statement of the Company and (b) the use of personal information for direct marketing purposes statement of the Company. 5. I/We have read and understood the above declarations in Section D as applicable to me/us.

1. 在符合保單文件條款和條件的前提下，上述之保單更改申請必須符合下列所有條件方能生效：(i) 所有付款和文件皆全數並完整無缺遞交。(ii) 申請在受保人在生時及持續受保期間，經安達人壽保險香港有限公司（以下簡稱「貴公司」）批准。2. 此保單更改申請及受保人的可保證據（如適用）將成為保單更改之根據，並將構成保單的一部分（惟另有註明則除外）。3. 上述一切陳述，不論是否本人 / 吾親手所寫，就本人 / 吾所知所信，均為事實之全部並確實無訛。4. 本人 / 吾已細閱及明白貴公司的（a）個人資料收集聲明及（b）使用個人資料於直接營銷用途之聲明。5. 本人 / 吾已細閱及明白上述D部分適用於本人 / 吾的聲明。

NOTE 注意:

Please do not sign on BLANK Form

請勿在空白表格上簽署

Signature specimen must be consistent with that as in your policy record, and please submit the form within 14 days after signing

簽署式樣需與保單紀錄相符，並請於簽署後14天內提交表格

Signature of Successor Owner

繼任持有人簽署

Name of Successor Owner

繼任持有人姓名

Sign Date (dd/mm/yyyy)

簽署日期（日/月/年）

AGENT/INTERMEDIARY ACKNOWLEDGEMENT**保險代理/中介人確認**

For the application of the Successor Owner, I/We have verified the original HKID card/passport/business registration of the Successor Owner and confirmed the identity details in the HKID card/passport to be matched with the identity of the Successor Owner in this request form. I/We will provide the required information and copies of the documents obtained in the course of carrying out customer due diligence to the Company without delay.

適用於申請繼任持有人：我/我們已驗證繼任持有人的香港身份證/護照的正本並已確認香港身份證/護照的身份資料是與此更改申請書上的繼任持有人的身份相符。我/我們會盡快把執行盡職審查過程中取得的所需資料及文件副本提交公司。

Name of Agent/Intermediary
保險代理/中介人姓名

Agent's/ Intermediary's Code
保險代理/中介人代號

Agency
組別

Signature of Agent/ Intermediary
保險代理/中介人簽署

Sign Date (dd/mm/yyyy)
簽署日期 (日/月/年)

POLICYOWNER'S DECLARATION**保單持有人聲明**

I/WE HEREBY DECLARE AND AGREE THAT 本人 / 吾等謹此聲明及同意：

1. Subject to the terms and conditions of the policy document, the above request(s) for change in policy will not take effect unless all of the following conditions are met: (i) Any required payment and documents are submitted in full. (ii) The request is approved by Chubb Life Insurance Hong Kong Limited (hereinafter called "the Company") during the lifetime and continued insurability of the Insured. 2. The request(s) for change in policy and evidence of insurability of the Insured (if applicable) shall be the basis for change in the Policy and will form part of the Policy unless otherwise specified. 3. All statements and answers to all questions whether or not written by my/our own hands are to the best of my/our knowledge and belief complete and true. 4. I/We have read and understood the use of personal information collection statement of the Company. 5. I/We have read and understood the above declarations in Section D as applicable to me/us.

1. 在符合保單文件條款和條件的前提下，上述之保單更改申請必須符合下列所有條件方能生效：(i) 所有付款和文件皆全數並完整無缺遞交。(ii) 申請在受保人在生時及持續受保期間，經安達人壽保險香港有限公司（以下簡稱「貴公司」）批准。2. 此保單更改申請及受保人的可保證據（如適用）將成為保單更改之根據，並將構成保單的一部分（惟另有註明則除外）。3. 上述一切陳述，不論是否本人 / 吾親手所寫，就本人 / 吾所知所信，均為事實之全部並確實無訛。4. 本人 / 吾已細閱及明白貴公司的個人資料收集聲明。5. 本人 / 吾已細閱及明白上述D部分適用於本人 / 吾的聲明。

NOTE 注意:

Please do not sign on BLANK Form

請勿在空白表格上簽署

Signature specimen must be consistent with that as in your policy record, and please submit the form within 14 days after signing

簽署式樣需與保單紀錄相符，並請於簽署後14天內提交表格

Signature of Policyowner
保單持有人簽署

Sign Date (dd/mm/yyyy)
簽署日期 (日/月/年)