

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

安達傳承守創儲蓄保障計劃V-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 跟進文件

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
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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。
- ☐ Request for/Cancel Split Policy instruction, please complete PART II. 申請/取消分拆保單指示，請填寫第二部份。
- ☐ Request for/Cancel Standby Regular Withdrawal Instruction, please complete PART III. 申請/取消備用定期提取指示，請填寫第三部份。
- ☐ Request for/Cancel Designation of Successor Owner, please complete PART IV. 申請/取消指定繼任持有人，請填寫第四部份。
- ☐ Request for/Cancel Designation of Successor Insured, please complete PART V. 申請/取消指定繼任受保人，請填寫第五部份。
- ☐ Application for/Cancel Life Insurance Proceeds Settlement Option, please complete PART VI. 申請/取消人壽保險金支付選擇，請填寫第六部份。

Important Note 重要事項:

When exercising the above change request or instruction, Chubb Life Insurance Hong Kong Limited ('The Company') reserves the right to reject it in accordance with our prevailing underwriting guidelines and administrative rules.

當執行上述申請或指示時，安達人壽保險香港有限公司（「本公司」）保留根據當時適用的核保規定及行政指引拒絕執行之權利。

PART I: Request for Cash Withdrawal 第一部份: 申請現金提取**Type of Cash Withdrawal 現金提取類別**

(Available on or after the 3rd Policy Anniversary 只適用於由第3個保單週年日或以後)

☐ One-off Cash Withdrawal amount (USD) 一次性現金提取金額(美元): _____☐ Please choose this item if request to pay for your Cash Withdrawal by way of partial surrender.

如欲透過部份退保支付閣下現金提取的金額，請選擇此項目。

*If request payout currency other than HKD/ USD, please select payout currency in (C) Telegraph Transfer section and complete the telegraphy transfer information.

*如欲以港幣/美金以外之貨幣付款，請在(C) 電匯部份選擇支付貨幣及填妥匯款資料。

☐ Annual Cash Withdrawal amount (USD) 每年現金提取金額 (美元): _____

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

Start from Anniversary Date (mm/yyyy): ____/____/____ AND End on Anniversary Date (mm/yyyy): ____/____/____
開始之保單周年日(月/年) 及 完結之保單周年日(月/年)

* If the Start Date/ End Date is/are not an Anniversary Date, the annual Cash Withdrawal will begin/ end on the Anniversary Date following the Start Date/ End Date.

* 如開始日期/ 完結日期不是保單周年日，每年現金提取指示將由開始日期/ 完結日期後之保單周年日開始/ 結束執行。

☐ Please choose this item if request to pay for your Cash Withdrawal by way of partial surrender.

如欲透過部份退保支付閣下現金提取的金額，請選擇此項目。

Payment Instruction 付款方式 (Choose one option only 只可揀選一個選擇):

☐ **(A) Transfer to Designated Bank Account / Payment by Cheque 轉至指定戶口或以支票付款**

(Please complete the information on page 2 請填妥第二頁之資料)

☐ **(B) Transfer to a designated policy 轉至指定保單**

Withdrawal amount to pay annual premium and related levy 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的指定保單的年繳保費及相關保險徵費，其保單編號為_____（「指定保單」）。

Applicable to annual Cash Withdrawal option: If no withdrawal amount specified above, the Withdrawal Amount will be the annual premium and related levy amount of the designated policy, on the withdrawal date.

適用於「每年現金提取」選項：如沒有填寫提取金額，提取金額將會是指定保單於每年提取日之年繳保費金額及相關保險徵費金額。

Notes 備註:

- The payment will be directly credited to the autopay bank account of the Policyowner, if any, unless otherwise specified. For the payment amount exceeding HKD1,000,000, HKD cheque will be issued and sent to the correspondence address directly.
除特別註明外，款項將直接存入保單持有人的自動轉賬戶口（如有）。如款項多於港幣一百萬，將發出港幣支票並直接郵寄至通訊地址。
- Payment will be payable to the Policyowner, unless you request payable to a Designated Recipient and complete the below "Designated Recipient Personal Details".
款項將支付給保單持有人，除非您要求支付給指定收款人並填寫以下「指定收款人個人資料」。

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

- Bank Account MUST BE in HKD Currency. 銀行戶口必須為港幣戶口。
- 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，款項將直接存入保單持有人的自動轉賬戶口。

Name of Bank Account Holder 銀行戶口持有人姓名

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 holder 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。			

☐ **By Cheque 支票形式付款**

☐ HKD Cheque 港元支票

☐ USD Cheque (Local) 本地美元支票

(Only applicable to USD policy

只適用於美元保單)

☐ Deliver through Agent/Intermediary 經保險代理/中介人傳送

☐ To be collected by myself 親自到取

(We will contact you through the provided contact number.

我們會透過您提供的聯絡號碼聯絡您。)

☐ (C) By Telegraph Transfer 電滙付款

- Applicable to One-off Cash Withdrawal and overseas accounts only 只適用於一次性現金提取及海外戶口。
- Remittance charges will be borne by the Policyowner 電滙的相關費用將由保單持有人支付。

Currency 貨幣 <input type="checkbox"/> HKD 港元 <input type="checkbox"/> USD 美元 <input type="checkbox"/> AUD 澳元 <input type="checkbox"/> CAD 加元 <input type="checkbox"/> GBP 英鎊 <input type="checkbox"/> KRW 韓元 <input type="checkbox"/> RMB 人民幣 <input type="checkbox"/> TWD 新台幣 <input type="checkbox"/> Others 其他: _____	Name of Beneficiary Bank Account Holder 收款銀行戶口持有人姓名
Beneficiary Bank Name 收款銀行名稱	Beneficiary Bank Address 收款銀行地址
SWIFT Code SWIFT 代號	IBAN Code IBAN 代號 (If applicable 如適用)
Beneficiary Bank Account No. 收款銀行賬戶號碼	
Intermediary Bank Name 中轉銀行名稱(If applicable 如適用)	Intermediary Bank Account No. 中轉銀行戶口號碼 (If applicable 如適用)

☐ Request payment to Designated Recipient 要求支付予指定收款人

Designated Recipient Personal Details

指定收款人個人資料

Name in English 英文姓名	Name in Chinese 中文姓名
Sex 性別 <input type="checkbox"/> Female 女 <input type="checkbox"/> Male 男	Date of Birth (dd/mm/yyyy) 出生日期 (日/月/年)
ID card No./Passport No. 身份證號碼/護照號碼	Identity Document Type 身份證明文件類型 <input type="checkbox"/> HKID 香港身份證 <input type="checkbox"/> PRC ID 中國居民身份證 <input type="checkbox"/> Travel Document 旅遊證件 <input type="checkbox"/> Other ID 其他身份證 *Please provide copy of Identity Document 請提供身份證明文件副本
Relationship to Policyowner 與保單持有人之關係	Proof of Relationship Submitted 關係證明文件 <input type="checkbox"/> Identity document 身份證明文件 <input type="checkbox"/> Birth Certificate 出生證明書 <input type="checkbox"/> Marriage Certificate 結婚證明書 <input type="checkbox"/> Household Registration Booklet 戶口簿 <input type="checkbox"/> Legal Guardianship Paper 法定監護文件 <input type="checkbox"/> Notarized Affidavit 公証聲明 <input type="checkbox"/> Other 其他: _____ *Please provide copy of Relationship Proof 請提供關係證明文件副本

Notes 備註:

1. 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. If you choose to pay for your Cash Withdrawal by way of partial surrender, the Cash Value of any accumulated Reversionary Bonus and any cash value of its corresponding Terminal Bonus (if any) will be used to pay for your Cash Withdrawal first. If the aforesaid cash values are insufficient to pay for your Cash Withdrawal, the guaranteed Cash Value and the Cash Value of its corresponding Terminal Bonus (if any) will then be taken out by way of partial surrender to pay for your Cash Withdrawal. You should be aware that making partial surrender will reduce the Notional Amount of the Basic Plan. Therefore, the subsequent guaranteed Cash Value, Reversionary Bonus (if any) and Terminal Bonus (if any) payable under the Basic Plan will be calculated based on the reduced Notional Amount.

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。如透過部份退保支付閣下現金提取的金額，累積增保紅利的現金價值及其相關之終期紅利的現金價值（如有）將被首先用於支付閣下現金提取的金額。如前述之現金價值未能完全支付閣下現金提取的金額，基本計劃的保證現金價值及其相關之終期紅利的現金價值（如有）會繼而透過部份退保來提取以支付閣下現金提取的金額。部份退保會減低基本計劃的名義金額，因此其後基本計劃支付的保證現金價值、增保紅利（如有）及終期紅利（如有）將會根據減少後的名義金額計算。

- 2. 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。
- 3. Maximum Withdrawal Amount - 90% of Cash Value in the Policy.
最高提取金額 - 現金價值的90%。
- 4. 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。
- 5. Annual Cash Withdrawal for ‘Transfer to Policy’ is only applicable for premium payment with annual premium payment mode for the Designed Policy.
每年現金提取轉至保單，只適用於支付保費，並只接受年繳保費模式的指定保單。
- 6. Unless you have chosen partial surrender of the Policy, your 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.
除非已選擇部份退保，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。
- 7. Unless otherwise specified, 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.
除非另有註明，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。
- 8. If you select a currency for payout which is different from the policy currency, you have to bear the necessary exchange difference, such difference will be determined by us based on the prevailing exchange rates as at the time of the relevant currency conversion.
如選擇保單貨幣以外之貨幣支付，閣下將承擔必要的匯兌差額，該差額由我們根據當時的內部匯率確定相關貨幣換算。
- 9. Unless you have chosen partial surrender of the Policy, if no end date has been specified for the withdrawal instruction, 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.
除非已選擇部份退保，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。
- 10. The Designated Recipient must satisfy our eligibility requirements and due diligence requirements, and any other prevailing administrative rules determined by us in our sole discretion from time to time.
指定收款人必須滿足我們的資格要求和盡職調查要求，以及我們不時釐定任何其他適用的行政規則。

PART II: Request for/Cancel Split Policy Instruction 第二部份: 申請/取消分拆保單指示

Important Note: The effective date of Split Policy must be on or after the designated Policy Anniversary according to your premium payment term. If the Company needs to pay the life insurance benefit before the specified policy anniversary of the split policy, the Split Policy Instruction will be revoked."

重要事項: 分拆保單之生效日期須在根據您的保費繳付年期而定的指定保單週年日或之後。如本公司需支付人壽保險金的時間早於分拆保單的指定保單週年，有關分拆保單的要求將會無效。

I, the Policyowner, request to apply for Split Policy under 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 to Policyowner 與保單持有人之關係			
Name in English 英文姓名			
Name in Chinese 中文姓名			
ID card No./Passport No. 身份證號碼/護照號碼			

☐ **I, the Policyowner, hereby request to cancel ALL Split Policy instruction under the Policy.**

本人, 保單持有人, 現請求取消在保單內所有分拆保單指示。

PART III: Request/Cancel for Standby Regular Withdrawal Instruction 第三部份: 申請/取消備用定期提取指示**STANDBY REGULAR WITHDRAWAL INSTRUCTION****備用定期提取指示****Applicable starting from 3rd policy anniversary only**

僅適用於由第三個保單週年日開始

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

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

PAYMENT INSTRUCTION 付款方式

Notes備註:

- The payment will be directly credited to the autopay bank account of the Policyowner, if any, unless otherwise specified. For the payment amount exceeding HKD 1,000,000, HKD cheque will be issued and sent to the correspondence address directly. 除特別註明外，款項將直接存入保單持有人的自動轉賬戶口（如有）。如款項多於港幣一百萬，將發出港幣支票並直接郵寄至通訊地址。
- Payment will be payable to the Policyowner, unless you request payable to a Designated Recipient and complete the below "Designated Recipient Personal Details". 款項將支付給保單持有人，除非您要求支付給指定收款人並填寫以下「指定收款人個人資料」。

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

- Bank Account MUST BE in HKD Currency. 銀行戶口必須為港幣戶口。
- 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，款項將直接存入保單持有人的自動轉賬戶口。

Name of Bank Account Holder 銀行戶口持有人姓名

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 holder 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。			

☐ Request payment to Designated Recipient 要求支付予指定收款人**Designated Recipient Personal Details 指定收款人個人資料**

Name in English 英文姓名	Name in Chinese 中文姓名
Sex 性別 <input type="checkbox"/> Female 女 <input type="checkbox"/> Male 男	Date of Birth (dd/mm/yyyy) 出生日期 (日/月/年)
ID card No./Passport No. 身份證號碼/護照號碼	Identity Document Type 身份證明文件類型 <input type="checkbox"/> HKID 香港身份證 <input type="checkbox"/> PRC ID 中國居民身份證 <input type="checkbox"/> Travel Document 旅遊證件 <input type="checkbox"/> Other ID 其他身份證 *Please provide copy of Identity Document 請提供身份證明文件副本
Relationship to Policyowner 與保單持有人之關係	Proof of Relationship Submitted 關係證明文件 <input type="checkbox"/> Identity document 身份證明文件 <input type="checkbox"/> Birth Certificate 出生證明書 <input type="checkbox"/> Marriage Certificate 結婚證明書 <input type="checkbox"/> Household Registration Booklet 戶口簿 <input type="checkbox"/> Legal Guardianship Paper 法定監護文件 <input type="checkbox"/> Notarized Affidavit 公証聲明 <input type="checkbox"/> Other 其他: _____ *Please provide copy of Relationship Proof 請提供關係證明文件副本

☐ I, the Policyowner, hereby request to cancel Standby Regular Withdrawal Instruction under the Policy.

本人,保單持有人,現請求取消在保單內備用定期提取指示

Notes 備註:

1. The selected amount specified in the Standby Regular Withdrawal Instruction will be paid monthly or annually in the following manner:
我們將會以下述方式每月或每年支付備用定期提取指示中指定的選擇金額：
 - a. The selected amount will be first made from the balance of Settlement Deposit Account (if any).
選擇的金額將首先從支付儲備戶口結餘（如有）支付；
 - b. If the aforesaid value is insufficient to pay for the selected amount, the Cash Value of accumulated Reversionary Bonus and the Cash Value of its corresponding Terminal Bonus (if any) will then be withdrawn by way of Cash Withdrawal. After Cash Withdrawals, notional value of accumulated Reversionary Bonus credited to your Policy will be proportionally reduced to reflect the Cash Withdrawals. Correspondingly, the notional value of Terminal Bonus will also be reduced.
如前述之價值未能完全支付選擇的金額，累積增保紅利的現金價值及其相應之終期紅利的現金價值（如有）會透過現金提取方式提取，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。；
 - c. If it is still insufficient to pay for the selected amount, the guaranteed Cash Value of the Basic Plan and the Cash Value of its corresponding Terminal Bonus (if any) will then be withdrawn by way of partial surrender of your Policy.
如仍然未能完全支付選擇的金額，您的保單會繼而透過部份退保來提取基本計劃的保證現金價值及其相應之終期紅利的現金價值（如有）。
2. 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。
3. Maximum Withdrawal Amount - 90% of Cash Value in the Policy.
最高提取金額 - 現金價值的90%。
4. 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。
5. 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。
6. The Designated Recipient must satisfy our eligibility requirements and due diligence requirements, and any other prevailing administrative rules determined by us in our sole discretion from time to time.
指定收款人必須滿足我們的資格要求和盡職調查要求，以及我們不時釐定任何其他適用的行政規則。
7. 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/Cancel for Designation of Successor Owner 第四部份: 申請/取消指定繼任持有人

I, the Policyowner, request for Designation of Successor Owner under 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繼任持有人。

Personal Details 個人資料	First Successor Owner 第一繼任持有人*	Second Successor Owner 第二繼任持有人*
Name in English 英文姓名		
Name in Chinese 中文姓名		
Relationship to Insured 與保單受保人之關係		
Relationship to Policyowner 與保單持有人之關係 (Applicable to minor Successor Owner ^{##}) (只適用於未成年之繼任持有人 ^{##})		
ID Card No./Passport No. 身份證號碼/護照號碼		
Sex 性別	<input type="checkbox"/> Female 女 <input type="checkbox"/> Male 男	<input type="checkbox"/> Female 女 <input type="checkbox"/> Male 男
Date of Birth (dd/mm/yyyy) 出生日期 (日/月/年)		
Mailing Address 郵遞地址	Flat/Rm 室 Floor 樓 Block 座	Flat/Rm 室 Floor 樓 Block 座
Building/Estate Name 大廈/屋苑名稱		
Street Name & No. 街道名稱及號碼		
District/Country 地區/國家		
Contact No. 聯絡電話號碼	Country & Area Code 國家及地區號碼 ()	Country & Area Code 國家及地區號碼 ()

Others (Please state in detail) 其他 (請詳細說明)

Please complete another "Request for Change in Policy Form for Chubb MyLegacy Insurance Plan V " and state the sequence of Successor Owner in 'Others' if designation of the 3rd-5th Successor Owner is required.

如需指定第三至第五繼任持有人, 請填寫另一張「安達傳承守創儲蓄保障計劃V-保單更改申請書」及在「其他」中註明繼任持有人的先後次序。

If request for designation of a minor as the first Successor Owner, please designate an Interim Owner and complete the Interim Owner section below.

如欲指定未成年人為第一繼任持有人, 請指定一名臨時保單持有人及填寫以下臨時保單持有人部份。

☐ I, the Policyowner, hereby request to cancel ALL designation of Successor Owner under the Policy.

本人, 保單持有人, 現請求取消在保單內所有繼任持有人。

Notes 備註:

- Once a Successor Owner has become the new Owner, any prior designation of other Successor Owner(s), and/or Successor Insured(s) and/or Standby Regular Withdrawal Instruction irrespective of whether such instruction has been carried out will be cancelled. It would not change the Beneficiary on record.
當繼任持有人成為新的保單持有人, 過往任何其他指定的繼任持有人及/或繼任受保人及/或備用定期提取指示(無論該指示是否已被執行)將會被取消, 但不會改變紀錄上的受益人。
- If request for designation of a minor as the Successor Owner, please note the followings:
如欲指定未成年人為繼任持有人, 請注意以下事項:
 - The Successor Owner must be the sole Successor Owner and Interim Owner must be designated.
該繼任持有人必須是唯一的繼任持有人, 並必須同時指定一名臨時保單持有人。
 - The Successor Owner is a minor when the option of Policy Guardian is applied.
在申請保單暫管服務選項時, 繼任持有人是未成年人。

- c. The Successor Owner must be the sole Beneficiary of the Policy.
繼任持有人必須是保單的唯一的受益人。
- d. If the Owner and the Insured are the same person, the Successor Owner must be the sole Successor Insured.
若保單持有人和受保人是同一人，繼任持有人必須是唯一的繼任受保人。
- e. If the Owner and the Insured are not the same person, Successor Owner must be the Insured of the Policy on our records.
若保單持有人和受保人不是同一人，繼任持有人必須是紀錄上保單的受保人。
- f. The attained age of the Interim Owner must be 18 or above when the Policy Guardian is being applied for.
申請保單暫管服務時，臨時保單持有人的已達到之年齡必須為 18 歲或以上。
- g. The Successor Owner must have a relationship with the Owner acceptable to us as determined by us from time to time.
繼任持有人必須與保單持有人有我們不時釐定的可接受的關係。
- h. The Interim Owner must have a relationship with the Successor Owner acceptable to us as determined by us from time to time.
臨時保單持有人必須與繼任持有人有我們不時釐定的可接受的關係。

Interim Owner 臨時保單持有人

(Only applicable to designation of Minor Successor Owner 只適用於指定未成年人為繼任持有人)

I, the Policyowner, request for Designation of Interim Owner under 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臨時保單持有人。

Interim Owner Details 臨時保單持有人個人資料			
Name in English 英文姓名		Name in Chinese 中文姓名	
Relationship to Successor Owner 與繼任持有人之關係		Date of Birth (dd/mm/yyyy) 出生日期 (日/月/年)	
Sex 性別	<input type="checkbox"/> Female 女 <input type="checkbox"/> Male 男	ID Card No./Passport No. 身份證號碼/護照號碼	
Mailing Address 郵遞地址	Flat/Rm 室	Floor 樓	Block 座
Building/Estate Name 大廈/屋苑名稱			
Street Name & No. 街道名稱及號碼			
District/Country 地區/國家			
Contact No. 聯絡電話號碼	Country & Area Code 國家及地區號碼 ()		

Policy Right of Interim Owner 臨時保單持有人之保單權限

The Interim Owner will take up the ownership of the above policy until Successor Owner reaches the Designated Age of _____. (Must be 18 or above)

臨時保單持有人將承接上述保單之擁有權至繼任持有人之指定年齡達_____ 歲。(必須為 18 歲或以上)

A. The maximum percentage of surrender value that can be withdrawn per policy year (%) _____
每個保單年度可提取之退保價值之最高百分比 (%)

B. The occurrence of certain events when the Interim Owner can make Cash Withdrawal or apply for Partial Surrender under the Policy:
臨時保單持有人可對保單進行現金提取或申請部份退保之特定事件：

(1)	(2)
(3)	(4)
The maximum percentage of surrender value that can be withdrawn for each event (%) 每個特定事件可提取之退保價值之最高百分比 (%)	

I, the Policyowner, request for Designation of Successor Insured under 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繼任受保人。

Personal Details 個人資料	First Successor Insured 第一繼任受保人*	Second Successor Insured 第二繼任受保人*
Name in English 英文姓名		
Name in Chinese 中文姓名		
Relationship to Policyowner 與保單持有人之關係		
ID Card No./Passport No. 身份證號碼/護照號碼		
Sex 性別	<input type="checkbox"/> Female 女 <input type="checkbox"/> Male 男	<input type="checkbox"/> Female 女 <input type="checkbox"/> Male 男
Date of Birth (dd/mm/yyyy) 出生日期 (日/月/年)		
Mailing Address 郵遞地址	Flat/Rm 室 Floor 樓 Block 座	Flat/Rm 室 Floor 樓 Block 座
Building/Estate Name 大廈/屋苑名稱		
Street Name & No. 街道名稱及號碼		
District/Country 地區/國家		
Contact No. 聯絡電話號碼	Country & Area Code 國家及地區號碼 ()	Country & Area Code 國家及地區號碼 ()

Others (Please state in detail) 其他 (請詳細說明)

Please complete another "Request for Change in Policy Form for Chubb MyLegacy Insurance Plan V " and state the sequence of Successor Insured in 'Others' if designation of the 3rd-5th Successor Insured is required.

如需指定第三至第五繼任受保人, 請填寫另一張「安達傳承守創儲蓄保障計劃V-保單更改申請書」及在「其他」中註明繼任受保人的先後次序。

☐ I, the Policyowner, hereby request to cancel ALL designation of Successor Insured under the Policy.

本人, 保單持有人, 現請求取消在保單內所有繼任受保人。

Notes 備註:

- At the time when we receive your request,
 - the attained Age of the Successor Insured must be 65 or below;
 - the Successor Insured must meet the prevailing underwriting requirements determined by us from time to time.
 於我們收到您的申請時,
 - 繼任受保人已達到之年齡必須為65歲或以下;
 - 繼任受保人必須符合我們不時決定當時適用的核保規定。
- You must provide the evidence of insurability of the Successor Insured upon our request and to our satisfaction.
您必須按我們的要求提供我們所滿意的關於繼任受保人的可保證明。
- You have adequate insurable interest in the Successor Insured.
您對繼任受保人有足夠的可保利益。
- If the first Successor Insured fails to meet the requirements, the Successor Insured second in sequence who meet the requirements will become the new Insured, and so on.
如果第一順位的繼任受保人未能符合所需條件, 第二順位而能夠符合所需條件的繼任受保人將成為新受保人, 如此類推。
- If the Owner and the Insured is the same person, upon the Insured's death, the Successor Insured becoming the new Insured will also become the new Owner if no Successor Owner is named.
如保單持有人及受保人為同一人, 當受保人身故時, 若沒有已指定的繼任持有人, 則繼任受保人將會成為新的保單持有人及新受保人。
- All riders (if any) will be terminated on the effective date when the Successor Insured becomes the new Insured, except Easy Shield Waiver of Premium Benefits.
除輕鬆無憂豁免保費保障外, 所有附加保障計劃 (如有) 將於繼任受保人成為受保人的生效日被終止。

PART VI: Application for /Cancel Life Insurance Proceeds Settlement Option 第六部份: 申請/取消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放人壽保險金予上述保單內指定之受益人。

Name of Beneficiary in English 受益人英文姓名		Name of Beneficiary in English 受益人英文姓名		Name of Beneficiary in English 受益人英文姓名	
ID card/Passport/ Business Registration No. 身份證/護照/商業登記證號碼		ID card/Passport/ Business Registration No. 身份證/護照/商業登記證號碼		ID card/Passport/ Business Registration No. 身份證/護照/商業登記證號碼	
Relationship to Insured 與受保人之關係		Relationship to Insured 與受保人之關係		Relationship to Insured 與受保人之關係	
Percentage of Life Insurance Proceeds (%) 人壽保險金百分比(%)		Percentage of Life Insurance Proceeds (%) 人壽保險金百分比(%)		Percentage 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 指定支付日期:	Designated Date of the settlement 指定支付日期:	Designated Date of the settlement 指定支付日期:	Designated Date of the settlement 指定支付日期:	Designated Date of the settlement 指定支付日期:	Designated Date of the settlement 指定支付日期:
(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** Increment in Installment Percentage Per Year 分期的每年增幅百分比 (%): _____		Payment Mode 支付方式 <input type="checkbox"/> Annually 按年* <input type="checkbox"/> Monthly 按月** Increment in Installment Percentage Per Year 分期的每年增幅百分比 (%): _____		Payment Mode 支付方式 <input type="checkbox"/> Annually 按年* <input type="checkbox"/> Monthly 按月** Increment in Installment Percentage Per Year 分期的每年增幅百分比 (%): _____	
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	

- ☐ I, the Policyowner, declared that I have designated the above Charity(ies) as Beneficiary(ies). If one of the Beneficiaries has passed away when the Life Insurance Proceeds are payable, I request that the deceased Beneficiary's share in the Life Insurance Proceeds be divided proportionately among the surviving Beneficiary(ies), excluding the designated Charity(ies). The designated Charity(ies) shall only be entitled to the fixed proportion of the Life Insurance Proceeds as specified by me above.

本人, 保單持有人, 聲明已指定上述之慈善組織為受益人。如在支付人壽保險金時其中一位受益人已身故, 本人要求已身故受益人之人壽保險金的份額會按比例分配予在生之受益人(指定慈善組織除外)。指定慈善組織僅有權獲得本人於上述指定的固定比例的人壽保險金。

- ☐ I, the Policyowner, hereby request to cancel Life Insurance Proceeds Settlement Option under the Policy.

本人, 保單持有人, 現請求取消在保單內人壽保險金支付選擇。

Note 備註:

1. Upon the death of Insured, Life Insurance Proceeds will not be paid and the Successor Insured first in sequence will become the new Insured if Successor Insured is named.
當受保人身故時, 若有已指定的繼任受保人, 人壽保險金不會被發放及第一順位的繼任受保人將成為新受保人。

Personal Information Collection Statement And Consent 個人資料收集聲明及授權

I/WE HEREBY ACKNOWLEDGE, DECLARE AND AGREE THAT, by signing this form, any personal information collected or held by Chubb Life Insurance Hong Kong Limited (the "Company") is provided and may be used, processed, stored, disclosed, transferred by the Company to the transferees indicated in and in accordance with the Personal Information Collection Statement set out in my/our Application For Life Insurance, which may include without limitation, any branch, subsidiary, holding company, associated company or affiliates of the Company (the "Group Companies"), its authorized agents, reinsurers, claims investigators, loss adjudicators, medical advisors, recovery agents, insurance industry associations and federations, credit reference agencies, government or judicial or regulatory bodies or any person to whom the Company is under legal and/or regulatory obligation to make disclosure, and the Company's appointed third party agents, contractors and advisors, in each case whether within or outside of Hong Kong and Mainland China. Moreover, the Company is hereby authorized to obtain access to and/or to verify any of my/our personal information 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 form which is a condition precedent for me/us to apply for the policy change request. Failure to supply the required information may result in the Company being unable to process the form. For more details of the Company's policies on personal information and privacy protection, please read the Company's Privacy Notice available at <https://www.chubb.com/hk-en/footer/chubb-life-privacy-policy.html>. Any questions regarding personal information, access to or correction of personal information should be made in writing and forwarded 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.

就簽署此申請書, 本人/吾等確認、聲明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、披露、轉移任何貴公司所收集或持有任何本人/吾等的個人資料至在本人/吾等的人壽保險申請書中的個人資料收集聲明所訂明的資料轉移接收方, 包括但不限於, 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」)、其獲授權的代理人、再保險公司、理賠調查公司、理賠調查員、醫療顧問、索償代理、保險行業協會及聯會、信貸資料機構、政府或司法或監管機構或對貴公司具有法律及/或監管責任而須予以披露的任何人士, 及貴公司指定的第三方代理、承包商及顧問, 不論在香港及中國大陸境內或境外。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/吾等收集之個人資料。本人/吾等有責任提供此申請書上所需資料, 以作為申請保單更改要求之先決條件。如未能提供所需的資料, 可能會導致貴公司無法處理本申請書。有關安達人壽保險香港有限公司個人資料及私隱保障政策的詳情, 請參閱安達人壽保險香港有限公司的私隱政策, 網址為<https://www.chubb.com/hk-zh/footer/chubb-life-privacy-policy.html>。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三三一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, Beneficial Owner ("you"), Successor Insured and/or Designated Recipient 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、實益擁有人(「您」)、繼任受保人及/或指定收款人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。

If you are a Mainland China resident or I.D. card holder, please complete this Part. 如閣下為中國大陸居民或身份證持證人，請完成部分。

FOR MAINLAND CHINA RESIDENTS OR I.D. CARD HOLDERS: Use of Personal Information Consent Statement

中國大陸居民或身份證持證人：使用個人資料同意聲明

By signing this form and receiving the Services, you give consent to Chubb Life HK to process for the Purposes, and to disclose, transfer and otherwise share to the Transferees for processing for the Purposes, your and the relevant persons' personal information. You additionally acknowledge and consent to your and the relevant persons' personal information being provided, transferred to, or shared with another data controller, within or outside of Mainland China, for processing for the Purposes.

閣下簽署本申請書及接受服務，即表示閣下同意安達人壽香港出於該目的處理閣下和有關人士的個人資料，以及披露、轉移及以其他方式分享閣下和有關人士的個人資料予資料轉移接收方，以便出於該目的處理閣下和有關人士的個人資料。此外，閣下確認並同意閣下和有關人士的個人資料可被提供、轉移或分享予中國大陸境內或境外的其他資料控制者，以便其出於該目的進行處理。

- ☐ I/We confirm that I/we have read, understood and agree with the Personal Information Collection Statement as set out in the previous part and this Part. 我/我們確認我/我們已閱讀、理解並同意先前部份及此部分所載的《個人資料收集聲明》。
- ☐ I/We consent to the processing of my/our sensitive personal information as described in this form. 我/我們同意依照本申請書所述處理我/我們的敏感個人資料。
- ☐ I/We consent to my/our personal information being provided, transferred to, stored, used, shared with or processed outside of Mainland China as described in this form. 我/我們同意依照本申請書所述在中國大陸境外提供、轉移、儲存、使用、分享或處理我/我們的個人資料。
- ☐ I/We consent to my/our personal information being provided, transferred to, or shared with another data controller for processing as described in this form. 我/我們同意將我/我們的個人資料提供、轉移或分享予其他資料控制者，以便按照本申請書所述進行處理。

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 "Personal Information Collection Statement And Consent" of the Company.

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及授權。

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

簽署式樣需與保單紀錄相符

Signature of Witness

見證人簽署

(Name 姓名:)

Signature of Policyowner

保單持有人簽署

Sign Date (dd/mm/yyyy)

簽署日期（日/月/年）

Signature of Assignee

承讓人簽署

(Name 姓名:)

Signature of Irrevocable Beneficiary

不可撤銷受益人簽署

(Only applicable if the designated beneficiary is an Irrevocable Beneficiary)

(適用於此保單若指定受益人為不可撤銷受益人簽署)

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 this application, I/We have verified the original ID card/passport/business registration/relationship proof and confirmed the identity details in these documents to be matched with the identity of the parties mentioned 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.

適用於此申請：我／我們已驗證身份證／護照／公司註冊／關係證明之正本內的身份資料是與此更改申請書上提及的人仕的身份相符。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）