

Application/Change/Cancellation For Life Insurance Proceeds Settlement Option

申請/更改/取消人壽保險金支付選擇

Only applicable to Infinity Prestige Life Insurance Plan (ASL) / Chubb Future Achiever Savings Plan II (ASP2)

只適用於「端尚財智人壽保險計劃」(ASL) / 「安達開創未來儲蓄計劃II」(ASP2)

Please tick <input type="checkbox"/> <input checked="" type="checkbox"/> appropriate box(es) for request 請於適當之空格內加上 <input type="checkbox"/> <input checked="" type="checkbox"/> 號		<input type="checkbox"/> New Request 新申請	<input type="checkbox"/> 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	

Terms and Conditions 條款及細則

- Life Insurance Proceeds Settlement Option is only applicable to specified products as determined by Chubb Life Insurance Hong Kong Limited (the "Company") from time to time. Please contact your Consultant or Intermediary for details.
人壽保險金支付選擇只適用於安達人壽保險香港有限公司（“本公司”）指定產品並由本公司不時決定。詳情請與閣下的保險代理／中介人聯絡。
- The Life Insurance Proceeds Settlement Option must be selected during the Insured's lifetime while your Policy is in force and the Policy has not been assigned and subject to the consent of any irrevocable Beneficiary(ies). Only the Policyowner can apply/change/cancel Life Insurance Proceeds Settlement Option.
人壽保險金支付選擇必須於受保人在生及您的保單生效期間且保單沒有被轉讓，並在受限於任何不可撤銷受益人同意的情況下時選擇。只有保單持有人可以申請/更改/取消人壽保險金支付選擇。
- If the Policy has been assigned (including but not limited to collateral assignment, absolute assignment) or the Owner has been changed, the Life Insurance Proceeds Settlement Option will be revoked and we will pay the Life Insurance Proceeds in a lump sum payment. After the Policy assignment has been cancelled or the Owner has been changed, the Owner or the new Owner can apply for the Life Insurance Proceeds Settlement Option again.
假如保單已被轉讓（包括但不限於抵押轉讓、絕對轉讓）或保單持有人已變更，則人壽保險金支付選擇將被撤銷，而我們會以一筆過的形式支付人壽保險金。當保單轉讓已被取消或保單持有人變更後，保單持有人或新的保單持有人可以再次申請人壽保險金支付選擇。
- If the Life Insurance Proceeds payable is less than the minimum Life Insurance Proceeds per Policy determined by us from time to time, the Life Insurance Proceeds will be paid to Beneficiary(ies) in lump sum.
如應付的人壽保險金少於我們就每份保單不時訂定的最低人壽保險金，人壽保險金將會以一筆過的形式支付予受益人。
- The unpaid balance of the Life Insurance Proceeds will be left with us to accumulate interest after 30 days from the date when we have received all the relevant proof of claim in accordance with the Policy Provision at the interest rate determined by us from time to time. The accumulated interest (if any) will be paid to Beneficiary(ies) in the last installment of payment or single lump sum payment (as the case may be).
尚未支付的人壽保險金餘額將會存放於我們處，由我們按照保單條款收到所有有關索償證明後起計的30天後積存利息，其利率由我們不時釐定。積存的利息（如有）將於分期形式的最後一期或以一筆過形式支付予受益人（視情況而定）。
- Any installments shall be paid to the Beneficiary (ies) through the Company's designated payment method. The Company reserves the right to change the date and/or method for making payment of the installments.
任何分期形式支付將根據本公司指定的付款形式派發予受益人。本公司保留權利更改支付分期支付之日期及／或方式。
- If the Insured dies within 1 year before the Designated Date, we will process the existing Life Insurance Proceeds Settlement Option as if there is no Designated Date.
倘若受保人在指定日期之前的1年內身故，我們將視如同沒有指定日期一樣來處理現有的人壽保險金支付選擇。
- If the Insured is still alive on or after the Designated Date, the Designated Date on our records will be revoked. You may submit a new request to us to specify a new Designated Date for the relevant Life Insurance Proceeds Settlement Option. If the Insured dies before we approve your new request, we will process the existing Life Insurance Proceeds Settlement Option as if there is no Designated Date.
倘若受保人在指定日期或之後仍然在世，我們紀錄上的指定日期將被撤銷。您可向我們遞交新的申請為有關的人壽保險金支付選擇訂明一個新的指定日期。如受保人在我們批准您的新申請之前身故，則我們將視如同沒有指定日期一樣來處理現有的人壽保險金支付選擇。
- If Policy Continuation Option is selected, upon the date of death of the Insured and there is no eligible Successor Insured on record, the original policy will be terminated and a new policy will be formed. The designated Beneficiary of the original policy will become the New Policy Insured and New Policy Owner under the New Policy, provided that the requirements stated in the Policy Provisions must all be met.
如選擇保單延續選擇，於受保人身故之日而紀錄上沒有符合條件的繼任受保人，本保單將被終止，新保單將會被訂立。若保單條款內指定的條件都符合，原保單的指定受益人將成為新保單受保人和新保單保單持有人。
- The capitalized terms in this form should have the same meanings as those defined in the Policy Provisions. For details of terms and conditions, please refer to the Policy Provisions and Relevant Factsheet (if any).
本表格中使用的各詞彙的定義應與保單條款中定義的含義相同。詳情之細則及條款，請參閱保單條款及產品資料概要（如適用）。
- The terms & conditions are subject to the Company's final decision and may be changed from time to time.
條款及細則須視乎公司最終決定及可能會不時修訂。

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 只可選擇I 或II:		Choose option I or II 只可選擇I 或II:		Choose option I or II 只可選擇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: _____ (dd/mm/yyyy) 日/月/年	_____ % Designated Date of the settlement 指定支付日期: _____ (dd/mm/yyyy) 日/月/年	_____ % Designated Date of the settlement 指定支付日期: _____ (dd/mm/yyyy) 日/月/年	_____ % Designated Date of the settlement 指定支付日期: _____ (dd/mm/yyyy) 日/月/年	_____ % Designated Date of the settlement 指定支付日期: _____ (dd/mm/yyyy) 日/月/年	_____ % Designated Date of the settlement 指定支付日期: _____ (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 * 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		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 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		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 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, 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。

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三十一號皇室大廈安達人壽大樓三十五樓。

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. The above request for application/change/cancellation of Life Insurance Proceeds settlement option will not take effect unless the following conditions are met: (i) Any required documents are submitted in full. (ii) The request is approved by Chubb Life Insurance Hong Kong Limited (hereinafter called "the Company") during the lifetime of the Insured or Insureds. 2. The request for application/change/cancellation of Life Insurance Proceeds settlement option shall be the basis for the application/change/cancellation in the settlement option and will form part of the Policy unless otherwise specified. 3. All statements whether or not written by my own hands are to the best of my knowledge and belief complete and true.

1. 上述之申請 / 更改 / 取消人壽保險金支付選擇必須符合下列所有條件方能生效：(i) 所有文件皆全數並完整無缺遞交。(ii) 申請在受保人在生時，經安達人壽保險香港有限公司（以下簡稱「貴公司」）批准。2. 此申請 / 更改 / 取消人壽保險金支付選擇之申請書將成為保單申請 / 更改 / 取消人壽保險金支付選擇之根據，並作為保單一部分（若有其他安排除外）。3. 上述一切陳述，不論是否本人親手所寫，就本人所知所信，均為事實之全部並確實無訛。

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 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
(Only applicable if the policy has been assigned)
(適用於此保單已被轉讓)

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）