

Contact / Personal Details Change Form

聯絡 / 個人資料更改表格



For Intermediary Use Only 只供中介人使用

Code of Intermediary 中介人編號	Name of Intermediary 中介人姓名	Contact No. 聯絡號碼
Code of Division / Broker 區域 / 經紀編號	Name of Division / Broker 區域 / 經紀名稱	

Policy Information 保單資料

Policy No. 保單號碼	Contact No. 聯絡號碼
Name of Policyowner 保單持有人姓名	Name of Insured Person 受保人姓名

Important Notes 重要提示:

Please complete and return to FWD Life Assurance Company (Hong Kong) Limited / FWD Life (Hong Kong) Limited (wherever applicable) ("FWD Assurance") within 30 days after signing this form. You may fax to 8101 3977, or by email to pacontact.hk@fwd.com or by mail to: P.O. Box 69464, Kwun Tong Post Office, Kowloon, Hong Kong.

請填妥及簽署此表格並於30天內交回富衛人壽保險(香港)有限公司/富衛人壽(香港)有限公司(如適用)(「富衛壽險」)處理。閣下可傳真至8101 3977或電郵至pacontact.hk@fwd.com或寄交香港九龍觀塘郵政局郵政信箱69464號。

- Any changes or amendments in this form must be countersigned by the Policyowner in full signature.
保單持有人必須在此表格內任何更改或修改的地方簽署作實。
- If change of nationality, citizenship or tax residency, please submit applicable Self-Certification Form.
如有國籍、公民身份或稅務居民身份變更,請提交適用的自我證明表格。
- If country of birth, nationality, citizenship or tax residency is / are U.S., please submit IRS Form - W9.
如出生國家、國籍、公民身份或稅務居民身份屬美國,請提交IRS表格-W9。

General Enquiries 一般查詢

For general enquiries, please call our Service Hotline on 2199 1000 during hotline service hours, from Monday to Friday, 9:00am to 6:00pm and Saturday 9:00am to 1:00pm (except public holidays).

一般查詢,請於熱線服務時間內,星期一至星期五,上午九時至下午六時,及星期六上午九時至下午一時(公眾假期除外),致電服務熱線2199 1000。

Section A 第一部: Contact Detail Change 更改聯絡資料

Change Instruction 更新指示 (Please the appropriate box below to indicate your instruction. 請於下列適當位置填上號。)

1. Both Residential and Correspondence Addresses 居住地址及通訊地址
 Residential Address only 只限更改居住地址
 Correspondence Address only 只限更改通訊地址

Note 註: If not specified, both residential and correspondence addresses will be updated.
如沒有指示,居住地址及通訊地址將自動更新。

2. Change Address for All Existing Policies 更改現時持有的全部保單之地址
 Change Address for Above Policy Only 只限更改上述保單之地址

Note 註: If not specified, the change will apply to ALL existing inforce policies record under the same Policyowner.
如沒有指示,保單持有人的全部生效保單之紀錄將自動更新。

New Address 新居住地址 (Please fill in BLOCK LETTERS 請以英文正楷填寫)

Room / Flat 室	Floor 樓	Block 座	Name of Building 大廈名稱
Name of Estate 屋苑名稱		Street No. & Street Name 街道名稱及號碼	
District / Postal Code 區域 / 郵寄代碼		<input type="checkbox"/> Hong Kong 香港 <input type="checkbox"/> Kowloon 九龍 <input type="checkbox"/> New Territories 新界 <input type="checkbox"/> Other Countries (Please specify) 其他國家(請註明) _____	

New Contact Information 新聯絡資料

Mobile No. 流動電話號碼 ()-()-	Home No. 住宅電話號碼 ()-()-
Office No. 辦事處電話號碼 ()-()-	Email Address 電子郵件地址

Section B 第二部 : Personal Details Change 更改個人資料

Change of Personal Particulars 更改個人資料

Policyowner 保單持有人

Insured Person 受保人

New Name
新姓名: (English 英文) _____ (Chinese 中文) _____

Identity Document Type & No.
身份證明文件類別及號碼: _____ Sex
性別: _____

Place of Birth
出生地點: _____ Date of Birth
出生日期: _____ M月 / D日 / Y年
City 城市 Province 省 Country 國家

Nationality
國籍: _____

Citizenship
公民身份: _____

Tax Residency
稅務居民身份: _____

If more than one, please provide all.
如多於一個，請提供所有。

Note 註:

- Please attach copies of supporting documents (e.g. HK identity card copy, deed poll copy, etc.)
請附上相關證明文件之副本 (如香港身份證副本、改名契副本等)

Change of Signature 更改簽署

Policyowner 保單持有人

Insured Person 受保人

Assignee 受讓人

Specimen of new signature 新簽署式樣:

Others 其他

Please specify
請詳述 _____

Declaration and Authorization 聲明與授權

I/We declare that I/we have read and fully understand the implications of the contents of this Application, and that the information given in this Application is true and complete to the best of my/our knowledge. I / We agree that if I/We fail to provide any information requested in this Application, it may result in the inability of FWD Assurance to accept the application.

I/We (acting on behalf of the Insured, wherever applicable) hereby irrevocably authorize any employer, doctor, hospital, clinic, insurance company, government office or any organization, or persons who have any records, knowledge or information (whether medical or otherwise) of me/us (or the Insured, wherever applicable) to disclose, release or transfer to FWD Assurance or its representative(s) such information pertinent to this application. This authorization shall bind my/our successors and assignees and remain valid notwithstanding my/our (or the Insured, wherever applicable) death or incapacity in so far as legally feasible. This authorization shall be valid until my/our further instructions. A photocopy of this authorization shall be as valid as original.

I/We have read, understand and accept this PICS. I/We consent to the transfer of my personal data outside Hong Kong and I/We understand my/our personal data may not be protected to the same or similar level in Hong Kong. The Company intends to send you marketing communications or materials and use Your Personal Data in accordance with paragraphs 8 & 9 above. If you do not agree to receive such marketing communications or the Company's intended use of Your Personal Data, please tick below to exercise your right to opt-out.

Opt-out marketing communications or materials and the Company's intend use of my personal data.

本人 / 吾等在此聲明本人 / 吾等已閱讀及完全明白本申請所載內容及含意，就本申請所提供的資料均屬本人 / 吾等所知的事實及全部。本人 / 吾等同意若本人 / 吾等不能提供本申請所需的任何資料，可致使富衛壽險不能接受本申請。

本人 / 吾等 (代表受保人，如適用) 在此授權 (並不可撤回) 任何凡持有本人 / 吾等 (或受保人，如適用) 任何記錄、資訊或資料 (不論醫療或其他性質) 的僱主、醫生、醫院、診所、保險公司、政府部門或其他機構或人士，向富衛壽險或其代表透露、發放或轉移該等資料作本申請之用。本授權對本人 / 吾等繼承人及承讓人具約束力，不管本人 / 吾等 (或受保人，如適用) 死亡或喪失行為能力，在法律容許下依然生效，直至本人 / 吾等進一步指示。本授權書的影印本具有與正本同等的效力。

本人 / 吾等已細閱及本人 / 吾等明白及接受本收集個人資料聲明。本人 / 吾等同意把本人的個人資料轉移至香港境外，並本人 / 吾等明白本人 / 吾等的個人資料未必可以獲得與在香港相同或類似程度的保障。公司有意向閣下送交推廣訊息或資料及根據收集個人資料聲明第 8 及第 9 段使用閣下的個人資料。如閣下不同意接收有關的推廣訊息或公司擬對閣下的個人資料的使用，請在以下有關方格內加上剔 (✓) 號。

拒絕接收推廣訊息或資料及公司擬對本人的個人資料的使用。

(Signature must be identical with that in your Policy record) (必須與本保單記錄上之簽署相同)

Name of Policyowner
保單持有人姓名 _____

Identity Document No.
身份證明文件號碼 _____

Sign Date
簽署日期 _____ M月 / _____ D日 / _____ Y年

Signature of Policyowner 保單持有人簽署

Name of Insured Person / Assignee /
Irrevocable Beneficiary (if applicable)
受保人 / 受讓人 / 不可撤換受益人
名稱 (如適用) _____

Identity Document No.
身份證明文件號碼 _____

Sign Date
簽署日期 _____ M月 / _____ D日 / _____ Y年

Signature of Insured Person / Assignee /
Irrevocable Beneficiary (if applicable)
受保人 / 受讓人 / 不可撤換受益人簽署 (如適用)

Personal Information Collection Statement ("PICS")

1. From time to time, it is necessary for you to supply **FWD Life Assurance Company (Hong Kong) Limited / FWD Life (Hong Kong) Limited** (the "Company") or agents and representatives acting on its behalf with personal information and particulars in connection with our services and products. Failure to provide the necessary information and particulars may result in the Company being unable to provide or continue to provide these services and products to you.
2. The Company may also generate and compile additional personal data using the information and particulars provided by you. All personal data collected, generated and compiled by the Company about you from time to time is collectively referred to in this PICS as "Your Personal Data".
3. "Your Personal Data" will also include personal data relating to your dependents, beneficiaries, authorised representatives and other individuals in relation to which you have provided information. If you provide personal data on behalf of any person you confirm that you are either their parent or guardian or you have obtained that person's consent to provide that personal data for use by the Company for the purposes set out in this PICS.
4. As detailed in this PICS, Your Personal Data may also be processed by the Company's subsidiaries, holding companies, associated or affiliated companies and companies controlled by or under common control with the Company (collectively, "the Group").
5. The purposes for which Your Personal Data may be used are as follows:
 - (i) providing our services and products to you, including administering, maintaining, managing and operating such services and products;
 - (ii) processing, assessing and determining any applications or requests made by you in connection with our services or products and maintaining your account with the Company;
 - (iii) developing insurance and other financial services and products;
 - (iv) developing and maintaining credit and risk related models;
 - (v) processing payment instructions;
 - (vi) determining any indebtedness owing to or from you, and collecting and recovering any amount owing from you or any person who has provided any security or other undertakings for your liabilities;
 - (vii) exercising any rights that the Company may have in connection with our services and/or products;
 - (viii) carrying out and/or verifying any eligibility, credit, physical, medical, security, underwriting and/or identity checks in connection with our services and products;
 - (ix) any purposes in connection with any claims made by or against or otherwise involving you in respect of any of our services or products, including, making, defending, analysing, investigating, processing, assessing, determining, responding to, resolving or settling such claims, detecting and preventing fraud (whether or not relating to the policy issued in respect of this application);
 - (x) performing policy reviews and needs analysis (whether or not on a regular basis);
 - (xi) meeting disclosure obligations and other requirements imposed by or for the purposes of any laws, rules, regulations, codes of practice or guidelines (whether applicable in or outside Hong Kong) binding on the Company or any other member of the Group, including making disclosure to any legal, regulatory, governmental, tax, law enforcement or other authorities (including for compliance with sanctions laws, the prevention or detection of money laundering, terrorist financing or other unlawful activities) or to any self-regulatory or industry bodies such as federations or associations of insurers;
 - (xii) for marketing, customer services research, statistical or actuarial research undertaken by the Company or any member of the Group; and
 - (xiii) fulfilling any other purposes directly related to (i) to (xii) above.
6. Your Personal Data will be kept confidential, but to facilitate the purposes set out in paragraph 5 above, the Company may transfer, disclose, grant access to or share Your Personal Data with the following:
 - (i) other members of the Group;
 - (ii) any person or company carrying on insurance-related and/or reinsurance-related business which is engaged by the Company in connection with the Company's business;
 - (iii) any physicians, hospitals, clinics, medical practitioners, laboratories, technicians, loss adjustors, risk intelligence providers, claims investigators, organizations that consolidate claims and underwriting information for the insurance industry, fraud prevention organizations, other insurance companies (whether directly or through fraud prevention organizations or other persons named in this paragraphs), the police and databases or registers (and their operators) used by the insurance industry to analyze and check information provided against existing information, legal advisors and/or other professional advisors engaged in connection with the Company's business;
 - (iv) any agent, contractor or service provider providing administrative, distribution, credit reference, debt collection, telecommunications, computer, call centre, data processing, payment processing, printing, redemption or other services in connection with the Company's business; and/or
 - (v) any official, regulator, ministry, law enforcement agent or other person (whether within or outside Hong Kong) to whom the Company or another member of the Group is under an obligation or otherwise required or expected to make disclosures under the requirements of any law, rules, regulations, codes of practice or guidelines (whether applicable in or outside Hong Kong).
7. Your Personal Data may be transferred or disclosed to any assignee, transferee, participant or sub-participant of all or any substantial part of the Company's business.
8. The Company is only allowed to (i) use Your Personal Data in direct marketing; or (ii) provide Your Personal Data to another person or company for its use in direct marketing, if you provide your consent or do not object in writing.
9. In connection with direct marketing, the Company intends:
 - (i) to use your name, contact details, services and products portfolio information, financial background and demographic data held by the Company from time to time in direct marketing to market the following classes of services and products offered by the Company, other members of the Group and/or Our Business Partners (being providers of the product and services described below) from time to time:
 - a. insurance services and products;
 - b. wealth management services and products;
 - c. pensions, investments, brokering, financial advisory, credit and other financial services and products;
 - d. health-check and wellness services and products;
 - e. media, entertainment and telecommunications services;
 - f. reward, loyalty or privileges programmes and related services and products; and
 - g. donations and contributions for charitable and/or non-profit making purposes; and
 - (ii) to provide your name and contact details to any members of the Group and/or Our Business Partners for their use in direct marketing the classes of services and products described in paragraph 9(i) above (including, in the case of Our Business Partners, for money or other commercial benefit).
10. You may also write to the Company at the address below to opt out from direct marketing at any time.
11. To facilitate the purposes set out in paragraphs 5 and 9 above, the Company may transfer, disclose, grant access to or share Your Personal Data with the parties set out in paragraphs 6 and 9(ii) and you acknowledge that those parties may be based outside Hong Kong and that Your Personal Data may be transferred to places where there may not be in place data protection laws which are substantially similar to, or serve the same purposes as, the Personal Data (Privacy) Ordinance.
12. Under the Personal Data (Privacy) Ordinance you have the right to request access to Your Personal Data held by the Company and request correction of any of Your Personal Data which is incorrect and the Company has the right to charge you a reasonable fee for processing and complying with your data access request.
13. Requests for access to or correction of Your Personal Data should be made in writing to:

Corporate Data Protection Officer
FWD Life Assurance Company (Hong Kong) Limited /
FWD Life (Hong Kong) Limited
8th Floor, FWD Financial Centre,
308 Des Voeux Road Central,
Hong Kong.
- Should you have any queries, please do not hesitate to call our Customer Service Hotline on 2199 1000.
14. In case of discrepancies between the English and Chinese versions of this PICS, the English version shall apply and prevail.
15. The Company reserves the right, at any time effective upon notice to you, to add to, change, update or modify this PICS.

收集個人資料聲明

1. 閣下需要不時向富衛人壽保險(香港)有限公司 / 富衛人壽(香港)有限公司(「本公司」)或本公司的代理及代表就本公司的服務及產品提供個人資料及詳情。如未能提供所需資料及詳情,可能會導致本公司無法向閣下提供或繼續提供有關服務及產品。
2. 本公司亦可以利用閣下提供的資料及詳情製作及匯編額外的個人資料。本公司不時收集、製作及匯編的所有個人資料,以下統稱為「閣下的個人資料」。
3. 「閣下的個人資料」亦包括由閣下提供有關閣下的受養人、受益人、獲授權代表及其他人士的資料。如閣下代表他人提供個人資料,閣下確認閣下乃是他們的父母或監護人或閣下已取得有關人士之同意提供有關人士之個人資料予本公司作本聲明之用途。
4. 如本聲明所述,閣下的個人資料亦可能被本公司的附屬公司、控股公司、聯營或聯屬公司或本公司控制的公司或與本公司受共同控制的公司(統稱「本集團」)處理。
5. 閣下的個人資料可能用於以下用途:
 - (i) 向閣下提供本公司的服務及產品包括管理、維持、處理及運作有關服務及產品;
 - (ii) 處理、評估及決定閣下就本公司的服務或產品而提出的任何申請或要求,以及維持閣下在本公司的賬戶;
 - (iii) 發展保險及其他金融服務及產品;
 - (iv) 發展及維持本公司信貸及風險之相關模型;
 - (v) 處理付款指示;
 - (vi) 釐訂任何欠付閣下或閣下所欠的負債,及向閣下或任何為閣下的債務提供擔保或其他承諾的人士收取及追討欠款;
 - (vii) 行使與本公司的服務及 / 或產品有關的任何權利;
 - (viii) 就本公司之服務及產品作出資格、信貸、身體、醫療、擔保、承保及 / 或身份核証;
 - (ix) 用於任何因本公司的產品或服務而由閣下提出或本公司對閣下提出的申索,包括作出、抗辯、分析、調查、處理、評核、決定、回應、解決或和解有關申索以及偵測和防止欺詐行為(無論是否與就此申請而發出的保單有關)所需的目的;
 - (x) 進行保單審閱及需求分析(不論是否定期進行);
 - (xi) 本公司或本集團的其他成員根據任何法律、規則、規例、實務守則或指引(不論在香港境內或境外適用)要求而須作出披露,包括向任何法定機構、監管機構、政府機構、稅務機構、執法機構或其他機構(包括為遵守制裁法、避免或偵查洗錢、恐怖分子資金籌集或其他不法活動)或向任何獨立監管或行業團體(如保險業聯會或協會等)作出披露;
 - (xii) 作本公司或本集團的任何成員的客戶服務、市場推廣、統計或精算研究;及
 - (xiii) 履行與上文第(i)至(xii)段直接有關的其他用途。
6. 閣下的個人資料將被保密但為達成上文第5段列出的用途,本公司可能將閣下的個人資料轉移、披露、讓其查閱或與以下各方共同使用:
 - (i) 本集團的其他成員;
 - (ii) 任何因本公司業務而聘用之經營保險相關及 / 或再保險相關業務之人士或公司;
 - (iii) 任何因本公司業務而聘用的治療師、醫院、診所、醫生、化驗所、技師、損失理算人、風險情報供應商、索賠調查人、整合保險業申索和承保資料的組織、防欺詐組織、其他保險公司(無論是直接地,或是通過防欺詐組織或本段中指名的其他人士)、警察、和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊(及其運營者)、法律顧問及 / 或其他專業顧問;
 - (iv) 任何向本公司之業務提供行政、分銷、信貸資料庫、債務追討、電訊、電腦、熱線中心、資料處理、付款處理、印刷、贖回或其他服務的代理人、承包商或服務供應商;及 / 或
 - (v) 任何本公司或本集團的其他成員負責任或需要或預期要根據任何法律、規則、規例、實務守則或指引(不論在香港境內或境外適用)作出披露的官員、規管者、部門、執法代理或其他人士(不論在香港境內或境外)。
7. 閣下的個人資料可能被轉移或披露予任何承讓人、受讓人、本公司業務的任何實質部分的參與人或次參與人。
8. 本公司只可在閣下作出書面同意或不反對的情況下 (i) 使用閣下的個人資料作直接促銷用途,或 (ii) 將閣下的個人資料提供予其他人士或公司作其直接促銷用途。
9. 就直接促銷而言,本公司擬:
 - (i) 使用本公司不時持有的閣下姓名、聯絡資料、服務及產品組合資料、財務背景及人口統計資料作直接促銷用途;銷售本公司、本集團其他成員及 / 或本公司之業務夥伴(即以下產品及服務的供應商)不時提供的下列服務及產品:
 - a. 保險服務及產品;
 - b. 財富管理服務及產品;
 - c. 退休金、投資、經紀、財務諮詢、信貸及其他金融服務及產品;
 - d. 健康檢查及健康服務及產品;
 - e. 媒體、娛樂及電信服務;
 - f. 獎賞、客戶忠誠或優惠計劃及相關服務及產品; 及
 - g. 為慈善及 / 或非牟利用途的捐款及捐贈。
 - (ii) 將閣下的姓名及聯絡資料提供予本集團任何成員及 / 或本公司之業務夥伴,讓其用於直接促銷上文第9(i)段所載的服務或產品(如為業務夥伴,則包括作金錢或其他商業利益)。
10. 閣下亦可於任何時間致函本公司以下地址,藉以拒絕直接促銷。
11. 為達成上文第5及第9段所列出的目的,本公司可能將閣下的個人資料轉移、披露、讓其查閱或與上文第6及第9(ii)段所列的各方共同使用及閣下知悉有關一方可能設在香港以外的地方及閣下的個人資料可能被轉往的地方未必設有與《個人資料(私隱)條例》大致相同或用作同一用途的資料保護法。
12. 根據《個人資料(私隱)條例》,閣下有權要求查閱本公司所持有閣下的個人資料,並要求改正閣下的不正確個人資料及本公司有權就處理及遵行閣下的查閱資料要求而收取合理費用。
13. 查閱或改正閣下的個人資料要求,應以書面形式向下列人士提出:

資料保護主任
富衛人壽保險(香港)有限公司 / 富衛人壽(香港)有限公司
香港中環德輔道中308號富衛金融中心8樓

如閣下有任何疑問,敬請致電本公司之客戶服務熱線2199 1000。
14. 中英文本如有歧異,概以英文本為準。
15. 本公司保留隨時增補、更改、更新及修訂本聲明之權利,並任何更改將於發出通知時起生效。