Policy Change Form For SmartLink Plus Protection Plan
智選雙全保保障計劃更改申請表

FWD insurance

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 nsured 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。
- Please be reminded to review the detailed information of risk profile and derivative exposure from the fact sheet and prospectus of the underlying funds of the selected investment options ("selected underlying investment choices") stated in below section(s).
  請查閱有關下述部分所選的投資選項的相關基金（「所選相關投資選擇」）之資料匯報及發行章程的風險狀況和衍生工具風險的詳細資料。
- All instructions concerning investment options involving derivative fund as stated in below section(s) will be rejected if there is any mismatch of latest risk profile or derivative knowledge, and/or Risk Profile Questionnaire has expired or become invalid. You must submit new Risk Profile Questionnaire, and your instructions will only be processed if the updated risk profile and derivative knowledge status match with requirements of the selected investment options.
  請注意如下述部分的投資選項中涉及衍生工具基金並與最近風險承擔能力、衍生工具知識有任何不符及 / 或投資風險承擔程度評估問卷已逾期或失效，與此等投資選項相關的指示將被拒絕。投資風險承擔程度評估問卷需要重新提交，並僅在其更新後的風險狀況及衍生工具知識符合投資選項的要求下，指示方會繼續執行。
- If there is/are any material change(s) in the circumstances of yourself which would result in a mismatch on Risk Profile Questionnaire or Risk Profile Questionnaire has expired (the Risk Profile Questionnaire is only valid for 12 months from the date of completion), you are required to re-submit Risk Profile Questionnaire.
  如自身情況有重大變更造成錯配的情況或投資風險承擔程度評估問卷已過期（該問卷只有效於完成後的 12 個月），投資風險承擔程度評估問卷需要重新提交。
- If the selected underlying investment choices stated as below is a mismatch with outcome of the Risk Profile Questionnaire, the selected investment options would not be accepted.
  如下述所選擇的相關投資選擇與投資風險承擔程度評估問卷的結果造成錯配情況，所選擇的投資選項將不會被接受。
- You must understand the nature and risks of the selected underlying investment choices stated in below section and has sufficient net worth to be able to assume the risks and bear the potential loses of trading in the selected underlying investment choices.
  你必須明白下述部分的相關投資選擇的性質及風險，而且確認有能力承受所選擇的相關投資選擇的潛在風險及損失。

<u>**General Enquiries 一般查詢**</u>

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。

The investment option prices of lump sum top-up (if applicable), switching and withdrawal will depend on the price of the respective investment option(s) on the next available Valuation Date following the date of the Company's approval of this request.
額外投資（如適用）、轉換及基金提取之投資選項價格將按照本公司批准本申請後之下一個可行的估值日的有關基金價格而定。

Please "✓" for applicable request(s). 請於適用之空格內加上「✓」號。

[1] ☐ **SWITCHING OF EXISTING INVESTMENT OPTION 轉換現有投資選項**

- Allocation of each investment option selected for switch in should be at least 10% and must be integer.
  所選每項轉入投資選項之分配最少為 10% 及必須為整數。
- Minimum Switching amount is USD100.00. 最低轉換金額為 100 美元。

Investment Option Code 投資選項代號	Switch Out (No. of Units) 轉出（單位數目）	Investment Option Code 投資選項代號	Switch in (%) 轉入 (%)
		Total 合計 =	**100%**

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[2] ☐ CHANGE OF INVESTMENT OPTION ALLOCATION PERCENTAGE
更改投資選項分配百分比

- Change of Investment Option allocation takes effect from Next Premium Due Date. 更改投資選項分配百分比將由下一個保費到期應付日期起生效。
- Allocation of each Investment Option selected should be at least 10% and must be integer. 所選每項投資選項之分配最少為10% 及必須為整數。
- The Total Allocation must be 100%. 合計分配必須為100%。

Investment Option Code 投資選項代號	Allocation % 分配 %
Total 合計 =	**100%**

[3] ☐ LUMP SUM TOP-UP PREMIUM[1]
繳付一筆過額外投資保費[1]

- Minimum investment amount is USD10,000. 最低投資金額為10,000 美元。
- Allocation of each Fund / Investment Option selected should be at least 10% and must be integer. 所選每項基金 / 投資選項之分配最少為10% 及必須為整數。
- The Total Allocation must be 100%. 合計分配必須為100%。
- Every application (new or top-up) for an Investment Linked Assurance Scheme product must now include, or be accompanied by, an Important Facts Statement ("IFS") and Applicant's Declaration ("AD"), Financial Needs Analysis ("FNA") and Risk Profiling Questionnaire ("RPQ"). 每一申請(新增或額外)必須包括，或附有重要資料聲明書及申請人聲明書，財務需要分析，及投資風險承擔程度評估問卷。
- The existing Investment Option Allocation is the latest Investment Option Allocation given by Policyowner to the Company and approved by the Company. For the avoidance of doubt, the Allocation of this section is only applicable to the purpose of this application of "Lump Sum Top-Up Premium". 現時之投資選項分配指示，乃保單持有人給本公司經本公司批核的最後投資選項分配指示。為避免疑問，本部份載有的投資選項分配指示，只適用於此次「一筆過額外投資保費」之申請。

Investment Amount 投資金額　USD 美元 ____________________

Fund / Investment Option Code 基金 / 投資選項代號	Allocation % 分配 %	Fund / Investment Option Code 基金 / 投資選項代號	Allocation % 分配 %
		Total 合計 =	**100%**

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[4] ☐ **CHANGE REGULAR TOP-UP PREMIUM[1]**
更改定期額外投資保費[1]

- Investment allocation should be same as that of Basic Premium. 投資分配需與基本保費相同。
- Allocation of each Fund / Investment Option selected should be at least 10%. 所選每項基金 / 投資選項之分配最少為10%。
- Minimum allocation amount is USD100 per year (annual mode) or USD9 per month (monthly mode). 最低投資金額為每年100美元(年繳)或每月9美元(月繳)。
- Every application (new or top-up) for an Investment Linked Assurance Scheme product must now include, or be accompanied by, an Important Facts Statement ("IFS") and Applicant's Declaration ("AD"), Financial Needs Analysis ("FNA") and Risk Profiling Questionnaire ("RPQ"). 每一申請(新增或額外)必須包括，或附有重要資料聲明書及申請人聲明書，財務需要分析，及投資風險承擔程度評估問卷。

New Modal Investment Amount 每期新投資金額 USD 美元 ______________________

[5] ☐ **REDUCE BASIC PREMIUM[1] / SUM ASSURED**
調低基本保費[1] / 保險金額

- Sum Assured can also be expressed as Sum Insured, Face Amount, Benefit Amount or Principal Amount. 保險金額亦可表達為主要投保額、保障金額或基本金額。
- Change takes effect on the policy anniversary and change request should be sent in within 2 months before policy anniversary. 更改將於保單週年日生效，更改申請需於保單週年日前兩個月內提交。
- Surrender charge will be deducted in accordance with the Schedule of Policy Charges in the Policy Provision. 本公司將根據保單條款內的「保單收費表」扣除退保費用。
- Minimum Basic Premium is US$10,000.00 per year or minimum Sum Assured is US$50,000.00. 最低基本保費為每年一萬美元，或最低保險金額為五萬美元。

New Sum Assured 新保險金額 USD 美元 ______________________

[6] ☐ **WITHDRAWAL OF FUND / INVESTMENT OPTION UNIT**
提取基金 / 投資選項單位

- Minimum withdrawal amount is US$500.00 and the Account Value after any such withdrawal shall not be less than US$1,000.00. 最少提取金額為500美元及提取後的賬戶價值不可少於1,000美元。
- If units from the Basic Premium Account are withdrawn, a surrender charge will be deducted in accordance with the Schedule of Policy charges in the Policy Provisions. 若單位從基本保費賬戶提取，本公司將根據保單條款內的「保單收費表」扣除退保費用。
- For Name of Fund / Investment Option for each plan, please refer to the Fund / Investment Option Name List for full details. 有關計劃之基金 / 投資選項名稱及代號，請參閱基金 / 投資選項名稱一覽表。

Fund / Investment Option Code 基金 / 投資選項代號	Withdrawal (No. of Units) 提取(單位數目)	Fund / Investment Option Code 基金 / 投資選項代號	Withdrawal (No. of Units) 提取(單位數目)

Payment Instruction for Withdrawal of Fund / Investment Option Units 提取基金 / 投資選項單位提款指示
Please choose one of the following: 請選擇以下其中一項：

☐ Cheque Payment 支票付款： ☐ HKD 港元 ☐ USD 美元

☐ Deposit into local **Hong Kong Dollar** Bank Account 轉賬至本地銀行之**港元**賬戶
- Recipient Bank Account must be held by the Policyowner
  入賬賬戶持有人必須為本保單持有人
- **Please provide account holder's bank account proof which shows account holder name and account number**
  請提供賬戶持有人的銀行賬戶證明，而該證明須列有銀行賬戶持有人姓名及銀行賬號

☐☐☐ – ☐☐☐ – ☐☐☐☐☐☐☐☐☐
Bank No. 銀行編號 Branch No. 分行編號 Account No. 賬戶號碼

- If no payment instruction is indicated, payment(s) will be made by Policy Currency cheque(s).
  如沒有款項處理指示，有關款項將依照保單貨幣以支票支付。

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Please note 請注意	Investment-linked product is subject to investment risks, including possible loss of the principal amount invested if switching of existing Fund / Investment Option or withdrawal of Fund / Investment Option unit is made. 投資帶有風險，如調動現有基金 / 投資選項或提取基金 / 投資選項單位，可能導致本金損失。
[7] ☐ **Automatic Premium[1] Payment** **自動保費[1]繳付**	☐ **Execution of Automatic Premium Payment** (*) - Effective from Next Premium Due Date. **啟動自動保費繳付** (*) 由下一個保費到期應付日期起生效。 ☐ **Cancellation of Automatic Premium Payment** (recommencement of Premium Payment) - Effective from Next Premium Due Date **停止自動保費繳付** (重新繳付保費) 由下一個保費到期應付日期起生效。 (*) Automatic Premium Payment Request is ONLY applicable before 2nd Anniversary Date (except for SmartLink Plus Protection Plan that does not contain Premium Holiday Provisions). 自動保費繳付選擇祇適用於第二個週年日之前 (未附有暫延保費期條款的「智選雙全保」保障計劃除外)。 Policy Charges under the Policy are still payable during Automatic Premium Payment. Please refer to the Policy Provision for details. For premium levy[1] arrangement during Automatic Premium Payment, please call our Service Hotline. 於自動保費繳付期內仍需支付有關保單收費。詳情請參閱保單條款。有關保費徵費[1]於自動保費繳付期內之安排，請致電我們服務熱線。

Note 1: Effective from January 1, 2018, a levy on premium of insurance policy is payable to Insurance Authority by Policyowner in accordance with Insurance (Levy) Order and the Insurance Levy Regulation. Levy premium in accordance with the maximum levy percentage per year will be additionally charged. For details information, please refer to Insurance Authority website www.ia.org.hk.
註1 : 由2018年1月1日起，根據《保險業(徵費)令》及《保險業(徵費)規例》，保單持有人必須向保險業監管局繳付保單之保費徵費。保費徵費按每年徵費上限之百分比額外收取。有關保費徵費詳情，請參閱保險業監管局網頁 www.ia.org.hk。

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Foreign Tax Reporting And Withholding Obligations 外國稅務申報及預扣義務

I/We confirm that I/We have read and fully understand the implications of the contents of the "Foreign Tax Reporting and Withholding Obligations" as set out in the Appendix (the "Tax Obligations Provisions") attached to this application. Should this application be accepted by FWD Assurance, I/We irrevocable agree to be bound by the contents of the Tax Obligations Provisions. In particular, I/We confirm that my/our agreement, waiver and confirmations given in the Tax Obligations Provisions are irrevocable. I/We further agree that FWD Assurance shall not be liable for any costs or loss that I/We (or any other person who is entitled to access the policy value, change a beneficiary, or claim or receive a benefit payment) may incur because of FWD Assurance taking any of the actions permitted in this Application (including the Tax Obligations Provisions).

本人/吾等確認本人/吾等已經閱讀及完全明白附加於本申請附件所載<外國稅務申報及預扣義務>(「稅務責任條款」)內容之含義。當富衛壽險接納本申請，本人/吾等不可撤銷地同意受稅務責任條款內容所約束。本人/吾等尤其確認本人/吾等針對稅務責任條款所作出的同意、豁免和確認乃不可撤銷。本人/吾等繼而同意富衛壽險基於本申請(包括稅務責任條款)針對本人/吾等(或任何其他有權獲得保單價值、更改受益人、或者申索或收取保單項下的給付利益的人士)提出的任何行動而招致的任何支出或損失不會負上任何責任。

Declaration and Authorization 聲明與授權

I/We declare 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 Life Assurance Company (Hong Kong) Limited / FWD Life (Hong Kong) Limited (wherever applicable) ("FWD Assurance") to accept the application.

I/We confirm that the Privacy Policy Statement has been made available to me/us, and have read, understand and agree this Privacy Policy Statement to be applied to all products and services offered by FWD Life Assurance Company (Hong Kong) Limited / FWD Life (Hong Kong) Limited (whenever applicable) ("FWD Assurance").

I/We (acting on behalf of the Insured Person, 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 Person, 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 Person, 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.

本人/吾等在此聲明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」)不能接受本申請。

本人/吾等確認＜私隱政策聲明＞予以提供給本人/吾等查閱。本人/吾等經已閱讀並明白及同意<私隱政策聲明>適用於富衛人壽保險（香港）有限公司/富衛人壽（香港）有限公司(如適用)(「富衛壽險」)所提供的所有產品及服務。

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。

(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 Assignee / Irrevocable Beneficiary (if applicable)
受讓人/不可撤換受益人姓名
(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 Assignee / Irrevocable Beneficiary (if applicable)
受讓人/不可撤換受益人簽署(如適用)

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Foreign Tax Reporting and Withholding Obligations 外國稅務申報及預扣義務

I / We acknowledge that FWD Assurance may from time to time be subject to various tax reporting and withholding obligations imposed by foreign laws, treaty, regulation, guidance, rules, codes of practices, guidelines and/or intergovernmental agreements and agreements with foreign governments or tax authorities (the "Applicable Laws and Regulations"). I / We irrevocably agree to the following:

(a) FWD Assurance may require me/us (and any other person who is entitled to access the policy value, change a beneficiary or claim or receive a benefit payment under the Policy, including without limitation, any policy claimant, assignee and beneficiary, each, a "Consenting Person") to provide FWD Assurance with the Personal Information, and any update to the Personal Information to ensure its compliance with the Applicable Laws and Regulations.

(b) Any Personal Information shall be provided to FWD Assurance within such time and in such manner as FWD Assurance may require, and any update shall be notified to FWD Assurance promptly.

(c) FWD Assurance may disclose the Personal Information and Policy Information, including, where applicable, any update to such information, to any governments or tax authorities.

(d) Where I / we or any Consenting Person fails to provide FWD Assurance with the updated, correct and complete Personal Information in the manner described in (a) and (b) above, FWD Assurance may, for the purpose of ensuring its compliance with the Applicable Laws and Regulations, deduct or withhold such amount payable under the Policy and/or provide any of the Personal Information and/ or Policy Information to such governments or tax authorities.

(e) The following terms have the meanings as follows:

"Personal Information" means: (i) where I am / we are an individual(s), my / our full name(s), date(s) of birth, place(s) of birth, residential address(es), mailing ddress(es), taxpayer identification number(s), social security number(s), citizenships, residency(ies) and tax residency(ies); (ii) where I am / we are a corporate(s), my / our full name(s), my/our place of incorporation or formation, registered address, address of place of business, mailing address(es), tax identification number, as well as tax residency(ies), registered address, address of place of business or (if applicable) residential address of each of my / our substantial shareholders and controlling persons.

"Policy" means insurance policy relating to this application.

"Policy Information" means any information relating to the Policy including without limitation the Policy number, Policy balance or value, gross receipts, withdrawals and payments from the Policy.

(f) I/We will update FWD Assurance about any changes in my/our tax residence status within 30 days of that change.

本人/吾等得悉富衛壽險須不時遵守外國法律、條約、規例指引、規則、實務指引、守則及/或政府相互協議以及外國政府或稅務機關訂立的協議所頒佈的多樣稅務滙報及預扣款項責任(「適用法律及法規」)。本人/吾等不可撤回地同意下列各項:

(a) 為確保富衛壽險遵守適用法律及法規所要求,富衛壽險可要求本人/吾等(以及任何有權獲得本保單價值、更改受益人或者申索或收取本保單項下的給付利益的人士,包括但不限於任何保單索償人、受讓人及受益人,每一人士為「同意人」)向富衛壽險提供個人資料,以及個人資料的任何更新及詳情。

(b) 按照富衛壽險所要求的時間及方式向富衛壽險提供任何個人資料,及迅速告知富衛壽險該等資料的任何更新及詳情。

(c) 富衛壽險可向任何政府或稅務機關披露個人資料及保單資料,包括(如適用)該等資料的任何更新及詳情。

(d) 如本人/吾等或任何同意人未有遵從上述(a)及(b)項向富衛壽險提供最新、正確無誤及完整的個人資料,富衛壽險為確保遵守適用法律及法規所要求,富衛壽險可自根據本保單應給付的任何款項之中扣除或預扣有關款項及/或將本人/吾等的任何個人資料及/或保單資料提供給相關政府或稅務機關。

(e) 以下詞語包含以下定義:

「個人資料」指:(i) 如本人/吾等為個人,即本人/吾等的全名、出生日期、出生地點、住址、郵寄地址、納稅人識別編號、社會安全號碼、所有國籍、居留地、稅務居留地等資料;(ii) 如本人/吾等為公司實體,即本人/吾等的全名、成立/組成地點、註冊地址、經營地址、郵寄地址、納稅人識別編號、以及本人/吾等各主要股東及控制人的稅務居留地、註冊地址、經營地址或(如適用)住址等資料。

「保單」指本申請相關之保單。

「保單資料」指關於本保單的任何資料,並包括但不只限於保單編號、保單結餘或價值、在本保單下收取、提取和給付款項總額。

(f) 本人/吾等將會通知富衛壽險有關稅務居民身分之改變,並於發生改變30日內通知。

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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.

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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有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。

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