Change of Ownership Application Form
更改保單權益人申請書

FWD insurance

Policy Information 保單資料		
Policy Number 保單號碼 ("Policy" " 保單 ")		
	Life Insured 被保人	Policy Owner 保單權益人
Name 姓名		
○ Hong Kong Permanent Identity Card No. 香港永久身份證號碼	( )	( )
○ Passport No. / Travel Document No. 護照編號 / 旅遊証件號碼		

Important Notes 重要事項 :

*POLICY OWNER MUST BE OVER 18 YEARS OLD 保單權益人必須 18 歲以上

(1) The New Policy Owner must provide 新保單權益人請提供 :-
For individual 如屬個人
(a) copy of Hong Kong Permanent Identity Card or Passport/Travel Document; and
香港永久身份證或護照 / 旅遊証件副本 ; 及
(b) completed FWD "Personal Information Collection Statement"; and
已填妥之富衛「收集個人資料聲明」; 及
(c) completed "Declaration relating to Foreign Account Tax Compliance Act"; and
已填妥之有關《外國帳戶稅務合規法》的聲明 ; 及
(d) completed "Declaration relating to Automatic Exchange of Financial Account Information".
已填妥之「有關自動交換財務帳戶資料的聲明」。
For non-individual 如屬非個人
Please contact your adviser or customer service centre about documents required.
請與閣下之理財顧問或客户服務部查詢所需文件。

(2) FWD Life Insurance Company (Bermuda) Limited ("FWD") reserves the right to request additional information or documents and shall have the right to decline this application if all requirements are not met.
富衛人壽保險 (百慕達) 有限公司 ("富衛") 有權要求額外資料或文件，如未能達到所有要求，富衛有權拒絕此申請。

(3) This application shall have no binding effect unless this Application Form is received, approved and recorded by FWD during the life time of the existing Policy Owner and the Life Insured and Endorsement is issued.
除非富衛於現有保單權益人及被保人在生期間已收妥，批准及存檔此申請書，並發出約章，否則此申請均無約束力。

(4) This Application Form is only applicable for change of ownership of the Policy request, any other request for change services (including but not limited to change of beneficiary, change of contingent owner and change of contingent insured) for the Policy must be submitted with services request form.
此申請書只適用於更改保單權益人要求，任何其他保單服務的申請 (包括但不限於更改保單之受益人、更改後備保單權益人或後續被保人等) 必須另外遞交更改申請書。

(5) The New Policy Owner shall immediately inform FWD in writing if there is any change in the information provided.
如提供之資料有任何改變，新保單權益人必須即時以書面通知富衛。

Information of New Policy Owner 新保單權益人資料

For Individual 如屬個人

Name in English 英文姓名 :

Family Name 姓氏 | Given Name 名

Name in Chinese 中文姓名 :

Hong Kong Permanent Identity Card No. / Passport No. / Travel Document No. *Delete if inapplicable 身份證號碼 / 護照編號 / 旅遊証件號碼 * 刪除如不適用	Sex 性別 ○ Male 男 ○ Female 女	Relationship with Insured 與被保人關係
Date of Birth 出生日期 Day 日 Month 月 Year 年	Place of Birth 出生地點	Nationality 國籍
Occupation 職業	Industry 行業	

For non-individual 如屬非個人

Name in English 英文名稱 : _____

Name in Chinese 中文名稱 : _____

New Policy Owner's Address (applicable to individual and non-individual) 新保單權益人地址 (適用於個人及非個人)
Note 注意 :
Residential address will be treated as Permanent Address unless otherwise specified 除非特別註明否則住宅地址將視作為永久地址
The address will be applied to all policies held by the New Policy Owner unless otherwise specified 除非特別註明否則地址將適用於新保單權益人持有之所有保單。

Residential Address 住宅地址

Flat / Room 室 Floor 樓 Block 座

Building 大廈 / Estate 屋

Street / Road 街道名稱

District / Area 地區 ○ HK 香港 ○ KLN 九龍 ○ NT 新界

○ Others, please specify 其他，請說明 _____

Telephone Number 電話號碼及電郵地址

Country Name 國家名稱 Residential 住宅

Country Name 國家名稱 Business 辦公室

Country Name 國家名稱 Mobile 流動電話

E-mail Address 電郵地址

Please complete this part if the Correspondence Address is different with Residential Address 請填寫此欄如通訊地址與住宅地址不同

Correspondence Address 通訊地址

Flat / Room 室 Floor 樓 Block 座

Building 大廈 / Estate 屋

Street / Road 街道名稱

District / Area 地區 ○ HK 香港 ○ KLN 九龍 ○ NT 新界

○ Others, please specify 其他，請說明 _____

Financial Information of New Policy Owner 新保單權益人的財務資料

(1) Please provide source of wealth. Please specify type(s) and total amount in below?
請提供財富來源。請註明種類及總金額？

Type 種類
○ Cash 現金
○ Money in bank accounts 銀行存款
○ Money in market accounts 貨幣市場賬户
○ Actively traded stocks 交投活躍的股票
○ Bonds and mutual funds 債券及互惠基金
○ US Treasury bills 美國國庫債券
○ Others (Please specify) 其他 (請詳述) _____

Amount in HK$ 港幣 _____

(2) In considering your ability to make payment as a New Policy Owner, what are your sources of funds? (ticks one or more)
就閣下作為新保單權益人的繳付保費能力，請提供其資金來源？(可選多於一項)

○ Salary 薪酬
○ Income 收入
○ Savings 儲蓄
○ Investments 投資
○ Others (Please specify) 其他 (請詳述) _____

Collection of Levy by the Insurance Authority ("IA")
From 1 January 2018, a levy on insurance premiums for insurance policies ("levy") will be payable to the IA by the policyowner. IA will collect the levy from the policyowner through insurance companies. The policyowner will commit an offence and be liable to a pecuniary penalty not exceeding HK$5,000 if he or she fails to pay the levy. The levy must be paid when the premium is paid.
The following will apply to the collection of the levy, irrespective of any other information that may be contained in this form, policy provision or any other agreements with FWD:
(a) you authorize FWD to deduct the levy by Automatic Premium Loan ("APL") if any renewal premium of the policy is being paid by APL and such levy shall be part of APL on which interest shall be charged in accordance with the policy provisions;
(b) you authorize FWD to deduct the levy for any rider attached to the policy from the policy value when the policy is exercising premium holiday;
(c) you authorize FWD to deduct outstanding levy (if any) from the final policy payment amount upon policy termination;
(d) in case the payment you pay to FWD is insufficient to cover the payment for both the premium and the levy, you authorize FWD to settle the premium first ; and
(e) in case the payment you pay to FWD is to settle any outstanding levy, you authorize FWD to first settle the oldest outstanding levy.

保險業監管局 (「保監局」) 收取的保費徵費
由 2018 年 1 月 1 日起，保單權益人必須向保監局繳付保單之保費徵費 (「徵費」)。保監局將透過保險公司向保單權益人收取徵費。未能依時繳交徵費即屬違法，保單權益人可被罰款最高港幣五千元。徵費須與保費同時繳交。
不論本表格、保單條款或與富衛之間任何其他協議載有其他資料，以下有關收取徵費的條款均適用：
(a) 閣下授權富衛可於保單之任何續期保費透過自動保費貸款形式支付時，同時透過自動保費貸款形式扣除徵費，該扣除之徵費將成為自動保費貸款的一部份並將按保單條款計算利息；及
(b) 如保單行使保費假期，閣下授權富衛可於保單價值扣除任何保單附約的徵費；及
(c) 如於保單終止時有未繳徵費餘額，閣下授權富衛可於保單應支付款項中扣除徵費；及
(d) 如閣下所繳付的金額不足以扣除保費及徵費，閣下同意富衛先扣除保費；及
(e) 如閣下所繳付的金額是用作繳付逾期徵費，閣下授權富衛先扣除最前期的逾期徵費及。

Declaration relating to Foreign Account Tax Compliance Act

I/We declare that I/we have examined relevant information on this form and this section and to the best of my/our knowledge and belief it is true, correct and complete. I/We hereby declare, agree and acknowledge that

1. The Company and/or its affiliates are obliged to comply with the requirements of the laws, regulations, orders, guidelines, codes, and requirements including the applicable requirements under the Foreign Account Tax Compliance Act of or agreements with any public, judicial, taxation, governmental and/or other regulatory authorities, including the Internal Revenue Service of the United States of America (the "Authorities" and each an "Authority") in various jurisdictions as promulgated and amended from time to time (the "Applicable Requirements").
2. **The answer below is true and accurate.**
   If you are an individual, are you, or are you acting for and on behalf of, a United States person, being a U.S. citizen, U.S. resident for U.S.federal income tax purposes or U.S. Resident Alien (i.e. a so-called U.S. green card holder), whether or not you reside outside of the U.S.? If you are a body corporate#, (a) are you a partnership or corporation organized in the United States or under the laws of the United States or any State, or (b) do you have any beneficial owner(s) holding a 10% or more direct or indirect interest in you who is a U.S. citizen, resident or U.S. entity?
   ☐ Yes (and I/we hereby provide the Company with my/our IRS Form W-9)
   ☐ No
   # If you are a trust, (a) would a court within the United States have authority under applicable law to render orders or judgments concerning substantially all issues regarding administration of the trust, and (b) do one or more U.S. persons have the authority to control all substantial decisions of the trust or an estate of a decedent that is a citizen or resident of the United States?
3. I/We agree to notify the Company in writing within 30 days if there is any change of any of the details previously provided to the Company whether at time of application or at any other times, in particular, my/our nationality/place of incorporation, tax status or tax residency changes or if I/we become tax resident in more than one country. If any of these changes occurs or if any other information comes to light concerning such changes, the Company may need to request certain documents or information from me/us, including duly completed and/or executed (and, if necessary, notarized) tax declarations or forms.
4. I/We agree that the Company may disclose my/our particulars or any information to any Authority (in or outside Hong Kong) in connection or adherence with the Applicable Requirements. For the purposes of the foregoing and notwithstanding anything contained in this form or any other agreements between the Company and myself/ ourselves, I/we may need to provide the Company with further information and within such time as may be required for disclosure to any Authority. I/We also agree to provide the Company with such assistance as may be necessary to enable the Company to comply with its obligations under all Applicable Requirements concerning myself/ourselves or my/our policies with the Company.
5. If I/we do not provide the Company with the information or documents requested in a timely manner or if any information or documents provided are not up-to-date, accurate or complete such that the Company is unable to ensure its ongoing compliance or adherence with the Applicable Requirements, I/we agree that the Company may withhold payment of any amount due to myself/ourselves or my/our personal representatives/representatives under my/our policy(ies) in compliance with the Applicable Requirements and/or pay the same to any relevant Authority on my/our behalf as the relevant Authority may require. I/We also agree that the Company reserves the right and shall be entitled to terminate my/our policy(ies) and return to me the cash value (if any) without interest which shall be calculated pursuant to applicable terms and conditions and provisions of such policy(ies) net of any outstanding amounts relating to such policy(ies), or take any such other action(s) as may be reasonably required including but not limited to making adjustments to the values, balances, benefits or entitlements under such policy(ies).
6. ***(Applicable for juvenile trust policy)*** In relation to the juvenile trust policy issued to an insured whose age is below 18 and to which I/we act as a trustee, notwithstanding any provisions under such policy to the contrary, I/we may assign the legal ownership of such policy to the insured upon the insured attaining age 18 by completing the required forms and providing all information and such documents as the Company may require at the time of application for the transfer of ownership.
7. ***(Applicable for policies with Assignment clause)*** In relation to a policy where the policy owner has a right to assign the policy as collateral for a loan in accordance with the policy provisions, notwithstanding any provisions under such policy to the contrary, I/we (as policy owner) may assign the policy by completing (and procuring the proposed assignee to complete) the required forms and providing (and procuring the proposed assignee to provide) all information and such documents as the Company may require.
8. This Policy Services Request Form (including all the declarations, agreement and acknowledgements herein) shall amend or supplement the application(s) for all of my/our policy(ies) with the Company. This Policy Services Request Form and such application(s) shall together form part of the terms and conditions and provisions of all of my/our policy(ies) with the Company.

有關《外國帳戶稅務合規法》的聲明

本人 / 吾等聲明，本人 / 吾等已詳細閱讀本表格上及本部分的有關資料，就本人 / 吾等所知及所信，本表格內所填報的資料均是真實、正確和完整。本人 / 吾等謹此聲明、同意及承認：

1. 公司及 / 或任何其附屬機構須遵從法律，法規，命令，指引，守則和包括《外國帳戶稅務合規法》適用規定的要求，或任何公眾，司法，稅務，政府和 / 或其他監管機構協定的要求，包括美國國家稅務局（以下簡稱「監管機構」）在不同司法管轄區不時頒布及修訂的協定（以下簡稱「適用規定」）。
2. **以下回答乃真確無誤：**
   如閣下為個人，閣下是否美國人士，即美國公民、符合美國所得稅目的之美國居民、或擁有美國居民身份之外儒（即美國綠卡持有人），不論閣下是否在美國境外定居（或閣下是否代表上述美國人士行事）？如閣下為法人#，(a)閣下是否於美國組織，或根據美國或任何美國州份的法律而組織的合夥企業或實體，或(b)閣下之實益擁有人中有否美國公民、美國居民或美國機構直接或間接持有大於10%閣下之股權？
   ☐ 是（本人 / 吾等在此向公司提供本人 / 吾等之IRS W-9表格）
   ☐ 否
   # 如閣下為信託，(a)美國境內的法院是否有權根據適用法律就有關信託管理的絕大部分問題下達命令或判決，及(b)有否一個或多個美國人士有權控制信託或死者為美國公民或美國居民的遺產的所有重大決定？
3. 就本人 / 吾等任何在申請時或其他時間向公司提供的任何資料，尤其是對於本人 / 吾等的國籍 / 註冊地，稅務狀況或稅藉所在地的變動，或若本人 / 吾等擁有多於一個國家的稅藉，本人 / 吾等同意在三十天內書面通知公司。若發生這些變動，或若任何這種變動的其他資料已為大家所知，公司可能會要求本人 / 吾等提供某些文件或資料，包括正式填妥及 / 或簽署（並且如有需要，由公證人作出公證）的稅務申報或表格。
4. 本人 / 吾等同意公司可能會根據適用規定的要求，向任何在香港境內或境外的監管機構披露本人 / 吾等的個人資料或任何資料。基於前述的原因，以及儘管在本表格或公司與本人 / 吾等之間的任何其他協議所載的任何內容，本人 / 吾等可能需要向公司在要求的時間內提供進一步資料，以便公司應任何監管機構向其透露。本人 / 吾等亦同意向公司提供協助，使公司能夠就本人或本人 / 吾等從公司購買的保單，遵行公司在適用規定下的義務。
5. 如果本人 / 吾等未能及時向公司提供資料或文件，或本人 / 吾等所提供的資料或文件並非最新，準確或完整，引致公司無法確定它可以持續遵從適用規定，本人 / 吾等同意公司可以按適用規定的要求，就公司於本人 / 吾等保單應支付本人 / 吾等或本人 / 吾等的個人代表 / 代表的任何款項中作出扣留，並 / 或按相關監管機構的要求，代本人 / 吾等向相關監管機構支付所扣留的款項。本人 / 吾等且同意公司保留權利，有權終止本人 / 吾等之保單及根據保單適用的條款條件及規定計算現金價值（如有），扣除保單的相關欠款後無息還給本人 / 吾等，或採取任何行動，包括但不限於對根據保單計算得出的保單價值、結餘、保險賠償或享有權作出調整。
6. ***（適用於兒童信託保單）*** 就向未滿 18 歲的受保人簽發且以本人 / 吾等為信託人的兒童信託保單而言，儘管該保單的保單條款另有規定，於受保人年滿 18 歲後，本人 / 吾等可填妥公司就更改保單權益人的申請所要求的表格及提供所有公司要求的資料和文件，將該保單的權益轉給受保人。
7. ***（適用於含有權益轉讓條款的保單）*** 如保單權益人根據保單條款有權將該保單轉讓以作貸款之抵押，儘管該保單的保單條款另有規定，本人 / 吾等（即保單權益人）可填妥（及促使擬受讓人填妥）所要求的表格以及提供（及促使擬受讓人填妥）所有公司要求的資料和文件，將該保單的權益轉讓。
8. 本更改保單合約內容申請書（包括在此作出的所有聲明、同意及承認事項）將更改或補充本人 / 吾等從公司購買的所有保單之申請書。本更改保單合約內容申請書及該些保單之申請書將一併構成本人 / 吾等從公司購買的所有保單之條款條件及規定的一部份。

Declaration relating to Automatic Exchange of Financial Account Information

1. I/We acknowledge that pursuant to the legal provisions for exchange of financial account information under the Inland Revenue Ordinance (Cap. 112), the Company and/or its affiliates are required to collect information concerning my/our tax residency* and, if applicable, to furnish such information to the Inland Revenue Department of the Hong Kong Special Administrative Region.
2. I/We declare that my/our answers to the questions below are true and accurate:
   For INDIVIDUAL Applicant Only
   Are you a *tax resident in other jurisdiction(s) (except Hong Kong and U.S.)?**
   (If "YES", please provide the Company with a completed "Self-Certification Form for Individual")
   ☐ YES ☐ NO

   For ENTITY Applicant Only
   All entity applicants are required to fill in and return the "Self-Certification Form for Entity", and if applicable, the "Self-Certification Form for Controlling Person" as well (Please refer to Part 3 of the "Self-Certification Form for Entity" to see if it is necessary to submit the "Self-Certification for Controlling Person").

*An individual or entity may be a tax resident of more than one jurisdiction. If you have any questions about your tax residency in any jurisdiction(s), please consult your tax advisors.

3. I/We agree to notify the Company in writing within 30 days if there is any change of the above information provided to the Company, whether at time of application or at any other times, in particular, my/our nationality/place of incorporation, tax status or tax residency changes or if I/we become tax resident in other country. If any of these changes occurs or if any other information comes to light concerning such changes, the Company may need to request certain documents or information from me/us, including duly completed and/or executed (and, if necessary, notarized) declarations or forms.

有關自動交換財務帳戶資料的聲明

1. 本人 / 吾等確認，根據《稅務條例》（第 112 章）有關交換財務帳戶資料的法律條文，公司及 / 或其附屬公司須收集有關本人 / 吾等的稅務居民身分的資料及在適用的情況下，向香港特別行政區的稅務局提供有關資料。
2. 本人 / 吾等聲明本人 / 吾等就以下問題作出的答案均為真確無誤：
   只適用於個人投保人
   閣下是否為其他司法管轄區（除香港及美國以外）的稅務居民？
   （如答案為"是"，請向公司提供已填妥的"個人自我證明表格"）
   ☐ 是 ☐ 否

   只適用於實體投保人
   所有實體投保人均須填寫及交回"實體自我證明表格"及（如適用）"控權人自我證明表格"（欲知是否需要提交"控權人自我證明表格"，請參閱"實體自我證明表格"的第 3 部分）

* 個人或實體可為多於一個司法管轄區的稅務居民。如對稅務居民司法管轄區有任何疑問，請諮詢閣下 / 貴公司的稅務顧問。

3. 就本人 / 吾等向公司提供的以上任何資料如在申請時或其他任何時間有任何變動，本人 / 吾等同意在三十天內書面通知公司有關之變動，尤其是本人 / 吾等的國籍 / 註冊地，稅務狀況或稅藉所在地的變動，或若本人 / 吾等成為其他國家的稅務居民。如任何這些變更，或任何其他信息顯示有相關變更，公司可能要求本人 / 吾等提供某些文件或資料，包括已填妥及簽署（並且如有需要，由公證人作出公證）的聲明或表格。

Declaration of New Policy Owner 新保單權益人聲明

(1) I/we have read and accept the Declaration relating to Foreign Account Tax Compliance Act attached hereto; and
本人 / 吾等已閱讀及同意隨附之有關 « 外國帳户税務合規法的聲明；及

(2) I/we am/are
本人 / 吾等
- ☐ **the beneficial owner of all the interests and benefits of the Policy(ies) and not acting on behalf of any other person or as trustee.**
  為保單所有權益和利益的實益擁有人和不是作為第三者代表或以信託人身份。
- ☐ **not the beneficial owner of all the interests and benefits of the Policy(ies) to be issued and acting on behalf of other person or as a trustee to own the Policy(ies).**
  並非保單所有權益和利益的實益擁有人和乃作為第三者代表或以信託人身份持有保單。

(3) I/we have read, understood and accepted the Personal Information Collection Statement ("PICS") attached to this form.
The Company intends to send you marketing communications or materials and use your Personal Data in accordance with paragraphs 8 & 9 of the PICS. 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 intended use of my personal data**
本人 / 我們已閱讀、明白及接受此表格附載的收集個人資料聲明。
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**

(4) I/we shall immediately inform FWD in writing if there is any change in the information provided in this Application Form.
如在此申請書所提供之資料有任何改變，本人 / 吾等必須即時以書面通知富衛。

Date (DD/ MM/ YYYY) 日期 (日 / 月 / 年)	Signature of New Policy Owner 新保單權益人的簽署	Name of Witness 見証人姓名	Signature of Witness 見証人的簽署

Signature of Existing Policy Owner 現有保單權益人簽署

Date (DD/ MM/ YYYY) 日期 (日 / 月 / 年)	Signature of Existing Policy Owner 現有保單權益人的簽署	Name of Witness 見証人姓名	Signature of Witness 見証人的簽署

For Office Use Only 本公司專用

Adviser Name 理財顧問	Adviser Location 理財顧問地區	Adviser Code 理財顧問號碼	Adviser Signature 理財顧問簽署
1.			
2.			

Personal Information Collection Statement ("PICS")

1. From time to time, it is necessary for you to supply FWD Life Insurance Company (Bermuda) 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 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 (such as phone number, email address and mailing address), gender, 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 services and products 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 (such as phone number, email address and mailing address), gender, services and products portfolio information, financial background and demographic data to FWD General Insurance Company Limited or any members of the Group and/or Our Business Partners for their use in direct marketing for 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).

   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, you may write to the Corporate Data Protection Officer of the Company at the address below to opt out from direct marketing at any time:

   Corporate Data Protection Officer
   FWD Life Insurance Company (Bermuda) Limited
   8/F, FWD Financial Centre,
   308 Des Voeux Road Central
   Hong Kong

10. 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.
11. 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.
12. Requests for access to or correction of Your Personal Data should be made in writing to the Corporate Data Protection Officer of the Company at the address above. Should you have any queries, please do not hesitate to call our Customer Service Hotline on 3123 3123.
13. In case of discrepancies between the English and Chinese versions of this PICS, the English version shall apply and prevail.
14. 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（百慕達）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) 使用本公司持有閣下的資料作不定期直接促銷用途，資料包括閣下的姓名、聯絡資料（例如：電話號碼、電郵地址、郵寄地址）、性別、於本公司的服務及產品組合、及財務背景，以及人口統計資料。此等直接促銷涵蓋本公司、本集團其他成員及/或本公司之業務夥伴（即以下服務及產品的供應商）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（例如：電話號碼、電郵地址、郵寄地址）、性別、服務及產品組合資料，及財務背景，以及人口統計資料提供予富衛保險有限公司或本集團任何成員及 / 或本公司之業務夥伴，讓其用於直接促銷上文第9(i)段所載的服務及產品（如為業務夥伴，則包括作金錢或其他商業利益）。

本公司有意向閣下送交推廣訊息或資料及根據上述第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本公司擬對閣下的個人資料的使用，閣下可於任何時間致函本公司的資料保護主任並將函件郵寄至以下地址，藉以行使閣下不同意此項安排的權利：

富衛人壽保險 (百慕達) 有限公司
香港德輔道中 308 號
富衛金融中心 8 樓

10. 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。
11. 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。
12. 查閱或改正閣下的個人資料要求，應以書面形式向本公司的資料保護主任提出並將函件郵寄至上述地址。如閣下有任何疑問，敬請致電本公司之客戶服務熱線 3123 3123。
13. 中英文本如有歧異，概以英文本為準。
14. 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。