Reinstatement / Policy Coverage Change Form
保單復效 / 保單保障更改表格

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 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 或寄交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。
- 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。
- The amounts of Sum Assured are in Policy Currency.
  保險金額以保單貨幣計算。

General Enquiries 一般查詢

For general enquiries, please call our Service Hotline on 3123 3123 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 3123 3123。

[1] ☐ Term / Critical Illness Conversion 定期 / 危疾保單轉換

Convert Sum Assured 轉換保額 _____ to New Application number 至新保障計劃號碼 _____

Note 註 : Please submit together with Insurance Application Form.
請連同保險投保申請表一併遞交。

Remaining Sum Assured: 剩餘保額 : ☐ Cancel 取消 ☐ Remain 保留

Remaining Sum Assured must not be below minimum Sum Assured requirement.
剩餘保額不能低於最少保額要求。

[2] ☐ Change of Basic Plan / Rider(s) 更改基本計劃 / 附加保障

Note 註 :

1. Deletion of Rider(s) will be effective on next premium due date.
   刪除附加保障將於下一個保費到期日生效。
2. Change of Sum Assured or Benefit Level will be effective on next policy anniversary date. Please submit your application within 2 months prior to policy anniversary date.
   更改保險金額或保障級別將於下一個週年日生效。請於保單週年日前 2 個月內遞交申請。
3. For reduction of Sum Assured, an amount equivalent to partial guaranteed cash value and terminal dividend (if applicable) will be paid to the Policyowner; also, a Surrender Charge (if applicable) may be incurred based on the rates set out in the "Schedule of Policy Charges" in the Policy Provision and / or Policy Schedule.
   減低保險金額，部分保證現金價值 及終期紅利 (如適用) 將會支付予保單持有人 ; 同時，或需按保單條款及 / 或承保表內的「保單收費表」所示收取退保費用 (如適用)。
4. For upgrade of Benefit Level, please complete all questions in Part [6] – Personal Statement and submit "Financial Needs Analysis" form. If Policyowner is a holder of Resident Identity Card (PRC) (hereinafter referred to as "Mainland China Visitor"), please submit "Important Fact Statement – Mainlander Policyowner" ("IFS-MP") and certified true copy of entry proof and travel document.
   提升保障級別，請填妥第「六」部份內所有問題並連同「財務需要分析」表格遞交。如保單持有人為持中華人民共和國身份證之人士 (「中國內地人士」)，請提交「重要資料聲明書 - 內地人士在港投購人身 / 壽險保單」(「IFS-MP 表格」) 及已核實之入境及旅行文件證明 。

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Deletion of Rider(s) 刪除附加保障

Name of Rider(s) 附加保障名稱	Sum Assured / Benefit Level 保險金額 / 保障級別

Reduction of Sum Assured 減低保險金額

Name of Basic Plan / Rider(s) 基本計劃 / 附加保障名稱	New Sum Assured 新保險金額

Change of Benefit Level 更改保障級別

Name of Basic Plan / Rider(s) 基本計劃 / 附加保障名稱	Upgrade 提升	Downgrade 下調	New Benefit Level 新保障級別
	☐	☐	
	☐	☐	
	☐	☐	

[3] ☐ Revise Underwriting Class / Remove Exclusion or Rating 更改核保類別 / 刪除不保事項或額外保費

☐	Occupational Related 與職業有關	Please complete Question 1 to 6 under Part 6 – Personal Statement 請填妥第六部份 - 個人聲明中問題 1 至 6
☐	Residential Related 與居住地有關	Please submit Residential Questionnaire and valid identity document copy with verification (if any) 請遞交居住地問卷及身份證明文件副本 (如有)
☐	Hazardous Activities Related 與危險活動有關	Please submit Hazardous Sports and / or Pursuits Questionnaire or other related Questionnaires (if applicable) 請遞交危險運動及 / 或嗜好問卷或其他有關問卷 (如適用)
☐	Medical Related 與健康有關	Please complete Question 7 to15 and Question 18 under Part 6 – Personal Statement 請填妥第六部份 - 個人聲明中問題 7 至 15 及問題 18
☐	Change of Smoking Habit 更改吸煙習慣	Please complete Question 7 to 15 and Question 18 under Part 6 – Personal Statement 請填妥第六部份 - 個人聲明中問題 7 至 15 及問題 18 Urine cotinine (at client's cost) 尼古丁尿液測試 (客戶自費)

Note 註 : Further requirement(s) will be subject to underwriting decision.
視乎核保情況，或需提供更多資料。

[4] ☐ Policy Reinstatement 保單復效

If Insured Person / Policyowner's policy has been accepted at special rate; and / or with exclusion(s); and / or with any rider benefit(s) being declined / postponed; and / or with claims history; and / or the condition of health and occupation has / have not been declared when signing the original Application or has / have been changed afterward, **please complete part [6] Personal Statement.**
如受保人 / 保單持有人之保單曾被徵收額外保費，及 / 或附加不保條款，及 / 或其附加保障曾被拒或擱置受保，及 / 或有索償記錄，及 / 或健康狀況及職業於保單申請書簽署時未有申報或其後有所改變，**請填寫第 6 部份個人聲明。**

Unless the situations specified above,
如非上述所提及之情況，

- if policy is lapsed WITHIN 6 months (from premium due date before lapse), **please complete part [5] Personal Statement (Simplified)**;
  如保單失效不多於 6 個月 (由保單失效前保費到期日起計)，**請填寫第 5 部份個人聲明 (簡易)**;
- if the policy is lapsed OVER 6 months (from premium due date before lapse), **please complete Part [6] Personal Statement**.
  如保單失效多於 6 個月 (由保單失效前保費到期日起計)，**請填寫第 6 部份個人聲明**。

Notes 註 :

1. To ensure the payment effectiveness after policy reinstatement, please submit "Payment Method Change" Form (if any).
   為確保保單復效後繳費正常運作，請連同「付款辦法更改」表格遞交（如適用）。
2. Outstanding Premium Levy (if any) must be settled for the approval of reinstatement.
   保單復效必須於保費徵費欠款 (如適用) 清繳後方可接納。

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FWD insurance

[5] ☐ Personal Statement (Simplified) 個人聲明 (簡易)		
	Insured Person 受保人	Policyowner 保單持有人
Since the date of issue or reinstatement of this policy, whichever is later: i) There is no change in my health; ii) I have never had any new sign or symptom of illness/ disease or any accident incurred; iii) I have been free from physical defects or infirmities; iv) There has been no change in my residency, occupation, leisure or sporting activities. 自保單繕發或復效日期起，以較後者為準 : i) 本人健康狀況不變 ; ii) 本人並沒有任何新的疾病的徵兆或病徵 ; 或任何意外事故發生 ; iii) 本人並沒有任何身體缺陷 ; iv) 本人在居住地、職業、消閑或康體活動上沒有任何改變。	☐ Yes 是 ☐ No 否 # # Please complete Part [6] Personal Statement 請填寫第六部份個人聲明	☐ Yes 是 ☐ No 否 # # Please complete Part [6] Personal Statement 請填寫第六部份個人聲明

[6] ☐ Personal Statement 個人聲明			
Employment 工作		Insured Person 受保人	Policyowner 保單持有人
1.	Name of Employer 僱主名稱		
2.	Nature of Business 公司業務性質		
3.	Employment Details 職業詳情	Job Position 職位 _____ Job Duties 職務 _____ Date of Employment 入職日期 _____	Job Position 職位 _____ Job Duties 職務 _____ Date of Employment 入職日期 _____
4.	Work Environment 工作環境	(i) ☐ Indoor Work 戶內工作 ☐ Outdoor Work 戶外工作 ☐ Indoor and Outdoor work 戶內及戶外工作 (ii) ☐ No Manual Work Involved 無牽涉手製、手控或體力勞動的工作 ☐ Manual Work Involved, details as follows: 牽涉手製、手控或體力勞動的工作，請詳述： ☐ Work at Height 高空工作 Max. height 最高達：_____ m 米 ☐ Work at Construction Site 建築地盤工作 ☐ Others 其他 (Please Specify 請註明：_____)	(i) ☐ Indoor Work 戶內工作 ☐ Outdoor Work 戶外工作 ☐ Indoor and Outdoor work 戶內及戶外工作 (ii) ☐ No Manual Work Involved 無牽涉手製、手控或體力勞動的工作 ☐ Manual Work Involved, details as follows: 牽涉手製、手控或體力勞動的工作，請詳述： ☐ Work at Height 高空工作 Max. height 最高達：_____ m 米 ☐ Work at Construction Site 建築地盤工作 ☐ Others 其他 (Please Specify 請註明：_____)
5.	Office Address 工作地址	_____ _____ _____ Flat / Room 室 Floor 樓 Block 座 Building / Estate 大廈 / 屋苑名稱 Street / Road 街道名稱 District 地區 Country 國家 Postal Code 郵政編號 (If applicable) (如適用)	_____ _____ _____ Flat / Room 室 Floor 樓 Block 座 Building / Estate 大廈 / 屋苑名稱 Street / Road 街道名稱 District 地區 Country 國家 Postal Code 郵政編號 (If applicable) (如適用)
6.	Annual Earned Income (HKD) 全年工作收入 (港幣)		

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Do you smoke / drink alcohol? 閣下是否吸煙 / 飲酒？		Insured Person 受保人	Policyowner 保單持有人
7.	Has the Insured Person / Policyowner smoked cigarettes or used nicotine replacement products in any forms (including nicotine patches or nicotine gum) within the past 12 months? If "Yes", please state details below. 受保人 / 保單持有人曾否在過去十二個月內吸煙或使用任何形式的尼古丁補充劑產品 (包括戒煙貼或戒煙香口膠)? 若「是」，請於下列註明詳情。 a) Type (e.g. Cigarettes / Cigars / Other (please specify)): 種類 (例如香煙 / 雪茄 / 其他 (請註明)): _____ b) Average Daily Consumption 每天平均用量 : _____ cigarette(s) 支	☐ Yes 是 ☐ No 否	☐ Yes 是 ☐ No 否
8.	Does the Insured Person / Policyowner drink alcohol on a regular (daily / weekly) basis? If "Yes", Please state details below. 受保人 / 保單持有人是否定期 (每天 / 每週) 飲酒？若「是」，請於下列註明詳情。 a) Type (e.g. beer, wine, spirit, etc): 種類 (例如啤酒、餐酒、烈酒等): _____ b) Average consumption 平均用量 : 每週 _____ glass(es) per week 杯	☐ Yes 是 ☐ No 否	☐ Yes 是 ☐ No 否

Your Health Information 閣下的身體狀況		Insured Person 受保人	Policyowner 保單持有人
9.	a) Please state height and weight 請填寫身高及體重	_____ cm 厘米 _____ kg 公斤	_____ cm 厘米 _____ kg 公斤
	b) Any weight change of more than 5kgs in the past 12 months? If yes, please state reasons and the weight changed. 過去一年內體重有否增減多於五公斤？若有，請列明原因及磅數之差別。 Reasons 原因： Insured Person 受保人 _____ Policyowner 保單持有人 _____	☐ Yes 是 ☐ No 否 Weight changed 磅數差別： Gained 增加_____kg 公斤 Lost 減少_____kg 公斤	☐ Yes 是 ☐ No 否 Weight changed 磅數差別： Gained 增加_____kg 公斤 Lost 減少_____kg 公斤
10.	Is the Insured Person / Policyowner currently receiving or considering receiving medical attention, or taking prescribed drugs? 受保人 / 保單持有人現在是否正接受或將安排接受醫療治療或服用處方藥物？	☐ Yes 是 ☐ No 否	☐ Yes 是 ☐ No 否
11.	Has the Insured Person / Policyowner ever been diagnosed with, or been told to have, or been treated for, tested for or intending to be treated or tested for the following illness(s): 受保人 / 保單持有人就下列疾病曾否被診斷或被通知、或曾作治療、測試或計劃作治療、測試： a) Disease of the heart or heart blood vessels, chest pain, palpitation, rheumatic fever, heart murmur, irregular pulse, raised blood pressure, raised cholesterol or heart attack? 心臟或心血管疾病、胸部疼痛、心悸、風濕性熱、心臟雜音、脈搏不正常、高血壓、高膽固醇或心臟病？	☐ Yes 是 ☐ No 否	☐ Yes 是 ☐ No 否
	b) Asthma, emphysema, pleurisy, tuberculosis, bronchitis, pneumonia, chronic obstructive pulmonary disease, persistent cough, wheezing, shortness of breath or other respiratory disorders? 哮喘、肺氣腫、胸膜炎、肺結核、氣管炎、肺炎、慢性梗塞性肺病、持續咳嗽、喘鳴，呼吸急促或其他呼吸系統疾病？	☐ Yes 是 ☐ No 否	☐ Yes 是 ☐ No 否
	c) Cancer includes carcinoma-in-situ (CIS), tumour, cyst, lump or other malignancy? 癌症包括原位癌、腫瘤、囊腫、腫塊或其他惡性病變？	☐ Yes 是 ☐ No 否	☐ Yes 是 ☐ No 否
	d) Diabetes, disorder of thyroid, breast or any endocrine (glandular) disease? 糖尿病、甲狀腺、乳房疾病或其他內分泌（腺系統）疾病？	☐ Yes 是 ☐ No 否	☐ Yes 是 ☐ No 否
	e) Recurrent indigestion, ulcer, colitis, hernia or other disorders of the stomach, intestines or other digestive system disorders? 經常消化不良、潰瘍、結腸炎、疝、胃病、腸病或其他消化系統疾病？	☐ Yes 是 ☐ No 否	☐ Yes 是 ☐ No 否
	f) Jaundice, Hepatitis (including hepatitis B carrier), or other disorder of the liver, gallbladder or pancreas? 黃膽病、肝炎 (包括乙型肝炎帶菌者) 或其他肝、膽或胰臟疾病？	☐ Yes 是 ☐ No 否	☐ Yes 是 ☐ No 否

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	Your Health Information 閣下的身體狀況	Insured Person 受保人	Policyowner 保單持有人
	g) Physical disability, speech defect or any disease or abnormality of the eyes, ears, nose or throat ? 身體殘疾、語言缺陷或任何眼、耳、鼻、喉的疾病或異常？	☐ Yes 是 ☐ No 否	☐ Yes 是 ☐ No 否
	h) Any kind of epilepsy, convulsions, unconsciousness, dizziness, severe headaches, prolonged headache, stroke, memory loss, anxiety, emotional or mental disorder or other neurological disease? 任何類型的癲癇、痙攣、失去知覺、暈眩、嚴重頭痛、長期頭痛、中風、失憶、焦慮、情緒或精神病或其他神經系統疾病？	☐ Yes 是 ☐ No 否	☐ Yes 是 ☐ No 否
	i) Sugar, albumin/protein, blood or pus in urine; incontinence, urinary stone or disorder of kidney, bladder, prostate or other genitourinary disorder? 尿中有糖、蛋白、血或膿；失禁、泌尿系統結石、腎病、膀胱疾病、前列腺疾病或其他泌尿生殖系統疾病？	☐ Yes 是 ☐ No 否	☐ Yes 是 ☐ No 否
	j) Any forms of arthritis, Parkinson's Disease, Systemic Lupus Erythematosus (SLE), gout, rheumatoid arthritis, paralysis, multiple sclerosis, muscular dystrophy, myasthenia gravis, or disease or deformity of the bones, muscles or joints or other musculoskeletal disorder? 任何類型的關節炎、帕金森氏症、系統性紅斑狼瘡、痛風、類風濕性關節炎、癱瘓、多發性硬化病、肌肉萎縮症、重肌無力症或骨、肌肉、關節疾病或畸形或其他肌肉骨骼疾病？	☐ Yes 是 ☐ No 否	☐ Yes 是 ☐ No 否
	k) Disease of skin, congenital disorder, anaemia, other blood or blood vessels disorder? 皮膚疾病、先天性疾病、貧血、其他血或血管疾病？	☐ Yes 是 ☐ No 否	☐ Yes 是 ☐ No 否
	l) Back strain, sciatica, backache or any disorders of the spine? 背部勞傷、坐骨神經病、背痛或其他脊骨疾病？	☐ Yes 是 ☐ No 否	☐ Yes 是 ☐ No 否
	m) Enlarged lymph glands or any disorders of lymph glands, unintentional weight loss, persistent night sweats or persistent diarrhoea? 淋巴腺漲大或其他淋巴腺疾病、體重下降、持續地晚間出汗或持續性肚瀉？	☐ Yes 是 ☐ No 否	☐ Yes 是 ☐ No 否
	n) Sexually transmitted disease, AIDS or AIDS related Complex or other AIDS related conditions? 透過性接觸而傳染的疾病（性病）、愛滋病、愛滋病相關的複合症或其他與愛滋病有關的狀況？	☐ Yes 是 ☐ No 否	☐ Yes 是 ☐ No 否
	o) Has the Insured Person / Policyowner ever taken stimulants, hallucinogens, narcotics or other controlled substance other than prescribed by a physician or been counseled, treated for excess use of alcohol or drugs? 受保人 / 保單持有人曾否服用興奮劑、迷幻藥、麻醉藥或其他並非由醫生處方的受管制藥物，或因酗酒或吸毒而需接受輔導或治療？	☐ Yes 是 ☐ No 否	☐ Yes 是 ☐ No 否
	p) Illness, operation or other medical advice or treatment not mentioned above? 以上並未提及的疾病、手術、醫療建議或治療？	☐ Yes 是 ☐ No 否	☐ Yes 是 ☐ No 否
12.	During the past 5 years, has the Insured Person / Policyowner been confined in a hospital for any length of time, been treated for more than two weeks or required any investigations or special tests i.e. electrocardiogram, X-ray, special blood test, MRI, CT scan or biopsy ? 在過去五年，受保人 / 保單持有人曾否住院 (不論住院日數)、接受多於兩星期的治療、接受任何檢查或特別測試（如：心電圖、X 光、特別血液測驗、磁力共震、電腦掃描或活組織化驗）？	☐ Yes 是 ☐ No 否	☐ Yes 是 ☐ No 否
13.	Have any of Insured Person / Policyowner's immediate family members (parents or siblings) ever had heart disease, high blood pressure, kidney disease (polycystic kidney disease), liver disease (hepatits), stroke, diabetes, cancer, paralysis, spina bifida, AIDS, Huntington's Chorea, inherited blood disease, Down's syndrome, mental health disorder, neurological disorder or any other inherited disease before the age of 60? If "yes", please provide details of relationship, disease and onset age. 受保人 / 保單持有人的直屬家庭成員（父母、兄弟、姊妹）曾否於 60 歲前患有心臟病、高血壓、腎病（多囊腎）、肝病（肝炎）、中風、糖尿病、癌症、癱瘓、脊柱裂、愛滋病、杭廷頓氏舞蹈病、遺傳性血液病、唐氏綜合症、精神病、神經系統疾病或任何其他遺傳性疾病？倘「是」，請提供有關親屬關係，疾病詳情及病發日期。	☐ Yes 是 ☐ No 否	☐ Yes 是 ☐ No 否

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保單復效 / 保單保障更改表格

Your Health Information 閣下的身體狀況		Insured Person 受保人	Policyowner 保單持有人
14.	**For Female Insured Person / Policyowner only 只適用於受保人 / 保單持有人為女性** a) Is the Insured Person / Policyowner pregnant now? If "Yes", please state the expected date of delivery. 受保人 / 保單持有人現時是否懷孕？如「是」，請提供預產期。	☐ Yes 是 ☐ No 否 ____ ____ ____ MM 月 DD 日 YY 年	☐ Yes 是 ☐ No 否 ____ ____ ____ MM 月 DD 日 YY 年
	b) Has the Insured Person / Policyowner ever had complications of pregnancy (e.g. ectopic pregnancy, diabetes, hypertension, protein in urine)? 受保人 / 保單持有人曾否因懷孕而導致併發症 (如宮外孕、糖尿病、高血壓、蛋白尿）？	☐ Yes 是 ☐ No 否	☐ Yes 是 ☐ No 否
	c) Has the Insured Person / Policyowner ever had the gynecological diseases such as menstrual problems, pelvic inflammatory disease or disorders of uterus, cervix, ovaries or breasts? 受保人 / 保單持有人曾否患有任何婦科疾病，如月經問題、盆腔炎、子宮、子宮頸、卵巢或乳房的疾病？	☐ Yes 是 ☐ No 否	☐ Yes 是 ☐ No 否
15.	**For Juvenile Insured Person only (Applicable to age on or below 5)** **只適用於兒童受保人（年齡是 5 歲或以下）** a) Weight at Birth 出生時體重。	_____ lb 磅 _____ kg 公斤	
	b) Was the Insured Person's born premature (born before 37 weeks of gestation)? If "Yes", please state the exact week of gestation. 受保人是否早產嬰兒（出生時懷孕期不足 37 週）？ 如「是」，請註明出生時的週數。	☐ Yes 是 ☐ No 否 _____ weeks 星期	

Other information 其他資料		Insured Person 受保人	Policyowner 保單持有人
16.	Is the Insured Person / Policyowner likely to engage in hazardous pursuits (such as skin and scuba diving, automobile racing, mountain climbing, rodeos, etc.) or private flying or flying other than as a fare paying passenger on a regular scheduled airline? If "Yes", please complete the appropriate questionnaire. 受保人 / 保單持有人曾否參與或意圖參與任何危險活動（例如徒手潛水或水肺潛水、賽車、爬山或馬術競技等），或私人飛行或以非購票乘客身份航行於固定航線？如「是」，需填寫相關問卷。	☐ Yes 是 ☐ No 否	☐ Yes 是 ☐ No 否
17.	Has the Insured Person / Policyowner resided outside the country / city of residential address for more than 183 days during the past 12 months? If "Yes", please complete the following table. 受保人 / 保單持有人曾否於過去 12 個月內在居住地址以外居留超過 183 日？若「是」，請在下表詳述。	☐ Yes 是 ☐ No 否	☐ Yes 是 ☐ No 否

Insured Person 受保人		Policyowner 保單持有人	
Name of country reside 居留國家名稱	Name of city 城市	Name of country reside 居留國家名稱	Name of city 城市
Purpose of stay 居留目的		Purpose of stay 居留目的	

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Other information 其他資料		Insured Person 受保人	Policyowner 保單持有人
18.	a) Does the Insured Person / Policyowner have any Life, Accident Insurance, Critical Illness, Hospital Income and Disability Insurance plan, now in force, or currently proposed with this or any other company, excluding this application? If "Yes", please give company name and total inforce and proposed sum assured in the table below. 除本申請書外，受保人 / 保單持有人現在是否持有本公司或其他公司的有效人壽、意外、危疾、住院現金及傷殘的保單，或正在提出上述保險申請？若「是」，請在下表詳述保險公司名稱及其他已生效及申請中之保額。	☐ Yes 是 ☐ No 否	☐ Yes 是 ☐ No 否

	Date of issued 保單繕發日期	Company 公司名稱	Sum Assured (HKD) 保額 (港幣)			
			Life 壽險	Critical Illness 危疾	Accident 意外	Hospital Income 住院入息
Insured Person 受保人						
	Total Sum Assured (HKD) 總保額 (港幣)					
Policyowner 保單持有人						
	Total Sum Assured (HKD) 總保額 (港幣)					

	b) Has the Insured Person / Policyowner's application or reinstatement of life or health or accident insurance ever been declined or postponed or offered with restricted benefits or other than standard rates? Or has the Insured Person / Policyowner ever made a claim for accident, health or any sor t of benefits? If "Yes", please complete Supplementary information. 受保人 / 保單持有人可曾否在投保或申請任何人壽、醫療或意外保險計劃或申請復效時被保險公司拒絕、延遲、更改保險條款或增加保費？或受保人 / 保單持有人曾否提出意外、醫療或任何類型的保險索償？若「是」，請填寫補充資料。	☐ Yes 是 ☐ No 否	☐ Yes 是 ☐ No 否

Supplementary information 補充資料

If any of the answer of Questions 9-18 in Part [6] is "YES", please give full particulars (include date and duration of illness / injury, diagnosis, treatment taken, last follow-up date, name and address of attending doctor / hospital) below, specifying the question number. If the space is insufficient, please use Supplementary Note.
若第「六」部份 9-18 問題中曾答「是」，請在此欄提供詳細資料（包括所患疾病 / 受傷日期、持續時間、診斷結果、所接受治療、最後覆診日期、主診醫生姓名 / 醫院名稱及地址），並註明題號。如空位不足夠，請填寫補充資料表格。

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[7] ☐ Others / Special Instruction 其他 / 特別指示

Please specify details :
請列明詳情

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.
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。

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。

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Reinstatement / Policy Coverage Change Form
保單復效 / 保單保障更改表格

FWD insurance

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, understood and accepted the Personal Information Collection Statement ("PICS") attached to this form. 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.

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 / 吾等明白及接受附於本表格的收集個人資料聲明。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。

(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
(If other than Policyowner)
受保人姓名 (如非保單持有人) _____

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 (If other than Policyowner)
受保人簽署 (如非保單持有人)

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 address(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")
收集個人資料聲明

The terms "personal data", "direct marketing", and "processing" used in this Personal Data Collection Statement shall bear the meanings as assigned to such terms in the Personal Data (Privacy) Ordinance (PDPO). We may collect or obtain, hold and use, your personal data provided in this form for (i) assessing, processing, verifying and determining your eligibility to apply for the policy or services, (ii) contacting you to inform you of the outcome of your application, (iii) carrying out direct marketing activities in accordance with your consent given in the "Direct Marketing" section in the application form (in compliance with the relevant requirements of Part 6A of the PDPO), (iv) compilation of statistical and actuarial information and research and training purposes, and (v) any other directly related purposes pertaining to any of the above, or other purposes agreed by you. We may disclose or transfer (whether within or outside Hong Kong) your personal data to our Agents or authorized insurance intermediaries or third party service providers for or in relation to the aforesaid purposes. We keep your personal data only for a period reasonably necessary for any of the purposes set out above or as prescribed or permitted by the applicable laws and regulations. If you do not provide the required personal data, we will be unable to process your application for the policy or respond to any request, enquiry or complaint, as the case may be. A Privacy Addendum under the Mainland China data protection laws supplementing this PICS applies to you if you are within mainland China. The updated version of company PICS is available for download from our website: www.fwdlife.hk, and is made available upon request.

本個人資料收集聲明中使用的"個人資料"、"直接促銷"、及"處理"具有個人資料（私隱）條例（"條例"）中規定的含義。我們收集或索取，並持有閣下的個人資料用以：(i) 評估、處理、核責及決定閣下申請本計劃或服務的資格；(ii) 與閣下聯繫，告知申請結果；(iii)（在符合條例第 6A 部的相關要求下）按閣下在以下"直接促銷條款"內給予的同意，不時向閣下進行直接促銷活動；(iv) 彙編統計和精算資料以及研究目的；及 (v) 與上述任何目的直接有關的其他相關目的或閣下同意的其他目的。我們可根據上述的目的，向我們的代理或授權保險中介人或第三方服務供應商提供該有關個人資料（不論在香港境內或境外）。我們只會為上述所列出的目的，或適用的法例及法規所訂明或許可的目的，將閣下的個人資料保存一段合理的時間。若閣下未能提供個人資料，將可能導致我們未能處理閣下的申請，或我們未能跟進閣下之要求、查詢及投訴，視情況而定。若閣下位於中國大陸，則根據中國大陸資料保護法補充本聲明的私隱附錄適用於閣下。本公司個人資料收集聲明的最新版本可於以下網址下載：www.fwdlife.hk，及可向本公司索取。

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