

# Policy Services Request Form 更改保單合約內容申請書



Please fill in block letters 請以英文正楷填寫

For services not covered by this form (e.g. change of policy ownership), please contact your advisor/our customer service centre.

若要求的服務並不包括在此表格內 (例如: 更改保單權益人), 請與閣下的顧問 / 本公司的客戶服務中心聯絡。

Please darken the appropriate circle 請將適當圖圈填滿

Correct method 正確方法: ●

PART A: SERVICE ITEMS 甲部: 服務項目		Policy Number 保單號碼					
Personal Information 個人資料		Life Insured 被保人					
Name 姓名		Policy Owner 保單權益人					
<input type="radio"/> ID Card No. 身份證號碼							
<input type="radio"/> Passport No. / Travel Document No. 護照編號 / 旅遊證件號碼							
<input type="radio"/> 1. Change Sum Insured of Basic Plan and Change of Riders 更改基本計劃保障額及更改附約 (If you wish to increase coverage, please complete PART B) (如閣下欲增加保障, 請填寫乙部)							
1.1 Plan Name / Rider 基本計劃名稱 / 附約名稱		1.2 Old Sum Insured/Benefit 舊投保額	1.3 New Sum Insured/Benefit 新投保額				
Basic Plan 基本計劃: _____		<input type="radio"/> Increase 增加	<input type="radio"/> Decrease 減少	<input type="radio"/> Unchange 不變			
Rider 附約: _____		<input type="radio"/> Add 新購	<input type="radio"/> Delete 刪除	<input type="radio"/> Change 更改			
_____		<input type="radio"/> Add 新購	<input type="radio"/> Delete 刪除	<input type="radio"/> Change 更改			
_____		<input type="radio"/> Add 新購	<input type="radio"/> Delete 刪除	<input type="radio"/> Change 更改			
_____		<input type="radio"/> Add 新購	<input type="radio"/> Delete 刪除	<input type="radio"/> Change 更改			
_____		<input type="radio"/> Add 新購	<input type="radio"/> Delete 刪除	<input type="radio"/> Change 更改			
_____		<input type="radio"/> Add 新購	<input type="radio"/> Delete 刪除	<input type="radio"/> Change 更改			
_____		<input type="radio"/> Add 新購	<input type="radio"/> Delete 刪除	<input type="radio"/> Change 更改			
						1.4 New Total Premium 新總保費	
<input type="radio"/> 2. Conversion 保單轉換 (If you wish to increase coverage, please complete PART B) (如閣下欲增加保障, 請填寫乙部)							
2.1 New Policy No. 新保單號碼		2.2 New Policy Risk Commencement Date 新保單生效日期		2.3 Remaining Term Sum Insured in OLD POLICY 舊保單剩餘定期金額			
		Month 月 Day 日 Year 年					
2.4 New Policy Plan Details 新保單計劃內容				2.5 Sum Insured / Benefit 投保額			
2.6 Information of Policy Owner 保單權益人資料							
2.6.1 Place of Birth 出生地點		2.6.2 Nationality 國籍		2.6.3 Occupation 職業		2.6.4 Industry 行業	
2.7 Dividend Option 紅利分派方式			<input type="radio"/> Cash 現金	<input type="radio"/> Paid Up Addition 購買付清附加保險	<input type="radio"/> Deposit 積存生息		
2.8 Cash Coupon Option 現金票券之分派方式			<input type="radio"/> Cash 現金	<input type="radio"/> Deposit 積存生息			
2.9 Payment Method / Modes 繳費辦法 / 方式 (Please submit the Direct Debit/Credit Card Authorization Form at the same time. 請連同有關「直接付款/信用卡付款授權書」一起呈交)							
*Please delete as appropriate 請刪去不適用者							
<input type="radio"/> Yearly By Cash / Autopay* 每年現金支付 / 自動轉賬*	<input type="radio"/> Half-yearly By Cash / Autopay* 半年現金支付 / 自動轉賬*	<input type="radio"/> Monthly Autopay (3 <sup>rd</sup> of each month) 每月三號自動轉賬	<input type="radio"/> Monthly Autopay (25 <sup>th</sup> of each month) 每月二十五號自動轉賬	<input type="radio"/> Monthly Autopay By Credit Card 每月信用卡自動轉賬			
2.10 Beneficiary Information 受益人資料 (For Conversion Only. If change of beneficiary for existing policy, please complete Part 9. 只適用於保單轉換。如更改現有保單受益人資料, 請填寫第九部份。)							
2.10.1 Name 姓名	2.10.2 ID Card No. / Business Registration No. 身份證號碼 / 商業登記證號碼	2.10.3 Relationship with Life Insured 與被保人關係	2.10.4 Gender 性別	2.10.5 Date of Birth 出生日期	2.10.6 Nationality 國籍	2.10.7 Percentage of Share 百分率	2.10.8 Trustee (Please state the Trustee Name, Relationship with insured & ID no. if age of Beneficiary is below 18. 托管人 (如受益人少於十八歲, 請填寫托管人姓名, 與被保人關係及身份證號碼)



**3. Reinstatement 保單復保** Please complete PART B and submit all arrears premiums plus interest. Please note that if any medical examination is needed, you will be required to pay all charges associated with the examination. (請填寫乙部及繳足逾期保費及利息。請注意如須進行驗身，相關費用將由閣下承擔。)

**4. Add Booster Premium 新增額外儲蓄保費**

Booster Contribution 額外儲蓄保費 Amount 金額 \_\_\_\_\_  Transfer Booster 轉撥保費 Amount 金額 \_\_\_\_\_

**5. Change of Payment Option 更改付款方式**

5.1 Change of payment mode 更改繳付方式  
 Yearly 年繳  Half-Yearly 半年繳  Monthly 月繳

5.2 Change of payment method / autopay day 更改繳付方法 / 自動轉賬日  
 Cash / Cheque 現金 / 支票 (not applicable to monthly payment mode 不適用於月繳繳付方式)  
 Autopay 自動轉賬 (please submit the corresponding autopay authorization form 請遞交相關的自動轉賬授權表格)  
 By bank direct debit 經銀行直接付款  3<sup>rd</sup> of each month 3號  25<sup>th</sup> of each month 25號  
(Autopay will be arranged on the 3<sup>rd</sup> of each month if no autopay day is selected 如沒有選擇自動轉賬日期，其轉賬日會安排於3號)  
 By credit card direct debit on the 3<sup>rd</sup> of each month 經信用卡每月3號直接付款 (only applicable to monthly payment mode and may not applicable to certain products 只適用於月繳繳付方式，可能不適用於個別產品)

**6. Withdrawal of Policy Value 保單價值提款申請**  
Since Policy Loan bears interest, it is your benefit to withdraw value from other policy sources like coupon or dividend. Please submit a copy of valid identification document of the Policy Owner together with this form. 由於保單貸款需要繳付利息，請考慮先提取其他保單價值，如現金票券、紅利等。請隨此申請書一併遞交保單權益人之有效身份證明文件副本。

6.1 Type of Value 價值種類

Type of Value 價值種類	Withdraw Amount 提款額	Type of Value 價值種類	Withdraw Amount 提款額
<input type="radio"/> Dividend/PUA Cash Value/Reversionary Bonus 紅利 / 付清附加保險 / 歸原紅利	_____	<input type="radio"/> All Premium Deposit Fund 所有保費儲備基金	<b>ALL 全部</b>
<input type="radio"/> Cash Coupon 現金票券	_____	<input type="radio"/> Guaranteed Monthly Annuity (only applicable to deposit option) 保證每月年金 (只適用於積存生息方式)	_____
<input type="radio"/> Policy Loan (current loan interest rate is 7% per annum, please see Declaration 5 for details) 貸款 (現行年利率為7%，詳情請看第五點聲明)	_____	<input type="radio"/> Extra Monthly Annuity (only applicable to deposit option) 額外每月年金 (只適用於積存生息方式)	_____
<input type="radio"/> Cash Builder/Universal Life 現金積存 / 萬用壽險	_____		

6.2 Payment Instruction 付款指示

Payment Instruction 付款指示	Policy No.: 保單號碼	Amount 金額
<input type="radio"/> Issue Cheque 以支票形式 <input type="radio"/> Hong Kong Dollar Cheque 發出港幣支票 <input type="radio"/> Policy Currency Cheque 發出保單貨幣支票	_____	_____
<input type="radio"/> Delivered through Advisor 由理財顧問交予本人 <input type="radio"/> Posted to correspondence address 寄往本人之通訊地址	<input type="radio"/> Pay Premium 繳付保費	_____
	<input type="radio"/> Loan Repayment 償還貸款	_____

Faster Payment System ("FPS") (the FPS account must be registered under the policy owner) \*\* 快速支付系統「轉數快」(「轉數快」的註冊用戶必須為保單持有人)\*\* Please provide either one of below Proxy ID 請提供下列其中一種識別代號  
 Mobile number 手機號碼: \_\_\_\_\_  
 Email 電郵: \_\_\_\_\_  
 FPS identifier 「轉數快」識別碼: \_\_\_\_\_

Direct Credit to specified bank account# (Only applicable to Policy Owner's/Policyholder's HK\$ bank account in Hong Kong) 直接存入指定銀行帳戶# (只適用於保單權益人 / 保單持有人之香港港幣銀行戶口)  
\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
**Bank No. 銀行編號**      **Branch No. 分行編號**      **Account No. 帳戶號碼**

\*\* Remarks 註  
i. This option is NOT applicable to: 此選項不適用於:  
(a) Withdrawal of policy value over HK\$300,000 保單價值提取金額高於港幣三十萬元;  
(b) Payee is different from policyowner. 收款人與保單持有人不同。  
ii. The amount of policy value will be paid by cheque if the payment by FPS is unsuccessful for any reasons, including a wrong/invalid "Proxy ID" has been provided. 如因任何原因未能透過「轉數快」成功支付保單價值，包括所提供的「識別代號」錯誤/無效，保單價值將以支票形式支付。

# Remarks 註  
i. A copy of bank book or bank statement MUST be provided, unless the bank account is the same as the one registered for DDA for premium payment. 除非銀行帳戶為保費自動轉帳戶，否則必須提供銀行存摺或月結單副本。  
ii. This option is NOT applicable to withdrawal of policy value over HK\$3,000,000. 此選項不適用於保單價值提取金額高於港幣三百萬元。

Others 其他 (Please specify in details 請詳細說明)

**7. Policy Holiday / Premium Holiday 保單假期 / 保費假期**  
(Please note that change will be effective on Next Premium Due Date 請注意有關更改於下個保費到期日生效)

Apply 申請  Release 取消

**Notes 備註**  
1. The credit balance of the Policy Account will use to pay the Basic Premium, the premiums of any riders attached hereto and all relevant charges. Please refer to Policy Provisions for detail. 本公司會從保單戶口內扣除本保單的基本計劃保費，附約保費 (如適用) 及所有相關費用。詳情請參閱保單條款。  
2. When the value of Policy Account reaches zero, this Policy shall automatically be terminated. 當保單戶口的結存到達零時，此保單將自動失效。  
3. When the policy is exercising premium holiday, the levy for any rider attached to the policy will be deducted from the value of Policy Account. 如保單行使保費假期，本公司會於保單價值內扣除任何保單附約的徵費。  
4. Notes 1 to 3 may not applicable for certain Saving Products, please refer to relevant Policy Provisions for details of Premium Holiday. 備註1至3可能不適用於某些儲蓄產品，有關保費假期之詳情請參閱相關保單條款。

**8. Change of Telephone no. 更改電話號碼**

**Mobile Number 流動電話**

Country Name 國家名稱 Country Code 國家代碼 Telephone Number 電話號碼

**Residential Number 住宅電話**

Country Name 國家名稱 Country Code 國家代碼 Telephone Number 電話號碼

**Business Number 辦公室電話**

Country Name 國家名稱 Country Code 國家代碼 Telephone Number 電話號碼

**9. Change of Beneficiary 更改保單受益人 (All previous Beneficiary(ies) will be automatically revoked)(所有以前曾指定之受益人將自動被撤銷)**

9.1 Name 姓名	9.2 ID Card No. / Business Registration No. 身份證號碼 / 商業登記證號碼	9.3 Relationship with Life Insured 與被保人關係	9.4 Gender 性別	9.5 Date of Birth 出生日期	9.6 Nationality 國籍	9.7 Percentage of Share 百分率	9.8 Trustee (Please state the Trustee Name, Relationship with insured & ID no. if age of Beneficiary is below 18. 托管人 (如受益人少於十八歲, 請填寫托管人姓名, 與被保人 關係及身份證號碼)

**10. Other Services 其他服務**

10.1  Change Dividend Option 更改紅利分派方式  Cash 現金  Deposit 積存生息  Paid Up Addition 購買付清附加保險

10.2  Change Coupon Option 更改票券分派方式  Cash 現金  Deposit 積存生息

10.3  Reduce Paid Up Application 減額付清保險申請  
(All Policy Riders will be terminated and the Reduce Paid Up Application cannot be revoked. 所有保單附約將被終止及減額付清保險申請將不能還原。)

10.4  Review Loading / Exclusion 減免附加保費 / 不保事項  
(Please complete PART B. You will be required to pay all associated charges if any Medical Examination is needed. For VHIS certified plans, please complete "Policy Service Request Form Addendum - Standardized Underwriting Questionnaire on Health-Related Information for VHIS Certified Plans". 請填寫乙部。如須進行驗身, 相關費用將由閣下承擔。如屬自願醫保認可產品, 請填寫「更改保單合約內容附加資料申請書 - 自願醫保認可產品健康相關資料的標準核保問卷」。)

10.5  Change of Occupation Class 更改職業類別 (Please complete PART B. 請填寫乙部)

When 更改職業的日期 \_\_\_\_\_

10.6  Change of Smoking Habit 更改吸煙嗜好

Change to Smoker 更改為吸煙者

When 開始吸煙日期 \_\_\_\_\_

Change to Non-Smoker 更改為非吸煙者 (Please complete PART B. 請填寫乙部。)

10.7  Duplicate Policy 複印保單 (Fee: HK\$100 費用: 港幣 100 元)

Delivered through Advisor 由理財顧問交予本人  Posted to correspondence address 寄往本人之通訊地址

10.8  Others 其他

## PART B: PERSONAL PARTICULARS 乙部：個人資料

(For VHIS certified plans, please complete "Policy Service Request Form Addendum - Standardized Underwriting Questionnaire on Health-Related Information for VHIS Certified Plans". 如屬自願醫保認可產品，請填寫「更改保單合約內容附加資料申請書 - 自願醫保認可產品健康相關資料的標準核保問卷」.)

### 1. Occupation Details (For Life Insured) 職業 (適用於被保人)

Please state your Occupation Title, Exact Job Duties, Nature of Business and if business travelling is required  
請說明閣下之現職、職務範圍、業務性質及是否需要到外地公幹，請述詳情

### 2. Other Details (For Life Insured) 其他壽險及傷殘保險 (適用於被保人)

Do you have in force or are you now applying for any life or disability insurance with any company and do you have any life or disability insurance held or applied for by you ever been declined, postponed or modified in anyway? If yes, please give details below. 閣下是否擁有或正向保險公司投保人壽或傷殘保障？是否曾被保險公司拒保、延遲受保或更改受保條件？若是，請填寫詳情

Yes 是  No 否

### 3. Education Details (For Policy Owner) 教育程度 (適用於保單權益人)

Policy Owner education level? 保單權益人教育程度？

Primary or below 小學或以下  Secondary / Matriculation 中學 / 預科  Vocational Training / Technical Institute / Business Institute 職業訓練 / 工業學院 / 商業學院  Post-secondary / University or above 大學 / 大學或以上

### 4. Income Source Details (For Policy Owner) 收入來源 (適用於保單權益人)

Is the source of income regular? 閣下的收入來源是固定？

Yes 是  No 否

### 5. Personal Habit Details 個人之嗜好

Life Insured 被保人

Policy Owner 保單權益人

A. Have you smoked any cigarettes within the past 12 months (Excluding cigars and pipes)?  
(If "No", please complete 5B)  
閣下過去十二個月內曾否吸煙（不包括雪茄及煙斗）？（若「否」，請回答 5B）

Note: Any misrepresentation or non-disclosure of smoking habit will render the policy void in case of claims, whether the claims is  
備註：如遇賠償，而本人在填寫此份申請書時曾就吸煙習慣作出誤導或隱瞞者，則不論最終導致賠償之疾病是否因吸煙而起，均會導致保單失效。

If "Yes", state no. of cigarettes per day  
若「是」，每日 支

If "Yes", state no. of cigarettes per day  
若「是」，每日 支

B. Have you ever smoked any cigarettes (Excluding cigars and pipes) in the past? If "Yes", please specify: 閣下曾否吸煙（不包括雪茄及煙斗）？若「是」，請具體說明：

(1) your consumption in the past 過去吸用數量

(2) when 停止吸用的日期  and 及

(3) for what reason of stop smoking 原因

Yes 是  No 否

Yes 是  No 否

C. Do you drink alcohol or do you have a drug taking habit? If "Yes", please specify:  
閣下是否有飲用酒精飲品或服用藥物的習慣？若「是」，請填寫詳情：

(1) daily quantity 數量  (2) kinds of consumption 類別

Yes 是  No 否

Yes 是  No 否

D. Do you, or are you likely to, engage in hazardous pursuits (such as motor racing or scuba diving, etc.) or fly other than as a fare-paying passenger? (If "Yes", please complete appropriate questionnaire.)  
閣下是否有或計劃參與任何危險活動（如賽車或配備水肺潛水等）或非以購票乘客身份從事飛行活動？（若「是」，請填寫有關問卷。）

Yes 是  No 否

Yes 是  No 否

### 6. Personal Health Statement 健康狀況聲明

(For non-medical cases only 祇適用於不驗身投保)

Life Insured 被保人

Policy Owner 保單權益人

A. Please state your height and weight.  
請填寫閣下的身高及體重

/   
cm 厘米 Ft 呎 In. 吋  
 /   
Kg. 公斤 lb. 磅

/   
cm 厘米 Ft 呎 In. 吋  
 /   
Kg. 公斤 lb. 磅

B. Do you have any weight gain or loss of more than 5 kg or 11 lb in the past year? (If "Yes", please state the weight gain or lose in kg or lb with reason in the Supplementary Information.)  
閣下在過去一年體重有否增加或減少超過五公斤或十一磅？（若「是」，請於下列補充資料部分說明過去一年體重增加或減少之公斤或磅數及原因。）

Yes 是  No 否

Yes 是  No 否

C. Have you ever had, or been told you had or been treated for:  
閣下是否曾患有或獲悉患有下列疾病、或曾因而接受治療：

i. Diseases of the heart, blood or circulatory system such as rheumatic fever, high blood pressure, haemophilia or anaemia?  
與心臟、血液或循環系統有關的疾病，如風濕性心臟病、高血壓、血友病或貧血？

Yes 是  No 否

Yes 是  No 否

ii. Diseases of the eye, glandular, digestive or kidneys systems such as ulcer, diabetes, bladder, kidney or liver diseases or diseases of the thyroid gland? (If Hepatitis B carriers, please also specify)  
與眼睛、腺體、消化系統或腎臟有關的疾病，如潰瘍、糖尿病、膀胱疾病、腎病、肝病或甲狀腺疾病？（若為乙型肝炎帶菌者，請註明）

Yes 是  No 否

Yes 是  No 否

iii. Diseases of the respiratory system such as asthma, bronchitis or tuberculosis?  
呼吸系統疾病如哮喘、支氣管炎或肺結核？

Yes 是  No 否

Yes 是  No 否

iv. Diseases of the musculo-skeletal system such as arthritis, paralysis, gout, back disorder, deformity, amputation or severe injury?  
與肌肉或骨骼有關的疾病，如關節炎、癱瘓、痛風、背部疾病、畸形、肢體被切除或嚴重受傷？

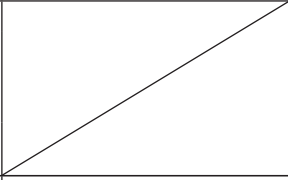
Yes 是  No 否

Yes 是  No 否

v. Diseases of nervous system such as mental diseases, stroke, multiple sclerosis, tremor, giddiness or other mental impairments?  
神經系統疾病，如精神病、中風、多種硬化症、震顫、暈眩或精神不正常？

Yes 是  No 否

Yes 是  No 否

<input type="radio"/> <b>6. Personal Health Statement (Continued) 健康狀況聲明 (續)</b> (For non-medical cases only 祇適用於不驗身投保)		Life Insured 被保人	Policy Owner 保單權益人	
C. vi. Cancer, tumour or any sexually transmitted disease, HIV infection, Acquired Immunodeficiency Syndrome (AIDS) or AIDS-related complex? 癌症、腫瘤、任何透過性接觸傳染的疾病、HIV 感染、後天免疫能力缺乏症 (愛滋病) 或愛滋病併發症？		<input type="radio"/> Yes 是 <input type="radio"/> No 否	<input type="radio"/> Yes 是 <input type="radio"/> No 否	
vii. Any other disease not mentioned above which require investigation, treatment or hospitalization for more than seven days? 上述疾病以外之任何其它疾病，而需要接受檢查、治療或住院超過七日？		<input type="radio"/> Yes 是 <input type="radio"/> No 否	<input type="radio"/> Yes 是 <input type="radio"/> No 否	
D. Have you ever 閣下曾否				
i. had any check-up, consultation, treatment, operation or diagnostic test (such as ECG, X-Ray, Barium Meal, AIDS Test, Mammogram, pap smear or Cancer Marker Blood Test); been so recommended; had a blood transfusion or been refused as a blood donor? 閣下曾否接受或被建議進行任何檢查、診治、手術或檢驗 (如心電圖、X光、鏡餐、愛滋病檢驗、乳房X光、子宮頸抹片檢驗、癌病血液測試)，或曾接受輸血或有意捐血而不獲接納？		<input type="radio"/> Yes 是 <input type="radio"/> No 否	<input type="radio"/> Yes 是 <input type="radio"/> No 否	
ii. Or are you currently receiving medical treatment or under medical care of any kind? 閣下是否正接受任何藥物治療或醫療護理？		<input type="radio"/> Yes 是 <input type="radio"/> No 否	<input type="radio"/> Yes 是 <input type="radio"/> No 否	
E. (For Insured with age 0 to 17 only) (祇適用於 0 至 17 歲之被保人)				
i. Do the parents of the insured own any life insurance policy? (If "Yes", please state their type of insurance, currency and coverage amount in the Supplementary Information.) 被保兒童之父母是否擁有任何人壽保險？(若「是」，請於下列補充資料部分說明已生效人壽保障之保險類別、貨幣及保障額。)		<input type="radio"/> Yes 是 <input type="radio"/> No 否		
ii. Please state the weight at birth. (For the Life To Be Insured aged under 24 months only) 請填寫出生時的體重。(祇適用於 24 個月大以下的被保人)		<input type="text"/> / <input type="text"/> Kg. 公斤    lb. 磅		
F. (Female Only) (祇適用於女性被保人)				
i. Have you ever had, or have been told to have any disease/disorder of the cervix, uterus, fallopian tubes, vagina, ovaries or the breast? Have you ever had complications during or as a result of your pregnancy such as high blood sugar, high blood pressure or other complications? 閣下曾否患有、被告知患有任何子宮頸、子宮、輸卵管、陰道、卵巢或乳房之疾病 / 失調？及曾否在妊娠期間或因懷孕而導致併發症、例如高血糖、高血壓或其他併發症？		<input type="radio"/> Yes 是 <input type="radio"/> No 否	<input type="radio"/> Yes 是 <input type="radio"/> No 否	
ii. Are you now pregnant? (If "Yes", please state the estimated date of childbirth.) 閣下現在是否懷有身孕？(若「是」，請註明預產期。)		<input type="radio"/> Yes 是 <input type="radio"/> No 否	<input type="radio"/> Yes 是 <input type="radio"/> No 否	
<b>Supplementary Information 補充資料：</b> For any "Yes" answer, please state dates, diagnosis, duration, results, stage of recovery, name and address of all attending physicians. 若上述任何項目之答案為「是」者，請註明日期、診斷、患病時間、測試結果或是否已痊癒，與及所有醫生的姓名和地址				
		Life Insured 被保人	Policy Owner 保單權益人	
G. Family Health History 親屬健康狀況 Has any of your parents or brother or sister ever had diabetes, breast, cervical, ovarian, colon or other cancer, high blood pressure, heart problems, stroke, muscular dystrophy, Huntington's disease, polycystic kidney or any other hereditary diseases? (If "Yes", please complete the table below in details.) 如閣下父母或其中一位兄弟 / 姊妹曾否或現在正患上糖尿病、乳癌、子宮頸癌、卵巢癌、腸癌或其他癌病，高血壓、心臟病、中風、肌肉萎縮症、亨廷頓氏癡癲症、多囊腎病、或任何其他遺傳病？(若「是」，請填寫下列親屬健康狀況及詳細加以說明。)		<input type="radio"/> Yes 是 <input type="radio"/> No 否	<input type="radio"/> Yes 是 <input type="radio"/> No 否	
Relationship 親屬關係	Age of Onset 獲悉患病年齡	Type of Disease 疾病名稱	Current Health 目前健康狀況	In the unfortunate case of death, please specify (1) Cause of Death & (2) Age of Death 若不幸身故，請具體說明 (1) 身故原因及 (2) 身故年齡
Father 父親				
Mother 母親				
Brother(s) / Sister(s) 兄弟 / 姊妹				
<input type="radio"/> <b>7. Occupation &amp; Income Details (For Disability Income Only) 職業及入息詳情 (祇適用於入息保障附約)</b>		Life Insured 被保人		
A. Are you self-employed? If "Yes", do you work at home? Please state no. of employee. 閣下是否自僱？若「是」，閣下是否在家中工作？請註明僱員人數。		Yes 是	No 否	
		<input type="radio"/>	<input type="radio"/>	
B. Please state your annual (a) earned income (b) commission/allowance (c) unearned income. 請註明閣下在過去一年之				
		(a) 薪金 \$ _____ (b) 佣金 / 津貼 \$ _____ (c) 其他收入 \$ _____		

## 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<sup>#</sup>, (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

<sup>#</sup> 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僑（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<sup>#</sup>，(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

<sup>#</sup> 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，稅務狀況或稅籍所在地的變動，或若本人 / 吾等擁有多於一個國家的稅籍，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，稅務狀況或稅籍所在地的變動，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 聲明

I HEREBY DECLARE AND AGREE THAT:

1. The answer and/or request on this form are complete, true and accurate and are given to the best of my knowledge and belief.
2. The answers to the above questions are given for the purposes of this Application for Life Insurance and will be relied upon in connection with any matters arising out of any policy issued pursuant to this application. These answers, together any other statements which may subsequently be made to FWD Life Insurance Company (Bermuda) Limited (the "Company") or to the medical examiner for the Company for the purposes stated herein shall form the basis and become a part of such policy;
3. The above request for policy changes or services will not take effect unless all of the following conditions are met. (1) Any required payment and documents are submitted in full. (2) The request is approved by the Company during the lifetime and continued insurability of the Life Insured.
4. I have the full authority from and consent of the Insured to provide the information requested on this Application for Life Insurance and to make the declarations, agreements and authorizations herein on behalf of the Insured.
5. The requested loan amount shall bear interest and be paid at such rates and times as determined by the Company. If any interest payable under this loan is not paid when due, it shall be capitalized to the existing loan at the same rate and conditions as such loan. Or if the total indebtedness of loan plus interest equals to or exceeds the cash surrender value, this Policy shall automatically be terminated unless otherwise specified in the Policy.
6. Except for those specified in this form or notified to the company in previous written requests, there are no changes to my personal particulars including but not limited to occupation, nationality and personal address since the application for this insurance policy.
7. The company reserves the right to request additional personal information or supporting document to complete this policy change request.
8.  I CONFIRM this Policy Services Request Form is signed in Hong Kong.
9. 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

本人謹此聲明並同意：

1. 上述所有問題的答案或要求均是完整，真實及準確，並且是盡本人所知及所信而作答的；
2. 上述問題的答案是為本人壽保險申請而作出的，並且在有關根據本申請而發出的任何保單引起的任何事件上予以採信。這些答案，就上列陳述的目的，以及其後向富衛人壽保險 (百慕達) 有限公司 ("公司") 或公司的醫務人員所作出的任何其他聲明，將為該保單的基礎，並成為該保單的一部份；
3. 上述之更改事項或服務必須符合下列所有條件方能生效：(1) 所有需要之款項及文件皆盡數交抵公司並完整無缺。(2) 申請在受保人在生並仍然符合受保條件時，經公司批准。
4. 本人已獲被保人同意全權提供本人壽保險申請所要求的資料，並代表被保人在此作出以下聲明，協議及授權。
5. 所要求的貸款將須付利息，利率及付息日期將由公司決定。倘貸款利息到期仍未償還，則會變成貸款並按貸款相同的利率和條款計息。又或貸款額加利息等同或超過保單現金價值，此保單將會自動終止，除非保單內容所述有異。
6. 除非已列明於此表格或已書面上知會公司，本人的個人資料 (包括但不限於職業、國籍及個人地址) 與申請此人壽保險時相同。
7. 公司保留向申請人索取額外個人資料及證明文件用作保單更改的權利。
8.  本人確認此更改保單合約內容申請書在香港簽署。
9. 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劃 (✓) 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

### Collection of Levy by the Insurance Authority ("IA")

With effect from 1 January 2018, Levy collected by the Insurance Authority will be imposed on relevant policy at the applicable rate. For further information, please visit [www.fwd.com.hk](http://www.fwd.com.hk) or contact: (852) 3123 3123.

For policy services requests that involve payment of premium, please be reminded to pay the levy as well.

#### 保險業監管局 (「保監局」) 收取的保費徵費

由 2018 年 1 月 1 日起，保費徵費將按照當時徵費率於相關保單收取。如有任何查詢，請瀏覽 [www.fwd.com.hk](http://www.fwd.com.hk) 或致電：(852) 3123 3123。  
如更改保單合約內容申請涉及保費繳付，請同時繳交保費徵費。

### Authorization 授權書

I hereby authorize or authorize on behalf of the Insured (if different);

- any registered medical practitioner, hospital, clinic, insurance company, government institution or other organization that has record or knowledge of my or the Insured's (if different) health and medical history or any treatment or advice or that has been or may hereafter be consulted to disclose to the Company such information as required by the Company in relation to this application and any matters arising from any policy issued pursuant to this applications; and
- the Company or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests evaluate my or the Insured's health status in relation to this application and any matters arising from any policy issued pursuant to this application. (Note: This authorization shall bind my or the Insured's successors and assignees and remain valid notwithstanding my or the insured's death or incapacity in so far as legally possible. A photocopy of this Authorization shall be as valid as the original.)

本人在此授權或代表被保人（如有不同）授權：

- 當公司有需要時，公司可要求持有或瞭解本人或被保人（如有不同）的健康及醫療記錄；或任何治療忠告或曾向其求診或以後向其求診之任何註冊醫生、醫院、診所、保險公司、政府機構或其它團體透露有關本申請之資料，及根據本申請發出之保單所引起之任何事件。
- 公司或公司許可的醫療人員或化驗所，因本申請及根據本申請而發出保單引起的任何事件，進行必要的醫學評估及測試，以評估本人或被保人的健康狀況。（注意：本授權對本人或被保人的承繼人及轉讓人均有約束力，並且如法律上可行時，不論本人或被保人死亡及失去行為能力，本授權仍然有效。本授權的影印本與正本同樣有效。）

Signature Date 簽署日期  [ ] [ ] [ ] [ ]   2   0   [ ] [ ] [ ] [ ] Day 日    Month 月    Year 年	Signature of Life Insured 被保人簽署     S. V.	Signature of Policy Owner (if different from Life Insured) 保單權益人簽署（若保單權益人並非被保人）     S. V.
Name of Witness 見證人姓名		Signature of Witness 見證人簽署

### For Assignee Use Only (if applicable) 受讓人專用（如適用）

I / We, the assignee of the policy, hereby consent and agree the Policy Owner for applying the above policy change request(s).

本人，保單受讓人，特此確認得悉及同意保單持有人提交以上保單更改申請。

Payment Instruction (Applicable for withdrawal of policy value request only):

付款指示（只適用於保單價值提款申請）：

Signature of Assignee  
受讓人簽署

Signature Date 簽署日期

[ ] [ ] [ ] [ ] | 2 | 0 | [ ] [ ] [ ] [ ]  
Day 日    Month 月    Year 年

**PLEASE DO NOT SIGN ON BLANK FORM 請勿在空白表格上簽署**

### For Office Use Only 本公司專用

Adviser Name 理財顧問姓名	Adviser Location 理財顧問地區	Adviser Code 理財顧問號碼	%share 百分比之分配	Adviser Signature 理財顧問簽署
1. _____	_____	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]	
2. _____	_____	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]	



## 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. The updated version of company PICS is available for download from our website: [www.fwd.com.hk](http://www.fwd.com.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、核實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。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.fwd.com.hk](http://www.fwd.com.hk)，及可向本公司索取。

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