Beneficiary Change Form
受益人更改表格

For Intermediary Use Only 只供中介人使用

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

Policy Information 保單資料

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

Important Notes 重要提示 :

Please complete and return to FWD Life Assurance Company (Hong Kong) Limited / FWD Life (Hong Kong) Limited (wherever applicable) ("FWD Assurance") within 30 days after signing this form. You may fax to 8101 3977 or by email to pacontact.hk@fwd.com or by mail to: P.O. Box 69464, Kwun Tong Post Office, Kowloon, Hong Kong.
請填妥及簽署此表格並於 30 天內交回富衛人壽保險（香港）有限公司 / 富衛人壽（香港）有限公司 (如適用)(「富衛壽險」) 處理。閣下可傳真至 8101 3977 或電郵至 pacontact.hk@fwd.com 或寄交香港九龍觀塘郵政局郵政信箱 69464 號。

- Any changes or amendments in this form must be countersigned by the Policyowner in full signature.
  保單持有人必須在此表格內任何更改或修改的地方簽署作實。
- Please fill in BLOCK letters.
  請以英文正楷填寫。

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。

Beneficiary class 受益人級別 Primary 基本	Beneficiary class 受益人級別 Secondary 次位	Full Name of Beneficiary 受益人全名	Relationship to Insured Person 與受保人關係	Identity Document No. 身份證明文件號碼	Nationality 國籍	Share (%) 分配比率 (百分比)
		Full Name of Trustee (if any) 信託人全名 (如有)	Relationship to Beneficiary 與受益人關係	Identity Document No. 身份證明文件號碼		

Beneficiary class 受益人級別 Primary 基本	Beneficiary class 受益人級別 Secondary 次位	Full Name of Beneficiary 受益人全名	Relationship to Insured Person 與受保人關係	Identity Document No. 身份證明文件號碼	Nationality 國籍	Share (%) 分配比率 (百分比)
		Full Name of Trustee (if any) 信託人全名 (如有)	Relationship to Beneficiary 與受益人關係	Identity Document No. 身份證明文件號碼		

Beneficiary class 受益人級別 Primary 基本	Beneficiary class 受益人級別 Secondary 次位	Full Name of Beneficiary 受益人全名	Relationship to Insured Person 與受保人關係	Identity Document No. 身份證明文件號碼	Nationality 國籍	Share (%) 分配比率 (百分比)
		Full Name of Trustee (if any) 信託人全名 (如有)	Relationship to Beneficiary 與受益人關係	Identity Document No. 身份證明文件號碼		

Beneficiary class 受益人級別 Primary 基本	Beneficiary class 受益人級別 Secondary 次位	Full Name of Beneficiary 受益人全名	Relationship to Insured Person 與受保人關係	Identity Document No. 身份證明文件號碼	Nationality 國籍	Share (%) 分配比率 (百分比)
		Full Name of Trustee (if any) 信託人全名 (如有)	Relationship to Beneficiary 與受益人關係	Identity Document No. 身份證明文件號碼		

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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 Witness 見證人名稱 _____ 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 Witness 見證人簽署
Name of Assignee / Irrevocable Beneficiary / Trustee (if applicable) 受讓人 / 不可撤換受益人 / 信託人名稱 (如適用) _____ Identity Document No. 身份證明文件號碼 _____ Sign Date 簽署日期 _____ M 月 / _____ D 日 / _____ Y 年	_____ Signature of Assignee / Irrevocable Beneficiary / Trustee (if applicable) 受讓人 / 不可撤換受益人 / 信託人簽署 (如適用)

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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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