

Reinstatement / Policy Coverage Change Form

保單復效 / 保單保障更改表格



Please darken the appropriate circle 請將適當圓圈填滿 Correct method 正確方法 : ●

Policy Number 保單號碼		
Personal Information 個人資料	Life Insured 被保人	Policy Owner 保單權益人
Name 姓名		
ID Card No. / Passport No. / Travel Document No. 身份證號碼 / 護照編號 / 旅遊證件號碼		

Important Notes 重要提示 :

- Any change or amendments in this form must be countersigned by the Policy Owner in full signature.
保單權益人必須在此表格內任何更改或修改的地方簽署作實。
- Sum Insured can also be expressed as Protection Amount, Monthly Guaranteed Annuity Amount or Notional Amount.
投保金額亦可表達為保障金額、每月保證年金金額或名義金額。
- The amounts of Sum Insured are in Policy Currency.
投保金額以保單貨幣計算。
- FWD Life Insurance Company (Bermuda) Limited ("FWD" / "the Company") 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" / "公司") 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。

PART A 甲部 : SERVICE ITEMS 服務項目

<input type="radio"/> 1. Change Sum Insured of Basic Plan, Plan Level and Change of Riders 更改基本計劃保障額、計劃級別及更改附約 (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 / 附約名稱		1.2 New Sum Insured/Plan Level/ Deductible 新投保金額 / 計劃級別 / 自付費		
<input type="radio"/> Basic Plan 基本計劃	<input type="radio"/> Increase 增加	<input type="radio"/> Decrease 減少		
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	
<input type="radio"/> 1.3 Others 其他 (Please specify in details 請詳細說明)				



<input type="radio"/> 2. Change of Occupation Class / Review Exclusion or Loading 更改職業類別 / 不保事項或附加保費	
<ul style="list-style-type: none"> • Please complete PART B 請填寫乙部 • Further requirement(s) will be subject to underwriting decision 視乎核保情況，或需提供更多資料 	
<input type="radio"/> 2.1	Review Loading / Exclusion 減免附加保費 / 不保事項 (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". 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」。)
<input type="radio"/> 2.2	Change of Occupation Class 更改職業類別 When 更改職業的日期：_____
<input type="radio"/> 2.3	Change of Smoking Habit 更改吸煙習慣 <input type="radio"/> Change to Smoker 更改為吸煙者 When 開始吸煙日期：_____ <input type="radio"/> Change to Non-Smoker 更改為非吸煙者
<input type="radio"/> 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。) To ensure that payment can be made successfully after policy reinstatement, please complete 4. – Change of Payment Method after Reinstatement (if necessary). 為確保保單復保後繳費正常運作，請填寫 4. - 更改復保後的付款辦法 (如需要)。	
<input type="radio"/> 4 Change of Payment Method after Reinstatement (if necessary) 更改復保後的付款辦法 (如需要)	
<input type="radio"/> 4.1 Change of Payment Mode 更改繳付保費模式	
<input type="radio"/> Yearly 年繳 <input type="radio"/> Half-Yearly 半年繳 <input type="radio"/> Monthly 月繳	
<input type="radio"/> 4.2 Change of Payment Option 更改繳付方式	
<input type="radio"/> Cash / Cheque 現金 / 支票 (not applicable to monthly payment mode 不適用於月繳繳付方式) <input type="radio"/> Autopay 自動轉賬 (please complete 4.3 – Change of Payment Method 請填寫 4.3 – 更改付款方式) <input type="radio"/> By bank direct debit 經銀行直接付款 <input type="radio"/> 3 rd of each month 每月 3 號自動轉賬 <input type="radio"/> 25 th of each month 每月 25 號自動轉賬 (Autopay will be arranged on the 3 rd of each month if no autopay day is selected 如沒有選擇自動轉賬日期，其轉賬日會安排於每月 3 號) <input type="radio"/> By credit card direct debit on the 3 rd of each month 經信用卡每月 3 號直接付款 (only applicable to monthly payment mode and may not be applicable to certain products 只適用於月繳繳付方式，可能不適用於個別產品)	
<input type="radio"/> 4.3 Change of Payment Method 更改付款方式	
Direct Debit Authorization 直接付款授權書 I/We hereby authorize my/our below named Bank to effect transfers from my/our account to that of the FWD Life Insurance Company (Bermuda) Limited (the "Company") in accordance with such instructions as my/our Bank may receive from the beneficiary and /or its banker from time to time. 本人 / 吾等現授權本人 / 吾等之下述銀行，(根據受益人或其往來銀行不時給予本人 / 吾等銀行之指示) 自本人 / 吾等之賬戶內轉賬予富衛人壽保險 (百慕達) 有限公司 ("公司")。 I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us. 本人 / 吾等同意本人 / 吾等的銀行毋須證實該等轉賬通知是否已交予本人 / 吾等。 I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s). 如因該等轉賬而令本人 / 吾等之賬戶出現透支 (或令現時之透支增加)，本人 / 吾等願意共同及個別承擔全部責任。 I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorized, my/our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank may make the usual charge and that it may cancel this authorization at any time on one week's written notice. 本人 / 吾等同意如本人 / 吾等之賬戶並無足夠款項支付該等授權轉賬，本人 / 吾等之銀行有權不予轉賬，且銀行可收取慣常之收費，並可隨時以一星期書面通知取消本授權書。 This authorization shall have effect until further notice or until the expiry date written below (whichever shall first occur). 本授權書將繼續生效直至另行通知為止或直至下列到期日為止 (以兩者中最早的日期為準)。 I/We agree that any notice of cancellation or variation of this authorization which I/we may give to my/our Bank shall be given at least two working days prior to the date on which such cancellation/variation is to take effect. 本人 / 吾等同意，本人 / 吾等取消或更改本授權書之任何通知，須於取消 / 更改生效日最少兩個工作天之前交予本人 / 吾等之銀行。 I/We agree to deduct premium and levy payment by autopay through my designated bank / credit card. 本人 / 吾等同意保費及保費徵費從本人 / 吾等指定的銀行 / 信用卡戶口支付。 *Notes 附註： (1) If the amount of your payments are likely to vary each time, set the Limit for Each Payment at the maximum amount you would expect to pay at any one time. If " Limit for Each Payment " is not specified, the debtor's bank will set the limit as "unlimited". 如台端付款的數額每次可能不同，請將最高者定為每次付款的最高限額。如「每次付款的限額」一欄未有填上，債務銀行會將轉賬限額設定為「不設上限」。 (2) All debits will be made in Hong Kong currency. If currency conversion is necessary, the rate to be used will be that of FWD Life Insurance Company (Bermuda) Limited applying at the date of lodgment and, if applicable, dishonor. 一切款項以港幣為單位。若需要轉換通用貨幣，匯率以在入數或不能承兌之當日本公司之匯率為準。 (3) If account holder is different from the policy owner, please complete "Special Arrangement of Premium Payment Application Form" and submit ID copy. 若賬戶持有人非保單權益人，請提交「保費繳付特別安排申請書」並提供身份證明文件。 (4) Should any disagreement arise in respect to the interpretation of this Authorization, the relevant clause as expressed in English will apply. 若對本授權書之解釋有任何爭議，以英文為準。	

☐ **Direct Debit 直接付款** (Payment by local Hong Kong Dollar Bank Account 經本地銀行之港元賬戶繳付保費)

For change of direct debit account, please choose your preference here. 如客戶更改付款戶口，請選擇下列項目。

(Not Applicable to Credit Card Payment 不適用於信用卡付款。)

(If not specified, the existing direct debit account will be stopped immediately 如客戶未有指示，本公司將即時停用舊轉賬戶口)

☐ Stop the existing direct debit account immediately and two months premium was paid.
即時停用舊轉賬戶口，並繳交未來兩個月的保費

☐ Stop using the existing direct debit account two months after reinstatement.
於兩個月後停止使用舊轉賬戶口

Bank Name and Branch Name
銀行及分行名稱

Bank Account No.
銀行賬戶號碼

Bank No. 銀行編號

Branch No. 分行編號

Account No. 賬戶號碼

English Name of Account Holder
賬戶持有人英文姓名

ID No. 身份證明文件號碼

Type 類別

- ☐ HKID 香港身份證
☐ Passport 護照
☐ China ID/Travel Permit 內地身份證 / 通行證
☐ Business Registration 商業登記
☐ Certificate of Incorporation 公司註冊證書

English Name of Other Account Holder (Joint Account)
其他賬戶持有人英文姓名 (聯名戶口)

ID No. 身份證明文件號碼

Type 類別

- ☐ HKID 香港身份證
☐ Passport 護照
☐ China ID/Travel Permit 內地身份證 / 通行證
☐ Business Registration 商業登記
☐ Certificate of Incorporation 公司註冊證書

Note 注意：

If the Policy Owner or Insured is not the holder of the above bank account, please read the "Personal Information Collection Statement" overleaf.

若上述銀行戶口非由保單權益人或被保人所持有，請先細閱背頁的「收集個人資料聲明」。

All the above information provided must be consistent with the Bank's record.

以上所提供的資料必須與銀行紀錄相符。

Limit for Each Payment
每次付款限額

Signature of Account Holder
賬戶持有人簽署

Signature Date
簽署日期 (DD/MM/YYYY)

港元 HKD

☐ **Credit Card Payment 信用卡付款** (Applicable to Credit Card issued in HK only 只適用於香港發出之信用卡)
Credit Card payment is not available for specified products. 信用卡付款並不適用於個別產品。

Please charge the following credit card account 請在以下信用卡戶口扣除有關款項：

☐ FWD Credit Card Account
富衛信用卡戶口

- - - -

☐ VISA/MasterCard Account
VISA 咭 / 萬事達卡戶口

- - - -

Card Expiry Date (MM/YYYY)

信用卡有效至 (月 / 年)

/ 2 0

Note 注意：

If the Policy Owner or Insured is not the holder of the above bank account, please read the "Personal Information Collection Statement" overleaf.

若上述銀行戶口非由保單權益人或被保人所持有，請先細閱背頁的「收集個人資料聲明」。

All the above information provided must be consistent with the Bank's record.

以上所提供的資料必須與銀行紀錄相符。

Credit Card Holder Name
持有人之姓名

Signature of Credit Card Holder
持有人簽署

Signature Date
簽署日期 (DD/MM/YYYY)

PART B 乙部 : PERSONAL PARTICULARS 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。

☐ Yes 是 ☐ No 否

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

☐ Yes 是 ☐ No 否

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毛病，如關節炎、癱瘓、痛風、背部疾病、畸型、肢體被切除或嚴重受傷？

☐ Yes 是 ☐ No 否

☐ Yes 是 ☐ No 否

<input type="radio"/> 6. Personal Health Statement (Continued) 健康狀況聲明 (續) (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	
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？				<input type="radio"/> Yes 是	<input type="radio"/> No 否	<input type="radio"/> Yes 是	<input type="radio"/> No 否
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、鋇餐、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)				<input type="radio"/> Yes 是 <input type="radio"/> No 否 <div style="display: flex; justify-content: space-around;"> <div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div> <div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div> <div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div> <div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div> / <div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div> <div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div> <div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div> <div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div> </div> Kg. 公斤 lb. 磅		<div style="border: 1px solid black; width: 100%; height: 100%; position: relative;"> <div style="position: absolute; top: 0; right: 0; bottom: 0; left: 0; border-left: 1px solid black; border-right: 1px solid black;"></div> </div>	
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。）							
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）							
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
Supplementary Information 補充資料： 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、亨廷頓氏癱瘓症、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"/> 7. Occupation & Income Details (For Disability Income Only) 職業及入息詳情（祇適用於入息保障附約）						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。 <div style="border-bottom: 1px solid black; width: 100%; margin-top: 5px;"></div>						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 聲明

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 Life Insurance Company (Bermuda) Limited (the "Company") to accept the application.

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，可致使富衛人壽保險（百慕達）有限公司（“公司”）不能接受本申請。

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 the Company 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.

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，向本公司或其代表透露、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。

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。

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 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 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的任何事件。
- 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。）

I CONFIRM this Reinstatement / Policy Coverage Change Form is signed in Hong Kong.

本人確認此保單復效 / 保單保障更改表格在香港簽署

Signature of Policy Owner
保單權益人簽署

Signature Date (DD/MM/YYYY)
簽署日期 (日 / 月 / 年)

Signature of Life Insured (if other than Policy Owner)
被保人簽署 (如非保單權益人)

Signature Date (DD/MM/YYYY)
簽署日期 (日 / 月 / 年)

Signature of Irrevocable Beneficiary (if applicable)
受讓人 / 不可撤銷受益人簽署 (如適用)

Signature Date (DD/MM/YYYY)
簽署日期 (日 / 月 / 年)

Name of Irrevocable Beneficiary (if applicable)
受讓人 / 不可撤銷受益人姓名 (如適用)

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權益人提交以上保單更改申請。

Signature of Assignee
受讓人簽署

Signature Date (DD/MM/YYYY)
簽署日期 (日 / 月 / 年)

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

Adviser Information 理財顧問資料

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. _____	_____	<table><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								<table><tr><td> </td><td> </td><td> </td><td> </td></tr></table>				
2. _____	_____	<table><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>							<table><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					

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, 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，及可向本公司索取。