

保單編號 Policy Number	
保單權益人姓名 Name of Policyowner	
受保人姓名 Name of Life Insured	

重要指示

Important Notes

- 於本計劃有效期內及受保人生存期間，若保單權益人為企業商務實體及本保單是基於業務傳承及規劃策略而設立，保單權益人可於第一個保單週年日或以後任何時間，以本公司規定的書面方式申請更改受保人。若申請更改受保人，擬更改後之受保人（「新受保人」）將取代更改前之受保人（「前受保人」），成為在本保單中獲承保之人士，惟須符合下列各項要求：
 - 在本公司收妥書面申請時，擬新受保人的年齡不可以超過七十五(75)歲(適用於「晉盈」終身壽險計劃 - 50/100)或年齡超過六十(60)歲(適用於「晉盈」終身壽險計劃 - 50/100(簡易))，並須提供認可之年齡證明；及
 - 須提供本公司認可擬新受保人可保之證明，包括可保利益證明，以確定其受保資格；及
 - 保單權益人、前受保人及擬新受保人須於本公司指定申請表格上簽署。

While this Plan is in force and the Life Insured is alive, if the Policyowner is a corporate business entity where this Policy was set up in relation to a business succession and planning strategy, the Policyowner may, at any time on or after the first Policy Anniversary, submit a written request in the form prescribed by the Company to apply for a change of Life Insured. When applying for a change of Life Insured, the proposed Life Insured after the change ("New Life Insured") will replace the Life Insured before the change ("Previous Life Insured") to be insured under this Policy, provided that the following conditions are met:

 - The proposed New Life Insured must not be over age seventy-five (75) (applicable to Grand Fortune Whole Life Protection Plan-50/100) or over age sixty (60) (applicable to Grand Fortune Whole Life Protection Plan-50/100 (Lite)) at the time the Company receive the written request, and satisfactory proof of Age to the Company is required; and
 - Submission of evidence of insurability including the insurable interest for the proposed New Life Insured satisfactory to the Company; and
 - A written request in the Company's prescribed form signed by the Policyowner, the Previous Life Insured and the proposed New Life Insured.
- 本公司保留權利不接受任何更改受保人申請，並擁有絕對權力不時釐定就更改受保人之核保及行政規定及要求。
The Company reserves the right not to accept any application of change of Life Insured and has the absolute discretion to determine the underwriting and administrative rules and requirements in respect of the change of Life Insured from time to time.
- 當更改受保人申請獲得本公司接納及批准後，更改受保人將於本公司繕發之批註日視為生效，惟須受到下列之限制及條件所約束：
Once the application for the change of Life Insured is accepted and approved, the change will be deemed to be effective as of the date of endorsement issued by the Company, subject to the following conditions and limitations:
 - 新受保人及前受保人須於批註日仍然生存。
The New Life Insured and the Previous Life Insured must be alive on the date of endorsement.
 - 新受保人於本保單之保障將於批註日開始生效。本保單將於批註日起終止對前受保人提供任何保障。本公司就批註日前已給付的所有款項及所作之行動均不會承擔任何責任。
The insurance benefit covering the New Life Insured under this Policy will take effect on the date of endorsement. This Policy shall cease to provide any insurance benefit for the Previous Life Insured commencing on the date of endorsement. The Company shall not be responsible for any payment made or other action taken before the date of endorsement.
 - 任何更改受保人或會引致保險金額、保證現金價值、週年紅利（如有）、終期紅利（如有）及繳付保費總額作出相應調整，惟須根據本公司絕對酌情權釐定的核保及行政規定處理。身故賠償亦將作出相應調整。
A change of Life Insured may trigger consequential adjustments in the Sum Assured, Guaranteed Cash Value, Annual Dividend (if any), Terminal Dividend (if any) and Total Premiums Paid, subject to the then underwriting and administrative rules as determined by the Company at its absolute discretion. Death Benefit shall also be adjusted accordingly.
 - 若更改受保人引致新的保險金額低於本公司不時釐定的最低金額要求或高於本公司不時釐定的最高金額要求，將不獲接納。
Change of Life Insured will not be accepted if such change triggers the new Sum Assured to be lower than the minimum requirement or higher than the maximum requirement as determined by the Company from time to time.
 - 所有前受保人之附加保障（如有）將於批註日自行終止，預收之保費將不予發還。新受保人將可根據本公司不時釐定的核保規則及要求申請相關附加保障。
All Supplementary Benefit(s) (if any) for the Previous Life Insured will be terminated automatically on the date of endorsement and no unearned premium shall be refunded. The relevant Supplementary Benefit(s) can be applied in respect of the New Life Insured subject to the underwriting rules and requirements as determined by the Company from time to time.



vi.	<p>儘管本保單基本條款內「不持異議」條款仍然適用於最初受保人，本保單之有效性仍須受到下列條文所約束： <i>Notwithstanding the "Incontestability" clause of the General Provisions of this Policy shall continue to apply in respect of the Initial Life Insured, the validity of this Policy shall further be subject to the following:</i></p> <p>自批註日或復效日（以較遲者為準）起計在新受保人生存期間持續有效達兩(2)年後，本公司不得對本保單之有效性有所異議，惟 (i) 蓄意欺詐或 (ii) 根據本保單基本條款內「年齡及／或性別的錯誤陳述」條款所列明的年齡及／或性別的錯誤陳述則不在此限。若保單被本公司解除，所有已繳保費均不予以發還。</p> <p><i>The Company shall not contest the validity of this Policy after the change has been in force during the lifetime of the New Life Insured for two (2) years from the date of endorsement or date of any reinstatement, whichever is later, except for (i) fraud or (ii) misstatement of Age and/or sex as specified in the "Misstatement of Age and/or Sex" clause of the General Provisions of this Policy. Premiums paid will not be refunded should the Policy be voided by the Company.</i></p>
vii.	<p>更改受保人後，儘管本保單基本條款內「自殺」條款有所規定，若新受保人在批註日或復效日（以較遲者為準）起一(1)年內自殺身亡，無論自殺時神志清醒與否，本公司只限 (i)(a) 退還本計劃之繳付保費總額（不包括利息）或 (i)(b) 保證現金價值加上終期紅利（如有），以較大者為準，加上 (ii) 累積紅利及利息（如有），並扣除 (iii) 欠款（如有）。</p> <p><i>Upon the change of Life Insured, notwithstanding the "Suicide" clause of the General Provisions of this Policy, if the New Life Insured commits suicide, while sane or insane, within one (1) year from the date of endorsement or date of any reinstatement, whichever is later, the liability of the Company shall be limited to (i)(a) a refund of the Total Premiums Paid for this Plan (without interest) or (i)(b) the Guaranteed Cash Value and Terminal Dividend (if any), whichever is greater, plus (ii) Accumulated Dividends and Interest (if any), less (iii) Indebtedness (if any).</i></p>
4. 若本申請書的中文與英文版有差異，一概以英文版本為準。	
In the event of conflicts between the Chinese and the English versions of the Application Form, the English version shall prevail.	

行政規定及要求

Administration Rules and Requirements

- 保單權益人可於第一個保單週年日或以後任何時間申請更改受保人。
The Policyowner may, at any time on or after the first Policy Anniversary to apply for a change of Life Insured.
- 保單權益人、前受保人及擬新受保人確認完全知悉，及已同意此申請。
The Policyowner, Previous Life Insured and the proposed New Life Insured confirm that all are fully aware of, and have consented to this request.
- 已簽署的表格及所需文件，請於簽署日期起 14 個工作天內交回本公司。
Please return signed forms and required documents to the Company within fourteen working days from the date of signing.
- 新受保人須填妥擬新受保人詳情、個人投保紀錄及習慣及健康詳情作核保。
The New Life Insured must complete the Details of proposed New Life Insured, Personal Insurance History and Habits & Health Details for underwriting.
- 擬新受保人須符合本公司核保規則及要求。
The proposed New Life Insured must fulfil the underwriting rules and requirements as determined by the Company.
- 若未能符合有關的規定，本公司有權不接受此更改受保人申請。手續辦理後，申請將不能取消。
The Company has the right not to accept this request for change of Life Insured if not fulfilling the Company's requirements. Once the request is processed, it cannot be cancelled.
- 行政規定如有更改，恕不另行通知。
Administration rules are subject to change without prior notice.

所需文件

Required Documents

- 請遞交擬新受保人的身分證明文件副本。
Please submit copy of identification document of the proposed New Life Insured.
- 請提供擬新受保人與保單權益人之可保證明，包括可保利益證明。
Please submit evidence of insurability including the insurable interest between the proposed New Life Insured and the Policyowner.
- 香港人壽保留權利要求客戶提供任何其他可證明擬新受保人/擬保單權益人財政狀況的資料。
Hong Kong Life reserves the right to request customer to provide any other information which is useful in supporting the financial condition of the Proposed Life Insured / Proposed Policyowner.

擬新受保人詳情

Details of Proposed New Life Insured

1. 與保單權益人關係 Relationship to Policyowner							
2. 姓名 Full Name	須與身份證明文件相同 as shown on Identity Document						
	英文 In English	姓 Surname		中文 In Chinese	姓 Surname		
		名 Given Name	其他名字 Other Names		名 Given Name		
3. 身份證明文件號碼 Identity Document No.	香港居民 HK Resident	<input type="checkbox"/> 香港永久性居民身份證 HK Permanent Resident ID Card		<input type="checkbox"/> 香港居民身份證 HK Resident ID Card		<input type="checkbox"/> 香港出生證書 HK Birth Cert. No.	
	非香港居民 Non-HK Resident	<input type="checkbox"/> 身份證 ID Card		<input type="checkbox"/> 出生證書 Birth Cert.		<input type="checkbox"/> 護照 Passport	
		簽發國家 Country of Issue			有效期至 Expiry Date	日 dd 月 mm 年 yyyy	
4. 性別 Sex	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	5. 婚姻狀況 Marital Status		<input type="checkbox"/> 單身 Single	<input type="checkbox"/> 已婚 Married	<input type="checkbox"/> 肅偶 Widowed	<input type="checkbox"/> 離婚 Divorced
6. 出生日期 年齡 Date of Birth Age	日 dd 月 mm 年 yyyy	年齡 Age	7. 出生國家 Country of Birth			8. 國籍 Nationality	
9. 住宅地址 ^{#1} Residential Address ^{#1}	<input type="checkbox"/> 與保單權益人住宅地址相同 same as Policyowner's Residential Address						
	室 Flat/Room	樓數 Floor	座數 Block	大廈/屋邨名稱 Name of Building/Estate			
	街道名稱及號數/地段路數 Name & No. of Street/Lot No.				城市 City	國家 Country	
10. 永久地址 ^{#1} Permanent Address ^{#1}	若無明確指定，住宅地址將會視為永久地址 same as Residential Address unless otherwise specified						
	室 Flat/Room	樓數 Floor	座數 Block	大廈/屋邨名稱 Name of Building/Estate			
	街道名稱及號數/地段路數 Name & No. of Street/Lot No.				城市 City	國家 Country	
11. 聯絡資料 Contact Particulars	電話號碼 Tel. No.	住宅 Home	手提 Mobile	辦公室 Office			
	國際電話區號 Country Code		海外電話號碼 Overseas Tel. No.				
	電郵地址 Email Address						
12. 僱主名稱 Name of Employer							
13. 業務性質 Nature of Business							
14. 辦公室地址 ^{#1} Office Address ^{#1}	室 Flat/Room	樓數 Floor	座數 Block	大廈/屋邨名稱 Name of Building/Estate			
	街道名稱及號數/地段路數 Name & No. of Street/Lot No.				城市 City	國家 Country	
15. 職業 Occupation				16. 每月薪酬/收入 Monthly Salary/Income	港元 HKD		
17. 確實職務 Exact Job Duties	請述詳情，如職務涉及 Please give details if job duties involved in			<input type="checkbox"/> 體力勞動 Manual Work	<input type="checkbox"/> 高空工作 Work at Heights	<input type="checkbox"/> 離港工作 Working Abroad	
	職務及詳情 Job Duties & Details						

#1 郵政信箱恕不接受 P.O. Box address is not accepted

個人投保紀錄及習慣

Personal Insurance History and Habits

<p>18. 就包括人壽、意外、醫療、傷殘或危疾利益之保險： For insurance covering life, accident, medical, disability or dread disease benefit:</p> <p>(a) 你現時是否持有已生效及/或正在處理中之其他保險保單？ Do you have any other insurance policy now in force and/or in process?</p> <p>(b) 你在過去投保保險時，或要求恢復保險效力時，曾否被拒保、延期、加費或更改受保條款？ Have you ever had any application or reinstatement of insurance been declined, postponed, rated or in any way modified?</p> <p>(c) 你曾否就保險提出索賠？ Have you made any claim of insurance?</p>				<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No													
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<p>如「是」者，請於下表註明詳情。 If "Yes", please give details below.</p> <table border="1"> <thead> <tr> <th>保險公司 Insurance Company</th> <th>簽發日期 Date of Issue</th> <th>保險產品類別編號^{#8} Type of Insurance Products Code^{#8}</th> <th>保險金額/基本金額 Sum Assured/Principal Amount</th> <th>狀況編號^{#9} Status Code^{#9}</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>						保險公司 Insurance Company	簽發日期 Date of Issue	保險產品類別編號 ^{#8} Type of Insurance Products Code ^{#8}	保險金額/基本金額 Sum Assured/Principal Amount	狀況編號 ^{#9} Status Code ^{#9}							
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<small>#8 保險產品類別 Type of Insurance Products : (1)人壽 Life (2)意外 Accident (3)醫療 Medical (4)傷殘 Disability (5)危疾 Dread Disease</small> <small>#9 狀況 Status : (1)生效 In force (2)處理中 In Process (3)拒保/延期 Declined/Postponed (4)加費 Rated (5)曾索賠 Claimed</small>																	
<p>19. (a) i. 你曾否在過往十二個月內吸食任何煙草產品？如「是」者，請於下表列明類別、平均每日吸食數量及吸食年期。 Have you ever used any form of tobacco products during the past 12 months? If "Yes", please give details below for the type, average daily consumption and years of consumption.</p> <table border="1"> <thead> <tr> <th></th> <th><input type="checkbox"/> 是 Yes</th> <th><input type="checkbox"/> 否 No</th> </tr> </thead> <tbody> <tr> <td>i. 你曾否因醫生建議而停止吸食煙草產品？如「是」者，請於下表詳述何時及原因。 Have you ever stopped using any tobacco products due to medical advice? If "Yes", please give details below since when and for what reason.</td> <td><input type="checkbox"/> 是 Yes</td> <td><input type="checkbox"/> 否 No</td> </tr> </tbody> </table> <p>(b) 你曾否經常性飲用含有酒精類產品？如「是」者，請於下表列明類別、平均每日飲用數量及飲用年期。 Have you ever frequently taken alcoholic products? If "Yes", please give details below for the type, average daily consumption and years of consumption.</p> <table border="1"> <thead> <tr> <th></th> <th><input type="checkbox"/> 是 Yes</th> <th><input type="checkbox"/> 否 No</th> </tr> </thead> <tbody> <tr> <td>(c) 你曾否有服用未經處方/違禁藥物或毒品？如「是」者，請於下表列明類別、平均每日服用數量及服用年期。 Have you ever taken non-prescription/illegal drugs or narcotics? If "Yes", please give details below for the type, average daily consumption and years of consumption.</td> <td><input type="checkbox"/> 是 Yes</td> <td><input type="checkbox"/> 否 No</td> </tr> </tbody> </table>							<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No	i. 你曾否因醫生建議而停止吸食煙草產品？如「是」者，請於下表詳述何時及原因。 Have you ever stopped using any tobacco products due to medical advice? If "Yes", please give details below since when and for what reason.	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No		<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No	(c) 你曾否有服用未經處方/違禁藥物或毒品？如「是」者，請於下表列明類別、平均每日服用數量及服用年期。 Have you ever taken non-prescription/illegal drugs or narcotics? If "Yes", please give details below for the type, average daily consumption and years of consumption.	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
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<small>#10 物品類別 Type of Items : (1)香煙 Cigarette (2)雪茄 Cigar (3)煙斗 Pipe (4)咀嚼煙草 Chewing Tobacco (5)啤酒 Beer (6)餐酒 Wine (7)烈酒 Spirit (8)鴉片衍生物 Opium Derivatives (9)巴比妥酸鹽 Barbiturates (10)大麻 Marijuana (11)安非他命 Amphetamines (12)迷幻藥 Hallucinogens (13)可卡因 Cocaine (14)其他，請列明 Others, please specify</small>																	
<p>20. (a) 你曾否或打算以非購票乘客的身份參與任何航空*活動或任何危險運動*，如潛水*、跳傘*、賽車*或攀山*？如「是」者，*請填寫有關問卷。 Have you ever engaged in, or do you intend to engage in any aviation* activities other than as a fare passenger or in any hazardous sports* such as diving*, parachuting*, automobile & car racing* or mountaineering*? If "Yes", *please complete the corresponding questionnaire(s).</p> <table border="1"> <thead> <tr> <th></th> <th><input type="checkbox"/> 是 Yes</th> <th><input type="checkbox"/> 否 No</th> </tr> </thead> <tbody> <tr> <td>(b) 你曾否或將會離港超過六個月？如「是」者，請於下表列明持續時間、國家或城市及原因。 Have you ever travelled, or are you going to travel outside Hong Kong for more than 6 months? If "Yes", please give details below for duration, country or city and reason.</td> <td><input type="checkbox"/> 是 Yes</td> <td><input type="checkbox"/> 否 No</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>持續時間 Duration</th> <th>國家/城市 Country/City</th> <th>原因 Reason</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>							<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No	(b) 你曾否或將會離港超過六個月？如「是」者，請於下表列明持續時間、國家或城市及原因。 Have you ever travelled, or are you going to travel outside Hong Kong for more than 6 months? If "Yes", please give details below for duration, country or city and reason.	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No	持續時間 Duration	國家/城市 Country/City	原因 Reason			
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健康詳情

Health Details

<p>此部分只適用於免體檢的投保申請。新受保人如已安排體檢則無須填寫此部分。 This section is applicable to non-medical application only. New Life Insured is not required to complete this section if a medical examination has been arranged.</p>																																			
<p>21. 個人體型及資料 Personal Build and Information</p>																																			
(a) 身高 Height		<input type="checkbox"/> 豚米 cm		<input type="checkbox"/> 呎 feet																															
(b) 體重 Weight		<input type="checkbox"/> 公斤 kg		<input type="checkbox"/> 磅 lbs																															
(c) 若過去十二個月內體重之增減多於十磅，請詳述原因 Give Reasons if Weight has Changed over 10 lbs in the Past 12 Months		原因 Reasons																																	
(d) 主診醫生之姓名及地址 Name and Address of Attending Physician		姓名 Name																																	
		地址 Address																																	
(e) 上一次診症之日期、原因和結果 Date, Reasons & Result of Last Consultation		日期 Date																																	
		原因 Reasons																																	
		結果 Result																																	
<p>22. 家庭病史 Family Medical History</p> <p>你下列直系親屬中，曾否有人患過糖尿病、腎病、心臟病、中風、高血壓、血科疾病、精神病、癌症、肝病（包括乙型肝炎帶菌者）、愛滋病或其有關病況或已知的遺傳性疾病？如「是」者，請於下表註明詳情。 Have any of your immediate family members below ever had diabetes, kidney disease, heart disease, stroke, raised blood pressure, blood disease, mental disease, cancer, liver disease (including hepatitis B carrier), AIDS or its related conditions or known hereditary disease? If "Yes", please give details below.</p>																																			
<input type="checkbox"/> 是 Yes		<input type="checkbox"/> 否 No																																	
<table border="1"> <thead> <tr> <th>關係 Relationship</th> <th>疾病名稱 Name of Disease(s)</th> <th>病發年齡 Onset Age</th> <th>現時身體狀況 Current Health Condition</th> <th>現時年齡 Current Age</th> <th>身故年齡 Age at Death</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 父親 father</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> 母親 mother</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> 兄弟 brother</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> 姊妹 sister</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						關係 Relationship	疾病名稱 Name of Disease(s)	病發年齡 Onset Age	現時身體狀況 Current Health Condition	現時年齡 Current Age	身故年齡 Age at Death	<input type="checkbox"/> 父親 father						<input type="checkbox"/> 母親 mother						<input type="checkbox"/> 兄弟 brother						<input type="checkbox"/> 姊妹 sister					
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<input type="checkbox"/> 姊妹 sister																																			

健康詳情 (續)

Health Details (Cont'd)

23. 個人健康狀況

Personal Health Condition

(a) i. 你曾否患有心臟病、 胸痛 *或不適、 高血壓 *、心悸、中風、血科疾病、結核病、 哮喘 *、慢性支氣管炎、十二指腸或消化性潰瘍、腎或膀胱疾病、任何類型的肝炎 (包括乙型肝炎帶菌者) 或肝病？ Have you ever had heart disease, chest pain * or discomfort, raised blood pressure *, palpitation, stroke, blood disease, tuberculosis, asthma *, chronic bronchitis, duodenal or peptic ulcer, kidney or bladder disease, any form of hepatitis (including hepatitis B carrier) or liver disease?	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
(b) i. 你曾否患有或獲被告知患有任何疾病、身體機能失調或身體上的缺陷、嚴重 受傷 *或曾否為任何疾病或就上述任何情況接受或打算接受治療？ Have you ever had or been told to have, or intend to be treated or have been treated for any disease or disorder, physical impairment or deformity, severe injury *? ii. 在過去五年內，你曾否接受或被建議接受X光檢查、電腦掃描、超聲波、心電圖、活體檢驗、尿液檢驗、血液檢驗 (例如：膽固醇、愛滋病、肝炎包括乙型肝炎、貧血等)、其他的檢查或診斷檢驗？ Have you had or have been advised to have X-ray, CT Scan, ultra-sonogram, ECG, biopsy, urine test, blood test (e.g. cholesterol, AIDS, hepatitis including hepatitis B, anaemia, etc.), any other investigations or diagnostic tests in the past five years?	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No

24. 只適用於十二歲或以上的女性

Applicable to Female Aged 12 or Above Only

(a) 你現在是否懷孕？ Are you now pregnant? 上述問題答案如「是」者，請列明預產期。 If the answer to the question above is "Yes", please give Expected Delivery Date.	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
	預產期 Expected Delivery Date: _____	
(b) 你曾否患有任何乳房或生殖器官的疾病，包括不正常之塗片細胞檢查及月經失調？ Have you ever had any disease or disorder of breast or reproductive organs including abnormal smear tests and irregular menses?	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No

上述第 23 項及 24(b) 項問題中，如有任何答案「是」者，請於下文表格註明題號及提供詳情或*填寫有關問卷。

If any of the answer to question 23 and 24(b) is "Yes", please indicate the question number and give details in following table or *complete the corresponding questionnaire(s).

請提供覆診咭及檢驗報告副本 (如有)。

Please provide copies of patient card and investigation reports (if any).

題號 Question No.	診斷結果/ 檢驗原因 Diagnosis/ Reason of Investigation	患病日期 Onset Date	任何檢驗或治療 Any Investigation or Treatment				主診醫生姓名 和醫療機構名稱 Name of Attending Physician & Medical Institution
			請提供以下資料(1)日期(2)種類(3)結果及(4)目前情況 Please provide the following information: (1) Date (2) Type (3) Result and (4) Current Condition				

個人資料收集聲明

Personal Information Collection Statement

香港人壽保險有限公司（「香港人壽」）在收集、使用、轉移、保留及儲存個人資料時，會致力遵守《個人資料（私隱）條例（第 486 章）》（「條例」）。

Hong Kong Life Insurance Limited ("Hong Kong Life") is committed to complying with the Personal Data (Privacy) Ordinance (Cap. 486) (the "Ordinance") in relation to the collection, use, transfer, retention and storage of personal data.

1. 收集個人資料的重要性

Importance of Personal Data Collection

客戶及其他個別人士（下稱「資料當事人」）需要不時向香港人壽提供個人資料，使香港人壽可提供保險及/或有關的產品及服務予資料當事人及/或處理有關香港人壽簽發的保單之索償、資料當事人的任何和所有要求、查詢及投訴。提供個人資料予香港人壽純屬自願性質，但若未能按要求提供所需的個人資料，可能會導致香港人壽無法處理保險申請或提供或繼續提供保險產品及服務及/或其他相關產品及/或服務予資料當事人。

From time to time, it is necessary for customers and various other individuals (collectively referred to as "data subject(s)") to provide personal data to Hong Kong Life in connection with the provision of insurance and/or related products and services to the data subjects and/or the processing of claims under insurance policies issued by Hong Kong Life and any and all of the requests, enquiries and complaints from the data subjects. The provision of such personal data is voluntary, but failure to do so may result in Hong Kong Life being unable to process the insurance applications or to provide or continue to provide the insurance products and services and/or the related products and/or services to the data subjects.

2. 個人資料收集目的

Purposes of Collecting Personal Data

香港人壽收集所需的個人資料是為處理投保或其他保險或財務產品及/或服務之申請，及提供所有關於該等申請之繼後服務、進行身份審查或信用審查、處理理賠或其有關分析、處理權益轉讓協議、統計或精算研究用途、訴訟、通訊、內部或外界審計、提供客戶服務（包括但不限於處理查詢及投訴）及有關活動、直接銷售保險產品、資料核對、與任何因香港人壽提供的產品及/或服務之機構或人士溝通、促使香港人壽可與實在或建議的受讓人、或香港人壽對資料當事人的權利的參與人或附屬參與人評核意圖成為轉讓、參與或附屬參與的交易及為符合根據下述適用於香港人壽或期望香港人壽遵從有關披露及使用資料之責任、規定或安排（包括但不限於）：

Hong Kong Life collects necessary personal data for the purposes of processing insurance application or any other applications for insurance or financial related products and/or services and providing all on-going services relating to such applications, conducting identity or credit checks, claim processing or any analysis of it, assignment processing, statistical or actuarial research, litigation, communication, internal or external audit, providing customer services (including but not limited to, processing enquiries and complaints) and related activities, direct marketing for insurance products, data matching, communicating with any relevant organization or person in respect of any products and/or services provided by Hong Kong Life, enabling an actual or proposed assignee of Hong Kong Life, or participant or sub-participant of Hong Kong Life's rights in respect of the data subjects to evaluate the transaction intended to be the subject of the assignment, participation or sub-participation, and complying with the obligations, requirements or arrangements for disclosing and using data that apply to Hong Kong Life or that it is expected to comply according to the following (including but not limited to) :

- (a) 在香港境內或境外之現存及將來對其具約束力之任何本地或海外法律；
any local or foreign law binding on or applying to it within or outside Hong Kong existing currently and in the future;
- (b) 在香港境內或境外之現存及將來並由任何法定、監管、政府、稅務、執法或其他機構，或由金融服務提供者之行業的團體或組織所發出或提供之任何指引或指導；
any guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or industry bodies or associations of financial services providers within or outside Hong Kong existing currently and in the future;
- (c) 香港人壽因其金融、商業、營業或其他利益或活動處於或關連於相關本地或海外的法定、監管、政府、稅務、執法或其他機構或金融服務提供者之行業團體或組織之司法管轄區而須承擔或獲施加與本地或海外之法定、監管、政府、稅務、執法或其他機構或金融中介人、或金融服務提供者之行業團體或組織之間的現有或將來之任何合約承諾或其他承諾及/或香港人壽遵守適用稅務法律的義務，包括但不限於根據香港與美國之間的跨政府協議之《外國賬戶稅務合規法案》和經濟合作暨發展組織作出的規定（包括關於為履行共同申報準則的主管機關協議的監管機制）。
any present or future contractual or other commitment with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities or financial intermediaries, or industry bodies or associations of financial services providers that is assumed by or imposed on Hong Kong Life by reason of its financial, commercial, business or other interests or activities in or related to the jurisdiction of the relevant local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or industry bodies or associations and/or the obligations of Hong Kong Life to comply with applicable tax laws including but not limited to the Foreign Account Tax Compliance Act pursuant to the Intergovernmental Agreement between Hong Kong and the United States and the provisions issued by the Organization for Economic Co-operation and Development (including the regulatory scheme relating to its Competent Authority Agreement to implement its Common Reporting Standard).

3. 個人資料的轉移

Transfer of Personal Data

香港人壽或會就上述目的將任何收集或持有之個人資料儲存、使用、透露、發放及/或轉交予（不論在香港或海外）任何從事與保險或再保險業務有關之公司、中介人、第三方管理人、第三方服務供應商（包括但不限於保險公司、銀行、證券、商品及投資公司、消費卡或信用卡發行公司、第三方獎賞、年資獎勵、聯名合作及優惠計劃供應商、香港人壽之聯名合作夥伴、律師、會計師，以及其他提供行政、電訊、電腦、付款、印刷、贖回或其他服務以令香港人壽的業務可以運作的第三方服務供應商）、理賠調查員、醫療賬單審查公司、有關提供保險業務服務之公司、專業顧問、研究人員、政府機構、任何保險業組織或聯會、信貸資料服務機構、收賬代理、伙伴金融機構、任何對香港人壽有保密責任並已承諾作出保密有關資料的其他人士、香港人壽的任何實在或建議的受讓人或就香港人壽對資料當事人的權利的參與人或附屬參與人或承讓人、符合法例或法庭頒令的資料披露規定之單位、或根據監管或其他有關機構所發出的指引而作出披露之單位。

Any personal data collected or held by Hong Kong Life may be stored, used, disclosed, released and/or transferred (whether within or outside Hong Kong) by Hong Kong Life to any other companies carrying on insurance or reinsurance related businesses, intermediaries, third party administrators, third party service providers (including but not limited to insurers, banks, securities, commodities and investment companies, charge or credit card issuing companies, third party rewards, loyalties, co-branding and privileges programme providers, co-branding partners of Hong Kong Life, lawyers, accountants, and other third party service providers who provide administrative, telecommunications, computer, payment, printing, redemption or other services to Hong Kong Life for its business operations), claims investigators, medical bill review companies, other service providers providing services relevant to insurance business, professional advisors, researchers, government authorities, any associations or federations of insurance companies, credit reference agencies, debt collection agencies, partnering financial institutions, any other person under a duty of confidentiality to Hong Kong Life which has undertaken to keep such data confidential, any actual or proposed assignee of Hong Kong Life or participant or sub-participant or transferee of Hong Kong Life's rights in respect of the data subjects, any organizations which meet data disclosure requirements imposed by law or court orders or pursuant to guidelines issued by regulatory or other relevant authorities, for any of the above purposes.

4. 使用個人資料作直接促銷

Use of Personal Data in Direct Marketing

香港人壽擬使用資料當事人的個人資料作直接促銷及須為此目的取得資料當事人的同意（包括不反對之表示）。因此，請注意以下事項：

Hong Kong Life intends to use the data subjects' personal data for direct marketing and requires the consent (which includes an indication of no objection) from data subjects for that purpose. In this connection, please note the following:

- (a) 香港人壽持有資料當事人的姓名、性別、出生日期、身份證或護照號碼一部分、聯絡資料（包括但不限於電話號碼、傳真號碼、電郵地址、通訊地址及住宅地址）、已購買產品及/或服務資料、交易模式及行徑、財務背景及統計資料可不時被香港人壽用作直接促銷；
The name, gender, date of birth, part of identity card or passport number, contact details (including but not limited to phone number, fax number, email address, correspondence address and residential address), information about the purchased products and/or services, transaction pattern and behaviour, financial background and demographic data of data subjects held by Hong Kong Life from time to time may be used by Hong Kong Life in direct marketing;
- (b) 以下種類的產品、服務及類別可作推廣：
The following classes of products, services and subjects may be marketed:
 - (i) 財務、保險、信用卡、證券、商品、投資、銀行及相關產品和服務及授信；
financial, insurance, credit card, securities, commodities, investment, banking and related products and services and facilities;
 - (ii) 獎賞、年資獎勵或優惠計劃及相關產品和服務；
rewards, loyalties or privileges programmes and related products and services;
 - (iii) 香港人壽的聯名合作夥伴提供之產品和服務；及
products and services offered by Hong Kong Life's co-branding partners; and
 - (iv) 為慈善及/或非牟利目的之捐款及資助。
donations and contributions for charitable and/or non-profit making purposes.
- (c) 上述產品、服務及類別可由香港人壽及/或下述人士提供或募捐（如涉及捐款及資助）：
The above products, services and subjects may be provided or solicited (in the case of donations and contributions) by Hong Kong Life and/or the following parties:
 - (i) 第三方金融機構、保險公司、信用卡公司、證券、商品及投資服務供應商；
third party financial institutions, insurers, credit card companies, securities, commodities and investment services providers;
 - (ii) 第三方獎賞、年資獎勵、聯名合作或優惠計劃供應商；
third party rewards, loyalties, co-branding or privileges programme providers;
 - (iii) 香港人壽之聯名合作夥伴；及
co-branding partners of Hong Kong Life; and
 - (iv) 慈善或非牟利組織。
charitable or non-profit making organizations.

個人資料收集聲明（續）

Personal Information Collection Statement (Cont'd)

(d) 除香港人壽推廣上述產品、服務及類別外，香港人壽同時擬提供列明於上述(a)段之資料至上述(c)段的所有或其中任何人士，該等人士藉以用於推廣上述產品、服務及類別。香港人壽須為此目的取得資料當事人的同意（其中包括不反對之表示）。

In addition to marketing the above products, services and subjects, Hong Kong Life also intends to provide the data described in paragraph (a) above to all or any of the persons described in paragraph (c) above for use by them in marketing those products, services and subjects. Hong Kong Life requires the data subjects' written consent (which includes an indication of no objection) for that purpose.

若資料當事人不希望香港人壽使用或提供其個人資料予其他人士藉以用於以上所述之直接促銷，資料當事人可通知香港人壽以行使不同意此安排的權利。

If the data subject does not wish Hong Kong Life to use or provide to other persons his personal data for use in direct marketing as described above, the data subject may exercise his opt-out right by notifying Hong Kong Life.

5. 查詢及改正資料權利

Data Access and Correction Right

根據條例規定，資料當事人有權知悉香港人壽是否持有他的個人資料及有權查閱該等資料。而香港人壽或會收取處理有關資料的合理費用。若認為香港人壽持有有關他的個人資料不準確，資料當事人有權要求更改他的個人資料。有關要求查閱及更改個人資料，或對以上的個人資料收集聲明有任何疑問，請致電 2290 2882 或以書面形式致函香港皇后大道中 183 號中遠大廈 15 樓，向香港人壽資料保護主任提出。

In accordance with the Ordinance, the data subject has the right to check whether Hong Kong Life holds his personal data and the right of access to such data. Hong Kong Life may charge a reasonable fee for the processing of such data. If the data subject believes that his personal data held by Hong Kong Life is incorrect, the data subject has the right to request for correction of his personal data. Any enquiries regarding request for accessing and correction of personal data or the Personal Information Collection Statement, please call us at 2290 2882 or make a written request to the Corporate Data Protection Officer of Hong Kong Life at 15/F, Cosco Tower, 183 Queen's Road Central, Hong Kong.

香港人壽保留權利可隨時且在無須通知的情況下修訂本個人資料收集聲明。若香港人壽更改個人資料收集聲明，香港人壽會更新網站上的個人資料收集聲明(www.hklife.com.hk)或以書面形式通知。任何有關更改將在刊登後即時生效。

Hong Kong Life reserves the right to amend the Personal Information Collection Statement at any time without any prior notice. If Hong Kong Life changes its Personal Information Collection Statement, Hong Kong Life will either update the Personal Information Collection Statement on its website at www.hklife.com.hk or provide a notification in writing. Should there be any changes to the Personal Information Collection Statement in the future, such changes will become effective upon posting.

拒絕接受促銷信息或資料

Opting-out Marketing Communications or Materials

本人/我們同意根據「個人資料收集聲明」，提供本人/我們的個人資料用作直銷推廣之用途。

I/We agree to the provision and use of my/our personal data for the direct marketing purposes as set out in the Personal Information Collection Statement.

若不同意根據「個人資料收集聲明」，提供、使用及/或轉移個人資料用作直銷推廣用途，請在左方空格上填上"√"號。

Please check the box on the left if you do not agree with the provision to provide, use and/or transfer of your personal data for direct marketing purposes in accordance with the Personal Information Collection Statement.

本人/我們確定本人/我們已閱讀、明白及同意遵守「個人資料收集聲明」及「拒絕接受促銷信息或資料」。

I/We confirm that I/we have read, understood and agreed to be bound by the Personal Information Collection Statement and Opting-out Marketing Communications or Materials.

聲明及授權

Declaration and Authorization

聲明

Declaration

本人/我們作為保單權益人/前受保人/擬新受保人，謹代表本人/我們及任何於本申請書中擁有或可能擁有保險權益之人士在此聲明及同意：
I/We, the Policyowner/Previous Life Insured/Proposed New Life Insured, on behalf of myself/ourselves and any person who has or may have any interest in any insurance on this form, hereby declare and agree that :

- 本人/我們在此要求保單按照上述細則更改。本人/我們確認我們完全知悉，及已同意此申請。
I/We, request that the Policy be changed according to the above particulars. I/We confirm that we are fully aware of, and have consented to this request.
- 本人/我們確認本申請書及就申請相關的任何補充表格或問卷內之各項問題已向本人/我們清楚解釋而本人/我們已完全明白有關內容；
I/we confirm that this application form and any other relevant supplementary forms or questionnaires in connection with this application have been explained to me/us and are fully understood;
- 本人/我們就本申請所提供之所有資料、文件、陳述及答案，盡本人/我們所知所信，均完整真確，並將作為日後簽發保單之根據；
All information, documents, statements and answers provided by me/us in connection with this application are complete and true to the best of my/our knowledge and belief, and shall form the basis of the policy to be issued;
- 本人/我們明白若未能提供就本申請所需的資料，香港人壽將可能無法處理有關之申請。如有任何重要事實隱瞞，即使保單已簽發，香港人壽仍可將本保單作廢：
I/we understand Hong Kong Life may be unable to process this application if I/we fail to provide any information requested in connection with this application. Failure to disclose any material facts may cause Hong Kong Life to declare the policy void even after the policy has been issued;
- 本申請獲得本公司接納及批准後，批註並於本人/我們生存其間及身體健康情況下送達本人/我們後，始行生效。如在本人/我們簽署本申請書後直至本人/我們收到保單前，本人/我們身體健康狀況或可保權益有任何改變，本人/我們必須立刻通知香港人壽；
Once the application is accepted and approved, endorsement issued and delivered to me/us during the lifetime and good health of me/us. I/We shall immediately notify to Hong Kong Life of any change in my/our health or insurability after signing this application form until I/we receive the policy;
- 本人/我們提供之個人資料可用作個人資料收集聲明所述之用途，以及就該等用途，香港人壽可把此等個人資料提供給個人資料收集聲明所述之人士；
The personal data provided by me/us may be used for the purposes stated in the Personal Information Collection Statement and Hong Kong Life may provide the personal data to the parties set out in the Personal Information Collection Statement for such purposes;
- 本人/我們確認本人/我們已獲本投保申請書指定受益人（如有）之同意，提供其個人資料予香港人壽。香港人壽可根據個人資料收集聲明所述之用途，持有、使用、轉移或處理該等資料。
I/we confirm that I/we have obtained the express consent of the named beneficiaries (if any) in this application for providing their personal data which may be held, used, transferred or otherwise processed by Hong Kong Life for the purposes in accordance with the Personal Information Collection Statement.

授權

Authorization

本人/我們作為保單權益人/前受保人/擬新受保人，謹代表本人/我們在此同意及授權：

I/We, the Policyowner/Previous Life Insured/Proposed New Life Insured, on behalf of myself/ourselves, hereby agree and authorize that :

- 任何僱主、醫生、醫院、診所、保險公司、政府部門或其他相關之機構/人士，凡持有或將會知悉本人/我們之個人資料（不論是醫療或其他資料），均可向香港人壽或其代表透露、發放或轉交該等資料，以用作處理本申請及其後之保單復效或理賠事宜；
Any employer, doctor, hospital, clinic, insurance company, government office or any relevant organization/person that has or may hereafter have any record, knowledge or information of me/us (whether medical or otherwise) to disclose, release or transfer to Hong Kong Life or its representative such record, knowledge or information pertinent to this application and any reinstatement or claim arising therefrom;
- 香港人壽或任何其指定之醫護人員或化驗所，可就本申請及其後之保單復效或理賠事宜，替本人/我們進行所需之醫療評估及測試以審核本人/我們之健康狀況。
Hong Kong Life or any of its appointed medical/paramedical examiners or laboratories to perform the necessary medical assessment and tests to evaluate the health status of me/us in relation to this application for insurance and any reinstatement or claim arising therefrom.

本授權書對本人/我們及本人/我們之繼承人、受讓人、遺囑執行人及遺產管理人均具有約束力。即使本人/我們死亡或喪失能力，若法律許可，本授權書仍具效力。本授權書之影印本與正本均有同等效力。

This authorization shall bind me/us as well as my/our successors, assignees, executors and administrators and shall remain valid notwithstanding my/our death or incapacity in so far as legally possible. A photocopy of this authorization shall be valid as the original.

簽署及簽署日期

Signature and Sign Date

本人/我們作為保單權益人/前受保人/擬新受保人，謹此確定本人/我們已閱讀、明白及同意上述重要指示、行政規定及要求、所需文件、聲明及授權。

I/We, the Policyowner/Previous Life Insured/Proposed New Life Insured, hereby confirm that I/we have read, understood and agreed the above Important Notes, Administration Rules and Requirements, Required Documents, Declaration and Authorization.

保單權益人簽署
Signature of Policyowner

日 DD 月 MM 年 YYYY

前受保人簽署
Signature of Previous Life Insured

日 DD 月 MM 年 YYYY

擬新受保人簽署
Signature of Proposed New Life Insured

日 DD 月 MM 年 YYYY

保險中介人姓名及簽署（如適用）
Name and Signature of Insurance Intermediary (if applicable)

日 DD 月 MM 年 YYYY

見証人姓名及簽署（如適用）
Name and Signature of Witness (if applicable)

日 DD 月 MM 年 YYYY

受讓人簽署（如適用）
Signature of Assignee (if applicable)

日 DD 月 MM 年 YYYY

S.V.