

投保申請書/保單編號 Application / Policy Number	
保單權益人姓名 Name of Policyowner	
受保人姓名 Name of Life Insured	

重要事項
Important Notes

1. 申請指定後續保單權益人

Applying for Designation of Contingent Policyowner

於本計劃有效期內及受保人生存期間，保單權益人可提交符合本公司規定的書面申請及聲明，申請指定最多三(3)位後續保單權益人，並且指定後續保單權益人於保單權益人身故時成為本保單或每張指定保單新的保單權益人之先後次序，惟須得到任何受讓人同意下進行。

本公司有絕對權力釐定批核指定後續保單權益人申請之規定及要求，及該規定及要求可包括但不限於下列各項：

While this Plan is in force and the Life Insured is alive, the Policyowner may, by filing written request and declaration satisfactory to the Company, apply to designate a maximum of three (3) Contingent Policyowner(s) and designate the sequence of Contingent Policyowner to become the new Policyowner of this Policy or each Designated Policy in the event of death of the Policyowner, subject to the rights of any named assignee.

The Company has the absolute discretion to determine the rules and requirements for approval of the request for the designation of Contingent Policyowner(s), and such rules and requirements may include without limitation the following:

- (i) 申請指定後續保單權益人須根據核保要求、存在可保利益，通過客戶盡職調查及符合於申請時本公司可能需要的其他條件及要求。實際轉移權益至後續保單權益人時須受到下列限制及條件所約束：
the request of the designation of Contingent Policyowner(s) shall be subject to the underwriting, existence of insurable interest, customer due diligence and other conditions and requirements as may be imposed by the Company at the time of the request. The actual transfer of the ownership to the Contingent Policyowner shall be subject to the limitations and conditions as set out hereunder;
- (ii) 當更改保單權益，後續保單權益人必須同意履行本保單有關保單權益人之義務並承擔責任；及
the Contingent Policyowner must agree to take up and assume the responsibilities of performing the obligations of the Policyowner under this Policy, upon the change taking place; and
- (iii) 批註將會發出以記錄本公司、保單權益人及後續保單權益人之間之契約協議。
an endorsement shall be entered into between the Company, Policyowner and Contingent Policyowner(s) to record the contractual agreement between them.

當指定後續保單權益人申請獲得本公司接納及批准後，該次指定後續保單權益人申請須於受保人、保單權益人及後續保單權益人生存期間經本公司記錄在案，並以本公司、保單權益人及後續保單權益人之間協議發出書面批註，方為有效。在該次指定後續保單權益人申請生效日前，本公司就已給付的所有款項及所作之其他行動均不會承擔任何責任。若新的指定後續保單權益人申請已獲本公司接納及批准，任何本公司先前已經記錄及確認本保單之後續保單權益人及後續受保人將自動被取消及移除。

根據本保單「保單權益」條款當轉移本保單之權益至新的保單權益人，其將擁有申請指定後續保單權益人的權利，任何本公司先前已經記錄及確認本保單之後續保單權益人將自動被取消及移除。

Once the request for the designation of Contingent Policyowner(s) is accepted and approved by the Company, such designation of Contingent Policyowner(s) will be deemed to be effective as of the date the request is recorded during the lifetime of the Life Insured, Policyowner and Contingent Policyowner(s) and endorsed by the Company by way of a written endorsement to be entered into between the Company, Policyowner and Contingent Policyowner(s). The Company shall not be responsible for any payment made or other action taken before the effective date of such designation.

Any Contingent Policyowner(s) and Contingent Life Insured(s) of this Policy as previously recorded and endorsed by the Company will be automatically cancelled and removed once a new request for the designation of Contingent Policyowner(s) is accepted and approved by the Company. Any Contingent Policyowner of this Policy as previously recorded and endorsed by the Company will be automatically cancelled and removed upon a transfer of the ownership of this Policy pursuant to the "Ownership" clause of this Policy to a new Policyowner who has the right to make a request for the designation of Contingent Policyowner(s).



重要指示(續)

Important Notes (Con't)

2. 實際轉移權益

Actual transfer of the ownership

於本保單有效期內，當保單權益人身故，本公司將在收到保單權益人之死亡證明及任何所需文件後，實際轉移本保單之權益至後續保單權益人將會獲得批准及生效，惟須參照下列條件及限制及本公司當時行政規定及要求：

Upon the death of the Policyowner while this Policy is in force, the actual transfer of ownership of this Policy to the Contingent Policyowner shall be approved and becomes effective subject to the Company's receipt of satisfactory proof of the Policyowner's death and any documents as requested, the following conditions and limitation, and the prevailing administrative rules and requirements of the Company:

(i) 本保單只有一位後續保單權益人可成為保單權益人，實際轉移本保單之權益將根據保單權益人指定次序轉移至第一位仍然生存之後續保單權益人。當本公司已批准其中一位後續保單權益人成為本保單之保單權益人，其他於本保單已獲本公司記錄及確認之後續保單權益人（如有）將自動被取消及移除。

Only one (1) Contingent Policyowner is allowed to become the Policyowner of this Policy. Actual transfer of ownership of this Policy will be pursuant to the sequence designated by the Policyowner to the first surviving Contingent Policyowner. Other Contingent Policyowner(s) (if any) under this policy as previously recorded and endorsed by the Company shall be automatically cancelled and removed when one of the Contingent Policyowner(s) is approved by the Company to become the Policyowner of this Policy.

(ii) 後續保單權益人須根據核保要求、存在可保利益，通過客戶盡職調查及符合於確認實際轉移本保單之權益前本公司可能需要的其他條件及要求。

The Contingent Policyowner shall be subject to the underwriting, existence of insurance interest, customer due diligence and other conditions and requirements as may be imposed by the Company before endorsement of the actual transfer of ownership of this Policy.

(iii) 後續保單權益人及受保人（或，若受保人已經身故，根據本保單「指定後續受保人」條款，後續受保人將成為新的受保人），須於本公司書面確認本保單實際轉移權益時仍然生存。

The Contingent Policyowner and the Life Insured (or, if the Life Insured is not alive, the Contingent Life Insured who shall become the new Life Insured pursuant to the "Designation of Contingent Life Insured" clause of this Policy) must be alive at the time the Company endorses in writing the actual transfer of ownership of this Policy.

(iv) 若沒有指定及仍然生存之後續保單權益人符合上述條件，保單權益將被納入保單權益人之遺產。

If there is no named and surviving Contingent Policyowner(s) who fulfills the above conditions, the ownership of this Policy shall vest in the Policyowner's estate.

(v) 若已指定後續保單權益人及本公司已批准實際轉移權益，後續保單權益人將成為新的保單權益人並持有本保單，亦將承擔本保單訂明的所有義務及有權行使在本保單下所有屬於保單權益人的權利。若後續保單權益人與保單權益人同時身故，或不可能決定他們的死亡次序，本保單之權益將按後續保單權益人先於保單權益人身故的原則轉移至保單權益人之遺產。

If Contingent Policyowner is designated and the actual transfer of ownership is approved by the Company, the Contingent Policyowner will become the new Policyowner in owning this Policy and shall assume all the obligations and be entitled to exercise all the rights belonging to the Policyowner under this Policy. If the Contingent Policyowner and Policyowner die simultaneously or if it is impossible to determine the sequence of their deaths, the ownership of the Policy shall be transferred to the Policyowner's estate as though the Contingent Policyowner died before the Policyowner.

(vi) 所有保單權益人之附加保障（如有）將於保單權益人身故日自行終止，預收之保費將不予發還。根據此條款後續保單權益人將成為保單權益人，並可申請相關附加保障，惟須符合本公司不時釐定的核保及行政規定及要求。

All Supplementary Benefit(s) (if any) for the Policyowner will be terminated automatically upon the date of death of the Policyowner. No unearned premium shall be refunded. The relevant Supplementary Benefit(s) can be applied for by the Contingent Policyowner who shall become the Policyowner pursuant to this clause, subject to the underwriting and administrative rules and requirements as determined by the Company from time to time.

(vii) 任何本公司先前已經記錄及確認本保單之後續受保人及失去行為能力保障領取人將於保單權益人身故日自動被取消及移除。Any Contingent Life Insured and Incapacity Benefit Recipient of this Policy as previously recorded and endorsed by the Company will be automatically cancelled and removed upon the date of death of the Policyowner.

本公司保留權利不接受任何指定後續保單權益人申請及不批准實際轉移本保單權益至後續保單權益人。

The Company reserves the right not to accept any request of designation of Contingent Policyowner and not to approve the actual transfer of ownership of this Policy to the Contingent Policyowner.

行政規定及要求

Administration Rules and Requirements

- 申請書及所需文件，請於簽署日期起 14 個 工作天內交回本公司。
Please return all signed forms and required documents to the Company within fourteen working days from the date of signing.
- 保單權益人、後續保單權益人，受讓人(如有) 須在此申請表格簽署。 保單權益人簽名必須與本公司最近的記錄相符。
This form must be signed by the Policyowner, Contingent Policyowner(s), Assignee(if any). The signature of the Policyowner must be corresponded to the Company's latest available record.
- 保單權益人及後續保單權益人確認完全知悉，及已同意此申請。
The Policyowner and Contingent Policyowner(s) confirm that they are fully aware of and have consented to this request.
- 後續保單權益人須符合本公司核保規則及要求。
The Contingent Policyowner(s) must fulfill the underwriting rules and requirements as determined by the Company.
- 須提供本公司認可後續保單權益人與受保人可保之證明。
The evidence of insurability for the Contingent Policyowner(s) and the Life Insured satisfactory to the Company must be submitted.
- 若未能符合有關的規定，本公司有權不接受此申請。
The Company has the right not to accept this request if not fulfilling the Company's requirements.
- 行政指引及要求如有更改，恕不另行通知。
Administration rules and requirements are subject to change without prior notice.

所需文件

Required Documents

- 申請後續保單權益人，請遞交後續保單權益人的身分證文件副本及後續保單權益人與受保人之可保利益證明。(例如: 出生證明書、結婚證明書)
For application for designation of Contingent Policyowner, please submit copy of identification document of the Contingent Policyowner and evidence of insurability including the insurable interest between the Contingent Policyowner and Life Insured. (e.g. Birth Certificate, Marriage Certificate)

請選擇其中一個選項:

Please select one of the following option:

選項一 Option 1	指定三位後續保單權益人 Designation of Contingent Policyowner
<input type="checkbox"/>	於本計劃有效期內及受保人生存期間，保單權益人可以本公司規定的書面方式申請指定最多三(3)位後續保單權益人，並且指定後續保單權益人於保單權益人身故時成為本保單之保單權益人的先後次序，惟須得到任何受讓人同意下進行。(本保單只有一位後續保單權益人可成為保單權益人) While this Plan is in force and the Life Insured is alive, the Policyowner may, by filing written request satisfactory to the Company, apply to designate a maximum of three (3) Contingent Policyowner(s) and designate the sequence of Contingent Policyowner(s) to become the Policyowner of this Policy in the event of death of the Policyowner, subject to the rights of any named assignee. (Only one Contingent Policyowner is allowed to become the Policyowner of this Policy)
選項二 Option 2	受限於任何相關法律及條例規限及本公司不時釐定之行政規定及要求的情況下，保單權益人亦可申請於受保人身故時將本保單分拆，並且分配本保單指定比例之基本金額至多份獨立新保單(「指定保單」)。而就每張指定保單而言，保單權益人更可以指定最多三(3)位後續保單權益人，並且指定後續保單權益人於保單權益人身故時成為該指定保單之保單權益人的先後次序，惟須得到任何受讓人同意下進行。 Subject to any applicable laws and regulations, and the administrative rules and requirements as determined by the Company from time to time, the Policyowner may also submit a request to designate a split of this Policy by allocating a designated portion of the Principal Amount of this Policy to multiple separate new policies ("Designated Policy(ies)") and in respect of each Designated Policy, Life Insured may apply to designate a maximum of three (3) Contingent Policyowner(s) and designate the sequence of Contingent Policyowner(s) to become the Policyowner of such Designated Policy in the event of death of the Policyowner, subject to the rights of any named assignee.

選項 Option 1		指定後續保單權益人 Designation of Contingent Policyowner					
詳情 Details		<p>保單權益人可提交符合本公司規定的書面申請及聲明，申請指定最多三(3)位後續保單權益人，並且指定後續保單權益人於保單權益人身故時成為本保單新的保單權益人之先後次序，惟須得到任何受讓人同意下進行。</p> <p>While this Plan is in force and the Life Insured is alive, the Policyowner may, by filing written request and declaration satisfactory to the Company, apply to designate a maximum of three (3) Contingent Policyowner(s) and designate the sequence of Contingent Policyowner to become the new Policyowner of this Policy in the event of death of the Policyowner, subject to the rights of any named assignee.</p>					
1. 後續保單權益人姓名 Name of Contingent Policyowner		第一次序 1 st Sequence	第二次序 (如適用) 2 nd Sequence (if applicable)	第三次序 (如適用) 3 rd Sequence (if applicable)			
中文 In Chinese	姓 Surname						
	名 Given Name						
英文 In English	姓 Surname						
	名 Given Name						
	其他名字 Other Names						
2. 身份證明文件及號碼 Identity Document No.		<input type="checkbox"/> 香港永久性居民身份證 <input type="checkbox"/> HK Permanent Resident ID Card <input type="checkbox"/> 香港居民身份證 <input type="checkbox"/> HK Resident ID Card <input type="checkbox"/> 身份證 <input type="checkbox"/> ID Card <input type="checkbox"/> 護照 <input type="checkbox"/> Passport 號碼 No. _____	<input type="checkbox"/> 香港永久性居民身份證 <input type="checkbox"/> HK Permanent Resident ID Card <input type="checkbox"/> 香港居民身份證 <input type="checkbox"/> HK Resident ID Card <input type="checkbox"/> 身份證 <input type="checkbox"/> ID Card <input type="checkbox"/> 護照 <input type="checkbox"/> Passport 號碼 No. _____	<input type="checkbox"/> 香港永久性居民身份證 <input type="checkbox"/> HK Permanent Resident ID Card <input type="checkbox"/> 香港居民身份證 <input type="checkbox"/> HK Resident ID Card <input type="checkbox"/> 身份證 <input type="checkbox"/> ID Card <input type="checkbox"/> 護照 <input type="checkbox"/> Passport 號碼 No. _____			
3. 國籍 Nationality							
4. 出生日期 (日/月/年) Date of Birth (DD/MM/YYYY)							
5. 性別 Sex		<input type="checkbox"/> 男 Male	<input type="checkbox"/> 女 Female	<input type="checkbox"/> 男 Male	<input type="checkbox"/> 女 Female	<input type="checkbox"/> 男 Male	<input type="checkbox"/> 女 Female
6. 與現時保單權益人之關係 Relationship to the Existing Policyowner							
7. 與現時受保人之關係 Relationship to the Existing Life Insured							
8. 住宅地址 Residential Address (恕不接受郵政信箱) (P.O. Box address is not accepted)							
9. 聯絡電話號碼 Contact Telephone No.							

選項二 Option 2	指定保單之指定後續保單權益人及其先後次序 Designation Policy of Contingent Policyowner and the sequence		
	指定保單一 Designated Policy 1	指定保單二 (如適用) Designated Policy 2 (if applicable)	指定保單三 (如適用) Designated Policy 3 (if applicable)
	指定保單一之指定後續保單權益人，請填甲部(i) To designate Contingent Policyowner for Designated Policy 1, please complete Part A (i)	指定保單二之指定後續保單權益人，請填甲部(ii) To designate Contingent Policyowner for Designated Policy 2, please complete Part A (ii)	指定保單三之指定後續保單權益人，請填甲部(iii) To designate Contingent Policyowner for Designated Policy 3, please complete Part A (iii)
指定保單之指定後續受保人姓名 Name of Designated Contingent life insured of Designated Policy 註: 須與「指定後續受保人申請書」內容一致。 Note: The contents of the "Designation of Contingent Life Insured Form" must be consistent.			

甲部 (i) Part A (i)	指定保單一 Designated Policy 1		
	第一次序 1st Sequence	第二次序 (如適用) 2 nd Sequence (if applicable)	第三次序 (如適用) 3 rd Sequence (if applicable)
後續保單權益人 Name of Contingent Poicyowner			
中文姓名 In Chinese Name			
英文姓名 In English Name			
其他名字 Other Names			
身分證明文件及號碼 Identity Document No.	<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"/> 身份證 ID Card <input type="checkbox"/> 護照 Passport <input type="checkbox"/> 出世紙 Birth Certificate 號碼 No. _____	<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"/> 身份證 ID Card <input type="checkbox"/> 護照 Passport <input type="checkbox"/> 出世紙 Birth Certificate 號碼 No. _____	<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"/> 身份證 ID Card <input type="checkbox"/> 護照 Passport <input type="checkbox"/> 出世紙 Birth Certificate 號碼 No. _____
國籍 Nationality			
出生日期 (日/月/年) Date of Birth (DD/MM/YYYY)			
性别 Sex	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
與現時保單權益人之關係 Relationship to the Existing Policyowner			
住宅地址 Residential Address (恕不接受郵政信箱) (P.O. Box address is not accepted)			
聯絡電話號碼 Contact Telephone No.			

甲部 (ii) Part A (ii)	指定保單二 Designated Policy 2		
後續保單權益人 Name of Contingent Policyowner	第一次序 1st Sequence	第二次序 (如適用) 2 nd Sequence (if applicable)	第三次序 (如適用) 3 rd Sequence (if applicable)
中文姓名 In Chinese Name			
英文姓名 In English Name			
其他名字 Other Names			
身分證明文件及號碼 Identity Document No.	<input type="checkbox"/> 香港永久性居民身份證 <input type="checkbox"/> HK Permanent Resident ID Card	<input type="checkbox"/> 香港永久性居民身份證 <input type="checkbox"/> HK Permanent Resident ID Card	<input type="checkbox"/> 香港永久性居民身份證 <input type="checkbox"/> HK Permanent Resident ID Card
	<input type="checkbox"/> 香港居民身份證 <input type="checkbox"/> HK Resident ID Card	<input type="checkbox"/> 香港居民身份證 <input type="checkbox"/> HK Resident ID Card	<input type="checkbox"/> 香港居民身份證 <input type="checkbox"/> HK Resident ID Card
國籍 Nationality	<input type="checkbox"/> 身份證 <input type="checkbox"/> ID Card	<input type="checkbox"/> 身份證 <input type="checkbox"/> ID Card	<input type="checkbox"/> 身份證 <input type="checkbox"/> ID Card
	<input type="checkbox"/> 護照 <input type="checkbox"/> Passport	<input type="checkbox"/> 護照 <input type="checkbox"/> Passport	<input type="checkbox"/> 護照 <input type="checkbox"/> Passport
出生日期 (日/月/年) Date of Birth (DD/MM/YYYY)			
性別 Sex	<input type="checkbox"/> 男 <input type="checkbox"/> Male	<input type="checkbox"/> 女 <input type="checkbox"/> Female	<input type="checkbox"/> 男 <input type="checkbox"/> Male
與現時保單權益人之關係 Relationship to the Existing Policyowner			
住宅地址 Residential Address (恕不接受郵政信箱) (P.O. Box address is not accepted)			
聯絡電話號碼 Contact Telephone No.			

甲部 (iii) Part A (iii)	指定保單三 Designated Policy 2			
後續保單權益人 Name of Contingent Policyowner	第一次序 1st Sequence	第二次序 (如適用) 2 nd Sequence (if applicable)	第三次序 (如適用) 3 rd Sequence (if applicable)	
中文姓名 In Chinese Name				
英文姓名 In English Name				
其他名字 Other Names				
身分證明文件及號碼 Identity Document No.	<input type="checkbox"/> 香港永久性居民身份證 <input type="checkbox"/> HK Permanent Resident ID Card <input type="checkbox"/> 香港居民身份證 <input type="checkbox"/> HK Resident ID Card <input type="checkbox"/> 身份證 <input type="checkbox"/> ID Card <input type="checkbox"/> 護照 <input type="checkbox"/> Passport <input type="checkbox"/> 出世紙 <input type="checkbox"/> Birth Certificate 號碼 No. _____	<input type="checkbox"/> 香港永久性居民身份證 <input type="checkbox"/> HK Permanent Resident ID Card <input type="checkbox"/> 香港居民身份證 <input type="checkbox"/> HK Resident ID Card <input type="checkbox"/> 身份證 <input type="checkbox"/> ID Card <input type="checkbox"/> 護照 <input type="checkbox"/> Passport <input type="checkbox"/> 出世紙 <input type="checkbox"/> Birth Certificate 號碼 No. _____	<input type="checkbox"/> 香港永久性居民身份證 <input type="checkbox"/> HK Permanent Resident ID Card <input type="checkbox"/> 香港居民身份證 <input type="checkbox"/> HK Resident ID Card <input type="checkbox"/> 身份證 <input type="checkbox"/> ID Card <input type="checkbox"/> 護照 <input type="checkbox"/> Passport <input type="checkbox"/> 出世紙 <input type="checkbox"/> Birth Certificate 號碼 No. _____	
國籍 Nationality				
出生日期 (日/月/年) Date of Birth (DD/MM/YYYY)				
性别 Sex	<input type="checkbox"/> 男 Male	<input type="checkbox"/> 女 Female	<input type="checkbox"/> 男 Male	<input type="checkbox"/> 女 Female
與現時保單權益人之關係 Relationship to the Existing Policyowner				
住宅地址 Residential Address (恕不接受郵政信箱) (P.O. Box address is not accepted)				
聯絡電話號碼 Contact Telephone No.				

收集個人資料聲明

Personal Information Collection Statement

香港人壽保險有限公司（「香港人壽」/「本公司」）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"/"the Company") 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、進行身分審查或信用審查、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. 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。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。而香港人壽或會收取處理有關資料的合理費用。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. 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. Hong Kong Life may charge a reasonable fee for the processing of such 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.

聲明及授權

Declaration and Authorization

- 本人/吾等為保單權益人/後續保單權益人在此要求保單按照上述細則更改。本人/吾等明白及同意申請表之副本將附於本保單契約內，且構成保單契約之一部分。本人/吾等確認我們完全知悉，及已同意此申請。
I/We, the Policyowner / Contingent Policyowner request that the Policy be changed according to the above particulars. I/We understand and agree that a copy of this request will be attached to and form part of the Policy. I/We confirm that we are fully aware of, and have consented to this request.
- 本人/吾等為保單權益人/後續保單權益人謹此授權：(1) 任何僱主、醫生、醫院、診所、保險公司、政府部門、其他因香港人壽提供的產品及/或服務之機構/人士，凡曾已或將會知悉或持有本人/吾等之個人資料（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，以作為處理本申請及其後之保單復效和理賠事宜；(2) 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和理賠事宜，替本人/吾等進行所需之醫療評估及測試以審核本人/吾等之健康狀況。即使本人/吾等死亡或喪失能力，如法律上可行時，此授權書仍具效力，而本人/吾等之繼承人及承讓人亦會受此授權書約束。本授權書之影印本與正本均有同等效力。
I/We, the Policyowner / Contingent Policyowner hereby authorize: (1) any employer, doctor, hospital, clinic, insurance company, government office or any relevant organization/person in respect of any services and/or products provided by Hong Kong Life who 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; (2) 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. This authorization shall bind me/us as well as the successors and assignees of me/us and remain valid notwithstanding death or incapacity in so far as legally possible. A photocopy of this authorization shall be valid as the original.
- 本人/吾等為保單權益人/後續保單權益人同意及確認：
I/We, the Policyowner / Contingent Policyowner agree and acknowledge:
 - 保單權益人可以指定 / 已經指定一位人士，作為保單失去行為能力保障領取人，及若保單權益人被診斷患上受保疾病，當失去行為能力保障領取人提交索償申請，及根據香港人壽之審批、保單之條款、規定及限制及香港人壽當時行政規定及要求，香港人壽將根據保單權益人之指示，支付失去行為能力保障予失去行為能力保障領取人。支付該失去行為能力保障後，視乎保單權益人指定之失去行為能力保障百分比，保單可能進行全數或部份退保。若保單進行部份退保，保單之基本金額、保證現金價值、週年紅利（如有）、終期紅利（如有）、保費（如有）及繳付保費總額將按比例減少。其他保單內相關保障或款項，包括但不限於身故賠償、滿期利益、「財富傳承」獎賞（如有）、意外死亡保障（如有）、付款人豁免保費意外保障（如有）及豁免保費意外保障（如有）亦將作出相應調整。若保單進行全數退保，保單即自行終止，而身故賠償或其他保障將不會作出支付；及
the Policyowner may designate / has designated, a person as the Incapacity Benefit Recipient under the Policy, and if the Policyowner is diagnosed of a Covered Illness, upon application by the Incapacity Benefit Recipient, and subject to the approval of Hong Kong Life, the provisions, conditions and limitations of the Policy and the prevailing administrative rules and requirements of Hong Kong Life, Hong Kong Life will pay an Incapacity Benefit to the Incapacity Benefit Recipient based on the instruction of the Policyowner. After payment of such Incapacity Benefit, depending on the Incapacity Benefit Percentage specified by the Policyowner, the Policy may be fully or partially surrendered. If partial surrender of the Policy is triggered, the Principal Amount, the Guaranteed Cash Value, Annual Dividend (if any), Terminal Dividend (if any), premium (if any) and Total Premiums Paid of the Policy shall be reduced proportionately. Other relevant benefits or payment under the Policy, including but not limited to the Death Benefit, Maturity Benefit, Wealth Succession Bonus (if any), Accidental Death Benefit (if any), Accidental Payor Benefit (if any) and Accidental Waiver of Premium Benefit (if any) will also be adjusted accordingly. If full surrender of the Policy is triggered, the Policy shall terminate and no Death Benefit or other benefits shall be payable; and
 - 指定失去行為能力保障領取人及在保單權益人被診斷患上受保疾病的情況下並根據保單「失去行為能力保障」條款內的條件支付本保單之失去行為能力保障，在保單權益人身故後，對於任何後續保單權益人（根據本保單「指定後續保單權益人」條款，將成為新的保單權益人）、保單權益人之遺產及他/她的個人代表具有約束力；
the designation of the Incapacity Benefit Recipient and the payment of Incapacity Benefit of this Policy in the event that the Policyowner is diagnosed of a Covered Illness in accordance with the terms of the Policy "Incapacity Benefit" clause shall be binding on any Contingent Policyowner (who shall become the new Policyowner pursuant to the "Designation of Contingent Policyowner" clause of this Policy), the estate of the Policyowner and his/her personal representatives, after the death of the Policyowner ;
 - 若本保單之失去行為能力保障根據保單「失去行為能力保障」條款內的條件支付予失去行為能力保障領取人，在保單權益人身故後，任何後續保單權益人（根據本保單「指定後續保單權益人」條款，將成為新的保單權益人）、保單權益人之遺產及他/她的個人代表將沒有權利向本公司追討因本保單之失去行為能力保障下支付的任何款項；
so long as the Incapacity Benefit of this Policy is paid to the Incapacity Benefit Recipient in accordance with the terms of the Policy "Incapacity Benefit" clause, any Contingent Policyowner (who shall become the new Policyowner pursuant to the "Designation of Contingent Policyowner" clause of this Policy), the estate of the Policyowner and his/her personal representatives, after the death of the Policyowner, shall have no right to claim against the Company in respect of any payment made for the Incapacity Benefit of this Policy;
 - 根據保單條款支付賠償予失去行為能力保障領取人將構成香港人壽對該失去行為能力保障完全免除責任，及香港人壽將不會就失去行為能力保障支付的任何款項對保單權益人及任何其他人士（包括保單權益人之遺產及他/她的個人代表、後續保單權益人及受益人（如適用））承擔責任。
payment made to the Incapacity Benefit Recipient in accordance with the terms of the Policy shall constitute a full discharge of Hong Kong Life's obligations in respect of such Incapacity Benefit, and Hong Kong Life shall not be liable to the Policyowner and any other persons (including, if applicable, the estate of the Policyowner and his/her personal representatives, the Contingent Policyowner and Beneficiary) in respect of any payment of Incapacity Benefit.
- 本人/吾等為後續保單權益人確定本人/吾等已閱讀、明白及同意「個人資料收集聲明」。
I/We, the Contingent Policyowner confirm that I/we have read, understood and agreed to the Personal Information Collection Statement.

選項一

Option 1

簽署及簽署日期

Signature and Sign Date



保單權益人簽署
Signature of Policyowner

日 DD 月 MM 年 YYYY



受保人簽署
Signature of Life Insured

日 DD 月 MM 年 YYYY



後續保單權益人(第一次序)簽署(年齡為 18 歲或以上)
Signature of Contingent Policyowner (1st Sequence) (Age 18 or above)

日 DD 月 MM 年 YYYY



後續保單權益人(第二次序)簽署(年齡為 18 歲或以上)(如適用)
Signature of Contingent Policyowner (2nd Sequence) (Age 18 or above)(if applicable)

日 DD 月 MM 年 YYYY



後續保單權益人(第三次序)簽署(年齡為 18 歲或以上)(如適用)
Signature of Contingent Policyowner (3rd Sequence) (Age 18 or above)(if applicable)

日 DD 月 MM 年 YYYY

供保險中介人/見証人/受讓人(如適用)

For Insurance Intermediary/Witness/Assignee (if applicable)



保險中介人簽署
Signature of Insurance Intermediary

保險中介人姓名
Name of Insurance Intermediary

日 DD 月 MM 年 YYYY



見証人簽署
Signature of Witness

見証人姓名
Name of Witness

日 DD 月 MM 年 YYYY



受讓人簽署
Signature of Assignee

受讓人姓名
Name of Assignee

日 DD 月 MM 年 YYYY

選項二**Option 2****簽署及簽署日期****Signature and Sign Date**

保單權益人簽署
Signature of Policyowner

日 DD 月 MM 年 YYYY



受保人簽署
Signature of Life Insured

日 DD 月 MM 年 YYYY

指定保單一**Designated Policy 1**

後續保單權益人(第一次序)簽署 (年齡為 18 歲或以上) (如適用)
Signature of Contingent Policyowner (1st Sequence) (Age 18 or above) (if applicable)

日 DD 月 MM 年 YYYY



後續保單權益人(第二次序)簽署 (年齡為 18 歲或以上) (如適用)
Signature of Contingent Policyowner (2nd Sequence) (Age 18 or above)(if applicable)

日 DD 月 MM 年 YYYY



後續保單權益人(第三次序)簽署 (年齡為 18 歲或以上) (如適用)
Signature of Contingent Policyowner (3rd Sequence) (Age 18 or above)(if applicable)

日 DD 月 MM 年 YYYY

指定保單二**Designated Policy 2**

後續保單權益人(第一次序)簽署 (年齡為 18 歲或以上) (如適用)
Signature of Contingent Policyowner (1st Sequence) (Age 18 or above) (if applicable)

日 DD 月 MM 年 YYYY



後續保單權益人(第二次序)簽署 (年齡為 18 歲或以上) (如適用)
Signature of Contingent Policyowner (2nd Sequence) (Age 18 or above)(if applicable)

日 DD 月 MM 年 YYYY



後續保單權益人(第三次序)簽署 (年齡為 18 歲或以上) (如適用)
Signature of Contingent Policyowner (3rd Sequence) (Age 18 or above)(if applicable)

日 DD 月 MM 年 YYYY

指定保單三**Designated Policy 3**

後續保單權益人(第一次序)簽署 (年齡為 18 歲或以上) (如適用)
 Signature of Contingent Policyowner (1st Sequence) (Age 18 or above) (if applicable)

日 DD 月 MM 年 YYYY



後續保單權益人(第二次序)簽署 (年齡為 18 歲或以上) (如適用)
 Signature of Contingent Policyowner (2nd Sequence) (Age 18 or above)(if applicable)

日 DD 月 MM 年 YYYY



後續保單權益人(第三次序)簽署 (年齡為 18 歲或以上) (如適用)
 Signature of Contingent Policyowner (3rd Sequence) (Age 18 or above)(if applicable)

日 DD 月 MM 年 YYYY

供保險中介人/見証人/受讓人(如適用)**For Insurance Intermediary/Witness/Assignee (if applicable)**

保險中介人簽署
 Signature of Insurance Intermediary

保險中介人姓名
 Name of Insurance Intermediary

日 DD 月 MM 年 YYYY



見証人簽署
 Signature of Witness

見証人姓名
 Name of Witness

日 DD 月 MM 年 YYYY



受讓人簽署
 Signature of Assignee

受讓人姓名
 Name of Assignee

日 DD 月 MM 年 YYYY

S.V.	
------	--

