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| 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 | |

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| 重要指示 Important Notes |
| 1. 於本計劃有效期內及受保人生存期間，保單權益人可於保費供款年期完結後任何時間，以香港人壽保險有限公司（「本公司」）規定的書面方式申請更改受保人，惟須得到任何受讓人同意下進行。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： While this Plan is in force and the Life Insured is alive, the Policyowner may, at any time after the end of the Premium Payment Term, submit a written request in the form prescribed by Hong Kong Life Insurance Limited ("the Company") to apply for a change of Life Insured, subject to the rights of any named assignee. 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: 在本公司收妥書面申請時，擬新受保人的年齡不可以超過六十歲及不可比最初受保人年長，並須提供認可之年齡證明。 The proposed New Life Insured must not be over Age sixty and must not be older than the Initial Life Insured at the time the Company receive the written request, and satisfactory proof of Age to the Company is required. |
| 2. 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. |
| 3. 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: (i) 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. (ii) 新受保人於本現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. (iii) 更改受保人後，危疾保障將適用於新受保人，並須 (i) 根據條款2.3所指明危疾保障仍然生效及 (ii) 危疾保障於更改受保人生效前並未作出任何賠償。否則，危疾保障將於批註日更改受保人生效後終止。 Upon the change of Life Insured, the Dread Disease Benefit shall apply to the New Life Insured provided that (i) the Dread Disease Benefit is still effective pursuant to clause 2.3 and (ii) none of the Dread Disease Benefit has been paid prior to the change of Life Insured has taken effective. Otherwise, the Dread Disease Benefit shall cease after the change of Life Insured takes effect on the date of endorsement. |



重要指示 (續)

Important Notes (Con't)

(iv) 任何更改受保人或會引致基本金額及/或其他保單價值作出相應調整。若然需要作出調整，相關調整須根據本公司絕對的情權釐定的核保及行政規定處理，否則，基本金額、保證現金價值、終期紅利（如有）、保單日、保費、保費供款年期、繳付保費總額及欠款（如有）將於批註日維持不變，而本保單之滿期日將根據新受保人之年齡作出更新。
A change of Life Insured may trigger consequential adjustments in the Principal Amount and/or other policy value(s). If triggered, these adjustments to be made are subject to the then underwriting and administrative rules as determined by the Company at its absolute discretion, otherwise the Principal Amount, Guaranteed Cash Value, Terminal Dividend (if any), Policy Date, premium, Premium Payment Term, Total Premiums Paid and Indebtedness (if any) will remain unchanged on the date of endorsement, while the Maturity Date of this Policy will change based on the Age of the New Life Insured.

(v) 任何更改受保人後引致新的基本金額低於原本的基本金額，保單權益人可為新受保人申請增加基本金額至更改受保人前原本之基本金額，並繳付額外保費。任何相關申請須符合本公司當時法規要求及本公司有絕對決定權批核該申請。
For any change of Life Insured which triggers the new Principal Amount to be lower than the original Principal Amount, the Policyowner may apply to increase the Principal Amount for the New Life Insured up to the amount of the original Principal Amount before the change of Life Insured with the payment of additional premium. Any such request is subjected to the prevailing regulatory requirement and is at the Company's absolute discretion.

(vi) 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.

(vii) 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：
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:
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年後，本公司不得對本保單之有效性有所異議，惟 (i) 欠繳保費、(ii) 蓄意欺詐或 (iii) 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發還。
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 years from the date of endorsement or date of any reinstatement, whichever is later, except for (i) the non-payment of premiums, (ii) fraud or (iii) 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.

(viii) 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，並扣除 (ii) 任何本保單已支付之保障及 (iii) 欠款（如有）。
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 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, less (ii) any benefit which has been paid under this Policy and (iii) Indebtedness (if any).

行政規定及要求

Administration Rules and Requirements

1. 所有已簽署的表格及所需文件，請於簽署日期起 14 天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.
2. 保單權益人、受保人(年齡為 18 歲或以上)、受讓人(如有)、擬新受保人(年齡為 18 歲或以上)須在此申請書簽署。 保單權益人之簽名必須與本公司最近的記錄相符。
This form must be signed by the Policyowner, Life Insured (aged 18 or above), Assignee (if any) and Proposed New Life Insured (aged 18 or above). The signature of the Policyowner must be corresponded to the Company's latest available record.
3. 保單權益人可於保費供款年期完結後任何時間申請更改受保人。
The Policyowner may, at any time after the end of the Premium Payment Term to apply for a change of Life Insured.
4. 保單權益人於保單保障期內只可申請更改受保人一次。
The Policyowner can apply for a change of Life Insured for one time only during the policy term.
5. 保單權益人/受保人/擬新受保人等確認完全知悉，及已同意此申請。
The Policyowner/Life Insured/Proposed New Life Insured(s) confirm that all are fully aware of, and have consented to this request.
6. 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。
Submission of evidence of insurability including the insurable interest for the proposed New Life Insured(s) satisfactory to the Company is required.
7. 新受保人須符合本公司核保規則及要求。
The New Life Insured must be fulfilled the underwriting rules and requirements as determined by the Company.
8. 若未能符合有關的規定，本公司有權不接受此更改申請。手續辦理後，申請將不能取消。
The Company has the right not to accept this request for change if not fulfilling the Company's requirements. Once the request is processed, it cannot be cancelled.
9. 行政規定如有更改，恕不另行通知。
Administration rules are subject to change without prior notice.
10. 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.

所需文件

Required Documents

1. 請遞交擬新受保人的身分證明文件副本作為年齡證明。
Please submit copy of identification document for proof of the Proposed New Life Insured's Age.
2. 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。（例如: 出生證明書、結婚證明書）
Please submit evidence of insurability including the insurable interest between the Proposed New Life Insured and Policyowner.
(e.g. Birth Certificate, Marriage Certificate)

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| 擬新受保人詳情 Proposed New Life Insured Details | | | | |
| 擬新受保人資料 Personal Details of Proposed New Life Insured | | | | |
| 1. 姓名 Full Name | | | | |
| 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. 身分證明文件號碼 Identity Document No. | | | | |
| 香港身分證號碼 HK ID Card No. | | | | |
| 出生證書號碼 Birth Cert. No. | | | | |
| 身分證/護照號碼 ID Card/Passport No. | | | | |
| 3. 國籍 Nationality | <input type="checkbox"/> 中國 Chinese | <input type="checkbox"/> 其他 Other _____ | | |
| 4. 出生國家 Country of Birth | | | | |
| 5. 出生日期 (日/月/年) Date of Birth (DD/MM/YYYY) | | | | |
| 6. 性別 Sex | <input type="checkbox"/> 男 Male | <input type="checkbox"/> 女 Female | | |
| 7. 婚姻狀況 Marital Status | <input type="checkbox"/> 單身 Single | <input type="checkbox"/> 已婚 Married | <input type="checkbox"/> 喪偶 Widowed | <input type="checkbox"/> 離婚 Divorced |
| 8. 與保單權益人關係 Relationship to the Policyowner | | | | |
| 9. 住宅地址 Residential Address | | | | |

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).

收集個人資料聲明 (續)

Personal Information Collection Statement (Con't)

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、身分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;

收集個人資料聲明 (續)

Personal Information Collection Statement (Con't)

- (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.

(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。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

1. 本人/吾等為保單權益人/擬新受保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現保單契約內，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 / Proposed New Life Insured(s) 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.
2. 本人/吾等為保單權益人/擬新受保人謹此授權：(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。

聲明及授權 (續)

Declaration and Authorization (Con't)

I/We, the Policyowner/Proposed New Life Insured 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.

3. 拒絕接受促銷信息或資料

Opting-out Marketing Communications or Materials

本人/吾等為保單權益人/擬新受保人同意根據「個人資料收集聲明」，提供本人/吾等的個人資料用作直銷推廣之用途。

I/We, the Policyowner/Proposed New Life Insured 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.

保單權益人(僅由保單權益人填寫)

For Policyowner (to be completed by the Policyowner only)

若本人/吾等不同意根據「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 I/we do not agree with the provision to provide, use and/or transfer of my/our personal data for direct marketing purposes in accordance with the Personal Information Collection Statement.

擬新受保人(18歲或以上) (僅由擬新受保人(18歲或以上)填寫)

For Proposed New Life Insured (Aged 18 or above) (to be completed by the Proposed New Life Insured (Aged 18 or above) only)

若本人/吾等不同意根據「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 I/we do not agree with the provision to provide, use and/or transfer of my/our personal data for direct marketing purposes in accordance with the Personal Information Collection Statement.

本人/吾等為保單權益人/擬新受保人確定本人/吾等已閱讀、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, the Policyowner/Proposed New Life Insured 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.

簽署及簽署日期
Signature and Sign Date



保單權益人簽署

Signature of Policyowner

日

月

年

DD

MM

YYYY



受保人簽署 (年齡為 18 歲或以上)

Signature of Life Insured (Age 18 or above)

日

月

年

DD

MM

YYYY



擬新受保人簽署 (年齡為 18 歲或以上)

Signature of Proposed New Life Insured (if aged 18 or above)

日

月

年

DD

MM

YYYY



保險中介人姓名及簽署 (如適用)

Name and Signature of Insurance Intermediary (if applicable)

日

月

年

DD

MM

YYYY



見証人姓名及簽署 (如適用)

Name and Signature of Witness (if applicable)

日

月

年

DD

MM

YYYY



受讓人簽署 (如適用)

Signature of Assignee (if applicable)

日

月

年

DD

MM

YYYY

S.V.