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|---|--|---|--|-------------------------------|--|
| 保單編號 Policy No. | | 保單權益人姓名 Name of Policyowner | | 受保人姓名 Name of Life Insured | |
| 保險中介人編號 Code of Insurance Intermediary | | 保險中介人姓名 Name of Insurance Intermediary | | 代理銀行 Servicing Bank | |

重要指示 Important Notes

保費徵費 Levy

任何保單資料及/或權益之更改可能會令應繳保費及保費徵費之金額改變。

Any change(s) in policy details and/or benefits may lead to a change in amount of premium and levy payable.

甲部 Part A

| | | | | | |
|---|---|-------------------------------------|--------------------------|--|--|
| 更改基本計劃/ 附加保障 Change of Basic Plan / Supplementary Benefits | 基本計劃/附加保障 Basic Plan / Supplementary Benefits | 增加 [#] Add [#] | 刪除 Delete | 更改 [#] Change [#] | 新保險金額/基本金額/ 保證每月入息/保障級別 New Sum Assured / Principal Amount / Guaranteed Monthly Income / Benefit Class |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 保單復效 Policy Reinstatement | <input type="checkbox"/> 復效 [#] Reinstatement [#] 請支付所需之保費、保費徵費及利息。Please settle the premium, levy and interest required 如失效前的自動轉帳戶口已取消，請填寫「直接付款/信用卡付款授權書」 "DDA/ CCPA Form" is required if autopay account has been cancelled before lapsation. | | | | |
| 其他 [#] Others [#] | | | | | |

*如有關申請需要重新核保，請填妥乙部。 *If re-underwriting for the request is needed, please complete Part B.

乙部 Part B

I. 個人資料 Personal Particulars

| | | |
|--|---|---|
| | 受保人 Life Insured | <input type="checkbox"/> 保單權益人 Policyowner <input type="checkbox"/> 次受保人(只適用於聯保) Second Life Insured (for joint life only) |
| | 身高 Height _____ 呎 feet _____ 厘米 cm | 身高 Height _____ 呎 feet _____ 厘米 cm |
| | 體重 Weight _____ 磅 lb _____ 公斤 kg | 體重 Weight _____ 磅 lb _____ 公斤 kg |
| 公司名稱及業務性質 Name of Company & Nature of Business | | |
| 職業 Occupation | | |
| 確實職務 Exact Duties | <input type="checkbox"/> 體力勞動 Manual Work <input type="checkbox"/> 高空工作 Work at Height <input type="checkbox"/> 離港工作 Travel Overseas 如牽涉上述職務，請述詳情。 Please give details if involved in the above job duties. | <input type="checkbox"/> 體力勞動 Manual Work <input type="checkbox"/> 高空工作 Work at Height <input type="checkbox"/> 離港工作 Travel Overseas 如牽涉上述職務，請述詳情。 Please give details if involved in the above job duties. |
| | 受聘日期 Date of employment _____ | 受聘日期 Date of employment _____ |

由保單生效至現時為止，保單權益人是否已變更其聯絡地址、電話或國籍而未曾通知本公司更新？

Has Policyowner changed his/her correspondence address, contact number or nationality since policy issued but not yet notified our company?

☐ *是 Yes

☐ 否 No

保單權益人是否有美國稅務責任？如「是」者，請填 IRS 之 W-9 表格。

Does Policyowner have any U.S. tax obligation? If "Yes", please fill out IRS Form W-9

☐ 是 Yes

☐ 否 No

*如「是」者，請填寫「更改保單資料申請書」及提供相關資料文件。

If "Yes", please complete "Request for Policy Change Form" and provide relevant document.



II. 個人嗜好 Personal Behaviour

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|--|--------------------------|--------------------------|
| 受保人/保單權益人/次受保人(只適用於聯保) Do the Life Insured/ Policyowner/ Second Life Insured (for joint life only) | 是 Yes | 否 No |
| 1a. 曾否在過往十二個月內吸食煙草產品？如「是」者，請列明類別、平均每天吸食數量及吸食年期。 smoke or have ever smoked any form of tobacco products during the past 12 months? If "Yes", please state type, average daily consumption and duration. <input type="checkbox"/> 受保人 Life Insured 類別 Type_____每日用量Daily consumption_____服用年期 Duration _____ <input type="checkbox"/> 保單權益人 Policyowner <input type="checkbox"/> 次受保人(只適用於聯保) Second Life Insured (for joint life only) 類別 Type_____每日用量Daily consumption_____服用年期 Duration _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| b. 是否曾因醫生建議而停止吸食煙草產品？如「是」者，請詳述原因。 have stopped smoking on medical advice? If "Yes", please give reasons. <input type="checkbox"/> 受保人 Life Insured <input type="checkbox"/> 保單權益人 Policyowner <input type="checkbox"/> 次受保人(只適用於聯保) Second Life Insured (for joint life only) 原因Reason: _ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. 是否有飲酒、服食藥物或吸毒習慣？如「是」者，請列明類別、平均每天吸食數量及吸食年期。 drink alcohol, take drugs or narcotics? If "Yes", please state type, average daily consumption and duration. <input type="checkbox"/> 受保人 Life Insured 類別 Type_____每日用量Daily consumption_____服用年期 Duration _____ <input type="checkbox"/> 保單權益人 Policyowner <input type="checkbox"/> 次受保人(只適用於聯保) Second Life Insured (for joint life only) 類別 Type_____每日用量Daily consumption_____服用年期 Duration _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. 曾否參與或意圖參與任何危險運動，如潛水，跳傘，賽車及攀山？如「是」者，請填寫有關問卷。 engage in or intend to engage in any hazardous sports such as diving, parachuting, automobile & car racing and mountaineering? If "Yes", please complete the corresponding questionnaire(s). | <input type="checkbox"/> | <input type="checkbox"/> |

III. 健康資料 Health Information

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|--|--|--------------------------|--|--------------------------|
| 受保人/保單權益人/次受保人(只適用於聯保) Do the Life Insured/ Policyowner/ Second Life Insured (for joint life only) | 受保人 Life Insured | | <input type="checkbox"/> 保單權益人 Policyowner <input type="checkbox"/> 次受保人 Second Life | |
| | 是 Yes | 否 No | 是 Y | 否 No |
| 1. (及其直系親屬中)，曾否有人患過肺結核、 糖尿病* 、腎病、心臟病、中風、 高血壓* 、冠狀動脈病、血科疾病、精神病(例如：抑壓、焦慮、抑鬱症)、遺傳病、癌症、 腫瘤* 、肝炎、肝炎帶菌者、後天免疫能力缺乏症或其有關病況？ (and any of the immediate family) have ever had Tuberculosis, Diabetes* , Kidney Disease, Heart Disease, Stroke, High Blood Pressure* , Coronary Artery Disease, Blood Disorder, Mental Disease (e.g. Stress, Anxiety, Depression), Hereditary Disease, Cancer, Tumour* , Hepatitis, Hepatitis Carrier, AIDS or AIDS related conditions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. 曾否患有或獲被告知患有任何疾病、身體機能失調、身體上的缺陷、 嚴重受傷* 、嚴重流鼻血、 背脊或頸部疼痛* 、 癲癇症* 或 哮喘* ；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 ever had or been told to have, or intend to be treated or have been treated for any Disease, Disorder, Physical Impairment or Deformity, Severe Injury* , Severe Nose Bleeding, Back or Neck Pain* , Epilepsy* or Asthma* ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3a. 在過去五年內，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、後天免疫能力缺乏症、肝炎包括乙型肝炎、貧血等)、其他的診查或診斷檢驗？ have 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, Anemia, etc.), any other investigatory or diagnostic tests in the past five years? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. 在過去五年內，曾患有上文並未提及的任何疾病、接受過的手術、醫生之建議或曾留醫治療？ have had any illness, operation, medical advice or hospital treatment not mentioned above in the past five years? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 只適用於女性 For Female Only | | | | |
| 4a. 現時是否懷孕？如「是」者，請標明預產期。 now in pregnant? If "Yes", please state the expected delivery date. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. 閣下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 ever had any disorder of the Breast or Reproductive Organs including abnormal smear tests and irregular menses? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 如上述問題的答案為「是」，請標明題號、何人及有關詳情包括患病日期、診斷、持續時間、治療、檢驗結果及所有主診醫生姓名和醫療機構名稱(請附上有關之覆診卡副本，如有)。並請詳述閣下私人醫生之姓名及地址，及最後診症之日期、原因和結果。若過去十二個月內體重之增減多於十磅，請標明何人及詳述原因。 If any answers to the above questions is "Yes", please indicate the question number, the person affected and provide full details including onset dates, diagnosis, duration, treatment, result and name of all attending physicians and medical institutions (please provide patient card copy, if any). Please also provide name & address of your personal physician, and date, reason and result of last consultation. If there has been any weight changes over 10 lbs in the past 12 months, please indicate the person affected and give reasons. | | | | |
| <input type="checkbox"/> 受保人 Life Insured | <input type="checkbox"/> 保單權益人 Policyowner <input type="checkbox"/> 次受保人 Second Life Insured (只適用於聯保) (for joint life only) | | | |

| IV. 個人投保紀錄 Personal Insurance History | | | | | | | | | | | |
|---|-------------------|-----------------------------|---------------------------|---|----------------|--------------------|----------------|-----------------|-----------------------|--------------------------|--------------------------|
| 受保人/保單權益人/次受保人 (只適用於聯保)(1)是否擁有已生效及/或審核中之其他保險；或(2)在過去投保人壽、意外或醫療保險時，或要求恢復此類保單效力時，曾否被拒絕、延期、加費或更改受保條款；或(3)曾否就意外、醫療或任何類型的保險提出索償？如「是」者，請標明何人並於下面詳述。 Do the Life Insured/Policyowner/Second Life Insured (for joint life only) have (1) any other insurance in force and/or pending; OR (2) any application for or reinstatement of life, accident or health insurance which have ever been declined, postponed, rated or in any way modified; OR (3) any claim for accident, health or any sort of benefits? If "Yes", please indicate the person affected and give details below. | | | | | | | | | | 是 Yes | 否 No |
| | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | 承保公司 Insurance | 投保日期 Date of Application | 保險類別 Type of Insurance | 保險金額/基本金額 Sum Assured / Principal Amount | 生效 In force | 處理中 In progress | 拒保 Declined | 延期 Postponed | 非標準保費 Sub-Standard | 曾索償 Claimed | |
| 受保人 Life Insured | | | | | | | | | | | |
| 保單權益人 Policyowner | | | | | | | | | | | |
| 次受保人 Second Life Insured | | | | | | | | | | | |

丙部Part C**聲明與授權 Declaration and Authorization**

本人/我們清楚明白及完全同意以下各項：(1) 香港人壽保險有限公司(下稱「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/服務之申請，及提供所有關於該等申請之繼後服務，處理理賠或其有關分析、統計或精算研究用途、訴訟、通訊、內部/外界審計、保持優質服務、直接銷售保險產品及資料核對、與任何因香港人壽提供的產品及/或服務之機構/人士溝通。香港人壽會將該等資料儲存、使用、透露、發放及/或轉交予(不論在本港或海外)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、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、政府機關、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、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；(2) 本人/我們有權知悉香港人壽是否持有本人的資料及有權查閱該等資料，若認為有關本人/我們的資料不準確，有權要求香港人壽給予改正，同時有權查悉香港人壽對於資料的政策與實務做法，及獲告知香港人壽持有本人/我們資料的類別。任何關於查閱或改正資料申請，或欲查悉香港人壽對於個人資料的政策與實務做法或所持有的資料類別，可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；(3) 香港人壽有權就處理任何查詢資料的要求收取合理費用。

本人/我們確認並知悉：(1)本人/我們將有責任遵守就本人/我們為公民或居民或作為住所的國家之有關法律、監管政策及/或其他法例要求；(2) 如有疑問，本人/我們將徵詢獨立專業顧問有關購買、持有、提款、贖回或以其他方式處置所發保單或行使保單內的權利可能引致的稅務、法律或法規上的後果。香港人壽沒有就有關本人/我們之稅務或個人之公民身份提供任何意見；(3)香港人壽有權，就如需要並在法律許可的範圍內，提供有關本人/我們的個人資料和其他有關本人/我們的保單或於本申請書上所載之投資或以其他方式刊載的其他資料予政府部門、監管機構、法院、法庭、行政委員會及/或執法機構(包括本地及海外)。香港人壽也會就上述政府部門、監管機構、法院、法庭、行政委員會及/或執法機構所提出之任何問題及/或查詢作出回答，及在適當的情況下，會主動提供報告，以符合有關法律，法規和守則/行為。本人/我們明白，如果本人/我們拒絕給予上述之明示同意予香港人壽，香港人壽將無法出售任何保險產品，及提供任何服務給本人/我們。

本人/我們明白如欲拒絕接收香港人壽推廣資料，可在任何時候以書面形式向香港人壽資料保護主任提出有關申請。

本人/我們謹此授權：(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/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) 香港人壽或任何其他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/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。即使本人/我們死亡或喪失能力，如法律上可行時，此授權書仍具效力，而本人/我們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 hereby declare, understand and agree that: (1) Hong Kong Life Insurance Limited (hereinafter referred to as “Hong Kong Life”) only collects necessary personal information for the purpose of processing your application or any other applications for insurance or financial related products/services and providing all on-going services relating to such applications, claim processing or any analysis of it, statistical or actuarial research, litigation, communication, internal/external audit, to maintain quality services, direct marketing for insurance products and data matching, and communication with any relevant organization/person in respect of any services and/or products provided by Hong Kong Life. Any personal information collected or held by Hong Kong Life is to enable it to carry on insurance business and 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 or any intermediaries or third party administrators or third party service providers (including without limitation insurers, bankers, lawyers, accountants, and other third party service providers who provide administrative, telecommunications, computer, payment, printing, redemption or other services to Hong Kong Life) or claims investigator or medical bill review companies or other service providers providing services relevant to insurance business or professional advisors or researchers or government authorities or any associations or federation of insurance companies or credit reference agencies or debt collection agencies or partnering financial institutions or any organizations which meet disclosure requirements imposed by law or court orders or pursuant to guidelines issued

I/We hereby understand that if I/We do not want to receive any promotional information from Hong Kong Life, I/We can make such request in writing to the Data Protection Officer of Hong Kong Life at any time.

I/We 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.

受保人簽署
Signature of Life Insured

保單權益人簽署(如非受保人)
Signature of Policyowner (If other than Life Insured)

次受保人簽署
Signature of Second Life Insured

香港
Hong Kong

簽署地
Signature Place

日期(日/月/年)
Date (dd/mm/yyyy)

保險中介人/見證人簽署
Signature of Insurance Intermediary / Witness

受讓人/不可撤換受益人(如有)簽署
Signature of Assignee / Irrevocable Beneficiary (if any)

S.V.