

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	

**重要指示**

**Important Notes**

- 於本計劃有效期內及受保人生存期間，保單權益人可以香港人壽規定的書面方式申請 (i) 指定一位人士 (「失去行為能力保障領取人」) 領取失去行為能力保障及 (ii) 為失去行為能力保障金額指定百分比 (「失去行為能力保障百分比」)，惟須得到任何受讓人同意、符合香港人壽不時釐定行政規定及要求下進行，詳情請參閱保單條款。  
While this Plan is in force and the Life Insured is alive, the Policyowner may, submit a written request in the form prescribed by Hong Kong Life to (i) designate one (1) person ("Incapacity Benefit Recipient") to receive Incapacity Benefit and (ii) designate the percentage ("Incapacity Benefit Percentage") for the amount of Incapacity Benefit, subject to the rights of any named assignee, the administrative rules and requirements as determined by Hong Kong Life from time to time. For details, please refer to the Policy Provisions.
- 保單權益人可於任何時間提交香港人壽指定之表格更改或移除失去行為能力保障領取人及失去行為能力保障百分比。任何更改或移除失去行為能力保障領取人及失去行為能力保障百分比須於批註日方為有效。  
The Policyowner may submit a written request in the form prescribed by Hong Kong Life at any time to change or remove an Incapacity Benefit Recipient and the Incapacity Benefit Percentage. Any change or removal of the Incapacity Benefit Recipient and the Incapacity Benefit Percentage shall only take effect on the date of endorsement.
- 以下任何情況下，任何香港人壽先前已經記錄及確認保單之失去行為能力保障領取人將會被自動取消及移除 (包括失去行為能力保障領取人於申請失去行為能力保障索償支付時但於批准該索償前已經出現下列任何情況)，香港人壽不會支付失去行為能力保障：  
(a) 保單權益人指定新一位失去行為能力保障領取人，並且獲得香港人壽接納及批准；或  
(b) 更改保單權益人；或  
(c) 保單權益人身故及香港人壽已收到相關通知；或  
(d) 受保人身故及香港人壽已收到相關通知 (須受到計劃「指定後續受保人」條款所約束)；或  
(e) 失去行為能力保障領取人身故及香港人壽已收到相關通知。  
Any Incapacity Benefit Recipient of the Policy as previously recorded and endorsed by Hong Kong Life shall be automatically cancelled and removed and no Incapacity Benefit will be paid when any of the following occurs (including where the application for the payment of Incapacity Benefit has been made by the Incapacity Benefit Recipient but any of the following occurs before the date of approval of such claim):  
(a) the Policyowner designates a new Incapacity Benefit Recipient and it is accepted and approved by Hong Kong Life; or  
(b) the Policyowner is changed; or  
(c) the Policyowner dies and Hong Kong Life is notified of the same; or  
(d) the Life Insured dies and Hong Kong Life is notified of the same, subject to the "Designation of Contingent Life Insured" clause of the Plan; or  
(e) the Incapacity Benefit Recipient dies and Hong Kong Life is notified of the same.
- 委任/更改/終止失去行為能力保障領取人並不會對本保單改變收取身故賠償的保單受益人。  
Designation / Change / Termination of Incapacity Benefit Recipient does not change the beneficiary(ies) under the policy to receive the death benefits.

## 重要指示 (續)

### Important Notes (Cont'd)

5. 當保單權益人已於保單指定失去行為能力保障領取人，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於本申請書之指示，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。
- Once the Policyowner have designated an Incapacity Benefit Recipient under the Policy, if the Policyowner are 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 your instruction in this form. 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.
6. 香港人壽將有權要求保單權益人提供符合香港人壽要求之證明，以證實保單權益人於作出該指定申請時並非法律上指明為失去行為能力（惟香港人壽沒有舉證之責任）。儘管上文提及，若香港人壽沒有行使該權利，透過保單權益人指定申請時於該書面申請書上簽署，並由第三者即並非失去行為能力保障領取人（或他/她的配偶）作見證，以作為香港人壽對其信任之基礎。而香港人壽基於該信任所作之任何行動 / 疏忽 / 支付的款項將不會承擔責任或對任何人士（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。
- Hong Kong Life shall have the right (but not the obligation) to require the Policyowner to prove, to the satisfaction of Hong Kong Life, that the Policyowner is not legally incapacitated at the time of making such designation. Notwithstanding the above, if Hong Kong Life does not exercise such right, Hong Kong Life may rely on such written application of designation signed by the Policyowner which is witnessed by a third party who is not the Incapacity Benefit Recipient (or his/her spouse) and Hong Kong Life shall not be held responsible or liable to any person (including, if applicable, the estate of the Policyowner and his/her personal representatives, Contingent Policyowner and Beneficiary) for any action / omission / payment made based on such reliance.
7. 香港人壽保留權利不接受任何指定失去行為能力保障領取人申請，並擁有絕對權力不時釐定就指定失去行為能力保障領取人之核保及行政規定及要求。香港人壽保留權利隨時暫停及/或終止提供失去行為能力保障之權利。
- Hong Kong Life reserves the right not to accept any application for the designation of Incapacity Benefit Recipient and has the absolute discretion to determine the underwriting and administrative rules and requirements in respect of the designation of Incapacity Benefit Recipient from time to time. Hong Kong Life reserves the right to suspend and/or terminate the offering of Incapacity Benefit from time to time.
8. 當指定失去行為能力保障領取人申請獲得香港人壽接納及批准，失去行為能力保障將於香港人壽繕發之批註日視為生效。在有關指定失去行為能力保障領取人申請生效日前，香港人壽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。
- Once the application for the designation of Incapacity Benefit Recipient is accepted and approved by Hong Kong Life, the designation of Incapacity Benefit Recipient will be deemed to be effective as of the date of endorsement issued by Hong Kong Life. Hong Kong Life shall not be responsible for any payment made or other action taken before the effective date of such designation.
9. 若香港人壽根據「失去行為能力保障」條款行使其權利移除失去行為能力保障領取人或暫停支付失去行為能力保障，香港人壽將不會承擔責任，詳情請參閱保單條款。
- Hong Kong Life shall not be held responsible or liable if Hong Kong Life exercises its right of removal of the Incapacity Benefit Recipient or withholding the payment of Incapacity Benefit under this clause "Incapacity Benefit". For details, please refer to the Policy Provisions.

**所需文件 (只適用於委任/更改失去行為能力保障領取人)**

**Required Documents (Applicable for designation/change of Incapacity Benefit Recipient)**

1. 請提供擬失去行為能力保障領取人與保單權益人的關係證明，包括可保利益證明。(例如: 出生證明書、結婚證明書)  
Please submit evidence of relationship including the insurable interest between the proposed Incapacity Benefit Recipient and the Policyowner.  
(e.g. Birth Certificate, Marriage Certificate)

**行政規定及要求**

**Administration Rules and Requirements**

1. 擬失去行為能力保障領取人之年齡必須為十八(18)歲或以上。  
The proposed Incapacity Benefit Recipient must be aged 18 or above.
2. 須提供香港人壽認可擬失去行為能力保障領取人之可保利益證明。  
Submission of evidence of insurable interest for the proposed Incapacity Benefit Recipient must be satisfactory to Hong Kong Life.
3. 已簽署的表格及所需文件，請於簽署日期起十四(14)個工作天內交回香港人壽。  
Please return signed forms and required documents to Hong Kong Life within fourteen (14) working days from the date of signing.
4. 保單權益人須在此申請表格簽署及其簽名必須與香港人壽最近的記錄相符。  
This form must be signed by the Policyowner and the signature of the Policyowner must be corresponded to Hong Kong Life's latest available record.
5. 保單權益人確認擬失去行為能力保障領取人完全知悉此申請。  
The Policyowner confirms that the proposed Incapacity Benefit Recipient is fully aware of this request.

**委任/更改/終止失去行為能力保障領取人 Designation / Change / Termination of Incapacity Benefit Recipient**

1	變更申請 Change Request	<input type="checkbox"/> 委任 Designate <input type="checkbox"/> 更改 Change <input type="checkbox"/> 終止(只需要填寫姓名) Terminate (only need to fill in the full name)																	
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	名 Given Name																
	中文 In Chinese	姓 Surname	名 Given Name																
3	身份證明文件 Identity Document	<table border="1"> <tr> <td>香港居民 HK Resident</td> <td><input type="checkbox"/> 身份證 ID Card</td> <td colspan="2">號碼 No.</td> </tr> <tr> <td rowspan="2">非香港居民 Non-HK Resident</td> <td><input type="checkbox"/> 身份證 ID Card</td> <td><input type="checkbox"/> 護照 Passport</td> <td>號碼 No.</td> </tr> <tr> <td colspan="2">簽發國家 Country of Issue</td> <td>有效期至 Expiry Date</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">日 dd 月 mm 年 yyyy</td> </tr> </table>			香港居民 HK Resident	<input type="checkbox"/> 身份證 ID Card	號碼 No.		非香港居民 Non-HK Resident	<input type="checkbox"/> 身份證 ID Card	<input type="checkbox"/> 護照 Passport	號碼 No.	簽發國家 Country of Issue		有效期至 Expiry Date			日 dd 月 mm 年 yyyy	
香港居民 HK Resident	<input type="checkbox"/> 身份證 ID Card	號碼 No.																	
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	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	出生日期   年齡 Date of Birth   Age	<table border="1"> <tr> <td>日 dd 月 mm 年 yyyy</td> <td>年齡 Age</td> </tr> </table>			日 dd 月 mm 年 yyyy	年齡 Age													
日 dd 月 mm 年 yyyy	年齡 Age																		
6	失去行為能力保障百分比 Incapacity Benefit Percentage	<input type="text"/> %																	
7	與保單權益人關係 Relationship to Policyowner	<input type="text"/>																	

## 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).



## 個人資料收集聲明 (續)

### Personal Information Collection Statement (Cont'd)

#### 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，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](http://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](http://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

本人為保單權益人明白指定、更改或終止失去行為能力保障領取人，本人於申請相關更改時必須具備法律上認可之行為能力（包括為精神健全）。

I, the Policyowner understand that to appoint, change or terminate the Incapacity Benefit Recipient, I must have legal capacity (including being mentally sane) at the time of requesting such change.

本人同意及確認：

I agree and acknowledge that:

- (a) 香港人壽保留權利要求本人進行檢查或其他合理及適合的檢驗以確定被診斷患上受保疾病。而有關費用由失去行為能力保障領取人支付。若本人不適合進行檢查或檢驗，香港人壽將有權指定註冊醫生評估失去行為能力保障領取人所提交診斷患上受保疾病之證據（惟香港人壽沒有舉證之責任），若對於所提交診斷患上受保疾病之證據存有任何疑問，香港人壽可以拒絕支付失去行為能力保障，並且香港人壽對任何相關決定將不會承擔責任。儘管上文提及，若香港人壽沒有行使任何相關權利，香港人壽將信任所提交診斷患上受保疾病之證據，而香港人壽基於該信任所作之任何行動 / 疏忽 / 支付的款項將不會承擔責任或對任何人士（包括本人之遺產及個人代表、後續保單權益人及受益人（如適用））承擔責任。

Hong Kong Life reserves the right to require me to undergo an examination or other reasonable and appropriate tests to confirm the Diagnosis of Covered Illness at the cost of the Incapacity Benefit Recipient. If I am not suitable for the examination or test, Hong Kong Life shall have the right (but not the obligation) to appoint a Registered Medical Practitioner to assess the proof of the Diagnosis of Covered Illness submitted by the Incapacity Benefit Recipient and in case of doubt on the proof of Diagnosis of Covered Illness submitted, Hong Kong Life may decline or reject payment of the Incapacity Benefit and Hong Kong Life shall not be held responsible or liable for any such decision. Notwithstanding the above, if Hong Kong Life does not exercise any such rights, Hong Kong Life may rely on the proof of the Diagnosis of Covered Illness submitted and shall not be held responsible or liable to any person (including, if applicable, my estate and personal representatives, Contingent Policyowner and Beneficiary) for any action / omission / payment made based on such reliance.

- (b) 若香港人壽相信指定或更改失去行為能力保障領取人或支付失去行為能力保障已經或似乎與任何適用的法律、規例、法院命令或同等性質法令或任何其他人士之利益出現衝突，香港人壽保留隨時移除失去行為能力保障領取人或暫停支付失去行為能力保障的權利，恕不作預先通知。

Hong Kong Life reserves the right to remove the Incapacity Benefit Recipient or withhold the payment of Incapacity Benefit at any time without prior notice if the designation or change of Incapacity Benefit Recipient or the payment of Incapacity Benefit by Hong Kong Life conflicts with or appears to be in conflict with any applicable laws, regulations, court orders or its equivalent, or the interest of any other person.

- (c) 若 (1) 根據《精神健康條例》（香港法例第 136 章）已經委任受託監管人或監護人（或在另一處司法管轄區根據類似法律委任受託監管人或監護人）；(2) 香港人壽得悉受託監管或監護令已生效；(3) 有涵蓋本保單的持久授權書；(4) 香港人壽得悉有涵蓋本保單的持久授權書；或 (5) 本保單已經根據基本條款內轉讓條款所列明作出轉讓，香港人壽只會在得到受託監管人或監護人（適用於 (1) 及 (2)）；及/或受權人（適用於 (3) 及 (4)）；及/或受讓人（適用於 (5)）（視乎情況而定）預先書面同意向下失去行為能力保障領取人支付此失去行為能力保障。本人同意出現本段落提及之情況將不會追討香港人壽沒有支付賠償予失去行為能力保障領取人之責任。有關協議將對於本人的繼任人及指定人（包括本人之遺產及個人代表及任何後續保單權益人）及受益人同樣地具有約束力。

If (1) a committee or guardian is appointed under the Mental Health Ordinance (Cap. 136 of the Laws of Hong Kong) or a committee or guardian is appointed under similar laws in another jurisdiction; (2) Hong Kong Life is notified of a committee or guardianship order taking effect; (3) there is an enduring power of attorney covering this Policy; (4) Hong Kong Life is notified of an enduring power of attorney covering this Policy; or (5) this Policy has been assigned pursuant to the "Assignment" clause of the General Provisions of the Policy, Hong Kong Life will only make payment to the Incapacity Benefit Recipient under this Incapacity Benefit with the prior written consent of the committee or guardian (as applicable in (1) and (2)); and/or the attorney (as applicable in (3) and (4)); and/or the named assignee (as applicable in (5)), as the case may be. I agree not to hold Hong Kong Life liable for not making any payment to the Incapacity Benefit Recipient in the situations described in this paragraph. Such agreement shall be binding upon my successors and assigns (including my estate and personal representatives and any Contingent Policyowner) and also the Beneficiary.

- (d) 若失去行為能力保障領取人與任何其他人士（包括但不限於保單權益人、保單權益人的監護人或受託監管人、受權人、後續保單權益人、受益人或受讓人）之間可能出現爭議、已經出現爭議或香港人壽合理地相信其中出現爭議，或若香港人壽可能因支付失去行為能力保障承擔責任，香港人壽保留權利暫不付款直至該爭議或事件已經得到香港人壽滿意之解決為止。本人同意等待爭議或事件解決期間不會追討香港人壽暫不支付失去行為能力保障之責任。有關協議將對於本人的繼任人及指定人（包括本人之遺產及個人代表及任何後續保單權益人）及受益人同樣地具有約束力。

In case there is a dispute or in Hong Kong Life's reasonable belief, there may be a dispute between the Incapacity Benefit Recipient and any other person, including but not limited to the Policyowner, Policyowner's guardian or committee, attorney, Contingent Policyowner, Beneficiary(ies) or named assignee, or if Hong Kong Life may incur liability as a result of it making payment of Incapacity Benefit, Hong Kong Life reserves the right to withhold payment until such dispute or matter is resolved to its satisfaction. I agree not to hold Hong Kong Life liable for withholding any payment of Incapacity Benefit pending the resolution of the dispute or matter. Such agreement shall be binding upon my successors and assigns (including my estate and personal representatives and any Contingent Policyowner) and also the Beneficiary.

- (e) 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內的條款支付保單之失去行為能力保障，在本人身故後，對於任何後續保單權益人、本人之遺產及個人代表具有約束力。

The designation of the Incapacity Benefit Recipient and the payment of Incapacity Benefit of the Policy in the event that the Policyowner is diagnosed of a Covered Illness in accordance with the terms of the Policy shall be binding on any Contingent Policyowner, my estate and personal representatives, after my death.

- (f) 若本保單之失去行為能力保障根據保單內的條款支付予失去行為能力保障領取人，任何後續保單權益人、本人之遺產及個人代表，於本人身故後，將沒有權利向香港人壽追討本保單之失去行為能力保障所支付的任何款項。

So long as the Incapacity Benefit of this Policy is paid to the Incapacity Benefit Recipient in accordance with the terms of the Policy, any Contingent Policyowner, my estate and personal representatives shall have no right to claim against Hong Kong Life in respect of any payment made for the Incapacity Benefit of this Policy after my death.

**聲明及授權 (續)****Declaration and Authorization (Cont'd)**

- (g) 失去行為能力保障領取人領取失去行為能力保障賠償將充分免除香港人壽就失去行為能力保障所承擔之賠償責任。若香港人壽得悉或察覺就保單權益人之情況已經指定監護人、受託監管人或受權人（視乎情況而定），或任何其他人士出現索取保單利益，僅於香港人壽支付失去行為能力保障予失去行為能力保障領取人後，香港人壽隨即就本保障不會承擔支付予該監護人、受託監管人、受權人或任何其他人士之責任。當香港人壽支付失去行為能力保障予失去行為能力保障領取人，本人在此同意免除香港人壽就失去行為能力保障所承擔之所有責任，而這項免除將對於本人的繼任人及指定人（包括本人之遺產及個人代表及任何後續保單權益人）及受益人同樣地具有約束力。  
The receipt of payment of Incapacity Benefit by the Incapacity Benefit Recipient is a sufficient discharge of Hong Kong Life's payment obligations under the Incapacity Benefit. If Hong Kong Life is notified or becomes aware that a guardian, committee or attorney (as the case may be) has been appointed in respect of the Policyowner, or of any other person who claims an interest in the Policy, only after Hong Kong Life has paid the Incapacity Benefit to the Incapacity Benefit Recipient, then Hong Kong Life will not be liable to pay such guardian, committee, attorney or any other person in respect of this benefit. I hereby release Hong Kong Life from all liabilities in connection with the Incapacity Benefit once Hong Kong Life's payment of Incapacity Benefit to the Incapacity Benefit Recipient is made and this release shall be binding upon my successors and assigns (including my estate and personal representatives and any Contingent Policyowner) and also the Beneficiary.
- (h) 擬失去行為能力保障領取人完全知悉此申請。  
The proposed Incapacity Benefit Recipient is fully aware of this application.
- (i) 就本申請所提供之所有資料、文件、陳述及答案，盡本人所知所信，均完整真確。  
all information, documents, statements and answers provided by me in connection with this application are complete and true to the best of my knowledge and belief.
- (j) 若未能提供就本申請表所需的資料，香港人壽將可能無法處理有關之申請。  
Hong Kong Life may be unable to process this application if I fail to provide any information requested in connection with this application.
- (k) 已閱讀及明白「個人資料收集聲明」並已獲得擬失去行為能力保障領取人同意收集本申請表所需的個人資料以申請為本人上述保單之失去行為能力保障領取人。  
I have read and understood the Personal Information Collection Statement and have obtained the consent from the proposed Incapacity Benefit Recipient for collecting their personal information as required in this application form for the purpose of applying as Incapacity Benefit Recipient of the above-mentioned policy of mine.

**簽署及簽署日期****Signature and Signing Date**

保單權益人簽署  
Signature of Policyowner

日 月 年  
DD MM YYYY

受讓人姓名（如適用）  
Name of Assignee (if applicable)

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

日 月 年  
DD MM YYYY

保險中介人姓名  
Name of Insurance Intermediary

保險中介人簽署  
Signature of Insurance Intermediary

日 月 年  
DD MM YYYY

見證人<sup>#</sup>姓名  
Name of Witness<sup>#</sup>

見證人<sup>#</sup>簽署  
Signature of Witness<sup>#</sup>

日 月 年  
DD MM YYYY

<sup>#</sup> 見證人須為獨立第三者即並非擬失去行為能力保障領取人或其配偶

<sup>#</sup> The witness should be an independent third party, who is not the proposed Incapacity Benefit Recipient or his/her spouse.