American International Assurance Company (Bermuda) Limited
(Incorporated in Bermuda with limited liability)

REQUEST FOR CHANGE FORM / SUBSEQUENT APPLICATION FOR PERSONAL ACCIDENT CONTRACT
更改保單申請表／人身意外保險申請表

Policy Number 保單號碼

Agent / Broker Code 營業員/經紀號碼

Area / Agency / Broker Code 區域/營業員/經紀組別 編號

Agency / Broker Name 營業員/經紀組別

Agent / Broker's Name 營業員/經紀姓名

Agent / Broker's Tel. No. 營業員/經紀聯絡電話

Operations Team 營運部組別
A
B
C
Macau

For Office Use
V

Name of Insured
受保人姓名

PART A 甲部 PLEASE USE A SEPARATE FORM FOR EACH POLICY NUMBER. 每一份保單請填寫一份申請表
Please tick the appropriate box 請在適當的空格內劃上"X" 號

☐ **Cancel Autopay** 取消自動轉賬

- Premium collection via autopay will be stopped only after your request is accepted and completed successfully by the Company. 自動轉賬繳費只會當公司收到及接受申請後取消。
- Any premium paid prior to the Company's receipt and approval of the request will not be refunded. 任何於公司收到及接受申請前已繳交的保費將不會退還。

☐ **Reissue Customer Number / Personal Identification Number**
申請補發客戶號碼 / 個人密碼
- ○ Reissue Customer Number (CN) 申請補發客戶號碼
- ○ Reissue Personal Identification Number (PIN) 申請補發個人密碼

The PIN issued to the above request will be sent to the policyowner's registered address by ordinary mail. 以上申請所發出的個人密碼(PIN)將會以平郵寄往保單持有人之登記地址。

☐ **Change Mode of Payment** 更改付款形式

☐ Annually 年繳 ☐ Semi-annually 半年繳 ☐ Quarterly 季繳

○ *Apply autopay for non-monthly premium via bank account. Note that autopay via Credit Card is NOT accepted for non-monthly premium.
申請為非月繳保費設立經銀行户口之自動轉賬。注意公司不接受以信用卡為非月繳保費之自動轉賬户口。
Applicable to policies started with policy prefix 'B', 'G' or 'M' only.
只適用於保單號碼字首為 'B', 'G' 或 'M' 之保單。

☐ Monthly 月繳 *Payment must be via direct debit arrangement.
月繳保費必需經由自動轉賬繳交

*Submit Direct Debit Authorization Form to Cashier. 請遞交直接付款授權書予繳費處.

☐ **Term Conversion** 轉換定期壽險爲永久或儲蓄壽險
(Please send this form to U&I Dept. with the application form of new policy for approval 請連同此表格與新單要保書交予核保部批核)

Converted Plan Name 轉換計劃名稱	Converted Amount 轉換保額	*Remaining Amount *剩餘保額

CIR on Term Converted Amount 危疾定期壽險附加契約轉換保額 — *Remaining Amount *剩餘保額

New Policy Number 新單號碼 — New Plan 新壽險計劃

*The remaining amount, if any, should not be less than the minimium amount required by the Company, otherwise, all remaining amount and its attachable supplementary contract(s) will be deleted automatically. 剩餘保額(如有)不可少於公司要求的最低金額，否則所有剩餘保額及其附加契約將會自動取消。

☐ **Cancel Premium Holiday** 取消「暫停繳費」

Only applicable to the following plans 只適用於下列計劃

- **AIA Asset Accumulator** 友邦「財庫之選」投資計劃
- **AIA Asset Accumulator (EDB)** 友邦「財庫之選」投資計劃〔卓越保障〕
- **AIG Capital Saver by AIA** AIG資本匯聚友邦投資計劃
- **Treasure Accumulator** 卓薈之選
- **Treasure Advantage** 卓智投資計劃
- **Treasure Advantage (Enhanced Protection)** 卓智投資計劃(卓越保障)

☐ **Change Autopay Cycle for Monthly Premium**
更改月繳保費自動轉賬之週期

○ **First cycle 月初轉賬** ○ **Second cycle 月中轉賬**

Change of autopay cycle will not be accepted for Wealth FlexiProtector.
更改自動轉賬週期並不適用於財富萬用保。

☐ **Correction of Personal Particular** 更改個人資料

(ID copy/Deedpoll is required) 請提交身分證/改名契副本

○ Insured 受保人 ○ Owner 持有人

Name : 姓名

Date of birth: 出生日期 MM月 / DD日 / YYYY年

ID/ Passport No. : 身分證或護照號碼

Nationality: 國籍 :

Sex : 性別

☐ **Non-Forfeiture Option (N.F.O)** 既有現金價值條款選擇

☐ Extended Term Insurance 延期定期保險
☐ Reduced Paid Up Insurance 減額付清保險

☐ **Others** 其他:

The Company reserves the right to accept or reject "OTHERS" requests in this box. Any request/s to backdate this form or any document will be automatically rejected.
於' 其他' 一欄內的申請，本公司保留接受或拒絕之權利，而在此表格或任何文件內要求提早生效日期之申請，均一概不會受理。

PART B 乙部 (Health Certificate is required except for reduction of face amount or deletion of rider(s). 除減低投保額及取消附加契約外,請提交健康証明書)

Section 1 : 第一部分

☐ **Change of Basic Plan** 更改基本保險計劃

Basic Plan : 基本計劃 _____ Face Amount : 基本保額 _____

Par Option : 紅利選擇 ☐ Participating 分紅 ☐ Non-Participating 不分紅

☐ **Reduce Basic Face Amount to:** 減少基本保額至 _____

☐ **Deletion of Supplementary Contract** 取消附加契約

_____

_____

_____

Remove / Reduce Medical Rating / Exclusion
刪除或減少因健康所附加的額外保費/不保事項

☐ Medical Rating 額外保費 ☐ Exclusion 不保事項

☐ **Reduce Occupation Rating / Change of Occupation**
轉職/或因轉職而減少額外保費

New Occupation : 現職 _____ since 任職日 _____

Daily Job Duty : 日常職務 _____

Employer's Name and Address : 僱主姓名及地址 _____

☐ **Addition of Supplementary Benefit** 增加附加契約

_____

_____

_____

☐ **Reinstatement** 復效 ☐ Redating 重訂保單日期 ☐ Reinstate Agent 申請復效營業員

☐ **Reinstatement - Outpatient Basic Declaration 復效- 加倍關心門診保障聲明**

I hereby declare that I / the Insured do not require any regular treatment or long term medication and I / the Insured did not suffer from any continuing medical condition for which I / the Insured attended a doctor for more than three times a year.
本人謹聲明本人/受保人不需定期或長期接受任何治療或服用藥物及未曾因個別持續病患而於一年內向醫生求診多過三次。

Section 2 : 第二部分

☐ (a). Protection Accumulator** / Protection Advantage Rider 富易保** / 卓易保附加契約

** Applicable to AA/CS only
只適用於財庫之選投資計劃/資本匯聚友邦投資計劃

Amount of Insurance 保額 (US$ 美元)
Subject to the minimum & maximum issue limits 須符合最低及最高投保額

☐ 10 times the annual premium of basic plan 基本計劃每年供款額10 倍

Other Amount of Insurance 其他保額 $ _____

☐ (b). Personal Accident Insurance - PAC Select 自選人身意外保險

Basic Benefit 基本保障	Amount of Insurance 保額			
	Adult 成人			Juvenile 兒童
Accidental Death & Dismemberment (ADD) * 意外死亡及斷肢 *	☐ US$ 美元 120,000 or / 或 HK$ 港元 1,000,000 or / 或 MOP澳門幣1,000,000	☐ US$ 美元 80,000 or / 或 HK$ 港元 600,000 or / 或 MOP澳門幣600,000	☐ US$ 美元 50,000 or / 或 HK$ 港元 400,000 or / 或 MOP澳門幣400,000	☐ US$ 美元 30,000 or / 或 HK$ 港元 240,000 or / 或 MOP澳門幣240,000
	Other Amount of Insurance 其他保額 $ _____			
Optional Benefits 可附加保障惠益 Please specify the Amount of Insurance below 請於下方填寫保額				
Accidental Medical Expenses Reimbursement (AMR) 意外醫療賠償 $_____	Daily Hospital Income (DHI) 每日住院現金 (Not applicable to juvenile不適用於兒童) $ _____			

*The ADD benefit is guaranteed issued when the Insured has declared no physical impairment in the health declaration section and his/her occupation is within class 1 to 4. In case the Insured changes his/her occupation or job duty or pursuits, you and/or the Insured shall immediately notify the Company in writing. 意外死亡及斷肢保障之保證受保只適用於受保人在健康部份聲明沒有任何身體殘缺聲明及其職業等級爲1至4之內。如受保人之職業、職責或其他消遣有任何改變，則您及/或受保人須即時以書面通知本公司有關轉變。

Note (for section 2): Life Non-forfeiture Provisions will apply. 注意（適用於第二部分）：壽險保單之「既有現金價值條款」同時適用。

Declaration & Authorization

Terms and Conditions of Part A & Part B: This request is NOT valid until (1) it is recorded as received by American International Assurance Co. (Bermuda) Ltd. (the "Company") during the life time of BOTH the Insured and the Owner and (2) it is finally confirmed as accepted by the Company by way of Endorsement or letter. Receipt of this form by AIA Representative or your broker does not constitute recorded receipt by the Company. The final decision on the validity of this form rests with the Company.

I/We hereby irrevocably authorize: The Company to enter into arrangements with Panel Network Providers to provide specified medical services to me/us (if and as applicable).

Terms and Conditions of Part B Section 2: I/We declare and agree that the mode of payment of my/our Life Policy with the same policy number will be adopted and that no insurance or request for change will be effected unless this application has been recorded as received and approved by the Company.

Request: I/We request that this 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 a part of the said Policy. Where this request relates to change of beneficiary in respect of this Policy, I/we confirm that my/our previously nominated beneficiary or beneficiaries (other than the estate of insured), is/are fully aware of and has/have not objected to the contents of this 'Request for Change' form.

I/We DECLARE and AGREE that any personal data and other information relating to me/us or my/our policy(ies) or investments contained in this application or collected, obtained, compiled or held by the Company by any means from time to time may be used, maintained, processed, stored, transferred, disclosed and/or shared by the Company for the purposes of processing, administering, implementing and effecting the requests or transactions contemplated in this application or any other applications made by me/us from time to time, promoting or providing subsequent or other services or products to me/us, direct marketing, data matching and/or communicating with me/us. I/We further DECLARE and AGREE that the Company may transfer, disclose, grant access of or share such personal data and other information to or with individuals, entities and/or organizations associated with the Company and/or to or with third parties (including, without limitation, reinsurance companies, claims investigation companies, industry associations or federations, fund management companies, financial institutions, or service providers) selected by the Company, in each case whether within or outside of Hong Kong (applicable to policies issued in Hong Kong) / Macau (applicable to policies issued in Macau) , for any of the aforesaid purposes and/or for the purposes of providing administrative, data processing, data maintenance or storage, telecommunications, computer, payment or other services to the Company in connection with the operation of its business. I/We understand that I/we have the right to obtain access to and to request correction of my/our personal data held or controlled by the Company. Such request can be made to any of the Company's Customer Service Centres. If I/we do not wish to receive marketing information or materials, I/we will send an opt-out notice to the Company, in which case my/our personal data and other information would be included in a centralized customer opt-out list that may be shared amongst the Company's associated partners for reference.

聲明及同意：

甲部及乙部之條款 ： 此申請表需於1)受保人及持有人生存期間獲美國友邦保險(百慕達)有限公司(即' 貴公司')收到並存檔及2)最終經貴公司以批註或確認信批准方爲有效，而友邦的業務代表或您的經紀收到的申請表並不代表貴公司亦已收到。

本人/我們茲授權：貴公司為本人/我們安排醫療網絡組織之服務提供者進行指定之醫療服務(如適用)。

乙部第二部分之條款 ： 本人/我們聲明及同意採用與本人/我們的壽險保單相同號碼之付款形式，所有未經貴公司收到、存檔及批准之保險或更改保單之申請一概無效。

申請：本人/我們在此要求保單按照上述細則更改，本人/我們並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份。如更改受益人，本人/我們確認本人/我們之前爲此保單所委任之任何受益人(受保人之遺產除外)均完全知悉此「更改保單申請表」上之內容，而且並無就此申請提出反對。

本人/我們現聲明並同意貴公司可使用、保留、處理、儲存、轉交、透露及/或共用貴公司所收集、索取、整理或保留在此申請表所載或從其他途徑取得之任何有關本人/我們的個人資料或其他有關本人/我們的保單或投資資料，用作處理、管理、落實及實行在此申請表所載或本人/我們從任何其他申請表所提出之要求，及介紹或提供其稍後或其他的服務或產品予本人/我們、直接促銷、資料核對及/或聯絡本人/我們之用途。本人/我們再聲明並同意貴公司可向與貴公司有關的香港(適用於香港簽發之保單)/澳門(適用於澳門簽發之保單)或海外的人士、團體及/或機構及/或任何被選的第三機構(包括並不限於再保險及賠償調查公司，及有關的行業協會/聯會、基金管理公司、金融機構或提供有關服務之公司)轉交、透露、授權取得或共用本人/我們之個人或其他資料，用作以上列明之用途及/或貴公司業務運作之用，包括行政、資料處理、資料保存或儲存、通訊、電腦、付款或其他服務。本人/我們明白到本人/我們有權向貴公司查閱及申請更改貴公司儲存或管理與本人/我們有關的個人資料。有關的申請可於貴公司任何一間客戶服務中心辦理。若本人/我們不想收到貴公司的銷售資料或刊物，本人/我們會發出信函通知貴公司，而本人/我們的個人或其他資料會存於貴公司之中央資料檔內的非聯絡客戶名單，並會供貴公司及有關人士/機構作參考。

_____ on 於 _____
Signature of Owner/Trustee 持有人/信託人簽名 MM月/DD日/YYYY年

_____ on 於 _____
Signature of Assignee受讓人簽名 (if applicable如適用) MM月/DD日/YYYY年

3999339421

PLEASE SIGN & RETURN IMMEDIATELY BUT NO LATER THAN 14 DAYS請簽署後即時但不遲於14天內遞交
PLEASE DO NOT SIGN ON BLANK FORM 請勿在空白表格上簽署

OPPOSF04.0412