

**Broker Bulletin No 272**  
**New Version of Policy Services Forms & Operation Changes**  
**新版本之保單行政申請書及營運更改**

Dear Business Partners,

To align with our long term business transfer from AXA (Hong Kong) Life Insurance Company Limited to AXA China Region Insurance Company (Bermuda) Limited. With effect today there are various changes on Life Operation. :

## A. New version form for policy administration

### 1. Major Changes

- Removal of the company name of “AXA (Hong Kong) Life Insurance Company Limited”
- A new section "Application of Change types" is added to most of the forms. Customer is required to tick the checkbox(es) of the requested change(s).
- A new section “Death Benefit Option” for downgrade to “Level Benefit” is added to Investment-Linked Policy Miscellaneous Application Form (LFPA008-1212).

### 2. List of forms

Item No	Old Form Code	New Form Code	Form Name
1	LFPA008-1205	LFPA008-1212	Investment-Linked Policy Miscellaneous Application Form
2	LFPA011-1205	LFPA011-1212	Application for Cash Withdrawal/Policy Loan Agreement and Assignment
3	LFPA012-1205	LFPA012-1212	Policy Service Application Form I
4	LFPA015-1205	LFPA015-1212	Application For Change Of Customer Contact Details & Life eService
5	PS-DDAAGR-1111	PS-DDAAGR-1212	Direct Debit Authorization Agreement (For AXAHK use only)
6	CS001-1107	CS001-1212	Third-party Payment Declaration Form
7	LFUW058-1205	LFUW058-1212	Policy Service Application Form II
8	LFPA003-1205	LFPA003-1212	Agreement and Assignment of Policy as Collateral Security
9	LFPA004-1204	LFPA004-1212	Absolute Assignment
10	LFPA010-1205	LFPA010-1212	AXA Vertex Annuity InvestLife Plan Miscellaneous Application Form
11	LFPA013-1205	LFPA013-1212	Application/Change/Termination of Trust Form
12	LFPA014-1205	LFPA014-1212	Paramount Investment Insurance Plan Miscellaneous Application Form
13	LFPA016-1204	LFPA016-1212	Supplement - For Corporate Owner
14	LFPS003-1205	LFPS003-1212	Application For Policy Surrender

### 3. Form delivery arrangement

- Forms can be downloaded from AWB. Client signature on all pages is required for using download form.
- Hard copy order can be made via FI department or your relationship manager.

### 4. Form Effective Date & Transitional Period

- Effective Date: Today
- Transitional Period:
  - Old version of Policy Services Forms (item 1 to 4, 6 to 14) submitted on or before 31 January 2013 can be accepted.
  - Old version of Direct Debit Authorization Agreement (*For AXAHK use only*) (item 5 ) submitted on or before 14 January 2013 can be accepted

## B. Payment Arrangement

### 1. Cheque Payment

Old Payee Name	New Payee Name
AXA (Hong Kong) Life Insurance Company Limited	AXA China Region Insurance

- Transitional Period - Cheque with new payee name will be effective today and cheque with old payee name will be accepted till 30 Jun 2013.

### 2. Cash Deposit or Account Transfer to AXA's Bank Account

Client may use account transfer or cash deposit to following banks:

Name of Bank	HK Dollar Account	US Dollar Account
HSBC	004-499-000966006	004-499-000966201
Bank of China	012-875-00317977	012-875-08006336

Remark:-

Original Deposit Slip or Transaction Advice Slip must be returned to Cashier  
We do not accept any cheque bank into above bank accounts.

### 3. Large Cash Payment Declaration Form (Form Code: CDS002-1107)

- For all incoming payment effective today, Large Cash Payment Declaration Form will be ceased.

## C. Life eService enhanced service (NOT applicable to AXAHK policies)

Life eServices will be applied automatically if customer provides his/her email address on the following forms.

- Absolute Assignment
- Policy Service Application Form I
- Application/Change/Termination of Trust Form
- Application For Change Of Customer Contract Details & Life eService

致各大經銷商：

為配合安盛(香港)人壽保險有限公司的長期業務轉讓予安盛保險(百慕達)有限公司，以下相關營運更改於即日起生效。

## 甲、新修訂的保單行政申請書

### 1. 主要更改

- 移除公司名稱「安盛（香港）人壽保險有限公司」。
- 新增部分「增更改項目申請」於大部份申請表格內，客戶必須於更改項目的空格內加上「✓」號。
- 新增「身故賠償選項」於「投資連繫式保單多項服務申請書」(LFPA008-1212)申請下降選項至「固定賠償」。

### 2. 表格列表

項目號碼	舊表格編號	新表格編號	表格名稱
1	LFPA008-1205	LFPA008-1212	投資連繫式保單多項服務申請書
2	LFPA011-1205	LFPA011-1212	提取保單價值 / 保單貸款申請書
3	LFPA012-1205	LFPA012-1212	保單服務申請書 I
4	LFPA015-1205	LFPA015-1212	客戶聯絡資料更改及人壽保險網上服務申請書
5	PS-DDAAGR-1111	PS-DDAAGR-1212	直接付款授權書 (只適用於AXAHK保單)
6	CS001-1107	CS001-1212	第三者付款聲明書
7	LFUW058-1205	LFUW058-1212	保單服務申請書 II
8	LFPA003-1205	LFPA003-1212	以保單作為抵押品的協議及轉讓書
9	LFPA004-1204	LFPA004-1212	絕對轉讓書
10	LFPA010-1205	LFPA010-1212	AXA 駿峰年金投資保障計劃多項服務申請書
11	LFPA013-1205	LFPA013-1212	申請 / 更改 / 終止信託書
12	LFPA014-1205	LFPA014-1212	盛峰投資保險計劃多項服務申請書
13	LFPA016-1204	LFPA016-1212	資料補充 - 持有人為公司團體專用
14	LFPS003-1205	LFPS003-1212	終止保單申請書

### 3. 表格派送安排

- 可由 AWB 下載有關表格，客戶需於下載版表格每頁簽署。
- 印刷版表格可透過客戶經理或我們之銷售支援隊伍聯絡訂取。

### 4. 表格生效日期及過渡期

- 生效日期：即日
- 過渡期：
  - 舊版本的保單行政申請表格(項目號碼1至4, 6至14)將可遞交至2013年1月31日。
  - 舊版本的直接付款授權書(只適用於AXAHK保單) (項目號碼5) 必需於2013年1月14日或以前遞交。

## 乙、保費繳付安排

### 1. 支票付款

舊祈付名稱	新祈付名稱
安盛(香港)人壽保險有限公司	安盛保險(百慕達)有限公司

- 過渡期 — 新支票付款祈付名稱於2012年12月31日生效及舊抬頭名稱簽發的支票只接受至2013年6月30日。

## 2. 現金存款或帳戶轉賬至AXA銀行帳戶

客戶可以透過以下銀行以現金或戶口轉帳到 AXA：

銀行名稱	港幣存款戶口	美元存款戶口
香港上海滙豐銀行	004-499-000966006	004-499-000966201
中國銀行	012-875-00317977	012-875-08006336

備註

- 每個交易均需將存款單或交易通知書正本交回繳費處辦理。
- 不接受支直接存入上述帳戶內。

## 3. 大額付款聲明書 (CDS002-1107)

- 由即日起取消大額付款聲明書, 此變更亦適用所有遞交之繳費。

## 丙、人壽保險網上服務 – 服務優化 (不適用於AXAHK保單)

由2012年12月31日起，如客戶於下列申請表格提供電郵地址，人壽保險網上服務將自動申請：

- 絕對轉讓書
- 保單服務申請書 I
- 申請 / 更改 / 終止信託書
- 客戶聯絡資料更改及人壽保險網上服務申請書

Any enquiries, please feel free to contact your Relationship Manager or FI hotline on 2519 1133.  
如有任何疑問，歡迎與您的客戶經理或我們之銷售支援隊伍聯絡 (2519 1133)。

Administration 行政			
Life Products – New Business 人壽保險產品 – 新生意	Steve Chui Jessica Tong	2519 1203 2519 1933	steve.chui@axa.com.hk jessica.tong@axa.com.hk
Client Administration, e-services 客戶行政、網上服務	Vicky Leung	2519 1365	vicky.leung@axa.com.hk
General enquiries, Suggestions / Complaints 一般查詢、意見及投訴	Agnes Lee	2519 1103	agnes.wy.lee@axa.com.hk
Evolution – All enquiries 有關Evolution的查詢		2802 2832 (then Press 3)	evolution@axa.com.hk

Yours faithfully,



Eddie Fung  
Head of Financial Intermediaries



redefining / standards



Policy Number 保單編號：

## Application For Cash Withdrawal / Policy Loan Agreement And Assignment 提取保單價值/保單貸款申請書

### Full name of Insured 被保人姓名

In English 英文姓名	Surname 姓	Given Name 名
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### Full name of Owner / Trustee 持有人 / 信託人姓名

In English 英文姓名	Surname 姓	Given Name 名
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### Financial Consultant Details 理財顧問資料

Financial Consultant Code: 理財顧問編號：	Financial Consultant Name: 理財顧問姓名：	Financial Consultant Contact No.: 理財顧問聯絡號碼：
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"The Company" "本公司" 或 "貴公司"：

AXA China Region Insurance Company (Bermuda) Ltd (Incorporated in Bermuda with limited liability) / AXA China Region Insurance Company Limited  
安盛保險 (百慕達) 有限公司 (於百慕達註冊成立的有限公司) / 安盛金融有限公司

### Application of change type & Important note 更改項目申請及重要事項

**Note 注意:** This is required to tick the box(es) below to indicate your change application(s). Please read "Important note" and complete related section(s).  
請在下列所需更改項目的空格內加上「✓」號。請細閱「重要事項」並填寫相關部分。

<input type="checkbox"/> Dividend 紅利	<input type="checkbox"/> Reversionary Bonus 保額增值紅利	<input type="checkbox"/> Future Premium Deposit 保費儲備金 / 備用保費存款	<input type="checkbox"/> Maturity Value 期滿價值
<input type="checkbox"/> Guaranteed Cash Bonus 保證現金紅利	<input type="checkbox"/> Adjustment Deposit 保障調整及保單復效按金	<input type="checkbox"/> No Claim Reward 健康回贈	<input type="checkbox"/> Super Deposit 卓惠高息儲備結餘
<input type="checkbox"/> Policy Loan 保單借貸			

#### Important note:

- This form is to be completed by the Owner / Trustee / Assignee in BLOCK LETTERS and signed with the signature same as recorded in the policy file.
- Any alteration on this form must be countersigned with the Owner / Trustee / Assignee's signature.
- We shall have right to reject your application if you fail to fulfil Company's requirement(s).
- For transfer of payment to other policy, the Company **DO NOT** accept following application: (i) payment transfer to another policy with different owner and (ii) payment transfer to policy of different Company.
- Please submit a copy of the identification document of the Owner, unless submitted before, together with this form.**
- For any change of information indicated in Section (4), please submit relevant document proof of: (a) valid identification document and deed poll (if applicable), (b) nationality for non-Hong Kong permanent resident (e.g. passport copy), and/or (c) company ownership structure (for corporate owner only) (e.g. company search report). We reserve the right to ask for additional identification documents where necessary.
- Please tick in the appropriate boxes and complete in the particulars below.

#### 重要事項：

- 此申請書應由持有人 / 信託人 / 受讓人以正楷填寫及簽名，簽名式樣須與保單上的記錄相符。
- 本申請書上如有任何修改，持有人 / 信託人 / 受讓人必須在旁加簽。
- 如閣下未能符合本公司的有關規定，本公司有權拒絕閣下的申請。
- 所有調動保單價值類別，本公司**不接納**以下款項調動：(i)款項轉入不相同持有人的保單及 (ii) 款項轉入不相同公司的保單。
- 如在此之前未有遞交身份證明文件，請隨此申請書一併遞交持有人的身份證明文件副本。**
- 如有填寫部分 (4) 之更改資料，閣下必須遞交下列相關證明文件：(a)有效身份證明文件及改名契約 (如適用)、(b)非香港永久性居民國籍證明 (例如：護照副本) 及 / 或 (c)公司擁有權架構 (只適用於公司持有人) (例如：公司查冊報告)。本公司有權因應需要要求持有人遞交其他文件。
- 請在適合之空格內加上「✓」號，及填寫詳情。

### 1. Application of policy value withdrawal / transfer 提取 / 調動保單價值申請

I HEREBY DECLARE AND AGREE on behalf of myself and other persons referred in the relevant policy contract(s) and in this application (hereinafter referred to as "Relevant Persons", "We", "Our" or "Us") (for the avoidance of doubt, the expressions "Relevant Persons", "We", "Our" or "Us" include myself and such other persons) that

- I, the undersigned, owner of the above policy, hereby apply for the withdrawal of policy values as indicated below subject to the relevant terms and conditions of the above policy;
- the application(s) shall only take effect provided all of the following conditions are met: (i) the application(s) is/are approved by the Company at the Company's Office during the lifetime of the person or persons insured by the above policy; (ii) I am legally entitled to the benefits to be withdrawn or surrendered under the above policy, which have not been assigned or transferred to any other party and that no proceedings in bankruptcy or insolvency have been instituted or are pending against me.

本人謹此代表本人及其他在此申請書提及之人士 (下稱「相關人士」或「我們」) (為免存疑，「相關人士」或「我們」指包括本人及此申請書上及有關的保單合約內提及之其他人士) 聲明及同意：

- 本人乃上述保單之持有人，現根據上述保單之條款申請按下列指示提取上述保單價值；
- 申請需符合下列條件後方可生效 (i) 申請是於受保人在生之情況下經貴公司在公司辦事處批核；(ii) 上述保單之利益為本人合法所擁有及未有轉讓予任何人等，及本人現未有或沒有尚未判決因破產或清盤之訴訟。



\*LWUFPOS\*

\*PHK1WTHLN\*

LPPA011-1212

Note: 1. Please choose policy value withdrawal type of the above policy for your withdrawal or transfer application.  
2. For policy value withdrawal, please fill in part A and section (3) "Payment instruction".  
3. For policy value transferal, please fill in part B.

注意: 1. 請選擇以上保單的提取或調動保單價值類別。  
2. 如申請保單價值提取，請填寫下列甲部分及部分(3)之付款指示。  
3. 如申請保單價值調動，請填寫下列乙部分。

	Part A 甲部分	Part B 乙部分		
Type of Policy Value 保單價值類別	Withdrawal 提取 (in Policy Currency 按保單貨幣計算)	Transfer 調動 (in Policy Currency 按保單貨幣計算)		
		Amount 金額	To policy no. 至保單編號	Purpose 用途
Dividend 紅利	<input type="checkbox"/> All 全部 <input type="checkbox"/> Partial Amount 部份金額 \$ _____	<input type="checkbox"/> All 全部 <input type="checkbox"/> Partial Amount 部份金額 \$ _____		<input type="checkbox"/> Premium Settlement 繳付保費 <input type="checkbox"/> Loan Repayment 償還貸款 <input type="checkbox"/> Other 其他 _____
Surrender of Reversionary Bonus 退回保額增值紅利	<input type="checkbox"/> All 全部 <input type="checkbox"/> Partial Amount 部份金額 \$ _____	<input type="checkbox"/> All 全部 <input type="checkbox"/> Partial Amount 部份金額 \$ _____		<input type="checkbox"/> Premium Settlement 繳付保費 <input type="checkbox"/> Loan Repayment 償還貸款 <input type="checkbox"/> Other 其他 _____
Future Premium Deposit 保費儲備金 / 備用保費存款	<input type="checkbox"/> All 全部	<input type="checkbox"/> All 全部 <input type="checkbox"/> Partial Amount 部份金額 \$ _____		<input type="checkbox"/> Premium Settlement 繳付保費 <input type="checkbox"/> Loan Repayment 償還貸款 <input type="checkbox"/> Other 其他 _____
Maturity Value 期滿價值	<input type="checkbox"/> All 全部			
Guaranteed Cash Bonus 保證現金紅利	<input type="checkbox"/> All 全部 <input type="checkbox"/> Partial Amount 部份金額 \$ _____	<input type="checkbox"/> All 全部 <input type="checkbox"/> Partial Amount 部份金額 \$ _____		<input type="checkbox"/> Premium Settlement 繳付保費 <input type="checkbox"/> Loan Repayment 償還貸款 <input type="checkbox"/> Other 其他 _____
Adjustment Deposit 保障調整及保單復效按金	<input type="checkbox"/> All 全部 <input type="checkbox"/> Partial Amount 部份金額 \$ _____	<input type="checkbox"/> All 全部 <input type="checkbox"/> Partial Amount 部份金額 \$ _____		<input type="checkbox"/> Premium Settlement 繳付保費 <input type="checkbox"/> Loan Repayment 償還貸款 <input type="checkbox"/> Other 其他 _____
No Claim Reward 健康回贈	<input type="checkbox"/> All 全部 <input type="checkbox"/> Partial Amount 部份金額 \$ _____	<input type="checkbox"/> All 全部 <input type="checkbox"/> Partial Amount 部份金額 \$ _____		<input type="checkbox"/> Premium Settlement 繳付保費 <input type="checkbox"/> Loan Repayment 償還貸款 <input type="checkbox"/> Other 其他 _____
Super Deposit 卓惠高息儲備結餘	<input type="checkbox"/> All 全部 <input type="checkbox"/> Partial Amount 部份金額 \$ _____	<input type="checkbox"/> All 全部 <input type="checkbox"/> Partial Amount 部份金額 \$ _____		<input type="checkbox"/> Premium Settlement 繳付保費 <input type="checkbox"/> Loan Repayment 償還貸款 <input type="checkbox"/> Other 其他 _____

2. Application for policy loan 保單借貸申請

Note: 1. The maximum loan amount is 90% of the net cash value. Only the maximum loan amount will be processed if the requested amount is larger than 90%.  
2. For policy loan withdrawal, please fill in part A and section (3) "Payment instruction".  
3. For policy loan transferal, please fill in part B.

注意: 1. 最高貸款額為淨現金價值的90%。如所要求的貸款金額多於90%，則以最高貸款額為準。  
2. 如申請保單借款提取，請填寫下列甲部分及部分(3)之付款指示。  
3. 如申請保單借款調動，請填寫下列乙部分。

The undersigned hereby applies to the Company for a loan and/or borrow against reversionary bonus cash value on the above policy and hereby assigns to the Company, the policy and benefits now due or which may hereafter become due or be allowed by the Company on the policy, to secure the repayment of the said loan and the interest thereon. The undersigned executing this form certifies to the Company that no proceedings in bankruptcy or insolvency have been instituted or are pending against me. I declare that I have read and understood the relevant conditions stated below and agree to and accept the same.

本人向貴公司就以上保單申請保單借貸及 / 或保額增值紅利之現金價值借貸，並將上述保單及其應付或將付或貴公司容許之利益轉讓予貴公司，以確保此貸款及利息得以償還。本人向貴公司證實從未因破產或清盤而被起訴或訴訟仍未了結。本人聲明已閱讀並明白下列有關之條款，並同意遵守該等條款。

Part A 甲部分	Part B 乙部分		
Withdrawal 提取 (in Policy Currency 按保單貨幣計算)	Transfer 調動 (in Policy Currency 按保單貨幣計算)		
	Amount 金額	To policy no. 至保單編號	Purpose 用途
<input type="checkbox"/> Maximum Amount Available 最高借貸金額  <input type="checkbox"/> Amount of policy loan applied for 申請保單貸款總額 \$ _____	<input type="checkbox"/> Maximum Amount Available 最高借貸金額  <input type="checkbox"/> Amount of policy loan applied for 申請保單貸款總額 \$ _____		<input type="checkbox"/> Premium Settlement 繳付保費  <input type="checkbox"/> Other 其他 _____



CONDITIONS:

IT IS UNDERSTOOD AND AGREED THAT:

- (1) The said loan shall bear interest therein and such interest shall be added to the said loan and bear interest at the same rate and on the same conditions.
- (2) The amount of the existing loan indebtedness under this agreement on any date shall be the amount of the said loan with interest accumulated and accrued thereon to such date.
- (3) If the policy shall lapse or become forfeited in any manner, the amount of the existing loan indebtedness shall be deducted from any cash surrender value of the policy, or such existing loan indebtedness shall operate provided by the terms of the policy to reduce the amount or the term or the amount and term of any extended insurance available or to reduce the amount of any paid-up insurance.
- (4) If the policy shall mature, the amount of the existing loan indebtedness shall be deducted from the amount otherwise payable by the Company.
- (5) If the amount of the loan indebtedness shall at any time become equal to or exceed the cash value of the policy, the policy shall be terminated.

In the event you apply for a policy loan for 50% or more of the cash value of the policy, this policy loan is construed as a POLICY REPLACEMENT if made within 12 months before or after a new life insurance policy is effected. You should be aware of the potential or real implications, such as higher premium because of older age or change of health conditions, losing some or all of the potential savings, further exposure to some exclusions like "Incontestability" and "Pre-existing Condition" etc.. For your own protection and benefits, we are glad to analyze and assess the relative merits of this policy and the suggested replacement at no cost to you. Please contact our Customer Service Hotline on 2519 1000 or you may call the 24 Hour Insurance Information Service Line 2520 2045 provided by The Hong Kong Federation of Insurers.

條款:

本人明白及同意下列各項:

- (1) 此貸款將加上利息, 該利息將加於貸款之總額, 與貸款之條件相同, 並以相同息率計算。
- (2) 此申請書在任何日期所指之欠款總額, 相等於此貸款加上累積至該日期之利息。
- (3) 若上述保單失效或以任何形式終止, 上述保單之欠款將從退保現金價值中扣除, 或根據保單條款, 減低展期保險之保額及 / 或期限, 或減低「付清保險」之保額。
- (4) 若上述保單期滿, 保單上之欠款將從貴公司應付之金額中扣除。
- (5) 當欠款等於或超過上述保單之現金價值, 上述保單便被取消。

若上述保單貸款為保單現金價值50%或以上, 而閣下於前後12個月內有另一份人壽保單生效, 此貸款將被視為壽險轉保。閣下必須留意此種做法而引起潛在或真正的影響, 例如: 因年紀增長或健康狀況改變而需繳付較高的保費, 損失部分或全部的儲蓄, 及某些保單條款如『不可異議』或『立約前狀況』需重新計算等, 為了閣下的保障及利益, 我們樂意為閣下分析及評估此保單轉保的利弊, 請致電本公司客戶服務熱線2519 1000或致電2520 2045聯絡香港保險業聯會提供的『24小時保險資訊電話服務』。

3. Payment instruction 付款指示

**Note 注意:** (1) The cheque currency will be made in HK dollar currency if not specify. 如沒註明支票貨幣, 將以港幣折算。

(2) Policy Currency (drawn in HK) is only applicable for US dollar policy currency. 保單貨幣 (於香港提取) 只適用於美金保單貨幣。

**Cheque Currency 支票貨幣:** ☐ HK Dollar 港幣 ☐ Policy Currency 保單貨幣 **Place to bank in 入票地區:** ☐ Hong Kong 香港 ☐ Outside Hong Kong 香港以外

**Note 注意:** If not specify, the cheque will be delivered to you directly. 如沒註明, 支票將直接寄送予閣下。

**Delivery method 領取方式:**

- ☐ By mail 郵寄
- ☐ Through my Financial Consultant 經理財顧問轉交 (Financial Consultant Code 理財顧問編號 \_\_\_\_\_)
- ☐ To be collected in person 本人親自領取 (Daytime contact no 日間聯絡電話 \_\_\_\_\_)
- ☐ Other 其他: \_\_\_\_\_

4. Customer due diligence (Only applicable to Owner) 客戶盡職審查 (只適用於持有人)

If you have any change in any of the information as indicated below, please complete this section and provide the relevant document proof.

**We shall treat the relevant customer information unchanged from our latest record unless you complete the information in this section.**

如閣下之下列資料有所更改, 請填寫此部分並遞交相關文件證明。倘若下列部分未有填寫, 有關的資料將視作與本公司最近之記錄維持不變。

Full name of Owner 持有人之個人姓名 / 名稱 (as shown in identity document 身份證明文件上的名稱)

In English 英文姓名 Surname 姓 Given Name 名

In Chinese 中文姓名 (If applicable 如適用)

Identity document type & no. (Please tick one and complete details) 身份證明文件類別及號碼 (請選一項及填寫詳情)

- ☐ HK Permanent Resident 香港永久性居民 H.K.I.D. Card No. 香港身份證號碼
- ☐ Non-HK Permanent Resident 非香港永久性居民 Identity Card / Passport No. 身份證 / 護照號碼
- ☐ Corporate Client 公司客戶 Business Registration / Company Registration No. 商業登記 / 公司註冊號碼

Nationality / Place of Incorporation 國籍 / 成立註冊地點

Change of company ownership structure (For corporate owner only) 公司架構變動 (只適用於公司團體持有人)

- ☐ Yes 是 ☐ No 否 If answer is "Yes", please fill and submit the form "Supplement - For Corporate Owner". 若回答「是」, 請填寫及遞交「資料補充 - 持有人為公司團體專用」。

5. Declarations and agreement 聲明及協議

I HEREBY DECLARE and AGREE on behalf of the Relevant Persons that

- (1) the application(s) as indicated above is/are based on my own judgement and I have not relied on any advice provided by any insurance agent;
- (2) all information in the application(s) whether or not written by my own hand is to the best of my knowledge and belief complete and true;
- (3) any information and personal data of the Relevant Persons collected, compiled or held by the Company from time to time (whether contained in this application or otherwise), may be used, stored, processed, transferred or disclosed to and/or shared with individuals, entities and/or organizations associated with the Company, reinsurance companies, claims investigation companies, industry associations or federations, fund management companies, financial institutions, government authorities and/or the Company's appointed service providers, in each case whether within or outside of Hong Kong, for the purpose of: (i) processing and evaluating this application and any other application for insurance or policy change / service; (ii) providing subsequent services to Us including but not limited to administering the policies issued or direct marketing of insurance and/or other financial products or services and data matching; (iii) evaluating Our potential financial needs; (iv) conducting market research for statistical or other purposes; (v) marketing other financial services and/or products to Us; (vi) complying with the laws of any applicable jurisdiction; and/or (vii) other services in connection with the operation of the Company's business;
- (4) 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. A reasonable fee may be charged for processing any data access request. If I/We do not wish to receive direct marketing information or materials, I/We will notify the Company in a written form specified by the Company. All such requests shall be addressed to the Head of Customer Service of the Company at Suite 1601-6, 16/F, Tower One, Times Square, 1 Matheson Street, Causeway Bay, Hong Kong.

If We fail to provide any information requested in this application, it may result in the Company's inability to accept or process this application.

I HEREBY AUTHORIZE on behalf of the Relevant Persons

- (1) any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organization, institution or person, that has any records or knowledge of me/the Relevant Persons and/or who has attended or may hereafter attend to me/the Relevant Persons to disclose such information to the Company as the Company may request;
- (2) the Company or any of its appointed medical examiners, paramedical examiners or laboratories to perform the necessary medical assessment and tests to evaluate the health status of myself/the Relevant Persons in relation to this application and any claim arising there from;
- (3) the Company to give either the Hong Kong Federation of Insurers or other parties, as required for proper administration of the Code of Practice for Life Insurance Replacement, a copy of the Customer Protection Declaration and any related records or information.

This authorization shall bind the successors and assignees of the Relevant Persons and remains valid notwithstanding death or incapacity. A photocopy of this authorization shall be as valid as the original.

I HEREBY DECLARE and AGREE that I have the full authority from and consent of the Relevant Persons to make the above declarations, agreements and authorizations.

本人謹此代表相關人士聲明及同意

- (1) 上述之申請是基於本人之個人判斷，並沒有依賴任何理財顧問所提供的意見；
- (2) 上述一切陳述及問題的所有答案，不論是否本人親手所寫，就本人所知所言，均為事實之全部並確實無訛；
- (3) 貴公司可以使用、儲存、處理、轉移或披露及/ 或分享貴公司所不時收集、編輯或持有之任何相關人士的個人資料 (不論是否此申請書所載或從其他途徑所取得) 予任何不論在本港境內或境外與貴公司聯繫之個別人士、獨立個體及/ 或機構、再保公司、理賠調查公司、業內組織或聯會、基金管理公司、財務機構、政府機關及/ 或貴公司指定之服務供應商作以下用途：(i) 審核及評估此投保申請及任何其他投保申請或此保單更改/ 服務申請；(ii) 向相關人士提供隨後的服務，其包括但不限於已繕發保單之管理，或保險及/ 或其他金融產品或服務之直接市場推廣及資料核對用途；(iii) 分析相關人士的財務需要；(iv) 進行市場研究統計或其他用途；(v) 向相關人士推廣其他金融服務及/ 或產品；(vi) 為遵守任何適用的司法管轄權之法律； 及/ 或 (vii) 提供與貴公司業務運作相關的其他服務；
- (4) 本人/ 我們明白本人/ 我們有權就貴公司持有或管理我們各自的個人資料提出查閱及修正的要求。貴公司可就處理任何查閱資料的要求收取合理費用。如本人/ 我們不願意接收直接市場推廣資訊或資料，本人 / 我們將會以貴公司指定書面形式通知貴公司。所有有關要求必須致函香港銅鑼灣勿地臣街1號時代廣場1座16樓1601-6室向客戶服務主管提出。

如我們不能提供任何此申請所需的資料，貴公司或不能接受或處理此申請。

本人謹此代表相關人士授權

- (1) 任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構、或其他組織、機構或人士，凡知道或持有任何有關本人 / 相關人士之記錄，及 / 或曾診驗或可能將會診驗本人 / 相關人士者，均可應貴公司要求將該等資料提供給貴公司；
  - (2) 貴公司或任何其指定之驗身醫生、醫療人員或化驗所，可就此申請或任何與此有關之賠償申請替本人 / 相關人士進行所需之醫療評估及測試，作為審核本人 / 相關人士之健康狀況；
  - (3) 貴公司於有需要時，向香港保險業聯會或其他執行壽險轉保守則的機構，提供客戶保障聲明書副本，以及其他有關紀錄或資料。
- 此授權對相關人士之繼承人及受讓人具有約束力；即使相關人士死亡或無行為能力時，此授權仍具效力。此授權書的影印本與正本均有同等效力。

本人謹此聲明及同意已獲相關人士授權及同意本人作出以上聲明、協議及授權。

IMPORTANT NOTE 注意：PLEASE DO NOT SIGN ON BLANK FORM 請勿在空白表格上簽署

Sign on  
簽署日期 (D / M / Y 日/月/年)

Signature of Owner / Trustee 持有人 / 信託人簽署

Signature of Witness / Financial Consultant  
見證人 / 理財顧問簽署

Signature of Collateral Assignee / Irrevocable Beneficiary  
抵押轉讓受讓人 / 不可更換受益人簽署

(Name 姓名： )





redefining / standards



Policy Number 保單編號：

## Absolute Assignment 絕對轉讓書

Full name of Insured 被保人姓名

In English Surname 英文姓名 姓	Given Name 名
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Full name of existing Owner 現有持有人姓名

In English Surname 英文姓名 姓	Given Name 名
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Financial Consultant Code: 理財顧問編號：	Financial Consultant Name: 理財顧問姓名：	Financial Consultant Contact No.: 理財顧問聯絡號碼：
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“The Company” “本公司” 或 “貴公司”：

AXA China Region Insurance Company (Bermuda) Ltd (Incorporated in Bermuda with limited liability) / AXA China Region Insurance Company Limited  
安盛保險（百慕達）有限公司（於百慕達註冊成立的有限公司）/ 安盛金融有限公司

### Important notes

**1. Absolute assignment / ownership change to your financial consultant is not accepted.****2. Absolute assignment / ownership change and beneficiary change are NOT applicable to policy with declaration of trust.**

3. This form is furnished by the Company as a matter of courtesy, but the Company assumes no responsibility for the validity or legality of the Assignment.

4. For the existing Owner, please submit a copy of the identification document, unless submitted before, together with this form.

5. For the new Owner / Assignee, please submit proof of: (a) identification document, (b) nationality for non-Hong Kong permanent resident (e.g. passport copy), (c) residential address, (d) permanent address (if different from residential address), (e) registered address in the place of incorporation (for corporate owner), and (f) correspondence address (for corporate owner) (if different from registered address).

6. If the new Owner / Assignee is a company, please complete and submit the “Supplement – For Corporate Owner” together with this form. We reserve the right to ask for additional identification documents where necessary.

7. Please submit a copy of the identification document of the person being acted on behalf of, unless submitted before, together with this for latest residential address and permanent address (if different from residential address) proof(s) of that person must also be submitted.

8. This form is to be completed by the Owner and the Assignee in BLOCK LETTERS and signed with the same signature as recorded in the policy file. Please tick in the appropriate boxes and complete the particulars below. Any changes or amendments in this form must be countersigned by the Owner in full signature.

9. Please provide existing Owner's daytime contact number at Section 1. The Company may contact him / her for any matter regarding this application.

### 重要事項:

1. 本公司不接受絕對轉讓 / 所有權利轉讓予閣下之理財顧問。

2. 絕對轉讓 / 所有權利轉讓及受益人更改不適用於保單簽發信託聲明。

3. 本公司為便利起見提供本表格，但本公司對此轉讓書的有效性或合法性概不承擔任何責任。

4. 如在此之前未有遞交身份證明文件，請隨此申請書一併遞交現有持有人的身份證明文件副本。

5. 新持有人 / 受讓人必須遞交下列證明文件：(a) 身份證明文件、(b) 非香港永久性居民之國籍證明(例如：護照副本)、(c) 住宅地址、(d) 永久地址（如與住宅地址不同）、(e) 公司客戶之公司註冊成立的登記地址 及 (f) 公司客戶之通訊地址（如與註冊地址不同）。

6. 如新保單持有人 / 受讓人為公司客戶，請填寫「資料補充 - 持有人為公司團體專用」並連同此申請書一併提交。本公司有權要求閣下遞交其他身份證明文件作核對。

7. 如在此之前未有遞交身份證明文件，請隨此申請書一併遞交被代表人士的身份證明文件副本；其最近之住宅地址及永久地址(如與住宅地址不同)證明亦必須遞交。

8. 此申請書應由持有人及受讓人以正楷填寫及簽名，簽名式樣須與保單上的記錄相符。請在適合之空格內加上「✓」號及填寫詳情。持有人必須在此表格內任何更改或修改的地方簽署作實。

9. 請於第1部分提供現有持有人之日間聯絡電話，本公司如有需要會就此申請聯絡現有保單持有人。

## 1. Absolute assignment declaration by existing Owner 現有持有人之絕對轉讓聲明

Please state reason for absolute assignment / ownership change

請填寫絕對轉讓 / 所有權利轉讓的原因

Existing Owner contact no. (Daytime)

現有持有人聯絡電話(日間電話)

I, the Owner (“assignor”) hereby transfer and assign absolutely all rights and interests under the above policy to the entity stated below as new Owner / Assignee at Section 2 &amp; 3.

I understand that this ownership transfer will automatically revoke any designation previously made in respect of the proceeds (“death proceeds”) payable upon the death of the Insured and direct that such proceeds be paid to the new Owner / Assignee unless otherwise specified in this assignment under beneficiary changes at Section 4.

For juvenile policy, I understand and agree the termination of the existing supplementary benefit of Applicant's Waiver of Premium – Death / Applicant's Waiver of Premium – Death or Disability / Payor Benefit (if any) on the Policy after the ownership transfer.

本人，持有人（「轉讓人」）現將上述保單之所有權利及利益絕對轉讓予於下列第2及第3部分之新持有人 / 受讓人。

本人明白同時撤銷因被保人身故而需支付的賠償(身故賠償)予原有的指定受益人；除非在此轉讓書第4部分受益人更改欄內註明所更改的受益人，否則該賠償款項將轉付予新持有人 / 受讓人。

如屬兒童保單，本人明白現有附加契約，即：申請人之豁免保費一身故 / 申請人之豁免保費一身故或殘廢 / 付款人豁免付費權益(如有)會被終止。

## 2. Personal details of new Owner / Assignee 新持有人 / 受讓人個人資料

Name of new Owner / Assignee 新持有人 / 受讓人姓名 / 名稱 (as shown in identity document 身份證明文件上的名稱)

In English Surname 英文姓名 姓	Given Name 名
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In Chinese 中文姓名 (If applicable 如適用)	Sex 性別 <input type="checkbox"/> Male 男性 <input type="checkbox"/> Female 女性	Date of birth (D / M / Y) 出生日期(日 / 月 / 年)
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Identity document type &amp; no. (Please tick one and complete details) 身份證明文件類別及號碼 (請選一項及填寫詳情)

<input type="checkbox"/> HK Permanent Resident 香港永久性居民 H.K.I.D. Card No. 香港身份證號碼	<input type="checkbox"/> Non-HK Permanent Resident 非香港永久性居民 Identity Card / Passport No. 身份證 / 護照號碼	<input type="checkbox"/> Corporate Client 公司客戶 Business Registration / Company Registration No. 商業登記 / 公司註冊號碼
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Nationality 國籍	Relationship to Insured 與被保人之關係
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Occupation title & Main duties 職位及主要職務	Nature of employer's business 僱主業務性質
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\*LWUFPOS\*

3. Contact details of new Owner / Assignee 新持有人 / 受讓人聯絡資料

Correspondence address in English 英文通訊地址	Room 室 / Flat 單位			Floor 層數			Block 座							
	Name of Building/Estate 大廈或屋邨名稱						Street No. & Name 街道名稱及號碼							
	District 地區			Postal Code 郵寄代碼			Country 國家							
Residential address in English (if different from correspondence address) 英文住宅地址(如與通訊地址不同)						Permanent address in English (if different from residential address) 英文永久地址(如與住宅地址不同)								
Room 室 / Flat 單位						Room 室 / Flat 單位								
Floor 層數						Floor 層數								
Block 座						Block 座								
Name of Building/Estate 大廈或屋邨名稱						Name of Building/Estate 大廈或屋邨名稱								
Street No. & Name 街道名稱及號碼						Street No. & Name 街道名稱及號碼								
District 地區						District 地區								
Postal Code 郵寄代碼						Postal Code 郵寄代碼								
Country 國家						Country 國家								
Contact No. 聯絡號碼	Residence 住宅：				Office 辦事處：				Mobile 流動電話：					
New Owner's E-mail Address 新持有人電郵地址	If new Owner's Email Address is provided, Life eServices will be applied (if applicable). 如有提供新持有人電郵地址，將同時申請人壽保險網上服務(如適用)。													
Note 注意: The PIN of Life eServices will be sent directly to the registered e-mail address. 「人壽保險網上服務」的密碼將以電子郵件形式發出。														

4. Beneficiary changes 受益人更改

**Note:** 1. Please tick appropriate box for beneficiary class  
2. Beneficiary change is NOT applicable to policy with declaration of trust  
3. Please include the details of all beneficiaries as this change will supercede the previously stated one  
4. Death proceeds of this policy shall be payable to the beneficiaries in equal shares unless otherwise stated  
5. Total share of each beneficiary class must be added up to 100%

注意: 1. 有關受益人之類別請在適合的空格內加上“✓”號  
2. 受益人更改不適用於保單簽發信託聲明  
3. 請填寫所有受益人的資料，此更改將取代原有指定的受益人  
4. 如分配比率未有註明，保單的身故賠償將平均支付予每名受益人  
5. 每受益人類別之百分比率須總共100%

I, the new Owner (“Assignee”), hereby declare that any trustee designated in the table below shall be appointed as trustee to receive any death proceeds under the policy for the beneficiary named on and in accordance with the percentage proportion as shown in the same row before such beneficiary attains the age of 18.  
本人，新持有人(「受讓人」) 謹此聲明，受益人年滿十八歲前，於表內指定之信託人將被委任為以信託人身份代表受益人根據下述表內同一行所示之百分比收取身故賠償金額。

Beneficiary class 受益人類別 (✓)		Full name of beneficiary 受益人姓名	Relationship to Insured 與被保人關係	Beneficiary Identity No. 受益人身份證明號碼	Share (%) 分配比率 (百分比)
Primary 基本	Secondary 次位				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				

Please complete below details for the appointment of trustee (Only applicable to beneficiary under the age of 18).  
請填寫信託人資料及與受益人關係 (只適用於受益人未滿十八歲)

Full name of Trustee 信託人姓名	Full name of beneficiary 受益人姓名	Relationship to beneficiary 與受益人關係	Trustee Identity No. 信託人身份證明號碼

## 5. New Owner / Assignee personal statement – Supplementary questions & source of funds

### 新持有人 / 受讓人個人聲明—附加問題及資金來源

<b>Are you acting on behalf of another person in connection with this application?</b> 您是否代表其他人士提出此申請?	<input type="checkbox"/> No 否	
	<input type="checkbox"/> Yes 是 as *trustee/nominee/agent/others 作為 * 信託人 / 代名人 / 代理人 / 其他: _____ *Please circle as appropriate 請圈出適當的答案	
	If yes, please provide details on the identity and address(es) of that person, and submit document proofs for ALL items listed below: 如「是」, 請提供您代表之人士的身份資料及地址, 並遞交下列所有項目之證明文件:	
	Full Name in English 英文姓名 _____	Name in Chinese (if applicable) 中文姓名 (如適用) _____
	Nationality 國籍 _____	Date of birth (D / M / Y) 出生日期 (日 / 月 / 年) _____
	H.K.I.D. Card/Passport No. 香港身份證 / 護照號碼 <input type="checkbox"/> HK Permanent Resident 香港永久性居民	
	H.K.I.D. Card No. 香港身份證號碼 _____	
	<input type="checkbox"/> Non-HK Permanent Resident 非香港永久性居民	
	Passport No. 護照號碼 _____	H.K.I.D. Card No. (if any) 香港身份證號碼(如有) _____
	Residential Address 住宅地址 _____  Permanent Address (if different from residential address above) 永久地址(如與上述住宅地址不同) _____	

What are your sources of funds for insurance premiums? (tick one or more)  
 您支付保費的資金來源為: (可選多於一項)

☐ Salary 薪金     
 ☐ Income 收入     
 ☐ Savings 儲蓄     
 ☐ Income from other investments 其他投資的收入  
☐ Accumulative savings & investments 累積儲蓄及投資     
☐ Others 其他 (Please specify 請註明): \_\_\_\_\_

## 6. Declarations and agreement 聲明及協議

I HEREBY CONFIRM that I am not acting on behalf of any other person for this policy change / service unless otherwise expressly indicated in this application or any other documents provided to the Company for this application.

I HEREBY DECLARE AND AGREE on behalf of myself and other persons referred to in this application and in the relevant policy contract(s) (hereinafter referred to as "Relevant Persons", "We", "Our" or "Us") (for the avoidance of doubt, the expressions "Relevant Persons", "We", "Our" or "Us" include myself and such other persons) that

- (1) my policy be changed in accordance with the particulars set in this application;
- (2) the application(s) shall only take effect provided all of the following conditions are met: (i) any required payment for the application(s) is paid in full; (ii) the application(s) is / are approved by the Company at the Company's office (as defined in the policy contract of the above policy) during the lifetime of the person(s) insured by the above policy;
- (3) the application shall be effective from the date of this request unless a later date is specifically indicated, but only if the change is provided by the policy or is allowed by the Company under the policy;
- (4) the application as indicated above is / are based on my own judgment and I have not relied on any advice provided by financial consultant;
- (5) all information, statements and answers to all questions whether or not written by my own hand are to the best of my knowledge and belief complete and true;
- (6) all statements and answers to such questions, together with this application, shall form the basis for policy change / service and become a part of the policy;
- (7) the Company is not bound by any statement which I may have made to any person if not written or printed here.

I HEREBY REPRESENT, WARRANT AND CERTIFY on behalf of the Relevant Persons that

- (1) (i) all amounts invested in the policy which is the subject of this application have been or will be properly declared to relevant tax authorities in the jurisdiction of Our respective habitual residence for the purposes of taxation and / or any other jurisdictions as necessary or appropriate in accordance with applicable laws and regulations, and (ii) none of the funds derive, directly or indirectly, from illegal activities or sources and / or tax evasion; and
- (2) in cases where I am / We are not a tax resident of the jurisdiction in which the policy is issued, the AXA Group may, in accordance with applicable laws and regulations, disclose to my / Our home country tax and / or other governmental authorities the identity of myself / ourselves and certain information concerning the policy which is the subject of this application and I / We hereby jointly and severally consent and agree that the Company may, in its discretion, make such disclosure;
- (3) in the event of a violation of the foregoing representation and warranty, I / We hereby jointly and severally expressly acknowledge and agree that the Company shall, to the fullest extent permitted by applicable law and regulation, have the right to (i) terminate the policy immediately, (ii) notwithstanding the actual date of termination pursuant to clause (i) of this paragraph, impose the maximum surrender and any other charges imposable on me / Us under the policy, as if the policy had been surrendered immediately after issuance, (iii) notify relevant governmental authorities and furnish all information deemed necessary or appropriate in the entire discretion of the Company concerning any of Us and / or the policy; and (iv) if deemed appropriate after consultation with governmental authorities and legal counsel, either (a) refund to me premiums and other amounts paid to the Company through the date of such termination less applicable surrender and other charges in accordance with clause (ii) of this paragraph (the "Refund Amount"), or (b) if requested or required to do so by competent governmental authorities, freeze or pay over to relevant governmental authorities all or a portion of the Refund Amount or take such other actions as competent governmental authorities may request or require.

I HEREBY DECLARE and AGREE on behalf of the Relevant Persons that

- (1) any information and personal data of the Relevant Persons collected, compiled or held by the Company from time to time (whether contained in this application or otherwise), may be used, stored, processed, transferred or disclosed to and / or shared with individuals, entities and / or organizations associated with the Company, reinsurance companies, claims investigation companies, industry associations or federations, fund management companies, financial institutions, government authorities and / or the Company's appointed service providers, in each case whether within or outside of Hong Kong, for the purpose of: (i) processing and evaluating this application and any other application for insurance or policy change / service; (ii) providing subsequent services to Us including but not limited to administering the policies issued or direct marketing of insurance and / or other financial products or services and data matching; (iii) evaluating Our potential financial needs; (iv) conducting market research for statistical or other purposes; (v) marketing other financial services and / or products to Us; (vi) complying with the laws of any applicable jurisdiction; and / or (vii) other services in connection with the operation of the Company's business;
- (2) 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. A reasonable fee may be charged for processing any data access request. If I / We do not wish to receive direct marketing information or materials, I / We will notify the Company in a written form specified by the Company. All such requests shall be addressed to the Head of Customer Service of the Company at Suite 1601-6, 16/F, Tower One, Times Square, 1 Matheson Street, Causeway Bay, Hong Kong.

If We fail to provide any information requested in this application, it may result in the Company's inability to accept or process this application.

I HEREBY AUTHORIZE on behalf of the Relevant Persons

- (1) any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organization, institution or person, that has any records or knowledge of me / the Relevant Persons and / or who has attended or may hereafter attend to me / the Relevant Persons to disclose such information to the Company as the Company may request;
- (2) the Company or any of its appointed medical examiners, paramedical examiners or laboratories to perform the necessary medical assessment and tests to evaluate the health status of myself / the Relevant Persons in relation to this application and any claim arising therefrom.

(3) the Company to give either the Hong Kong Federation of Insurers or other parties, as required for proper administration of the Code of Practice for Life Insurance Replacement, a copy of the Customer Protection Declaration and any related records or information.

This authorization shall bind the successors and assignees of the Relevant Persons and remains valid notwithstanding death or incapacity. A photocopy of this authorization shall be as valid as the original.

I HEREBY DECLARE AND AGREE that I have the full authority from and consent of the Relevant Persons to make the above declarations, agreements and authorizations.

本人謹此確認本人並沒有代表任何其他人士提出此保單更改 / 服務申請；如在此申請書或就此申請提交的任何其他文件上另有註明則除外。

本人謹此代表本人及其他在此申請書上及有關的保單合約內提及之人士(下稱「相關人士」 或 「我們」)(為免存疑，「相關人士」或「我們」指包括本人及此申請書上及有關的保單合約內之其他人士)聲明及同意

- (1) 本人之保單依照本申請書之選擇作出更改；
- (2) 申請需符合下列條件後方可生效：(i)繳清所有申請所需之款項；(ii)申請是於上述保單被保人在生之情況下經貴公司在公司辦事處(根據上述保單合約內之定義)批核；
- (3) 更改之要求由申請日期生效，除非特別指定一較遲日期，但該更改必須是保單內列為可更改事項或經貴公司許可；
- (4) 上述之申請是基於本人之個人判斷，並沒有依賴任何理財顧問所提供的意見；
- (5) 上述一切陳述及問題的所有答案，不論是否本人親手所寫，就本人所知所言，均為事實之全部並確實無訛；
- (6) 上述問題的所有答案(如適用)及此申請書，將成為更改保單的根據，並作為保單一部份；
- (7) 本人對任何人所作出的任何聲明，如沒有在此申請書上填寫或印出，貴公司不須受其約束。

本人謹此代表相關人士陳述、保證及證明

- (1) (i)所有投資在有關本投保申請之保單內的款項已被或將會被妥善地向我們個別以稅務為目的之慣常居所之管轄區的有關稅務機關作出申報及 / 或向任何其他根據適用的法律及規例而必須或適當之管轄區的有關稅務機關作出申報，及(ii)沒有任何資金是從非法活動或來源及 / 或逃稅直接或間接得來；
- (2) 當本人 / 我們並非保單發出地之管轄區的稅務居民，AXA集團可根據適用的法律及規例，向本人 / 我們的母國的稅務及 / 或其他政府機構披露本人 / 我們的身份及某些有關本投保申請之保單的資料。本人 / 我們現共同及個別准許並同意貴公司可根據酌情權作出該等披露；
- (3) 如有違反上述陳述及保證，本人 / 我們現共同及個別以明示方式確認及同意，在適用法律及規例所允許的最大限度下，貴公司有權(i)立即終止保單；(ii)不論根據本段落第(i)條而終止保單的實際日期，向本人 / 我們徵收相當於保單在發出後即時被退保而根據保單可徵收的最高退保費用及任何其他費用；(iii)通知有關政府機關及向其提供所有根據貴公司全權酌情決定認為有需要或適當有關任何相關人士及 / 或保單的資料；及(iv)如在諮詢政府機關及法律顧問後認為合適，(a)向本人退還直至終止日期已支付予貴公司的保費及其他數額，但扣減根據本段落第(ii)條適用之退保費用及其他費用(「退款數額」)，或(b)因應主管政府機關要求或需要，凍結或向有關政府機關繳交全部或部分的退款數額，或應主管政府機關的要求或需要，採取其他行動。

本人謹此代表相關人士聲明及同意

- (1) 貴公司可以使用、儲存、處理、轉移或披露及 / 或分享貴公司所不時收集、編輯或持有之任何相關人士的個人資料(不論是否此申請書所載或從其他途徑所取得)予任何不論在本港境內或境外與貴公司聯繫之個別人士、獨立個體及 / 或機構、再保公司、理賠調查公司、業內組織或聯會、基金管理公司、財務機構、政府機關及 / 或貴公司指定之服務供應商作以下用途：(i)審核及評估此申請及任何其他投保申請或保單更改 / 服務申請；(ii)向相關人士提供隨後的服務，其包括但不限於已繕發保單之管理，或保險及 / 或其他金融產品或服務之直接市場推廣及資料核對用途；(iii)分析相關人士的財務需要；(iv)進行市場研究統計或其他用途；(v)向相關人士推廣其他金融服務及 / 或產品；(vi)為遵守任何適用的司法管轄權之法律；及 / 或(vii)提供與貴公司業務運作相關的其他服務。
- (2) 本人 / 我們明白本人 / 我們有權就貴公司持有或管理我們各自的個人資料提出查閱及修正的要求。貴公司可就處理任何查閱資料的要求收取合理費用。如本人 / 我們不願意接收直接市場推廣資訊或資料，本人 / 我們將會以貴公司指定書面形式通知貴公司。所有有關要求必須致函香港銅鑼灣勿地臣街1號時代廣場1座16樓1601-6室向客戶服務主管提出。

如我們不能提供任何此申請所需的資料，貴公司或不能接受或處理此申請。

本人謹此代表相關人士授權

- (1) 任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構、或其他組織、機構或人士，凡知道或持有任何有關本人 / 相關人士之記錄，及 / 或曾診驗或可能將會診驗本人 / 相關人士者，均可應貴公司要求將該等資料提供給貴公司；
- (2) 貴公司或任何其指定之驗身醫生、醫療人員或化驗所，可就此申請或任何與此有關之賠償申請替本人 / 相關人士進行所需之醫療評估及測試，作為審核本人 / 相關人士之健康狀況；
- (3) 貴公司於有需要時，向香港保險業聯會或其他執行壽險轉保守則的機構，提供客戶保障聲明書副本，以及其他有關紀錄或資料；

此授權對相關人士之繼承人及受讓人具有約束力；即使相關人士死亡或無行為能力時，此授權仍具效力。此授權書的影印本與正本均有同等效力。

本人謹此聲明及同意已獲相關人士授權及同意本人作出以上聲明、協議及授權。

IMPORTANT NOTE 注意: PLEASE DO NOT SIGN ON BLANK FORM 請勿在空白表格上簽署

IN WITNESS, WHEREOF, I have hereunto set my hands this \_\_\_\_\_ days of \_\_\_\_\_.

茲證明，本人謹於 \_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 日在下方簽署。

Signature of Witness / Financial Consultant  
見證人 / 理財顧問簽署  
(Name 姓名： \_\_\_\_\_ )

Signature of existing Owner  
現有持有人簽署

Signature of new Owner / Assignee  
新持有人 / 受讓人簽署





redefining / standards



Policy Number 保單編號：

## Application For Change Of Customer Contact Details & Life eService 客戶聯絡資料更改及人壽保險網上服務申請書

### Full name of Insured 被保人姓名

In English Surname 英文姓名 姓	Given Name 名
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### Full name of Owner / Trustee 持有人 / 信託人姓名

In English Surname 英文姓名 姓	Given Name 名
------------------------------	-----------------

### Financial Consultant Details 理財顧問資料

Financial Consultant Code: 理財顧問編號：	Financial Consultant Name: 理財顧問姓名：	Financial Consultant Contact No.: 理財顧問聯絡號碼：
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"The Company" "本公司" 或 "貴公司"：

AXA China Region Insurance Company (Bermuda) Ltd (Incorporated in Bermuda with limited liability) / AXA China Region Insurance Company Limited  
安盛保險 (百慕達) 有限公司 (於百慕達註冊成立的有限公司) / 安盛金融有限公司

## Application of change type & Important note 更改項目申請及重要事項

**Note 注意:** This is required to tick the box(es) below to indicate your change application(s). Please read "Important note" and complete related section(s).  
請在下列所需更改項目的空格內加上「✓」號。請細閱「重要事項」並填寫相關部分。

<input type="checkbox"/> Owner's Contact Details 持有人聯絡資料	<input type="checkbox"/> Life eServices of Owner 持有人人壽保險網上服務
---	---

### Important note:

- This form is to be completed by the Owner / Trustee / Assignee in BLOCK LETTERS and signed with the signature same as recorded in the policy file.
- For any change of information indicated in Section (3), please submit relevant document proof of: (a) valid identification document and deed poll (if applicable), (b) nationality for non-Hong Kong permanent resident (e.g. passport copy), and/or (c) company ownership structure (for corporate owner only) (e.g. company search report). We reserve the right to ask for additional identification documents where necessary.

### 重要事項：

- 此申請書應由持有人 / 信託人 / 受讓人以正楷填寫及簽名，簽名式樣須與保單上的記錄相符。
- 如有填寫部分 (3) 之更改資料，閣下必須遞交下列相關證明文件：(a) 有效身份證明文件及改名契約 (如適用)、(b) 非香港永久性居民國籍證明 (例如：護照副本) 及 / 或 (c) 公司擁有權架構 (只適用於公司持有人) (例如：公司查冊報告)。本公司有權因應需要要求持有人遞交其他文件。

## 1. Owner's contact details 持有人聯絡資料

**Note:** 1. If Owner's Email Address is provided, Life eServices will be applied / changed (if applicable).  
2. The PIN of Life eServices will be sent directly to the registered e-mail address.

**注意:** 1. 如有提供持有人電郵地址，將同時申請 / 更改人壽保險網上服務 (如適用)。  
2. 「人壽保險網上服務」的密碼將以電子郵件形式發出。

Correspondence address in English 英文通訊地址	Room 室 / Flat 單位			Floor 樓層	Block 座
	Name of Building/Estate 大廈或屋邨名稱			Street No. & Name 街道名稱及號碼	
	District 地區		Postal Code 郵寄代碼	Country 國家	
Contact No. 聯絡號碼	Residence 住宅：		Office 辦事處：		Mobile 流動電話：
Owner's E-mail Address 持有人電郵地址	_____@_____				

## 2. Life eServices of Owner 持有人人壽保險網上服務

**Note 注意:** For application of Life eServices, the PIN of Life eServices will be sent directly to the registered e-mail address. 如申請人壽保險網上服務，有關密碼將以電子郵件形式發出。

<input type="checkbox"/> Application / Change of Life eServices 申請 / 更改人壽保險網上服務 New Registered E-mail Address 新的註冊電郵地址：_____@_____
<input type="checkbox"/> Terminate Life eServices Account 取消使用人壽保險網上服務

## 3. Customer due diligence (Only applicable to Owner) 客戶盡職審查 (只適用於持有人)

If you have any change in any of the information as indicated below, please complete this section and provide the relevant document proof.

**We shall treat the relevant customer information unchanged from our latest record unless you complete the information in this section.**  
如閣下之下列資料有所更改，請填寫此部分並遞交相關文件證明。倘若下列部分未有填寫，有關的資料將視作與本公司最近之記錄維持不變。

Full name of Owner 持有人之個人姓名 / 名稱 (as shown in identity document 身份證明文件上的名稱)

In English Surname 英文姓名 姓	Given Name 名
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In Chinese 中文姓名 (If applicable 如適用)
--



\*LWUFPOS\*

\*PHK1CONCHG\*

LFPA015-1212

Application For Change Of Customer Details & Life eService 客戶聯絡資料更改及人壽保險網上服務申請書

Identity document type & no. (Please tick one and complete details) 身份證明文件類別及號碼 (請選一項及填寫詳情)

☐ HK Permanent Resident 香港永久性居民  
H.K.I.D. Card No. 香港身份證號碼

☐ Non-HK Permanent Resident 非香港永久性居民  
Identity Card / Passport No. 身份證 / 護照號碼

☐ Corporate Client 公司客戶  
Business Registration / Company Registration No. 商業登記 / 公司註冊號碼

Nationality / Place of Incorporation 國籍 / 成立註冊地點

Change of company ownership structure (For corporate owner only) 公司架構變動 (只適用於公司團體持有人)

☐ Yes 是 ☐ No 否 If answer is "Yes", please fill and submit the form "Supplement – For Corporate Owner".  
若回答「是」, 請填寫及遞交「資料補充 - 持有人為公司團體專用」。

4. Declarations and agreement 聲明及協議

I HEREBY CONFIRM that I am not acting on behalf of any other person for this policy change / service application unless otherwise expressly indicated in this application form or any other documents provided to the Company for this application.

I HEREBY DECLARE AND AGREE on behalf of myself and other persons referred in the relevant policy contract(s) and in this application (hereinafter referred to as "Relevant Persons", "We", "Our" or "Us") (for the avoidance of doubt, the expressions "Relevant Persons", "We", "Our" or "Us" include myself and such other persons) that

- (1) My policy is changed in accordance with the particulars set in this application;

(2) the application(s) shall only take effect provided all of the following conditions are met: (i) any required payment for the application(s) is paid in full; (ii) the application(s) is / are approved by the Company at the Company's office (as defined in the policy contract of the above policy) during the lifetime of the person(s) insured by the above policy;

(3) the application(s) shall be effective from the date of this request unless a later date is specifically indicated, but only if the change is provided by the policy or is allowed by the Company under the policy;

(4) the application(s) as indicated above is/are based on my own judgment and I have not relied on any advice provided by financial consultant;

(5) all information, statements and answers to all questions whether or not written by my own hand are to the best of my knowledge and belief complete and true;

(6) all statements and answers to such questions, together with this application, shall form the basis for policy change / service and become a part of the policy;

(7) the Company is not bound by any statement which I may have made to any person if not written or printed here.

I HEREBY DECLARE AND AGREE on behalf of the Relevant Persons that

- (1) any information and personal data of the Relevant Persons collected, compiled or held by the Company from time to time (whether contained in this application or otherwise), may be used, stored, processed, transferred or disclosed to and/or shared with individuals, entities and/or organizations associated with the Company, reinsurance companies, claims investigation companies, industry associations or federations, fund management companies, financial institutions, government authorities and/or the Company's appointed service providers, in each case whether within or outside of Hong Kong, for the purpose of: (i) processing and evaluating this application and any other application for insurance or policy change / service; (ii) providing subsequent services to Us including but not limited to administering the policies issued or direct marketing of insurance and/or other financial products or services and data matching; (iii) evaluating Our potential financial needs; (iv) conducting market research for statistical or other purposes; (v) marketing other financial services and/or products to Us; (vi) complying with the laws of any applicable jurisdiction; and/or (vii) other services in connection with the operation of the Company's business.

(2) 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. A reasonable fee may be charged for processing any data access request. If I/We do not wish to receive direct marketing information or materials, I/We will notify the Company in a written form specified by the Company. All such requests shall be addressed to the Head of Customer Service of the Company at Suite 1601-6, 16/F, Tower One, Times Square, 1 Matheson Street, Causeway Bay, Hong Kong.

I HEREBY AUTHORIZE on behalf of the Relevant Persons the Company to give either the Hong Kong Federation of Insurers or other parties, as required for proper administration of the Code of Practice for Life Insurance Replacement, a copy of the Customer Protection Declaration and any related records or information. This authorization shall bind the successors and assignees of the Relevant Persons and remains valid notwithstanding death or incapacity. A photocopy of this authorization shall be as valid as the original.

If we fail to provide any information requested in this application, it may result in the Company's inability to accept or process this application.

I HEREBY AUTHORIZE on behalf of the Relevant Persons

- (1) any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organization, institution or person, that has any records or knowledge of me/the Relevant Persons and/or who has attended or may hereafter attend to me/the Relevant Persons to disclose such information to the Company as the Company may request;

(2) the Company or any of its appointed medical examiners, paramedical examiners or laboratories to perform the necessary medical assessment and tests to evaluate the health status of myself/the Relevant Persons in relation to this application and any claim arising there from;

(3) the Company to give either the Hong Kong Federation of Insurers or other parties, as required for proper administration of the Code of Practice for Life Insurance Replacement, a copy of the Customer Protection Declaration and any related records or information.

This authorization shall bind the successors and assignees of the Relevant Persons and remains valid notwithstanding death or incapacity. A photocopy of this authorization shall be as valid as the original.

I HEREBY DECLARE AND AGREE that I have the full authority from and consent of the Relevant Persons to make the above declarations, agreements and authorizations.

本人謹此確認本人並沒有代表任何其他人士提出此保單更改/服務申請; 如在此申請書或就此申請提交的任何其他文件上另有註明則除外。

本人謹此代表本人及其他在此申請書提及之人士(下稱「相關人士」或「我們」)(為免存疑,「相關人士」或「我們」指包括本人及申請書上及有關的保單合約內提及之其他人士)聲明及同意:

- (1) 本人之保單依照本申請書之選擇作出更改;

(2) 申請需符合下列條件後方可生效: (i) 繳清所有申請所需之款項; (ii) 申請是於上述保單被保人在生之情況下經貴公司在公司辦事處(根據上述保單合約內之定義)批核;

(3) 更改之要求由申請日期生效, 除非特別指定一較遲日期, 但該更改必須是保單內列為可更改事項或經貴公司許可;

(4) 上述之申請是基於本人之個人判斷, 並沒有依賴任何理財顧問所提供的意見;

(5) 上述一切陳述及問題的所有答案, 不論是否本人親手所寫, 就本人所知所言, 均為事實之全部並確實無訛;

(6) 上述問題的所有答案(如適用)及此申請書, 將成為更改保單的根據, 並作為保單一部份;

(7) 本人對任何人所作出的任何聲明, 如沒有在此申請書上填寫或印出, 貴公司不須受其約束。

本人謹此代表相關人士聲明及同意

- (1) 貴公司可以使用、儲存、處理、轉移或披露及/或分享貴公司所不時收集、編輯或持有之任何相關人士的個人資料(不論是否此申請書所載或從其他途徑所取得)予任何不論在本港境內或境外與貴公司聯繫之個別人士、獨立個體及/或機構、再保公司、理賠調查公司、業內組織或聯會、基金管理公司、財務機構、政府機關及/或貴公司指定之服務供應商作以下用途: (i) 審核及評估此投保申請及任何其他投保申請或此保單更改/服務申請; (ii) 向相關人士提供隨後的服務, 其包括但不限於已續發保單之管理, 或保險及/或其他金融產品或服務之直接市場推廣及資料核對用途; (iii) 分析相關人士的財務需要; (iv) 進行市場研究統計或其他用途; (v) 向相關人士推廣其他金融服務及/或產品; (vi) 為遵守任何適用的司法管轄權之法律; 及/或 (vii) 提供與貴公司業務運作相關的其他服務;

(2) 本人/我們明白本人/我們有權就貴公司持有或管理我們各自的個人資料提出查閱及修正的要求。貴公司可就處理任何查閱資料的要求收取合理費用。如本人/我們不願意接收直接市場推廣資訊或資料, 本人/我們將會以貴公司指定書面形式通知貴公司。所有有關要求必須致函香港銅鑼灣勿地臣街1號時代廣場1座16樓1601-6室向客戶服務主管提出。

本人謹此代表相關人士授權貴公司於有需要時, 向香港保險業聯會或其他執行壽險轉保守則的機構, 提供客戶保障聲明書副本, 以及其他有關紀錄或資料; 此授權對相關人士之繼承人及受讓人具有約束力; 即使相關人士死亡或無行為能力時, 此授權仍具效力。此授權書的影印本與正本均有同等效力。

如我們不能提供任何此申請所需的資料, 貴公司或不能接受或處理此申請。

本人謹此代表相關人士授權

- (1) 任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構、或其他組織、機構或人士, 凡知道或持有任何有關本人/相關人士之記錄, 及/或曾診驗或可能將會診驗本人/相關人士者, 均可應貴公司要求將該等資料提供給貴公司;

(2) 貴公司或任何其指定之驗身醫生、醫療人員或化驗所, 可就此申請或任何與此有關之賠償申請替本人/相關人士進行所需之醫療評估及測試, 作為審核本人/相關人士之健康狀況;

(3) 貴公司於有需要時, 向香港保險業聯會或其他執行壽險轉保守則的機構, 提供客戶保障聲明書副本, 以及其他有關紀錄或資料。
- 此授權對相關人士之繼承人及受讓人具有約束力; 即使相關人士死亡或無行為能力時, 此授權仍具效力。此授權書的影印本與正本均有同等效力。
- 本人謹此聲明及同意已獲相關人士授權及同意本人作出以上聲明、協議及授權。

IMPORTANT NOTE 注意: PLEASE DO NOT SIGN ON BLANK FORM 請勿在空白表格上簽署

Sign on \_\_\_\_\_  
簽署日期 (D / M / Y 日/月/年)

Signature of Witness / Financial Consultant  
見證人/理財顧問簽署

\_\_\_\_\_  
(Name 姓名: \_\_\_\_\_)

Signature of Owner / Trustee 持有人/信託人簽署

\_\_\_\_\_





redefining / standards



## Third-party Payment Declaration Form 第三者付款聲明書

### Important note:

This form is to be filled by the Policy Owner / Trustee / Assignee in BLOCK LETTERS and signed with the signature same as recorded in the policy file. The 3rd party payer is also required to sign.

### 重要事項：

此申請書應由保單持有人／信託人／受讓人以正楷填寫及簽名，簽名式樣須與保單上的記錄相符。第三者付款人亦需填寫及簽名。

### 1. Policy owner / Applicant details 保單持有人／申請人資料

Full name of Policy owner / Applicant :  
保單持有人／申請人姓名：

HKID / Passport number:  
香港身份證／護照號碼：

Financial Consultant Code:  
理財顧問編號：

Financial Consultant Name:  
理財顧問姓名：

Financial Consultant Contact No.:  
理財顧問聯絡號碼：

### 2. Payment details 付款資料

#### 1. Means of payment 付款方式

☐ Cash  
現金

Reason for paying cash (please specify):  
支付現金之原因(請必須註明)：

☐ Cheque  
支票

Cheque No.:  
支票編號：

☐ Credit Card  
信用卡

Credit Card No.  
信用卡編號：

☐ Direct Debit Authorisation  
直接付款授權書

Account No.:  
賬戶編號：

☐ Others  
其他

#### 2. Policy(ies) / application(s) to be settled and respective amount 需支付之保單／投保申請及相應金額

Count 項數	Policy / Application No. 保單／申請編號	Amount Paid (in HK\$/US\$) 付款金額(港幣／美金)
1		
2		
3		
4		
5		
	Grand Total 付款總額：	

#### 3. Source of funds 資金來源

Brief description of the main source(s) of funds from the payer for this payment 簡述付款人資金之主要來源

☐ Salary 薪金

☐ Investment 投資

☐ Saving 儲蓄

☐ Inheritance 遺產繼承

☐ Company profits 公司利潤

☐ Obtained from policy owner 從保單持有人取得

☐ Others (please specify) 其他(請必須註明)

### Note 注意：

If means of payment is more than one type, please complete a separate form 如付款方式多於一種，請另填寫表格。

### Note 注意：

All policies must be owned by same policy owner  
所有保單須屬同一保單持有人

**3. Third party payer's details 第三者付款人資料**

Third Party refers to persons other than the policy owner, insured, beneficiary or the direct family members (i.e. spouse, brothers, sisters, parents, children, grand parents, grand children, father-in-law or mother-in-law) of the policy owner/insured. Please indicate below the nature of the third party payer of the concerned payment.

第三者付款人指非保單持有人、投保人、受益人或保單持有人／投保人之直系親屬（即配偶、兄弟、姊妹、父母、子女、祖父母、孫子女、配偶之父母）。請於下列指示該有關付款之第三者付款人類別。

☐ Individual 個人

Full name of the third party payer  
第三者付款人姓名

HKID / Passport number  
香港身份證 / 護照號碼

Relationship to Policy Owner / applicant  
與保單持有人／申請人之關係

Contact number  
聯絡號碼

☐ Company / Institution 公司／機構

Name of company / institution  
公司／機構名稱

Contact number  
聯絡號碼

Company / Institution address 公司／機構地址

Name of person acting on behalf of the company / institution  
公司／機構代表姓名

HKID / Passport number  
香港身份證 / 護照號碼

Designation  
職銜

Contact number  
聯絡號碼

**Note 注意：**

Please present the HKID or Passport (or a copy thereof) if not previously presented.

請出示香港身份證或護照核實身份。

**4. Reason for third-party payment 第三者付款之原因**

Please provide reason for payment by Third-Party Payer on behalf of the Policy Owner/ Applicant  
請提供付款人代表保單持有人／申請人付款之原因

**5. Declaration of Policy Owner / Applicant 保單持有人 / 申請人聲明**

I/We, hereby consent to providing personal data collected in this form for use by AXA China Region Insurance Company Limited, AXA China Region Insurance Company (Bermuda) Limited, AXA Wealth Management (HK) Limited or any of its affiliated companies or associated individual/organisations ("the Company") for the purpose of gathering relevant data in respect of the internal guidelines of the Company on the prevention of money laundering and terrorist financing. Data collected from this Declaration form relating to the Third-Party Payer may be used and/or held (whether electronically or otherwise) and/or, disclosed and/or transferred (whether within or outside Hong Kong) to any individual/ organisations for the purpose of processing the payment of premium of the aforementioned policy number(s) stated in Section 2.2 above and/ or communicating with me/us and/ or complying with the Company's internal guidelines on the prevention of money laundering and terrorist financing and the requirements of any law or statutory authority binding on the Company and/ or other means the Company deems appropriate. Failure to supply the requested data may result in the Company being unable to accept money from the Third-Party Payer. I/We hereby confirm that proper consent has been obtained from the Third-Party Payer and further undertake to notify the Third-Party Payer of the purpose of providing his/ her personal data to the Company and his/ her right to access and amend this information.

I/We hereby declare that I have given my consent to the third-party payment for the sums payable for the premium of the aforementioned policy number(s) stated in Section 2.2 and that the funds from the Third-Party Payer are from legitimate source/s under the laws of Hong Kong or any other jurisdiction.

I/We hereby declare that the above information is true and complete and agree to fully indemnify and hold the Company harmless from any loss, claim, damage, proceeding, cost, expense and liability suffered or incurred by the Company in connection with the disclosure of any of the information contained herein or process the forementioned payment.

本人/ 我們同意安盛金融有限公司、安盛保險（百慕達）有限公司，安盛財富管理（香港）有限公司或其關聯或其個別人士/ 組織合作伙伴（統稱“公司”）根據其內部指引要求蒐集有關防止洗黑錢及恐怖份子集資活動資料，提供本人/ 我們之個人資料並予以使用。本聲明書內所收集有關第三者付款人之資料將會使用及/ 或存檔（不論以電子或其他形式）及/ 或披露及/ 或移交予個別人士/ 組織（不論香港境內或境外）用以處理入帳上述第二部(2)所列保單號碼之保費及/ 或與本人聯絡及/ 或表示遵從公司防止洗黑錢及/ 或恐怖份子集資活動之內部指引及/ 或符合任何對公司具約束力之法例或法定組織之要求及/ 或任何其他公司認為恰當之用途。若所需資料不被提供，公司將不能接受第三者付款人所支付之款項。本人/ 我們確定已獲得第三者付款人之正式同意並保證告知第三者付款人有關公司要求其提供個人資料的目的及其查閱及更改之權利。

本人/ 我們謹此聲明本人同意以第三者付款方式繳付上述第二部(2)所列保單號碼之應付保費並聲明由第三者付款人所繳付之款項根據香港法例或司法管轄範圍內是從合法途徑獲得。

本人/ 我們謹此聲明上述之資料乃屬正確及完整並同意倘若公司因披露本聲明書中之任何資料或處理上述所指之付款因而衍生令公司遭受損失、申索、損害、訴訟、訴訟費用、支出及需承擔或涉及任何責任，本人/ 我們將全部負責並作出補償。

**IMPORTANT NOTE 注意：PLEASE DO NOT SIGN ON BLANK FORM 請勿在空白表格上簽署**

Signature of Policy Owner/ Applicant 保單持有人 / 申請人簽署 (same as the insurance application form) (與投保申請表格一致)	Place of Signature 簽署地	Date of Signature (D/M/Y) 簽署日期(日/月/年)

**Not for use in Mainland China 不適合於中國大陸境內使用**

**6. Declaration of Third Party Payer 第三者付款人聲明**

I/We hereby declare that this third-party payment is being made with the consent of the Policy Owner/Applicant and such payment is being made solely for and on behalf of the Policy Owner/Applicant for payment of premium of the aforementioned policy number(s) stated in Section 2.2 above and no interest and/or any legal right is vested or will be vested to me as a result of such third-party payment made by me/us.

I/We, hereby consent to providing personal data collected in this form for use by AXA China Region Insurance Company Limited, AXA China Region Insurance Company (Bermuda) Limited, AXA Wealth Management (HK) Limited or any of its affiliated companies or associated individual/ organisations ("the Company") for the purpose of gathering relevant data in respect of the internal guidelines of the Company on the prevention of money laundering and terrorist financing. Data collected from this declaration form may be used and/or held (whether electronically or otherwise) and/or, disclosed and/or transferred (whether within or outside Hong Kong) to any individual/ organisations for the purpose of processing the payment of premium of the aforementioned policy number(s) stated in Section 2.2 above and/ or communicating with me/us and/ or complying with the Company's internal guidelines and the requirements of any law or statutory authority binding on the Company and/or other means the Company deems appropriate. Failure to supply the requested data may result in the Company being unable to accept money. I/we hereby confirm that I/we are aware of my/our right to access and amend this information.

I/We hereby confirm that the sums payable for the premium of the aforementioned policy number(s) stated in Section 2.2 are from legitimate source/s under the laws of Hong Kong or any other jurisdiction.

I/We hereby declare that the above information is true and complete and agree to indemnify and hold the Company harmless from any loss, claim, damage, proceeding, cost, expense and liability suffered or incurred by the Company in connection with the disclosure of any of the information contained herein or process the aforementioned payment.

本人/ 我們謹此聲明以第三者付款方式繳付上述第二部(2)所列保單號碼之應付保費已獲保單持有人/ 申請人的同意並且純粹代表保單持有人/ 申請人繳付上述之保費，是項繳款並沒有獲委任何利益或合法權益而本人/ 我們並沒有因作為第三者付款人而獲委任何利益或合作權益。

本人/ 我們同意安盛金融有限公司、安盛保險（百慕達）有限公司，安盛財富管理（香港）有限公司或其關聯或其個別人士/ 組織合作伙伴（統稱“公司”）根據其內部指引要求蒐集有關防止洗黑錢及恐怖份子集資活動資料，提供本人/ 我們之個人資料並予以使用。本聲明書內所收集之資料將會使用及/ 或存檔（不論以電子或其他形式）及/ 或披露及/ 或移交予個別人士/ 組織（不論香港境內或境外）用以處理入帳上述第二部(2)所列保單號碼之保費及/ 或與本人聯絡及/ 或表示遵從公司防止洗黑錢及/ 或恐怖份子集資活動之內部指引及/ 或符合任何對公司具其約束力之法例或法定組織之要求及/ 或任何其他公司認為恰當之用途。若所需資料不被提供，公司將不能接受此款項。本人/ 我們確定已得悉本人/ 我們查閱及更改之有關資料之權利。

本人/ 我們謹此確認用以繳付上述第二部(2)所列保單號碼之應付保費之款項根據香港法例或司法管轄範圍內是從合法途徑獲得。

本人/ 我們謹此聲明上述之資料乃屬正確及完整並同意倘若公司因披露本聲明書中之任何資料或處理上述所指之付款因而衍生令公司遭受損失、申索、損害、訴訟、訴訟費用、支出及需承擔或涉及任何責任，本人/ 我們將全部負責並作出補償。

**IMPORTANT NOTE 注意：PLEASE DO NOT SIGN ON BLANK FORM 請勿在空白表格上簽署**

Signature of Third Party Payer 第三者付款人簽署	Place of Signature 簽署地	Date of Signature (D/M/Y) 簽署日期(日/月/年)

**Not for use in Mainland China 不適合於中國大陸境內使用**

For Company Endorsement Use Only 公司批註專用



redefining / standards



Policy Number 保單編號：

## Application / Change / Termination Of Trust Form 申請 / 更改 / 終止信託書

### Full name of Insured 被保人姓名

In English Surname 英文姓名 姓	Given Name 名
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### Full name of existing Owner / existing Trustee 現有持有人 / 現有信託人姓名

In English Surname 英文姓名 姓	Given Name 名
------------------------------	-----------------

### Financial Consultant Details 理財顧問資料

Financial Consultant Code: 理財顧問編號：	Financial Consultant Name: 理財顧問姓名：	Financial Consultant Contact No.: 理財顧問聯絡號碼：
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"The Company" "本公司" 或 "貴公司"：

AXA China Region Insurance Company (Bermuda) Ltd (Incorporated in Bermuda with limited liability) / AXA China Region Insurance Company Limited  
安盛保險 (百慕達) 有限公司 (於百慕達註冊成立的有限公司) / 安盛金融有限公司

## Application of change type & Important note 更改項目申請及重要事項

**Note 注意:** This is required to tick the box(es) below to indicate your change application(s). Please read "Important note" and complete related section(s).  
請在下列所需更改項目的空格內加上「✓」號。請細閱「重要事項」並填寫相關部分。

<input type="checkbox"/> Application of Trust 申請信託	<input type="checkbox"/> Change of Trust 更改信託	<input type="checkbox"/> Termination of Trust 終止信託
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### Important note:

- This trust form is to be completed by the existing Owner, Trustee and/or Insured in BLOCK LETTERS and signed with the signature same as recorded in the policy file.
- For the existing Trustee (if any), please submit a copy of the identification document, unless submitted before, together with this form.
- For the new Trustee/new Owner (i.e. Insured), please submit proof of: (a) identification document, (b) nationality for non-Hong Kong permanent resident (e.g. passport copy), (c) residential address and (d) permanent address (if different from residential address).
- Please tick in the appropriate boxes and complete the particulars below. Any changes or amendments in this form must be countersigned by the Owner and the Trustee in full signature.

### 重要事項:

- 此信託書應由現有持有人、信託人及/或被保人以正楷填寫及簽名，簽名式樣須與保單上的記錄相符。
- 現有信託人 (如有) 如在之前未有遞交身份證明文件，請隨此申請書一併遞交現有信託人 (如有) 的身份證明文件副本。
- 新信託人/新持有人 (即「被保人」) 必須遞交下列證明文件: (a) 身份證明文件、(b) 非香港永久性居民之國籍證明 (例如: 護照副本)、(c) 住宅地址及 (d) 永久地址 (如與住宅地址不同)。
- 請在適合之空格內加上「✓」號及填寫詳情。持有人及信託人必須在此表格內任何更改或修改的地方簽署作實。

## 1. Application / Change / Termination of trust 申請 / 更改 / 終止信託

**Note 注意:** To apply for Payor Benefit by the new Trustee, evidence of insurability is required. Please also complete "Policy Service Application Form II" for assessment.  
如申請新信託人之繳款人保障，此保單服務項目需要提交可保證明，請同時填寫「保單服務申請書 II」，以便審核。

☐ Application for trust 申請信託

### Declaration and agreement of existing Owner 現有持有人之聲明及協議

I, the existing Owner of the abovementioned policy, hereby request to change the policy ownership from Owner to Trustee (new Trustee) together with all the rights and obligations under this policy effective from the date stated and signed in this form.

本人，以上述保單現行持有人之身分，謹此要求由本信託書簽署日期起，將本人上述保單的持有權連同所有權利及義務轉為以新信託人身份持有。

☐ Change of trust 更改信託

### Declaration and agreement of existing Trustee 現有信託人之聲明及協議

I, the existing Trustee of the abovementioned policy, hereby request to change the policy ownership from myself to the person stated below as new Trustee of the policy together with all the rights and obligations under this policy effective from the date stated and signed in this form.

I WISH TO TERMINATE the payor benefit in respect of myself (if any) effective from the date stated and signed in this form.

本人，以上述保單現行信託人之身分，謹此要求由本信託書簽署日期起，將本人上述保單的持有權連同所有權利及義務轉予下列註明的新信託人。

本人欲由簽署本信託書之簽署日期起生效，終止有關本人之繳款人保障 (如有)。

### Declaration and agreement of new Trustee 新信託人之聲明及協議 (Applicable for application or change of trust 申請或更改信託適用)

I, in the capacity as the new Trustee of the abovementioned policy, hereby declare and consent to act as the Trustee of this policy for the Insured subject to the following terms and conditions:

- All benefits and proceeds payable under the policy shall belong exclusively to the Insured or his/her estate who shall constitute the irrevocable Beneficiary of the policy and shall be paid through the Trustee until the trust is terminated;
- I shall, until the trust is terminated, have the right to exercise every option, benefits or privilege under the policy but only in my capacity as Trustee;
- when the trust is terminated by Insured who has attained the age of majority and has full capacity, all rights, entitlements, powers previously vested in me shall vest solely in the Insured as the Owner of this policy and all my rights, entitlements and powers shall automatically cease.

本人，上述保單之持有人，謹此聲明及同意為被保人上述保單作為信託人，並遵照以下的條款及條件：

- 此保單的所有利益將完全屬於被保人或其遺產繼承人指定此保單之不可撤換受益人，而利益將透過信託人支付，直至信託被終止。
- 本人在此信託被終止前，可以信託人身份擁有行使所有此保單之選擇權，利益或優先權。
- 當被保人終止信託並達到成年歲數及有完全行為能力時，被保人即成為此保單之新持有人，本人在此前被賦予之所有權利，擁有權及權力將完全授予被保人，而本人之所有權利，擁有權及權力將自動終止。



\*LWUFPOS\*

\*PHK1TRUST\*

LFP013-1212

☐ Termination of trust 終止信託

**Declaration and agreement of existing Trustee** 現有信託人之聲明及協議

I, the existing Trustee of the abovementioned policy, hereby request to change the policy ownership from Trustee to Insured together with all the rights and obligations under this policy effective from the date stated and signed in this form.

本人，以上述現行保單信託人之身分，謹此要求由簽署日期起終止信託聲明，將上述保單的持有權連同所有權利及義務轉予被保人，以作為上述保單之新持有人身分持有。

**Declaration and agreement of Insured** 被保人之聲明及協議

I, the Insured of the abovementioned policy, hereby request to terminate the trust and change the policy ownership back to myself together with all the rights and obligations under this policy effective from the date stated and signed in this form.

本人，以上述保單被保人之身分，謹此要求由簽署日期起終止信託聲明，將上述保單的持有權連同所有權利及義務轉予本人，以作為上述保單之新持有人。

**2. Personal particulars of new Trustee / new Owner 新信託人 / 新持有人個人資料**

- Note:** 1. For application or change of trust, please fill in personal particulars of new Trustee. **注意:** 1. 如申請或更改信託，請填寫新信託人的個人資料。  
2. For termination of trust, please fill in personal particulars of Insured. 2. 如終止信託，請填寫被保人的個人資料。  
3. If new Owner is assigned to another person other than Insured after termination of trust, please fill in "Absolute Assignment" form. 3. 如終止信託後的新持有人並非受保人，請另行填寫及遞交「絕對轉讓書」。

Full name of new Trustee / new Owner 新信託人 / 新持有人姓名 (as shown in identity document 身份證明文件上的名稱)

In English 英文姓名	Surname 姓	Given Name 名
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In Chinese 中文姓名 (If applicable 如適用)	Sex 性別 <input type="checkbox"/> Male 男性 <input type="checkbox"/> Female 女性	Date of birth (D / M / Y) 出生日期 (日 / 月 / 年)
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Identity document type & no. (Please tick one and complete details) 身份證明文件類別及號碼 (請選一項及填寫詳情)

☐ HK Permanent Resident 香港永久性居民  
H.K.I.D. Card No. 香港身份證號碼

☐ Non-HK Permanent Resident 非香港永久性居民  
Identity Card / Passport No. 身份證 / 護照號碼

Nationality 國籍	Relationship to Insured 與被保人之關係
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Occupation title & Main duties 職位及主要職務	Nature of employer's business 僱主業務性質
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**3. Contact details of new Trustee / new Owner 新信託人 / 新持有人聯絡資料**

- Note:** 1. If new Trustee / Owner's Email Address is provided, Life eServices will be applied / changed (if applicable). **注意:** 1. 如有提供新信託人 / 持有人電郵地址，將同時申請 / 更改人壽保險網上服務(如適用)。  
2. The PIN of Life eServices will be sent directly to the registered e-mail address. 2. 「人壽保險網上服務」的密碼將以電子郵件形式發出。

<b>Correspondence address in English 英文通訊地址</b>	Room 室 / Flat 單位	Floor 樓層	Block 座
	Name of Building/Estate 大廈或屋邨名稱		Street No. & Name 街道名稱及號碼
	District 地區	Postal Code 郵寄代碼	Country 國家

<b>Residential address in English (if different from correspondence address) 英文住宅地址(如與通訊地址不同)</b>	<b>Permanent address in English (if different from residential address) 英文永久地址(如與住宅地址不同)</b>
Room 室 / Flat 單位	Room 室 / Flat 單位
Floor 樓層	Floor 樓層
Block 座	Block 座
Name of Building/Estate 大廈或屋邨名稱	Name of Building/Estate 大廈或屋邨名稱
Street No. & Name 街道名稱及號碼	Street No. & Name 街道名稱及號碼
District 地區	District 地區
Postal Code 郵寄代碼	Postal Code 郵寄代碼
Country 國家	Country 國家

<b>Contact No. 聯絡號碼</b>	Residence 住宅：	Office 辦事處：	Mobile 流動電話：
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<b>New Trustee/ Owner's E-mail Address 新信託人 / 持有人電郵地址</b>	
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4. New Trustee / new Owner personal statement – Supplementary questions & source of funds  
新信託人/新持有人個人聲明 – 附加問題及資金來源

Are you acting on behalf of another person in connection with this application? 您是否代表其他人士提出此申請?	<input type="checkbox"/> No 否	
	<input type="checkbox"/> Yes 是 as *trustee/nominee/agent/others 作為 * 信託人 / 代名人 / 代理人 / 其他: _____ *Please circle as appropriate 請圈出適當的答案	
	If yes, please provide details on the identity and address(es) of that person, and submit document proofs for ALL items listed below: 如「是」, 請提供您代表之人士的身份資料及地址, 並遞交下列所有項目之證明文件:	
	Full Name in English 英文姓名 _____	Name in Chinese (if applicable) 中文姓名 (如適用) _____
	Nationality 國籍 _____	Date of birth (D / M / Y) 出生日期 (日 / 月 / 年) _____
	H.K.I.D. Card/Passport No. 香港身份證 / 護照號碼 <input type="checkbox"/> HK Permanent Resident 香港永久性居民	
	H.K.I.D. Card No. 香港身份證號碼 _____	
	<input type="checkbox"/> Non-HK Permanent Resident 非香港永久性居民	
	Passport No. 護照號碼 _____ H.K.I.D. Card No. (if any) 香港身份證號碼 (如有) _____	
	Residential Address 住宅地址 _____	
Permanent Address (if different from residential address above) 永久地址 (如與上述住宅地址不同) _____		

What are your sources of funds for insurance premiums? (tick one or more)  
您支付保費的資金來源為: (可選多於一項)

<input type="checkbox"/> Salary 薪金	<input type="checkbox"/> Income 收入	<input type="checkbox"/> Savings 儲蓄	<input type="checkbox"/> Income from other investments 其他投資的收入
<input type="checkbox"/> Accumulative savings & investments 累積儲蓄及投資 <input type="checkbox"/> Others 其他 (Please specify 請註明): _____			

5. Declarations and agreement 聲明及協議

I HEREBY CONFIRM that I am not acting on behalf of any other person for this policy change / service unless otherwise expressly indicated in this application or any other documents provided to the Company for this application.

I HEREBY DECLARE AND AGREE on behalf of myself and other persons referred to in this application and in the relevant policy contract(s) (hereinafter referred to as "Relevant Persons", "We", "Our" or "Us") (for the avoidance of doubt, the expressions "Relevant Persons", "We", "Our" or "Us" include myself and such other persons) that

- (1) my policy be changed in accordance with the particulars set in this application;
- (2) the application(s) shall only take effect provided all of the following conditions are met: (i) any required payment for the application(s) is paid in full; (ii) the application(s) is / are approved by the Company at the Company's office (as defined in the policy contract of the above policy) during the lifetime of the person(s) insured by the above policy;
- (3) the application shall be effective from the date of this request unless a later date is specifically indicated, but only if the change is provided by the policy or is allowed by the Company under the policy;
- (4) the application as indicated above is / are based on my own judgment and I have not relied on any advice provided by financial consultant;
- (5) all information, statements and answers to all questions whether or not written by my own hand are to the best of my knowledge and belief complete and true;
- (6) all statements and answers to such questions, together with this application, shall form the basis for policy change / service and become a part of the policy;
- (7) the Company is not bound by any statement which I may have made to any person if not written or printed here.

I HEREBY REPRESENT, WARRANT AND CERTIFY on behalf of the Relevant Persons that

- (1) (i) all amounts invested in the policy which is the subject of this application have been or will be properly declared to relevant tax authorities in the jurisdiction of Our respective habitual residence for the purposes of taxation and / or any other jurisdictions as necessary or appropriate in accordance with applicable laws and regulations, and (ii) none of the funds derive, directly or indirectly, from illegal activities or sources and / or tax evasion; and
- (2) in cases where I am / We are not a tax resident of the jurisdiction in which the policy is issued, the AXA Group may, in accordance with applicable laws and regulations, disclose to my / Our home country tax and / or other governmental authorities the identity of myself / ourselves and certain information concerning the policy which is the subject of this application and I / We hereby jointly and severally consent and agree that the Company may, in its discretion, make such disclosure;
- (3) in the event of a violation of the foregoing representation and warranty, I / We hereby jointly and severally expressly acknowledge and agree that the Company shall, to the fullest extent permitted by applicable law and regulation, have the right to (i) terminate the policy immediately, (ii) notwithstanding the actual date of termination pursuant to clause (i) of this paragraph, impose the maximum surrender and any other charges imposable on me / Us under the policy, as if the policy had been surrendered immediately after issuance, (iii) notify relevant governmental authorities and furnish all information deemed necessary or appropriate in the entire discretion of the Company concerning any of Us and / or the policy; and (iv) if deemed appropriate after consultation with governmental authorities and legal counsel, either (a) refund to me premiums and other amounts paid to the Company through the date of such termination less applicable surrender and other charges in accordance with clause (ii) of this paragraph (the "Refund Amount"), or (b) if requested or required to do so by competent governmental authorities, freeze or pay over to relevant governmental authorities all or a portion of the Refund Amount or take such other actions as competent governmental authorities may request or require.

I HEREBY DECLARE and AGREE on behalf of the Relevant Persons that

- (1) any information and personal data of the Relevant Persons collected, compiled or held by the Company from time to time (whether contained in this application or otherwise), may be used, stored, processed, transferred or disclosed to and / or shared with individuals, entities and / or organizations associated with the Company, reinsurance companies, claims investigation companies, industry associations or federations, fund management companies, financial institutions, government authorities and / or the Company's appointed service providers, in each case whether within or outside of Hong Kong, for the purpose of: (i) processing and evaluating this application and any other application for insurance or policy change / service; (ii) providing subsequent services to Us including but not limited to administering the policies issued or direct marketing of insurance and / or other financial products or services and data matching; (iii) evaluating Our potential financial needs; (iv) conducting market research for statistical or other purposes; (v) marketing other financial services and / or products to Us; (vi) complying with the laws of any applicable jurisdiction; and / or (vii) other services in connection with the operation of the Company's business;
- (2) 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. A reasonable fee may be charged for processing any data access request. If I / We do not wish to receive direct marketing information or materials, I / We will notify the Company in a written form specified by the Company. All such requests shall be addressed to the Head of Customer Service of the Company at Suite 1601-6, 16/F, Tower One, Times Square, 1 Matheson Street, Causeway Bay, Hong Kong.

If We fail to provide any information requested in this application, it may result in the Company's inability to accept or process this application.

I HEREBY AUTHORIZE on behalf of the Relevant Persons

- (1) any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organization, institution or person, that has any records or knowledge of me / the Relevant Persons and / or who has attended or may hereafter attend to me / the Relevant Persons to disclose such information to the Company as the Company may request;

(2) the Company or any of its appointed medical examiners, paramedical examiners or laboratories to perform the necessary medical assessment and tests to evaluate the health status of myself / the Relevant Persons in relation to this application and any claim arising therefrom;

(3) the Company to give either the Hong Kong Federation of Insurers or other parties, as required for proper administration of the Code of Practice for Life Insurance Replacement, a copy of the Customer Protection Declaration and any related records or information.

This authorization shall bind the successors and assignees of the Relevant Persons and remains valid notwithstanding death or incapacity. A photocopy of this authorization shall be as valid as the original.

I HEREBY DECLARE AND AGREE that I have the full authority from and consent of the Relevant Persons to make the above declarations, agreements and authorizations.

本人謹此確認本人並沒有代表任何其他人士提出此保單更改 / 服務申請；如在此申請書或就此申請提交的任何其他文件上另有註明則除外。

本人謹此代表本人及其他在此申請書上及有關的保單合約內提及之人士（下稱「相關人士」或「我們」）（為免存疑，「相關人士」或「我們」指包括本人及此申請書上及有關的保單合約內之其他人士）聲明及同意

(1) 本人之保單依照本申請書之選擇作出更改；

(2) 申請需符合下列條件後方可生效；(i)繳清所有申請所需之款項；(ii)申請是於上述保單被保人在生之情況下經貴公司在公司辦事處（根據上述保單合約內之定義）批核；

(3) 更改之要求由申請日期生效，除非特別指定一較遲日期，但該更改必須是保單內列為可更改事項或經貴公司許可；

(4) 上述之申請是基於本人之個人判斷，並沒有依賴任何理財顧問所提供的意見；

(5) 上述一切陳述及問題的所有答案，不論是否本人親手所寫，就本人所知所言，均為事實之全部並確實無訛；

(6) 上述問題的所有答案（如適用）及此申請書，將成為更改保單的根據，並作為保單一部份；

(7) 本人對任何人所作出的任何聲明，如沒有在此申請書上填寫或印出，貴公司不須受其約束。

本人謹此代表相關人士陳述、保證及證明

(1) (i)所有投資在有關本投保申請之保單內的款項已被或將會被妥善地向我們個別以稅務為目的之慣常居所之管轄區的有關稅務機關作出申報及 / 或向任何其他根據適用的法律及規例而必須或適當之管轄區的有關稅務機關作出申報，及 (ii)沒有任何資金是從非法活動或來源及 / 或逃稅直接或間接得來；

(2) 當本人 / 我們並非保單發出地之管轄區的稅務居民，AXA集團可根據適用的法律及規例，向本人 / 我們的母國的稅務及 / 或其他政府機構披露本人 / 我們的身份及某些有關本投保申請之保單的資料。本人 / 我們現共同及個別准許並同意貴公司可根據酌情權作出該等披露；

(3) 如有違反上述陳述及保證，本人 / 我們現共同及個別以明示方式確認及同意，在適用法律及規例所允許的最大限度下，貴公司有權 (i)立即終止保單；(ii)不論根據本段落第(i)條而終止保單的實際日期，向本人 / 我們徵收相當於保單在發出後即時被退保而根據保單可徵收的最高退保費用及任何其他費用；(iii)通知有關政府機關及向其提供所有根據貴公司全權酌情決定認為有需要或適當有關任何相關人士及 / 或保單的資料；及 (iv)如在諮詢政府機關及法律顧問後認為合適，(a)向本人退還直至終止日期已支付予貴公司的保費及其他數額，但扣減根據本段落第(ii)條適用之退保費用及其他費用（「退款數額」），或 (b)因應主管政府機關要求或需要，凍結或向有關政府機關繳交全部或部分的退款數額，或應主管政府機關的要求或需要，採取其他行動。

本人謹此代表相關人士聲明及同意

(1) 貴公司可以使用、儲存、處理、轉移或披露及 / 或分享貴公司所不時收集、編輯或持有之任何相關人士的個人資料（不論是否此申請書所載或從其他途徑所取得）予任何不論在本港境內或境外與貴公司聯繫之個別人士、獨立個體及 / 或機構、再保公司、理賠調查公司、業內組織或聯會、基金管理公司、財務機構、政府機關及 / 或貴公司指定之服務供應商作以下用途：(i)審核及評估此申請及任何其他投保申請或保單更改 / 服務申請；(ii)向相關人士提供隨後的服務，其包括但不限於已繕發保單之管理，或保險及 / 或其他金融產品或服務之直接市場推廣及資料核對用途；(iii)分析相關人士的財務需要；(iv)進行市場研究統計或其他用途；(v)向相關人士推廣其他金融服務及 / 或產品；(vi)為遵守任何適用的司法管轄權之法律；及 / 或 (vii)提供與貴公司業務運作相關的其他服務；

(2) 本人 / 我們明白本人 / 我們有權就貴公司持有或管理我們各自的個人資料提出查閱及修正的要求。貴公司可就處理任何查閱資料的要求收取合理費用。如本人 / 我們不願意接收直接市場推廣資訊或資料，本人 / 我們將會以貴公司指定書面形式通知貴公司。所有有關要求必須致函香港銅鑼灣勿地臣街1號時代廣場1座16樓1601-6室向客戶服務主管提出。

如我們不能提供任何此申請所需的資料，貴公司或不能接受或處理此申請。

本人謹此代表相關人士授權

(1) 任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構、或其他組織、機構或人士，凡知道或持有任何有關本人 / 相關人士之記錄，及 / 或曾診驗或可能將會診驗本人 / 相關人士者，均可應貴公司要求將該等資料提供給貴公司；

(2) 貴公司或任何其指定之驗身醫生、醫療人員或化驗所，可就此申請或任何與此有關之賠償申請替本人 / 相關人士進行所需之醫療評估及測試，作為審核本人 / 相關人士之健康狀況；

(3) 貴公司於有需要時，向香港保險業聯會或其他執行壽險轉保守則的機構，提供客戶保障聲明書副本，以及其他有關紀錄或資料。

此授權對相關人士之繼承人及受讓人具有約束力；即使相關人士死亡或無行為能力時，此授權仍具效力。此授權書的影印本與正本均有同等效力。

本人謹此聲明及同意已獲相關人士授權及同意本人作出以上聲明、協議及授權。

IMPORTANT NOTE 注意：PLEASE DO NOT SIGN ON BLANK FORM 請勿在空白表格上簽署

<div>Signature of existing Owner/existing Trustee 現有持有人 / 現有信託人簽署</div>	<div>Signature of new Trustee/new Owner 新信託人 / 新持有人簽署</div>
<div>Signature of Witness/Financial Consultant 見證人 / 理財顧問簽署</div>	<div>Sign Date 簽署日期 (D / M / Y 日/月/年)</div>
<div>(Name 姓名： )</div>	



redefining / standards



Policy Number 保單編號：

## Policy Service Application Form I 保單服務申請書 I

### Full name of Insured 被保人姓名

In English Surname 英文姓名 姓	Given Name 名
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### Full name of Owner / Trustee 持有人 / 信託人姓名

In English Surname 英文姓名 姓	Given Name 名
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### Financial Consultant Details 理財顧問資料

Financial Consultant Code: 理財顧問編號：	Financial Consultant Name: 理財顧問姓名：	Financial Consultant Contact No.: 理財顧問聯絡號碼：
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"The Company" "本公司" 或 "貴公司"：

AXA China Region Insurance Company (Bermuda) Ltd (Incorporated in Bermuda with limited liability) / AXA China Region Insurance Company Limited  
安盛保險(百慕達)有限公司(於百慕達註冊成立的有限公司) / 安盛金融有限公司

### Application of change type & Important note 更改項目申請及重要事項

**Note 注意:** This is required to tick the box(es) below to indicate your change application(s). Please read "Important note" and complete related section(s).  
請在下列所需更改項目的空格內加上「✓」號。請細閱「重要事項」並填寫相關部分。

<input type="checkbox"/> Owner's Contact Details 持有人聯絡資料	<input type="checkbox"/> Life eServices of Owner 持有人人壽保險網上服務	<input type="checkbox"/> Beneficiary 受益人	<input type="checkbox"/> Personal Particulars 個人資料
<input type="checkbox"/> Authorized Signature 授權簽名	<input type="checkbox"/> Payment Mode 繳付方式	<input type="checkbox"/> Payment Method / Autopay Cycle 繳付方法 / 自動轉賬週期	<input type="checkbox"/> Indexation Inflation Option / Inflation Shelter 指數增值抗衡通脹選項 / 抗衡通脹
<input type="checkbox"/> Coverage Change 保障更改	<input type="checkbox"/> Policy Currency Conversion 保單貨幣轉換	<input type="checkbox"/> Term Policy Conversion 定期保險轉換	<input type="checkbox"/> Duplicate Policy 保單副本
<input type="checkbox"/> Dividend Option 紅利選擇	<input type="checkbox"/> Non-payment / Nonforfeiture Option 停止付款選擇	<input type="checkbox"/> Premium Deduction 扣減保費期	<input type="checkbox"/> Others 其他

#### Important note:

- This form is to be completed by the Owner / Trustee / Assignee in BLOCK LETTERS and signed with the signature same as recorded in the policy file.
- If your application is submitted through your Financial Consultant, please state his/her consultant code, name and contact number.
- We shall have right to reject your application if you fail to fulfill Company's requirement(s).
- Please submit a copy of the identification document of the Owner, unless submitted before, together with this form.**
- For any change of information indicated in Section (15), please submit relevant document proof of: (a) valid identification document and deed poll (if applicable), (b) nationality for non-Hong Kong permanent resident (e.g. passport copy), and/or (c) company ownership structure (for corporate owner only) (e.g. company search report). We reserve the right to ask for additional identification documents where necessary.
- Please tick in the box to indicate the change(s) you want to apply.

#### 重要事項：

- 此申請書應由持有人/ 信託人/ 受讓人以正楷填寫及簽名，簽名式樣須與保單上的記錄相符。
- 如此申請書經理財顧問遞交，請註明編號、姓名及聯絡電話。
- 如閣下未能符合本公司的有關規定，本公司有權拒絕閣下的申請。
- 如在此之前未有遞交身份證明文件，請隨此申請書一併遞交持有人的身份證明文件副本。**
- 如有填寫部分 (15) 之更改資料，閣下必須遞交下列相關證明文件：(a) 有效身份證明文件及改名契約 (如適用)、(b) 非香港永久性居民國籍證明 (例如：護照副本) 及 / 或 (c) 公司擁有權架構 (只適用於公司持有人) (例如：公司查冊報告)。本公司有權因應需要要求持有人遞交其他文件。
- 請於方格內以「✓」來表示所申請的更改項目。

### 1. Owner's contact details 持有人聯絡資料

- Note:** 1. If Owner's Email Address is provided, Life eServices will be applied / changed (if applicable).  
2. The PIN of Life eServices will be sent directly to the registered e-mail address.

- 注意:** 1. 如有提供持有人電郵地址，將同時申請/ 更改人壽保險網上服務(如適用)。  
2. 「人壽保險網上服務」的密碼將以電子郵件形式發出。

Correspondence address in English 英文通訊地址	Room 室 / Flat 單位 Floor 樓層 Block 座		
	Name of Building/Estate 大廈或屋邨名稱 Street No. & Name 街道名稱及號碼		
	District 地區	Postal Code 郵寄代碼	Country 國家
Contact No. 聯絡號碼	Residence 住宅：	Office 辦事處：	Mobile 流動電話：
Owner's E-mail Address 持有人電郵地址	_____@_____		



\*LWUFPOS\*

\*PHKIPOLSER\*

LFP012-1212

2. Life eServices of Owner 持有人人壽保險網上服務

Note 注意: For application of Life eServices, the PIN of Life eServices will be sent directly to the registered e-mail address. 如申請人壽保險網上服務，有關密碼將以電子郵件形式發出。

☐ Apply for Life eServices 申請人壽保險網上服務  
New Registered E-mail Address 新的註冊電郵地址：

@

☐ Change of registered E-mail Address of Life eServices 更改人壽保險網上服務之註冊電郵地址  
New Registered E-mail Address 新的註冊電郵地址：

@

☐ Terminate Life eServices Account 取消使用人壽保險網上服務

3. Change of beneficiary 更改受益人

Note: 1. Please tick appropriate box for beneficiary class.  
2. Beneficiary change is NOT applicable to policy with declaration of trust.  
3. Please include detail of all beneficiaries as this change will supercede the previously stated one.  
4. Death proceeds of this policy shall be payable to the beneficiaries in equal shares unless otherwise stated.  
5. Total share of each beneficiary class must be added up to 100%.

☐ I, hereby declare that any trustee designated in the table below shall be appointed as trustee to receive any death proceeds under the policy for the beneficiary named on and in accordance with the percentage proportion as shown in the same row before such beneficiary attains the age of 18.  
本人，謹此聲明，受益人年滿十八歲前，於表內指定之信託人將被委任為以信託人身份代表受益人根據下述表內同一行所示之百分比收取身故賠償金額。

注意: 1. 有關受益人之類別請在適合的空格內加上「✓」號。  
2. 受益人更改不適用於保單簽發信託聲明。  
3. 請填寫所有受益人的資料，此更改將取代原有指定的受益人。  
4. 如分配比率未有註明，保單的身故賠償將平均支付予每名受益人。  
5. 每受益人類別之百分比率須總共100%。

Beneficiary Class 受益人類別		Full name of beneficiary 受益人姓名	Relationship to Insured 與被保人關係	Beneficiary ID / Passport no. 受益人身份證 / 護照號碼	Share (%) 分配比率 (百分比)
Primary 基本	Secondary 次位				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				

Please complete below details for the appointment of trustee (Only applicable to beneficiary under the age of 18)  
請填寫信託人資料及與受益人關係 (只適用於受益人未滿十八歲)

Full Name of Trustee 信託人姓名	Full Name of beneficiary 受益人姓名	Relationship to beneficiary 與受益人關係	Trustee ID / Passport no. 信託人身份證 / 護照號碼

4. Change of personal particulars 更改個人資料

☐ Personal particulars of Insured 被保人個人資料

Full name of Insured 被保人姓名 / 名稱 (as shown in identity document 身份證明文件上的名稱)

In English Surname  
英文姓名 姓

Given Name  
名

In Chinese 中文姓名  
(If applicable 如適用)

Identity document no.  
身份證明文件號碼

Sex  
性別 ☐ Male 男性 ☐ Female 女性

Date of birth (D / M / Y)  
出生日期(日 / 月 / 年)

☐ Personal particulars of Owner / Trustee 持有人 / 信託人個人資料

Full name of Owner / Trustee 持有人 / 信託人之個人姓名 / 名稱 (as shown in identity document 身份證明文件上的名稱)

In English Surname  
英文姓名 姓

Given Name  
名

In Chinese 中文姓名  
(If applicable 如適用)

Identity document no.  
身份證明文件號碼

Sex  
性別 ☐ Male 男性 ☐ Female 女性

Date of birth (D / M / Y)  
出生日期(日 / 月 / 年)

5. Change of authorized signature 更改授權簽名

☐ New Authorized Signature of Insured 被保人的新授權簽名

☐ New Authorized Signature of Owner / Trustee 持有人 / 信託人的新授權簽名

6. Change of premium payment mode/method/autopay cycle 更改保費繳付方式 / 方法 / 自動轉賬週期

**Note:** 1. To re-arrange payment method by new bank autopay/credit card autopay, please also submit Direct Debit Authorization form or Credit Card Authorization Form.

2. Change of autopay cycle will be not applicable to credit card payment.

**注意:** 1. 如重新申請自動轉賬 / 信用卡轉賬，請同時填寫自動轉賬 / 信用卡轉賬付款授權書。

2. 更改自動轉賬週期並不適用於信用卡自動轉賬之客戶。

☐ Change of payment mode 更改保費繳付方式

☐ Annual 年繳    ☐ Semi-Annual 半年繳    ☐ Monthly 月繳 (Must choose autopay or credit card autopay payment method 須選擇自動轉賬或信用卡轉賬繳付方法)

☐ Change of payment method 更改保費繳付方法

☐ Autopay 自動轉賬    ☐ AXA Citibank Credit Card Autopay 安盛 Citibank 信用卡轉賬

☐ Non-Autopay (Not applicable to monthly payment mode) 非自動轉賬 (不適用於月繳保費繳付方式)

☐ Change autopay cycle 更改自動轉賬之週期

☐ First cycle 月初轉賬    ☐ Second cycle 月中轉賬

7. Indexation Inflation Option / Inflation Shelter 指數增值抗衡通脹選項 / 抗衡通脹

☐ Cancel 永久取消

☐ Decline current upgrade 取消本年度增值抗衡通脹

8. Coverage change 保障更改

**Note:** 1. Should there be any policy refund, cheque will be made in Hong Kong dollar currency and deliver to you directly, if not specify.

2. If you wish to increase/upgrade/add coverage, please submit "Policy Service Application Form II".

**注意:** 1. 如有任何保單退款，支票將以港幣折算並直接寄送予閣下（另有註明除外）。

2. 如閣下欲增加/提升/新增保障，請遞交「保單服務申請書II」。

☐ Decrease sum insured of Basic Plan 遞減基本投保額

New Amount (in policy currency) 更改後之基本投保額 (保單貨幣) \_\_\_\_\_

☐ Change of Supplementary Benefit (Please state the details below) 更改附加契約 (請於下列填寫有關的更改)

Supplement Name 附加契約名稱	Cancel 取消	Decrease 遞減	New total sum insured after decrease (in policy currency) 遞減後新投保總額 / 保障 (保單貨幣)
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

9. Policy currency conversion 保單貨幣轉換

**Note 注意:** Please submit handling fee for currency conversion. 請附上保單貨幣轉換之行政費用，作為簽發新保單的費用。

☐ Policy Currency conversion 保單貨幣轉換

New policy currency 新保單貨幣 \_\_\_\_\_

10. Term policy conversion 定期保險轉換

**Note 注意:** For term basic conversion or term supplement conversion, please also complete "Insurance Application Form". 定期保險或定期附加保險轉換，請同時填寫「保險投保書」。

☐ \* Term Basic Conversion 定期保險轉換 / Term Supplement Conversion 定期附加保險轉換

Sum insured to be converted (In policy currency) 轉換的保額(保單貨幣) \_\_\_\_\_

Handling of Remaining Balance of Sum Insured after Conversion 轉換後剩餘保額處理方法

☐ Cancel 取消    ☐ Keep in Policy 保留於保單    Other Requests 其他要求 \_\_\_\_\_

New Policy No. (to be completed by Company) 新保單編號 (由公司填寫) \_\_\_\_\_

\*Please delete as inappropriate 請將不適用者刪去

Please note that any cancellation right in respect of a policy and right to refund of premium as a result of such cancellation is not applicable to any non-investment-linked policy issued from term conversion. When a new policy is issued, the sum insured converted will be reduced from the sum insured of the relevant term basic policy/term supplement accordingly. If the remaining sum insured of the term basic policy/term supplement is below the prevailing minimum issue limit of the basic plan/supplement as may be determined by the Company from time to time or if the whole amount of the sum insured of the term basic policy/term supplement is converted, the relevant term basic policy/term supplement shall be terminated and cease to be in effect upon the issue of the new policy and any premium paid in respect of the term basic policy/term supplement shall not be refunded. 請注意，有關保單上的任何取消投保權益及因該取消投保而可獲發還保費的權益不適用於任何由定期保險轉換所繕發的非投資連繫式保單。當新保單繕發後，已轉換的保額將從有關的定期保險 / 定期附加保險的保額中減除。如剩餘的定期保險 / 定期附加保險保額低於當時有關基本計劃 / 附加契約按本公司可能不時釐定的保額下限，或如定期保險 / 定期附加保險的保額已經全數轉換，則有關的定期保險保單 / 定期附加保險契約將於新保單繕發時終止及不再有效，而任何有關的定期保險保單 / 定期附加保險已繳之保費亦將不獲發還。



11. Duplicate policy 保單副本

**Note 注意:** Please submit an administration fee for a duplicate policy. 請附上保單副本之申請行政費用。

☐ Request for Duplicate Policy 申請保單副本

I DECLARE that the original policy contract has been lost / destroyed. No other person has any claim or interest in this policy by virtue of any assignment or mortgage. I hereby apply for a duplicate of the policy contract and agree that the original policy contract and any previously issued duplicated policy contract shall cease to be the policy contract of this policy upon the issuance of the duplicate policy contract.

本人在此聲明，保單正本已遺失 / 毀壞。沒有其他人因轉讓或按揭而對此保單可作任何索償或享有任何權益。本人謹此申請補發保單副本，並同意在此副本補發後，保單正本及任何之前發出的保單副本將終止成為此保單的保單文件。

12. Change of dividend option (Applicable to participating plan only) 更改紅利選擇 (只適用於分紅保險計劃)

☐ Option 1 選擇一 : Cash / Cash Withdrawal 現金給付 / 提取現金

☐ Option 2 選擇二 : Reduce Premium / Premium Reduction 低繳保費 / 遞減保費

☐ Option 3 選擇三 : Accumulate / Dividend Accumulation 儲存 / 積存紅利

☐ Option 4 選擇四 : Paid Up Additional Insurance / Paid-up Additions 購買增額繳清保險 / 增購繳清保險

13. Change of non-payment/nonforfeiture option 更改停止付款選擇

**Note 注意:** Should there be any policy refund, cheque will be made in Hong Kong dollar currency and deliver to you directly, if not specify.  
如有任何保單退款，支票將以港幣折算並直接寄送予閣下（另有註明除外）。

☐ Extended Term Insurance 延續定期保險 / 展期保險

☐ Paid Up Insurance/Reduced Paid-Up Insurance 減額繳清保險

14. Premium deduction (Including all supplementary benefits) 扣減保費期 (包括所有附加保障)

Subject to the terms and conditions listed below, I hereby request to apply the accumulated funds in the Policy for settlement of future premiums.  
在不抵觸下列條件的情況下，本人要求以保單內的積存金額到期日付保費。

☐ Premium Deduction start from premium due date 於保費到期日開始扣減保費期

☐ Premium Deduction End Date 扣減保費期停止日期 : \_\_\_\_\_  
a) Start date shall be the premium due date of the policy. 開始日期為保單的保費到期日。  
b) Payment mode will be changed automatically to annual payment unless otherwise specified. 除另外列明，繳費方式將自動轉為年繳。

15. Customer due diligence (Only applicable to Owner) 客戶盡職審查 (只適用於持有人)

If you have any change in any of the information as indicated below, please complete this section and provide the relevant document proof.  
**We shall treat the relevant customer information unchanged from our latest record unless you complete the information in this section.**  
如閣下之下列資料有所更改，請填寫此部分並遞交相關文件證明。**倘若下列部分未有填寫，有關的資料將視作與本公司最近之記錄維持不變。**

Full name of Owner 持有人之個人姓名 / 名稱 (as shown in identity document 身份證明文件上的名稱)

In English 英文姓名	Surname 姓	Given Name 名
-----------------	-----------	--------------

In Chinese 中文姓名 (If applicable 如適用)	
--	--

Identity document type & no. (Please tick one and complete details) 身份證明文件類別及號碼 (請選一項及填寫詳情)

☐ HK Permanent Resident 香港永久性居民  
H.K.I.D. Card No. 香港身份證號碼

☐ Non-HK Permanent Resident 非香港永久性居民  
Identity Card / Passport No. 身份證 / 護照號碼

☐ Corporate Client 公司客戶  
Business Registration / Company Registration No. 商業登記 / 公司註冊號碼

Nationality / Place of Incorporation 國籍 / 成立註冊地點	Change of company ownership structure (For corporate owner only) 公司架構變動 (只適用於公司團體持有人)
	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If answer is "Yes", please fill and submit the form "Supplement – For Corporate Owner". 若回答「是」，請填寫及遞交「資料補充 - 持有人為公司團體專用」。

16. Other service request 其他更改

17. Declarations and agreement 聲明及協議

I HEREBY CONFIRM that I am not acting on behalf of any other person for this policy change / service application unless otherwise expressly indicated in this application form or any other documents provided to the Company for this application.

I HEREBY DECLARE AND AGREE on behalf of myself and other persons referred in the relevant policy contract(s) and in this application (hereinafter referred to as "Relevant Persons", "We", "Our" or "Us") (for the avoidance of doubt, the expressions "Relevant Persons", "We", "Our" or "Us" include myself and such other persons) that

- (1) My policy is changed in accordance with the particulars set in this application;
- (2) the application(s) shall only take effect provided all of the following conditions are met: (i) any required payment for the application(s) is paid in full; (ii) the application(s) is / are approved by the Company at the Company's office (as defined in the policy contract of the above policy) during the lifetime of the person(s) insured by the above policy;
- (3) the application(s) shall be effective from the date of this request unless a later date is specially indicated, but only if the change is provided by the policy or is allowed by the Company under the policy;
- (4) the application(s) as indicated above is/are based on my own judgment and I have not relied on any advice provided by Financial Consultant;
- (5) all information, statements and answers to all questions whether or not written by my own hand are to the best of my knowledge and belief complete and true;



Policy Service Application Form I 保單服務申請書 I

- (6) I have read and fully understood the relevant Principal Brochure and Investment Fund Choice leaflet and fully understand that investment in an investment-linked plan involves risks and value of Units in the Investment Funds may rise or fall. The benefits payable under such plan are linked to the performance of the Investment Funds invested in respect of the above policy;
- (7) all statements and answers to such questions, together with this application, shall form the basis for policy change / service and become a part of the policy;
- (8) the Company is not bound by any statement which I may have made to any person if not written or printed here.

I HEREBY DECLARE and AGREE on behalf of the Relevant Persons that

- (1) any information and personal data of the Relevant Persons collected, compiled or held by the Company from time to time (whether contained in this application or otherwise), may be used, stored, processed, transferred or disclosed to and/or shared with individuals, entities and/or organizations associated with the Company, reinsurance companies, claims investigation companies, industry associations or federations, fund management companies, financial institutions, government authorities and/or the Company's appointed service providers, in each case whether within or outside of Hong Kong, for the purpose of: (i) processing and evaluating this application and any other application for insurance or policy change / service; (ii) providing subsequent services to Us including but not limited to administering the policies issued or direct marketing of insurance and/or other financial products or services and data matching; (iii) evaluating Our potential financial needs; (iv) conducting market research for statistical or other purposes; (v) marketing other financial services and/or products to Us; (vi) complying with the laws of any applicable jurisdiction; and/or (vii) other services in connection with the operation of the Company's business;
- (2) 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. A reasonable fee may be charged for processing any data access request. If I/We do not wish to receive direct marketing information or materials, I/We will notify the Company in a written form specified by the Company. All such requests shall be addressed to the Head of Customer Service of the Company at Suite 1601-6, 16/F, Tower One, Times Square, 1 Matheson Street, Causeway Bay, Hong Kong.

If We fail to provide any information requested in this application, it may result in the Company's inability to accept or process this application.

I HEREBY AUTHORIZE on behalf of the Relevant Persons

- (1) any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organization, institution or person, that has any records or knowledge of me/the Relevant Persons and/or who has attended or may hereafter attend to me/the Relevant Persons to disclose such information to the Company as the Company may request;
- (2) the Company or any of its appointed medical examiners, paramedical examiners or laboratories to perform the necessary medical assessment and tests to evaluate the health status of myself/the Relevant Persons in relation to this application and any claim arising there from;
- (3) the Company to give either the Hong Kong Federation of Insurers or other parties, as required for proper administration of the Code of Practice for Life Insurance Replacement, a copy of the Customer Protection Declaration and any related records or information.

This authorization shall bind the successors and assignees of the Relevant Persons and remains valid notwithstanding death or incapacity. A photocopy of this authorization shall be as valid as the original.

I HEREBY DECLARE AND AGREE that I have the full authority from and consent of the Relevant Persons to make the above declarations, agreements and authorizations.

本人謹此確認本人並沒有代表任何其他人士提出此保單更改 / 服務申請；如在此申請書或就此申請提交的任何其他文件上另有註明則除外。

本人謹此代表本人及其他在此申請書提及之人士（下稱「相關人士」或「我們」）（為免存疑，「相關人士」或「我們」指包括本人及此申請書上及有關的保單合約內提及之其他人士）聲明及同意：

- (1) 本人之保單依照本申請書之選擇作出更改；
- (2) 申請需符合下列條件後方可生效：(i) 繳清所有申請所需之款項；(ii) 申請是於上述保單被保人在生之情況下經貴公司在公司辦事處（根據上述保單合約內之定義）批核；
- (3) 更改之要求由申請日期生效，除非特別指定一較遲日期，但該更改必須是保單內列為可更改事項或經貴公司許可；
- (4) 上述之申請是基於本人之個人判斷，並沒有依賴任何理財顧問所提供的意見；
- (5) 上述一切陳述及問題的所有答案，不論是否本人親手所寫，就本人所知所言，均為事實之全部並確實無訛；
- (6) 本人已細閱並明白有關主要推銷刊物及投資基金選擇簡介並完全明白投資在投資連繫式壽險計劃涉及風險，投資基金單位價值可升亦可跌。此計劃的可支付利益與上述保單所投資的投資基金表現連繫；
- (7) 上述問題的所有答案（如適用）及此申請書，將成為更改保單的根據，並作為保單一部份；
- (8) 本人對任何人所作出的任何聲明，如沒有在此申請書上填寫或印出，貴公司不須受其約束。

本人謹此代表相關人士聲明及同意

- (1) 貴公司可以使用、儲存、處理、轉移或披露及 / 或分享貴公司所不時收集、編輯或持有之任何相關人士的個人資料（不論是否此申請書所載或從其他途徑所取得）予任何不論在本港境內或境外與貴公司聯繫之個別人士、獨立個體及 / 或機構、再保公司、理賠調查公司、業內組織或聯會、基金管理公司、財務機構、政府機關及 / 或貴公司指定之服務供應商作以下用途：(i) 審核及評估此投保申請及任何其他投保申請或此保單更改 / 服務申請；(ii) 向相關人士提供隨後的服務，其包括但不限於已繕發保單之管理，或保險及 / 或其他金融產品或服務之直接市場推廣及資料核對用途；(iii) 分析相關人士的財務需要；(iv) 進行市場研究統計或其他用途；(v) 向相關人士推廣其他金融服務及 / 或產品；(vi) 為遵守任何適用的司法管轄權之法律；及 / 或(vii)提供與貴公司業務運作相關的其他服務；
- (2) 本人 / 我們明白本人 / 我們有權就貴公司持有或管理我們各自的個人資料提出查閱及修正的要求。貴公司可就處理任何查閱資料的要求收取合理費用。如本人 / 我們不願意接收直接市場推廣資訊或資料，本人 / 我們將會以貴公司指定書面形式通知貴公司。所有有關要求必須致函出香港銅鑼灣勿地臣街1號時代廣場1座16樓1601-6室向客戶服務主管提出。

如我們不能提供任何此申請所需的資料，貴公司或不能接受或處理此申請。

本人謹此代表相關人士授權

- (1) 任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構、或其他組織、機構或人士，凡知道或持有任何有關本人 / 相關人士之記錄，及 / 或曾診驗或可能將會診驗本人 / 相關人士者，均可應貴公司要求將該等資料提供給貴公司；
- (2) 貴公司或任何其指定之驗身醫生、醫療人員或化驗所，可就此申請或任何與此有關之賠償申請替本人 / 相關人士進行所需之醫療評估及測試，作為審核本人 / 相關人士之健康狀況；
- (3) 貴公司於有需要時，向香港保險業聯會或其他執行壽險轉保守則的機構，提供客戶保障聲明書副本，以及其他有關紀錄或資料。

此授權對相關人士之繼承人及受讓人具有約束力；即使相關人士死亡或無行為能力時，此授權仍具效力。此授權書的影印本與正本均有同等效力。

本人謹此聲明及同意已獲相關人士授權及同意本人作出以上聲明、協議及授權。

IMPORTANT NOTE 注意：PLEASE DO NOT SIGN ON BLANK FORM 請勿在空白表格上簽署

<div>Sign on _____ 簽署日期 (D / M / Y 日/月/年)</div>	<div>Signature of Owner / Trustee 持有人 / 信託人簽署</div>
<div>Signature of Witness / Financial Consultant 見證人 / 理財顧問簽署</div>	<div>Signature of Collateral Assignee / Irrevocable Beneficiary 抵押轉讓受讓人 / 不可更換受益人簽署</div>
<div>(Name 姓名：_____ )</div>	



redefining / standards



Policy Number 保單編號：

## Policy Service Application Form II 保單服務申請書 II

### Full name of Insured 被保人姓名

In English 英文姓名	Surname 姓	Given Name 名
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### Full name of Owner / Trustee / Collateral Assignee 持有人 / 信託人 / 抵押轉讓受讓人姓名

In English 英文姓名	Surname 姓	Given Name 名
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### Financial Consultant Details 理財顧問資料

Financial Consultant Code: 理財顧問編號：	Financial Consultant Name: 理財顧問姓名：	Financial Consultant Contact No.: 理財顧問聯絡號碼：
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"The Company" "本公司" 或 "貴公司"：

AXA China Region Insurance Company (Bermuda) Ltd (Incorporated in Bermuda with limited liability) / AXA China Region Insurance Company Limited  
安盛保險（百慕達）有限公司（於百慕達註冊成立的有限公司）/ 安盛金融有限公司

### Application of change type & Important note 更改項目申請及重要事項

**Note 注意:** This is required to tick the box(es) below to indicate your change application(s). Please read "Important note" and complete related section(s).  
請在下列所需更改項目的空格內加上「✓」號。請細閱「重要事項」並填寫相關部分。

<input type="checkbox"/> Coverage Changes 保障更改	<input type="checkbox"/> Policy Reinstatement 保單復效	<input type="checkbox"/> Removal / Reduction of Occupational Rating 剔除 / 減低職業額外風險	<input type="checkbox"/> Other Service Request 其他更改
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#### Important note:

- This form is to be completed by the Owner / Trustee / Collateral Assignee in BLOCK LETTERS and signed with the signature same as recorded in the policy file.
- If your application is submitted through your Financial Consultant, please state his / her consultant code, name and contact number.
- Please submit a copy of the identification document of the Owner, unless submitted before, together with this form.
- For any change of information indicated in Section (7), please submit relevant document proof of: (a) identity [valid identification document, and deed poll (if applicable)], (b) nationality for non-Hong Kong permanent resident (e.g. passport copy), and/or (c) company ownership structure (for corporate owner only) (e.g. company search report).
- We reserve the right to ask for additional identification documents where necessary.
- Please tick in the box to indicate the change(s) you want to apply.
- Please do not sign on blank form.

#### 重要事項：

- 此申請書應由持有人 / 信託人 / 抵押轉讓受讓人以正楷填寫及簽名，簽名式樣須與保單上的記錄相符。
- 如此申請書經理財顧問遞交，請註明理財顧問編號、職銜及聯絡電話。
- 如在此之前未有遞交身份證明文件，請隨此申請書一併遞交持有人的身份證明文件副本。
- 如有填寫第七部分之更改資料，閣下必須遞交下列相關文件：(a) 有效身份證明文件，及改名契約（如適用）、(b) 非香港永久性居民國籍證明（例如：護照副本）及 / 或 (c) 公司擁有權架構（只適用於公司持有人）（例如：公司查冊報告）。
- 本公司有權因應需要要求持有人遞交其他文件。
- 請於方格內以「✓」來表示所申請的更改項目。
- 請勿在空白申請書上簽署。

### Occupation details of Insured / Owner / Trustee 被保人 / 持有人 / 信託人職業資料

<input type="checkbox"/> Insured 被保人	<input type="checkbox"/> Owner / Payor (for policy with Applicant's Waiver of Premium / Payor Benefit only) 持有人 / 付款人（只適用於申請人豁免保費保障 / 付款人豁免付費權益保障）	<input type="checkbox"/> Insured's Spouse (for Spouse Benefit only) 被保人配偶（只適用於配偶保障）	
Current Occupation Title 現時職位	Main Duties 主要職務		
Name of Employer & Office Address 僱主名稱及辦事處地址	Name of Employer 僱主名稱		
	Room 室 / Flat 單位	Floor 樓層	
	Block 座		
	Name of Building/Estate 大廈或屋邨名稱	Street No. & Name 街道名稱及號碼	
District 地區		Postal Code 郵寄代碼	Country 國家
Nature of Employer's Business 僱主業務性質	Office Contact Number 辦公室聯絡號碼	Current Monthly Income (HK\$) 現時每月收入（港幣）	



\*LWUFPOS\*

1. Coverage changes 保障更改

**Note 注意:** If you wish to change the coverage, please complete sections 5-6. 如閣下欲更改保障，請繼續填寫第五至六部份。

☐ Change of plan 更改計劃

Change from 由\_\_\_\_\_ to 改為\_\_\_\_\_

☐ Increase sum insured of Basic Plan 提高基本投保額

New Amount (in policy currency) 更改後之基本投保額（保單貨幣）\_\_\_\_\_

☐ Change of Supplementary Benefit (Please state the details below) 更改附加契約（請於下列填寫有關的更改）

Supplement Name 附加契約名稱	Addition 新增	Increase / Upgrade 加大 / 提高	Sum insured after addition / increase (in policy currency) 新增 / 加大後投保額 / 保障（保單貨幣）
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

2. Policy reinstatement 保單復效

**Note 注意:** If you wish to perform policy reinstatement, please complete sections 5-7. 如閣下欲申請保單復效，請繼續填寫第五至七部份。

☐ In accordance with policy provision 根據保單條款

☐ By forwarding (Redating) the Policy Date 移前(更改)保單生效日期\_\_\_\_\_

3. Removal / Reduction of occupational rating 剔除 / 減低職業額外風險

**Note 注意:** Current occupation details must be provided on “Occupation details of Insured / Owner / Trustee”.  
必須於「被保人 / 持有人 / 信託人職業資料」提供新工作資料。

Started New Job on  
轉職 / 就職日期

(YYYY年/MM月/DD日)

4. Other service request 其他更改

5. Personal statement 個人聲明

**Note:** 1. The “you” and “your” under section 5 shall refer to Insured in this application. If Applicant’s Waiver of Premium is applied, the “you” and “your” shall refer to both the Owner and the Insured unless otherwise stated.  
2. If any of the answers to the questions in section 5, is/are yes, please indicate the section and question number and provide the details in Section 6. Please specify the person affected, dates, diagnosis, duration, treatment, results, and names and addresses of all attending physicians and / or other details.  
3. Question 1 of section 5 must be completed if there is a change of smoking status.

**注意:** 1. 第五部份所提及的「您」及「您的」，乃指有關此投保申請的投保人。如同時申請申請人之豁免保費，除非另有說明，否則「您」及「您的」乃指持有人及投保人。  
2. 若第五部份任何問題之答案為「有」，請於第六部份列明題號及註明詳情。請註明何人、日期、診斷結果、持續時期、治療、治療 / 檢驗結果、主診醫生姓名及地址及 / 或其他詳情。  
3. 如吸煙狀況有所變更，必須回答第五部份問題一。

	Insured 被保人		Owner 持有人	
	Yes 有	No 否	Yes 有	No 否
1) Have you EVER smoked tobacco? 您曾否吸食煙草？ If yes, please state: 若有，請註明： i) Average daily consumption：每天平均消耗量：  ii) Duration of smoking habit for：吸煙年期：  If you previously smoked and have now stopped, please state the date and reason you stopped smoking： 若您過往吸煙及現在經已停止吸食，請註明停止吸煙日期及原因：  Reason 原因：	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Do you drink alcohol? If yes, please state type and consumption per week. 您有否飲用含酒精飲品？如有，請註明種類與每週的飲用量。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Have you ever taken drugs or narcotics as a habit? If yes, please state type and quantity. 您曾否慣性使用藥物或麻醉劑？如有，請註明種類及用量。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Do you participate or intend to participate in any hazardous activities related to your occupation or recreation such as diving, mountaineering, motor sports or aviation (excluding flying as a passenger on a regular schedules airline)? If yes, please complete appropriate questionnaire/Personal Statement. 您有否參與或打算參與任何與工作或娛樂有關之危險性活動？例如潛水、爬山、賽車或飛行（以乘客身份乘搭商業性之民航客機除外）。如有，請填妥有關之問卷 / 個人聲明。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Have you resided outside Hong Kong for more than 6 months during the last 12 months? If yes, please state the country and city, duration and reason. 您曾否於過去十二個月內在香港澳以外居留超過六個月？如有，請註明國家及城市，停留時間及原因。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Has any previous application for or reinstatement of life, disability, health or other insurance for you been declined, postponed, rated or in any way modified? 您在過去投購人壽、傷病、醫療或其他保險時，又或在要求恢復該類保單效力時，曾否遭拒絕、延期、加費或更改受保條件？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Have you EVER made a claim for accident, disability, health insurance and/or social welfare benefits? 您曾否因意外、傷病或健康理由而申請社會福利和/ 或保險賠償？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Insurance in force and amount (including currently applied for) on Insured and Owner (If yes, please state.) 被保人及持有人所有現行生效（包括在申請中）之保險保障（如有，請說明。）	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Insurance Company 承保公司名稱	Sum insured / Benefit (HK\$) 投保額 / 保障（港幣）					Date of Issuance (YYYY/MM) 簽發日期（年 / 月）
	Life Insurance 人壽保險	Disability Income 傷病入息保障	Critical Illness Insurance 嚴重疾病保險	Personal Accident 個人意外	Hospital Benefit / Income 醫療 / 住院入息保障	
Insured 被保人						
Owner 持有人						

# Policy Service Application Form II 保單服務申請書 II

		Insured 被保人	Owner 持有人
9) Please state the height and weight of the Life to be Assured. 請註明被保人和持有人的身高和體重。	Height (m/inch) 身高(米/吋)		
	Weight (kg/lbs) 體重(公斤/磅)		
10) Any weight change in the past 12 months?? 過去一年內曾否有體重之增減?	Gain (kg/lbs) 增(公斤/磅)		
	Loss (kg/lbs) 減(公斤/磅)		
11) Reason for weight change: 體重增減的原因: _____			
Have you ever been diagnosed and / or treated for any of the following disorders or diseases? If yes, please give details. 您曾否經診斷患有及 / 或曾經接受下列任何一種病症之治療? 如有, 請詳述。		Insured 被保人	Owner 持有人
		Yes 有      No 否	Yes 有      No 否
12) any deformity, amputation, congenital and / or acquired physical defect? 任何缺陷、斷肢、先天及 / 或後天的身體缺損?		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
13) cerebral palsy, epilepsy, convulsion, stroke, depression and/or other psychiatric disorder? 大腦性麻痺、癲癇症、中風、抑鬱或其他精神失常?		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
14) diabetes, thyroid and/or other endocrine disorder? 糖尿病、甲狀腺或其他內分泌失調?		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
15) disorder of the eyes, nose, throat or ears? 眼睛、鼻、喉或耳朵之疾病 / 功能失常?		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
16) asthma, pneumonia, tuberculosis or respiratory disease? 哮喘、肺炎、肺結核或呼吸系統疾病?		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
17) raised blood lipids or hypertension? 血脂高或高血壓?		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
18) chest pain, palpitation, cardiovascular or other circulatory diseases? 胸痛、心悸、心臟血管或循環系統疾病?		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
19) ulcer, hernia, haemorrhoid or fistula, intestinal or stomach disease or other digestive disorder? 潰瘍、疝氣、痔瘡、腸胃不適或消化系統疾病?		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
20) hepatitis or hepatitis carrier of any type, gall bladder, bile duct and other liver disorder? 肝炎或帶菌、膽囊、膽管及其他肝臟之疾病 / 功能失常?		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
21) stones or disorder of the urinary bladder, kidneys, or disorder of prostate or reproductive organs? 腎臟、膀胱、前列腺或生殖系統之疾病 / 功能失常或結石?		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
22) neuritis, arthritis, gout, spina bifida, limb, joint, spinal or other musculoskeletal disease? 神經炎、關節炎、痛風症、脊柱裂、其他肢體、關節、脊柱或肌肉骨骼疾病?		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
23) any kind of cyst, tumour or cancer? 任何囊腫、腫瘤或癌症?		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
24) any kind of anaemia, haemophilia or other blood disorder? 任何種類之貧血症或血友病或其他有關血液之疾病?		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
25) Have you been told to have received any medical advice, counseling or treatment in connection with sexually transmitted disease, AIDS, AIDS related complex or any other AIDS related condition? 您曾否接受或有意接受愛滋病或與此病症有關或任何經性接觸傳染之疾病的醫藥建議、輔導或治療?		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
26) Have you ever had AIDS testing done? If yes, please provide date and reason. 您曾否接受愛滋病抗體測試? 如有, 請註明日期及原因。		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
27) in the last 3 months have you had any of the following symptoms for more than one week continuously; fatigue, weight loss, diarrhea, enlarged lymph nodes or unusual skin lesions? 過去三個月內有否連續一星期以上出現疲倦, 體重下降, 腹瀉, 淋巴腫大或不正常的皮膚破損?		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
28) Have you ever had any other illness, disorder, operation, psychological or physical disability or accident not mentioned above? 您曾否患有任何上文未有提及的心理或生理疾病、手術或意外?		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
29) are you currently receiving treatments for any of the above-mentioned disorders or accidents including prescriptions? 您有否因上述疾病及 / 或意外而正在接受診治或藥物治療?		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
30) In the PAST FIVE YEARS, have you had any tests done such as X-ray, ultrasound, MRI, CT scan, biopsy, electrocardiogram, blood or urine test? If yes, please state type, reason, date of test done and results of test. Please provide copy if available. 在過去五年內您曾否接受X光、超聲波檢查、磁力共振、電腦掃描、細胞組織化驗、心電圖、血液或小便檢查? 如有, 請註明種類, 檢查原因, 日期及結果。如有, 請提供報告副本以供參考。		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
31) have any of your parents, siblings or child(ren) ever been diagnosed and / or treated for the disease or disorder of heart, stroke, hypertension, diabetes, liver, kidneys, psychiatric disorder, tumour or cancer, Down's syndrome, spina bifida, systemic lupus erythematosus, or any congenital physical defect or any hereditary disorder? If yes, please give details. 您的父母、兄弟姊妹或子女曾否被診斷患有及 / 或接受治療心臟疾病、中風、高血壓、糖尿病、肝病、腎病、精神病、腫瘤或癌症、唐氏綜合症、脊柱裂、系統性紅斑狼瘡、先天的身體缺損或任何遺傳疾病? 如有, 請詳述。		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>



Policy Service Application Form II 保單服務申請書 II

(Only for Female 只適用於女性)

32) Are you now Pregnant? 您現在是否懷孕？ i) If yes, expected date of delivery 如是，預產期為： <div>(YYYY/MM/DD 年/月/日)</div> ii) Has a test for Down's Syndrome been done or recommended? 曾否或將會接受唐氏綜合症的測試？	<div><input type="checkbox"/><input type="checkbox"/></div> <div><input type="checkbox"/><input type="checkbox"/></div>	<div><input type="checkbox"/><input type="checkbox"/></div> <div><input type="checkbox"/><input type="checkbox"/></div>
33) Have you EVER seen a doctor for any gynaecological problem such as intermenstrual bleeding or pelvic inflammatory disease, disease/disorder of the cervix or breast? 您曾否因為婦科問題而看醫生，例如：於兩次經期間之出血、盆腔炎疾病、子宮頸部或乳房異常？	<div><input type="checkbox"/><input type="checkbox"/></div>	<div><input type="checkbox"/><input type="checkbox"/></div>
34) Have you EVER had complications of pregnancy during gestation in the past 10 years (eg. Ectopic pregnancy, disseminated intravascular coagulation, diabetes or hypertension etc)? 在過去十年內，您曾否在懷孕期間患有併發症（例如：宮外孕、瀰漫性血管內凝血、糖尿病或高血壓等）？	<div><input type="checkbox"/><input type="checkbox"/></div>	<div><input type="checkbox"/><input type="checkbox"/></div>
35) Have you had or been advised to have a mammogram, ultrasonogram of the breast or pelvis, pap smear, cone biopsy, or colposcopy? 您曾否接受或被建議接受或打算接受乳房X光像、乳房或盆腔超聲波檢查、子宮頸細胞塗片檢查、錐形切片檢查或陰道鏡檢查？	<div><input type="checkbox"/><input type="checkbox"/></div>	<div><input type="checkbox"/><input type="checkbox"/></div>

6. Supplementary details 詳情補充

Insured 被保人

Section & Question No. 部份及題號	Details 詳情

Owner 持有人

Section & Question No. 部份及題號	Details 詳情

7. Personal statement – Terminal illness 個人健康聲明 — 末期疾病

	<div>Insured 被保人</div> <div><div>Yes 有</div><div>No 否</div></div>
Had the Insured ever been hospitalized for observation, operation or medical treatment, or been advised to undergo treatment or investigation for cardiovascular or circulatory disease, stroke, any kind of tumour or cancer, disorder of the liver, kidneys or nervous system in the past 5 years? If yes, please provide details in cluding dates, diagnosis, duration, treatment, result, names and addresses of all attending physicians. 在過去五年內，被保人曾否因任何腫瘤或癌症、心血管及循環系統、中風、肝、腎或神經系統的疾病而接受或被建議接受住院觀察、外科手術或治療？若有，請提供詳情，包括日期、診斷結果、持續時間、治療方法、治療結果、主診醫生姓名及地址。	<div><input type="checkbox"/><input type="checkbox"/></div>

8. Customer due diligence (Only applicable to Owner) 客戶盡職審查 (只適用於持有人)

If you have any change in any of the information as indicated below, please complete this section and provide the relevant document proof.  
**We shall treat the relevant customer information unchanged from our latest record unless you complete the information in this section.**  
如閣下之下列資料有所更改，請填寫此部分並遞交相關文件證明。**倘若下列部分未有填寫，有關的資料將視作與本公司最近之記錄維持不變。**

Full name of Owner 持有人之個人姓名 / 名稱 (as shown in identity document 身份證明文件上的名稱)

In English 英文姓名	Surname 姓	Given Name 名
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In Chinese 中文姓名 (If applicable 如適用)	
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Identity document type & no. (Please tick one and complete details) 身份證明文件類別及號碼（請選一項及填寫詳情）

<input type="checkbox"/> HK Permanent Resident 香港永久性居民 H.K.I.D. Card No. 香港身份證號碼	<input type="checkbox"/> Non-HK Permanent Resident 非香港永久性居民 Identity Card / Passport No. 身份證 / 護照號碼	<input type="checkbox"/> Corporate Client 公司客戶 Business Registration / Company Registration No. 商業登記 / 公司註冊號碼
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Nationality / Place of Incorporation 國籍 / 成立註冊地點	Change of company ownership structure (For corporate owner only) 公司架構變動 (只適用於公司團體持有人) <div><input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If answer is "Yes", please fill and submit the form "Supplement – For Corporate Owner". 若回答「是」，請填寫及遞交「資料補充 - 持有人為公司團體專用」。</div>
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9. Declarations and agreement 聲明及協議

I HEREBY CONFIRM that I am not acting on behalf of any other person for this policy change / service application unless otherwise expressly indicated in this application form or any other documents provided to the Company for this application.

I HEREBY DECLARE AND AGREE on behalf of myself and other persons referred to in this application and in the relevant policy contract(s) (hereinafter referred to as "Relevant Persons", "We", "Our" or "Us") (for the avoidance of doubt, the expressions "Relevant Persons", "We", "Our" or "Us" include myself and such other persons) that

- (1) my policy shall be changed in accordance with the particulars set in this application;
- (2) the application(s) shall only take effect provided all of the following conditions are met: (i) any required payment for the application(s) is paid in full; (ii) the application(s) is / are approved by the Company at the Company's office (as defined in the policy contract of the above policy) during the lifetime of the person(s) insured by the above policy;
- (3) the application(s) shall be effective from the date of this request unless a later date is specifically indicated, but only if the change is provided by the policy or is allowed by the Company under the policy;
- (4) the Incontestability Provision and Suicide Exclusion Provision in the policy shall apply upon reinstatement, changes or addition of sum insured or supplements and the period of time specified in the said provisions shall run from the date of approval of this application by the Company;
- (5) the application(s) as indicated above is/are based on my own judgement and I have not relied on any advice provided by Financial Consultant;
- (6) in the case of an investment-linked plan, I fully understand that investment in investment-linked plan involves risks. Value of units in investment options may rise or fall. The benefits payable under such plan are, depending on the policy features, in whole or in part, linked to the performance of the investment options in my investment option allocation instruction;
- (7) all information, statements and answers to all questions whether or not written by my own hand are to the best of my knowledge and belief complete and true;
- (8) all statements and answers to such questions, together with this application, shall form the basis for policy change / service and become a part of the policy;
- (9) the Company is not bound by any statement which I may have made to any person if not written or printed here.



Policy Service Application Form II 保單服務申請書 II

I HEREBY DECLARE and AGREE on behalf of the Relevant Persons that

(1) any information and personal data of the Relevant Persons collected, compiled or held by the Company from time to time (whether contained in this application or otherwise), may be used, stored, processed, transferred or disclosed to and/or shared with individuals, entities and/or organizations associated with the Company, reinsurance companies, claims investigation companies, industry associations or federations, fund management companies, financial institutions, government authorities and/or the Company's appointed service providers, in each case whether within or outside of Hong Kong, for the purpose of: (i) processing and evaluating this application and any other application for insurance or policy change / service; (ii) providing subsequent services to Us including but not limited to administering the policies issued or direct marketing of insurance and/or other financial products or services and data matching; (iii) evaluating Our potential financial needs; (iv) conducting market research for statistical or other purposes; (v) marketing other financial services and/or products to Us; (vi) complying with the laws of any applicable jurisdiction; and/or (vii) other services in connection with the operation of the Company's business.

(2) 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. A reasonable fee may be charged for processing any data access request. If I/We do not wish to receive direct marketing information or materials, I/We will notify the Company in a written form specified by the Company. All such requests shall be addressed to the Head of Customer Service of the Company at Suite 1601-6, 16/F, Tower One, Times Square, 1 Matheson Street, Causeway Bay, Hong Kong.

I HEREBY AUTHORIZE on behalf of the Relevant Persons

(1) any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organization, institution or person, that has any records or knowledge of me/the Relevant Persons and/or who has attended or may hereafter attend to me/the Relevant Persons to disclose such information to the Company as the Company may request;

(2) the Company or any of its appointed medical examiners, paramedical examiners or laboratories to perform the necessary medical assessment and tests to evaluate the health status of myself/the Relevant Persons in relation to this application and any claim arising therefrom.

(3) the Company to give either the Hong Kong Federation of Insurers or other parties, as required for proper administration of the Code of Practice for Life Insurance Replacement, a copy of the Customer Protection Declaration and any related records or information.

This authorization shall bind the successors and assignees of the Relevant Persons and remains valid notwithstanding death or incapacity. A photocopy of this authorization shall be as valid as the original.

If We fail to provide any information requested in this application, it may result in the Company's inability to accept or process this application.

I HEREBY DECLARE AND AGREE that I have the full authority from and consent of the Relevant Persons to make the above declarations, agreements and authorizations.

本人謹此確認本人並沒有代表任何其他人士提出此保單更改/服務申請；如在此申請書或就此申請提交的任何其他文件上另有註明則除外。

本人謹此代表本人及其他在此申請書上及有關的保單合約內提及之人士（下稱「相關人士」或「我們」）（為免存疑，「相關人士」或「我們」指包括本人及此申請書提及之其他人士）聲明及同意

- (1) 本人之保單依照本申請書之選擇作出更改；
- (2) 申請需符合下列條件後方可生效：(i) 繳清所有申請所需之款項；(ii) 申請是於上述保單被保人在生之情況下經貴公司在公司辦事處（根據上述保單合約內之定義）批核；
- (3) 更改之要求由申請日期生效，除非特別指定一較遲日期，但該更改必須是保單內列為可更改事項或經貴公司許可；
- (4) 保單內之不得異議條款及自殺豁免條款將應用於所有復效、更改或增加保額或附加保險之申請，但條款內指定之時限將由公司批核日期起計；
- (5) 上述之申請是基於本人之個人判斷，並沒有依賴任何理財顧問所提供的意見；
- (6) 如投資連繫式壽險計劃，本人完全明白投資在投資連繫式壽險計劃涉及風險，投資選擇單位價值可升亦可跌，投資連繫式壽險計劃的全部或部分可支付利益將視乎保單的特點與本人之投資選擇分配指示中所揀選之投資選擇的表現連繫；
- (7) 上述一切陳述及問題的所有答案，不論是否本人親手所寫，就本人所知所言，均為事實之全部並確實無訛；
- (8) 上述問題的所有答案（如適用）及此申請書，將成為更改保單的根據，並作為保單一部份；
- (9) 本人對任何人所作出的任何聲明，如沒有在此申請書上填寫或印出，貴公司不須受其約束。

本人謹此代表相關人士聲明及同意

- (1) 貴公司可以使用、儲存、處理、轉移或披露及 / 或分享貴公司所不時收集、編輯或持有之任何相關人士的個人資料（不論是否此申請書所載或從其他途徑所取得）予任何不論在本港境內或境外與貴公司聯繫之個別人士、獨立個體及 / 或機構、再保公司、理賠調查公司、業內組織或聯會、基金管理公司、財務機構、政府機關及 / 或貴公司指定之服務供應商作以下用途：(i) 審核及評估此投保申請及任何其他投保申請或保單更改 / 服務申請；(ii) 向相關人士提供隨後的服務，其包括但不限於已續發保單之管理，或保險及 / 或其他金融產品或服務之直接市場推廣及資料核對用途；(iii) 分析相關人士的財務需要；(iv) 進行市場研究統計或其他用途；(v) 向相關人士推廣其他金融服務及 / 或產品；(vi) 為遵守任何適用的司法管轄權之法律；及 / 或 (vii) 提供與貴公司業務運作相關的其他服務。
- (2) 本人 / 我們明白本人 / 我們有權就貴公司持有或管理我們各自的個人資料提出查閱及修正的要求。貴公司可就處理任何查閱資料的要求收取合理費用。如本人 / 我們不願意接收直接市場推廣資訊或資料，本人 / 我們將會以貴公司指定書面形式通知貴公司。所有有關要求必須致函香港銅鑼灣勿地臣街1號時代廣場1座16樓1601-6室向客戶服務主管提出。

本人謹此代表相關人士授權

- (1) 任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構、或其他組織、機構或人士，凡知道或持有任何有關本人 / 相關人士之記錄，及 / 或曾診驗或可能將會診驗本人 / 相關人士者，均可應貴公司要求將該等資料提供給貴公司；
- (2) 貴公司或任何其指定之驗身醫生、醫療人員或化驗所，可就此申請或任何與此有關之賠償申請替本人 / 相關人士進行所需之醫療評估及測試，作為審核本人 / 相關人士之健康狀況；
- (3) 貴公司於有需要時，向香港保險業聯會或其他執行壽險轉保守則的機構，提供客戶保障聲明書副本，以及其他有關紀錄或資料；
- 此授權對相關人士之繼承人及受讓人具有約束力；即使相關人士死亡或無行為能力時，此授權仍具效力。此授權書的影印本與正本均有同等效力。

如我們不能提供任何此申請所需的資料，貴公司或不能接受或處理此申請。

本人謹此聲明及同意已獲相關人士授權及同意本人作出以上聲明、協議及授權。

IMPORTANT NOTE 注意：PLEASE DO NOT SIGN ON BLANK FORM 請勿在空白表格上簽署

<div>Sign on _____</div> <div>簽署日期 (YYYY / MM / DD 年/月/日)</div>	<div>Signature of Insured 被保人簽署</div>
<div>Signature of witness / Financial Consultant</div> <div>見證人 / 理財顧問簽署</div>	<div>Signature of Owner / Trustee / Collateral Assignee / Irrevocable Beneficiary</div> <div>持有人 / 信託人 / 抵押轉讓受讓人 / 不可更換受益人簽署</div>
<div>(Name 姓名: _____)</div>	