



redefining / standards



Policy Number 保單編號 :

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

Important note:

1. 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.
2. If your application is submitted through your Financial Consultant, please state his/her consultant code; name and contact number.
3. Please submit a copy of the identification document of the owner, unless submitted before, together with this form.
4. Please tick in the box to indicate the change(s) you want to apply.

重要事項:

1. 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。
2. 如此申請書經理財顧問遞交，請註明編號、姓名及聯絡電話。
3. 如在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。
4. 請於方格內以「✓」來表示所申請的更改項目。

1. Name of Insured / Owner / Trustee / Assignee 被保人/持有人/信託人/受讓人姓名

Full name of Insured 被保人姓名 :

Full name of Owner / Trustee / Assignee 持有人/信託人/受讓人姓名 :

**2. Owner correspondence address and contact number change
持有人通訊地址及聯絡電話更改**

Correspondence address (in English) 通訊地址 (請以英文填寫)

Room 室	Floor 樓	Block 座	Building/Estate 大廈/屋苑
Street 街道			District 區域
HK / Kowloon / NT / Other Country (Please state) 香港/九龍/新界/其他國家(請填寫)			Postal Code (if applicable) 郵寄代碼(如適用)
Resident Phone No. 住宅電話		Mobile Phone No. 手提電話	
Office Phone No. 公司電話		E-mail Address 電郵地址	

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 :

"The Company"
"本公司"或"貴公司" :

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

AXA China Region Insurance
Company Limited
安盛金融有限公司/

AXA (Hong Kong) Life Insurance
Company Limited
安盛(香港)人壽保險有限公司

If request to return the
document to Owner, please tick
this box.
如要求將有關文件寄予持有人，
請✓這格。



3. Change of authorised signature 簽名更改

Change Signature of Insured 更改被保人簽名

New Authorised Signature 新的授權簽名

Change Signature of Owner 更改持有人簽名

New Authorised Signature 新的授權簽名

4. Personal particulars changes 個人資料更改

Change personal particulars of Insured 更改被保人個人資料

Name 姓名

Surname 姓 Given Name 名

Sex 性別 _____ HKID Card / Passport No 身份證/護照號碼 _____

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

Change personal particular of Owner 更改持有人個人資料

Name 姓名

Surname 姓 Given Name 名

Sex 性別 _____ HKID Card / Passport No 身份證/護照號碼 _____

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

Note 注意：

Please attach copy of HKID card, Passport, Birth Certification or legal documents for supporting documents. 請附上香港身份證、護照、出生證書或其他法律文件副本作為核對。

5. Beneficiary changes 受益人更改

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（「受讓者」）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 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"/>				

Note 注意：

- Please take appropriate box about beneficiary class. 有關受益人之類別請在適合的空格內加上「✓」號
- Beneficiary change is NOT applicable to policy with declaration of trust. 受益人更改不適用於保單簽發信託聲明
- Please include all beneficiaries name as this change will supercede the previously stated one. 請填寫所有受益人姓名，此更改取代原有指定的受益人。
- Death proceeds of this policy shall be payable to the beneficiaries in equal shares unless otherwise stated. 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。
- Total share of each beneficiary class must be added up to 100%. 每受益人類別之百分比率須總共 100%。

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

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

6. Duplicate policy 保單副本

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。

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。

7. Premium payment mode/method/autopay cycle changes 保費繳付方式 / 方法 / 自動轉賬週期更改

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

Auto-pay 自動轉賬

AXA Citibank Credit Card Autopay (Not applicable to policy of AXA Hong Kong Life Insurance Company Limited) 安盛 Citibank 信用卡轉賬 (不適用於安盛 (香港) 人壽保險有限公司的保單)

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

Note 注意：

To re-arrange payment method by new bank auto-pay/ credit card autopay, please also submit Direct Debit Authorisation form or Credit Card Authorisation Form
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

For AXA China Region Insurance Company (Bermuda) and AXA China Region Insurance policy: First Cycle: 2nd, Second Cycle: 16th
安盛保險 (百慕達) 及安盛金融之保單：月初轉賬：2號，月中轉賬：16號

AXA (Hong Kong) Life Insurance policy: First Cycle: 1st., Second Cycle: 15th
安盛 (香港) 人壽保險之保單：月初轉賬：1號，月中轉賬：15號

Change of autopay cycle will be not applicable to credit card payment
更改自動轉賬週期並不適用於信用卡自動轉賬之客戶

8. Financial changes 保障 / 保額更改

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. Term policy / policy currency conversion 定期保險 / 保單貨幣轉換

Policy Currency conversion 保單貨幣轉換

New Policy Currency 新保單貨幣 _____

* 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

Note 注意：

1) 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

2) 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。

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。

10. Miscellaneous 其他項目

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

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

Change of non-payment / nonforfeiture option (Not applicable to investment-linked insurance plans. All other available policy value in the policy will be withdrawn. Please complete "Payment Delivery" part about your payment instruction.)
更改停止付款選擇 (不適用於投資連繫式保險計劃，本保單所有其他積存金額將於同時提取，請填寫款項發放指示。)

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

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。

Application for Life eServices 人壽保險網上服務申請

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

Change 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

The above Application for Life eServices applies to my other policies stated below
上述人壽保險網上服務申請同時適用於本人下列的保單：

Note 注意：

Premium Deduction is applicable to AXA (Hong Kong) Life Insurance Company Limited policy only.
扣減保費期只適用於安盛(香港)人壽保險有限公司。

Note 注意：

This application is only applicable to AXA China Region Insurance Company (Bermuda) Limited and AXA China Region Insurance Company Limited policy.
此申請只適用於安盛保險(百慕達)有限公司及安盛金融有限公司。

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。

11. Other service request 其他更改

12. Declarations and agreement 聲明及授權

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) 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 G/F, AXA Centre, 151 Gloucester Road, Wanchai, Hong Kong.

I HEREBY AUTHORISE 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 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 authorisation shall bind the successors and assignees of the Relevant Persons and remains valid notwithstanding death or incapacity. A photocopy of this authorisation 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 authorisations.

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,其包括但不限於已簽發保單之管理,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灣仔告士打道151號安盛中心地下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

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

For Company Endorsement Use Only 公司批註專用

 Authorised Signature
 授權簽署