



redefining / standards



Policy Number 保單編號 :

Absolute Assignment 絕對轉讓書

Important note:

1. To safeguard your interest, the Company do NOT accept absolute assignment/ownership change to your Financial Consultant.
2. Absolute assignment/ownership change and beneficiary change is 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. Please submit a copy of the identification document of the owner and assignee, unless submitted before, together with this form.
5. This form is to be completed by the owner and assignee in BLOCK LETTERS and signed with the signature same as recorded in the policy file. Please tick in the appropriate boxes and complete the particulars below.
6. Please provide your daytime contact number below. The Company may contact you for any matter regarding this application.

重要事項：

1. 為保障閣下之利益，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及受讓人的身份證明文件副本。
5. 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。
6. 請提供閣下之日間聯絡電話，本公司如需要會就此申請聯絡閣下。

1. Name of Insured / Owner 被保人 / 持有人姓名

Full name of Insured 被保人姓名：

Full name of Owner 持有人姓名：

Owner Contact No (Daytime) 持有人聯絡電話(日間電話)：

2. Absolute assignment & personal details of new Owner / Assignee 絕對轉讓及新持有人 / 受讓人個人資料

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 and revoke any beneficiary designation previously made in respect of the proceeds ("death proceeds") payable upon the death of the life Insured and direct that such proceeds be paid to the new owner/assignee unless otherwise specified in this assignment under beneficiary changes at Section 3.

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新持有人 / 受讓人個人資料欄內所註明的新持有人 / 受讓人，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3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。

Name of new owner/assignee 新持有人 / 受讓人個人姓名

HKID / Passport / Business Registration No 香港身份證 / 護照 / 商業登記號碼

Nationality 國籍

Date of birth(DD/MM/YYYY) 出生日期(日/月/年)

Sex 性別

Relationship to insured 與被保人之關係

Occupation title and main duties 職位及主要職務

Nature of employer's business 僱主業務性質

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



LWUFPOS

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

***Residential address (in English) (same as the above correspondence address unless otherwise specified)
住宅地址 (請以英文填寫) (除列明外, 住宅地址將與上述通訊地址相同)

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)

3. 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 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 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

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%。

4. New Owner/Assignee personal statement 新持有人/受讓人個人聲明

I, the new owner ("assignee"), hereby declare that 本人，新持有人(「受讓人」)謹此確認

- I am not acting on behalf of another person in connection with this application
本人不代表其他人士提出此申請
- I am acting on behalf of another person in connection with this application as
本人代表其他人士提出此申請作為
- Trustee 信託人
- Nominee 代名人
- Agent 代理人
- Others 其他：_____

The personal details on the identity of the person whom I am acting on behalf of is provided as below
以下是本人代表人士的身份資料：

Name in English 英文姓名

Name in Chinese (if applicable) 中文姓名(如適用)

HKID/Passport No 香港身份證/護照號碼

Date of Birth (DD/MM/YYYY) 出生日期(日/月/年)

5. Declaration and agreement 聲明及協議

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(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 G/F, AXA Centre, 151 Gloucester Road, Wanchai, 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 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。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

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。		
_____ Witness 見證人簽署 (Name 姓名： _____)	_____ Signature of Owner 持有人簽署	_____ Signature of New Owner/Assignee 新持有人/受讓人簽署

For Company Endorsement Use Only 公司批註專用
_____ Authorised Signature 授權簽署