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「中银集团人寿保险有限公司」以下简称:「本公司」或「贵公司」

BOC Group Life Assurance Company Limited referred to hereinafter as "the Company"

保单更改申请表 – 保障
Application for Policy Change - Benefits

商密三级 Confidential

保险中介人姓名

Name of Insurance Intermediary

分行及员工专属代理编号

Branch Code & Staff No./ Agent Code

联络电话

Contact Tel No.

注意事项 Notes:

- (1) 请用正楷填写。Please complete in BLOCK LETTERS.
- (2) 请于适用处加「✓」。Please tick 「✓」 where appropriate.
- (3) 保单权益人必须在此表格每页「保单权益人签署」位置签署。Policy Owner MUST sign in "Signature of the Policy Owner" on each page of this form.
- (4) 保单权益人必须在此表格内任何更改或修改的地方签署作实。Any changes or amendments in this form MUST be countersigned by Policy Owner in full signature.
- (5) 保单权益人请于签署日期三十日内递交申请表至本公司。Please submit the signed form to the Company within 30 days.
- (6) 如为直销产品, 请提供保单权益人之身份证明文件核实真实副本。For Direct Marketing Products, please submit certified true copy of identity document of Policy Owner.

保单编号 Policy Number
保单权益人姓名 Name of the Policy Owner
联络电话 Contact Tel No
投保人姓名 Name of the Insured

第一部份 PART I

1.更改保单保障Change of Policy Benefits

如附加或增大保障 For adding or increasing benefits,

- (1) 请同时填报申请表第二部份。Please also complete Part II.
- (2) 保单权益人如非持有香港身份证而持有中华人民共和国居民身份证, 请亲临香港签署「重要资料声明书 - 内地人士在港投保人身/寿险保单」, 连同相关入境证明于签署日起7天内交回本公司。Policy Owner who does not have Hong Kong Identity Card holding People's Republic of China Resident Identity Card please also sign "Important Facts Statement for Mainland Policyholders" at Hong Kong and submit it together with entry proof to the Company in 7 days.
- (3) 请递交财务需要分析表格(如适用)。Please submit Financial Needs Analysis (if applicable).

取消 Cancel 递减 Reduce 增大 Increase
新保额/名义金额/每月保证年金入息 (保单货币)
New Sum Insured / Notional Amount / Guaranteed Monthly Annuity Income (Policy Currency)
级别 / 计划 Class / Plan
Basic Plan (within cool off)...
Benefit amount of Basic Plan (after cool off)...
Dread Disease Rider...
Term Rider...
Accidental Death Rider...
Total & Permanent Disability Rider...
Waiver of Premium Rider / Payor's Death or Disability Rider...
Others
Others

一并缴付之款项[包括此申请所需保费及本公司代政府或监管机构(包括但不限于保险业监管局)按相关规定收取的相应征费及/或费用(如有)]

Amount paid with this application [includes the premium required for this application and the corresponding levy and/ or charges (if any) to be collected by the Company on behalf of the government or the regulatory authority (including but not limited to the Insurance Authority) according to the relevant requirements]

* 以下适用于过去12个月内曾递交财务需要分析表格的客户。The following is applicable to policyowner who has submitted Financial Needs Analysis ("FNA") Form in the past 12 months.

- 本人声明在过去12个月内曾递交财务需要分析表格且所填报的资料至今没有任何重大改变, 包括财务需要、风险及可承担能力等。I declare that FNA form has been submitted in the past 12 months from the date of signing of this form and there is no substantial change of information and mismatch of needs, risks and affordability etc. provided in the FNA form.

注意 Note:

若过去递交之财务需要分析表格已失效(签署日期超过12个月)或财务需要、风险及可承担能力等有任何重大改变, 请重新递交财务需要分析表格, 否则本公司将无法受理此申请。A new FNA form should be submitted if the previous FNA form was over 12 months or there is any substantial change of information provided in the previous form. Otherwise, the application for policy change may not be proceeded.

保单权益人签署 (细阅 / 确认以上资料)
Signature of the Policy Owner (Read / confirm the information on this page)

2. 转换定期寿险 Term Conversion

请同时提交新的投保书予承保部批核 Please also submit new life application form and send to Underwriting Department for approval

☐ 转换基本定期保单 Convert Basic Term Policy

☐ 转换定期附加利益保障 Convert Term Rider

转换保额Converted Amount

新保单编号New Policy No.

新保险计划New Plan

新保单日期New Policy Date

剩余保额Remaining Amount:

☐ 取消 Cancel

☐ 保留 Remain

3. 删除或减少额外保费 Remove/Reduce Rating

☐ 地域原因 Geographic Rating

请同时填报申请书第二 B 部份第 4 题 Please also complete question no. 4 of Part IIB

☐ 职业原因 Occupational Rating

请同时填报申请书第二 A 部份第 1-2 题及第二 B 部份第 4 题 (只适用于改变职业级别超过一年者)
Please also complete question no. 1-2 of Part IIA & question no. 4 of Part IIB (Applicable to change of occupational class for over 1 year)

☐ 健康原因 Medical Rating

请同时填报申请书第二部份 Please also complete Part II

4. 复效保单 Reinstatement

☐ 复效保单 Reinstatement

请同时填报申请书第二部份 Please also complete Part II

☐ 简易复效保单Simplified Reinstatement

本人声明自保单失效至今健康及职业并无改变 (只适用于自最终保费到期日起计失效不足三个月之保而受保人健康及职业并无改变, 并在我司没有任何理赔记录。)

I declare there is no change on my health and occupation since the lapse of the Policy (Applicable to policy lapsed for less than 3 months from the last premium due date and there is no change of health and occupation of the Insured with no any claim history in the Company.)

一并缴付之款项[包括此申请所需保费及本公司代政府或监管机构(包括但不限于保险业监管局)按相关规定收取的相应征费及/或费用(如有)]

Amount paid with this application [includes the premium required for this application and the corresponding levy and/ or charges (if any) to be collected by the Company on behalf of the government or the regulatory authority (including but not limited to the Insurance Authority) according to the relevant requirements]

* 如需更改地址, 请填写「5. 其他更改」或同时递交「客户重要资料更改申请表」 If change address is needed, please complete 「5. Other Changes」 or submit together with 「Application for Key Personal Information Change」

5. 其他更改 Other Changes

☐ 其他更改 Other Changes (请说明 Please specify)

保单权益人签署 (细阅 / 确认以上资料)

Signature of the Policy Owner (Read / confirm the information on this page)

PADSF002 (0922)

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第二部份 PART II

IIA. 受保人及付款人资料 DETAILS OF THE INSURED AND THE PAYOR

如选择付款人附加利益保障，保单权益人必须填写付款人部分 Policy Owner must complete Payor's section if Payor's Benefit is selected.

1. 职业（就业人士适用） Occupation (For people with jobs) (a) 雇主资料 Employer's Details	受保人 INSURED 职业 _____ 行业 _____ Occupation _____ Industry _____ <input type="checkbox"/> 受雇 Employed <input type="checkbox"/> 自雇 Self Employed 雇主名称(全名) Full Name of Employer _____ 业务性质 Nature of Business _____ 办事处地址 Business Address _____	付款人 PAYOR 职业 _____ 行业 _____ Occupation _____ Industry _____ <input type="checkbox"/> 受雇 Employed <input type="checkbox"/> 自雇 Self Employed 雇主名称(全名) Full Name of Employer _____ 业务性质 Nature of Business _____ 办事处地址 Business Address _____
年薪 Annual Salary	港币 HKD _____	港币 HKD _____
(c) 详列确实职务 Exact Job Duties	请详列确实职务 Please describe exact job duties _____ (i) <input type="checkbox"/> 户内工作 Indoor Work <input type="checkbox"/> 户外工作 Outdoor Work (ii) <input type="checkbox"/> 无牵涉手制、手控或体力劳动的工作 No Manual Work Involved <input type="checkbox"/> 牵涉手制、手控或体力劳动的工作 Manual Work Involved <input type="checkbox"/> 高空工作 Work at Height <input type="checkbox"/> 建筑地盘工作 Work at Construction Site <input type="checkbox"/> 其他（请注明）Others (Please Specify) _____	请详列确实职务 Please describe exact job duties _____ (i) <input type="checkbox"/> 户内工作 Indoor Work <input type="checkbox"/> 户外工作 Outdoor Work (ii) <input type="checkbox"/> 无牵涉手制、手控或体力劳动的工作 No Manual Work Involved <input type="checkbox"/> 牵涉手制、手控或体力劳动的工作 Manual Work Involved <input type="checkbox"/> 高空工作 Work at Height <input type="checkbox"/> 建筑地盘工作 Work at Construction Site <input type="checkbox"/> 其他（请注明）Others (Please Specify) _____
(d) 受雇于现职年期 No. of Years in Current Job	____ 年 Years 如少于一年，请说明先前的工作 If less than one year, please state previous job _____	____ 年 Years 如少于一年，请说明先前的工作 If less than one year, please state previous job _____
(e) 兼职 Part-time Occupation	如有，请详列确实职务及工作时间 If yes, please describe exact duties and number of hours worked _____	如有，请详列确实职务及工作时间 If yes, please describe exact duties and number of hours worked _____
2. 非就业人士适用 For people without jobs	<input type="checkbox"/> 主妇 Housewife <input type="checkbox"/> 学生 Student <input type="checkbox"/> 退休 Retired <input type="checkbox"/> 待业（请注明详情） Unemployed (please provide details) 失业/待业前所从事之职位，职务及薪金 Job title, duties & salary before unemployment _____ 失业/待业状况已维持多久 Duration of unemployment _____ 失业/待业原因 Reason for unemployment _____ 详述其他收入来源 Details of other source of income _____	<input type="checkbox"/> 主妇 Housewife <input type="checkbox"/> 学生 Student <input type="checkbox"/> 退休 Retired <input type="checkbox"/> 待业（请注明详情） Unemployed (please provide details) 失业/待业前所从事之职位，职务及薪金 Job title, duties & salary before unemployment _____ 失业/待业状况已维持多久 Duration of unemployment _____ 失业/待业原因 Reason for unemployment _____ 详述其他收入来源 Details of other source of income _____
3. 身高及体重 Height & Weight	(i) 身高 _____ 呎 _____ 吋 _____ 或 _____ 厘米 Height _____ ft. _____ in. or _____ cm (ii) 体重 _____ 磅 _____ 或 _____ 公斤 Weight _____ lb. or _____ kg	(i) 身高 _____ 呎 _____ 吋 _____ 或 _____ 厘米 Height _____ ft. _____ in. or _____ cm (ii) 体重 _____ 磅 _____ 或 _____ 公斤 Weight _____ lb. or _____ kg

IIB. 受保人及付款人健康声明 HEALTH DECLARATION OF THE INSURED AND THE PAYOR

如选择付款人附加利益保障，保单权益人必须填写付款人部分 Policy Owner must complete Payor's section if Payor's Benefit is selected.

	受保人 Insured 是 否 YES NO	付款人 Payor 是 否 YES NO																														
1. 阁下是否在其他保险公司拥有已生效之人寿保险、伤残、医疗保障、个人意外或危疾保障保险？ Do you have any in-forced Life, Disability, Health, Personal Accident or Critical Illness Insurance with other insurance companies? 若「是」，请列明总保额及保险种类： If "YES", please state the total sum insured and type of insurance:	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>																														
2. 阁下在其他保险公司是否有任何正在审核或复效中之人寿保险、伤残、医疗保障、个人意外或危疾保障保险？ Do you have Life, Disability, Health, Personal Accident or Critical Illness Insurance under application or reinstatement stage with other insurance companies? 若「是」，请列明总保额及保险种类： If "YES", please state the total sum insured and type of insurance:	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>																														
3. 阁下在过去的人寿保险、伤残、医疗保障、个人意外、危疾保障作投保或申请复效时是否曾被拒绝、延期受保或在附加条件下被接受？或受保人是否曾提出意外、健康或任何类型的保险索偿？ Have you ever had an application or reinstatement for any Life Insurance, Disability, Health Insurance, Personal Accident or Critical Illness Insurance declined, postponed or accepted on special terms? Or has the insured ever made a claim for accident, health or any sort of benefits? 若「是」，请详述申请日期、保险公司名称及详细情况： If "YES", please give application date, insurer and details:	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>																														
4. 阁下是否或将于香港以外地区居住或工作？若「是」，请详述： Do you or do you intend to live or work outside Hong Kong? If "YES", please state: 居留国家/地区名称 * _____ 城市 _____ Name of country/region residing in * _____ Name of city _____ 居留目的 _____ 停留次数（每周/月/年*） _____ 日 _____ Purpose of stay _____ Duration of stay (per week/month/year*) _____ day(s) *如居住地并非香港，须填写「税务居民身份自我证明表格 - 个人」If residing out of Hong Kong, please complete "Self-Certification Form for Tax Residency - Individual"	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>																														
5. 家庭状况：阁下的直系家庭成员中是否患有任何血科疾病、肝脏、心脏、肾脏或神经系统疾病、中风、糖尿病、高血压、癌症、艾滋病或已知的遗传性疾病（如：多囊肾病）或为肝炎带菌者？ Family History: Have any of your immediate family members ever had any blood disease, liver, heart, kidney or neurological disease, stroke, diabetes, hypertension, cancer, AIDS or known hereditary disease (e.g. polycystic kidney disease) or been a hepatitis carrier?																																
<table><tr><td></td><td>现时年龄 Age of Living</td><td>现时健康状况 / 过往病历 Present Health Status/ Past Health History</td><td>确诊患病之年龄 Age at Diagnosis</td><td>身故年龄 Age at Death</td><td>死因 Cause of Death</td></tr><tr><td>父 Father</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>母 Mother</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>兄弟 Brother</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>姐妹 Sister</td><td></td><td></td><td></td><td></td><td></td></tr></table>		现时年龄 Age of Living	现时健康状况 / 过往病历 Present Health Status/ Past Health History	确诊患病之年龄 Age at Diagnosis	身故年龄 Age at Death	死因 Cause of Death	父 Father						母 Mother						兄弟 Brother						姐妹 Sister						<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	现时年龄 Age of Living	现时健康状况 / 过往病历 Present Health Status/ Past Health History	确诊患病之年龄 Age at Diagnosis	身故年龄 Age at Death	死因 Cause of Death																											
父 Father																																
母 Mother																																
兄弟 Brother																																
姐妹 Sister																																

现时 0-17 岁之受保人不需回答以下第 6 至第 15 题 If the insured's current age is between 0-17, it is not required to complete questions no. 6 to 15 below				受保人 Insured 是 否 YES NO		付款人 Payor 是 否 YES NO		
6. 阁下是否有或计划参与任何危险运动 (如赛车、配备水肺潜水、跳伞或攀山等) 或私人飞行或非以购票乘客身份飞行于固定航线? Do you or do you intend to engage in any hazardous pursuits (such as motor racing, scuba diving, parachuting or mountaineering etc.) or private flying or flying other than as a fare paying passenger on a regular scheduled airline? 活动种类 Types 详情 Details				<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		
7. 阁下于过去一年内体重是否有增加或减少 10 磅 / 4.5 公斤以上? 若『是』, 请详述: Have your weight changed more than 10lb/4.5kg in the past one year? If "YES", please give details: 增加 / 减少 # 磅 / 公斤 # 原因 Increase / decrease # -lb / lb # Reason # 将不适用者删去 Delete as appropriate				<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		
8. 阁下曾否患有任何病症或接受任何医疗建议、检验或治疗关于精神心理之疾病、癫痫、瘫痪、中风及任何脑部或神经系统之疾病、任何眼、耳、口腔、鼻、喉之疾病、哮喘、肺结核或任何呼吸系统疾病、心悸、呼吸短促、胸痛、高血压、风湿热或任何心脏或心血管疾病、胃溃疡、疝气、肠胃病、肝炎、肝炎带菌或任何肝脏之疾病、任何肾脏或生殖泌尿系统之疾病、糖尿病、甲状腺疾病或任何内分泌之疾病、贫血、血科疾病、任何癌病、肿瘤、囊肿或任何其他不正常之肿胀、关节炎、痛风或任何脊椎、骨骼、肌肉、皮肤之疾病或任何其他疾病或缺? Have you ever had any symptoms or received medical advice, investigation or treatment for mental health problems, epilepsy, paralysis, stroke or any disease or disorder of the brain or nervous system, any disease or disorder of eyes, ears, oral cavity, nose, throat, or asthma, pulmonary tuberculosis or any other respiratory disease, palpitation, shortness of breath, chest pain, high blood pressure, rheumatic fever or any other disease of the heart or blood vessels, gastric ulcer, hernia, gastrointestinal disease, hepatitis, hepatitis carrier or any disease or disorder of the liver, any disease or disorder of kidneys or other genital-urinary organs, diabetes, thyroid disease or other endocrine disease, anaemia, disease of the blood, any form of cancer, tumour, cysts or any abnormal swelling, arthritis, gout or any disease of the spine, skeleton, muscles, skin or any other disease, disorder or disability?				<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		
9. 阁下曾否接受任何有关艾滋病或其综合候群征或性接触疾病或艾滋病有关之辅导、治疗或血液测验或在过去三个月内持续超过一星期有下列病症: 容易疲倦、腹泻、淋巴巴核肿大或不寻常的皮肤疾病? Have you received any medical advice, treatment or had a blood test in connection with AIDS or AIDS Related Complex or any other AIDS related condition or sexually transmitted disease or in last three months had any of the following symptoms for more than one week continuously: easily fatigue, diarrhea, enlarged lymph node or unusual skin lesions?				<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		
10. 阁下有否任何上文未提及的伤残或疾病? Have you ever had any physical or health impairments not mentioned above?				<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		
11. 阁下曾否或被建议或打算接受任何检验 (例如心电图、扫描检查、血液检查、活组织检验等)、治疗、服用任何药物或建议? Have you ever received or have been advised or do you intend to have any medical investigation (e.g. ECG, CT scan, blood test, biopsy & etc), treatment , medication or advice?				<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		
12. 只适用于女性 Female Only: (a) 阁下曾否患有乳房或生殖器官之疾病、或因生育或月经引起之疾病或子宫颈细胞抹片检查不正常? Have you ever had any disease or disorder of the breast or reproductive organs; or any disease or disorder arising from childbirth or menstruation; or any abnormal pap smear? (b) 阁下现在是否怀孕? 若『是』, 是否有异常之生育纪录或产前检查结果、任何并发症或需接受治疗? Are you now pregnant? If "YES", were there any abnormal delivery or are there any abnormal prenatal check up records, any complications or special treatment?				<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		
13. (a) 阁下现时有否吸烟或曾于过去 12 个月内吸入任何烟草产品 (包括香烟、雪茄、烟斗及咀嚼烟草等)? 若『是』, 请详述吸入的数量及年期。若『否』, 请回答问题 13(b). Do you now use or have you used any tobacco products (including but not limited to cigarettes, cigars, pipes and chewing tobacco) within past 12 months? If "YES", please specify the consumption & duration. If "NO", please go to question 13(b). 每日平均吸用量 已吸用 年 Average Daily Consumption Have used years (b) 阁下曾否吸用任何烟草产品 (包括香烟、雪茄、烟斗及咀嚼烟草等)? 若『有』, 请注明以往吸用量、停止吸用的日期及原因。 Have you ever used tobacco products (including but not limited to cigarettes, cigars, pipes and chewing tobacco)? If "YES", please specify your consumption in the past, when to stop using and for what reason. 每日平均吸用量 吸用 年 停止吸用日期 原因 Average Daily Consumption for year(s) Date ceased Reason				<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		
14. 阁下曾否服食任何成癮药物或吸毒? 若『是』, 请注明: Have you ever taken drugs and narcotics? If "YES", please state: 类别 份量 频密程度 Type Quantity Frequency				<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		
15. 阁下曾否经常性饮用任何含酒精类饮品? 若『是』, 请说明每天平均之饮用量: Have you ever frequently taken alcoholic drinks? If "YES", please state your average daily consumption: <input type="checkbox"/> 啤酒 罐 <input type="checkbox"/> 红酒或白酒 杯 <input type="checkbox"/> 烈酒 杯 Beer can Red and White wine glass Spirit glass				<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		
现时 0-17 岁之受保人请回答以下第 16 至第 19 题 If the insured's current age is between 0-17, please complete questions no. 16 to 19 below				受保人 Insured 是 否 YES NO				
16. 儿童出生时是否有任何肢体不健全或缺陷? Was the child born with any body infirmity or deformity?				<input type="checkbox"/> <input type="checkbox"/>				
17. 儿童现在是否正接受任何医疗观察或治疗? Is the child currently under medical observation or undergoing any treatment?				<input type="checkbox"/> <input type="checkbox"/>				
18. 儿童是否曾患有任何疾病而持续长达五日以上? Has the child ever suffered from any illness lasting for more than five days?				<input type="checkbox"/> <input type="checkbox"/>				
19. 儿童是否曾感染下列疾病: 肺结核、哮喘、支气管炎、肾病、心脏病脉病、癫痫、各类型癌症或肿瘤、任何身体残缺、视觉或听觉之毛病、精神或神经失调、任何类型肝炎或肝病、肝炎带菌、贫血或血友病? Has the child EVER suffered from pulmonary tuberculosis; asthma; bronchitis; kidney disease; cardiovascular disease; epilepsy; any form of cancer or tumor; any physical disability, impairment of vision or hearing; mental or nervous disorder; any form of hepatitis or liver disease, hepatitis carrier; anaemia or haemophilia?				<input type="checkbox"/> <input type="checkbox"/>				
上述第 5 项、第 8 至 12 项及第 16 至 19 项题目之答案为『是』者, 请详述于下列表格。如曾进行身体检查、化验或入院接受治疗, 请提供覆诊咭、身体检查及化验报告之副本作参考。 If any of the answers in Question 5, 8 to 12 & 16 to 19 is "YES", please give details of the following. Please provide copies of Follow-up card and investigation reports for review if there are any physical check up, laboratory test or hospitalization history.								
题目号码 Question No.		患病日期及诊结果 Onset date and Diagnosis	历时、发病次数及病情 Duration , Number of attacks and Severity	曾接受治疗或检查种类及其结果 Type of Treatment or Investigation received and their Results	主诊医生之姓名或医院名称 Physician or Hospital		最后诊治日期 Last consultation Date	康复程度* Degree of Recovery *
					姓名 Name	地址 Address		
	受保人 Insured / 付款人 Payor #							
	受保人 Insured / 付款人 Payor #							
	受保人 Insured / 付款人 Payor #							
# 将不适用者删去 Delete as appropriate * U = 正接受治疗 Under treatment O = 间中复发 Occasional attack F = 痊愈 Fully recovered								
								保单权益人签署 (细阅 / 确认以上资料) Signature of the Policy Owner (Read / confirm the information on this page)

声明及授权 DECLARATION & AUTHORIZATION

声明

本人/吾等，保单权益人/投保人，在此声明并同意：(1)本人/吾等已细阅及完全明白产品小名册子、建议书及个人资料收集声明；(2)贵司未正式接纳保单更改或复效及发出有关批单/修改(「批单」)予本人/吾等前，任何保单更改或复效不会生效；(3)此复效或增加保障之申请经贵司核准后，保单内「不得异议」及「自杀死亡」条款的保单签发日期将以本申请批准日起计算；(4)本人/吾等没有保留任何重要的事实或资料，而已提供的事实或资料完全属实，并将会是合约的依据；(5)倘若本人/吾等未披露之事实或资料内容，足以影响贵司衡量及应否接受保单更改或复效的申请，可令批单及/或合约失效；(6)在本人/吾等签署本申请表后直至本人/吾等收到批单前，本人/吾等必须向贵司披露有关受保人及购买付款人附加利益保障的权益人的健康状况或可保权益的任何改变；(7)倘若对事实或资料的重要性产生疑问，必须在本申请表向贵司披露该事实或资料；(8)本人 / 吾等已收妥、阅读及完全明白本申请表所载之个人资料收集声明；及(9)相关人士的任何个人资料可用作个人资料收集声明第 7 段所述之用途及贵公司可把该等个人资料提供给该声明第8 段所述各方作上述用途。

授权

本人谨此代表本人及所有受保人同意及授权：(1) 任何雇主、注册西医、医院、诊所、保险公司、银行、政府机构，或其他机构、组织或人仕、凡知道或持有任何有关本人及受保人或任何一位受保人之记录者，及/ 或曾诊验或可能将会诊验本人及任何一位受保人者，均可将该等资料提供给中银集团人寿保险有限公司；(2) 中银集团人寿保险有限公司或任何其他其指定之医生或化验所，可就此保单更改申请替本人及任何受保人进行所需之医疗评估及测试，作为审核本人及任何受保人之健康状况。此授权对本人之继承人及受让人具有约束力；即使本人死亡或无行为能力时，此授权仍具效力。本授权书的影印本与正本均有同等效力。

本人声明及同意已获所有受保人授权及同意本人作出上述授权。

DECLARATION

I/We, Policy Owner/Insured, hereby declare and agree that : (1) I/We have read and fully understood the product leaflet, illustration documents and the Personal Information Collection Statement; (2) any change or reinstatement of the policy shall be subject to the approval by the Company and shall not commence until an endorsement/amendment in respect of such change or reinstatement of the policy (“Endorsement”) has been issued to me/us by the Company; (3) in respect of any reinstatement or increase in insurance which takes effect pursuant to this application, the terms and conditions of the policy which have the headings “Incontestability” and “Suicide” shall apply as if the policy Issue Date were the effective date of such reinstatement or increase; (4) neither material fact nor information has been withheld by me/us and the facts and information given herein are true and shall be the basis of the contract; (5) my/our failure to disclose a material fact or information which may influence the assessment and acceptance of the application for change or reinstatement of the policy by the Company may render the Endorsement and/or the contract voidable; (6) I/We shall disclose to the Company any change in my/our health or insurability (for Owner, it is only applicable if payor’s benefit is applied for) after signing this application until I/We receive the Endorsement; (7) in the event of doubt as to whether a fact or information is material, it should be disclosed to the Company in this application; (8) I/We have received, read and fully understood the Personal Information Collection Statement contained in this application; and (9) any personal data of the Relevant Persons may be used for the purposes set out in paragraph 7 of the Personal Information Collection Statement contained in this application and the Company may provide the personal data to the parties set out in paragraph 8 of that Statement for the aforementioned purposes.

AUTHORIZATION

I HEREBY AGREE AND AUTHORIZE ON BEHALF OF MYSELF AND/OR THE INSURED THAT (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 Insured and who has attended or may hereafter attend myself/the Insured to disclose such information to BOC Group Life Assurance Company Limited; (2) BOC Group Life Assurance Company Limited or any of its appointed medical examiners or laboratories may perform the necessary medical assessment and tests to evaluate the health status of myself/the Insured in relation to this Application. This authorization shall bind my successors and assignees and remain valid notwithstanding my death or incapacity. A photocopy of this authorization shall be as valid as the original.

I declare and agree that I have the full authority from and consent of the insured to make the above authorizations.

本人不欲贵公司使用本人的个人资料经以下渠道作直销推广 (请以 “✓” 选择渠道):-

I **do not wish** the Company to use my personal data in direct marketing via the following channel(s) (please use “✓” to select the channel(s)):-

- ☐ 电子渠道
- Electronic Channels
- ☐ 邮件
- Mail
- ☐ 专人电话
- Personal Call

如 您没有在任何方格内以 “✓” 号显示 您的选择，即代表您并不拒绝本公司任何形式的直销推广。

If you return this Form without ticking any of the above boxes, it means that you do not wish to opt-out from any form of the Company’s direct marketing.

☐ 为改善及提供更全面的服务予本公司的客户，本公司可能会将 您的个人资料提供予「本集团」*其他成员及其他人作其包括财务、保险、信用卡、证券、商品、投资、银行及相关服务和产品及授信的直销推广。若您不欲本公司提供 您的个人资料予以上人士作以上用途，请阁下在这方格上以 “✓” 号表示。

To improve and provide more comprehensive services to our customers, the Company may provide your personal data to other members of the Group* and any other persons for their use in direct marketing of financial, insurance, credit card, securities, commodities, investment, banking and related services and products and facilities and so forth. Please tick “✓” this box if you **do not wish** the Company to provide your personal data to the above persons for the above purposes.

*「本集团」指本公司及其控股公司、分行、附属公司、代表办事处及附属成员，不论其所在地。附属成员包括本公司的控股公司之分行、附属公司、代表办事处及附属成员，不论其所在地。 **The “Group” means the Company and its holding companies, branches, subsidiaries, representative offices and affiliates, wherever situated. Affiliates include branches, subsidiaries, representative offices and affiliates of the Company’s holding companies, wherever situated.**

以上代表 阁下现在对是否接收直销推广资料，以及对本公司拟将阁下个人资料提供予「本集团」*其他成员作其直销推广的选择，亦取代任何 阁下之前已告知本公司的选择。请注意， 阁下以上的选择适用于根据本公司的「个人资料收集声明」上所载的产品，服务及/或目标类别的直销推广。请 阁下参考该声明上以得知在直销推广上可使用的个人资料的种类，以及阁下的个人资料可提供予甚么类别的人士以供该等人士在直销推广中使用。

The above represents your present choice regarding whether or not to receive direct marketing materials, and the Company’s intended provision of your personal data to other members of the Group for their use in direct marketing. This replaces any choice communicated by you to the Company prior to this application. Please note that your above choice applies to the direct marketing of the classes of products, services and/or subjects as set out in the Company’s Personal Information Collection Statement. Please also refer to the said Statement on the kinds of personal data which may be used in direct marketing and the classes of persons to which your personal data may be provided for them to use in direct marketing.

<div>保单权益人签署 Signature of Policy Owner</div>	<div>受保人签署 (如与保单权益人不同及16岁或以上) Signature of the Insured (if other than policy owner and of age 16 or above)</div>	<div>承让人签署(如适用) Signature of Assignee (if applicable)</div>
<div>签署日期 Date at (日/月/年Day/Month/Year)</div>	<div>签署地 Sign at</div>	<div>见证人签署 Signature of Witness (姓名 Name:) (中介人员工编号) Insurance Intermediary staff no.:</div>
<div>签字须与本公司存案相符 Signature must correspond to that in our records</div>		

重要信息: 阁下提供给本公司的任何个人资料如有变更(如姓名、国籍(国家/地区)、税务居住地、地址、身份证明文件类型及号码、职业，或商业客户的商业注册/成立资料/ 股权结构等)，请立即通知本公司作出更改。倘本公司没有收到阁下通知，即表示阁下毋须更新个人资料。Important Message : If there is any change of your personal information (e.g. name, Nationality (Country/Region), tax residence, address, identity document type and number, occupation, business registration/ incorporation/ ownership structure of corporate customer etc.), please notify us for changes immediately. We shall assume no change in your data from our latest record unless we receive a notice from you.

温馨提示: 如阁下在递交此表格后两星期内仍未收到本公司的回复，请致电本公司的客户服务热线 2860-0688。Friendly Reminder: If you do not receive our response within 2 weeks after submitting this form, please contact our Customer Service Hotline at 2860-0688.

<div><div>个人资料收集声明</div><div><p>在中银集团人寿保险有限公司(“中银人寿”), 保护我们客户个人资料对我们很重要。作为一个提供保险产品 & 服务的机构, 收集及运用客户个人资料是我们日常商业运作的基本工作。</p><p>如客户希望了解中银人寿的隐私政策的详情, 欢迎透过以下网址 http://www.boclife.com.hk/tc/others/privacy-policy.html 阅读有关文件。</p><p>1. 本声明列载中银集团人寿保险有限公司 (下称「本公司」) 有关其资料当事人 (见以下定义) 的资料政策。</p><p>2. 就本声明而言, 「本集团」指本公司及其控股公司、分行、附属公司、代表办事处及附属成员, 及其中任何一方, 不论其所在地。附属成员包括本公司的控股公司之分行、附属公司、代表办事处及附属成员, 不论其所在地。</p><p>3. 「资料当事人」一词, 不论于本声明何处提及, 包括以下为个人的类别:</p><ul style="list-style-type: none">(a) 本公司提供的保险及相关服务和产品的申请人或客户/用户, 包括保单权益人、索偿人、受益人、受保人及/或其他有关人士及其被授权人;(b) 任何公司申请人及客户/用户的董事、股东、高级职员及经理; 及(c) 本公司的供应商、承建商、服务供应商及其他合约对手。<p>为免疑问, 「资料当事人」不包括任何法人团体。本声明的内容适用于所有资料当事人, 并构成其与本公司不时订立或可能订立的任何合约及/或保单的一部分。若本声明与有关合约及/或保单存在任何差异或分歧, 就有关保护资料当事人的个人资料而言概以本声明为准。本声明并不限制资料当事人在个人资料(私隐)条例(香港法例第486章)(「条例」)下之权利。</p><p>4. 资料当事人在建立、延续保险业务及行政事宜及/或有关的产品及服务及授信、处理有关本公司签发的保单的索偿, 及/或处理任何和其他资料当事人的要求、查询或投诉、及/或为遵守在香港特别行政区境内或境外的监管或其他机关颁布的任何法律、发出的指引或要求(包括但不限于根据香港特别行政区与美国之间的跨政府协议(「跨政府协议」)、香港特别行政区与美国在2014年3月25日签署的《税务资讯交换协议》执行《海外账户税收合规法案》), 以及经济合作暨发展组织作出的规定, 包括关于其为履行其共同报告标准的主管机关协议的监管机制)时, 资料当事人需要不时向本公司提供有关的个人资料。</p><p>5. 若未能向本公司提供该等资料, 可能会由于资料不足导致本公司无法评估/处理你的申请及/或提供保险及相关服务和产品及授信。若你拒绝给予上述明确的同意, 本公司也可能需要向适用的监管机构汇报保单项下的价值和付款金额; 在特定的情况下, 若你拒绝给予明确的同意, 本公司可能保留保单项下的部分或所有利益; 或终止保单。</p><p>6. 本公司会不时收集或接收有关资料当事人的资料。该等资料包括但不限于在资料当事人与本公司延续正常业务往来期间, 例如, 当资料当事人签发票据、存款或透过本公司发出的或提供的信用卡进行交易或在一般情况下以口头或书面形式与本公司沟通时, 从资料当事人所收集的资料。</p><p>7. 资料当事人之资料(包括信用资料和以往中索纪录)的用途将视乎其与本公司及/或本集团的关系性质有所不同, 其中包括以下用途:</p><ul style="list-style-type: none">(a) 处理、评估及/或批核有关保险产品 & 服务的申请、调查和结清索案、侦测和防止欺诈行为(无论是否与就此申请而发出的保单有关)、及有关该等产品及服务的增添、更改、变更、取消、续期及/或复效的申请;(b) 管理由本公司及/或本集团签发的保单;(c) 研究及/或设计供客户使用的保险/金融产品及/或服务;(d) 与任何由本公司或任何本公司集团内的公司及相关联公司提供的产品及/或服务相关, 而由你提出或对你作出的索偿, 或以其他形式涉及你的索偿有关的用途, 包括但不限于作出、辩护、分析、调查、处理、评估、厘定、结清或回应该等索偿;(e) 在适当时进行身份及/或信贷检查及进行资料配对照;(f) 为符合根据下述适用于本公司及/或期望本公司及/或本集团遵从有关披露及使用资料之责任、规定或安排:<ul style="list-style-type: none">(i) 在香港特别行政区境内或境外之已存在、现有或将来对其具约束力或适用于其的任何法律;(ii) 在香港特别行政区境内或境外之已存在、现有或将来并由任何法定、监管、政府、税务、执法或其他机构, 或由金融服务提供者之自律监管或行业的团体或组织所发出或提供之任何指引或指导;(iii) 本公司及/或本集团因其金融、商业、营业或其他利益或活动处于或关于于相关本地或海外的法定、监管、政府、税务、执法或其他机构或金融服务提供者之自律监管或行业团体或组织之司法管辖区而须承担或获施加与本地或海外之法定、监管、政府、税务、执法或其他机构或金融中介人、或金融服务提供者之自律监管或行业团体或组织之间的现有或将来之任何合约承诺或其他承诺及/或本公司及/或本集团遵守适用税务法律的义务, 包括但不限于《海外账户税收合规法案》和跨政府协议;(g) 处理(包括但不限于调查、分析、核保及裁定)有关本公司签发的保单的索偿;(h) 为推广服务、产品及其他标的(详见下述第9段);(i) 提供客户服务(包括但不限于处理查询及投诉)及有关活动;(j) 供本公司及任何本公司集团内的公司及相关联公司作进行统计或精算研究用途;(k) 厘定本公司欠付你或你拖欠本公司的任何款项的金额, 及执行你之责任, 包括但不限于向你或任何已为你的债务向本集团提供任何担保或承诺的人士追收欠款;(l) 为符合根据任何本集团计划下就遵从洗钱、恐怖份子资金筹集或其他非法活动之批准或防止或侦测而作出本集团内资料及信息分享及/或任何其他使用资料及信息之任何责任、规定、政策、程序、措施或安排;(m) 使本公司的实在或建议受让人, 或本公司对资料当事人的权利的参与人或附属参与人评核意图图为转让, 参与或附属参与的交易;(n) 与资料当事人或其他人士之资料比较以进行信贷调查, 资料核实或以其他方法产生或核实资料, 不论有关比较是否为对资料当事人采取不利之行动而推行;(o) 作为维持资料当事人的信贷记录或其他记录(不论资料当事人与本公司是否存在任何关系), 以作现在或将来参考之用; 及(p) 供作任何与上述事项有联系、有附带性或有关的用途。<p>8. 本公司会对其持有的资料当事人资料保密, 除非本公司可能会把该等资料提供及披露(如条例所定义的)给下述各方作先前一段列出的用途:</p><ul style="list-style-type: none">(a) 任何代理人、承包人、或向本公司提供行政、电讯、电脑、付款或其他与本公司业务运作有关的服务的第三方服务供应商, 不论其所在地;(b) 任何对本公司(包括本集团的任何成员)有保密责任并已承诺作出保密有关资料的其他人士;(c) 任何再保险及索偿调查公司、有关的保险行业协会及联合会和该等协会及联合会的会员;(d) 信贷资料服务机构; 而在资料当事人欠账时, 则可将该等资料提供给收数公司;(e) 任何与资料当事人已经或将存在往来的金融机构、消费卡或信用卡发行公司、保险公司、证券及投资公司;(f) 本公司及/或本集团在根据对其本身及/或本集团具约束力或适用的任何本地或外国法律、法例或法规规定下之责任或其他原因而必须向该人、实体、或政府或政府机构或金融中介人作出披露, 或按照及为实施由任何法定、监管、政府、税务、执法或其他机构或金融服务提供者之自律监管或行业团体或组织所提供或发出的指引或指导需预期向该人作出披露, 或根据与本地或海外之法定、监管、政府、税务、执法或其他机构或金融服务提供者之自律监管或行业团体或组织之间的任何合约承诺或其他承诺而向该人作出任何披露之任何人士, 该等人士可能处于香港特别行政区境内或境外及可能是已存在、现有或将来出现的任何人士;(g) 假如资料当事人的资料是被收集并用于处理其申请、调查和结清索案、以及侦测和防止欺诈行为, 有关个人资料将会被转移给以下人士, 而他们只能在有合理需要履行前述任何一项目的之情况下才可收集和使用这些资料: 保险理算人、代理和经纪; 雇主; 医护人员人士; 医院; 会计师; 财务顾问; 律师; 整合保险业索案和承保资料的组织; 防欺诈组织; 其他保险公司(无论是直接地, 或是通过防欺诈组织或本段中指名的其他人士); 警察; 和保险业就现有资料而对所提供的资料作出分析和检查的数据库或登记册(及其运营者)。(h) 本公司的任何实在或建议受让人或就本公司对资料当事人的权利的参与人或附属参与人或受让人; 及(i) 本集团之任何成员:<ul style="list-style-type: none">(ii) 第三方金融机构、承保人、信用卡公司、证券、商品及投资服务供应商;(iii) 第三方奖赏、年资奖励、联名合作及优惠计划供应商;(iv) 本公司及本集团之联名合作伙伴(有关服务和产品的申请表上会提供联名合作伙伴的名称(视属何情况而定));(v) 慈善或非牟利组织; 及(vi) 就上述第7(b)段而获本公司任用之第三方服务供应商(包括但不限于代寄邮件公司、电讯公司、电话促销及直销代理人、电话服务中心、数据处理公司及资讯科技公司), 不论其所在地。<p>本公司可能为上述第7段所列之目的不时将资料当事人的资料转移往香港特别行政区境外的地区。</p><p>9. 使用资料作直接促销</p><p>本公司拟使用资料当事人的资料作直接促销及本公司须为此目的取得资料当事人同意(包括资料当事人不反对之表示)。2012年个人资料(私隐)条例第VIA部中关于资料当事人的同意的特定要求。因此, 请注意以下:</p><ul style="list-style-type: none">(a) 本公司持有资料当事人的姓名、联络详情、产品及服务投资组合信息、交易模式及行径、财务背景及统计资料可不时被本公司用于直接促销;(b) 以下服务、产品及类别可作推广:<ul style="list-style-type: none">(i) 财务、保险、信用卡、证券、商品、投资、银行及相关服务和产品及授信;(ii) 奖赏、年资奖励或优惠计划及相关服务和产品;(iii) 本公司的联名合作伙伴提供之服务和产品(有关服务和产品的申请表上会提供联名合作伙伴的名称(视属何情况而定)); 及(iv) 为慈善及/或非牟利的目的之捐款及资助;(c) 上述服务、产品及标的可由本公司及/或下述人士提供(如涉及捐款及资助)募捐:<ul style="list-style-type: none">(i) 本集团之任何成员;(ii) 第三方金融机构、承保人、信用卡公司、证券、商品及投资服务供应商;(iii) 第三方奖赏、年资奖励、联名合作及优惠计划供应商;(iv) 本公司及本集团之联名合作伙伴(有关服务和产品的申请表上会提供联名合作伙伴的名称(视属何情况而定)); 及(v) 慈善或非牟利组织;(d) 除本公司推广上述服务、产品及标的外, 本公司同时拟提供列明于上述第9(a)段之资料至上述第9(c)段的所有或其中任何人士, 该等人士藉以用于推广上述服务、产品及标的, 并本公司须为此目的取得资料当事人同意(其中包括资料当事人不反对之表示);<p>若资料当事人不愿意本公司使用或提供其资料予其他人士, 藉以用于以上所述之直接促销, 资料当事人可通知本公司以行使其不同意此安排的权利。</p><p>10. 根据条例中的条款, 任何资料当事人有权:</p><ul style="list-style-type: none">(a) 查核本公司是否持有他的资料及要求查阅该等资料;(b) 要求本公司改正任何有关他的不准确的资料; 及(c) 查明本公司对于资料的政策及惯例和告知本公司持有的个人资料种类。<p>11. 根据条例之条款, 本公司有权就处理任何查阅资料的要求收取合理费用。</p><p>12. 任何关于查阅或改正资料, 或索取关于资料政策及惯例或所持有的资料种类的要求, 应向下列人士提出:</p><div><div>中银集团人寿保险有限公司</div><div>资料保障主任</div><div>中银集团人寿保险有限公司</div><div>香港古城英皇道1111号13楼</div><div>传真: (852) 2522 1219</div></div><p>13. 本声明的英文版本与中文版本如有任何分歧, 一概以英文版本为准。</p></div></div>
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二零二一年三月

PERSONAL INFORMATION COLLECTION STATEMENT

At BOC Group Life Assurance Company Limited ("BOC Life"), the protection of personal information of our customers is important to us. As a provider of insurance products and services, the collection and use of the personal information of our customers is fundamental to our daily business operations.

If you wish to understand BOC Life's Privacy Policy in detail, you may visit relevant document using the hyperlink below <http://www.boclife.com.hk/en/others/privacy-policy.html>.

1. This Statement sets out the data policies of BOC Group Life Assurance Company Limited (the "**Company**") in respect of data subjects (as hereinafter defined).
2. For the purposes of this Statement, the "**Group**" means the Company and its holding companies, branches, subsidiaries, representative offices and affiliates, wherever situated, and any one of them. Affiliates include branches, subsidiaries, representative offices and affiliates of the Company's holding companies, wherever situated.
3. The term "**data subject(s)**", wherever mentioned in this Statement, includes the following categories of individuals :-
 - (a) applicants for or customers/users, including policyowner(s), claimant(s), beneficiary(ies), life insured(s), and/or relevant individuals, of insurance and related services and products and facilities and so forth provided by the Company and their authorized signatories;
 - (b) directors, shareholders, officers and managers of any corporate applicants and data subjects/users; and
 - (c) suppliers, contractors, service providers and other contractual counterparties of the Company.

For the avoidance of doubt, "data subjects" shall not include any incorporated bodies. The contents of this Statement shall apply to all data subjects and form part of any contracts and/or policies that the data subjects have or may enter into with the Company from time to time. If there is any inconsistency or discrepancy between this Statement and the relevant contract and/or policy, this Statement shall prevail insofar as it relates to the protection of the data subjects' personal data. Nothing in this Statement shall limit the rights of the data subjects under the Personal Data (Privacy) Ordinance (Cap. 486, Laws of Hong Kong) (the "Ordinance").

4. From time to time, it is necessary for the data subjects to supply the Company with personal data in connection with the provision, continuation and administration of insurance and/or related products and services to the data subjects, the processing of claims under insurance policies issued by the Company, the processing of any and all other requests, enquiries and complaints from the data subjects, and/or compliance with any laws, guidelines or requests issued by regulatory or other authorities within or outside the Hong Kong Special Administrative Region (including but not limited to the implementation of the U.S. Foreign Account Tax Compliance Act ("FATCA") pursuant to the intergovernmental agreement ("IGA") between the Hong Kong Special Administrative Region and the U.S., the tax information exchange agreement that the Hong Kong Special Administrative Region signed with the U.S. on 25 March 2014, and the provisions issued by the Organization for Economic Co-operation and Development, including the regulatory scheme relating to its Competent Authority Agreement ("CAA") to implement its Common Reporting Standard ("CRS")).
5. Failure to supply such data may result in the Company being unable to assess / process your application and / or provide insurance and related services and products and facilities, due to lack of information. We may also be required to report to applicable regulatory authority(ies) values and payment amounts under the insurance policy if you refuse to give the said express consent; under specified circumstances, withhold some or all benefits under the insurance policy if you refuse to give the express consent; or terminate the policy.
6. Data relating to the data subjects are collected or received by the Company from time to time. Such data may include, but not limited to, data collected from data subjects in the ordinary course of the continuation of the relationship between the Company and data subjects, for example, when data subjects write cheques, deposit money, effect transactions through credit cards issued or serviced by the Company or generally communicate verbally or in writing with the Company.
7. The purposes for which the data relating to the data subjects (including credit information and claims history) may be used will vary depending on the nature of the data subjects' relationship with the Company and / or the Group, they may include the following :

- (a) processing, evaluation and/or approving applications for insurance products and services, investigate and settle claims, detect and prevent fraud (whether or not relating to the policy issued in respect of this application) and additions, alterations, variations, cancellations, renewals, and reinstatements of such products and services;
- (b) administering insurance policies issued by the Company and / or the Group;
- (c) researching and/or designing insurance/financial products and/or services for customers' use;
- (d) any purposes with regard to any claims made by or against or otherwise involving you in relation to any products and/or services provided by the Company and / or the Group including, but not limited to, making, defending, analyzing, investigating, processing, assessing, determining, settling or responding to such claims;
- (e) conducting identity and/or credit checks whenever appropriate and carrying out data matching procedures;
- (f) complying with the obligations, requirements or arrangements for disclosing and using data that apply to the Company and / or the Group or that it is expected to comply according to:
 - (i) any local or foreign law, legislation or regulation binding or applying to it within or outside the Hong Kong Special Administrative Region existing currently and in the future;
 - (ii) any guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers within or outside the Hong Kong Special Administrative Region existing currently and in the future;
 - (iii) any present or future contractual or other commitment with a local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities or financial intermediary, or self-regulatory or industry bodies or associations of financial services providers that is assumed by or imposed on the Company and / or the Group by reason of its financial, commercial, business or other interests or activities in or related to the jurisdiction of the relevant local or foreign legal, regulatory, governmental, tax, law enforcement or other authority, or self-regulatory or industry bodies or associations and/or the obligations of the Company and/or the Group to comply with applicable tax laws including but not limited to FATCA and the IGA;
- (g) processing (including, but not limited to, investigating, analyzing, underwriting and adjudicating) claims under insurance policies issued by the Company
- (h) marketing services, products and other subjects (please see further details in paragraph 9 below);
- (i) providing customer services (including, but not limited to, processing enquiries and complaints) and related activities;
- (j) conducting statistical or actuarial research of the Company and/or any of its group companies and affiliated companies;
- (k) determining amount of indebtedness owed to or by you, and enforcing your obligations including without limitation the collection of amounts outstanding from you or any person who has provided any security or undertaking for your liabilities owing to the Group;
- (l) complying with any obligations, requirements, policies, procedures, measures or arrangements for sharing data and information within the Group and/or any other use of data and information in accordance with any group-wide programmes for compliance with sanctions or prevention or detection of money laundering, terrorist financing or other unlawful activities;
- (m) enabling an actual or proposed assignee of the Company, or participant or sub-participant of the Company's rights in respect of the data subjects to evaluate the transaction intended to be the subject of the assignment, participation or sub-participation;
- (n) comparing data of data subjects or other persons for credit checking, data verification or otherwise producing or verifying data, whether or not for the purpose of taking adverse action against data subjects;
- (o) maintaining a credit history or otherwise, a record of data subjects (whether or not there exists any relationship between data subjects and the Company) for present and future reference; and
- (p) any purposes incidental, associated or relating thereto.

8. Data held by the Company relating to data subjects will be kept confidential except that the Company may provide and disclose (as defined in the Ordinance) such data to the following parties for the purposes set out in the previous paragraph: -

- (a) any agent, contractor or third party service provider who provides administrative, telecommunications, computer, payment or other services to the Company in connection with the operation of its business, wherever situated;
- (b) any other person under a duty of confidentiality to the Company including any member of the Group which has undertaken to keep such information confidential;
- (c) reinsurance and claims investigation companies, relevant insurance industry associations and federations, and members of such industry associations and federations;
- (d) credit reference agencies, and, in the event of default, to debt collection agencies;
- (e) any financial institution, charge or credit card issuing companies, insurance company, securities and investment company with which the data subjects have or propose to have dealings;
- (f) any person, entity, or government or government agency or financial intermediary, to whom the Company and / or the Group is under an obligation or otherwise required to make disclosure under the requirements of any local or foreign law, legislation or regulation binding on or applying to the Company and / or the Group, or any disclosure under and for the purposes of any guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers with which the Company and / or the Group is expected to comply, or any disclosure pursuant to any contractual or other commitment of the Company or the Group with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers, all of which may be within or outside the Hong Kong Special Administrative Region and may be existing currently and in the future;
- (g) If the data relating to the data subjects is being collected and used for the purpose of processing your application, investigating and settling claims and preventing and detecting fraud, such personal data will be transferred to the following persons who may collect and use this information only as reasonably necessary to carry out one of the aforementioned purposes: insurance adjusters, agents and brokers; employers; health care professionals; hospitals; accountants; financial advisors; solicitors; organisations that consolidate claims and underwriting information for the insurance industry; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information.
- (h) any actual or proposed assignee of the Company or participant or sub-participant or transferee of the Company's rights in respect of the data subject; and
- (i)
 - (i) any member of the Group;
 - (ii) third party financial institutions, insurers, credit card companies, securities, commodities and investment services providers;
 - (iii) third party reward, loyalty, co-branding and privileges programme providers;
 - (iv) co-branding partners of the Company and the Group (the names of such co-branding partners can be found in the application form(s) for the relevant services and products, as the case may be);
 - (v) charitable or non-profit making organisations; and
 - (vi) external service providers (including but not limited to mailing houses, telecommunication companies, telemarketing and direct sales agents, call centres, data processing companies and information technology companies) that the Company engages for the purposes set out in paragraph (7)(h) above, wherever situated.

The Company may from time to time transfer the data relating to the data subjects to a place outside Hong Kong Special Administrative Region for the purposes set out in paragraph 7 above.

9. USE OF DATA IN DIRECT MARKETING

The Company intends to use the data subject's data in direct marketing and the Company requires the data subject's consent (which includes an indication of no objection) for that purpose. The specific requirement regarding data subject's consent (which includes an indication of no objection) under Part VIA of the Personal Data (Privacy) Ordinance 2012. In this connection, please note that:

- (a) the name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data of the data subject held by the Company from time to time may be used by the Company in direct marketing;
- (b) the following classes of services, products and subjects may be marketed:
 - (i) financial, insurance, credit card, securities, commodities, investment, banking and related services and products and facilities;
 - (ii) reward, loyalty or privileges programmes and related services and products;
 - (iii) services and products offered by the Company's co-branding partners (the names of such co-branding partners can be found in the application form(s) for the relevant services and products, as the case may be); and
 - (iv) donations and contributions for charitable and/or non-profit making purposes;
- (c) the above services, products and subjects may be provided or (in the case of donations and contributions) solicited by the Company and/or:
 - (i) any member of the Group;
 - (ii) third party financial institutions, insurers, credit card companies, securities, commodities and investment services providers;
 - (iii) third party reward, loyalty, co-branding or privileges programme providers;
 - (iv) co-branding partners of the Company and the Group (the names of such co-branding partners can be found in the application form(s) for the relevant services and products, as the case may be); and
 - (v) charitable or non-profit making organisations;
- (d) in addition to marketing the above services, products and subjects itself, the Company also intends to provide the data described in paragraph 9(a) above to all or any of the persons described in paragraph 9(c) above for use by them in marketing those services, products and subjects, and the Company requires the data subject's written consent (which includes an indication of no objection) for that purpose;

If a data subject does not wish the Company to use or provide to other persons his data for use in direct marketing as described above, the data subject may exercise his opt-out right by notifying the Company.

10. Under and in accordance with the terms of the Ordinance, any data subject has the right: -
 - (a) to check whether the Company holds data about him and to request access to such data;
 - (b) to require the Company to correct any data relating to him which is inaccurate; and
 - (c) to ascertain the Company's policies and practices in relation to data and to be informed of the kind of personal data held by the Company.
11. In accordance with the terms of the Ordinance, the Company has the right to charge a reasonable fee for the processing of any data access request.
12. The person to whom requests for access to data or correction of data or for information regarding policies and practices and kinds of data held are to be addressed is as follow: -

BOC Group Life Assurance Company Limited
The Data Protection Officer
BOC Group Life Assurance Company Limited
13/F, 1111 King's Road, Taikoo Shing, Hong Kong
Facsimile: (852) 2522 1219

13. If there is any inconsistency between the English version and the Chinese version of this Statement, the English version shall prevail.
Mar 2021