

香港太古城英皇道 1111 號 13 樓  
13/F, 1111 King's Road, Taikoo Shing, Hong Kong

電話 Tel: 2160 8800  
傳真 Fax: 2866 0785

「中銀集團人壽保險有限公司」以下簡稱：「本公司」或「貴司」

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

## 保單更改申請表 – 保障 Application for Policy Change - Benefits

商密三級 Confidential

保險中介人姓名 \_\_\_\_\_ 分行及員工/專屬代理編號 \_\_\_\_\_ 聯絡電話 \_\_\_\_\_  
Name of Insurance Intermediary \_\_\_\_\_ Branch Code & Staff No./Agent Code \_\_\_\_\_ Contact Tel No. \_\_\_\_\_

### 注意事項 Notes:

- (1) 請用正楷填寫。Please complete in BLOCK LETTERS.
- (2) 請於適用處加「✓」。Please tick 「✓」 where appropriate.
- (3) 保單權益人必須在此表格每頁「保單權益人簽署」位置簽署。Policy Owner MUST sign in "Signature of the Policy Owner" on each page of this form.
- (4) 保單權益人必須在此表格內任何更改或修改的地方簽署作實。Any changes or amendments in this form MUST be countersigned by Policy Owner in full signature.
- (5) 保單權益人請於簽署日期三十日內遞交申請表至本公司。Please submit the signed form to the Company within 30 days.
- (6) 如為直銷產品，請提供保單權益人之身份證明文件核實真實副本。For Direct Marketing Products, please submit certified true copy of identity document of Policy Owner.

|                       |                                     |                              |
|-----------------------|-------------------------------------|------------------------------|
| 保單編號<br>Policy Number | 保單權益人姓名<br>Name of the Policy Owner | 受保人姓名<br>Name of the Insured |
|                       | 聯絡電話<br>Contact Tel No              |                              |

### 第一部份 PART I

#### I. 更改保單保障 Change of Policy Benefits

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

- (1) 請同時填報申請表第二部份。Please also complete Part II.
- (2) 保單權益人如非持有香港身份證而持有中華人民共和國居民身份證，請親臨香港簽署「重要資料聲明書 - 內地人士在港投購人身/壽險保單」，連同相關入境證明於簽署日起 7 天內交回本公司。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) 請遞交財務需要分析表格 (如適用)。Please submit Financial Needs Analysis (if applicable).

|   | 取消<br>Cancel             | 遞減<br>Reduce             | 增大<br>Increase           | 新保額/名義金額/每月保證年金入息<br>(保單貨幣)<br>New Sum Insured / Notional Amount /<br>Guaranteed Monthly Annuity Income<br>(Policy Currency) | 級別 / 計劃<br>Class / Plan  |
|---|--------------------------|--------------------------|--------------------------|--|--|
| <input type="checkbox"/> 基本計劃保額 (冷靜期內)<br>Benefit amount of Basic Plan (within cool off).....                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____  |  |
| <input type="checkbox"/> 基本計劃保額 (冷靜期外)<br>Benefit amount of Basic Plan (after cool off).....                            | <input type="checkbox"/> | <input type="checkbox"/> | --                       | _____  |  |
| <input type="checkbox"/> 危疾附加利益保障<br>Dread Disease Rider.....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____  |  |
| <input type="checkbox"/> 定期壽險附加利益保障<br>Term Rider.....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____  |  |
| <input type="checkbox"/> 意外死亡附加利益保障<br>Accidental Death Rider .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____  |  |
| <input type="checkbox"/> 完全及永久傷殘附加利益保障<br>Total & Permanent Disability Rider.....                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____  | <input type="checkbox"/> 1 <input type="checkbox"/> 1.5 <input type="checkbox"/> 2 |
| <input type="checkbox"/> 豁免保費附加利益保障 / 付款人附加利益保障<br>Waiver of Premium Rider / Payor's Death or<br>Disability Rider ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____  | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3   |
| <input type="checkbox"/> 其他<br>Others _____   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____  |  |
| <input type="checkbox"/> 其他<br>Others _____   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____  |  |

一併繳付之款項[包括此申請所需保費及本公司代政府或監管機構(包括但不限於保險業監管局)按相關規定收取的相應徵費及/或費用(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]

\* 以下適用於過去12個月內曾遞交財務需要分析表格的客戶。The following is applicable to policyowner who has submitted Financial Needs Analysis ("FNA") Form in the past 12 months.

☐ 本人聲明在過去12個月內曾遞交財務需要分析表格且所填報的資料至今沒有任何重大改變，包括財務需要、風險及可承擔能力等。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:

若過去遞交之財務需要分析表格已失效(簽署日期超過12個月)或財務需要、風險及可承擔能力等有任何重大改變，請重新遞交財務需要分析表格，否則本公司將無法受理此申請。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.

保單權益人簽署 (細閱/確認以上資料)  
Signature of the Policy Owner (Read / confirm the information on this page)

2. 轉換定期壽險 Term Conversion 請同時提交新的投保書予承保部批核 Please also submit new life application form and send to Underwriting Department for approval

☐ 轉換基本定期保單 Convert Basic Term Policy

☐ 轉換定期附加利益保障 Convert Term Rider

轉換保額  
Converted Amount

新保單編號  
New Policy No.

新保險計劃  
New Plan

新保單日期  
New Policy Date

剩餘保額  
Remaining Amount:

☐ 取消 Cancel

☐ 保留 Remain

3. 刪除或減少額外保費 Remove/Reduce Rating

☐ 地域原因 Geographic Rating 請同時填報申請書第二 B 部份第 4 題 Please also complete question no. 4 of Part IIB

☐ 職業原因 Occupational Rating 請同時填報申請書第二 A 部份第 1-2 題及第二 B 部份第 4 題 (只適用於改變職業級別超過一年者)  
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 請同時填報申請書第二部份 Please also complete Part II

4. 復效保單 Reinstatement

☐ 復效保單 Reinstatement 請同時填報申請書第二部份 Please also complete Part II

☐ 簡易復效保單 Simplified Reinstatement 本人聲明自保單失效至今健康及職業並無改變 (只適用於自最終保費到期日起計失效不足三個月之保單而受保人健康及職業並無改變，並在我司沒有任何理賠記錄。)  
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.)

一併繳付之款項[包括此申請所需保費及本公司代政府或監管機構(包括但不限於保險業監管局)按相關規定收取的相應徵費及/或費用(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，請填寫「5. 其他更改」或同時遞交「客戶重要資料更改申請表」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 (請說明 Please specify)

保單權益人簽署 (細閱／確認以上資料)  
Signature of the Policy Owner (Read / confirm the information on this page)

第二部份 PART II

IIA. 受保人及付款人資料 DETAILS OF THE INSURED AND THE PAYOR

如選擇付款人附加利益保障，保單權益人必須填寫付款人部分 Policy Owner must complete Payor's section if Payor's Benefit is selected.

|  |  |  |
|--|--|--|
| 1. 職業（就業人士適用）<br>Occupation (For people with jobs)<br>(a) 僱主資料<br>Employer's Details | <b>受保人 INSURED</b><br><br>職業 _____ 行業 _____<br>Occupation _____ Industry _____<br><input type="checkbox"/> 受僱 Employed <input type="checkbox"/> 自僱 Self Employed<br><br>僱主名稱(全名)<br>Full Name of Employer _____<br>業務性質<br>Nature of Business _____<br><br>辦事處地址<br>Business Address _____   | <b>付款人 PAYOR</b><br><br>職業 _____ 行業 _____<br>Occupation _____ Industry _____<br><input type="checkbox"/> 受僱 Employed <input type="checkbox"/> 自僱 Self Employed<br><br>僱主名稱(全名)<br>Full Name of Employer _____<br>業務性質<br>Nature of Business _____<br><br>辦事處地址<br>Business Address _____   |
| 年薪 Annual Salary   | 港幣 HKD _____   | 港幣 HKD _____   |
| (c) 詳列確實職務<br>Exact Job Duties   | 請詳列確實職務<br>Please describe exact job duties<br><br>_____<br><br>(i) <input type="checkbox"/> 戶內工作 Indoor Work<br><input type="checkbox"/> 戶外工作 Outdoor Work<br>(ii) <input type="checkbox"/> 無牽涉手製、手控或體力勞動的工作 No Manual Work Involved<br><input type="checkbox"/> 牽涉手製、手控或體力勞動的工作 Manual Work Involved<br><input type="checkbox"/> 高空工作 Work at Height<br><input type="checkbox"/> 建築地盤工作 Work at Construction Site<br><input type="checkbox"/> 其他（請註明）Others (Please Specify) _____ | 請詳列確實職務<br>Please describe exact job duties<br><br>_____<br><br>(i) <input type="checkbox"/> 戶內工作 Indoor Work<br><input type="checkbox"/> 戶外工作 Outdoor Work<br>(ii) <input type="checkbox"/> 無牽涉手製、手控或體力勞動的工作 No Manual Work Involved<br><input type="checkbox"/> 牽涉手製、手控或體力勞動的工作 Manual Work Involved<br><input type="checkbox"/> 高空工作 Work at Height<br><input type="checkbox"/> 建築地盤工作 Work at Construction Site<br><input type="checkbox"/> 其他（請註明）Others (Please Specify) _____ |
| (d) 受僱於現職年期<br>No. of Years in Current Job   | ____ 年 Years<br>如少於一年，請說明先前的工作<br>If less than one year, please state previous job _____   | ____ 年 Years<br>如少於一年，請說明先前的工作<br>If less than one year, please state previous job _____   |
| (e) 兼職<br>Part-time Occupation   | 如有，請詳列確實職務及工作時間<br>If yes, please describe exact duties and number of hours worked _____   | 如有，請詳列確實職務及工作時間<br>If yes, please describe exact duties and number of hours worked _____   |
| 2. 非就業人士適用<br>For people without jobs  | <input type="checkbox"/> 主婦 Housewife <input type="checkbox"/> 學生 Student <input type="checkbox"/> 退休 Retired<br><br><input type="checkbox"/> 待業（請註明詳情） Unemployed (please provide details)<br>失業/待業前所從事之職位，職務及薪金<br>Job title, duties & salary before unemployment<br>失業/待業狀況已維持多久<br>Duration of unemployment _____<br>失業/待業原因<br>Reason for unemployment _____<br>詳述其他收入來源<br>Details of other source of income _____   | <input type="checkbox"/> 主婦 Housewife <input type="checkbox"/> 學生 Student <input type="checkbox"/> 退休 Retired<br><br><input type="checkbox"/> 待業（請註明詳情） Unemployed (please provide details)<br>失業/待業前所從事之職位，職務及薪金<br>Job title, duties & salary before unemployment<br>失業/待業狀況已維持多久<br>Duration of unemployment _____<br>失業/待業原因<br>Reason for unemployment _____<br>詳述其他收入來源<br>Details of other source of income _____   |
| 3. 身高及體重<br>Height & Weight  | (i) 身高 呎 _____ 吋 _____ 或 _____ 厘米<br>Height _____ ft. _____ in. or _____ cm<br><br>(ii) 體重 磅 _____ 或 _____ 公斤<br>Weight _____ lb. or _____ kg  | (i) 身高 呎 _____ 吋 _____ 或 _____ 厘米<br>Height _____ ft. _____ in. or _____ cm<br><br>(ii) 體重 磅 _____ 或 _____ 公斤<br>Weight _____ lb. or _____ kg  |

IIIB. 受保人及付款人健康聲明 HEALTH DECLARATION OF THE INSURED AND THE PAYOR

如選擇付款人附加利益保障，保單權益人必須填寫付款人部分 Policy Owner must complete Payor's section if Payor's Benefit is selected.

|  |                       |   |                             |                      |                      |
|--|-----------------------|---|-----------------------------|----------------------|----------------------|
|  |                       | 受保人 Insured<br>是 YES 否 NO                                   | 付款人 Payor<br>是 YES 否 NO     |                      |                      |
| 1. 閣下是否在 <b>其他</b> 保險公司擁有已生效之人壽保險、傷殘、醫療保障、個人意外或危疾保障保險？<br>Do you have any in-forced Life, Disability, Health, Personal Accident or Critical Illness Insurance with <b>other</b> insurance companies?<br>若『是』，請列明總保額及保險種類： 種類 _____ 總保額(港幣) _____<br>If "YES", please state the total sum insured and type of insurance: Type _____ Total sum insured (HKD) _____   |                       | <input type="checkbox"/>                                    | <input type="checkbox"/>    |                      |                      |
| 2. 閣下在 <b>其他</b> 保險公司是否有任何正在審核或復效中之人壽保險、傷殘、醫療保障、個人意外或危疾保障保險？<br>Do you have Life, Disability, Health, Personal Accident or Critical Illness Insurance under application or reinstatement stage with <b>other</b> insurance companies?<br>若『是』，請列明總保額及保險種類： 種類 _____ 總保額(港幣) _____<br>If "YES", please state the total sum insured and type of insurance: Type _____ Total sum insured (HKD) _____  |                       | <input type="checkbox"/>                                    | <input type="checkbox"/>    |                      |                      |
| 3. 閣下在過去的人壽保險、傷殘、醫療保障、個人意外、危疾保障作投保或申請復效時是否曾被拒絕、延期受保或在附加條件下被接受？或受保人是否曾提出意外、健康或任何類型的保險索償？<br>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?<br>若『是』，請詳述申請日期、保險公司名稱及詳細情況： 日期 _____ 保險公司 _____ 詳情 _____<br>If "YES", please give application date, insurer and details: Date _____ Insurer _____ Details _____ |                       | <input type="checkbox"/>                                    | <input type="checkbox"/>    |                      |                      |
| 4. 閣下是否或將於香港以外地區居住或工作？若『是』，請詳述：<br>Do you or do you intend to live or work outside Hong Kong? If "YES", please state:<br>居留國家/地區名稱 * _____ 城市 _____<br>Name of country/region residing in * _____ Name of city _____<br>居留目的 _____ 停留次數（每週/月/年*） _____ 日 _____<br>Purpose of stay _____ Duration of stay (per week/month/year*) _____ day(s)<br><br>*如居住地為並非香港，須填寫「稅務居民身份自我證明表格 - 個人」If residing out of Hong Kong, please complete "Self-Certification Form for Tax Residency - Individual"  |                       | <input type="checkbox"/>                                    | <input type="checkbox"/>    |                      |                      |
| 5. 家庭狀況：閣下的直系家庭成員中是否患有任何血科疾病、肝臟、心臟、腎臟或神經系統疾病、中風、糖尿病、高血壓、癌症、愛滋病或已知的遺傳性疾病（如：多囊腎病）或為肝炎帶菌者？<br>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?  |                       |   |                             |                      |                      |
|  | 現時年齡<br>Age of Living | 現時健康狀況 / 過往病歷<br>Present Health Status/ Past Health History | 確診患病之年齡<br>Age at Diagnosis | 身故年齡<br>Age at Death | 死因<br>Cause of Death |
| 父 Father   |                       |   |                             |                      |                      |
| 母 Mother   |                       |   |                             |                      |                      |
| 兄弟 Brother   |                       |   |                             |                      |                      |
| 姐妹 Sister  |                       |   |                             |                      |                      |

保單權益人簽署（細閱／確認以上資料）  
Signature of the Policy Owner (Read / confirm the information on this page)

|  |                                       |   |   |  |                                       |  |                                     |                               |
|--|---------------------------------------|---|---|--|---------------------------------------|--|-------------------------------------|-------------------------------|
| 現時0-17歲之受保人不需回答以下第6至第15題 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<br>是 否<br>YES NO  |                                       | 付款人Pavor<br>是 否<br>YES NO  |                                     |                               |
| 6. 閣下是否有或計劃參與任何危險運動（如賽車、配備水肺潛水、跳傘或攀山等）或私人飛行或非以購票乘客身份飛行於固定航線？<br>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?<br>活動種類<br>Types _____ 詳情<br>Details _____  |                                       |   |   | <input type="checkbox"/> <input type="checkbox"/>                                  |                                       | <input type="checkbox"/> <input type="checkbox"/>  |                                     |                               |
| 7. 閣下於過去一年內體重是否有增加或減少10磅 / 4.5公斤以上？若『是』，請詳述：<br>Have your weight changed more than 10lb/4.5kg in the past one year? If "YES", please give details:<br>增加 / 減少 # _____ 磅 / 公斤 # _____ 原因<br>Increase / decrease # _____ lb / lb # _____ Reason _____<br># 將不適用者刪去 Delete as appropriate   |                                       |   |   | <input type="checkbox"/> <input type="checkbox"/>                                  |                                       | <input type="checkbox"/> <input type="checkbox"/>  |                                     |                               |
| 8. 閣下曾否患有任何病徵或接受任何醫療建議、檢驗或治療關於精神心理之疾病、癲癇、癱瘓、中風及任何腦部或神經系統之疾病、任何眼、耳、口腔、鼻、喉之疾病、或哮喘、肺結核或任何呼吸系統疾病、心悸、呼吸短促、胸痛、高血壓、風濕熱或任何心臟或心血管疾病、胃潰瘍、疝氣、腸胃病、肝炎、肝炎帶菌或任何肝臟之疾病、任何腎臟或生殖泌尿系統之疾病、糖尿病、甲狀腺疾病或任何內分泌之疾病、貧血、血科疾病、任何癌病、腫瘤、囊腫或任何其他不正常之腫脹、關節炎、痛風或任何脊椎、骨骼、肌肉、皮膚之疾病或任何其他疾病或殘缺？<br>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. 閣下曾否接受任何有關愛滋病或其綜合候群徵或性接觸疾病或愛滋病有關之輔導、治療或血液測驗或在過去三個月內持續超過一星期有下列病徵：容易疲倦、腹瀉、淋巴核腫大或不尋常的皮膚疾病？<br>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. 閣下有否任何上文未提及的傷殘或疾病？<br>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. 閣下曾否或被建議或打算接受任何檢驗（例如心電圖、掃描檢查、血液檢查、活組織檢驗等）、治療、服用任何藥物或建議？<br>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. 只適用於女性 Female Only:<br>(a) 閣下曾否患有乳房或生殖器官之疾病、或因生育或月經引起之疾病或子宮頸細胞抹片檢查不正常？<br>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?<br>(b) 閣下現在是否懷孕？若『是』，是否有異常之生育紀錄或產前檢查結果、任何併發症或需接受治療？<br>Are you now pregnant? If "YES", were there any abnormal delivery or are there any abnormal prenatal checkup records, any complications or special treatment?   |                                       |   |   | <input type="checkbox"/> <input type="checkbox"/>                                  |                                       | <input type="checkbox"/> <input type="checkbox"/>  |                                     |                               |
| 13. (a) 閣下現時有否吸用或曾於過去12個月內吸用任何煙草產品（包括香煙、雪茄、煙斗及咀嚼煙草等）？若『是』，請詳述吸用的數量及年期。若『否』，請回答問題13(b)。<br>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).<br>每日平均吸用量<br>Average Daily Consumption _____ 已吸用<br>Have used _____ 年<br>years<br>(b) 閣下曾否吸用任何煙草產品（包括香煙、雪茄、煙斗及咀嚼煙草等）？若『有』，請註明以往吸用量、停止吸用的日期及原因。<br>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.<br>每日平均吸用量<br>Average Daily Consumption _____ 吸用<br>for _____ 年<br>year(s) 停止吸用日期<br>Date ceased _____ 原因<br>Reason _____  |                                       |   |   | <input type="checkbox"/> <input type="checkbox"/>                                  |                                       | <input type="checkbox"/> <input type="checkbox"/>  |                                     |                               |
| 14. 閣下曾否服食任何成癮藥物或吸毒？若『是』，請註明：<br>Have you ever taken drugs and narcotics? If "YES", please state:<br>類別<br>Type _____ 份量<br>Quantity _____ 頻密程度<br>Frequency _____   |                                       |   |   | <input type="checkbox"/> <input type="checkbox"/>                                  |                                       | <input type="checkbox"/> <input type="checkbox"/>  |                                     |                               |
| 15. 閣下曾否經常性飲用任何含酒精類飲品？若『是』，請說明每天平均之飲用量：<br>Have you ever frequently taken alcoholic drinks? If "YES", please state your average daily consumption:<br><input type="checkbox"/> 啤酒<br>Beer _____ 罐<br>can <input type="checkbox"/> 紅酒或白酒<br>Red and White wine _____ 杯<br>glass <input type="checkbox"/> 烈酒<br>Spirit _____ 杯<br>glass  |                                       |   |   | <input type="checkbox"/> <input type="checkbox"/>                                  |                                       | <input type="checkbox"/> <input type="checkbox"/>  |                                     |                               |
| 現時0-17歲之受保人請回答以下第16至第19題 If the insured's current age is between 0-17, please complete questions no. 16 to 19 below  |                                       |   |   | 受保人Insured<br>是 否<br>YES NO  |                                       |  |                                     |                               |
| 16. 兒童出生時是否有任何肢體不健全或缺陷？<br>Was the child born with any body infirmity or deformity?  |                                       |   |   | <input type="checkbox"/> <input type="checkbox"/>                                  |                                       |  |                                     |                               |
| 17. 兒童現在是否正接受任何醫療觀察或治療？<br>Is the child currently under medical observation or undergoing any treatment?   |                                       |   |   | <input type="checkbox"/> <input type="checkbox"/>                                  |                                       |  |                                     |                               |
| 18. 兒童是否曾患有任何疾病而持續長達五日以上？<br>Has the child ever suffered from any illness lasting for more than five days?   |                                       |   |   | <input type="checkbox"/> <input type="checkbox"/>                                  |                                       |  |                                     |                               |
| 19. 兒童是否曾感染下列疾病：肺結核、哮喘、支氣管炎、腎病、心臟動脈病、癲癇、各類型癌症或腫瘤、任何身體殘缺、視覺或聽覺之毛病、精神或神經失調、任何類型肝炎或肝病、肝炎帶菌、貧血或血友病？<br>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項、第8至12項及第16至19項題目之答案為『是』者，請詳述於下列表格。如曾進行身體檢查、化驗或入院接受治療，請提供覆診咭、身體檢查及化驗報告之副本作參考。<br>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 checkup, laboratory test or hospitalization history.  |                                       |   |   |  |                                       |  |                                     |                               |
| 題目號碼<br>Question No.   |                                       | 患病日期及診結果<br>Onset date and<br>Diagnosis | 歷時、發病次數及病情<br>Duration, Number of attacks and<br>Severity | 曾接受治療或檢查種類及其結果<br>Type of Treatment or Investigation<br>received and their Results | 主診醫生之姓名或醫院名稱<br>Physician or Hospital |  | 最後診治日期<br>Last consultation<br>Date | 康復程度*<br>Degree of Recovery * |
|  |                                       |   |   |  | 姓名 Name                               | 地址 Address   |                                     |                               |
|  | 受保人<br>Insured<br>/<br>付款人<br>Payor # |   |   |  |                                       |  |                                     |                               |
|  | 受保人<br>Insured<br>/<br>付款人<br>Payor # |   |   |  |                                       |  |                                     |                               |
|  | 受保人<br>Insured<br>/<br>付款人<br>Payor # |   |   |  |                                       |  |                                     |                               |
| # 將不適用者刪去 Delete as appropriate * U = 正接受治療 Under treatment O = 間中復發 Occasional attack F = 痊癒 Fully recovered  |                                       |   |   |  |                                       |  |                                     |                               |
|  |                                       |   |   |  |                                       | 保單權益人簽署（細閱／確認以上資料）<br>Signature of the Policy Owner (Read /confirm the information on this page) |                                     |                               |

聲明及授權 DECLARATION & AUTHORIZATION

聲明

本人/吾等，保單權益人/受保人，在此聲明並同意：（1）本人/吾等已細閱及完全明白產品小名冊子、建議書及個人資料收集聲明；（2）貴司未正式接納保單更改或復效及發出有關批單/修改(「批單」)予本人/吾等前，任何保單更改或復效不會生效；（3）此復效或增加保障之申請經貴司核准後，保單內「不得異議」及「自殺死亡」條款的保單簽發日期將以本申請批准日起計算；（4）本人/吾等沒有保留任何重要的事實或資料，而已提供的事實或資料完全屬實，並將會是合約的依據；（5）倘若本人/吾等未披露之事實或資料內容，足以影響貴司衡量及應否接受保單更改或復效的申請，可令批單及/或合約失效；（6）在本人/吾等簽署本申請表後直至本人/吾等收到批單前，本人/吾等必須向貴司披露有關受保人及購買付款人附加利益保障的權益人的健康狀況或可保權益的任何改變；（7）倘若對事實或資料的重要性產生疑問，必須在本申請表向貴司披露該事實或資料；（8）本人/吾等已收受、閱讀及完全明白本申請表所載之個人資料收集聲明；及(9)相關人士的任何個人資料可用作個人資料收集聲明第7段所述之用途及貴公司可把該等個人資料提供給該聲明第8段所述各方作上述用途。

授權

本人謹此代表本人及所有受保人同意及授權：(1)任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構，或其他機構、組織或人士、凡知道或持有任何有關本人及受保人或任何一位受保人之記錄者，及 / 或曾診驗或可能將會診驗本人及任何一位受保人者，均可將該等資料提供給中銀集團人壽保險有限公司；（2）中銀集團人壽保險有限公司或任何其指定之醫生或化驗所，可就此保單更改申請替本人及任何受保人進行所需之醫療評估及測試，作為審核本人及任何受保人之健康狀況。此授權對本人之繼承人及受讓人具有約束力；即使本人死亡或無行為能力時，此授權仍具效力。本授權書的影印本與正本均有同等效力。

本人聲明及同意已獲所有受保人授權及同意本人作出上述授權。

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.

本人不欲貴公司使用本人的個人資料經以下渠道作直銷推廣 (請以 “✓” 選擇渠道):-  
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)):-

- ☐ 電子渠道 Electronic Channels  
☐ 郵件 Mail  
☐ 專人電話 Personal Call

如 您沒有在以上任何方格內以 “✓” 號顯示 您的選擇，即代表您並不拒絕本公司任何形式的直銷推廣。  
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.

☐ 為改善及提供更全面的服務予本公司的客戶，本公司可能會將 您的個人資料提供予「本集團」\*其他成員及其他人作其包括財務、保險、信用卡、證券、商品、投資、銀行及相關服務和產品及授信的直銷推廣。若您**不欲**本公司提供 您的個人資料予以上人士作以上用途，請閣下在這方格上以 “✓” 號表示。  
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.

\*「本集團」指本公司及其控股公司、分行、附屬公司、代表辦事處及附屬成員，不論其所在地。附屬成員包括本公司的控股公司之分行、附屬公司、代表辦事處及附屬成員，不論其所在地。 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 閣下現在對是否接收直銷推廣資料，以及對本公司擬將閣下個人資料提供予「本集團」\*其他成員作其直銷推廣的選擇，亦取代任何 閣下之前已告知本公司的選擇。請注意， 閣下以上的選擇適用於根據本公司的「個人資料收集聲明」上所載的產品，服務及/或標的類別的直銷推廣。請 閣下參考該聲明上以得知在直銷推廣上可使用的個人資料的種類，以及閣下的個人資料可提供予甚麼類別的人士以供該等人士在直銷推廣中使用。

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.

保單權益人簽署 Signature of Policy Owner

簽署日期 Date at (日/月/年 Day/Month/Year)

重要信息: 閣下提供給本公司的任何個人資料如有變更(如姓名、國籍(國家/地區)、稅務居住地、地址、身份證明文件類型及號碼、職業，或商業客戶的商業註冊/成立資料/ 股權結構等)，請立即通知本公司作出更改。倘本公司沒有收到閣下通知，即表示閣下必須更新個人資料。 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.

溫馨提示: 如閣下在遞交此表格後兩星期內仍未收到本公司的回覆，請致電本公司的客戶服務熱線 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.



個人資料收集聲明

在中銀集團人壽保險有限公司(“中銀人壽”)，保護我們客戶個人資料對我們很重要。作為一個提供保險產品及服務的機構，收集及運用客戶個人資料是我們日常商業運作的基本工作。

如客戶希望了解中銀人壽的私隱政策的詳情，歡迎透過以下網址 <http://www.boclife.com.hk/itc/others/privacy-policy.html> 閱讀有關文件。

1. 本聲明列載中銀集團人壽保險有限公司(下稱「本公司」)有關其資料當事人(見以下定義)的資料政策。
  2. 就本聲明而言,「本集團」指本公司及其控股公司、分行、附屬公司、代表辦事處及附屬成員,及其中任何一方,不論其所在地。附屬成員包括本公司的控股公司之分行、附屬公司、代表辦事處及附屬成員,不論其所在地。
  3. 「資料當事人」一詞,不論於本聲明何處提及,包括以下為個人的類別:
    - (a) 本公司提供的保險及相關服務和產品的申請人或客戶/用戶,包括保單權益人、索償人、受益人、受保人及/或其他有關人士及其被授權人;
    - (b) 任何本公司申請人及客戶/用戶的董事、股東、高級職員及經理;
    - (c) 本公司的供應商、承建商、服務供應商及其他合約對手。
- 為免疑問,「資料當事人」不包括任何法人團體。本聲明的內容適用於所有資料當事人,並構成其與本公司不時訂立或可能訂立的任何合約及/或保單的一部分。若本聲明與有關合約及/或保單存在任何差異或分歧,就有關保護資料當事人的個人資料而言概以本聲明為準。本聲明並不限制資料當事人在個人資料(私隱)條例(香港法例第 486 章)(「條例」)下之權利。
4. 資料當事人在建立、延續保險業務及行政事宜及/或有關的產品及服務及授信、處理有關本公司簽發的保單的索償,及/或處理任何和所有其他資料當事人的要求、查詢或投訴,及/或為遵守在香港特別行政區境內或境外的監管或其他機關頒佈的任何法律、發出的指引或要求(包括但不限於根據香港特別行政區與美國之間的跨政府協議(「跨政府協議」、香港特別行政區與美國在 2014 年 3 月 25 日簽署的《稅務資訊交換協議》執行《海外賬戶稅收合規法案》,以及經濟合作發展組織作出的規定,包括關於其為履行其共同報告標準的主管機關協議的監管機制)時,資料當事人需要不時向本公司提供有關的個人資料。
5. 若未能向本公司提供該等資料,可能會由於資料不足導致本公司無法評估/處理你的申請及/或提供保險及相關服務和產品及授信。若你拒絕給予上述明確的同意,本公司也可能需要向適用的監管機構匯報保單項下的價值和付款金額;在特定的情況下,若你拒絕給予明確的同意,本公司可能保留保單項下的部分或所有利益;或終止保單。
6. 本公司會不時收集或接收有關資料當事人的資料。該等資料包括但不限於在資料當事人與本公司延續正常業務往來期間,例如,當資料當事人簽發支票、存款或透過本公司發出的或提供的信用卡進行交易或在一般情況下以口頭或書面形式與本公司溝通時,從資料當事人所收集的資料。
7. 資料當事人之資料(包括信用資料和以往申索紀錄)的用途將視乎其與本公司及/或本集團的關係性質有所不同,其中包括以下用途:
  - (a) 處理、評估及/或批有關保險產品及服務的申請,調查和結清申索、偵測和防止欺詐行為(無論是否與就此申請而發出的保單有關)、及有關該等產品及服務的增添、更改、變更、取消、續期及/或復效的申請;
  - (b) 管理由本公司及/或本集團簽發的保單;
  - (c) 研究及/或設計供客戶使用的保險/金融產品及/或服務;
  - (d) 與任何由本公司或任何本公司集團內的公司及相關聯公司提供的產品及/或服務相關,而由你提出或對你作出的索償,或以其他形式涉及你的索償有關的用途,包括但不限於作出、辯護、分析、調查、處理、評估、釐定、結清或回應該等索償;
  - (e) 在適當時進行身份及/或信貸檢查及進行資料配對程序;
  - (f) 為符合根據下述適用於本公司及/或期望本公司及/或本集團遵從有關披露及使用資料之責任、規定或安排:
    - (i) 在香港特別行政區境內或境外之已存在、現有或將來對其具約束力或適用於其的任何法律;
    - (ii) 在香港特別行政區境內或境外之已存在、現有或將來並由任何法定、監管、政府、稅務、執法或其他機構,或由金融服務提供者之自律監管或行業的團體或組織所發出或提供之任何指引或指導;
    - (iii) 本公司及/或本集團因其金融、商業、營業或其他利益或活動處於或關連於相關本地或海外的法定、監管、政府、稅務、執法或其他機構或金融服務提供者之自律監管或行業團體或組織之司法管轄區而須承擔或實施加與本地或海外之法定、監管、政府、稅務、執法或其他機構或金融中介人、或金融服務提供者之自律監管或行業團體或組織之間的現有或將來之任何合約承諾或其他承諾及/或本公司及/或本集團遵守適用稅務法律的義務,包括但不限於《海外賬戶稅收合規法案》和跨政府協議;
  - (g) 處理(包括但不限於調查、分析、核保及裁定)有關本公司簽發的保單的索償;
  - (h) 為推廣服務、產品及其他標的(詳見下述第 9 段);
  - (i) 提供客戶服務(包括但不限於處理查詢及投訴)及有關活動;
  - (j) 供本公司及任何本公司集團內的公司及相關聯公司作進行縮短或辯解研究用途;
  - (k) 釐定本公司欠付你或你拖欠本公司的任何款項的金額,及執行你之責任,包括但不限於向你或任何已為你的債務向本集團提供任何擔保或承諾的人士追收欠款;
  - (l) 為符合根據任何本集團計劃下就遵從洗錢、恐怖份子資金籌集或其他非法活動之批准或防止或偵測而作出本集團內資料及信息分享及/或任何其他使用資料及信息的任何責任、規定、政策、程序、措施或安排;
  - (m) 使本公司的實在或建議承讓人,或本公司對資料當事人的權利的參與人或附屬參與人評核意圖成為轉讓,參與或附屬參與的交易;
  - (n) 與資料當事人或其他人士之資料比較以進行信貸調查,資料核實或以其他方法產生或核實資料,不論有關比較是否為對資料當事人採取不利之行動而進行;
  - (o) 作為維持資料當事人的信貸記錄或其他記錄(不論資料當事人與本公司是否存在任何關係)以作現在或將來參考之用;及
  - (p) 供作任何與上述事項有關聯、有附帶性或有關的用途。- 8. 本公司會對其持有的資料當事人資料保密,除非本公司可能會把該等資料提供及披露(如條例所定義的)給下述各方作先前一段列出的用途:
  - (a) 任何代理人、承包人、或向本公司提供行政、電話、電腦、付款或其他與本公司業務運作有關的服務的第三方服務供應商,不論其所在地;
  - (b) 任何對本公司(包括本集團的任何成員)有保密責任並已承諾作出保密有關資料的其他人士;
  - (c) 任何再保險及索償調查公司、有關的保險行業協會及聯會和該等協會及聯會的會員;
  - (d) 信貸資料服務機構;而在資料當事人欠賬時,則可將該等資料提供給收數公司;
  - (e) 任何與資料當事人已經或將會存在往來的金融機構、消費卡或信用卡發行人、保險公司、證券及投資公司;
  - (f) 本公司及/或本集團在根據對其本身及/或本集團具約束力或適用的任何本地或外國法律、法例或法規規定下之責任或其他原因而必須向該人、實體、或政府或政府機構或金融中介人作出披露,或按照及為實施由任何法定、監管、政府、稅務、執法或其他機構或金融服務提供者之自律監管或行業團體或組織所提供或發出的指引或指導需預期向該人作出披露,或根據與本地或海外之法定、監管、政府、稅務、執法或其他機構或金融服務提供者之自律監管或行業團體或組織之間的任何合約承諾或其他承諾而向該人作出任何披露之任何人士,該等人士可能處於香港特別行政區境內或境外及可能是已存在、現有或將來出現的任何人士;
  - (g) 假如資料當事人的資料是被收集並使用於處理其申請、調查和結清申索、以及偵測和防止欺詐行為,有關個人資料將會被轉移給以下人士,而他們只能在有合理需要履行前述任何一項目的之情況下才可收集和使用這些資料:保險理算人、代理和經紀;僱主;醫護專業人士;醫院;會計師;財務顧問;律師;整合保險業申索和承保資料的組織;防欺詐組織;其他保險公司(無論是直接地,或是通過防欺詐組織或本段中指名的其他人土);警察;和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊(及其運營者)。
  - (h) 本公司的任何實在或建議承讓人或就本公司對資料當事人的權利的參與人或附屬參與人或受讓人;及
  - (i)
    - (i) 本集團之任何成員;
    - (ii) 第三方金融機構、承保人、信用卡公司、證券、商品及投資服務供應商;
    - (iii) 第三方獎賞、年資獎勵、聯名合作及優惠計劃供應商;
    - (iv) 本公司及本集團之聯名合作夥伴(有關服務和產品的申請表上會提供聯名合作夥伴的名稱(視屬何情況而定));
    - (v) 慈善或非牟利組織;及
    - (vi) 就上述第 7(h)段而獲本公司任用之第三方服務供應商(包括但不限於代寄郵件公司、電訊公司、電話促銷及直銷代理人、電話服務中心、數據處理公司及資訊科技公司),不論其所在地。

本公司可能為上述第 7 段所列之目的不時將資料當事人的資料轉移往香港特別行政區境外的地區。

9. 使用資料作直接促銷

本公司擬使用資料當事人的資料作直接促銷及本公司須為此目的取得資料當事人同意(包括資料當事人不反對之表示)。2012 年個人資料(私隱)條例第 VIA 部中關於資料當事人的同意的特定要求。因此,請注意以下:
  - (a) 本公司持有資料當事人的姓名、聯絡詳情、產品及服務投資組合信息、交易模式及行徑、財務背景及統計資料可不時被本公司用於直接促銷;
  - (b) 以下服務、產品及類別可作推廣:
    - (i) 財務、保險、信用卡、證券、商品、投資、銀行及相關服務和產品及授信;
    - (ii) 獎賞、年資獎勵或優惠計劃及相關服務和產品;
    - (iii) 本公司的聯名合作夥伴提供之服務和產品(有關服務和產品的申請表上會提供聯名合作夥伴的名稱(視屬何情況而定));及
    - (iv) 為慈善及/或非牟利的目的之捐款及資助;
  - (c) 上述服務、產品及標的可由本公司及/或下述人士提供或(如涉及捐款及資助)募捐:
    - (i) 本集團之任何成員;
    - (ii) 第三方金融機構、承保人、信用卡公司、證券、商品及投資服務供應商;
    - (iii) 第三方獎賞、年資獎勵、聯名合作及優惠計劃供應商;
    - (iv) 本公司及本集團之聯名合作夥伴(有關服務和產品的申請表上會提供聯名合作夥伴的名稱(視屬何情況而定));及
    - (v) 慈善或非牟利組織;
  - (d) 除本公司推廣上述服務、產品及標的外,本公司同時擬提供列明於上述第 9(a)段之資料至上述第 9(c)段的所有或其中任何人士,該等人士藉以用於推廣上述服務、產品及標的,並本公司須為此目的取得資料當事人同意(其中包括資料當事人不反對之表示);

若資料當事人不願意本公司使用或提供其資料予其他人士,藉以用於以上所述之直接促銷,資料當事人可通知本公司以行使其不同意此安排的權利。

10. 根據條例中的條款,任何資料當事人有權:
  - (a) 查核本公司是否持有他的資料及要求查閱該等資料;
  - (b) 要求本公司改正任何有關他的不準確的資料;及
  - (c) 查明本公司對於資料的政策及慣例和獲告知本公司持有的個人資料種類。

11. 根據條例之條款,本公司有權就處理任何查閱資料的要求收取合理費用。

12. 任何關於查閱或改正資料,或索取關於資料政策及慣例或所持有的資料種類的要求,應向下列人士提出:  
中銀集團人壽保險有限公司  
資料保障主任  
中銀集團人壽保險有限公司  
香港太古城英皇道 1111 號 13 樓  
傳真:(852) 2522 1219

13. 本聲明的英文版與中文版本如有任何分歧,一概以英文版本為準。

## 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