



客户重要资料更改申请表
Application for Key Personal
Information Change

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	受保人姓名 Name of the Insured
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更改联络资料 Change of Contact Information

- (1) 如原有及/或更新后的地址/ 电话的所属司法管辖区并非香港, 必须递交税务居民身份自我证明表格。
If the jurisdiction of your original and/or new Address/ Telephone Number is out of Hong Kong, Self-Certificate Form for Tax Residency must be provided.

☐ 1. 更改联络资料 Change of Contact Information

以下联络资料更改同时适用于本人作为保单权益人的
The above change of contact information also applies to

☐ 所有仍生效的保单 All of the inforce policy(ies)

如没有选择此项, 只有上述保单联络资料会被更改。 If not specified, only the above policy will be changed.

通讯地址 Mailing Address:

室 Flat/Rm 楼 Floor 座 Block

大厦/屋苑名称
Building/Estate

街道名称
No. & Name of Street/Road

分区 District ☐ 香港 HK ☐ 九龙 KLN ☐ 新界 NT

国家/地区 Country/Region 邮政编码 Postal Code

电邮地址
Email address: @

电话号码

Telephone Number

如非香港境内电话号码, 请提供电话国家/地区名称、国家/区域编码及地区编码。如无提供, 将预设为香港电话 (持有非香港地址除外)。 For non-Hong Kong telephone number, please provide country/region name, country/region code & area code; otherwise, it will be defaulted as Hong Kong telephone no. (except you are holding non-Hong Kong address)

(国家/地区名称) 国家/区域编码 - 地区编码 - 电话号码 :
(Country/Region Name) Country/Region Code - Area Code - Tel No. :

例子 Examples:

(中国) | 8 | 6 | - | 2 | 3 | - | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

手提电话号码 Mobile Phone No.

() | | | - | | | - | | | | | | | | | | | |

住宅电话号码 Residential Tel No.

() | | | - | | | - | | | | | | | | | | | |

办事处电话号码 Office Tel No.

() | | | - | | | - | | | | | | | | | | | |

同时更改上述地址为 Also change the above address as ☐ 住宅地址 Residential Address ☐ 永久地址 Permanent Address

更改下列地址为 Change the following address as ☐ 住宅地址 Residential Address ☐ 永久地址 Permanent Address

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)

(1) 此申请表需于上述保单之投保人及保单权益人生存期间获本公司收到并存档及最终经本公司以信函确认及接纳方为有效。This request is NOT valid until it is recorded as received by the Company during the life time of BOTH the Insured and the Policy Owner of the above policy and it is finally confirmed and accepted by the Company by way of letter.

(2) 为免延误索偿, 请尽量填写受益人的身份证号码/ 护照号码。Please provide ID Card No. / Passport No. of the beneficiary(ies) to avoid possible delay during claims process.

(3) 如阁下需要同时订立第二受益人, 请填写及递交「基本及第二受益人申请表」。If you appoint both primary and contingent beneficiary(ies), please fill in and submit 'Application for Primary and Contingent Beneficiary'.

本人指定下表所列人士为上述保单受益人。此项提名取代一切以往的提名记录。

虽然上述保单内可能有订明保单的投保人及保单权益人非同一人时，则保单权益人或其遗产将成为保单之必然第一受益人，本人谨此要求及同意保单内的受益人将更改如下表。

I appoint the persons stated in the following table as Beneficiary of my policy. This nomination supersedes all prior nominations.

Notwithstanding that the policy contract may have stated that if the Policy Owner is different from the Insured, the Policy Owner or his/her estate must be the primary Beneficiary, I hereby request and agree that the beneficiary under the Policy shall be designated as in the following table.

#除非另有指明，否则「遗产」乃指受保人的遗产。

"Own estate" means the estate of the insured unless otherwise specified.

1. 英文姓名 Name in English	2. 中文姓名 Name in Chinese	3. 香港身份证/ 护照号码 HKID Card/ Passport No.	4. 与投保人关系* Relationship with Insured	5. 领取利益百分比 % of Entitlement	总和须为百分之一百 Total sum must be 100%
				%	
				%	
				%	
				%	

*如任何一位受益人与受保人的关系并非直系亲属（即父母/子女/配偶/兄弟姊妹），请提供更改原因。

If any of the beneficiary(ies) is not an immediate family members (i.e. parents/children/spouse/siblings) to the Insured, please provide reason for changes.

- (1) 请递交有关证明文件如身份证及/或改名契之副本。 Please provide the copy of relevant supporting documents, i.e. HKID and/or deed poll.
- (2) 如原有及/或更新后的国籍 (国家/地区)、出生国家/地区、公司注册国家/地区所属司法管辖区为美国, 必须递交税务居民身份自我证明表格。 If the jurisdiction of your original and/or new Nationality (Country/Region), Country/Region of Birth, Country/Region of Incorporation is U.S.A, Self-Certification Form for Tax Residency must be provided.
- (3) 如原有及/或更新后的公司注册国家/地区所属司法管辖区并非香港, 必须递交「税务居民身份自我证明表格 - 实体/机构」。 If the jurisdiction of your original and/or new Country/Region of Incorporation is not Hong Kong, "Self-Certification Form for Tax Residency - Entity" must be provided.
- (4) 除更新签署外, 以下个人资料将会连同所有仍生效的保单一并更改。 Except for Change of Signature, the following personal information will also be updated to all inforce policy(ies).

Change Personal Particulars of the Insured

姓名 (中文) _____
Name: (Chn.) _____

(英文) _____
(Eng.) _____

身份证明文件号码
Identity Document No.: _____

性别 ☐ 男 ☐ 女
Gender: Male Female

☐ 4. 更改保单权益人个人资料
Change Personal Particulars
of the Policy Owner

出生日期
Date of Birth |__|__|__|__|年 Y |__|__|月 M |__|__|日 D

国籍 (国家/地区) / 公司注册国家/地区
Nationality (Country/Region) / Country/Region of
Incorporation:

新签署
New Signature:

出生国家/地区
Country/Region of Birth:

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)

(1) 填写第 I 部份或第 II 部份。 Please complete Part I or Part II.

- (2) 请参考第 6 页之「更改保单权益人的所需文件清单」。Please refer to page 6 “List of required documents for Change of Policy Owner”.
- (3) 新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, 请同时递交「重要资料声明书 - 内地人士在港投保人身/寿险保单」。倘保单于 12 个月内生效/签发, 新保单权益人须亲临香港签署此声明书, 连同相关入境证明于签署日起 7 天内交回本公司。New Policy Owner who does not have Hong Kong Identity Card holding People's Republic of China Resident Identity Card, please also submit “Important Facts Statement for Mainland Policyholders” (IFS). For policy issued/ taken effect within 12 months, New Policy Owner has to sign the IFS at Hong Kong and submit it together with entry proof to the Company in 7 days.
- (4) 新权益人必须递交税务居民身份自我证明表格。详情请参考第 6 页之「更改保单权益人的所需文件清单」。The New Policy Owner must provide Self-Certification Form for Tax Residency. Please refer to page 6 “List of required documents for Change of Policy Owner” for details.
- (5) 由保险业监管局按适用的征费率收取的征费于 2018 年 1 月 1 日起生效。如保单有任何由政府或监管机构 (包括但不限于保险业监管局) 按相关规定透过本公司代为收取的未缴征费及/或费用 (如有), 必须于更改保单权益人之前全数清缴。Levy charged by the Insurance Authority on the applicable levy rate is effective on 1 Jan 2018. All outstanding levy and/or charges (if any) under the policy to be collected by our Company on behalf of the government or the regulatory authority (including but not limited to the Insurance Authority) must be settled before Change of Policy Owner.
- (6) 自 2018 年保单周年日开始, 当我们向新权益人收取保费时, 将以收取保费的相同途径 (包括自动保费贷款 (如适用)) 一并收取保费征费。如保单于 2018 年之前申请并已预缴所有保费, 我们将另行通知新权益人缴交保费征费。Since the policy anniversary in 2018, Levy will be collected together with the premium via the same manner (including automatic premium loan (if applicable)) whenever the Company collects premium from the new policy owner. If all premiums have been paid upon policy application before 2018, the new policy owner will be notified to pay levy separately.

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第 I 部份 Part I - 如新保单权益人为个人客户, 请填写此栏 If the New Policy Owner is an Individual Customer, please complete this section

新保单权益人姓名 Name of the New Policy Owner	(中文) (Chn.) _____ (英文) (Eng.) _____	身份证明文件号码 Identity Document No. _____
前用姓名及别名 (如有) Former Name & Alias (If any)	(中文) (Chn.) _____ (英文) (Eng.) _____	性别 Gender: <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female 出生日期 Date of Birth _ _ _ 年 Y _ _ 月 M _ _ 日 D 国籍 (国家/地区) Nationality (Country/Region): _____
出生国家/地区 Country/Region of Birth :	_____	
通讯地址 (若与住宅地址/公司注册办事处地址不同) Mailing Address (If different from Residential Address/Company Registered Office Address) :	_____ _____ _____	
永久地址 (若与住宅地址/公司注册办事处地址不同) Permanent Address (If different from Residential Address/Company Registered Office Address):	_____ _____ _____	
与投保人关系 Relationship to the Insured :	_____	
更改保单权益人的原因 Reason of Ownership Change:	_____	
雇主名称(全名) Full Name of Employer	_____	
公司地址 Business Address	_____	

职业及确实职务 Occupation & Exact Job Duties:

职业
Occupation _____

确实职务
Exact Job Duties _____

行业/ 业务性质
Industry/ Nature of Business _____

(由分行提供):
职业代码

行业代码

资金来源/ 财富来源 Source of Fund/ Wealth:

资金来源 Source of Fund: (将不适用者删除 Delete as appropriate)

1. 薪金 Salary / 投资收益 Investment earnings / 佣金 Commission / 其他 (请说明) Others (please specify) _____
2. 全年净收入 Net Annual Income _____

财富来源 Source of Wealth: (将不适用者删除 Delete as appropriate)

1. 收入累积 Cumulative income / 储备 Saving / 退休金 Retirement fund / 遗产继承或世袭财产 Inherited estate or asset / 出售资产 Sale of asset / 其他 (请说明) Others (please specify) _____
2. 净资产 Net Asset

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)

第 II 部份 - 如新保单权益人为公司客户, 请填写此栏
Part II - If the New Policy Owner is a Company Customer, please complete this section

新保单权益人姓名 (中文)
Name of the New Policy Owner (Chn.) _____
(英文)
(Eng.) _____
前用姓名及别名 (如有) (中文)
Former Name & Alias (If any) (Chn.) _____
(英文)
(Eng.) _____

商业登记证/ 公司注册证号码#
Business Registration/ Incorporation# No.: _____
(# 将不适用者删除 Delete as appropriate)

注册日期 Date of Incorporation : _____

公司有无经营实质业务 Does the company have a substantive business? ☐ 有 ☐ 否

注册国家/地区 Country/Region of Incorporation : _____

商业机构类型 Type of Organization
☐ 合伙人 Partnership ☐ 有限公司 Limited Company ☐ 上市公司 Listed Company
☐ 其他 Others _____

主要交易对手 Major Counterparties

买家所在国家/地区 Country/ Region of Buyer(s)
1) _____
2) _____

供应商所在国家/地区 Country/ Region of Supplier(s)
1) _____
2) _____

注册办事处地址 Address of Registered Office : _____

公司行业及业务类型 Industry & Business Nature

(由分行提供): 拟新保单权益人的行业代码 _____

通讯地址 (若与住宅地址/公司注册办事处地址不同)

Mailing Address (If different from Residential Address/Company Registered Office Address) : _____

资金来源/ 财富来源 Source of Fund/ Wealth:

资金来源 Source of Fund: (将不适用者删除 Delete as appropriate)

1. 业务收益 Business income / 投资收益 Investment earnings / 其他 (请说明) Others (please specify) _____
2. 全年净收入 Net Annual Income _____

财富来源 Source of Wealth: (将不适用者删除 Delete as appropriate)

1. 业务盈余 Business profit / 出售资产 Sale of asset/ 其他 (请说明) Others (please specify) _____
2. 全年净盈余 Net Annual Profit _____

请提供公司内所有关联人士 (如有) 的下列资料 Please provide following information of **ALL** related parties, if any:

(关联人士的释义跟随现行的「打击洗钱及恐怖分子资金筹集条例」, 包括但不限于以下身份: 主要股东 (持10%以上股权)、董事、获授权签字人及最终控制人。
The interpretation of related party is pursuant to the Anti-Money Laundering and Counter-Terrorist Financing Ordinance, includes but not limits to: Substantial Shareholder (holding more than 10% shares), Director, Authorized Signatory and Ultimate Controller.)

身份 (可选择多项) Role (Can select more than one option)	<input type="checkbox"/> 董事 Director	<input type="checkbox"/> 合伙人 Partner	<input type="checkbox"/> 主要股东 (持 10%以上股权) Substantial Shareholder (holding more than 10% shares)
	<input type="checkbox"/> 最终拥有人 Ultimate Owner	<input type="checkbox"/> 最终控制人 Ultimate Controller	<input type="checkbox"/> 获授权签字人 Authorized Signatory
英文姓名 English Name	中文姓名 Chinese Name		
身份证明文件号码 Identity Document No. (须递交身份证明文件核实真实副本 Please provide certified true copy of identity document)			
国籍 (国家/地区) Nationality (Country/Region)	出生日期 (年/ 月/ 日) Date of Birth (YYYY/ MM/ DD)		
住宅地址 Residential Address			
通讯地址 (若与住宅地址不同) Mailing Address (If different from Residential Address)			
永久地址 (若与住宅地址不同) Permanent Address (If different from Residential Address)			

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)

身份 (可选择多项) Role (Can select more than one option)	<input type="checkbox"/> 董事 Director	<input type="checkbox"/> 合伙人 Partner	<input type="checkbox"/> 主要股东 (持 10%以上股权) Substantial Shareholder (holding more than 10% shares)
	<input type="checkbox"/> 最终拥有人 Ultimate Owner	<input type="checkbox"/> 最终控制人 Ultimate Controller	<input type="checkbox"/> 获授权签字人 Authorized Signatory
英文姓名 English Name			中文姓名 Chinese Name
身份证明文件号码 Identity Document No. (须递交身份证明文件核实真实副本 Please provide certified true copy of identity document)			
国籍 (国家/地区) Nationality (Country/Region)		出生日期 (年/ 月/ 日) Date of Birth (YYYY/ MM/ DD)	
住宅地址 Residential Address			
通讯地址 (若与住宅地址不同) Mailing Address (If different from Residential Address)			
永久地址 (若与住宅地址不同) Permanent Address (If different from Residential Address)			

身份 (可选择多项) Role (Can select more than one option)	<input type="checkbox"/> 董事 Director	<input type="checkbox"/> 合伙人 Partner	<input type="checkbox"/> 主要股东 (持 10%以上股权) Substantial Shareholder (holding more than 10% shares)
	<input type="checkbox"/> 最终拥有人 Ultimate Owner	<input type="checkbox"/> 最终控制人 Ultimate Controller	<input type="checkbox"/> 获授权签字人 Authorized Signatory
英文姓名 English Name			中文姓名 Chinese Name
身份证明文件号码 Identity Document No. (须递交身份证明文件核实真实副本 Please provide certified true copy of identity document)			
国籍 (国家/地区) Nationality (Country/Region)		出生日期 (年/ 月/ 日) Date of Birth (YYYY/ MM/ DD)	
住宅地址 Residential Address			
通讯地址 (若与住宅地址不同) Mailing Address (If different from Residential Address)			
永久地址 (若与住宅地址不同) Permanent Address (If different from Residential Address)			

身份 (可选择多项) Role (Can select more than one option)	<input type="checkbox"/> 董事 Director	<input type="checkbox"/> 合伙人 Partner	<input type="checkbox"/> 主要股东 (持 10%以上股权) Substantial Shareholder (holding more than 10% shares)
	<input type="checkbox"/> 最终拥有人 Ultimate Owner	<input type="checkbox"/> 最终控制人 Ultimate Controller	<input type="checkbox"/> 获授权签字人 Authorized Signatory
英文姓名 English Name			中文姓名 Chinese Name
身份证明文件号码 Identity Document No. (须递交身份证明文件核实真实副本 Please provide certified true copy of identity document)			
国籍 (国家/地区) Nationality (Country/Region)		出生日期 (年/ 月/ 日) Date of Birth (YYYY/ MM/ DD)	
住宅地址 Residential Address			
通讯地址 (若与住宅地址不同) Mailing Address (If different from Residential Address)			
永久地址 (若与住宅地址不同) Permanent Address (If different from Residential Address)			

如未有足够位置填写, 请另加纸张提供以上个人资料。

If there is not enough space to fill in, please provide the above personal particulars on separate paper.

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)

如新保单权益人在申请获接受后，代表受保人以外的其他人士持有保单，请提供下列资料：
If the New Policy Owner holds this insurance on behalf of another person (except for the Insured) after this application is accepted, please provide the following information:

请详述原因
Please provide detailed reason(s) : _

该名人士姓名
Name of that Person: _____

身份证明文件号码
Identity Document No.: _____

国籍 (国家/地区)
Nationality (Country/Region): _____

职业及行业
Occupation and Industry: _____

前用姓名及别名 (如有)
Former Name & Alias (if any): _____

与新保单权益人关系
Relationship to the New Policy Owner: _____

请递交该名人士之身份证明文件核实真实副本 Please submit certified true copy of identification document of that person

更改保单权益人的所需文件清单 List of required documents for Change of Policy Owner

新保单权益人为个人客户
The New Policy Owner is Individual Customer

所需基本文件 Basic required documents:

☐ 身份证明文件核实真实副本
Certified true copy of identity document

☐ 国籍证明核实真实副本 (如非香港/ 澳门永久居民)
Certified true copy of Nationality proof (for NON Hong Kong/ Macao Permanent Resident)

☐ 「税务居民身份自我证明书表格 - 个人」或其他替代文件
Self-Certification Form for Tax Residency - Individual or other equivalent document

☐ 「重要资料声明书 - 内地人士在港投保人/寿险保单」(适用于非持有香港身份证但持有中华人民共和国居民身份证的新保单权益人。倘保单于 12 个月内生效/ 签发, 新保单权益人须亲临香港签署此声明书, 连同相关入境证明于签署日起 7 天内交回本公司。)
"Important Facts Statement for Mainland Policyholders " (Applicable for New Policy Owner who does not have Hong Kong Identity Card but holds People's Republic of China Resident Identity Card. For policy issued/ taken effect within 12 months, New Policy Owner has to sign this document at Hong Kong and submit it together with entry proof to the Company in 7 days.)

以下文件适用于由公司客户转至个人客户 Applicable for change of ownership from corporate customer to individual customer :

☐ 董事会决议或会议记录表示同意进行上述保单权益转让
Board Resolution or Meeting Minutes approving the transfer of ownership of the above policy

☐ 过去六个月内由公司注册处发出的「公司查册」核实真实副本或经由专业人士核实的「董事在职证明」副本
Company Search Report certified by Company Registry or Certificate of Incumbency certified by a professional, issued within the last 6 months

其他文件 Additional Documents:

☐ 「自动转账申请表」(如现时保费缴付办法为信用卡自动转账, 拟新保单权益人须更改转账号码至其持有的中银行信用卡户口; 或更改至其他缴付办法 (须为上述保单可接受的办法))
“Application For Autopay” (if current premium payment is through BOC credit card Autopay, New Policy Owner should complete “Application For Autopay” to change the Autopay account to his/her owned BOC Credit Card Account; OR change to the other premium payment method applicable to the above policy)

新保单权益人为公司客户
The New Policy Owner is Company Customer

所需基本文件 Basic required documents:

☐ 公司最近的商业登记证副本
Copy of Recent Business Registration Certificate

☐ 公司注册证书副本
Copy of Certificate of Incorporation

☐ 公司的章程大纲及细则
Memorandum and Articles of Association

☐ 所有公司授权人的签署样本
Signature Specimen of ALL authorized persons in the company

☐ 过去六个月内由公司注册处发出的「公司查册」核实真实副本或经由专业人士核实的「董事在职证明」副本
Company Search Report certified by Company Registry or Certificate of Incumbency certified by a professional, issued within the last 6 months

☐ 公司所有关联人士的身份证明文件核实真实副本
Certified true copy of identity document of all related parties

☐ 董事会决议或会议记录表示同意进行上述保单权益转让
Board Resolution or Meeting Minutes approving the transfer of ownership of the above policy

☐ 「税务居民身份自我证明表格 - 实体/机构」或其他替代文件 。如新权益人为独资经营者, 独资东主须同时填写「税务居民身份自我证明表格 - 个人」
Self-Certification Form for Tax Residency - Entity or other equivalent document. For new policy owner being a sole proprietor, please also complete "Self-Certification Form for Tax Residency - Individual"

其他文件 (因应不同公司的结构, 或需递交额外资料):
Additional Documents: (Extra information may be required, subject to the nature of the company) :

☐ 「公司组织拥有权架构图」以显示公司组织拥有权及其架构操控之详细资料
Organization chart with the ownership structure of the company

☐ 「自动转账申请表」(如现时保费缴付办法为信用卡自动转账, 拟新保单权益人须更改转账号码至其持有的中银行信用卡户口; 或更改至其他缴付办法 (须为上述保单可接受的办法))
“Application For Autopay” (if current premium payment is through BOC credit card Autopay, New Policy Owner should complete “Application For Autopay” to change the Autopay account to his/her owned BOC Credit Card Account; OR change to the other premium payment method applicable to the above policy)

☐ 如机构为被动非财务实体, 每位持有 25 % 以上股权或表决权的控权人, 或对该机构的管理行使最终控制权之人士须填写「税务居民身份自我证明表格 - 控权人」
If the entity is a Passive Non-Financial Entity (Passive NFE), each controlling person who is holding more than 25% shares of the company or voting rights, or the one who exercises ultimate control over the management of the entity should complete "Self-Certification Form for Tax Residency - Controlling Person"

更改保单权益人声明及授权 DECLARATION AND AUTHORIZATION FOR CHANGE OF POLICY OWNER

1. 原保单权益人现将上述保单辖下的所有权利、赔偿、利益及责任, 转让予新保单权益人, 并明白此转让将会自动终止付款人附加利益保障 (如适用)。

1. The original Policy Owner transfers all rights, claim and interests in and obligations under the above policy to the New Policy Owner, and understands that Payor's Death or Disability Rider benefit (if any) will automatically terminate following this transfer.

2. 原保单权益人及新保单权益人清楚明白, 在完成更改保单权益人后, 倘新保单权益人于保单期满身故, 此保单将成为其遗产一部分而依照其遗产管理书或遗嘱认证书 (如有) 处理。

2. The original Policy Owner and the New Policy Owner clearly understand that after completion of the change of ownership, this policy would be regarded as part of the new owner's estate and managed in accordance with the Letter of Administration or Probate (if any) of the New Policy Owner in case of his/her death prior to the maturity of the policy.

3. 因应政府或相关监管机构 (包括但不限于保险业监管局) 已/ 将会落实的规定, 新保单权益人完全明白并同意根据相关规定, 须向贵司缴付由贵司代政府或监管机构 (包括但不限于保险业监管局) 收取的征费及/或费用 (如有)。

3. Due to those requirements which have been/ will be implemented by the government or the regulatory authority (including but not limited to the Insurance Authority), the New Policy Owner understands and agrees to pay levy and/or charges (if any) collected by the Company on behalf of the government or the regulatory authority (including but not limited to the Insurance Authority).

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)

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4. 新保单权益人了解并同意贵司每当向新保单权益人收取保费时，将以收取保费的相同途径（包括自动保费贷款（如适用））一并收取征费及/或费用（如有）。新保单权益人清楚知道如新保单权益人不同意上述安排，可向贵司另作书面申请以行使不同意此安排的权利，并选择自行向贵司缴付保单之征费及/或费用（如有）。

5. 原保单权益人及新保单权益人知悉及同意，除非已清缴由贵司代政府或监管机构（包括但不限于保险业监管局）按相关规定收取的所有未缴征费及/或费用（如有），此申请将不被接纳。

4. The New Policy Owner understands and agrees that levy will be collected together with premium via the same manner (including automatic premium loan (if applicable)) whenever the Company collects premium from New Policy Owner. The New Policy Owner clearly understands that the New Policy Owner has the right to make separate written application to the Company objecting this arrangement and elects to pay the levy and/or charges (if any) of the policy directly to the Company.

5. The original Policy Owner and New Policy Owner acknowledge and agree that the request for change will not be accepted unless all outstanding levy and/or charges (if any) collected by the Company on behalf of the government or the regulatory authority (including but not limited to the Insurance Authority) according to relevant requirements have been settled.

声明及授权 DECLARATION & AUTHORIZATION

1. 本人谨此要求本人之保单依照本申请书之选择作出更改，并明白及同意此申请将不会生效直至 (a) 所有有关文件及款项收妥及 (b) 此项申请是经贵司批核后方可作实。

2. 本人谨此代表本人、受保人及其他在此申请书提及之人士（“相关人士”）声明及同意 (1) 上述一切资料，不论是否本人亲手所写，就本人所知所信，均为事实之全部并确实无讹；(2) 本人/吾等已收受、阅读及完全明白本申请表所载之个人资料收集声明；及 (3) 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。

3. 如本人或受保人不能提供任何此申请书所需的资料，贵司可能因此不能接受此保单更改申请。

4. 本人声明及同意已获相关人士授权及同意本人作出上述声明、协议及授权。

5. 本人谨此声明已收受、阅读及完全明白本文件的个人资料收集声明，及同意本人的任何个人资料可用作该声明第 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。

1. I hereby request that my policy be changed in accordance with the particulars set out in this application and I understand and agree that the request for change(s) shall not take effect until (a) any required documents and payments are submitted in full and (b) the application is duly approved by the Company.

2. I hereby declare and agree on behalf of myself and the Insured and other Persons referred to in this application (“Relevant Persons”) that (1) all information in this application whether or not written by my own hand are to the best of my knowledge and belief complete and true; (2) I/We have received, read and fully understood the Personal Information Collection Statement contained in this application; and (3) 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.

3. If I or the Insured fail to provide any information requested in this application, it may result in the Company’s inability to accept this application.

4. I declare and agree that I have the full authority from and consent of the Relevant Persons to make the above declarations, agreements and authorizations.

5. I hereby declare and agree that I have received, read and fully understood the Personal Information Collection Statement contained in this document, and agree that any of my personal data may be used for the purposes set out in paragraph 7 of that Statement contained and the Company may provide the personal data to the parties set out in paragraph 8 of that Statement for the aforementioned purposes.

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 您没有在以上任何方格内以“✓”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/或标的类别的直销推广。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.

保单权益人签署 Signature of the Policy Owner

签署日期 Date at (日 Day/ 月 Month/ 年 Year)

新保单权益人签署
Signature of the New Policy Owner

签署地 Sign at

承让人签署（如适用）
Signature of Assignee (if applicable)

见证人签署 Signature of Witness
(姓名 Name:)
(中介人员工编号)
Insurance Intermediary staff no.:

(公司客户需由授权人签署
Signature of authorized person for corporate customer)

签字须与本公司存案相符 Signature must correspond to that in our records

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.

个人资料收集声明

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。

如客户希望了解中银人寿的私隐政策的详情, 欢迎透过以下网址 <http://www.boclife.com.hk/tc/privacy-policy.html> 阅读有关文件。

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。
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。
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:
- (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。

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。

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/或处理任何和所有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督机制) 时, 资料当事人需要不时向本公司提供有关的个人资料。

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。

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, 当资料当事人签发支票、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。

7. 资料当事人之资料(包括信用资料和以往申索纪录)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:

- (a) 处理、评估及/或批核有关保险产品 & 服务的申请、调查和结清申索、侦测和防止欺诈行为 (无论是否就此申请而发出的保单有关)、及有关该等产品 & 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 & /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 & /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程序;
- (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:
- (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连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); 及
- (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共享及/或任何其他使用资料及信息的任何责任、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成为转让, 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。

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:

- (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会和该等协会及联会的会员;
- (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会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、调查和结清申索、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; 医护专业人士; 医院; 会计师; 财务顾问; 律师; 整合保险业申索和承保资料的组织; 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定的其他人士); 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;
 - (ii) 第三方金融机构、承保人、信用卡公司、证券、商品及服务供应商;
 - (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(h)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。

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。

9. 使用资料作直接促销

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:

- (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:
- (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/或下述人士提供或 (如涉及捐款及资助) 募捐:
- (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, 本公司同时拟提供列明于上述第 9(a)段之资料于上述第 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);

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。

10. 根据条例中的条款, 任何资料当事人有权:

- (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获告知本公司持有的个人资料种类。

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。

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:

中银集团人寿保险有限公司
资料保障主任
中银集团人寿保险有限公司
香港太古城英皇道 1111 号
太古城中心 13 楼
传真: (852) 2522 1219

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。

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/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.