



## 客戶重要資料更改申請表 Application for Key Personal Information Change

保險中介人姓名  
Name of Insurance Intermediary

分行及員工/專屬代理編號  
Branch Code & Staff No. /Agent Code

聯絡電話  
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 Policy Number	保單權益人姓名 Name of the Policy Owner	受保人姓名 Name of the Insured
	聯絡電話 Contact Tel No	

### 更改聯絡資料 Change of Contact Information

- (1) 如原有及/或更新後的地址/電話的所屬司法管轄區並非香港，必須遞交稅務居民身份自我證明表格。  
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. 更改聯絡資料 Change of Contact Information

以下聯絡資料更改同時適用於本人為保單權益人的  
The above change of contact information also applies to

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

如沒有選擇此項，只有上述保單聯絡資料會被更改。 If not specified, only the above policy will be changed.

#### 通訊地址 Mailing Address:

室 Flat/Rm 樓 Floor 座 Block

大廈/屋苑名稱 Building/Estate

街道名稱 No. & Name of Street/Road

分區 District ☐ 香港 HK ☐ 九龍 KLN ☐ 新界 NT

國家/地區 Country/Region 郵寄編碼 Postal Code

電郵地址 Email address: @

#### 電話號碼

##### Telephone Number

如非香港境內電話號碼，請提供電話國家/地區名稱、國家/區域編碼及地區編碼。如無提供，將預設為香港電話（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)

(國家/地區名稱) 國家/區域編碼 - 地區編碼 - 電話號碼：  
(Country/Region Name) Country/Region Code - Area Code - Tel No. :

##### 例子 Examples:

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

手提電話號碼 Mobile Phone No.

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

住宅電話號碼 Residential Tel No.

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

辦事處電話號碼 Office Tel No.

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

同時更改上述地址為 Also change the above address as ☐ 住宅地址 Residential Address ☐ 永久地址 Permanent Address

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

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)

## 更改受益人 Change of Beneficiary

- (1) 此申請表需於上述保單之受保人及保單權益人生存期間獲本公司收到並存檔及最終經本公司以信函確認及接納方為有效。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) 為免延誤索償，請儘量填寫受益人的身份證號碼/護照號碼。Please provide ID Card No. / Passport No. of the beneficiary(ies) to avoid possible delay during claims process.
- (3) 如閣下需要同時訂立第二受益人，請填寫及遞交「基本及第二受益人申請表」。If you appoint both primary and contingent beneficiary(ies), please fill in and submit 'Application for Primary and Contingent Beneficiary'.

### 2. 更改受益人 Change of Beneficiary

本人指定下表所列人士為上述保單受益人。此項提名取代一切以往的提名記錄。

雖然上述保單內可能有訂明保單的受保人及保單權益人非同一人時，則保單權益人或其遺產將成為保單之必然第一受益人，本人謹此要求及同意保單內的受益人將更改如下表。

#除非另有指明，否則「遺產」乃指受保人的遺產。

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.

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

#### 受益人 Beneficiary(ies):

1. 英文姓名 Name in English	2. 中文姓名 Name in Chinese	3. 香港身份證/護照號碼 HKID Card/ Passport No.	4. 與受保人關係* Relationship with Insured	5. 領取利益百分比 % of Entitlement	
_____	_____	_____	_____	_____ %	總和須為百分之一百 Total sum must be 100%
_____	_____	_____	_____	_____ %	
_____	_____	_____	_____	_____ %	
_____	_____	_____	_____	_____ %	

\*如任何一位受益人與受保人的關係並非直系親屬（即父母/子女/配偶/兄弟姊妹），請提供更改原因。

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.

## 更改個人資料 Change of Personal Particulars

- (1) 請遞交有關證明文件如身份證及/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/或更新後的國籍（國家/地區）、出生國家/地區、公司註冊國家/地區所屬司法管轄區為美國，必須遞交稅務居民身份自我證明表格。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/或更新後的公司註冊國家/地區所屬司法管轄區並非香港，必須遞交「稅務居民身份自我證明表格 - 實體/機構」。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) 除更新簽署外，以下個人資料將會連同所有仍生效的保單一併更改。Except for Change of Signature, the following personal information will also be updated to all inforce policy(ies).

### 3. 更改受保人個人資料

#### Change Personal Particulars of the Insured

姓名 (中文)  
Name: (Chn.) \_\_\_\_\_  
(英文)  
(Eng.) \_\_\_\_\_

身份證明文件號碼  
Identity Document No.: \_\_\_\_\_

性別 ☐ 男 ☐ 女  
Gender: Male Female

### 4. 更改保單權益人個人資料

#### Change Personal Particulars of the Policy Owner

出生日期  
Date of Birth \_\_\_\_年 \_\_\_\_月 \_\_\_\_日

國籍 (國家/地區) / 公司註冊國家/地區  
Nationality (Country/Region) / Country/Region of Incorporation: \_\_\_\_\_

新簽署  
New Signature: \_\_\_\_\_

出生國家/地區  
Country/Region of Birth: \_\_\_\_\_

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)

## 更改保單權益人 Change of Policy Owner

- (1) 填寫第 I 部份或第II部份。 Please complete Part I or Part II.
- (2) 請參考第 7 頁之「更改保單權益人的所需文件清單」。 Please refer to page 7 “List of required documents for Change of Policy Owner”.
- (3) 新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，請同時遞交「重要資料聲明書 - 內地人士在港投購人身/壽險保單」。倘保單於 12 個月內生效/簽發，新保單權益人須親臨香港簽署此聲明書，連同相關入境證明於簽署日起 7 天內交回本公司。 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) 新權益人必須遞交稅務居民身份自我證明表格。詳情請參考第 7 頁之「更改保單權益人的所需文件清單」。 The New Policy Owner must provide Self-Certification Form for Tax Residency. Please refer to page 7 “List of required documents for Change of Policy Owner” for details.
- (5) 由保險業監管局按適用的徵費率收取的徵費於 2018 年 1 月 1 日起生效。如保單有任何由政府或監管機構 (包括但不限於保險業監管局) 按相關規定透過本公司代為收取的未繳徵費及/或費用 (如有)，必須於更改保單權益人之前全數清繳。 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 年保單週年日開始，當我們向新權益人收取保費時，將以收取保費的相同途徑 (包括自動保費貸款 (如適用)) 一併收取保費徵費。如保單於 2018 年之前申請並已預繳所有保費，我們將另行通知新權益人繳交保費徵費。 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.

### 5. 更改保單權益人 Change of Policy Owner

新保單權益人姓名 (中文)  
Name of the New Policy Owner (Chn.) \_\_\_\_\_

(英文)  
(Eng.) \_\_\_\_\_

前用姓名及別名 (如有) (中文)  
Former Name & Alias (If any) (Chn.) \_\_\_\_\_

(英文)  
(Eng.) \_\_\_\_\_

與受保人關係  
Relationship to the Insured : \_\_\_\_\_

更改保單權益人的原因  
Reason of Ownership Change: \_\_\_\_\_

### 第 I 部份 Part I - 如新保單權益人為個人客戶，請填寫此欄 If the New Policy Owner is an Individual Customer, please complete this section

身份證明文件號碼  
Identity Document No. \_\_\_\_\_

性別 Gender: ☐ 男 Male ☐ 女 Female

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

國籍 (國家/地區)  
Nationality (Country/Region): \_\_\_\_\_

出生國家/地區  
Country/Region of Birth : \_\_\_\_\_

#### 擬新保單權益人住宅地址 Residential Address of the New Policy Owner :

室 Flat/Rm \_\_\_\_\_ 樓 Floor \_\_\_\_\_ 座 Block \_\_\_\_\_

大廈/屋苑名稱  
Building/Estate \_\_\_\_\_

街道名稱  
No. & Name of Street/Road \_\_\_\_\_

分區 District ☐ 香港 HK ☐ 九龍 KLN ☐ 新界 NT

國家/地區 Country/Region \_\_\_\_\_ 郵寄編碼 Postal Code \_\_\_\_\_

電郵地址  
Email address: \_\_\_\_\_ @ \_\_\_\_\_

#### 電話號碼

##### Telephone Number

如非香港境內電話號碼，請提供電話國家/地區名稱、國家/區域編碼及地區編碼。如無提供，將預設為香港電話 (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)

(國家/地區名稱) 國家/區域編碼 - 地區編碼 - 電話號碼 :  
(Country/Region Name) Country/Region Code - Area Code - Tel No. :

##### 例子 Examples:

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

手提電話號碼 Mobile Phone No.

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

住宅電話號碼 Residential Tel No.

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

辦事處電話號碼 Office Tel No.

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

通訊地址 (若與住宅地址/公司註冊辦事處地址不同)  
Mailing Address (If different from Residential Address/Company Registered Office Address) : \_\_\_\_\_

永久地址 (若與住宅地址/公司註冊辦事處地址不同)  
Permanent Address (If different from Residential Address/Company Registered Office Address): \_\_\_\_\_

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)

僱主名稱(全名) Full Name of Employer \_\_\_\_\_

公司地址 Business Address

**職業及確實職務 Occupation & Exact Job Duties:**

職業 Occupation \_\_\_\_\_

確實職務 Exact Job Duties \_\_\_\_\_

行業/ 業務性質 Industry/ Nature of Business \_\_\_\_\_

(由分行提供:  
職業代碼

行業代碼

**資金來源/ 財富來源 Source of Fund/ Wealth:**

**資金來源 Source of Fund:** (將不適用者刪除 Delete as appropriate)

1. 薪金 Salary / 投資收益 Investment earnings / 佣金 Commission / 其他 (請說明) Others (please specify) \_\_\_\_\_

2. 全年淨收入 Net Annual Income \_\_\_\_\_

**財富來源 Source of Wealth:** (將不適用者刪除 Delete as appropriate)

1. 收入累積 Cumulative income / 儲備 Saving / 退休金 Retirement fund / 遺產繼承或世襲財產 Inherited estate or asset / 出售資產 Sale of asset /

其他 (請說明) Others (please specify) \_\_\_\_\_

2. 淨資產 Net Asset \_\_\_\_\_

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 II 部份 - 如新保單權益人為公司客戶，請填寫此欄**

**Part II - If the New Policy Owner is a Company Customer, please complete this section**

商業登記證/ 公司註冊證號碼<sup>#</sup>

Business Registration/ Incorporation# No.: \_\_\_\_\_

(# 將不適用者刪除 Delete as appropriate)

註冊日期 Date of Incorporation :

註冊國家/地區 Country/Region of Incorporation :

註冊辦事處地址 Address of Registered Office :

公司行業及業務類型 Industry & Business Nature :

(由分行提供): 擬新保單權益人的行業代碼 \_\_\_\_\_

通訊地址 (若與住宅地址/公司註冊辦事處地址不同)

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

電話號碼

Telephone Number

如非香港境內電話號碼，請提供電話國家/地區名稱、國家/區域編碼及地區編碼。如無提供，將預設為香港電話 (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)

(國家/地區名稱) 國家/區域編碼 - 地區編碼 - 電話號碼 :

(Country/Region Name) Country/Region Code - Area Code - Tel No. :

例子 Examples:

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

手提電話號碼 Mobile Phone No.

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

住宅電話號碼 Residential Tel No.

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

辦事處電話號碼 Office Tel No.

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

電郵地址

Email address: \_\_\_\_\_ @ \_\_\_\_\_

公司是否有經營實質業務 Does the company have a substantive business? ☐ 有 ☐ 否

商業機構類型 Type of Organization

☐ 合夥人 Partnership ☐ 有限公司 Limited Company ☐ 上市公司 Listed Company

☐ 其他 Others \_\_\_\_\_

主要交易對手 Major Counterparties

買家所在國家/地區 Country/ Region of Buyer(s)

1) \_\_\_\_\_

2) \_\_\_\_\_

供應商所在國家/地區 Country/ Region of Supplier(s)

1) \_\_\_\_\_

2) \_\_\_\_\_

資金來源/ 財富來源 Source of Fund/ Wealth:

資金來源 Source of Fund: (將不適用者刪除 Delete as appropriate)

1. 業務收益 Business income / 投資收益 Investment earnings / 其他 (請說明) Others (please specify)

2. 全年淨收入 Net Annual Income \_\_\_\_\_

財富來源 Source of Wealth: (將不適用者刪除 Delete as appropriate)

1. 業務盈餘 Business profit / 出售資產 Sale of asset/ 其他 (請說明) Others (please specify) \_\_\_\_\_

2. 全年淨盈餘 Net Annual Profit \_\_\_\_\_

請提供公司內所有關聯人士 (如有) 的下列資料 Please provide following information of ALL related parties, if any:

(關聯人士的釋義跟隨現行的「打擊洗錢及恐怖分子資金籌集條例」，包括但不限於以下身份: 主要股東 (持10%以上股權)、董事、獲授權簽字人及最終控制人。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.)

<b>身份 (可選擇多項)</b> <b>Role (Can select more than one option)</b>	<input type="checkbox"/> 董事 Director	<input type="checkbox"/> 合夥人 Partner	<input type="checkbox"/> 主要股東 (持 10%以上股權) Substantial Shareholder (holding more than 10% shares)
	<input type="checkbox"/> 最終擁有人 Ultimate Owner	<input type="checkbox"/> 最終控制人 Ultimate Controller	<input type="checkbox"/> 獲授權簽字人 Authorized Signatory
英文姓名 English Name	中文姓名 Chinese Name		
身份證明文件號碼 Identity Document No. (須遞交身份證明文件核實真實副本 Please provide certified true copy of identity document)			
國籍 (國家/地區) Nationality (Country/Region)	出生日期 (年/ 月/ 日) Date of Birth (YYYY/ MM/ DD)		
住宅地址 Residential Address			
通訊地址 (若與住宅地址不同) Mailing Address (If different from Residential Address)			
永久地址 (若與住宅地址不同) Permanent Address (If different from Residential Address)			

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)

<b>身份 (可選擇多項)</b> <b>Role (Can select more than one option)</b>	<input type="checkbox"/> 董事 Director			<input type="checkbox"/> 合夥人 Partner			<input type="checkbox"/> 主要股東 (持 10%以上股權) Substantial Shareholder (holding more than 10% shares)		
	<input type="checkbox"/> 最終擁有人 Ultimate Owner			<input type="checkbox"/> 最終控制人 Ultimate Controller			<input type="checkbox"/> 獲授權簽字人 Authorized Signatory		
英文姓名 English Name				中文姓名 Chinese Name					
身份證明文件號碼 Identity Document No. (須遞交身份證明文件核實真實副本 Please provide certified true copy of identity document)									
國籍 (國家/地區) Nationality (Country/Region)				出生日期 (年/ 月/ 日) Date of Birth (YYYY/ MM/ DD)					
住宅地址 Residential Address									
通訊地址 (若與住宅地址不同) Mailing Address (If different from Residential Address)									
永久地址 (若與住宅地址不同) Permanent Address (If different from Residential Address)									

<b>身份 (可選擇多項)</b> <b>Role (Can select more than one option)</b>	<input type="checkbox"/> 董事 Director			<input type="checkbox"/> 合夥人 Partner			<input type="checkbox"/> 主要股東 (持 10%以上股權) Substantial Shareholder (holding more than 10% shares)		
	<input type="checkbox"/> 最終擁有人 Ultimate Owner			<input type="checkbox"/> 最終控制人 Ultimate Controller			<input type="checkbox"/> 獲授權簽字人 Authorized Signatory		
英文姓名 English Name				中文姓名 Chinese Name					
身份證明文件號碼 Identity Document No. (須遞交身份證明文件核實真實副本 Please provide certified true copy of identity document)									
國籍 (國家/地區) Nationality (Country/Region)				出生日期 (年/ 月/ 日) Date of Birth (YYYY/ MM/ DD)					
住宅地址 Residential Address									
通訊地址 (若與住宅地址不同) Mailing Address (If different from Residential Address)									
永久地址 (若與住宅地址不同) Permanent Address (If different from Residential Address)									

<b>身份 (可選擇多項)</b> <b>Role (Can select more than one option)</b>	<input type="checkbox"/> 董事 Director			<input type="checkbox"/> 合夥人 Partner			<input type="checkbox"/> 主要股東 (持 10%以上股權) Substantial Shareholder (holding more than 10% shares)		
	<input type="checkbox"/> 最終擁有人 Ultimate Owner			<input type="checkbox"/> 最終控制人 Ultimate Controller			<input type="checkbox"/> 獲授權簽字人 Authorized Signatory		
英文姓名 English Name				中文姓名 Chinese Name					
身份證明文件號碼 Identity Document No. (須遞交身份證明文件核實真實副本 Please provide certified true copy of identity document)									
國籍 (國家/地區) Nationality (Country/Region)				出生日期 (年/ 月/ 日) Date of Birth (YYYY/ MM/ DD)					
住宅地址 Residential Address									
通訊地址 (若與住宅地址不同) Mailing Address (If different from Residential Address)									
永久地址 (若與住宅地址不同) Permanent Address (If different from Residential Address)									

如未有足夠位置填寫，請另加紙張提供以上個人資料。  
If there is not enough space to fill in, please provide the above personal particulars on separate paper.

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)

如新保單權益人在申請獲接受後，代表受保人以外的其他人士持有保單，請提供下列資料:

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:

請詳述原因  
Please provide detailed reason(s) :

該名人士姓名  
Name of that Person:

身份證明文件號碼  
Identity Document No.:

國籍 (國家/地區)  
Nationality (Country/Region):

職業及行業  
Occupation and Industry:

前用姓名及別名 (如有)  
Former Name & Alias (if any):

與新保單權益人關係  
Relationship to the New Policy Owner:

請遞交該名人士之身份證明文件核實真實副本 Please submit certified true copy of identification document of that person

更改保單權益人的所需文件清單 List of required documents for Change of Policy Owner

<div><div><div>新保單權益人為個人客戶 The New Policy Owner is Individual Customer</div><div>所需基本文件 Basic required documents:</div><div><div><div><input type="checkbox"/> 身份證明文件核實真實副本 Certified true copy of identity document</div><div><input type="checkbox"/> 國籍證明核實真實副本 (如非香港/ 澳門永久居民) Certified true copy of Nationality proof (for NON Hong Kong/ Macao Permanent Resident)</div><div><input type="checkbox"/> 「稅務居民身份自我證明書表格 - 個人」或其他替代文件 Self-Certification Form for Tax Residency - Individual or other equivalent document</div><div><input type="checkbox"/> 「重要資料聲明書 - 內地人士在港投購人身/壽險保單」(適用於非持有香港身份證但持有中華人民共和國居民身份證的新保單權益人。倘保單於 12 個月內生效/ 簽發，新保單權益人須親臨香港簽署此聲明書，連同相關入境證明於簽署日起 7 天內交回本公司。) "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.)</div></div><div>以下文件適用於由公司客戶轉至個人客戶 Applicable for change of ownership from corporate customer to individual customer :</div><div><div><input type="checkbox"/> 董事會決議或會議記錄表示同意進行上述保單權益轉讓 Board Resolution or Meeting Minutes approving the transfer of ownership of the above policy</div><div><input type="checkbox"/> 過去六個月內由公司註冊處發出的「公司查冊」核實真實副本或經由專業人士核實的「董事在職證明」副本 Company Search Report certified by Company Registry or Certificate of Incumbency certified by a professional, issued within the last 6 months</div></div><div>其他文件 Additional Documents:</div><div><div><input type="checkbox"/> 「自動轉賬申請表」(如現時保費繳付辦法為信用卡自動轉賬，擬新保單權益人須更改轉賬號碼至其持有的中銀信用卡戶口；或更改至其他繳付辦法 (須為上述保單可接受的辦法)) “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)</div></div></div></div></div>	<div><div><div>新保單權益人為公司客戶 The New Policy Owner is Company Customer</div><div>所需基本文件 Basic required documents:</div><div><div><input type="checkbox"/> 公司最近的商業登記證副本 Copy of Recent Business Registration Certificate</div><div><input type="checkbox"/> 公司註冊證書副本 Copy of Certificate of Incorporation</div><div><input type="checkbox"/> 公司的章程大綱及細則 Memorandum and Articles of Association</div><div><input type="checkbox"/> 所有公司授權人的簽署樣本 Signature Specimen of ALL authorized persons in the company</div><div><input type="checkbox"/> 過去六個月內由公司註冊處發出的「公司查冊」核實真實副本或經由專業人士核實的「董事在職證明」副本 Company Search Report certified by Company Registry or Certificate of Incumbency certified by a professional, issued within the last 6 months</div><div><input type="checkbox"/> 公司所有關聯人士的身份證明文件核實真實副本 Certified true copy of identity document of all related parties</div><div><input type="checkbox"/> 董事會決議或會議記錄表示同意進行上述保單權益轉讓 Board Resolution or Meeting Minutes approving the transfer of ownership of the above policy</div><div><input type="checkbox"/> 「稅務居民身份自我證明表格 - 實體/機構」或其他替代文件。如新權益人為獨資經營者，獨資東主須同時填寫「稅務居民身份自我證明表格 - 個人」 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"</div></div><div>其他文件 (因應不同公司的結構，或需遞交額外資料) : Additional Documents: (Extra information may be required, subject to the nature of the company) :</div><div><div><input type="checkbox"/> 「公司組織擁有權架構圖」以顯示公司組織擁有權及其架構操控之詳細資料 Organization chart with the ownership structure of the company</div><div><input type="checkbox"/> 「自動轉賬申請表」(如現時保費繳付辦法為信用卡自動轉賬，擬新保單權益人須更改轉賬號碼至其持有的中銀信用卡戶口；或更改至其他繳付辦法 (須為上述保單可接受的辦法)) “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)</div><div><input type="checkbox"/> 如機構為被動非財務實體，每位持有 25 % 以上股權或表決權的控權人，或對該機構的管理行使最終控制權之人士須填寫「稅務居民身份自我證明表格 - 控權人」 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"</div></div></div></div>
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<div>更改保單權益人聲明及授權 DECLARATION AND AUTHORIZATION FOR CHANGE OF POLICY OWNER</div>	
<div>1. 原保單權益人現將上述保單轄下的所有權利、賠償、利益及責任，轉讓予新保單權益人，並明白此轉讓將會自動終止付款人附加利益保障 (如適用) 。</div>	<div>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.</div>
<div>2. 原保單權益人及新保單權益人清楚明白，在完成更改保單權益人後，倘新保單權人於保單期滿前身故，此保單將成為其遺產一部分而依照其遺產管理書或遺囑認證書 (如有) 處理。</div>	<div>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.</div>
<div>3. 因應政府或相關監管機構 (包括但不限於保險業監管局) 已/ 將會落實的規定，新保單權益人完全明白並同意根據相關規定，須向貴司繳付由貴司代政府或監管機構 (包括但不限於保險業監管局) 收取的徵費及/或費用 (如有) 。</div>	<div>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).</div>

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)

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4. 新保單權益人瞭解並同意貴司每當向新保單權益人收取保費時，將以收取保費的相同途徑（包括自動保費貸款（如適用））一併收取徵費及/或費用（如有）。新保單權益人清楚知道如新保單權益人不同意上述安排，可向貴司另作書面申請以行使不同意此安排的權利，並選擇自行向貴司繳付保單之徵費及/或費用（如有）。

5. 原保單權益人及新保單權益人知悉及同意，除非已清繳由貴司代政府或監管機構（包括但不限於保險業監管局）按相關規定收取的所有未繳徵費及/或費用（如有），此申請將不被接納。

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.

聲明及授權 DECLARATION & AUTHORIZATION

1. 本人謹此要求本人之保單依照本申請書之選擇作出更改，並明白及同意此申請將不會生效直至 (a) 所有有關文件及款項收妥及 (b) 此項申請是經貴司批核後方可作實。

2. 本人謹此代表本人、受保人及其他在此申請書提及之人士（“相關人士”）聲明及同意 (1) 上述一切資料，不論是否本人親手所寫，就本人所知所信，均為事實之全部並確實無訛；(2) 本人/吾等已收妥、閱讀及完全明白本申請表所載之個人資料收集聲明；及 (3) 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。

3. 如本人或受保人不能提供任何此申請書所須的資料，貴司可能因此不能接受此保單更改申請。

4. 本人聲明及同意已獲相關人士授權及同意本人作出上述聲明、協議及授權。

5. 本人謹此聲明已收妥、閱讀及完全明白本文件的個人資料收集聲明，及同意本人的任何個人資料可用作該聲明第 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。

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**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 the Policy Owner	新保單權益人簽署 Signature of the New Policy Owner  (公司客戶需由授權人簽署 Signature of authorized person for corporate customer)  (適用於更改保單權益人，並此簽署將記錄為新保單權益人之簽名式樣 Applicable to Change of Policy Owner and this will be recorded as the signature specimen of the New Policy Owner)	承讓人簽署 (如適用) Signature of Assignee (if applicable)  (公司客戶需由授權人簽署 Signature of authorized person for corporate customer)
簽署日期 Date at (日 Day/ 月 Month / 年 Year)	簽署地 Sign at	見證人簽署 Signature of Witness (姓名 Name: ) (中介人員工編號 Insurance Intermediary staff no.: )
簽字須與本公司存案相符 Signature must correspond to that in our records		

**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，即表示閣下毋須更新個人資料。 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.

請參閱下頁的個人資料收集聲明  
Please read the Personal Information Collection Statement on next page



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.bocilife.com.hk/te/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) 任何公司申請人及客戶/用戶的董事、股東、高級職員及經理;及
  - (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》,以及經濟合作暨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記錄)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/或批核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應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辯護期用途;
  - (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/或其他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推行;
  - (o) 作為維持資料當事人的信託記錄或其他記錄(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聯繫、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)給下述各方先前一段列出的用途:
- (a) 任何代理人、承包商、或向本公司提供行政、電訊、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公司、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定期向該人作出披露,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定的其他人士);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,本公司同時擬提列明於上述第 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  
太古城中心 13 樓  
傳真:(852) 2522 1219

13. 本聲明的英文版本與中文版本如有任何分歧,一概以英文版本為準。

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.boclif.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.

Mar 2021