

Appointment / Change of Policyowner [Applicable to Voluntary Health Insurance Scheme (VHIS) Plan Only]

保單持有人委任 / 更改表格 [只適用於自願醫保計劃]



Please darken the appropriate circle. 請塗黑適當的選項。 Correct form 正確方式為：●

Policy Number 保單號碼 * Please complete the boxes and darken the appropriate numbered circles to indicate the policy number. 請填寫方格和塗黑適當號碼格，以註明保單號碼。											Name of Policyowner / Representative Policyowner 保單持有人 / 保單持有人代表姓名		
												Name of Life Assured 受保人姓名	
①	①	①	①	①	①	①	①	①	①	①	①	Name of Consultant 顧問姓名	
②	②	②	②	②	②	②	②	②	②	②	②	Consultant Code 顧問編號	
③	③	③	③	③	③	③	③	③	③	③	③	Division Code & Branch Office 分區編號及分行地點	
④	④	④	④	④	④	④	④	④	④	④	④	Consultant Contact No. 顧問聯絡電話號碼	
⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤		
⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥		
⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦		
⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧		
⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨		

Is the policyowner currently a customer in mainland China? 保單持有人現在是否是中國內地客戶？

- Yes 是
(If "Yes", please tick below box to agree the following statement. If you disagree with this statement, we may not be able to process your request / application. 如「是」，請勾選以下選項以同意下列聲明。如您不同意以下聲明，我們可能無法處理您的指示/申請。)
- By ticking this box, you agree that as an international group company, in order to provide insurance-related products or services, we may need to store and process your personal information outside of mainland China. Please refer to our Privacy Notice (<https://www.prudential.com.hk/en/china-personal-information-protection-law/>) for more information. 勾選此項，表示您同意，我們作為國際集團公司，為提供保險相關產品或服務，可能需要在中國內地境外存儲或處理您的個人信息。更多資訊，請參閱我們的隱私聲明 (<https://www.prudential.com.hk/tc/china-personal-information-protection-law/>)。
- No 否

Important Note 重要提示

- Please complete in BLOCK LETTERS. 請以正楷填寫。
- Please complete the form in appropriate position as instructed, information written in any non-designated blank spaces will not be processed. 請根據此表格之指示於適當的位置填寫資料，於其他非指定空白位置填寫的資料恕不受理。
- Any changes or amendments in this form must be countersigned by corresponding existing Policyowner(s), new Policyowner(s) (if applicable) and new Contingent Owner(s) (if applicable) in full signature. 相關的現有保單持有人、新保單持有人（如適用）及新後備持有人（如適用）均須在此表格內任何更改或修改的地方簽署作實。
- Please return to Prudential Hong Kong Limited ("Prudential") within 30 days after signing this form. 請於簽署此表格後30天內交回保誠保險有限公司（「保誠」）處理。
- With effect from 1 January 2018, levy collected by the Insurance Authority has been imposed on relevant policy at the applicable rate. For further information, please visit www.prudential.com.hk/levy or contact: (852) 2281 1333. 由2018年1月1日起，保險業監管局已按適當的比率於相關保單徵收徵費。如需要更多資訊，請瀏覽 www.prudential.com.hk/levy 或聯絡：(852) 2281 1333。
- Prudential shall have the right to reject this form if you fail to fulfill Prudential's requirements. 若閣下未能符合保誠的有關規定，保誠有權拒絕此表格。
- The new Policyowner(s) / Contingent Owner(s) shall be aged 18 or above. 新保單持有人 / 後備持有人必須為年滿18歲或以上人士。
- Financial Consultant cannot be the new Policyowner unless she / he is the immediate family member of Life Assured. 理財顧問如非受保人的直系親屬，不得成為新保單持有人。
- Financial Consultant cannot be Contingent Owner unless she / he is the immediate family member of Policyowner. 理財顧問如非保單持有人的直系親屬，不得成為後備持有人。
- This form shall not be valid until (i) it is received and recorded by Prudential during the lifetime of both the Policyowner and the Life Assured of the policy stated above (the "Policy"), and (ii) it is finally confirmed by Prudential by way of a letter. 此表格需於 (i) 上述保單（「本保單」）之保單持有人及受保人在生時由保誠收到並存檔及 (ii) 最終經保誠以信函確認方為有效。
- Receipt of this form by your Financial Consultant or Broker does not constitute receipt by Prudential. 閣下的理財顧問或經紀收到此表格並不代表保誠亦已收到。
- Please submit identity document copy for Policyowner / Representative Policyowner and all Joint Policyowner(s) (if applicable). 請一併遞交保單持有人 / 保單持有人代表及所有聯名保單持有人（如適用）之身份證明文件副本。
- In any circumstances, a person who is not a party to the above policy (including but not limited to the Life Assured or the Beneficiary) has no right to enforce any of the terms of the above policy. 任何不是上述保單某一方的人士或實體（包括但不限於受保人或受益人），在任何情況下均不能強制執行上述保單的任何條款。

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Prudential Hong Kong Limited 保誠保險有限公司
Part of Prudential plc (United Kingdom) 保誠集團成員

LAPA/DATVHS (06/22)

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DATVHS0201

Please refer to table below to complete required Part(s) and provide corresponding signature(s).
請參閱以下內容並填寫所需部分及提供相關簽名。

Type of Application 申請類型			Signature 簽署					
		Appointment / Termination 委任 / 終止	Section required to fill 所需填寫	Existing Policyowner / Representative Policyowner (if applicable) 現有保單持有人 / 保單持有人代表 (如適用)	Existing Joint Policyowner(s) 現有聯名保單持有人	New Policyowner / Representative Policyowner (if applicable) 新保單持有人 / 保單持有人代表 (如適用)	New Joint Policyowner(s) 新聯名保單持有人	New Contingent Owner(s) 新後備持有人
1	Policyowner / Representative Policyowner (if applicable) 保單持有人 / 保單持有人代表 (如適用)	Appointment 委任	Part 1 (A) 第一部分 (A)	✓	✓ (if any 如有)	✓		
2	Joint Policyowner(s) 聯名保單持有人	Appointment 委任	Part 2 (A) 第二部分 (A)	✓	✓ (if any 如有)		✓	
3		Termination 終止		✓	✓			
4	Contingent Owner of Policyowner / Representative Policyowner (if applicable) 保單持有人 / 保單持有人代表 (如適用) 之後備持有人	Appointment 委任	Part 1 (B) 第一部分 (B)	✓				✓
5		Termination 終止		✓				
6	Contingent Owner(s) of Joint Policyowner(s) 聯名保單持有人 之後備持有人	Appointment 委任	Part 2 (B) 第二部分 (B)	✓	✓			✓
7		Termination 終止		✓	✓			

- If the policy has more than 1 Policyowner and never appoint Representative Policyowner, all Policyowners will be required to designate 1 of the Policyowners to be Representative Policyowner. The rest of the Policyowner(s) will be as Joint Policyowner(s) (applicable to VHIS basic plan only) 如該保單有多過一名保單持有人並且從未委任保單持有人代表，則所有保單持有人必須指定其一名保單持有人為保單持有人代表。其他保單持有人將會是聯名保單持有人。(只適用於自願醫保基本計劃)
- Maximum of two Joint Policyowners appointment. (applicable to VHIS basic plan only) 最多委任兩名聯名保單持有人。(只適用於自願醫保基本計劃)
- Once Prudential accepted the request of appointment of Policyowner (applicable to the Policy having only 1 Policyowner) / Representative Policyowner, all previous designation of Policyowner (applicable to the Policy having only 1 Policyowner) / Representative Policyowner including the Contingent Owner and Beneficiary(ies) under the Policy will be revoked. 當保誠接受此委任保單持有人 (適用於保單只有一名保單持有人) / 保單持有人代表的申請後，於本保單較早前所委任的保單持有人 (適用於保單只有一名保單持有人) / 保單持有人代表包括後備持有人及受益人將會被自動撤銷。
- Once Prudential accepted the request of appointment / termination of Joint Policyowner(s), the corresponding previous designation of Contingent Owner(s) under the Policy will be revoked. 當保誠接受此委任 / 終止聯名保單持有人的申請後，於本保單較早前所委任的相關後備持有人將會被自動撤銷。
- Please submit "Individual Tax Residence Self-Certification Form" with this application if Representative Policyowner never provides such form to Prudential. 若保單持有人代表從未提交「個人稅務居住地自我申報證明書」，請連同此申請一併遞交給保誠。
- All applications of appointment / termination of Policyowner(s) require signature(s) from all existing Policyowner(s). 所有委任 / 終止保單持有人的申請均需要所有現有保單持有人的簽名。
- The ownership of policyowner(s) who not involved in this application will not be affected. 不涉及此申請的保單持有人該擁有權將不受影響。
- For more information about VHIS, please visit: 欲知更多自願醫保計劃的相關資訊，請瀏覽：<https://www.vhis.gov.hk>

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Part 1 第一部分 Details of the New Policyowner / Representative Policyowner 新保單持有人 / 保單持有人代表資料

A) Details of Policyowner / Representative Policyowner 保單持有人 / 保單持有人代表資料

Appointment of Policyowner / Representative Policyowner 委任保單持有人 / 保單持有人代表

Name in English 英文姓名		Sex 性別	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
Name in Chinese 中文姓名		Date of Birth 出生日期	
Relationship 關係	Relationship with Life Assured 與受保人關係	Relationship with existing Policyowner / Representative Policyowner (if applicable) 與現有保單持有人 / 保單持有人代表關係 (如適用) (Please provide relationship proof for direct relationship (i.e. parent, spouse, children) 如為直系親屬 (即父母, 夫婦, 子女) 請提供關係證明)	
Identity Document Type 身份證明文件類別	<input type="checkbox"/> HK Identity Card 香港居民身份證 <input type="checkbox"/> Others, please specify 其他, 請註明 _____	Mobile Number 手提電話	
Identity Document Number 身份證明文件號碼		Residential Number 住宅電話	
Reason for Transfer of Policy Ownership 保單權益轉讓之原因	<input type="checkbox"/> Asset Allocation 資產配置 <input type="checkbox"/> Gift Offering 餽贈 <input type="checkbox"/> Others, please specify* 其他, 請註明* _____ <input type="checkbox"/> Estate Planning 遺產策劃 <input type="checkbox"/> Debt Restructuring 債務重組		
Occupation Details 職業詳情	Name of Employer 僱主名稱 _____ Business Nature 業務性質 _____ Occupation & Details 職業及工作性質 _____	Business Address 公司地址 _____ Flat / Room 室 Floor 樓 Block 座 Building / Estate 大廈 / 屋苑名稱 _____ Street / Road 街道名稱 District / City / Province 地區 / 城市 / 省 _____ Country 國家 Postal Code 郵政編號	
Residential & Correspondence Address 居住及通訊地址 (Please leave Correspondence Address blank if it is the same as Residential Address. 如通訊地址與居住地址相同, 請毋須填寫通訊地址。)	Residential Address 居住地址 _____ Flat / Room 室 Floor 樓 Block 座 Building / Estate 大廈 / 屋苑名稱 _____ Street / Road 街道名稱 District / City / Province 地區 / 城市 / 省 _____ Country 國家 Postal Code 郵政編號	Correspondence Address 通訊地址 _____ Flat / Room 室 Floor 樓 Block 座 Building / Estate 大廈 / 屋苑名稱 _____ Street / Road 街道名稱 District / City / Province 地區 / 城市 / 省 _____ Country 國家 Postal Code 郵政編號	

B) Details of Contingent Owner 後備持有人資料

Appointment of Contingent Owner 委任後備持有人
 Termination of Contingent Owner 終止後備持有人
(Please ONLY fill the Policyowner / Representative Policyowner name below. 請只須填寫以下保單持有人 / 保單持有人代表姓名。)

Name in English 英文姓名		Policyowner / Representative Policyowner Name 保單持有人 / 保單持有人代表姓名	
Name in Chinese 中文姓名			
Date of Birth 出生日期			
Identity Document Type 身份證明文件類別	<input type="checkbox"/> HK Identity Card 香港居民身份證 <input type="checkbox"/> Others, please specify 其他, 請註明 _____	Relationship with Policyowner / Representative Policyowner 與保單持有人 / 保單持有人代表關係	
Identity Document Number 身份證明文件號碼		Mobile Number 手提電話	
		Email Address 電郵地址	

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Part 2 第二部分 Details of the New Joint Policyowner(s) 新聯名保單持有人資料

A-1) #1 Details of Joint Policyowner 聯名保單持有人資料

Appointment of Joint Policyowner 委任聯名保單持有人
 Termination of Joint Policyowner 終止聯名保單持有人
 (Please ONLY fill the Name in Chinese and English below. 請只填寫以下的中英文姓名。)

Name in English 英文姓名		Sex 性別	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	
Name in Chinese 中文姓名		Date of Birth 出生日期		
Relationship 關係	Relationship with Life Assured 與受保人關係	Relationship with existing Policyowner / Representative Policyowner (if applicable) 與現有保單持有人 / 保單持有人代表關係 (如適用) (Please provide relationship proof for direct relationship (i.e. parent, spouse, children) 如為直系親屬 (即父母, 夫婦, 子女) 請提供關係證明)		
Identity Document Type 身份證明文件類別	<input type="checkbox"/> HK Identity Card 香港居民身份證 <input type="checkbox"/> Others, please specify 其他, 請註明 _____	Mobile Number 手提電話		
Identity Document Number 身份證明文件號碼		Email Address 電郵地址		
Residential & Correspondence Address 居住及通訊地址 (Please leave Correspondence Address blank if it is the same as Residential Address. 如通訊地址與居住地址相同, 請毋須填寫通訊地址。)	Residential Address 居住地址		Correspondence Address 通訊地址	
	Flat / Room 室	Floor 樓	Block 座	Building / Estate 大廈 / 屋苑名稱
	Street / Road 街道名稱		District / City / Province 地區 / 城市 / 省	
	Country 國家		Postal Code 郵政編號	

B-1) #1 Details of Contingent Owner 後備持有人資料

Appointment of Contingent Owner 委任後備持有人
 Termination of Contingent Owner 終止後備持有人
 (Please ONLY fill the Joint Policyowner name below. 請只須填寫以下聯名保單持有人姓名。)

Name in English 英文姓名		#1 Joint Policyowner Name 聯名保單持有人姓名	
Name in Chinese 中文姓名			
Date of Birth 出生日期			
Identity Document Type 身份證明文件類別	<input type="checkbox"/> HK Identity Card 香港居民身份證 <input type="checkbox"/> Others, please specify 其他, 請註明 _____	Relationship with Joint Policyowner 與聯名保單持有人關係	
Identity Document Number 身份證明文件號碼		Mobile Number 手提電話	
		Email Address 電郵地址	

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Part 2 第二部分 Details of the New Joint Policyowner(s) (Continued) 新聯名保單持有人資料 (續)

A-2) #2 Details of Joint Policyowner 聯名保單持有人資料

Appointment of Joint Policyowner 委任聯名保單持有人
 Termination of Joint Policyowner 終止聯名保單持有人
 (Please ONLY fill the Name in Chinese and English below. 請只填寫以下的中英文姓名。)

Name in English 英文姓名		Sex 性別	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	
Name in Chinese 中文姓名		Date of Birth 出生日期		
Relationship 關係	Relationship with Life Assured 與受保人關係	Relationship with existing Policyowner / Representative Policyowner (if applicable) 與現有保單持有人 / 保單持有人代表關係 (如適用) (Please provide relationship proof for direct relationship (i.e. parent, spouse, children) 如為直系親屬 (即父母, 夫婦, 子女) 請提供關係證明)		
Identity Document Type 身份證明文件類別	<input type="checkbox"/> HK Identity Card 香港居民身份證 <input type="checkbox"/> Others, please specify 其他, 請註明 _____	Mobile Number 手提電話		
Identity Document Number 身份證明文件號碼		Email Address 電郵地址		
Residential & Correspondence Address 居住及通訊地址 (Please leave Correspondence Address blank if it is the same as Residential Address. 如通訊地址與居住地址相同, 請毋須填寫通訊地址。)	Residential Address 居住地址		Correspondence Address 通訊地址	
	Flat / Room 室	Floor 樓	Block 座	Building / Estate 大廈 / 屋苑名稱
	Street / Road 街道名稱		District / City / Province 地區 / 城市 / 省	
	Country 國家		Postal Code 郵政編號	

B-2) #2 Details of Contingent Owner 後備持有人資料

Appointment of Contingent Owner 委任後備持有人
 Termination of Contingent Owner 終止後備持有人
 (Please ONLY fill the Joint Policyowner name below. 請只須填寫以下聯名保單持有人姓名。)

Name in English 英文姓名		#2 Joint Policyowner Name 聯名保單持有人姓名	
Name in Chinese 中文姓名			
Date of Birth 出生日期			
Identity Document Type 身份證明文件類別	<input type="checkbox"/> HK Identity Card 香港居民身份證 <input type="checkbox"/> Others, please specify 其他, 請註明 _____	Relationship with Joint Policyowner 與聯名保單持有人關係	
Identity Document Number 身份證明文件號碼		Mobile Number 手提電話	
		Email Address 電郵地址	

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Part 3 第三部分 Declaration by the Existing Policyowner(s) 現有保單持有人聲明

I / We, the existing Policyowner(s), hereby give notice that I / we have transferred all my / our rights, claims and interests in and obligations under the Policy to the rest of the existing Policyowner(s) / the new Policyowner(s) stated above. I / We understand and agree that this notice is not valid until it is confirmed by Prudential Hong Kong Limited in writing.

本人 / 吾等，作為現有保單持有人，現通知本人 / 吾等已將上述本保單轄下本人 / 吾等的權利、賠償、利益及責任，轉讓予其餘的現有保單持有人 / 上述新保單持有人。本人 / 吾等明白並同意此通知於保誠保險有限公司書面確認後方為有效。

Part 4 第四部分 Declaration by the New Policyowner(s) 新保單持有人聲明

I / We, the new Policyowner(s) understand the following terms and conditions:

If any of Policyowner(s) die(s) and the named Contingent Owner(s) refuse the transfer, he / she shall be removed as Policyowner and the remaining Policyowner(s) shall be the sole Policyowner(s).

If all of the Policyowners die and the named Contingent Owner(s) refuses the transfer, the ownership of this Policy shall be transferred to:

- The Life Assured if he / she has reached the Age of eighteen (18) years; or
- The parent or the Guardian if the Life Assured is a Minor. If the parent or the Guardian refuses the transfer, the ownership of this Policy shall be transferred to the administrator or executor of the Policyowner's estate.

If the Representative Policyowner dies, all the remaining Policyowner(s) and the named Contingent Owner (if any) shall jointly designate a new Representative Policyowner and notify Prudential Hong Kong Limited in its prescribed form.

本人 / 吾等，作為新保單持有人，明白下列條款及細則：

若任何保單持有人身故及其指定後備持有人拒絕接受本保單的轉移，其保單持有人的身份應被剔除，其他的保單持有人應成為本保單的唯一保單持有人。

若所有保單持有人身故及指定後備持有人拒絕接受本保單的轉移，本保單的擁有權將轉移至：

- 年滿十八 (18) 歲的受保人；或
- 受保人的家長或監護人（如受保人為未成年人）。若家長或監護人拒絕接受本保單的轉移，本保單的擁有權將轉移至保單持有人的遺產管理人或執行人。

若保單持有人代表身故，所有餘下的保單持有人及指定的後備持有人（如有），應共同委任一位新的保單持有人代表，並透過指定的表格通知保誠保險有限公司。

For Policyowner / Representative Policyowner 對於保單持有人 / 保單持有人代表

I, the new Policyowner / Representative Policyowner, understand that the Mobile Phone Number I provided in this form will be saved and updated in Policy record. In the future when I use myPrudential, while identity authentication is required, system will issue Identity Verification Code through SMS message to this mobile phone number.

I, the new Policyowner / Representative Policyowner, hereby confirm that I am the ultimate beneficial owner of the Policy and can exercise ultimate effective control over the Policy. I shall immediately inform Prudential Hong Kong Limited of any change in the ultimate beneficial ownership or control under the Policy, and provide such relevant information as may be required for identifying the ultimate beneficial owner(s) of the Policy.

本人，作為新保單持有人 / 保單持有人代表，明白在此表格所提供的手提電話號碼將會保存到保單紀錄中。日後當本人使用 myPrudential 時，如有需要進行身份核實，系統將會以手機短訊形式發送身份驗證碼到這個手提電話號碼。

本人，作為新保單持有人 / 保單持有人代表，現確認本人是保單最終實益擁有人，並可以對本保單行使最終有效控制權。本人將立即通知保誠保險有限公司有關本保單的最終實益擁有權或控制權的任何變動及提供所需的資料，作為對本保單的最終實益擁有人進行身份核實。

For Joint Policyowner(s) 對於聯名保單持有人

I / We, the new Joint Policyowner(s), agree to be jointly and severally liable and responsible for the Policyowners' obligations under Terms and Benefits of the Policy.

I / We, the new Joint Policyowner(s), understand that Prudential shall not be obliged to receive any instructions or notices from, or issue any notice or pay any benefits to, any Policyowner who is not the Representative Policyowner. Prudential shall be entitled to rely and act upon any instructions or notices received from the Representative Policyowner, and shall not be required to verify whether any such instructions or notices have been duly authorised and agreed by other Policyowners.

本人 / 吾等，作為新聯名保單持有人，同意共同及各別承擔及履行保單持有人在保單條款及保障中的法律責任及義務。

本人 / 吾等，作為新聯名保單持有人，明白保誠無責任接受任何非保單持有人代表的保單持有人作出的指示或通知，或向其發出任何通知或支付任何賠償。保誠有權按保單持有人代表作出的指示或通知行事，而無須證明該等指示或通知是否已得到其他保單持有人的正式授權及同意。

Part 5 第五部分 Declaration by the New Contingent Owner(s) 新後備持有人聲明

The New Contingent Owner(s) named in Part 1 and 2, hereby declares(s) and agree(s) to the following terms and conditions:

1. The change of Contingent Owner(s) will be effective from the date when you signed this form, whether or not the undersigned Policyowner(s) is/are alive at the time and previous designation of corresponding Contingent Owner(s) under the Policy shall be revoked.
2. Prudential shall not be responsible for the validity or legality of any appointment of Contingent Owner and shall not assume any responsibility or liability in relation to the appointment of Contingent Owner.

於第一及第二部分所指名之後備持有人現聲明及同意以下條款及細則：

1. 不論以下簽署保單持有人當時是否在生，有關後備持有人更改即於閣下簽署此表格日期起生效。而於較早前在本保單下委任的相關後備持有人將被撤銷。
2. 保誠概不負責任何後備持有人的委任的有效性或合法性，並且就後備持有人的委任概不負上任何責任。

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Part 6 第六部分 Personal Information Collection Statement (“PICS”) 收集個人資料聲明 (「收集個人資料聲明」)

Prudential Hong Kong Limited (referred to as “Company”, “our”, “we”, or “us”) take the privacy and protection of your personal information seriously. We collect personal information from you that is necessary or helpful for us to either provide you with the product or service you have requested or to comply with statutory or contractual requirements (including the purposes mentioned below), or even for security purpose. We may collect personal information including, but not limited to, full name, address, contact details, contact details history, date of birth, gender, nationality, family members, beneficiaries, identity card copy and details, travel document information, health/medical records, credit information, product history, claims history, biometric data including but not limited to your voice pattern, fingerprint and facial images, your location information based on your device, financial and medical information (“Personal Information”) to provide you with the insurance or financial products or services. “Personal information” shall also include, but not be limited to, the personal information relating to your beneficiaries (or any other person designated or entitled to receive any benefits under an insurance policy), dependents, authorised representatives, company staff, and other individuals in relation to which you have provided personal information. If you provide personal information about another person to us, you confirm that you are either their parent or guardian or you have obtained that person’s consent to provide such personal information for use and transfer by the Company for the purposes set out in this PICS. We may also collect Personal Information about you from third parties such as other insurance companies, agents, credit reference/reporting agencies, vendors, financial institutions, fraud prevention agencies, government agencies, medical personnel, courts or public record.

China Personal Information Protection Law (PIPL)

The PIPL Addendum supplements the Personal Information Collection Statement and applies to you if you are located in Mainland China. The PIPL Addendum is available on our website at <https://www.prudential.com.hk/en/china-personal-information-protection-law/>

1. Purpose of Collection

We may use your Personal Information for the following purposes: (a) the administration of our products and services, including to provide any relevant services as discussed with you prior to any purchase of a product or service; (b) to process your application; (c) to administer and process insurance policies, insurance claims, medical, security and underwriting checks; (d) to process payment instructions; (e) to verify your eligibility for insurance, financial or wealth management products and services; (f) to design and provide you with insurance, financial and related products and services; (g) to communicate with you; (h) to comply with any regulatory or other legal requirements or other internal business requirements (whether imposed on us or any third parties in Section 2 below), including but not limited to anti-money laundering and Know-Your-Client obligations; (i) to investigate and settle claims and detect and prevent fraud (whether or not relating to the policy issued in respect of this application) and/or other illegal activity, or security or technical issues; (j) to carry out checks using agencies including credit reference agencies, tracing companies or publicly available information; (k) to provide customer services; (l) to perform automated decision-making or profiling; (m) to perform a policy review or needs analysis; (n) to conduct research and statistical analysis (including use of new technologies); (o) to administer lucky draws and other contests; (p) to enable us to perform our obligations to you; (q) to keep your information on record and carry out other internal business administration; (r) with your specific consent where required for direct marketing as explained in Section 3 below, personalise and tailor, customised promotions, messages and suggestions to you; and (s) any other purpose directly relating to any of the above purposes. With your consent, we may also use your personal data to send you marketing communications, as described in Section 3 below.

Some of the purposes above are necessary to allow us to perform our contractual obligations to you and to enable us to comply with applicable laws and regulation. We may also use and share your Personal Information for the purposes described above to improve our products and services. Your Personal Information will be stored either for as long as you (or your joint policyholder) are our customer, or longer if required by law or as is otherwise necessary.

2. Classes of Transferees

We may disclose your Personal Information to the group of companies including the Company and those of other entities whose ultimate parent company is Prudential plc including but not limited to Prudential General Insurance Hong Kong Limited (“companies within the Prudential Group”) and their respective insurance agents, and to our financial/medical/wellness/health business partners. We may also disclose your Personal Information to the following third parties (within or outside Hong Kong) for the purposes outlined at Section 1 above: (a) insurance agents; (b) insurance brokers; (c) re-insurance companies; (d) claims investigation companies; (e) organisations that consolidate claims and underwriting information for the insurance industry, fraud prevention organisations, other insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph) and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; (f) third party service providers who provide administrative, telecommunications, computer, information technology, data processing and storage, customer satisfaction analysis, payment, printing, redemption or other services to us to enable us to operate our business (including without limitation other insurers, lawyers, bankers, accountants, professional advisors, financial institutions and trustees, auditors, IT service and platform providers, insurance intermediaries, investment managers, agents, pension trustees (and other stakeholders), scheme advisors, introducers, and selected third party financial and insurance product providers); (g) industry associations and federations; (h) medical bill review companies; (i) your joint policy or investment holder; (j) researchers; (k) credit reference agencies; (l) debt collection agencies; (m) partnering financial institutions and partnerships; and (n) financial crime prevention agencies, any legal, regulatory, law enforcement or government bodies and the courts. We may also disclose your Personal Information to an actual or proposed assignee or participant in connection with a transaction with another company which affects the control, governance, structure and/or management of all or a substantial part of our business, or if required to satisfy applicable legal or regulatory requirements. With your consent, we may also disclose your personal data to third parties to allow them to send you marketing communications, as described below.

3. Use and Transfer of Personal Data for Direct Marketing Purposes

With your consent, we intend to use your name and contact details for promotional and marketing purpose including sending marketing communications and conducting direct marketing to you by electronic and non-electronic means including by post, in relation to the following products, services and subjects, and we require your consent in order to do so: insurance; annuities; retirement schemes; pensions; wealth and financial management; estate management; investment; financial; medical/wellness/health related products, reward/loyalty programme services and subjects (“Classes of Marketing Subjects”).

We also intend to transfer your name and contact details to our insurance agents, other companies within the Prudential Group and their respective insurance agents, our Business Partners, and our Marketing Partners, to enable them to market any of the Classes of Marketing Subjects to you, and your written consent is required in order for us to do so. We may provide your personal data to such transferees for gain.

If you change your mind, and / or you would like to opt-out of receiving direct marketing, you can advise our Data Protection Officer at service@prudential.com.hk.

4. Consequence of failing to provide Personal Information

Unless otherwise specified by us, it is mandatory for you to provide the Personal Information requested by us. If you do not provide such Personal Information, we may not be able to provide you the product or service that you’ve requested.

5. Access and Correction Rights

Under the Personal Data (Privacy) Ordinance (the “Ordinance”), you have the right to request access to and correction of any Personal Information that you provide to us. If want to exercise your rights, or if you require any other information, you can advise our Data Protection Officer at service@prudential.com.hk or contact us using the details on “Contact Us” section of the Company website (<https://www.prudential.com.hk/scws/pages/en/contact-us/contact-us-home/index.html>) or our Privacy Notice.

If you move/moved to a European Union (“EU”) jurisdiction, we may be required to provide you with further information, and you may have additional rights, under the EU General Data Protection Regulation. This information and these rights are set out in the Privacy Notice on our Company website.

We update our Privacy Notice from time to time. We encourage you to familiarise yourself with the Privacy Notice on our Company website. The Privacy Notice is available on our Company website at <https://www.prudential.com.hk/scws/pages/en/privacy-policy/index.html>. By completing and progressing with this form, you confirm that you have read and understood this PICS.

Business Partners means our service providers who provide administrative, telecommunications, computer, information technology, data processing and storage, customer satisfaction analysis, payment, printing, redemption or other services to us to enable us to operate our business, accountants, auditors, IT service and platform providers, insurance intermediaries, reinsurers, investment managers, agents, pension trustees (and other stakeholders), scheme advisors, introducers, selected third party financial and insurance product providers, and our legal advisers.

Marketing Partners means our service providers who provide administrative, telecommunications, computer, payment, printing, third-party rewards/loyalty/privileges programs, medical/health/wellness related products, redemption or other services to us to enable us to operate our business, insurance intermediaries, pension trustees (and other stakeholders), scheme advisors, introducers and selected third party financial and insurance product providers.

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保誠保險有限公司 (簡稱「本公司」或「我們」) 認真對待閣下個人資料的私隱及保護。為使我們可以向閣下提供閣下要求的產品或服務, 或為遵守法定及合約要求, 我們會向閣下收集必要或有幫助的個人資料。為向閣下提供保險或金融產品或服務, 遵守法定或合同要求 (以下概述的其他目的), 及保安目的, 我們可能會向閣下收集個人資料, 包括但不限於全名、地址、聯絡資料、過往聯絡資料、出生日期、性別、國籍、家庭成員、受益人、身分證副本及資料、旅遊證件資料、健康/醫療紀錄、信貸資料、過往產品紀錄、過往索償紀錄、生物辨識資料, 包括但不限於閣下的聲音模式、指紋及面部圖像、基於閣下的流動或其他電子裝置收集閣下的位置資料、財務及醫療資料 (「個人資料」)。「個人資料」將包括但不限於與有關以下人士的個人資料: 閣下的受益人 (或任何其他根據保單被指定或有權獲得任何利益的人)、收養人、授權代表、公司職員和閣下曾提供其個人資料的其他人士。如閣下向我們提供其他人士的個人資料, 即表示閣下確認閣下是該人的父母或監護人或閣下已取得該人士的同意以提供個人資料供本公司按此收集個人資料聲明的目的使用和轉移。我們亦可能會從第三方, 如其他保險公司、代理、信貸資料服務/報告機構、供應商、金融機構、防欺詐機構、政府機構、醫務人員、法院或公開紀錄, 收集關於閣下的個人資料。

《中華人民共和國個人信息保護法》

中國內地補充內容是對本個人信息收集聲明的補充, 如果您在中國內地則適用此補充內容。您可在本網站 <https://www.prudential.com.hk/tc/china-personal-information-protection-law/> 查閱中國內地補充內容。

1. 收集資料之目的

我們可能會使用閣下的個人資料作下列目的: (a) 管理我們的產品和服務, 包括在購買產品或服務之前提供已與閣下討論的任何相關服務; (b) 處理閣下的申請; (c) 管理和處理保單、保險索償、醫療、抵押和承保檢查; (d) 處理付款指示; (e) 核實閣下申請保險、金融或財富管理產品及服務的資格; (f) 設計及為閣下提供保險、金融及相關的產品和服務; (g) 與閣下進行通訊; (h) 遵守任何監管或其他法律規定或其他內部業務規定 (不論是向我們或下述第 2 部分所列的任何第三方實施), 包括但不限於打擊洗錢和認識你的客戶 (KYC) 義務; (i) 就索償進行調查及和解, 以及偵查及防止欺詐 (不論是否有關就本申請簽發的保單) 及/或其他非法行為或安全/技術問題; (j) 使用代理機構 (包括信貸資料服務機構)、追蹤公司或公開可得資料以執行核實; (k) 提供客戶服務; (l) 執行自動決策或資料剖析; (m) 進行保單審查或需求分析; (n) 進行研究和統計分析 (包括使用新科技); (o) 進行管理幸運抽獎和其他比賽; (p) 使我們能夠履行對閣下的義務; (q) 保持閣下的資料記錄並執行其他內部業務管理; (r) 為直接市場推廣需要在有需要時經閣下的特定同意下, 如以下第 3 部分所述, 為閣下量身訂製個性化的促銷、消息和建議; 及 (s) 與上述任何目的直接相關的任何其他目的。經閣下同意, 我們亦可能會按照以下第 3 部分所列使用閣下的個人資料以向閣下發出促銷通訊。

為履行對閣下的合約責任及至使我們能夠遵守適用法律及法規, 上述部分目的屬必要的。我們亦可能會為上述所列的目的使用及分享閣下的個人資料以改善我們的產品及服務。只要閣下 (或閣下的聯名保單持有人) 仍為我們的客戶, 我們將一直保存閣下的個人資料, 或如法律有所規定或因其他原因而為必要, 我們則將其保存更長時間。

2. 被資料轉交者的類別

我們可能會向該公司集團, 包括本公司以及其他母公司為英國保誠集團的實體包括但不限於保誠財險有限公司 (「保誠集團內的公司」) 及他們各自的保險代理, 及我們的金融/醫療/保健/健康業務夥伴, 透露閣下的個人資料。為達到上述第一部分所列明之目的, 我們亦可能會向下列第三方 (在香港境內或境外) 透露閣下的個人資料: (a) 保險代理; (b) 保險經紀; (c) 再保險公司; (d) 索償調查公司; (e) 為保險業整合索償及承保資料的組織、防欺詐組織、其他保險公司 (不論直接或透過防欺詐組織或本段指名的其他人士), 及保險業用作分析及核實現有資料與及後提供的資料而使用的數據庫或登記冊 (及其營運商); (f) 提供行政、電訊、電腦、信息技術、數據處理及儲存、客戶滿意度分析、付款、印刷、贖回或其他服務以令我們的業務可以運作的第三方服務供應商 (包括但不限於其他保險公司、律師、銀行家、會計師、專業顧問、金融機構及受託人、審計師、IT 服務及平台供應商、保險中介、投資經理、代理、退休金受託人 (及其他持份者)、計劃顧問、介紹人及選定的第三方金融和保險產品供應商); (g) 行業協會及聯會; (h) 醫療賬單審查公司; (i) 閣下的聯名保單或投資持有人; (j) 研究人員; (k) 信貸資料服務機構; (l) 收賬代理; (m) 夥伴金融機構及合作夥伴; 及 (n) 預防金融罪案機構、任何法律、監管和執法機構或政府機構及法院。在有關影響到我們全部或重大部分業務的控制權、治理、結構及/或管理的與另一公司的交易時, 或在必須符合適用的法律或監管要求下, 我們亦可能會透露閣下的個人資料予該等的實在或擬議受讓人或參與人。經閣下同意, 我們亦會向第三方透露閣下的個人資料以讓該等第三方向閣下發出促銷通訊 (如下文所述)。

3. 使用及轉移個人資料作直接促銷用途

經閣下的同意, 我們擬使用閣下的姓名和聯絡資料, 用於宣傳和市場推廣用途, 包括通過電子和非電子方式 (包括郵寄) 向閣下發送市場推廣通訊和進行直接促銷, 就以下產品、服務和目的, 我們需要閣下的同意才可以這樣做: 保險; 年金; 退休計劃; 退休金; 財富和財務管理; 遺產管理; 投資; 金融; 醫療/保健/健康相關產品; 獎賞/優惠計劃服務及目的 (「促銷標的類別」)。

我們亦擬將閣下的姓名和聯絡資料轉移給我們的保險代理人、保誠集團內的其他公司及其保險代理人、我們的業務合作夥伴和營銷合作夥伴, 以使他們能夠向閣下推銷任何促銷標的類別, 並且需要閣下的書面同意才能這樣做。我們可能因此類受讓人提供閣下的個人資料而獲得利益。

如閣下改變主意, 及/或閣下想選擇不接受直接市場推廣, 可以與我們的資料保護主任聯絡 (service@prudential.com.hk)。

4. 未能提供個人資料的影響

除非我們另有規定, 否則閣下必須提供我們要求的個人資料。若閣下未提供有關個人資料, 我們可能無法為閣下提供所要求的產品或服務。

5. 查閱和更正的權利

根據《個人資料 (私隱) 條例》(「條例」), 閣下有權要求查閱及更正任何閣下提供給我們的個人資料。閣下如欲行使閣下的權利, 或如閣下需要任何其他資料, 請聯絡我們, 閣下可以發送電郵至 service@prudential.com.hk 或使用本公司網站 (<https://www.prudential.com.hk/scws/pages/tc/contact-us/contact-us-home/index.html>) 或我們的私隱通知中「聯絡我們」部分所列的資料與我們的資料保護主任聯絡。

如閣下搬遷/已搬遷至歐洲聯盟 (「歐盟」) 司法管轄區, 我們可能需要向閣下提供進一步資料, 且閣下可能在歐盟《通用數據保障條例》下享有額外權利。此類資料及此等權利均載於本公司網站上的私隱通知中。

我們會不時更新我們的私隱通知, 並建議閣下瀏覽本公司網站以了解該私隱通知。該私隱通知可在本公司網站 (<https://www.prudential.com.hk/scws/pages/tc/privacy-policy/index.html>) 上查閱。閣下填妥並繼續提交本表格, 即表示閣下確認已閱讀並理解本收集個人資料聲明。

業務合作夥伴指我們的服務供應商、提供行政、電信、電腦、信息技術、數據處理及儲存、客戶滿意度分析、支付、印刷、贖回或其他服務予我們, 以使我們能夠經營我們業務, 會計師、審計師、IT 服務和平台供應商、保險中介機構、再保險承保人、投資經理、代理、退休金受託人 (和其他持份者)、計劃顧問、介紹人、核准的第三方金融和保險產品供應商以及我們的法律顧問。

營銷合作夥伴指我們的服務供應商提供行政、電信、電腦、支付、印刷、第三方獎賞/會員/優惠計劃、醫療/健康/保健相關產品、贖回或其他服務, 以使我們能夠經營我們業務、保險中介、退休金受託人 (和其他持份者)、計劃顧問、介紹人和核准的第三方金融和保險產品供應商。

Opting-out to Marketing Communications and Materials 拒絕市場推廣通訊及資料

If you do not agree to receive marketing communications and materials from the Company, please check this opt-out box. If you **do not** check the opt-out box and sign below, you agree to the provision and use of your personal data by the Company for direct marketing purposes in accordance with Section 3 of the PICS.

如果你不同意接收本公司的市場推廣通訊及資料, 請選擇此拒絕方格。

如果你沒有選擇此拒絕方格, 並在下方簽署, 則代表你同意本公司根據收集個人資料聲明第三部分, 使用及轉移你的個人資料作直接促銷用途。

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Part 7 第七部分 Signature 簽署			
<hr/> Signature of Existing Policyowner / Representative Policyowner 現有保單持有人 / 保單持有人代表簽署 (It must be consistent with that in our record 保單持有人的簽署必須與本公司的記錄相符) _____ Day日 / Month月 / Year年	<hr/> Signature of Existing Joint Policyowner 現有聯名保單持有人簽署 (It must be consistent with that in our record 保單持有人的簽署必須與本公司的記錄相符) _____ Day日 / Month月 / Year年	<hr/> Signature of Existing Joint Policyowner 現有聯名保單持有人簽署 (It must be consistent with that in our record 保單持有人的簽署必須與本公司的記錄相符) _____ Day日 / Month月 / Year年	
<hr/> Signature of New Policyowner / Representative Policyowner 新保單持有人 / 保單持有人代表簽署 Name of New Policyowner / Representative Policyowner 新保單持有人 / 保單持有人代表姓名 _____ Day日 / Month月 / Year年	<hr/> Signature of New Joint Policyowner (#1) 新聯名保單持有人簽署 (#1) Name of New Joint Policyowner 新聯名保單持有人姓名 _____ Day日 / Month月 / Year年	<hr/> Signature of New Joint Policyowner (#2) 新聯名保單持有人簽署 (#2) Name of New Joint Policyowner 新聯名保單持有人姓名 _____ Day日 / Month月 / Year年	
<hr/> Signature of New Contingent Owner of Policyowner / Representative Policyowner 新保單持有人 / 保單持有人代表之後備持有人簽署 Name of New Contingent Owner of Policyowner / Representative Policyowner 新保單持有人 / 保單持有人代表之後備持有人姓名 _____ Day日 / Month月 / Year年	<hr/> Signature of New Contingent Owner of Joint Policyowner (#1) 新聯名保單持有人之後備持有人簽署 (#1) Name of New Contingent Owner of Joint Policyowner (#1) 新聯名保單持有人之後備持有人姓名 (#1) _____ Day日 / Month月 / Year年	<hr/> Signature of New Contingent Owner of Joint Policyowner (#2) 新聯名保單持有人之後備持有人簽署 (#2) Name of New Contingent Owner of Joint Policyowner (#2) 新聯名保單持有人之後備持有人姓名 (#2) _____ Day日 / Month月 / Year年	
<p>The witness must be an individual third party aged 18 or above who is not the beneficiary named herein or existing beneficiary or trustee designated herein or existing trustee or existing contingent owner. If the anyone above use(s) signature chop or fingerprint, two witnesses are required. The personal particulars of the witness(es) will only be used for the purpose of verification and confirmation of the identity(ies) of the signatory(ies) of this form. 見證人必須為年滿18歲或以上之非受益人，非信託人及非後備持有人的第三者。若上述任何人以圖章蓋印或指紋簽署，必須有兩位見證人。見證人之個人資料只會用於處理本申請及確認此表格簽署人的身份之用。</p>			
Signature of Witness 見證人簽署	Name and Identity Document Number of Witness 見證人姓名及身份證明文件號碼	Signature of Witness 見證人簽署	Name and Identity Document Number of Witness 見證人姓名及身份證明文件號碼

Please DO NOT sign on BLANK form. 請勿在空白表格上簽署。

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