

Application Form for Change in Policy 更改保單申請表格



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 保單持有人姓名		
											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		

Important Note 重要提示

- Please complete in BLOCK LETTERS. 請以正楷填寫。
- 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。
- Policyowner must countersign any changes or amendments in this form in full signature. In addition, please do not sign on blank or incomplete form. 保單持有人必須在此表格內任何更改或修改的地方簽署作實，並且請勿在空白表格或尚未填妥的表格上簽署。
- Policyowner MUST sign and date in Part 8 of this form. 保單持有人必須在此表格第八部分簽署及填寫簽署日期。
- Any excess premium and levy (if any) after policy alteration (if applicable) will be deposited into Premium Deposit Account unless otherwise specify. 所有於保單更改後多繳之保費及徵費（如有），將存入保費儲蓄戶口內（特別註明除外）。
- 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。如需更多資訊，請瀏覽www.prudential.com.hk/levy或聯絡：(852)2281 1333。
- Once the request is processed, reversal of relevant transaction will not be accepted. 手續一經辦理，將不會接受取消相關申請。
- 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 above-mentioned policy (the "Policy"), and (ii) it is finally confirmed by Prudential by way of a letter (Except suppression autopay). 此表格需於 (i) 上述保單（「本保單」）之保單持有人及受保人生存期間獲保誠收到並存檔及 (ii) 最終經保誠以信函確認方為有效（終止自動轉賬申請除外）。
- Please complete the form in appropriate position as instructed, any information written in 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。
- 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。
- All outstanding levy must be settled before the request can be completed. 閣下必須繳清所有徵費欠款方能完成此申請。
- Receipt of this form by Financial Consultants or your Broker does not constitute receipt by Prudential. 理財顧問或閣下的經紀收到此表格並不代表保誠亦已收到。
- 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。

Part 1 第一部分 Change of Signature 更改簽名

- New signature(s) will be applied to the subject policy only. To change your signature for other policy(ies), a separate form must be submitted for each policy. 更新簽名只應用在本保單。如需更改多於一份保單的簽名，每份保單必須獨立遞交表格。
- If the Policyowner is a company, the company chop must be stamped with the authorized person's signature. Please contact your Financial Consultant or Broker for details. 如公司為保單持有人，必須蓋上公司圖章及由授權人士簽署，詳情請與閣下的理財顧問/經紀聯絡。
- Juvenile Policyowner can confirm the signature specimen via below option. The new Policyowner understands after the request is accepted by Prudential, any policy related documents thereafter shall require the signature of himself/herself. 兒童保單權益人可經下列選項確認簽名式樣。新保單持有人明白申請被保誠接納後，日後一切有關保單的文件，必須有其簽名方能生效。
- Please submit "Individual Tax Residence Self-Certification Form". For mainlander, Please contact your Financial Consultant or Broker for the completion of "Important Facts Statement for Mainland Policyholder". 請遞交「個人稅務居住地自我申報證明書」。如為內地人士，請與閣下的理財顧問或經紀聯絡以額外完成簽署「內地人士在港投購人身/壽險保單重要資料聲明書」。
- The signature in Part 8 must correspond with the EXISTING signature in our records. If you request confirmation of Juvenile Policyowner's Signature, please sign the same signature specimen in Part 8. 閣下在第八部分的簽名必須與現時公司紀錄上保單持有人的現有簽名相符。如閣下申請確認兒童保單權益人簽名式樣，請於第八部分簽署相同的簽名式樣。

Change Option 更改選項	New Signature Specimen 新簽名式樣
<input type="radio"/> Change of Policyowner's Signature 更改保單持有人的簽名式樣	
<input type="radio"/> Change of Life Assured's Signature 更改受保人的簽名式樣 (If other than the Policyowner 如非保單持有人)	
<input type="radio"/> Confirmation of Juvenile Policyowner's Signature 確認兒童保單權益人簽名式樣 (Please also submit required documents in point 4 above. 請同時遞交上述第4點的所需文件。)	

00000000

Prudential Hong Kong Limited 保誠保險有限公司
A member of Prudential plc group 英國保誠集團成員

LAPA/PAICPA (06/20)



PAICPA0601

Part 2 第二部分 Change of Payment Mode / Method 更改繳費方式 / 方法

1. If using autopay, both premium and levy will be collected with effect from 1 January 2018. 由2018年1月1日起，如使用自動轉賬將同時收取保費及徵費。
2. Please note that Monthly Mode must be paid by autopay. 請注意月繳方式必須以自動轉賬支付。
3. If you pay premium and levy by autopay, please submit relevant direct debit authorization form and required premium and levy, please refer to important notes in related direct debit authorization form for details. 如閣下選擇以自動轉賬方式繳付保費及徵費，請遞交相關直接付款授權書及所需之保費及徵費，詳情請參考有關授權書之重要事項。
4. The Company shall have the right to determine the effective date upon acceptance of this Application. 於接受此申請時，本公司有權決定更改之生效日期。

Payment mode 繳費方式

- Yearly 每年 Half-Yearly 每半年 Quarterly 每季 Monthly 每月

Payment method 繳費方法

- Direct Billing 直接付款 Autopay via Bank Account 以銀行戶口自動轉賬
 Autopay via VISA / MasterCard Credit Card 以VISA / MasterCard信用卡自動轉賬

(Autopay via VISA / MasterCard Only applicable for Agency Channel and Broker Channel 信用卡自動轉賬只適用於營業代理渠道及保險經紀渠道)

Part 3 第三部分 Autopay Suppress Request 終止自動轉賬

1. Please reserve at least 5 working days for us to process this request. Any premium and levy paid prior to the approval of this request will not be refunded. Autopay cessation will take immediate effect upon completion of the request. 請預留最少5個工作天予本公司辦理手續。於本公司收到及批准申請前，任何已繳交保費及徵費將不被退還。於完成申請時，自動轉賬授權便會即時終止。
2. Monthly-paid policy must be paid by autopay. Please arrange a new autopay instruction as soon as possible. No premium notice will be issued for monthly-paid policy. You may check your premium and levy information by logging in myPrudential from our company website www.prudential.com.hk. 月繳保單必須以自動轉賬方式付款。請盡快重新安排設立自動轉賬。月繳保單將不會收到繳費通知書。閣下可透過本公司網站 www.prudential.com.hk 登入myPrudential查詢保費及徵費資料。

- Suppress autopay 終止自動轉賬

Part 4 第四部分 Change of Benefit Protector Option 更改「遞增保障權益」

1. Benefit Protector Option cannot be reinstated after termination permanently. 「遞增保障權益」永久取消後將不能復效。
2. The option will be terminated permanently and cannot be reinstated if declination of Benefit Protector Option has been selected for 2 consecutive years. 如連續2年不接受「遞增保障權益」，此權益將會永久取消並不會接受復效申請。

- Declination of Benefit Protector Option upgrade for this Anniversary 不接受本年度之「遞增保障權益」

- Termination of Benefit Protector Option permanently 永久取消「遞增保障權益」

Part 5 第五部分 Change of Death Benefit Option / Policy Benefits / Medical Benefit Option 更改身故賠償選擇項目 / 保單保障 / 醫療保障選擇

1. You will lose the relevant coverage of the benefit concerned after approval of the request and you may not be able to reapply for the same benefits on the same terms / conditions in future. 在申請獲批准後，閣下將失去相關保障及閣下於將來或未能以相同的條款獲得相若的保障。
2. Please ensure that the revised minimum sum assured / notional amount / guaranteed monthly income and modal premium after deletion / reduction of benefit must satisfy Prudential's latest requirement. 請確保在完成取消 / 調減保障後，最低保障額 / 名義金額 / 保證每月入息及每期保費仍然達到保誠最新的要求。
3. Revised policy benefits will be effective on the 1st date of the current month if Prudential receives the request on or before 10th of such month; otherwise the revised policy benefits will be effective on the 1st date of the following month. We reserve the right to make the final decision. 如保誠在本月10日或以前收到此申請，修訂後之保障將於該月首日生效；否則，生效日期將設定為隨後月份首日。本公司有權就是次更改作出最後決定。
4. When the coverage of "PRULife Prestige Wealth Planner - Protection" is terminated, the death benefit proceeds of the plan will be reduced, but premium remains unchanged. In addition, once terminated, it cannot be reinstated. For any question on benefit termination, please contact our customer service hotline 2281 1333. 當「尊尚售譽·保障」之保障終止後，計劃之身故賠償將會減少，但保費維持不變。而且一旦被終止，其將不能復效。如對保障終止有任何查詢，請致電客戶服務熱線 2281 1333。

A) Downgrade Death Benefit Option 下調身故賠償選擇項目

Applicable to PRULink assurance and PRULink assurance Plus ONLY 只適用於「運籌」智選保障計劃及「運籌」財智保障計劃

- Downgrade Aggregate Death Benefit Option to Level Death Benefit Option 由集成身故賠償選擇項目下調至平穩身故賠償選擇項目

B) Change of Policy Benefits 更改保單保障

	Policy Benefit 保障計劃名稱	Revised Sum Assured / Notional Amount / Guaranteed Monthly Income (Policy Currency) 新保障額 / 名義金額 / 保證每月入息 (保單貨幣)
<input type="radio"/> Deletion 取消 <input type="radio"/> Reduction 調減		
<input type="radio"/> Deletion 取消 <input type="radio"/> Reduction 調減		
<input type="radio"/> Deletion 取消 <input type="radio"/> Reduction 調減		

C) Downgrade of Medical Benefit Option 下調醫療保障選擇

1. If downgrade of Medical Benefit Level for PRUhealth secure top-up plan is selected, the revised protection will be effective from the next policy anniversary date. 如下調智安心康健計劃之醫療保障級別，更新保障將會在下一個保單周年日生效。

- Delete PRUmed Major Coverage 刪除額外醫療計劃

And / Or downgrade 及 / 或下調： Private to Semi-Private 私家病房至半私家病房

Private to Ward 私家病房至普通病房

Semi-Private to Ward 半私家病房至普通病房

00000000



Part 5 第五部分 Change of Death Benefit Option / Policy Benefits / Medical Benefit Option (Continued)
更改身故賠償選擇項目 / 保單保障 / 醫療保障選擇 (續)

D) Change of Medical Benefit Option 更改醫療保障選擇

1. Change of Coverage Area, Plan Level or Deductible must be applied within 1 month before or after Policy Anniversary. This alternation will be effective on Policy Anniversary. 更改保障地區、計劃級別或自付額必須於保單周年日之前或之後1個月內提出及遞交申請，是次更改將於保單周年日生效。

Policy Benefit 保障計劃名稱	Change of Coverage Area / Plan Level 更改保障地區 / 計劃級別	Change of Deductible 更改自付額	
PRUhealth secure top-up plan 智安心康健計劃	Not Applicable 不適用	<input type="radio"/> Increase Deductible per confinement to 增加每次住院自付額至 Policy Currency 保單貨幣 _____	
PRUmyhealth prestige medical plan 「摯為您」優悅醫療保險計劃	<input type="radio"/> Change from Worldwide Coverage to Worldwide Coverage except USA 更改全球保障至全球保障 (美國除外)	<input type="radio"/> Increase Annual Deductible to 增加每年自付額至 Policy Currency 保單貨幣 _____	<input type="radio"/> +^Lower Annual Deductible (without underwriting) to 降低每年自付額 (毋須接受醫療核保) 至 Policy Currency 保單貨幣 _____
PRUhealth medical plus 醫療加倍保	<input type="radio"/> Change to Plan 2 更改至計劃二 <input type="radio"/> ^Change to Plan 1 (without underwriting) 更改至計劃一 (毋須接受醫療核保)		

+ Applicable to PRUmyhealth prestige medical plan ONLY 只適用於「摯為您」優悅醫療保險計劃：
 Lowering the Annual Deductible without underwriting (per life time) is allowed once upon the policy anniversary date which immediately comes on or after the respective ages 55, 60 or 65 of the Life Assured. Please refer to the policy provisions for details. 於受保人滿55、60或65歲或緊接之後的保單周年日可享有一次 (以終身計) 降低現有每年自付額而毋須接受醫療核保的權利。詳情請參閱保單條款。

^ Applicable to PRUhealth medical plus ONLY 只適用於醫療加倍保：
 Lowering the Annual Deductible or changing from Plan 2 to Plan 1 without underwriting (per life time) is allowed once upon the policy anniversary date which immediately comes on or after the respective ages 50, 55, 60 or 65 of the Life Assured. Please refer to the policy provisions for details. 於受保人滿50、55、60或65歲或緊接之後的保單周年日可享有一次 (以終身計) 降低現有每年自付額或更改計劃二至計劃一而毋須接受醫療核保的權利。詳情請參閱保單條款。

E) Downgrade to PRUHealth CoreChoice Medical Plan 下調計劃至保誠自主醫保計劃
(Only applicable to PRUHealth FlexiChoice Medical Plan 只適用於保誠靈活自主醫保計劃)

1. Plan Change Effective Date must be on or before Paid-to-Date of the benefit to be changed. 保障更改生效日必須為被更改之保障之保費到期日或之前。
 2. Only applicable to downgrade to rider of PRUHealth CoreChoice Medical Plan in HKD currency. 只適用於下調至保誠自主醫保計劃附加保障之港幣保單。
 Downgrade benefit to PRUHealth CoreChoice Medical Plan 下調保障至保誠自主醫保計劃
- In same policy 於相同保單
 Under Policy No. 至保單號碼：_____ (Applicable to HKD policy only 只適用於港幣保單)

Part 6 第六部分 Declaration 聲明

I / We, the Policyowner(s), hereby request that my / our policy(ies) be changed in accordance with the particulars set out in this application and I / we understand and agree that such changes or services will not take effect unless (1) any required documents and payments are submitted in full and (2) the application is duly approved by Prudential. 本人 / 吾等，作為保單持有人，謹此要求本人 / 吾等之保單依照此申請表之資料作出修改，而本人 / 吾等已明白及同意上述之修改或服務將不會生效直至 (1) 所有有關文件及款項收妥及 (2) 此申請表是經保誠批核後方可作實。

Part 7 第七部分 Personal Information Collection Statement 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 for us to either provide you with the product or service you have requested or to comply with statutory or contractual requirements. 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, financial and medical information ("Personal Information") to provide you with the insurance or financial products or services. 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.

1. Purpose of Collection

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 for us to either provide you with the product or service you have requested or to comply with statutory or contractual requirements. 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, financial and medical information ("Personal Information") to provide you with the insurance or financial products or services. 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.

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 ("companies within the Prudential Group") and to our financial/health business partners. We may also disclose your Personal Information to third parties (within or outside Hong Kong) for the purposes outlined at Section 1 above, including but without limitation, to the following third parties: (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, payment, printing, redemption or other services to us to enable us to operate our business (including without limitation insurers, lawyers, bankers, accountants, professional advisors, financial institutions and trustees); (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) regulators and government agencies, law enforcement agencies and the courts. We may also disclose your Personal Information 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. 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.

00000000



PAICPA0603

Part 7 第七部分 Personal Information Collection Statement (Continued) 收集個人資料聲明 (續)

4. 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 you 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 using the details on "Contact Us" section of the Company website 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. By completing and progressing with this form, you confirm that you have read and understood this PICS. The Privacy Notice is available on our Company website at <https://www.prudential.com.hk/scws/pages/en/privacy-policy/index.html>.

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的個人資料。為向閣下提供保險或金融產品或服務，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、財務及醫療資料 (「個人資料」)。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。

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) 處理閣下的申請；(b) 管理和處理保單、保險索償、醫療、抵押和承保檢查；(c) 處理付款指示；(d) 核實閣下申請保險、金融或財富管理產品及服務的資格；(e) 設計及為閣下提供保險、金融及相關的產品和服務；(f) 與閣下進行通訊；(g) 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)；(h) 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)；(i) 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；(j) 提供客戶服務；(k) 執行自動決策或資料剖析；(l) 進行保單審查或需求分析；(m) 進行研究和統計分析 (包括使用新科技)；及 (n) 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說明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 (「保誠集團內的公司」)，及我們的金融/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，我們亦可能還會向第三方 (在香港境內或境外) 透露閣下的個人資料，包括但不限於以下第三方：(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、電郵、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 (包括但不限於保險公司、律師、銀行家、會計師、專業顧問、金融機構及受託人)；(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) 監管機構及政府機構、執法機構及法院。在有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。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. 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。

4. 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，請發送電郵至 service@prudential.com.hk 或使用本公司網站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。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。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。

Opting-out Marketing Communications or Materials 拒絕接受促銷信息或資料

We intend to send you marketing communications but we can only do so with your consent. If you consent, we may use your contact details and information about the products you have purchased (including the sales channel from which such products were purchased).

我們有意向閣下發送促銷信息或資料，但僅經閣下同意我們才可以這樣做。如閣下同意，我們將可能使用閣下的聯絡資料及有關閣下已購買的產品的資料 (包括購買有關產品的銷售渠道)。

I/we do not wish to receive any marketing communications from Prudential Hong Kong Limited. 本人/我們不希望收到保誠保險有限公司發出的任何促銷信息。

The Life Assured / Policyowner, and Irrevocable Trustee / Collateral Assignee (if applicable), hereby confirm understanding of and agreement to the contents in this Part entitled "Personal Information Collection Statement".

受保人 / 保單持有人及不可撤換信託人 / 抵押轉讓之承讓人 (如適用) 特此確認明白並同意在題為「收集個人資料聲明」之本部分中的內容。

Part 8 第八部分 Signature 簽署

If the signatory is a Company / Partnership / Sole Proprietorship, its authorized signatories should sign and chop. 如簽署方為公司 / 合夥 / 獨資經營持有，須由公司授權人員簽署及蓋章。

/ / Day日 Month月 Year年	_____ Signature of Policyowner 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)	_____ Signature of Irrevocable Trustee / Collateral Assignee (if applicable) 不可撤換信託人 / 抵押轉讓之承讓人簽署 (如適用)
---	--	---

If the Policyowner uses signature chop or fingerprint, two witnesses are required. The witness must be an individual third party aged 18 or above. 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. 若保單持有人以圖章蓋印或指紋簽署，必須有兩位見證人。見證人必須為年滿18歲或以上的第三者。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。

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。

00000000

