

Transfer of Policy Ownership Form 保單權益轉讓表格

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			
Name of Policyowner 保單持有人姓名		Name of Life Assured 受保人姓名	
Name of Financial Consultant 理財顧問姓名		Financial Consultant Contact No. 理財顧問聯絡電話號碼	
Financial Consultant Code 理財顧問編號		Division Code & Branch Office 分區編號及分行地點	

Are you currently a customer in mainland China? 您現在是否是個中國內地客戶？

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 as that 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 Notes 重要提示：

1. Please complete in BLOCK LETTERS. 請以正楷填寫。
2. Please return to Prudential Hong Kong Limited Macau Branch ("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澳門分行（「保誠」）處理。
3. Please complete the form in appropriate position as instructed, any information written in non-designated blank spaces will not be processed. Sign on blank or incomplete form will not be accepted. 請根據此表格之指示於適當的位置填寫資料，任何其他非指定空白位置填寫的資料恕不受理。在空白表格或尚未填妥的資料上簽署恕不受理。
4. Any changes or amendments in this form must be countersigned by both existing and new Policyowners in full signature. 現有及新保單持有人均須在此表格內任何更改或修改的地方簽署作實。
5. Both existing and new Policyowners as well as the witness MUST sign and date in Part 9 of this form. 現有及新保單持有人和見證人必須在此表格第九部分簽署及填寫簽署日期。
6. 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。
7. Receipt of this form by your Financial Consultant does not constitute receipt by Prudential. 閣下的理財顧問收到此表格並不代表保誠亦已收到。
8. 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。
9. If the new Policyowner is a mainland (holder of either PRC Passport, PRC ID Card or PRC Travel Permit for HKSAR & MSAR) 如新保單持有人為內地人士（持中國護照，中國居民身份證或往來港澳通行證之人士）
 - a. you need to complete according to clause 11(b) below and submit "Important Facts Statement for Mainland Policyholder" (IFS-MP) to us before we process this form. Please contact your Financial Consultant for the completion of IFS-MP. 在我們處理此表格前，閣下需要按下列條款11(b)填妥及遞交「內地人士在澳門投購人身 / 壽險保單重要資料聲明書」。請與閣下的理財顧問聯絡以便完成簽署此重要資料聲明書。
 - b. and if the transfer of policy ownership is made within the first year from the Date of Policy or Commencing Date (whichever the earlier) and if the existing and new Policyowner are not direct family members (i.e. parent, spouse and children), the new Policyowner is required to sign the IFS-MP physically in Macau. 而若保單權益轉讓於保單生效日或首期保費日（以較前者為準）首年內提出，而現有及新保單持有人並非直系親屬（即父母，夫婦及子女），新保單持有人需要親身到澳門簽署「內地人士在澳門投購人身 / 壽險保單重要資料聲明書」。

Part 1 第一部分 Details of the New Policyowner 新保單持有人資料

1. Please submit identity document copy for both existing and new Policyowners. 請一併遞交現有及新保單持有人之身份證明文件副本。
2. If the new Policyowner is an Individual, please complete Part 6. If the new Policyowner is a company, please complete the "Supplementary Form for Business Insurance" and submit the required identity documents which vary according to company type. Please contact your Financial Consultant for details. 如新保單持有人為個人，請填寫第六部分。如新保單持有人為公司，必須填妥「商業保險補充表格」並依公司註冊類別提交所需文件，詳情請與閣下的理財顧問聯絡。
3. **All previous designation of beneficiary(ies), contingent owner, Designated Person appointed under SmartAppoint Service, policyowner's spouse registered under specific plans, death benefit settlement option, Payor Benefit, Payor Accidental Death Protection and/ or Parental Premium Waiver Benefit, if any, under the Policy will be revoked automatically upon Prudential accepted the transfer of policy ownership. 保誠接受保單權益轉讓申請後，於本保單較早前所指定的受益人、後備持有人、「智安排」預設保單服務下委任指定人士、特定計劃下的已登記保單持有人配偶、身故賠償支付選擇、投保人保障、投保人意外身故保障及/或親子保費豁免保障（如有）將會被自動撤銷。**
4. If the policy is a Juvenile Policy (Life Assured under age 18 upon policy issuance), the new policyowner must be the parent, grandparent or legal guardian of life assured. Please provide relationship proof. 如保單屬兒童保單（即保單繕發時受保人未滿18歲），新保單持有人必須為受保人之父母、祖父母或合法監護人，並請提供關係證明。
5. 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。
6. Person aged below 18 cannot be the new Policyowner. 18 歲以下人士不能成為新保單持有人。
7. 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。
8. Please return this form with a confirmation of release of collateral assignment if the policy has been assigned. Otherwise the request will not be accepted by Prudential. 如保單已被抵押，請一併遞交取消抵押轉讓證明，否則此表格將不獲保誠受理。
9. Please read and acknowledge Part 2 to 5 by signing in Part 9. 請細閱及確認第二至第五部分，並於第九部分簽署作實。



Part 1 第一部分 Details of the New Policyowner (Continued) 新保單持有人資料 (續)

All details in this page are mandatory to be provided. 必須填寫此頁之所有項目。

Name in English 英文姓名			
Name in Chinese 中文姓名		Sex 性別	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
Date of Birth 出生日期		Place of Birth 出生地	
_____ / _____ / _____ Day日 Month月 Year年			
Do you currently file a tax return in the United States? 你現時是否有向美國申報稅項? (If yes, please provide relevant document(s). 如是, 請提供相關文件。)			<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是
Relationship 關係	Relationship with Life Assured 與受保人關係 (Please provide relationship proof if life assured is a juvenile 如受保人為兒童, 請提供關係證明)		Relationship with existing Policyowner 與現有保單持有人關係 (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 Number 身份證明文件號碼 (Please submit identity document copy 請遞交身份證明文件副本)	Identity Document Type 身份證明文件類別		Identity Document Number 身份證明文件號碼
	Macau Identity Card 澳門居民身份證		
	Identity Card 身份證		
	Chinese Travel Permit 往來港澳通行證		
	Passport 護照		
Others, please specify 其他, 請註明 _____			Issuing Country 簽發國家
			Macau 澳門
			China 中國
Reason for Transfer of Policy Ownership 保單權益轉讓之原因	*Juvenile Policy must select "Others" and specify the reason 兒童保單必須選擇「其他」並註明原因 <input type="checkbox"/> Asset Allocation 資產配置 <input type="checkbox"/> Gift Offering 餽贈 <input type="checkbox"/> Others, please specify* <input type="checkbox"/> Estate Planning 遺產策劃 <input type="checkbox"/> Debt Restructuring 債務重組 其他, 請註明* _____		
Occupation Details 職業詳情	Name of Employer 僱主名稱		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
	Business Nature 業務性質		
	Occupation & Details 職業及工作性質		
Residential Address 居住地址 For Corporate Owner, Please provide Business Address 如屬公司為保單持有人, 請提供公司地址	Flat / Room 室 Floor 樓 Block 座		Mobile Number 手提電話
	Building / Estate 大廈 / 屋苑名稱		Country Name 國家名稱
	Street / Road 街道名稱		<input type="checkbox"/> Macau 澳門 <input type="checkbox"/> China 中國 <input type="checkbox"/> Others, please specify 其他, 請註明 _____
	District / City / Province 地區 / 城市 / 省		Telephone Number 電話號碼
	Country 國家 Postal Code 郵政編號		Residential Number 住宅電話
			Country Name 國家名稱
			<input type="checkbox"/> Macau 澳門 <input type="checkbox"/> China 中國 <input type="checkbox"/> Others, please specify 其他, 請註明 _____
			Telephone Number 電話號碼
			Email Address 電郵地址



Part 1 第一部分 Details of the New Policyowner (Continued) 新保單持有人資料 (續)

Correspondence Address & Permanent Address (If the correspondence or permanent address is the same as residential address, please skip this question.) 通訊地址及永久地址 (如通訊地址或永久地址與居住地址相同，則無須回答此問題。)	Correspondence Address 通訊地址	Permanent Address 永久地址
	Flat / Room 室 Floor 樓 Block 座	Flat / Room 室 Floor 樓 Block 座
	Building / Estate 大廈 / 屋苑名稱	Building / Estate 大廈 / 屋苑名稱
	Street / Road 街道名稱	Street / Road 街道名稱
	District / City / Province 地區 / 城市 / 省	District / City / Province 地區 / 城市 / 省
	Country 國家 Postal Code 郵政編號	Country 國家 Postal Code 郵政編號

Part 2 第二部分 Declaration by the Existing Policyowner 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 new Policyowner stated above. I / We understand and agree that this notice is not valid until it is confirmed by Prudential Hong Kong Limited (Macau Branch) in writing. I / We understand that such transfer of ownership will automatically revoke the existing designation of revocable beneficiary(ies), trustee(s), contingent owner, policyowner's spouse registered under specific plans and death benefit settlement option and terminate the existing Payor Benefit, Payor Accidental Death Protection and / or Parental Premium Waiver Benefit (if any) on the Policy. 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（澳門分行）書面確認後方為有效。本人 / 吾等明白該擁有權轉讓將自動撤換現時指定的可撤換受益人、信託人、後備持有人、特定計劃下的已登記保單持有人配偶及身故賠償支付選擇及終止保單現時之投保人保障、投保人意外身故保障及 / 或親子保費豁免保障（如適用）。

Part 3 第三部分 Declaration by the New Policyowner 新保單持有人聲明

I / We, the new Policyowner(s), understand that the Mobile Phone Number I / we provided in this form will be saved in policy record. In the future when I / we use electronic platforms, while identity authentication is required, system will issue Identity Verification Code through SMS message to this mobile phone number.

For Individual Policyowner(s)

I / We, the new Policyowner(s), hereby confirm that I am / we are the ultimate beneficial owner(s) of the Policy and can exercise ultimate effective control over the Policy. I / We shall immediately inform Prudential Hong Kong Limited (Macau Branch) of any change in the ultimate beneficiary 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.

For Corporate Policyowner

I / We, the authorized person(s) of the new Policyowner, hereby confirm that all principal shareholder(s)* of the new Policyowner are the ultimate beneficial owner(s) of the Policy and can exercise ultimate effective control over the new Policyowner. I / We shall immediately inform Prudential Hong Kong Limited (Macau Branch) of any change in the ultimate beneficiary ownership or control of the new Policyowner, and provide such relevant information as may be required for identifying the ultimate principal beneficial owner(s) of the new Policyowner.

*"principal shareholder" refers to an individual person entitled to exercise or control the exercise of 10% or more of the voting rights of the new Policyowner.

本人 / 吾等，作為新保單持有人，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 / 吾等使用 electronic platforms 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。

適用於個人保單持有人

本人 / 吾等，作為新保單持有人，現確認本人 / 吾等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 / 吾等將立即通知保誠保險有限公司（澳門分行）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。

適用於公司保單持有人

本人 / 吾等，作為新保單持有人之授權人，現確認新保單持有人的所有主要股東* 是新保單持有人的最終實益擁有人，並可以對新保單持有人行使最終有效控制權。本人 / 吾等將立即通知保誠保險有限公司（澳門分行）有關新保單持有人的最終實益擁有權或控制權的任何變動及提供其所需的資料，作為對新保單持有人的最終實益擁有人進行身份核實。

*「主要股東」指有權行使或控制行使新保單持有人10%或以上投票權之人士。

本人 / 吾等，作為新保單持有人，現聲明及同意依據下列條款及條件擔任本保單的信託人：



Part 4 第四部分 Legal, Jurisdiction and Tax Statement 法律，司法管轄權及稅務聲明

You acknowledge that the legal and/or tax consequences arising from your decision to make any proposal for assurance to Prudential Hong Kong Limited (Macau Branch) (referred to as “our”, “we” or “us” in this Part VIII entitled “Legal, Jurisdiction and Tax Statement”) (including any legal and tax reporting or compliance obligations to any applicable tax authorities on your part) depend on your personal circumstances. You are reminded that it is your sole responsibility to seek independent legal and/or tax advice on any such legal and/or tax consequences (in all applicable jurisdictions) before making any proposal for assurance to us.

You understand that foreign exchange control and currency transfer laws and regulations may apply to your proposal, policy and related premium payments and agree that you are responsible for ensuring compliance with those laws and regulations and that the application of, or changes in, such laws or regulations may adversely affect you, your policy or benefits thereunder. You acknowledge and confirm that neither we nor anyone on our behalf has given you any assurances in that regard.

You acknowledge that we may change premium payment arrangements at any time without prior notice.

You understand and agree that the legal contract and policy between you and the Company for the proposed assurance shall be governed by and construed in accordance with the laws of Macao Special Administrative Region of the People's Republic of China (“Macao”) and be subject to the exclusive jurisdiction of the Macao courts.

閣下承認向保誠保險有限公司（澳門分行）（在第八部分「法律，司法管轄權及稅務聲明」，簡稱「我們的」或「我們」）申請人壽保險之決定而引起之法律及 / 或稅務後果（包括就閣下適用之稅務機構之任何法律及稅務報告或遵從的責任）取決於閣下個人情況。閣下須注意在向我們申請人壽保險前，閣下須全權負責就任何此法律及 / 或稅務後果（在所有適用的管轄範圍）尋求獨立法律及 / 或稅務諮詢。

閣下明白外匯管制及貨幣轉移法律和法規可能適用於閣下的保險申請，保單及保費繳付，並同意就該等法律和法規的合規負責，閣下明白因應該等法律和法規的應用或更改，閣下本人，閣下的保單或保單下的利益可能受到不良的影響。閣下知悉及確認我們或我們的任何代表均沒有向閣下在這方面提供任何保證。

閣下承認我們可能於任何時間在沒有事先通知的情況下更改保費繳款安排。

閣下明白及同意閣下向我們所申請保險有關的法律合約及保單受中華人民共和國澳門特別行政區（「澳門」）法律管轄及闡釋並遵從澳門法院的專有司法裁判權。

Part 5 Notice and Agreement relating to Foreign Account Tax Compliance Act and other Applicable Laws 第五部分 有關《外國帳戶稅務合規法》和其他適用法律的聲明和協定

Customer acknowledgement regarding compliance with Foreign Account Tax Compliance Act and other Applicable Laws

You acknowledge that Prudential Hong Kong Limited (Macau Branch) (referred to as “our”, “we”, or “us” in this Part VI entitled “Notice and Agreement relating to Foreign Account Tax Compliance Act and other Applicable Laws”) may be obliged to comply with, observe or fulfill the requirements of the laws, regulations, orders, guidelines, codes, and requirements including the applicable requirements under the Foreign Account Tax Compliance Act of or agreements with any public, judicial, taxation, governmental and/or other regulatory authorities, including without limitation, the Internal Revenue Service of the United States of America (the “Authorities” and each an “Authority”) in various jurisdictions as promulgated and amended from time to time (the “Applicable Requirements”). In this connection, you agree that we may disclose your particulars to any Authority, or withhold payments otherwise payable to you, in each case in circumstances as specified in this form, for the purpose of ensuring our compliance or adherence with the Applicable Requirements.

Customer consent to disclose information to third parties / waiver of data privacy rights

You agree that we may disclose your particulars or any information to any Authority in connection or adherence with the Applicable Requirements. Such disclosure may be effected directly or sent through any of our Head Office(s) or other affiliates of Prudential plc. For the purposes of the foregoing and notwithstanding anything contained in this form or any other agreements between us, we may need you to provide us with further information as may be required for disclosure to any Authority and you shall provide the same to us within such time as may be reasonably required.

Updating of customer information about nationality, tax status and others

Notwithstanding anything contained in this form or any other agreements between us, you agree to provide us with such assistance as may be necessary to enable us to comply with our obligations under all Applicable Requirements concerning you or your policies with us.

You agree to update us in a timely manner of any change of any of the details previously provided to us whether at time of application or at any other times. In particular, it is very important that you notify us immediately if, where you are an individual, your personal identification numbers, addresses, telephone numbers, nationality, tax status or tax residency changes or if you become tax resident in more than one country, or, where you are a corporation or any other type of entity, your registered address, address of your place of business, substantial shareholders, legal and beneficial owners or controllers (who own or control more than 10% of your shares or ownership interest or control), tax status, tax residency changes or if you become tax resident in more than one country. If any of these changes occurs or if any other information comes to light concerning such changes, we may need to request certain documents or information from you. Such information and documents include but are not limited to duly completed and/or executed (and, if necessary, notarized) tax declarations or forms.

If you do not provide us with the information or documents requested in a timely manner or if any information or documents provided are not up-to-date, accurate or complete you agree that we may, in order to ensure our ongoing compliance or adherence with the Applicable Requirements, withhold payment of any amount due to you or your personal representatives under your policy in compliance with the Applicable Requirements and/or pay the same to any relevant Authority as the relevant Authority may require.

客戶確認符合《外國帳戶稅務合規法》和其他適用法律

閣下承認保誠保險有限公司（澳門分行）（在此第九部分「有關《外國帳戶稅務合規法》和其他適用法律的聲明和協定」，簡稱為「我們的」或「我們」）須遵從，遵守或履行法律，法規，命令，指引，守則和包括《外國帳戶稅務合規法》適用規定的要求，或任何公眾，司法，稅務，政府和 / 或其他監管機構協定的要求，包括但不限於美國的稅務局（以下簡稱「監管機構」）在不同的司法管轄區（以下簡稱「適用規定」）不時頒布及修訂的協定。在這方面，閣下同意我們可以根據本表格列明的每種情況，向任何監管機構透露閣下的個人資料或扣留任何支付給閣下的款項，以確保我們遵行適用規定。

客戶同意向第三方披露資料/放棄資料的隱私權

閣下同意我們可能會根據適用規定的要求，向任何監管機構披露閣下的個人資料或任何資料。此等披露可以由我們直接或通過我們的總公司或英國保誠集團的其它成員進行。基於前述的原因，以及儘管在本表格或我們之間的任何其他協議所載的任何內容，我們可能需要閣下向我們提供進一步資料，以便向任何監管機構透露，而閣下必須在合理要求的時間內，向我們提供相關的資料。

更新客戶有關國籍，稅務狀況的資料及其他資料

儘管載於本表格或我們之間其他任何協議所包含的任何內容，閣下同意向我們提供協助，使我們能夠就閣下或閣下向我們購買的保險計劃，遵行我們在適用規定下的義務。就閣下任何在申請時或其他時間向我們提供的任何資料，閣下同意及時向我們提供更新資料。尤其重要的是閣下立即通知我們下列的更新：若閣下是個體，閣下的個人身份號碼，地址，電話，國籍，稅務狀況或稅籍所在地的變動；閣下擁有多於一個國家的稅籍；若閣下是法團法人或任何其他類型的實體，閣下的註冊地址，業務營運地址，主要股東，法定及實際受益人或管理人（擁有或控制10%以上股份或所有權或管理權的人士），稅務狀況，稅籍所在地的變動，或若閣下擁有多於一個國家的稅籍。若發生這些變動，或若任何這種變動的其他資料已為大家所知，我們可能會要求閣下提供某些文件或資料。此等資料和文件包括但不限於正式完成及 / 或簽署（並且如有需要，由公證人作出公證）的稅務申報或表格。如果閣下未能及時向我們提供資料或文件，或閣下所提供所需的資料或文件並非最新，準確或完整，為確定我們持續遵從適用規定，閣下同意我們可以按適用規定的要求，就我們於閣下保單應支付閣下或閣下的個人代表的任何款項中作出扣留，並 / 或按相關監管機構的要求，向相關監管機構支付所扣留的款項。



Part 6 第六部分 Individual Tax Residence Self-Certification 個人稅務居住地自我申報證明書

Important Notes 重要提示：

- This part is a self-certification provided by New Policyowner, who may be Individual Account Holder, to a reporting financial institution for the purpose of automatic exchange of financial account information. The data collected may be transmitted by the reporting financial institution to the Financial Services Bureau for transfer to the tax authority of another jurisdiction. 本部分是新保單持有人（可能作為個人帳戶持有人）向申報財務機構提供的自我證明，以作自動交換財務帳戶資料用途。申報財務機構可把收集所得的資料交給財政局，財政局會將資料轉交到另一稅務管轄區的稅務當局。
- Account Holder should report all changes in his / her tax residency status to the reporting financial institution. 如帳戶持有人的稅務居民身分有所改變，應盡快將所有變更通知申報財務機構。
- **Please read instruction and glossary in below websites before completing the form: 填表前請先細閱以下連結之指引及定義摘要：**
<https://www.dsf.gov.mo/AEOI/CRS>

A. Identification of Individual New Policyowner 個人新保單持有人身分識別資料

The New Policyowner's Full Name, Identity Document No., Date of Birth, Country of Birth, Residential Address and Correspondence Address as completed in Part I will be considered as part of your self-certification. 新保單持有人在第一部分填寫的姓名，身份證明文件號碼，出生日期，出生國家，居住地址及通訊地址將被視為閣下的自我申報證明書一部分。

B. Jurisdiction of Residence and Taxpayer Identification Number or its Functional Equivalent ("TIN") 居留司法管轄區及稅務編號或具有等同功能的識別編號（以下簡稱「稅務編號」）

Complete the following table indicating 提供以下資料，列明

- the jurisdiction of residence (including Hong Kong) where the new Policyowner is a resident for tax purposes and 新保單持有人的居留司法管轄區，亦即新保單持有人的稅務管轄區（香港包括在內）及
- the new Policyowner's TIN for each jurisdiction indicated. 該居留司法管轄區發給新保單持有人的稅務編號。

Indicate **all** (not restricted to five) jurisdictions of residence. 列出**所有**（不限於5個）居留司法管轄區。

If a TIN is unavailable, provide the appropriate reason A, B or C: 如沒有提供稅務編號，必須填寫合適的理由：

- Reason 理由 A -** The jurisdiction where the new Policyowner is a resident for tax purposes does not issue TINs to its residents. 新保單持有人的居留司法管轄區並沒有向其居民發出稅務編號。
- Reason 理由 B -** The new Policyowner is unable to obtain a TIN. Explain why the new Policyowner is unable to obtain a TIN if you have selected this reason. 新保單持有人不能取得稅務編號。如選取這一理由，解釋新保單持有人不能取得稅務編號的原因。
- Reason 理由 C -** TIN is not required. Select this reason only if the authorities of the jurisdiction of residence do not require the TIN to be disclosed. 新保單持有人毋須提供稅務編號。居留司法管轄區的主管機關不需要新保單持有人披露稅務編號。

Jurisdiction of Residence 居留司法管轄區		TIN [#] 稅務編號 [#]	Enter Reason A, B or C if no TIN is available 如沒有提供稅務編號， 填寫理由 A、B 或 C
1			
2			
3			
4			
5			

Explain why the Proposer / Policyowner is unable to obtain a TIN if you have selected Reason B in corresponding line.
 如選擇理由 B，請於相對的欄位解釋新保單持有人不能取得稅務編號的原因。

1	
2	
3	
4	
5	

[#] If the new Policyowner is a tax resident of Macau, the TIN is the Macau Identity Card Number. 如新保單持有人為澳門稅務居民，稅務編號是其澳門身份證號碼。
 If the new Policyowner is a tax resident of China, the TIN is the China Identity Card Number. 如新保單持有人為中國稅務居民，稅務編號是其中國身份證號碼。
 If the new Policyowner is a U.S. citizen, permanent resident ("Green Card" holder), or otherwise a U.S. tax resident, U.S. social security number is equivalent to TIN. 如果新保單持有人為美國公民，永久居民（“綠卡”持有人），或美國稅務居民，稅務編號是其美國社會福利保障號碼。



Part 7 第七部分 Revocation and Appointment of Beneficiary(ies) 撤銷及委任受益人

- Once Prudential have accepted your request for appointment of beneficiary(ies), this form will form part of the Policy. Such change will be effective from the date when you signed this form, whether or not the Life Assured is alive at the time when we endorsed such change. All previous designation of beneficiary(ies) and trustee(s) under the Policy shall be revoked. All death benefit thereafter shall be paid and allocated to the beneficiary(ies) and / or trustee(s) listed below in Part 7. 有關受益人委任一經保誠接納，則會成為本保單的一部分。不論受保人當時是否在生，有關更改即於閣下簽署此表格日期起生效。所有於較早前在本保單下委任的受益人及信託人將被取替。此後，一切身故賠償將根據此表格第七部分所列之受益人及 / 或信託人作出支付及分配。
- The total share for each group of beneficiary(ies) must be 100% (to share equally according to Prudential's guideline unless otherwise stated). 每組受益人獲分配的百分比總和必須為 100% (如沒有特別聲明，賠償則會按保誠的守則平均分配)。
- To appoint secondary beneficiary, primary beneficiary must be appointed in advance. The designation of secondary beneficiary(ies) will only be effective if all primary beneficiaries are deceased. 如需委任候補受益人，必須先委任基本受益人。候補受益人的委任必須於所有基本受益人身故後方才生效。
- If the beneficiary is NOT an immediate family member (including spouse, parent, children, siblings, or grandparent) of the life assured, it is a MUST to provide identity document / passport number of the beneficiary in this form. 如受益人並非受保人之直系親屬 (包括配偶 / 父母 / 子女 / 兄弟姊妹 / 祖父母)，必須於此表格提供受益人之身份證 / 護照號碼。
- Financial Consultant cannot be the beneficiary, 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，不得成為受益人。
- There is no restriction on the age of beneficiary(ies), but payment of benefit to any minors shall be subject to the provisions of the Policy (if applicable). 受益人的年齡不受限制，但向未成人人士支付的利益將受本保單的條款限制 (如適用)。
- If the intended beneficiary is a business entity / trust fund / trust company, it is required to submit along with this form (i) Business Registration number of the party concerned; and (ii) a copy of Business Registration Certificate or Certificate of Incorporation; and (iii) a copy of latest Annual Return. 如欲委任的受益人為一商業實體 / 信託基金 / 信託公司，必須連同此表格一併遞交 (i) 其商業登記號碼，及 (ii) 商業登記證或公司註冊證明書之副本及 (iii) 最新的周年申報表之副本。
- To name a Charitable Institution as the Beneficiary (policy donation) with over 50% of policy benefit or an amount more than HK\$1 Million, a written declaration signed by the Policyowner should be provided. 如捐贈 50% 以上保單利益或其金額超過一百萬港元予慈善團體，保單持有人必須提供已簽署書面聲明。
- If your application of Transfer of Policy Ownership in Part 1 of this form is not accepted by Prudential due to whatever reason, your request for beneficiary appointment made in this part of the form will not be processed. 若保誠因任何原因未能接納閣下於此表格第一部分的保單權益轉讓申請，閣下於此表格本部分內的委任受益人要求將不獲處理。

Primary Beneficiary(ies) 基本受益人

Beneficiary Name (English / Chinese) 受益人姓名 (英文 / 中文)	Relationship with Life Proposed 與受保人之關係	Identity Document / Passport Number 身份證 / 護照號碼	Share % 分配 (百分比)
1.			
2.			
3.			
Total 總額			<u>100%</u>

Secondary Beneficiary(ies) 候補受益人

Beneficiary Name (English / Chinese) 受益人姓名 (英文 / 中文)	Relationship with Life Proposed 與受保人之關係	Identity Document / Passport Number 身份證 / 護照號碼	Share % 分配 (百分比)
1.			
2.			
3.			
Total 總額			<u>100%</u>



Part 8 第八部分 Personal Information Collection Statement (“PICS”) 收集個人資料聲明

Prudential Hong Kong Limited (Macau Branch) (referred to as “Company”, “our”, “we”, or “us”) takes 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 (“**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 Macau) 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_mac@prudential.com.hk or visit: 12 Andar A, FIT Center of Macau, Avenida Doutor Mario Soares, Macau

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 Protection Act (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_mac@prudential.com.hk or visit: 12 Andar A, FIT Center of Macau, Avenida Doutor Mario Soares, Macau

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.



保誠保險有限公司 (澳門分行) (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並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 (「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 (在澳門境內或境外) 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。我們可能因此向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_mac@prudential.com.hk) 或者前往: 澳門蘇亞利斯博士大馬路 澳門財富中心 12 樓 A 座。

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《個人資料保護法》(「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_mac@prudential.com.hk 或者前往: 澳門蘇亞利斯博士大馬路澳門財富中心 12 樓 A 座。

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聲明中。

我們會不時更新我們的私隱聲明, 並建議閣下瀏覽本公司網站以了解該私隱聲明。該私隱聲明可在本公司網站 (<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 (和其他持分者)、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 (和其他持分者)、計劃顧問、介紹人和核准的第三方金融和保險產品供應商。



Part 8 第八部分 Personal Information Collection Statement (“PICS”) (Continued) 收集個人資料聲明 (續)

Opting-out of 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。

Part 9 第九部分 Signature 簽署

I/We, the Life Proposed, or; having the parental power or as the legal guardian/representative, with the consent and on behalf of the minor Life Proposed (if any), irrevocably authorise the Proposer to enter the Policy and exercise all rights and fulfil all obligations thereunder, including but not limited to, the right to surrender the Policy, as the Proposer deems fit.

本人/吾等，作為受保人、或擁有親權或作為監護人/法定代理人，在尚未成年之受保人(如有)的同意下代表購買本保單及不可撤銷地授權投保人行使其認為合適的保單轄下的一切權利及履行一切義務，包括但不限於退保的權利。

If the signatory is a Company / Partnership / Sole Proprietorship, its authorized signatories should sign and chop (if any).
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 (如適用)。

_____/_____/_____
Day日 / Month月 / Year年

Signature of Existing Policyowner
現有保單持有人簽署
(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 New Policyowner
新保單持有人簽署

Signature of Life Assured
(whose attained age is 18 or above)
受保人簽署 (適用18歲或以上的受保人)

Signature of Irrevocable Beneficiary (if applicable)
不可撤換受益人簽署 (如適用)

The witness must be an individual third party aged 18 or above who is not the beneficiary named herein or existing beneficiary. If the Policyowner uses 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的第三者。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。



Part X 第十部 Policy Replacement Declaration 轉保聲明

In order to subsidize the purchase of your new life insurance policy, are you using, or do you intend to use the funds arising from the existing life insurance policy (or multiple life insurance policies) (collectively "existing life insurance policy(ies)") that you have or had, or any savings made by reducing the premium payable under your existing life insurance policy in the past or next 12 months, by means of the followings:

閣下是否打算在未來緊接的十二個月內，或已經在過去的十二個月內，使用或打算使用閣下現時或曾經持有的一張或多張人壽保單（下稱“現有人壽保單”）透過下列方式取得資金或節省保費，以資助購買新人壽保單所需的費用？

1. Reducing the total cash value, sum assured, other policy value(s) or policy right(s) of the existing life insurance policy(ies), by exercising the policy right under the existing life insurance policy(ies) (including wholly or partially withdrawal, wholly or partially surrender);
2. Taking out a policy loan from the existing life insurance policy (ies);
3. Reducing, suspending or non-payment of premium under the existing life insurance policy(ies), including switching to reduced paid-up or extended term insurance by automatic operation of the terms and conditions, exercising automatic premium loan, premium holiday or lapsation, etc.; or
4. Transferring or assigning ownership of existing life insurance policy(ies).

1. 行使現有人壽保單內之權利，包括提取全部或部份保單款項、退保或部份退保等，以減少現有人壽保單的現金價值總額、保險金額、其他保單價值或保單權益；
2. 從現有人壽保單中提取保單貸款；
3. 減少、暫停或終止支付現有人壽保單之保費，包括藉保單條款及細則自動運作的情況下使其變為減額清繳保單或展期保單、執行自動保費貸款、執行保費假期條款或保單失效等；或
4. 更改現有人壽保單的擁有權或將其轉讓。

Yes (Please complete the Life Insurance Policy Replacement Declaration, read carefully and sign the Declaration below)
是（請填寫《人壽保險客戶轉保聲明書》並詳閱下列聲明及簽署）

No (Please read carefully and sign the Declaration below)
否（請詳閱下列聲明及簽署）

Warning: Please answer the above questions carefully. Making changes or replacing your existing life insurance policy(ies) with your new life insurance policy (i.e. policy replacement) may not be in your best interest. To protect your interests, you should approach the insurer of your existing life insurance policy(ies) to obtain up to date information on your existing life insurance policy(ies) and your insurance intermediary should assist you to evaluate and compare your existing and new life insurance policies. If your above answer is "Yes", your insurance intermediary must assist you to complete the "Life Insurance Policy Replacement Declaration" and explain to you the implications and disadvantages of financial, insurability and claims eligibility of such policy replacement.

警告：請閣下慎重回答以上問題。以新人壽保單變更或取替現有人壽保單（即轉保）未必符合閣下的最佳利益。為保障閣下之利益，閣下應向現有人壽保單的保險公司索取最新資料，而有關保險中介人亦應協助閣下對現有人壽保單及新人壽保單進行評估及比較。倘閣下上述回覆為“是”，有關保險中介人必須協助閣下填寫《人壽保險客戶轉保聲明書》及解釋有關轉保對閣下的財務、受保資格及索償資格所帶來之影響及弊端。

Signature of the Applicant/Proposer
申請人 / 投保人簽署

Signature of the Insurance Intermediary
保險中介人簽署

Day 日

Month 月

Year 年

Full name and Registered No. of the Insurance Intermediary
保險中介人姓名及註冊編號

Day 日

Month 月

Year 年

Please DO NOT sign on BLANK form. 請勿在空白申請書上簽署。

