

Request for Change of Insured/Successor Insured Form

更改保單受保人/繼任受保人申請書

Please tick <input checked="" type="checkbox"/> appropriate box(es) for request 請於適當之空格內加上 <input checked="" type="checkbox"/> 號		<input type="checkbox"/> New Request 新申請	<input type="checkbox"/> Reply 回覆
Policy Number: 保單編號:	Full Name of Insured: 受保人姓名:	Full Name of Policyowner: 保單持有人姓名:	

Important Note*

- (1) The Policyowner (“you”) may only apply for change of Insured on or after the first (1st) Policy anniversary.
- (2) At the time of application, the proposed new Insured/Successor Insured:
 - a. must be alive during the application;
 - b. must not be ten (10) years older than the existing Insured; and
 - c. must be sixty (60) years old or below, if the proposed new Insured/Successor Insured is older than the existing Insured.
- (3) You must have adequate insurable interest in the proposed new Insured/Successor Insured and provide evidence of insurability at the Company’s request.
- (4) Annuity option (if any) has not been exercised.
- (5) All riders (if any) will be terminated on the effective date of change of Insured.
- (6) The prior record of Successor Insured will be cancelled and cannot be exercised if:
 - a. a new Successor Insured is recorded by our Company;
 - b. the Beneficiary has received the Life Insurance Proceeds;
 - c. there is change to the Policyowner or the Beneficiary; or
 - d. the Policyowner and the existing Insured pass away on the same day.

*For details of terms and conditions, please refer to your Policy provision.

重要事項*

- (1) 在第一 (1) 個保單週年日及以後而當保單仍然生效時，保單持有人(你) 可提出書面申請更改受保人。
- (2) 於我們收到書面申請時，準新受保人/繼任受保人:
 - a. 必須在生;
 - b. 不可比受保人多於十 (10) 歲;
 - c. 若準新受保人/繼任受保人比受保人年長，準新受保人/繼任受保人之歲數必須為六十 (60) 歲或下。
- (3) 你與準新受保人/繼任受保人有足夠的可保利益及提供本公司的要求提供準新受保人/繼任受保人的可保證明。
- (4) 年金選擇未被行使。
- (5) 所有附加保障計劃 (如有) 將於更改受保人生效日被終止。
- (6) 在以下情況下，過往任何繼任受保人之紀錄將被取消及不能行使:
 - a. 本公司有新繼任受保人之紀錄;
 - b. 受益人已提取本保單之人壽保險金;
 - c. 此保單之持有人或受益人有所更改; 或
 - d. 此保單之持有人及受保人於同一日身故。

* 詳情之細則及條款，請參閱保單條款。

<input type="checkbox"/> Change of Insured (Please complete Part I and Part II) 更改保單受保人 (請填寫第一部份及第二部份)	<input type="checkbox"/> Designation of Successor Insured (Please complete Part I only) 指定繼任受保人 (請填寫第一部份)	<input type="checkbox"/> Change of Successor Insured (Please complete Part I only) 更改繼任受保人 (請填寫第一部份)
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Part I 第一部份

Personal Particulars 個人資料

Proposed New Insured/Successor Insured's Full Name:
準新受保人/繼任受保人姓名

Relationship to Policyowner: 與保單持有人之關係

- Spouse 配偶 Parent 父母
 Children 子女 (If the child whose aged is 18 or above, please provide explanation. 如子女年齡為18歲或以上，請提供合理解釋)

Details 詳情: _____

Please provide legal document(s) to prove the guardianship if one of below relationships is selected.
如屬以下關係，請提供法律文件證明其監護人身份

- Sibling 兄弟/姊妹 Grand parent 祖父母 Grand child 孫子女
 Great grand parent 曾祖父母 Great grand-child 曾孫子女

H.K. ID card/Birth Cert/ Passport No.
香港身份證/出生證明書/護照號碼

Date of Birth 出生日期 _____ dd/mm/yyyy 日/月/年	Place of Birth 出生地	Sex 性別 <input type="checkbox"/> Female 女 <input type="checkbox"/> Male 男
Nationality 國籍	Citizenship (Country) 公民身份(國家)	Residency 居住籍
Occupation 職業	Business Nature 公司業務性質	

Part II 第二部份

Health Details 健康狀況

The Proposed New Insured: 準新受保人:

(1) Has EVER been diagnosed or treated for AIDS, heart disease, stroke, cancer, liver cirrhosis, renal failure, Parkinson's Disease, schizophrenia, systemic lupus erythematosus, or any terminal illness? 曾否被診斷患有後天免疫能力缺乏症、心臟病、中風、癌症、肝硬化、腎衰竭、柏金遜症、精神分裂症、系統性紅斑狼瘡、末期疾病或曾接受有關的治療?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
(2) Has been hospitalized for 30 days or more for any disease within the past 6 months? 於過去6個月內，曾否因任何疾病而須留院30日或以上?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
(3) Has been postponed or declined for any life insurance application in the past year? 於過去1年內，曾否被延期或被拒絕接受任何人壽投保申請?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
(4) Has scheduled to seek for medical advice or to undergo any medical investigations or tests for any medical history, signs or symptoms? 曾否因任何病歷或病徵已排期尋求醫療意見或接受任何檢查或檢驗?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否

Declaration: I/WE HEREBY DECLARE AND AGREE THAT:

- The above request for change of Insured/designation of Successor Insured/change of Successor Insured will not take effect unless the following conditions are met: (i) All required documents are submitted in full; and (ii) an endorsement with the effective date of change of Insured has been issued by the Company.
- All information provided in this form whether or not written by my/own hands is the best of my/our knowledge and belief complete and true.

聲明：本人/吾等 謹此聲明及同意：

- 上述之更改保單受保人/指定繼任受保人/更改繼任受保人申請必須符合下列所有條件方能生效：(i) 所有需要之文件皆全數並完整無缺遞交。(ii) 當本公司發出附加批註列明更改受保人之生效日期。
- 上述一切資料，不論是否本人/吾等親手所寫，就本人/吾等所知所信，均為事實之全部並確實無訛。

USE OF PERSONAL INFORMATION COLLECTION STATEMENT AND CONSENT

I/WE UNDERSTAND AND CONSENT THAT, by signing the application, any personal data collected or held by Chubb Life Insurance Company Ltd. (the "Company") is provided and may be used, processed, stored, disclosed, transferred by the Company to the companies within the group of which the Company is a subsidiary (the "Group Companies"), its authorized agents, reinsurers, claims investigators, loss adjudicators, medical advisors, recovery agents, insurance industry associations, federations and their members, credit reference bureaus, government or judicial or regulatory bodies or any person to whom the Company is under legal and/or regulatory obligation to make disclosure, and the Company's appointed third party agents, contractors and advisors, in each case whether within or outside of Hong Kong to (i) process and evaluate this application and any future insurance application and claim I/we may make; (ii) provide all services related to this application, administer and process policy, medical and underwriting checks, payment instructions, premiums collection, data matching, and communicate with me/us for such purposes; (iii) enable the industry associations, the federations, the government or regulatory bodies to carry out the functions and requirements that may be assigned to them from time to time and are reasonably required in their interest and that of the insurance industry; and (iv) provide payment, data processing, administration, communications, computer, security and other services (including medical services, emergency assistance services, mailing and IT services) in connection with the operation of the Company and the provision of services to me/us. Moreover, the Company is hereby authorized to obtain access to and/or to verify any of my/our data with the information collected by the insurance industry associations, the federations, the government and regulatory bodies and medical personnel or organizations. I/We am/are obliged to supply the information required from me/us under this application which is a condition precedent for me/us to apply this policy. Failure to supply the required information may result in the Company being unable to process this application. I/We understand that I/We have the right to obtain access to and to request correction of any personal data held by the Company or be given reasons for any refusal of access or correction. I/We also understand that a reasonable fee may be charged by the Company for processing of any access. Any questions regarding personal data, access to or correction of personal data should be made in writing and forwarded to The Data Protection Officer of Chubb Life Insurance Company Ltd. at 33/F, Chubb Tower, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong.

個人資料收集聲明及授權

就簽署此申請書，本人/吾等明白及同意安達人壽保險有限公司（「貴公司」）可以使用、處理、儲存、透露、轉移任何貴公司所收集或持有任何本人/吾等的個人資料與貴公司隸屬同一集團附屬公司之其他公司（「集團公司」）、其獲授權的代理人、再保險公司、理賠調查員、處理索賠個案的理賠師、醫療顧問、索償代理、保險行業協會、聯會及其會員、信貸資料服務公司、政府或司法或監管機構或對貴公司具有法律及/或監管責任而須予以披露的任何人士，及貴公司指定的第三方代理、承包商及顧問，不論屬本地或海外，以(i) 處理及審批此申請及本人/吾等將來提交之保險申請及索償; (ii) 提供所有關於此申請之服務，管理及處理保單、醫療和核保檢查、付款指示、保費收取、資料核對，及因此等用途與本人/吾等聯絡; (iii) 令保險行業協會及聯會、政府或監管機構執行其經不時修定及為合理要求以維護其及保險行業利益的功能及規定; 及 (iv) 提供因貴公司營運及給予本人/吾等服務之相關付款、數據處理、行政、通訊、電腦、保安及其它服務 (包括醫療服務、緊急救援服務、郵寄服務及資料科技服務)。此外，貴公司獲授權向保險行業協會及聯會、政府及監管機構、及醫務人員或機構取閱及/或核實任何該等機構向本人/吾等收集之資料。本人/吾等有責任提供此申請書上之所需資料，以作為此申請之先決條件。如未能提供所需的資料，可能會導致貴公司無法處理此申請。本人/吾等明白本人/吾等有權取閱及要求更正任何貴公司持有之有關本人/吾等的任何個人資料，或被給予拒絕查閱或更正的理由。本人/吾等亦明白貴公司可能會收取任何查閱資料的要求之合理費用。如欲查詢有關個人資料事宜，查閱或更正個人資料必須以書面形式向貴公司的資料保護主任提出，並送交至香港銅鑼灣告士打道三一一號皇室大廈安達人壽大樓三十三樓。

NOTE 注意：

Please do not sign on BLANK Form 請勿在空白表格上簽署

Signature must be consistent with that in your policy record. 簽名模式需與保單上的記錄相符。

Signature of Assignee 承讓人簽署

(Only applicable if the policy has been assigned 適用於保單已被轉讓)

dd/mm/yyyy
日/月/年

Signature of Policyowner
保單持有人簽署

Signature of Proposed New Insured/Successor Insured
準新受保人/繼任受保人簽署

(Signature is required for the person whose age is 18 or above
滿18歲或以上之人士必須簽署)

Chubb. Insured.SM