

Request for Financial Transaction Form (for Investment-Linked Plan) 財務調配申請書 (投資相連計劃)

Please tick appropriate box(es) for request 請於適當之空格內加上 號 New Request 新申請 Reply 回覆

Policy Number: 保單號碼	Full Name of Insured: 受保人姓名	Full Name of Policyowner: 保單持有人姓名
---------------------	-----------------------------	-----------------------------------

Warning: You should read the information of the Investment Option(s) as set out in the Investment Options Brochure and other relevant documents to understand the associated risk before you decide to switch into or redirect or make additional contribution to the selected Investment Option(s). Please be aware that the risk level of the Investment Option(s) that you intend to select for switching or redirection or making additional contribution may be inconsistent with your risk profile stated in the last Risk Profile Questionnaire (RPQ) and such switching or redirection may not be in your best interest. Therefore, you are recommended to conduct a RPQ again if you would like to switch into or redirect or make additional contribution to the Investment Option(s) that would result in a mismatch or you should seek professional advice where appropriate.

警告：您在決定轉換或重定投資分配所選的投資選擇之前，應閱讀《投資選擇指南》和其他相關文件中列出的投資資料，以了解相關風險。請注意，您打算選擇進行轉換或重定投資分配或作出額外投資的投資選擇的風險水平可能與您在上一份《風險承擔能力問卷》中所述的風險承擔能力不一致，這轉換或重定投資分配或作出額外投資可能並不符合您的最佳利益。因此，如果您想轉換或重定投資分配或作出額外投資與您的風險承擔能力不一致的投資選擇，建議您再次進行《風險承擔能力問卷》，或者在適當的情況下您應尋求專業建議。

Important Notice:

- For investment option name and code for each individual plan, please refer to investment choice name list for details.
- Chubb Life Insurance Company Limited (the "Company") shall have the right to update this form from time to time and to accept or reject the forms submitted by you if you fail to fulfill the Company's requirements.
- Allocation percentage of each investment option choice selected should be in whole number. All dollar amount should be rounded to two decimal places.
- **NO** backdating is allowed.

重要提示：

- 有關各投資相連計劃之投資選擇名稱及代號，請參考投資選擇名稱一覽表。
- 安達人壽保險有權隨時更新表格內容，如閣下未能符合本公司的有關規定，本公司將保留接受或拒絕閣下遞交之申請表格的權利。
- 所選每項投資選擇分配百分比必須為整數。所有金額數目必須截至小數點後兩個位。
- 不接受追溯日期。

1. Investment Option Switching (For WMVUL/WLPR/WLPR2, please select account.)

投資選擇調配 (「匯財智保」/「享豐盛」/「豐逸」，請選擇戶口。)

From Planned Premium Account
 由設定保費戶口

From Additional Contribution Account
 由額外投資供款戶口

Investment Option (Switch-Out) 投資選擇代號 (賣出)	Switch-Out Percentage (%) 賣出百分比 (%)	Investment Option (Switch-In) 投資選擇代號 (買入)	Switch-In Percentage (%) 買入百分比 (%)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Plan Name 計劃名稱	Minimum switch-out amount 最低賣出金額	Minimum switch-in amount 最低買入金額	Minimum switch-in amount for newly added investment option 新增投資選擇之最低買入金額
Partner Investment Select Plan (PIS) 「智富保」	US\$100 per Investment Option 每個投資選擇為美金一百元	US\$50 per Investment Option 每個投資選擇為美金五十元	N/A 不適用
WealthLink Investment Plan (WLS) 「豐盛」	US\$500 per transaction 每次交易為美金五百元	N/A 不適用	N/A 不適用
WealthLink Investment II Plan (WLR) 「豐盛易」	US\$500 per transaction 每次交易為美金五百元	US\$100 per Investment Option 每個投資選擇為美金一百元	N/A 不適用
WealthMaster Variable Universal Life Plan (WMVUL)/WealthLink Investment Pro (WLPR/WLPS)/ Ultra - Single Premium Investment Plan (WLPS2)/Infinite - Regular Premium Investment Plan (WLPR2) 「匯財智保」/「享豐盛」/「享豐盛」- 整付保費/「非凡」- 整付保費投資計劃/「豐逸」定期保費投資計劃	US\$250 per Investment Option 每個投資選擇為美金二百五十元	US\$50 per Investment Option 每個投資選擇為美金五十元	US\$250 per Investment Option 每個投資選擇為美金二百五十元

2. Redirection of Future Contribution (Only applicable to the Target/Basic Premium and Extra Contribution/Additional Premium in PIS/WLR/WMVUL/WLPR/WLPS2)

更改投資分配 (只適用於「智富保」/「豐盛易」/「匯財智保」/「享豐盛」/「豐逸」內之基本保費/ 定期額外投資供款/額外保費)

Effect from next premium due date

生效日期為下個保費到期日

The dollar amount of allocated premium on sum of planned premium and extra contribution on each newly added individual investment option choice must at least US\$250 per year.

在每個新增個別投資選擇選擇內，每年設定保費及定期額外投資供款總和必須為每年美金二百五十元。

Percentage must be a whole number with minimum 10% and total 100% with max. allocation.

投資分配必須為整數，最少10% 及合計100% 的最高投資選擇分配數量。

Investment Option 投資選擇代號	Allocation (%) 分配 (%)	Investment Option 投資選擇代號	Allocation (%) 分配 (%)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Plan Name 計劃名稱	Maximum Investment Option choice under one policy 每份保單最高投資選擇總數
Partner Investment Select Plan (PIS) 「智富保」	N/A 不適用
WealthLink Investment Plan (WLS) 「豐盛」	6
WealthLink Investment II Plan (WLR) 「豐盛易」	8
WealthMaster Variable Universal Life Plan (WMVUL)/ WealthLink Investment Pro (WLPR/WLPS2)/ Ultra - Single Premium Investment Plan (WLPS2)/ Infinite - Regular Premium Investment Plan (WLPR2) 「匯財智保」/「享豐盛」/「享豐盛」- 整付保費/ 「非凡」- 整付保費投資計劃/「豐逸」定期保費投資計劃	10

3. Investment Option Withdrawal (For WMVUL/WLPR/WLPR2, please select account.)

提取投資選擇 (「匯財智保」/「享豐盛」/「豐逸」, 請選擇戶口。)

From Planned Premium Account
由設定保費戶口

From Additional Contribution Account
由額外投資供款戶口

For WMVUL and PIS plan, if Level Death Benefit Option or Flexible Death Benefit Option is in effect, the latest Face Amount and/or premium will be automatically reduced by the amount of withdrawal subject to such minimum value and conditions as the Company and premium may from time to time stipulate.

匯財智保及智富保計劃, 倘固定身故賠償選擇或靈活身故賠償選擇生效, 最近期的保障額/或保費將按本公司不時釐定之最低價值及條件自動減去贖回之金額。

The Surrender would first apply to the Additional Portion with the latest Effective Date of Addition before it would apply to each of the preceding Additional Portions in reverse chronological order. Each Surrender of Additional Portion would be subject to the Surrender Charges applicable to that Additional Portion. 退保將依照額外設定保費生效日, 反時序先應用於生效日期的額外保額部份。每次額外保障部份退保須繳付適用於該額外保障部份的退保費用。

Investment Option 投資選擇代號	Withdrawal Amount (US\$) 提取金額 (美金)	Investment Option 投資選擇代號	Withdrawal Amount (US\$) 提取金額 (美金)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Payment Instruction 付款方式

The payment will be direct credited to the autopay bank account of the policyowner, if any, unless otherwise specified. For the payment amount exceeding HKD1,000,000, HKD cheque will be issued and sent to the correspondence address directly. 除特別註明外, 款項將直接存入保單持有人的自動轉賬戶口 (如有)。如款項多於港幣一百萬, 將發出港幣支票並直接郵寄至通訊地址。

Direct Credit to Bank Account 直接存入銀行戶口

ONLY applicable to the policy **WITHOUT** autopay bank account. Otherwise, the payment will be credited to autopay bank account which is held by the policyowner directly.

只適用於不是以自動轉賬形式收取保費的保單, 否則, 款項將直接存入自動轉賬的銀行戶口 (銀行戶口持有人必須為保單持有人)。

Bank Account **MUST BE** in HKD Currency.
銀行戶口**必須**為港幣戶口。

For the payment amount exceeding HKD1,000,000, HKD cheque will be issued and sent to the correspondence address directly.
如款項多於港幣一百萬, 將發出港幣支票並直接郵寄至通訊地址。

Name of Bank Account Holder (**MUST BE** the policyowner)
銀行戶口持有人姓名 (**必須**為保單持有人)

Bank Name 銀行名稱

Bank No. Branch No. Bank Account No.
銀行編號 分行編號 銀行賬戶號碼

_____	_____	_____
-------	-------	-------

Please provide copy of passbook / bank statement / ATM card with name of account holder for verification.
請提供存摺 / 銀行戶口結單 / 提款卡副本 (附有銀行戶口持有人的姓名) 以作核實。

TT Payment 匯款

Remittance charges will be borne by the policyowner
匯款的相關費用將由保單持有人支付

HKD 港幣 USD 美金
(only applicable to the policy with USD currency
只適用於美金貨幣保單)

- Name of Bank Account Holder 銀行戶口持有人姓名

- Bank Account No. 銀行戶口號碼

- SWIFT Code SWIFT 代號 _____
- Bank Name 銀行名稱

- Bank Address 銀行地址

- IBAN No. 國際銀行賬戶號碼 _____
- Intermediary Bank Name 中介銀行名稱

- Intermediary Bank Account No. 中介銀行戶口號碼

Repay Outstanding Loan of my own policy 償還本人的保單的貸款金額
(Policy No. 保單編號 _____)

Settle Premium and Levy Due of my own policy 繳付本人的保單的到期保費及保費徵費
(Policy No. 保單編號 _____) Premium Due Date 保費到期日 (Month月/Year年 _____)

Remarks 註項:

Plan Name 計劃名稱	Minimum withdrawal amount 最低提取投資選擇金額	Minimum withdrawal amount per Investment Option 每項投資選擇之最低提取金額	Minimum remaining balance per Investment Option 每項投資選擇最低餘額	Minimum remaining balance per policy 每份保單內之最低投資選擇餘額
Partner Investment Select Plan (PIS) 「智富保」	US\$100 per transaction 每次交易為美金一百元	N/A 不適用	N/A 不適用	US\$600 per policy 每份保單為美金六百元
WealthLink Investment Plan (WLS) 「豐盛」	US\$500 per transaction 每次交易為美金五百元	N/A 不適用	N/A 不適用	N/A 不適用
WealthLink Investment II Plan (WLR) 「豐盛易」	US\$500 per transaction 每次交易為美金五百元	US\$100 per Investment Option 每個投資選擇為美金一百元	N/A 不適用	N/A 不適用
WealthMaster Variable Universal Life Plan (WMVUL)/WealthLink Investment Pro (WLPR/WLPS)/ Ultra - Single Premium Investment Plan (WLPS2) 「匯財智保」/「享豐盛」/ 「享豐盛」－整付保費/ 「非凡」－整付保費投資計劃	US\$250 per Investment Option per transaction 每次交易每個投資選擇為美金二百五十元	N/A 不適用	US\$250 per Investment Option 每個投資選擇為美金二百五十元	US\$1,000 per policy 每份保單為美金一千元
Infinite - Regular Premium Investment Plan (WLPR2) 「豐逸」定期保費投資計劃	US\$250 per Investment 每次交易為美金二百五十元	N/A 不適用	N/A 不適用	US\$1,000 per policy 每份保單為美金一千元

4. **Unscheduled Contribution** (Only applicable to PIS/WLR/WMVUL/WLPR/WLPS2)

不定期額外投資供款 (只適用於「智富保」/「豐盛易」/「匯財智保」/「享豐盛」/「豐逸」)

Corresponding levy will be deducted from the payment amount prior to investment.

所繳付之金額會先扣除相關的保費徵費，然後用作投資。

For top-up request, please complete section 7. "Financial Needs Analysis Declaration" in this form and submit "Important Facts Statement and Applicant's Declarations" (IFS-AD) and "Investment-Linked Assurance Scheme Risk Profile Questionnaire" (RPQ).

所有額外投資申請，必須填寫此表格第七部分「財務需要分析聲明」，並遞交「重要資料聲明及投保人聲明書」(IFS-AD)，及「投資相連壽險計劃風險評估問卷」(RPQ)。

Lump Sum Premium (Only applicable to WLS/WLPS/WLPS2)

繳付整付保費 (只適用於「豐盛」/「享豐盛」/「非凡」－整付保費)

Investment Option 投資選擇代號	Allocated Amount (US\$) 投資金額 (美金)	Investment Option 投資選擇代號	Allocated Amount (US\$) 投資金額 (美金)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Plan Name 計劃名稱	Minimum Unscheduled Contribution 最低不定期額外投資供款	Minimum Lump Sum Premium 最低繳付整付保費
Partner Investment Select Plan (PIS) 「智富保」	US\$50 per transaction 每次交易為美金五十元	N/A 不適用
WealthLink Investment Plan (WLS) 「豐盛」	N/A 不適用	US\$500 per transaction 每次交易為美金五百元
WealthLink Investment II Plan (WLR) 「豐盛易」	US\$500 per transaction 每次交易為美金五百元	N/A 不適用
WealthMaster Variable Universal Life Plan (WMVUL)/ WealthLink Investment Pro (WLPR/WLPS)/ Ultra - Single Premium Investment Plan (WLPS2)/ Infinite - Regular Premium Investment Plan (WLPR2) 「匯財智保」/「享豐盛」/「享豐盛」－整付保費/ 「非凡」－整付保費投資計劃/ 「豐逸」定期保費投資計劃	US\$250 per transaction 每次交易為美金二百五十元 US\$250 on each newly added Investment Option 每個新增投資選擇供款為 美金二百五十元	US\$250 per transaction (if applicable) 每次交易為美金二百五十元 (如適用)

5. **Change of Extra Contribution** (Only applicable to PIS/WMVUL/WLPR/WLPR2)

更改定期額外投資供款 (只適用於「智富保」/「匯財智保」/「享豐盛」/「豐逸」)

Effect from next premium due date

生效日期為下個保費到期日

Corresponding levy will be deducted from the payment amount prior to investment.

所繳付之金額會先扣除相關的保費徵費，然後用作投資。

For top-up request, please complete section 7. "Financial Needs Analysis Declaration" in this form and submit "Important Facts Statement and Applicant's Declarations" (IFS-AD) and "Investment-Linked Assurance Scheme Risk Profile Questionnaire" (RPQ).

所有額外投資申請，必須填寫此表格第七部分“財務需要分析聲明”，並遞交「重要資料聲明及投保人聲明書」(IFS-AD)，及「投資相連壽險計劃風險評估問卷」(RPQ)。

Change of Additional Premium (Only applicable to WLR)

更改額外保費 (只適用於「豐盛易」)

New Addition 新加	Deletion 刪除	Increase 增加	Reduce 減少	New Extra Contribution/ Additional Premium (US\$) 新定期額外投資供款/額外保費 (美金)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Plan Name 計劃名稱	Minimum Extra Contribution 最低定期額外投資供款	Minimum Additional Premium 最低額外保費
Partner Investment Select Plan (PIS) 「智富保」	US\$50 per transaction 每次交易為美金五十元	N/A 不適用
WealthLink Investment Plan (WLS) 「豐盛」	N/A 不適用	N/A 不適用
WealthLink Investment II Plan (WLR) 「豐盛易」	N/A 不適用	US\$360 per annum / US\$30 per month 每年美金三百六十元 / 每月美金三十元
WealthMaster Variable Universal Life Plan (WMVUL)/ WealthLink Investment Pro (WLPR/WLPS)/ Ultra - Single Premium Investment Plan (WLPS2)/ Infinite - Regular Premium Investment Plan (WLPR2) 「匯財智保」/「享豐盛」/「享豐盛」- 整付保費/ 「非凡」- 整付保費投資計劃 / 「豐逸」定期保費投資計劃	US\$250 per annum (if applicable) US\$250 on each newly added Investment Option 每年美金二百五十元 (如適用) 每個新增投資選擇供款為 美金二百五十元	N/A 不適用

6. Change of Face Amount/Rider (Only applicable to PIS/WMVUL)

更改保障額/附加保障 (只適用於「智富保」/「匯財智保」)

- # **Change of Planned Premium** (Only applicable to WMVUL/WLPR/WLPR2)
更改設定保費 (只適用於「匯財智保」/「享豐盛」/「豐逸」)

- For WMVUL, please select 「匯財智保」, 請選擇
 with change in face amount 更改保障額
 without change in face amount 不更改保障額

- Change of Basic Premium** (Only applicable to WLR)
更改基本保費 (只適用於「豐盛易」)

New addition or increase of face amount or upgrade of benefit requires to complete Section 7, "Financial Needs Analysis Declaration", in this form and submit "Statement of Insurability" for the application.

新加或增加保障額或提升保障, 需填寫此表格第七部分「財務需要分析聲明」及遞交「投保資料申報書」。

For top-up request, please complete and submit "Important Facts Statement and Applicant's Declarations" (IFS-AD) and "Investment-Linked Assurance Scheme Risk Profile Questionnaire" (RPQ).

所有額外投資申請, 必須填寫並遞交「重要資料聲明及投保人聲明書」(IFS-AD), 及「投資相連壽險計劃風險評估問卷」(RPQ)。

Increased Planned Premium with increased face amount in WMVUL is only allowed after the policy has been in-force for more than 12 months.

新增「匯財智保」之額外設定保費及保障額只可於保單生效12個月後接受申請。

* No backdating is allowed and the request will be effective on the next premium due date.

不接受追溯日期, 有關申請將安排在下一個保費到期日生效。

Basic Plan / Rider 基本計劃 / 附加保障	New Addition 新加	Deletion 刪除	Increase 增加	Reduce 減少	New Face Amount (US\$) / Class 新保障額 (美金)/類別	New Premium (US\$) 新保費 (美金)
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Plan Name 計劃名稱	Minimum Target Premium 最低基本保費	Minimum Basic Premium 最低基本保費	Minimum Planned Premium 最低設定保費
Partner Investment Select Plan (PIS) 「智富保」	US\$600 per annum 每年年費美金六百元	N/A 不適用	N/A 不適用
WealthLink Investment Plan (WLS) 「豐盛」	N/A 不適用	N/A 不適用	N/A 不適用
WealthLink Investment II Plan (WLR) 「豐盛易」	N/A 不適用	US\$960 per annum / US\$80 per month 每年美金九百六十元/ 每月美金八十元	N/A 不適用
WealthMaster Variable Universal Life Plan (WMVUL)/WealthLink Investment Pro (WLPR/WLPS)/ Ultra - Single Premium Investment Plan (WLPS2) 「匯財智保」/「享豐盛」/ 「享豐盛」- 整付保費/ 「非凡」- 整付保費投資計劃	N/A 不適用	N/A 不適用	US\$750 per annum per policy (if applicable) 每份保單每年美金七百五十元 (如適用)
Infinite - Regular Premium Investment Plan (WLPR2) 「豐逸」定期保費投資計劃	N/A 不適用	N/A 不適用	US\$1,200 per annum 每年美金一千二百元
WealthMaster Variable Universal Life Plan (WMVUL) Face amount can be increased up to the maximum face amount multiple (FAM) on each portion based on the issue age 「匯財智保」 各部份的保障額最高可增至該部份投保年齡時之最高保障額倍數之保障額, 如右:	Premium Layer Issue Age 投保年齡	Face Amount Multiples = Face Amount ÷ Premium 保障額倍數 = 保障額 ÷ 保費	
		Annual Planned Premium 每年設定保費 US\$750 - US\$2,999	Annual Planned Premium 每年設定保費 US\$3,000 or Above 或以上
	0 - 30	250 - 1,500	150 - 1,500
	31 - 40	250 - 1,000	150 - 1,000
	41 - 50	250 - 600	150 - 600
	51 - 60	150 - 350	100 - 350
	61 - 70	150 - 200	100 - 200

7. Financial Needs Analysis Declaration

財務需要分析聲明

For increase of face amount of basic plan and/or rider, new addition of rider, upgrade of benefit with Financial Needs Analysis (FNA) (latest version) done within one year, please complete this section with a tick against each declaration.

申請基本計劃及/或附加保障之增加保障額、新增附加保障及/或提升保障並於過去一年內曾填寫過財務需要分析(最新版本)，請於此部份的各項聲明填上「」號。

I declare that Financial Needs Analysis (latest version) has been completed within 1 year for the policy number _____ with the FNA Form signing on _____ **with a copy of the FNA Form attached.**

本人謹此確認於過去一年內就保單編號_____已完成財務需要分析(最新版本)及簽署日期為_____ **並附上該財務需要分析副本。**

I declare that there are no substantial changes in my circumstances, no mismatch in needs, risks tolerance level and affordability to the attached application since the date when the above mentioned Financial Needs Analysis was completed.

本人謹此確認在上述之財務需要分析簽署的日期後本人的狀況並無重要改變，而就上列申請，本人的財務需要、風險承擔能力及負擔能力亦無錯配。

8. Change of Death Benefit Option

更改身故賠償選擇

This Option is not applicable to WLS/WLR/WLPR/WLPS.

此選擇不適用於「豐盛整」/「豐盛易」/「享豐盛」/「享豐盛」—整付保費。

Please complete the “Statement of Insurability” Form if underwriting (UW) is required.

如需核保，請填妥「投保資料申報書」。

Increasing 遞增 Level 固定 Decreasing 遞減 Flexible (Only applicable to WMVUL 靈活 (只適用於「匯財智保」))

Original Death Benefit Option 原有身故賠償選擇	New Death Benefit Option 新身故賠償選擇			
	Increasing Death Benefit 遞增身故賠償選擇	Level Death Benefit 固定身故賠償選擇	Decreasing Death Benefit 遞減身故賠償選擇	Flexible Death Benefit 靈活身故賠償選擇
Increasing Death Benefit 遞增身故賠償選擇	NA 不適用	Not Require UW 不需核保	Not Require UW 不需核保	Not Require UW 不需核保
Level Death Benefit 固定身故賠償選擇	Require UW 需核保	NA 不適用	Require UW 需核保	Require UW 需核保
Decreasing Death Benefit 遞減身故賠償選擇	Require UW 需核保	Require UW 需核保	NA 不適用	Require UW 需核保
Flexible Death Benefit 靈活身故賠償選擇	Require UW 需核保	Not Require UW 不需核保	Require UW 需核保	NA 不適用

9. Change of Dividend Payout Options

更改股息支付方式

Only applicable to WLPR2/WLPS2.

只適用於「豐逸」/「非凡」。

Risks Associated with Investment Options with an Objective to Distribute Cash Dividends on a Regular Basis

有關以定期派發現金股息為目的之投資選項的相關風險

If you choose any investment option which aims to distribute cash dividends on a regular basis, please note that the distribution of cash dividends is **NOT GUARANTEED**. Also, the distribution of cash dividends may be/effectively be paid out of the capital of the corresponding underlying fund of the investment option, which may therefore result in a drop in the unit price of that investment option.

若您選擇任何以定期派發現金股息為目的之投資選項，請注意有關的現金股息分派並非保證。此外，現金股息的分派亦有可能從/實際上從投資選項之相關基金的資本中支付，因而或會導致投資選項的單位價格下跌。

Notional Units 名義單位 Cash Payment* 現金支付

* The payment will be transferred to your bank account, if available, via autopay.
款項將自動轉賬至您的銀行戶口(如有)。

10. Others 其他

Declaration: I/WE HEREBY DECLARE AND AGREE THAT: 1. The above request for policy change or services will not take effect unless the following conditions are met: (i) Any required payment and documents are submitted in full. (ii) The request is approved by Chubb Life Insurance Company Ltd. (hereinafter called "the Company") during the lifetime and continued insurability of the Insured. 2. Evidence of insurability of the Insured for request(s) for change of cover/benefit(s), if required by the Company, shall be the basis for change in the Policy and will form part of the Policy unless otherwise specified. 3. All statements whether or not written by my/our own hands are to the best of my/our knowledge and belief complete and true. **4. I have read the information of the Investment Option(s) as set out in the Investment Options Brochure and other relevant documents and have understood the associated risk of the selected Investment Option(s) that may be inconsistent with my risk profile and it may cause a potential loss.** I/We understand that failure to supply required information may result in the Company being unable to process this application. 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 federation from the insurance industry. I/We understand that I/we have the right to obtain access to and to request correction of any personal information held by the Company or be given reasons for any refusal of access. I/We also understand that a reasonable fee may be charged by the Company for process of any access and any questions regarding personal data or access to personal data should be forwarded to the Company at 35/F, Chubb Tower, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong or at the then registered office of the Company.

聲明: 本人/吾等謹此聲明及同意: 1. 上述之更改或服務必須符合下列所有條件方能生效: (i) 所有需要款項及文件皆全數並完整無缺遞交。(ii) 申請在受保人在生及仍然符合受保條件時, 經安達人壽保險有限公司(以下簡稱「貴公司」)批准。2. 此更改保障及保單選擇之申請書連同貴公司要求受保證明(如需要), 將成為保單更改之根據, 並作為保單一部份(若有其他安排除外)。3. 上述一切陳述, 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。**4. 本人/吾等已閱讀《投資選擇指南》和其他相關文件中列出的投資資料, 並已了解所選投資選擇的相關風險可能與本人的風險承擔能力不一致, 因而可能造成潛在損失。**本人/吾等明白如所需資料未能提供, 貴公司將無法辦理此通知書。此外, 貴公司獲授權向聯會查閱及/或核實該會已搜集本人/吾等之資料。本人/吾等明白本人/吾等有權自貴公司查閱及申請更改所有貴公司持有之有關本人/吾等的任何資料, 或獲得任何被拒絕查閱的理由, 貴公司有權酌情收取任何查閱資料的要求之費用。欲查詢有關個人資料事宜, 請送香港銅鑼灣告士打道三一一號皇室大廈安達人壽大樓三十五樓「安達人壽保險有限公司」收。

Collection of Levy by the Insurance Authority Pursuant to the Insurance (Levy) Regulation, with effect from 1 January 2018, the policy owner under a contract of insurance issued by an authorized insurer must, each time a premium is paid, also pay to the insurer a prescribed levy for the premium. The Insurance Authority may impose on the policy owner a pecuniary penalty if such policy owner fails to pay the prescribed levy.

保險業監管局收取的保費徵費 按照《保險業(徵費)規例》, 由2018年1月1日起, 獲授權保險公司發出的保險合約下的保單持有人, 須在每次繳付保費時, 亦就該筆保費向該保險公司繳付訂明徵費。否則, 保險業監管局可向沒有按規定繳付訂明徵費的保單持有人施加罰款。

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 application. 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 35/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之任何本人/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三十五樓。

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 and please submit the form within 14 days

簽名模式需與保單上的記錄相符, 並請於 14 天內遞交

Signature of Policyowner

保單持有人簽署

Sign Date (dd/mm/yyyy)

簽署日期(日/月/年)

Signature of Assignee

承讓人簽署

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

Sign Date (dd/mm/yyyy)

簽署日期(日/月/年)