

Request For Change In Policy Form 更改保單事項通知書

Please tick appropriate box(es) for request 請於適當之空格內加上 \square 號 New Request 新申請 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:																																				
1. Change of Payment Frequency / Debit Date 更改繳付保費方式 / 過數日期	New Frequency 新期數 <input type="checkbox"/> Annual 每年 <input type="checkbox"/> Semi-Annual 每半年 <input type="checkbox"/> Quarterly 每季 * <input type="checkbox"/> Monthly 每月 * * Direct Debit Authorization (DDA) form is required 必須遞交直接付款授權書 Debit Date 過數日期 <input type="checkbox"/> 3rd 3號 <input type="checkbox"/> 18th 18號																																					
2. Change of Dividend Option 更改紅利分派方式	<input type="checkbox"/> Cash 現金 <input type="checkbox"/> Paid-Up Addition 購買繳清保險 <input type="checkbox"/> Dividend Accumulation 累積紅利 <input type="checkbox"/> Premium Reduction (for Annual mode only) 繳付保費 (只限於年繳保費)																																					
3. Change of Options upon Lapse 更改保單失效之選擇方式	<input type="checkbox"/> Reduced Paid Up (RPU) 減額繳清保險 <input type="checkbox"/> Extended Term Insurance (ETI) 展期保險 <input type="checkbox"/> Automatic Premium Loan (APL) 自動貸款繳付保費																																					
4. Change of Sum Assured/ Notional Amount/Rider 更改保障額/名義金額/附加保障	<table border="1"> <thead> <tr> <th>Basic Plan/Rider 基本計劃/附加保障</th> <th>New Addition ^ 新加 ^</th> <th>Deletion # 刪除 #</th> <th>Increase ^ 增加 ^</th> <th>Reduce # 減少 #</th> <th>New Sum Assured/ Notional Amount/Class 新保障額/名義金額/類別</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> </tbody> </table> <p>Effective Month ____ / ____ 生效月份 mm月 yyyy年</p> <p>^ New addition or increase of sum assured/notional amount or upgrade of benefit requires to complete section 5, "Financial Needs Analysis Declaration", in this form and submit "Statement of Insurability" for the application. 新加或增加保障額/名義金額或提升保障, 需填寫此表格第五部分 "財務需要分析聲明" 及遞交 "投保資料申報書"。 ^ New addition or increase of sum assured for product(s) with cash value requires to submit proposal. 新加或增加保障額的產品如有現金價值需提交建議書。 # Rider deletion or reduction of sum assured/notional amount, NO back-dating is allowed. If the effective month is not specified, the request will be effective on the next premium due date. 刪除附加保障或減少保障額/名義金額均不接受追溯日期。如沒有註明生效月份, 有關之申請將安排在下一個保費到期日生效。</p>		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 Sum Assured/ Notional Amount/Class 新保障額/名義金額/類別	_____	<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"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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5. Financial Needs Analysis Declaration 財務需要分析聲明	<p>For increase of sum assured/notional amount of basic plan and/or rider, new addition of rider, upgrade of benefit (e.g. Hospital and Surgical Benefit upgrade) 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/名義金額、新增附加保障及/或提升保障 (例如: 提升住院及手術保障) 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 "<input checked="" type="checkbox"/> " 號。</p> <p><input type="checkbox"/> 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。</p> <p><input type="checkbox"/> 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, 而就上述申請, 本人的財務需要、風險承擔能力及負擔能力亦無錯配。</p>																																					

<p>6. Change of Option to Purchase Paid-up Addition (OPP) 更改購買附加繳清保險</p> <p>Effective Month _____ / _____ 生效月份 mm 月 yyyy年</p>	<p><input type="checkbox"/> Reduce 減少 (New Amount 新存款金額 HK\$/US\$ 港幣/美金 _____ M / Q / SA 每月/每季/每半年)</p> <p><input type="checkbox"/> Increase 增加 (New Amount 新存款金額 HK\$/US\$ 港幣/美金 _____ M / Q / SA 每月/每季/每半年)</p> <p>- Applicable to the policy with inforce OPP only. 只適用於附有生效的繳清保險的保單</p> <p>- Sum assured/notional amount is not provided by OPP deposit until purchase of OPP addition upon next anniversary. 此附加繳清保險的存款將累積至下一個保單週年日才購買</p>
<p>7. Change of Policy Status 更改保單狀況</p>	<p><input type="checkbox"/> Extended Term Insurance 展期保險</p> <p><input type="checkbox"/> Reduced Paid-Up Insurance 減額繳清保險</p> <p>• Change in policy status is permanent and cannot be reversed. Attachable rider(s), if any, will be terminated from the effective date and no more premium is required under this policy.</p> <p>• NO back-dating is allowed and the request will be effective on the next premium due date.</p> <p>• 保單狀況更改乃永久性轉變，並不可逆轉。附加保障(如有)將於生效日期終止，保單亦將毋需要繳付保費。</p> <p>• 不接受追溯日期及有關申請將安排在下一個保費到期日生效。</p>
<p>8. Reissue of Policy Document 申請保單文件副本</p>	<p><input type="checkbox"/> Lost Policy Memorandum 遺失保單備忘錄</p> <p><input type="checkbox"/> Duplicate Policy (Please submit HK\$195 or US\$25 for Administration Fee.) 重發保單 (請呈交手續費港幣一百九十五元或美金二十五元)</p>
<p>9. Others (Please state in details) 其他 (請詳細說明)</p>	

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 Hong Kong Limited (hereinafter called "the Company") during the lifetime and continued insurability of the Insured. 2. This request and evidence of insurability of the Insured 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 and answers to all questions whether or not written by my/our own hands are to the best of my/our knowledge and belief complete and true. 4. Any personal data collected or held by the Company (whether contained in this application or otherwise), is provided and may be used, stored, disclosed, transferred (whether within or outside Hong Kong) by the Company to its affiliated companies, reinsurers and claims investigation company, industry association/federation, any members of the federation by the federation or any individuals/organizations associated with the Company to (i) process this application and claims; (ii) provide all services related to this application, administer the Policy and promote other financial products and services, perform direct marketing, and data matching, and communicate with me/us for such purposes; and (iii) enable the federation to carry out its regulatory functions or such other functions that may be assigned to the federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the federation. 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. 上述之更改事項或服務必須符合下列所有條件方能生效：(i) 所有需要之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，經安達人壽保險香港有限公司（以下簡稱“貴公司”批准。）2. 此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，並作為保單之一部份（若有其他安排除外）。3. 上述一切陳述及問題的所有答案，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. 貴公司可以使用、儲存、透露、轉移（不論在本港或海外）任何貴公司所收集或持有之任何本人/吾等的個人資料（不論是否此更改保單事項通知書所載或從其他途徑所取得）給貴公司之任何關聯公司、再保公司及賠償調查公司、行業協會/聯會，聯會之成員及與貴公司有關之人士或機構，以(i)辦理此通知書及索償(ii)提供所有關於此通知書之服務，保單管理及推廣其他財務產品及服務，從事直接促銷及資料核對等用途，及因此等用途與本人/吾等聯絡(iii)執行聯會的監察功能；或執行本著保險業或任何聯會會員利益而付予聯會的其他功能。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號皇室大廈安達人壽大樓三十五樓「安達人壽保險香港有限公司」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。

Personal Information Collection Statement 個人資料收集聲明

Chubb Life Insurance Hong Kong Limited (“**Chubb Life HK**”, “**Company**”, “**we**”, “**us**”, “**our**”).

安達人壽保險香港有限公司(「安達人壽香港」、「本公司」、「我們」或「我們的」)。

Chubb Life HK recognizes the importance of protecting your privacy and is fully committed to implementing and complying with the Data Protection Principles and the Personal Data (Privacy) Ordinance of Hong Kong.

安達人壽香港明白保護閣下的私隱的重要性，並致力實施和遵守香港的《保障資料原則》和《個人資料(私隱)條例》。

Personal Information we may collect

我們可能收集的個人資料

In the course of us providing you with the insurance policy and related services (“**Services**”), we may from time to time collect your personal information for the purposes set out in this Personal Information Collection Statement (“**PICS**”). We may collect your personal information directly from you, or indirectly from other third parties in connection with the Services, including but not limited to when you complete or submit an application form, submit a claim, access our website, or participate in any of our and/or our partner’s programs. The personal information we collect may include but is not limited to your personal identification information, contact information, financial information, policy information, claims history, medical and health records.

在我們為閣下提供保單和相關服務(「服務」)的過程中，我們可能會不時收集閣下的個人資料，用於本個人資料收集聲明(「個人資料收集聲明」)中規定的目的。我們可能會直接從閣下收集閣下的個人資料，或從與服務相關的其他第三方間接收集閣下的個人信息，包括但不限於閣下填寫或提交申請表、提交索償、登入我們的網站或參與我們的及/或我們合作夥伴的任何計劃。我們收集的個人資料可能包括但不限於閣下的個人身份資料、聯絡資料、財務資料、保單資料、索償歷史、醫療和健康紀錄。

When you provide us with personal information about another person in connection with your application or insurance policy, which may include but is not limited to your dependents, the insured, the beneficiaries, your authorized representatives (“**relevant persons**”), you confirm you have obtained that relevant person’s consent to provide such personal information to us for the purposes stated in this PICS.

當閣下向我們提供與閣下的申請或保單有關的其他人的個人資料時，這可能包括但不限於閣下的受養人、受保人、受益人、閣下的獲授權代表(「有關人士」)，閣下確認已獲得該人的同意，為本個人資料收集聲明中所述的目的向我們提供該等個人資料。

As a condition precedent to your application for the policy, you are required to provide us with the information set out under [Parts I and II of the application]. If you do not provide us with the required information, this may result in the us not being able to process your application, process claims or provide you with the Services.

作為閣下申請保單的先決條件，閣下需要向我們提供[申請表的第一部分和第二部分]中列出的資料。如果閣下不向我們提供所需資料，可能會導致我們無法處理閣下的申請、處理索償或向閣下提供服務。

What we may use your Personal Information for

我們可能將閣下的個人資料用於什麼目的

By making the application and receiving the Services, you give us your consent to use, process, disclose, transfer, store your or the relevant persons’ personal information for any purpose related to the Services, and to communicate with you and the relevant persons for such purposes, which may include without limit:

通過提出申請和接受服務，閣下同意我們為與服務相關的任何目的使用、處理、披露、轉移、儲存閣下或有關人士的個人資料，並就該目的與閣下和有關人士溝通，可能包括但不限於：

- (i) to process and evaluate this and any future application for the insurance policy;
處理和評估此申請以及任何未來的保單申請；
- (ii) for policy administration, processing payments and premium collection;
用於保單管理、處理付款和保費收取；
- (iii) to conduct medical, security and underwriting checks;
進行任何醫療、保安及核保檢查；
- (iv) to assess insurance claims and to process payments;
評估保險索償及處理付款事宜；
- (v) to provide insurance products and related services;
提供保險產品及有關服務；
- (vi) with your consent, to promote and directly market to you and your related persons: (a) the insurance products and services of the Chubb Limited group of companies; (b) mandatory provident fund-related products/services sponsored by the third party scheme providers connected with us; (c) insurance, financial or investment related products/services, rewards, loyalty, co-branding and/or other privileges programs related to health, wellness, medical, entertainment, media, offered by third party partners appointed by us;
在閣下的同意下，向閣下及閣下的有關人士推廣及直接促銷；(a) 安達集團公司的保險相關產品/服務；(b) 與我們有關聯之第三者計劃供應商所提供的強制性公積金相關產品/服務；(c) 保險、金融或投資相關產品/服務、獎勵、忠誠度、聯合品牌及/或其他由我們指定的第三方合作夥伴提供與健康、醫療、娛樂、媒體相關的優惠計劃；

- (vii) to perform data matching and communicating with you and/or your relevant persons for such purposes;
進行資料核對，及因此用途與閣下及閣下的有關人士聯絡；
- (viii) to cooperate with law enforcement bodies for law enforcement purposes, to prevent any serious threat to public safety; for police investigation purposes; or to comply with requirements imposed by or agreed with government or regulatory bodies or imposed by law or for litigation;
協助執法團體執法，以防止任何嚴重威脅公眾安全的事宜；作警察進行調查用途；或遵守政府或監管機構施加或協議的規定；或訴訟；
- (ix) to enable industry associations, federations, government or regulatory bodies to carry out their functions and requirements that may be assigned to them from time to time as are reasonably required and in the interests of the insurance industry;
讓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；
- (x) to conduct research, research, surveys, data analytics and statistics, administration, communications, computer, security and other services (including medical services, mailing and IT services) in connection with the usual operations of the Company as a life insurance company; and
進行與本公司作為人壽保險公司的日常運營有關的研究、調查、數據分析和統計、行政、通訊、電腦、安全和其他服務（包括醫療服務、郵寄和資訊科技服務）；及
- (xi) for any other purpose directly relating to any of the above.
用於與上述任何一項直接相關的任何其他目的。

Who we may share your personal information with

我們可能與誰共享閣下的個人資料

We may for the purposes stated in this PICS disclose or transfer your or the relevant persons' personal information, within or outside of Hong Kong, to:

我們可能會就本個人資料收集聲明中所述的目的，在香港境內或境外披露或轉移閣下或有關人士的個人資料至：

- (i) our authorized agents, insurance intermediaries, third party providers or administrators including healthcare providers, in connection with the placement or handling of your insurance policy and any related claims and/or services;
就閣下的保單及任何相關索償及/或服務的安排或處理，獲我們授權的代理人、保險中介人、第三方供應商或管理人員，包括醫療保健供應商；
- (ii) reinsurers, claims investigators, loss adjudicators, fraud investigators, medical advisers, debt recovery agents, credit reference agencies, law enforcement bodies, fraud prevention agencies;
再保險公司；理賠調查公司；理賠調查員；欺詐調查員；醫療顧問、債務追收公司、信貸資料機構、執法機構、防止欺詐機構；
- (iii) any branch, subsidiary, holding company, associated company or affiliates of Chubb Life HK (“Group Companies”);
安達人壽香港（「集團公司」）的任何分行、附屬公司、控股公司、聯營公司或聯繫公司；
- (iv) our appointed third-party vendors, agents, contractors, advisers;
我們指定的第三方供應商、代理人、承包商、顧問；及
- (v) insurance industry associations and federations, government or judicial or regulatory bodies, or any person to whom we have a legal or regulatory obligation to make disclosure.
我們有法律或監管義務向其作出披露的保險行業協會和聯會，政府或司法或監管機構，或任何人士。

Your data access rights

閣下查閱資料的權利

You have the right to obtain access to and to request correction of your personal information held by Chubb Life HK or be given reasons for any refusal of access or correction. We may charge you a reasonable fee to process your data access request.

閣下有權查閱和要求更正安達人壽香港持有閣下的任何個人資料，或獲得拒絕查閱或更正的理由。我們可能會向閣下收取合理的費用，以處理閣下的資料查閱要求。

For more details of the Company's policies on personal data and privacy protection, please read the Chubb Life HK's Privacy Policy available at <https://www.chubb.com/hk-en/footer/chubb-life-privacy-policy.html>. Any questions regarding personal data, access to or correction of personal data should be made in writing and submitted to: Data Protection Officer of Chubb Life Insurance Hong Kong Limited at 35/F, Chubb Tower, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong.

有關本公司個人資料及私隱保障政策的詳情，請參閱安達人壽香港的私隱政策，網址為<https://www.chubb.com/hk-en/footer/chubb-life-privacy-policy.html>。有關個人資料、查閱或更正個人資料的任何問題，請以書面形式向安達人壽保險香港有限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。

In case of discrepancies between the English and Chinese version, the English version shall apply and prevail.

如中英文本有任何歧義之處，概以英文本為準。

Use of Personal Information for Direct Marketing Purposes Statement 使用個人資料於直接營銷用途之聲明

Chubb Life HK intends to use or transfer your and the relevant persons' name, contact information, and policy details ("Relevant Data") for direct marketing of insurance related product and services of our and our Group Companies, mandatory provident fund-related products/ services sponsored by the third-party scheme providers connected with us, and/or insurance, financial or investment related products/ services, rewards, loyalty, co-branding and/or other privileges programs related to health, wellness, medical, entertainment, media, offered by third party partners appointed by us. In doing so, we may transfer your Relevant Data to our Group Companies and/or our appointed partners, for the purposes of them providing you with promotional communications and materials in relation to their products and/or services. However, we cannot use your Relevant Data without your consent. Please sign at the end of this statement to indicate your consent to such use. Should you find such use of your Relevant Data not acceptable, please indicate your objection by selecting the opt-out box below.

安達人壽香港擬使用或轉移閣下及有關人士的姓名、聯絡資料及保單詳情（「有關資料」），以直接促銷我們及我們集團公司的保險相關產品及服務、強制性公積金相關產品 / 由我們相關的第三方計劃提供者贊助的服務，及/或保險、金融或投資相關產品/服務、獎勵、忠誠度、聯合品牌及/或其他由我們指定的第三方合作夥伴提供與健康、醫療、娛樂、媒體相關的優惠計劃。就此，我們可能會將閣下的有關資料轉移給我們的集團公司及/或我們指定的合作夥伴，以便他們向閣下提供與其產品及/或服務相關的推廣資料及刊物。但是，未經閣下的同意，我們不能使用閣下的有關資料。請在本聲明末尾簽名，表示閣下同意該使用。如果閣下不接受對閣下的有關資料的該使用，請剔選以下退出空格。

- I do not want Chubb Life HK or the Group Companies to use my Relevant Data for direct marketing purposes.
我不希望安達人壽香港或集團公司將我的有關資料用於直接營銷目的。
- I do not want Chubb Life HK to share my Relevant Data with third party scheme providers for their marketing purposes.
我不希望安達人壽香港與第三方計劃提供者分享我的有關資料以用於他們的營銷目的。
- I do not want Chubb Life HK to share my Relevant Data with third party product/service providers for direct marketing purposes.
我不希望安達人壽香港與第三方產品/服務提供者分享我的有關資料以用於直接營銷目的。

If you have consented to direct marketing but later decide that you no longer wish to receive direct marketing, you may exercise the right to opt-out at any time by writing to: The Data Protection Officer of Life Administration of Chubb Life Insurance Hong Kong Limited at 35/F, Chubb Tower, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong.

如果閣下已同意直接營銷，但其後決定不再希望接受直接營銷，閣下可以隨時行使選擇退出的權利，並以書面形式向安達人壽保險香港有限公司壽險行政部的資料保護主任提出，並送交至香港銅鑼灣告士打道三一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)

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