

# 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 request for change of Insured by completing and submitting this Form to us on or after the first (1st) Policy Anniversary and while the Policy is still in force, except for Chubb Life Yearly Income Plan that change of Insured may only be requested for on or after the tenth (10th) 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) 個保單週年日或以後及當保單仍然生效時，保單持有人 (“您”) 可填妥此表格並遞交予我們，以申請更改受保人。唯安達百歲年年儲蓄計劃只可在第十 (10) 個保單週年日或以後，方可提出申請以更改受保人。
- (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) 您與準新受保人/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。

**Part I Personal Particular 第一部份 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		

**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。

## Part II Personal Information Collection Statement 第二部份 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。

**PART III Use of Personal Information for Direct Marketing Purposes Statement 第三部份 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. 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.<sup>SM</sup>**