

Request For Change in Policy Form for Chubb MyLegacy Insurance Plan III 安達傳承守創儲蓄保障計劃III-保單更改申請書

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

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
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- Please choose the below item(s) for the change of policy option(s) 請選擇下列項目作更改保單的申請
- Request for Cash Withdrawal, please complete PART I. 申請現金提取，請填寫第一部份。
 - Application of Split Policy, please complete PART II. 申請分拆保單，請填寫第二部份。
 - Request for Standby Regular Withdrawal Instruction, please complete PART III. 申請備用定期提取指示，請填寫第三部份。
 - Request for Designation of Successor Owner, please complete PART IV. 申請指定繼任持有人，請填寫第四部份。
 - Application of Life Insurance Proceeds Settlement Option, please complete PART V. 申請人壽保險金支付選擇，請填寫第五部份。

PART I: Request for Cash Withdrawal 第一部份: 申請現金提取

**CASH WITHDRAWAL
 現金提取**

- Annual Cash Withdrawal Amount (USD) 每年現金提取金額 (美元)

The increment in withdrawal % per year 提取金額的每年增幅百分比 (%)

Effective Date (mm/yyyy) 生效日期 (月/年) _____ until 直至 _____ (mm/yyyy) (月/年)

Choose one option only 只可揀選一個選擇：

- (A) Transfer to a designated policy 轉至指定保單
 (available on or after the 3rd Policy Anniversary 只適用於由第3個保單週年日或以後)
 Withdrawal amount to pay annual premium of a designated policy with policy number: _____ under
 the same Policyowner ("Designated Policy").
 提取金額以支付相同保單持有人所指定保單的年繳保費，其保單編號為 _____
 (「指定保單」)。
- (B) Interest accumulation 累積利息
 (available on or after the 10th Policy Anniversary 只適用於第10個保單週年日或以後)
- (C) One-off Cash Withdrawal Amount (USD) 一次性現金提取金額(美元)
 (available on or after the 3rd Policy Anniversary 只適用於由第3個保單週年日或以後)

Notes 備註：

- After Cash Withdrawals, notional value of accumulated Reversionary Bonus credited to your Policy will be proportionally reduced to reflect the withdrawals. Correspondingly, the notional value of Terminal Bonus will also be reduced.
現金提取後，已派發至您的保單之累積增保紅利參考價值會按比例減少以反映該提取。此外，終期紅利的參考價值亦會相應地減少。
- Minimum Withdrawal Amount - USD150 per month/ USD1,800 per year.
最低提取金額每月150美元/每年1,800美元。
- Maximum Withdrawal Amount - 90% of Cash Value in the Policy.
最高提取金額 - 現金價值的90%。
- The minimum and maximum requirements are determined by us and subject to change at our sole discretion.
最低及最高金額由本公司釐定，並由本公司全權決定其更改。
- Annual Cash withdrawal for "Transfer to Policy" is only allowed for annual premium payment mode for the Designated Policy.
每年現金提取轉至保單，只接受年繳保費模式的指定保單。
- Annual Cash withdrawal for "Transfer to Policy" is only applicable for premium payment.
每年現金提取轉至保單，只適用於支付保費。
- Annual Cash Withdrawal Instruction for transferring to a designated policy will be terminated when the cash value of accumulated Reversionary Bonus and Terminal Bonus is insufficient to pay for the premium of the Designated Policy.
當累積增保紅利及終期紅利的現金價值不足以支付指定保單的保費時，每年現金提取轉至指定保單的指示將會終止。
- All Cash Withdrawal will be payable in the policy currency, or its Hong Kong Dollar equivalent, by the payment method determined by us. The currency exchange rate is determined by us and subject to change from time to time.
提取現金將根據保單之貨幣或等值港幣，以我們指定之付款方式支付。我們將釐定及不時調整貨幣兌換率。
- If no end date has been specified for the withdrawal, it would be lasted until the cash value of accumulated Reversionary Bonus and Terminal Bonus is insufficient to pay for the premium of the Designated Policy.
如沒有指定現金提取的完結日期，現金提取將直至累積增保紅利及終期紅利的現金價值不足以支付指定保單的保費時終止。

PART II: Application for Split Policy 第二部份: 申請分拆保單

Important Note: The effective date of Split Policy must be on or after the designated Policy Anniversary according to your premium payment term.

重要事項: 分拆保單之生效日期須在根據你的保費繳付年期而定的指定保單週年日或之後。

I, the Policyowner, would like to apply for Split Policy to the above Policy as specified below.

本人(保單持有人)現就上述保單根據下列指定申請分拆保單。

The year of Policy Split 分拆保單的年份: The 第 _____ Policy Anniversary 保單週年日

Personal Details 個人資料	Proposed Insured 1 準受保人1	Proposed Insured 2 準受保人2	Proposed Insured 3 準受保人3
Proportion of Surrender Value for each Proposed Insured 各準受保人獲取退保價值之比例			
Relationship with Policyowner 與保單持有人關係			
Surname in English 姓氏(英文)			
Other name in English 名字(英文)			
Name in Chinese 姓名(中文)			
ID card No./Passport No. 身份證號碼/護照號碼			

PART IV: Request for Designation of Successor Owner 第四部份: 申請指定繼任持有人**Important Notes:**

- Please submit copy(ies) of valid identity document(s) of the Successor Owner for us to process your request.
請遞交繼任持有人的有效身份證明文件副本以便我們處理您的申請。
- Please read the below Remarks for PART IV and provide the signatures of both Policyowner and the Successor Owner, and the agent/intermediary for the request for Designation of Successor Owner (PART IV).
申請指定繼任人(第四部份), 請細閱下列部份備註並由保單持有人、繼任持有人以及保險代理/中介人簽署。

I. Personal Particulars of Successor Owner 繼任持有人的個人資料

Full name in English ^c 英文姓名 ^c		Full name in Chinese ^c 中文姓名 ^c	Sex 性別
Date of birth ^c (dd/mm/yyyy) 出生日期 ^c (日/月/年)		Place of Birth ^{B&C} 出生地 ^{B&C}	
Nationality ^A 國籍 ^A	Citizenship ^A 公民身份 ^A		Residency ^A 居住籍 ^A
No. of ID/Passport/Business Registration ^c 身份證/護照號碼/商業登記證號碼 ^c		Relationship to Insured 與受保人之關係	
Email address (apply eAdvice service automatically) 電郵地址 (自動申請電子通知書服務)			

Residential Address^c 住宅地址^c			Mailing Address^c 郵遞地址^c	
Room/Flat 室	Floor 樓	Block 座	<input type="checkbox"/> Same as residential address 與住宅地址相同 <input type="checkbox"/> Please update as follows 請使用以下地址	
Building/Estate 大廈/屋苑				
No. and Name of Street/Road 街道及號數				
District 地區	<input type="checkbox"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界			
Province/ Country 省/國家		Postal Code 郵遞編號		
Country & Area Code 國家及地區號碼			Phone No. 電話號碼	
Mobile 手提電話號碼 ^B	(_____)	_____		
Office 工作電話號碼 ^B	(_____)	_____		
Home 住宅電話號碼 ^B	(_____)	_____		

II. Occupation Details 職業資料

Name of Employer 僱主名稱	Industry/Nature of Business 行業/公司業務性質
Present occupation 職業	Exact Duties 職務
Workplace Address 工作地址	

III. Tax Residency (please select your tax residency(ies) (can select more than one)**稅務居民 (請選擇您的稅務居民身份 (可選擇多項))** Hong Kong^c 香港^c US^{A&B} 美國^{A&B} Others^c 其他^c

IV. Successor Owner as PEP 繼任持有人為政治人物Are you a politically exposed person (PEP)^d? 您是否政治人物 (PEP)^d ? Yes 是 No 否

V. Successor Owner as Entity 繼任持有人為實體

Are you a passive non-financial entity (Passive NFE)? (This question is only applicable to the Successor Owner which is an entity)

繼任持有人是否被動非財務實體? (只適用於繼任持有人是一個實體)

 Yes 是 No 否

If the answer above is “Yes”, please complete a “Self-Certification Form - Controlling Person”(NB365) by controlling person(s) of the entity.

如上述答案為「是」,請由實體的控權人填寫「自我證明表格 - 控權人」(NB365)。

Details of “Passive NFE” and other relevant details can be found within the Inland Revenue Ordinance (Cap. 112 of the Laws of Hong Kong) (“IRO”) or the website of Inland Revenue Department of Hong Kong.

關於被動非財務實體的詳情及其他相關資料,請參閱《稅務條例》(香港法律第112章)(「稅務條例」)或香港稅務局網頁。

VI. Successor Owner Act on Behalf 繼任持有人代人名義行事

Are you acting solely on your own behalf in this policy which, in other words, not acting on behalf of another person, without limitation, as trustee, nominee or agent?

您是否完全僅代表您自己的名義行事而申請此保單,即是說,您不是以作為託管人、代名人或代理人身份代表其他人行事?

 Yes 是 No 否 (Please state in what capacity 請說明以何身份: _____)

If the Successor Owner is an entity, please complete a “Self-Certification Form - Controlling Person”(NB365) by controlling person(s) of the entity.

如繼任持有人是一個實體,請由實體的控權人填寫「自我證明表格 - 控權人」(NB365)。

VII. Source(s) of Funds for Insurance Premiums 保險保費的資金來源 Salary and benefits from full-time work
全職工作的薪金及收益 Income from other part-time work
其他兼職的收入 Income from Investments
投資的收入 Accumulative savings
累積的儲蓄 Others (Please specify:) _____
其他(請註明:)

VIII. Self-certification for Tax Residency 稅務居民身份自我證明

If answer(s) for tax residency is/are “Hong Kong” and/or “Others” in Section III, please complete the following table indicating (i) the country/jurisdiction of residence (including Hong Kong) where the Successor Owner is a tax resident and (ii) Successor Owner’s Taxpayer Identification Number (“TIN”) for each country/jurisdiction indicated. If the Successor Owner is a tax resident in more than three countries/jurisdictions, please use separate Self Certification Form to supplement. If Successor Owner is filling in this Section VI on behalf of someone else, Successor Owner is required to tell the Company in what capacity in which Successor Owner is acting on behalf of another person by completing Section VI above and/or the “Self-Certification Form - Controlling Person”(NB365) to furnish necessary information. To facilitate the completion of the table below, Successor Owner must read the Notes for Completion below carefully. Further details for the understanding of the said Notes and meaning of the terms can be found within the Inland Revenue Ordinance (Cap. 112 of the Laws of Hong Kong) (“IRO”) or the website of Inland Revenue Department of Hong Kong.

如果第III部份有關稅務居民的答案包括「香港」及/或「其他」,請回答下表並列出(i)繼任持有人為稅務居民的納稅居住國家/司法管轄區(包括香港)及(ii)繼任持有人於每個國家/司法管轄區的稅務編號。如果繼任持有人是三個以上國家/司法管轄區的稅務居民,請使用「自我證明表格」補充。如填寫第VI部份的繼任持有人是代表其他人行事,繼任持有人必須在第VI部份及/或於「自我證明表格 - 控權人」(NB365)提供所需資料以告訴本公司繼任持有人是以什麼身份行事。為方便完成下表,繼任持有人必須細閱下方的填寫須知。更多關於上述須知及術語意義的詳情可於《稅務條例》(香港法律第112章)(「稅務條例」)或香港稅務局網頁找到。

If the Successor Owner is a tax resident of Hong Kong, the TIN is the Hong Kong Identity Card Number (for individual) and the Hong Kong Business Registration Number (for entity).

If the Successor Owner is a tax resident of China, the TIN is the China Identity Card Number.

If the Successor Owner is a U.S. citizen, permanent resident (“Green Card” holder), or otherwise a U.S. tax resident, the TIN is the U.S. social security number.

如繼任持有人是香港稅務居民,稅務編號是其香港身份證號碼(就個人而言)及商業登記證號碼(就實體而言)。

如繼任持有人為中國稅務居民,稅務編號是其中國身份證號碼。

如繼任持有人為美國公民,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 V: Application for Life Insurance Proceeds Settlement Option 第五部份: 申請人壽保險金支付選擇

I, the Policyowner, would like to apply for the Life Insurance Proceeds Settlement Option to the above Policy. I agree that the Company should pay the Life Insurance Proceeds to the designated Beneficiary(ies) in the above Policy by way of one of the following options as indicated. 本人(保單持有人)現就上述保單申請人壽保險金支付選擇。本人同意貴公司按以下所指定之選擇發放人壽保險金予上述保單內指定之受益人。

Name of Beneficiary 受益人姓名		Name of Beneficiary 受益人姓名		Name of Beneficiary 受益人姓名	
ID card/Passport/ Business Registration No. 身份證/護照/商業登記證號碼		ID card/Passport/ Business Registration No. 身份證/護照/商業登記證號碼		ID card/Passport/ Business Registration No. 身份證/護照/商業登記證號碼	
Relationship with Insured 與受保人關係		Relationship with Insured 與受保人關係		Relationship with Insured 與受保人關係	
% of Life Insurance Proceeds 人壽保險金百分比		% of Life Insurance Proceeds 人壽保險金百分比		% of Life Insurance Proceeds 人壽保險金百分比	
Choose option I or II 只可揀選I 或II :		Choose option I or II 只可揀選I 或II :		Choose option I or II 只可揀選I 或II :	
<input type="checkbox"/> I. Life Insurance Proceeds will be paid to Beneficiary 將人壽保險金付予受益人		<input type="checkbox"/> I. Life Insurance Proceeds will be paid to Beneficiary 將人壽保險金付予受益人		<input type="checkbox"/> I. Life Insurance Proceeds will be paid to Beneficiary 將人壽保險金付予受益人	
By lump sum 一筆過形式	By installments 分期形式	By lump sum 一筆過形式	By installments 分期形式	By lump sum 一筆過形式	By installments 分期形式
_____ %	_____ %	_____ %	_____ %	_____ %	_____ %
Designated Date of the settlement	Designated Date of the settlement	Designated Date of the settlement	Designated Date of the settlement	Designated Date of the settlement	Designated Date of the settlement
(dd/mm/yyyy) 日/月/年	(dd/mm/yyyy) 日/月/年	(dd/mm/yyyy) 日/月/年	(dd/mm/yyyy) 日/月/年	(dd/mm/yyyy) 日/月/年	(dd/mm/yyyy) 日/月/年
Percentage total for lump sum and installments needs to be equal to 100%. 一筆過形式及分期形式的百分比總和須等於100%。 For receiving Life Insurance Proceeds by installments, please choose the below. 以分期形式支付人壽保險金, 請選擇下列選項。 Payment Mode 支付方式 <input type="checkbox"/> Annually 按年# <input type="checkbox"/> Monthly 按月## Payment Period (Year) 支付年期 (年) <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30 # Minimum Life Insurance Proceeds per Policy 每張保單的最低人壽保險金 USD美元120,000 ## Minimum Life Insurance Proceeds per Policy 每張保單的最低人壽保險金 10 payment years 10年支付年期 USD美元120,000 20 payment years 20年支付年期 USD美元240,000 30 payment years 30年支付年期 USD美元360,000		Percentage total for lump sum and installments needs to be equal to 100%. 一筆過形式及分期形式的百分比總和須等於100%。 For receiving Life Insurance Proceeds by installments, please choose the below. 以分期形式支付人壽保險金, 請選擇下列選項。 Payment Mode 支付方式 <input type="checkbox"/> Annually 按年# <input type="checkbox"/> Monthly 按月## Payment Period (Year) 支付年期 (年) <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30 # Minimum Life Insurance Proceeds per Policy 每張保單的最低人壽保險金 USD美元120,000 ## Minimum Life Insurance Proceeds per Policy 每張保單的最低人壽保險金 10 payment years 10年支付年期 USD美元120,000 20 payment years 20年支付年期 USD美元240,000 30 payment years 30年支付年期 USD美元360,000		Percentage total for lump sum and installments needs to be equal to 100%. 一筆過形式及分期形式的百分比總和須等於100%。 For receiving Life Insurance Proceeds by installments, please choose the below. 以分期形式支付人壽保險金, 請選擇下列選項。 Payment Mode 支付方式 <input type="checkbox"/> Annually 按年# <input type="checkbox"/> Monthly 按月## Payment Period (Year) 支付年期 (年) <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30 # Minimum Life Insurance Proceeds per Policy 每張保單的最低人壽保險金 USD美元120,000 ## Minimum Life Insurance Proceeds per Policy 每張保單的最低人壽保險金 10 payment years 10年支付年期 USD美元120,000 20 payment years 20年支付年期 USD美元240,000 30 payment years 30年支付年期 USD美元360,000	
<input type="checkbox"/> II. Policy Continuation 保單延續		<input type="checkbox"/> II. Policy Continuation 保單延續		<input type="checkbox"/> II. Policy Continuation 保單延續	

I, the Policyowner, declared that I have designated the above Charity(ies) as Beneficiary(ies). If one of the Beneficiaries has passed away when the Life Insurance Proceeds are payable, I request that the deceased Beneficiary's share in the Life Insurance Proceeds be divided proportionately among the surviving Beneficiary(ies), excluding the designated Charity(ies). The designated Charity(ies) shall only be entitled to the fixed proportion of the Life Insurance Proceeds as specified by me above. 本人聲明已指定上述之慈善組織為受益人。如在支付人壽保險金時其中一位受益人已身故, 本人要求已身故受益人之人壽保險金的份額會按比例分配予在生之受益人(指定慈善組織除外)。指定慈善組織僅有權獲得本人於上述指定的固定比例的人壽保險金。

Personal Information Collection Statement And Consent 個人資料收集聲明及授權

I/WE HEREBY ACKNOWLEDGE, DECLARE AND AGREE THAT, by signing this form, any personal information collected or held by Chubb Life Insurance Hong Kong Limited (the “Company”) is provided and may be used, processed, stored, disclosed, transferred by the Company to the transferees indicated in and in accordance with the Personal Information Collection Statement set out in my/our Application For Life Insurance, which may include without limitation, any branch, subsidiary, holding company, associated company or affiliates of the Company (the “Group Companies”), its authorized agents, reinsurers, claims investigators, loss adjudicators, medical advisors, recovery agents, insurance industry associations and federations, credit reference agencies, 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 and Mainland China. Moreover, the Company is hereby authorized to obtain access to and/or to verify any of my/our personal information 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 form which is a condition precedent for me/us to apply for the policy change request. Failure to supply the required information may result in the Company being unable to process the form. For more details of the Company’s policies on personal information and privacy protection, please read the Company’s Privacy Notice available at <https://www.chubb.com/hk-en/footer/chubb-life-privacy-policy.html>. Any questions regarding personal information, access to or correction of personal information should be made in writing and forwarded to The Data Protection Officer of Chubb Life Insurance Hong Kong Limited at 35/F, Chubb Tower, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong.

就簽署此申請書，本人/吾等確認、聲明及同意安達人壽保險香港有限公司（「貴公司」）可以使用、處理、儲存、披露、轉移任何貴公司所收集或持有任何本人/吾等的個人資料至在本人/吾等的人壽保險申請書中的個人資料收集聲明所訂明的資料轉移接收方，包括但不限於，貴公司的任何分行、附屬公司、控股公司、聯營公司或聯繫公司（「集團公司」）、其獲授權的代理人、再保險公司、理賠調查公司、理賠調查員、醫療顧問、索償代理、保險行業協會及聯會、信貸資料機構、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，不論在香港及中國大陸境內或境外。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/吾等收集之個人資料。本人/吾等有責任提供此申請書上所需資料，以作為申請保單更改要求之先決條件。如未能提供所需的資料，可能會導致貴公司無法處理本申請書。有關安達人壽保險香港有限公司個人資料及私隱保障政策的詳情，請參閱安達人壽保險香港有限公司的私隱政策，網址為<https://www.chubb.com/hk-zh/footer/chubb-life-privacy-policy.html>。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。

IMPORTANT NOTICE

重要提示

1. In compliance with the legal and regulatory requirements with respect to the prevention of money laundering and terrorist financing, Chubb Life Insurance Hong Kong Company Limited (the “Company”) requires reviewing the customer identity information of the Policyowner, Successor Owner and/or Beneficial Owner (“you”) to ensure they are up-to-date and relevant. For any change of customer identity information provided previously, you are required to provide i) the up-to-dated identity information by completing the relevant request form for policy change; and ii) the relevant identification documents proof for the purpose of identification, verification and record keeping.

根據相關法律及監管機構就防止洗錢及恐怖分子資金籌集活動的規定，安達人壽保險香港有限公司（「本公司」）必須不時覆核保單持有人、繼任持有人及/或實益擁有人（「您」）以確保其身份資料反映最新現況及仍屬相關的。如任何身份資料與之前提供的資料有所不同，您必須提供i)相關的更改保單事項通知書以更新最新的身份資料；及 ii) 有關的身份證明文件以作識別、驗證及存檔之用。

2. In compliance with the legal and regulatory requirements with respect to U.S. Foreign Account Tax Compliance Act (FATCA) and Automatic Exchange of Financial Account Information (AEOI), the Company requires you to provide certain information (including but not limited to place of birth, address, telephone number, citizenship, residency and Taxpayer Identification Number (TIN) etc) by completing the relevant request form for policy change of the Company and other relevant form where it is applicable if you have any change on the tax residence.

根據相關法律及監管機構就美國海外賬戶稅收合規法案及自動交換財務帳戶資料，如您更改稅務居民身份，本公司會要求您填寫相關的更改保單事項通知書以提供相關資料（包括但不限於出生地、住址、電話號碼、公民身份、居籍及稅務編號等等）及其他適用的相關表格。

COLLECTION OF LEVY BY THE INSURANCE AUTHORITY

保險業監管局收取的保費徵費

Pursuant to the Insurance (Levy) Regulation, with effect from 1 January 2018, the Policyowner 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 Policyowner a pecuniary penalty if such Policyowner fails to pay the prescribed levy.

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。

REMARKS FOR PART IV

第四部份的備註

- ^A If you confirm that you are an US citizen or a resident in the US for tax purpose or your citizenship, residency or nationality is US, please provide a signed Form W-9 “Request for Taxpayer Identification Number and Certification” (“Form W-9”).
如您確認為美國公民，或是有美國繳稅義務之美國居民；或確認您的公民身份、居籍或國籍為美國，請提交已簽署的W-9表格。
- ^B If you confirm that your place of birth, address or telephone number is in US, please provide (1) a signed Form W-8BEN “Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)”; (2) a valid government issued identification document evidencing the non-US citizenship; and (3) a copy of Certificate of Loss of Nationality of the United States or a valid government issued certificate of residence evidencing non-US residency.
如您確認您的出生地為美國，或擁有美國地址或電話號碼，請提交（1）已簽署的W-8BEN表格；（2）由政府發出的有效身份證明文件以茲證明您非美國公民；及（3）放棄美國國籍證明書之副本或由政府發出的有效居住證明文件副本以茲證明您的居籍非為美國。
- ^C This information provided (if any) shall form part of Section VIII “Self-certification for Tax Residency”. You are required to complete “Self-certification for Tax Residency” if answer(s) in Section III for tax residency is/are “Hong Kong” and/or “Others”.
這些資料會構成第VIII部份—「稅務居民身份自我證明」的一部份。如果第III部份有關稅務居民的答案包括「香港」及/或「其他」，您必須完成「稅務居民身份自我證明」。
- ^D PEP includes:
政治人物被界定為：
(a) an individual who is or has been entrusted with a prominent function by an international organization:
在國際組織擔任或曾擔任重要職位的個人：
(i) includes members of senior management, i.e. directors, deputy directors and members of the board or equivalent functions; 並包括高級管理層成員，即董事、副董事及董事會成員或同等職能；
(ii) but does not include a middle-ranking or more junior official of the international organization; 但不包括國際組織的中級或更低級人；
(b) a spouse, a partner, a child or a parent of an individual falling within paragraph (a) above, or a spouse or a partner of a child of such an individual; or
上文（a）段所指的個人的配偶、伴侶、子女或父母，或該名個人的子女的配偶或伴侶；或
(c) a close associate of an individual falling within paragraph (a) above.
與上文（a）段所指的個人關係密切的人。
- ^E Beneficial Owner refers to a person who ultimately owns or controls, directly or indirectly, a policyowner on whose behalf a transaction is being conducted. It also includes those persons who exercise ultimate effective control over a legal person or arrangement.
實益擁有人指保單持有人的擁有人/控權人，即最終擁有或控制一名保單持有人的個人或代其進行交易的人。此外，這詞也包括對某名法人或某項安排行使最終有效控制權的人士。

NOTES FOR COMPLETING PART IV

填寫第四部份的須知

The Inland Revenue Ordinance (Cap. 112 of the Laws of Hong Kong) (“IRO”) requires and authorizes the Company to collect and/or report certain information about the policyowner’s tax residence and the policy information for the purpose of automatic exchange of financial account information. Section III, V and VIII are intended to request and collect information consistent with the law requirements in Hong Kong. **As a financial institution, the Company is not allowed to give tax advice.** If policyowner has any questions on policyowner’s tax residence status and/or in answering Section III, V and VIII, please seek advice from independent tax adviser.

《稅務條例》（香港法律第112章）要求及授權本公司為自動交換財務帳戶資料，可收集及/或報告若干關於保單持有人納稅居住地的資料及保單資料。第III、V及VIII部份旨在要求及收集與香港法例要求一致的資料。**作為一間財務機構，本公司不得提供稅務意見。**如保單持有人對保單持有人的納稅居住地狀況及/或回答第III、V及VIII部份有任何問題，請向獨立稅務顧問徵詢意見。

Each jurisdiction has its own rules for defining tax residence, and jurisdictions have provided information on how to determine if policyowner is a tax resident in the jurisdiction. In general, policyowner will find that tax residence is the country/jurisdiction in which policyowner resides. Special circumstances may cause policyowner to be a tax resident elsewhere or a tax resident in more than one country/jurisdiction at the same time. For more information on tax residence, please consult a tax adviser or find the information at the Automatic Exchange of Information (“AEOI”) portal of the Organisation for Economic Cooperation and Development (“OECD”). Policyowner’s domestic tax authority may provide guidance regarding how to determine the tax status.

每個司法管轄區均按其本身的規則釐定納稅居住地的定義，及司法管轄區已提供了關於如何決定保單持有人是否該司法管轄區的稅務居民的資料。一般而言，保單持有人會發現納稅居住地為保單持有人居住的國家/司法管轄區。若干特別情況可能會導致保單持有人成為其他地方的稅務居民，或同時成為超過一個國家/司法管轄區的稅務居民。有關納稅居住地的更多資訊，請諮詢稅務顧問或尋找經濟合作暨發展組織資訊自動交換網站的資料。保單持有人的本地稅務機關或能提供指引如何決定稅務狀況。

If policyowner’s tax residence is located outside Hong Kong, the Company may be legally obliged to pass on the information in this form and other required information with respect to the policyowner’s Policy to the Inland Revenue Department of Hong Kong (“IRD”) and they may exchange this information with tax authorities of another jurisdiction or jurisdictions in which the policyowner may be tax resident pursuant to intergovernmental agreements to exchange relevant account/policy information.

如果保單持有人的納稅居住地是於香港以外，本公司在法律上可能有責任把此表格內的資料或其他關於保單持有人的保單要求的資料轉交於香港稅務局，及他們可能根據政府之間交換相關戶口/保單資料的協定與其他可能為保單持有人所屬稅務居民的司法管轄區交換資料。

Kindly note that the information so provided under Section III, V and VIII serve as policyowner’s self-certification and will remain valid unless there is a change in circumstances relating to information, such as policyowner’s tax residence status or other mandatory field information, that makes the information incorrect or incomplete. In that case, policyowner must notify the Company and provide an updated self-certification. 請注意於第III、V及VIII部份提供的資料視為保單持有人的自我證明並將一直有效，直至出現資料（如保單持有人稅務居住狀況或其他必須填寫的欄目資料）變動而導致資料失實或不完整。在這種情況下，保單持有人必須通知本公司及提供最新的自我證明。

If there is any discrepancy or contradictory information are found during application/ due diligence process of the Company, the Company may clarify with policyowner and policyowner may be requested to provide an updated self-certification or provide explanation on the discrepancy if necessary. Failing to provide an updated self-certification or explanation to the Company, the Company may be required by law to provide the information in this Form and the other required information to the IRD.

於申請或本公司盡職審查時，如發現有差異或矛盾的資料，本公司可能會與保單持有人澄清，當有需要時，保單持有人或被要求提供最新的自我證明或提供差異的解釋。未能提供最新的自我證明或解釋，本公司可因應法例要求下提供本表格中的資料及其他所需資料予香港稅務局。

FATCA Declaration and Authorization

海外帳戶稅收合規法案聲明

By signing this form, I/We, the policyowner(s), declare that I/We understand and agree that:

就簽署此申請書，本人/吾等作為保單持有人，現聲明本人/吾等明白和同意：

- (1) Chubb Life Insurance Hong Kong Limited (the “Company”) is obliged to comply with the laws, regulations or orders (the “Requirements”) of local and/or foreign regulatory, tax, legislative, or judicial authorities, including but not limited to, the Inland Revenue Department of Hong Kong and the Internal Revenue Service of the United States of America (the “Authorities” and each an “Authority”) as promulgated and amended from time to time;

安達人壽保險香港有限公司（「貴公司」）有責任遵從本地及/或外國的監管，稅務，立法或司法機構，包括但不限於香港稅務局及美國稅務局（以下簡稱「官方機構」）所頒布及不時修訂的法例，條例或指令（「規定」）；

- (2) From time to time during the term of the Policy, the Company will:

在本保單期間，貴公司將不時：

(i) request the Policyowner, the Beneficiary, the Successor Owner and/or the Beneficial Owner of the Policy to provide his/her personal data, information and supporting documents and to complete additional forms; and

要求保單持有人、受益人、繼任持有人及/或實益擁有人提供其個人資料，保單資料及其他證明文件並填寫額外的表格；及

(ii) to comply with the Requirements, report and/or disclose to the applicable Authorities information regarding the Policyowner, the Beneficiary, the Successor Owner and/or the Beneficial Owner of the Policy, Policy information and/or additional information (collectively the “Information”) including, but not limited to, the Internal Revenue Service of the United States and the Inland Revenue Department of Hong Kong.

向有關官方機構，包括但不限於美國稅務局及香港稅務局，報告及/或披露保單持有人、受益人、繼任持有人及/或實益擁有人資料，保單資料及/或其他額外資料（統稱「資料」）以遵從規定。

- (3) I/We will immediately update the Company if any change of the Information and complete additional forms and provide additional information and documents at the Company request in support of the change;

若本人/吾的資料出現任何變動，本人/吾會立即通知貴公司，並且按照貴公司之要求填寫額外的表格，及提供額外資料和文件，以證明該項變更；

- (4) Where there is a change in the Policyowner, the Beneficiary, the Successor Owner and/or the Beneficial Owner of the Policy, I/We will immediately provide to the Company the information and supporting documentation for the new Policyowner, Beneficiary, Successor Owner and/or Beneficial Owner;

若保單持有人、受益人、繼任持有人及/或實益擁有人發生改變，本人/吾會立即向貴公司提供新的保單持有人、受益人、繼任持有人及/或實益擁有人之資料及其相關文件；

- (5) I/We consent to the Company’s deducting and withholding the tax as required to withhold under the Requirements from payments made to or from the Policy account and remitting this to the Internal Revenue Service of the United States of America (“IRS”) to comply with the Requirements; and

本人/吾同意貴公司可就向本保單帳戶支付或收取的款項中扣除並預扣貴公司根據規定下必須預扣的美國稅項（預扣稅），並將該預扣稅上繳美國稅務局以履行規定；及

- (6) Where I/We have an obligation under the Policy with respect to information relating to the Beneficiary, Successor Owner and/or Beneficial Owner, I/We will use my best endeavours to procure that they will comply with that obligation with regard to their information including providing to the Company directly that information and supporting documentation and giving the Company their consent to the disclosure and transfer of that information and supporting documentation to the Authorities and deducting and withholding the tax as required to withhold under the Requirements and remitting this to the IRS. I/We further agree that the Company may contact the Beneficiary, Successor Owner and/or Beneficial Owner directly for these purposes.

本人/吾在本保單下對受益人、繼任持有人及/或實益擁有人之資料須負有義務時，本人/吾將盡最大努力使他們就其資料遵守相同的義務，包括直接向貴公司提供其資料和相關文件，並向貴公司給予他們的同意，以向官方機構披露及轉移他們的資料，以及按規定扣除和持有其預扣稅並上繳美國稅務局。本人/吾亦同意貴公司可為此直接聯絡受益人、繼任持有人及/或實益擁有人。

CRS Declaration

共同匯報標準聲明

By signing this Form, I/We, the policyowner(s) undersigned declare that I/We understand and agree that:

本人/吾等作為保單持有人，現聲明本人/吾等明白和同意：

- (1) Chubb Life Insurance Hong Kong Limited (the “Company”) is obliged to comply with the laws, regulations or orders (the “Requirements”) of local regulatory, tax, legislative authorities, including but not limited to the Inland Revenue Department of Hong Kong (the “Authorities”) and each an “Authority”) as promulgated and amended from time to time;

安達人壽保險香港有限公司（「貴公司」）有責任遵從本地的監管、稅務、立法或司法機構，包括但不限於香港稅務局（以下簡稱「官方機構」）所頒布及不時修訂的法例、條例或指令（「規定」）；

- (2) I/We have read and understood the Notes for Completion;

本人/吾等已詳閱及了解填寫須知；

- (3) I/We acknowledge that from time to time during the term of the Policy, the Company will: (i) request the Policyowner(s), the Beneficiary, the Successor Owner and/or the Beneficial Owner of the Policy to provide his/her personal data, information and supporting documents and to complete additional forms; and (ii) to comply with the Requirements, report and/or disclose to the Inland Revenue Department of Hong Kong (“IRD”) information regarding the Policyowner(s), the Beneficiary, the Successor Owner and/or the Beneficial Owner of the Policy, Policy information and/or additional information (collectively the “Information”);

本人/吾等明白和同意在本保單期間不時：（i）要求保單持有人、受益人、繼任持有人及/或實益擁有人提供其個人資料，保單資料及其他證明文件並填寫額外的表格；及（ii）向香港稅務局報告及/或披露保單持有人、受益人、繼任持有人及/或實益擁有人之資料，保單資料及/或其他額外資料（統稱「資料」）以遵從規定；

- (4) I/We will immediately update the Company of any change in circumstances which affect my/our tax residence status as certified in “Self-Certification for Tax Residency” in this Form or cause the information contained herein to become incorrect or incomplete, complete and provide additional information and documents including a suitably updated self-certification within 30 days of such change in circumstances in support of the change;

若發生任何影響本人/吾等於本申請表「稅務居民身份自我證明」所證明本人/吾等之稅務居民狀況或造成本表格所含資料不準確或不完整的改變，本人/吾等會於此改變後的三十天內立即通知貴公司，完成及提供額外資料和文件，包括適當而更新的自我證明以證實此改變；

- (5) Where there is a change in the Policyowner(s), the Beneficiary, the Successor Owner and/or the Beneficial Owner of the Policy during the term of the Policy, I/We will immediately provide to the Company the information and supporting documentation for the new Policyowner(s), Beneficiary, Successor Owner and/or Beneficial Owner;
若在保單生效期間，保單的保單持有人、受益人、繼任持有人及/或實益擁有人發生改變，本人/吾等會立即向貴公司提供新的保單持有人、受益人、繼任持有人及/或實益擁有人之資料及其相關文件；
- (6) Where I/We have an obligation under the Policy with respect to information relating to the Beneficiary, Successor Owner and/or Beneficial Owner, I/We will use my/our best endeavours to procure that they will comply with that obligation with regard to their information including providing to the Company directly that information and supporting documentation and giving the Company their consent to the disclosure and transfer of that information and supporting documentation to IRD. I/We further agree that the Company may contact the Beneficiary, Successor Owner and/or Beneficial Owner directly for these purposes;
本人/吾等在本保單下對受益人、繼任持有人及/或實益擁有人的資料須負有義務時，本人/吾等將盡最大努力使他們就其資料遵守相同的義務，包括直接向貴公司提供其資料和相關文件，並向貴公司給予他們的同意，以向香港稅務局披露及轉移他們的資料，本人/吾等亦同意貴公司可為此直接聯絡受益人、繼任持有人及/或實益擁有人；
- (7) I/We acknowledge that the information furnished and contained in this form regarding the identification, jurisdictions of residence and tax identification number of me/us and any reportable Policy may be provided to IRD for exchange to the tax authorities of another country/ jurisdiction or countries/ jurisdictions in which I/we may be tax resident pursuant to intergovernmental agreements to exchange financial account information;
本人/吾等確認，本表格提供及包含關於本人/吾等識別、納稅居住地及稅務編號的資料和須申報保單，可能會根據交換財務帳戶資訊的政府間協議，傳送給香港稅務局及與另一個國家/司法管轄區的稅務機關或本人/吾等可能為稅務居民的國家/司法管轄區交換；
- (8) I/We declare that all statements made in this declaration are, to the best of my knowledge and belief, true, correct and complete.
本人/吾等聲明，據本人/吾等所知所信，本聲明內的所有陳述真實、準確及完整。

Consent to disclose information to third party 同意向第三方披露資料

I/WE, the policyowner(s) further understand and consent that:
本人/吾等作為保單持有人，現聲明本人/吾明白及同意：

- (1) Any Information, Policy information and governmental/official documents and forms received from me/us containing my/our personal data collected under the Policy by the Company are 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") and/or to any of the tax authorities for the compliance of the Requirements;
貴公司使用、處理、儲存、披露、轉移貴公司向本人/吾等收取之任何資料、保單資料及任何包含本人/吾等的個人資料的政府/官方文件及表格予貴公司隸屬同一集團之其他公司（「集團公司」）及/或任何稅務機構以遵從規定；
- (2) I/We am/are obliged to supply update, accurate and complete information and documentation as required under this declaration and this is a condition precedent for me/us to apply the Policy/request for change thereof.
根據此聲明的要求下，本人/吾等有責任提供最新、準確及完整的資料及文件，以作為該保單申請/更改要求之先決條件。

WARNING: It is an offence under section 80 (2E) of the Inland Revenue Ordinance if any person, in making a self-certification, makes a statement that is misleading, false or incorrect in a material particular AND knows, or is reckless as to whether, the statement is misleading, false or incorrect in a material particular. A person who commits the offence is liable on conviction to a fine at level 3 (i.e. \$10,000).

警告：根據《稅務條例》第80(2E)條，如任何人在作出自我證明時，在明知一項陳述在要項上屬具誤導性、虛假或不正確，或罔顧一項陳述是否在要項上屬具誤導性、虛假或不正確下，作出該項陳述，即屬犯罪。一經定罪，可處第3級（即\$10,000）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 under the requirements of the Personal Data (Privacy) Ordinance (Chapter 486), Laws of the Hong Kong Special Administrative Region and if applicable, the Personal Information Protection Law of the People's Republic of China.
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特別行政區法律《個人資料（私隱）條例》（第486章）下的保障資料原則及中華人民共和國《個人信息保護法》。

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 and only to the extent necessary to provide the Services, collect your personal information including any sensitive personal information (with examples of such sensitive information as **bolded and underlined below**) 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:- your personal identification information (e.g., your name, **identity document number**, nationality, citizenship, sex, date of birth, place of birth, **marital status**, residential address), contact information (e.g., residential phone number, workplace phone number, mobile phone number, mailing address, e-mail address), work and financial information (e.g., employer's name, industry/nature of business, workplace address, present occupation, exact duties, **income, credit information, financial details, bank account information, tax information**), policy information, claims history **biometric data, medical and health records, religion, specific social status, tracking/location information and, if applicable, data of minors (collectively the "personal information")**).

在我們為閣下提供保單和相關服務（「服務」）的過程中，我們可能會不時且僅在需要提供服務的範圍內收集閣下的個人資料，當中包括任何敏感個人資料（以如下**加粗並劃線**所列敏感個人資料為例），用於本個人資料收集聲明（「個人資料收集聲明」）中列出的目的。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，包括但不限於閣下完成填寫或提交申請表、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：閣下的個人身份資料（例如，閣下的姓名、**身份證件號碼**、國籍、公民身分、性別、出生日期、出生地點、**婚姻狀況**、居住地址）、聯絡資料（例如，住宅電話號碼、工作單位電話號碼、手機號碼、郵寄地址、電子郵件地址）、工作及財務資料（例如，僱主名稱、行業/業務性質、工作場所地址、目前職業、實質職責、**收入、信用資料、財務詳細資料、銀行帳戶資料、稅務資料**）、保單資料、索償歷史、**生物識別資料、醫療和健康紀錄、宗教、特定社會地位、追蹤/位置資料以及14歲以下未成年人的資料（如適用）**（統稱為「個人資料」）。

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 and any other individuals whom you have provided personal information of (“**relevant persons**”), you confirm you have obtained that relevant persons’ consent and have authority 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、閣下的獲授權代表以及閣下為其提供個人資料的任何其他人士（「**有關人士**」），閣下確認已獲得該有關人士的同意並有權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 this application, you shall provide us with the required information of the form. If you do not provide us with the required information, this may result in us not being able to process your application, process claims or provide you with the Services.

作為閣下此申請的先決條件，閣下需要向我們提供申請書所需的資料。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 and otherwise, share your and the relevant persons’ personal information for any purpose related to the Services, and to communicate with you and the relevant persons for the purposes listed below (“**Purposes**”):

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、儲存及以其它方式分享閣下和有關人士的個人資料，並就下列目的與閣下和有關人士溝通（「**該目的**」）：

- (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) to promote and directly market to you as follows: 向閣下推廣及直接促銷以下內容：
 - (a) **For Hong Kong customers only:** with your consent, to promote and directly market to you: (a) the insurance products and services of Chubb Life HK; (b) mandatory provident fund-related products/services sponsored by the third party providers connected with us; (c) insurance, financial or investment related products/services, rewards, loyalty, co-branding and/or other privileges programs offered by us, our affiliates, our co-branding partners, our business partners;
僅適用於香港客戶：在閣下的同意下，向閣下推廣及直接促銷(a)安達人壽香港的保險產品/服務;(b)與我們有關聯之第三方供應商所提供的強制性公積金相關產品/服務;(c) 由我們、我們的聯繫公司、我們的聯合品牌夥伴或我們的商業合作夥伴提供的保險、金融或投資相關產品/服務、獎賞、年資獎勵、聯合品牌及/或其他優惠計劃;
 - (b) **For Mainland China residents or I.D. card holders only:** with your consent, to promote and directly market to you rewards, loyalty, co-branding and/or other privileges programs offered by us, our affiliates, our co-branding partners, our business partners;
僅適用於中國大陸居民或身份證持證人：在閣下的同意下，向閣下推廣及直接促銷由我們、我們的聯繫公司、我們的聯合品牌夥伴或我們的商業合作夥伴提供的獎賞、年資獎勵、聯合品牌及/或其他優惠計劃;
- (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/或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 laws, rules, regulations, codes of practice, guidelines, or requirements imposed by or agreed with government or regulatory bodies; 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法律、規則、規例、實務守則、指引或要求；或訴訟；
- (ix) to apply registration of activities organized and/or sponsored by Chubb Life HK;
申請登記參加安達人壽香港舉辦及/或贊助的活動;
- (x) 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保險行業利益而指派的功能及要求;
- (xi) to conduct 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、資料分析和統計、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
- (xii) 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 我們可能與誰分享閣下的個人資料

You understand that we operate internationally and our services to you are, in particular, provided from Hong Kong or through our vendors outside of Hong Kong. If you do not consent to Chubb Life HK’s transfer of your personal information outside of Hong Kong and/or Mainland China, this may result in us not being able to process your application, process claims or provide you with the Services. We may disclose, transfer or otherwise share your or the relevant persons’ personal information, within or outside of Hong Kong and/or Mainland China., for the Purposes set out in this application, to the following transferees (“**Transferees**”):

閣下了解我們的業務是國際化的，特別是我們從香港或透過我們在香港以外的供應商向閣下提供服務。如果閣下不同意安達人壽香港將閣下的個人資料轉移到香港及/或中國大陸境外，可能會導致我們無法處理閣下的申請、處理理賠或向閣下提供服務。我們可能會就本申請中所述的目的，在香港及/或中國大陸境內或境外披露，轉移或以其它方式分享閣下或有關人士的個人資料至以下資料轉移接收方（「**資料轉移接收方**」）：

- (i) any agents, insurance intermediaries, third party providers or administrators such as medical and healthcare providers, hospitals, in connection with the distribution of our products and services, placement or handling of your insurance policy and any related claims and/or services;
就我們的產品和服務分銷、安排或處理閣下的保單及任何相關索償及/或服務有關的任何代理、保險中介人、第三方供應商或管理人員，例如醫療及保健供應商和醫院；

- (ii) reinsurers, claims investigators, loss adjudicators, medical advisors, recovery agents, debt collection agencies, credit reference agencies, law enforcement bodies and police, fraud prevention/detection agencies, organizations that consolidate underwriting and claims information for the insurance industry, and databases or registers (and their operators) used by the insurance industry to analyze and check information provided against existing information;
再保險公司、理賠調查公司、理賠調查員、醫療顧問、索償代理、債務追收公司、信貸資料機構、執法團體及警方、防止/偵測欺詐機構、為保險業整合承保及索償資料的機構以及保險業用作分析和基於現有資料核對所提供資料的資料庫或登記處（及其運營人）；
- (iii) any branch, subsidiary, holding company, associated company or affiliates of Chubb Life HK (“Group Companies”) whether established in or outside of Hong Kong;
安達人壽香港的任何分行、附屬公司、控股公司、聯營公司或聯繫公司（「集團公司」），不論在香港境內或境外成立；
- (iv) any agents, contractors, advisors or third-party service providers providing accounting, finance, legal, payment, data processing and storage, administration, telecommunications, mailing, printing, computer, technology, security, analytics, research, funds management, regulatory screenings, customer services, call centre services, and/or other services in connection with our operations;
and
任何代理、承包商、顧問或第三方服務供應商，以提供會計、財務、法務、付款、資料處理及儲存、行政、電訊、郵寄、印刷、電腦、科技、安全、分析、研究、基金管理、法規審查、客戶服務、電話中心服務及/或與我們的營運相關的其他服務；及
- (v) insurance industry associations and federations and government or judicial or competent regulatory bodies or any person to whom we have a legal or regulatory obligation to make disclosure.
保險行業協會及聯會及我們有法律或監管義務向其作出披露的政府或司法或主管監管機構或任何人士。

If you are a Mainland China resident or I.D. card holder, you may refer to https://www.chubb.com/content/dam/chubb-sites/chubb/hk-en/pdf/pipl_list_of_recipients.pdf for a list of Transferees to whom Chubb Life HK may share your data. The list of Transferees will be updated periodically.

如閣下為中國大陸居民或身份證持證人，閣下可以於https://www.chubb.com/content/dam/chubb-sites/chubb/hk-en/pdf/pipl_list_of_recipients.pdf 以獲取安達人壽香港可能與其共享您的資料的資料轉移接收方名單，名單將不時更新。

We may also purchase or sell one or more business(es) (or portions thereof), and where permissible by applicable laws your or your relevant persons' personal information may be transferred as a part of such purchase or sale, or proposed purchase or sale.

我們也可能購買或出售一項或多項業務（或其部分），且在適用法律允許的情況下，閣下或閣下的有關人士的個人資料可作為該買賣或擬議買賣的一部分予以轉讓。

How we may store your personal information 我們如何儲存閣下的個人資料

The personal information you provide to us will be stored in Hong Kong or other countries/regions outside the country/region where you are located. We will only retain your personal information for as long as necessary to achieve the purposes described above, unless there is a mandatory retention requirement by law.

閣下提供給我們的個人資料將儲存在香港或閣下所在國家/地區以外的其他國家/地區。我們只會在實現上述目的所需的時間內保留閣下的個人資料，除非法律有強制保留要求。

How we protect minors' personal information 我們如何保護未成年人的個人資料

We attach great importance to the protection of personal information of minors. If you are acting for a minor under the age of 18 (or where applicable, defined in Mainland China as a minor if under the age of 14), the consent of the minor's parents or guardians should be obtained before using our Services. The parents or guardians should carefully read the PICS before providing us with the personal information of the minors.

我們高度重視未成年人個人資料的保護。如果閣下代表18歲以下的未成年人（或在適用的情況下，在中國大陸被定義為14歲以下的未成年人），在使用我們的服務前，應獲得未成年人父母或監護人的同意。父母或監護人在向我們提供未成年人個人資料前，應仔細閱讀《個人資料收集聲明》。

Your rights 閣下的權利

Subject to applicable laws and to the extent legal requirements are met, you may have the right to access, duplicate, or correct your personal information held by Chubb Life HK and, in certain circumstances, request that it be deleted. You may be able to withdraw your consent where we rely upon this to process your personal information if our processing relies on your consent. You may have the right to restrict or refuse the processing of your personal information in some circumstances. Please be aware that under certain circumstances, we may not be able to comply with such requests from you, in which circumstance we will notify you of the reason for such decision. We may also charge you a reasonable fee to process your data related request.

根據適用法律並在滿足法律要求的情況下，閣下有權查閱、複製或更正安達人壽香港持有的閣下的個人資料，並在某些情況下有權要求將其刪除。如果我們基於閣下的同意來處理閣下的個人資料，閣下可以撤回閣下的同意。在某些情況下，閣下有權限制或拒絕對閣下個人資料的處理。請注意，在某些情況下，我們可能無法滿足閣下的此類請求，在此情況下，我們將通知閣下做出此類決定的原因。我們也可能會向閣下收取合理的費用，以處理閣下的資料相關要求。

For more details of the Company's policies on personal information 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 information, and the exercise of any of the personal information rights listed above, should be made in writing and submitted to:

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-zh/footer/chubb-life-privacy-policy.html>。有關個人資料、以及行使上述任何個人資料權利的任何問題，請以書面提出並提交至：

- **For Mainland China residents or I.D. card holders:** Data Protection Officer of Chubb Life Insurance Hong Kong Limited at Enquiries. prchkLife@chubb.com and/or 35/F, Chubb Tower, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong.
中國大陸居民或身份證持證人：安達人壽保險香港有限公司的資料保護主任，並送交至Enquiries.prchkLife@chubb.com及/或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。
- **For all other customers:** Data Protection Officer of Chubb Life Insurance Hong Kong Limited at Enquiries.HKLife@chubb.com and/or 35/F, Chubb Tower, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong.
所有其他客戶：安達人壽保險香港有限公司的資料保護主任，並送交至Enquiries.HKLife@chubb.com及/或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。

Use of Personal Information Consent Statements in Mainland China 中國大陸使用個人資料同意聲明

If you are a Mainland China resident or I.D. card holder, please complete this Part.
如閣下為中國大陸居民或身份證持證人，請完成部分。

FOR MAINLAND CHINA RESIDENTS OR I.D. CARD HOLDERS: Use of Personal Information Consent Statement 中國大陸居民或身份證持證人：使用個人資料同意聲明

By signing this form and receiving the Services, you give consent to Chubb Life HK to process for the Purposes, and to disclose, transfer and otherwise share to the Transferees for processing for the Purposes, your and the relevant persons' personal information. You additionally acknowledge and consent to your and the relevant persons' personal information being provided, transferred to, or shared with another data controller, within or outside of Mainland China, for processing for the Purposes.

閣下簽署本申請書及接受服務，即表示閣下同意安達人壽香港出於該目的處理閣下和有關人士的個人資料，以及披露、轉移及以其他方式分享閣下和有關人士的個人資料予資料轉移接收方，以便出於該目的處理閣下和有關人士的個人資料。此外，閣下確認並同意閣下和有關人士的個人資料可被提供、轉移或分享予中國大陸境內或境外的其他資料控制者，以使其出於該目的進行處理。

- I/We confirm that I/we have read, understood and agree with the Personal Information Collection Statement as set out in the previous part and this Part.
我/我們確認我/我們已閱讀、理解並同意先前部份及此部分所載的《個人資料收集聲明》。
- I/We consent to the processing of my/our sensitive personal information as described in this form.
我/我們同意依照本申請書所述處理我/我們的敏感個人資料。
- I/We consent to my/our personal information being provided, transferred to, stored, used, shared with or processed outside of Mainland China as described in this form.
我/我們同意依照本申請書所述在中國大陸境外提供、轉移、儲存、使用、分享或處理我/我們的個人資料。
- I/We consent to my/our personal information being provided, transferred to, or shared with another data controller for processing as described in this form.
我/我們同意將我/我們的個人資料提供、轉移或分享予其他資料控制者，以便按照本申請書所述進行處理。

Successor Owner's Declaration 繼任持有人聲明

I/WE HEREBY DECLARE AND AGREE THAT 本人 / 吾等謹此聲明及同意：

1. Subject to the terms and conditions of the policy document, the above request(s) for change in policy will not take effect unless all of 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. The request(s) for change in policy and evidence of insurability of the Insured (if applicable) 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. I/We have read and understood (a) Personal Information Collection Statement and (b) Use of Personal Information Consent Statements in Mainland China of the Company. 5. I/We have read and understood the above declarations in PART IV as applicable to me/us.

1. 在符合保單文件條款和條件的前提下，上述之保單更改申請必須符合下列所有條件方能生效：(i) 所有付款和文件皆全數並完整無缺遞交。(ii) 申請在受保人在生時及持續受保期間，經安達人壽保險香港有限公司（以下簡稱「貴公司」）批准。2. 此保單更改申請及受保人的可保證據（如適用）將成為保單更改之根據，並將構成保單的一部分（惟另有註明則除外）。3. 上述一切陳述，不論是否本人 / 吾親手所寫，就本人 / 吾所知所信，均為事實之全部並確實無訛。4. 本人 / 吾已細閱及明白貴公司的（a）個人資料收集聲明及（b）中國大陸使用個人資料同意聲明。5. 本人 / 吾已細閱及明白上述第四部分適用於本人 / 吾的聲明。

NOTE 注意：

Please do not sign on BLANK Form

請勿在空白表格上簽署

Signature specimen must be consistent with that as in your policy record

簽署式樣需與保單紀錄相符

Signature of Successor Owner
繼任持有人簽署

Name of Successor Owner
繼任持有人姓名

Sign Date (dd/mm/yyyy)
簽署日期（日/月/年）

AGENT/INTERMEDIARY ACKNOWLEDGEMENT 保險代理/中介人確認

For the application of the Successor Owner, I/We have verified the original ID card/passport/business registration of the Successor Owner and confirmed the identity details in the ID card/passport to be matched with the identity of the Successor Owner in this request form. I/We will provide the required information and copies of the documents obtained in the course of carrying out customer due diligence to the Company without delay.

適用於申請繼任持有人：我/我們已驗證繼任持有人的身份證/護照的正本並已確認身份證/護照的身份資料是與此更改申請書上的繼任持有人的身份相符。我/我們會盡快把執行盡職審查過程中取得的所需資料及文件副本提交公司。

Name of Agent/Intermediary
保險代理/中介人姓名

Agent's/ Intermediary's Code
保險代理/中介人代號

Agency
組別

Signature of Agent/ Intermediary
保險代理/中介人簽署

Sign Date (dd/mm/yyyy)
簽署日期（日/月/年）

Policyowner's Declaration 保單持有人聲明

I/WE HEREBY DECLARE AND AGREE THAT 本人 / 吾等謹此聲明及同意：

1. Subject to the terms and conditions of the policy document, the above request(s) for change in policy will not take effect unless all of 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. The request(s) for change in policy and evidence of insurability of the Insured (if applicable) 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. I/We have read and understood "Personal Information Collection Statement And Consent" of the Company. 5. I/We have read and understood the above declarations in Part IV as applicable to me/us.

1. 在符合保單文件條款和條件的前提下，上述之保單更改申請必須符合下列所有條件方能生效：(i) 所有付款和文件皆全數並完整無缺遞交。(ii) 申請在受保人在生時及持續受保期間，經安達人壽保險香港有限公司（以下簡稱「貴公司」）批准。2. 此保單更改申請及受保人的可保證據（如適用）將成為保單更改之根據，並將構成保單的一部分（惟另有註明則除外）。3. 上述一切陳述，不論是否本人 / 吾親手所寫，就本人 / 吾所知所信，均為事實之全部並確實無訛。4. 本人 / 吾已細閱及明白貴公司的個人資料收集聲明及授權。5. 本人 / 吾已細閱及明白上述第四部份適用於本人 / 吾的聲明。

NOTE 注意:

Please do not sign on BLANK Form

請勿在空白表格上簽署

Signature specimen must be consistent with that as in your policy record

簽署式樣需與保單紀錄相符

Signature of Witness

見證人簽署

(Name 姓名:)

* Signature of Insured

受保人簽署

Sign Date (dd/mm/yyyy)

簽署日期 (日/月/年)

Signature of Policyowner

保單持有人簽署

* Signature of Other Proposed Insured

(if other than Policyowner)

其他準受保人簽署 (若非保單持有人)

Sign Date (dd/mm/yyyy)

簽署日期 (日/月/年)

Signature of Assignee

承讓入簽署

(Only applicable if the policy has been assigned)

(適用於此保單已被轉讓)

Signature of Irrevocable Beneficiary

不可撤銷受益人簽署

(Only applicable if the designated beneficiary is an Irrevocable Beneficiary)

(適用於此保單若指定受益人為不可撤銷受益人簽署)

Sign Date (dd/mm/yyyy)

簽署日期 (日/月/年)

*** 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