

# Request For Change In Policy Form

## 更改保單事項通知書

Please tick <input checked="" type="checkbox"/> appropriate box(es) for request 請於適當之空格內加上☑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:	
<b>1. Change of Payment Frequency / Debit Date</b> 更改繳付保費方式 / 過數日期	<b>New Frequency 新期數</b> <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  <b>Debit Date 過數日期</b> <input type="checkbox"/> 3rd 3號 <input type="checkbox"/> 18th 18號		
<b>2. Change of Dividend Option</b> 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)		
<b>3. Change of Options upon Lapse</b> 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		
<b>4. Change of Option to Purchase Paid-up Addition (OPP)</b> 更改購買附加繳清保險	<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) <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) - Applicable to the policy with inforce OPP only. 只適用於附有生效的繳清保險的保單 - 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		
Effective Month _____ / _____ 生效月份                      mm 月    yyyy 年			
<b>5. Change of Policy Status</b> 更改保單狀況	<input type="checkbox"/> Extended Term Insurance 展期保險 <input type="checkbox"/> Reduced Paid-Up Insurance 減額繳清保險  <ul style="list-style-type: none"> <li>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.</li> <li><b>NO</b> back-dating is allowed and the request will be effective on the next premium due date.</li> <li>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。</li> <li><b>不接受</b>追溯日期及有關申請將安排在下一個保費到期日生效。</li> </ul>		
<b>6. Reissue of Policy Document</b> 申請保單文件副本	<input type="checkbox"/> Lost Policy Memorandum 遺失保單備忘錄 <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)		
<b>7. Others (Please state in details)</b> 其他 (請詳細說明)			

8. Change of Sum Assured/ Notional Amount/Rider 更改保障額/名義金額/附加保障	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"/>	_____
Effective Month _____ / _____ 生效月份 mm 月 yyyy年	_____	<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"/>	_____

^ New addition or increase of sum assured/notional amount or upgrade of benefit requires to submit "Statement of Insurability" for the application. Please submit NB428 "Standardized Underwriting Questionnaire for Chubb VHIS" if applying VHIS product.  
新加或增加保障額/名義金額或提升保障，需遞交“投保資料申報書”如申請自願醫保產品，請遞交NB428“安達自願醫保產品的標準核保問卷”。

^ 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 or on the specified date as stated in product provisions of specific products.  
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或根據個別產品條款內之指定日期生效。

**Target Healthcare Needs**  
**目標醫療保健需要**

(Only applicable to application of critical illness and/or medical insurance product. Apart from the mentioned products, please submit Financial Needs Analysis form.)  
(只適用於申請危疾及/或醫療保險產品。如非上述保險產品，請遞交財務分析表格。)

If you are considering critical illness and/or medical insurance product(s) to meet your objective of preparation for healthcare needs, what type(s) of the following critical illness and/or medical insurance product(s) will you consider to purchase? (You may tick one or more)  
如閣下有意考慮以危疾及/或醫療保險產品以應付醫療保健需要，閣下會考慮投保以下哪種類型的危疾及/或醫療保險產品？(可選多於一項)

Product offering a lump sum payout if I were to be diagnosed with a critical or specific illness.  
當本人被診斷患有危疾或指定疾病時，提供一筆過保障賠償的產品。  
 Product Reimbursing relevant medical expenses if I need to be hospitalized or undergo a surgery.  
當本人需要住院或進行手術時，實報實銷相關醫療費用的產品。  
 Product providing small regular payouts during the period of hospitalization to compensate relevant loss or other expenses.  
於本人住院期間，提供小額定期賠償，以補償相關損失或支付其他費用的產品。

I confirm that I have conducted an assessment on the insurance product(s) to be purchased by me in order to ensure that I am able to pay the required premiums.  
本人確認就本人所選購的保險產品，本人已經進行了評估以確保本人有能力支付所需保費。

**Declaration: I/WE HEREBY DECLARE AND AGREE THAT:**

**聲明：本人/吾等 謹此聲明及同意：**

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.

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。（iii）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 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 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.

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 使用個人資料收集聲明

I/WE UNDERSTAND AND CONSENT THAT, by signing the application, any personal data collected or held by Chubb Life Insurance Hong Kong Company Limited (the "Company") is provided and may be used, processed, stored, disclosed, transferred by the Company to (a) any branch, subsidiary, holding company, associated company or affiliates of the Company ("Group Companies"); (b) any agents, insurance intermediaries, third party providers or administrators such as medical and healthcare providers, hospitals, in connection with the distribution of the Company's products and services, placement or handling of my/our insurance policy(ies) and any related claims and/or services; (c) 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 the Company's operations; (d) reinsurers, claims investigators, loss adjudicators, medical advisors, recovery agents, credit reference agencies, debt collection agencies, law enforcing bodies and police, insurance industry associations and federations and organizations that consolidate underwriting and claims information for the insurance industry, fraud prevention/detection agencies, and databases or registers (and their operators) used by the insurance industry to analyze and check information provided against existing information; and (e) government or judicial or competent regulatory bodies or any person to whom the Company is under legal and/or regulatory obligations to make disclosure, in each case whether within or outside of Hong Kong to (i) evaluate or process this application and any future insurance application for the insurance policy; (ii) administer and process my/our insurance policy(ies), payment instructions and premium collection; (iii) perform medical, security and underwriting checks; (iv) assess insurance claims and process payments; (v) provide insurance products and related services; (vi) with my/our consent, to promote and directly market to me/us: (a) the insurance products and services of the Company; (b) mandatory provident fund-related products/services sponsored by the third party providers connected with the Company; (c) insurance, financial or investment related products/services, rewards, loyalty, co-branding and/or other privileges programs offered by the Company, the Company's affiliates, the Company's co-branding partners or the Company's business partners; (vii) perform data matching and communicate with me/us and/or another person in connection with my/our application or insurance policy(ies), which may include but is not limited to my/our dependents, the insured, the beneficiaries, my/our authorized representatives and any other individuals whom I/we have provided personal data of for such purposes; (viii) 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; (ix) apply registration of activities organized and/or sponsored by the Company; (x) 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; (xi) 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 (xii) for any other purpose directly relating to any of the above. 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 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, 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/吾等明白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、透露、轉移任何貴公司所收集或持有任何本人/吾等的個人資料到 (a) 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」）；(b) 就貴公司的產品和服務分銷、安排或處理本人/吾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；(c) 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、資訊科技、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/或與貴公司的營運相關的其他服務；(d) 再保險公司、理賠調查公司、理賠調查員、醫療顧問、索償代理、信貸資料機構、債務追收公司、執法團體及警方、保險行業協會及聯會、為保險業整合承保及索償資料的機構、防止/偵測欺詐機構，以及保險業用作分析和基於現有資料核對所提供資料的數據庫或登記處（及其運營人）；及 (e) 貴公司有法律及/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，不論在香港境內或境外，以 (i) 評估或處理此申請及本人/吾等將來提交之保險申請及索償；(ii) 管理和處理本人/吾的保單、付款指示及保費收取；(iii) 進行任何醫療、保安及核保檢查；(iv) 評估保險索償及處理付款事宜；(v) 提供保險產品及有關服務；(vi) 在本人/吾的同意下，向本人/吾推廣及直接促銷 (a) 貴公司的保險產品/服務；(b) 與貴公司有關聯之第三者供應商所提供的強制性公積金相關產品/服務；(c) 由貴公司、貴公司的聯繫公司、貴公司的聯合品牌夥伴或貴公司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；(vii) 進行資料核對，及因此用途與本人/吾及/或與本人/吾的申請或保單有關的其他人士，這可能包括但不限於本人/吾的受養人、受保人、受益人、本人/吾的獲授權代表以及本人/吾為其提供個人資料的任何其他人士聯絡；(viii) 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、指引或規定；或訴訟；(ix) 申請登記參加貴公司舉辦及/或贊助的活動；(x) 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；(xi) 進行與貴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 (xii) 用於與上述任何一項直接相關的任何其他目的。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/吾等有權查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。

## 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)

Chubb. Insured.<sup>SM</sup>