



REQUEST FOR CHANGE FORM / SUBSEQUENT APPLICATION FOR PERSONAL ACCIDENT CONTRACT

更改保單申請表 / 人身意外保險申請表

Policy Number 保單號碼	Name of Insured 受保人姓名	Name of Owner 持有人姓名
Agent's Name 營業員姓名	Agent Code 營業員號碼 / Area Code 區域編號	Agent's Tel. No 營業員聯絡電話

PART A 甲部 PLEASE USE A SEPARATE FORM FOR EACH POLICY NUMBER. 每一份保單請填寫一份申請表

Please tick the appropriate box 請在適當的空格內劃上"X" 號

<input type="checkbox"/> Cancel Autopay 取消自動轉賬 - Premium collection via autopay will be stopped only after your request is accepted and completed successfully by the Company. 自動轉賬繳費只會當公司收到及接受申請後取消。 - Any premium paid prior to the Company's receipt and approval of the request will not be refunded. 任何於公司收到及接受申請前已繳交的保費將不會退還。	<input type="checkbox"/> Premium Holiday 「暫停繳費」 Only applicable to the following plans 只適用於下列計劃 - AIA Asset Accumulator 友邦「財庫之選」投資計劃 - AIA Asset Accumulator (EDB) 友邦「財庫之選」投資計劃 (卓越保障) - AIG Capital Saver by AIA AIG資本匯聚友邦投資計劃 - Treasure Accumulator 卓嘗之選 <input type="radio"/> Apply Premium Holiday 申請「暫停繳費」 <input type="radio"/> Cancel Premium Holiday 取消「暫停繳費」 Premium Holiday will be processed only after the Initial Contribution Period and there is account value in the Accumulation Unit Account. 「暫停繳費」只可在「最初供款期」完成後及「延續供款戶口」有戶口價值才可以行使。 Note: If application for Premium Holiday is accepted, all existing accumulated FPDA will be returned to the Owner 註:如「暫停繳費」申請被接受,任何現積存於公司的現金儲備金將會退回給保單持有人。								
<input type="checkbox"/> Reissue Customer Number / Personal Identification Number 申請補發客戶號碼 / 個人密碼 <input type="radio"/> Reissue Customer Number (CN) 申請補發客戶號碼 <input type="radio"/> Reissue Personal Identification Number (PIN) 申請補發個人密碼 The PIN issued to the above request will be sent to the policyowner's registered address by ordinary mail. 以上申請所發出的個人密碼(PIN)將會以平郵寄往保單持有人的登記地址。	<input type="checkbox"/> Change Mode of Payment 更改付款形式 <input type="checkbox"/> Annually 年繳 <input type="checkbox"/> Semi-annually 半年繳 <input type="checkbox"/> Quarterly 季繳 With optional payment method via direct debit through bank account. 非月繳保費可選擇經由銀行戶口自動轉賬。 <input type="radio"/> *Apply payment method via direct debit through bank account. 申請非月繳保費可選擇經由銀行戶口自動轉賬。 Applicable to policies started with policy prefix 'B', 'G' or 'M' only. 只適用於保單號碼字首為'B', 'G' 或 'M'之保單。 <input type="checkbox"/> Monthly 月繳 *Payment must be via direct debit arrangement. 月繳保費必需經由自動轉賬繳交 *Submit Direct Debit Authorization Form to Cashier. 請遞交直接付款授權書予繳費處。								
<input type="checkbox"/> Term Conversion 轉換定期壽險為永久或儲蓄壽險 (Please send this form to U&I Dept. with the application form of new policy for approval 請連同此表格與新單要保書交予核保部批核) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Converted Plan Name 轉換計劃名稱</td> <td style="width: 33%;">Converted Amount 轉換保額</td> <td style="width: 33%;">*Remaining Amount *剩餘保額</td> </tr> <tr> <td>CIR on Term Converted Amount 危疾定期壽險附加契約轉換保額</td> <td></td> <td>*Remaining Amount *剩餘保額</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New Policy Number 新單號碼</td> <td style="width: 50%;">New Plan 新壽險計劃</td> </tr> </table> *The remaining amount, if any, should not be less than the minimum amount required by the Company, otherwise, all remaining amount and its attachable supplementary contract(s) will be deleted automatically. 剩餘保額(如有)不可少於公司要求的最低金額, 否則所有剩餘保額及其附加契約將會自動取消。	Converted Plan Name 轉換計劃名稱	Converted Amount 轉換保額	*Remaining Amount *剩餘保額	CIR on Term Converted Amount 危疾定期壽險附加契約轉換保額		*Remaining Amount *剩餘保額	New Policy Number 新單號碼	New Plan 新壽險計劃	<input type="checkbox"/> Change Autopay Cycle for Monthly Premium 更改月繳保費自動轉賬之週期 <input type="radio"/> First cycle 月初轉賬 <input type="radio"/> Second cycle 月中轉賬 Change of autopay cycle will not be accepted for Wealth FlexiProtector. 更改自動轉賬週期並不適用於財富萬用保。
Converted Plan Name 轉換計劃名稱	Converted Amount 轉換保額	*Remaining Amount *剩餘保額							
CIR on Term Converted Amount 危疾定期壽險附加契約轉換保額		*Remaining Amount *剩餘保額							
New Policy Number 新單號碼	New Plan 新壽險計劃								
<input type="checkbox"/> Correction of Personal Particular 更改個人資料 (ID copy/Deedpoll is required) 請提交身分證/改名契副本 <input type="radio"/> Insured 受保人 <input type="radio"/> Owner 持有人 Name : _____ 姓名 : _____ Date of birth: _____ ID/ Passport No. : _____ 出生日期 _____ 身分證或護照號碼 _____ Nationality: MM月 / DD日 / YYYY年 Sex : _____ 國籍 : _____ 性別 : _____	<input type="checkbox"/> Non-Forfeiture Option (N.F.O) 既有現金價值條款選擇 <input type="checkbox"/> Extended Term Insurance 延期定期保險 <input type="checkbox"/> Reduced Paid Up Insurance 減額付清保險								
<input type="checkbox"/> Others 其他:									

The Company reserves the right to accept or reject "OTHERS" requests in this box. Any request/s to backdate this form or any document will be automatically rejected.
 於「其他」一欄內的申請, 本公司保留接受或拒絕之權利, 而在此表格或任何文件內要求提早生效日期之申請, 均一概不會受理。

Policy Number 保單號碼

Grid for Policy Number

PART B 乙部 (Health Certificate is required except for reduction of face amount or deletion of rider(s). 除減低投保額及取消附加契約外, 請提交健康證明書)

Main form sections: Section 1 (Change of Basic Plan, Remove/Reduce Medical Rating, etc.) and Section 2 (Protection Accumulator, Personal Accident Insurance, etc.)

Declaration & Authorization. Terms and Conditions of Part A & Part B. This request is NOT valid until (1) it is recorded as received by American International Assurance Co. (Bermuda) Ltd. (the "Company") during the life time of BOTH the Insured and the Owner and (2) it is finally confirmed as accepted by the Company by way of Endorsement or letter.

Request: I/We request that this Policy be changed according to the above particulars. I/We understand and agree that a copy of this request will be attached to and form a part of the said Policy. Where this request relates to change of beneficiary in respect of this Policy, I/We confirm that my/our previously nominated beneficiary or beneficiaries (other than the estate of insured), is/are fully aware of and has/have not objected to the contents of this 'Request for Change' form.

聲明及同意: 甲部及乙部之條款: 此申請表需於1)受保人及持有人生存期間獲美國友邦保險(百慕達)有限公司(即'貴公司')收到並存檔及2)最終經貴公司以批註或確認信批准方為有效, 而友邦的業務代表或您的經紀收到的申請表並不代表貴公司亦已收到。

Signature of Owner/Trustee 於 MM月/DD日/YYYY年. Signature of Assignee 受讓人簽名 於 MM月/DD日/YYYY年