



Request for Change of Beneficiary/Signature/Ownership/Trustee
更改受益人/簽名/持有人/信託人申請表

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| 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 |

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

IMPORTANT NOTES 重要資料

1) This request is NOT valid until (a) 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 of the above policy (the "Policy") and (b) it is finally confirmed and accepted by the Company by way of Endorsement or letter.
此申請表需於(a)上述保單(即「保單」)之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(b)最終經貴公司可以批註或信函確應及接納方為有效。

2) This form and the Endorsement (if any) will attach and form part of the Policy after it is accepted and approved by the Company.
當此申請表經貴公司接納及批准後，此申請表及批註(如有)將附於保單契約內，且構成保單契約之一部分。

3) Receipt of this form by AIA Representative or your broker does not constitute receipt by the Company. The final decision on the validity of this form rests with the Company.
友邦業務代表或您的經紀收到此申請表並不代表貴公司亦已收到，貴公司對此申請表的有效性擁有最終決定權。

4) The Company has the right to update this form from time to time and to accept or to reject the form if the Company's requirements are not fulfilled.
貴公司有權隨時更新此申請表，並接受或拒絕未符合貴公司要求的申請表。

5) This form should be signed by the Owner/Trustee in the presence of a witness under the section of Declaration and Authorization. Insured/Owner/Trustee/Assignee's signature, whenever applicable, must correspond with the Company's latest available record.
持有人/信託人必須在見證人的作證下簽署此申請表的「聲明及授權」部分，受保人/持有人/信託人/受讓人(如適用)的簽名必須與貴公司的最近存檔紀錄相符。

6) Any amendments in this form must be countersigned by the Owner/Trustee/Assignee in full signature.
持有人/信託人/受讓人必須於此申請表內任何曾修改的地方簽署確實。

CHANGE OF BENEFICIARY (Not applicable to juvenile policies currently issued under the Trust Provisions)

* 更換受益人 (不適用現在受信託條文約束的兒童保單)

| Beneficiary's Name 受益人姓名 | Relationship 關係 | Age 年齡 | I.D.Card Number 身分證號碼 | Share(%) 百分比 |
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Note: 1. If more than one beneficiary is designated, all policy proceeds will be paid to the beneficiaries according to the order of payment (if any) and share(s) specified, or in equal shares (where the beneficiaries rank equally and their respective shares are not specified).

注意: 1. 如受益人超過一人，保單內的利益將按照在此列明的付款次序(如有)及比例分配給各受益人，或保單內的利益將平均分配給各受益人(如各受益人的分配比例相同或在此沒有列明分配比例)。

2. The above change of beneficiary designation shall be effective only while the relevant Policy is in force and to the extent permitted by law.

2. 在上述保單仍然生效及法律容許的情況下，以上更改受益人的指示才告生效。

