



Request for Change of Beneficiary and Appointment of Trustee of a Minor Beneficiary

更改受益人及為未成年受益人委任信託人申請表

Policy Number 保單號碼	Name of Insured 受保人姓名	Name of Owner 持有人姓名
<input type="text"/>	<input type="text"/>	<input type="text"/>
Area Code 區域編號	Agency / Broker Name 營業員組別 / 經紀名稱	Agent / Broker Code 營業員號碼 / 經紀號碼
<input type="text"/>	<input type="text"/>	<input type="text"/>
Agency Code 營業員組別編號	Agent / TR's Name 營業員 / 業務代表姓名	Agent / TR's Tel. No. 營業員 / 業務代表聯絡電話
<input type="text"/>	<input type="text"/>	<input type="text"/>
TR Membership Number 業務代表會員號碼 (For Brokers only 僅供經紀使用)		
<input type="checkbox"/> IA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> ANG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

TIPS: Check the checkbox (IA for HK; ANG for Macau) and input the reg. no. using standard format [for HK, it is 2 letters + 4 digits; for Macau, it is 3 letters + 4 digits]
提示：選取方格（IA-香港；ANG-澳門）並填入特定的登記號碼[香港號碼由2個英文字母 + 4位數字組成；澳門號碼由3個英文字母 + 4位數字組成]
Remark: If the stated AIA financial planner / broker / IFA on this form is not my current servicing AIA financial planner / broker / IFA, I give consent to him/her to handle and follow up my request.
備註：倘若在上述表格上填寫的財務策劃顧問 / 經紀 / 獨立理財顧問並不是本人目前的財務策劃顧問 / 經紀 / 獨立理財顧問，本人同意他/她處理並跟進我的要求。



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IMPORTANT INFORMATION 重要資料

Where the beneficiary of an insurance policy is a minor (below the age of majority), the proceeds will be paid to the legal guardian of the minor beneficiary. If you wish for the proceeds to be paid to a pre-appointed trustee of a minor beneficiary, you must submit a request to name a trustee of a minor beneficiary by using this form. This form must be received by the Company while the Owner is living and before the date of death of the insured. The final decision on the validity of this form rest with the Company.

凡保單的受益人為未成年人士（即未達法定的成年歲數），保單的利益將會付給未成年受益人的法定監護人。如您要求保單的利益給付未成年受益人的已獲委任信託人，必須填妥及遞交此表格以確定未成年受益人的委任信託人。此表格必須於保單持有人在生時及受保人身故日期前由本公司收妥，方為有效。本公司對此表格的有效性擁有最終的決定權。

Your request will be subject to the approval of the Company in its absolute discretion. The change of trustee designation will be effective only after such change has been duly endorsed by the Company. The Company will not accept any responsibility in respect of any request form pending for further clarification from you regarding the information you provide. Receipt of this form by an AIA Representative or your broker does not constitute receipt by the Company.

本公司有絕對的酌情權去批核您的要求，有關更改須經本公司確認有效後方會生效。若此更改申請表格有待本公司確認，以作進一步澄清您所填寫的資料，本公司就此等申請概不承擔任何責任。友邦業務代表或您的經紀收取此表格，不等同本公司亦已收到此表格。

Naming minors as a beneficiary may have legal consequences regarding benefit payment (e.g. need for court approval). You should check with your legal advisor if you have any questions.

指定未成年人士為受益人，於領取保單的利益時或會涉及法律後果（例如：需獲取法庭的批准）。如閣下有任何疑問，請向您的法律顧問查詢。You have the right to change the designated trustee without his/her consent from time to time. If you wish to change the trustee designation, you must submit a request using the latest version of the Company's prescribed form. The form must be received by the Company while the Owner is living and before the date of death of the insured.

您有權隨時更改信託人而不需取得指定信託人的同意。您必須填妥及遞交本公司最新的表格以更改委任信託人。該表格必須於保單持有人在生時及受保人身故前由本公司收妥，方為有效。

BENEFICIARY DESIGNATION 指定受益人

I, the Owner of the policy, hereby revoke all previous beneficiary designations under the policy referred to above (the "Policy") if any, and designate the following as my beneficiary(ies):

本人為保單持有人，現撤銷以往於上述此保單（「保單」）內所有曾指定的受益人（如有），及重新指定下列人士為保單受益人：

Beneficiary Name 受益人姓名	Beneficiary Name 受益人姓名
Relationship (to Insured) 與受保人關係	Relationship (to Insured) 與受保人關係
Date of Birth 出生日期 MM月 DD日 YYYY年	Date of Birth 出生日期 MM月 DD日 YYYY年
ID Card Number or Passport Number 身分證號碼或護照號碼	ID Card Number or Passport Number 身分證號碼或護照號碼
Sex 性別	Sex 性別
Share Percentage 分配百分比	Share Percentage 分配百分比

Beneficiary Name 受益人姓名	Beneficiary Name 受益人姓名
Relationship (to Insured) 與受保人關係	Relationship (to Insured) 與受保人關係
Date of Birth 出生日期 MM月 DD日 YYYY年	Date of Birth 出生日期 MM月 DD日 YYYY年
ID Card Number or Passport Number 身分證號碼或護照號碼	ID Card Number or Passport Number 身分證號碼或護照號碼
Sex 性別	Sex 性別
Share Percentage 分配百分比	Share Percentage 分配百分比

Payment will be made in equal shares or all to the survivor unless otherwise indicated. 除非在此列明，否則保單的利益將平均分配給在生的受益人。

If no designated beneficiary is living at the date of death of the insured, the proceeds payable by reason of the insured's death shall be payable as provided under the policy contract. 若受保人身故時，沒有任何指定受益人在生，因受保人身故而須支付的保單利益將依照保單合約分配。

Note: In case of any newly added Beneficiary(ies), please be reminded to update your selection made under Death Benefit Settlement Option (including the Beneficiary Flexi Option, if applicable) by submitting the appropriate form to us.

註：如有任何新增的受益人，請注意，您須向我們提交適當的表格以更新您於身故賠償支付辦法（包括受益人靈活選項，如適用）下所作出之選擇。

DESIGNATION OF A TRUSTEE OF A MINOR BENEFICIARY 委任未成年受益人的信託人

Where a designated beneficiary is a minor, I hereby request to designate, subject to the conditions specified below, that the following person be named as trustee ("Trustee") to receive proceeds of the Policy for and on behalf of the minor beneficiary. I confirm that I have notified the Trustee and the Trustee has consented to the designation.

凡指定受益人為未成年人士，本人要求，根據下列的條件，委任以下人士為信託人（「信託人」）代未成年受益人收納「保單」的利益。本人確認已通知「信託人」及取得其同意接受此委任。

Trustee Name and Address 信託人姓名及地址

Relationship (to Owner) 與保單持有人關係

ID Card Number or Passport Number
身分證號碼或 / 護照號碼

Sex 性別

Date of Birth 出生日期

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身分證號碼或 / 護照號碼

MM月 DD日 YYYY年

CONDITIONS 條件

1. The Company shall not be responsible for the application of the proceeds by the Trustee, and the receipt of the proceeds by the Trustee shall be a full discharge of the liability of the Company under the Policy.
- 當「信託人」收納保單利益後，本公司已履行所有「保單」上的法律責任。而本公司就「信託人」對保單利益的運用及處置概不負責。
2. If, within six months of the date of death of the insured, the Trustee does not submit a claim for the proceeds, or is otherwise unwilling or unable to receive such proceeds, the proceeds will be paid to the legal guardian of the minor beneficiary.
- 如於受保人身故後的6個月內，「信託人」沒有遞交索償保單利益的文件，或不願意或無能力收納保單的利益，該保單的利益將會付給未成年受益人的法定監護人。
3. If the Trustee is not living at the date of death of the insured, the proceeds will be paid to the legal guardian of the minor beneficiary.
- 如「信託人」於受保人身故時已去世，該保單的利益將會付給未成年受益人的法定監護人。
4. The failure by the Owner to notify and obtain the consent of the Trustee will not affect the validity of the designation.
- 保單持有人未能夠通知「信託人」及取得其受委任的同意，將不會影響信託人委任的有效性。
5. Unless prohibited by any assignment or any other lawful act / restriction, the Owner hereby reserves the right, during the lifetime of the Insured and without the consent of any beneficiary or trustee, by written notice to the Company in its prescribed form to :
- (a) Change and revoke the appointment of any beneficiary and substitute his / her own name or any other name therefor; and
- (b) Appoint a trustee to receive the proceeds for the beneficiary, and change or revoke any prior trustee designation or appointment.
- The Company is not responsible for the validity of any appointment or revocation and for any subsequent written notice of a change of beneficiary received by it pending the issue of endorsement.
- 對於任何委任或撤銷的有效性以及其後本公司收訖而正待簽發批註更改任何受益人的書面通知，本公司不負任何責任。
- 除因任何轉讓或任何其他合法行事 / 限制而受到禁止外，持有人可保留權利於受保人在生期間及無須獲得任何受益人或信託人之同意，以本公司的指定表格向我們遞交書面通知，要求：
- (甲)更改及撤銷對任何受益人的委任，並以其個人姓名或任何其他姓名取代；及
- (乙)委任信託人代受益人接收賠償，以及更換已指派之信託人或撤銷該項指派。

I, Owner / Trustee of the Policy, request for the above change(s). When the request relates to change of beneficiary in respect of this Policy, I confirm that my previously designated beneficiary or beneficiaries (other than the estate of the Insured) is / are fully aware of and if consent is required, has / have consented to this request.

本人為保單的持有人/信託人，在此要求保單按照上述細則更改。如更換保單的受益人，本人確認本人之前為此保單所指定的受益人（受保人的遺產除外）均完全知悉，及如需要獲取其同意，已同意此申請表上的內容。

I understand and agree that this request form will form part of the Policy. I also understand and agree that the above trustee designation will take effect for all designated beneficiaries who are a minor.

本人明白及同意此表格將構成保單的一部份。本人亦明白及同意以上信託人委任將適用於所有指定的未成年受益人。

PERSONAL DATA COLLECTION AND USE

I / We confirm that I / we have read, understood and agreed to the Personal Information Collection Statement(s) of my / our policy issuer(s) and/or pension scheme provider(s), i.e. AIA International Limited (Hong Kong Branch), AIA International Limited (Macau Branch) and / or AIA Company Limited where applicable, (the "PICS") which is available for download:

<https://www.aia.com.hk/en/privacy-statement-main>.

I / We declare and agree that any personal data and other information relating to me / us or my / our policy(ies), account(s) or investments contained in this application or collected, obtained, compiled or held by my / our policy issuer(s) and / or pension scheme provider(s) by any means from time to time may be collected and utilized in accordance with the PICS.

I / We acknowledge and consent to the transfer of my / our personal data to parties within or outside Hong Kong (for policy(ies) / pension scheme(s) issued in Hong Kong) or Macau (for policy(ies) / pension scheme(s) issued in Macau), as the case may be, for the purposes as set out in the PICS.

The latest version of the PICS which complies with the relevant rules and regulations is / are available for download from the above website and upon request.

該聲明的符合相關守則及法規之最新版本可於以上網址下載及可供索取。

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於 MM月 DD日 YYY年

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本公司不會將以上見證人的個人資料用於任何營銷目的上，包括資料配對或直接促銷，見證人之個人資料只會用於處理本申請表，特別為確實本申請表簽署人的身分之用。



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