

Request for Change of Beneficiary / Signature / Ownership / Trustee 更改受益人 / 簽名 / 持有人 / 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	
Area Code 區域編號	L Agency / Broker Name 營業員組別 / 經紀名稱	Agent / Broker Code 營業員號碼 / 經紀號碼	
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	02722201
TR Membership Number 業務代表會員號(For Brokers only 僅供經紀使用)	馬 IA III III III III III III III III III	ANG ANG	
	Macau) and input the reg. no. using standard forma 特定的登記號碼[香港號碼由2個英文字母 + 4位數		letters + 4 digits]
and follow up my request.	er / IFA on this form is not my current servicing AIA 堅紀 / 獨立理財顧問並不是本人目前的財務策劃顧問		

IMPORTANT NOTES 重要資料

- I / We understand and agree that: 本人 / 我們明白及同意:
- 1) This request is NOT valid until (a) it is recorded as received by AIA (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友邦(即「本公司」)收到並存檔及(b)最終經本公司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.
- 當此申請表經本公司接納及批准後,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份。

 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本公司亦已收到,本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. 本公司有權隨時更新此申請表,並接受或拒絕未符合本公司要求的申請表。
- 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」部份,受保人/持有人/信託人/受讓人(如適用)的簽名必須與本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。
- 7) This Request is made subject to the terms and conditions of the Policy, and shall not result in a change / modification in any provision of the Policy, except as expressly provided for in the Policy and in any Endorsement.
 此項申請受保單條款和條件所約束,且不會導致任何保單條款之更改 / 修改,除非該等更改 / 修改已於保單契約內及於任何保單批註內另有清楚列明。
- 8) There may be tax and / or other implications as a result of transferring ownership and / or change of beneficiary / trustee. The proposed New Owner / Trustee is asked to carefully study the terms and conditions of the Policy, and before signifying his / her consent to become the New Owner / Trustee of the Policy, he / she should first get a comprehension of what the rights and obligations would be conferred upon him / her. The proposed New Owner / Trustee is asked to make his / her own assessment on the ability to meet the premium and levy (Hong Kong policies) payment obligations. Please consult your own independent legal and / or tax advisors prior to making any request. Upon confirmation and recorded by the Company that the New Owner becomes the owner of the Policy, the New Owner shall assume all the obligations (which includes but without limitation, in respect of Hong Kong policies, the obligation to pay and settle all outstanding and future levy payable to the Insurance Authority) and are bound by and subject to the terms and conditions of the Policy.
 - 此持有人/信託人之轉換,有可能涉及稅務及/或其他影響。新持有人/新信託人於簽署此項申請和同意作為新持有人/新信託人前,須仔細閱讀保單內之條款和條件,並清楚明白其授予之權利與責任。新持有人/新信託人須自行評估履行保單支付保費與保費徵費(香港保單適用)責任之能力。請閣下在作出任何申請前自行諮詢獨立法律/稅務顧問。轉換持有人申請一旦被貴公司確認及紀錄,新持有人需承擔所有受保單條款約束的責任<u>(就香港保單而言,包括但不限於向保監局繳付所有逾期及未來應繳保費徵費)</u>,及受保單條款和條件約束。
- 9) Any Request for Change of Ownership / Trustee does not change the beneficiary or the mode of payment under the Policy. 申請更改保單持有人 / 信託人不會更改此保單之受益人及付款形式。
- 10) The current Owner warrants that the change of ownership is not subject to any prior agreement, contractual obligations, legal proceedings and / or orders by the Court / tribunal, which may restrict, limit or otherwise prohibit such change of ownership as contemplated. If any such restriction exists, the current Owner must produce the Company proper written consent from such person(s) together with the request. The current Owner expressly acknowledges and agrees that in the event of any obligations become known subsequent to the change of ownership being made, which if then made known to the Company, would have caused the Company not to process any Request for Change of Ownership on the Policy (or not to change ownership without the consent of a party other than the current Owner), the change of ownership will become immediately void and the current Owner shall indemnify and hold the Company harmless from any and all losses, damage, liabilities, proceedings, claims, demands and expenses arising out of and in connection with such Request of Change of Ownership.
 - damage, liabilities, proceedings, claims, demands and expenses arising out of and in connection with such Request of Change of Ownership. 現時持有人保證更改保單持有人之申請不受約束於事先協定、合約義務、法律訴訟及/或法院指令而限制或禁止更改保單持有人。現時持有人確認及同意倘因作出更改保單持有人後才發現的責任,以致貴公司不接納更改保單持有人之申請〔或轉換持有人必須先取得非現時持有人之第三者同意〕,更改保單持有人的申請將即時失效。及如貴公司因此更改而引致有任何損失、損害、法律責任、訴訟、索償、要求及開支,現時保單持有人同意對貴公司作出彌償並保證貴公司不受損害。
- 11) The Company and its affiliates ("the Group") are subject to, or have agreed to, comply with certain legal, regulatory and / or other requirements (the "Reporting Requirements"). As such, I / We provide our express consent that the Company shall have the right to provide such personal data and information to any governmental authorities, regulatory bodies and / or any other person(s) in respect of the Reporting Requirements. I / We understand that such disclosures may involve the cross border transfer of personal data outside the jurisdiction and that such disclosures may be with respect to i) the personal data of the Owner, the Contingent Owner, the Insured, and the Beneficiaries ("the Parties"), or any of them; ii) any information relating to this Policy; and iii) any information relating to any other policies held by the Parties or any of them. I / We understand that the Company will not be able to sell any insurance product to me / us and provide any service if I / we refuse to give the said express consent.
 - 貴公司有權,就如需要並在法律許可的範圍內,提供有關本人/我們的個人資料和其他有關持有人及/或新保單持有人及/或第二保單持有人持有之保單或投資資料予政府部門、監管機構、法院、法庭、行政委員會及/或執法機構(包括本地及海外)。貴公司也會就上述政府部門、監管機構、法院、法庭、行政委員會及/或執法機構所提出之任何問題及/或查詢作出回答,及在適當的情況下,會主動提供報告,以符合有關法律,法規和守則/行為。
- 12) A person who is not a party to this Policy (including but not limited to the Insured or the Beneficiary) has no right to enforce any of the terms of this Policy. 非保單合約一方(包括但不限於受保人及受益人)沒有權利執行任何保單條款。

			Policy	Number 保單號码	馬					
Part A 甲部 Change [Only applicable to Hou I/We hereby ascertain [只適用於香港繕發之係本人/我們現確定財務]	that the Financial I R單及抵港內地人	olicies & Ma Planner / Bro ±]	inlanders visitin ker/Independe	nt Financial Advisor	Ĭ	jtome/us	during thi	ís applica	ation p	rocess.
Name of New Owner / Tri 新持有人 / 信託人姓名:	ustee									
Relationship to Insured 與受保人關係:		Sex 性別:		ID / Passport No. 身份證 / 護照號碼	:					
Please provide reason fo 請提供委任非直系親屬為	r designating a no 持有人的原因(配	on-immediate 偶、子女、?	e family as own 父母除外)	er (except spouse, c	child, parent	:)				
Date of birth 出生日期:	MM月 DD日	YYYY年		Nationality 國籍:						
Please cross the box on the left if you are holding a valid People's Republic of China Resident Identity Card, and submit "Important Facts Statement for Mainland Policyholder" signed in Hong Kong. 如閣下持有有效的中華人民共和國居民身份證,請在左列□一欄劃上X,並於香港簽署及遞交專為抵港內地人士而設的「重要資料聲明書」。										iinland
For Juvenile Policy 兒童保 With PB / PBCI rider* 保留 Note 注意:				Yes 保留	() No 不				
*Please complete Payor's Health Certificate (OPPOSF07) and Request for Change form of Basic Plan / Supplementary Contract (OPPOSF71). Otherwise, th attached PB or PBCI rider will be deleted. 如須保留付款人附加契約或危疾付款人附加契約,請提交新持有人之健康證明書(OPPOSF07)及更改基本計劃 / 附加契約申請表(OPPOSF71)。 If US Citizen, please submit Form W-9. 如屬美籍人士,請提交W-9表格。 For insured under age 18, please also complete the column for designating a new contingent owner / trustee if the new owner / trustee and the original owner trustee are the same person.如受保人未滿18歲,而新持有人 / 信託人和原有的第二持有人 / 信託人是同一人,請填寫指定新的第二持有人 / 信託人。 Please submit copy of ID / passport of the New Owner / Trustee. For Macau issued policy, please also submit residential and permanent address proof issued within 3 months. In the case of new owner is a corporate, please submit company documents pursuant to the Anti-Money Laundering and Counter-Terroris Financing (Finance Institutions) Ordinance. Our Company reserves the right to ask for additional documents. 請遞交新持有人 / 信託人的身份證 / 護照副本。如為澳門繕發之保單,請一併遞交最近三個月內之住宅及永久地址證明文件副本。倘以公司名義之新持有人,必須根據現行之「打擊洗錢及恐怖分子資金」									劃 / 附加 I owner / f issued Terrorist 照副本。	
籌集(金融機構)條例」注 Please state the intended				ne new owner# 請述	明更改保單	持有人至	新持有人之	_ 之目的#:		
Education Savings 教	────────────────────────────────────									
New Owner / Trustee Occ			ease specify 其 *** ·	他,請辞処:						
Occupation	cupation" 利分白/	人,后式入城	<u>未"・</u> ————————————————————————————————————							
職位: Industry										
行業: Occupation Type 職業類別]¹ : ☐ Employed	就業	Self-Employed	 ∄ 自僱人士 □ U	nemployed	非就業				
Name of Employer 僱主名稱:				<u> </u>						
Business Address 辦事處地址:										
Designation 職銜:										
1 Please select either ONE Address" and "Designation 请以「X」號選擇其中一程 Politically Exposed Persor 1. Are you, or is your far any government branch of department / direct commissioner, perman chairman of military au 您或您的家庭人美是	on" MUST be prov 種「職業類別」。 n (PEP) Declaratio amily member*, o ch, judicial office, r for of bureau / co nent secretary, d uthority or state-ov 是否擔任或曾擔任	rided. 如果您的選技 n 政治人物 r have you, military auth mmissioner, leputy perm vned corpora 任何政府部	睪為「就業」, 证明 (New Owne or has your fority, public / st deputy secret anent secretar ation, or equiva 识別、司法機構	則必須提供「僱主名 r/Trustee MUST CO amily member* bee atutory body or state ary of department / y, member of parli lent position)? 、軍方組織、公共	稱」、「辦MPLETE 新n, entrustedes-owned coldeputy direament, jude	事處地址 持有人 / 信 d with a l rporation (ector of bu ge, chairn 或國有企	」及「職 託人必須 key positi (e.g., secr ureau / de nan or de 業之重要	銜」。 <mark>個答)</mark> ion in retary eputy eputy	Ye	usiness s 是 o 否
文问专概位); 2. Are you, or is your family (e.g., chairman, deputh 您或您的家庭成員*是社 * Family member refers to ne	ý chairman, secre 至擔任或曾擔任政算	tary, treasur 黨之重要職位	ér, membér of e 江(例如:主席	executive committee、副主席、秘書長、	:)? 司庫、執行:	· 委員會委員	•	party [=	s 是 o 否
* 您指新持有人,家庭成員是 If the answer is "Yes" to e highest title within the rele appointment. If the position 若上述任何選項屬「是」 任命年期。如重要職位是由	指新持有人的配偶、 either question about evant organization n is held by your fa ,請闡明有關重要	伴侶、父母、 ove, please , the name o amily memb 職位之詳情	子女及其配偶或件 provide details of the organizat er, please provi ,包括在有關機	俗以及新持有人的兄弟 of the relevant key ion, the country / re de his / her name al 緣構內之最高職銜、	姊妹。 position tha gion / provi nd relations	t has been nce of the hip with yo	e organiza ou.	ation, and	d the	term of
The company reserves the	e right to request a	additional inf	ormation on the	above declaration.						

本公司保留要求就有關上述聲明提供更多資訊的權利。

*As required by the Anti-Money Laundering and Counter-Terrorist Financing (Financial Institutions) Ordinance and other applicable guidelines, customer due diligence on new owner or trustee upon change of ownership shall be completed to the satisfaction of the Company. Therefore, the Company reserves the right to determine the scope of such customer due diligence, and to request you for further clarification and additional documents if deemed necessary.

** 本公司需要根據「打擊洗錢及恐怖分子資金籌集(金融機構)條例」及其他適用指引,就更改保單持有人對新持有人/信託人進行客戶盡職審查。因此,本公司保留權利決定該盡職審查之範圍,並要求作進一步闡述及索取其他文件。

				Policy	/ Nullibe	1 不半 机闷							
New Owner /	Trustee's Co	untry / Jurisdic	tion of Tax	Residence* 新	<u>持有人/信</u>	託人税務居 [,]	住國家/	司法管轄區	*:				
_	You must provide the following information 你必須填寫以下資料: Tax resident of Hong Kong only 唯一税務居住地為香港 Tax resident of Macau only 唯一税務居住地為澳門												
Country / Juriso	liction of tax	Tax Identificatio	n Number (TII	N) If no TIN :	available, p	lease enter Re	ason	If you selec	ted Reaso	on B. pleas	se explain		
residence 税務居住國家/		税務編號		(A, B or C	;)	請註明原因 (A		why you ar	e unable t 擇原因B,	o obtain a			
1													
2													
3													
原因 A - 新持有人 / ·	信託人所屬之國家	where the new owne / 司法管轄區沒有為其 e is otherwise unable	其居民設立税務編	號			re unable to	obtain a TIN	in the above	e table if yo	u have selecte		
原因 B - 新持有人 /· Reason C – No TIN	is required (Note	務編號或有同等功能 : Only select this reas :閣下所屬之司法管轄	son if the domest	tic law of the relevar	nt jurisdiction	does not require		n of the TIN is	sued by suc	ch jurisdictio	n)		
Important Note 注:		16日:川陶之可以自节	10000000000000000000000000000000000000	评业!而安以未 似切	高側 3加 ・ ノJ ・1] 72	5学是旧水四/							
residence, please of details of Residence 如閣下只聲明經濟台	Should you declared the OECD (Organisation for Economic Co-operation and Development) designated Residence / Citizenship by Investment schemes country(ies) as your sole tax esidence, please complete Supplementary Form for Common Reporting Standard (please refer to your agent / broker should you request for a copy). Please refer to OECD website for details of Residence / Citizenship by Investment schemes country(ies): https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/residence-citizenship-by-investment/ The Company is required by the laws to conduct due diligence on the new owner / trustee with respect to his / her / their tax residence, collect the required information and furnish a return to												
The Company is required by the laws to conduct due diligence on the new owner / trustee with respect to his / her / their tax residence, collect the required information and furnish a return to the governmental authorities. If there is any uncertainty about tax residency status, it is suggested that the new owner / trustee shall disclose the information in the above table and consult also your own tax advisor. 本公司是根據法律要求就新持有人 / 信託人之税務居住地進行盡職調查,並收集所需資料及提供給政府機關。如新持有人 / 信託人對稅務居住地有任何疑問,請於上述表格內表述並徵詢你的稅務顧問。													
* For new owne complete "Self	For new owner is a corporate, please complete "Self Certification Form – Entity" as required by the laws. If the entity is classified as passive NFE, please also complete "Self Certification Form – Controlling Person" for each identified controlling person.												
	倘以公司名義之新持有人,必須根據法律要求遞交「自我證明表格-實體」。如有關公司持有人之公司類別為被動非財務實體,每一位控權人必須填寫「自我證明表格-控權人」。 Source of Wealth / Source of Fund Declaration 財富來源 / 資金來源聲明												
						單及新保單持	持有人/信	託人,在此	比聲明:				
	We, the original and new owner / trustee of the policy, declare that 我們,為原保單及新保單持有人/信託人,在此聲明: there is <u>NO</u> change to source of wealth and source of fund since policy inception or last ownership / trustee change. 由此保單繕發或由上次更改持有人/信託人以來,財富來源和資金來源 沒有 改變。												
there is cha	由此味单緒發现由工人更改持有人/信託人以來,則當來源和資金來源 沒有 改變。 there is change to source of wealth and source of fund since policy inception or last ownership / trustee change. 由此保單繕發或由上次更改持有人/信託人以來,財富來源和資金來源已改變。												
		s the right to ask 持有人 / 信託人過				e / asset prod	of on new	owner / tru	ustee.)				
Premium Pay	or Declaration	n (Applicable f	or Premium	n Paying Polic	y only) 保	費付款人聲明	月(只適月	月於仍需繳 ⁶	付保費的	保單)			
請聲明下列何都	省為本次更改	ent premium pa 寺有人後的續保化			nis owners	ship change:							
	er新持有人 但	out for on the Niev	·· O····· +□ ×	2.4.4.1.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	1.								
=		ent from the Nev le relationship*			,	ion Form" MUST	ha nearidad	必須担六 [/-	+ 卦 / 次 业/ 新	2四妻 / \			
	•	p, please refer to the			iyor imormati	ON FORM MUST	ре рголаеа	. 必須旋又 一	秋人貝科賞	明音」)			
* 有關合資格關係的	詳情,請參閱「付	計款人資料聲明書」。											
New Owner C	orresponder	nce Address / T	elephone N	umbers / Ema	il Address	s: 新持有人選	動訊地址 /	電話號碼	/ 電郵地:	址:			
Correspondenc													
Please complete	e in English blo	ock letters. Post (Office Box is r	not accepted as	correspond	dence address	s. 請以英文 「	正楷填寫。	恕不接受動	『政信箱作	為通訊地址		
Flat / Room 室:			Floor 樓數:			Block 座數:							
Building / Estate 大廈 / 屋邨名稱:	Name												
No. & Name of S 街道名稱及號數/													
District 地區:		山 K 香港 /	KLN 九龍 / N.	Country .T.新界 國家:	,		Email / 電郵地	Address*					
Telephone Num	har 雷託縣雁·				Other C	ountries Telep							
Hong Kong					其他國家	電話號碼:							
香港	手提:				Mobile I 手提	Fixed Line Co 固網 回	untry Code 國家號碼	Area Code 地區號碼					
Macau 澳門	Office 公司:) -	- () -	-				
	Home 住宅:) -	- () -	-				
* are mandatory fie 為必填項目	lds				U.S. Tele 美國電話	ephone Numb 號碼:	er						

Poli	cy Number 保單號碼								
Residential Address and Permanent Address will be changed specify below. 住宅地址及永久地址將更改至此表格上填寫之通訊地址		ess stated	l on	this	form	, otherv	vise	plea	ıse
Residential Address 住宅地址:									
S bull									
Permanent Address 永久地址:									\neg
									$\overline{}$
Signature of New Owner :									
_									
新持有人簽名:									
By signing in this section, the New Owner agrees to assume all the obligations and be 就簽署此部份,新持有人同意需承擔所有受保單條款約束的責任及受保單條款和條件約束,此		of the Policy	which	currer	ntly bind	the Owner	er of t	he Po	licy.

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Par	Part B 乙部 Change of Contingent Owner / Contingent Trustee (Not applicable to policies with Insured at age 18 or above (exclude designated plan(s))) 更換第二持有人 / 信託人(不適用於受保人已年滿18歲或以上的保單(指定產品除外))										
	me of Contingent 二持有人 / 信託人!	Owner / Contingent T 姓名:	rustee								
	Relationship to Insured 與受保人關係: Sex 性別: 性別: MM月 DD日 YYYY年 ID / Passport No. 身份證 / 護照號碼:										
請打	Please provide reason for designating a non-immediate family as owner / trustee (except spouse, child, parent) 請提供委任非直系親屬為持有人 / 信託人的原因(配偶、子女、父母除外) Note 注意:										
If v Tru 如! 登記	Note 注意: If we approve your application, the Contingent Owner / Contingent Trustee you named in this Part B will replace the existing Contingent Owner / Contingent Trustee on our current record (if any) and we will register the individual you named in this Part B as the Contingent Owner / Contingent Trustee of your Policy. 如果我們批准您的申請,您於此乙部指名的第二持有人 / 信託人將取代我們現時的記錄中現有的第二持有人 / 信託人(如有),我們並將您於此乙部指名的個人登記為您的保單的第二持有人 / 信託人。 Part C 丙部 Change Of Beneficiary (Not applicable to juvenile policies currently issued under the Trust Provisions)										
			用現在受信託條文約束的			, , , , , , , , , , , , , , , , , , , ,					
	eneficiary's Name 益人姓名		Relationship to insured 與受保人之關係	Sex 性別		Birth (MM-DD-YYYY) 期(月-日-年)	ID / Passport No. 身份證 / 護照號碼	Share (%) 百分比			
revo the valid	ired and without bke the appoint proceeds for the dity of any appo	ut the consent of a ment of any benefic ne beneficiary, and o	ny beneficiary or trust ciary and substitute his change or revoke any	ee, by w / her ow prior trus	ritten no n name tee desi	otice to the Compar or any other name gnation or appointn	es the right, during the lifetime of ny in its prescribed form to :(a therefor; and (b) Appoint a trus nent. The Company is not respo eneficiary received by it pendin	Change and tee to receive onsible for the			
對於 其他 們遊	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準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。										
	or in equal share 如受益人超過一。	s (where the beneficia	ries rank equally and their	respective	e shares	are not specified).	the order of payment (if any) and sh 内利益將平均分配給各受益人(如各				
2.	The above chang 在上述保單仍然生	ge of beneficiary desig 上效及法律容許的情况	下,以上更改受益人的指示	才告生效	•	•	t to the extent permitted by law. Benefit Settlement Option (including	the Beneficiary			
	Flexi Option, if ap	oplicable) by submitting	g the appropriate from to ι	IS.			活選項,如適用)下所作出之選擇。	, and Bornondary			
Par	t D 丁部 🗌	Change of Sigr	nature 更換簽名								
	New Signature o 持有人 / 信託人之	f Owner / Trustee 新簽名				Iew Signature of insur 受保人之新簽名(倘非	ed (if different from the Owner) 持有人)				

Policy Number 保單號碼

Policy Number 保單號碼					

DECLARATION & AUTHORIZATION 聲明及授權

I, Owner / Trustee of the Policy, request that this Policy be changed according to the above particulars. I understand and agree that a copy of this request will be attached to and form a part of the said Policy. 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。本人明白及同意申請表之副本將附於本保單契約內,且構成保單契約之一部份。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。

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.

個人資料收集及使用

我 / 我們確認我 / 我們已閱讀、明白及同意我 / 我們的保單繕發人及 / 或退休金計劃服務提供者 (即友邦(國際)有限公司 (香港分行)、友邦(國際)有限公司 (澳門分行)及/或友邦保險有限公司 (如適用))的個人資料收集聲明 (「該聲明」),該聲明可在以下網址下載https://www.aia.com.hk/zh-hk/privacy-statement-main。

我/我們聲明及同意在本申請所載或我/我們的保單繕發人及/或退休金計劃服務提供者不時以任何方法收集、 獲得、編製或持有的任何個人資料及關於我/我們的保單、帳戶或投資的其他資料,可根據該聲明收集及使用。 我/我們知悉及同意就該聲明所述目的轉移我/我們的個人資料至香港境外/境內(如保單/退休金計劃在香港 繕發)或澳門境外/境內(如保單/退休金計劃在澳門繕發)(視乎情況而定)予該聲明所載的資料承讓人。 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。

By signing below, I / we represent that I am / we are not a U.S. person for purposes of U.S. federal income tax and that I am / we are not acting for, or on behalf of, a U.S. person. If the Owner is a body corporate, I / We represent that the Owner does not have any beneficial owner(s) with a 10% or more direct or indirect interest in the corporate who is a U.S. citizen, resident or U.S. Entity. I / We understand that the Company, believing this statement to be true, will rely on it and act on it. In the event this statement is incorrect / false, the Company reserves the right and shall be entitled to cancel the policy. Any policy issued may accordingly be considered void in which case the Company shall notify me / us and repay any premiums and levy (for Hong Kong policies)less reasonable charges and policy withdrawals / loans.

Note: A false statement or misrepresentation of tax status by a U.S. person could lead to penalties under U.S. law. If your tax status changes and you become a U.S. citizen or resident, you must notify us within 30 days. (This Clause is not applicable to U.S. citizens or residents, who must complete IRS Form W-9.)

於下方簽署作實,本人/我們聲明,就美國聯邦薪俸稅之有關事項而言,本人/我們並非美國人,及並不代表美國人行事。如持有人為法人,本人/我們聲明股東中沒有美國公民/美國居民/美國機構直接或間接持有大於10%的股權。本人/我們明白貴公司相信此陳述是真實的,並以此為依據及代為行事。倘若此陳述是不正確/虚假的,貴公司保留權利,並有權取消保單。任何依據此陳述而繕發的保單可視作無效。在這情況下,貴公司將通知我/我們償還扣除合理的費用及保單提款/貸款後的保費與保費徵費(香港保單適用)。

備註:根據美國法律,任何美國人就其稅務狀況有虛假或失實陳述,將會受到刑罰。若閣下的稅務狀況有更改,並且成為美國公民或居民, 請於三十日內通知本公司。(美國公民或居民必須填寫IRS 之 W-9 表格,而以上之有關條款並不適用。)

Policy Number 保單號碼	Policy Number 保單號碼										
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I / We acknowledge and irrevocably agree that the information contained in this form and information regarding the Applicant(s) and any Reportable Account(s)* may be provided to the tax authorities of the country / jurisdiction in which this account(s) is / are maintained and exchanged with tax authorities of another country / jurisdiction or countries / jurisdictions in which the Applicant(s) may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

*"Reportable Account" has the meanings ascribed to it under the "Common Standard on Reporting and Due Diligence for Financial Account Information" promulgated by the Organisation for Economic Cooperation and Development.

For individual applicant(s) - I / We certify that I am / we are the Applicant(s) (or am authorized to sign for the Applicant(s)) of all the account(s) to which this form relates.

For corporate applicant(s) - I certify that I am authorized to sign for the Applicant in respect of all the account(s) to which this form relates.

- I / We declare that all statements made in this declaration are, to the best of my / our knowledge and belief, correct and complete.
- I / We undertake to advise the Company within 30 days of any change in circumstances which affects the tax residency status of the party / parties identified as Applicant of this form or causes the information contained herein to become incorrect or incomplete, and to provide the Company with a suitably updated self-certification and Declaration within 30 days of such change in circumstances.
- I / We agree to indemnify the Company against any loss, claim and action in connection with any false, misleading or incomplete information of my / our nationality, residence and / or tax status.

本人/我們知悉並完全同意這表格內,所有資料及有關申請人之個人資料,和任何須申報帳戶*,將有可能提供予管理該帳戶的國家/司法管轄區之稅務機關,及轉交予其他國家/司法管轄區之稅務機關或申請人所屬之國家/司法管轄區為根據跨政府協議所訂之財務帳戶資料交換要求的國家/司法管轄區。

* "須申報帳戶"之定義請參考經濟合作與發展組織頒佈的"共同申報準則及財務帳戶資料之盡職調查"

由個人作申請人 - 本人/我們在此聲明,本人/我們是本申請書相關之全部帳戶的申請人(或獲申請人授權簽署)。

由公司作申請人 - 本人在此聲明, 本人是獲申請人授權簽署本申請書相關的全部帳戶。

- 本人/我們聲明一切在這份聲明之條款是基於本人/我們的據知及所信,並且是正確及完整的。
- 本人/我們承諾,如有任何改動會影響認定為申請人之一方/多方之稅務居民狀況內容,或導致其所載資料失實或不完整,本人/我們將於有關改動發生後30日內通知貴公司,並在該變動發生後30日內,向貴公司提交最新的自我證明書。
- 本人/我們同意賠償貴公司就本人/我們的國籍、居住及/或稅務狀況有關資料之虛報、誤導或不完整所導致的任何損失,索償及訴訟。

Signature of Insured (if different from the Owner) 受保人簽名(倘非持有人)	on DD日	YYYY年	on MM月 DD日 YYYY年 見證人簽名#
Signature of Owner 持有人簽名	on DD日	YYYY年	Name of Witness (English / Chinese name in Full) 見證人名姓名: (英文 / 中文全名)
Signature of Assignee (if applicable) 受讓人簽名(如適用)	on DD日	YYYY年	First 4 characters of HK / Macau ID Card Number of Witness 見證人之首四個位香港 / 澳門身份證號碼: XXXX OR First 5 characters of Passport No. 或護照首五個位之號碼: Contact Phone No. of Witness 見證人之聯絡電話號碼:

- * Note: This form MUST be signed by you in the presence of an adult witness. For beneficiary changes, the witness cannot be a named beneficiary or an existing beneficiary. For owner / trustee changes, the witness cannot be a proposed new owner / trustee. The above personal particulars of the witness will not be used by the Company for any marketing purposes, including any data-matching or direct marketing activities. Such data will only be used for the purpose of processing this application form, in particular, for the verification and confirmation of the identity(ies) of the signatory(ies) of this form.
- "注意:此申請表必須由閣下在成年見證人的作證下簽署。如申請事項為更改受益人,見證人不能夠是被提名的受益人或現有的受益人;如申請事項為更改持有人/信託人,見證人則不能夠是被提名的新持有人/信託人。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份之用。

PLEASE SIGN & RETURN IMMEDIATELY BUT NO LATER THAN 14 DAYS 請簽署後即時但不遲於14天內遞交 PLEASE DO NOT SIGN ON BLANK FORM 請勿在空白表格上簽署

"AIA" shall refer to AIA International Limited (Incorporated in Bermuda with limited liability), AIA Company Limited (Incorporated in Hong Kong with limited liability) or AIA Everest Life Company Limited (Incorporated in Hong Kong with limited liability), as the case may be, depending on the issuing company of the relevant insurance policies this form / request / correspondence is subject to.

· "AIA"指友邦保險(國際)有限公司(於百慕達註冊成立之有限公司),友邦保險有限公司(於香港註冊成立之有限公司)或友邦雋峰人壽有限公司(於香港註冊成立之 有限公司)(視情況而定),具體取決於本表格 / 要求相關保單的簽發公司。



Download our AIA+ mobile app to manage your policy! 下載 AIA+手機應用程式以便輕鬆管理您的保單!