

REQUEST FOR CHANGE FORM OF BASIC PLAN / SUPPLEMENTARY CONTRACT

更改基本計劃/附加契約申請表

Policy Number 保單號碼	Name of Insured 受保人姓名	Name of Owner 持有人姓名	
			1062
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	
			06112152
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	
TR Membership Number 業務代表會員號码 (For Brokers only 僅供經紀使用)		ANG	
TIPS: Check the checkbox (IA for HK; ANG for M 提示:選取方格(IA-香港;ANG-澳門)並填入物	lacau) and input the reg. no. using standard forma 詩定的登記號碼[香港號碼由2個英文字母 + 4位數:	at [for HK, it is 2 letters + 。 字組成;澳門號碼由3個화	4 digits; for Macau, it is 3 letters + 4 digits] 英文字母 + 4位數字組成]
Remark: If the stated AIA financial planner / broke 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			
PLEASE USE A SEPARATE FORM Please cross the appropriate box 前		分保單請填寫一份申	請表
Important Notes: 重要事項:	<u> </u>		
Health Certificate is required for addition 增加附加契約 / 提升保障級別 / 更改基本	on of rider(s), Upgrade of Benefit(s), and C	hange of Basic Plan.	
For Hong Kong Policies	►体際計画須旋×健康設明音。 ompulsory for Addition / Upgrade / Plan Cha	ange to FNA In-scope	Products.
香港保單適用 增加附加契約 / 提升保障級別 / 更改基本	、 保險計劃至非豁免FNA產品須提交財務需要		
For Macau Policies Financial Needs Analysis ("FNA") and Upgrade / Plan Change.	Declaration of Customers Understanding	g on Premium Inform	nation are compulsory for Addition /
澳門保單適用 增加附加契約 / 提升保障級別 / 更改基本	x保險計劃須提交財務需要分析表格和客戶對	對保費資訊理解之聲明	0
3. PGS illustration is compulsory for Plan 更改至非豁免PGS基本計劃須提交保單	建議書。		
4. Please complete Part C if you are app 如申請AIA健康系列,請填寫丙部。	lying AIA Vitality Series.		
PART A: Affordability Assessment Only applicable to FNA out-scope product(s)		品類別(香港保單適用)	
Note: You must reply at least either question 1 of application if you choose not to respond to both	,	e of them, please cross	it out. Please note that we will reject your
註 : 您必須至少回答問題1或2及3, 如您不欲回答	· 答其中一條,請將之删去。如您選擇不回應問題17		
Please pay attention: We shall assume level and products are not level and shall change in according to the state of the s	dance with the insured's age or other factors (suc	ch as inflation or claims e	xperience).
請注意:本公司於評估您繳付保費的負擔能力 (如通脹或賠償經驗)。	時,將假設年 	7保費亚非均衡亚曾隨者	·受保人年齡增長或其他因素而有所改變
 Disposable Income 可動用收入* * Monthly Disposable income equals to Mon 	thly Income minus Monthly Expenses 每月可動月	月收入等於每月收入減去每	尋月開支
1a. What is your average monthly income 在過去二十四個月裡,您從所有收入來	from all sources in the past 24 months?		HK\$ 港幣
(Including salary, bonus, commission, other deposit, interest from fixed income securiti 福利、物業租賃收入、銀行存款利息、 債券	allowances / compensations, property rental inco es and dividend from shares, etc. 包括薪金、 花 利息及股息等)	ome, interest from bank 芘紅、 佣金、 其他薪酬	/ Month 月
1b. What are your average monthly expen 在過去二十四個月裡,您每月平均開支			HK\$ 港幣
(Including mortgage installment, rent, clos 租金、衣服、交通、 借貸及保險費用等)	thing, transportation, loans, insurance premiun	n, etc. 包括樓宇按揭、	/ Month 月
1c. What percentage of your monthly disp assets) would you be able and willing t	posable income (i.e. after deducting the exocuse to pay for the insurance premium (ex		
entire term of the insurance policy? (cr 在整個保單期內,閣下能夠及願意繳付	oss one) 的保費(不包括閣下現有的其他保單)佔烫		
收入(即經扣除開支)的比率為?(請	選一項)	61%-80%	81%-100%

		Policy Nur	mber 保單	號碼						
2.	2. Net Liquid Assets 淨流動資產									
2a.	2a. What is your approximate current accumulative amount of Net liquid assets? 您現時累積的淨流動資產約有多少? * Note: Net liquid assets = Liquid assets - Current liabilities Liquid assets are assets which may be easily turned into cash. Real estate, coin collection and artwork are not considered as liquid assets. Current liabilities refer to premium financing and/or pledge loan and / or short-term liabilities (such as personal loan / debt, overdraft, etc) plus any interest accrued and payable. * 註:淨流動資產 = 流動資產 - 流動負債 流動資產是指可以容易變現為現金的資產。物業、錢幣收藏及藝術品均不能被視為流動資產。 流動負債是指保費融資及/或抵押貸款及/或短期債務(例如私人貸款/債務、透支等)及任何應計和應付利息。									
2b. What percentage of your Net Liquid Assets would you able and willing to use to pay for the insurance premium (excluding your existing insurance policy(ies)) throughout the entire term of the insurance policy? (cross one) 在整個保單期內,閣下能夠及願意繳付的保費(不包括閣下現有的其他保單)佔淨流動資產比率為?(請選一項)										existing
	≤10% 11%-20% 21%-40% 4	1%-60%	61%-8	80%	81%-100%					
3.	3. If you have not completed a FNA form, please provide the following information: 若您未有填寫財務需要分析表格,請提供以下資料: Applicant's Education Level 申請人教育程度: Primary or below 小學或以下 Secondary 中學 Tertiary or above 大專或以上									
Se For	PART B 乙部 Section 1: Addition of Supplementary Benefit 第一部分:增加附加契約 For Hong Kong Policy Only 只適用於香港保單 □ 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」。 For Macau Policy Only 只適用於澳門保單 □ Please cross the box of the left if you obtain funding from your other policies to purchase the supplementary benefit. Besides, you are required to submit the signed Customer Declaration for Policy Replacement together. 如閣下使用或打算使用您的現有保單資金以資助購買新附加契約,請在左列□一欄劃上X。同時,您必須將已簽署的《人壽保險客戶轉保聲明書》一併提交。								m設的 omit the	
	□ Please specify the supplementary contract to be added below 請於下方列明增加之附加契約 □ Apply for AIA Vitality Series (if applicable) for selected plans or supplementary / optional benefits. □ Aciga 的計劃或附加 / 可附加保障申請AIA健康系列(知適用)。 □ Does the application of addition of supplementary benefit meet your objective of preparation for health care needs? (Must answer) □ 此增加附加契約申請是否迎合您的醫療需要作準備的目標? (必須作答) □ No 否 □ Yes 是 (cross one or more可選多於一項) □ The product meets my insurance objective of providing protection against loss of income during hospital confinement, and it is a medical insurance product with hospital income protection.									
For For	Section 2: Upgrade / Downgrade of Benefit 第二部分:提升 / 降低保障級別 For Hong Kong Policy Only 只適用於香港保單 □ 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」。 For Macau Policy Only 只適用於澳門保單 You are required to submit the signed Customer Declaration for Policy Replacement together. 您必須將已簽署的《人壽保險客戶轉保聲明書》一併提交。									
	Benefit Upgrade 提升保障級別 Benefit Downgrade 降低保障	章級別								
Fro	om 由	plans 為已	y for AIA s or supple 選的計畫 適用)。	ementary	/ / op	tiona	al bene	fits.		

		Policy Number 保單號碼 _							
Section 3: Change of Basic Plan or Reduce Sum Assured / Principal Amount^第三部分: 更改基本保險計劃或減少保額 / 基本金額^Please note that the revised Sum Assured / Principal Amount^ are subject to the Company's requirements. 請注意,申請完成後的保額 / 基本金額^需符合公司之要求。 ^ can also be expressed as Principal Sum / Principal Amount / Face Amount in accordance with your Basic Plan Contract. For any medical and accident coverage, this can be defined as Benefit Amount. 視乎閣下的基本計劃契約而定,亦可表達為主要保額 / 基本金額 / 基本保額。醫療及個人意外保障則可定義為利益金額。 (Applicable to AIA Assemble basic plan only) Once the Initial Sum Assured of the Life Cover is reduced, the Initial Sum Assured of all Respective Covers of your AIA Assemble policy will be proportionately reduced. The Initial Sum Assured of the Life Cover and all Respective Covers must meet the Company's minimum Initial Sum Assured requirements. (只適用於「自在自選」危疾保基本計劃)當人壽保障類別的原有保額均會按比例減少。人壽保障類別及所有相應保障類別的原有保額均需符合本公司的最低原有保額之要求。 For Hong Kong Policy Only 只適用於香港保單 □ 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」。 For Macau Policy Only 只適用於澳門保單 You are required to submit the signed Customer Declaration for Policy Replacement together. 您必須將已簽署的《人壽保險客戶轉保聲明書》一併提交。									
Change	of Basic Plan 更改基本保險計劃	Reduce Sum Assured / Princip	pal Amour	nt^ 減少保額	頂/基本	金額^			
From 由	To 至	From 由	To 至						
Others, plea	ase specify: 其他,請詳述:								
Instruction: For custome to read and 客戶指引: 就申請更改詞 Application I, the policy plan chapes	English: ・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・								
plan change available at https://www.aia.com.hk/en/products/further-product-information/important-note-for-plan-change.html and I agree to those important information. I hereby submit my application for a change of my existing insurance plan. 申請更改計劃 本人,保單持有人,計劃申請更改計劃。本人已閱讀及明白於 https://www.aia.com.hk/zh-hk/products/further-product-information/important-note-for-plan-change.html 內有關更改計劃的重要資料,本人同意該等重要資料,及就更改現有本人的保險計劃作出申請。									
I acknowledge and understand that due to my request for change of basic plan, the Basic Policy (including but not limited to the premium and cash values) are amended as illustrated in this illustration. Any rider with coverage and premium correlated to the basic plan will be adjusted accordingly. Except that, the riders (if any) referred to in the Policy Information Page will remain the same unless there is an addition or deletion of rider. (Only Applicable for Plan Change to PGS In-scope Basic Plans) 我確認及明白因應本人更改基本計劃的申請,基本保單(包括但不限於保費及現金價值)已如本建議書所示而更改。任何與基本計劃相關的附加契約的保障金額及保費將相應調整。除此之外,在沒有新增或刪減附加契約的情況下,保單資料頁所列的附加契約(如有)將維持不變。(只適用於更改至非豁免PGS基本計劃)									
Section 4:	Deletion of Supplementary Contract 第四部分:	D消附加契約 							
Please	specify the supplementary contract to be deleted below 請放	令下方列明取消之附加契約							
PART C: [Declaration for applying AIA Vitality Series 丙部:	申請AIA健康系列之聲明							
	the link below to read and study these statements which s		tions. Plea	ase cross t	he box	below			
to confirm. $\frac{1}{2}$ https://w	情仔細閱讀以下連結內之陳述文件,當中列出了重要的條款和 www.aia.com.hk/en/our-products/aia-vitality/vitality-illustration dicy owner, have read, understood and agree to be bound be povided, and I also expressly acknowledge that the AIA Vitali	和條件。 請在下列空格內劃上"X" <u>n.html</u> by the paragraphs and statements sl	號以確認 hown in th	. 13 356					
reference <u>https://w</u> 本人,促 健康程式	ity 1								

Policy Number 保單號碼									
PART D: PRODUCT SELECTION DECLARATION 丁部:產品選擇聲明									
Insurance Knowledge and Experience declaration 保險知識及經驗聲明: - I/We have received the product brochure(s) of the product I / we selected (where applicable). - 本人/我們曾收取本人/我們所選擇產品之產品小冊子(如適用)。 - I/We have sufficient knowledge and experience to fully understand and accept the product features, benefits, fees and charges, surrender penalties and its associated risks and key exclusions (where applicable). - 本人/我們具有足夠認知及經驗作出充分之理解及接受產品特色、利益、費用及收費、退保費用及與產品相關連的風險及主要不受保事項(如適用)。 I/We hereby declare and agree that 本人/我們現聲明並同意: (A) Having considered the advice and recommendation of the intermediary, the product(s) (including FNA exempted product(s)) and the insurance amount I / we selected are suitable for me / us as they meet my / our disclosed priority of needs and provide me / us with extra protection / coverage. And, I / we can afford and anticipate to pay the required premiums continuously if necessary. - 本人/我們已考慮中介人的意見及建議,並確認本人/我們所選擇的產品(包括豁免財務需要分析之產品)及保險金額適合本人/我們,蓋因有關產品符合本人/我們已披露需要之重要性排序及為本人/我們提供了額外保障。本人/我們能夠負擔及預計會繼續支付所選擇產品的保費(如需要)。 (B) Despite the fact that the intermediary has explained to me / us that my / our final selected product(s) is not suitable for me / us with reference to my/our disclosed information during suitability assessment, I / we confirm that it is my / our decision to proceed with the application due to the reason below. Besides, I / we can afford and anticipate to pay the required premiums continuously if necessary. - 儘管中介人已根據在合適性評估中本人/我們因自身喜好所作出的決定 - (b) My / Our decision after going through suitability assessment process 本人/我們經合適性評估後所作出的決定 - (c) My / Our decision as my family member(s) / friend(s) has purchased the same product(s) 本人/我們因親友購買了同一產品所作出的決定 - (d) I/ we agree with intermediary's recommendation to purchase the said product(s) though it is mismatched with my / our disclosed information during suitability assessment process 本人/我們養自動之所以表面的表面,如果是在表面,如果是在表面,如果是在表面,我们就可以表面的表面,如果是有的表面,就可以表面,我们就可以表面,我们就可以表面,我们就可以更具有更具有的表面,我们就可以可以使用。 - (d) I/ we agree with intermediary's recommendation									
 Declaration & Authorization Terms and Conditions: 1) This request is NOT valid until (1) it is recorded as received by AIA (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. Receipt of this form by AIA Financial Planner or your broker does not constitute recorded receipt by the Company. The final decision on the validity of this form rests with the Company. I / We hereby irrevocably authorize: The Company to enter into arrangements with Panel Network Providers to provide specified medical 									

2) I / We declare and agree that the mode of payment of my / our Life Policy with the same policy number will be adopted and that no insurance or request for change will be effected unless this application has been recorded as received and approved by the Company.

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.

No Third Party Rights: I / We understand and agree that 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.

For Addition of rider, upgrade benefit, plan change to VHIS product:

services to me / us (if and as applicable)

1) The following glossary is for the purpose of making reference to words and expressions used in VHIS Certified Plans.

The words and expressions mentioned in column 1 of the table below shall be referred to the words and expressions mentioned in column 2 of the table below:

Policy/Supplementary Contract (as the case may be) and its pertinent correspondence/documents	2. Terms and Conditions for VHIS Certified Plans
"Insured"	"Insured Person"
"Contingent Owner" / "Trustee"	"successive Policy Holder"
"Owner", "You" or "Your"	"Policy Holder"
"Policy Anniversary Date"	"Renewal Date"
"Policy Date"	"Policy Issuance Date"

- 2) I have read and understood the information on tax deduction and understood that I may be eligible for tax deduction for the relevant premiums paid subject to the provisions of the Inland Revenue Ordinance (Cap. 112). I confirm and understand that I may be required to provide valid documentation proofs from time to time for the purpose of claiming for tax deduction pursuant to the Inland Revenue Ordinance (Cap. 112). AIA and its intermediaries does not provide tax or accounting advice and I should consult my own tax and accounting advisors for any tax advice.
- 3) If a successive Policy Holder has been selected, such successive Policy Holder has no right to enforce any of the terms of the VHIS policy (including but not limited to all the options, benefits or privilege under the VHIS policy) unless or until the ownership of the VHIS policy has been successfully transferred to such successive Policy Holder.
- 4) Terms and Benefits have been prepared in both English and Chinese. Both English and Chinese versions are official versions and neither one shall prevail over the other. Any inconsistency shall be interpreted in favour of the Policy Holder.

Important Note: Payment does not guarantee immediate approval of the application or at all. The reinstatement / addition of rider / change of scheme / increasing sum assured / removal of exclusion / removal of medical rating, whichever is applicable, will only become effective when we receive the relevant documents and any required amount, including but not limited to the health certificate and full premium, as well as any outstanding levy amount due and overdue (for Hong Kong policies), and provided that we accept and approve the satisfactory proof of the insured's current health condition and other necessary requirements are met to our satisfaction. We reserve the right to withhold, refuse and / or reject any application.

Effective on 1 January 2018, levy is payable on each premium for both new and in-force Hong Kong policies pursuant to the Insurance (Levy) Order and the Insurance (Levy) Regulation, which includes both regular and top-up premiums. Different levy rates apply, which are dependent upon the policy date or the policy anniversary date. The prescribed levy shall be subject to change from time to time.

upon the policy date or the policy anniversary date. The prescribed levy shall be subject to change from time to time.

The policy owner is required to pay to us the prescribed levy along with the premium. Any failure to do so may result in a breach of the Insurance (Levy) Regulation under which the Insurance Authority may impose on the policy owner concerned a pecuniary penalty not exceeding HK\$5,000 and take legal proceedings to recover any outstanding levy and penalty as a civil debt.

Policy Number 保單號碼					

聲明同意

條款:

- 1) 此申請表需於(1)受保人及持有人生存期間獲友邦(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 財務策劃顧問或您的經紀收到的申請表並不代表貴公司亦已收到。
 - 本人/我們茲授權:貴公司為本人/我們安排醫療網絡組織之服務提供者進行指定之醫療服務(如適用)。
- 2) 本人/我們聲明及同意採用與本人/我們的壽險保單相同號碼之付款形式,所有未經貴公司收到、存檔及批准之保險或更改保單之申請一概無效。

申請:本人/我們在此要求保單按照上述細則更改,本人/我們並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。 如更改受益人,本人/我們確認本人/我們之前為此保單所委任之任何受益人(受保人之遺產除外)均完全知悉此「更改保單申請表」上之 內容,而且並無就此申請提出反對。

沒有第三者權利:本人/我們明白及同意非保單合約一方(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。

只適用於增加附加契約/提升保障級別/更改保險計劃至自願醫保產品:

1) 本詞彙表是為參照自願醫保認可產品中使用的字詞而編寫。

下表第1欄中所述的字詞應參照下表第2欄中所述的字詞:

1. 保單/附加契約(視乎情況而定)及其相關信函/文件	2. 自願醫保認可產品的條款及細則
「第二持有人」/ 「信託人」	「保單的承繼人」
「持有人」、「您」、「您的」	「保單持有人」
「保單週年日」	「續保日」
「保單日期」	「保單簽發日」

- 2) 本人已閱讀及明白有關稅務扣減之資料並明白本人所支付的保費按《稅務條例》(第112章)或能合資格申請稅務扣減。本人確認及明白就申請稅務扣減時,本人可能不時需要遞交其他有效的文件以符合《稅務條例》(第112章)。友邦香港及其中介不會提供任何稅務或會計建議。就任何稅務建議,本人應諮詢本人的稅務和會計顧問。
- 3) 如已訂立保單的承繼人,有關保單的承繼人沒有權利行使自願醫保保單內的任何條款(包括但不限於所有自願醫保保單內的選項,利益及特權),除非或直至有關自願醫保保單的擁有權成功地轉移至有關保單的承繼人。
- 4) 條款及保障備有中文及英文版本。兩者均為正式版本,具相同效力。若兩者存有歧義,必須以較有利保單持有人的詮釋為準。

重要事項: 已付款並不保證申請獲即時批核。有關之復效/增加附加契約/更改基本保險計劃/增加保額/刪除不保事項/刪除額外保費(以適用者為準)申請,將於本公司收妥相關文件及所需金額,包括但不限於健康證明書,全數保費,及任何到期及逾期而未繳清之保費徵費(香港保單適用),並獲本公司接納及批准受保人的健康現況證明,及其他所需要求後,方為正式生效。本公司保留權利擱置,拒絕及/或駁回任何申請。保費徵費將於二零一八年一月一日實行。根據《保險業(徵費)令》及《保險業(徵費)規例》,保費徵費是基於新的保單和有效保單的保費收取的,這包括定期保費和額外投資保費。根據保單日期及保單週年日,將會收取不同的徵費率。規定的保費徵費會不時作出調整。保單持有人必須將規定的保費徵費連同保費一同繳付給本公司。如申請人沒有繳付保費徵費和保費,申請人將會被視為違反《保險業(徵費)規例》,保險業監管局(保監局)將有可能向申請人收取不多於港幣五千元的罰款,並會採取法律行動以民事債項為基礎追收未償付的保費徵費及罰款。

CANCELLATION RIGHTS AND REFUND OF PREMIUM(S) AND LEVY (IF ANY):

(This clause is only applicable to VHIS products)

I, the policyowner, understand that I have the right to cancel this Addition of rider, upgrade benefit, plan change to VHIS product and obtain a refund of any premium(s) and any levy paid (if any) by giving written notice. Such notice must be signed by me and received directly by the Customer Service Centre of AIA International Limited at 12/F, AIA Tower, 183 Electric Road, North Point, Hong Kong within 21 calendar days after this addition of rider, upgrade benefit, plan change request to VHIS product is being effective.

撤銷申請及退還保費及保費徵費(如有):

(本條款僅適用於自願醫保產品)

本人,保單持有人,明白,本人有權以書面通知撤銷此增加附加契約/提升保障級別/更改保險計劃申請至自願醫保產品並取回已繳保費及已繳保費徵費(如有)。有關書面通知必須由本人簽署,並確保此增加附加契約/提升保障級別/更改保險計劃至自願醫保產品申請生效後起計二十一個曆日內,呈交至香港北角電氣道一百八十三號友邦廣場十二樓之友邦保險(國際)有限公司客戶服務中心。

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。

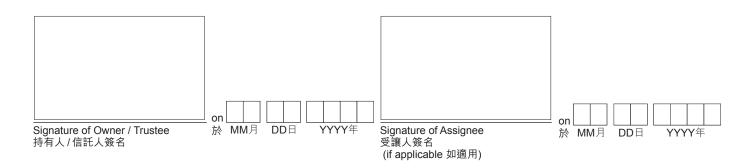
Policy Number 保單號碼					

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. 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 premium 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,就美國聯邦薪俸税之有關事項而言,本人/我們並非美國人,及並不代表美國人行事。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,任何美國人就其税務狀況有虛假或失實陳述,將會受到刑罰。若閣下的税務狀況有更改,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。)



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

[&]quot;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)(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!

[&]quot;AIA" shall refer to AIA International Limited (Incorporated in Bermuda with limited liability), AIA 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.