



REQUEST FOR CHANGE OF INSURED FORM

更改受保人申請表

Policy Number 保單號碼	Name of Insured 受保人姓名	Name of Owner 持有人姓名	 08582070
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	
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	
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="checkbox"/> ANG		

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。

IMPORTANT NOTES 重要資料

I / We understand and agree that: 本人 / 我們明白及同意：

- This request is only applicable for the policies with Change of Insured Option or Contingent Insured arrangement.
此申請表只適用於有更改受保人選項或第二受保人安排之保單。
- This form is only applicable for change of Insured under Change of Insured Option or Contingent Insured arrangement. In respect of the request for designating / modifying / removing Contingent Insured, please use Request for Designation / Removal of Contingent Insured Form.
此申請表只適用於申請透過更改受保人選項或第二受保人安排而更改受保人。如需申請指定 / 轉換 / 移除保單之第二受保人，請使用指定 / 移除第二受保人申請表。
- 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分。
- 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。
- 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。
- Any amendments in this form must be countersigned by the Owner / Assignee in full signature.
持有人 / 受讓人必須於此申請表內任何曾修改的地方簽署確實。
- 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。
- Any Request for Change of Insured does not change the ownership / Beneficiary(ies) or the mode of payment under the Policy.
申請更改保單受保人不會更改此保單之持有人 / 受益人及付款形式。
- 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 Beneficiary(ies) ("the Parties"), or any of them; ii) any information relating to the 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。
- A person who is not a party to the Policy (including but not limited to the Proposed New Insured / Contingent Insured or Existing Insured or the Beneficiary(ies)) has no right to enforce any of the terms of the Policy.
非保單合約一方（包括但不限於新受保人 / 第二受保人及原有受保人及受益人）沒有權利執行任何保單條款。
- The precise terms and conditions of this plan are specified in the policy contract. Please refer to the policy contract for the definitions of capitalised terms, and the exact and complete terms and conditions of cover.
本計劃的精確條款及條件列載於保單契約。有關此計劃條款的定義、契約條款及條件之完整敘述，請參閱保單契約。

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For applying the change of Insured through Change of Insured Option: 適用於申請透過更改受保人選項而更改受保人：

- 1) This request is NOT valid until (a) it is recorded as received by AIA International Limited (the "Company") during the lifetime of BOTH Proposed New Insured and Existing Insured of the above policy (the "Policy") and (b) it is finally accepted and approved by the Company by way of Endorsement or letter.
此申請表需於(a)上述保單（即「保單」）的擬定之新受保人及原有受保人生存期間獲友邦保險(國際)有限公司（即「本公司」）收到並存檔及(b)最終經本公司以批註或信函接納及批准方為有效。
- 2) This form must be signed by the Proposed New Insured / Existing Insured / Owner / Assignee, when applicable, under the section of Declaration and Authorization. Proposed New Insured / Existing Insured / Owner / Assignee's signature, when applicable, must correspond with the Company's latest available record (if any).
擬定之新受保人 / 原有受保人 / 持有人 / 受讓人（如適用）簽署此申請表的「聲明及授權」部分，擬定之新受保人 / 原有受保人 / 持有人 / 受讓人（如適用）的簽名必須與本公司的最近存檔紀錄相符（如有）。
- 3) Upon the change of Insured of the Policy, the coverage on the New Insured shall commence on the effective date of change as recorded in the endorsement issued by the Company ("Effective Date of Change"), and the coverage on the Existing Insured shall cease simultaneously on the same date.
當更改此保單之受保人後，新受保人將於由本公司簽發的批註上記錄的更改之生效日期（「更改生效日」）開始享有保障，而原有受保人享有的保障則於同日終止。
- 4) Upon the change of Insured of the Policy, all existing riders of the Policy will be terminated on the Effective Date of Change (except Payor Benefit Rider (if any) which shall remain in force provided that the age of the New Insured is between 15 days and 17 at the time of this application for change of Insured, while its premium may be adjusted in accordance with any different coverage period). Any waiver of premium that has commenced under any riders (e.g. Waiver of Premium Rider and Payor Benefit Rider) will also be terminated.
當更改此保單之受保人後，附加於保單上之所有附加契約將由更改生效日起終止（付款人保障附加契約（如有）除外，若新受保人在申請更改受保人時之年齡為15日至17歲，此附加契約將繼續生效而其保費或會根據任何不同之保障年期有所調整）。於任何附加契約（如免付保費附加契約及付款人保障附加契約）下已生效之繳付保費豁免亦將一同終止。
- 5) The 2-year period described in the Incontestability clause of the Basic Policy shall be measured from the Effective Date of Change.
此基本保單之不得提出異議條文所指的2年期，將由更改生效日起計算。
- 6) If the New Insured commits suicide within 1 year from the Effective Date of Change, the Company's liability under the Policy will be limited to (a) the refund of premium(s) paid of the Basic Policy (without interest) or (b) the sum of Guaranteed Cash Value, any cash value of Reversionary Bonus (if applicable), any cash value of Terminal Bonus and any remaining balance of the Bonus Lock-in Account / the sum of Guaranteed Cash Value, any dividend accumulations with any interest, any Terminal Dividend and any remaining balance of the Terminal Dividend Lock-in Account (as the case may be), as at the date of death of the New Insured, whichever is higher, less any Policy Debt.
若新受保人於更改生效日起計1年內自殺身亡，我們就此保單的賠償責任只限退還新受保人於身故日期當日之(a)基本保單的已付保費（不包括利息）或(b)保證現金價值、任何復歸紅利的現金價值（如適用）、任何終期分紅的現金價值及任何紅利及分紅鎖定戶口餘額的總和 / 保證現金價值、任何累積紅利及任何利息、任何終期紅利及任何終期紅利鎖定戶口餘額的總和（視屬何情況而定），以較高者為準，並會扣除所有保單欠款。
- 7) By triggering the Change of Insured Option, the Owner and the proposed New Insured acknowledge and understand that, pursuant to the Policy provision, if the Owner passes away whilst the Policy is in force, the New Insured (for Insured aged 18 or above), the Contingent Owner (for Insured under the age of 18 and where Contingent Owner is named) or the successor to the Owner's estate (for Insured under the age of 18 and where no Contingent Owner is named) will become the new Owner. Accordingly, if any of the premiums of the Policy have not been fully paid, such new Owner will have to continue paying premium(s) according to the selected premium payment schedule - otherwise, the Policy benefits (which include the Policy value, if applicable) may be significantly reduced or the Policy and the coverage may even be terminated as a result. The new Owner may receive an amount considerably less than the total amount of premiums paid.
在行使更改受保人選項時，持有人和擬定之新受保人知悉及明白到，根據保單契約，如持有人於保單生效時身故，新受保人（如受保人已年滿18歲或以上）、第二持有人（如受保人未滿18歲，並有指定之第二持有人）或持有人的遺產繼承人（如受保人未滿18歲，而並無指定之第二持有人）將成為新持有人。因此，如保單的任何保費仍未繳清，該新持有人應按所選的保費繳付時間表繼續準時繳交保費—否則，保單利益（包括保單價值，如適用）可能會被明顯減少或保單及保障甚至可能因此而被終止。新持有人所收取的金額可能大幅少於已繳的總保費。

For applying the change of Insured through Contingent Insured arrangement: 適用於申請透過第二受保人安排而更改受保人：

- 1) This request is NOT valid until (a) it is recorded as received by the Company during the lifetime of Contingent Insured of the Policy and (b) it is finally accepted and approved by the Company by way of Endorsement or letter within 1 year from the date of death of the current Insured ("Deceased Insured").
此申請表需於(a)上述保單（即「保單」）的第二受保人生存期間獲友邦保險(國際)有限公司（即「本公司」）收到並存檔及(b)最終於現有受保人（「已故受保人」）的身故當日起計一年內經本公司以批註或信函接納及批准方為有效。
- 2) This form must be signed by the Contingent Insured / Owner / Assignee, when applicable, under the section of Declaration and Authorization. Contingent Insured / Owner / Assignee's signature, when applicable, must correspond with the Company's latest available record (if any).
第二受保人 / 持有人 / 受讓人（如適用）簽署此申請表的「聲明及授權」部分，第二受保人 / 持有人 / 受讓人（如適用）的簽名必須與本公司的最近存檔紀錄相符（如有）。
- 3) Upon the change of Insured of the Policy, the coverage on the Contingent Insured shall commence on the date of death of the Deceased Insured as recorded in the endorsement issued by the Company, and the coverage on the Deceased Insured shall cease simultaneously on the same date.
當更改此保單之受保人後，第二受保人將於由本公司簽發的批註上記錄的已故受保人身故當日開始享有保障，而已故受保人享有的保障則於同日終止。
- 4) Upon the change of Insured of the Policy, all existing riders of the Policy will be terminated on the date of death of the Deceased Insured (except Payor Benefit Rider (if any) which shall remain in force provided that the age of the Contingent Insured is between 15 days and 17 at the time of this application for change of Insured, while its premium may be adjusted in accordance with any different coverage period). Any waiver of premium that has commenced under any riders (e.g. Waiver of Premium Rider and Payor Benefit Rider) will also be terminated.
當更改此保單之受保人後，附加於保單上之所有附加契約將由已故受保人身故當日起終止（付款人保障附加契約（如有）除外，若第二受保人在已故受保人身故當日之年齡為15日至17歲，此附加契約將繼續生效而其保費或會根據任何不同之保障年期有所調整）。於任何附加契約（如免付保費附加契約及付款人保障附加契約）下已生效之繳付保費豁免亦將一同終止。
- 5) The 2-year period described in the Incontestability clause of the Basic Policy shall be measured from the issue date of the endorsement which records the Contingent Insured becoming the Insured.
此基本保單之不得提出異議條文所指的2年期，將由於記錄第二受保人成為受保人之批註的簽發日期起計算。
- 6) If the Contingent Insured commits suicide within 1 year from the issue date of the endorsement which records the Contingent Insured becoming the Insured, the Company's liability under the Policy will be limited to (a) the refund of premium(s) paid of the Basic Policy (without interest) or (b) the sum of Guaranteed Cash Value, any cash value of Reversionary Bonus (if applicable), any cash value of Terminal Bonus and any remaining balance of the Bonus Lock-in Account / the sum of Guaranteed Cash Value, any dividend accumulations with any interest, any Terminal Dividend and any remaining balance of the Terminal Dividend Lock-in Account (as the case may be), as at the date of death of the Contingent Insured, whichever is higher, less any Policy Debt.
若第二受保人於記錄第二受保人成為受保人之批註的簽發日期起計1年內自殺身亡，我們就此保單的賠償責任只限退還第二受保人於身故日期當日之(a)基本保單的已付保費（不包括利息）或(b)保證現金價值、任何復歸紅利的現金價值（如適用）、任何終期分紅的現金價值及任何紅利及分紅鎖定戶口餘額的總和 / 保證現金價值、任何累積紅利及任何利息、任何終期紅利及任何終期紅利鎖定戶口餘額的總和（視屬何情況而定），以較高者為準，並會扣除所有保單欠款。
- 7) By changing the Insured through Contingent Insured arrangement, the Owner and the Contingent Insured acknowledge and understand that, pursuant to the Policy provision, if the Owner passes away whilst the Policy is in force, the Contingent Insured (for Insured aged 18 or above), the Contingent Owner (for Insured under the age of 18 and where Contingent Owner is named) or the successor to the Owner's estate (for Insured under the age of 18 and where no Contingent Owner is named) will become the new Owner. Accordingly, if any of the premiums of the Policy have not been fully paid, such new Owner will have to continue paying premium(s) according to the selected premium payment schedule - otherwise, the Policy benefits (which include the Policy value, if applicable) may be significantly reduced or the Policy and the coverage may even be terminated as a result. The new Owner may receive an amount considerably less than the total amount of premiums paid.
在透過第二受保人安排而更改受保人時，持有人和第二受保人知悉及明白到，根據保單契約，如持有人於保單生效時身故，第二受保人（如受保人已年滿18歲或以上）、第二持有人（如受保人未滿18歲，並有指定之第二持有人）或持有人的遺產繼承人（如受保人未滿18歲，而並無指定之第二持有人）將成為新持有人。因此，如保單的任何保費仍未繳清，該新持有人應按所選的保費繳付時間表繼續準時繳交保費—否則，保單利益（包括保單價值，如適用）可能會被明顯減少或保單及保障甚至可能因此而被終止。新持有人所收取的金額可能大幅少於已繳的總保費。

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

I / We would like to apply for the change of Insured through 本人 / 我們希望申請透過以下方法更改受保人

☐ Change of Insured Option 更改受保人選項

☐ Contingent Insured arrangement 第二受保人安排 (Applicable for the existing Insured is deceased / 適用於現有受保人已身故)

Date of Death of the Deceased Insured:

已故受保人身故當日：

MM月 DD日 YYYY年

A. Proposed New Insured Information 擬定之新受保人資料

English Name of proposed New Insured:

擬定之新受保人英文姓名：

Chinese Name of proposed New Insured:

擬定之新受保人中文姓名：

ID card / Passport No.:

身份證 / 護照號碼：

Date of birth:

出生日期：

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MM月	DD日	YYYY年			

Sex:

性別：

Nationality:

國籍：

Residential Address:

住宅地址：

Relationship to existing Owner:

與現有保單持有人的關係：

Existing Beneficiary(ies) Name:

現有保單受益人姓名：

Relationship to existing Beneficiary(ies):

與現有保單受益人的關係：

For Corporate Applicant, please complete the below section

若為公司客戶，請一併填妥以下部份。

Name of Corporate:

公司名稱：

Position of Proposed New Insured:

擬定之新受保人職位：

No. of Years with the corporate of Proposed New Insured:

擬定之新受保人任職年期：

Type of Employee of Proposed New Insured 擬定之新受保人工種

☐ Permanent 長工 ☐ Temporary 臨時工 ☐ Contract 合約 ☐ Others, please specify 其他，請註明 _____

Is the Proposed New Insured a key personnel of the company? 擬定之新受保人是否公司的主要員工？

☐ Yes 是 ☐ No 不是

Average monthly earned income in the past 24 months from this company of Proposed New Insured

擬定之新受保人過去24個月內於此公司之平均每月收入

HK\$ 港幣 _____

Note 注意：

- (1) Please complete Health Certificate and Request for Change Form if rider is added at the same time.
如同時增加附加契約，請填寫健康證明書及更改保單申請表。
- (2) Please submit copy of ID card copy / passport of the proposed New Insured / Contingent Insured. If application for change of Insured through contingent insured arrangement is made, please also submit copy of Death Certificate of the Deceased Insured.
請遞交擬定之新受保人 / 第二受保人的身份證 / 護照副本。如申請透過第二受保人安排更改受保人，請同時遞交已故受保人之死亡登記證明書副本。
- (3) Please include all existing Beneficiaries and their relationships to the proposed New Insured / Contingent Insured if more than one Beneficiary has been designated.
如保單受益人超過一人，請填寫所有保單受益人名稱及其與擬定之新受保人 / 第二受保人的關係。
- (4) (Applicable for Change of Insured Option 適用於更改受保人選項)
The age of the proposed New Insured at the signed date of this Form must be between 15 days and 60.
擬定之新受保人於此表格之簽署日期時之年齡須為15日至60歲。
(Applicable for Contingent Insured Arrangement 適用於第二受保人安排)
The age of the Contingent Insured at the date of death of Deceased Insured must be between 15 days and 60.
第二受保人於已故受保人身故當日時之年齡須為15日至60歲。

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B. Forward-Dated Change of Insured Instruction 更改受保人預設生效日指示
(Only applicable for Change of Insured Option 只適用於更改受保人選項)

If the below is left blank, the Owner's request for Change of Insured (from the Existing Insured to the Proposed New Insured referred to in section A above) will be processed immediately upon receipt of this form by the Company.

如您未有填寫以下日期，本公司將會在收到本申請表後立即處理由持有人申請您的更改受保人申請（由原有受保人變為上述A部提及的擬定之新受保人）。

Target Effective Date of Change: _____

預計更改生效日：_____

Note 注意：

(1) Only when the Company has received all the required documents / information, the Company will proceed to process the Owner's request for Forward-Dated Change of Insured ("Forward Instruction").

當本公司收訖全部所需文件 / 資料，本公司才會處理由持有人申請的更改受保人預設生效日指示（「預設指示」）。

(2) The Target Effective Date of Change:-

(i) shall not be any date earlier than the first Policy Anniversary;

(ii) shall not be any date earlier than one year after the signed date of this application form; and

(iii) shall be within five years of the signed date of this application form.

預計更改生效日：-

(i) 必須在第一個保單週年日之後；

(ii) 必須在本申請表之簽署日期的一年之後；及

(iii) 只能在本申請表之簽署日期的五年之內。

(3) If a change of ownership of the Policy or passing away of the Proposed New Insured has occurred before the Target Effective Date of Change, the Owner's request for Forward Instruction will be immediately revoked without any notice. If the Existing Insured passes away before the Target Effective Date of Change, the said request will also be immediately revoked without any notice and Death Benefit will be payable in accordance with the terms and conditions of the Policy.

如保單擁有權於預計更改生效日前曾被更改，或擬定之新受保人於預計更改生效日前身故，此預設指示將會立即被取消，不作另行通知。

如原有受保人於預計更改生效日前身故，上述預設指示亦將會立即被取消，不作另行通知，同時我們亦會根據保單條款支付身故賠償。

(4) Subject to paragraph (2) above, the Owner can make a new request for Forward Instruction to replace and supersede such previous request by the Company's prescribed form provided such prescribed form is given to the Company sixty (60) days prior to the Target Effective Date of Change, failing which, the Owner shall not be permitted to make any new request for Forward Instruction.

在符合「注意」第二段下，持有人可遞交本公司指定表格去作出新預設指示，以取代舊有的預設指示。惟持有人需於預計更改生效日的六十(60)日前遞交該指定表格至本公司，否則持有人將不能再作出任何新的預設指示。

(5) Before sixty (60) days of the Target Effective Day of Change, the Owner is required to, and cause the Existing Insured, the Proposed New Insured and the Assignee (if applicable) to, submit to the Company a confirmation in the Company's prescribed form bearing their respective signatures to confirm all the relevant instructions, representations, authorization and declaration given by the Owner in respect of the Forward Instruction shall remain true and valid, without any variation or amendment ("Confirmation"), together with the latest copy of the identity card / passport of the Proposed New Insured ("Latest Identity Document"). **Absent the Confirmation and the Latest Identity Document, the Company will not process the Forward Instruction.**

於預計更改生效日的六十(60)日前，持有人需要遞交及確保原有受保人、擬定之新受保人和受讓人（如適用）遞交本公司指定表格內有各自簽署作實的確證書，以確認持有人提交預設指示中的所有相關指示、陳述、授權和聲明均沒有任何更改，並為真確無誤（「確證書」）。

持有人亦需同時遞交擬定之新受保人最新身份證 / 護照的副本（「最新身份證明文件」）。如本公司沒有確證書和最新身份證明文件，本公司恕未能繼續處理此預設指示。

(6) If the Owner / Existing Insured / Proposed New Insured / Assignee (if applicable) is a living but physically or mentally disabled or incapacitated person as confirmed by the Survival Proof issued and signed by a Registered Medical Practitioner, the Company may at its absolute discretion waive the signing of the Confirmation by the respective person(s) concerned. The Survival Proof shall be received by the Company within thirty (30) days of its written request thereof. For the avoidance of doubt, the Latest Identity Document is mandatory notwithstanding the issuance of the Survival Proof for the purpose of processing the Forward Instruction.

如持有人 / 原有受保人 / 擬定之新受保人 / 受讓人(如適用)，經由「註冊醫生」發出並簽署的生存證明，證實為生存但有身心障礙或是不能自理，本公司可全權酌情豁免該相關人士於確證書上的簽署。生存證明需於上述書面要求三十(30)日內被本公司收訖。為免生疑問，不論有否發出該相關人士之生存證明，持有人都必須遞交該相關人士之最新身份證明文件，本公司才會處理此預設指示。

(7) In case of dispute or disagreement over the Forward Instruction, the Company's decision shall be final.

如有預設指示相關之爭議或歧異，本公司將有最終決定權。

Definitions 定義

• **"Survival Proof"** means medical certificate, which is issued and signed by the Registered Medical Practitioner, attests to the result of the medical examination of the health condition of the Owner / Existing Insured / Proposed New Insured / Assignee (if applicable).

「生存證明」指經「註冊醫生」發出並簽署的醫療證明，證實持有人 / 原有受保人 / 擬定之新受保人 / 受讓人（如適用）健康狀況之檢查結果。

• **"Registered Medical Practitioner"** means any person qualified by degree in and licensed to practice western medicine who is legally authorized in the geographical area of his practice to render medical or surgical services, but excluding a Registered Medical Practitioner who is an insurance agent of the Company, the Existing Insured / the Proposed New Insured himself, an insurance agent, business partner(s) or employer / employee of the Existing Insured / the Proposed New Insured or a member of the Existing Insured's / the Proposed New Insured's immediate family, the Owner or any person related in similar fashion to the Owner.

「註冊醫生」是指任何獲取西方醫學學位及註冊以西方醫學行醫的人士，並在其執業地方獲當地合法授權提供醫療或手術服務，但不包括註冊醫生為本公司的保險代理人，原有受保人 / 擬定之新受保人本人，原有受保人 / 擬定之新受保人之保險代理、商業合夥人或僱主 / 僱員，或原有受保人 / 擬定之新受保人的直系親屬，持有人或任何與持有人具有上述類似關係的人士。

(Applicable for both Change of Insured Option and Contingent Insured Arrangement 適用於更改受保人選項及第二受保人安排)

I / We hereby declare, confirm and agree that 本人 / 我們現聲明並同意：

- (A) ☐ Upon the change of Insured of the Policy, the product that I / we purchased continues to be suitable for me / us as it still meets my / our objectives of buying this product and my / our target benefit / protection period provided under the Policy;
於更改此保單之受保人之後，本人 / 我們確認本人 / 我們所選擇的產品繼續適合本人 / 我們，蓋因有關產品仍然符合本人 / 我們選購此產品的目標及本人 / 我們投購此保單的目標得益 / 保障年期；
Or 或
- (B) ☐ Despite the fact that the product that I / we purchased may no longer be suitable for me / us upon the change of Insured of Policy, with reference to my / our objectives of buying this product and my / our target benefit / protection period provided under the Policy, I / we have confirmed that it is my / our intention and desire to proceed with the application for change of Insured due to the following reason(s).
儘管依據本人 / 我們選購此產品的目標及本人 / 我們投購此保單及 / 或投資計劃的目標得益 / 保障年期，本人 / 我們所選擇的產品於更改此保單之受保人之後可能不再適合本人 / 我們，然而基於下述原因，本人 / 我們確認這是本人 / 我們的意圖及意願繼續進行此更改受保人之申請。

(Owner must provide his / her / their reason(s) in **OWN** handwriting in this box 持有人必須親筆於此欄內提供原因)

We, Owner / Existing Insured / proposed New Insured (if applicable) / Contingent Insured of the Policy, request that the Policy be changed according to the above particulars. We understand and agree that a copy of this request will be attached to and forms a part of the Policy. We confirm that we are fully aware of, and have consented to, this request.

我們為保單的持有人/原有受保人（如適用）、擬定之新受保人/第二受保人，在此要求保單按照上述細則更改。我們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。我們確認我們完全知悉，及已同意此申請表上的內容。

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.

我／我們確認我／我們已閱讀、明白及同意我／我們的保單續發人及／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/澳門境外/境內（如保單/退休金計劃在澳門發）（視乎情況而定）予該聲明所載的資料承讓者。

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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Signature of proposed New Insured
擬定之新受保人簽名

on

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於 MM月 DD日 YYYY年

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Signature of Owner
持有人簽名

on

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於 MM月 DD日 YYYY年

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Signature of Existing Insured
原有受保人簽名

(Only applicable for Change of Insured Option)
(只適用於更改受保人選項)

on

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於 MM月 DD日 YYYY年

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Signature of Assignee (if applicable)
受讓人簽名 (如適用)

on

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於 MM月 DD日 YYYY年



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下載AIA+手機應用程式以便輕鬆管理您的保單！

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

TURN IMMEDIATELY BUT NO LATER THAN 14 DAYS 請簽署後即
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), 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)(視情況而定)，具體取決於本表格/要求相關保單的簽發公司。