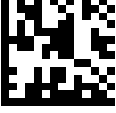




Request for Registration / Change / Termination of The Designated Person Form
申請 / 更改 / 移除指定人申請表

Policy Number 保單號碼	Name of Insured 受保人姓名	Name of Owner 持有人姓名	 P3752023
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) IA ANG

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。

Introduction:

引言：

What is the purpose and benefit of appointing a Designated Person?
委任指定人的目的及好處是什麼？

In case you are unable to handle your claim application(s) for or receive living benefits payable under the Policy due to your permanent mental incapacity as confirmed by two registered medical practitioners who are psychiatrists or neurologists in western medicine, we will process the claim application(s) submitted by the Designated Person on your behalf and pay the living benefits to the Designated Person appointed by you.

假如閣下由兩名精神科註冊醫生或腦神經科註冊醫生確認因精神上永久失去行為能力而未能處理閣下的理賠申請或收取根據保單應付的在生保障，我們將代表閣下處理由指定人提交之理賠申請並會在在生保障支付給閣下委任的指定人。

The Designated Person's right is limited to submit a claim and to receive living benefits on your behalf only when you are mentally incapable of handling your own affairs. The receipt of the living benefits by the Designated Person shall be deemed a receipt by the policyowner and it is a sufficient discharge of our payment obligations.

指定人之權利僅限於代表閣下當閣下精神上失去行為能力而未能處理閣下的事務時提交理賠申請及代表閣下收取在生保障。由指定人收取在生保障應被視為等同於由保單持有人收取，及此乃我們對支付責任的充分履行。

指定人之權利僅限於代表閣下當閣下精神上失去行為能力而未能處理閣下的事務時提交理賠申請及代表閣下收取在生保障。由指定人收取在生保障應被視為等同於由保單持有人收取，及此乃我們對支付責任的充分履行。

Terms of Use:

使用條款：

- Insured must be the same person as the policyowner.
受保人必須與保單持有人為同一人。
- Appointment of Designated Person / Change of Designated Person does not change the beneficiary(ies) under the policy to receive the death benefits.
委任指定人 / 更改指定人並不會改變收取身故賠償的保單受益人。
- Living Benefit includes and is limited to the following: Any critical illness benefits or medical reimbursement and medical cash benefits of selected products under the policy ("Living Benefits"). Living Benefit does NOT include the death benefit, maturity benefit, accident benefits, any benefits which advance part or all of the Sum Assured of non-critical illness Basic Plan, or any cash values or dividends under the policy. For details of selected products, please contact your Financial Planner or visit our corporate website. All living benefits shall be payable to the Designated Person during the Policyowner's lifetime.
「在生保障」包括並只限於指定產品的保單之下的任何危疾保障賠償及 / 或醫療實報實銷及現金保障賠償。「在生保障」不包括身故賠償、期滿利益、意外賠償、以及預支非危疾類別的基本計劃部分或全部保額的任何保障。請聯絡閣下的理財顧問或瀏覽本公司網頁查詢有關指定產品詳情。所有應付的「在生保障」均只會由保單持有人在生期間支付給指定人。
- You shall be entitled to appoint one (1) individual person only to be the Designated Person under the Policy. You must sign this application and witnessed by the person(s) named below. Upon our approval, we will register above named individual to be the Designated Person.
閣下只能為保單委任一位個別人士作為指定人。閣下必須簽署此申請及由下述人士所見證。經我們批准後，我們將登記上述人士作為指定人。
- If you have already appointed a Designated Person who is on our record then current and you wish to appoint another person to replace him/her, you are required to submit this application duly signed by you and witnessed by the named persons below. Upon our approval in writing of your application, the newly appointed individual person will become the Designated Person.
如閣下已為保單登記於我們現有記錄中已存在的「指定人」，並且閣下希望委任另一個人以取代他 / 她，閣下必須遞交此由閣下正式簽署及由下述人士所見證之申請。經我們以書面形式批准閣下的申請後，新任命之人士將會成為「指定人」。
- Appointment of Designated Person / Change of Designated Person is only available if you are the policyowner and Life Assured and you do not have an existing enduring power of attorney ("EPA") created under the Enduring Powers of Attorney Ordinance (Cap. 501) covering this policy. You will need to immediately notify us if you later create an EPA covering this policy and the appointment of the Designated Person shall be automatically revoked.
若閣下是保單持有人和受保人而且現時沒有由《持久授權書條例》(第501章)產生的持久授權書（「持久授權書」）涵蓋本保單，委任指定人 / 更改指定人才適用。若閣下其後設定一項涵蓋本保單的持久授權書，閣下需通知我們，而指定人的委任須予以自動撤銷。
- This application is not an EPA and does not appoint the Designated Person as your attorney or guardian. If you wish to appoint the Designated Person as your attorney to protect your interests, you will need to seek your independent legal advice.
本申請既非一項持久授權書，亦非用以委任指定人為閣下的授權人或監護人。若閣下希望委任指定人為您的授權人以保障您的利益，閣下需徵詢獨立法律意見。
- The appointment of the Designated Person will be automatically revoked if any of the following events occur: (1) you notify us that you have created an EPA in relation to your financial affairs which should include your policy; (2) we are notified that a committee has been appointed under the Mental Health Ordinance (Cap. 136) to manage your affairs which should include the Policy or guardianship order taking effect; (3) upon your death; or (4) if there is a change of the policyowner. If the EPA, mental health order or guardianship order does not make provision in relation your policy, the appointment of Designated Person shall continue to take effect. You hereby release us from any liabilities in connection with our payment of the living benefits to the Designated Person and this release shall be binding upon your successors and assigns. Upon your death, the living benefits will be paid towards your estate.
在以下任何情況下，指定人的委任會被自動撤銷：(1)閣下通知我們，閣下就您的財政事務（包括閣下的保單）已訂立之持久授權書；(2)我們收到通知受託監管人在根據《精神健康條例》（第136章）下被委任以處理閣下的事務（包括閣下的保單）或監護令已生效；(3)閣下身故；或(4)如果保單持有人有變更。若持久授權書、精神健康令或監護令並沒有就閣下的保單作出相關規定，指定人的委任將繼續生效。閣下在此免除我們把在生保障支付給指定人的任何責任，及此免責聲明對閣下的繼承人及受讓人均具約束力。在閣下身故後，在生保障將會支付至為閣下遺產的一部分。

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8. In case there is a committee or guardian appointed under the Mental Health Ordinance (Cap. 136) (or if there is a committee or guardian appointed under similar laws in another jurisdiction), we will only make payment to the Designated Person with the consent of the committee or guardian, as the case may be.
倘若根據《精神健康條例》(第136章)委任受託監管人或監護人(或在另一司法管轄區有根據類似法律委任受託監管人或監護人),則我們只會在得到受託監管人或監護人(視屬何情況而定)的同意下向指定人作出付款。
9. You have the right to change or terminate the Designated Person from time to time but you must be mentally sane at the time of requesting such change.
閣下有權不時要求更改或移除指定人,但閣下在提出更改要求時必須神智正常。
10. In case there is a dispute between the Designated Person and any other person (including but not limited to your guardian or committee, attorney, beneficiary(ies) or Official Receiver's Office), we reserve the right to withhold payment until such dispute is resolved. You shall not hold us liable for withholding any payments pending the resolution of the dispute.
倘若指定人與任何其他人士(包括但不限於閣下的監護人或受託監管人、受權人、受益人或破產管理署)之間有爭議,我們保留權利暫不付款直至該爭議得到解決為止。於該爭議得到解決之前,閣下不具對我們追討扣留付款任何相關責任之權利。
11. You shall submit medical reports from two registered medical practitioners who are psychiatrists or neurologists (one from the policyowner's attending doctor) confirming your permanent mental incapacity to our satisfaction for each claim; the relationship proof between policyowner and Designated Person; claims form and any other documents or evidence we may require upon your claim application(s).
閣下於申請理賠時,每個理賠申請必須提交由兩位精神科醫生或腦神經科醫生的註冊醫生(其中一位須是保單持有人的主診醫生)所提供令我們滿意的醫療報告以確認閣下精神上永久失去行為能力、保單持有人與指定人之關係證明、理賠申請書及我們可能要求的任何其他文件或證明。
12. The Designated Person must be aged 18 or above and the identity document number/passport number (if the Designated Person is not a permanent resident of Hong Kong) of the Designated Person MUST be provided with this application. Please ensure that the Designated Person has accepted your appointment and agrees with you that his / her personal data is to be transferred to us for the purpose of registering him/her as the Designated Person under the Policy and allow us to contact the Designated Person.
指定人必須年滿18歲或以上,並必須於申請中提供指定人的身份證或護照號碼。請確保指定人已接受閣下之委任及同意其個人資料將會被轉移至我們作委任他/她成為保單指定人的目的,並允許我們聯絡指定人。
13. Financial Planner cannot be the Designated Person, unless he/she is the immediate family member of the policyowner.
財務策劃顧問如非保單持有人之直系親屬,不得成為指定人。
14. The witness must not be the policyowner or the Designated Person.
見證人不可為保單持有人本人或指定人。
15. The Designated Person must fulfill the below requirement:
指定人需符合以下條件:
- A. The Designated Person must be 18 age or above 指定人必須年滿18歲
- B. The Designated Person must be family members of the policyowner (Please refer below table) 指定人必須為保單持有人的親屬。(詳情如下)
- Acceptable relationship 可接受親屬關係
- Spouse 配偶
 - Children 子女
 - Parent 父母
 - Grandfather / Grandmother 祖父母
 - Grandchild 孫兒女
 - Brother / Sister 兄弟姊妹
 - Half Brother / Sister 兄弟姊妹 (同父異母 / 同母異父)
 - Niece / Nephew 外甥 / 侄 / 甥女 / 侄女
 - Auntie / Uncle 姨 / 姨媽 / 舅母 / 姑姑 / 嬸 / 伯娘 / 叔 / 伯 / 舅父 / 姨丈 / 姑丈 (有血緣關係)
 - Fiancée / Fiancé 未婚夫 / 未婚妻
 - Son-in-law / Daughter-in-law 女婿 / 媳婦
 - Step-Father / Step-Mother (Legally married) 繼父 / 繼母 (合法結婚)
 - Step Children (繼子女)
16. The receipt of the living benefits by the Designated Person shall be deemed a receipt by the policyowner and it is a sufficient discharge of our payment obligations.
由指定人收取在生保障應被視為等同於由保單持有人收取,及此乃我們對支付責任的充分履行。

A. Register / Change of Designated Person 申請 / 更改指定人

Designated Person Information 擬定之指定人資料

Designated Person English Name:
指定人英文姓名:

ID card / Passport No.:
身份證 / 護照號碼:

Sex:
性別:

Date of birth:
出生日期:

MM月		DD日		YYYY年	

Relationship with Insured:
與受保人之關係:

B. Termination of The Designated Person 移除指定人

I agree to remove the Designated Person of the Policy.
我同意移除已指定此保單之指定人。

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DECLARATION & AUTHORIZATION 聲明及授權

I, Policyowner, 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.

本人，保單持有人，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, the Policyowner, hereby appoint the Designated Person in respect of the Policy on the terms and conditions set out above and give confirmation to you that the Designated Person has given consent on the transfer of his/her personal data to AIA International Limited, Hong Kong Branch, for the administration of the Policy.

本人，保單持有人，特此根據上述條款及細則就保單委任指定人，並向您確認指定人已同意將其個人資料轉移至友邦保險(國際)有限公司，香港分行，作管理保單之用。

PERSONAL DATA COLLECTION AND USE

I / We confirm that I / we have read and understood the AIA Personal Information Collection Statement ("AIA PIC").

I / We declare and agree that any personal data and other information relating to me / us or my / our policy(ies) or investments contained in this application or collected, obtained, compiled or held by the Company by any means from time to time may be collected and utilized in accordance with the AIA PIC. I / We acknowledge and consent to the transfer of my / our personal data outside of Hong Kong (for policies issued in Hong Kong) or Macau (for policies issued in Macau), as the case may be, for the purposes and to the types of transferee as set out in the AIA PIC. The updated version of AIA PIC is available for download from its website: www.aia.com.hk, and is made available upon request.

個人資料收集及使用

本人 / 我們確認本人 / 我們已閱讀及明白AIA個人資料收集聲明（「AIA個人資料收集聲明」）。

本人 / 我們聲明及同意在本申請所載或貴公司不時以任何方法收集所得、編製或持有的任何個人資料及關於本人 / 我們或本人 / 我們的保單或投資的其他資料，可根據AIA個人資料收集聲明收集及使用。本人 / 我們知悉及同意就AIA個人資料收集聲明所述目的視乎情況轉讓本人 / 我們的個人資料至香港（如保單在香港續發）或澳門（如保單在澳門續發）境外予AIA個人資料收集聲明所載的資料承讓人。

AIA個人資料收集聲明的最新版本可於以下網址下載：www.aia.com.hk，及可向貴公司索取。

Signature of Owner
持有人簽名

on
於 MM月 DD日 YYYY年

Signature of Witness*
見證人簽名*

on
於 MM月 DD日 YYYY年

Name of Witness (English / Chinese name in Full)
見證人姓名：(英文 / 中文全名)

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



Download our mobile app AIA Connect to
manage your policy anytime, anywhere!
下載AIA「友聯繫」手機應用程式以便輕鬆
管理您的保單！