表格編號 Form No.	中文版 Chinese Name	英文版 English name	保單持有人會收一次性密碼 (短訊/電郵)/電子簽署認證? 電子簽署只適用於尚未登記手機號 碼電郵的保單或只支援電子簽署的 表格	除保單持有人外需其他人簽署?	簽署1	簽署2	簽署3	簽署4
			Policyowner will receive OTP (SMS/Email)/ E-signature verification? E-Signature only applicable to policy not registered with mobile or email address OR forms only supported with e-Signature	Required other person signature apart from policy owner?	Signature 1	Signature 2	Signature 3	Signature 4
OPPOSF04	更改保單申請表/人身意外保險申請表	Request for change form / subsequent application for personal accident contract	ОТР	不適用 NA				
OPPOSF07	健康證明書(不適用於財富系列)	Health Certificate (NOT Applicable for Wealth Series)	ОТР	Y	受保人(年齡十八歲或 以上) Insured (Age 18 or over)	付款人(如不是 持有人) Payor (if not owner)	保單持有人 Policyowner	不適用 NA
OPPOSF17	「投資連繫式」/「萬用壽險計劃」服務 申請表 (適用於由友邦財務策劃顧問或保險經 紀包括獨立財務顧問以保險經紀身份遞 交的申請)	Request for Investment-Linked / Universal Life Plan services (Applicable to applications submitted via AIA Financial Planners or insurance brokers including Independent Financial Advisors ("IFA") acting in the capacity as an insurance broker)	ОТР	不適用 NA	jovery	Owner		
OPPOSF19	特級「健康之寶」網絡卡/門診咭/網絡 住院咭報失聲明	Loss of SGH Network Card / HealthCard / Network Hospital Card Declaration	ОТР	-				
OPPOSF20	優等學業成績獎勵/獎學金申請書	Education awards and scholarships application form	ОТР	不適用 NA				
OPPOSF23	友邦「財庫之選」投資計劃 或友邦「財庫之選」投資計劃 (卓越保障) 客戶聲明	AIA asset accumulator / AIA asset accumulator (enhanced death benefit) - Client's Declaration						
OPPOSF24	AIG 資本匯聚友邦投資計劃客戶聲明	AIG Capital Saver by AIA client's declaration	OTP					
OPPOSF25	升學/進修貸款申請書	Study loan application form	E-signature	Y	見證人Witness	擔保人Guaran tor	受譲人(如適用) Assignee(If applicable)	保單持有人 Policyowner
OPPOSF28	更改受益人及為未成年受益人委任信託 人申請表	Request for change of beneficiary and appointment of trustee of a minor beneficiary	E-signature	Y	受保人簽署 (倘非持 有人)Signature of Insured (if different from the Owner)	見證人Witnes s		受讓人(如適用) Assignee(If applicable)
OPPOSF32	徽還「暫停繳費」期內之保費	Premium repayment for premium holiday	OTP	不適用 NA	l		II.	
OPPOSF38	附加表格	Supplementary form	ОТР	Y	受保人簽署(18歲或以 上人士必須簽署)(倘 非持有人) Signature of Insured (whose age is 18 or above)(if different from the Owner)		保單持有人 Policyowner	不適用 NA
OPPOSF39	「多重安心保」 聲明書	Executive Care Change to Executive Care Pro / Multiple Care Pro declaration form		不適用 NA	1	1	1	<u> </u>
OPPOSF45	期滿利益申請表	Request form for maturity benefit	OTP	_				

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OPPOSF46	更改保單申請表/人身意外保險申請表 (適用於由保險經紀包括獨立財務顧問以 保險經紀身份銷售的業務)	Request for change form / subsequent Application for personal accident contract (for business introduced by insurance brokers including Independent Financial Advisors ("IFA") acting in the capacity as an insurance broker)	ОТР					
OPPOSF47	投資相連壽險計劃服務申請表(只適用於「自悠人生」/「您想」/ AIA「兩全保」保障型投資相連壽險計劃(整付保費)("兩全保")	Request for Investment-Linked Assurance Scheme ("llas") Services (For Cheerful Life / U- Select only)	ОТР					
	(適用於由友邦財務策劃顧問或保險經紀 包括獨立財務顧問以保險經紀身份遞交 的申請)	(Applicable to applications submitted via AIA Financial Planners or insurance brokers including Independent Financial Advisors ("IFA") acting in the capacity as an insurance broker)	ОТР					
OPPOSF48	年金申請表 適用於「優悠歲月」退休儲蓄計劃(至 70歲)	Annuity Request Form Applicable to Leisure Years Retirement Savings Plan (to Age 70)	E-signature	Y	見證人Witness	保單持有人 Policyowner	受讓人(如適用) Assignee(Ifapplicable)	不適用 NA
OPPOSF49	年金申請表 適用於「優悠歲月」退休儲蓄計劃	Annuity request form - Applicable to Leisure Years Retirement	E-signature	Υ	見證人Witness	保單持有人 Policyowner	受譲人(如適用)	不適用 NA
OPPOSF50	年金申請表 適用於「智多升」升學儲蓄計劃/ 「美好明天」投資儲蓄計劃/ 友邦10年定息年金戶口計劃 /友邦利息保證年金戶口	Applicable to Leisure Years Retirement Savings Plan - Applicable to Wiz Kid Education Savings Plan / Better Tomorrow Investment Savings Plan / AIA 10-Year Interest Plus Annuity Account Plan /AIA Interest Safeguard Annuity Account	E-signature	Y	見證人Witness	保單持有人 Policyowner	受譲人(如適用) Assignee(If applicable)	不適用 NA
OPPOSF51	保戶服務申請補充表格	POS supplementary form	E-signature	Y	見證人(如適用) Witness(if applicable)	保單持有人 Policyowner	受讓人(如適用) Assignee(Ifapplicable)	受保人簽署 (倘非持有人) Signature of Insured (if different from the Owner)
OPPOSF51(A)	保戶服務申請補充表格	POS supplementary form	E-signature	Y 見證人(如適用) Witness(if applicable)		保單持有人 Policyowner	受讓人(如適用) Assignee(Ifapplicable)	受保人簽署 (倘非持有人) Signature of Insured
	(適用於投保多重進泰安心保或進泰附加 契約之受保人)	(For Insured applying Smart Care Pro / Prime Care Rider)						(if different from the Owner)
OPPOSF51(C)	保戶服務申請補充表格(只供「癌症全方位保障」系列及「癌症全方位保障」 系列使用(包括明珠版本))	POS supplementary form (For Cancer Guardian Series / Cancer Guardian 2 Series only, including Pearl versions)	ОТР	Y	保單持有人 Policyowner	受讓人(如適用) Assignee(If applicable)	受保人簽署 (倘非持有人) Signature of Insured	不適用 NA
OPPOSF51(F)	保戶服務申請補充表格	POS supplementary form	E-signature	Y	見證人Witness	保單持有人 Policyowner	受讓人(如適 用) Assignee(If applicable)	受保人簽署 (倘非持有人) Signature of Insured (if different from the Owner)
OPPOSF51(J)	保戶服務申請補充表格 適用於投保多重進泰安心保 / 進泰附加契約 / 進泰安心保 2 / 加裕倍安保或加裕倍安保 (加強版)之十八歲以下兒童受保人	POS supplementary form (For Insured age below 18 applying Smart Care Pro / Prime Care Rider / Prime Care Pro 2 / ProtectElevator / Protect Elevator Plus	E-signature	Y	見證人(如適用) Witness (if applicable)	保單持有人 Policyowner	受讓人(如適用) Assignee(If applicable)	受保人簽署 (倘非持有人) Signature of Insured (if different from the Owner)

OPPOSF51(K)	保戶服務申請補充表格	POS supplementary form	E-signature	Υ	見證人(如適用)	保單持有人	受讓人(如適	受保人簽署(
	(只供「靈活選」附加契約使用)	(For FlexiWays Rider Only)			Witness	Policyowner	用)	倘非持有人)
OPPOSF51(L)	保戶服務申請補充表格 - 簡易居留問卷	POS supplementary form - simplified residential questionnaire	E-signature	Y	(if applicable) 見證人Witness	保單持有人 Policyowner	Assignee(If 受讓人(如適 用)	Signature of 受保人簽署 (倘非持有人)
							Assignee(If applicable)	Signature of Insured (if different from the Owner)
OPPOSF51(M)	簡易核保表格 - 自願醫保計劃 (保戶服務)	Simplified underwriting form - Voluntary Health Insurance Scheme (POS)	ОТР	不適用 NA				To mony
OPPOSF51(N)	「AIA自願醫保標準計劃」升級至「AIA 自願醫保靈活計劃 (普通房) 」之申請書	Declaration form for VHIS Standard Plan upgrade to VHIS Flexi (Ward)	ОТР					
OPPOSF51(O)	「AIA自願醫保標準計劃」升級至「AIA 自願醫保靈活計劃 (普通房) 」之申請書	Declaration form for VHIS Standard Plan upgrade to VHIS Flexi (Ward)	ОТР					
	適用於由保險經紀包括獨立財務顧問以保險經紀身份銷售的業務	For business introduced by insurance brokers including Independent Financial Advisors ("IFA") acting in the capacity as an insurance broker						
OPPOSF51(P)	保戶服務申請補充表格	POS supplementary form	E-signature	V	見證人(如適用)	保單持有人	受讓人(如適	受保人簽署(
011 00131(1)	(只供「AIA唯一摯保 - 癌症及嚴重傳 染病保障」系列使用)	(For AIA One Absolute - Cancer & Serious Infectious Disease Protection Only)	L signature	ľ	Witness(if applicable)		用) Assignee(If applicable)	尚非持有人) Signature of Insured
OPPOSF51(Q)	簡易核保表格 - 「AIA自願醫保尊尚計劃」更改至「AIA自願醫保尊裕計劃」 / 「AIA自願醫保尊顯計劃」	Simplified underwriting form - plan change from AIA Voluntary Health Insurance Prime Scheme to AIA Voluntary Health Insurance Privilege Plus Scheme / AIA Voluntary Health Insurance Privilege Scheme	E-signature	Y	見證人Witness	保單持有人 Policyowner	受讓人(如適用) Assignee(If applicable)	受保人簽署 (倘非持有人) Signature of Insured (if different from the
OPPOSF51®	保戶服務申請補充表格 (只供「AIA自願醫保標準計劃」/「AI A自願醫保靈活計劃」使用)	POS supplementary form (For AIA Voluntary Health Insurance Standard Scheme /	ОТР	不適用 NA		•		
		AIA Voluntary Health Insurance Flexi Scheme Only)						
OPPOSF51(S)	保戶服務申請補充表格 (只供「AIA自願醫保尊尚計劃」/「AI A自願醫保尊顯計劃」/「AIA自願醫保 尊裕計劃」使用)	POS supplementary form (For AIA Voluntary Health Insurance Prime Scheme /	ОТР					
	不適用 NA	AIA Voluntary Health Insurance Privilege Scheme / AIA Voluntary Health Insurance Privilege Plus Scheme Only)						
OPPOSF53	新一代早期危疾 - 簡易核保表格	New generation early stage critical illness - simplified underwriting form	ОТР					
OPPOSF57	提名不可撤換受益人申請表格	Application for the nomination of irrevocable beneficiary form	E-signature	Y	見證人(如適用) Witness(if applicable)	保單持有人 Policyowner	受讓人(如適用)	受保人簽署 (倘非持有人)
OPPOSF59	保戶服務申請補充表格 - 財務需要分析	POS Supplementary form for financial needs analysis	E-signature				Assignee(If applicable)	Signature of Insured
OPPOSF60	保單復效申請書 - 簡易核保及意外保險	Simplified Issued Offer (SIO) Plan and Accident Plan reinstatement form	ОТР	不適用 NA	•	•	· · · · · · · · · · · · · · · · · · ·	•

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OPPOSF61	不適用 NA	Important facts statement and applicant's declarations - Investment Linked Assurance Scheme (ILAS) policy	ОТР	
		(FOR HONG KONG POLICIES ONLY)		
OPPOSF61(M)	OPPOSF62 (M)	Important facts statement and applicant's declarations - Investment Linked Assurance Scheme (ILAS) policy	ОТР	
		(FOR MACAU POLICIES ONLY)		
OPPOSF62	重要資料聲明書及申請人聲明書	不適用 NA	ОТР	
	- 「投資相連壽險計劃 (投連壽險) 」保單			
	- 繳付額外投資保費申請*(只適用於香港保單)			
OPPOSF62(M)	重要資料聲明書及申請人聲明書	不適用 NA	OTP	
	「投資相連壽險計劃 (投連壽險) 」保單			
	- 繳付額外投資保費申請* (只適用於 澳門保單)			
OPPOSF63	不適用 NA	Important facts statement and applicant's declarations - Investment Linked Assurance Scheme (ILAS) policy	ОТР	不適用 NA
		(for business introduced by insurance brokers including Independent		
		Financial Advisors ("IFA") acting in the capacity as an insurance broker) - Request for Top Up Premium (FOR HONG		
		KONG POLICIES ONLY)		
OPPOSF63(M)	不適用 NA	Important facts statement and applicant's declarations - Investment Linked Assurance	OTP	
		Scheme (ILAS) policy		
		(for business introduced by insurance brokers including Independent		
		Financial Advisors ("IFA") acting in the capacity		
		as an insurance broker) - Request for Top Up Premium (FOR MACAU POLICIES ONLY)		
OPPOSF64	重要資料聲明書及申請人聲明書	不適用 NA	OTP	
01100101	「投資相連壽險計劃 (投連壽險) 」保單			
	(適用於由保險經紀包括獨立財務顧問 以保險經紀身份銷售的業務)			
	- 繳付額外投資保費申請(只適用於香港保單)			
OPPOSF64(M)	重要資料聲明書及申請人聲明書 「投資相連壽險計劃 (投連壽險) 」保單	不適用 NA	ОТР	不適用 NA
	(適用於由保險經紀包括獨立財務顧問以保險經紀身份銷售的業務) - 繳付額外投資保費申請(只適用於澳			
1	門保單)			
OPPOSF67		Simplified underwriting form – Here For You Refundable Accident Series	OTP	
OPPOSF73	保單復效申請書 - 個人意外醫療保險	PA reinstatement application form	OTP	
OPPOSF75	身故賠償支付辦法申請表	Death benefit settlement option application	OTP	
		form		

OPPOSF76	不適用 NA	Important facts statement and applicant's declarations - Investment Linked Assurance	ОТР						
		Scheme (ILAS) policy (Treasure Master ILAS Policy)							
		- Request for Top Up Premium (FOR HONG KONG POLICIES ONLY)							
OPPOSF76(M)	不適用 NA	Important facts statement and applicant's declarations - Investment Linked Assurance Scheme (ILAS) policy (Treasure Master ILAS Policy) - Request for Top Up Premium (FOR MACAU POLICIES ONLY)	ОТР						
OPPOSF77	重要資料聲明書及申請人聲明書- 「投資相連壽險計劃(投連壽險)」保單 (「卓達之選」投資壽險保單) - 繳付額外投資保費申請(只適用於香	不適用 NA	ОТР	不適用 NA					
OPPOSF77(M)	港保單) 重要資料聲明書及申請人聲明書- 「投資相連壽險計劃(投連壽險)」保單 (「卓達之選」投資壽險保單) - 繳付額外投資保費申請(只適用於澳	不適用 NA	ОТР						
OPPOSF78	門保單) 「卓達智悅」修改保單條款申請表	Request for amendment to Treasure Master plus policy terms	ОТР						
OPPOSF79		Supplement to risk profile questionnaire	ОТР	-					- 1
OPPOSF80	更改受保人申請表	Request for change of insured form	OTP	Υ	原有受保人 Existing Insured	擬定之新受保 受讓人 人 用) Proposed New Assign	ee(If	不適用 NA	
						Insured applica	ole)		
OPPOSF81	保單復效申請書 - 智護癌症保	Reinstatement form Cancer Care Essence	OTP	不適用 NA					
OPPOSF83	定期現金提取申請表	Request for regular cash withdrawal form	OTP						
OPPOSF84	「您想」投資連繫壽險計劃修改保單條 款申請表	Request For amendment to U-Select policy terms	ОТР						
OPPOSF84(M)	款申請表	Request for amendment to U-Select policy terms	OTP						
OPPOSF85	轉介信託/遺囑撰寫服務申請 – 確認及同意表格	Application for referral of trust services - form of acknowledgement & consent	OTP						
OPPOSF86	向受託人轉交保單資料同意書	Consent of providing policy information to trustee	OTP						
OPPOSF87	更改身故賠償支付選項申請表	Request for change of death benefit payout option form	OTP						
OPPOSF88	初生嬰兒選項下之更改受保人申請表	Request for change of insured under newborn option form	OTP						
OPPOSF89	「電子入賬服務」申請/更改表	Request for application / Change of eBankIn	OTP	不適用 NA					
OPPOSF90	指定 / 移除第二受保人申請表	Request for designation / removal of contingent insured form	OTP						
OPPOSF91	卓越成績獎申請表	Educational merit benefit application form	OTP						
OPPOSF93	健康證明書	Health Certificate	ОТР	Y	受保人(年齡十八歲或 以上) Insured (Age 18 or over)	付款人(如不是 不適用 持有人) Payor (if not owner)	NA		
OPPOSF96	增強盡職調查表格 - 附加表格A	Enhanced due diligence form - supplementary form A	ОТР	不適用 NA	1 /				
OPPOSF97	增強盡職調查表格 - 附加表格B	Enhanced due diligence form - supplementary form B	ОТР						
OPPOSF98	延繳保費惠益申請表	Request for extended GP benefit application form	ОТР						
OPMCUF59	財務需要分析表格	Financial needs analysis form	OTP						
OPMCUF15(C)	人壽保險客戶轉保聲明書	Customer Declaration for Policy Replacement (Chi)(Macau)	ОТР						
OPMCUF15(E)	人壽保險客戶轉保聲明書(英文)(澳門)	Customer Declaration for Policy Replacement (Eng)(Macau)	OTP						

OPUAIF09(HKAFNA)	財務需要分析修正 / 補充表格	Amendment / supplementary to financial needs analysis "FNA" form	ОТР	7				
OPUAIF09AFNACC	財務需要分析表格	Financial needs analysis form	NA					
OPUAIFA59	財務需要分析表格	Financial needs analysis form	OTP					
OPUAIFA2	風險承擔能力問卷	Risk profile questionnaire	OTP					
OPPOSF101	不適用 NA	Important facts statement and applicant's declarations investment linked assurance scheme ("ILAS") policy	ОТР					
OPPOSF102	重要資料聲明書及申請人聲明書 投資相連壽險計劃(投連壽險)保單 - AIA「兩全保」保障型投資相連壽險 計劃(整付保費)繳付額外整付保費申 請(只適用於香港保單)	不適用 NA	ОТР	不適用 NA				
OPPOSF103	不適用 NA	Important facts statement and applicant's declarations investment linked assurance scheme ("ILAS") policy (for business introduced by insurance brokers including Independent Financial Advisors ("IFA") acting in the capacity as an insurance broker) - Request for Lump Sum Premium of AIA 2-in-1 Protection Linked Plan (Single Premium) (FOR HONG KONG POLICIES ONLY)	OTP					
OPPOSF104	N/A	不適用 NA	ОТР	Y	Signature of Licensed	保單持有人	不適用 NA	不適用 NA
	重要資料聲明書及申請人聲明書 投資相連壽險計劃(投連壽險)保單 (適用於由保險經紀包括獨立財務顧問 以保險經紀身份銷售的業務) - AIA「兩全保」保障型投資相連壽險 計劃(整付保費)繳付額外整付保費申 請(只適用於香港保單)				Insurance Intermediary	Policyowner		
OPPOSF105	不適用 NA	Important facts statement and applicant's declarations investment linked assurance scheme ("ILAS") policy Name of the ILAS Policy: Staff Privilege – AIA 2-in-1 Protection Linked Plan (Single Premium) (FOR HONG KONG POLICIES ONLY) - Request for Lump Sum Premium	E-signature	不適用 NA				
OPMCUF39	危疾產品 - 最高個人賠償限額聲明書	Critical Illness Product - Per Life Maximum Benefit Declaration Form	ОТР	不適用 NA				
OPMCUF39(ADB)	意外身故賠償 / 意外死亡及斷肢賠償 - 最高個人賠償限 額聲明書	Accidental Death Benefit / Accidental Death and Dismemberment Benefit - Per Life Maximum Benefit Declaration Form	ОТР					
OPMCUF39(AIAS)	環球緊急支援服務最高個人賠償限額聲 明書	Worldwide Emergency Assistance Services Per Life Maximum Benefit Declaration Form	OTP					
OPMCUF39(CDB)	身故體恤津貼 - 最高個人賠償限額聲明書	Compassionate Death Benefit - Per Life Maximum Benefit Declaration Form	OTP					
OPMCUF39(SHPP)	嚴重程度健康保障產品 - 最高個人賠償 限額聲明書	Severity-based Health Protection Product - Per Life Maximum Benefit Declaration Form	ОТР	1				
OPMCUF39(SMM)	醫療保障產品 - 最高額外醫療保障個人 終身賠償限額聲明書	Medical Protection Product - Maximum Overall SMM Lifetime Limit Declaration Form	ОТР					
OPMCUF39(TPD)	完全及永久殘廢利益 / 推定殘廢利益 ("殘廢利益") - 最高個 人賠償限額聲明書	Total and Permanent Disability Benefit / Presumptive Disability Benefit ("Disability Benefit") - Per Life Maximum Benefit Declaration Form	ОТР					

OPMCUF39(TIB)	") - 最高個人賠償限額聲明書	Terminal Illness Benefit / Terminal Illness Advance Payment Benefit ("Terminal Illness Benefit") - Per Life Maximum Benefit Declaration Form	ОТР					
OPPOSF93	健康證明書 (只適用於財富系列)	HEALTH CERTIFICATE (Only Applicable for Wealth Series)	ОТР	Υ	受保人(年齡十八歲或 以上)Insured (Age 18 or over)		保單持有人 Policyowner	不適用 NA
OPPOSF98	延繳保費惠益申請表(適用於「盈御多元貨幣計劃」2使用)	Request for Extended Grace Period Benefit Application Form (Applicable to Global Power Multi-Currency Plan 2)	ОТР	不適用 NA	1			
OPPOSF106	不適用 NA	IMPORTANT FACTS STATEMENT AND APPLICANT'S DECLARATIONS INVESTMENT LINKED ASSURANCE SCHEME ("ILAS") POLICY - Request for Lump Sum Premium of AIA 2-in- 1 Protection Linked Plan (Single Premium) (FOR MACAU POLICIES ONLY)	ОТР	Y	Signature of Licensed Insurance Intermediary	保單持有人 Policyowner	不適用 NA	不適用 NA
OPPOSF107	重要資料聲明書及申請人聲明書投資相 連壽險計劃(投連壽險)保單-AIA「 兩全保」保障型投資相連壽險計劃(整 付保費)繳付額外整付保費申請(只適 用於澳門保單)	不適用 NA	ОТР	Υ	Signature of Licensed Insurance Intermediary	保單持有人 Policyowner	不適用 NA	不適用 NA
OPPOSF108	不適用 NA	IMPORTANT FACTS STATEMENT AND APPLICANT'S DECLARATIONS INVESTMENT LINKED ASSURANCE SCHEME ("ILAS") POLICY (for business introduced by insurance brokers including Independent Financial Advisors ("IFA") acting in the capacity as an insurance broker) - Request for Lump Sum Premium of AIA 2-in-1 Protection Linked Plan (Single Premium) (FOR MACAU POLICIES ONLY)	ОТР	Y	Signature of Licensed Insurance Intermediary	Policyowner	不適用 NA	不適用 NA
OPPOSF109	重要資料聲明書及申請人聲明書投資相 連壽險計劃(投連壽險)保單(適用於 由保險經紀包括獨立財子),AIA「兩全保」 紀身份銷售的業務)-AIA「兩全保」 保障型投資相連壽險計劃(整付保費) 繳付額外整付保費申請(只適用於澳門	不適用 NA	ОТР	Y	Signature of Licensed Insurance Intermediary	保單持有人 Policyowner	不適用 NA	不適用 NA
OPPOSF110	不適用 NA	IMPORTANT FACTS STATEMENT AND APPLICANT'S DECLARATIONS INVESTMENT LINKED ASSURANCE SCHEME ("ILAS") POLICY Name of the ILAS Policy: Staff Privilege – AIA 2-in-1 Protection Linked Plan (Single Premium) (FOR MACAU POLICIES ONLY) - Request for Lump Sum Premium	ОТР	不適用 NA				