




POS Supplementary Form
保戶服務申請補充表格

Policy Number 保單號碼	Name of Insured 受保人姓名	Name of Owner 持有人姓名	 P4012010
Area Code 區域編號	Agency Name 營業員組別名稱	Agent Code 營業員號碼	
Agency Code 營業員組別編號	Agent Name 營業員姓名	Agent Tel. No. 營業員聯絡電話	

I, _____ hereby supplement to my POS request form dated _____
本人 特此補充於 (MM月/DD日/YYYY年)簽署的

as follows :
保戶服務申請表，有關補充如下：

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 premiums and levy (for Hong Kong policies) less reasonable charges and policy withdrawals / loans.

Upon the submission of a request for change FATCA to us, we will correspondingly update the status (including AIA International Limited, AIA Company Limited and AIA Everest Life Company Limited) in respect.

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. (The above declaration is not applicable to U.S. citizens or residents, who must complete Internal Revenue Service Tax 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。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 / 虛假的，貴公司保留權利，並有權取消保單。任何依據此陳述而續發的保單可視作無效。在這情況下，貴公司將通知本人 / 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）。

遞交申請更改美國外國帳戶稅務合規法案身分，其所有相關保單的美國外國帳戶稅務合規法案身分（包括友邦保險(國際)有限公司，友邦保險有限公司及友邦雋峰人壽有限公司）將會相應地更新。

根據美國法律，任何美國人就其稅務狀況作出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美國稅務局之W-9稅務表格，而以上條款並不適用。）

Please make declaration below if the supplementary information is applicable to the submitted Health Certificate

(如就遞交了的的健康證明書作補充健康資料，請作以下聲明)

I certify that the statements made in my Health Certificate dated _____ are still true and there has been no change in my and / or Insured's condition of health since then.

本人謹聲明由健康證明書簽署日 _____ 至現在，本人 / 受保人在健康證明書內申報的一切記錄資料，仍屬正確，健康狀況並無變更。

Personal Information Protection Law of The People's Republic of China ("China PIPL")

A Privacy Addendum in compliance with the China PIPL is available at: www.aia.com.hk (Help & Support → AIA Everest → Privacy Statement), and is made available upon request. It is applicable to you if you are located in Mainland China.

中華人民共和國個人信息保護法（「個人信息保護法」）

遵照個人信息保護法的私隱附錄可於以下網站下載：www.aia.com.hk（客戶支援 → 友邦雋峰 → 私隱原則聲明）。您亦可向我們索取。如您位於中國內地，此私隱附錄則適用於您。

I have read and understood the Privacy Addendum and agree that the AIA group of companies can process my personal information as set out in the Privacy Addendum.

我已閱讀及明白私隱附錄，並同意友邦保險集團可按照私隱附錄處理我的個人信息。

Signature of Insured _____ on _____
(if different from the Owner) 於 MM月/DD日/YYYY年
受保人簽署（倘非持有人）

Signature of Witness (if applicable) _____ on _____
見證人簽署（如適用） 於 MM月/DD日/YYYY年

Signature of Owner _____ on _____
持有人簽署 於 MM月/DD日/YYYY年

Signature of Assignee (if applicable) _____ on _____
受讓人簽署（如適用） 於 MM月/DD日/YYYY年

Prior to the submission of this form, a POS Request Form must have been submitted.
在遞交此表格前，POS申請表必須已提交。

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！