



# AIA Everest Life Company Limited

## Policy Alteration Request Form

### 保單更改申請書

This form is applicable to Policy No. = 4 characters plus 8-digits number beginning with '05' or '06'  
 此表格適用於保單編號為4個字母和8個由'05'或'06'開始的數字組成  
 e.g. XXXX-05000000 or XXXX-06000000

Please complete this Form in English BLOCK letters. Any changes or amendments in this Form should be endorsed by the Policy Owner in full signature.  
 請以英文正楷填寫此表格。如有任何更改或修正，敬請保單權益人在更改的位置簽署作實。

I. Policy Details 保單資料	
Policy No. 保單編號	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of Policy Owner 保單權益人姓名	Identification Document No. 身份證明文件號碼
Name of Insured *Optional 受保人姓名 *非必須提供	
II. Type of Request 申請類別 Please use Dark Pen to fill the appropriate box to indicate the change instruction(s) 請用深色筆填滿所選更改指示之空格 ( Examples 例子: <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> X <input type="checkbox"/> X )	
1. <input type="checkbox"/> <b>Change of Contact Information 更改聯絡資料</b>	Attached with relevant documents 附上有關文件
<input type="checkbox"/> Please apply the change of contact information to all individual life policies under my ownership with the Company (if any). 請同時更改本人於貴公司所持的所有個人人壽保單 (如有) 的聯絡資料:	
<b>Note: If not specified, the change of contact information will apply to the policy specified in Section I of this Form only.</b> <b>注意: 如無特別指明, 此項更改聯絡資料指示只會適用於此申請書第一部分註明的保單。</b>	
<input type="checkbox"/> Correspondence Address 通訊地址	_____ Country/Region 國家/地區
<input type="checkbox"/> Permanent / Registered Office (for corporate) Address 永久/註冊辦事處(適用於公司)地址 <small>Note: P.O. Box is not accepted 注意: 郵政信箱恕不接受</small>	_____ Country/Region 國家/地區
<input type="checkbox"/> Residential / Business (for corporate) Address 住宅/業務(適用於公司)地址 <small>Note: P.O. Box is not accepted 注意: 郵政信箱恕不接受</small>	_____ Country/Region 國家/地區
<input type="checkbox"/> E-mail Address 電郵地址	<small>Note: If there is no update here, your existing email address (if provided) in the Company's record will be retained. 注意: 如沒有於此處作出更改, 閣下目前於本公司記錄的電郵地址(如曾提供)將繼續被保留。</small>
<input type="checkbox"/> Telephone Number (Country /Region Code) – (Telephone No.) 電話號碼 (國家/地區號碼) – (電話號碼)	Home 住宅                      Mobile 手提                      Office 公司 (     ) – (     ) (     ) – (     ) (     ) – (     )
<small>Note: If there is no update here, your existing contact number (if provided) in the Company's record will be retained. 注意: 如沒有於此處作出更改, 閣下目前於本公司記錄的電話號碼(如曾提供)將繼續被保留。</small>	
<input type="checkbox"/> Preference of SMS Reminders 手機短訊提示選擇 <small>(for the use of receiving policy information 作收取保單服務資料之用)</small>	<input type="checkbox"/> English 英文 <input type="checkbox"/> Chinese 中文 <small>SMS Reminders are sent to customers at no charge. However, customers shall be responsible for any potential charges that may be imposed by their mobile phone network providers. 手機短訊提示是免費為客戶提供的。然而, 客戶須負擔電話供應商可能收取的任何費用。</small>

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<p>2. <input type="checkbox"/> <b>Change of Personal Particulars 更改個人資料</b></p> <p>Unless otherwise specified, the change of personal particulars of the person(s) below will apply to all individual life policies under the Company (if any). 除非特別指明，下列人士於本公司的個人人壽保單（如有）的個人資料，均會根據以下指示作出更改。</p> <p><input type="checkbox"/> Policy Owner 保單權益人     <input type="checkbox"/> Insured 受保人     <input type="checkbox"/> Authorised Person for corporate policy 公司保單的授權人</p> <table border="1"> <tr> <td><input type="checkbox"/> New Name 新姓名</td> <td><input type="checkbox"/> Sex 性別</td> </tr> <tr> <td><input type="checkbox"/> Date of Birth (D/M/Y) 出生日期(日/月/年)</td> <td>Identification Document Type 身份證明文件類別</td> </tr> <tr> <td rowspan="2"><input type="checkbox"/> HKID / Passport / Other I.D. Document No. 香港身份證/護照/其他身份證明文件號碼</td> <td><input type="checkbox"/> Hong Kong Permanent Identity Card 香港永久性居民身份證</td> </tr> <tr> <td><input type="checkbox"/> Hong Kong Identity Card 香港居民身份證 (Please complete "Other Nationality/Region" 請填寫「其他國籍或所屬地區」)</td> </tr> <tr> <td><input type="checkbox"/> Nationality/Region 國籍或所屬地區</td> <td><input type="checkbox"/> Passport <u>and</u> any of the following documents (if any) 護照及任何下列文件(如有):</td> </tr> <tr> <td>Applicable to Policy Owner and Authorised Person for corporate policy 只適用於保單權益人和公司保單的授權人</td> <td>- a social security card or other equivalent documents; or 社會安全卡或其他同等文件; 或</td> </tr> <tr> <td><input type="checkbox"/> Other Nationality/Region 其他國籍或所屬地區 (If the Person is resident of more than one nation/region, please state all other nationalities or regions in this field. 如該人仕為多於一個國家/地區的居民, 請在此列明所有其他國籍或所屬地區。)</td> <td>- a national identity card 國民身份證 (All of the identity documents should be government or state-issued and should bear photograph of the natural person. 所有身份證明文件須附有該自然人的照片並須由政府或國家簽發。)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Others 其他: _____</td> </tr> </table>	<input type="checkbox"/> New Name 新姓名	<input type="checkbox"/> Sex 性別	<input type="checkbox"/> Date of Birth (D/M/Y) 出生日期(日/月/年)	Identification Document Type 身份證明文件類別	<input type="checkbox"/> HKID / Passport / Other I.D. Document No. 香港身份證/護照/其他身份證明文件號碼	<input type="checkbox"/> Hong Kong Permanent Identity Card 香港永久性居民身份證	<input type="checkbox"/> Hong Kong Identity Card 香港居民身份證 (Please complete "Other Nationality/Region" 請填寫「其他國籍或所屬地區」)	<input type="checkbox"/> Nationality/Region 國籍或所屬地區	<input type="checkbox"/> Passport <u>and</u> any of the following documents (if any) 護照及任何下列文件(如有):	Applicable to Policy Owner and Authorised Person for corporate policy 只適用於保單權益人和公司保單的授權人	- a social security card or other equivalent documents; or 社會安全卡或其他同等文件; 或	<input type="checkbox"/> Other Nationality/Region 其他國籍或所屬地區 (If the Person is resident of more than one nation/region, please state all other nationalities or regions in this field. 如該人仕為多於一個國家/地區的居民, 請在此列明所有其他國籍或所屬地區。)	- a national identity card 國民身份證 (All of the identity documents should be government or state-issued and should bear photograph of the natural person. 所有身份證明文件須附有該自然人的照片並須由政府或國家簽發。)		<input type="checkbox"/> Others 其他: _____	<p><input type="checkbox"/> Copy of Deep Poll and identity Documents / Other Legal Documents 改名契及身份證明文件/其他法律文件副本</p>
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	<input type="checkbox"/> Others 其他: _____															
<p>3. <input type="checkbox"/> <b>Change of Signature of Policy Owner 更改保單權益人簽署</b></p> <p><input type="checkbox"/> Please apply the change of signature to all individual life policies under my ownership with the Company (if any). 請同時更改本人於貴公司所持的所有個人人壽保單（如有）的簽署式樣。</p> <p>Note: If not specified, the change of signature will apply to the policy specified in Section I of this Form only. 注意: 如無特別指明, 此項更改簽署式樣指示只會適用於此申請書第一部分註明的保單。</p>	<p>New Signature Specimen 新簽署樣式</p> <p style="text-align: right;"><b>X</b></p>															
<p>4. <input type="checkbox"/> <b>Change of Occupation 更改職業</b></p> <p>Note 注意:</p> <p>1. To be eligible for reduction/removal of occupation rating, the Policy Owner/Insured must be engaging in the new occupation for at least 6 months. 要符合減低或移除職業附加費的條件, 保單權益人/受保人須從事新工作6個月或以上。</p> <p>2. Upon receipt of submission for change of occupation from the Policy Owner/Insured, we will update your occupation record for all of your policies with the Company. 保單權益人/受保人更新職業時, 其所有於本公司(如有)的職業紀錄會被同時更新。</p> <p><input type="checkbox"/> Policy Owner 保單權益人     <input type="checkbox"/> Insured 受保人</p> <table border="1"> <tr> <td>Date of Employment 入職日期</td> <td>Since (D/M/Y) 由(日/月/年)</td> </tr> <tr> <td>Occupation Title (including second job) 現時職業(包括兼職)</td> <td></td> </tr> <tr> <td>Nature of Business (including second job) 業務性質(包括兼職)</td> <td></td> </tr> <tr> <td>Exact Duties (including second job) 工作範圍(包括兼職)</td> <td></td> </tr> <tr> <td>Employer's Name 僱主名稱</td> <td></td> </tr> <tr> <td>Is business traveling required? If 'YES', please provide full details. 是否需要到外地公幹?若"是", 請註明詳情。</td> <td>Frequency 頻密情況 _____     Duration 逗留時間 _____ Destination目的地 _____</td> </tr> </table>	Date of Employment 入職日期	Since (D/M/Y) 由(日/月/年)	Occupation Title (including second job) 現時職業(包括兼職)		Nature of Business (including second job) 業務性質(包括兼職)		Exact Duties (including second job) 工作範圍(包括兼職)		Employer's Name 僱主名稱		Is business traveling required? If 'YES', please provide full details. 是否需要到外地公幹?若"是", 請註明詳情。	Frequency 頻密情況 _____     Duration 逗留時間 _____ Destination目的地 _____				
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5. <input type="checkbox"/>	<p><b>Change of Payment Mode/Method 更改繳費模式/辦法</b></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; border: 1px solid black;"><input type="checkbox"/> Payment Mode 繳費模式</td> <td style="width:25%; border: 1px solid black;"><input type="checkbox"/> Annual 年繳</td> <td style="width:25%; border: 1px solid black;"><input type="checkbox"/> Semi-Annual 半年繳</td> <td style="width:25%; border: 1px solid black;"><input type="checkbox"/> Monthly by Autopay 每月自動轉賬</td> </tr> <tr> <td style="border: 1px solid black;"><input type="checkbox"/> Payment Method 繳費辦法</td> <td style="border: 1px solid black;"><input type="checkbox"/> Direct Billing 直接付款</td> <td style="border: 1px solid black;"><input type="checkbox"/> Autopay by bank 銀行戶口自動轉賬</td> <td style="border: 1px solid black;"><input type="checkbox"/> Autopay by BEA Credit Card 東亞銀行信用卡自動轉賬</td> </tr> </table> <p><small>Note: If the original payment method is Premium Prepayment Fund, all the remaining balance of Premium Prepayment Fund, the Prepaid Levy and interest (if any) will be withdrawn and subject to an early withdrawal charge as stated in the Instruction on Premium Prepayment Fund and Prepaid Levy Option. 注意: 如原有之繳費辦法為預繳保費基金, 所有預繳保費基金及預繳繳費之餘款及利息(如有)將被提取並須根據預繳保費基金及預繳繳費選擇指示徵收提前贖回費用。</small></p>	<input type="checkbox"/> Payment Mode 繳費模式	<input type="checkbox"/> Annual 年繳	<input type="checkbox"/> Semi-Annual 半年繳	<input type="checkbox"/> Monthly by Autopay 每月自動轉賬	<input type="checkbox"/> Payment Method 繳費辦法	<input type="checkbox"/> Direct Billing 直接付款	<input type="checkbox"/> Autopay by bank 銀行戶口自動轉賬	<input type="checkbox"/> Autopay by BEA Credit Card 東亞銀行信用卡自動轉賬	<input type="checkbox"/> Direct Debit Authorisation Form (for autopay case) 自動轉賬授權書 (適用於自動轉賬保單) <input type="checkbox"/> 2 months' premiums (applicable to monthly mode) 2 個月保費(適用於月供保單)												
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6. <input type="checkbox"/>	<p><b>Change of Dividend/Bonus Option 更改紅利/花紅運用方法</b></p> <p><input type="checkbox"/> Accumulation with Interest 積存生息      <input type="checkbox"/> Cash Withdrawal 現金提取</p> <p><small>Note 注意:</small></p> <p>1. The change will be effective from the next policy anniversary date of the policy(ies). 更改將於下一個保單周年日生效。</p> <p>2. Change of dividend/bonus option to Cash Withdrawal is not allowed when the policy(ies) is (are) under loan status. 保單在貸款期間將不接受更改紅利/花紅運用方法為「現金提取」。</p>																					
7. <input type="checkbox"/>	<p><b>Term Conversion 轉換保險計劃 (Applicable to Convertible Term Life Plan only 只適用於可轉換之定期壽險)</b></p> <p>Amount to be converted: _____      New Plan Name: _____ 轉換金額: _____      新計劃名稱: _____</p> <p>Remaining balance of Sum Insured: <input type="checkbox"/> To be cancelled 取消      <input type="checkbox"/> Remain in original policy 保留於原有保單內 原有保單剩餘之保障額: _____</p> <p>New Policy no.: (to be completed by the Company) 新保單編號(由本公司填寫): _____</p>	<input type="checkbox"/> Required documents for new application 新保單申請所需文件 <input type="checkbox"/> Return Original Policy 退回正本保單 <input type="checkbox"/> Initial Premium for new policy 新保單首期保費 <input type="checkbox"/> Consent of Assignee by signing on this form 承讓人須於此申請書上簽署同意																				
8. <input type="checkbox"/>	<p><b>Change of Policy Coverage 更改保障</b></p> <p><input type="checkbox"/> Decrease of Basic Sum Insured - New Sum Insured Amount: 減低基本計劃保障額 - 新保障額 _____</p> <p><input type="checkbox"/> Addition of Rider(s) 增加附加保障 Name of Rider Benefit/Amount 附加保障名稱/金額 _____</p> <p><input type="checkbox"/> Deletion of Rider(s) 刪除附加保障 Name of Rider Benefit 附加保障名稱 _____</p> <p><input type="checkbox"/> Change of Benefit 更改保障 Benefit Name      Existing Plan Level /Amount      New Plan Level /Amount 保障名稱      現有計劃級別/金額      新計劃級別/金額</p> <p>_____ From 由: _____ To 至: _____</p>	<input type="checkbox"/> Declaration of Health Questionnaire (for increase, addition or upgrade of benefit amount/ level) 健康近況聲明問卷(如增加或提升保障額/級別) <input type="checkbox"/> Consent of Assignee by signing on this form (if reduction of benefit) 承讓人須於此申請書上簽署同意(如減低保障)																				
9. <input type="checkbox"/>	<p><b>Change of Beneficiary 更改受益人</b></p> <p>I/We hereby revoke all previous designation of beneficiary(ies) and appointment of trustee(s), if any, under the policy(ies) specified in section I above and designate the following person(s) as beneficiary of the policy(ies). 本人/我們現撤銷第一部份所述之保單之前所指定的受益人及受託人(如有), 並指定下列人士為新受益人。</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%;">Name of Beneficiary 受益人姓名 (Please complete in English) (請以英文填寫) Surname (姓)/Given Name (名)</th> <th style="width:25%;">HKID/Passport/other I.D. Document No. 香港身份證/護照/其他身份證明文件 號碼</th> <th style="width:25%;">Relationship to Insured 與受保人關係</th> <th style="width:25%;">Percentage of share (in whole number) 分配百分比(須為整數)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p style="text-align:right;">Total 合計: 100%</p> <p>I/We understand that if no share percentage is specified, the proceeds of the policy(ies) shall be paid in equal shares to the surviving beneficiaries upon the death of the Insured. 本人/我們明白如未有指明分配比率, 保單的賠償將平均分配予所有在生的受益人。</p>		Name of Beneficiary 受益人姓名 (Please complete in English) (請以英文填寫) Surname (姓)/Given Name (名)	HKID/Passport/other I.D. Document No. 香港身份證/護照/其他身份證明文件 號碼	Relationship to Insured 與受保人關係	Percentage of share (in whole number) 分配百分比(須為整數)																
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10. <input type="checkbox"/>	<b>Change/Appointment of Trustee for Minor Beneficiary 更改/任命受託人予未成年之受益人</b>  I/We hereby revoke all previous designation of appointment of trustee(s) under the policy(ies) specified in section I above and appoint the following person(s) as Trustee to receive the proceeds of the policy(ies) for the beneficiary named herein and in accordance with the beneficiary designation given by me/us until such beneficiary attains the age of 18. 本人/我們現撤銷第一部分所述之保單之前所指定的受託人，並指定下列人士，於以下受益人年滿十八歲前，以受託人身份代表受益人按本人/我們之受益人提名指示收取保單的賠償。 <table border="1" data-bbox="165 477 1254 656"><thead><tr><th data-bbox="165 477 491 528">Name of Minor Beneficiary under the Policy 於保單內未成年之受益人的姓名</th><th data-bbox="491 477 707 528">Name of Appointed Trustee 獲委受託人姓名</th><th data-bbox="707 477 908 528">Relationship to Beneficiary 與受益人關係</th><th data-bbox="908 477 1254 528">HKID/ Passport/other I.D. Document No. 香港身份證/護照/其他身份證明文件號碼</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>	Name of Minor Beneficiary under the Policy 於保單內未成年之受益人的姓名	Name of Appointed Trustee 獲委受託人姓名	Relationship to Beneficiary 與受益人關係	HKID/ Passport/other I.D. Document No. 香港身份證/護照/其他身份證明文件號碼									
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11. <input type="checkbox"/>	<b>Cancellation of Trustee(s) Appointment for Minor Beneficiary 撤銷予未成年受益人的受託人任命</b>  I/We hereby cancel the Trustee appointment for minor beneficiary made under the policy(ies) specified in section I above prior to the date of this form. 本人/我們現撤銷在此表格日期前於第一部分所述之保單所任命予未成年受益人的受託人。													
12. <input type="checkbox"/>	<b>Change of Mortgage Property Address (For Mortgage Life Insurance) 更改按揭物業地址 (適用於按揭保險保障)</b> <table border="1" data-bbox="159 884 1254 1028"><tr><td data-bbox="159 884 443 1028">New Mortgage Property Address 新按揭物業地址</td><td data-bbox="443 884 1254 1028">_____  Country/Region 國家/地區 _____</td></tr></table>	New Mortgage Property Address 新按揭物業地址	_____  Country/Region 國家/地區 _____	<input type="checkbox"/> Consent of Assignee by signing on this form 承讓入須於此申請書上簽署同意										
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13. <input type="checkbox"/>	<b>Premium Holiday 保費假期 (Applicable to policy with relevant provision only 只適用於附有相關條款的保單)</b> <table border="1" data-bbox="159 1086 1281 1897"><tr><td data-bbox="159 1086 199 1131"><input type="checkbox"/></td><td data-bbox="199 1086 1281 1131">a. Application for Premium Holiday 申請保費假期</td></tr><tr><td data-bbox="159 1131 199 1176"></td><td data-bbox="199 1131 1281 1176">No. of month(s) applied for 申請月數 _____ months 個月</td></tr><tr><td data-bbox="159 1176 199 1624"></td><td data-bbox="199 1176 1281 1624">Note 注意: 1. To apply for Premium Holiday, policy must be in force for at least 2 years and the premiums payable for the first 2 policy years must have been fully paid to the Company. 申請保費假期時，保單必須生效至少兩年及已全部繳清首兩個保單年度之保費。 2. Premium Holiday is not allowed when the policy is on loan status. 保單在貸款期間將不接受保費假期申請。 3. The aggregate of all Premium Holidays under the policy shall not exceed a maximum period of 24 months. 保費假期合計最長為24個月。 4. When there is Premium Holiday pending for processing or in progress under the policy, the above number of months(s) of Premium Holiday applied for will further extend the total number of months of the Premium Holiday in progress or pending for processing. 如本保單仍有未處理或正在進行中的保費假期，上述所申請的保費假期月數會延長有關的未處理或正在進行中的保費假期的月數。 5. The first request for Premium Holiday is free. Any subsequent request for Premium Holiday shall be subject to payment of HK\$200 per request. 首次申請保費假期，本公司不會收取任何費用，其後每次申請保費假期均需繳付費用港幣200元。</td></tr><tr><td data-bbox="159 1624 199 1897"><input type="checkbox"/></td><td data-bbox="199 1624 1281 1897">b. Application for Cessation of Premium Holiday and Resumption of Premium Payment 申請結束保費假期及恢復繳付保費  Note 注意: 1. The Premium Holiday shall end at the nearest monthiversary date of the policy. 保費假期會於最近的保單周年日起結束，而保費亦須於當日起恢復繳付。 2. Where appropriate, please arrange for the standard payment instruction (e.g.direct debit authorisation) for settlement of the resumed regular premium. 如適用，請安排定期繳款指示(如自動轉賬授權)以繳付將恢復的定期保費。</td></tr></table>	<input type="checkbox"/>	a. Application for Premium Holiday 申請保費假期		No. of month(s) applied for 申請月數 _____ months 個月		Note 注意: 1. To apply for Premium Holiday, policy must be in force for at least 2 years and the premiums payable for the first 2 policy years must have been fully paid to the Company. 申請保費假期時，保單必須生效至少兩年及已全部繳清首兩個保單年度之保費。 2. Premium Holiday is not allowed when the policy is on loan status. 保單在貸款期間將不接受保費假期申請。 3. The aggregate of all Premium Holidays under the policy shall not exceed a maximum period of 24 months. 保費假期合計最長為24個月。 4. When there is Premium Holiday pending for processing or in progress under the policy, the above number of months(s) of Premium Holiday applied for will further extend the total number of months of the Premium Holiday in progress or pending for processing. 如本保單仍有未處理或正在進行中的保費假期，上述所申請的保費假期月數會延長有關的未處理或正在進行中的保費假期的月數。 5. The first request for Premium Holiday is free. Any subsequent request for Premium Holiday shall be subject to payment of HK\$200 per request. 首次申請保費假期，本公司不會收取任何費用，其後每次申請保費假期均需繳付費用港幣200元。	<input type="checkbox"/>	b. Application for Cessation of Premium Holiday and Resumption of Premium Payment 申請結束保費假期及恢復繳付保費  Note 注意: 1. The Premium Holiday shall end at the nearest monthiversary date of the policy. 保費假期會於最近的保單周年日起結束，而保費亦須於當日起恢復繳付。 2. Where appropriate, please arrange for the standard payment instruction (e.g.direct debit authorisation) for settlement of the resumed regular premium. 如適用，請安排定期繳款指示(如自動轉賬授權)以繳付將恢復的定期保費。					
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Policy No.  
保單編號 \_\_\_\_\_

14. <input type="checkbox"/>	<b>Change of Income Payout Option 更改入息支取選擇 (Only applicable to specific insurance plans 只適用於個別保險計劃)</b>	
<input type="checkbox"/>	<p><b>a. Income Payout Option 入息支取選擇</b></p> <p><input type="checkbox"/> Lump Sum Payment 全數支取      <input type="checkbox"/> Monthly Income Withdrawal 提取每月入息      <input type="checkbox"/> Income Accumulation 累積入息      <input type="checkbox"/> Receive 50% of Cash Value, and receive a reduced Guaranteed Monthly Retirement Income each month 取回50%現金價值及收取每月支付的已退減「保證每月退休入息」</p> <p>* Please complete Section 14.b 請填妥14.b項</p> <p><b>Note 注意:</b></p> <p>1. Please refer to the terms and conditions of your policy for the available Income Payout Option. 有關適用的人息支取選擇，請參照閣下保單之條款及細則。</p> <p>2. No change of Income Payout Option is allowed once the Income Period commences (except for ProRetire Annuity Insurance and WiseRetire Deferred Annuity Insurance Plan). 在入息期開始後，入息支取選擇將不能更改（「智優裕」年金保險和「智優悠」延期年金保險計劃除外）。</p> <p>3. For ProRetire Annuity Insurance and WiseRetire Deferred Annuity Insurance Plan, the change of Income Payout Option will take effect from the next monthly Income distribution after the request is approved by the Company. If the Income Payout Option is changed to Monthly Income Withdrawal, any accumulated Monthly Income and interest left under the policy (if any) shall remain leave under the policy. 更改「智優裕」年金保險和「智優悠」延期年金保險計劃之入息支取選擇將於本公司批核有關申請後的下一個每月入息派發日起生效。如入息支取選擇更改為提取每月入息，保單內積存之每月入息及其利息(如有)將繼續積存於保單內。</p> <p><b>b. Payment Instruction for Monthly Income Withdrawal 每月入息提取的付款指示</b></p> <p><input type="checkbox"/> Direct credit to Policy Owner's BEA bank account 直接存入保單權益人的東亞銀行賬戶 Account no. 賬戶號碼* 015 - _____ - _____</p> <p><input type="checkbox"/> Direct credit to Policy Owner's non-BEA bank account 直接存入保單權益人的非東亞銀行賬戶 Bank Name &amp; Branch in Hong Kong 香港銀行及分行之名稱 _____ Account no. 賬戶號碼* _____ - _____ - _____</p> <p><input type="checkbox"/> By cheque in 以支票      <input type="checkbox"/> HKD 港幣      <input type="checkbox"/> Policy Currency 保單貨幣</p> <p>* Account holder must be the Policy Owner. 賬戶持有人必須為保單權益人。 * Only HKD account is acceptable. 只接受港元賬戶。 * Please provide copy of the bank passbook/statement issued in the recent 3 months bearing the name of the account holder. 請提供印有賬戶持有人姓名的銀行存摺/最近3個月發出的月結單之影印本。 * Please submit copies of ID card / passport of the Owner / Trustee. In the case of corporate owner, company documents are required pursuant to the Anti-Money Laundering and Counter-Terrorist Financing (Financial Institutions) Ordinance. Our Company reserves the right to ask for additional documents. 請遞交持有人/ 信託人的身份證/ 護照副本。倘以公司名義之持有人，必須根據現行之「打擊洗錢及恐怖分子資金籌集（金融機構）條例」遞交所需文件。本公司保留權利索取其他文件。</p> <p><b>Note 注意:</b></p> <p>1. If the payment currency is not specified, the cheque payment will be made in policy currency or as determined by the Company. 如無特別指明付款貨幣，支票付款將以保單貨幣支付或由本公司自行決定。</p> <p>2. If the payment instruction is not in policy currency, the amount will be calculated at such exchange rate as determined by the Company. 如果並非以保單貨幣執行付款指示，付款金額將以本公司所釐定的兌換率計算。</p> <p>3. If select payment by cheque, the cheque will be delivered to the latest correspondence address of the Policy Owner on the Company's record. 如選擇以支票形式支付，支票將寄往保單權益人根據本公司記錄上的最新通訊地址。</p>	
15. <input type="checkbox"/>	<p><b>Change of Death Benefit Payout Option 更改身故保障支取選擇 (Only applicable to ProRetire Annuity Insurance Plan 只適用於「智優裕」年金保險計劃)</b></p> <p><input type="checkbox"/> Lump Sum Payment 全數支取      <input type="checkbox"/> Monthly Payment 每月提取</p>	
16. <input type="checkbox"/>	<b>Others (Please specify in details)其他(請詳細列明)</b>	
<b>III. Payment Details 付款資料</b>		
<p>mount submitted together with this form: 與此表格一併遞交的金額: _____</p> <p>Payment Means: <input type="checkbox"/> Pay-In Slip 付款單      <input type="checkbox"/> Cheque (cheque no. _____) 支票 (支票號碼: _____)      <input type="checkbox"/> BEA Credit Card 東亞銀行信用卡</p>		<p><input type="checkbox"/> Pay-in Slip 付款單</p> <p><input type="checkbox"/> One-off Payment - Credit Card Payment Authorisation Form 單一次付款 - 信用卡付款授權書</p>

**IV. Declaration 聲明**

I/We hereby request the above change(s) be effected and declare that all statements, information and particulars given herein are accurate, true and complete and are given to the best of my/our knowledge and belief and no material information has been withheld in relation to this request. I/We agree that such change(s) or service(s) will not take effect unless all of the following conditions are met:

- (1) All required payment and complete supporting documents have been submitted to the Company.
- (2) The request is accepted and approved by the Company during the lifetime and continued insurability of the Insured.
- (3) The information and statement made in this request and in other documents as required by the Company shall form the basis for this policy alteration request and form a part of the policy(ies) unless otherwise specified.
- (4) Acceptance of the request for change shall be confirmed by the Company in writing or endorsement.
- (5) 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. If the Owner is a body corporate, I / We represent that the Owner does not have any beneficial owner(s) with a 10% or more direct or indirect interest in the corporate who is a U.S. citizen, resident or U.S. Entity. 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.

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.)

- (6) I / We acknowledge and irrevocably agree that the information contained in this form and information regarding the Applicant(s) and any Reportable Account(s)\* may be provided to the tax authorities of the country / jurisdiction in which this account(s) is / are maintained and exchanged with tax authorities of another country / jurisdiction or countries / jurisdictions in which the Applicant(s) may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

\*"Reportable Account" has the meanings ascribed to it under the "Common Standard on Reporting and Due Diligence for Financial Account Information" promulgated by the Organisation for Economic Cooperation and Development.

For individual applicant(s) - I / We certify that I am / we are the Applicant(s) (or am authorized to sign for the Applicant(s)) of all the account(s) to which this form relates.

For corporate applicant(s) - I certify that I am authorized to sign for the Applicant in respect of all the account(s) to which this form relates.

- I / We declare that all statements made in this declaration are, to the best of my / our knowledge and belief, correct and complete.

- I / We undertake to advise the Company within 30 days of any change in circumstances which affects the tax residency status of the party / parties identified as Applicant of this form or causes the information contained herein to become incorrect or incomplete, and to provide the Company with a suitably updated self-certification and Declaration within 30 days of such change in circumstances.

- I / We agree to indemnify the Company against any loss, claim and action in connection with any false, misleading or incomplete information of my / our nationality, residence and / or tax status.

本人/我們現申請辦理上述之更改事項，謹此聲明並同意所有提供之資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人/我們所知及所信而作答的。本人/我們並同意此等更改事項或服務必須符合下列所有條件，方能生效：

- (1) 所有需要之款項及文件皆盡數呈交貴公司並完整無缺。
- (2) 此項申請在受保人在生並仍然符合受保條件時，經貴公司接納及批准。
- (3) 在此申請書及本公司所須之其他文件上填報之一切資料及申報，將成為此保單更改申請之根據，並成為本保單之一部分(除非另有其他指示)。
- (4) 貴公司將以書面或附註形式通知此申請被接納。
- (5) 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。如持有人為法人，本人/我們聲明股東中沒有美國公民/美國居民/美國機構直接或間接持有大於10%的股權。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。任何依據此陳述而發給的保單可視作無效。在這種情況下，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，任何美國人就其稅務狀況有虛假或失實陳述，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IRS之W-9表格，而以上之有關條款並不適用。)
- (6) 本人/我們知悉並完全同意這表格內，所有資料及有關申請人之個人資料，和任何須申報帳戶\*，將有可能提供予管理該帳戶的國家/司法管轄區之稅務機關，及轉交予其他國家/司法管轄區之稅務機關或申請人所屬之國家/司法管轄區為根據跨政府協議所訂之財務帳戶資料交換要求的國家/司法管轄區。
- \* "須申報帳戶"之定義請參考經濟合作與發展組織頒佈的"共同申報準則及財務帳戶資料之盡職調查"
- 由個人作申請人 - 本人/我們在此聲明，本人/我們是本申請書相關之全部帳戶的申請人(或獲申請人授權簽署)。
- 由公司作申請人 - 本人/我們在此聲明，本人/我們是獲申請人授權簽署本申請書相關之全部帳戶。
- 本人/我們聲明一切在這份聲明之條款是基於本人/我們的據知及所信，並且是正確及完整的。
- 本人/我們承諾，如有任何改動會影響認定為申請人之一方/多方之稅務居民狀況內容，或導致其所載資料失實或不完整，本人/我們將於有關改動發生後30日內通知貴公司，並在該變動發生後30日內，向貴公司提交最新的自我證明書。
- 本人/我們同意賠償貴公司就本人/我們的國籍、居住及/或稅務狀況有關資料之虛報、誤導或不完整所導致的任何損失，索償及訴訟。

**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 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/en/help-and-support/individuals.html](http://www.aia.com.hk/en/help-and-support/individuals.html), 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轉讓本人/我們的個人資料至香港境外予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/zh-hk/help-and-support/individuals.html](http://www.aia.com.hk/zh-hk/help-and-support/individuals.html)，及可向貴公司索取。

**V. Signature 簽署**

Insured 受保人	Policy Owner (if different from the Insured) 保單權益人 (如與受保人不同)	Assignee (if applicable) 承讓人 (如適用)	Witness 見證人
X	X	X	X
Date 日期 (D/M/Y日/月/年)	Date 日期 (D/M/Y日/月/年)	Date 日期 (D/M/Y日/月/年)	Name 姓名:
Date 日期 (D/M/Y日/月/年)	Date 日期 (D/M/Y日/月/年)	Date 日期 (D/M/Y日/月/年)	Date 日期 (D/M/Y日/月/年)
FOR OFFICE USE ONLY			
SV <input type="checkbox"/>	T/PEP Checking <input type="checkbox"/>	Checked by:	Date (D/M/Y)

## Guidelines of other Policy Alteration/Services Requests 其他保單更改／服務指引

Type of Request 申請類別	Required Form and/or documents 所須申請書及／或文件 (Please refer to relevant Form for detail requirements 詳細要求請參考相關申請書)
Collateral Assignment 抵押性轉讓／ Release of Collateral Assignment 解除保單抵押性轉讓	- Collateral Assignment Form 保單抵押性轉讓申請書
Dividend/Bonus Withdrawal 提取紅利／花紅	- Policy Value Withdrawal Form 保單提款申請書
Duplicate Policy Contract 保單合約複製本	- Loss Policy Declaration 保單遺失聲明 - Payment of Administration Fee of HK\$100 繳付港幣100元手續費
Ownership Change 更改保單權益人	- Transfer of Policy Ownership Form 保單權益轉讓申請表 - Certified copy of the Identification / Business Registration (for corporate) document(s) of new Policy Owner 新保單權益人的身份證明文件／商業登記證（適用於公司）的認證副本
Policy Loan 保單貸款	- Policy Value Withdrawal Form 保單提款申請書
Policy Loan Repayment 償還保單貸款	- Outstanding Policy Loan Quotation 未償還保單貸款報價查詢 - Payment of outstanding policy loan 償還保單貸款
Policy Surrender 保單退保	- Policy Surrender Form 保單退保申請書 - Policy Contract 保單正本 - Identification Document Copy 身份證證明文件副本
Premium Prepayment Fund and Prepaid Levy Option 預繳保費基金及預繳徵費選擇	- Instruction on Premium Prepayment Fund and Prepaid Levy Option 預繳保費基金及預繳徵費選擇指示 - Payment of minimum 2 years annual premium and the relevant levy 最少繳付兩年保費及其保費徵費
Premium Prepayment Fund Withdrawal 提取預繳保費基金	- Policy Value Withdrawal Form 保單提款申請書
Premium Resumption 恢復繳付保費	- Outstanding Policy Loan Quotation if there is outstanding loan amount 未償還保單貸款報價查詢如有未償還貸款 - Payment of the total amount required for premium resumption and policy loan repayment (if applicable) 繳交恢復繳付保費所需的總金額及償還保單貸款(如適用)
Reinstatement 保單復效	- Reinstatement Application Form (Reinstatement Quotation) 保單復效申請表（保單復效報價查詢） - Declaration of Health Questionnaire 健康近況聲明問卷 - Payment of the reinstatement amount 繳交保單復效金額
Unemployment Benefit 失業保障	(Applicable to policy with relevant provision only 只適用於保單附有相關條款) - State the application of Unemployment Benefit under section II - "Others" of this Form with Effective Date 於本申請表第二部分 - "其他" 寫上申請失業保障及生效日期 - Proof of involuntary unemployment e.g. Company letter or documents from Labour Department 認可之非自願失業書面證明，例如公司或勞工署發出的信件或文件
<b>Requests related to Investment-Linked Insurance 與投資相連保單有關的申請</b>	
Addition of Top-up Premium 增加額外投資保費	- Investment-Linked Policy Service Form 投資相連保單服務申請書 - Risk Profile Questionnaire (For Individual Customer) 風險承擔能力問卷(適用於個人客戶) - Important Facts Statement and Policy Owner's Declarations - Investment-Linked Assurance Scheme ("ILAS") Policy (For Top-up Premium Only) 重要資料聲明書及保單權益人聲明書 - 投資相連壽險計劃 ("投連壽險") 保單(只適用於支付額外保費) - Financial Needs Analysis ("FNA") Form (For top-up premium of Prosperity Link Insurance) 財務需要分析表格(只適用於「富蒼寶」保險計劃繳付額外保費) - Top-up premium deposit 額外保費存款
Change of Allocation of Future Regular Premium 更改日後定期保費分配	- Investment-Linked Policy Service Form 投資相連保單服務申請書 - Risk Profile Questionnaire (For Individual Customer) 風險承擔能力問卷(適用於個人客戶)
Switching 組合轉換	- Investment-Linked Policy Service Form 投資相連保單服務申請書 - Risk Profile Questionnaire (For Individual Customer) 風險承擔能力問卷(適用於個人客戶)
Partial Withdrawal 部分提取	- Investment-Linked Policy Service Form 投資相連保單服務申請書
Reduction of Regular Premium 減低定期保費	- Investment-Linked Policy Service Form 投資相連保單服務申請書
Premium Holiday 保費假期  Cessation of Premium Holiday and resumption of premium payment 終止保費假期及恢復繳付保費	- Investment-Linked Policy Service Form 投資相連保單服務申請書