



Request for Change of Beneficiary / Signature / Ownership / Trustee

更改受益人 / 簽名 / 持有人 / 信託人申請表

Policy Number 保單號碼	Name of Insured 受保人姓名	Name of Owner 持有人姓名										
Agent / Broker Name 營業員 / 經紀姓名	Agent / Broker Code 營業員 / 經紀號碼 Area / Agency / Broker Code 區域 / 營業員 / 經紀組別編號	Agent / Broker Tel. No 營業員 / 經紀聯絡電話										
TR Membership Number (for Brokers only) 營業代表會員號碼 (僅供經紀使用)	<input type="checkbox"/> PIBA <input type="checkbox"/> CIB <input type="checkbox"/> ANG <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>											



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IMPORTANT NOTES 重要資料

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

- This request is NOT valid until (a) it is recorded as received by AIA International Limited (the "Company") during the life time of BOTH the Insured and the Owner of the above policy (the "Policy") and (b) it is finally confirmed and accepted by the Company by way of Endorsement or letter.
此申請表需於(a)上述保單(即「保單」)之受保人及持有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確應及接納方為有效。
- 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。
- This form should be signed by the Owner / Trustee in the presence of a witness under the section of Declaration and Authorization. Insured / Owner / Trustee / Assignee's signature, whenever applicable, must correspond with the Company's latest available record.
持有人 / 信託人必須在見證人的作證下簽署此申請表的「聲明及授權」部分,受保人 / 持有人 / 信託人 / 受讓人(如適用)的簽名必須與本公司的最近存檔紀錄相符。
- Any amendments in this form must be countersigned by the Owner / Trustee / Assignee in full signature.
持有人 / 信託人 / 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。
- There may be tax and / or other implications as a result of transferring ownership and / or change of beneficiary / trustee. The proposed New Owner / Trustee is asked to carefully study the terms and conditions of the Policy, and before signifying his / her consent to become the New Owner / Trustee of the Policy, he / she should first get a comprehension of what the rights and obligations would be conferred upon him / her. The proposed New Owner / Trustee is asked to make his / her own assessment on the ability to meet the premium and levy (Hong Kong policies) payment obligations. Please consult your own independent legal and / or tax advisors prior to making any request. Upon confirmation and recorded by the Company that the New Owner becomes the owner of the Policy, the New Owner shall assume all the obligations (which includes but without limitation, in respect of Hong Kong policies, the obligation to pay and settle all outstanding and future levy payable to the Insurance Authority) and are bound by and subject to the terms and conditions of the Policy.
此持有人 / 信託人之轉換,有可能涉及稅務及 / 或其他影響。新持有人 / 新信託人於簽署此項申請和同意作為新持有人 / 新信託人前,須仔細閱讀保單內之條款和條件,並清楚明白其授予之權利與責任。新持有人 / 新信託人須自行評估履行保單支付保費與保費徵費(香港保單適用)責任之能力。請閣下在作出任何申請前自行諮詢獨立法律 / 稅務顧問。轉換持有人申請一旦被貴公司確認及記錄,新持有人需承擔所有受保單條款約束的責任(就香港保單而言,包括但不限於向保監局繳付所有逾期及未來應繳保費徵費),及受保單條款和條件約束。
- Any Request for Change of Ownership / Trustee does not change the beneficiary or the mode of payment under the Policy.
申請更改保單持有人 / 信託人不會更改此保單之受益人及付款形式。
- The current Owner warrants that the change of ownership is not subject to any prior agreement, contractual obligations, legal proceedings and / or orders by the Court / tribunal, which may restrict, limit or otherwise prohibit such change of ownership as contemplated. If any such restriction exists, the current Owner must produce the Company proper written consent from such person(s) together with the request. The current Owner expressly acknowledges and agrees that in the event of any obligations become known subsequent to the change of ownership being made, which if then made known to the Company, would have caused the Company not to process any Request for Change of Ownership on the Policy (or not to change ownership without the consent of a party other than the current Owner), the change of ownership will become immediately void and the current Owner shall indemnify and hold the Company harmless from any and all losses, damage, liabilities, proceedings, claims, demands and expenses arising out of and in connection with such Request of Change of Ownership.
現時持有人保證更改保單持有人之申請不受約束於事先協定、合約義務、法律訴訟及 / 或法院指令而限制或禁止更改保單持有人。現時持有人確認及同意倘因作出更改保單持有人後才發現的責任,以致貴公司不接納更改保單持有人之申請(或轉換持有人必須先取得非現時持有人之第三者同意),更改保單持有人的申請將即時失效。及如貴公司因此更改而引致有任何損失、損害、法律責任、訴訟、索償、要求及開支,現時保單持有人同意對貴公司作出彌償並保證貴公司不受損害。
- 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 Beneficiaries ("the Parties"), or any of them; ii) any information relating to this 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 this Policy (including but not limited to the Insured or the Beneficiary) has no right to enforce any of the terms of this Policy.
非保單合約一方(包括但不限於受保人及受益人)沒有權利執行任何保單條款。

Part A 甲部 ☐ Change of Ownership / Trustee 更換持有人 / 信託人

Name of New Owner / Trustee 新持有人 / 信託人姓名:			
Relationship to Insured 與受保人關係:		Sex 性別	ID / Passport No. 身分證 / 護照號碼:
Date of birth 出生日期: MM 月 DD 日 YYYY 年		Nationality 國籍:	

With PB / PBCI rider* 保留付款人 / 危疾付款人附加契約*

☐ Yes 保留

☐ No 不保留

1. * Please complete Payor's Health Certificate. Otherwise, the attached PB or PBCI rider will be deleted. 如須保留付款人附加契約或危疾付款人附加契約，請提交新持有人之健康證明書。否則，該附加契約將會被取消。
2. If US Citizen, please submit Form W-9. 如屬美籍人士，請提交W-9表格。
3. For insured under age 18, please also complete the column for designating a new contingent owner / trustee if the new owner / trustee and the original owner / trustee are the same person. 如受保人未滿18歲，而新持有人 / 信託人和原有的第二持有人 / 信託人是同一人，請填寫指定新的第二持有人 / 信託人。
4. Please submit copy of ID / passport of the New Owner / Trustee. For Macau issued policy, please also submit residential and permanent address proof issued within 3 months. In the case of new owner is a corporate, please submit company documents pursuant to the Anti-Money Laundering and Counter-Terrorist Financing (Financial Institutions) Ordinance. Our Company reserves the right to ask for additional documents.
請遞交新持有人 / 信託人的身分證 / 護照副本。如為澳門簽發之保單，請一併遞交最近三個月內之住宅及永久地址證明文件副本。倘以公司名義之新持有人，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。

☐ Wealth Planning 財富規劃
 ☐ Income Protection 入息保障
☐ Education Savings 教育儲備
 ☐ Retirement Planning 退休計劃
☐ Investment Management 投資管理
 ☐ Others, please specify 其他，請詳述:

Name of Employer 僱主名稱: _____

Business Address 辦事處地址: _____

Occupation Title and Daily Duties 職位及日常職務: _____

Nature of Business 公司業務性質: _____

As required by the Anti-Money Laundering and Counter-Terrorist Financing (Financial Institutions) Ordinance and other applicable guidelines, customer due diligence on new owner or trustee upon change of ownership shall be completed to the satisfaction of the Company. Therefore, the Company reserves the right to determine the scope of such customer due diligence, and to request you for further clarification and additional documents if deemed necessary.

本公司需要根據「打擊洗錢及恐怖分子資金籌集(金融機構)條例」及其他適用指引，就更改保單持有人對新持有人信託人進行客戶盡職審查。因此，本公司保留權利決定該盡職審查之範圍，並要求作進一步調查及索取其他文件。

You must provide the following information 你必須填寫以下資料:

☐ Tax resident of Hong Kong only 唯一稅務居住地為香港

Country / Jurisdiction of tax residence 稅務居住國家 / 司法管轄區		Tax Identification Number (TIN) 稅務編號	If no TIN available, please enter Reason (A, B or C) 如未能提供稅務編號,請註明原因 (A, B 或 C)	If you selected Reason B, please explain why you are unable to obtain a TIN 倘若閣下數擇原因 B,請在下列說明為何閣下未能取得稅務編號
1				
2				
3				

Reason A – The country / jurisdiction where the new owner / trustee is resident does not issue TINs to its residents

原因 A - 新持有人 / 信託人所屬之國家 / 司法管轄區沒有為其居民設立稅務編號

Reason B – The new owner / trustee is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the above table if you have selected this reason)

原因B - 新持有人/信託人未能獲得稅務編號或有同等功能的編號(若選擇本原因,請於上表說明為何閣下未能取得稅務編號)

Reason C – No TIN is required (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

原因 C - 不需要稅務編號(備註: 倘若閣下所屬之司法管轄區的相關本地法律並不需要收集稅務編號, 方可選擇這個原因)

Important Note 注意事項:

The Company is required by the laws to conduct due diligence on the new owner / trustee with respect to his / her / their tax residence, collect the required information and furnish a return to the governmental authorities. If there is any uncertainty about tax residency status, it is suggested that the new owner / trustee shall disclose the information in the above table and consult also your own tax advisor.

本公司是根據法律要求就新持有人 / 信託人之稅務居住地進行盡職調查，並收集所需資料及提供給政府機關。如新持有人 / 信託人對稅務居住地有任何疑問，請於上述表格內表述並徵詢你的稅務顧問。

* For new owner is a corporate, please complete "Self Certification Form – Entity" as required by the laws. If the entity is classified as passive NFE, please also complete "Self Certification Form – Controlling Person" for each identified controlling person.

* 倘以公司名義之新持有人，必須根據法律要求遞交「自我證明表格 - 實體」。如有關公司持有人之公司類別為被動非財務實體，每一位控權人必須填寫「自我證明表格 - 控權人」。

Part B 乙部

Change of Contingent Owner / Contingent Trustee (Not applicable to policies with Insured at age 18 or above)
更換第二持有人/信託人 (不適用於受保人已年滿 18 歲或以上的保單)

Name of Contingent Owner / Contingent Trustee 第二持有人 / 信託人姓名			
Relationship to Insured 與受保人關係	Sex 性別	Date of Birth (MM-DD-YYYY) 出生日期 (月-日-年)	ID / Passport No. 身分證 / 護照號碼

Part C 丙部

Change Of Beneficiary (Not applicable to juvenile policies currently issued under the Trust Provisions)
更換受益人 (不適用現在受信託條文約束的兒童保單)

Beneficiary's Name 受益人姓名	Relationship to insured 與受保人之關係	Sex 性別	Date of Birth (MM-DD-YYYY) 出生日期 (月-日-年)	ID / Passport No. 身分證/護照號碼	Share(%) 百分比

The Company is not responsible for the validity of any appointment or revocation and for any subsequent written notice of a change of beneficiary received by it pending the issue of endorsement.

Note/注意:
1. If more than one beneficiary is designated, all policy proceeds will be paid to the beneficiaries according to the order of payment (if any) and share(s) specified or in

2. The above change of beneficiary designation shall be effective only while the relevant Policy is in force and to the extent permitted by law.
 在上述保單仍然生效及法律容許的情況下，以上更改受益人的指示才告生效。

Part D 丁部

☐ Change of Signature 更換簽名

○ New Signature of insured (if different from the Owner) 受保人之新簽名(倘非持有人)

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Declaration & Authorization 聲明及授權

本人為保單的持有人 / 信託人，在此要求保單按照上述細則更改。本人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。如更換保單的受益人，本人確認本人之前為此保單所指定的受益人(受保人的遺產除外)均完全知悉，及如需要獲取其同意，已同意此申請表上的內容。

PERSONAL DATA COLLECTION AND USE

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(如保單在香港繕發)或澳門(如保單在澳門繕發)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。

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.)

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。任何依據此陳述而繕發的保單可視作無效。在這情況下，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）。
備注：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。）

*****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 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 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.

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。

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 - 本人在此聲明,本人是獲申請人授權簽署本申請書相關的全部帳戶。

- 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。

On MM月 / DD日 / YYYY年
於

On _____
於 MM月 / DD日 / YYYY年

On _____
於 MM月 / DD日 / YYYY年

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: _____

On _____
於 MM月 / DD日 / YYYY年

Contact Phone No. of Witness 見證人之聯絡電話號碼: _____

* 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,見證人個人資料只會用於處理本申請表,特別為確查本申請表簽署人的身分之用。

OPPOSF29.0318