



REQUEST FOR CHANGE FORM / SUBSEQUENT APPLICATION FOR PERSONAL ACCIDENT CONTRACT
更改保單申請表 / 人身意外保險申請表

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 營業員號碼/經紀號碼 Area/Agency/Broker Code 區域/營業員/經紀組別編號	Agent's / Broker Tel. No 營業員/經紀聯絡電話



00102096

PART A 甲部 PLEASE USE A SEPARATE FORM FOR EACH POLICY NUMBER. 每一份保單請填寫一份申請表

Please tick the appropriate box 請在適當的空格內劃上“X”號

<input type="checkbox"/> Cancel Autopay 取消自動轉賬 - Premium collection via autopay / Installment Plan Auto - renewal will be stopped only after your request is accepted and completed successfully by the Company. 自動轉賬繳費/分期計劃之自動續期只會當公司收到及接受申請後取消。 - Any premium paid prior to the Company's receipt and approval of the request will not be refunded. 任何於公司收到及接受申請前已繳交的保費將不會退還。		<input type="checkbox"/> Cancel Installment Plan Auto - renewal 取消分期計劃之自動續期 Only applicable to the following plans 只適用於下列計劃 - AIA Asset Accumulator 友邦「財庫之選」投資計劃 - AIG Capital Saver by AIA AIG資本匯聚友邦投資計劃 - Treasure Advantage 卓智投資計劃 - AIA Asset Accumulator (EDB) 友邦「財庫之選」投資計劃(卓越保障) - Treasure Accumulator 卓蓄之選 - Treasure Advantage (Enhanced Protection) 卓智投資計劃(卓越保障)							
<input type="checkbox"/> Change Mode of Payment 更改付款形式 <input type="checkbox"/> Annually 年繳 <input type="checkbox"/> Semi-annually 半年繳 <input type="checkbox"/> Quarterly 季繳 If client changes the mode of payment as non-monthly mode payment, the existing autopay account will be cancelled. 若客戶更改付款形式為非月繳保費付款，客戶現有自動轉賬戶口將會被取消。 <input type="radio"/> * Apply autopay for non-monthly premium by direct debit of bank account or company designated credit card# account. If payment by direct debit of designated credit card account#, the existing credit card autopay a/c will be cancelled and customer is required to submit a new version (in pink color) DDA for Credit card account. #Please visit aia.com.hk > Customer Support > Premium Payment Channels > By Autopay for details. * 申請非月繳保費可選擇經由銀行戶口或公司指定之銀行信用卡#戶口自動轉賬。如經由公司指定之銀行信用卡#戶口自動轉賬，現有之信用卡自動轉賬戶口會被取消，客戶必須重新遞交新版本(粉紅色)的信用卡戶口直接付款授權書。 #請參閱 aia.com.hk > 客戶支援 > 保費繳付方式 > 自動轉賬內的資料。 * Submit Direct Debit Authorization Form to Cashier 請遞交直接付款授權書予繳費處		<input type="checkbox"/> Cancel Premium Holiday 取消「暫停繳費」 Only applicable to the following plans 只適用於下列計劃 - AIA Asset Accumulator 友邦「財庫之選」投資計劃 - AIG Capital Saver by AIA AIG資本匯聚友邦投資計劃 - Treasure Advantage 卓智投資計劃 - AIA Asset Accumulator (EDB) 友邦「財庫之選」投資計劃(卓越保障) - Treasure Accumulator 卓蓄之選 - Treasure Advantage (Enhanced Protection) 卓智投資計劃(卓越保障)							
<input type="checkbox"/> Monthly 月繳 *Payment must be via direct debit arrangement. *月繳保費必需經由自動轉賬繳交 *Submit Direct Debit Authorization Form to Cashier 請遞交直接付款授權書予繳費處		<input type="checkbox"/> Change Autopay Cycle for Monthly Premium 更改月繳保費自動轉賬之週期 <input type="radio"/> First cycle 月初轉賬 <input type="radio"/> Second cycle 月中轉賬 Change of autopay cycle will not be accepted for Wealth FlexiProtector. 更改自動轉賬週期並不適用於財富萬用保。							
<input type="checkbox"/> Term Conversion 轉換定期壽險為永久或儲蓄壽險 (Please send this form to U&I Dept. with the application form of new policy for approval 請連同此表格與新單要保書交予核保部批核) <table border="1"> <tr> <td>Converted Plan Name 轉換計劃名稱</td> <td>Converted Amount 轉換保額</td> <td>*Remaining Amount *剩餘保額</td> </tr> <tr> <td>CIR on Term Converted Amount 危疾定期壽險附加契約轉換保額</td> <td></td> <td>*Remaining Amount *剩餘保額</td> </tr> </table>		Converted Plan Name 轉換計劃名稱	Converted Amount 轉換保額	*Remaining Amount *剩餘保額	CIR on Term Converted Amount 危疾定期壽險附加契約轉換保額		*Remaining Amount *剩餘保額	<input type="checkbox"/> Reissue Customer Number / Personal Identification Number 申請補發客戶號碼/個人密碼 <input type="radio"/> Reissue Customer Number (CN) 申請補發客戶號碼 <input type="radio"/> Reissue Personal Identification Number (PIN) 申請補發個人密碼 The PIN issued to the above request will be sent to the policyowner's registered address by ordinary mail. 以上申請所發出的個人密碼(PIN)將會以平郵寄往保單持有人之登記地址。	
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CIR on Term Converted Amount 危疾定期壽險附加契約轉換保額		*Remaining Amount *剩餘保額							
New Policy Number 新單號碼 New Plan 新壽險計劃 *The remaining amount, if any, should not be less than the minimum amount required by the Company, otherwise, all remaining amount and its attachable supplementary contract(s) will be deleted automatically. 剩餘保額(如有)不可少於公司要求的最低金額，否則所有剩餘保額及其附加契約將會自動取消。		<input type="checkbox"/> Correction of Personal Particular 更改個人資料 (ID copy/Deedpoll is required) 請提交身分證/改名契副本 <input type="radio"/> Insured 受保人 <input type="radio"/> Owner 持有人 Name : 姓名 _____ Date of birth: _____ ID/ Passport No. : _____ 出生日期 MM月/DD日/YYYY年 身分證或護照號碼 _____ Nationality : 國籍 _____ Sex : 性別 _____ Upon the insured or policyowner's submission of a request for change of personal particulars to us, we will correspondingly update your personal data in respect of all your other policies. 受保人或持有人遞交申請更改個人資料時，其所有相關保單的個人資料將會相應地更新。							
<input type="checkbox"/> Others 其他 : The Company reserves the right to accept or reject "OTHERS" requests in this box. Any request/s to backdate this form or any document will be automatically rejected. 於"其他"一欄內的申請，本公司保留接受或拒絕之權利，而在此表格或任何文件內要求提早生效日期之申請，均一概不會受理。		<input type="checkbox"/> Non-Forfeiture Option (N.F.O) 既有現金價值條款選擇 <input type="checkbox"/> Extended Term Insurance 延期定期保險 <input type="checkbox"/> Reduced Paid Up Insurance 減額付清保險							

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PART B 乙部 (Health Certificate is required except for reduction of face amount or deletion of rider(s). 除減低投保額及取消附加契約外, 請提交健康證明書)

<p>Section 1 : 第一部分</p>	
<input type="checkbox"/> Change of Basic Plan 更改基本保險計劃 Basic Plan : _____ Face Amount : _____ 基本計劃 _____ 基本保額 _____ Par Option : <input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating 紅利選擇 分紅 不分紅 <input type="checkbox"/> Reduce Basic Face Amount to: _____ 減少基本保額至 _____	<p>Remove / Reduce Medical Rating / Exclusion 刪除或減少因健康所附加的額外保費/不保事項</p> <input type="checkbox"/> Medical Rating 額外保費 <input type="checkbox"/> Exclusion 不保事項 <input type="checkbox"/> Reduce Occupation Rating / Change of Occupation 轉職/或因轉職而減少額外保費 New Occupation : _____ since _____ 現職 任職日 Daily Job Duty : _____ 日常職務 Employer's Name and Address : _____ 僱主姓名及地址 _____
<input type="checkbox"/> Deletion of Supplementary Contract 取消附加契約 _____ _____ _____	<input type="checkbox"/> Reinstatement 復效 <input type="checkbox"/> Redating 重訂保單日期 <input type="checkbox"/> Reinstatement Agent 申請復效營業員 <input type="checkbox"/> Reinstatement - Outpatient Basic Declaration 復效-加倍關心門診保障聲明 I hereby declare that I / the Insured do not require any regular treatment or long term medication and I / the Insured did not suffer from any continuing medical condition for which I / the Insured attended a doctor for more than three times a year. 本人謹聲明本人/受保人不需要定期或長期接受任何治療或服用藥物及未曾因個別持續病因而於一年內向醫生求診多過三次。
<input type="checkbox"/> Addition of Supplementary Benefit 增加附加契約 _____ _____ _____	(Continued from previous section)

<p>Section 2 : 第二部分</p>																																							
<input type="checkbox"/> (a). Protection Accumulator**/ Protection Advantage Rider 富易保 **/卓易保附加契約 ** Applicable to AA/CS only 只適用於財庫之選投資計劃/資本匯豐友邦投資計劃 Amount of Insurance 保額 (US\$ 美元) Subject to the minimum & maximum issue limits only 須符合最低及最高投保額 <input type="checkbox"/> 10 times the annual premium of basic plan 基本計劃每年供款額10倍 Other Amount of Insurance 其他保額 \$ _____	<input type="checkbox"/> (b). Personal Accident Insurance - PAC Select 自選人身意外保險 <table border="1"> <tr> <td rowspan="2">Basic Benefit 基本保障</td> <td colspan="4">Amount of Insurance 保額</td> </tr> <tr> <td colspan="2">Adult 成人</td> <td colspan="2">Juvenile 兒童</td> </tr> <tr> <td rowspan="2">Accidental Death & Dismemberment (ADD) * 意外死亡及斷肢 *</td> <td><input type="checkbox"/> US\$ 美元 120,000 or / 或</td> <td><input type="checkbox"/> US\$ 美元 80,000 or / 或</td> <td><input type="checkbox"/> US\$ 美元 50,000 or / 或</td> <td><input type="checkbox"/> US\$ 美元 30,000 or / 或</td> </tr> <tr> <td><input type="checkbox"/> HK\$ 港元 1,000,000 or / 或</td> <td><input type="checkbox"/> HK\$ 港元 600,000 or / 或</td> <td><input type="checkbox"/> HK\$ 港元 400,000 or / 或</td> <td><input type="checkbox"/> HK\$ 港元 240,000 or / 或</td> </tr> <tr> <td></td> <td><input type="checkbox"/> MOP 澳門幣 1,000,000</td> <td><input type="checkbox"/> MOP 澳門幣 600,000</td> <td><input type="checkbox"/> MOP 澳門幣 400,000</td> <td><input type="checkbox"/> MOP 澳門幣 240,000</td> </tr> <tr> <td></td> <td colspan="4">Other Amount of Insurance 其他保額 \$ _____</td> </tr> <tr> <td colspan="5">Optional Benefits 可附加保障惠益 Please specify the Amount of Insurance below 請於下方填寫保額</td> </tr> <tr> <td>Accidental Medical Expenses Reimbursement (AMR) 意外醫療賠償 \$ _____</td> <td colspan="4">Daily Hospital Income (DHI) 每日住院現金 (Not applicable to juvenile 不適用於兒童) \$ _____</td> </tr> </table> <p>*The ADD benefit is guaranteed issued when the Insured has declared no physical impairment in the health declaration section and his/her occupation is within class 1 to 4. In case the insured changes his/her occupation or job duty or pursuits, you and/or the Insured shall immediately notify the Company in writing. 意外死亡及斷肢保障之保證受保只適用於受保人在健康部份聲明沒有任何身體殘缺聲明及其職業等級為1至4之內。如受保人之職業、職責或其他消遣有任何改變, 則您及/或受保人須即時以書面通知本公司有關轉變。 Note (for section 2): Life Non-forfeiture Provisions will apply. 注意 (適用於第二部分): 壽險保單之「既有現金價值條款」同時適用。</p>	Basic Benefit 基本保障	Amount of Insurance 保額				Adult 成人		Juvenile 兒童		Accidental Death & Dismemberment (ADD) * 意外死亡及斷肢 *	<input type="checkbox"/> US\$ 美元 120,000 or / 或	<input type="checkbox"/> US\$ 美元 80,000 or / 或	<input type="checkbox"/> US\$ 美元 50,000 or / 或	<input type="checkbox"/> US\$ 美元 30,000 or / 或	<input type="checkbox"/> HK\$ 港元 1,000,000 or / 或	<input type="checkbox"/> HK\$ 港元 600,000 or / 或	<input type="checkbox"/> HK\$ 港元 400,000 or / 或	<input type="checkbox"/> HK\$ 港元 240,000 or / 或		<input type="checkbox"/> MOP 澳門幣 1,000,000	<input type="checkbox"/> MOP 澳門幣 600,000	<input type="checkbox"/> MOP 澳門幣 400,000	<input type="checkbox"/> MOP 澳門幣 240,000		Other Amount of Insurance 其他保額 \$ _____				Optional Benefits 可附加保障惠益 Please specify the Amount of Insurance below 請於下方填寫保額					Accidental Medical Expenses Reimbursement (AMR) 意外醫療賠償 \$ _____	Daily Hospital Income (DHI) 每日住院現金 (Not applicable to juvenile 不適用於兒童) \$ _____			
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Declaration & Authorization

Terms and Conditions of Part A & Part B: This request is NOT valid until (1) it is recorded as received by AIA International Limited. (the "Company") during the life time of BOTH the Insured and the Owner and (2) it is finally confirmed as accepted by the Company by way of Endorsement or letter. Receipt of this form by AIA Financial Planner or your broker does not constitute recorded receipt by the Company. The final decision on the validity of this form rests with the Company.

I/We hereby irrevocably authorize: The Company to enter into arrangements with Panel Network Providers to provide specified medical services to me/us (if and as applicable).

Terms and Conditions of Part B Section 2: I/We declare and agree that the mode of payment of my/our Life Policy with the same policy number will be adopted and that no insurance or request for change will be effected unless this application has been recorded as received and approved by the Company.

Request: I/We request that this Policy be changed according to the above particulars. I/We understand and agree that a copy of this request will be attached to and form a part of the said Policy. Where this request relates to change of beneficiary in respect of this Policy, I/we confirm that my/our previously nominated beneficiary or beneficiaries (other than the estate of insured), is/are fully aware of and has/have not objected to the contents of this 'Request for Change' form.

Important Note: Payment does not guarantee immediate approval of the application. The reinstatement/addition of rider/change of plan /increasing sum assured/removal of exclusion/removal of medical rating, whichever is applicable, will only become effective when we receive the relevant documents, including but not limited to the health certificate and the full premium, and provided that we accept and approve the satisfactory proof of the insured's current health condition and other necessary requirements. We reserve the right to void any application.

聲明及同意:

甲部及乙部之條款: 此申請表需於1)受保人及持有人生存期間獲友邦保險(國際)有限公司(即"貴公司")收到並存檔及2)最終經貴公司以批註或確認信批准方為有效, 而友邦財務策劃顧問或您的經紀收到的申請表並不代表貴公司亦已收到。
 本人/我們茲授權: 貴公司為本人/我們安排醫療網絡組織之服務提供者進行指定之醫療服務(如適用)。

乙部第二部分之條款: 本人/我們聲明及同意採用與本人/我們的壽險保單相同號碼之付款形式, 所有未經貴公司收到、存檔及批准之保險或更改保單之申請一概無效。

申請: 本人/我們在此要求保單按照上述細則更改, 本人/我們並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。如更改受益人, 本人/我們確認本人/我們之前為此保單所委任之任何受益人(受保人之遺產除外)均完全知悉此「更改保單申請表」上之內容, 而且並無就此申請提出反對。

重要事項: 已付款並不保證此申請可即時生效。申請復效/增加附加契約/更改基本保險計劃/增加保額/刪除不保事項/刪除額外保費(以適用者為準), 需於本公司收妥相關文件, 包括但不限於健康證明書及全數保費, 並獲本公司接納及批准受保人的健康現況證明, 及其他所要求後, 方為正式生效。本公司保留權利撤銷任何申請。

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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。

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 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.)

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。

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。）

Signature of Owner/Trustee on _____
於 MM月/DD日/YYYY年
持有人/信託人簽名

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

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