

Request for Designation / Removal of Contingent Life Insured / Contingent Policy Owner Form

指定 / 移除後續受保人 / 後續保單持有人申請表

Filling in this Form 請填妥下列表格

Please fill in this form and return the original to 12/F, Lincoln House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong. The change request shall be made to the policy as stated below. If you have any enquiries, please contact our Customer Service Department on (852) 2169 0300.

請填妥下列表格，並將正本寄回香港鰂魚涌英皇道 979 號太古坊林肯大廈 12 樓。本公司將按要求於下列保單作出更改。若閣下有任何查詢，請致電本公司之客戶服務部 (852) 2169 0300。

Policy Number
保單編號

Name Policy Owner
保單持有人姓名

Name of Life Insured
受保人姓名

Important Notes 重要事項

Please complete in block letters and countersign for any changes made.
請以正楷填寫及在所有刪改處加簽。

I/ We understand and agree that: 本人 / 吾等明白及同意：

- This form is only used for designating / removing Contingent Life Insured and/or Contingent Policy Owner. The designated Contingent Life Insured and/or Contingent Policy Owner must submit the Request for Change of Life Insured Form/Request for Change of Policy Owner Form later on in order to become the new Life Insured/Policy Owner under the policy subject to the relevant terms.
此申請表只適用於申請指定 / 移除保單之後續受保人 / 後續保單持有人。如需申請成為保單下的新受保人 / 保單持有人，該等人士必須稍後提交更改受保人 / 保單持有人申請表並受有關條款約束。
- Receipt of this form by your broker does not constitute receipt by Heng An Standard Life (Asia) Limited (the "Company"). The final decision on the validity of this form rests with the Company. Any designation/ removal of Contingent Life Insured and/or Contingent Policy Owner will not become effective until it is accepted and approved by the Company in writing in accordance with the relevant terms.
您的經紀收到此申請表並不代表恒安標準人壽 (亞洲) 有限公司 (「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。任何對指定 / 移除後續受保人 / 後續保單持有人的申請只會在本公司根據相關條款接受及批准後方為有效。
- The Company has the right to update this form from time to time and to accept or to reject the request if the Company's requirements are not fulfilled.
本公司有權隨時更新此申請表，並接受或拒絕不符合本公司要求的申請。
- When designating a Contingent Life Insured, this form must be signed by the current Life Insured/ current Policy Owner/ Assignee (if applicable). When removing an existing Contingent Life Insured, this form must be signed by the current Policy Owner and Assignee (if applicable). The current Life Insured/ current Policy Owner/ Assignee's signature (if applicable), must correspond with the Company's latest available record (if any).
如申請指定後續受保人，現有受保人 / 現有保單持有人 / 受讓人 (如適用) 必須簽署此申請表。如申請移除後續受保人，現有保單持有人 / 受讓人 (如適用) 必須簽署此申請表。現有受保人 / 現有保單持有人 / 受讓人 (如適用) 的簽名必須與本公司的最近存檔紀錄相符 (如有)。
- This request is subject to the terms and conditions of this form and shall not result in a change / modification in any provision of the Policy, except as expressly provided for in the Policy or in any endorsement.
此項申請受此申請表之條款和細則所約束。此項申請不會導致任何保單條款之更改 / 修改，除非於保單條款內或於任何保單批註內另有清楚列明。
- Any Request for designation / removal of Contingent Life Insured and/or Policy Owner will not change the ownership / Beneficiary(ies) nor the mode of payment under the Policy.
申請指定 / 移除後續受保人 / 後續保單持有人不會更改此保單之持有人 / 受益人及付款形式。
- A person who is not a party to the Policy (including but not limited to the (Proposed) Contingent Life Insured, Life Insured, (Proposed) Contingent Policy Owner, and the Beneficiary(ies)) will have no right to enforce any terms of the Policy.
非保單合約一方 (包括但不限於 (準) 後續受保人，受保人，(準) 後續保單持有人及受益人) 均沒有權利執行任何保單條款。
- A request for designation of Contingent Life Insured or Contingent Policy Owner will not automatically trigger the change of Life Insured or Policy Owner (as applicable).
申請指定後續受保人或後續保單持有人並不會自動行使更改受保人或保單持有人選項 (如適用)。
- Even if the request for designation of Contingent Life Insured or Contingent Policy Owner (as applicable) has been accepted and approved by the Company, at the time when the Life Insured or Policy Owner (as applicable) passes away, the designated Contingent Life Insured or Contingent Policy Owner (as applicable) will not become the Life Insured or Policy Owner (as applicable) of the Policy if the designated Contingent Life Insured or Contingent Policy Owner (as applicable) (a) is not alive or (b) customer due diligence and insurable interest requirements are not in our satisfaction and an endorsement has been issued pursuant to the policy provisions. In such case, the Policy will be terminated and the Death Benefit will be paid to the Beneficiary(ies).
即使指定後續受保人或後續保單持有人已由本公司接納及批准，於受保人或保單持有人身故時，若指定之後續受保人或後續保單持有人 (如適用) (a) 已不在生或 (b) 沒有符合本公司信納客戶盡職審查及可保利益的要求及已批註接納。於上述情況下，本公司將支付身故賠償予受益人，保單將會隨即終止。
- The precise terms and conditions of this plan are specified in the policy contract. Please refer to the policy contract for the definitions of capitalised terms, and the exact and complete terms and conditions of cover.
本計劃的精確條款及細則列載於保單條款。有關此計劃條款的定義、契約條款及細則之完整敘述，請參閱保單條款。

Important Notes 重要事項

11. The existing record of Contingent Life Insured or Contingent Policy Owner (as applicable) will automatically be revoked when a new Contingent Life Insured or Contingent Policy Owner (as applicable) is named and approved by us and an endorsement has been issued pursuant to the policy provisions. Any request for removal of existing Contingent Life Insured or Contingent Policy Owner (as applicable) will not become effective until it is accepted and approved by the Company and a confirmation has been issued thereto.
當指明的新後續受保人 / 後續保單持有人 (如適用) 或移除現有後續受保人 / 後續保單持有人 (如適用) 並已獲本公司批准, 並就此發出批註的情況下, 則後續受保人 / 後續保單持有人 (如適用) 的現有紀錄將自動撤銷。任何移除現有後續受保人 / 後續保單持有人的申請只會在本公司發出正式確認後方為有效 (如適用)。
12. The Company shall not assume any duty or be responsible to verify or be responsible for the validity or legality of any designation of Contingent Life Insured/ Contingent Policy Owner. The Company shall not assume or be regarded to assume any responsibility or liability in relation to any designation of Contingent Life Insured/ Contingent Policy Owner.
本公司沒有責任或不會負責核實任何後續受保人 / 後續保單持有人之有效性或合法性, 或就任何後續受保人 / 後續保單持有人之有效性或合法性負責。本公司不會亦不應被認為會就任何後續受保人 / 後續保單持有人的指定承擔任何責任。
13. This form will attach and form part of the Policy after it is accepted and approved by the Company and an endorsement has been issued pursuant to the policy provisions.
當此申請表經本公司接納及批准及發出相關批註後, 此申請表將附於保單契約內, 且構成保單契約之一部分。

1. Designation of Contingent Life Insured 指定後續受保人

Proposed Contingent Life Insured Information 準後續受保人資料

English Name of Proposed Contingent Life Insured
準後續受保人英文姓名

Chinese Name of Proposed Contingent Life Insured
準後續受保人中文姓名

HK ID card / Passport No.
香港身份證 / 護照號碼

Sex
性別

Nationality
國籍

Date of birth (DD / MM / YYYY)
出生日期 (日 / 月 / 年)

Relationship to existing Policy Owner
與保單持有人的關係

Relationship to existing Contingent Policy Owner (if applicable)
與保單後續持有人的關係 (如適用)

Note 注意：

- (1) Only one (1) Contingent Life Insured can be named under the Policy.
保單下只能指明一(1)名後續受保人
- (2) At the time when the Company receives this form:
當本公司收到申請表時:
- The age of the proposed Contingent Life Insured must be between 15 days and 80.
準後續受保人之年齡須為15日至80歲。
- (3) There must have insurable interest satisfactory to the Company between the Policy Owner, Contingent Policy Owner (if applicable) and the Proposed Contingent Life Insured.
保單持有人與準後續受保人須存在本公司滿意之可保權益。
- (4) If the Life Insured dies and a Contingent Life Insured has been named and approved by us, the Contingent Life Insured may become the Life Insured upon submission of the Request for Change of Life Insured form and our satisfaction of customer due diligence and insurable interest requirements. Please submit relevant administrative request.
如受保人身故, 且後續受保人已獲指定並經本公司批准, 則後續受保人可提交更改受保人申請表並於本公司信納客戶盡職審查結果及存在可保利益下, 成為受保人。請提交更相關行政申請。
- (5) Any existing record of Contingent Life Insured will be revoked and cannot be exercised in the event that:
- 倘發生以下事件, 後續受保人的任何現有紀錄將會撤銷及不予採用:
- (a) A new Contingent Life Insured is recorded and approved by us and an endorsement has been issued; or
本公司記錄及批准新後續受保人並就此發出批註; 或
 - (b) There is any change of ownership of this Policy; or
本保單的擁有權出現任何變動; 或
 - (c) Termination of this Policy.
本保單終止。

2. Designation of Contingent Policy Owner 指定後續保單持有人

Proposed Contingent Policy Owner Information 準後續保單持有人資料

English Name of proposed Contingent Policy Owner:
準後續保單持有人英文姓名：

Chinese Name of proposed Contingent Policy Owner:
準後續保單持有人中文姓名：

ID card / Passport No.
身份證 / 護照號碼

Sex
性別

Nationality
國籍

Date of birth (DD / MM / YYYY)
出生日期 (日 / 月 / 年)

Relationship to existing Life Insured
與受保人的關係

Relationship to existing Contingent Life Insured (if applicable)
與後續受保人的關係 (如適用)

Note 注意

- (1) Only one (1) Contingent Policy Owner can be named under the Policy at a time.
保單下每次只能指明一(1)名後續保單持有人。
- (2) The Contingent Policy Owner must have insurable interest in the Life Insured and the Contingent Life Insured (if applicable) at the time when the Company receives this form and any application is subject to our underwriting requirements.
後續保單持有人於申請時與受保人及後續受保人(如適用)須存在可保利益，且任何申請須符合本公司之核保規定。
- (3) If the Policy Owner dies and a Contingent Policy Owner has been named and approved by us, the Contingent Policy Owner may become the Policy Owner upon submission of the Request for Change of Policy Owner form and our satisfaction of customer due diligence and insurable interest requirements. Please submit relevant administrative request.
如保單持有人身故，且後續保單持有人已獲指定並經本公司批准，則後續保單持有人可提交更改保單持有人申請表並於本公司信納客戶盡職審查結果及存在可保利益下，成為保單持有人。請提交更相關行政申請。
- (4) The age of the proposed Contingent Policy Owner must be 18 or above.
準後續保單持有人之年齡須為18歲或以上。
- (5) The designation of Contingent Policy Owner shall be revoked automatically when:
後續持有人的委任會於以下情況自動撤銷：
 - i. There is any change of ownership of this Policy;
本保單的擁有權出現任何變動;
 - ii. A new Contingent Policy Owner is designated and approved by the Company and an endorsement has been issued;
公司已核准保單持有人新指定的後續持有人並就此發出批註。

3. Removing Contingent Life Insured/ Contingent Policy Owner 移除後續受保人 / 後續保單持有人

- ☐ I/We instruct the Company to remove existing record of Contingent Life Insured of the Policy.
本人 / 吾等指示貴公司移除此保單之後續受保人的現有記錄。
- ☐ I/We instruct the Company to remove existing record of Contingent Policy Owner of the Policy.
本人 / 吾等指示貴公司移除此保單之後續保單持有人的現有記錄。

4. Declaration & Authorization 聲明及授權

I/ We HEREBY DECLARE AND AGREE that,

本人 / 吾等謹此聲明及同意，

(1) I/ We have read and understand the information as mentioned in "Important Note";

本人/吾等已閱讀及明白上述「重要事項」；

(2) all the above information, statements and answers to all the questions in this change form whether or not in my/our own handwriting are to the best of my knowledge and belief, complete and true;

上述一切資料、陳述及問題的所有答案，無論是否由本人親手所寫，就本人/吾等所知所信均為事實之全部並確實無訛；

(3) Heng An Standard Life (Asia) Limited shall have the right to request me or any other person who may be entitled to access the policy value or change a beneficiary under the policy including without limitation any claimant, beneficiary and assignee (and the executor, administrator or personal representative of any of the above) (each person in this paragraph (2), a "Relevant Person"), to provide (and/or complete and sign such document relating to) such information and supporting documentation as Heng An Standard Life (Asia) Limited may reasonably require including without limitation, name, place of birth, residential and mailing addresses, taxpayer identification number, social security number, citizenship, residency, tax residency and the tax regime(s) to which the Relevant Person is subject in respect of tax reporting or payment responsibility;

恒安標準人壽(亞洲)有限公司有權要求本人或可能有權獲得保單價值或更改保單受益人的任何其他人士包括但不限於任何索償人、受益人和受讓人(以及任何以上人士之遺囑執行人、遺產管理人或遺產代理人)(本第(2)段所述的各人士稱為「相關人士」)提供恒安標準人壽(亞洲)有限公司可能合理索取的資料及附助確證的文件(及/或填寫及簽署與此相關的文件)，包括但不限於姓名、出生地點、住宅和郵遞地址、納稅人識別編號、社會安全號碼、國籍、居留地、稅務居留地及相關人士在報稅或納稅責任方面須遵守的稅制；

(4) I/ We shall update Heng An Standard Life (Asia) Limited promptly on any change of circumstances or any change or addition to the information that I/ we may have provided to Heng An Standard Life (Asia) Limited from time to time in relation to the captioned policy or other policies or other policies issued by Heng An Standard Life (Asia) Limited, including change in the identity of the parties;

本人/吾等將就本人/吾等的處境上的任何改變或本人/吾等可能曾不時向恒安標準人壽(亞洲)有限公司提供的關於上述保單或恒安標準人壽簽發的其他保單的資料的更改或增加從速通知恒安標準人壽(亞洲)有限公司，包括若相關人士的身分有所改變，而且本人/吾等承諾會在處境發生改變後向恒安標準人壽(亞洲)有限公司提交一份已適當更新的自我證明表格，並且恒安標準人壽(亞洲)有限公司有權要求其他各相關人士就其個人資料的任何變化或增加通知恒安標準人壽(亞洲)有限公司；

(5) I/ We confirm that I/ we have read and understand the implications of this section; our agreement, waiver and confirmations given in this section are irrevocable. I/ We further agree that Heng An Standard Life (Asia) Limited shall not be liable for any costs or loss that the parties may incur because of Heng An Standard Life (Asia) Limited taking any of the actions permitted by the above paragraphs.

本人/吾等確認，本人/吾等已經細讀本聲明、同意及授權章節的以上段落；本人/吾等完全明白本章節以上段落的含義，亦明白本人/吾等根據本章節以上段落作出的同意、豁免及確認均不可撤銷。本人/吾等進一步同意，對於本人/相關人士由於恒安標準人壽(亞洲)有限公司採取以上段落准許的行動而蒙受的任何代價或損失，恒安標準人壽(亞洲)有限公司概不負責。

Personal Information Collection Statement 個人資料收集聲明

I/ We, the Policy Owner/ Assignee/ Irrevocable Beneficiary of the above Policy, hereby declare that:

本人/吾等，上述保單的保單持有人/受讓人/不可撤銷之受益人，在此確認：

I/ We confirm that I/we have read and understood the Personal Information Collection Statement ("PICS") of Heng An Standard Life (Asia) Limited ("the Company"). I/ We agree that the Company may collect, use, store, process, disclose, transfer and otherwise share our personal data in accordance with the terms of the PICS. For the latest version of PICS, it can be downloaded from the Company website (<https://www.hengansl.com.hk>) or available upon request. 本人/吾等確認已閱讀及明白恒安標準人壽(亞洲)有限公司(「貴公司」)的個人資料收集聲明。本人/吾等同意貴公司可依照本聲明的條款收集、使用、儲存、處理、披露、轉移及以其他方式分用本人/吾等的個人資料。有關最新版本的個人資料收集聲明，可於貴公司網站上 (<https://www.hengansl.com.hk>) 下載或向貴公司索取。

Signature of Policy Owner

保單持有人簽名

Signature of Assignee (if applicable)

受讓人簽名 (如適用)

Date of Signature (DD / MM / YYYY)

簽署日期 (日 / 月 / 年)

Signature of Contingent Policy Owner (if applicable)

後續保單持有人簽名 (如適用)

Date of Signature (DD / MM / YYYY)

簽署日期 (日 / 月 / 年)

Signature of Contingent Life Insured (if applicable)

後續受保人簽名 (如適用)

Date of Signature (DD / MM / YYYY)

簽署日期 (日 / 月 / 年)

Signature of Irrevocable Beneficiary (if applicable)

不可撤銷受益人簽名(如適用)

Date of Signature (DD / MM / YYYY)

簽署日期 (日 / 月 / 年)

Heng An Standard Life (Asia) Limited (662679) is registered in Hong Kong at 12/F., Lincoln House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong. Authorised by the Insurance Authority of Hong Kong to write Class A, Class C and Class I long term business in Hong Kong.

恒安標準人壽(亞洲)有限公司(662679)的註冊公司地址為香港鰂魚涌英皇道979號太古坊林肯大廈12樓，其已獲香港的保險業監管局授權於香港承保A類、C類及I類之長期業務。

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