



Policy Alteration Form – Form A 保單更改申請表格 - 表格甲

Filling in this form 請填妥下列表格

Please fill in this service 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。

For investment choice information, please refer to our investment choices brochure.

有關投資選擇資料，請參閱相關的投資選擇刊物。

Important Information 重要資訊

Starting from 1 January 2018, the Insurance Authority of Hong Kong will impose by law a levy on the premium/contribution payment(s) of the policy payable by the policyholder(s). The levy is payable to the Insurance Authority and does not form part, and is independent, of any fees or charges payable by the policyholder(s) under their policy.

由 2018 年 1 月 1 日起，香港保險業監管局將按照法例就投保人的保單保費 / 供款實施徵費。有關徵費須由投保人向保險業監管局繳付，該徵費並不構成投保人於保單應付的任何收費或費用的一部分，且為獨立於保單應付的任何收費或費用。

Please provide all of the following requested personal information. Any incomplete personal information may result in a delay or rejection in processing your request.

請提供所有下列個人資料，如閣下未能提供完整的個人資料可能會導致延遲或拒絕處理閣下的申請。

Policy Number
保單編號

Name of First Policy Owner
第一保單持有人姓名

Name of First Life Insured
第一受保人姓名

Name of Second Policy Owner (if applicable)
第二保單持有人姓名 (如適用)

Name of Second Life Insured (if applicable)
第二受保人姓名 (如適用)

Please provide the following information of the first policy owner:
請第一保單持有人提供下列資料：

Residential Address 居住地址

Flat / Room 室 _____ Floor 樓 _____ Block 座數 _____

Building / Estate Name 大廈 / 屋苑名稱 _____

No. & Street Name 街道名稱及號碼 _____

District 地區 _____ HK / KLN / NT 香港 / 九龍 / 新界 _____ Country 國家 _____ ZIP / Postal Code (if applicable) 郵政區號 (如適用) _____

Contact Number 聯絡電話 (Country Code) Area Code + Telephone No (國家編號) 地區號碼 + 電話號碼

Home () _____ Mobile () _____ Office () _____
住宅 _____ 流動電話 _____ 辦公室 _____

E-mail address 電郵地址 _____

Occupation 職業 _____ Industry 行業 _____ Job duties 工作職能 _____

Average Monthly Income from all source in the past 2 years
過去兩年裡，所有收入來源所得的每月平均收入為 _____

Education Level: University or above 大學或以上 Post-secondary 預科 Secondary 中學 Primary or below 小學或以下

Filling in this form 請填妥下列表格

Please provide the following information of the second policy owner (if applicable):

請第二保單持有人提供下列資料 (如適用) :

Residential Address 居住地址

Flat / Room 室 _____ Floor 樓 _____ Block 座數 _____

Building / Estate Name 大廈 / 屋苑名稱 _____

No. & Street Name 街道名稱及號碼 _____

District 地區 _____ HK / KLN / NT 香港 / 九龍 / 新界 _____ Country 國家 _____ ZIP / Postal Code (if applicable) 郵政區號 (如適用) _____

Contact Number 聯絡電話 (Country Code) Area Code + Telephone No (國家編號) 地區號碼 + 電話號碼

Home 住宅 () _____ Mobile 流動電話 () _____ Office 辦公室 () _____

E-mail address 電郵地址 _____

Occupation 職業 _____ Industry 行業 _____ Job duties 工作職能 _____

Average Monthly Income from all source in the past 2 years 過去兩年裡，所有收入來源所得的每月平均收入為 _____

Education Level: 教育程度: University or above 大學或以上 Post-secondary 預科 Secondary 中學 Primary or below 小學或以下

1. Change of Payment Frequency/Autopay Billing Date 更改定期付款方式 / 付款轉賬日期

Please complete this section if you wish to apply for a new payment frequency/new autopay billing date.

如需更改付款方式或自動轉賬日期，請填妥本部份。

New Payment Frequency: 新付款方式: Annually 每年 Semi-annually 每半年 Quarterly 每季 Monthly* 每月*New Autopay Billing Date* 新自動轉賬日*: 5th 五號 12th 十二號 20th 二十號 27th 二十七號Please refer to the payment method(s) prescribed for your plan when you are filling out this section.
請參考相關計劃的付款方式。For monthly payment, please complete and return the relevant Autopay Authorisation Form.
請填妥並寄回相關的自動轉賬付款授權書以支付月繳保費 / 供款。

* Please note that 1 modal premium/contribution should be prepaid in order to set up an autopay arrangement or to change to a new autopay billing date.

* 請預先繳付一期保費 / 供款以配合設立新自動轉賬及 / 或新自動轉賬繳款日之生效日期。

Please refer to the Checklist for the required supporting documents.

請參考檢查表並提交所需的證明文件。

2. Reinstatement 保單復效

Please complete this section if you wish to apply for reinstatement. Application for reinstatement may only be made within 12 months of the termination date of your policy.

如需申請保單復效，請填妥本部份。只適用於保單終止日起 12 個月內申請。

Reinstatement shall not be available to for LifeCompass LT, LifeCompass DT, Future Compass RI, Reach Retirement Plan, Steps Regular Investment Plan, Spectrum, Spring and MagicFuture.

不適用於「創領人生 LT」、「創領人生 DT」、「創領未來 RI」、「跨越」退休儲蓄計劃、「邁進」定期投資計劃、「彩耀里程」、「智源泉」及「MagicFuture」。

Reinstatement
保單復效

Please submit the following items:

請遞交以下項目：

- Any outstanding premium/contribution and additional 1 month premium/contribution for monthly premium/contribution policy.
繳付所有逾期保費 / 供款及月供保單須預繳 1 個月保費 / 供款。
- Relevant autopay authorisation form (Please refer to Payment Method for relevant product).
請填妥相關的自動轉賬付款授權書 (請參考相關計劃的付款方式)。
- Please refer to the Checklist for the required supporting documents.
請參考檢查表並提交所需的證明文件。

Please note: Health Statement Declaration Form is required to be completed by the Life Insured for underwriting purposes (except for Harvest 101 Investment Plan and Harvest Elite Investment Plan).

請注意： 受保人請填妥《健康資料聲明書》以作審核（「盈聚 101」投資計劃及「智聚」投資計劃除外）。

I/WE HEREBY DECLARE that any personal data provided by me/us to the Company (whether by way of this application form or otherwise) which is in relation to a third party not being myself/ourselves has been obtained by me/us in compliance with the Personal Data (Privacy) Ordinance, and the relevant third party has explicitly agreed to the disclosure of his/her personal data to the Company for the purposes set out in the PIC Statement contained in this form. I/we agree to indemnify and hold harmless the Company against all loss, liability and cost which the Company may incur or suffer as a result of, or in connection with, any breach of my/our declaration contained in this paragraph.

本人 / 吾等謹此聲明，任何由本人 / 吾等向貴公司提供（不論是透過本申請書或其他方式提供）有關第三者（而非本人 / 吾等）的個人資料乃是以符合個人資料（私隱）條例規定的手法取得，而有關第三者已明確同意向貴公司披露其個人資料作載於此表格內之個人資料收集聲明所述的用途。本人 / 吾等同意彌償及確保貴公司免受因本人 / 吾等違反於本文下的聲明而產生或引致的任何損失、責任或費用。

3. Rider(s)/Benefit(s) 附加保障 / 權益

Please complete this section if you wish to apply to change or delete rider benefits.

如需申請更改或刪除附加保障，請填妥本部份。

Change Rider(s)/Benefit(s)
更改附加保障 / 權益

Delete Rider(s)/Benefit(s)
刪除附加保障 / 權益

Rider/Benefit 1 附加保障 / 權益 1 _____	Sum Insured (if applicable) 投保額 (如適用) _____	Premium (if applicable) 保費 (如適用) _____
Rider/Benefit 2 附加保障 / 權益 2 _____	Sum Insured (if applicable) 投保額 (如適用) _____	Premium (if applicable) 保費 (如適用) _____
Rider/Benefit 3 附加保障 / 權益 3 _____	Sum Insured (if applicable) 投保額 (如適用) _____	Premium (if applicable) 保費 (如適用) _____

Please note: 1. Health Statement Declaration Form is required to be completed by the Life Insured for underwriting purposes when changing a rider/benefit.

請注意： 當更改附加保障 / 權益時，受保人請填妥《健康資料聲明書》以作審核。

2. For Change Rider(s)/Benefit(s), please specify the revised sum insured after change. If increase sum insured, please also complete Financial Needs Analysis Form.
若更改附加保障 / 權益時，請填上更改後的最新投保額。如增加投保額，請填妥財務需要分析表格。

3. The change request will be effective on the following due date upon the underwriting approval. If increase sum insured, please also complete Financial Needs Analysis Form.

有關更改需經核保認可後在下一個繳款日生效。如增加投保額，請填妥財務需要分析表格。

4. Partial Withdrawal 部份提款/Surrender 退保 (subject to exit charge, if applicable 退保收費可能適用)

Important Notes 注意事項：

1. A request made under this section will not be processed until the data when the latest valuation of the affected investment choice(s) has been made.
交易需待最後的投資選擇的評估被確定後才進行。
2. The withdrawal amount MUST be equal to or less than the actual investment choice value.
提取的金額必須等如或少於實際的投資選擇價值。
3. If you have not specified the assets from which withdrawal shall be made, the withdrawal will be effected by redeeming the investment choices that you have invested in proportion according to their respective value.
如果您沒有指定從那資產中提款，提款金額將按現有的資產價值比例作贖回。
4. Percentage must be in a whole number.
百分比必須為整數。
5. Exit charge may apply on the above withdrawal request.
以上提款將可能收取退保收費。
6. The Company will withdrawal all available units of the available investment choices from the policy at the time of processing your instruction except for any investment choice(s) that is/are under exceptional circumstance (such as investment choice(s) being suspended for trading, if applicable) without further notification to you, details please refer to the relevant policy provision(s).
本公司在處理閣下的指示時會從本保單的所有可用基金的所有可用單位中提款，但不包括任何處於特殊情況下的基金（例如暫停交易的基金，如適用），並不會作另行通知，詳情請參閱相關保單條款。
7. The withdrawal/surrender value is the (bid) value of the units held less exit charge, if applicable.
提取 / 退保金額為持有單位價值。(以賣出價計算) 扣除退保收費之金額，如適用。
8. Please complete Payment Method for Partial Withdrawal/Surrender.
請填寫有關部份提款 / 退保的付款方式。
9. Partial withdrawal shall be subject to a minimum amount and the value of the policy immediately after partial withdrawal must not be less than the required minimum policy value.
部份提款需符合最低提款金額的要求及提款後之價值不可低於最低保單價值。
10. Please submit your withdrawal request AFTER the completion of other fund related transactions (e.g. switching of investment choices). Otherwise we reserve the right to reject the withdrawal request.
請於其他基金相關交易完成後 (如投資選擇轉換) 才遞交提款申請，否則本公司有權拒絕該提款申請。
11. Please refer to the Checklist for the required supporting documents
請參考檢查表並提交所需的證明文件。

Payment Method for Partial Withdrawal/Surrender 部份提款 / 退保付款方式

- Payment Currency: HKD 港幣 USD 美元
付款貨幣：
- Payment method: By Cheque 支票 By Local Bank Transfer 本地銀行轉帳
付款方式：
- By Telegraphic Transfer (Not applicable for CNY currency)
電匯 (不適用於人民幣貨幣)

Please fill in your bank accounts particulars below. Do inform Heng An Standard Life (Asia) Limited in writing at least 5 days prior to payout date in the event of any changes with the details below.

請填寫閣下特定的銀行帳戶。如有更改，請閣下以書面形式於付款日 5 天前通知本公司。

English Name of Account Holder 戶口持有人的英文姓名

(must be the policy owner's bank account 必須是保單持有人的銀行帳戶) _____

Bank Account Number 銀行帳戶編號 _____

Bank Name and Branch 銀行及分行名稱 _____

Bank Address 銀行地址 _____

Swift Code/Sort Code 匯款銀行代號 (if applicable 如適用) _____

Please note: 1. If the payment currency you have chosen differs from the policy currency, the amount of our payment to you will be converted from an amount denominated in the policy currency at an exchange rate as determined by us.

請注意：如你所選擇之付款貨幣並非保單貨幣，付款之金額將根據我們釐定之兌換率由保單貨幣轉換而成。

2. If you wish to receive payment in a currency other than those provided above, please specify: _____
(please note that the payment currency selected should be within the range of available currencies under particular plan/product).

如閣下欲以上述未有提供的貨幣種類收取款項，請在此註明：_____

(請注意，所選擇的付款貨幣必須為該計劃或產品可供選擇之貨幣)。

5. Regular Withdrawal 定期提款

Please refer to the Checklist for the required supporting documents.

請參考檢查表並提交所需的證明文件。

Please complete this section if you choose to make a regular withdrawal from the policy. Please refer to the relevant product brochure for the details of the minimum withdrawal amount.

如閣下選擇從保單內作定期提款，請填寫此部份。有關最低提款金額之詳情，請參閱相關產品之銷售刊物。

I/We would like to make a regular withdrawal from:

本人 / 吾等欲從以下帳戶作定期提款：

Account Name and Account No. 戶口名稱及戶口編號：

Initial Account 最初供款帳戶 (Account Number 帳戶編號：_____) (charge may apply 可能收取費用)

Accumulation Account 累積供款帳戶 (Account Number 帳戶編號：_____)

Withdrawal Amount 提款金額 \$ _____ (withdrawal currency same as policy currency 提款貨幣與保單貨幣相同)

Payment frequency 提款方式 Annually 每年 Semi-annually 每半年 Quarterly 每季 Monthly 每月

Commencing 開始日 _____ (date on which withdrawal of the amount stated will start 上述金額於此日期起從保單內提取)

End date 終止日 _____ (date on which withdrawal will be terminated 本公司於該日期起終止發放)

Payment Method for Regular Withdrawal 定期提款付款方式

Payment Currency: 付款貨幣: HKD 港幣 USD 美元

Payment method: 付款方式: By Cheque 支票 By Local Bank Transfer 本地銀行轉帳

By Telegraphic Transfer (Not applicable for CNY currency) 電匯 (不適用於人民幣貨幣)

Please fill in your bank accounts particulars below. Do inform Heng An Standard Life (Asia) Limited in writing at least 5 days prior to payout date in the event of any changes with the details below.

請填寫閣下特定的銀行帳戶。如有更改，請閣下以書面形式於付款日 5 天前通知本公司。

English Name of Account Holder 戶口持有人的英文姓名 (must be the policy owner's bank account 必須是保單持有人的銀行帳戶) _____

Bank Account Number 銀行帳戶編號 _____

Bank Name and Branch 銀行及分行名稱 _____

Bank Address 銀行地址 _____

Swift Code/Sort Code 匯款銀行代號 (if applicable 如適用) _____

Please note: 1. If the payment currency you have chosen differs from the policy currency, the amount of our payment to you will be converted from an amount denominated in the policy currency at an exchange rate as determined by us.

請注意：如你所選擇之付款貨幣並非保單貨幣，付款之金額將根據我們釐定之兌換率由保單貨幣轉換而成。

2. If you wish to receive payment in a currency other than those provided above, please specify: _____ (please note that the payment currency selected should be within the range of available currencies under particular plan/product).

如閣下欲以上述未有提供的貨幣種類收取款項，請在此註明：_____

(請注意，所選擇的付款貨幣必須為該計劃或產品可供選擇之貨幣)。

Cancellation of Regular Withdrawal 定期提款

I/We hereby request to cancel the Regular Withdrawal with effect from 本人 / 吾等現要求取消定期提款，生效日期為：_____

Account Name and Account No. 戶口名稱及戶口編號：_____

6. Declaration and Signature 聲明及簽署

1. I/We fully understand that an exit charge(s) or equivalent may be deducted from the Policy value in the event of early surrender, withdrawal, or suspension of premium, etc. I am/We are fully aware that as a result, I/we may suffer a significant loss of principal and/or bonuses awarded and the surrender value and death benefit may be significantly less than the contribution paid under the Policy as more fully described in the relevant Product Brochure and/or Product Key Facts statement.
本人 / 吾等完全明白，退保費用或同等費用或會因提早退保、提款，或暫停保費等而從保單價值中扣除。本人 / 吾等完全知悉因此本人 / 吾等可能須蒙受本金及 / 或獎賞的重大損失，並且退保價值及身故賠償或會大幅少於本保單下繳付之保費，而此等情況於主要銷售刊物及 / 或產品資料概要中有較詳細載述。
2. I/We fully understand the nature, structure and risks of the Policy, the insurance and investment elements of the Policy and the fees and charges at both the Policy level and the underlying investment level.
本人 / 吾等完全明白本保單的性質、結構及風險、本保單的保險及投資元素及在保單層面及相連投資層面所收取的費用及收費。
3. I/We confirm that: (a) if I/we have selected to pay regular contributions under the Policy, I/we have the ability to make such payments throughout the contribution payment terms; and (b) I/we have sufficient net worth to be able to assume the risks and bear the potential losses of investing in the Policy. I/We have made my/our own determination that the investment is consistent with my investment horizon and investment objectives. At my/our own discretion, I/we confirm that I/we wish to proceed with my/our investment in the Policy;
本人 / 吾等確認：(a) 若本人 / 吾等選擇以定期供款模式繳交本保單的供款，本人 / 吾等在整個供款年期均有能力繳付有關定期供款；及 (b) 本人 / 吾等具有充足的資產淨值承擔投資於本保單的風險及潛在虧損。本人 / 吾等確定根據本人 / 吾等的判斷，此投資與本人 / 吾等的投資期限及投資目標相符。本人 / 吾等確認並按本人 / 吾等的意願擬進行本人 / 吾等於本保單下的投資；
4. With respect to the investment choices made available by Heng An Standard Life (Asia) Limited ("the Company") for the allocation of my/our premiums/contributions under the Policy after deduction of all applicable fees and charges ("Investment Choices"), I/we further understand, acknowledge and agree as follows:
就貴公司於本保單所提出的投資選擇 ("投資選擇") 而分配本人於扣除任何適用收費及費用後的保費供款而言，本人 / 吾等明白、承認和同意以下事項：
 - i) Any instruction for the subscription, switching, conversion or redemption of the Investment Choices shall be in such quantity and value as may be acceptable to the Company in its sole discretion. I/We further acknowledge that any Cash Account, if it is a product feature of the Policy, is not considered as an Investment Choice under it;
任何基金的認購、轉換、兌換或贖回指令將以貴公司以其絕對酌情權所決定的數量和價值執行。本人 / 吾等進一步確認任何現金戶口 (如為本保單的產品特色之一)，將不被視為一項基金；
 - ii) As each of the Investment Choices is linked to an external underlying fund, any instruction for the subscription, switching, conversion or redemption of an Investment Choice will be effected subject to any restrictions, limitations, fees and charges and other requirements relating to the subscription, switching, conversion or redemption of the relevant underlying fund;
各項基金均與外部相連基金掛鈎。任何基金的認購、轉換、兌換或贖回指令將受有關相連基金就其認購、轉換、兌換或贖回的禁止、限制、收費及費用和其他要求所影響；
 - iii) Each Investment Choice has its own investment objective, fee structure and risk factors and some of them may invest in whole or in part in derivatives or structured products, hence not all the Investment Choices are suitable for the allocation of my Investment Contents. Before I/we give any instruction for the subscription, switching, conversion or redemption of any Investment Choice, I/we will evaluate my/our own financial situation, risk tolerance level and will seek professional advice where necessary;
各項基金均有其投資目標、收費模式和風險因素。部份基金可能將全部或部份投資金額投資於衍生產品或結構性產品，故非所有基金均適合予以分配本人 / 吾等的投資金額。在發出任何認購、轉換、兌換或贖回指令前，本人 / 吾等將衡量自身的財務狀況、風險承受能力及尋求專業意見 (如需要)；
 - iv) Without limiting the generality of the foregoing, the Company reserves the right to reject, suspend or defer any instruction to subscribe for, switch, convert or redeem any Investment Choice, in such manner and to the extent necessary, as determined by the Company, to comply with any restrictions, limitations or other requirements relating to the subscription, switching, conversion or redemption (including any restrictions or limitations associated with excessive trading, short term trading or market timing) of the relevant underlying fund;
在不限制前述的確認下，貴公司保留權利以貴公司認為必須的方式和程度拒絕、暫停或押後任何認購、轉換、兌換或贖回任何基金的指令以符合任何有關相連基金就其認購、轉換、兌換或贖回的禁止、限制或其他要求 (包括就任何禁止或限制過度交易、短線交易或選時交易)；
 - v) Without limiting the generality of the foregoing, the Company may deduct from an Investment Choice any amounts to cover any fees, charges or expenses (including any fees and charges associated with excessive trading or short term trading) incurred by the Company in connection with the subscription, switching, conversion or redemption of the relevant underlying fund;
在不限制前文下，貴公司可從基金中扣除任何款額以支付貴公司就任何與認購、轉換、兌換或贖回有關相連基金相關所招致的費用、收費或開支 (包括就任何過度交易或短線交易有關費用或開支)；
 - vi) The restrictions, limitations, fees and charges and other requirements relating to the subscription, switching, conversion or redemption of the underlying funds are set out in the offering documents, prospectuses and constitutive documents of the relevant underlying funds, and I am/we are deemed to have read and understood such offering documents, prospectuses and constitutive documents before giving any instruction to the Company for the subscription, switching, conversion or redemption of Investment Choices;
相連基金的限制、局限、收費和費用及和其他有關認購、轉換、兌換和贖回相連基金的要求均在其銷售文件、招股說明書及組成文件中列明。本人 / 吾等在向貴公司就任何基金發出認購、轉換、兌換或贖回指令前將被視作已經參閱及明白該等銷售文件、招股說明書及組成文件的內容；
 - vii) The Company shall not in any event be liable to me/us for any losses, damages or expenses whatsoever arising out of or in connection with any failure or delay in processing any instruction for the subscription, switching, conversion or redemption of Investment Choices; and
貴公司在任何情況下將不會就任何基金的認購、轉換、兌換或贖回指令被延遲執行或不能執行而產生或與其有關的任何損失，損害或費用向本人 / 吾等承擔任何責任；及
 - viii) Where there is a switch of investments or funds, the proceeds from the switch-out Fund will first be converted to the policy currency using exchange rates determined by the Company. I/We acknowledge and agree that I/we shall bear all the currency exchange spread and risks associated with such currency conversions which have been explained to me/us. I/We further acknowledge that I am/we are aware that the currency exchange spread will be applied if the currency exchange involves non-HKD transactions and that the spread will be reviewed regularly and could go up as well as down.
若於基金之間轉換投資，基金所轉出的資金或款項將先以貴公司釐定之兌換率折算的保單貨幣計算。本人 / 吾等確認及同意本人 / 吾等須承擔已向本人 / 吾等解釋的有關貨幣折算所涉及的貨幣匯兌差價及風險。本人 / 吾等進一步確認已清楚明白如涉及非港元貨幣匯兌，貨幣匯兌差價將被應用，以及貨幣匯兌差價將會被定期審查，並可能上漲和下跌。
5. If I/we have provided instructions in this service form to top up into any Investment Choice linked to external underlying funds that are not authorised by the Hong Kong Securities and Futures Commission ("SFC") for distribution to the public in Hong Kong ("Non-HKSFC Authorised Investment Choices"), I/we acknowledge and agree as follows:
如本人 / 吾等已作出指示增加投資供款至包括任何與並非獲香港證券及期貨事務監察委員會 ("證監會") 認可向香港公眾人士分銷的外部相連基金 ("非香港證監會認可投資選擇") 有連繫的投資選擇，本人 / 吾等茲確認並同意：
 - the Non-HKSFC Authorised Investment Choices are not authorised by the SFC and accordingly may not be subject to the same level of regulation or protections as underlying funds that are authorised by the SFC;
非香港證監會認可投資選擇並非獲證監會認可，故可能無須受獲證監會認可的相連基金相同的規例或保障規限；
 - I am/we are solely responsible for my/our selection of my/our investment choice(s). If I am/we are not "professional investors" (as defined in the Securities and Futures Ordinance and the Securities and Futures (Professional Investor) Rules), any offering documents or other information relating to the Non-HKSFC Authorised Investment Choices was obtained by myself/ourselves through sources other than from the Company or from my/our third party financial adviser;
本人 / 吾等應對本人 / 吾等所選的投資選擇全權負責。如本人 / 吾等並非「專業投資者」(按《證券及期貨條例》及《證券及期貨(專業投資者)規則》的定義)，任何有關非香港證監會認可投資選擇的銷售文件或其他資料乃閣下透過恒安標準人壽(亞洲)有限公司以外的來源或從本人 / 吾等的第三方財務顧問取得；

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- I/We accept the risks associated with our investments, including the risk that our investments in Non-HKSFC Authorised Investment Choices could result in a loss of significant portion, or all, of the sum invested.
本人 / 吾等承擔與本人 / 吾等的投資有關的風險，包括本人 / 吾等投資於非香港證監會認可投資選擇可能導致損失大部分或全部投資款項的風險。
 - I/We agree to indemnify and hold the Company free and harmless (on a full indemnity basis) against all loss, liabilities and claims (including the costs of defending such claims) which the Company may incur or suffer as a result of the breach of any of the undertakings, declarations or representations made by me/us under this service form.
本人 / 吾等同意就恒安標準人壽 (亞洲) 有限公司因本人 / 吾等違反在上文所作出的任何承諾、聲明或陳述而可能招致或蒙受的所有損失、負債及申索 (包括對該等申索進行抗辯的費用)，對恒安標準人壽 (亞洲) 有限公司作出彌償及使本人 / 吾等免受損害 (按完全彌償基準)。
6. **I/WE HEREBY DECLARE** that before I/we have signed this application form, I/we have thoroughly read the Personal Information Collection Statement provided below and understand that my/our personal data being collected or held from time to time by Heng An Standard Life (Asia) Limited, whether by way of this application form or otherwise, is and will be subject to the purpose and manner of use as indicated in this Personal Information Collection Statement.
本人 / 吾等謹此聲明，本人 / 吾等在簽署本申請表格前已細閱以下的《個人資料收集聲明》，並明白由恒安標準人壽 (亞洲) 有限公司不時收集或持有 (不論是透過本申請表格或是以其他方式收集或持有) 本人 / 吾等的個人資料，不管現時或將來均會按此《個人資料收集聲明》所述的方式用於該聲明下的用途。
7. **Personal Information Collection Statement**
個人資料收集聲明
- I/We confirm that I/we have read and understood the Company's Personal Information Collection Statement (PICS) made available on the company's website : www.hengansl.com.hk > Legal and Privacy Statement > Privacy Statement > Personal Information Collection Statement. By completing and returning this form, I/we declare and agree that the Company may use my/our personal data in accordance with the PICS, including transferring my/our personal data to the transferee(s) (in or outside Hong Kong) for direct marketing purposes. I/We understand that I/we have the right to refuse such use and transfer by notifying the company by email to cs@hengansl.com.hk or writing to the company (address can be found on the last page of this form).
本人 / 吾等確認本人 / 吾等已閱讀及明白載於貴公司網上 www.hengansl.com.hk > Legal and Privacy Statement > Privacy Statement > Personal Information Collection Statement 個人資料收集聲明。透過填妥及交回此表格，本人 / 吾等聲明及同意貴公司可按照個人資料收集聲明使用及轉交本人 / 吾等的個人資料予不論在本地或海外的受讓方以作直接促銷用途。本人 / 吾等理解本人 / 吾等有權透過電郵至 cs@hengansl.com.hk 或寫信至貴公司 (地址可在表格最後一頁找到) 聯絡貴公司以拒絕有關的使用及轉交行為。
8. **Foreign Tax Reporting and Withholding Obligations Statement ("Tax Obligations Statement")**
外地稅務呈報 / 稅務責任聲明 (「稅務責任聲明」)
- a) **Provision of information**
提供資料
- i) I/We agree to provide the Company with the Personal Information of myself/ourselves and, where reasonably required by the Company, of any other Consenting Person in such manner, in such form and within such time, as the Company may from time to time require.
本人 / 吾等同意向公司提供本人 / 吾等的個人資料，亦會應公司的合理要求，按公司不時要求的方式、形式及時間向公司提供其他同意人士的個人資料。
 - ii) Where there is any change or addition to the Personal Information of myself, and, where applicable, any other Consenting Person, I/we agree to update the Company promptly (and in any event no later than 31 days of the change or addition) of the change or addition.
倘本人 / 吾等及任何同意人士 (倘適用) 的個人資料有任何更改或增加，本人 / 吾等同意當有更改或增加會盡快 (無論如何不遲於更改或增加後的 31 天) 通知公司有關的更改或增加。
 - iii) I/We agree that I/we shall, and, where applicable, shall procure such other Consenting Person(s) to, complete and sign such documents and do such things, as the Company may reasonably require from time to time for the purposes of ensuring the Company's compliance with the Compliance Obligations.
本人 / 吾等同意會應公司不時合理的要求，自行及 (倘適用) 促使有關的其他同意人士填妥及簽署有關文件及辦理有關事宜，以確保公司遵守合規責任。
 - iv) I/We agree that the Company may directly require any other Consenting Persons to provide or confirm accuracy of their Personal Information without involving me/us if the Company reasonably considers it to be appropriate.
本人 / 吾等同意，倘公司有理由認為恰當，可毋須通過本人 / 吾等直接要求其他同意人士提供其個人資料或確認個人資料是否準確。
- b) **Disclosure of information**
資料披露
- i) I/We agree that the Company and/or any other members of the Company's group may disclose the Tax Information of myself/ourselves and any other Consenting Person(s) to any government or tax authority in any jurisdiction for the purpose of ensuring compliance with Compliance Obligations (including but not limited to obligations under the laws, regulations and international agreements for the implementation of automatic exchange of financial account information ("AEOI") and the U.S. Foreign Account Tax Compliance Act ("FATCA")) on the part of the Company or on the part of the Company's group.
本人 / 吾等同意公司及 / 或公司集團任何成員可向任何司法管轄區的政府或稅務當局披露本人 / 吾等及任何同意人士的稅務資料，以確保公司或公司集團遵守合規責任 (包括但不限於任何實施的自動交換財務帳戶資料 (「自動交換資料」) 和美國海外帳戶稅收合規法案 (「合規法案」) 的法律、法規及國際協定)。
 - ii) I/We hereby waive, and, where reasonably required by the Company, agree to procure any other Consenting Person(s) to waive, any applicable restrictions which would otherwise hinder the ability of the Company and/or any other members of the Company's group to disclose Tax Information in the manner as described in this paragraph 8(b) of the Tax Obligations Statement (or in the relevant policy provision relating to foreign tax reporting and withholding obligations).
本人 / 吾等謹此放棄並 (倘公司合理要求) 同意促使其他同意人士放棄可能妨礙公司及 / 或 [公司集團] 其他成員按稅務責任聲明第 8(b) 段 (或有關外地稅務呈報或稅務責任的相關保單條文) 所述方式披露稅務資料的任何相關限制。
 - iii) I/We agree that the Company may directly require any other Consenting Person to agree to the disclosure as described in this paragraph 8(b) of the Tax Obligations Statement (or in the relevant policy provision relating to foreign tax reporting and withholding obligations) and/or waive any otherwise applicable restrictions on such disclosure, if the Company reasonably considers appropriate.
本人 / 吾等同意，倘公司有理由認為恰當，可毋須通過本人 / 吾等直接要求其他同意人士同意按稅務責任聲明第 8(b) 段 (或有關外地稅務呈報或稅務責任的相關保單條文) 所述作出披露及 / 或放棄相關披露的相關限制。
- c) **Failure to Provide Information**
無法提供資料
- I/We agree that:
本人 / 吾等同意：
- i) where I/we fail to comply with my/our obligations under paragraph 8(a) of the Tax Obligations Statement; or
倘若本人 / 吾等不遵守稅務責任聲明第 8(a) 段所載本人 / 吾等的責任；或
 - ii) where any of the other Consenting Persons fails to comply with the Company's requirements described in paragraph 8(a)(iv) or 8(b)(iii) of the Tax Obligations Statement; or
倘若其他同意人士不遵守稅務責任聲明第 8(a)(iv) 段或第 8(b)(iii) 段所述貴公司的要求；或

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- iii) where the Personal Information (regardless of whether it is in relation to me/us or any other Consenting Person) is inaccurate, incomplete or not promptly updated; or
倘若個人資料 (不論是否與本人 / 吾等或任何其他同意人士有關) 不準確、不完整或未有及時更新; 或
- iv) for whatever reason the Company and/or any other members of the Company's group is prevented (under Hong Kong law or otherwise) from making the disclosure of the Tax Information of myself/ourselves and/or any other Consenting Person(s) to the relevant government or tax authorities in the relevant jurisdiction,
公司及 / 或 [公司集團] 任何其他成員不論任何原因 (根據香港法律或其他原因) 遭禁止向相關司法管轄區之相關政府或稅務當局披露本人 / 吾等及 / 或任何其他同意人士的稅務資料,

the Company may take one or more of the following actions at any time:

公司可按其需要隨時採取以下一項或多項行動:

- i) deduct from or withhold part of any amounts payable under the Policy;
扣減或不予支付任何保單應付款項;
- ii) terminate the Policy (in which case, the Company will pay me/us the Policy Account Value less any applicable fees and charges and less any withholding or deductions required pursuant to the Compliance Obligations); and
終止保單 (在此情況下, 公司會向本人 / 吾等支付經扣減任何相關費用及收費和根據合規責任所指定的任何不予支付或扣減款項後的保單賬戶價值); 及
- iii) provide (whether before or after the termination of the Policy) the Tax Information relating to me/us and/or any other Consenting Persons to such government or tax authority(ies) in any jurisdiction,
向任何司法管轄區之相關政府或稅務當局提供 (不論在保單終止之前或之後) 有關本人 / 吾等及 / 或任何其他同意人士的稅務資料,

as may be required for the Company to ensure its compliance with the Compliance Obligations.

如公司按其需要以確保其遵守合規責任。

d) Confirmations

確認

I/We confirm and agree that:

本人 / 吾等確認並同意:

- i) any agreement, waiver, confirmations given in, or to be given pursuant to, the Tax Obligations Statement or the relevant policy provision relating to foreign tax reporting and withholding obligations are irrevocable;
根據稅務責任聲明或有關外地稅務呈報或稅務責任的相關保單條文作出的任何協議、放棄及確認均不可撤銷;
- ii) neither the Company nor any member of the Company's group shall be liable for any costs or loss that I/we (or any other Consenting Persons) may incur because of the Company and/or any member of the Company's group taking any actions permitted by or exercising any powers under the Tax Obligations Statement or the relevant policy provision relating to foreign tax reporting and withholding obligations;
由於公司或恒安標準人壽保險集團任何成員根據稅務責任聲明或有關外地稅務呈報或稅務責任的相關保單條文所容許或授權採取的行動引致本人 / 吾等 (或任何其他同意人士) 蒙受的任何費用或損失, 公司或恒安標準人壽保險集團任何成員均毋須負責;
- iii) I/we must obtain or, as the case may be, have obtained the requisite consent from each Consenting Person for the provision of his/her Tax Information to the Company and the disclosure of any of such Tax Information by the Company and/or any of the Company's affiliates under paragraph 8(b) of the Tax Obligations Statement (or the relevant policy provision relating to foreign tax reporting and withholding obligations);
本人 / 吾等必須或 (視乎情況而定) 已經取得每位同意人士所需的同意, 以提供彼等的稅務資料予公司, 而公司及 / 或公司任何聯屬公司可根據稅務責任聲明第 8(b) 段 (或有關外地稅務呈報或稅務責任的相關保單條文) 披露任何該等稅務資料;
- iv) I/we must inform each Consenting Person of the Company's powers under the Tax Obligations Statement (or the relevant policy provision relating to foreign tax reporting and withholding obligations);
本人 / 吾等必須將稅務責任聲明 (及有關外地稅務呈報或稅務責任的相關保單條文) 所載公司的權力告知每位同意人士;
- v) the Tax Obligations Statement (and the relevant policy provision relating to foreign tax reporting and withholding obligations) are without prejudice, and in addition, to any of the Company's rights or powers under any other policy provisions or this application form; and
稅務責任聲明 (及有關外地稅務呈報或稅務責任的相關保單條文) 並不影響任何其他保單條文或本申請表格所載公司的權利或權力並屬於以外的權力; 及
- vi) where there is any withdrawal or payment under the Tax Obligations Statement (or the relevant policy provision relating to foreign tax reporting and withholding obligations) for any reason, the withdrawal amount or payment amount will at all times be subject to the exercise of the Company's powers under paragraph 8(c)(I) and (II) of the Tax Obligations Statement.
無論任何原因凡有稅務責任聲明 (或有關外地稅務呈報及扣稅責任的相關保單條文) 所指的任何提款或付款, 提款金額或付款金額均任何時間須受限於稅務責任聲明第 8(c)(I) 及 (II) 段所述公司權力的行使。
- vii) the Tax Obligations Statement shall form an integral part of the Policy.
稅務責任聲明即屬保單的一部分。

9. If there is any inconsistency between the English and Chinese versions of this Statement, the English version shall prevail.

中英文版本如有歧異, 概以英文版為準。

10. I/We hereby declare that any personal information of third parties provided by me/us to the Company (whether provided under this application or otherwise provided) in relation to this application has been obtained by me/us in compliance with the PDPO and the relevant third party has agreed to the disclosure of his/her personal information to the Company in relation to this application for the purposes as set out in this personal information collection statement. I/We agree to indemnify and hold harmless, on demand, the Company against all losses, liabilities and costs which the Company may incur arising out of, or in connection with, any breach of the declaration set forth in this paragraph.

本人 / 吾等特此聲明, 由本人 / 吾等就此申請提供予貴公司的任何第三方個人資料 (無論載於此申請書或從其他途徑所提供) 乃由本人 / 吾等在遵守個人資料 (私隱) 條例的情況下獲得, 且有閣第三方已同意為此等個人資料收集聲明所載之目的就此申請向貴公司提供其個人資料。本人 / 吾等同意應貴公司要求, 就貴公司因發生任何違反本條款所載的聲明, 而可能招致或與之相關的任何損失、責任及費用, 對貴公司作出賠償, 對貴公司作出賠償, 並使貴公司免受損害。

11. I/We further acknowledge that I/we have been given sufficient time to seek independent advice (legal, financial or otherwise) in relation to this Application and the declarations made in the above, the Chinese version of the declarations is translated for my/our reference only.

本人 / 吾等進一步確認, 本人 / 吾等有充足時間就此申請及上文所作聲明而尋求獨立顧問 (法律、財務或其他) 之意見, 本聲明的中文譯本只供本人 / 吾等作參考。

12. Commission Disclosure for Brokers under the Prevention of Bribery Ordinance

根據防止賄賂條例對保險經紀佣金的披露

I/We understand, acknowledge and agree that, as a result of my/our purchasing and taking up the policy to be issued by the Company, the Company will pay the authorised insurance broker commission during the continuance of the policy (including renewals), for arranging the said policy. Where the applicant is a body corporate, the authorised person who signs on behalf of the applicant further confirms to the Company that he/she is authorised to do so.

本人 / 吾等明白、確知及同意貴公司會就本人 / 吾等購買及接受其總發的保單, 於保險有效期內 (包括續保期) 向負責安排有關保單的獲授權保險經紀支付佣金。假如申請人為法人團體, 代表申請人簽署的獲授權人進一步向貴公司確認他 / 她已獲該法人團體如此授權。

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I/We further understand that the above agreement is necessary for the Company to proceed with the application.
本人 / 吾等亦明白貴公司必須取得本人 / 吾等以上的同意，才可以處理其保險申請。

Are you a resident for tax purposes of any countries or jurisdiction(s) other than Hong Kong, and in respect of such countries or jurisdiction(s) you have not previously provided Heng An Standard Life (Asia) Limited with information about your Tax Identification Number(s)?
請問閣下是否為除香港以外任何國家或司法管轄區的稅務居民，並且未曾向恒安標準人壽 (亞洲) 有限公司提供有關該國家或司法管轄區的稅務編號？

Yes
是

No
否

If the answer is yes, you must provide Heng An Standard Life (Asia) Limited a separate "Self-Certification Form."
如答是，請閣下向恒安標準人壽 (亞洲) 有限公司單獨提交一份「自我證明表格」。

Signature of First Policy Owner
第一保單持有人簽署

Date of Signature (dd/mm/yy)
簽署日期 (日/月/年)

Signature of Second Policy Owner
(if applicable)
第二保單持有人簽署 (如適用)

Date of Signature (dd/mm/yy)
簽署日期 (日/月/年)

Signature of Policy Assignee (for collateral assignment only)
(if applicable)
保單受讓人 (只限抵押轉讓) (如適用)

Date of Signature (dd/mm/yy)
簽署日期 (日/月/年)

Checklist 檢查表

In order to process effectively, please provide the following document and information with the Policy Alteration Form – Form A and tick alongside all the following boxes when completed.

為了有效地處理保單更改，請填妥此表格的有關部份，並連同所需的證明文件一併遞交，以及在完成後於下列空格內填上「✓」號。

Change of Payment Frequency/Autopay Billing Date**更改定期付款方式 / 付款轉賬日期**

1. Provide information about the policy: (i) Policy number; (ii) Name of Policy Owner(s); and (iii) Name of Life Insured(s)
請於本表格首頁填妥 (i) 保單號碼、(ii) 保單持有人及 (iii) 受保人姓名
2. Complete Section 1
請填妥第一部分
3. For monthly payment, please complete and return the relevant Autopay Authorisation Form
請填妥並寄回相關的自動轉賬付款授權書以支付月繳保費 / 供款
4. The name of the payer must be the same as the policy owner
付款人必須為保單持有人
5. Read the declarations in Section 6. Please sign and date Section 6 by all relevant parties
請相關人士閱讀第六部分之聲明並簽署作實

Reinstatement**保單復效**

1. Provide information about the policy: (i) Policy number; (ii) Name of Policy Owner(s); and (iii) Name of Life Insured(s)
請於本表格首頁填妥 (i) 保單號碼、(ii) 保單持有人及 (iii) 受保人姓名
2. Complete Section 2
請填妥第二部分
3. Submit HKID/valid passport copy*
請提供香港身份證 / 有效的護照副本 *
4. We reserve the right to request additional information or documentation on source of wealth where we deem necessary
我們保留權利要求閣下提供財富來源的證明文件
5. Read the declarations in Section 6. Please sign and date Section 6 by all relevant parties
請相關人士閱讀第六部分之聲明並簽署作實

Partial Withdrawal/Regular Withdrawal /Surrender**部份提款 / 定期提款 / 退保**

1. Provide information about the policy: (i) Policy number; (ii) Name of Policy Owner(s); and (iii) Name of Life Insured(s)
請於本表格首頁填妥 (i) 保單號碼、(ii) 保單持有人及 (iii) 受保人姓名
2. Complete Section 4/5
請填妥第四或五部分
3. Submit HKID/valid passport copy*
請提供香港身份證 / 有效的護照副本 *
4. Read the declarations in Section 6. Please sign and date Section 6 by all relevant parties
請相關人士閱讀第六部分之聲明並簽署作實
5. Please also complete and return separate "Self-Certification Form" when apply for Partial Withdrawal, Regular Withdrawal or Surrender
如申請部份提款，定期提款或退保，請單獨提交一份「自我證明表格」

* Copy of original supporting documents submitted (including identification proofs) must be properly certified by suitable certifiers as set out in the Anti-Money Laundering and Counter-Terrorist Financing (Financial Institutions) Ordinance. The certifier must (i) state that the copy document is a true copy of the original; (ii) sign and date the copy document (his/her name clearly printed in capitals underneath); and (iii) clearly indicate his/her position or capacity on it.

* 根據打擊洗錢及恐怖分子資金籌集（金融機構）條例，所有遞交的副本（包括身份證明）均需由合適核證人（例如：香港獲授權保險經紀，公證人）加簽作實。核證人必須清楚在文件上列明 (i) 該文件為原本之副本、(ii) 核證人簽署及日期（要清楚列明核證人姓名），與及 (iii) 清楚列明該核證人之職位。

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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