



Policy Alteration Form – Form A

保單更改申請表格 - 表格甲

Filling in this form 請填寫此表格

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 instruction 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。本指示將按要於下列保單作出更改。若閣下有任何查詢，請致電公司之客戶服務部 (852) 2169 0300。

For investment choice information, please refer to the 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

- Please complete this form by typing or in clear handwriting. Any amendments should be clearly indicated and counter-signed by the Policy Owner(s) in full signature.
請以打字或清晰地手寫填寫此表格。任何資料如有更改，保單持有人必須清楚註明並在更改的位置簽署作實。
- Heng An Standard Life (Asia) Limited (the "Company") shall not be liable for any loss or damages, whatsoever or howsoever arising from delay in processing your instruction in any of the circumstances including but not limited to the below:
恒安標準人壽(亞洲)有限公司「本公司」在任何情況下毋須對因延遲處理閣下的指示而招致的任何損失或損項承擔任何責任，包括但不限於以下情況：
 - Any incomplete or unclear instruction resulting that the Company cannot process your instruction in full, as a result the Company will not process any portion of the instruction.
 - If more than one instruction is received in respect of the same/ different transactions for the same policy on any single day (whether it is by one or more means), the Company has the sole discretion to determine the priority in dealing with such instructions or to defer such instructions and the Company shall not be liable for any direct, indirect, special or consequential loss or damages in this regard.
 - If i) any contribution(s) is pending for investment or processing or ii) any transaction for the same policy is in progress at the date of receipt of this form, the Company has the sole discretion to determine the priority in dealing with such instructions or to defer such instructions.

甲. 任何不完整或不明確的指示導致不能完整處理閣下的指示，因此本公司不會處理此表格的任何部份。

乙. 本公司於任何一日收到閣下就相同的保單的相同/不同交易發出超過一項指示(無論透過一種或多種方法)，本公司可全權酌情決定該等指示的處理先後次序或延遲處理該等指示及本公司對於因此而引起的任何直接、間接、特殊或後果性損失或損害不承擔任何責任。

丙. 本公司於收到此表格時就相同的保單仍有 i) 未完成的分配或進行中的供款或 ii) 任何進行中的交易，本公司可全權酌情決定該等指示的處理先後次序或延遲處理該等指示。
- If this instruction is received on a Hong Kong business day before 3:00p.m. and approved by the Company on the same day, it will take effect and be processed on the next Hong Kong business day provided that if such day is a Fund Dealing date. If it is processed on a non-Fund Dealing date, it will take effect and be processed on the earliest Hong Kong business day thereafter, which is also a Fund Dealing date. Any instruction received on a day which is not a Hong Kong business day or received after 3:00p.m. on a Hong Kong business day will be treated as being received on the next Hong Kong business day before 3:00p.m.
如指示於香港營業日下午三時前接獲並於同日獲本公司批准，該指示將於下一個香港營業日生效及處理，但前提是當日為基金交易日。如於非基金交易日遞交，則於其後最早的香港營業日生效並處理，該日亦須為基金交易日。如本公司於任何一個香港營業日下午3時後或非香港營業日收到此指示，此指示將被視作於下一個香港營業日下午3時前收到。
- 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在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。

Policy Owner Personal Information - 保單持有人個人資料

Please provide all 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		
First Policy Owner Personal Information 第一保單持有人個人資料		Second Policy Owner Personal Information (if applicable) 第二保單持有人個人資料 (如適用)
Name姓名: _____ Occupation職業: _____ Industry行業: _____ Email Address電郵地址: _____		Name姓名: _____ Occupation職業: _____ Industry行業: _____ Email Address電郵地址: _____
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		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
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 街道號碼及名稱 District 地區 Country 國家 ZIP / Postal code (if applicable) 郵遞區號 (如適用) Note: P.O. Box is not accepted for residential address 注意: 郵政信箱不可作為居住地址		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 街道號碼及名稱 District 地區 Country 國家 ZIP / Postal code (if applicable) 郵遞區號 (如適用) Note: P.O. Box is not accepted for residential address 注意: 郵政信箱不可作為居住地址
Correspondence Address 通訊地址 If correspondence address is different from residential address, please provide your correspondence address here 如通訊地址與居住地址不同, 請在此提供閣下的通訊地址 Flat/ Room 室 Floor 樓 Block 座數 Building / Estate Name 大廈 / 屋苑名稱 No. & Street Name 街道號碼及名稱 District 地區 Country 國家 ZIP / Postal code (if applicable) 郵遞區號 (如適用)		Correspondence Address 通訊地址 If correspondence address is different from residential address, please provide your correspondence address here 如通訊地址與居住地址不同, 請在此提供閣下的通訊地址 Flat/ Room 室 Floor 樓 Block 座數 Building / Estate Name 大廈 / 屋苑名稱 No. & Street Name 街道號碼及名稱 District 地區 Country 國家 ZIP / Postal code (if applicable) 郵遞區號 (如適用)

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：	<input type="checkbox"/> Annually 每年	<input type="checkbox"/> Semi-annually 每半年	<input type="checkbox"/> Quarterly 每季	<input type="checkbox"/> Monthly* 每月*
New Autopay Billing Date* 新自動轉賬日*	<input type="checkbox"/> 5 th 五號	<input type="checkbox"/> 12 th 十二號	<input type="checkbox"/> 20 th 二十號	<input type="checkbox"/> 27 th 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. 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。

請注意：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. Declaration and Signature 聲明及簽署

1. 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。
2. 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；
3. 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。
4. 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；
 - 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。

4. Declaration and Signature 聲明及簽署

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。

8. 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。

9. 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，且有關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，並使貴公司免受損害。

10. 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。

11. 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/ 吾等購買及接受其續發的保單，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。

4. Declaration and Signature 聲明及簽署

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/YYYY)

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/YYYY)

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/YYYY)

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. Complete Policy Owner Personal Information
請填妥保單持有人個人資料
- ☐ 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 4. Please sign and date Section 4 by all relevant parties
請相關人士閱讀第四部分之聲明並簽署作實

Reinstatement

保單復效

- ☐ 1. Complete Policy Owner Personal Information
請填妥保單持有人個人資料
- ☐ 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 4. Please sign and date Section 4 by all relevant parties
請相關人士閱讀第四部分之聲明並簽署作實

* 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。