



Application Form - CareMore - Refundable Critical Illness Insurance Plan 申請書 - 更安心系列 - 保費回贈危疾保險計劃

Failure to provide all relevant information and documentation may result in a delay in the application being processed. Further information may be required during the validation process.
未能提供所有相關資料及文件可能導致申請書被延遲處理。在審核過程中可能需要進一步資料。

Proposal No.
申請書號碼: _____

Filling in this form 請填妥下列表格

This document is intended to be distributed only to those for whom this insurance product is permitted to be offered or sold to and shall not be construed as an offer to sell or a solicitation to buy or a provision of insurance product in any other jurisdiction. Heng An Standard Life (Asia) Limited (the "Company") does not offer or sell any insurance product in jurisdictions in which such offering or sale of the insurance product is not permitted under the laws of such jurisdictions. 此文件僅派發予本保險產品獲准發售或出售之對象，並不能詮釋為在任何其他司法管轄區發售或出售或游說購買或提供保險產品。如有關之司法管轄區依法不容許發售或出售任何保險產品，恒安標準人壽(亞洲)有限公司(「貴公司」)不會在該等司法管轄區發售或出售該保險產品。

This application form should be issued in conjunction with the Principal Brochure and Benefit Illustration Document.
此申請書表格應連同主要推銷刊物及利益說明文件一併提供。

The Health Statement Declaration must be answered by the Proposed Life Insured. If the Proposed Life Insured is under age 18 on the date this form is signed, the Proposed Policy Owner must answer those questions on behalf of the Proposed Life Insured.

健康資料聲明必須由準受保人作答，如準受保人於簽署此聲明時未滿 18 歲，該部份需由準保單持有人代為作答。

If you are in any doubt or unsure as to the contents or implications of this form, you should obtain independent legal advice.

如對此申請表格之內容或含義有任何疑問或不清楚之處，閣下應諮詢獨立法律顧問之意見。

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。

1. Personal Details 個人資料

(i) Proposed Policy Owner 準保單持有人

Surname 姓氏 _____ Given Name 名字 _____ Chinese Name 中文姓名 _____

Date of Birth 出生日期 _____ dd 日 _____ mm 月 _____ yyyy 年 Place of Birth 出生地點 _____

Hong Kong ID / Passport No. 香港身份證 / 護照號碼 _____ Sex 性別 Male 男 Female 女 Nationality 國籍 _____

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

Residential Address 住址 _____

Permanent Address 永久住址 _____
(if different from Residential Address) (如與住址不同)

Correspondence Address 通訊地址 _____
(if different from Residential Address) (如與住址不同)

Phone Numbers 電話號碼 Home 住宅 _____ Office 辦公室 _____ Mobile 流動電話 _____
(Country Code + Area Code + Telephone No) (國家號碼 + 地區號碼 + 電話號碼)

E-mail Address 電郵地址 _____ 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 _____

Name of Employer 僱主名稱 _____ Industry 行業 _____

Address of Employer 僱主地址 _____ Job Title 職位 _____

Exact Job Duties 工作範圍 _____

Are you the beneficial owner⁺ of this policy? Yes 是 No (please complete section 5) 否 (請填妥第五部份)

⁺ Beneficial owner is normally an individual who ultimately owns or controls the policy owner / proposed policy owner or on whose behalf a transaction or activity is being conducted. In respect of a policy owner / proposed policy owner who is an individual not acting in an official capacity on behalf of a legal person or trust, the policy owner himself/herself is normally the beneficial owner.

實益擁有人一般是指最終擁有或控制保單持有人 / 準保單持有人的或以保單持有人 / 準保單持有人代其進行交易的人。就保單持有人 / 準保單持有人為個人人士而言，如其並不以正式身份代表法人或信託行事，實益擁有人一般則指其本人。

1. Personal Details 個人資料

If same as the Proposed Policy Owner, you may leave this section blank.
若與準保單持有人相同，則毋須填寫本欄。

(ii) Proposed Life Insured 準保單受保人

Relationship to Proposed Policy Owner
與準保單持有人之關係 _____

Surname 姓氏 _____ Given Name 名字 _____ Chinese Name 中文姓名 _____

Date of Birth 出生日期 _____ dd 日 _____ mm 月 _____ yyyy 年 Sex 性別 Male 男 Female 女

Hong Kong ID / Passport No. 香港身份證 / 護照號碼 _____ Nationality 國籍 _____

Residential Address 住址 _____

Permanent Address 永久住址
(if different from Residential Address) (如與住址不同) _____

Correspondence Address 通訊地址
(if different from Residential Address) (如與住址不同) _____

Phone Numbers 電話號碼 Home 住宅 _____ Office 辦公室 _____ Mobile 流動電話 _____
(Country Code + Area Code + Telephone No) (國家號碼 + 地區號碼 + 電話號碼) (Country Code + Area Code + Telephone No) (國家號碼 + 地區號碼 + 電話號碼) (Country Code + Area Code + Telephone No) (國家號碼 + 地區號碼 + 電話號碼)

E-mail Address 電郵地址 _____ 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 _____

Name of Employer 僱主名稱 _____ Industry 行業 _____

Address of Employer 僱主地址 _____ Job Title 職位 _____

Exact Job Duties 工作範圍 _____

2. Plan Details 計劃資料

(i) Basic Plan 基本保障

Plan Description
計劃名稱

Policy Currency
保單貨幣

HK Dollars
港元

US Dollars
美元

Benefit Option 1
保障選項 1

Benefit Option 2
保障選項 2

Benefit Option 3
保障選項 3

Benefit Option 4
保障選項 4

Premium Payment Term
保費繳付年期

5 years
5 年

10 years
10 年

Sum Insured
投保額

Premium (Payment Mode)
保費 (每期)

Basic Plan
基本保障

\$

\$

(ii) Payment Details 付款資料

a. Payment Frequency
付款方式

Monthly *
月繳 *

Quarterly
季繳

Semi-annual
半年繳

Annual
年繳

* For Monthly payment frequency, please submit a "Direct Debit Authorisation", and please select the Billing Date for autopay:
如付款方式月繳，必須填妥「直接付款授權書」，並請選擇下列日期作為自動轉賬的繳款日：

b. Billing Date#
繳款日#

5th

12th

20th

27th

c. Number of months of Total Premium that you have paid for initial payment. (Applicable for Monthly mode only)
首次付款所繳交保費總額的月份期數。(只適用於月繳)

2 months
2 個月

3 months
3 個月

If this part is incomplete, the Policy Start Date will become the Billing Date.
如此部份未能填妥，此保單生效日將設定為保單之繳款日。

3. Beneficiary 受益人

Name of Beneficiary 受益人姓名	Sex 性別	Relationship to Proposed Life Insured 與準受保人關係	Date of Birth (dd/mm/yy) 出生日期 (日/月/年)	HK ID/Passport No. 香港身份證 / 護照號碼	Share 受益比例
_____	_____	_____	_____	_____	_____%
_____	_____	_____	_____	_____	_____%
_____	_____	_____	_____	_____	_____%
_____	_____	_____	_____	_____	_____%
_____	_____	_____	_____	_____	_____%
Total 合共 100%					

Note: 1. If there is no nominated Beneficiary or any information given on the nominated Beneficiary is incomplete, the Death Benefit shall be paid in accordance with policy provisions.
注意：倘若未有提供受益人姓名或受益人資料不全，此保單之身故賠償將會根據保單條款作出賠償。

2. The percentage share of each Beneficiary must be a whole number and total sum should be 100%.
每位受益人所佔之受益比例必須為整數，並必須合共為 100%。

3. English Name in BLOCK letters. You may provide his/her Chinese Name as a record (if applicable).
請以英文正楷填寫。閣下亦可提供其中文姓名以作記錄 (如適用)。

4. Source of Wealth 財富來源

Source of Wealth
財富來源
(For Proposed Policy Owner
適用於準保單持有人)

Savings
儲蓄

Retirement / Provident Fund
退休金 / 公積金

Sales of previous Investments / Property
出售投資 / 物業

Inheritance
遺產

Salary*
薪金 HK\$ _____

Others, please specify
其他, 請註明 _____

* Please specify total income in the past 12 months
請說明過去十二個月內總收入

Note: You may be required to provide further evidence on the origin of premium upon our request.
注意: 若有需要, 我們將要求閣下提供保費來源的進一步證明文件。

5. Personal Details of Beneficial Owner 最終實益擁有人資料

If there is more than one beneficial owner, please provide personal details of the additional beneficial owners on a separate sheet.
如果超過一名最終實益擁有人, 請在補充資料上提供額外最終實益擁有人的個人資料。

Full Name
全名 _____

Date of Birth
出生日期 _____ dd 日 _____ mm 月 _____ yyyy 年

Place of Birth
出生地點 _____

Hong Kong ID / Passport No.
香港身份證 / 護照號碼 _____

Nationality
國籍 _____

Sex
性別 Male 男 Female 女

Relationship to Proposed Life Insured
與準受保人關係 _____

Residential Address
住址 _____

Permanent Address
永久住址
(if different from Residential
Address) (如與住址不同) _____

Correspondence Address
通訊地址
(if different from Residential
Address) (如與住址不同) _____

6. Policy Replacement 轉保

Name of Insurer of this application: Heng An Standard Life (Asia) Limited

本投保申請的保險公司名稱：恒安標準人壽(亞洲)有限公司

Application/Proposal Number:

投保申請書/建議書編號：

Name of Proposed Policy Owner:

準保單持有人姓名：

In order to fund the purchase of your new life insurance policy, are you using, or do you intend to use some or all of the funds arising from your existing life insurance policy, or any savings made by reducing the premium payable under your existing life insurance policy? For example, such funds or savings may arise from:

閣下是否使用或打算使用現有人壽保險保單的部分或全部資金，或使用或打算使用通過減少現有人壽保險保單的應付保費而節省的金額，以資助閣下購買新的人壽保險保單？例如，此等資金或金額可能來自：

- a) surrendering / partially surrendering your existing life insurance policy to obtain its surrender value
就 閣下現有人壽保險保單作出退保/部分退保的安排，以獲得其退保價值
- b) taking out a policy loan (including automatic premium loan) from your existing life insurance policy
從 閣下現有人壽保險保單中提取保單貸款（包括自動保費貸款）
- c) withdrawing policy values from your existing life insurance policy (e.g. cash out dividends or redeem fund units etc.)
從 閣下現有人壽保險保單中提取保單價值（例如：套現紅利或贖回基金單位等）
- d) lapsation of your existing life insurance policy (e.g. by non-payment of premium)
容許 閣下現有人壽保險保單失效（例如：終止支付保費）
- e) exercising the right to a premium holiday under your existing life insurance policy
行使 閣下現有人壽保險保單中「保費假期」的權利

Yes
是

Not yet decided
尚未決定

No
否

Please check one appropriate box only
請在適當的方格內填上別號（只可選擇一項）

Warning: Please answer the above question carefully. Making changes on your existing life insurance policy may not be in your best interest. Your financial adviser must explain to you the financial implications, insurability implications and claims eligibility implications of such changes. For this purpose, your financial adviser may require certain information on your existing life insurance policy. You may need to approach the insurer of your existing life insurance policy to obtain accurate and up to date information on your existing policy.

忠告：請小心回答上述問題。就現有人壽保險保單作出變更未必符合閣下的最佳利益。閣下的理財顧問必須向閣下解釋有關變更對閣下的財務、受保資格及索償資格所構成的影響。因此，閣下的理財顧問可能會向閣下索取閣下現有人壽保險保單的某些資料。閣下可能需要聯絡現有人壽保險保單的保險公司並向其索取有關現有人壽保險保單準確及最新的資料。

If your answer is "Yes" or "Not yet decided", your financial adviser must explain the "Important Facts Statement – Policy Replacement" to you.

若閣下的回答為「是」或「尚未決定」，閣下的理財顧問必須向閣下解釋《重要資料聲明書——轉保》。

Signature of the Proposed Policy Owner
準保單持有人簽署

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

Signature of financial adviser
理財顧問簽署

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

Full name of financial adviser
理財顧問姓名

Type of License and License No.
牌照類別及牌照號碼

7. General Information and Insurance History 一般資料及投保記錄

1. Do you intend to work or live outside Hong Kong? If yes, please state city, country, reason, frequency and duration of visits in the Additional Health Information section.

閣下有否打算在香港以外地方工作或居住？如有，請在附加健康資料部份註明城市、國家、原因、次數及逗留時間。

- (a) Country(ies) and City(ies) of residency that you have stayed for more than 183 calendar days in the past 12 months.

過去 12 個月內閣下曾居住超過 183 個曆日以上的國家及城市。

- (b) Country(ies) and City(ies) of residency that you intend to stay for more than 183 calendar days in the next 12 months.

未來 12 個月內閣下打算居住超過 183 個曆日以上的國家及城市。

2. Do you participate or are you planning to participate in any hazardous sport(s) or activity(ies)? If yes, please complete appropriate questionnaire(s).

閣下有否參加或打算參加任何危險運動或活動？如有，請填寫有關問卷。

Yes
是

No
否

3. For life, accident, disability, health or critical illness insurance:

就人壽、意外、傷殘、醫療或危疾保險：

- (a) do you have any existing policy(ies) or have you made any application for life insurance which has not yet been approved?

閣下現時是否擁有任何保單或其他已申請而尚未被接納之人壽保險？

Yes
是

No
否

If yes, please state company name(s), type(s) of insurance, sum insured and year of issue.

如有，請註明公司名稱、保單類別、保額及發出年份。

- (b) have you ever had an application or reinstatement declined, postponed, revised premium amount or accepted on modified terms?

閣下曾否於投保或要求保單復效時遭受拒絕、延期、重訂保費或作出任何條款修改？

Yes
是

No
否

8A. Health Statement Declaration (For Benefit Option 1 & 2 Only)

健康資料聲明 (只適用於保障選項1及2)

If the proposed policy owner / proposed life insured would like to provide further details of the health statement declaration, please give details with the relevant question number(s) in the Additional Health Information section. Where applicable, please indicate exact diagnosis, date of diagnosis, treatment received, duration of disease(s) and treatment(s), last follow-up date, current condition, names and addresses of all attending physicians and / or copy of patient card(s).

如準保單持有人 / 準保單受保人希望提供詳細的健康資料聲明，客戶可於附加健康資料部份提供詳情及註明有關題號。如適用，請清楚列明診斷結果、診斷日期、治療方法、患病及接受治療之持續時間、最近一次診治日期、目前情況及所有診治醫生的姓名及地址及 / 或診症卡之副本。

1. Height 身高：_____ cm 厘米 Weight 體重：_____ kg 公斤		
2. In the past 12 months, have you ever used any tobacco products? 您在過去十二個月內曾否吸食任何煙草產品？ If yes, please state type, frequency and quantity: _____ 如有，請註明種類、服用次數及數量：_____	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>
3. Have you ever had cancer or carcinoma-in situ, heart disease, stroke or mini-stroke, diabetes, Hepatitis C, HIV or AIDS? 您是否曾患有癌症或原位癌、心臟疾病、中風或小中風、糖尿病、丙型肝炎、感染後天免疫力缺乏病毒或後天免疫力缺乏症？	<input type="checkbox"/>	<input type="checkbox"/>
4. In the past 5 years, have you had any condition affecting your arteries, brain, blood, lungs, kidney, liver or pancreas? 在過去五年內，您曾否因任何狀況而影響動脈、腦、血液、肺、腎臟、肝臟或胰臟？ Note: If you have been diagnosed with Minor β -Thalassaemia trait or mild iron deficiency anaemia and have never received any treatment, please answer "No". 備註： 如您被確診為輕微 β -地中海貧血或輕微缺鐵性貧血，但從未接受過任何治療，請回答「否」。	<input type="checkbox"/>	<input type="checkbox"/>
5a. Have you had a tumour, lump, nodule, polyp or cyst, OR in the past 5 years have you undergone investigations to screen cancer which showed abnormal results? 您是否患有腫瘤、腫塊、結節、息肉或囊腫，或者在過去五年內，您是否接受了癌症檢查且結果顯示異常？ Note: Please reply 5(b) if the answer is "Yes". 備註： 如答案是「是」，請回答 5(b)。	<input type="checkbox"/>	<input type="checkbox"/>
5b. Were the results of all investigations performed on any of the declared signs or symptoms abnormal and that treatment of more than 30 days or ongoing follow up was required? 您是否已經完成所有關於該症狀或病徵的檢查，而該檢查結果顯示異常，並需要接受多於 30 天的治療或覆診？	<input type="checkbox"/>	<input type="checkbox"/>
6. In the past 12 months, do you need to start or increase medication to control blood pressure or cholesterol? 在過去十二個月內，您是否需要開始使用或增加藥物來控制血壓或膽固醇？ Note: - If change of medication has been advised by doctor, please answer "No". - If change of medication as well as increase in dosage have been advised by doctor, please answer "Yes". 備註： - 若醫生只建議換藥，請回答「否」。 - 若醫生建議需換藥及增加藥物劑量，請回答「是」。	<input type="checkbox"/>	<input type="checkbox"/>
7a. Have any of your natural parents and/or siblings suffered from cancer before age 50? 您的親生父母及 / 或兄弟姐妹是否在 50 歲之前被確診患有癌症？ Note: Please reply 7(b) if the answer is "Yes". 備註： 如答案是「是」，請回答 7(b)。	<input type="checkbox"/>	<input type="checkbox"/>
7b. How many natural parents and/or siblings are involved? _____ 涉及多少位親生父母及 / 或兄弟姐妹？_____		
8a. Do you have 2 or more than 2 natural parents and/or siblings who suffered from heart attack or stroke before age 50? 您是否有 2 名或以上的親生父母及 / 或兄弟姐妹在 50 歲之前被確診患有心臟病或中風？ Note: Please reply 8(b) if the answer is "Yes". 備註： 如答案是「是」，請回答 8(b)。	<input type="checkbox"/>	<input type="checkbox"/>
8b. How many natural parents and/or siblings are involved? _____ 涉及多少位親生父母及 / 或兄弟姐妹？_____		

Heng An Standard Life (Asia) Limited reserves the right to deduct any medical fee from the initial premium if the application is withdrawn or the policy is cancelled within the cooling-off period (if applicable).

若申請人於保單簽發前取消保單申請或於冷靜期內取消已簽發之保單，恒安標準人壽 (亞洲) 有限公司保留於首期保費中扣除已支付之醫療費用的權利 (如適用)。

8B. Health Statement Declaration (For Benefit Option 3 & 4 Only) 健康資料聲明 (只適用於保障選項3及4)

If the proposed policy owner / proposed life insured would like to provide the further details of health statement declaration, please give details with the relevant question number(s) in the Additional Health Information section. Where applicable, please indicate exact diagnosis, date of diagnosis, treatment received, duration of disease(s) and treatment(s), last follow-up date, current condition, names and addresses of all attending physicians and / or copy of patient card(s).

如準保單持有人 / 準保單受保人希望提供詳細的健康資料聲明，客戶可於附加健康資料部份提供詳情及註明有關題號。如適用，請清楚列明診斷結果、診斷日期、治療方法、患病及接受治療之持續時間、最近一次診治日期、目前情況及所有診治醫生的姓名及地址及 / 或診症卡之副本。

1. Height 身高：_____ cm 厘米 Weight 體重：_____ kg 公斤		
2. In the past 12 months, have you ever used any tobacco products? 您在過去十二個月內曾否吸食任何煙草產品？ If yes, please state type, frequency and quantity: _____ 如有，請註明種類、服用次數及數量：_____	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>
3. Have you ever had cancer or carcinoma-in situ, heart disease, stroke or mini-stroke, Hepatitis C, HIV or AIDS? 您是否曾患有癌症或原位癌、心臟疾病、中風或小中風、丙型肝炎、感染後天免疫力缺乏病毒或後天免疫力缺乏症？	<input type="checkbox"/>	<input type="checkbox"/>
4. In the past 5 years, have you had any condition affecting your arteries, brain, blood, lungs, kidney, liver or pancreas? 在過去五年內，您曾否因任何狀況而影響動脈、腦、血液、肺、腎臟、肝臟或胰臟？ Note: - If you have been diagnosed with Minor β -Thalassaemia trait or mild iron deficiency anaemia and have never received any treatment, please answer "No". - If you have been diagnosed with hypertension, hyperlipidaemia or diabetes, please answer "No". (This does not include Type I Diabetes.) 備註： - 如您被確診為輕微 β -地中海貧血或輕微缺鐵性貧血，但從未接受過任何治療，請回答「否」。 - 如您被確診為高血壓、高脂血症或糖尿病，請回答「否」。(1型糖尿病不包括在內。)	<input type="checkbox"/>	<input type="checkbox"/>
5a. Have you had a tumour, lump, nodule, polyp or cyst, OR in the past 5 years have you undergone investigations to screen cancer which showed abnormal results? 您是否患有腫瘤、腫塊、結節、息肉或囊腫，或者在過去五年內，您是否接受了癌症檢查且結果顯示異常？ Note: Please reply 5(b) if the answer is "Yes". 備註： 如答案是「是」，請回答 5(b)。	<input type="checkbox"/>	<input type="checkbox"/>
5b. Were the results of all investigations performed on any of the declared signs or symptoms abnormal and that treatment of more than 30 days or ongoing follow up was required? 您是否已經完成所有關於該症狀或病徵的檢查，而該檢查結果顯示異常，並需要接受多於 30 天的治療或覆診？	<input type="checkbox"/>	<input type="checkbox"/>
6a. Have you ever been diagnosed with diabetes or hypertension? 您是否曾經被診斷出患有糖尿病或高血壓？ Note: Please reply 6(b) if the answer is "Yes". 備註： 如答案是「是」，請回答 6(b)。	<input type="checkbox"/>	<input type="checkbox"/>
6b. In the past 12 months, do you need to start or increase medication to control blood sugar or blood pressure? 在過去十二個月內，您是否需要開始使用或增加藥物以控制血糖或血壓？	<input type="checkbox"/>	<input type="checkbox"/>
7a. Have any of your natural parents and/or siblings suffered from cancer before age 50? 您的親生父母及 / 或兄弟姐妹是否在 50 歲之前被確診患有癌症？ Note: Please reply 7(b) if the answer is "Yes". 備註： 如答案是「是」，請回答 7(b)。	<input type="checkbox"/>	<input type="checkbox"/>
7b. How many natural parents and/or siblings are involved? _____ 涉及多少位親生父母及 / 或兄弟姐妹？_____		

Heng An Standard Life (Asia) Limited reserves the right to deduct any medical fee from the initial premium if the application is withdrawn or the policy is cancelled within the cooling-off period (if applicable).

若申請人於保單簽發前取消保單申請或於冷靜期內取消已簽發之保單，恒安標準人壽 (亞洲) 有限公司保留於首期保費中扣除已支付之醫療費用的權利 (如適用)。

8C. Health Statement Declaration 健康資料聲明

Additional Health Information 附加健康資料

Note: If you do not have further information to be provided, please put "N/A" here.

註：如閣下沒有進一步資料提供，可在此填寫「不適用」。

Question No. 題號	Exact Diagnosis 診斷結果	Date of Diagnosis 診斷日期	Name & Address of all Attending Physicians, Clinics or Hospitals 所有診治醫生、診所或醫院名稱及地址	Any Investigation? 任何檢驗			Any Treatment? 任何治療		Last Follow-up Date & Current Condition 最近一次診治日期及目前情況
				Date 日期	Type 種類	Result 結果	Date 日期	Type 種類	

Others 其他：

9. Declaration and Signature 聲明及簽署

I/We HEREBY DECLARE AND AGREE that

本人 / 吾等 謹此聲明及同意

- I/We have read and fully understood the Product Brochure of the policy and its benefit illustration documents. I/We also understood that Heng An Standard Life (Asia) Limited (“the Company”) is an authorised insurer in Hong Kong (and not other jurisdictions) and the policy, if issued, will be domiciled in Hong Kong. I/We acknowledge and agree that the policy, if issued, will be governed by the laws of Hong Kong and subject to the jurisdiction of the Hong Kong courts. I/We fully understand the risks (including but not limited to the counterparty risks, market and investment risks associated with investment in the policy) and merits, as well as the legal, tax and accounting characteristics and consequences of investing in the policy. I/We have consulted my/our own financial, accounting, tax and legal advisers as I/we deem necessary or appropriate;

本人 / 吾等已閱讀及完全明白本保單的產品銷售刊物及利益說明文件。本人 / 吾等亦明白恒安標準人壽 (亞洲) 有限公司 (「貴公司」) 是香港 (並非其他司法管轄區) 獲授權的保險公司, 本保單 (經發出後) 將以香港作為本籍。本人 / 吾等確認及同意本保單 (經發出後) 將會受香港法律管轄, 並受香港法院的司法管轄權管轄。本人 / 吾等完全明白投資本保單的風險 (包括但不限於投資本保單所涉及的交易對方風險、市場及投資風險) 及利弊, 以及投資保單的法律、稅務及會計特點及後果。本人 / 吾等已向本人 / 吾等的財務、會計、稅務及法律顧問諮詢本人 / 吾等認為所需或適當的財務、會計、稅務及法律意見;
- I/We confirm that the Product Brochure of the policy, the benefit illustration documents and all other advertising or market materials relating to the policy and other insurance products of the Company were distributed to me/us in Hong Kong, and the corresponding solicitation activities and suitability check process were all conducted by my/our authorised insurance broker in Hong Kong. I/We also understand that my/our authorised insurance broker (the principal of the financial adviser) is acting as my/our agent and not the agent of the Company;

本人 / 吾等確認, 本保單的產品銷售刊物、利益說明文件及與本保單及貴公司其他保險產品有關的所有其他宣傳或市場推廣資料, 均於香港派發給本人 / 吾等, 而相關招攬活動及產品適當性檢查程序, 均由本人 / 吾等的授權保險經紀 (理財顧問的主事人) 在香港進行。本人 / 吾等亦明白, 本人 / 吾等的授權保險經紀以本人 / 吾等的代理人身份行事, 並非貴公司的代理人;
- The information I/we disclose in this application will be used by the Company to assess the terms of any cover it is prepared to offer. And I am/we are obliged to supply full information required under this application which is a condition precedent to me/us applying for the cover;

本人 / 吾等在此申請中披露的資料, 將作為貴公司審核其承保條款的依據。本人 / 吾等有責任提供此申請規定的全部資料, 而此為申請受保之先決條件之一;
- The answers in this application and other documents or declarations completed or provided by me/us as required for this application are complete and true and not misleading to the best of my/our knowledge and shall form the basis of and be incorporated into the policy to be issued. If any of the statements and answers given in this application are inaccurate or any material facts have not been disclosed, the Company shall be entitled to cancel the policy or to re-issue the policy with modifications;

本人 / 吾等於此申請表格及其他本人 / 吾等按此申請須完成或提交的文件及聲明的答案乃完整真確, 且無誤導成分, 並作為擬簽發的保單的根據及屬於保單的一部分。貴公司如發現此申請之陳述及答案有失實之處或有任何主要的事實沒有透露, 貴公司有權取消或重新簽發經修改之保單;
- I/We shall disclose to the Company any change in my/our health or insurability after signing the application until I/we receive the policy; in the event of a change, I/we shall disclose the change to the Company as soon as possible.

在本人 / 吾等簽署本申請書後直至本人 / 吾等收到保單前, 本人 / 吾等必須向貴公司透露本人 / 吾等的健康狀況或可保權益的任何改變;
- I/We fully understand that an exit charge(s) or equivalent may be deducted from the policy in the event of early surrender, withdrawal, or suspension of or reduction in 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 premium paid under the policy as more fully described in the relevant Product Brochure.

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, 或暫停保費或減少保費等而從保單中扣除。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, 而此等情況於主要推銷刊物中有較詳細載述。
- 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 scheme 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計劃層面及相連投資層面所收取的費用及收費。
- I/We confirm that: (a) if I/we have selected to pay regular premium under the policy, I/we have the ability to make such payments throughout the premium payment term; 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 / 吾等選擇以定期付款模式繳交本保單的保費, 本人 / 吾等在整個付款年期均有能力繳付有關定期保費; 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。
- I/We fully understand that if the policy is expressed to be for the benefit of or purporting to confer a benefit upon my/our spouse or child(ren), or if my/our spouse or child(ren) are named as the beneficiary(ies) of the policy, the policy may be subject to application of the Married Persons Status Ordinance (Chapter 182 of the Laws of Hong Kong) (“MPSO”). In such circumstances, the money payable under the policy may not be able to be used to repay my/our debts. As a result, I/we may not be able to use or effect any assignment of the policy as collateral for any of my/our debts;

本人 / 吾等完全明白, 若本保單表明讓本人 / 吾等的配偶或子女受益或擬以賦予利益予本人 / 吾等的配偶或子女, 或本保單上將本人 / 吾等的配偶或子女列為受益人, 本保單可能須符合香港法例第 182 章《已婚者地位條例》的規定所監管。在該等情況下, 本保單下應付的款項可能不可用於償還本人 / 吾等的債項。因此, 本人 / 吾等可能不可使用或轉讓本保單作為本人 / 吾等債項的抵押品。

9. Declaration and Signature 聲明及簽署

I/WE HEREBY DECLARE that I am/we are not a U.S. citizen / resident or a U.S. person for purpose of U.S. federal income tax* and that, I am / we are not acting for, or on behalf of a U.S. citizen / resident or a U.S. person for purpose of U.S. federal income tax.

本人 / 吾等謹此聲明在美國聯邦薪俸稅 * 意義上，本人 / 吾等並非美國人或美國公民 / 居民或代表美國人或美國公民 / 居民而行事。

Note:

注意：

* **A U.S. citizen or U.S. person is subject to the U.S. federal income tax if:**

* **為須繳納美國聯邦所得稅的美國公民或美國人士指：**

- (a) I am / we are U.S. citizen(s) or U.S. person(s) who reside outside of the United States;
本人 / 吾等為身居美國境外的美國公民或美國人士；
- (b) I / we hold multiple citizenships, one of which is U.S. citizenship;
本人 / 吾等持有多重國籍而其中一種為美國國籍；
- (c) I was /we were born in the United States (or a U.S. territory) and have not legally surrendered my / our U.S. citizenship (and I / we have not provided the Company with adequate explanation for loss of my / our U.S. citizenship or failure to acquire U.S. citizenship at birth);
本人 / 吾等於美國或美國領地出生且並無按照法律程序放棄本人 / 吾等的美國國籍，亦並無向公司就失去美國公民身份或未有基於美國出生取得美國公民身份提供充分解釋；
- (d) I am / we are a corporation or partnership created, organised in or under the laws of the United States;
本人 / 吾等為在美國或根據美國法律設立、組織的公司或合夥人；
- (e) I / we have been issued U.S. alien registration card as lawful permanent resident(s) of the United States by the U.S. Citizenship and Immigration Service ("USCIS"), irrespective of the expiration date and whether such expiration date has passed as of the date I / we sign and complete this application, unless my / our permanent resident card(s) have been officially abandoned, revoked, or relinquished as of the date I / we sign and complete this application; or
本人 / 吾等已獲美國公民及移民服務局（「美國移民局」）簽發美國外國人登記卡成為合法美國永久居民而不論其屆滿日期亦不論該屆滿日期是早於本人 / 吾等簽署及填妥本申請書當日，除非本人 / 吾等的永久居民卡於本人 / 吾等簽署及填妥本申請書當日已正式被中止、撤銷或放棄；或
- (f) I am / we are a U.S. domestic trust in respect of which: (i)(1) a court within the United States is able to exercise primary supervision over the administration of the trust, and (2) one or more U.S. persons have the authority to exercise primary supervision over the administration of the trust; or (ii) the trust has a valid election in effect to be treated as a U.S. person for U.S. federal income tax purposes.
本人 / 吾等為美國境內信託而 (i)(1) 美國法庭對該信託的管理可行使主要監管權，且 (2) 一名或多名美國人士對該信託的管理可行使主要監管權；或 (ii) 該信託已作出具效力的選擇以至被視為須繳納美國聯邦所得稅納稅的美國人士。

I/WE HEREBY DECLARE that the financial adviser/broker has conducted an interview with me/us and has read my/our declaration as stated below, and that:

本人 / 吾等聲明理財顧問 / 經紀已經與本人 / 吾等會面及向本人 / 吾等閱讀以下聲明，本人 / 吾等現作出該聲明如下：

- Unless otherwise indicated below, I/we are making this application on my/our own account and own risk in my/our personal capacity and is not acting as a nominee, trustee, or agent for any other person or entity;
除非另作說明，本人 / 吾等純粹為自己作出此申請，並願意承擔其風險。另本人 / 吾等並非以其他人士或實體之代名人、受托人或代理人的身份作出此申請。

OR 或

- I/We are acting in a capacity other than my/our personal capacity, and am acting in the capacity of a nominee/trustee/agent for and on behalf of [redacted]; and
本人 / 吾等並非以個人身份，而以代名人 / 受托人 / 代理人的身份代表 [redacted] 作出此申請；及
- I/We have correctly provided my/our nationality, citizenship and resident status to the agent/broker; and
本人 / 吾等已向保險代理 / 經紀正確地提供本人 / 吾等的國籍、公民身份和居留狀況；及
- I/We have never pleaded guilty to, or been found guilty of any criminal offence, nor am I/are we and my/our immediate family members currently the subject of any criminal investigation or inquiry; and
本人 / 吾等以往從未曾就任何刑事罪行作出認罪的答辯或被裁定有罪，另本人 / 吾等及其直系親屬現時亦並不是任何刑事調查或查詢的對象；及
- I am/We and my/our immediate family members are not a politically exposed person, in the sense that I am/we and my/our immediate family members are not or have not been entrusted with prominent public function(s) in Hong Kong or outside Hong Kong, such as heads of state and/or government, senior politicians, senior government, senior judicial or military officials, senior executives of stated owned corporations and important political party officials, as defined at clause 6.6.5.1 of the Guidance Note on Prevention of Money Laundering and Terrorist Financing issued by the Office of the Commissioner of Insurance in October 2010 (or in any subsequent superseding Hong Kong regulatory provision).
本人 / 吾等及其直系親屬成員並不是政治人物，意指按保險業監理處於 2010 年 10 月發出的《防止洗黑錢及恐怖分子的籌資活動指引》第 6.6.5.1 條款（或任何其後取代該條款的香港監管條文）所定義本人 / 吾等及其直系親屬成員在香港或香港以外地方，並沒有在目前及以往曾經擔任重要公職的人士，例如國家及 / 或政府機關元首、資深政治家、高級政府官員、高級司法人員或高級軍官、國營機構高級行政人員及重要政黨人員等。

I/We declare that I/we will inform the financial adviser or the Company if there is any change of information provided in this Application and/ or if there is any place(s) of this Part not representing my own case before or after the policy is issued. If this happens, I am/we are obliged to supply further information as required by the Company for assessment.

本人 / 吾等聲明本人 / 吾等如在保單簽發前後本聲明書內提供的資料有任何更改及 / 或本部分的任何地方並不反映自己的情況，本人 / 吾等會通知理財顧問或貴公司。介時本人 / 吾等亦須向貴公司提交所需其他資料以供評估。

9. Declaration and Signature 聲明及簽署

I/We HEREBY AUTHORISE that:

本人 / 吾等特此授權：

Any licensed physician, medical practitioner, hospital, clinic or other medically related facility, insurance company, the Federation or other organization, institution or person, that has any record or knowledge of me/us or my/our health, to give to the Company, its reinsurers and authorised representatives any such information for the purpose of assessment of this application or subsequent assessment of any insurance claim under this policy that may be issued pursuant to this application, and such authorisation shall survive me. To avoid any uncertainty, this authorisation shall bind all my/our successors, assignees, executors and administrators and shall remain valid notwithstanding my/our death or incapacity (including but not limited to mental incapacity). A photocopy of this authorisation shall be as valid as the original.

擁有本人 / 吾等任何資料或本人 / 吾等健康記錄之任何註冊醫生、醫療從業員、醫院、診所或其他有關醫療機構、保險公司、聯會或其他組織、機構或個人，向貴公司、其再保險公司及其授權代表提供相關資料，作為評估此申請書或日後評估根據此申請書所簽發之保單之任何索償之用；該授權將在本人 / 吾等去世後繼續生效。為免產生任何疑問，本授權書對本人 / 吾等之繼承人、受讓人、遺囑執行人及遺產管理人均具有約束力。即使本人 / 吾等死亡或無行為能力（包括但不限於精神上無行為能力），本授權書仍具效力。此授權書影印副本跟正本同樣有效。

The Company or any of its appointed medical examiners or laboratories may perform the necessary medical assessment and tests to underwrite and evaluate the health status of myself/ourselves in relation to this application and any claim arising thereafter.

貴公司或貴公司任何指定的醫學檢驗人員或實驗室可執行必要的醫學評估和測驗，以核保及評定本人 / 吾等關於本申請的健康狀況及日後提出的任何索償。

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 / 吾等在簽署本申請書前已細閱以下的《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（不論是透過本申請書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。

Personal Information Collection Statement 個人資料收集聲明

1. Throughout this Personal Information Collection Statement (this "Statement" or "PIC Statement") and the Foreign Tax Reporting and Withholding Obligations Statement (the "Tax Obligations Statement"), certain words and phrases have defined meanings as follows: 本個人資料收集聲明(「本聲明」或「個人資料收集聲明」)及外地稅務呈報/稅務責任聲明(「稅務責任聲明」)中,若干詞彙的定義如下:

- "Company"
「公司」 means Heng An Standard Life (Asia) Limited;
指 恒安標準人壽(亞洲)有限公司;
- "Company's group"
「公司集團」 means Heng An Standard Life Insurance Company Limited registered in People's Republic of China (registered number 120000400008883) having its registered office at 18F, Tower II, The Exchange, 189 Nanjing Road, Heping District, Tianjin, People's Republic of China, 300051 together with its subsidiaries (including but not limited to the Company), subsidiary undertakings and associated companies (whether direct or indirect) from time to time and a "member of the Company's group" shall be construed accordingly;
指 根據公司法於中華人民共和國註冊的恒安標準人壽保險有限公司(註冊編號為120000400008883),註冊辦事處位於中國天津市和平區南京路189號津滙廣場2座18層(郵編300051)及其不時直接或間接擁有的子公司(包括但不限於本公司)、附屬公司與關聯公司,「公司集團旗下公司」亦按此詮釋;
- "Company's affiliates"
「公司聯屬公司」 means any of the Company's affiliates within the Company's group;
指 任何屬公司集團內的聯屬公司;
- "Consenting Person"
「同意人士」 means each of the following:
指 每位以下人士:
(a) the policy owner;
保單持有人;
(b) each person who has beneficial ownership of the Policy;
每位享有保單實益擁有權的人士;
(c) each person who is entitled to access the Policy's value (for example, through withdrawal, surrender, policy claim, benefit payment or otherwise), change a Beneficiary, or claim or receive a benefit payment or any person who is entitled to a future benefit under the Policy, including without limitation any policy claimant, assignee and nominated Beneficiary under the Policy; and
有權透過提款、退保、保單索償、收取利益等方法取用保單價值,更改受益人,索取或接受收取利益的人士,或根據保單每位日後享有收取利益權利的人士,包括但不限於任何保單索償人、保單持受人及訂明的受益人;及
(d) each person who is entitled to receive a payment (such as a policy claimant, policy claimant and nominated Beneficiary) when an obligation to make any payment under the Policy arises or becomes fixed.
當有責任根據保單付款或確定該責任時每位有權接受收取利益的人士(包括保單索償人及指定的受益人)。
- "Compliance Obligations"
「合規責任」 means obligations of the Company or of any other members of the Company's group to comply with:
指 我們或公司集團任何成員須遵守以下規定的責任:
(a) any applicable local or foreign law, ordinance, regulation, demand, guidance, rules, codes of practice, whether or not relating to an intergovernmental agreement between the governments or regulatory authorities of two or more jurisdictions; and
任何適用的本地或外國法律、法令、規定、要求、指引、條例和守則而不論是否有關兩個或以上司法管轄區的政府之間或監管機構之間的協議;及
(b) any agreement between the Company (or that of any other member of the Company's group, as the case may be) and any government or taxation authority in any jurisdiction.
我們或公司集團其他成員(視情況而定)與任何司法管轄區的政府或稅務當局之間的協議。
- "Customer"
「客戶」 means a person:
指
(a) who is treated generally as a customer by the Company, whether the person is:
被公司一般當作客戶的人士,不論該人士為:
(i) a policy owner, proposed policy owner, policy assignee, life insured, proposed life insured, party under a trust, payer of insurance premium, beneficiary, payee of insurance benefits, or financial adviser in respect of a product or service of the Company; or
公司產品或服務下的保單持有人、準保單持有人、保單受讓人、受保人、準受保人,信託下的當事人,保費支付人、受益人、保險金受款人或理財顧問;或
(ii) a director, shareholder, officer, or manager of a corporate applicant for insurance or corporate policy owner in respect of a product or service of the Company; and
正在申請或已是公司產品或服務的公司投保人或公司保單持有人之董事、股東、主管或經理;及
(b) who has provided personal data to the Company and therefore became data subject of the Company;
曾向公司提供個人資料而成為我們資料當事人的人士;
- "data subject"
「資料當事人」 means, in relation to personal data, the individual (not being a corporate person) who is the subject of the data, and all such individuals as a whole shall be referred to as "data subjects";
指 就個人資料而言,屬該資料的當事人的個人(並非法人),而所有該等個人統稱為「資料當事人」;
- "Hong Kong"
「香港」 means the Hong Kong Special Administrative Region of the People's Republic of China;
指 中華人民共和國香港特別行政區;
- "PDPO"
「私隱條例」 means the Personal Data (Privacy) Ordinance, Chapter 486 of the Laws of Hong Kong;
指 香港法例第486章之《個人資料(私隱)條例》;
- "personal data"
「個人資料」 means (as defined in the PDPO) any data:
指 於私隱條例中符合以下說明的任何資料:
(a) relating directly or indirectly to a living individual;
直接或間接與一名在世的個人有關的;
(b) from which it is practicable for the identity of the individual to be directly or indirectly ascertained; and
從該資料直接或間接地確定有關的個人的身份是切實可行的;及
(c) in a form in which access to or processing of the data is practicable.
該資料的存在形式令予以查閱及處理均是切實可行的。

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- “Personal Information”
「個人資料」
- in respect of a Consenting Person, means:
有關同意人士的個人資料指：
- (a) where the Consenting Person is an individual, his/her full name, date and place of birth, residential address, mailing address, contact information (including telephone number), and any taxpayer identification number, social security number, citizenships, residency(ies) and tax residency(ies);
倘同意人士為個人，即其全名、出生日期及地點、居住地址、郵寄地址、聯絡資料(包括電話號碼)，及任何納稅人識別編號、社會保障號碼、公民身分、居住地及稅務上的常駐國家；
- (b) where the Consenting Person is a corporate/entity, its date and place of incorporation or formation, registered address, address of place of business, tax identification number, tax status, tax residency, registered address, address of place of business or (if applicable) such information as the Company may reasonably require regarding each of its substantial shareholders and controlling persons.
倘同意人士為公司/機構，即其註冊或成立日期及地點、註冊地址、營業地址、稅務識別編號、稅務狀況、稅務上的常駐國家或(倘適用)我們合理要求的主要股東及控權人士資料。
- “Policy Information”
「保單資料」
- means any information relating to the Policy including without limitation the Policy number, Policy balance or value, gross receipts, withdrawals and payments from the Policy.
指有關保單的任何資料，包括但不限於保單編號、保單結餘或價值、總收入、從保單提取及支付的款項。
- “Tax Information”
「稅務資料」
- in respect of a Consenting Person, means:
有關同意人士的稅務資料指：
- (a) any documentation or information (and accompanying statements, waivers and consents as the Company may from time to time require or the Consenting Person may from time to time give) relating, directly or indirectly, to the tax status of the Consenting Person;
與同意人士稅務狀況直接或間接有關的文件或資料，以及我們不時要求或同意人士不時提供的隨附陳述、放棄及同意文件；
- (b) Personal Information of the Consenting Person; and
同意人士的個人資料；及
- (c) Policy Information.
保單資料。
2. Nothing in this Statement shall limit the right of Customers as a data subject under the PDPO.
本聲明並不局限客戶作為資料當事人根據私隱條例所享有的權利。
3. From time to time, personal data of Customers are (or will be) collected by or on behalf of the Company to enable it to carry on its day-to-day business and to provide services to Customers. **Failure to obtain personal data from Customers may result in the Company being unable to process an insurance application or to provide after-sales services to the Customer.**
為使公司能進行其日常業務及向客戶提供服務，客戶的個人資料會不時由公司收集或由他人代為收集。**若公司未能向客戶取得個人資料，則便可能導致公司無法處理投保申請或無法向客戶提供售後服務。**
4. Personal data of Customers held by the Company will generally be kept confidential, but the Company may provide, disclose or transfer these personal data to the following persons (whether they are in or outside Hong Kong) for one or more of the purposes set out in paragraph 5 below:
由公司持有的客戶個人資料一般會被保密，惟公司有可能會向以下人士(不論是在香港境內或境外)提供、披露或轉交該等個人資料以便達到下文第5段中所述及的一個或多個目的：
- (a) any reinsurance company to whom any part of the Company's business is ceded;
任何承保公司業務之任何部分的再保公司；
- (b) any financial institution or financial service provider who is in a position to process the payment of, or handle the payment instruction or authorisation of any monies to or by the Customer;
任何處於適當崗位可處理向客戶支付或收取款項，或可執行向客戶支付或收取款項之付款指示或授權的金融機構或金融服務機構；
- (c) any healthcare service provider who is engaged to carry out medical assessment on the health of a Customer which will affect the Company's decision on processing an insurance application or a claim;
任何受聘負責檢驗客戶健康狀況而該檢驗結果會影響公司處理投保申請或索償決定的醫療服務機構；
- (d) any professional adviser or service provider who is engaged to provide independent advice or service in a specialised area to the Company and/or the Company's affiliates;
任何受聘向公司及/或公司聯屬公司提供獨立意見或專門範疇服務的專業顧問或服務機構；
- (e) any person in connection with any claims made by the Customer or otherwise involving the Customer in respect of any products and/or services provided by the Company or the Company's affiliates, including any claims investigation agency;
任何就公司或公司聯屬公司產品及/或服務與客戶提出索償(或以別的形式被涉及客戶)有關的人士，包括任何索償調查機構；
- (f) any person to whom the Company and/or the Company's affiliates are under an obligation to make disclosure under any Compliance Obligations or the requirements of any present or future laws, rules, regulations, codes, treaties or guidelines binding or enforceable on them, including any regulators, government authorities, international organisations or alliances, courts, adjudicators, and/or any industry bodies, associations or federations;
任何公司及/或公司聯屬公司根據所須遵守的任何合規責任或現有或未來法例、規則、法規、守則、條約或指引而對其有披露責任的人士，包括任何監管機構、政府部門、國際組織或聯盟、法院、裁判機構及/或任何行業團體、協會或聯會；
- (g) any insurance intermediary authorised by the Company and/or the Company's affiliates to promote, sell, or provide after-sales services in relation to, any of the products and services of the Company and/or the Company's affiliates;
任何獲公司及/或公司聯屬公司授權以進行推廣或銷售公司及/或公司聯屬公司任何產品及服務，或就有關產品及服務提供售後服務的保險中介機構；
- (h) any actual or proposed assignee of the Customer's insurance policy issued by the Company and/or the Company's affiliates;
任何獲發公司及/或公司聯屬公司簽發保單的客戶之實際或準受讓人；
- (i) any actual or proposed purchaser of parts or all of the Company's business and/or those of the Company's group together with its advisers in the transaction;
任何公司及/或公司集團部分或全部業務的實際或準買家，及其交易顧問；
- (j) any agent, contractor or external service provider who is engaged to provide administrative, audit, data processing, document managing, mailing, printing, payment, storage, technology, telecommunication, or other services to the Company and/or the Company's affiliates in connection with the daily operation of their respective businesses;
任何受聘向公司及/或公司聯屬公司就其日常之營運提供行政、審計、資料處理、文檔管理、郵遞、印刷、付款、儲存、技術、電訊，或其他服務的代理商、承包商或外界服務供應商；
- (k) any external service provider who is engaged to provide any service which will enhance or add value to the overall experience of the Customer in enjoying the products and/or service of the Company and/or the Company's affiliates;
任何受聘向客戶提供讓其對公司及/或公司聯屬公司產品及/或服務更為滿意或享有提升服務的外界服務機構；
- (l) any research agent or service provider who is engaged to carry out any market surveys or studies;
任何受聘進行市場調查或研究的調查代理或服務供應商；
- (m) any of the Company's affiliates; and
任何公司聯屬公司；及

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- (n) any person described in paragraph 7(d) below for the purpose of direct marketing, in case the Customer has given consent for using personal data in relation to such purpose.
任何在客戶同意讓其個人資料被用作直接促銷用途的前提下，於下文第 7(d) 段所述的人士。
5. The purpose(s) for which the personal data of Customers may be used will vary depending on the circumstances and their context of collection, but the purposes perceived by the Company will include the following:
客戶個人資料的用途會因不同情況及收集的背景有異，惟公司屬意用途將包括：
- (a) to offer a quotation for insurance to a Customer, and to assess, evaluate (including the merits and/or suitability of a product or service to a Customer), process, approve and/or underwrite an insurance application, a claim and/or service request from a Customer arising from the application or thereafter;
提供投保報價予客戶，以及評估、衡量（包括產品及 / 或服務是否有利於及 / 或適合客戶）、處理、批准及 / 或受理客戶的投保申請、索償及 / 或源於客戶投保申請或其後的服務要求；
 - (b) to provide subsequent or ongoing services to a Customer in relation to an insurance application or policy;
提供有關投保申請或保單的跟進或持續服務予客戶；
 - (c) to carry out matching procedures as defined in the PDPO;
執行私隱條例中界定的核對程序；
 - (d) to carry out credit assessments on Customers whose credit worthiness is under regular or special review;
進行客戶信用評估，不論該評估為定期或特別審查；
 - (e) to carry out surveys for gathering Customer opinion and/or statistical analysis on Customer's behavior or mentality;
進行調查以收集客戶意見及 / 或作出客戶行為或心態的統計分析；
 - (f) to process a payment or a Customer's payment instructions and/or direct debit authorisations;
處理付款或執行客戶的付款指示及 / 或直接付款授權；
 - (g) to determine any amount of indebtedness owing to or from a Customer;
確定欠付客戶或客戶欠付的任何款項；
 - (h) to verify a Customer's identity in accordance with any compliance procedures, including those intended to combat terrorist financing, fraud and/or money laundering or otherwise for the purpose of ensuring the Company's Group's Compliance with the Compliance Obligations;
按任何合規程序驗證客戶的身份，包括旨在打擊恐怖活動融資、欺詐及 / 或洗黑錢活動的程序或在其他情況下用以確保公司集團依從合規責任的程序；
 - (i) to maintain an update database of personal data of Customers;
設立及更新客戶個人資料的數據庫；
 - (j) to facilitate research or design of insurance or other related financial services and/or products which may be suitable for Customers;
促進研究或設計可能適合客戶的保險或其他相關金融服務及 / 或產品；
 - (k) to enforce a Customer's obligations in respect of an insurance application or policy;
執行客戶在投保申請或保單下的責任；
 - (l) to enable an actual or proposed assignee of the Customer's insurance policy, or an actual or proposed purchaser of the Company's business, to evaluate the transaction intended to be the subject of the assignment or purchase;
協助客戶保單的實際或準受讓人或公司業務的實際或準買家，以評估在有關轉讓或買賣交易下的事宜；
 - (m) to fulfill the disclosure requirements of any Compliance Obligations, laws, legislation, regulations, codes or guidelines as may in present or future and from time to time be applicable to the Company and/or the persons as listed in paragraph 4 above to whom the Company had transferred personal data of the Customer;
遵守現時或將來不時適用於公司及 / 或上文第 4 段所列從公司手上取得客戶個人資料之人士的任何合規責任、法例、法規、規章、守則或指引底下的披露規定；
 - (n) to enable the Company to carry on its normal business and day-to-day operations and to meet its liquidity and solvency requirements according to law;
令公司能繼續經營其正常業務及日常運作，以及符合有關法例對流動資金及償付能力的規定；
 - (o) to procure any service which will enhance or add value to a Customer's enjoyment of the products and/or service of the Company and/or the Company's affiliates;
取得任何讓客戶對公司及 / 或公司聯屬公司產品及 / 或服務更為滿意或享有額外價值的服務；
 - (p) to exercise the Company's rights as more particularly provided in the insurance policy, including the right of subrogation;
行使公司在保單中列明的權利，包括代位權；
 - (q) to comply with any obligations, requirements, policies, procedures, directives, or guidelines in respect of sharing data and information within the Company's group and/or any other use of data and information in accordance with group-wide compliance procedures; and/or
遵守公司集團內對共享數據與資料，及 / 或根據集團通用的合規程序將數據與資料用作其他用途的相關責任、規定、政策、程序、指令或指引；及 / 或
 - (r) to market the service, product and/or subject as further described in paragraph 7 below.
推廣下文第 7 段所詳述的服務、產品及 / 或事項。
6. 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"), financial institutions are required to identify account holders (including certain policy owners and beneficiaries) and controlling persons of certain entity policyholders who are reportable foreign tax residents and report their Tax Information (including but not limited to their name, address, jurisdiction(s) of tax residence, tax identification number in that jurisdiction(s), account balance and income information) to the local tax authority where the financial institution operates or directly to the U.S. Internal Revenue Service. The local tax authority will provide this information to the tax authority of the reportable foreign tax resident's country of tax residence on a regular, annual basis. Without limiting the generality of this Personal Information Collection Statement, the Company will use the Tax Information for the purposes of AEOI and FATCA. The Tax Information may be transmitted by the Company to the Hong Kong Inland Revenue Department or any other relevant domestic or foreign tax authority for transfer to the tax authority of another jurisdiction. The Tax Information may be transmitted by the Company to the U.S. Internal Revenue Service.
根據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，財務機構須辨別具有須申報外國稅務居民身份的帳戶持有人（包括某些帳戶持有人及保單受益人）和某些實體保單持有人的控權人，並向財務機構營運當地的稅務部門或直接向美國國稅局申報其稅務資料（包括但不限於姓名、地址、稅務居住地、該稅務居住地的稅務編號、帳戶結餘及收入資料）。當地稅務部門將每年定期將上述資料交予須申報外國稅務居民所屬稅務居住地的相關稅務部門。在不限制個人資料收集聲明下，本公司會將收集的稅務資料用於自動交換資料及合規法案。本公司會將稅務資料傳遞給香港稅務局或其他本地或海外稅務部門用於轉交其他司法管轄區的稅務部門。本公司亦可能將稅務資料轉交給美國國稅局。

7. Use of Personal Data in Direct Marketing 使用個人資料作直接促銷用途

The Company intends to use the personal data of Customers for direct marketing purpose and the Company requires their consent (including an indication of no objection) for the purpose. In this connection:
公司擬使用客戶個人資料作直接促銷用途，惟公司的該用途須取得客戶同意（包括其表示不反對）。就此，請留意：

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- (a) the name, contact details (including telephone numbers, mailing addresses and email addresses), gender, date of birth, transaction pattern or behavior, financial background, and demographic data (collectively, "Selected Personal Data") being held by the Company may from time to time be used in direct marketing; and
公司所持有客戶的姓名、聯絡資料 (包括電話號碼、郵寄地址及電郵地址)、性別、出生日期、交易模式及行為、經濟背景及人口統計數據 (統稱「選定個人資料」) 可被不時用作直接促銷用途; 及
- (b) information delivered by post, electronic mails, SMS, telephone calls, and/or other means of communication may be used by the Company in achieving its direct marketing purpose; and
公司可透過以郵寄、電郵、短訊、電話及 / 或其他通訊方式轉遞的資料以達到其直接促銷用途; 及
- (c) the classes of service, product and subject in relation to the Company's direct marketing may include:
有關公司作直接促銷的服務、產品及項目可包括:
- (i) insurance, investment, financial planning, asset and wealth management and related services and/or products;
保險、投資、財務策劃、資產和財富管理及相關服務及 / 或產品;
 - (ii) lucky draw, games, media event and/or seminar; and
抽獎、遊戲、傳媒活動及 / 或講座; 及
 - (iii) reward, loyalty, privilege and/or special-offer programs;
獎勵、長期客戶、優惠及 / 或特惠計劃;
- (d) the classes of service, product and subject described above may be provided or solicited by the Company and/or:
上述服務、產品及項目可能由公司及 / 或下述各方提供或取得:
- (i) any of the Company's affiliates;
任何公司聯屬公司;
 - (ii) third party financial institutions, investment firms, investment advisers and investment service providers; and
第三方金融機構、投資行、投資顧問及投資服務機構; 及
 - (iii) third party providers of reward, loyalty, privilege and/or special-offer programs;
獎勵、長期客戶、優惠及 / 或特惠計劃的第三方提供者;
- (e) in addition to marketing the classes of service, product and subject described above for and by itself, the Company also intends to provide the Selected Personal Data of Customers to all or any of the persons described in paragraph 7(d) above for use by them in marketing those classes of service, product and subject, and the Company requires the consent of those Customers (including an indication of no objection by them) for such purpose; and
除為自己或靠自己直接促銷上述服務、產品及項目外, 公司亦擬提供選定個人資料予上文 7(d) 段所述之全部或任何人士用於其促銷該等服務、產品及項目, 惟公司須取得該等客戶的同意 (包括其表示不反對); 及
- (f) if a Customer does not wish to allow the Company to use or provide to other persons any of his/her Selected Personal Data for direct marketing purpose, the Customer can exercise his/her right of objection and notify the Company.
客戶如欲拒絕公司使用, 或提供選定個人資料予其他人士使用作直接促銷, 可行使反對權並通知公司。**
8. Under and in accordance with the PDPO, a data subject has the following rights:
根據私隱條例, 資料當事人有權:
- (a) to check whether the Company holds data relating to him/her and access to such data;
查證公司是否持有其資料及查閱有關資料;
 - (b) to require the Company to correct any data relating to him/her which is inaccurate; and
要求公司改正有關其本人不準確的任何資料; 及
 - (c) to ascertain the Company's policies and practices in relation to personal data and to be informed of the kind of personal data held by the Company; and
查閱公司有關個人資料的政策及實際程序, 以及了解公司所持個人資料的種類; 及
 - (d) to request the Company not to use his/her data for direct marketing purpose and the Company must then cease the use for that purpose without charge.
免費要求公司不得就直接營銷目的使用其資料, 以及公司隨後必須停止就該用途使用其資料。
9. In accordance with the PDPO, the Company has the right to charge a reasonable fee for processing any data access request.
根據私隱條例, 公司有權就處理任何查閱資料的要求收取合理費用。
10. The requests described above may be made in writing to the Data Protection Officer, Heng An Standard Life (Asia) Limited, 12/F, Lincoln House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong.
上述要求可以書面形式郵寄予恒安標準人壽 (亞洲) 有限公司之資料保護主任, 地址為香港鰂魚涌英皇道 979 號太古坊林肯大廈 12 樓。

11. 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)。

9. Declaration and Signature 聲明及簽署

- (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 11(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 11(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 11(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 11(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 11(a) of the Tax Obligations Statement; or
倘若本人 / 吾等不遵守稅務責任聲明第 11(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 11(a)(iv) or 11(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 11(a)(iv) 段或第 11(b)(iii) 段所述公司的要求; 或
- (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的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:
公司可於任何時間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,
向任何司法權區的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 by 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;
由於公司或公司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, 公司或公司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 11(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 11(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 (and 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 11(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稅務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 11(c)(I) 及 (II) 段所公司權力的行使;
- (vii) the Tax Obligations Statement shall form an integral part of the Policy once this application is accepted by the Company.
一旦申請獲公司接納, 稅務責任聲明即屬保單的一部分。

12. 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. Declaration and Signature 聲明及簽署

Go Green initiative is designed to allow you to receive, after policy issuance, our e-notifications to your latest email address to view the following electronic notices in your customer login account: (1) anniversary statements, (2) investment choices notifications (if applicable), and (3) confirmation for fund switching or re-direction application (if applicable). This service will extend to other notices between you and the Company from time to time. If you choose to receive our e-notifications and view electronic notices, please tick the box below. On our acceptance of your application and issuance of policy to you, we will send an initial password for you to set up your customer login account (if applicable). Once the account is activated, we will send an e-notification to your latest email address to remind you to set up and activate your customer login account to view the electronic notices. For more details of the set up instructions, please visit our Go Green section under our website <https://www.hengansl.com.hk/en/help-and-support/go-green>.

無紙化通訊計劃是讓您在保險保單簽發後接收本公司發送給您最新電郵地址的電子通知，並查閱客戶賬戶內以下的電子通訊：(1) 年度結單、(2) 投資選擇通知（如適用）及 (3) 確認基金轉換或重新調配申請（如適用）。本服務亦將適用於本公司不時向您發出的其他通訊。如您選擇接收電子通知及查閱電子通訊，請勾選下列方格。當本公司完成批核您的保險申請及簽發保單後，本公司會發送一個初次登入密碼給您以登記您的客戶登入賬戶（如適用）。當客戶登入賬戶成功建立後，本公司將向您最新的電郵地址發送電子通知，以提醒您登入客戶登入賬戶查閱上載至賬戶內的電子通訊。有關客戶登入賬戶的登記方式之詳情，請瀏覽我們的網站 <https://www.hengansl.com.hk/tc/help-and-support/go-green> 的「綠色生活」專頁。

I hereby declare and agree to receive any e-notifications to be given to me by any electronic communication means as per my latest contact information as notified to Heng An Standard Life (Asia) Limited.

我特此聲明並同意恒安標準人壽（亞洲）有限公司根據我告知貴公司之最近相關聯繫資料，通過任何電子通訊方式發送電子通知給我。

I/WE HEREBY DECLARE that in relation to the Company's intended use of my/our personal data in direct marketing as explained in paragraph 7 of the PIC Statement, I/we understand that I/we may indicate my/our objection to such use by checking the tick-box provided below. Unless I/we have done so, it shall be my/our intention to give consent to the Company to such use and the signature(s) given by me/us at the end of this Part 8 shall be deemed good evidence of our consent.

本人 / 吾等謹此聲明，有關恒安標準人壽（亞洲）有限公司（「貴公司」）擬將本人 / 吾等的個人資料用作個人資料收集聲明中第 7 段所述的直接促銷用途，本人 / 吾等明白本人 / 吾等可剔選以下空格表示反對。除非本人 / 吾等有作出如此表示，否則本人 / 吾等的意願將可被視為是同意貴公司將本人 / 吾等的個人資料用作所描述的直接促銷用途，而本人 / 吾等在本申請書第八部分末的簽字將可被視為是表示同意的確據。

I/WE OBJECT to the use of my/our personal data for direct marketing purpose
本人 / 吾等反對本人 / 吾等的個人資料用作直接促銷用途

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 PDPO, 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 above. 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上文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。

I/WE HEREBY ACKNOWLEDGE that I/we have been given reasonable opportunity to seek independent advice (whether of the legal, financial or other nature) in relation to this application form and the declarations above prior to the submission of this application form.

本人 / 吾等確認，本人 / 吾等在遞交本申請書前已被給予充分機會就本申請書及上述聲明徵求獨立法律、財務或其他性質的意見。

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 / 吾等購買及接受其緒發的保單，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。

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。

Cancellation Rights and Refund of Premium(s) within Cooling-off Period 冷靜期內取消保單的權利及退還保費

I/We understand that I/we have the right to cancel this policy and obtain a refund of any premium(s) paid without interest, provided no claim has been made under this Policy, by giving a written notice to the Company. I/We understand that to exercise this right, the notice of cancellation must be signed by me/us and received directly by the Company at 12/F, Lincoln House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong within the Cooling-off Period. I/We understand that the Cooling-off Period is the period of 21 calendar days immediately following either the day of delivery of the policy or the Cooling-off Notice to me/us or my/our nominated representative (whichever is earlier). I/We understand that the Cooling-off Notice is a notice that will be sent to me/us or my/our nominated representative by the Company to notify me/us of the Cooling-off Period around the time the policy is delivered.

本人 / 吾等明白本人 / 吾等有權以書面通知要求貴公司取消保單並獲退還不帶利息的所有已繳保費，前提是未就本保單提出任何索賠。本人 / 吾等明白為行使這項權利，該取消保單的通知必須由本人 / 吾等簽署並由貴公司在香港鰂魚涌英皇道 979 號太古坊林肯大廈 12 樓於冷靜期內直接收到。本人 / 吾等明白冷靜期為緊接保單或冷靜期通知書交付予本人 / 吾等或本人 / 吾等的指定代表之日起計的 21 個曆日的期間（以較早者為準）。本人 / 吾等明白冷靜期通知書是由貴公司在交付保單時致予本人 / 吾等或本人 / 吾等的指定代表的一份通知書，以就冷靜期一事通知本人 / 吾等。

Signature of Proposed Policy Owner
準保單持有人簽署

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

Signature of Proposed Life Insured (if other than the Proposed Policy Owner)
準保單受保人簽署 (如與準保單持有人不同)

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

10. Introducing Insurance Intermediary 保險中介人

Declaration of financial adviser / witness 理財顧問 / 見證人聲明

1. I certify that I have seen and verified the contents of the original identification documents provided in this application.
本人謹此證實已細閱及核對本申請書內所提供有關文件正本之內容。
2. I confirm that I have explained to the Proposed Policy Owner(s) the requirement and the effect of other documents or declarations completed or provided by the Proposed Policy Owner(s) as required for this application (together, the "Associated Documents").
本人確認，本人已向準保單持有人說明按此申請須完成或提交的文件或聲明（合稱「相關文件」）之要求和影響。
3. I also confirm that I have taken reasonable steps to ensure that the funding is legitimate, and where sourced from the Proposed Policy Owner's earnings are in line with the Proposed Policy Owner's income.
本人並確認已採取合理之行動，以確保資金合法來源，以及在資金來自準保單持有人收入之情況下與準保單持有人之收入相符。
4. I further confirm that I have explained to the Proposed Policy Owner(s) the contents of his/her/their declaration under the heading Declaration and Signature in a language of the Proposed Policy Owner's/Owners' choice. I also confirm that he/she is/they are, in my opinion, respectable and trustworthy and that the provision of my services may be extended to him/her/them. Consequently, I would have no hesitation in recommending him/her/them to Heng An Standard Life (Asia) Limited as a client.
本人亦確認本人已採用準保單持有人選擇之語言向其完整地解釋標題為《聲明及簽署》部份其聲明的內容。本人亦確認按本人意見他 / 她 / 他們均具有良好名聲及值得信任以至本人樂意向他 / 她 / 他們提供服務。因此本人將毫不猶豫地推薦他 / 她 / 他們作為客戶予恒安標準人壽（亞洲）有限公司。
5. I declare that to the best of my knowledge, all the information provided with this application is true and complete and that I will provide further information if required.
本人謹此聲明，就本人所知，本申請書內提供的資料均屬全部事實，而本人會應要求提供進一步資料。
6. I enclose the application and the related documents (including the Associated Documents) duly completed in original or certified form, and confirm that the signature(s) contained in the application and the related documents are those of the Proposed Policy Owner(s) and Proposed Life Insured(s).
本人附上已填妥之申請書及有關文件（包括相關文件）之正本或核證本，並確認此申請書及有關文件上之署名乃準保單持有人及準保單受保人所簽署。

Signature of financial adviser / witness 理財顧問 / 見證人簽署

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

Name of financial adviser / witness (Full Name in printed form)
理財顧問 / 見證人姓名 (請以正楷填寫)

Licence No. 牌照號碼

Company Name and Stamp 公司名稱及蓋章

Licence No. 牌照號碼

Check List 檢查表

In order to complete the underwriting process effectively, please provide the following documents and information with the application and tick alongside all the following boxes when completed.

為使批核程序順利完成，請連同以下文件及資料，與申請書一併提供，以及在完成後於下列空格內填上『✓』號。

- 1) Part 1 – Personal Details of Proposed Policy Owner and Proposed Life Insured (if applicable, please complete Part 5 – Personal Details of Beneficial Owner)
第一部份 – 準保單持有人及準保單受保人 (如適用，請填寫第五部份 - 最終實益擁有人資料) 之個人資料
- 2) Part 2 – Plan Details
第二部份 – 計劃資料
- 3) Part 3 – Beneficiary
第三部份 – 受益人之資料
- 4) Part 4 – Source of Wealth
第四部份 – 財富來源
- 5) Part 5 – Personal Details of Beneficial Owner
第五部份 – 最終實益擁有人之個人資料
- 6) Part 6 – Policy Replacement and duly signed by the Proposed Policy Owner
第六部份 – 轉保，須由準保單持有人簽署
- 7) Part 7 – General Information and Insurance History
第七部份 – 一般資料及投保記錄
- 8) Part 8 – Health Statement Declaration and duly completed by the Proposed Policy Owner and Proposed Life Insured
第八部份 – 健康資料聲明，須由準保單持有人及準保單受保人填寫
- 9) Part 9 – Declaration and Signature and duly signed by the Proposed Policy Owner and Proposed Life Insured
第九部份 – 聲明及簽署，須由準保單持有人及準保單受保人簽署
- 10) Part 10 – Introducing Insurance Intermediary with the Technical Representative Licence Number of the financial adviser and Broker's company stamp
** Note: If the Proposed Policy Owner/ Proposed Life Insured is an insurance intermediary, please ask another insurance intermediary to complete and sign Part 10 of the application form
第十部份 – 保險中介人，須填寫理財顧問的保險業務代表牌照號碼及保險經紀公司蓋章
** 留意：若準保單持有人 / 準保單受保人為保險中介人，請給予其他保險中介人為申請書之見證及填妥第十部份
- 11) Part 11 – indicating the contribution payment method
第十一部分 – 請選擇適當的付款方式
- 12) Full set of Benefit Illustration Document duly signed by the Proposed Policy Owner's signature for this policy
請遞交整套已由準保單持有人簽署之利益說明文件
- 13) Identification of Proposed Policy Owner, Proposed Life Insured and Beneficial Owner(s):
所有準保單持有人、準保單受保人及實益擁有人之身份證明文件：
 - For HK permanent residents, please submit copy of HKID card ;
若屬香港永久性身分證持有人，請遞交香港身份證之副本；
 - For HK non-permanent residents, please submit copy of (i) HKID card and (ii) valid travel document;
若屬香港非永久性身分證持有人，請遞交 (i) 香港身份證及 (ii) 有效的旅遊證之副本；
 - For non-HK residents, please submit copy of (i) valid travel document and (ii) entry permit showing date of entry to HK at the time of application;
若屬非香港居民，請遞交 (i) 有效的旅遊證件及 (ii) 進入香港的入境許可證之副本
- 14) Duly completed separate "Self-Certification Form"
已單獨填妥的「自我證明表格」
- 15) Copy of original supporting documents submitted (including identification document) must be properly certified by suitable certifier as set out in the Anti-Money Laundering and Counter-Terrorist Financing (Financial Institutions) Ordinance. (Such as authorised HK insurance broker, notary public) The certifier must (i) state that the copy document is a true copy of the original; (ii) sign and date the copy document (printing his/ her name clearly 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) 該文件為原文之副本、(ii) 核證人簽署及日期 (要清楚列明核證人姓名)，與及 (iii) 清楚列明核證人之職位
- 16) Any amendments in the application should be endorsed by Proposed Policy Owner
任何在申請書上之更改必須由準保單持有人加簽
- 17) Application form must be submitted within 30 calendar upon the Proposed Policy Owner signing the application form. For non-HK residents, please refer to the relevant New Business Guideline for submission guide.
申請書必須於準保單持有人簽署後 30 個曆日內遞交。若屬非香港居民，請參考相關新生意提交指引。

11. Payment Method 付款方法

Please refer to the New Business and Underwriting Guideline for the details and guidelines

詳細指引請參閱新業務手冊

For Initial Premium 首期付款

By Personal (Proposed Policy Owner) Cheque 個人 (準保單持有人) 支票	Please make cheque payable to "Heng An Standard Life (Asia) Limited" 抬頭請註明「恒安標準人壽 (亞洲) 有限公司」
By Bank Draft 銀行本票	Please make payment to "Heng An Standard Life (Asia) Limited" Must submit together with the proof that the Proposed Policy Owner is the payer of the bank draft 抬頭請註明「恒安標準人壽 (亞洲) 有限公司」 必須提交證明該銀行本票是由準保單持有人付款
By Bank Transfer 銀行轉帳	Must submit Transaction Advice which shows the bank account number and full name of the account holder in PRINTED format. The name of the account holder shown must be the same as the Proposed Policy Owner. Otherwise, client needs to submit bank statement to show the client's name, bank account number and the transaction details 必須提交印有銀行戶口號碼和戶口持有人全名的交易紀錄存根以作核實轉帳記錄。戶口持有人的名稱必須與準保單持有人相同。否則，客戶需要提交詳細銀行月結單，以顯示該轉帳是由客戶名下的戶口轉帳。

For Recurring Payment 定期繳交付款

By Personal (Proposed Policy Owner) Cheque 個人 (準保單持有人) 支票	Please make cheque payable to "Heng An Standard Life (Asia) Limited" 抬頭請註明「恒安標準人壽 (亞洲) 有限公司」
By Bank Draft 銀行本票	Please make payment to "Heng An Standard Life (Asia) Limited" Must submit together with the proof that the Proposed Policy Owner is the payer of the bank draft 抬頭請註明「恒安標準人壽 (亞洲) 有限公司」 必須提交證明該銀行本票是由準保單持有人付款
By Direct Debit Authorisation 直接付款	Please complete P. 22, "Direct Debit Authorisation" and return to Heng An Standard Life (Asia) Limited 請填寫位於第 22 頁的「直接付款授權書」並交回恒安標準人壽 (亞洲) 有限公司

Name of Party to be credited ("the Company")
收款之一方 (貴公司)Heng An Standard Life (Asia) Limited
恒安標準人壽 (亞洲) 有限公司Bank No.
銀行編號Branch No.
分行編號Account No. to be credited
收款帳戶之號碼

I/We HEREBY AUTHORISE my/our below named Bank to effect transfers from my/our account to that of the Company in accordance with such instructions as my/our Bank may receive from the Company from time to time.

本人 / 吾等謹此授權本人 / 吾等以下所述的銀行，根據貴公司不時給予本人 / 吾等銀行之指示，由本人 / 吾等的戶口進行轉帳至貴公司的戶口。

I/We AGREE that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.

本人 / 吾等同意本人 / 吾等的銀行毋須查明上述的轉帳的通知有否送交本人 / 吾等。

I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s).

本人 / 吾等共同及各自承擔轉帳後可能出現的戶口透支 (或已存透支的增加) 的責任。

I/We AGREE to notify the Company of any change of bank account or cancellation of payment method and further agree that should there be insufficient funds in my/our account to meet any transfer hereby authorised, my/our Bank shall be entitled, at its discretion, not to effect such transfer in which event the Bank may make the usual charge and that it may cancel this authorisation at any time on one week's written notice. This authorisation shall have effect until further notice.

本人 / 吾等同意會通知貴公司任何銀行戶口的變更或取消付款方式，亦同意如本人 / 吾等的帳戶並無足夠款項支付該等授權轉帳，本人 / 吾等的銀行有權不予轉帳，且銀行可收取慣常的收費，並隨時以一星期書面通知取消該授權書。此授權一直生效至另行通知。

I/We AGREE that if no transaction is performed on my/our account under such authorisation for a continuous period of 30 months, the Bank reserves the right to cancel the direct debit arrangement without prior notice to me/us, even though there is no expiry date for the authorisation.

本人 / 吾等同意如本人 / 吾等已設立的直接付款授權書的戶口連續三十個月內未有根據授權而作出過帳的紀錄，銀行保留權利取消直接付款安排而毋須另行通知本人 / 吾等，即使未有註明授權到期日。

I/We AGREE that any notice of cancellation or variation of this authorisation which I/we may give to my/our Bank shall be given at least two working days prior to that date on which such cancellation/variation is to take effect.

本人 / 吾等同意，本人 / 吾等取消或更改本授權書之任何通知，需於取消 / 更改生效日最少兩個工作天前交予本人 / 吾等之銀行。

I/We understand that I/we, if not being the Policy Owner or the Trustee(s), claim no right or title or lien upon the proceeds of below policy(ies).

本人 / 吾等明白本人 / 吾等非保單持有人或信託人，並無任何權利於下列保單或在其他收益上有任何權益。

Please complete all the details shown below:

請填妥以下資料：

Name of Bank and Branch
銀行及分行名稱

Bank No. Branch No. Bank Account No.
銀行編號 分行編號 帳戶號碼

Name(s) of Bank Account Holder(s)
銀行帳戶持有人姓名

HKID / Passport No.
香港身份證 / 護照號碼

Business Registration / Certificate of Incorporation No.
(if Account Holder is a company)
商業登記 / 公司註冊證書號碼 (如帳戶持有人為公司)

Until Further Notice 直至另行通知

Expiry Date
到期日

Signature(s) of Bank Account Holder(s)*
銀行帳戶持有人簽署 *

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

* Please ensure that you sign the form in the usual way you would sign your Bank Account.

* 請留意閣下的簽署式樣必須與閣下銀行帳戶的簽署一致。

For Official Use Only 以下由內部填寫

Debtor's Reference 供款人參考

Signature Verified 簽署確認

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此頁特意留空

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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