



Heng An
Standard Life
恒安標準人壽

Request for Death Benefit Settlement Option Form

身故賠償結算選項申請表

Filling in this form 請填妥下列表格

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

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

Policy Number
保單編號

Name of Policy Owner
保單持有人姓名

Name of Life Insured
受保人姓名

Part I - Death Benefit Settlement Option 第一部份 - 身故賠償結算選項

I / We, the Policy Owner, would like to apply for / change the death benefit settlement option for the above Policy. I / We hereby instruct Heng An Standard Life (Asia) Limited ("the Company") to pay the Death Benefit to the designated Beneficiary(ies) of the above Policy by the death benefit settlement option I / we have selected below.

本人/吾等，作為保單持有人，現就上述保單申請/更改身故賠償結算選項。本人/吾等現指示恒安標準人壽(亞洲)有限公司(「本公司」、「貴公司」)按以下本人/吾等所選擇之身故賠償結算選項發放身故賠償予上述保單內指定之受益人。

I / We agree that once the Company has approved this request, the default / existing death benefit settlement option for the above Policy will be replaced with the death benefit settlement option selected below which will supersede all and any existing Death Benefit choices, elections and records in relation to the above Policy.

本人/吾等同意此次申請一經貴公司批核，上述保單之自動/現有身故賠償結算選項將被以下所選擇之身故賠償結算選項所取代，而該選項將取代與上述保單有關的所有及任何現有身故賠償選項、選擇及紀錄。

Please tick one of the options below 請選擇下列其中一項選項

☐ **Option 1: Lump Sum Payment**
選項 1: 一筆過支付指定金額款項

☐ **Option 2: Annual Instalments**
選項 2: 每年分期支付

Annual Instalment: a percentage of Death Benefit 每年分期金額: 身故賠償之百分比 _____ % (Percentage must be an integer number 百分比必須是整數)

Note 註:

1. This option is only available if the Death Benefit payable under the Policy at the time of payment is not less than US\$50,000 or its equivalent.
此選項只適用於在付款時保單應付的身故賠償不少於五萬美元或其等值的保單。
2. Each instalment must be equal to or more than 5% of the Death Benefit payable under the Policy and with a minimum amount of US\$2,500 (or its equivalent) for each designated Beneficiary.
每期支付金額必須相當於應付保單身故賠償之百分之五或以上，且支付予每名指定受益人之金額最少為二千五百美元(或其等值)。

☐ **Option 3: Lump Sum Payment and Remaining Balance by Annual Instalments**
選項 3: 一筆過支付指定金額款項及每年分期支付餘額

Lump sum amount 一筆過支付指定金額為: _____ (Policy currency 保單幣種)

Annual Instalment: a percentage of Death Benefit 每年分期金額: 身故賠償之百分比 _____ % (Percentage must be an integer number 百分比必須是整數)

Note 註:

1. This option is only available if the Death Benefit payable under the Policy at the time of payment is not less than US\$100,000 or its equivalent.
本選項只適用於在付款時保單應付的身故賠償不少於十萬美元或其等值的保單。
2. The lump sum amount must be equal to or more than 10% of the Death Benefit.
一筆過支付金額必須相當於身故賠償之百分之十或以上。

Part I - Death Benefit Settlement Option 第一部份 - 身故賠償結算選項

☐ Option 4: Annual Instalments until Designated Age of Beneficiary(ies)

選項 4: 每年分期支付至受益人指定年齡

Annual Instalment: a percentage of Death Benefit 每年分期金額: 身故賠償之百分比 _____ % (Percentage must be an integer number 百分比必須是整數)

To designated Beneficiary(ies) age 至指定受益人 _____ 歲

Note 註:

1. This option is only available if the Death Benefit payable under the Policy at the time of payment is not less than US\$50,000 or its equivalent.
此選項只適用於在付款時保單應付的身故賠償不少於五萬美元或其等值的保單。
2. Each instalment must be equal to or more than 5% of the Death Benefit payable under the Policy and with a minimum amount of US\$2,500 (or its equivalent) for each designated Beneficiary.
每期支付金額必須相當於應付保單身故賠償之百分之五或以上，且支付予每名指定受益人之金額最少為二千五百美元(或其等值)。
3. If the Company approves any removal, nomination or change of Beneficiary(ies) after selecting this option, the death benefit settlement option selected will be automatically cancelled and the Death Benefit will be paid in accordance with the policy provisions. If the Policy Owner would like to select a death benefit settlement option again, he / she will be required to submit a new request.
如在選擇此選項後本公司批准任何刪除、新增或更改受益人的申請，身故賠償結算選項將自動取消。而身故賠償將根據保單條款支付。如保單持有人想再次選擇指定身故賠償結算選項，她/他有需要遞交新申請。

☐ Option 5: Increasing Annual Instalments

選項 5: 每年遞增分期支付

Annual Instalment: a percentage of Death Benefit 每年分期金額: 身故賠償之百分比 _____ % (Percentage must be an integer number 百分比必須是整數)

Note 註:

1. This option is only available if the Death Benefit payable under the Policy at the time of payment is not less than US\$50,000 or its equivalent.
此選項只適用於在付款時保單應付的身故賠償不少於五萬美元或其等值的保單。
2. Each instalment must be equal to or more than 5% of the Death Benefit payable under the Policy and with a minimum amount of US\$2,500 (or its equivalent) for each designated Beneficiary.
每期支付金額必須相當於應付保單身故賠償之百分之五或以上，且支付予每名指定受益人之金額最少為二千五百美元(或其等值)。
3. After the first annual instalment, the amount of each subsequent instalment of each year will be paid at a 5% p.a. incremental rate until the Death Benefit is fully paid up.
在支付第一期分期支付後，隨後每年的分期付款金額將以每年百分之五的遞增率支付，直至完全支付完身故賠償為止。

Part II - Terms and Conditions 第二部份 - 條款及細則

- (1) The selection of the death settlement option is only applicable to the specified products determined by the Company from time to time in its sole and absolute discretion. Please contact the Company for details.
身故賠償結算選項之選擇只適用於由本公司不時全權酌情釐定的指定產品。詳情請與本公司聯絡。
- (2) The death benefit settlement option may only be selected by the Policy Owner while the Life Insured is still alive. Except for the Policy Owner, no third party (including, but not limited to, a designated Beneficiary) has the right to apply for or change the death benefit settlement option at any time.
身故賠償結算選項必須於受保人仍在世時由保單持有人選擇。除保單持有人外，任何第三者(包括但並不限於指定受益人)在任何時候均無權申請或更改已選擇之身故賠償結算選項。
- (3) If there is more than one (1) designated Beneficiary under the above Policy, the death benefit settlement option selected by the Policy Owner will apply to all designated Beneficiaries.
如上述保單有多於一(1)個指定受益人，由保單持有人所選定的身故賠償結算選項將適用於所有指定受益人。
- (4) For Option 2 ("Annual Instalments"), Option 3 ("Lump Sum Payment and Remaining Balance by Annual Instalments"), Option 4 ("Annual Instalments till Designated Age of Beneficiaries") and Option 5 ("Increasing Annual Instalments"), the remaining unpaid balance of the Death Benefit will be held by the Company and interest on this amount shall accumulate at a non-guaranteed interest rate to be determined by the Company in its sole and absolute discretion from time to time and until the total amount of Death Benefit has been fully paid. If the remaining balance of the Death Benefit is less than the Company's minimum requirements for each instalment, the Company will pay the remaining balance of the Death Benefit together with accumulated interest (if any) in a lump sum to the designated Beneficiary(ies). Please contact our Customer Service for the latest interest rate.
就選項 2 (「每年分期支付」)、選項 3 (「一筆過支付指定金額款項及每年分期支付餘額」)、選項 4 (「每年分期支付至受益人指定年齡」) 及選項 5 (「每年遞增分期支付」)，尚未支付的身故賠償餘額將由本公司保留，而該款項之利息將按本公司不時全權酌情釐定的非保證利率積存，直至身故賠償總額全數被支付為止。倘若身故賠償餘額少於本公司的每期最低支付金額要求，本公司將以一筆過之方式連同任何累計利息向指定受益人支付身故賠償餘額。請聯繫客戶服務以獲取最新之利率。
- (5) If the Company approves a change of ownership of the Policy, any existing death benefit settlement option selected under the above Policy shall be automatically cancelled without further notice, and the Death Benefit will be paid in accordance with the policy provisions.
If the Policy Owner would like to select a death benefit settlement option again, he / she will be required to submit a new request.
如本公司批准更改保單擁有權，任何上述保單下的身故賠償結算選項將自動取消。而身故賠償將根據保單條款支付，恕不另行通知。如保單持有人想再次選擇指定身故賠償結算選項，她/他有需要遞交新申請。

Part II - Terms and Conditions 第二部份 - 條款及細則

- (6) Death Benefit payments shall be paid to the designated Beneficiary(ies) through the Company's designated payment method. The Company reserves the right to change the date and / or method of payments without notice.
支付身故賠償款項將經本公司指定的付款形式派發予指定受益人。本公司保留更改支付款項之日期及/或方式的權利，恕不另行通知。
- (7) If a designated Beneficiary dies before the end of the payout period, the Company will pay the remaining balance of Death Benefit (as at the designated Beneficiary's date of death) to the estate of the deceased designated Beneficiary in a lump sum upon receipt of satisfactory proof of the designated Beneficiary's death. If there is more than one designated Beneficiary assigned by the Policy Owner, the Company will pay the portion of Death Benefit payment attributable to the deceased designated Beneficiary in a lump sum to their estate and the surviving designated Beneficiary(ies) shall continue to receive their respective portion according to the death settlement option selected by the Policy Owner.
如指定受益人於支付年期完結前身故，本公司將於收到有關已故指定受益人讓人滿意之死亡證明後，向其遺產管理人以一筆過的形式支付身故賠償餘額(以指定受益人身故當日為準)。若保單持有人有超過一名指定受益人，則本公司將向已故指定受益人的遺產管理人以一筆過形式支付該指定受益人應佔的身故賠償部分，而在生的指定受益人將根據保單持有人已選擇的身故賠償結算選項繼續獲得他/她各自應佔的部分。
- (8) The Company has the absolute discretion to impose and / or alter any options, conditions, administrative rules and requirements in respect of the death benefit settlement options from time to time.
本公司有絕對的酌情權不時制定及/或更改任何身故賠償結算選項的選項、條件、行政規定及要求。

Part III - Declaration & Authorization 第三部份 - 聲明及授權

I / WE HEREBY DECLARE AND AGREE that:

本人/吾等謹此聲明及同意：

- (1) Once the Company approves the request to change the death benefit settlement option, the existing death benefit settlement option for the above Policy will automatically be replaced by that death benefit settlement option which will supersede all and any existing Death Benefit choices, elections and records in relation to the above Policy.
此次更改身故賠償結算選項之申請一經貴公司批核，上述保單之現身故賠償結算選項將被該身故賠償結算選項所自動取代，而該選項將取代與上述保單有關的所有及任何現身故賠償選項、選擇及貴公司現有之身故賠償結算選項紀錄。
- (2) This request will not take effect unless all of the following conditions are met:
上述之申請必須符合下列所有條件方能生效：
(i) All required documents are submitted in full;
所有必需的文件皆完整遞交；
(ii) The request is approved by the Company during the lifetime of the Life Insured and the Company has issued written confirmation of such approval;
申請必須在受保人仍在世時，經本公司批准及就該批准發出書面確認通知；
- (3) All the above information, statements and answers to all the questions in this form, whether or not in my / our own handwriting are to the best of my / our knowledge and belief, complete and true;
上述一切資料、陳述及問題的所有答案，無論是否由本人/吾等親手所寫，就本人/吾等所知所信均為事實之全部並確實無訛；
- (4) I / We undertake to update the Company promptly in writing in respect of any change in circumstances or change in the information that I / we have previously provided to the Company in connection with the above Policy or other policies issued by the Company, including any change in any person who is or may be entitled to access the policy value or change the designated Beneficiary(ies) under the Policy including without limitation, any claimant, Beneficiary(ies) and assignee (and the executor, administrator or personal representative of any of the above) (the "Relevant Person") and the Company shall have the right to request the Relevant Person to update the Company in respect of any change or addition to their information, and I/we undertake to provide the Company with an updated self-certification form for such change in circumstances;
本人/吾等承諾及時書面通知貴公司就本人/吾等的情況改變或本人/吾等可能曾向貴公司提供關於上述保單或其他貴公司所發出的保單之資料的更改或補充，包括有權或可能有權獲得保單價值或更改保單受益人的任何人士之任何更改包括但不限於任何索償人、受益人及受讓人(以及任何以上人士之遺囑執行人、遺產管理人或遺產代理人)(「相關人士」)，而貴公司將有權要求相關人士就相關人士的情況改變或資料更改或添加向貴公司提供更新，而本人/吾等承諾向貴公司提供自我證明表格以證明該情況之改變；
- (5) In compliance with the legal and regulatory requirements with respect to U.S. Foreign Account Tax Compliance Act (FATCA) and Automatic Exchange of Financial Account Information (AEOI), the Company has the right to request me / us or any Relevant Person to provide certain information (including but not limited to place of birth, address, telephone number, citizenship, residency and Taxpayer Identification Number (TIN) etc) by completing the relevant form where it is applicable.
以遵守美國海外賬戶稅收合規法案及自動交換財務帳戶資料之相關法律及監管要求，貴公司有權要求本人/吾等或任何相關人士在適當時填寫相關表格以提供特定資料(包括但不限於出生地、住址、電話號碼、公民身份、居籍及稅務編號等)。
- (6) I / We have read the above paragraphs in this "Declaration & Authorizations" section; I / we fully understand the implications of the above paragraphs in this section; our agreement, waiver and confirmations given under the above paragraphs in this section are irrevocable. I / We further agree that the Company shall not be liable for any costs or loss that I/we/the Relevant Person may incur a result of or in connection with the Company taking any of the actions permitted by the above paragraphs.
本人/吾等已經細讀本「聲明及授權」章節的上述段落；本人/吾等完全明白本章節上述段落的含義，亦明白本人/吾等根據本章節上述段落作出的同意、豁免及確認均不可撤銷。本人/吾等進一步同意，對於本人/吾等/相關人士由於貴公司採取上述段落准許的任何行動而招致的任何費用或損失，貴公司概不負責。

Part III - Declaration & Authorization 第三部份 - 聲明及授權

Personal Information Collection Statement 個人資料收集聲明

I / We, the Policy Owner / Assignee / Irrevocable Beneficiary of the above Policy, hereby declare that:
本人/吾等，上述保單之保單持有人/受讓人/不可撤銷受益人，特此聲明：

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

Signature of Policy Owner
保單持有人簽名

Date of Signature (DD/MM/YYYY)
簽署日期 (日/月/年)

Signature of Assignee (if applicable)
受讓人簽名(如適用)

Date of Signature (DD/MM/YYYY)
簽署日期 (日/月/年)

Signature of Irrevocable Beneficiary (if applicable)
不可撤銷受益人簽名(如適用)

Date of Signature (DD/MM/YYYY)
簽署日期 (日/月/年)