

Consultant name 保險顧問姓名	
Code 編號	AA _____
District 區域	_____

# Policy Alteration Form 保單更改申請表

Private and Confidential 私人及保密文件

Please tick the relevant box(es) 請在適當的項目加上“✓”號

Policy number 保單號碼 _____	Name of Life Insured 受保人姓名 _____	Name of Policy Owner 保單持有人姓名 _____
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- Change of payment frequency 更改定期供款方式**  
 Annually 每年\*    Half-yearly 每半年\*    Monthly (please attach DDA Form) 每月 (請附上直接付款授權書)  
 Effective Date\*\* or the earliest unpaid premium due date 生效日期\*\*或最早未付保費到期日: \_\_\_\_\_  
 \* If there is no specification made, payment method will be changed to Renewal Notice 若未有指示, 付款方式將改為續期通知書  
 \*\* If the relevant premium has already been paid, the effective date will be adjusted to the earliest unpaid premium due date.  
 如所填寫的生效日期的保費已繳交, 我們將自動更改生效日期為最早未付保費到期日。
- Change of payment method 更改供款繳付方式**  
 By renewal notice (payment frequency should not be monthly) 透過續期通知書 (不適用於每月定期供款方式)  
 By direct debit with HK dollar as payment currency (please attach DDA Form or Application for renewal premium payment by Visa / Master credit card Form)  
 自動轉賬, 並以港幣作為供款貨幣 (請附上直接付款授權書或Visa / Master卡自動轉賬繳交續期保費申請表) \*  
 \* It requires 2 months for the bank to set up a DDA payment account 銀行建立自動轉賬戶口需時兩個月
- Change of plan currency 更改保單貨幣 (Applicable to Living Product ONLY 只適用於人生保障計劃)**  
 USD 美元    HKD 港元    AUD 澳元    GBP 英鎊    Others 其他 \_\_\_\_\_
- Change of payment currency 更改供款貨幣**  
 USD 美元    HKD 港元    AUD 澳元\*    GBP 英鎊\*    Others 其他\* \_\_\_\_\_  
 \* This currency ONLY applicable to Living Product 此貨幣只適用於人生保障計劃
- Inflation Beater / Escalating Benefits 反通脹加保計劃 / 遞增保障計劃 (See Note 1 請參閱注意事項 1)**  
 Addition 加入 (Need to submit a Health & Lifestyle Questionnaire 需附上健康及生活習慣問卷)  
 Deletion 刪除    Coming policy anniversary 來年度之保單周年日    Permanently 永久性
- Application for Premium / Contribution Holiday 申請保費 / 供款假期 (See Note 1 請參閱注意事項 1)**  
 Premium / Contribution Holiday period 保費 / 供款假期為期\* \_\_\_\_\_ Month(s) 個月 (Effective next premium / contribution due date 將於下個保費 / 供款到期日生效)  
 Premium / Contribution Holiday effect from 指定保費 / 供款假期生效時段由\* \_\_\_\_\_ to至 \_\_\_\_\_  
 \* Minimum period is 6 months 最短期限為6月 (mm / yyyy) (月 / 年) (mm / yyyy) (月 / 年)
- Future Contribution Deposit / Future Premium Deposit 預繳未來供款 / 預繳未來保費 (See Note 1 請參閱注意事項 1)**  
 Amount USD 美元 (See Note 2 請參閱注意事項 2) \_\_\_\_\_ being payment from 作為由 \_\_\_\_\_ to至 \_\_\_\_\_ 之供款  
 (mm / yyyy) (月 / 年) (mm / yyyy) (月 / 年)
- Lump Sum Injection / Investment Boost Contribution (IBC) 額外注入資金 / 額外投資供款 (See Note 1 請參閱注意事項 1)**  
 Amount USD 美元 (See Note 2 請參閱注意事項 2) \_\_\_\_\_ Investment Strategy 投資策略 \_\_\_\_\_  
 (for IBC & Wealth Link Jr 額外投資供款及「兒童」匯富寶適用) \_\_\_\_\_
- Change of payment mode for Long-term Bonus / Commitment Bonus 更改長期紅利獎賞 / 回饋獎賞派發方式 (See Note 1 請參閱注意事項 1)**  
 Reinvested into the investment account 在投資賬戶內進行再投資    By Cheque 以支票形式派發
- Change of occupation 更改職業類別**  
 Remove occupational loading on 刪除職業類別附加供款:    Policy Owner 保單持有人    Life Insured 受保人  

New job title 新職銜: _____	New job start date 新職位上任日期: _____
Exact job duties 實際工作職務: <input type="radio"/> Indoor work 室內工作 <input type="radio"/> Outdoor work 戶外工作 <input type="radio"/> No manual work 沒有牽涉手製、手控或體力勞動的工作 <input type="radio"/> Manual work involved 牽涉手製、手控或體力勞動的工作 If outdoor and/or manual work involved, must tick the box(es) below to indicate the details: 倘若牽涉戶外及/或牽涉手製、手控或體力勞動的工作, 必須在下列空格內加「✓」號。 <input type="radio"/> Attend appointments outside office 在公司外見客 <input type="radio"/> Drive vehicle below 5 tonnes 駕駛5噸以下之車輛 <input type="radio"/> Underground work 地底工作 <input type="radio"/> Work on construction site 建築地盤內工作 <input type="radio"/> High level work 高空工作 <input type="radio"/> Hazardous materials used 使用危險性物料 <input type="radio"/> Heavy machinery used 使用重型機器 <input type="radio"/> Others (please specify) 其他 (請註明) _____ <input type="radio"/> Explanatory information on job duties 其他補充資料 _____	New employer's details 新僱主資料: Employer name 僱主名稱 _____ Nature of business 業務性質 _____ New address 新地址: Flat / Rm 室 / 單位 _____ Floor 樓 _____ Block 座 _____ Building 大廈 _____ Estate name / No. & street name / Lot no. 屋苑名稱 / 號碼及街名 / 地段 _____ District 地區 _____ HK / KLN / NT* 香港 / 九龍 / 新界* Country 國家 _____ ZIP / Postal code 郵遞區號 _____ Phone number 電話號碼 _____ Fax number 傳真號碼 _____ E-mail address 電郵地址 _____ * Please delete where inappropriate * 請刪去不適用者
- Reinstatement 申請復效保單 (Need to submit a Health and Lifestyle Questionnaire 需附上健康及生活習慣問卷)**  
 Please fill in the below personal details of the **Policy Owner, Life Insured and Assignee (if any)** 請填寫保單持有人、受保人及受讓人(如有)的個人資料如下\*:  
 For Policy Owner 保單持有人: Nationality 國籍 \_\_\_\_\_ Residential country 居住國家 \_\_\_\_\_  
 For Life Insured 受保人: Nationality 國籍 \_\_\_\_\_ Residential country 居住國家 \_\_\_\_\_  
 For Assignee 受讓人: Nationality 國籍 \_\_\_\_\_ Residential country 居住國家 \_\_\_\_\_  
 \* Copy of the Policy Owner, Life Insured and Assignee travel document showing a relevant Hong Kong entry stamp must be provided if residential country in China or nationality is Chinese. (Mainland China does not include HK SAR & Macau SAR)  
 \* 若居住國家或國籍為中國, 必須提供保單持有人、受保人及受讓人的有效來港入境證明文件及載有其入境蓋印章頁的副本。(中國不包括香港及澳門特別行政區)  
 Attachment 附件:  
 Contribution amount USD / HKD\* 繳交供款總額, 美元 / 港元\* \_\_\_\_\_ for Contribution due from 作為由 \_\_\_\_\_ 應繳的供款。  
 \* Please delete where inappropriate 請刪去不適用者 (mm / yyyy) (月 / 年)

**12. Remove loading / exclusion 刪除附加供款 / 不受保條款** (For removing occupational loading, please complete item 10 刪除職業類別附加供款, 請填妥第10項)

Please submit a Health and Lifestyle Questionnaire 請附上健康及生活習慣問卷

**13. Change of smoking class 更改吸煙人士類別**

Please complete the question regarding smoking habit in Health and Lifestyle Questionnaire for change of non-smoker rate. If you apply with contribution change, please specify in item 18. 如申請更改為非吸煙保費類別, 請填妥健康及生活習慣問卷內有關吸煙習慣的問題。如同時申請供款更改, 請在第18項註明。

**14. Change of basic benefits 更改基本保障** (For increment or addition, you need to submit a Health and Lifestyle Questionnaire 任何增加或新增保障, 需附上健康及生活習慣問卷)

- Death Benefit / Basic Sum Insured 死亡保障 / 基本保額
- Change to USD 更改至美元 (See Note 1 請參閱注意事項 1)
- Critical Illness 危疾保障
- Change to 更改至  100%  50%  Deletion 刪除
- Living Care Benefit 「沿途守護」 惠益 ^
- Increase sum insured to 提升保障額至\*

^ Only applicable to Super Care Critical Illness Insurance Plan and please submit relevant document proof as required 只適用於「倍盈康」危疾保障計劃, 並須遞交相關之證明文件

\* The maximum sum insured increase is HK\$400,000 or 25% of the basic sum insured, whichever is lower 提升的保障額最高為港幣400,000元或投保額之25% (以較低者為準) (If there is no specification made, contribution will be changed accordingly 若未有指示, 供款將會相應更改)

**15. Change of rider benefits 更改附加保障** (For increment or addition, you need to submit a Health and Lifestyle Questionnaire 任何增加或新增保障, 需附上健康及生活習慣問卷)

Supplementary benefits 附加保障類別:	Terms 年期 / Plan Level 計劃級別	Benefit Sum Insured 保額 Change to 更改至	Addition 新增	Deletion 刪除
<input type="checkbox"/> R = Renewable 可續期 <input type="checkbox"/> N = Non-renewable 不可續期				
Term Insurance 定期壽險		\$ USD 美元#	<input type="checkbox"/>	<input type="checkbox"/>
		\$ USD 美元#	<input type="checkbox"/>	<input type="checkbox"/>
		\$ USD 美元#	<input type="checkbox"/>	<input type="checkbox"/>
		\$ USD 美元#	<input type="checkbox"/>	<input type="checkbox"/>
		\$ USD 美元#	<input type="checkbox"/>	<input type="checkbox"/>
		\$ USD 美元#	<input type="checkbox"/>	<input type="checkbox"/>

(If there is no specification made, contribution will be changed accordingly 若未有指示, 供款將會相應更改) \*See Note 請參閱注意事項

**16. Change of contribution 更改供款額**

- Basic Regular Contribution 基本定期供款
- Change to USD 更改至美元#
- Additional Regular Contribution 額外定期供款
- Change to USD 更改至美元#
- Total Regular Contribution 供款總額
- Change to USD 更改至美元#

Effective Date\*\* or the earliest unpaid premium due date 生效日期\*\*或最早未付保費到期日: \_\_\_\_\_

# See Note 請參閱注意事項

\*\* If the relevant premium has already been paid, the effective date will be adjusted to the earliest unpaid premium due date.

如所填寫的生效日期的保費已繳交, 我們將自動更改生效日期為最早未付保費到期日。

**17. Term conversion 轉換定期人壽保險** (To be submitted with new application form to New Business and Life Underwriting Section 必須與新投保表格一併遞交至新保單及壽險核保部)

- Convert Sum Insured USD 轉換保額美元 (See Note 1 請參閱注意事項 1) \_\_\_\_\_ to new application no. 至新保單編號 \_\_\_\_\_
- With remaining Sum Insured 剩餘保額將  to be cancelled 取消  keep in force 繼續生效 (should meet the minimum requirement 需符合最低保額之要求)  not exist 不存在

**18. Change of Policy Owner (release ownership to the Life Insured) (This alteration is not applicable for all products, please check the policy terms and conditions. 更改保單持有人(將保單擁有權釋放予受保人) 此更改並不適用於所有保單類別, 詳情請參攷保單條款與規章)**

Current Policy Owner's Waiver of Premium benefit will be terminated automatically. 現保單持有人的免繳保費權益將自動終止。

The Life Insured must attain the age of twenty-one (21) or above, please provide certified HKID copy and signature specimen.

受保人必須年滿二十一(21)歲或以上, 請提供已核實的受保人身份證明文件及提供簽名式樣。

X

The Signature Specimen of Life Insured (New Policy Owner)  
受保人簽名樣式 (新保單持有人)

**19. Others 其他** (please specify 請說明)

**Note 注意事項:**

- Items applicable to relevant products, details please refer to the policy terms and conditions 有關項目只適用於部份保障計劃, 詳情請參閱保單條款與規章。
- Other than USD, please specify 請註明美元以外之幣值。

**Declaration by the Policy Owner 保單持有人聲明**

I declare and agree that all statements made in this application and associated questionnaires or documents, including any statement made to the registered medical practitioner of the Underwriting Company (the Company) are full, complete and true and shall form the basis of the contract.

I authorize any hospital, physician, medical practitioner, insurance company, or organization that has records or knowledge of the medical history of myself and the Life Insured to disclose to the Company or its authorized representatives, the said medical information for the purposes of assessing this application or subsequent claims arising therefrom. This authorization shall be binding on the successor of myself or the Life Insured and remain valid notwithstanding death or incapacity.

I declare and agree that the personal information collected or held by the Company, whether contained in this form or otherwise obtained, may be used by the Company, or disclosed to or transferred to any individual or organization within or outside Hong Kong for the purpose to (1) assess this application and to provide on-going insurance and customer services, (2) process and give effect to the Direct Debit Authorization, (3) provide marketing material in respect of insurance related services of the Company or its associated companies, (4) process claims or analysis of the insurance and (5) conduct direct marketing activities of any other products and services of the Company, its associated companies and business partners. The Policy Owner or Life Insured shall have the right of access to and to request correction of any personal information concerning themselves held by the Company. A request for such access may be made to the Personal Data Privacy Officer of the Company at 24-27/F, One Island East, 18 Westlands Road, Island East, Hong Kong.

吾聲明及同意在此申請表格內的一切資料、原有之投保申請及關連問卷或文件, 包括向承保公司(貴公司)的註冊醫療專業人士所提供的任何資料, 是完全及確實無訛, 並將作為建議合約的基礎。

吾授權任何醫院、醫生、醫療專業人士、保險公司或機構, 如持有本人或受保人的病歷紀錄或資料, 可向貴公司或其授權代表披露此等醫療資料, 用作評核此項申請及處理保險索償的用途。在傷亡的情況下, 此授權對本人或受保人之繼承人仍有約束能力及有效。

吾同意一切由貴公司從這申請表格或其他方式所收集或持有的個人資料, 均可供貴公司使用或向在香港境內或境外之任何人士或機構披露作以下用途: (1)評核此項申請及提供保險和顧客服務, (2)辦理直接付款授權書, (3)提供貴公司及關連機構有關保險的推廣資料, (4)處理保險的索償或有關之分析, 及(5)推廣貴公司、關連機構及合作伙伴其他相關的產品及服務。

保單持有人或受保人有權查閱及要求更改由貴公司所持有有關他們的任何個人資料。任何關於個人資料查閱或更改之要求, 可向貴公司之個人資料私隱主任提出, 地址為香港港島東華蘭路18號港島東中心24-27樓。

X	X
Signature of Consultant 保險顧問簽署	Signature of Policy Owner / Assignee 保單持有人 / 受讓人簽署
Date (dd / mm / yyyy) 日期 (日 / 月 / 年)	Date (dd / mm / yyyy) 日期 (日 / 月 / 年)