

Health and lifestyle questionnaire

健康狀況及生活習慣問卷

This is a supplementary form to the main application form and should be completed and returned along with the main application form.
本表格為主要申請表格的補充表格，應與主要申請表格一併填妥及交回。

Policy number (if known)
保單編號 (如已知悉)

1 Details 個人資料

Name of policy owner 保單持有人姓名

Life to be insured 受保人 — Life to be insured 1 第一受保人 Life to be insured 2 第二受保人

Title 稱銜

Mr. 先生 Mrs. 太太 Miss 小姐 Ms. 女士 Dr. 博士 Other (please give details)
其他 (請說明)

Family name 姓

Forename(s) 名

2 Health and lifestyle questionnaire 健康狀況及生活習慣問卷

Please ensure all questions are answered fully and truthfully as failure to disclose any fact may invalidate your insurance. We may require special questionnaires to be completed, which will be provided by your relevant financial professional.

請確保所有問題都如實回答並全部填寫，隱瞞任何事實可能使您的保險失效。我們或會要求您填寫額外問卷，而您的理財顧問會提供所需問卷。

1. If you smoke or used any form of tobacco or nicotine product in the last 12 months, please provide the type, frequency and quantity (e.g. 20 cigarettes per day, one shisha a week, etc.).
如您在過去的12個月內曾吸煙或使用任何煙草產品或尼古丁產品，請提供其種類、使用頻率及吸食的数量 (例如：每日20支香煙或一星期一次水煙等等)。

If you no longer use tobacco or nicotine products, when did you stop using them and what was your previous consumption.

(e.g. stopped January 2011 – used to smoke 20 cigarettes a day)
如您在過去的12個月內已停止使用任何煙草產品或尼古丁產品，請確認您是何時停止，以及停止前使用的種類及數量。
(例如：在2011年1月已停止吸用 — 每日20支香煙)？

Month 月 Year 年

Amount and type 數量及種類

2. Do you consume alcohol? Yes 是 No 否
您喝酒嗎？

If 'Yes', please provide the number of units consumed each week.
如答案為「是」，請說明每星期喝酒的單位份量。

1 unit = single measure of spirits or 125ml glass of wine or 250ml of beer
1個單位 = 一份烈酒或一杯125毫升的葡萄酒或250毫升啤酒

3. Have you ever been advised to give up tobacco and/or alcohol for a specific reason? If 'Yes', please provide details.
您在過去曾否因特殊原因被勸戒戒煙及/或戒酒？如答案為「是」，請提供詳情。
 Yes 是 No 否

4. What is your height and weight?
您的身高和體重是多少？

Height cm Weight kg
身高 厘米 體重 公斤

Health and lifestyle questionnaire (continued) 健康狀況及生活習慣問卷 (續)

5. (a) In which industry are you employed and what is your job title?
您從事哪個行業的工作？請列出您的職位。

Industry 行業

Job title 職位

- (b) What percentage of your occupation involves manual work and what is the nature of these duties?
體力勞動佔您的工作多少百分比？請列出這些工作的性質。

%

Duties 工作性質

If your occupation includes activities that may be considered hazardous (for example, aviation, working at heights or underground or with explosives), please complete the relevant 'Oil and natural gas', 'Aviation' or general 'Occupation' questionnaire as appropriate.

如您的職業包括可被視為危險的活動（例如：航空、需於高空或地底或涉及炸藥工作），請填寫相關的「石油和天然氣問卷」、「航空問卷」或一般「職業問卷」。

- (c) Please state your earnings in the last 12 months from employment or business operations.
Please include the currency.

請註明您在過去12個月由工作或業務營運中所得的收入，並請列明貨幣。

Amount and currency

金額及貨幣

- (d) Do you participate in any sport or activity that may be considered hazardous?
For example, motor racing, diving, mountaineering, private flying, etc.

Yes 是

No 否

您是否參與任何可被視為危險的運動或活動？例如：賽車、潛水、爬山、私人飛行等等。

If 'Yes', please complete the relevant questionnaire or, if a specific questionnaire does not exist, please provide us with full details of frequency of activity, level of participation, any qualifications, details of competitions in which you take part, etc. in the 'Additional information' section at the end of this form.

如答案為「是」，請填寫相關的問卷，或，如沒有相關問卷，請於本表格末「附加資料」一欄提供全部詳情，包括進行這類活動的頻率、參與程度、任何資格、您所參與比賽的詳情等等。

6. Family history 家族歷史

Please provide details of your family history below. Of particular importance is where your father, mother or any of your brothers or sisters has died of or suffered from heart disease, cancer, multiple sclerosis or diabetes before the age of 65 or from a familial/hereditary disorder.

請於以下空格提供您的家族歷史詳情。最重要是，您父親、母親或您任何兄弟姐妹有否在65歲前或因家族性／遺傳性疾病，而曾患上或死於心臟病、癌症、多發性硬化症或糖尿病。

Relation 關係	Age now/age at death 現時年齡／死亡年齡	State of health/cause of death 健康狀況／死因	Age at onset of disease 發病年齡
Father 父親			
Mother 母親			
Brother(s) 兄弟			
Sister(s) 姐妹			

7. (a) Please confirm the purpose of this insurance application (i.e. personal cover, family protection, mortgage cover, keyperson insurance, partnership protection, etc.)

請確認本保險申請書的目的（即個人保障、家庭保障、按揭保障、要員保險、合作夥伴關係保障等等）

- (b) Do you have any existing life, disability or critical illness cover already in force with Zurich International Life Limited ("Company", "Zurich") or any other insurance company?

Yes 是

No 否

您目前是否持有蘇黎世國際人壽保險有限公司（「本公司」、「蘇黎世」）或其他保險公司的人壽、傷殘或危疾保單？

If 'Yes', please complete the details below. 如答案為「是」，請於以下空格提供詳情。

Insurer 保險公司	Types of benefits 保障類別	Sum insured and currency 投保額及貨幣	Policy term 保單年期	Start date 開始日期	Reason for cover 投保原因

- (c) Are you intending to replace any of the above covers with this application?
您是否打算以本投保申請書取代以上任何一份保單？

Yes 是

No 否

If 'Yes', please advise which will be replaced. 如答案為「是」，請列明哪份保單會被取代。

Health and lifestyle questionnaire (continued) 健康狀況及生活習慣問卷 (續)

(d) Are you currently applying to Zurich or any other insurance company for further cover?
您目前是否向蘇黎世或其他保險公司申請其他保單?

Yes 是 No 否

If 'Yes', please complete the details below. 如答案為「是」，請於以下空格提供詳情。

Insurer 保險公司	Types of benefits 保障類別	Sum insured and currency 投保額及貨幣	Policy term 保單年期	Date of application 申請日期	Reason for cover 投保原因

(e) Have you ever had an application for life, disability or critical illness insurance declined, postponed or accepted at other than normal terms?
您過去申請投保人壽、傷殘或危疾保險時，曾否被拒保、延遲承保或被要求附加特別條款?

Yes 是 No 否

If 'Yes', please state the company(ies), benefits and date of application.
如答案為「是」，請列出該保險公司、保障範圍及申請日期。

Insurer 保險公司	Types of benefits 保障類別	Date of application 申請日期	Decision 決定

8. (a) Have you been resident in your current country of residence for less than five years?
您是否於現居國家居住五年以下?

Yes 是 No 否

If 'Yes', please state below the previous country(ies) where you have been a resident and the duration.
如答案為「是」，請於以下空格列出您之前居住的國家及居住時間。

City/Country 城市/國家	From 由	To 至

(b) Other than for vacations of less than 15 days in any 12 month period, do you visit or have any intention of visiting, living or working outside of your current country of residence?
於任何12個月期間內，除旅遊少於15日外，您曾否或有意到現居國家以外的其他國家到訪、定居或工作?

Yes 是 No 否

If 'Yes', please provide details below. 如答案為「是」，請於以下空格提供詳情。

Travel to (Country) 到(國家)	Duration of stay 逗留時期	Purpose of stay 逗留目的

If you visit or intend to visit Iran, Iraq, Yemen, Syria, Afghanistan, Pakistan, any country of the former Soviet Union or any country in Africa, please complete our 'Travel and residency questionnaire'.

如您到訪或有意到訪伊朗、伊拉克、也門、敘利亞、阿富汗、巴基斯坦，任何前蘇聯國家或非洲任何國家，請填寫「旅遊及居住問卷」。

Health and lifestyle questionnaire (continued) 健康狀況及生活習慣問卷 (續)

9a. Medical questions 醫療問題

If you answer 'Yes' to any of the questions in '9a Medical questions', there are special questionnaires for each disorder that you will need to complete. These will be provided by your financial professional. Please ensure the relevant form(s) is/are attached with your application.

如您於「9a醫療問題」中任何問題的答案為「是」，您將需要就每種疾病填寫額外問卷。您的理財顧問會提供所需問卷。請確保您遞交投保申請書時夾附相關表格。

Do you have or have you ever been diagnosed as having:

您是否患有或曾被確診患有：

- | | | |
|---|--------------------------------|-------------------------------|
| (a) high blood pressure?
高血壓? | <input type="checkbox"/> Yes 是 | <input type="checkbox"/> No 否 |
| (b) diabetes or impaired fasting glucose?
糖尿病或空腹血糖異常? | <input type="checkbox"/> Yes 是 | <input type="checkbox"/> No 否 |
| (c) asthma, chronic bronchitis or obstructive airways disease?
哮喘、慢性支氣管炎或阻塞性氣道疾病? | <input type="checkbox"/> Yes 是 | <input type="checkbox"/> No 否 |
| (d) spinal (back or neck) disorders, muscular or joint disorders?
脊髓(背部或頸部)紊亂, 肌肉或關節紊亂? | <input type="checkbox"/> Yes 是 | <input type="checkbox"/> No 否 |
| (e) digestive disorders e.g. Crohn's Disease, ulcerative colitis, gastric reflux, ulcers or hernia?
消化功能紊亂, 例如克隆氏症、潰瘍性結腸炎、胃酸倒流、潰瘍或疝氣? | <input type="checkbox"/> Yes 是 | <input type="checkbox"/> No 否 |
| (f) arthritis e.g. osteoarthritis, rheumatoid arthritis or gout?
關節炎, 例如骨關節炎、類風濕性關節炎或痛風? | <input type="checkbox"/> Yes 是 | <input type="checkbox"/> No 否 |
| (g) growths, lumps, cysts, abnormal moles or skin lesions?
瘤、腫塊、囊腫、異常的痣或皮膚損傷? | <input type="checkbox"/> Yes 是 | <input type="checkbox"/> No 否 |
| (h) mental health issues e.g. depression, anxiety, schizophrenia, eating disorders or bipolar disorder?
心理健康問題, 例如抑鬱、焦慮、精神分裂症、飲食失調症或躁鬱症? | <input type="checkbox"/> Yes 是 | <input type="checkbox"/> No 否 |

9b. Medical questions 醫療問題

If you answer 'Yes' to any of the questions in '9b Medical questions' or in questions 10 or 11, please give details in the 'Additional information' section.

如您於「9b醫療問題」或於第10或11條中任何問題的答案為「是」，請於「附加資料」一欄提供詳情。

Do you have or have you ever been diagnosed as having:

您是否患有或曾被確診患有：

- | | | |
|--|--------------------------------|-------------------------------|
| (i) heart attack, murmur, palpitations, chest pain or high cholesterol?
心臟病發作、心雜音、心悸、胸痛或高膽固醇? | <input type="checkbox"/> Yes 是 | <input type="checkbox"/> No 否 |
| (j) paralysis, stroke or transient ischaemic attack?
癱瘓、中風或短暫性腦缺血發作? | <input type="checkbox"/> Yes 是 | <input type="checkbox"/> No 否 |
| (k) thyroid or other glandular disorders?
甲狀腺或其他腺疾病? | <input type="checkbox"/> Yes 是 | <input type="checkbox"/> No 否 |
| (l) skin disorders e.g. psoriasis or sexually transmitted diseases?
皮膚疾病, 例如牛皮癬或性病? | <input type="checkbox"/> Yes 是 | <input type="checkbox"/> No 否 |
| (m) epilepsy, fits, multiple sclerosis or other neurological complaints?
癲癇、痙攣、多發性硬化症或其他神經系統的問題? | <input type="checkbox"/> Yes 是 | <input type="checkbox"/> No 否 |
| (n) impairment in speech, vision or hearing or other disorder of the ears or eyes?
言語、視力或聽力障礙或其他耳朵或眼睛的疾病? | <input type="checkbox"/> Yes 是 | <input type="checkbox"/> No 否 |
| (o) cancer or tumours (benign or malignant)?
癌症或腫瘤(良性或惡性)? | <input type="checkbox"/> Yes 是 | <input type="checkbox"/> No 否 |
| (p) liver or gall bladder disorders e.g. hepatitis (including carrier state), fatty liver, haemochromatosis, cirrhosis, jaundice or gallstones?
肝或膽囊疾病, 例如肝炎(包括帶菌者狀態)、脂肪肝、血色素沉著症、肝硬化、黃疸病或膽結石? | <input type="checkbox"/> Yes 是 | <input type="checkbox"/> No 否 |
| (q) urinary or kidney disorders e.g. stones, pyelonephritis, blood or protein in urine?
泌尿系統或腎臟疾病, 例如結石、腎盂腎炎、血尿或蛋白尿? | <input type="checkbox"/> Yes 是 | <input type="checkbox"/> No 否 |
| (r) anaemia, haemophilia, malaria or other parasitic disease or blood disorders?
貧血、血友病、瘧疾或其他寄生蟲疾病或血的疾病? | <input type="checkbox"/> Yes 是 | <input type="checkbox"/> No 否 |
| (s) prostate disorders, ovarian or cervical disorders e.g. hysterectomy, endometriosis?
前列腺疾病、卵巢或子宮頸疾病, 例如子宮切除手術、子宮內膜異位症? | <input type="checkbox"/> Yes 是 | <input type="checkbox"/> No 否 |
| (t) any other disability, illness, operation or injury causing bodily impairment?
任何其他殘疾、疾病、因手術或損傷導致身體殘缺? | <input type="checkbox"/> Yes 是 | <input type="checkbox"/> No 否 |

Health and lifestyle questionnaire (continued) 健康狀況及生活習慣問卷 (續)

10. (a) Are you currently taking any medication?
您目前是否接受藥物治療或服用藥物? Yes 是 No 否
- (b) Have you ever had any screenings where the results were abnormal (e.g. mammograms, cervical smear tests, PSA screenings or chest x-ray?)
您曾否接受任何篩檢結果屬異常, 例如: 乳房X光檢查、子宮頸抹片檢查、PSA篩檢或胸部X光? Yes 是 No 否
- (c) Have you ever tested positive for HIV or Hepatitis B or C, or are you awaiting the results of such a test?
您曾否接受愛滋病病毒、乙型或丙型肝炎測試而呈陽性反應, 或是否正在等候測試結果? Yes 是 No 否
- (d) Other than stated above, have you consulted a doctor in the last five years or have you, in that time, undergone any special investigations e.g. MRI scan, biopsy, colonoscopy, CT scan, sleep studies, etc.?
除上述以外, 您於過去五年曾否向醫生求診, 或於該段時間進行任何特殊檢查, 例如: 磁核共振造影掃描、活組織檢查、結腸鏡檢查、電腦斷層掃描、睡眠研究等等? Yes 是 No 否
- (e) Do you intend to seek a medical opinion within the next three months?
您是否打算在未來三個月內尋求醫療意見? Yes 是 No 否

Question 11 is for female clients 第11題只適用於女性客戶

11. (a) Are you now pregnant?
您現在是否懷孕? Yes 是 No 否
- If 'Yes', please confirm your due date and provide a statement from your obstetrician to confirm the pregnancy is proceeding normally.
如答案為「是」, 請確認您的生產日期及提供您的產科醫生聲明書, 證明您的懷孕情況正常。
- Due date 生產日期 Day日 Month月 Year年
- (b) Have you ever had any pregnancy related complications such as pre-eclampsia?
您曾否患有任何妊娠有關的併發症, 如先兆子癇 (妊娠高血壓)? Yes 是 No 否

12. Details of doctor/clinic/hospital 醫生/診所/醫院資料

Please give details of the doctor, clinic or hospital most familiar with your medical history (even if this is in a country other than your current country of residence):
請提供最熟知您醫療歷史的醫生、診所或醫院資料 (即使其所在地並非您現居國家):

Name of doctor, clinic or hospital 醫生、診所或醫院名稱

Address of doctor, clinic or hospital 醫生、診所或醫院地址

Telephone number 電話號碼

Additional information 附加資料

Question number 問題號碼	Details of disease or disorder, treatment given, date of diagnosis, details of doctor consulted, ongoing symptoms, date of next consultation, etc. If you are in possession of copies of reports in relation to these matters, please submit copies with your application for our consideration. 請提供以下詳情: 疾病或病症的細節、所接受治療、診斷日期、診症醫生的詳細資料、現有症狀、下次診症日期等等。如果您擁有這些事宜相關的報告副本, 請將這些副本連同您的申請表格提交予我們作考慮之用。

If there is insufficient space, please continue on a separate piece of paper ensuring you sign and date any additional pages.
如沒有足夠空間, 請於額外紙張上繼續填寫, 並確保您在任何附加紙張上簽名及填上日期。

3 Declaration 聲明

Declaration for data protection 個人資料保障聲明

Notice to customers relating to the Personal Data (Privacy) Ordinance (“Ordinance”) 有關個人資料（私隱）條例（「私隱條例」）的客戶通知

- The personal information of customers (include policy owners, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by **Zurich International Life Limited (“Company”, “Zurich”)** may be used by the Company for the following **obligatory purposes** necessary in providing services to the customers (otherwise the Company is unable to provide services to customers who fail to provide the required information):
由蘇黎世國際人壽保險有限公司（「本公司」、「蘇黎世」）收集或持有的客戶（包括保單持有人、受保人、受益人、保費付款人、信託人、保單受讓人及索償人）個人資料，均可供本公司使用作以下**強制性用途**，以便為客戶提供服務（否則本公司將無法為未能提供所需資料的客戶提供服務）：
 - to process, investigate (and assist others to investigate) and determine insurance applications, insurance claims and provide ongoing insurance services;
辦理、調查（及協助他人調查）和決定保險申請、保險索償及提供持續的保險服務；
 - to process requests for payment, and for direct debit authorization;
辦理付款要求及直接付款授權；
 - to manage any claim, action and/or proceedings brought against the customers, and to exercise the Company’s rights as more particularly defined in applicable policy wording, including but not limited to the subrogation right;
處理任何對客戶的索償、訴訟及／或司法程序；以及行使本公司的權利（詳情見適用保單條款所定），包括但不限於代位權；
 - to compile statistics or use for accounting and actuarial purposes;
編撰統計數字，或作會計及精算用途；
 - to meet the disclosure requirements of any local or foreign law, regulations, codes or guidelines binding on the Company and/or its group (“**Zurich Insurance Group**”) and conduct matching procedures where necessary;
符合對本公司及／或其所屬集團（「**蘇黎世保險集團**」）具約束力的任何本地或外國法例、規則、守則或指引的披露規定及如需要時進行核對程序；
 - to comply with the legitimate requests or orders of the courts of Hong Kong and regulators including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, governmental bodies and government-related establishments;
遵循香港法院及監管機構作出的合法要求或指令，包括但不限於保險業監理處、香港保險業聯會、核數師、政府組織和政府相關機構；
 - to collect debts;
債務追討；
 - to facilitate the Company’s authorized service providers to provide services to the Company and/or the customers for the above purposes; and
便利本公司的認可服務供應商，就上述目的為本公司及／或客戶提供服務；及
 - to enable an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment.
使本公司的實際或建議承讓人能夠評核擬進行涉及有關轉讓的交易。
- The Company may provide any personal information of customers to the following parties, within or outside of Hong Kong, for the **obligatory purposes**:-
本公司可就**強制性用途**，向以下於香港境內或境外的人士提供任何客戶個人資料：
 - companies within the Zurich Insurance Group, or any other company carrying on insurance or reinsurance related business, or an intermediary;
蘇黎世保險集團成員公司，或任何進行保險或再保險相關業務的其他公司或中介人；
 - any agent, contractor or third party service provider who provides administrative, telecommunications, computer, payment or other services to the Zurich Insurance Group in connection with the operation of its business;
任何向蘇黎世保險集團提供行政、電訊、電腦、付款或其他與其業務運作有關的服務的代理人、承包商或第三方服務供應商；
 - third party service providers including legal advisors, accountants, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, surveyors, specialists, repairers, and data processors;
第三方服務供應商，包括法律顧問、會計師、調查員、理賠師、再保公司、醫護及復康顧問、考察員、專家、維修人員、及資料處理者；
 - credit reference agencies, and, in the event of default, any debt collection agencies or companies carrying on claim or investigation services;
信貸諮詢機構、而在客戶欠賬時，任何債務追收代理或進行索償或調查服務的公司；
 - any person to whom the Zurich Insurance Group is under an obligation to make disclosure under the requirements of any law binding on the Zurich Insurance Group or any of its associated companies and for the purposes of any regulations, codes or guidelines issued by governmental, regulatory or other authorities with which the Zurich Insurance Group or any of its associated companies are expected to comply;
根據對蘇黎世保險集團或其任何關連機構具約束力的任何法例，及就任何由政府、監管或其他機關所頒佈且蘇黎世保險集團或其任何關連機構預期須遵守的任何規例、守則或指引而言，蘇黎世保險集團有責任向其作出披露的任何人士；
 - any person pursuant to any order of a court of competent jurisdiction;
根據主管司法權區的法院的任何頒令的任何人士；及
 - any actual or proposed assignee of the Zurich Insurance Group or transferee of the Zurich Insurance Group’s rights in respect of the policy owners.
蘇黎世保險集團的任何實際或建議承讓人或蘇黎世保險集團對保單持有人的權利的受讓人。
- Certain personal information of policy owners and insured persons collected or held by the Company, in particular, names, contact information, age, gender, identity document reference, marital status, policy information, claim information, and medical history may be used by the Company for the following **voluntary purposes**:*
由本公司收集或持有的保單持有人及受保人的某些個人資料，特別是姓名、聯絡資料、年齡、性別、身份證明文件資料、婚姻狀況、保單資料、索償資料、及醫療紀錄等，均可供本公司使用作以下**自願性用途**：
 - to provide marketing materials and conduct direct marketing activities in relation to insurance and/or financial products and services of the Zurich Insurance Group and/or other financial services providers, and/or other related services of business partners, with whom the Company maintains business referral or other arrangements;
為蘇黎世保險集團及／或與本公司維持業務引薦關係或其他安排之其他金融服務供應商的保險及／或金融產品及服務，及／或其他商業合作伙伴之相關服務，提供市場推廣資料及進行直接市場推廣活動；

Declaration (continued) 聲明 (續)

Declaration for data protection 個人資料保障聲明

- (2) to perform customer analysis, profiling and segmentation; and
進行客戶研究分析及分層；及
- (3) to conduct market research and insurance surveys for the Zurich Insurance Group's development of services and insurance products.
就蘇黎世保險集團的服務及保險產品發展進行市場調查及保險研究。

The Company is not allowed to use the personal information of any customer for the above voluntary purposes without such customer's consent. In the absence of any "opt-out" request, the Company shall treat the insurance application and continuation of the policy(ies) held with the Company as an indication of no objection of such policy owner and insured person to the Company's use of their personal information for the above voluntary purposes.

未經客戶同意，本公司不得使用任何客戶的個人資料作上述自願性用途。在未有收到任何「反對」要求，本公司將把有關保險申請及持續投保，視作有關保單持有人及受保人之不反對本公司使用其個人資料作上述自願性用途。

4. The Company may provide certain personal information, in particular, name, contact information, age, gender and policy information of a policy owner and an insured person, upon such policy owner's and insured person's written consent, to the following parties, within or outside of Hong Kong, for the **voluntary purposes**:-

經保單持有人及受保人書面同意後，本公司可就上述**自願性用途**，向以下於香港境內或境外的人士提供其某些個人資料，特別是姓名、聯絡資料、年齡、性別、保單持有人及受保人的保單資料等：

- (1) companies within the Zurich Insurance Group;
蘇黎世保險集團成員公司；
- (2) other banking/financial institutions, commercial or charitable organisations with whom the Company maintains business referral or other arrangements;
與本公司維持業務引薦關係或其他安排的其他銀行／金融機構、商業或慈善組織；
- (3) third party marketing service providers and financial professional.
第三方市場推廣服務供應商及理財顧問。

The Company is not allowed to provide to any third party the personal information of any customer, specifically, policy owners or insured persons, for the above voluntary purposes without their written consent.

未經客戶書面同意，本公司不得向任何第三方提供有關客戶（特別指保單持有人及受保人）的個人資料作上述自願性用途。

5. All customers have the right to access to, correct, or change any of their own personal information held by the Company, and in the case of policy owners and life insured, opt-out of the Company's use and transfer of their personal information for the voluntary purposes, by request in writing to the Company's Personal Data Privacy Officer at the address below. Requests for opt-out must state clearly the full name, identity document number, policy number, telephone number and address of the person making such request. Policy owners and insured persons may otherwise delete both the above paragraphs 3 and 4 (in *italics*) to indicate their wish to opt-out altogether.

所有客戶均有權以書面向本公司之個人資料私隱主任（地址如下）要求查閱、修正及／或更改由本公司所持有有關其本身的任何個人資料。如保單持有人及受保人欲反對本公司使用及提供其個人資料作上述自願性用途，亦可向本公司提出，並於有關反對要求中清楚註明要求人士之全名、身份證明文件編號、保單編號、電話號碼和地址。保單持有人及受保人亦可同時刪劃以上第3及4段（見斜字）以提出有關所有自願性用途之反對要求。

Personal Data Privacy Officer
26/F, One Island East, 18 Westlands Road, Island East, Hong Kong
個人資料私隱主任
香港港島東華蘭路18號港島東中心26樓

6. In accordance with the Ordinance, the Company has the right to charge a reasonable fee for processing any data access request.
根據私隱條例，本公司有權收取合理費用，藉以處理任何資料的查閱要求。
7. In the event of any discrepancy or inconsistencies between the English and Chinese versions of this notice, the English version shall prevail.
本通知的中英文版本如有任何歧異或不一致，概以英文版為準。

I understand that the Company will only communicate with me using the contact details that I have supplied. Where I have provided more than one form of contact details, the most appropriate method of communication will be used depending on the urgency and sensitivity of the information.
本人明白 貴公司只會以本人提供的聯絡資料與本人通訊。若本人提供多過一種聯絡資料， 貴公司會因應資訊的緊急及敏感程度，而採用最合適的聯絡方法。

I note that my telephone calls may be recorded or monitored in order to offer additional security, resolve complaints and for training, administrative and quality purposes.
本人知道 貴公司或會將本人的電話對話作錄音或監察，以作強化保安、處理投訴、訓練、行政和提昇服務質素之用。

I understand that my personal information may be passed outside Hong Kong to countries that do not have equivalent levels of data protection, however the Company would be responsible for ensuring that equivalent levels of protection are maintained.
本人明白本人的個人資料可能被傳送至香港以外的國家，而這些國家並沒有同等程度的個人資料保障，但 貴公司有責任確保本人的個人資料受到同等程度的保障。

I confirm that I agree to my personal data being collected and used as set out above.
本人謹此同意 貴公司可收集本人的個人資料及作上述用途。

Please remember that this form is in addition to the main application form and by completing and signing this form you agree to all the declarations in the main application form.

謹記本表格為主要申請表格的附加表格，一經填妥及簽署本表格，即表示您同意主要申請表格所載的所有聲明。

Signature of life to be insured
受保人簽署

Print name
姓名

Date
日期

Day日	Month月	Year年
D	D	Y
M	M	Y
Y	Y	Y

Zurich International Life is a business name of Zurich International Life Limited which provides life assurance, investment and protection products and is authorized by the Isle of Man Financial Services Authority.

Registered in the Isle of Man number 20126C.

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蘇黎世國際人壽保險是蘇黎世國際人壽保險有限公司的商業名稱。蘇黎世國際人壽保險有限公司為人島 Financial Services Authority 所認可，提供人壽保險、投資及保障產品。

於人島的註冊號碼為20126C。

註冊辦事處：Zurich House, Isle of Man Business Park, Douglas, Isle of Man, IM2 2QZ, British Isles
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