

Request for Conversion Form

保單轉換申請書

Please tick appropriate box(es) 請於適當之空格內加上 號

Policy No.: 保單編號	Insured: 受保人	Policyowner: 保單持有人
1. Term Conversion 定期保單轉換 (Please complete New Application Form together with this Request Form) (請連同人壽保險申請書及此申請書一同遞交)	<input type="checkbox"/> Full 全部 <input type="checkbox"/> Partial 部份	
2. Sum Assured to be converted 轉換保障額	(HK\$/US\$) 港元/美元 To New Application No. 轉至新申請書編號 (_____)	
3. Remaining Sum Assured (Term Policy) 剩餘保障額 (定期保單)	<input type="checkbox"/> Continue 保存 <input type="checkbox"/> Cancel 取消	

4. Rider Rollover 附加保障轉移	Sum Assured/Notional Amount/Amount/ Benefit Class to be Converted 轉換保障額/名義金額/金額/保障類別	Sum Assured/Notional Amount/Amount/ Benefit Class to be Remained 剩餘保障額/名義金額/金額/保障類別
<input type="checkbox"/> Critical Illness Benefit (CIL) 危疾保障	_____	_____
<input type="checkbox"/> Critical Illness Benefit 5YRT (CIR) 危疾保障 – 5年期續保保費	_____	_____
<input type="checkbox"/> Critical Illness Plus Benefit (CIPL) 危疾全保障	_____	_____
<input type="checkbox"/> Critical Illness Plus Benefit 5YRT (CIPR) 危疾全保障 – 5年期續保保費	_____	_____
<input type="checkbox"/> Accidental Death and Dismemberment (PAADD) 意外死亡及傷殘保障	_____	_____
<input type="checkbox"/> Medical Benefit (PAMB) 醫療保障	_____	_____
<input type="checkbox"/> Weekly Accident Indemnity (PAWAI) 每週意外定額賠償	_____	_____
<input type="checkbox"/> Hospital Cash Benefit (HC) 住院現金保障	_____	_____
<input type="checkbox"/> Hospital & Surgical Benefit (HS) 住院及手術保障	_____	_____
<input type="checkbox"/> Waiver of Premium (WP)* 傷殘豁免保費保障	_____	_____
<input type="checkbox"/> 5 Year Renewable Living Benefit Advance/ with Optional (LBAT38/LBAT46)** 五年可續期全護保附加生活保障/及自選附加生活保障	_____	_____
<input type="checkbox"/> 5 Year Renewable Living Benefit Plus/with Optional (LBPT38/LBPT46)** 五年可續期加護保附加生活保障/及自選附加生活保障	_____	_____
<input type="checkbox"/> Others 其它	_____	_____

* The following statement is only applicable to rollover of WP which was issued in or after July 1999.
 I/We declare that the Insured does not have, nor have ever had, nor ever been treated for disability. I/We further declare that the Insured's health condition has not been changed since the last health declaration of this policy. (If there is any health change, please complete Part II HEALTH DETAILS in the application form.)

此聲明只適用於一九九九年七月份或以後所發的傷殘豁免保費保障之轉換。

本人/吾等聲明受保人沒有，不曾有傷殘，亦不曾因傷殘而接受治療。本人/吾等聲明自從此保單最後一次之健康聲明以後，至今在健康上沒有任何改變。(如有健康狀況改變，請於人壽保險申請書的第二部份健康狀況詳述)

** This rider can only be rolled over to designated critical illness riders and please delete if inappropriate.
 此附加保障只可轉換至指定的危疾保障，並請刪去不適用者。

5. Unused Premium Refund 退回未用的保費方式	<input type="checkbox"/> Refund premium to policyowner directly 退回保費，直接寄給保單持有人 <input type="checkbox"/> Transfer the unused premium to New Policy (Policy No. _____) 未用的保費請轉至新保單 (保單編號： _____) <input type="checkbox"/> Transfer the unused premium to Other Policy (Policy No. _____) 未用的保費請轉至其它保單 (保單編號： _____)
6. Policy Document of Term Plan 定期保險保單	<input type="checkbox"/> Policy document is returned herewith for cancellation 退回保單，以作取消 <input type="checkbox"/> Policy document was lost or destroyed 保單已遺失或損毀
7. Others (Please state in details) 其它 (請詳細說明)	

Declaration 聲明

I/WE HEREBY DECLARE AND AGREE THAT:

1. The above request for policy change or services will not take effect unless the following conditions are met; (i) any required payment and documents are submitted in full; (ii) the request is approved by Chubb Life Insurance Company Ltd. (hereinafter called "the Company") during the lifetime and continued insurability of the Life Insurance; 2. This request and evidence of insurability of the Insured if required by the Company shall be the basis for change in policy and will form a part of the Policy unless otherwise specified; 3. Any personal data collected or held by Chubb Life Insurance Company Ltd. "the Company" (whether contained in this application or otherwise), is provided and may be used, stored, disclosed, transferred (whether within or outside Hong Kong) by the Company to its affiliated companies, reinsurance and claims investigation company, industry association/federation, any members of the federation by the federation or any individuals/organizations associated with the Company to (i) process this application or claims; (ii) provide all services related to this application and promote other financial products and services, direct marketing, and data matching, and to communicate with me/us for such purpose; and (iii) enable the federation to carry out its regulatory functions or such other functions that may be assigned to the federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the federation. Moreover, the Company is hereby authorized to obtain access to and/or to verify any of my/our data with the information collected by the federation from the insurance industry. I/We understand that I/we have the right to obtain access to and to request correction of any personal information held by the Company or be given reasons for any refusal of access. I/We also understand that the Company has the right to charge a reasonable fee for process of any access. (Note: any request for access or correction can be made in writing and addressed to the head of Policyowners Services Department at 33/F, Chubb Tower, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong) I/We understand that the conversion sum assured and remaining sum assured will be subject to the minimum requirements set forth by the Company from time to time and the rider rollover is subject to the Company rule that were set from time to time.

本人/吾等謹此聲明及同意：

1. 上述之更改事項或服務必須符合下列所有條件方能生效：(i)所有需要之款項及文件皆全數交安達人壽保險有限公司並完整無缺；(ii)申請在受保人仍然在生及符合受保條件時，經安達人壽保險有限公司（以下簡稱貴公司）批准；2. 此申請書連同貴公司要求受保證明，將成為保單更改之根據，並作為保單之一部份（若有其他安排除外）；3. 貴公司可以使用、儲存、透露、轉移（不論在本港或海外）任何貴公司所收集或持有之任何本人/吾等的個人資料（不論是否此投保書所載或從其他途徑所取得）給貴公司之任何關聯公司、再保公司及賠償調查公司、行業協會/聯會、聯會之成員及與貴公司有關之人士或機構以 (i)辦理申請書、索償；(ii)提供所有關於此投保書之服務及推廣其他財務產品及服務，直接促銷及資料核對等用途，及因此等用途與本人/吾等聯絡；(iii)執行聯會的監察功能；或執行本著保險業或任何聯會會員利益而予予聯會的其他功能。此外，貴公司獲授權向聯會查閱及/或核實該會已搜集本人/吾等之資料。本人/吾等明白本人/吾等有權自貴公司查閱及申請更改所有貴公司持有之有關本人/吾等的任何資料，或獲得任何被拒絕查閱的理由，貴公司有權酌情收取任何查閱資料的要求之費用。（注意：任何查閱及更正要求可以書面方式寄往香港銅鑼灣告士打道三一一號皇室大廈安達人壽大樓三十三樓保單行政部收）本人/吾等明白上述之轉換保障額及剩餘保障額，均需符合貴公司不時所定之最底要求及附加保障亦需符合貴公司不時所定之條例。

Name of Witness 見證人姓名		Signature must be consistent with that in your life application form. 閣下簽署模式應與申請書上之簽署相同，以作核對。			
Signature of Witness 見證人簽署	Date 日期	Signature of Insured 受保人簽署	Date 日期	Signature of Policyowner 保單持有人簽署 <small>(if other than Insured) (如非受保人)</small>	Date 日期

Chubb. Insured.SM