

Request For Change In Policy Form

更改保單事項通知書

Please tick <input checked="" type="checkbox"/> appropriate box(es) for request 請於適當之空格內加上 <input checked="" type="checkbox"/> 號		<input type="checkbox"/> New Request 新申請	<input type="checkbox"/> Reply 回覆																																				
Policy Number: 保單編號:	Full Name of Insured: 受保人姓名:	Full Name of Policyowner: 保單持有人姓名:																																					
1. Change of Payment Frequency / Debit Date 更改繳付保費方式 / 過數日期	New Frequency 新期數 <input type="checkbox"/> Annual 每年 <input type="checkbox"/> Semi-Annual 每半年 <input type="checkbox"/> Quarterly 每季 * <input type="checkbox"/> Monthly 每月 * * Direct Debit Authorization (DDA) form is required 必須遞交直接付款授權書 Debit Date 過數日期 <input type="checkbox"/> 3rd 3號 <input type="checkbox"/> 18th 18號																																						
2. Change of Dividend Option 更改紅利分派方式	<input type="checkbox"/> Cash 現金 <input type="checkbox"/> Paid-Up Addition 購買繳清保險 <input type="checkbox"/> Dividend Accumulation 累積紅利 <input type="checkbox"/> Premium Reduction (for Annual mode only) 繳付保費 (只限於年繳保費)																																						
3. Change of Options upon Lapse 更改保單失效之選擇方式	<input type="checkbox"/> Reduced Paid Up (RPU) 減額繳清保險 <input type="checkbox"/> Extended Term Insurance (ETI) 展期保險 <input type="checkbox"/> Automatic Premium Loan (APL) 自動貸款繳付保費																																						
4. Change of Sum Assured/ Notional Amount/Rider 更改保障額/名義金額/附加保障	<table border="1"> <thead> <tr> <th>Basic Plan/Rider 基本計劃/附加保障</th> <th>New Addition ^ 新加 ^</th> <th>Deletion # 刪除 #</th> <th>Increase ^ 增加 ^</th> <th>Reduce # 減少 #</th> <th>New Sum Assured/ Notional Amount/Class 新保障額/名義金額/類別</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> </tbody> </table> <p>Effective Month _____ / _____ 生效日期 mm 月 yyyy 年</p> <p>^ New addition or increase of sum assured/notional amount or upgrade of benefit requires to complete section 5, "Financial Needs Analysis Declaration", in this form and submit "Statement of Insurability" for the application. # Rider deletion or reduction of sum assured/notional amount, NO back-dating is allowed and the request will be effective on the next premium due date. ^ 新加或增加保障額/名義金額或提升保障, 需填寫此表格第五部分 "財務需要分析聲明" 及遞交 "投保資料申報書" # 刪除附加保障或減少保障額/名義金額均不接受追溯日期; 及有關之申請將安排在下一個保費到期日生效</p>			Basic Plan/Rider 基本計劃/附加保障	New Addition ^ 新加 ^	Deletion # 刪除 #	Increase ^ 增加 ^	Reduce # 減少 #	New Sum Assured/ Notional Amount/Class 新保障額/名義金額/類別	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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5. Financial Needs Analysis Declaration 財務需要分析聲明	<p>For increase of sum assured/notional amount of basic plan and/or rider, new addition of rider, upgrade of benefit (e.g. Hospital and Surgical Benefit upgrade) with Financial Needs Analysis (FNA) done within one year, please complete this section with a tick against each declaration.</p> <p>申請基本計劃及/或附加保障之增加保障額/名義金額、新增附加保障及/或提升保障 (例如: 提升住院及手術保障) 並於過去一年內填寫過財務需要分析, 請於此部份的各項聲明填上「<input checked="" type="checkbox"/>」號。</p> <p><input type="checkbox"/> I declare that Financial Needs Analysis has been completed within 1 year for the policy number _____ with the FNA Form signing on _____ with a copy of the FNA Form attached. 本人謹此確認於過去一年內就保單編號 _____ 已完成財務需要分析及簽署日期為 _____ 並附上該財務需要分析副本。</p> <p><input type="checkbox"/> I declare that there are no substantial changes in my circumstances, no mismatch in needs, risks tolerance level and affordability to the attached application since the date when the above mentioned Financial Needs Analysis was completed. 本人謹此確認在上述之財務需要分析簽署的日期後本人的狀況並無重要改變, 而就上述申請, 本人的財務需要、風險承擔能力及負擔能力亦無錯配。</p>																																						

6. Change of Option to Purchase Paid-up Addition (OPP) 更改購買附加繳清保險 Effective Month _____ / _____ 生效日期 mm 月 yyyy年	<input type="checkbox"/> Reduce 減少 (New Amount 新存款金額 HK\$/US\$ 港幣/美金 _____ M / Q / SA 每月/每季/每半年) <input type="checkbox"/> Increase 增加 (New Amount 新存款金額 HK\$/US\$ 港幣/美金 _____ M / Q / SA 每月/每季/每半年) - Applicable to the policy with inforce OPP only. 只適用於附有生效的繳清保險的保單 - Sum assured/notional amount is not provided by OPP deposit until purchase of OPP addition upon next anniversary. 此附加繳清保險的存款將累積至下一個保單週年日才購買
7. Change of Policy Status 更改保單狀況	<input type="checkbox"/> Extended Term Insurance 展期保險 <input type="checkbox"/> Reduced Paid-Up Insurance 減額繳清保險 <ul style="list-style-type: none"> • Change in policy status is permanent and cannot be reversed. Attachable rider(s), if any, will be terminated from the effective date and no more premium is required under this policy. • NO back-dating is allowed and the request will be effective on the next premium due date. • 保單狀況更改乃永久性轉變，並不可逆轉。附加保障(如有)將於生效日期終止，保單亦將毋需要繳付保費。 • 不接受追溯日期及有關申請將安排在下一個保費到期日生效
8. Reissue of Policy Document 申請保單文件副本	<input type="checkbox"/> Lost Policy Memorandum 遺失保單備忘錄 <input type="checkbox"/> Duplicate Policy (Please submit HK\$195 or US\$25 for Administration Fee.) 重發保單 (請呈交手續費港幣一百九十五元或美金二十五元)
9. Others (Please state in details) 其他 (請詳細說明)	

Declaration: 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 Insured. 2. This request and evidence of insurability of the Insured if required by the Company shall be the basis for change in the Policy and will form part of the Policy unless otherwise specified. 3. All statements and answers to all questions whether or not written by my/our own hands are to the best of my/our knowledge and belief complete and true. 4. Any personal data collected or held by 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, reinsurers 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 and claims; (ii) provide all services related to this application, administer the Policy and promote other financial products and services, perform direct marketing, and data matching, and communicate with me/us for such purposes; 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. I/We understand that failure to supply required information may result in the Company being unable to process this application. 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 a reasonable fee may be charged by the Company for process of any access and any questions regarding personal data or access to personal data should be forwarded to the Company at 33/F, Chubb Tower, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong or at the then registered office of the Company.

聲明：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並完整無缺遞交。(ii) 申請在受保人在生及仍然符合受保條件時，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(如需要)，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. 上述一切陳述及問題的所有答案，不論是否本人/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. 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(不論是否此更改保單事項通知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)辦理此通知書及索償(ii)提供所有關於此通知書之服務，保單管理及推廣其他財務產品及服務，從事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付予聯會的其他功能。本人/吾等明白如所需資料未能提供，貴公司將無法辦理此通知書。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。欲查詢有關個人資料事宜，請送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「安達人壽保險有限公司」收。

USE OF PERSONAL INFORMATION COLLECTION STATEMENT AND CONSENT

I/WE UNDERSTAND AND CONSENT THAT, by signing the application, any personal data collected or held by Chubb Life Insurance Company Ltd. (the "Company") is provided and may be used, processed, stored, disclosed, transferred by the Company to the companies within the group of which the Company is a subsidiary (the "Group Companies"), its authorized agents, reinsurers, claims investigators, loss adjudicators, medical advisors, recovery agents, insurance industry associations, federations and their members, credit reference bureaus, government or judicial or regulatory bodies or any person to whom the Company is under legal and/or regulatory obligation to make disclosure, and the Company's appointed third party agents, contractors and advisors, in each case whether within or outside of Hong Kong to (i) process and evaluate this application and any future insurance application and claim I/we may make; (ii) provide all services related to this application, administer and process policy, medical and underwriting checks, payment instructions, premiums collection, data matching, and communicate with me/us for such purposes; (iii) enable the industry associations, the federations, the government or regulatory bodies to carry out the functions and requirements that may be assigned to them from time to time and are reasonably required in their interest and that of the insurance industry; and (iv) provide payment, data processing, administration, communications, computer, security and other services (including medical services, emergency assistance services, mailing and IT services) in connection with the operation of the Company and the provision of services to me/us. 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 insurance industry associations, the federations, the government and regulatory bodies and medical personnel or organizations. I/We am/are obliged to supply the information required from me/us under this application which is a condition precedent for me/us to apply this policy. Failure to supply the required information may result in the Company being unable to process this application. I/We understand that I/We have the right to obtain access to and to request correction of any personal data held by the Company or be given reasons for any refusal of access or correction. I/We also understand that a reasonable fee may be charged by the Company for processing of any access. Any questions regarding personal data, access to or correction of personal data should be made in writing and forwarded to The Data Protection Officer, Chubb Life Insurance Company Ltd. at 33/F, Chubb Tower, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong.

個人資料收集聲明及授權

就簽署此申請書，本人/吾等明白及同意安達人壽保險有限公司（「貴公司」）可以使用、處理、儲存、透露、轉移任何貴公司所收集或持有任何本人/吾等的個人資料與貴公司隸屬同一集團附屬公司之其他公司（「集團公司」）、其獲授權的代理人、再保險公司、理賠調查員、處理索賠個案的理賠師、醫療顧問、索償代理、保險行業協會、聯會及其會員、信貸資料服務公司、政府或司法或監管機構或對貴公司具有法律及/或監管責任而須予以披露的任何人士，及貴公司指定的第三方代理、承包商及顧問，不論屬本地或海外，以（i）處理及審批此申請及本人/吾等將來提交之保險申請及索償；（ii）提供所有關於此申請之服務，管理及處理保單、醫療和核保檢查、付款指示、保費收取、資料核對，及因此等用途與本人/吾等聯絡；（iii）令保險行業協會及聯會、政府或監管機構執行其經不時修定及為合理要求以維護其及保險行業利益的功能及規定；及（iv）提供因貴公司營運及給予本人/吾等服務之相關付款、數據處理、行政、通訊、電腦、保安及其它服務（包括醫療服務、緊急救援服務、郵寄服務及資料科技服務）。此外，貴公司獲授權向保險行業協會及聯會、政府及監管機構、及醫務人員或機構取閱及/或核實任何該等機構向本人/吾等收集之資料。本人/吾等有責任提供此申請書上之所需資料，以作為此申請之先決條件。如未能提供所需的資料，可能會導致貴公司無法處理此申請。本人/吾等明白本人/吾等有權取閱及要求更正任何貴公司持有之有關本人/吾等的任何個人資料，或被給予拒絕查閱或更正的理由。本人/吾等亦明白貴公司可能會收取任何查閱資料的要求之合理費用。如欲查詢有關個人資料事宜，查閱或更正個人資料必須以書面形式向貴公司的資料保護主任提出，並送交至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。

NOTE 注意：

Please do not sign on BLANK Form 請勿在空白表格上簽署

Signature must be consistent with that in your policy record and please submit the form within 14 days

簽名模式需與保單上的記錄相符，並請於 14 天內遞交

Signature of Policyowner
保單持有人簽署

dd/mm/yyyy
日/月/年

Signature of Assignee
承讓入簽署

dd/mm/yyyy
日/月/年

(Only applicable if the policy has been assigned)
(適用於此保單已被轉讓)

Chubb. Insured.SM