

Agent's/Intermediary's name 保險代理/中介人姓名 _____
 Agent's/Intermediary's contact phone no. 保險代理/中介人聯絡電話 _____
 Agent's/Intermediary's code 保險代理/中介人代號 _____
 Agency 組別 _____

Request for Financial Transaction Form (for Investment-Linked Plan)

財務調配申請書 (投資相連計劃)

New Request 新申請 Reply 回覆

Policy no.: 保單號碼	Full Name of Insured: 受保人姓名	* Full Name of Policyowner: 保單持有人姓名
*Nationality of Policyowner: (if any change) 保單持有人國籍 (如有更改)		* HKID/Passport/BR No. of Policyowner: (if any change) 保單持有人香港身份證/護照/商業登記號碼 (如有更改)

In compliance with the Anti-Money Laundering and Counter-Terrorist Financing (Financial Institutions) Ordinance and the Guideline on Anti-Money Laundering and Counter-Terrorist Financing which is issued by the Office of the Commissioner of Insurance as amended from time to time, Chubb Life Insurance Company Ltd. is required to review customer identity information for the above items with asterisk (*) to ensure they are up-to-date and relevant. For any change of customer identity information provided in the original policy application or any subsequent change of policyowner identity information you made previously, you are required to complete "Request For Change in Policy Form" (POS017), Section 1 to provide the identity information and original identification documents proof for the purpose of identification, verification and record keeping.

根據打擊洗錢及恐怖分子資金籌集(金融機構)條例及保險業監理處所發出及不時修訂之「打擊洗錢及恐怖分子資金籌集指引」, 安達人壽保險有限公司必須不時覆核以上註有(*)號之保單持有人身份資料以確保資料反映現況及仍屬相關的。如任何身份資料與投保申請表所提供的資料有所不同或保單持有人其後的身份資料更改, 閣下必須填寫「更改保單事項通知書」上之第一部份, 提供有關身份資料及有關身份證明文件以作核實及存檔之用。

Please tick appropriate box(es) for request 請於適當之空格內加上 號 *Delete if not applicable 如不適用者請刪去
 Important Notice: • For investment option name and code for each individual plan, please refer to investment choice name list for details. • Any amendments should be endorsed by the policyowner in full signature. • Chubb Life Insurance Company Limited (the "Company") shall have the right to update this form from time to time and to accept or reject the forms submitted by you if you fail to fulfill the Company's requirements. • Allocation percentage of each investment option choice selected should be in whole number. All dollar amount should be rounded to two decimal places. • NO backdating is allowed. 重要提示: • 有關各投資相連計劃之投資選擇名稱及代號, 請參考投資選擇名稱一覽表 • 任何資料如有更改, 保單持有人必須在更改的位置簽署作實 • 安達人壽保險有限公司有權隨時更新表格內容, 如閣下未能符合本公司的有關規定, 本公司將保留接受或拒絕 閣下遞交之申請表格的權利 • 所選每項投資選擇項分配百分比必須為整數。所有金額數目必須截至小數點後兩個位 • 生效日期不可倒前。

1. Unscheduled Contribution (Only applicable to PIS/WLR/WMVUL/WLPR/WLPR2) **Lump Sum Premium** (Only applicable to WLS/WLPS/WLPS2)
 不定期額外投資供款 (只適用於「智富保」/「豐盛易」/「匯財智保」/「享豐盛」/「豐逸」) 繳付整付保費 (只適用於「豐盛」/「享豐盛」/「非凡」- 整付保費)

Investment Option 投資選擇代號	Allocated Amount (US\$) 投資款項 (美金)	Investment Option 投資選擇代號	Allocated Amount (US\$) 投資款項 (美金)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For top-up request, please complete Part I 'Important Facts Statement' (IFS) of the form "Important Facts Statement and Applicant's Declarations". 所有額外投資申請, 必須填寫表格「重要資料聲明及投保人聲明書」內第一部份「重要資料聲明書(IFS)」並一併遞交。	Partner Investment Select Plan (PIS) 「智富保」	WealthLink Investment Plan (WLS) 「豐盛」	WealthLink Investment II Plan (WLR) 「豐盛易」	WealthMaster Variable Universal Life Plan (WMVUL)/WealthLink Investment Pro (WLPR)/(WLPS)/Ultra - Single Premium Investment Plan (WLPS2)/Infinite - Regular Premium Investment Plan (WLPR2) 「匯財智保」/「享豐盛」/「享豐盛」- 整付保費/「非凡」- 整付保費投資計劃/「豐逸」定期保費投資計劃
<i>Minimum Unscheduled Contribution</i> 最低不定期額外投資供款	US\$50 per transaction 每次交易為美金五十元	N/A 不適用	US\$500 per transaction 每次交易為美金五百元	US\$250 per transaction 每次交易為美金二百五十元 US\$250 on each newly added Investment Option 每個新增投資選擇代號供款為美金二百五十元
<i>Minimum Lump Sum Premium</i> 最低繳付整付保費	N/A 不適用	US\$500 per transaction 每次交易為美金五百元	N/A 不適用	US\$250 per transaction (if applicable) 每次交易為美金二百五十元 (如適用)

2. Investment Option Switching For WMVUL/WLPR/WLPR2, please select account
 投資選擇調配 (「匯財智保」/「享豐盛」/「豐逸」請選擇戶口)

From Planned Premium Account 由設定保費戶口; From Additional Contribution Account 由額外投資供款戶口

Investment Option (Switch-Out) 投資選擇代號 (賣出)	Switch-Out Percentage (%) 賣出百分比 (%)	Investment Option (Switch-In) 投資選擇代號 (買入)	Switch-In Percentage (%) 買入百分比 (%)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

	Partner Investment Select Plan (PIS) 「智富保」	WealthLink Investment Plan (WLS) 「豐盛」	WealthLink Investment II Plan (WLR) 「豐盛易」	WealthMaster Variable Universal Life Plan (WMVUL)/WealthLink Investment Pro (WLPR)/(WLPS)/Ultra - Single Premium Investment Plan (WLPS2)/Infinite - Regalar Premium Investment Plan (WLPR2) 「匯財智保」/「享豐盛」/「享豐盛」-整付保費/「非凡」-整付保費投資計劃/「豐逸」定期保費投資計劃
<i>Minimum switch-out amount</i> 最低賣出金額	US\$100 per Investment Option 每個投資選擇為美金一百元	US\$500 per transaction 每次交易為美金五百元	US\$500 per transaction 每次交易為美金五百元	US\$250 per Investment Option 每個投資選擇為美金二百五十元
<i>Minimum switch-in amount</i> 最低買入金額	US\$50 per Investment Option 每個投資選擇為美金五十元	N/A 不適用	US\$100 per Investment Option 每個投資選擇為美金一百元	US\$50 per Investment Option 每個投資選擇為美金五十元
<i>Minimum switch-in amount for newly added investment option</i> 新增投資選擇之最低買入金額	N/A 不適用	N/A 不適用	N/A 不適用	US\$250 per Investment Option 每個投資選擇為美金二百五十元

3. Investment Option Withdrawal For WMVUL/WLPR/WLPR2, please select account

提取投資選擇 (「匯財智保」/「享豐盛」/「豐逸」)請選擇戶口)

From Planned Premium Account

由設定保費戶口；

From Additional Contribution Account

由額外投資供款戶口

Investment Option 投資選擇代號	Allocated Amount (US\$) 投資款項 (美金)	Investment Option 投資選擇代號	Allocated Amount (US\$) 投資款項 (美金)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Payment Instructions 付款方式

(If payment instruction is not specified, HKD cheque will be issued and sent to Policywoner's mailing address. 如沒有註明付款方式，將發出港幣支票郵寄至保單持有人之通訊地址。)

Cheque 支票 (Local 本地) HKD 港幣 USD 美金 **Bankdraft 銀行匯票 (Oversea 海外)** HKD 港幣 USD 美金

Delivery Option 支票遞交方式

To Mailing Address 寄至通訊地址 Collect at CS Centre 親身到本公司客戶服務中心提取 via Agent/Broker 經保險代理/保險經紀傳遞

Repay Outstanding Loan 償還貸款金額 (*USD/HKD 美金/港幣) _____ for my policy no. 於本人的保單編號 _____

Settle Premium Due on 繳付 _____ 到期之保費 (*USD/HKD/CNY 美金/港幣/人民幣) _____ for my policy no. 於本人的保單編號 _____

Month/Year年

	Partner Investment Select Plan (PIS) 「智富保」	WealthLink Investment Plan (WLS) 「豐盛」	WealthLink Investment II Plan (WLR) 「豐盛易」	WealthMaster Variable Universal Life Plan (WMVUL)/WealthLink Investment Pro (WLPR)/(WLPS)/Ultra - Single Premium Investment Plan (WLPS2) 「匯財智保」/「享豐盛」/「享豐盛」-整付保費/「非凡」-整付保費投資計劃	Infinite - Regalar Premium Investment Plan (WLPR2) 「豐逸」定期保費投資計劃
<i>Minimum withdrawal amount</i> 最低提取投資選擇金額	US\$100 per transaction 每次交易為美金一百元	US\$500 per transaction 每次交易為美金五百元	US\$500 per transaction 每次交易為美金五百元	US\$250 per Investment Option per transaction 每次交易每個投資選擇為美金二百五十元	US\$250 per Investment 每次交易為美金二百五十元
<i>Minimum withdrawal amount per Investment Option</i> 每項投資選擇之最低提取金額	N/A 不適用	N/A 不適用	US\$100 per Investment Option 每個投資選擇為美金一百元	N/A 不適用	N/A 不適用
<i>Minimum remaining balance per Investment Option</i> 每項投資選擇最低餘額	N/A 不適用	N/A 不適用	N/A 不適用	US\$250 per Investment Option 每個投資選擇為美金二百五十元	N/A 不適用
<i>Minimum remaining balance per policy</i> 全份保單內之最低投資選擇餘額	US\$600 per policy 每份保單為美金六百元	N/A 不適用	N/A 不適用	US\$1000 per policy 每份保單為美金一千元	US\$1000 per policy 每份保單為美金一千元

(For WMVUL and PIS plan) If Level Death Benefit Option or Flexible Death Benefit Option is in effect, the latest Face Amount and/or premium will be automatically reduced by the amount of withdrawal subject to such minimum value and conditions as the Company and premium may from time to time stipulate. (匯財智保及智富保計劃) 倘固定身故賠償選擇生效或倘靈活身故賠償選擇生效，最近期的保障額/或保費將按本公司不時釐定之最低價值及條件自動減去贖回之金額。The Surrender would first apply to the Additional Portion with the latest Effective Date of Addition before it would apply to each of the preceding Additional Portions in reverse chronological order. Each Surrender of Additional Portion would be subject to the Surrender Charges applicable to that Additional Portion. 退保將依照額外設定保費生效日，反時序先應用於生效日期的額外保額部份。每次額外保障部份退保須繳付適用於該額外保障部份的退保費用。

4. Redirection of Future Contribution (Only applicable to the Target/Basic Premium and Extra Contribution / Additional Premium in PIS/WLR/WMVUL/WLPR/WLPR2)

Effect from next premium due date

更改投資分配 (只適用於「智富保」/「豐盛易」/「匯財智保」/「享豐盛」/「豐逸」) 內之基本保費/定期額外投資供款/額外保費)

生效日期為下個保費到期日

Percentage must be a whole number with minimum 10% and total 100% with max allocation.
投資分配必須為整數，最少10%及合計100%的最高投資選擇分配數量。

Investment Option 投資選擇代號	Allocation 分配 (%)	Investment Option 投資選擇代號	Allocation 分配 (%)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

	Partner Investment Select Plan (PIS) 「智富保」	WealthLink Investment Plan (WLS) 「豐盛」	WealthLink Investment II Plan (WLR) 「豐盛易」	WealthMaster Variable Universal Life Plan (WMVUL)/WealthLink Investment Pro (WLPR)/(WLPS)/Ultra - Single Premium Investment Plan (WLPS2)/Infinite - Regalar Premium Investment Plan (WLPR2) 「匯財智保」/「享豐盛」/「享豐盛」- 整付保費/「非凡」- 整付保費投資計劃 / 「豐逸」定期保費投資計劃
<i>Maximum Investment Option choice under one policy</i> 每份保單最高投資選擇總數	N/A 不適用	6	8	10

The dollar amount of allocated premium on sum of planned premium and extra contribution on each newly added individual investment option choice must at least US\$250 per year. 在每個新增個別投資選擇選擇內，每年設定保費及定期額外投資供款總和必須為每年美金二百五十元。

5. Change of Extra Contribution (Only applicable to PIS/WMVUL/WLPR/WLPR2)

更改定期額外投資供款 (只適用於「智富保」/「匯財智保」/「享豐盛」/「豐逸」)

Change of Additional Premium (Only applicable to WLR)

更改額外保費 (只適用於「豐盛易」)

New Addition 新增	Deletion 取消	Increase 增加	Reduce 減少	New Extra Contribution/ Additional Premium (US\$) 新定期額外投資供款/額外保費 (美金)	Effect from next premium due 生效日期為下個保費到期日
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

	Partner Investment Select Plan (PIS) 「智富保」	WealthLink Investment Plan (WLS) 「豐盛」	WealthLink Investment II Plan (WLR) 「豐盛易」	WealthMaster Variable Universal Life Plan (WMVUL)/WealthLink Investment Pro (WLPR)/(WLPS)/Ultra - Single Premium Investment Plan (WLPS2)/Infinite - Regalar Premium Investment Plan (WLPR2) 「匯財智保」/「享豐盛」/「享豐盛」- 整付保費/「非凡」- 整付保費投資計劃 / 「豐逸」定期保費投資計劃
For top-up request, please complete Part I 'Important Facts Statement' (IFS) of the form "Important Facts Statement and Applicant's Declarations". 所有額外投資申請，必須填寫表格「重要資料聲明及投保人聲明書」內第一部份「重要資料聲明書(IFS)」並一併遞交。				
<i>Minimum Extra Contribution</i> 最低定期額外投資供款	US\$50 per transaction 每次交易為美金五十元	N/A 不適用	N/A 不適用	US\$250 per annum (if applicable) US\$250 on each newly added Investment Option 每年美金二百五十元 (如適用)
<i>Minimum Additional Premium</i> 最低額外保費	N/A 不適用	N/A 不適用	US\$360 per year / US\$30 per month 每年美金三百六十元 / 每月美金三十元	N/A 不適用

6. Change of Face Amount /Rider (Only applicable to PIS/WMVUL)

更改保障額/附加保障 (只適用於「智富保」/「匯財智保」)

Change of Planned Premium (Only applicable to WMVUL/WLPR/WLPR2)

更改設定保費 (只適用於「匯財智保」/「享豐盛」/「豐逸」)

For WMVUL, please select 「匯財智保」請選擇

with change in face amount 更改保障額

without change in face amount 不更改保障額

Change of Basic Premium (Only applicable to WLR)

更改基本保費 (只適用於「豐盛易」)

• Effective Month ____ / ____

生效月份 mm月 yyyy年

Please complete the "Statement of Insurability Form" for change of Face Amount/Rider. For change in Face Amount in PIS plan, "Sales Proposal and Illustration" is also required. 更改保障額/附加保障須填妥投保資料申報書。更改「智富保」之保障額並須提交簽妥之計劃建議書。

Increased Planned Premium with increased face amount in WMVUL is only allowed after the policy has been in-force for more than 12 months. 新增「匯財智保」之額外設定保費及保障額只可於保單生效12個月後接受申請。

Basic Plan /Rider 基本計劃 / 附加保障	New Addition 新增	Deletion 取消	Increase 增加	Reduce 減少	New Face Amount (US\$) / Class 新保障額(美金)/類別	New Premium (US\$) 新保費(美金)
_____	<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"/>	_____	_____

* No backing is allowed for deletion or reduce. If the effective month is not specified, it will take effective from the next premium due date.
不接受追溯日期在月刪除附加保障或減少之申請，如沒有註明生效月份，有關之申請將安排在下一個保費到期日生效。

For top-up request, please complete Part I 'Important Facts Statement' (IFS) of the form 'Important Facts Statement and Applicant's Declarations'. 所有額外投資申請，必須填寫表格「重要資料聲明及投保人聲明書」內第一部份「重要資料聲明書(IFS)」並一併遞交。	Partner Investment Select Plan (PIS) 「智富保」	WealthLink Investment Plan (WLS)「豐盛」	WealthLink Investment II Plan (WLR) 「豐盛易」	WealthMaster Variable Universal Life Plan (WMVUL)/WealthLink Investment Pro (WLPR)/(WLPS)/Ultra - Single Premium Investment Plan (WLPS2)「匯財智保」/「享豐盛」/「享豐盛」- 整付保費/「非凡」- 整付保費投資計劃	Infinite - Regular Premium Investment Plan (WLPR2) 「豐逸」定期保費投資計劃
Minimum Target Premium 最低基本保費	US\$600 per annum 每年年費 美金六百元	N/A 不適用	N/A 不適用	N/A 不適用	N/A 不適用
Minimum Basic Premium 最低基本保費	N/A 不適用	N/A 不適用	US\$960 per year / US\$80 per month 每年美金九百六十元/ 每月美金八十元	N/A 不適用	N/A 不適用
Minimum Planned Premium 最低設定保費	N/A 不適用	N/A 不適用	N/A 不適用	US\$750 per year per policy (if applicable) 每份保單每年美金七百五十元 (如適用)	US\$1200 per year 每年美金一千二百元

(For WMVUL) Face amount can be increased up to the maximum face amount multiple (FAM) on each portion based on the issue age as right: (匯財智保) 各部份的保障額最高可增至該部份投保年齡時的最高保障額倍數之保障額，如右：	Premium Layer Issue Age 投保年齡	Face Amount Multiples = Face Amount ÷ Premium 保障額倍數 = 保障額 ÷ 保費	
		Annual Planned Premium 年供保費 US\$750 - US\$2999	Annual Planned 年供保費 US\$3000 or Above
	0 - 30	250 - 1500	150 - 1500
	31 - 40	250 - 1000	150 - 1000
	41 - 50	250 - 600	150 - 600
	51 - 60	150 - 350	100 - 350
	61 - 70	150 - 200	100 - 200

7. Change of Death Benefit Option 更改身故賠償選擇

<input type="checkbox"/> Increasing 遞增	<input type="checkbox"/> Level 固定	<input type="checkbox"/> Decreasing 遞減	<input type="checkbox"/> Flexible (Only applicable to WMVUL) 靈活 (只適用於「匯財智保」)		
Complete "Request for Change of Death Benefit Option (for Partner Select Plan)" for PIS policy issued before 1 February 2005. This Option is not applicable to WLS/WLR/WLPR/WLPS. 於二零零五年二月一日前續發之「智富保」保單，需填妥「更改身故賠償選擇通知書」。此選擇不適用於「豐盛整」/「豐盛易」/「享豐盛」/「享豐盛」- 整付保費。 Please complete the Statement of Insurability Form if underwriting is required. 如需核保，請填妥投保資料申請書。	New Death Benefit 新身故賠償選擇				
	Original Death Benefit 原有身故賠償選擇	Increasing Death Benefit 遞增身故賠償選擇	Flexible Death Benefit 靈活身故賠償選擇	Level Death Benefit 固定身故賠償選擇	Decreasing Death Benefit 遞減身故賠償選擇
	Increasing Death Benefit 遞增身故賠償選擇	NA 不適用	Not Require UW 不需核保	Not Require UW 不需核保	Not Require UW 不需核保
	Flexible Death Benefit 靈活身故賠償選擇	Require UW 需核保	NA 不適用	Not Require UW 不需核保	Require UW 需核保
	Level Death Benefit 固定身故賠償選擇	Require UW 需核保	Require UW 需核保	NA 不適用	Require UW 需核保
Decreasing Death Benefit 遞減身故賠償選擇	Require UW 需核保	Require UW 需核保	Require UW 需核保	NA 不適用	

8. Others 其他

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. Evidence of insurability of the Insured for request(s) for change of cover/benefit(s), 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 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. 上述之更改或服務必須符合下列所有條件方能生效: (i) 所有需要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. 此更改保障及保單選擇之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, 並作為保單一部份(若有其他安排除外)。3. 上述一切陳述, 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 application. 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 of Life Administration of 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之任何本人/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、保安及其他服務(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壽險行政部的資料保護主任提出, 並送交至香港銅鑼灣告士打道三一號皇室大廈安達人壽大樓三十三樓。

Name of Witness/Agent 見證人/保險代理姓名		Signature must be consistent with that in your policy record. 閣下簽署模式, 應與保單記錄之簽署相同, 以作核對。			
Signature of Witness/Agent 見證人/保險代理簽署	Date 日期	Signature of Assignee 承讓人簽署 (Only applicable if the policy has been assigned 適用於被轉讓之保單)	Date 日期	Signature of Policyowner 保單持有人簽署	Date 日期

Letter / Endorsement will be delivered to Policyowner:

By Mail

By Agent/Broker

I/We hereby instruct the Company to deliver the Confirmation Letter / Endorsement for the above change requests via my/our servicing agent/broker.