

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 Change Of Policyowner/Beneficiary Form

| | | | |
|---|-----------------------|--------------------------------------|--------------------------------|
| Please tick <input checked="" type="checkbox"/> appropriate box(es) for request | | <input type="checkbox"/> New Request | <input type="checkbox"/> Reply |
| Policy Number: | Full Name of Insured: | Full Name of Policyowner: | |

Important Notice

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 and to comply with industry guidelines, Chubb Life Insurance Company Ltd. is required to review customer identity information to ensure they are up-to-date and relevant. If (i) there is any change of customer identity information provided in the original policy application, any subsequent change of policyowner identity information you made previously, or you have become an US citizen or resident in US for tax purpose or you have tax residency other than US; or (ii) you wish to provide Chubb Life Insurance Company Ltd. your tax-related status (e.g. place of birth, citizenship and residency), you are required to complete Section 1 of "Request For Change in Policy Form" and you may also be required to provide the identity information and original identification documents proof, and if necessary, (i) the appropriate US tax form(s) and/or (ii) other documentary evidence to support your tax residency of each country/jurisdiction or as required by law for identification, verification and further assessment.

Section A

| | | | |
|--|--|--|-----------------------------------|
| <input type="checkbox"/> Change of Policyowner <input type="checkbox"/> Change of Successor Owner <input type="checkbox"/> Change/State Payor of Child Protection Benefit (Please complete "Statement of Insurability" for new payor) Signature (For New Policyowner/Successor Owner Only) | (a) Personal Particulars | | |
| | New Policyowner's/Successor Owner's/Payor's Full Name ^c | | |
| | Date of Birth ^c | (dd/mm/yyyy) | Place of Birth ^{B&C} |
| | ID/Birth Cert/BR No./Passport No. ^c | | Sex |
| | Nationality ^A | Citizenship ^A | Residency ^A |
| | Relationship to Insured | | Email |
| | Occupation | | Business Nature |
| | Residential Address^c | | |
| | <i>Please submit residential address proof. The address(es) will be updated for ALL policy(ies) under the policyowner if not specified in the box (a) or (b).</i> | | |
| | <input type="checkbox"/> a) For the above mentioned policy ONLY <input type="checkbox"/> b) For the above mentioned policy and include the following policy number(s) | | |
| | Policy Nos. _____ | | |
| | Room/Flat | Floor | Block |
| | Building/Estate | | No. and Name of Street/Road |
| | District | | HK/KLN/NT* |
| | Province/Country | | Postal Code |
| Permanent Address | | | |
| <i>(If different from the above residential address, please complete below section)</i> This address will be updated for ALL policy(ies) under the policyowner. | | | |
| Room/Flat | Floor | Block | |
| Building/Estate | | No. and Name of Street/Road | |
| District | | HK/KLN/NT* | |
| Province/Country | | Postal Code | |
| Workplace Address | | | |
| Room/Flat | Floor | Block | |
| Building/Estate | | No. and Name of Street/Road | |
| District | | HK/KLN/NT* | |
| Province/Country | | Postal Code | |
| Mailing Address^c (Please select the following for the mailing address) | | | |
| <input type="checkbox"/> Residential Address | <input type="checkbox"/> Permanent Address | <input type="checkbox"/> Workplace Address | |
| Telephone Number^B | | | |
| Home Number () | | Country (if not Hong Kong) | |
| Workplace Number () | | Country (if not Hong Kong) | |
| Mobile Number () | | Country (if not Hong Kong) | |

*Please delete inappropriate

| |
|---|
| <p>(b) Tax Residency</p> <p>Please select your tax residency(ies) (<i>can select more than one</i>)</p> <p><input type="checkbox"/> Hong Kong^c <input type="checkbox"/> US^{A&B} <input type="checkbox"/> Others^c</p> |
| <p>(c) Policyowner as Entity</p> <p>Are you a passive non-financial entity (Passive NFE)? (<i>This question is only applicable to the policyowner which is an entity</i>)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the answer above is “Yes”, please complete the “Supplementary Form of Beneficial Owner/Controlling Person/Successor Owner” (NB222) by controlling person(s) of the entity.</p> <p><i>Details of “Passive NFE” and other relevant details can be found within the Inland Revenue Ordinance (Cap. 112 of the Laws of Hong Kong) (“IRO”) or the website of Inland Revenue Department of Hong Kong.</i></p> |
| <p>(d) Policyowner as PEP</p> <p>Are you a politically exposed person (PEP)^D?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>(e) Policyowner Act On Behalf</p> <p>Are you acting solely on your own behalf in this policy which, in other words, not acting on behalf of another person, without limitation, as trustee, nominee or agent?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the answer above is “No”, please state in what capacity _____</p> <p>If the new policyowner is an entity, please complete the “Supplementary Form of Beneficial Owner/Controlling Person/Successor Owner” (NB222) by beneficial owner^E of the entity.</p> |

Remarks

- ^A If you confirm that you are an US citizen or a resident in the US for tax purpose in Section A or your citizenship, residency or nationality is US in Section A, please provide a signed Form W-9 “Request for Taxpayer Identification Number and Certification” (“Form W-9”).
- ^B If you confirm that your place of birth, address or telephone number is in US, please provide (1) a signed Form W-8BEN “Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)”; (2) a valid government issued identification document evidencing the non-US citizenship; and (3) a copy of Certificate of Loss of Nationality of the United States or a valid government issued certificate of residence evidencing non-US residency.
- ^C This information provided (if any) shall form part of Section B “Self-certification for Tax Residency”. You are required to complete –“Self-certification for Tax Residency” if answer(s) in Section A(b) for tax residency is/are “Hong Kong” and/or “Others”.
- ^D PEP includes:
- (a) an individual who is or has been entrusted with a prominent public function and
 - (i) includes a head of state, head of government, senior politician, senior government, judicial or military official, senior executive of a state-owned corporation and an important political party official;
 - (ii) but does not include a middle-ranking or more junior official of any of the categories mentioned in (i) above;
 - (b) a spouse, a partner, a child or a parent of an individual falling within paragraph (a) above, or a spouse or a partner of a child of such an individual; or
 - (c) a close associate of an individual falling within (a) above.
- ^E Beneficial Owner refers to a person who ultimately owns or controls, directly or indirectly, a policyowner on whose behalf a transaction is being conducted. It also includes those persons who exercise ultimate effective control over a legal person or arrangement.

Section B

Self-certification for Tax Residency

If answer(s) for tax residency is/are “Hong Kong” and/or “Others” in section A (b), please complete the following table indicating (i) the country/jurisdiction of residence (including Hong Kong) where the policyowner is a tax resident and (ii) policyowner’s Taxpayer Identification Number (“TIN”) for each country/jurisdiction indicated. If the policyowner is a tax resident in more than three countries/jurisdictions, please use separate Self Certification Form to supplement. If policyowner is filling in this section A (e) on behalf of someone else, policyowner is required to tell the Company in what capacity in which policyowner is acting on behalf of another person by completing section A (e) above and/or the “Supplementary Form of Beneficial Owner/Controlling Person/Successor Owner” (NB222) to furnish necessary information. To facilitate the completion of the table below, policyowner **must read** the Notes for Completion below carefully. Further details for the understanding of the said Notes and meaning of the terms can be found within the Inland Revenue Ordinance (Cap. 112 of the Laws of Hong Kong) (“IRO”) or the website of Inland Revenue Department of Hong Kong.

If the policyowner is a tax resident of Hong Kong, the TIN is the Hong Kong Identity Card Number (for individual) and the Hong Kong Business Registration Number (for entity).

(a) Jurisdiction of Residence and Taxpayer Identification Number

| Country/Jurisdiction of tax residence ¹ | TIN | If no TIN available, please provide Reason A, B or C ² | Please explain why you are unable to obtain a TIN if you selected Reason B ² |
|--|-----|---|---|
| I. | | | |
| II. | | | |
| III. | | | |

¹Pursuant to sub-section 3 of Section 50B of the IRO, the Company may collect information from the policyowner for identifying his/her tax residency even if he/she is a resident for tax purposes in a territory outside Hong Kong that is not a "Reportable Jurisdiction" as defined under Part 1 of Schedule 17E of the IRO. If the country/jurisdiction of tax residence(s) so provided herein is/are different from the country/jurisdiction of residential address/permanent address/ mailing address/ workplace address as provided in this application form, please provide the explanation in section B (b) below.

²If a TIN is unavailable, please provide the appropriate reason **A, B or C where indicated below:**

- **Reason A** - The country/jurisdiction where the policyowner is a tax resident does not issue TINs to its tax residents.
- **Reason B** - The policyowner is otherwise unable to obtain a TIN or equivalent number. Please explain why a TIN is unable to be obtained in the above table if this reason is selected.
- **Reason C** - No TIN is required. (Note: Only select this reason if the domestic law and authority of the relevant jurisdiction of tax residence does not require the collection and disclosure of the TIN issued by such jurisdiction)

(b) Please provide explanation(s) if the country/jurisdiction of tax residence(s) so provided in the above table is/are different from the country/jurisdiction of residential address/permanent address/ mailing address/ workplace address as provided in this request for change form:

Notes for Completion

The Inland Revenue Ordinance (Cap. 112 of the Laws of Hong Kong) ("IRO") requires and authorizes the Company to collect and/or report certain information about the policyowner's tax residence and the policy information for the purpose of automatic exchange of financial account information. Section A (b-c) and Section B are intended to request and collect information consistent with the law requirements in Hong Kong.

As a financial institution, the Company is not allowed to give tax advice. If policyowner has any questions on policyowner's tax residence status and/or in answering Section A (b-c) and Section B, please seek advice from independent tax adviser.

Each jurisdiction has its own rules for defining tax residence, and jurisdictions have provided information on how to determine if policyowner is a tax resident in the jurisdiction. In general, policyowner will find that tax residence is the country/jurisdiction in which policyowner resides. Special circumstances may cause policyowner to be a tax resident elsewhere or a tax resident in more than one country/jurisdiction at the same time. For more information on tax residence, please consult a tax adviser or find the information at the Automatic Exchange of Information ("AEOI") portal of the Organisation for Economic Co-operation and Development ("OECD"). Policyowner's domestic tax authority may provide guidance regarding how to determine the tax status.

If policyowner's tax residence is located outside Hong Kong, the Company may be legally obliged to pass on the information in this form and other required information with respect to the policyowner's Policy to the Inland Revenue Department of Hong Kong ("IRD") and they may exchange this information with tax authorities of another jurisdiction or jurisdictions in which the policyowner may be tax resident pursuant to intergovernmental agreements to exchange relevant account/policy information.

Kindly note that the information so provided under questions Section A (b-c) and Section B serve as policyowner's self-certification and will remain valid unless there is a change in circumstances relating to information, such as policyowner's tax residence status or other mandatory field information, that makes the information incorrect or incomplete. In that case, policyowner must notify the Company and provide an updated self-certification.

If there is any discrepancy or contradictory information are found during application/ due diligence process of the Company, the Company may clarify with policyowner and policyowner may be requested to provide an updated self-certification or provide explanation on the discrepancy if necessary. Failing to provide an updated self-certification or explanation to the Company, the Company may be required by law to provide the information in this Form and the other required information to the IRD.

To be filled by Agent:

For any change of policyowner/successor owner (Section A): I/We have verified the original HKID card/passport/business registration and residential address proof of the policyowner/successor owner and confirmed the identity details in the HKID card/passport/business registration to be matched with the identity of the policyowner/successor owner in this request form. I/We will provide the required information and copies of the documents obtained in the course of carrying out customer due diligence to the Company without delay.

| | | |
|---------------------|-----------------------|---------|
| Name of Agent: | Agent Code: | Agency: |
| Signature of Agent: | Sign Date: dd/mm/yyyy | |

FATCA Declaration and Authorization

By signing this Form, I/we, the Owner(s), declare that I/We understand and agree that:-

- (1) Chubb Life Insurance Company Ltd. (the "Company") is obliged to comply with the laws, regulations or orders (the "Requirements") of local and/or foreign regulatory, tax, legislative, or judicial authorities, including but not limited to, the Inland Revenue Department of Hong Kong and the Internal Revenue Service of the United States of America (the "Authorities" and each an "Authority") as promulgated and amended from time to time;
- (2) From time to time during the term of the Policy, the Company will:-
 - (i) request the owner, the beneficiary, the successor owner and/or the beneficial owner of the Policy to provide his/her personal data, information and supporting documents and to complete additional forms; and
 - (ii) to comply with the Requirements, report and/or disclose to the applicable Authorities information regarding the owner, the beneficiary, the successor owner and/or the beneficial owner of the Policy, Policy information and/or additional information (collectively the "Information") including, but not limited to, the Internal Revenue Service of the United States and the Inland Revenue Department of Hong Kong.
- (3) I will immediately update the Company if any change of the Information and complete additional forms and provide additional information and documents at the Company request in support of the change;
- (4) Where there is a change in the owner, the beneficiary, the successor owner and/or the beneficial owner of the Policy, I will immediately provide to the Company the information and supporting documentation for the new owner, beneficiary, successor owner and/or beneficial owner;
- (5) I consent to the Company's deducting and withholding the tax as required to withhold under the Requirements from payments made to or from the Policy account and remitting this to the Internal Revenue Service of the United States of America ("IRS") to comply with the Requirements; and
- (6) Where I have an obligation under the Policy with respect to information relating to the beneficiary, successor owner and/or beneficial owner, I will use my best endeavours to procure that they will comply with that obligation with regard to their information including providing to the Company directly that information and supporting documentation and giving the Company their consent to the disclosure and transfer of that information and supporting documentation to the Authorities and deducting and withholding the tax as required to withhold under the Requirements and remitting this to the IRS. I further agree that the Company may contact the beneficiary, successor owner and/or beneficial owner directly for these purposes.

CRS Declaration

By signing this Form, I/We, the Owner undersigned declare that I understand and agree that:-

- (1) Chubb Life Insurance Company Ltd. (the "Company") is obliged to comply with the laws, regulations or orders (the "Requirements") of local regulatory, tax, legislative authorities, including but not limited to the Inland Revenue Department of Hong Kong (the "Authorities" and each an "Authority") as promulgated and amended from time to time;
- (2) I/We have read and understood the Notes for Completion;
- (3) I/We acknowledge that from time to time during the term of the Policy, the Company will:- (i) request the owner(s), the beneficiary, the successor owner and/or the beneficial owner of the Policy to provide his/her personal data, information and supporting documents and to complete additional forms; and (ii) to comply with the Requirements, report and/or disclose to the Inland Revenue Department of Hong Kong ("IRD") information regarding the owner(s), the beneficiary, the successor owner and/or the beneficial owner of the Policy, Policy information and/or additional information (collectively the "Information");
- (4) I/We will immediately update the Company of any change in circumstances which affect my/our tax residence status as certified in "Self-Certification for Tax Residency" in this Form or cause the information contained herein to become incorrect or incomplete, complete and provide additional information and documents including a suitably updated self-certification within 30 days of such change in circumstances in support of the change;
- (5) Where there is a change in the owner(s), the beneficiary, the successor owner and/or the beneficial owner of the Policy during the term of the Policy, I/We will immediately provide to the Company the information and supporting documentation for the new owner(s), beneficiary, successor owner and/or beneficial owner;
- (6) Where I/We have an obligation under the Policy with respect to information relating to the beneficiary, successor owner and/or beneficial owner, I/We will use my/our best endeavours to procure that they will comply with that obligation with regard to their information including providing to the Company directly that information and supporting documentation and giving the Company their consent to the disclosure and transfer of that information and supporting documentation to IRD. I/We further agree that the Company may contact the beneficiary, successor owner and/or beneficial owner directly for these purposes;
- (7) I/We acknowledge that the information furnished and contained in this form regarding the identification, jurisdictions of residence and tax identification number of me/us and any reportable Policy may be provided to IRD for exchange to the tax authorities of another country/jurisdiction or countries/jurisdictions in which I/we may be tax resident pursuant to intergovernmental agreements to exchange financial account information;
- (8) I/We declare that all statements made in this declaration are, to the best of my knowledge and belief, true, correct and complete.

Consent to disclose information to third party

I/WE, the Owner(s) further understand and consent that:

- 1. Any Information, Policy information and governmental/official documents and forms received from me/us containing my/our personal data collected under the Policy by the Company are 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") and/or to any of the tax authorities for the compliance of the Requirements;
- 2. I/We am/are obliged to supply update, accurate and complete information and documentation as required under this declaration and this is a condition precedent for me/us to apply the Policy/request for change thereof;

WARNING: It is an offence under section 80 (2E) of the Inland Revenue Ordinance if any person, in making a self-certification, makes a statement that is misleading, false or incorrect in a material particular AND knows, or is reckless as to whether, the statement is misleading, false or incorrect in a material particular. A person who commits the offence is liable on conviction to a fine at level 3 (i.e. \$10,000).

Section C

Change of Beneficiary

| Primary | Secondary | Beneficiary Full name | Relationship to Insured | Beneficiary HKID/Passport/BR | Share ^ (%) |
|---------|-----------|-----------------------|-------------------------|------------------------------|-------------|
| | | | | | |
| | | | | | |
| | | | | | |

Other:

^ Beneficiaries in the same class (primary or secondary) should share equally unless otherwise stated.
Total share for each class must be 100%.

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.

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 of Life Administration of Chubb Life Insurance Company Ltd. at 33/F, Chubb Tower, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong.

PERSONAL INFORMATION FOR DIRECT MARKETING PURPOSES STATEMENT AND CONSENT Chubb Life Insurance Company Ltd. (the “Company”) intends to use your name, contact details, and policy details (the “Personal Data”) for direct marketing of insurance-related products/services of the Company and the Group Companies, and mandatory provident fund-related products/services sponsored by the third party scheme providers connected with the Company. The Company may transfer your Personal Data to the Group Companies for the purpose of providing you with promotional communications and materials in relation to our/their products/services. However, we cannot so use your Personal Data without your consent. Please sign at the end of this statement to indicate your agreement to such use. Should you find such use of your Personal Data not acceptable, please indicate your objection before signing by ticking the box below. Should you require to access to or make correction of Personal Data or cease the prescribed use of it, you may make the request in writing and send 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.

- I/We object to the proposed use of my/our personal data in direct marketing of the Company.
- I/We object to your provision of my/our personal data to the Group Companies for the proposed use in direct marketing of the Group Companies.

Signature of Policyowner
(For policyowner change request, please sign by **NEW** owner)

Name of Policyowner

Date: dd/mm/yyyy

Signature must be consistent with that in your policy record.

Name of Witness

Signature of Witness

Date: dd/mm/yyyy

Signature of Policyowner

Date: dd/mm/yyyy

Signature of Assignee
(only applicable if the Policy has been assigned)

Date: dd/mm/yyyy

Chubb. Insured.SM

更改保單持有人/受益人申請書

| | | | |
|---|-------|------------------------------|-----------------------------|
| 請選擇適當之空格內加上 <input checked="" type="checkbox"/> 號 | | <input type="checkbox"/> 新申請 | <input type="checkbox"/> 回覆 |
| 保單編號 | 受保人姓名 | 保單持有人姓名 | |

重要事項

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」及為遵守保險業務守則，安達人壽保險有限公司必須不時覆核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(i)任何身份資料與投保申請表或其後提供的有關資料有所不同或閣下已確認為有關繳稅義務之美國公民或居民或除美國以外之稅務居民身份；或(ii)願意提供相關稅務狀況資料(例如：出生地、公民身份及居籍)予安達人壽保險有限公司，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相關身份證明文件證明及(i)相關美國報稅表(如適用)及/或(ii)其他國家/司法管轄區之稅務居民身份證明文件或因應法例要求下以作核實驗證及進一步評估。

第一部份

| | | | |
|---|--|-------------------|--------------------|
| <input type="checkbox"/> 更改保單持有人 <input type="checkbox"/> 更改繼任持有人 <input type="checkbox"/> 更改/新加保障兒童附加保障付款人 (請填寫新付款人之「投保資料申請書」。) | (a) 個人資料 | | |
| | 新保單持有人/繼任持有人/新付款人姓名 ^c | | |
| 新簽名 (只供新保單持有人/繼任持有人) | 出生日期 ^c | (日/月/年) | 出生地 ^{B及C} |
| | 身份證/護照號碼/商業登記號碼 ^c | | 性別 |
| | 國籍 ^A | 公民身份 ^A | 居籍 ^A |
| | 與受保人之關係 | | 電郵 |
| | 職業 | | 職業類別 |
| | 住宅地址^c | | |
| | 請提供住宅地址證明。除非註明於下述 a 或 b 項，此地址資料將適用於更改保單持有人名下之所有保單 | | |
| | <input type="checkbox"/> a) 適用於上述保單 <input type="checkbox"/> b) 適用於上述保單及以下保單，請填寫有關保單編號。 | | |
| | 保單編號 _____ | | |
| | 室 | 樓 | 座 |
| 大廈/屋苑名稱 | | | |
| 街道及號數 | | | |
| 地區 | | 香港/九龍/新界* | |
| 地區/國家 | | 郵政編號 | |
| 永久地址(如與住宅地址不同，填寫此欄) | | | |
| 此地址資料將適用於更改保單持有人名下之所有保單 | | | |
| 室 | 樓 | 座 | |
| 大廈/屋苑名稱 | | | |
| 街道及號數 | | | |
| 地區 | | 香港/九龍/新界* | |
| 地區/國家 | | 郵政編號 | |
| 工作地址 | | | |
| 室 | 樓 | 座 | |
| 大廈/屋苑名稱 | | | |
| 街道及號數 | | | |
| 地區 | | 香港/九龍/新界* | |
| 地區/國家 | | 郵政編號 | |
| 郵遞地址^c(請選擇以下作為郵遞地址) | | | |
| <input type="checkbox"/> 住宅地址 <input type="checkbox"/> 永久地址 <input type="checkbox"/> 工作地址 | | | |
| 電話號碼^B | | | |
| 住宅電話 () | | 國家 (如非香港) | |
| 工作電話 () | | 國家 (如非香港) | |
| 手提電話 () | | 國家 (如非香港) | |

* 請刪去不適用者

- ¹ 根據稅務條例第50B第3款，本公司可為識辨保單持有人的稅務居民身份而收集資料，即使他/她是某個並非「申報稅務管轄區」（定義於稅務條例第17E第1部）的地區的稅務居民。如於此提供的納稅居住國家/司法管轄區與本通知書提供之居住地址/永久地址/郵遞地址/工作地址的國家/司法管轄區不同，請於以下第二部份(b)條提供解釋。
- ² 如未能提供稅務編號，請提供以下適合的原因A、B或C：
- 原因A - 保單持有人為稅務居民的國家/司法管轄區不提供稅務編號於其稅務居民。
 - 原因B - 保單持有人因其他原因未能獲得稅務編號或相等的編號。如選擇此原因，請於上表解釋為何未能獲得稅務編號。
 - 原因C - 不需要稅務編號。（註：只有當相關納稅居住司法管轄區的國內法及主管機關並不需要該司法管轄區收集及披露稅務編號，才選擇此原因）
- (b) 如於上述列表的納稅居住國家/司法管轄區與本更改通知書提供之居住地址/永久地址/郵遞地址/工作地址的國家/司法管轄區不同，請提供解釋：

填寫須知

《稅務條例》（香港法律第112章）要求及授權本公司為自動交換財務帳戶資料，可收集及/或報告若干關於保單持有人納稅居住地的資料及保單資料。第一部份(b-c)及第二部份旨在要求及收集與香港法例要求一致的資料。

作為一間財務機構，本公司不得提供稅務意見。如保單持有人對保單持有人的納稅居住地狀況及/或回答第一部份(b-c)及第二部份有任何問題，請向獨立稅務顧問徵詢意見。

每個司法管轄區均按其本身的規則釐定納稅居住地的定義，及司法管轄區已提供了關於如何決定保單持有人是否該司法管轄區的稅務居民的資料。一般而言，保單持有人會發現納稅居住地為保單持有人居住的國家/司法管轄區。若干特別情況可能會導致保單持有人成為其他地方的稅務居民，或同時成為超過一個國家/司法管轄區的稅務居民。有關納稅居住地的更多資訊，請諮詢稅務顧問或尋找經濟合作暨發展組織資訊自動交換網站的資料。保單持有人的本地稅務機關或能提供指引如何決定稅務狀況。

如果保單持有人的納稅居住地是於香港以外，本公司在法律上可能有責任把此表格內的資料或其他關於保單持有人的保單要求的資料轉交於香港稅務局，及他們可能根據政府之間交換相關戶口/保單資料的協定與其他可能為保單持有人所屬稅務居民的司法管轄區交換資料。

請注意於第一部份(b-c)及第二部份提供的資料視為保單持有人的自我證明並將一直有效，直至出現資料（如保單持有人稅務居住狀況或其他必須填寫的欄目資料）變動而導致資料失實或不完整。在這種情況下，保單持有人必須通知本公司及提供最新的自我證明。

於申請或本公司盡職審查時，如發現有差異或矛盾的資料，本公司可能會與保單持有人澄清，當有需要時，保單持有人或會被要求提供最新的自我證明或提供差異的解釋。未能提供最新的自我證明或解釋，本公司可因應法例要求下提供本表格中的資料及其他所需資料予香港稅務局。

保險代理填寫及簽署部份：

適用於更改保單持有人/繼任持有人之身份證明資料(第一部份):

我/我們已驗證保單持有人/繼任持有人的香港身份證/護照/商業登記和居住地址證明的正本並已確認香港身份證/護照/商業登記的身份資料是與此更改申請書上的保單持有人的身份相符。我/我們會盡快把執行盡職審查過程中取得的所需資料及文件副本提交公司。

| | | |
|--------|--------|----------|
| 保險代理姓名 | 保險代理編號 | 保險代理營業組別 |
| 保險代理簽署 | 簽署日期 | |

海外帳戶稅收合規法案聲明

就簽署此申請書，本人/吾等作為保單持有人，現聲明本人/吾等明白和同意：—

- (1) 安達人壽保險有限公司（「貴公司」）有責任遵從本地及/或外國的監管，稅務，立法或司法機構，包括但不限於香港稅務局及美國稅務局（以下簡稱「官方機構」）所頒布及不時修訂的法例，條例或指令（「規定」）。
- (2) 在本保單期間，貴公司將不時：—
 - (i) 要求保單持有人、受益人、繼任持有人及/或實益擁有人提供其個人資料，保單資料及其他證明文件並填寫額外的表格；及
 - (ii) 向有關官方機構，包括但不限於美國稅務局及香港稅務局，報告及/或披露保單持有人、受益人、繼任持有人及/或實益擁有人的資料，保單資料及/或其他額外資料（統稱「資料」）以遵從規定。
- (3) 若本人的資料出現任何變動，本人會立即通知貴公司，並且按照貴公司之要求填寫額外的表格，及提供額外資料和文件，以證明該項變更；
- (4) 若保單持有人、受益人、繼任持有人及/或實益擁有人發生改變，本人會立即向貴公司提供新的保單持有人、受益人、繼任持有人及/或實益擁有人的資料及其相關文件；
- (5) 本人同意貴公司可就向本保單帳戶支付或收取的款項中扣除並預扣貴公司根據規定下必須預扣的美國稅項（預扣稅），並將該預扣稅上繳美國稅務局以履行規定；及
- (6) 本人在本保單下對受益人、繼任持有人及/或實益擁有人的資料須負有義務時，本人將盡最大努力使他們就其資料遵守相同的義務，包括直接向貴公司提供其資料和相關文件，並向貴公司給予他們的同意，以向官方機構披露及轉移他們的資料，以及按規定扣除和持有其預扣稅並上繳美國稅務局。本人亦同意貴公司可為此直接聯絡受益人、繼任持有人及/或實益擁有人。

共同匯報標準聲明

本人/吾等作為保單持有人，現聲明本人/吾等明白和同意:-

- (1) 安達人壽保險有限公司(「貴公司」)有責任遵從本地的監管、稅務、立法或司法機構，包括但不限於香港稅務局(以下簡稱「官方機構」)所頒布及不時修訂的法例、條例或指令(「規定」)；
- (2) 本人/吾等已詳閱及了解填寫須知；
- (3) 本人/吾等明白和同意在本保單期間不時：- (i) 要求保單持有人、受益人、繼任持有人及/或實益擁有人提供其個人資料，保單資料及其他證明文件並填寫額外的表格；及(ii) 向香港稅務局報告及/或披露保單持有人、受益人、繼任持有人及/或實益擁有人的資料，保單資料及/或其他額外資料(統稱「資料」)以遵從規定；
- (4) 若發生任何影響本人/吾等於本申請表「稅務居民身份自我證明」所證明本人/吾等之稅務居民狀況或造成本表格所含資料不準確或不完整的改變，本人/吾等會於此改變後的三十天內立即通知貴公司，完成及提供額外資料和文件，包括適當而更新的自我證明以證實此改變；
- (5) 若在保單生效期間，保單的保單持有人、受益人、繼任持有人及/或實益擁有人發生改變，本人/吾等會立即向貴公司提供新的保單持有人、受益人、繼任持有人及/或實益擁有人之資料及其相關文件；
- (6) 本人/吾等在本保單下對受益人、繼任持有人及/或實益擁有人的資料須負有義務時，本人/吾等將盡最大努力使他們就其資料遵守相同的義務，包括直接向貴公司提供其資料和相關文件，並向貴公司給予他們的同意，以向香港稅務局披露及轉移他們的資料，本人/吾等亦同意貴公司可為此直接聯絡受益人、繼任持有人及/或實益擁有人；
- (7) 本人/吾等確認，本表格提供及包含關於本人/吾等識別、納稅居住地及稅務編號的資料和須申報保單，可能會根據交換財務帳戶資訊的政府間協議，傳送給香港稅務局及與另一個國家/司法管轄區的稅務機關或本人/吾等可能為稅務居民的國家/司法管轄區交換；
- (8) 本人/吾等聲明，據本人/吾等所知所信，本聲明內的所有陳述真實、準確及完整。

同意向第三方披露資料

本人/吾等作為保單持有人，現聲明本人明白及同意：

- (1) 貴公司使用、處理、儲存、披露、轉移貴公司向本人/吾等收取之任何資料、保單資料及任何包含本人/吾等的個人資料的政府/官方文件及表格予貴公司隸屬同一集團之其他公司(「集團公司」)及/或任何稅務機構以遵從規定；
- (2) 根據此聲明的要求下，本人/吾等有責任提供最新、準確及完整的資料及文件，以作為該保單申請/更改要求之先決條件。

警告：根據《稅務條例》第80(2E)條，如任何人在作出自我證明時，在明知一項陳述在要項上屬具誤導性、虛假或不正確，或罔顧一項陳述是否在要項上屬具誤導性、虛假或不正確下，作出該項陳述，即屬犯罪。一經定罪，可處第3級(即\$10,000)罰款。

第三部份

更改受益人

| 基本 | 次位 | 受益人姓名 | 與受保人之關係 | 受益人身份證/護照號碼/ 商業登記證號碼 | 百分比 [^] (%) |
|----|----|-------|---------|-------------------------|----------------------|
| | | | | | |
| | | | | | |
| | | | | | |

其他:

[^] 除特別指明外，相同等級(基本及次位)的受益人的分配百分比將平分。
同等級的總分配百分比必須是100%

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(不論是否此補充資料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。

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三一一號皇室大廈安達人壽大樓三十三樓。

使用個人資料作直接促銷用途聲明及授權 安達人壽保險有限公司(「本公司」)擬使用您/您們提供之姓名、聯絡資料及保單資料作直接促銷本公司及集團公司的保險相關產品/服務，及與本公司有關聯之第三者計劃供應商所提供的強制性公積金相關產品/服務。本公司可能將您/您們的個人資料轉交至上述之集團公司，以提供與我們/其產品/服務相關的推廣資料及刊物。然而本公司在未獲得您/您們同意之前，將不可使用您/您們的個人資料。請於本聲明簽署以表示您/您們同意本公司使用您/您們的個人資料作此等用途。若您/您們不同意，請先剔選以下空格然後簽署。如欲查閱或更改個人資料或要求終止上述個人資料之運用，請以書面形式向本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三一一號皇室大廈安達人壽大樓三十三樓。

- 本人/吾等反對使用本人/吾等之個人資料於貴公司擬作出的直接促銷用途。
 本人/吾等反對貴公司提供本人/吾等之個人資料給集團公司於其擬作出的直接促銷用途。

保單持有人簽署

(更改保單持有人之申請，請提供**新保單持有人**之簽署)

保單持有人姓名

日期: 日/月/年

閣下簽名模式，應與保單記錄上之簽名相同，以作核對。

見證人姓名

見證人簽署

日期：日/月/年

保單持有人簽署

日期：日/月/年

承讓人簽署

(適用於此保單已被轉讓)

日期：日/月/年

附註：中文譯本只供參考之用，如有異議，概以英文為準。

Chubb. Insured.SM