

Amendment Of Application

保單申請更改通知書

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

Policy Number: 保單編號	Proposed Insured: 準受保人	Applicant/Owner: (if other than Proposed Insured) 保單申請人/持有人 (如非準受保人)
------------------------	---------------------------	-------------------------------------------------------------------------

I/We, the Proposed Insured/Applicant/Owner hereby amend the Application for the above insurance policy in the manners set out in below; and these amendments and declarations are to be taken and considered as a part of the said application; both the said application and these amendments are to be taken as a whole and considered as the basis of the contract; and declare that all answers and statements contained in the said application remain full, complete and true save as amended or modified by the terms of this amendment with effect from the date of my/our signing belows.

本人/吾等，即準受保人/保單申請人/持有人，在以下呈交的資料將用作更改上述人壽保險申請；此資料聲明應視為保單申請其中一部份。而上述人壽申請書及更改通知書會作為保單合約的全部及依歸，所有保單內的答案及聲明均為事實之全部並確實無訛，但並未包括以下本人/吾等於下述日期所簽署的修正或修改的內容。

Since the date of the application for the policy (including any Part II) was completed, has any person proposed for coverage: 自從保單申請表格 (包括保單中的第二部份) 填妥後，與保障有關的人：

- (a) been admitted to a hospital, sanitarium, or other medical facility?
曾否住醫院、療養院、或其他醫療機構？ Yes 有 No 否
- (b) had any illness, or consulted any physician or practitioner for any reason? (Other than colds)
曾否患上任何疾病、或因任何原因而需要接受醫生或私人醫生診治？(感冒除外) Yes 有 No 否

Please give details if answer to either (a) or (b) is "Yes". 如問題 (a)或(b) 的答案為「是」，請詳細說明。

Name of Witness/Agent/Sales representative 見證人/保險代理/營業代表姓名		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/Agent/Sales representative 見證人/保險代理/營業代表簽署	Date 日期	Signature of Proposed Insured 準受保人簽署 <small>(Signature is required for the person whose age is 18 or above) (滿18歲或以上之人士必須簽署)</small>	Date 日期	Signature of Applicant/Owner 保單申請人/持有人簽署 <small>(If other than Proposed Insured) (如非準受保人)</small>	Date 日期