

Supplementary Form Of Beneficial Owner⁽¹⁾/Controlling Person⁽²⁾ Successor Owner

實益擁有人⁽¹⁾/控權人⁽²⁾/繼任持有人補充資料表格

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)
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IMPORTANT NOTE TO APPLICANT/OWNER/BENEFICIAL OWNER⁽¹⁾/CONTROLLING PERSON⁽²⁾/SUCCESSOR OWNER: (1) You are required to disclose personal particulars of Beneficial Owner(s)/Controlling Person(s)/Successor Owner(s) to CHUBB LIFE INSURANCE COMPANY LTD. (hereinafter known as "the Company") in this supplementary form below; if you are in any doubt as to whether certain facts or circumstances are material or not, you **MUST** disclose them. (2) Please tick where appropriate. For all sections that are not applicable, fill in "N/A". Any change on the following application should be initialed by you. Please print or type in **BLOCK LETTERS**. (3) 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 or revised from time to time, the Company is required to collect identity information for below items with asterisk (*) and verify the identity of the person (i.e. the beneficial owner/the person acting on behalf of others as trustee, nominee or agent) when the business relationship is established. Your agent, therefore, is needed to verify the original identification documents, residential address proof and collect the copies of the relevant and other documents as deemed necessary of the person, including any documentary proof of the person's legal capacity and authority is so acting on behalf of the applicant. (4) This Supplementary Form of Beneficial Owner/Controlling Person/Successor Owner shall be completed and read in conjunction with the application. All the information, declaration and agreement you provided/made herein shall form an integral part of the Policy. In the event of any inconsistency between the provisions of this Form and the Policy, the provisions of the Policy shall prevail to the extent of the inconsistency.

重要指示給保單申請人/持有人/實益擁有人⁽¹⁾/控權人⁽²⁾/繼任持有人: (1)作為實益擁有人/控權人/繼任持有人,您必須在以下的補充資料表格上填報一切有關之個人資料予「安達人壽保險有限公司」(以下簡稱「本公司」)。如您不清楚某一事實及情況是否重要,也必須將此事填報。(2)請於適當的方格內,如有不適用之部份,請填上「不適用」。如要更改任何資料,您須在旁簽署。請用**正楷**填寫。(3)根據打擊洗錢及恐怖份子資金籌集(金融機構)條例及保險業監理處所發出並作出不時改動之「打擊洗錢及恐怖份子資金籌集指引」,本公司必須於開始建立業務關係時,收取以下註有星號(*)之項目的身份資料並驗證該人士(即實益擁有人/託管人、代名人或代理人代表其他人行事的人士)的身份證明文件。因此,您的代理人,需要驗證該人士的身份證明文件和居住地址證明之正本,並且收取相關及其他有需要的文件副本,包括任何證明該人士代表申請人行事的法律能力和授權之文件。(4)此實益擁有人/控權人/繼任持有人補充資料表格必須連同投保申請書一併詳閱及填報。就此表格上所提供/陳述的所有資料、聲明及協議將會成為該保單的一部份。如此表格中任何條款與該保單的其他部份內容有異,概以該保單的條款為準。

PART I: Personal Details 第一部份: 個人資料

For more than three (3) Beneficial Owners/Controlling Persons, please use one more "Supplementary Form of Beneficial Owner/Controlling Person/Successor Owner" with full completion and attached with this one. 如超過三名實益擁有人/控權人,請用另一張「實益擁有人/控權人/繼任持有人補充資料表格」填寫所需並加附在本表格內。

This Form shall not be required to be completed for the appointment of Successor Owner. 於委任繼任持有人時,此表格並不須要填寫。

AI. Personal Details 個人資料	1 st 第一 <input type="checkbox"/> Beneficial Owner ⁽¹⁾ 實益擁有人 ⁽¹⁾ <input type="checkbox"/> Controlling Person ⁽²⁾ 控權人 ⁽²⁾ <input type="checkbox"/> Successor Owner 繼任持有人	2 nd 第二 <input type="checkbox"/> Beneficial Owner ⁽¹⁾ 實益擁有人 ⁽¹⁾ <input type="checkbox"/> Controlling Person ⁽²⁾ 控權人 ⁽²⁾	3 rd 第三 <input type="checkbox"/> Beneficial Owner ⁽¹⁾ 實益擁有人 ⁽¹⁾ <input type="checkbox"/> Controlling Person ⁽²⁾ 控權人 ⁽²⁾
1. Surname in English* ⁽³⁾ 姓氏(英文)* ⁽³⁾	_____	_____	_____
2. Other name in English* ⁽³⁾ 名字(英文)* ⁽³⁾	_____	_____	_____
3. Name in Chinese* 姓名(中文)*	_____	_____	_____
4. Relationship to the Applicant/ Owner 與保單申請人/持有人之關係	_____	_____	_____
5. H.K. ID card/Business Registration/Passport No.* ⁽³⁾ 香港身份證/商業登記證/ 護照號碼* ⁽³⁾	_____	_____	_____
6. Nationality* 國籍*	_____	_____	_____

Footnotes: 附註:
 (1) The term "Beneficial Owner" refers to the owner/controller of the policy holder, i.e. the natural person(s) who ultimately owns or controls a policy holder/potential policy holder or the person on whose behalf a transaction is being conducted. It also includes those persons who exercise ultimate effective control over a legal person or arrangement. 「實益擁有人」一詞指保單持有人的擁有人/控權人,即最終擁有或控制一名保單持有人/準保單持有人的個人或代其進行交易的人。此外,這詞也包括對某合法人或某項安排行使最終有效控制權的人士。
 (2) The term "Controlling Person", in general, means an individual of an entity who directly or indirectly exercises or control the exercise of voting rights over the entity or who owns or controls, directly or indirectly, not less than 25% of the issued share capital of the entity. For more details, please refer to Section 50A(1) of the IRO. 「控權人」一詞,一般來說,指一個實體中,對該實體直接或間接行使或控制行使投票權,或直接或間接擁有或控制該實體不少於已發行股本的25%的某個人。詳情請參閱稅務條例第 50A(1)。
 (3) If the Beneficial Owner/Controlling Person/Successor Owner is required to complete Part I Section AII "Self-Certification for Tax Residency", this information provided shall form part thereof. 如實益擁有人/控權人/繼任持有人須完成第一部份 AII 項「稅務居民身份自我證明」,這些資料會構成該自我證明的一部份。

AI. Personal Details 個人資料	1 st 第一 <input type="checkbox"/> Beneficial Owner ⁽¹⁾ 實益擁有人 ⁽¹⁾ <input type="checkbox"/> Controlling Person ⁽²⁾ 控權人 ⁽²⁾ <input type="checkbox"/> Successor Owner 繼任持有人	2 nd 第二 <input type="checkbox"/> Beneficial Owner ⁽¹⁾ 實益擁有人 ⁽¹⁾ <input type="checkbox"/> Controlling Person ⁽²⁾ 控權人 ⁽²⁾	3 rd 第三 <input type="checkbox"/> Beneficial Owner ⁽¹⁾ 實益擁有人 ⁽¹⁾ <input type="checkbox"/> Controlling Person ⁽²⁾ 控權人 ⁽²⁾
7. Citizenship 公民身份	Name of country 國家名稱 _____	Name of country 國家名稱 _____	Name of country 國家名稱 _____
8. Residency 居籍	Name of country 國家名稱 _____	Name of country 國家名稱 _____	Name of country 國家名稱 _____
9. Do you hold foreign citizenship or residency? 您是否擁有外國國籍或居留權?	<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 Name of country 國家名稱 _____	<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 Name of country 國家名稱 _____	<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 Name of country 國家名稱 _____
10. Sex & age (nearest birthday) 性別及年歲 (超過生日半年作加一歲計)	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女 _____	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女 _____	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女 _____
11. Date of birth* ⁽³⁾ 出生日期* ⁽³⁾	dd mm yyyy __ 日 __ 月 __ 年	dd mm yyyy __ 日 __ 月 __ 年	dd mm yyyy __ 日 __ 月 __ 年
12. Place of birth ⁽³⁾ 出生地 ⁽³⁾	_____	_____	_____
13. Marital status 婚姻狀況	<input type="checkbox"/> Single 單身 <input type="checkbox"/> Married 已婚 <input type="checkbox"/> Widowed 鰥寡 <input type="checkbox"/> Divorced 離婚	<input type="checkbox"/> Single 單身 <input type="checkbox"/> Married 已婚 <input type="checkbox"/> Widowed 鰥寡 <input type="checkbox"/> Divorced 離婚	<input type="checkbox"/> Single 單身 <input type="checkbox"/> Married 已婚 <input type="checkbox"/> Widowed 鰥寡 <input type="checkbox"/> Divorced 離婚
14. Residential phone no. (Country) 住宅電話號碼 (國家)	()	()	()
15. Residential address in English* ⁽³⁾⁽⁴⁾ 住宅地址 (英文)* ⁽³⁾⁽⁴⁾ Building/Estate name 大廈/屋苑名稱 Street name & no. 街道名稱及號碼 District/Country 地區/國家 Postal code 郵政編號	Flat/Rm Floor Block 室 _____ 樓 _____ 座 _____ _____ _____ _____ _____	Flat/Rm Floor Block 室 _____ 樓 _____ 座 _____ _____ _____ _____ _____	Flat/Rm Floor Block 室 _____ 樓 _____ 座 _____ _____ _____ _____ _____
16. Employer's name 僱主名稱	_____	_____	_____
17. Industry/Nature of business 行業或公司業務性質	_____	_____	_____
18. Workplace phone no. (Country) 工作電話號碼 (國家)	()	()	()
19. Workplace address in English 工作地址 (英文) Building/Estate name 大廈/屋苑名稱 Street name & no. 街道名稱及號碼 District/Country 地區/國家 Postal code 郵政編號	Flat/Rm Floor Block 室 _____ 樓 _____ 座 _____ _____ _____ _____ _____	Flat/Rm Floor Block 室 _____ 樓 _____ 座 _____ _____ _____ _____ _____	Flat/Rm Floor Block 室 _____ 樓 _____ 座 _____ _____ _____ _____ _____
20. Present occupation 職業	_____	_____	_____
21. Exact duties 職務	_____	_____	_____
22. Mobile phone no. (Country) 手提電話號碼 (國家)	()	()	()

Footnotes: 附註:

(4) Acceptable residence and permanent address proof for verification include utility bill issued within the last 3 months of the date of this application. e.g. electricity bill, telephone bill or stamped Hong Kong tenancy agreement, etc. 作驗證用的可接受之居住及永久地址證明，包括此保單申請表簽署日期前三個月內發出的公用事業帳單，例如：電費單、電話單，或有加蓋釐印的香港租約等。

AI. Personal Details 個人資料	1 st 第一 □ Beneficial Owner ⁽¹⁾ 實益擁有人 ⁽¹⁾ □ Controlling Person ⁽²⁾ 控權人 ⁽²⁾ □ Successor Owner 繼任持有人	2 nd 第二 □ Beneficial Owner ⁽¹⁾ 實益擁有人 ⁽¹⁾ □ Controlling Person ⁽²⁾ 控權人 ⁽²⁾	3 rd 第三 □ Beneficial Owner ⁽¹⁾ 實益擁有人 ⁽¹⁾ □ Controlling Person ⁽²⁾ 控權人 ⁽²⁾
23. E-mail address 電子郵件地址			
24. Permanent address ⁽⁴⁾ 永久地址 ⁽⁴⁾	Same as 1 st Beneficial Owner ⁽¹⁾ / Controlling Person ⁽²⁾ /Successor Owner 與第一實益擁有人 ⁽¹⁾ /控權人 ⁽²⁾ / 繼任持有人相同 □ Yes 是 □ No 否 (please specify 請列明 _____)	Same as 2 nd Beneficial Owner ⁽¹⁾ / Controlling Person ⁽²⁾ 與第二實益擁有人 ⁽¹⁾ /控權人 ⁽²⁾ 相同 □ Yes 是 □ No 否 (please specify 請列明 _____)	Same as 3 rd Beneficial Owner ⁽¹⁾ / Controlling Person ⁽²⁾ 與第三實益擁有人 ⁽¹⁾ /控權人 ⁽²⁾ 相同 □ Yes 是 □ No 否 (please specify 請列明 _____)
25. Are you a politically exposed person (PEP) ⁽⁵⁾ ? 您是否政治人物 ⁽⁵⁾ ?	□ No 否 □ Yes 是	□ No 否 □ Yes 是	□ No 否 □ Yes 是

II. Self-Certification for Tax Residency 稅務居民身份自我證明

Please complete question 26, 27 and 28 in case FATCA/CRS product is applied 如申請FATCA/CRS產品，請回答第26，27及28題。

In this part - kindly note that the information including “Surname”, “Other name”, “Date of birth”, “H.K. ID card/Business Registration/Passport No.”, “Place of birth”, and “Residential address” so provided in Part I Section AI “Personal Details” of this form shall form part of this self-certification.

在這部份 - 請注意於第一部份 AI 項「個人資料」提供的資料包括「姓氏」、「名字」、「香港身份證/商業登記證/護照號碼」、「出生日期」、「出生地」及「住宅地址」，會構成這自我證明的一部份。

26. Please select your tax residency(ies) (can select more than one) 請選擇您的稅務居民身份 (可選擇多項)	□ Hong Kong*** 香港*** □ US** 美國** □ Other*** 其他***	□ Hong Kong*** 香港*** □ US** 美國** □ Other*** 其他***	□ Hong Kong*** 香港*** □ US** 美國** □ Other*** 其他***
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** If you confirm that your citizenship, residency or nationality is US, or you are a resident in the US for tax purposes, please provide a signed Form W-9 “Request for Taxpayer Identification Number and Certification” (“Form W-9”). However, **please note** that the Company does not intend to offer/sell any investment-linked product(s) to client who is an US citizen or a resident in the US for tax purpose(s). If this is the case, your application will be rejected and you are not required (i) to complete the remaining part of this application form; nor (ii) provide the said Form W-9.

如您確認您的公民身份、居籍或國籍為美國，或是有美國繳稅義務之美國居民，請提交已簽署的W-9表格。惟請注意，本公司不會提供/出售投資相連產品予美國公民或是有美國繳稅義務之美國居民。如為上述情況，您的保單申請將會被拒絕，而您亦無須 (i) 回答此申請書的餘下部份；及 (ii) 提交上述的W-9表格。

** If you confirm that your place of birth, address or telephone number is in US, please provide (i) a signed Form W-8BEN “Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)”; (ii) a valid government issued identification document evidencing the non-US citizenship; and (iii) a copy of Certificate of Loss of Nationality of the United States or a valid government issued certificate of residence evidencing non-US residency.

如您確認您的出生地為美國，或擁有美國地址或電話號碼，請提交 (i) 已簽署的W-8BEN表格；(ii) 由政府發出的有效身份證明文件以茲證明您非美國公民；及 (iii) 放棄美國國籍證明書之副本或由政府發出的有效居住證明文件副本以茲證明您的居籍非為美國。

*** If the answer to question 26 above includes “Hong Kong” and/or “Others” and Beneficial Owner/Controlling Person/Successor Owner, is an account holder or a controlling person as defined under Section 50A of the Inland Revenue Ordinance (Cap.112 of the Laws of Hong Kong) (“IRO”), please complete the following table indicating (i) where the Beneficial Owner/Controlling Person/Successor Owner is a tax resident and (ii) the Beneficial Owner’s/Controlling Person’s/Successor Owner’s taxpayer Identification Number (“TIN”) for each country/jurisdiction indicated. If Beneficial Owner/Controlling Person/Successor Owner is a tax resident in more than three countries/jurisdictions, please use an additional “Supplementary Form of Beneficial Owner/Controlling Person/Successor Owner” (NB222) to supplement. To facilitate the completion of the table, the Beneficial Owner/Controlling Person/Successor Owner **must read** the Notes for Completion and Summary of Defined Terms 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.

如果第26題的答案包括「香港」及/或「其他」及實益擁有人/控權人/繼任持有人為帳戶持有人或控權人（定義於稅務條例第50A），請回答下表並列出 (i) 實益擁有人/控權人/繼任持有人是哪裡稅務居民及 (ii) 實益擁有人/控權人/繼任持有人於每個國家/司法管轄區的稅務編號。如果實益擁有人/控權人/繼任持有人是三個以上國家/司法管轄區的稅務居民，請以「實益擁有人/控權人/繼任持有人補充資料表格」(NB222) 補充所需資料。為方便完成下表，實益擁有人/控權人/繼任持有人必須細閱下方的填寫須知。更多關於上述須知及術語意義的詳情可於《稅務條例》(香港法律第112章) (「稅務條例」) 或香港稅務局網頁找到。

Footnotes: 附註:

(5) PEP includes: 政治人物包括:

(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 paragraph (a) above.

(a) 擔任或擔任重要公職的個人，而

(i) 包括國家元首、政府首長、資深從政者、高級政府官員、司法或軍方官員、國有企業高級行政人員及重要政黨幹事；

(ii) 但不包括第(i)節所述的任何類別的中級或更低級官員；

(b) 上文(a)段所指的個人的配偶、伴侶、子女或父母，或該名個人的子女的配偶或伴侶；或

(c) 與(a)段所指的個人關係密切的人。

If the Beneficial Owner/Controlling Person/Successor Owner 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).

如實益擁有人 / 控權人 / 繼任持有人是香港稅務居民，稅務編號是其香港身份證號碼(就個人而言)及商業登記號碼(就實體而言)。

Jurisdiction of Residence and Taxpayer Identification Number 居留司法管轄區及稅務編號

Country/Jurisdiction of tax residence ⁽⁶⁾ 納稅居住國家 / 司法管轄區 ⁽⁶⁾	TIN 稅務編號	If no TIN available, please provide Reason A, B or C ⁽⁷⁾ 如未能提供稅務編號，請提供原因A、B或C ⁽⁷⁾	Please explain why you are unable to obtain a TIN if you selected Reason B ⁽⁷⁾ 如您選擇原因B，請解釋為何您未能夠獲得稅務編號 ⁽⁷⁾
1st Beneficial Owner/Controlling Person/Successor Owner 第一實益擁有人 / 控權人 / 繼任持有人			
I.			
II.			
III.			
2nd Beneficial Owner/Controlling Person 第二實益擁有人 / 控權人			
I.			
II.			
III.			
3rd Beneficial Owner/Controlling Person 第三實益擁有人 / 控權人			
I.			
II.			
III.			

27. 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/workplace address as provided in Part I Section AI "Personal Details" of this form: 如於上述列表的納稅居住國家 / 司法管轄區與第一部份 AI 項「個人資料」提供之住宅地址 / 永久地址 / 工作地址的國家 / 司法管轄區不同，請提供解釋：

1st Beneficial Owner/Controlling Person/Successor Owner 第一實益擁有人 / 控權人 / 繼任持有人

2nd Beneficial Owner/Controlling Person 第二實益擁有人 / 控權人

3rd Beneficial Owner/Controlling Person 第三實益擁有人 / 控權人

Footnotes: 附註:

(6) Pursuant to sub-section 3 of Section 50B of the IRO, the Company may collect information from the Beneficial Owner/Controlling Person/Successor Owner who is an account holder or a controlling person under IRO Section 50A 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/workplace address as provided in Part I Section AI "Personal Details" above of this form, please provide the explanation in question 27 below.

根據稅務條例第 50B 第 3 款，本公司可為識辨作為帳戶持有人或控權人（定義於稅務條例第 50A）的實益擁有人 / 控權人 / 繼任持有人的稅務居民身份而收集資料，即使他 / 她是香港以外某個並非「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 / 司法管轄區與第一部份 AI 項「個人資料」提供之居住地址 / 永久地址 / 工作地址的國家 / 司法管轄區不同，請於以下第 27 條提供解釋。

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

Reason A: The country/jurisdiction where the Beneficial Owner/Controlling Person/Successor Owner is a tax resident does not issue TINs to its tax residents.

Reason B: The Beneficial Owner/Controlling Person/Successor Owner 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 does not require the collection and disclosure of the TIN issued by such jurisdiction)

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： 實益擁有人 / 控權人 / 繼任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： 實益擁有人 / 控權人 / 繼任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）

28. This question is applicable **for Controlling Person only**. Please select the type of controlling person.
 此問題只適用於控權人。請選擇控權人的類別。

Type of Entity 實體類別	Type of Controlling Person 控權人類別	1st Beneficial Owner/Controlling Person/Successor Owner 第一實益擁有人 / 控權人 / 繼任持有人	2nd Beneficial Owner/Controlling Person 第二實益擁有人 / 控權人	3rd Beneficial Owner/Controlling Person 第三實益擁有人 / 控權人
Legal Person 法人	Individual who has a controlling ownership interest (i.e. not less than 25% of issued share capital) 擁有控制股權的個人 (即擁有不少於百分之二十五的已發行股本)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual who exercises control/is entitled to exercise control through other means (i.e. not less than 25% of voting rights) 以其他途徑行使控制權或有權行使控制權的個人 (即擁有不少於百分之二十五的表決權)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual who holds the position of senior managing official/exercises ultimate control over the management of the entity 擔任該實體的高級管理人員/對該實體的管理行使最終控制權的個人	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trust 信託	Settlor 財產授予人	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Trustee 受託人	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Protector 保護人	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Beneficiary or member of the class of beneficiaries 受益人或某類別受益人的成員	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (e.g. individual who exercises control over another entity being the settlor/trustee/protector/beneficiary) 其他 (例如: 如財產授予人/受託人/保護人/受益人為另一實體, 對該實體行使控制權的個人)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Arrangement other than Trust 除信託以外的法律安排	Individual in a position equivalent/similar to settlor 處於相等/相類於財產授予人位置的個人	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual in a position equivalent/similar to trustee 處於相等/相類於受託人位置的個人	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual in a position equivalent/similar to protector 處於相等/相類於保護人位置的個人	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual in a position equivalent/similar to beneficiary or member of the class of beneficiaries 處於相等/相類於受益人或某類別受益人的成員位置的個人	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (e.g. individual who exercises control over another entity being equivalent/similar to settlor/trustee/protector/beneficiary) 其他 (例如: 如處於相等/相類於財產授予人/受託人/保護人/受益人位置的人為另一實體, 對該實體行使控制權的個人)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes for Completion 填寫須知

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 tax residence of the Beneficial Owner/Controlling Person/Successor Owner who is an account holder or a controlling person as defined under IRO Section 50A and the policy information for the purpose of automatic exchange of financial account information. Questions 26 and 27 are intended to request and collect information consistent with the law requirements in Hong Kong.

《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/或報告若干關於作為帳戶持有人或控權人(定義於稅務條例第 50A) 的實益擁有人/控權人/繼任持有人納稅居住地的資料及保單資料。第 26 及 27 題旨在要求及收集與香港法例要求一致的資料。

As a financial institution, the Company is not allowed to give tax advice. If Beneficial Owner/Controlling Person/Successor Owner has any questions on Beneficial Owner’s/Controlling Person’s/Successor Owner’s tax residence status and/or in answering questions 26, 27 & 28, please seek advice from independent tax adviser.

作為一間財務機構, 本公司不得提供稅務意見。 如實益擁有人/控權人/繼任持有人對實益擁有人/控權人/繼任持有人的納稅居住地狀況及/或回答第 26, 27 及 28 題有任何問題, 請向獨立稅務顧問徵詢意見。

Each jurisdiction has its own rules for defining tax residence, and jurisdictions have provided information on how to determine if the Beneficial Owner/Controlling Person/Successor Owner is a tax resident in the jurisdiction. In general, the Beneficial Owner/Controlling Person/Successor Owner will find that tax residence is the country/jurisdiction in which the Beneficial Owner/Controlling Person/Successor Owner resides. Special circumstances may cause the Beneficial Owner/Controlling Person/Successor Owner 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”). The Beneficial Owner’s/Controlling Person’s/Successor Owner’s domestic tax authority may provide guidance regarding how to determine the tax status.

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實益擁有人/控權人/繼任持有人是否該司法管轄區的稅務居民的資料。一般而言, 實益擁有人/控權人/繼任持有人會發現納稅居住地為實益擁有人/控權人/繼任持有人居住的國家/司法管轄區。若干特別情況可能會導致實益擁有人/控權人/繼任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。實益擁有人/控權人/繼任持有人的本地稅務機關或能提供指引如何決定稅務狀況。

If the Beneficial Owner’s/Controlling Person’s/Successor Owner’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 Beneficial Owner’s/Controlling Person’s/Successor Owner’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 Beneficial Owner/Controlling Person/Successor Owner pursuant to intergovernmental agreements to exchange relevant account/policy information.

如果實益擁有人/控權人/繼任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實益擁有人/控權人/繼任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實益擁有人/控權人/繼任持有人所屬稅務居民的司法管轄區交換資料。

Kindly note that the information so provided under questions 26, 27 and 28 serve as the Beneficial Owner’s/Controlling Person’s/Successor Owner’s self-certification and will remain valid unless there is a change in circumstances relating to information, such as Beneficial Owner’s/Controlling Person’s/Successor Owner’s tax residence status or other mandatory field information, that makes the information incorrect or incomplete. In that case, the Beneficial Owner/Controlling Person/Successor Owner must notify the Company and provide an updated self-certification.

請注意於第 26, 27 及 28 題提供的資料視為實益擁有人/控權人/繼任持有人的自我證明並將一直有效, 直至出現資料(如實益擁有人/控權人/繼任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, 實益擁有人/控權人/繼任持有人必須通知本公司及提供最新的自我證明。

If there is any discrepancy or contradictory information are found during application/due diligence process of the Company, the Company may clarify with the Beneficial Owner/Controlling Person/Successor Owner and Beneficial Owner/Controlling Person/Successor Owner 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 may cause this application to be unsuccessful.

於申請時/本公司的盡職審查時, 如發現有差異或矛盾的資料, 本公司可能會與實益擁有人/控權人/繼任持有人澄清當有需要時, 實益擁有人/控權人/繼任持有人或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可能會導致本申請不成功。

PART II: FATCA Declaration And Authorization 第二部份: FATCA 聲明及授權

Applied FATCA product, I/we, the Beneficial Owner/Successor Owner undersigned declare that I/we understand and agree that: -
就申請 FATCA 產品, 本人/吾等作為此聲明書上簽署的實益擁有人/繼任持有人, 現聲明本人/吾等明白及同意: -

- (a) 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;
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」)。
- (b) As a condition of the issuance of the Policy and from time to time during the term of the Policy, the Company will: -
作為簽發保單的前提, 及在本保單期間, 貴公司將不時: -
 - (i) request me/us to provide my/our personal data, information and supporting documents and to complete additional forms; and
要求本人/吾等提供本人/吾等之個人資料, 保單資料及其他證明文件並填寫額外的表格; 及
 - (ii) to comply with the Requirements, report and/or disclose to the applicable Authorities my/our information, 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.
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/或披露本人/吾等的資料, 保單資料及/或其他額外資料(統稱「資料」)以遵從規定。
- (c) I/We 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.
若本人/吾等的資料出現任何變動, 本人/吾等會立即通知貴公司, 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。

PART III: CRS Declaration and Authorization 第三部份: 共同匯報標準聲明及授權

For the application of CRS product(s), I/we, the Beneficial Owner/Controlling Person/Successor Owner undersigned 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 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 at page 6;
3. As a condition of the issuance of the Policy and from time to time during the term of the Policy, the Company will: -
 - (i) request me/us to provide my/our 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 my/our information, Policy information and/or additional information (collectively the “information”) including, but not limited to, the Inland Revenue Department of Hong Kong;
4. I/We consent to the company the disclosure and transfer of that information and supporting documentation to IRD. I/We further agree that the Company may contact me/us directly for these purposes;
5. I/We acknowledge that the information contained in this form and information regarding me/us and any reportable policy(ies) may be provided to IRD and exchanged with 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;
6. I/We will immediately update the Company of any change in circumstances which affect my/our tax residence status as certified in Part I Section AII “Self-Certification for Tax Residency” 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;
7. I/We declare that all statements made in this declaration are, to the best of my/our knowledge and belief, true, correct and complete.

就申請 CRS 產品，本人/吾等作為此聲明書上簽署的實益擁有人/控權人/繼任持有人，現聲明本人/吾等明白及同意：-

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/吾等已詳閱及了解第六頁的填寫須知；
3. 作為續發保單的前提，及在本保單期間，貴公司將不時：-
 - (i) 要求本人/吾等提供本人/吾等之個人資料，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，包括但不限於香港稅務局，報告及/或披露本人/吾等的資料，保單資料及/或其他額外資料（統稱「資料」）以遵從規定；
4. 本人/吾等同意貴公司向香港稅務局披露及轉移資料和相關文件，並向貴公司給予他們的同意，以他們的資料。本人/吾等亦同意貴公司可為此直接聯絡本人/吾等；
5. 本人/吾等確認，本表格所含的資料及關於本人/吾等和任何須申報保單的資料，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；
6. 若發生任何影響本人/吾等於第一部份 AII 項「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；
7. 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。

Consent to disclose information to third party 同意向第三方披露資料

I/We, Beneficial Owner/Controlling Person/Successor Owner 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.

本人/吾等作為實益擁有人/控權人/繼任持有人，現聲明本人/吾等明白及同意：

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。

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. HK\$10,000).

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（即一萬港元）罰款。

PART IV: Personal Information Collection Statement And Consent 第四部份: 個人資料收集聲明及授權

I/WE UNDERSTAND AND CONSENT THAT, by signing this form, any personal data collected or held by Chubb Life Insurance Company Ltd. "the Company" (whether contained in this form 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 the application; (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. 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 am/are obliged to supply the information required from me/us under the section overleaf of the form which is a condition precedent for me/us to apply for the policy. Failure to supply the required information may result in the Company being unable to process the application. 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 registered office of the Company.

就簽署此補充資料, 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、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)辦理申請書(ii)提供所有關於此投保書之服務, 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, 及因為此等用途與本人/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/吾等有義務提供此補充資料背面上之所需資料, 以作為申請保單之先決條件。如不能提供所需的個人資料, 可能會導致安達人壽保險有限公司無法處理此份申請書。本人/吾等明白本人/吾等有權自貴公司查閱及申請更改為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。

Signed at Hong Kong on
簽署於香港

dd mm yyyy
日 月 年

Signature of Witness/Agent/Sales Representative/Intermediary
見證人/保險代理/營業代表/中介人簽署
(Name 姓名: _____)

Signature of Applicant/Owner
保單申請人/持有人簽署

Signature of the 1st Beneficial Owner/Controlling Person/Successor Owner
第一實益擁有人/控權人/繼任持有人簽署

Signature of the 2nd Beneficial Owner/Controlling Person
第二實益擁有人/控權人簽署

Signature of the 3rd Beneficial Owner/Controlling Person
第三實益擁有人/控權人簽署

PART V: Declaration By Agent/Sales Representative/Intermediary 第五部份: 保險代理/營業代理/中介人聲明

I/We have verified the original HK ID card/Passport/Business Registration and residential address proof of the Beneficial Owner/Controlling Person/Successor Owner and confirmed the identity details in the HK ID card/Passport/Business Registration to be matched with the identity of the Beneficial Owner/Controlling Person/Successor Owner in this Supplementary 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.

我/我們已驗證實益擁有人/控權人/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, 已確認其香港身份證/護照/商業登記的資料是與此申請書上的實益擁有人/控權人/繼任持有人相符。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給公司。

Name(s) of writing Agent(s)/Sales Representative/
Intermediary (Surname, other name)
保險代理/營業代表/中介人姓名(姓氏, 名字)

Agent code 保險代理代號 Agency 組別

Signature 簽署

Servicing Agent/Sales Representative/Intermediary
保險代理/營業代表/中介人

_____-_____
_____-_____
_____-_____

Servicing Agent/Sales Representative/Intermediary
保險代理/營業代表/中介人

I have properly checked this supplementary form and related documents submitted.
本人已查核本補充資料表格及有關提交給公司的文件。

Manager's code
經理代號: _____

Signature of Manager
經理簽署: _____

Name in BLOCK LETTERS
姓名(正楷) _____

Date
日期: _____
dd日 mm月 yyyy年

Chubb. Insured.SM