

Agent's/Intermediary's Name

Agent's/Intermediary's contact phone no.

Agent's/Intermediary's code

Agency

# Request For Change Of Personal Information Form

Please tick  appropriate box(es) for request  New Request  Reply

Policy Number:	Full Name of Insured:	Full Name of Policyowner:
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**Important Notice**

- 1) In compliance with the legal and regulatory requirements with respect to the prevention of money laundering and terrorist financing, Chubb Life Insurance Company Ltd. (the "Company") requires to review the customer identity information of the Policyowner and/or Beneficial Owner ("you") to ensure they are up-to-date and relevant. For any change of customer identity information provided previously, you are required to provide i) the up-to-dated identity information by completing the Request for Change of Personal Information Form (POS086) and ii) the relevant identification documents proof for the purpose of identification, verification and record keeping.
- 2) In compliance with the legal and regulatory requirements with respect to U.S. Foreign Account Tax Compliance Act (FATCA) and Automatic Exchange of Financial Account Information (AEOI), the Company requires you to provide certain information (including but not limited to place of birth, address, telephone number, citizenship, residency and Taxpayer Identification Number (TIN) etc.) by completing the relevant form where it is applicable if you have any change on the tax residence.
- 3) For change of mailing address &/or telephone no. &/or email address, please submit the request via eService, <http://eservice.chubblife.com.hk>

<b>1. Change of Personal Information</b> Please provide documentary proof (e.g. copy of HKID card, birth certification, passport) <input type="checkbox"/> Insured <input type="checkbox"/> Policyowner (if the policyowner is an entity, please also answer Section 4(b))	Name <sup>A</sup>	Sex
	Date of Birth <sup>A</sup> (dd/mm/yyyy)	Place of Birth <sup>A&amp;B</sup>
	Nationality <sup>C</sup>	Citizenship <sup>C</sup>
	Residency <sup>C</sup>	
	No. of HKID/Birth Cert./Passport/Business Registration <sup>C</sup>	
<b>2. Change of Signature</b>	New Signature of Policyowner	New Signature of Insured (applicable to age 18 or above)
<b>3. Change of Occupation</b>	Date of Occupation Change (dd/mm/yyyy)	Monthly Income (HKD)
	Occupation Class	Occupation (Title)
	Exact Duties	
	Industry/Nature of Business	
	Name of Employer (please update Workplace Address and/or Workplace Number, if necessary)	
<b>4. Change/Update of Tax Residency</b> Please complete the information under Section (a) and/or Section (b), if applicable, at the right column if you have changed or have not yet provided information of your tax residency.	<b>Section (a)</b> Please select your tax residency(ies) (can select more than one) <input type="checkbox"/> Hong Kong <sup>A</sup> <input type="checkbox"/> US <sup>B&amp;C</sup> <input type="checkbox"/> Others <sup>A</sup> <b>Section (b)</b> Is the policyowner a passive non-financial entity ("Passive NFE")? (This question is only applicable to the policyowner which is an entity) <input type="checkbox"/> No <input type="checkbox"/> Yes 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. <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>	

**Remarks:**

<sup>A</sup> This information provided (if any) shall form part of Section 5 - "Self-certification for Tax Residency" and replace the current data held by the Company. You are required to complete "Self-certification for Tax Residency" if (i) answer(s) in Section 4(a) for tax residency is/are "Hong Kong" and/or "Others" and/or (ii) if you have any change to this information which may affect your tax residency or indicate a change of tax residency.

<sup>B</sup> 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.

<sup>C</sup> If you confirm that you are an US citizen or a resident in the US for tax purpose or your citizenship, residency or nationality is US in Section 1, please provide a signed Form W-9 "Request for Taxpayer Identification Number and Certification" ("Form W-9").

**5. Self-certification for Tax Residency**

If you have changed or have not yet provided information of your tax residency, 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. 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 <sup>1</sup>	TIN	If no TIN available, please provide Reason A, B or C <sup>2</sup>	Please explain why you are unable to obtain a TIN if you selected Reason B <sup>2</sup>
I.			
II.			
III.			

<sup>1</sup> Pursuant 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 5(b) below.

<sup>2</sup> If 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/ mailing address/ workplace address as provided in this request for change form:

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**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 4(a-b) and Section 5 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 4(a-b) and Section 5, 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 Section 4(a-b) and Section 5 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 IRD.

### **FATCA Declaration and Authorization**

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 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 the 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).**

**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 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 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.

**NOTE: Please do not sign on BLANK Form**  
**Signature must be consistent with that in your policy record and please submit the form within 14 days**

\_\_\_\_\_  
Signature of Policyowner

\_\_\_\_\_  
Sign Date (dd/mm/yyyy)

**Chubb. Insured.<sup>SM</sup>**