

Application/Change/Cancellation For Life Insurance Proceeds Settlement Option

申請/更改/取消人壽保險金支付選擇

Policy Number: 保單編號	Full Name of Insured(s): 受保人姓名	Full Name of Policyowner: 保單持有人姓名
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- 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 Policy Owner 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 relevant request form for policy change; and ii) the relevant identification documents proof for the purpose of identification, verification and record keeping.

根據相關法律及監管機構就防止洗錢及恐怖分子資金籌集活動的規定，安達人壽保險有限公司（「本公司」）必須不時覆核保單持有人及/或實益擁有人（「您」）以確保其身份資料反映最新現況及仍屬相關的。如任何身份資料與之前提供的資料有所不同，您必須提供 i) 相關的更改保單事項通知書以更新最新的身份資料；及 ii) 有關的身份證明文件以作識別、驗證及存檔之用。

- 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 request form for policy change of the Company and other relevant form where it is applicable if you have any change on the tax residence.

根據相關法律及監管機構就美國海外賬戶稅收合規法案及自動交換財務帳戶資料，如您更改稅務居民身份，本公司會要求您填寫相關的更改保單事項通知書以提供相關資料（包括但不限於出生地、住址、電話號碼、公民身份、居籍及稅務編號等等）及其他適用的相關表格。

I, the Policyowner, would like to apply for application/change/cancellation of the Life Insurance Proceeds Settlement Option to the above Policy. I agree the Company to pay the Life Insurance Proceeds to the designated Beneficiary(ies) in the above Policy by way of one of the following options as indicated. This application/change/cancellation supersedes the previous application(s)/change(s)/cancellation(s), if any. 本人保單持有人現就上述保單申請/更改/取消人壽保險金支付選擇。本人同意貴公司按以下所指定之選擇發放人壽保險金予上述保單內指定之受益人。此次申請/更改/取消將取代之前所曾作出之申請/更改/取消(如有)。

Choose one option only 只可揀選一個選擇：

Installments to Beneficiary(ies)

以分期形式支付予受益人

Please choose one of the following choices

請選擇以下其中一個選項

Choice 選項	Payment Frequency 分期支付形式	Payment Period (Year) 支付年期 (年)	Minimum Life Insurance Proceeds per Policy# 每張保單的最低人壽保險金#
<input type="checkbox"/>	Annually 按年	10	US\$ 美元 120,000 / HK\$ 港元 936,000
<input type="checkbox"/>	Annually 按年	20	US\$ 美元 120,000 / HK\$ 港元 936,000
<input type="checkbox"/>	Annually 按年	30	US\$ 美元 120,000 / HK\$ 港元 936,000
<input type="checkbox"/>	Monthly 按月	10	US\$ 美元 120,000 / HK\$ 港元 936,000
<input type="checkbox"/>	Monthly 按月	20	US\$ 美元 240,000 / HK\$ 港元 1,872,000
<input type="checkbox"/>	Monthly 按月	30	US\$ 美元 360,000 / HK\$ 港元 2,808,000

If the Life Insurance Proceeds payable is less than the minimum Life Insurance Proceeds per Policy under the selected choice, Life Insurance Proceeds will be paid to Beneficiary(ies) in a lump sum.

如須支付的人壽保險金少於已揀選之選項下每張保單的最低人壽保險金，人壽保險金將會以一筆過的形式支付予受益人。

Cancellation of Life Insurance Proceeds Settlement Option

取消人壽保險金支付選擇

Life Insurance Proceeds will be paid to Beneficiary(ies) in a lump sum.

人壽保險金將會以一筆過的形式支付予受益人。

Terms and Conditions 條款及細則

- (1) This form is not applicable to Perpetual Life Series.
此表格不適用於世代傳承保險系列。
- (2) Life Insurance Proceeds Settlement Option is only applicable to specified products as determined by the Company from time to time. Please contact your Agent or Intermediary for details.
人壽保險金支付選擇只適用於公司指定產品並由本公司不時決定。詳情請與閣下的保險代理 / 中介人聯絡。
- (3) The Life Insurance Proceeds Settlement Option must be selected while the Insured is still alive. Only the Policyowner can apply/change/cancel Life Insurance Proceeds Settlement Option.
人壽保險金支付選擇必須於受保人在生時選擇。只有保單持有人可以申請/更改/取消人壽保險金支付選擇。
- (4) If there is more than one (1) Beneficiary designated, the Life Insurance Proceeds Settlement Options selected by the Policyowner shall be applied to all Beneficiaries. The Life Insurance Proceeds shall be first allocated to the Beneficiary(ies) in accordance with the proportion specified by the Policyowner, if any, before applying the above selected Life Insurance Proceeds Settlement Option.
如有多於一個指定受益人，由保單持有人所選定人壽保險金支付選擇將適用於所有受益人。在執行上述人壽保險金支付選擇前，人壽保險金將會先根據保單持有人指定之個別別人壽保險金的份額（如有）分配至受益人。
- (5) If no Beneficiary is designated when the Life Insurance Proceeds are payable, the Life Insurance Proceeds will be paid in lump sum to Policyowner or his/her estate.
如支付身故賠償時沒有指定受益人，人壽保險金將會以一筆過的形式支付至保單持有人或其遺產。
- (6) If the Policy has been assigned / the Policyowner has been changed, Life Insurance Proceeds Settlement Option will be revoked and the Company will pay the Life Insurance Proceeds in a lump sum payment. After the Policy assignment is cancelled / the Policyowner has been changed, the Policyowner / the new Policyowner can apply Life Insurance Proceeds Settlement Option again.
如保單被轉讓/保單持有人被更改，人壽保險金支付選擇將會被撤回，本公司會以一筆過的形式支付人壽保險金。當保單轉讓已被取消或保單持有人已被更改後，保單持有人或新保單持有人可以再次申請人壽保險金支付選擇。
- (7) Installments to Beneficiary(ies) option is subject to minimum requirements, including but not limited to Minimum Life Insurance Proceeds per Policy, as determined by the Company from time to time.
人壽保險金支付選擇須符合由本公司不時決定之最低要求，包括但不限於每張保單的最低人壽保險金。
- (8) If Installments to Beneficiary(ies) option is selected, interest will accrue on any unpaid balance of the Life Insurance Proceeds until the full amount of Life Insurance Proceeds have been paid to the Beneficiary(ies). The interest rate will be determined by the Company from time to time at our discretion. The accumulated interest (if any) will be paid to the Beneficiary(ies) in the last installment.
如已選擇以分期形式支付予受益人，人壽保險金之未付餘額將獲利息直至全數人壽保險金已支付予受益人，其利率由本公司不時決定。積存的利息（如有）將於最後一期支付予受益人。
- (9) In the event a Beneficiary dies before the end of the selected Payment Period, the remaining balance of the Life Insurance Proceeds together with accrued interest (if any) will be paid to the estate of the deceased Beneficiary in a lump sum upon receipt of the proof of death of the Beneficiary. If there is more than one (1) Beneficiary designated, any surviving Beneficiary(ies) shall continue to receive his / her respective own portion of the Life Insurance Proceeds by installments.
如受益人於支付年期完結前身故，並當本公司被通知及收到有關已故受益人死亡證明後，人壽保險金之未付餘額及積存利息（如有）將會以一筆過的形式支付至其遺產。若有多於一名指定受益人，在生的受益人將繼續獲得他/她各自應佔人壽保險金的分期部分。
- (10) Any installments shall be paid to the Beneficiary(ies) through the Company's designated payment method. The Company reserves the right to change the date and/or method for making payment of the installments.
任何分期形式支付將根據本公司指定的付款形式派發予受益人。本公司保留權利更改支付分期支付之日期及 / 或方式。
- (11) The terms & conditions are subject to the Company's final decision and may be changed from time to time.
條款及細則須視乎公司最終決定及可能會不時修訂。

Declaration: I HEREBY DECLARE AND AGREE THAT: 1. The above request for application/change/cancellation of Life Insurance Proceeds settlement option will not take effect unless the following conditions are met: (i) Any required documents are submitted in full. (ii) The request is approved by Chubb Life Insurance Company Ltd. (hereinafter called "the Company") during the lifetime of the Insured or Insureds. 2. The request for application/change/cancellation of Life Insurance Proceeds settlement option shall be the basis for the application/change/cancellation in the settlement option and will form part of the Policy unless otherwise specified. 3. All statements whether or not written by my own hands are to the best of my knowledge and belief complete and true.

聲明：本人謹此聲明及同意：1. 上述之申請 / 更改 / 取消人壽保險金支付選擇必須符合下列所有條件方能生效：(i) 所有文件皆全數並完整無缺遞交。(ii) 申請在受保人在生時，經安達人壽保險有限公司（以下簡稱「貴公司」）批准。2. 此申請 / 更改 / 取消人壽保險金支付選擇之申請書將成為保單申請 / 更改 / 取消人壽保險金支付選擇之根據，並作為保單一部分（若有其他安排除外）。3. 上述一切陳述，不論是否本人親手所寫，就本人所知所信，均為事實之全部並確實無訛。

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, medical advisors, insurance industry associations and federations, 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; (ii) provide all services related to this application, administer and process policy, medical and underwriting checks, payment instructions, premiums collection, data matching, and communicate with me/us for such purposes; (iii) enable the industry associations, the federations, the government or regulatory bodies to carry out the functions and requirements that may be assigned to them from time to time and are reasonably required in their interest and that of the insurance industry; and (iv) provide payment, data processing, administration, communications, computer, security and other services (including medical services, emergency assistance services, mailing and IT services) in connection with the operation of the Company and the provision of services to me/us. Moreover, the Company is hereby authorized to obtain access to and/or to verify any of my/our data with the information collected by the insurance industry associations, the federations, the government and regulatory bodies and medical personnel or organizations. I/We am/are obliged to supply the information required from me/us under this application which is a condition precedent for me/us to apply this application. Failure to supply the required information may result in the Company being unable to process this application. I/We understand that I/We have the right to obtain access to and to request correction of any personal data held by the Company or be given reasons for any refusal of access or correction. I/We also understand that a reasonable fee may be charged by the Company for processing of any access. Any questions regarding personal data, access to or correction of personal data should be made in writing and forwarded to The Data Protection Officer of Life Administration of Chubb Life Insurance Company Ltd. at 33/F, Chubb Tower, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong.

個人資料收集聲明及授權 就簽署此申請書，本人/吾等明白及同意安達人壽保險有限公司（「貴公司」）可以使用、處理、儲存、透露、轉移任何貴公司所收集或持有任何本人/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、醫療顧問、保險行業協會及聯會、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；(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，以作為此申請書之先決條件。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。

Signature of Policyowner

保單持有人簽署

(Name 姓名: _____)

Sign Date

簽署日期

Signature must be consistent with that in your policy record.

閣下的簽名模式須與保單記錄相符。

Chubb. Insured.SM