

Agent's name 保險代理姓名 _____
 Agent's contact phone no. 保險代理聯絡電話 _____
 Agent's code 保險代理代號 _____
 Agency 組別 _____

Amendment of Policy

保單修改通知書

(This form is applicable only when the policy is within the cooling-off period and the Amendment is confined to the change of Basic plan and/or policy currency.) 此通知書只適用於冷靜期內就有關保單的基本計劃及/或幣值的更改

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

Policy No.: 保單編號	Insured: 受保人	Policyowner: 保單持有人
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I/We, the Insured/Policyowner, hereby amend the issued policy in the following particulars: and these amendments and declarations are to be taken and considered as a part of the said policy. **These amendments and the said policy are to be taken as a whole and considered as the basis of the contract;** and I/We hereby declare that all the answers and statements contained in the said policy are full, complete and true since the last application date of this policy.

本人/吾等，即受保人/保單持有人，在此呈交下列資料以修正已發給的保單，此資料或聲明應視為上述保單的一部份。而此修改通知書及上述保單會作為保單合約的全部及依歸。本人/吾等特此表明在此保單申請日期以後所有保單內的答案及聲明均為事實之全部並確實無訛。

Since the date of the application for the policy was completed (including Part II of the application), has any person proposed for coverage:

自從保單申請表格填妥後 (包括保單申請書中的第二部份)，與保障有關的人：

- (a) been admitted to a hospital, sanitarium, or other medical facility? Yes是 No否
 曾否住醫院、療養院、或其他醫療機構？
- (b) had any illness, or consulted any physician or practitioner for any reason? (Do not include colds, minor injuries) Yes是 No否
 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？ (感冒及輕微受傷除外)

I/We understand that the said policy number is to be cancelled and all informations contained in it, including these amendments, will be transferred to another new policy _____.

本人/吾等明白上述保單編號將會取消，而保單內所有資料，包括此修改通知書，會轉移到另一新的保單編號為_____。

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

Name of Witness /Agent 見證人/保險代理姓名		Signature must be consistent with that in your life application form. 閣下簽名模式應與申請書上之簽名相同，以作核對。			
Signature of Witness/Agent 見證人/保險代理簽署	Date 日期	Signature of Insured 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 Policyowner 保單持有人簽署 <small>(if other than Insured) (如非受保人)</small>	Date 日期

Please attach a new DDA form if the mode of payment is in quarterly or monthly. Don't write policy number down in the DDA form since a new number will be used. 如繳付保費方式為每季或每月，請呈交新的直接付款授權書。由於新保單編號暫未安排，請勿填寫保單編號。