

保單服務申請表 (保障權益更改)

Application For Policy Service (Protection Coverage Change)

保單號碼 Policy no _____

受保人 Insured _____

保單持有人 Policyowner _____

請於適當方格內加「✓」號 Please put "✓" in appropriate box

第一部分 Part I

申請下列各項服務須填妥「健康狀況聲明書」，保證權益選擇、遞減、取消附加契約、減少保額或居住地區風險率除外。
Please complete the "Declaration of Health" except election of non-forfeiture options, reduction, cancellation of insurance benefit coverage or residential rating.

1. 保單復效 Reinstatement of policy

根據保單條款復效 In accordance with the policy provision 更改保單生效日期 By redating

2. 保證權益選擇 Election of non-forfeiture options

延長定期保險 Extended Term Insurance 減額付清保險 Reduced Paid-up Insurance

3. 更改保單基本計劃投保額* Change of basic plan sum assured*

新投保額*(根據保單貨幣) New sum assured* (in policy currency) \$ _____

重要事項 Important notes:

- 如保單附有現金價值，遞減投保額將影響保單利益、保證現金價值及紅利等。
For policy with cash value, reducing sum assured will affect policy benefit, guarantee cash value & dividend, etc.
- 如申請增加基本計劃投保額，請填寫「財務需要分析」。有關「財務需要分析」詳情，請與閣下的業務顧問聯絡或致電泰禾人壽客戶服務熱線。
If applying for increase basic plan sum assured, please complete "Financial Needs Analysis". For details of "Financial Needs Analysis", please contact your Sales Personnel or our Customer Service Hotline

4. 更改附加契約 Change of supplementary contract

重要事項 Important notes:

- 如申請遞減/取消附加契約或附加契約投保額，生效日期為下一個保費到期日 If applying for Reduce / Cancel supplementary contracts or supplementary contract sum assured, the effective date will be the next premium due date.
- 如申請增加附加契約或附加契約投保額，請填寫 第二部分「健康狀況聲明書」及回答下列 (a)及(b)問題。If applying for the addition of the supplementary contract(s) or increase supplementary contract sum assured, please complete in Part II "Declaration of Health" and answer the below questions (a) & (b):
- 增加附加契約或附加契約投保額的生效日期需視乎批核日期。The effective date for addition of supplementary contracts or increase supplementary contract sum assured is subject to the date of final approval

增加 Add	遞減 Reduce	取消 Cancel	附加契約 Supplementary contacts	新投保額*(根據保單貨幣)/計劃 New sum assured*(In policy currency)/plan
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

(a) 閣下是否有定期的收入來源? Do you have regular source of income? 是 Yes 不是 No

(b) 閣下的最高教育程度為 (選其中一項): Your highest education level is (tick one):

- i) 大學或以上 University or above ii) 預科或專上教育 Matriculated/Post secondary
iii) 中學程度 Secondary school iv) 小學程度或以下 Primary school or below

* 投保額亦稱為保額 / 期滿利益 / 保證期滿利益 / 基本每年保費 / 初始保證每月入息

* Sum Assured also known as Face Amount / Maturity Benefit / Guaranteed Maturity Benefit / Base Annual Premium / Initial Guaranteed Monthly Income

5.	調整 Adjustment of	<input type="checkbox"/> 職業級別 Occupational class 請填寫第二部分健康狀況聲明書「職業」一欄 Please complete "Occupation" section in the Part II Declaration of Health <input type="checkbox"/> 健康風險率 Medical rating / 不保事項 Exclusion / 吸煙保費 Smoking rate 請填寫第二部分健康狀況聲明書 Please complete the Part II Declaration of Health <input type="checkbox"/> 居住地區風險率 Residential rating
6.	其他更改 / 要求 Other change / request	

第二部分 Part II

健康狀況聲明書 Declaration of Health			
保單號碼 Policy no: _____	受保人 Insured: _____ 保單持有人 Policyowner: _____		
請在此申請書上填報一切有關事實，因為您與本公司之合約將以這些事實為根據，否則所申請之更改或復效將告無效。如不清楚某一事項是否重要，也請將此事在下面說明。 Please disclose <u>ALL</u> material facts in this application, which shall form the basis of our contract; otherwise the change/reinstatement may be void or voidable. If in doubt whether a fact is material, please disclose it below. 如下列任何問題的答案是「有」或「是」，請於此「健康狀況聲明書」之後的備註部分詳述有關資料。 If there is any question with answer "Yes", please give details in the remarks column at the end of "Declaration of Health".		甲. 受保人 a) Insured	乙. 保單持有人 b) Policyowner
1	您在過去投購人壽、危疾、意外、傷殘或醫療保險時，或要求恢復該類保單效力時，曾否被拒絕受保、擱置受保、須額外附加保費或修改受保條件？ Has any previous application for life, critical illness, accident, disability or health insurance or policy reinstatement been declined, postponed, rated or in any way modified?	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No
2	您在過去曾否參加或意圖參加私人性質飛行（以乘客身份購票者除外），或有危險性之運動或競技？如「有」，請詳述或遞交有關問卷。 Do you engage or expect to engage in any hazardous sports or races or flying except as a fare-paying passenger on a scheduled public air service? If yes, please provide full details or complete separate supplementary questionnaire.	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No
3	您有否需要到外地公幹？若「有」，請說明次數、停留時間及地點。或在過去三年內曾否在其他國家居住超過三個月？ Do you need to work outside Hong Kong? If yes, please specify frequency, duration and place or do you reside (or have resided) overseas for more than 3 months in the past 3 years.	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No
4	您或您的直系親屬（父母、兄弟、姊妹、子女）中，曾否有人患有肺結核、呼吸系統疾病、甲狀腺病、遺傳病、嚴重流鼻血、失去聽覺、頸/背部/關節疼痛、坐骨神經痛、癲癇症、糖尿病、腎病、肝病、心臟病、心悸、中風、高血壓、冠狀動脈病、精神或神經病、癌症、鼻咽癌（非洲淋巴瘤病毒）、潰瘍或其他消化系統疾病、關節炎或關節疾病、系統性紅斑狼瘡、面部紅斑、皮膚病、類風濕性疾病、盆腔炎疾病、身體機能失調、身體缺陷、嚴重損傷或獲告知患有任何疾病？ Have you or has any of your immediate family (parent, brother, sister, children) ever had tuberculosis, respiratory disease/disorder, thyroid disease, hereditary disease, severe nasal bleeding, loss of hearing, neck/back/joint pain, sciatica, epilepsy, diabetes, kidney disease, liver disease, heart disease/disorder, palpitations, stroke, high blood pressure, coronary artery disease, mental or nervous disease, cancer, nasopharyngeal cancer (EB Virus), ulcer or other digestive disorders, arthritis or joint disorder, systemic lupus erythematosus, facial skin rash, skin disease, rheumatoid disease, pelvic inflammatory disease, physical impairment, deformity, severe injury or been told to have any disease?	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No

<p>5 您曾否吸食任何種類香煙或飲酒？如「有」，請詳述，包括過去12個月之吸食 / 飲用類別、每日份量及開始日期。 Do you or have you ever-smoked tobacco in any form or drink alcohol? If yes, please state details including type, daily consumption in the past 12 months and the start date. 種類 Type _____ 每日份量 Daily consumption _____ 開始日期 Start date _____ 停止吸食日期(如適用) Date of cessation (if applicable) _____ 及 停止吸食原因 Reason of cessation _____</p>	<p><input type="checkbox"/> 有 <input type="checkbox"/> 無 Yes No</p>	<p><input type="checkbox"/> 有 <input type="checkbox"/> 無 Yes No</p>
<p>6 您曾否吸食任何成癮藥物、吸毒或因需接受或建議接受治療？如「有」，請詳述，包括種類、每日份量及開始日期。 Have you ever taken narcotics or other habit-forming drugs or been treated or advised in connection with taking of drugs? If yes, please give details including type, start date and daily quantity. 種類 Type _____ 每日份量 Daily consumption _____ 開始日期 Start date _____</p>	<p><input type="checkbox"/> 有 <input type="checkbox"/> 無 Yes No</p>	<p><input type="checkbox"/> 有 <input type="checkbox"/> 無 Yes No</p>
<p>7 在過去五年內您曾否 In the PAST FIVE YEARS have you (a) 接受或被建議接受非因受聘而進行之X光、電腦掃描、心電圖、磁力共振、超聲波診斷、鼻咽癌測試（非洲淋巴瘤病毒屏障法）、活組織或血液之檢驗（例如膽固醇、肝炎、貧血、愛滋病等）？或患上任何以上未提及的疾病徵兆或機能失調、接受外科手術、診斷或住院留醫？如「有」，請詳述及提供有關的日期。 Had, or been advised to undergo diagnostic test such as X-ray, CAT scan, ECG, MRI, ultrasonogram, nasopharyngeal cancer screening tests (EBV tests), biopsy, or blood study (e.g. cholesterol, hepatitis, anaemia, AIDS, etc.), other than for routine employment purpose, or any other disease or disorder, operation, medical advice or hospitalization not mentioned above? If yes, please give details and date below. (b) 您曾否作過或現正向任何保險公司因上述(a)項索償或因任何其他健康問題或意外作出索償？如「有」，請詳述金額、保險公司名稱、原因及日期。 Have you ever made or are making a claim against an insurance company as a result of (a) above or for any other health problem or accident? If so, please give details below such as amount of claim against which insurance company(s), for what reason(s) and date(s).</p>	<p><input type="checkbox"/> 有 <input type="checkbox"/> 無 Yes No</p> <p><input type="checkbox"/> 有 <input type="checkbox"/> 無 Yes No</p>	<p><input type="checkbox"/> 有 <input type="checkbox"/> 無 Yes No</p> <p><input type="checkbox"/> 有 <input type="checkbox"/> 無 Yes No</p>
<p>8 您曾否接受或有否打算接受後天免疫力缺乏症、愛滋病及其有關疾病、或由性接觸傳染疾病之輔導、檢驗、診斷或治療？ Have you ever been, or do you intend to be counselled, tested, medically advised or treated in connection with HIV infection, AIDS or an AIDS related condition or any sexually transmitted disease?</p>	<p><input type="checkbox"/> 有 <input type="checkbox"/> 無 Yes No</p>	<p><input type="checkbox"/> 有 <input type="checkbox"/> 無 Yes No</p>
<p>9 女性適用 FOR FEMALE ONLY (a) 現時是否懷孕？如「是」，請說明預產日期 _____ Are you now pregnant? If yes, please state expected delivery date: _____ (b) 曾否有任何乳房、卵巢、子宮、子宮頸、經期等之疾病或產褥、懷孕等之併發症；或 Have you ever had any disorder of breasts, ovaries, uterus, cervix, menses or complications at child-birth or pregnancy; or 曾否接受或被建議接受或打算接受乳房X光像、乳房超音波檢查、子宮頸細胞塗片檢驗、錐形切片檢查或陰道鏡檢查？ Have you had, or have been advised to have or intending to have mammogram, ultrasound of breasts, pap smear, cone biopsy or colposcopy?</p>	<p><input type="checkbox"/> 是 <input type="checkbox"/> 無 Yes No</p> <p><input type="checkbox"/> 是 <input type="checkbox"/> 無 Yes No</p>	<p><input type="checkbox"/> 是 <input type="checkbox"/> 無 Yes No</p> <p><input type="checkbox"/> 是 <input type="checkbox"/> 無 Yes No</p>
<p>10 如被保兒童不足一歲，該被保兒童出生時是否難產或早產？如「是」，請於下列詳述。 If the insured child is less than 1 year old, was the child's birth abnormal or premature? If yes, please give details below.</p>	<p><input type="checkbox"/> 是 <input type="checkbox"/> 無 Yes No</p>	
<p>11 甲. 受保人 (a) Insured 身高 Height _____ 呎 / 米 ft/m 體重 Weight _____ 磅 / 公斤 lb/kg</p>	<p>乙. 保單持有人 (b) Policyowner 身高 Height _____ 呎 / 米 ft/m 體重 Weight _____ 磅 / 公斤 lb/kg</p>	

12 職業 Occupation

下列之回覆是有關 Answer the following with respect to: 受保人 Insured 保單持有人 Policyowner

現任主要職業

實質職務 (包括其他職業)

Principal occupation

Exact duties (including other occupation)

若更改職業，須列明任職日期

公司業務性質

If change of occupation, please state the start date

Company's nature of business

僱主名稱及地址*

Employer's name and address*

倘若職業是學生，請填寫學校名稱及地址

If occupation is student, please fill in the name and address of education institution

*如工作地點屬香港境外，請填妥「自我證明表格」 If you work outside Hong Kong, please complete "Self-Certification Form"

備註：如上述任何問題的答案是「有」或「是」，請列明有關問題號碼，(甲)受保人或(乙)保單持有人及詳述日期、診斷、持續時間、療法、結果、各主診醫生的姓名及地址，並需遞交所有檢查/化驗報告/索償記錄/覆診咭/血壓紀錄簿。(如有)。

Remarks: For each "Yes" answer, please specify the question number, (a) insured or (b) policyowner and specify dates, diagnosis, duration, treatment, result and names and addresses of all attending physicians. Please submit all checkup report/pathological report/claims record/patient card copies/blood pressure record book, if any.

海外納稅申報與預扣責任聲明

本人/我們現向泰禾人壽保險有限公司(百慕達註冊之有限公司)、「泰禾人壽」和其受讓人(統稱「貴公司」)保證：

- (i) 本人/我們不可撤回地同意貴公司有權：a) 向美國政府機構提交報告並披露本人/我們所有與保單有關的資料，以確保貴公司遵守任何適用的法律及規定(包括但不限於納稅法案)；b) 從戶口價值中預扣並扣除任何適用的法律及規定(包括但不限於納稅法案)所要求的款項；c) 於扣除任何預扣的金額後，將餘下之戶口價值退還予保單持有人或保單持有人的遺產，而貴公司對有關上述或有關本文件的任何事宜並不負上任何責任，以及d) 不時要求本人/我們提供額外有關資料以遵守任何適用的法律及規定(包括但不限於納稅法案)。
- (ii) 如申請人為法人，本人/我們將按貴公司不時之要求，遞交額外文件。
- (iii) 本人/我們承諾若本人/我們所提供的資料有任何變更，本人/我們會在30日內通知貴公司。

Foreign Tax Reporting and Withholding Obligation Declaration

I/We represent and provide my warranty in favour of Tahoe Life Insurance Company Limited(Incorporated in Bermuda with limited liability) ("Tahoe Life") and its assignee (collectively referred as the "Company") as follows:

- (i) I/We irrevocably agree that the Company shall have the right to (a) make report and disclose all relevant information of yourself/ourselves in respect of all policies to the U.S. Government Authorities for the purpose of ensuring the Company's compliance with the applicable laws and regulations (including but not limited to FATCA); (b) withhold and deduct from account value any money as required by any applicable laws and regulations(including but not limited to FATCA); (c) return the remaining account value to the owner or owner's estate after deduction of any withheld money, but without incurring any liability on the part of the Company in connection with any matters mentioned herein or this document; and (d) request for any additional relevant information from me/us from time to time for the purpose of complying with all applicable laws and regulations (including but not limited to FATCA)
- (ii) If applicant is an entity or a body corporate, I/we will submit additional documents in accordance with the Company's requirements as may be issued from time to time.
- (iii) I/We undertake to notify the Company within 30 calendar days if there is a change in any information which I/we have provided to the Company.

收取個人壽險保費徵費

本人 / 我們在此確認：泰禾人壽保險有限公司（百慕達註冊之有限公司）（「泰禾人壽」），為一家獲授權的保險公司，按香港保險業監管局（下稱「保監局」）的要求及授權向每位保單持有人所持有的新造或現行保單徵收徵費，有關徵費將按照訂明安排匯付予保監局。保監局可以根據相關條例，將有關的徵費欠款作為民事債項向相關的保單持有人追討欠款，並有機會徵收罰款。閣下保單所需支付的徵費由泰禾人壽支付至2019年3月31日止。自2019年4月1日起到期繳交之保費，保單持有人該就保費繳付徵費。有關徵費的詳情，請瀏覽 https://www.tahoelife.com.hk/tl/doc/Levy_TC.pdf 或致電 (852) 3767 8777。

Collection of Premium Levy on Individual Life Insurance Policy

I/We hereby acknowledge that: Tahoe Life Insurance Company Limited (Incorporated in Bermuda with limited liability) ("Tahoe Life"), as an authorised insurer, is statutorily required to collect premium levy ("Levy") on any new or inforce policy from Policyowner on behalf of the Insurance Authority of Hong Kong ("IA") and would be remitted in accordance with prescribed arrangement to the IA. IA may take legal proceedings against Policyowner in respect of any outstanding Levy as a civil debt and may impose pecuniary penalty according to the relevant regulations. The levy payable for your policy will be absorbed by Tahoe Life until 31 March 2019. Policyowner shall pay the levy on insurance premium due from 1 April 2019. For further information, please visit https://www.tahoelife.com.hk/tl/doc/Levy_EN.pdf or contact: (852) 3767 8777.

個人資料收集聲明

1. 目的：泰禾人壽保險有限公司 / 泰禾保險服務有限公司（「本公司」）就向閣下收集之個人資料乃為以下目的使用：

- (i) 處理、管理、落實及實行閣下提交予本公司的本文件或不時提交的任何其他文件中所表明的申請；
- (ii) 提供與本文件和本保單相關的一切服務，包括推廣或改善本公司或其關聯公司提供的有關本次申請的服務或相關服務；
- (iii) 就行政目的與閣下聯絡；
- (iv) 調查、處理及繳付閣下保單的理賠申請；
- (v) 依照在香港特別行政區境內或境外任何法律、監管、政府、稅務、執法或其他機關，或自律監管機構或行業組織的要求，配合調查及作出披露；
- (vi) 將閣下的個人資料發送給任何保險公司聯會或類似組織（「聯會」）以及聯會的任何成員，以供其履行其監管職能及 / 或為保險行業或聯會的任何成員的合理利益所需的其他職能；
- (vii) 統計或精算研究；
- (viii) 其他直接與以上目的相關的目的；

就本公司使用閣下提供的個人資料作宣傳或市場推廣用途，請參閱「使用個人資料作直接促銷用途」一節。未能提供所需的個人資料可能導致本公司無法為閣下提供產品及服務、評估閣下的保單申請、處理保單索償、或處理任何閣下提出的要求、查詢或投訴。

2. 轉移：閣下提供的個人資料將保密處理，惟會因以上所述之目的將此等資料轉移給以下各方：

- (i) 本公司的任何成員公司，包括附屬公司及聯屬公司；
- (ii) 任何其他從事保險、強制性公積金暫行受託人或再保險相關業務的非本公司成員公司；
- (iii) 獲本公司授權以分銷本公司所提供之產品及服務的金融服務中介團體；
- (iv) 提供與閣下的保單有關的索償、調查或其他服務的提供者；
- (v) 現有或不時成立的相關行業協會及聯會；
- (vi) 向閣下提供與本公司產品及服務有關的行政、電訊、電腦、付款、數據處理或其他服務的任何人士（包括代理商、承包商或第三方服務提供者）；
- (vii) 於香港境內或境外任何法律、監管、政府、稅務、執法或其他機關，或自律監管機構或行業組織；
- (viii) 與本公司業務的轉讓或擬議轉讓有關的任何第三方，當中部分受讓方或位於香港境內或境外；
- (ix) 閣下的保險代理人或中介人或介紹人。

3. 查閱：閣下有權查明本公司持有個人資料的類別、本公司是否持有閣下的個人資料，如持有閣下有權要求查閱本公司持有涉及閣下的個人資料以及要求對該等資料作出更正。閣下可向本公司的資料保障主任提出要求，地址為香港太古城英皇道1111號太古城中心一座15樓。本公司有權為處理閣下的個人資料查閱要求而收取合理費用。

使用個人資料作直接促銷用途

除了以上所述的用途，本公司擬把閣下的個人資料包括姓名、聯絡資料、產品及服務組合資料、交易模式及行爲、財務背景及人口統計數據透過郵寄、傳真、電郵、電話及短訊形式用於直接促銷，當中包括以下的服務、產品和類別：(a) 保險、財務及相關服務及產品；(b) 獎賞、年資獎勵或優惠計劃及相關服務和產品；(c) 本公司的聯名合作夥伴提供之服務和產品（有關服務和產品的申請表/宣傳單張/海報上會提供聯名合作夥伴的名稱，視屬何情況而定）；閣下的個人資料可提供予第三方金融機構、保險公司、醫療機構、電話服務公司、市場營銷或研究服務、獎賞、年資獎勵及優惠計劃服務及 / 或相關服務作直接促銷。

使用閣下的個人資料進行本公司或任何第三方直接促銷前，本公司必須得到閣下的同意及只有在本公司收到閣下的同意後，本公司才可使用或提供閣下的個人資料作直接促銷用途。閣下將來可以撤回閣下對個人資料作本公司及第三方直接促銷用途的同意書。這項要求可向本公司的資料保障主任提出，地址為香港太古城英皇道1111號太古城中心一座15樓。此後，本公司須停止使用閣下的個人資料作直接促銷之用。

個人資料收集聲明的修訂

本公司保留權利可隨時且在無須通知的情況下，修訂本個人資料收集聲明。本公司亦可在本公司的網站或以書面形式知會閣下，閣下因而能得悉本公司如何收集閣下的個人資料、如何使用該資料及轉移該資料的情況。任何有關修訂將在刊登後即時生效。

個人資料收集同意書

透過於下方簽署，本人／我們同意，貴公司收集或持有的本人／我們的個人資料，無論是本申請書中包含的還是在任何時候以其他方式獲得的，均可：

- (i) 由貴公司依照個人資料收集聲明的規定使用*（除了本人／我們於投保申請書「在直接促銷中使用資料」部分，表明本人／我們不同意貴公司使用本人／我們的個人資料作直接促銷用途外）；
- (ii) 向個人資料收集聲明中所列的各類接收方披露，並且如該等接收方位於香港境外，本人／我們同意將本人／我們的個人資料發送至香港境外；
- (iii) 由貴公司進行數據配對，而該數據配對的目的乃為製作或核對或可用作對本人／我們採取不利行動的數據，又或是該數據配對所產生或核對的數據或可用作對本人／我們採取不利行動；
- (iv) 用於設立和維持與本人／我們在貴公司投保之保單有關的歷史或記錄。

Personal Information Collection Statement ("PICS")

1. Purpose: Among the personal data collected from you to Tahoe Life Insurance Company Limited/Tahoe Insurance Services Limited (the "Company"), it is collected for the purpose of:

- (i) processing, administering, implementing and effecting the requests indicated in this document or any documents that you may submit to the Company from time to time;
- (ii) providing all services related to this document and the Policy, including promoting or improving such services or related services by the Company or its subsidiaries and affiliates;
- (iii) communicating with you in relation to the administrative purposes;
- (iv) investigating, processing and paying claims made under your insurance policy;
- (v) co-operating with any investigation and meeting any disclosure requirements imposed by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies within or outside Hong Kong Special Administrative Region ("HKSAR");
- (vi) transferring your Personal Data to any federation or similar organization of insurance companies ("Federation") and any members of the Federation to carry out its regulatory functions and/or in the interest of insurance industry or any members;
- (vii) statistical or actuarial research;
- (viii) other ancillary purposes which are directly related to the purposes set above.

For using the personal data provided by you for promotional/marketing purposes, please refer to the section titled "**Use of Personal Data in Direct Marketing**". The failure of providing the personal data by you may result in the Company being unable to provide products and services, assess your policy application, process claims under insurance policies issued by the Company, or process any other requests, enquiries, or complaints from you.

2. Transfer: Personal data provided by you to the Company will be kept in confidential but it may be transferred to parties mentioned below for purposes set above:

- (i) any related company(ies), including subsidiaries or affiliates of the Company;
- (ii) any other unrelated company carrying on insurance, provisional trustee of mandatory provident fund or reinsurance related business;
- (iii) financial services intermediaries that are authorised by the Company for the distribution of products and services provided by the Company;
- (iv) a claims, investigation or other services provider providing services relevant to your insurance policies;
- (v) relevant industry association and federation that exists or is formed from time to time;
- (vi) any person (including agents, contractors or third party service providers) who provides administrative, telecommunications, computer, payment, data processing or other services in connection with the operation of the Company's business and provision of products and services to you;
- (vii) any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies within or outside HKSAR;
- (viii) any third party in connection with a transfer or potential transfer of all or part of the business of the Company that some of the transferees may be located within or outside of HKSAR;
- (ix) your insurance agents, intermediaries or referrers.

3. Access: You have the right to ascertain what type of personal data the Company holds, whether the Company holds your personal data and, if so, the right to request access to and to request correction of any personal data concerning you held by the Company. Such request can be made to the Data Protection Officer of the Company at 15/F, Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong. The Company has the right to charge a reasonable fee for processing a request to access your personal data access request.

Use of Personal Data in Direct Marketing

Apart from the aforementioned purposes, the Company may use your personal data including name, contact details, products and services portfolio information, transaction pattern and behavior, financial background and demographic data for direct marketing by mail, fax, email, telephone or SMS that may include the following classes of services, products and subjects: (a) insurance, financial and related services and products; (b) reward, loyalty or privileges programmes and related services and products; and (c) services and products offered by the Company's co-branding partners (the names of such co-branding partners can be found in the application form(s) and/or advertising leaflet(s)/poster(s) for the relevant services and products, as the case may be). Your personal data may also be provided to third party providers of financial, insurance, medical/health, call centre, marketing or research services, rewards, loyalty or privileges program services and/or related services for their use in direct marketing.

Before using your personal data for the purposes of direct marketing conducted by the Company or any third parties indicated in this section, the Company must obtain your consent and only after your consent is received by the Company, the Company may use or provide your personal data for direct marketing purpose.

You may, in future, withdraw your consent to the use of your personal data by the Company and any third parties on direct marketing purposes. Such request can be made to the Data Protection Officer of the Company at 15/F, Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong and the Company shall cease to use your personal data for direct marketing purposes.

Amendment to the PICS

The Company reserves the right at any time, with or without notice, amends this PICS which will be found in our website or in writing to notify you how the Company will collect, use and transfers your personal data. Should there be any amendment to this PICS in the future, such amendment will become effective with immediate effect.

Consent to Personal Data Collection

By signing below, I/we consent that my/our personal data collected or held by the Company, whether contained in this application or otherwise obtained at any time may:

- (i) be used by the Company in accordance with the Personal Information Collection Statement* (except I/we indicate that I/we object to the Company using my/our personal data in direct marketing under the section of "Use of Data in Direct Marketing" in application form).
- (ii) be disclosed to the classes of transferees set out in the PICS and to the extent such transferees are located outside of Hong Kong, I/we consent to the transfer of my/our personal data outside of Hong Kong;
- (iii) be subject to a data matching procedure by the Company for the purpose of producing or verifying, or which produces or verifies, data that may be used for the purpose of taking adverse action against me/us;
- (iv) be used to establish and maintain a history of my/our records in relation to any of my/our policy with the Company.

在直接促銷中使用資料

貴公司擬把本人 / 我們的個人資料 (如上面「保障個人資料 (私隱)」部分所述) 用於直接促銷, 而貴公司為該用途須獲得本人 / 我們一般的同意 (包括表示不反對)。就此, 本人 / 我們確認以下所有事項*:

* (以下代表本人 / 我們目前有關於直接促銷的選擇, 並取代本人 / 我們在本申請前可能曾給予貴公司的任何有關之選擇)

- 本人 / 我們不同意根據以上個人資料收集聲明 (參閱「使用個人資料作直接促銷用途」部分) 為直接促銷之目的而使用和提供本人的個人資料, 亦不希望接收任何推廣及直接促銷材料。

Use of Data in Direct Marketing

The Company may use my/our personal data as mentioned in the above section of "Personal Data (Privacy) Protection" in direct marketing and the Company requires my/our general consent (which includes an indication of no objection) for that purpose. In this connection, I/We acknowledged all of the followings*:

*(The followings represent my/our present choice (concerning direct marketing) which shall replace any choice I/we may have given to the Company prior to this application.)

- I/We, do not agree with the use and provision of my personal data for direct marketing purposes as set out above in the Personal Information Collection Statement (see "Use of Personal Data in Direct Marketing") and do not wish to receive any promotional and direct marketing materials.

健康狀況聲明書

本人/我們現聲明：(1)本人/我們自上述保單之「人壽保險投保申請書」簽署日期起，直至現在並沒有任何健康狀況之改變（註：如有任何健康狀況之變更，請於本表格第二頁之健康狀況聲明書詳細列明）；(2)如在簽署「健康狀況聲明書」後至成功批核前，受保人身體健康狀況有任何改變，本人/我們必須立刻通知貴公司該改變，而本人/我們亦明白貴公司仍保留權利取消保單及/或就改變而重新簽發保單；(3)本人/我們明白及同意此申請乃依據上述聲明均為真實無訛之情況下生效；(4)此申請須經貴公司核准後及所需之保費必須全部繳清後才會生效；(5)任何於本申請表送達本公司前之任何事故引致保單受保人/保單持有人死亡，本公司將不會因此而負上任何賠償或支付任何利益之責任。

Declaration of Health

I/We hereby declare that: (1) there is no change in my/our health condition since the sign date of my "Application For Life Insurance" for the said policy (Note: If it is not the case, please state all the changes on the page 2 of this form in full details.); (2) If the health status of the life insured changes after this application ("Declaration Of Health") is signed and before I/we receive approval notice, I/we shall immediately notify the Company of the change. As such, I/we understand that the Company shall reserve the right to cancel the policy and/or to re-issue the policy with changes; (3) I/we understand and agree that the effective of the application is conditioned on the truth of the above statement; (4) this application shall not take effect unless it is approved by the Company and any outstanding premium is paid in full; (5) any event which has caused the death of the insured/policyowner has occurred before this Application has arrived the Company shall not constitute the liability of the Company to pay a benefit under the Policy.

聲明及授權

本人/我們謹此聲明及同意：(1)上列各項陳述，據本人/我們所知均屬完全及真實無訛；(2)上述各項陳述及本人同意書，將成為申請表之一部分。

本人/我們現不可撤銷地授權：(1)任何醫生、醫院、診所、保險公司或對本人/我們的健康情況有任何記錄或知悉的其他組織、機構或人士，向貴公司或貴公司的代表，及貴公司向其他保險公司或組織提供所有此等資料，及披露任何及所有關於本人/我們之健康及病歷及住院、建議、治療、疾病或不適等資料；(2)貴公司或任何其指定之醫生、醫療人員或化驗所因此申請表及由此出現的賠償申請而進行所需之醫療評估及測試，以評核本人/我們之健康狀況。此授權對本人/我們之繼承人及受讓人具有法律約束力，並儘管本人/我們離世或無行為能力時，此授權仍具效力。此授權書之影印本與正本均有同等效力。

Declaration and Authorisation

I/We HEREBY DECLARE AND AGREE THAT: (1) all the statements made above are to the best of my/our knowledge and belief complete and true; (2) all the statements together with this agreement, shall form the basis and become a part of this application.

I/We hereby irrevocably authorise: (1) any physician, hospital, clinic, insurance company or other organization, institution or person that/who has any records or knowledge of my/our health, to disclose to the Company, or its representative and for the Company, to provide all these information to other insurance companies or organizations any and all information about me/us with reference to my/our health and medical history and hospitalization, advice, treatment, disease or ailment; (2) The Company or any of its appointed physician, medical examiners or laboratories to perform the necessary medical assessments and tests to evaluate my/our health condition in relation to this application and any claim arising therefrom. This authorisation shall legally bind my/our successors and Assignees and remains valid notwithstanding my/our/the proposed insured's death or incapacity. A photostatic copy of this authorisation shall be as valid as the original.

簽署日期
(日DD / 月MM / 年YYYY)

保單持有人簽署
Signature of policyowner

保單持有人聯絡電話及電郵
Phone number and email address of policyowner

簽署日期
(日DD / 月MM / 年YYYY)

承讓人 (如有) 簽署
Signature of assignee (if any)

承讓人聯絡電話及電郵
Phone Number and email address of assignee

簽署日期
(日DD / 月MM / 年YYYY)

受保人簽署 (已成年)
Signature of insured (adult)

受保人聯絡電話及電郵
Phone Number and email address of insured

簽署日期
(日DD / 月MM / 年YYYY)

()
業務顧問簽署及編號
Signature of sales personnel and code

業務顧問姓名及分行名稱 (如有)
Name of sales personnel and branch name (if any)