

保單服務申請表 (一般更改)

Application For Policy Service (General Request)

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 boxes

1.	<p>更改繳費方式 Change of payment mode</p> <p><input type="checkbox"/> 每年 Annually <input type="checkbox"/> 每半年 Semi-annually</p> <p><input type="checkbox"/> 每季 Quarterly <input type="checkbox"/> 每月 Monthly (必須辦理自動轉賬 Must be paid by autopay)</p>
2.	<p>更改付款方式 Change of payment method</p> <p><input type="checkbox"/> 銀行賬戶作自動轉賬 (需填妥自動轉賬授權書) Autopay by bank account (Please complete Direct Debit Authorization Form)</p> <p><input type="checkbox"/> 取消自動轉賬 Cancellation of autopay</p>
3.	<p>更改個人資料 Change of personal particulars <input type="checkbox"/> 受保人 Insured <input type="checkbox"/> 保單持有人 Policyowner</p> <p>請提供有關人士的身份證明文件副本及 / 或改名契副本 (如適用) Please submit photocopy of identity document and/or deed poll copy (if applicable) of the person.</p> <p>如屬美國國籍，請連同「海外納稅申報與預扣責任聲明書」一併遞交。 For US nationality, please submit "Foreign Tax Reporting and Withholding Obligation Declaration Form".</p> <p>如更改稅務編號或居留司法管轄區，請填妥「自我證明表格」。 If change of TIN no or jurisdiction of residence, please complete the "Self-Certification Form".</p> <p><input type="checkbox"/> 姓名 Name _____ <input type="checkbox"/> 出生日期 Date of birth _____</p> <p><input type="checkbox"/> 國籍 Nationality _____ <input type="checkbox"/> 身份證明文件號碼 Identity document no _____</p> <p><input type="checkbox"/> 稅務編號 TIN no _____ <input type="checkbox"/> 居留司法管轄區 Jurisdiction of residence _____</p>
4.	<p>更改簽署式樣 Change of signature specimen</p> <p>如受保人/保單持有人/承讓人無法簽回原有簽署式樣，請與閣下之業務顧問或本公司客戶服務部聯絡。 If Insured/policyowner/assignee is unable to sign the original signature specimen, please contact your sale personnel or our customer service department.</p> <p><input type="checkbox"/> 受保人的新簽署式樣 New signature specimen of Insured _____</p> <p><input type="checkbox"/> 保單持有人的新簽署式樣 New signature specimen of policyowner _____</p> <p><input type="checkbox"/> 承讓人的新簽署式樣 New signature specimen of assignee _____</p> <p>本人 / 我們已核實上述受保人/保單持有人/承讓人簽署式樣。</p> <p>I/we, verify the above signature specimen of Insured/policyowner/assignee.</p> <p>_____ (核實者簽署及蓋印(如有)) _____ (核實者名稱、編號及職銜)</p> <p>(Signature and chop (if any) of verifier) (Name of verifier, code(s) and title)</p>

5. 更改保單持有人 Change of ownership

必須提供準保單持有人的身份證明文件核實副本及填寫第 6 項永久居住住址及聯絡電話。The proposed policyowner **MUST** provide certified true copy of identity document(s) and fill in Item 6 – permanent residential address and phone number.

請填寫「海外納稅申報與預扣責任聲明書」及「自我證明表格-個人」，並連同本申請表一併遞交。Please complete the “Foreign Tax Reporting and Withholding Obligation Declaration Form” and “Self-Certification Form - Individual” and submit together with this application.

當批准更改保單持有人，繳款者豁免保費權益附加契約（如有）將會自動終止。Once the change of ownership is approved, the payor’s benefit supplementary contract (if any) will automatically be terminated.

如準保單持有人是持有中華人民共和國居民身份證，準保單持有人需要在香港簽署及遞交「重要資料聲明書-內地人士在港投購人身 / 壽險保單」並由泰禾人壽（「本公司」）授權人士進行認證。If proposed policyowner holds a PRC resident identity card, the proposed policyowner has to sign and submit the “Important Facts Statement for Mainland policyholder”, and the identity verification is required by an authorised person of Tahoe Life (the “Company”)

準保單持有人姓名 Name of proposed policyowner _____

身份證明文件 / 護照號碼 Identity document/Passport no _____

出生日期 Date of birth ____日 Day ____月 Month ____年 Year 出生國家 / 地點 Country/Place of birth _____

性別 Sex _____ 國籍 Nationality _____

與受保人之關係 Relationship with Insured _____

與現時保單持有人之關係 Relationship with existing policyowner _____

職業及業務性質 Occupation and nature of business _____

顧主名稱 Name of employer _____

公司地址 Business address _____

準保單持有人資金來源/財富來源 Proposed policyowner’s source of fund/ source of wealth:

薪酬 Salary 收入 Income 儲蓄/存款 Savings/deposit 儲蓄及投資 Accumulated saving and investments

其他 Others (請註明 please specify): _____

準保單持有人的簽署式樣 Proposed policyowner’s signature specimen _____

準保單持有人簽署式樣需要經本公司授權人士核實，請與閣下之業務顧問或本公司客戶服務部聯絡。Signature specimen of proposed policyowner is required to verify by our authorised person, please contact your sale personnel or our customer service department.

本人 / 我們已核實上述準保單持有人簽署式樣。I/we verified the above signature specimen of proposed policyowner.

_____ (核實者簽署及蓋印 (如有)) _____ (核實者名稱、編號及職銜)

(signature and chop(if any) of verifier)

(Name of verifier, code and title)

註：如保單自簽發日起為信託保單，信託人需要透過書面同意及放棄擔任保單之信託人。同時，準保單持有人及受保人之父 / 母需簽署「信託聲明」及「委任信託人授權書」，並提交受保人之父/母的身份證副本。Remarks: If the policy is held under trust from date of policy issue, a written consent from trustee is required to agree and release the trustee of the policy. Also, the proposed policyowner and the father/mother of the Insured shall complete “Declaration of Trust”, “Appointment of Trustee and Authorization” and submit Insured’s father/mother’s identity card copy.

6. **更改 Change of** 此保單通訊地址 Correspondence address of this policy
 所有保單的通訊地址 Correspondence address of all policies
 永久居住地址 Permanent residential address

請選擇地址類別，否則本公司將更改此保單通訊地址。Please select the address type(s), otherwise we will change correspondence address of this policy only.
 恕不接受郵箱地址。PO Box is NOT acceptable.
 如屬美國地址 / 電話，請連同「海外納稅申報與預扣責任聲明書」一併遞交。For US address/telephone number, please submit "Foreign Tax Reporting and Withholding Obligation Declaration Form".
 如地址不屬於香港或擁有多個居留司法管轄區，請填妥「自我證明表格」。If your address is outside Hong Kong or if you have more than one jurisdiction of residence, please complete the "Self-Certification Form".
 如閣下沒有香港電話號碼，及要求加入非香港電話號碼，請填妥「自我證明表格」。If you do not have a valid Hong Kong telephone number, and request to add a non-Hong Kong telephone number, please complete the "Self-Certification Form".

室 Flat / Room	樓 Floor	座 Block	大廈名稱 Name of building		
屋苑名稱 Name of estate			街道名稱及號碼 Street / Road and number	區域 District	
<input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界 NT <input type="checkbox"/> 其他國家 (請註明) Other country (Please specify) _____ 郵寄代碼 Postal code					
聯絡電話 Phone No. 住宅 Home (_____) 公司 Office (_____)					
		Country & area code 國家及地區代號	Number 號碼	Country & area code 國家及地區代號	Number 號碼
流動電話 Mobile (_____)					
		Country & area code 國家及地區代號	Number 號碼		
電郵地址 Email address _____					

7. **更改受益人 Change of beneficiary** (**必須填寫 Must fill in)

**受益人姓名 Name of beneficiary	**身份證明文件 號碼 Identity document no	年齡 Age	**性別 Sex	**與受保人關係 Relationship with Insured	**分配百分比 Distribution (%)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

8. **更改 Change of** 保單的紅利運用方式 Dividend option of policy 保單的保證現金運用方式 Cash endowment option of policy
選項 Option 現金 Cash 繳付保費 Premium reduction 積存生息 Accumulative with interest

如閣下申請每月支取保單的紅利及 / 或保單的保證現金，請填妥及簽署「每月支取現金款額指示表格」，並依表格上的指示交回所需文件。
 If you apply for monthly dividend withdrawal and/or cash payment option, please complete and sign "Monthly Payment of Cash Payments Instruction Form", and please return the required document according to the instructions on the form.
 如閣下申請「好生活退休保障計劃」支付期滿利益，請填妥及簽署「好生活退休保障計劃」支付期滿利益指示表格，並依表格上的指示交回所需文件。
 If you apply for Beautiful Life Retirement Savings Plan's Maturity Proceeds Settlement Option, please complete and sign "Maturity Proceeds Settlement Instruction Form (Beautiful Life Retirement Savings Plan)", and return the required document according to the instructions on the form.

9. **其他更改 / 特別要求 Other change/Special request**

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_IC.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、交易模式及行為、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。

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.

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)	<div style="text-align: center;">()</div> 業務顧問簽署、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)