

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 _____

請於適當方格內加上「✓」號 Please put a "✓" in the appropriate box(es)

第一部分 申請項目 Part I Application item(s)

重要事項 Important notes:

- 下列填報一切有關事實，因為您與泰禾人壽保險有限公司(「泰禾人壽」或「本公司」)之合約將以這些事實為根據，否則下列更改/恢復效力的保單宣告無效。如您不清楚某一事項是否重要，也請將此事項在下面說明。申請下列各項服務須填妥第二部分「健康及其他狀況聲明書」#，生效日期需視乎批核情況及最終批核日期。 ALL material facts which shall form the basis of Tahoe Life Insurance Company Limited's ("Tahoe Life" or the "Company") contract, otherwise the below changes or reinstated policy may be voidable. If in doubt whether a fact is material, please disclose it below. Please complete part II "Health and Other Details Declaration"#. The effective date is subject to the application status and the date of final approval.
- 如申請遞減附加契約的投保額/保障級別/計劃級別或取消附加契約、遞減基本計劃投保額/保障級別、申請延長定期保險或減額付清保險，生效日期為下一個保費到期日。If applying for reduced sum assured / benefit level/ plan level for supplementary contract(s) or cancellation of supplementary contract(s), decreased basic plan sum assured / benefit level, extended term insurance or reduced paid-up insurance, the effective date will be the next premium due date.
- 如申請增加基本計劃投保額，請填寫「財務需要分析」。所有相關文件須在香港境內簽署，請與您的持牌保險中介人聯絡或致電本公司客戶服務熱線。保單持有人可以透過書面方式，要求本公司提供最新的保單利益說明文件。If applying for increased basic plan sum assured, please complete "Financial Needs Analysis". All related documents must be signed in Hong Kong. Please contact your licensed insurance intermediary or our Customer Service Hotline. Policyowner may request to receive an updated inforce illustration in writing to the Company.
- 「財務需要分析」之有效期為其簽署日起計12個月，如您於簽署此問卷日期的12個月內再次申請，而您於「財務需要分析」上填報的資料沒有重大改變，您可選擇不再重新遞交「財務需要分析」。「Financial Need Analysis」is valid for 12 months from the date of signing. You may choose not to submit "Financial Need Analysis" again if there is no substantial change in relation to your disclosed information on the "Financial Need Analysis".
- 請保單持有人及承讓人(如有)必須遞交有效身份證明文件副本(如果您從未遞交身份證明文件或已過期) Policyowner and assignee (if any) MUST provide a copy of valid identity document (if you have not submitted the identity document or it has expired).
- 任何權益之更改可能會令應繳保費及保費徵費之金額改變。Any change(s) in benefits may lead to a change in amount of premium and premium levy payable.
- 根據《海外帳戶稅收合規法案》適用規定的要求，保單持有人如需更新任何有關國籍、稅務狀況的資料及其他資料，請瀏覽本公司網址 www.tahoelife.com.hk 細閱有關《外國帳戶稅務合規法案》(「FATCA」)概要及下載表格「海外納稅申報與預扣責任聲明書」，填妥後交回本公司。For any updating of policyowner information about nationality, tax status and others in accordance with the applicable requirements under the Foreign Account Tax Compliance Act, please visit the Company website www.tahoelife.com.hk to read "Foreign Account Tax Compliance Act (FATCA) overview" and download the "Foreign Tax Reporting and Withholding Obligation Declaration Form" for completion and return to the Company.

#您必須填妥第二部分「健康及其他狀況聲明書」，申請增加「簡易核保、免健康聲明」產品的保證期滿利益/基本每年保費/保證每月年金金額、保證權益選擇、遞減及取消附加契約、減少基本計劃投保額或更改居住地風險率除外。Please complete part II "Health and Other Details Declaration" except applying for increased Guaranteed Maturity Benefit / Base Annual Premium / Guaranteed Monthly Annuity Payment for "Simplified underwriting, not required health declaration" products, election of non-forfeiture options, reduction and cancellation of supplementary contract, reduction of basic plan sum assured or change 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

注意：如保單持有人的稅務居民身分有所改變或尚未提供稅務居民的資料，請填寫第三部分「保單持有人的稅務居民身份(自我證明)」。
Note: If there are any changes in circumstances of tax residency of policyowner or if the policyowner has not yet provided the information of tax residency, please complete Part III "Tax residence of Policyowner (Self-certification)".

2. 調整

Adjustment of

- ☐ 職業級別/職業風險率 Occupational class / Occupational rating

請填寫第二部分「健康及其他狀況聲明書」第十三題「職業」 Please complete question 13 "Occupation" in Part II "Health and Other Details Declaration"

- ☐ 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「健康及其他狀況聲明書」 Please complete Part II "Health and Other Details Declaration"

- ☐ 居住地區風險率 Residential rating

請填寫第二部分「健康及其他狀況聲明書」第十四題「居住地」 Please complete question 14 "Residency" in Part II "Health and Other Details Declaration"

3. 更改附加契約 **Change of supplementary contract**

增加 <u>Add</u>	遞減 <u>Reduce</u>	取消 <u>Cancel</u>	附加契約 <u>Supplementary contracts</u>	新投保額 (根據保單貨幣) / 保障級別 / 計劃 <u>New sum assured (in policy currency) / benefit level / plan</u>
<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"/>	_____	_____

注意：在減少附加契約投保額或降低保障級別的申請批准後，您將會減少 / 失去相關的保障及您於將來或未能以相同條款/條件獲得相若的保障。

Note: After the approval of reduction of supplementary contract sum assured / benefit level request, your related coverage will be reduced / lost and you may not be able to obtain similar coverage under the same terms/conditions in the future.

4. 更改保單基本計劃投保額 / 保障級別 **Change of basic plan sum assured / benefit level**

新投保額 (根據保單貨幣) / 保障級別 New sum assured (in policy currency) / benefit level \$ _____

注意：1) 在減少基本計劃投保額或降低保障級別的申請批准後，您將會減少 / 失去相關的保障及您於將來未能獲得相關保單利益 (如有) 及未能以相同條款/條件獲得相若的保障。遞減後的投保額不可低於基本計劃的最低投保額或保單總保費，以較高者為準。

2) 就具有保證現金價值的保單，減少投保額將會被視為部分退保，保證現金價值及終期紅利 (如適用) 將會按比例支付，如有保單貸款，則部分貸款將先被抵銷，以維持保單貸款比率在部分退保後不超過保證現金價值的 80%，並支付剩餘保證現金價值及終期紅利 (如有) * 給您。未來的保證現金價值、週年紅利、保證現金款額、年金、每月入息及終期紅利 (如適用) 將根據遞減後的投保額按比例減少。此外，於保單終止時可支付之身故賠償、退保利益及期滿利益 (如有) 將會相應減少。有關身故賠償及保單利益 (如有) 之詳情，請參閱保單契約。

Note: 1) After the approval of reduction of basic plan sum assured / benefit level request, your related coverage will be reduced / lost and you may not be able to obtain the relevant policy benefits (if any) and may not be able to obtain similar benefit under the same terms/conditions in the future. The reduced sum assured cannot be less than the minimum sum assured of the basic plan or the total premium of the policy, whichever is higher.

2) For policy with guaranteed cash value, the reduction of sum assured will be considered as partial surrender, guaranteed cash value and terminal dividend (if applicable) will be paid out proportionally. If there is policy loan, part of the policy loan will be offset first in order to maintain the ratio of policy loan to be not greater than 80% of guaranteed cash value after partial surrender and the remaining guaranteed cash value and terminal dividend (if any)* will be paid out to you. Guaranteed cash value, annual dividend, guaranteed cash payment, annuity, monthly income and terminal dividend (if applicable) in the future after the partial surrender will be proportionally reduced based on the reduced sum assured. Further, death benefit, surrender benefit and maturity benefit (if any) payable upon policy termination will be reduced accordingly. For details of the death benefit and policy benefits (if any), please refer to the policy contract.

* 該款項將以港幣支票形式支付並郵寄至保單持有人的通訊地址，如有其他要求，請於「其他更改 / 要求」列明所需之付款指示。

The payment will be paid by cheque in Hong Kong dollar and sent to policyowner's correspondence address. If policyowner have other requirements, please specify the required payment instructions in the field of "Other change/request."

5. 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

注意：在延長定期保險或減額付清保險的申請批准後，所有保單附加契約將被終止。

Note: After the approval of extended term insurance or reduced paid-up insurance, all supplementary contracts will be terminated.

6. 其他更改 / 要求 **Other change / request****第二部分 健康及其他狀況聲明書 Part II Health and Other Details Declaration**

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 ALL material facts in this application, which shall form the basis of our contract; otherwise the change / reinstatement may be invalid. 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「健康及其他狀況聲明書」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 "Health and Other Details Declaration".

<p>1 您在過去投保人壽、危疾或嚴重疾病、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？</p> <p>Has any previous application for life, critical illness or major illness, accident, disability or health insurance or policy reinstatement been declined, postponed, rated or in any way modified?</p>	<p>甲. 受保人 a) Insured</p> <p><input type="checkbox"/> 有 <input type="checkbox"/> 無 Yes No</p>	<p>乙. 保單持有人 b) Policyowner</p> <p><input type="checkbox"/> 有 <input type="checkbox"/> 無 Yes No</p>
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<p>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。</p> <p>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.</p>	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No
<p>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？</p> <p>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 three months in the past three years.</p>	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No
<p>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、腫塊、囊腫、息肉、結節、腫瘤或其他任何贅生物、鼻咽癌（非洲淋巴細胞瘤病毒）、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何疾病？</p> <p>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 or mass / cyst / polyp / nodule / lump / tumour or other growths of any kind, 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?</p>	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No	<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。</p> <p>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.</p> <p>種類 Type _____ 每日份量 Daily consumption _____</p> <p>開始日期 Start date _____</p> <p>停止吸食日期（如適用）Date of cessation (if applicable) _____ 及 and</p> <p>停止吸食原因 Reason of cessation _____</p>	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No
<p>6 您曾否服食任何成癮藥物、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。</p> <p>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.</p> <p>種類 Type _____ 每日份量 Daily consumption _____</p> <p>開始日期 Start date _____</p>	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No
<p>7 在過去五年內您曾否 In the past five years have you</p> <p>(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（非洲淋巴細胞瘤病毒屏障法）、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。</p> <p>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.</p> <p>(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。</p> <p>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>	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No

<p>8 您曾否接受或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>	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No																								
<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>	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 無 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 無 No																								
<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 one year old, was the child's birth abnormal or premature? If yes, please give details below.</p>	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 無 No																									
<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>																									
<p>12 受保人現有總保險金額（如無，請填上「沒有」） Total coverage amount of existing insurance on the Insured (If none, please state "NIL")</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 16.6%;">a) 承保公司 (請提供保單號碼及生效日期) Insurance Company (Please provide policy no. and policy issue date)</th> <th style="width: 16.6%;">b) 人壽保障 Life Insurance 港幣金額 Amount in HKD</th> <th style="width: 16.6%;">c) 危疾 / 嚴重疾病 Critical Illness / Major Illness 港幣金額 Amount in HKD</th> <th style="width: 16.6%;">d) 住院入息 Hospital Income 港幣金額 Amount in HKD</th> <th style="width: 16.6%;">e) 人身意外 Accident Indemnity 港幣金額 Amount in HKD</th> <th style="width: 16.6%;">f) 其他保險保障(請註明保障類別) Other insurance coverage (Please specify types of insurance) 港幣金額 Amount in HKD</th> </tr></thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>			a) 承保公司 (請提供保單號碼及生效日期) Insurance Company (Please provide policy no. and policy issue date)	b) 人壽保障 Life Insurance 港幣金額 Amount in HKD	c) 危疾 / 嚴重疾病 Critical Illness / Major Illness 港幣金額 Amount in HKD	d) 住院入息 Hospital Income 港幣金額 Amount in HKD	e) 人身意外 Accident Indemnity 港幣金額 Amount in HKD	f) 其他保險保障(請註明保障類別) Other insurance coverage (Please specify types of insurance) 港幣金額 Amount in HKD																		
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<p>13 職業 Occupation 下列之回覆是有關 Answer the following with respect to: <input type="checkbox"/> 受保人 Insured <input type="checkbox"/> 保單持有人 Policyowner (注意：如保單持有人的稅務居民身分有所改變或尚未提供稅務居民的資料，請填寫第三部分「保單持有人的稅務居民身份（自我證明）」。 Note: If there are any changes in circumstances of tax residency of policyowner or if the policyowner has not yet to provide the information of tax residency, please complete Part III "Tax residence of Policyowner (Self-certification)". </p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>現任主要職業 Current principal occupation</p> <p>_____</p> <p>若申請調整職業級別 / 職業風險率，須列明任職日期 If apply adjustment of occupational class / occupational rating, please state the start date</p> <p>_____</p> <p>(日 DD / 月 MM / 年 YYYY)</p> <p>僱主名稱及地址 Employer's name and address</p> <p>_____</p> <p>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</p> <p>_____</p> </td> <td style="width: 50%; vertical-align: top;"> <p>實質職務（包括其他職業） Exact duties (including other occupation)</p> <p>_____</p> <p>公司業務性質 Company's nature of business</p> <p>_____</p> </td> </tr> </table>			<p>現任主要職業 Current principal occupation</p> <p>_____</p> <p>若申請調整職業級別 / 職業風險率，須列明任職日期 If apply adjustment of occupational class / occupational rating, please state the start date</p> <p>_____</p> <p>(日 DD / 月 MM / 年 YYYY)</p> <p>僱主名稱及地址 Employer's name and address</p> <p>_____</p> <p>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</p> <p>_____</p>	<p>實質職務（包括其他職業） Exact duties (including other occupation)</p> <p>_____</p> <p>公司業務性質 Company's nature of business</p> <p>_____</p>																						
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14 居住地 Residency (只適用於受保人及申請調整居住地區風險率 Only applicable to the insured and the application of adjusting residential rating)

a) 受保人現時居住的國家及省 / 州份，如適用。
Insured current residing country and province / state, if applicable. _____

b) 何時遷往上述居住地？
What is the date of change for the above residency? _____

c) 為何遷往上述居住地？
What is the purpose of change for the above residency? _____

d) 受保人在上述居住地已居住了多久？(請註明月數)
How long have Insured been staying in the above residency? (please specify in months) _____

e) 以上的居住許可是屬於永久性或暫時性？
Is the above residential permit permanent or temporary? _____

f) 於過去12個月內，受保人曾否在其他國家居住 / 工作？(如有，請註明地點、次數及每次逗留時間)
Did Insured live / work in other country(ies) in the past 12 months? (If yes, please specify the place, frequency and duration of each travel / stay.)
☐ 否 No ☐ 有 Yes _____

g) 除以上所列地點外，受保人會否於未來 12 個月內前往其他國家居住 / 工作？(如有，請註明地點、次數及每次逗留時間)
Apart from the above mentioned places, do Insured intend to live / work in other country(ies) in the coming 12 months? (If yes, please specify the place, frequency and duration of each travel / stay.)
☐ 否 No ☐ 有 Yes _____

備註：如上述問題1至10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 / 血壓記錄簿 (如有)。

Remarks: For each "Yes" answer from question 1 to 10, please specify the question number, (a) insured or (b) policyowner and specify dates, diagnosis, duration, treatment, result, 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).

第三部分 保單持有人的稅務居民身份 (自我證明) Part III Tax residence of Policyowner (Self-certification)

如保單持有人的稅務居民身分有所改變或尚未提供稅務居民的資料，請填寫此部分。If there are any changes in circumstances of tax residency of policyowner or if the policyowner has not yet provided the information of tax residency, please complete this part.

- 居留司法管轄區及稅務編號或具有等同功能的識別編號 (以下簡稱「稅務編號」)
Jurisdiction of Residence and Taxpayer Identification Number or its Functional Equivalent ("TIN")
- 提供以下資料，列明 (a) 帳戶持有人*的居留司法管轄區，亦即帳戶持有人*的稅務管轄區 (香港包括在內) 及 (b) 該居留司法管轄區發給帳戶持有人*的稅務編號。列出所有 (不限於 3 個) 居留司法管轄區。Complete the following table indicating (a) the jurisdiction of residence (including Hong Kong) where the account holder* is a resident for tax purposes and (b) the account holder's* TIN for each jurisdiction indicated. Indicate all (not restricted to three) jurisdictions of residence.
- 如帳戶持有人*是香港稅務居民，稅務編號是其香港身份證號碼。如沒有提供稅務編號，必須填寫合適的理由：
理由 A - 帳戶持有人*的居留司法管轄區並沒有向其居民發出稅務編號。
理由 B - 帳戶持有人*不能取得稅務編號。如選取這一理由，解釋帳戶持有人*不能取得稅務編號的原因。
理由 C - 帳戶持有人*毋須提供稅務編號。居留司法管轄區的主管機關不需要帳戶持有人*披露稅務編號。

If the account holder* is a tax resident of Hong Kong, the TIN is the Hong Kong Identity Card Number. If a TIN is unavailable, provide the appropriate reason A, B or C:

Reason A - The jurisdiction where the account holder* is a resident for tax purposes does not issue TINs to its residents.

Reason B - The account holder* is unable to obtain a TIN. Explain why the account holder* is unable to obtain a TIN if you have selected this reason.

Reason C - TIN is not required. Select this reason only if the authorities of the jurisdiction of residence do not require the TIN to be disclosed

居留司法管轄區 Jurisdiction of Residence	稅務編號 TIN	如沒有提供稅務編號，填寫理由A、B或C Enter Reason A, B or C if no TIN is available	如選取理由B，解釋帳戶持有人不能取得稅務編號的原因 Explain why the account holder is unable to obtain a TIN if you have selected Reason B	稅務居住地生效日期 Effective date of tax residence	**稅務居住地結束日期 End date of tax residence
(1)					
(2)					
(3)					

*「帳戶持有人」指「保單持有人」"The account holder" is "Policyowner".

**如沒有填寫「稅務居住地結束日期」，在每個報告年度稅務局會繼續將閣下最新的居住地區資料轉交到相關的稅務管轄區。

If the "End date of tax residence" is not specified your latest information for that jurisdiction of residence will continue to be transmitted by the Inland Revenue Department every reporting year to the relevant jurisdiction.

收取個人壽險保費徵費

本人 / 我們在此確認：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有效保單徵收徵費，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。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, as an authorised insurer, is statutorily required to collect premium levy ("Levy") on any new or in-force policy from policy owner 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 policy owners in respect of any outstanding Levy as a civil debt and may impose pecuniary penalty according to the relevant regulations. For further information, please visit https://www.tahoelife.com.hk/tl/doc/Levy_EN.pdf or contact: (852) 3767 8777.

《稅務條例》的規定

泰禾人壽必須遵從《稅務條例》（第112章）的下列規定，以協助香港特別行政區政府稅務局（「稅務局」）進行自動交換某些財務帳戶資料：

- (1) 將某些帳戶識別為「不獲豁免財務帳戶」；
- (2) 識別就稅務而言，持有不獲豁免財務帳戶的個人和某些持有不獲豁免財務帳戶的實體所屬的居留司法管轄區；
- (3) 確定某些持有不獲豁免財務帳戶的實體的狀況為「被動非財務實體」，並識別其控權人就稅務而言的居留司法管轄區；
- (4) 收集有關不獲豁免財務帳戶的某些資料（「所需資料」）；及
- (5) 向稅務局提供某些所需資料（以上統稱為「自動交換資料要求」）。

本人（申請人 / 持有人）知悉及同意，泰禾人壽可根據《稅務條例》有關交換財務帳戶資料的法律條文，（a）收集本申請書所載資料並可備存作自動交換財務帳戶資料用途及（b）把該等資料和關於申請人 / 持有人及任何須申報帳戶的資料向稅務局申報，從而把資料轉交到申請人 / 持有人的居留司法管轄區的稅務當局。

本人（申請人 / 持有人）承諾，如情況有所改變，以致影響本申請書所述的申請人 / 持有人的稅務居民身分，或引致本申請書所載的資料不正確，本人會通知泰禾人壽，並會在情況發生改變後30個曆日內，向泰禾人壽提交一份已適當更新的自我證明表格。

本人（申請人 / 持有人）同意遵從泰禾人壽為了符合「自動交換資料要求」而提出的請求。

本人（申請人 / 持有人）聲明就本人所知所信，本申請書內所填報的所有資料和聲明均屬真實、正確和完備。

警告：根據《稅務條例》第80(2E)條，如任何人在作出須自我證明時，在明知一項陳述在要項上屬具誤導性、虛假或不正確，或罔顧一項陳述是否在要項上屬具誤導性、虛假或不正確下，作出該項陳述，即屬犯罪。一經定罪，可處第3級（即港幣10,000元）罰款。

REQUIREMENTS OF THE INLAND REVENUE ORDINANCE

Tahoe Life must comply with the following requirements of the Inland Revenue Ordinance (Cap. 112) to facilitate the Inland Revenue Department of the Government of the Hong Kong Special Administrative Region ("IRD") in implementing automatic exchange of certain financial account information as provided for thereunder:

- (1) to identify certain accounts as "non-excluded financial accounts" ("NEFAs");
- (2) to identify the jurisdiction(s) in which NEFA-holding individuals and certain NEFA-holding entities reside for tax purposes;
- (3) to determine the status of certain NEFA-holding entities as "passive NFEs" and identify the jurisdiction(s) in which their controlling persons reside for tax purposes;
- (4) to collect certain information on NEFAs ("Required Information"); and
- (5) to furnish certain Required Information to the IRD (collectively, the "AEOI requirements").

I, the applicant / owner, acknowledge and agree that (a) the information contained in this form is collected and may be kept by Tahoe Life for the purpose of automatic exchange of financial account information, and (b) such information and information regarding the applicant / owner and any reportable account(s) may be reported by Tahoe Life to the IRD and exchanged with the tax authorities of another jurisdiction or jurisdictions in which the applicant / owner may be resident for tax purposes, pursuant to the legal provisions for exchange of financial account information provided under the Inland Revenue Ordinance.

I, the applicant / owner, undertake to advise Tahoe Life of any change in circumstances which affects my tax residency status of the applicant/owner or causes the information contained herein to become incorrect, and to provide Tahoe Life with a suitably updated self-certification form within 30 calendar days of such change in circumstances.

I, the applicant / owner, agree to comply with requests made by Tahoe Life to comply with the AEOI requirements.

I, the applicant / owner, declare that the information given and statements made in this form are, to the best of my knowledge and belief, true, correct and complete.

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. HKD10,000).

個人資料收集及使用

本人 / 我們確認本人 / 我們已閱讀及明白泰禾人壽之個人資料收集聲明（「泰禾人壽個人資料收集聲明」）。

本人 / 我們聲明及同意在本表格所載或泰禾人壽不時以任何方法收集所得、編製或持有的任何個人資料及關於本人 / 我們或本人 / 我們的保單或投資的其他資料，可根據泰禾人壽個人資料收集聲明收集及使用。

本人 / 我們特此確認並同意泰禾人壽根據泰禾人壽個人資料收集聲明使用及轉移本人 / 我們的個人資料。泰禾人壽個人資料收集聲明的最新版本可於以下網址下載：www.tahoelife.com.hk，及可向泰禾人壽索取。

Personal data collection and use

I / We confirm that I / we have read and understood the Tahoe Life Personal Information Collection Statement (the "Tahoe Life PICS").

I / We declare and agree that any personal data and other information relating to me / us or my / our policy(ies) or investments contained in this form or collected, compiled or held by Tahoe Life by any means from time to time may be collected and utilised in accordance with the Tahoe Life PICS.

I / We hereby give my / our acknowledgement and agree to the use and transfer of my / our personal data by the Company in accordance with the Tahoe Life PICS. The latest version of the Tahoe Life PICS is available for download from the website: www.tahoelife.com.hk, and is made available upon request.

☐ 本人 / 我們不同意根據泰禾人壽個人資料收集聲明 (參閱「為直接促銷目的而使用個人資料」部分) 為直接促銷之目的而使用和提供本人 / 我們的個人資料, 亦不希望接收任何推廣及直接促銷材料。

I / We do not agree with the use and provision of my / our personal data for direct marketing purposes as set out in the Tahoe Life PICS (see "Use of Personal Data for Direct Marketing Purposes") and do not wish to receive any promotional and direct marketing materials.

本人 / 我們謹此聲明及同意: (1) 上列各項資料, 據本人 / 我們所知均屬完全及真實無訛; (2) 上述各項資料及本申請表, 將成為恢復保單效力申請表之一部分。

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, 向泰禾人壽保險有限公司 (「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 / 我們之繼承人及承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。

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

I / We hereby irrevocably authorise: (1) any physician, hospital, clinic, insurance company or other organisation, institution or person that/who has any records or knowledge of my / our health, to disclose to Tahoe Life Insurance Company Limited (the "Company") or its representative and for the Company to provide all these information to other insurance companies or organisations 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.

保單持有人簽署 Signature of policyowner [#]	簽署日期 Sign date (日 DD / 月 MM / 年 YYYY)

保單持有人聯絡電話* Contact phone no. of policyowner*	保單持有人電郵* Email address of policyowner*
*如聯絡電話及 / 或電郵與本公司的記錄不符, 本公司將會自動更新有關記錄 If the contact phone no. and/or email address do/does not match our Company's records, the Company will update the relevant records automatically	

承讓人 (如有) 簽署 [#] Signature of assignee (if any) [#]	簽署日期 Sign date (日 DD / 月 MM / 年 YYYY)

受保人簽署 [#] (已成年) Signature of insured [#] (adult)	簽署日期 Sign date (日 DD / 月 MM / 年 YYYY)

持牌保險中介人簽署、牌照類別、牌照號碼及保險經紀公司蓋印(如適用) Signature of licensed insurance intermediary, type of license, license no. and stamp of broker company (if applicable)	持牌保險中介人姓名及分行名稱 (如有) Name of licensed insurance intermediary and branch name (if any)

[#]保單持有人、受保人及承讓人 (如有) 簽署樣式必須與本公司記錄一致
Signature of policyowner, insured and assignee (if any) must be consistent with our Company's records

有關詞彙的對應用語, 請瀏覽本公司網頁 https://www.tahoelife.com.hk/tl/tc/customer_supports/glossary 中的「保險詞彙對照表」
Please refer to the "Glossary Table for Insurance Terminology" in the Company Website
https://www.tahoelife.com.hk/tl/en/customer_supports/glossary for corresponding terminologies.