

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 _____

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

第一部分 保單更改 Part I Policy Change

1.	更改繳費方式 (包括保費及保費徵費) Change of payment mode (included the Premium Paid and Premium Levy) <input type="checkbox"/> 每年 Annually <input type="checkbox"/> 每半年 Semi-annually <input type="checkbox"/> 每季 Quarterly <input type="checkbox"/> 每月 Monthly * 月繳保單必須以自動轉賬方式付款，請一併遞交「自動轉賬授權書」 Monthly payment policy must be paid by autopay, please also submit "Direct Debit Authorization Form"																									
2.	取消自動轉賬 Cancellation of autopay <input type="checkbox"/> 取消自動轉賬 Cancellation of autopay * 如繳費方式為月繳，請保留以自動轉賬繳付保費，以免保單因欠繳保費而失效。 If the payment mode is monthly, please keep paying the premium by autopay to prevent lapse of policy due to premium overdue																									
3.	更改簽署式樣 Change of signature specimen <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> 保單持有人的新簽署式樣 New signature specimen of policyowner <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div> </div> <div style="width: 30%;"> <input type="checkbox"/> 受保人的新簽署式樣 New signature specimen of insured <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div> </div> <div style="width: 30%;"> <input type="checkbox"/> 承讓人的新簽署式樣* New signature specimen of assignee* <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div> </div> </div> <p>*在有需要的情況下，本公司保留權利索取相關文件以作核實。Under certain circumstance, we reserve the right to request a relevant document for verification. 如保單持有人 / 受保人 / 承讓人無法簽回原有簽署式樣，請與閣下的持牌保險中介人或本公司客戶服務部聯絡。 If policyowner / insured / assignee is unable to sign the original signature specimen, please contact your Licensed Insurance Intermediary or our Customer Service Department. 本人 / 我們已核實上述受保人 / 保單持有人 / 承讓人簽署式樣。 I / we, verified the above signature specimen of insured / policyowner / assignee.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> 核實者簽署及蓋印 (如有) Signature and chop (if any) of verifier </div> <div style="width: 45%;"> 核實者名稱、持牌保險中介人 / 職員編號及職銜 Name of verifier, licensed insurance intermediary / staff code(s) and title </div> </div>																									
4.	更改受益人 Change of beneficiary <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 30%;">受益人姓名 Name of beneficiary</th> <th style="width: 20%;">身分證明文件號碼 Identity document no.</th> <th style="width: 10%;">性別 Gender</th> <th style="width: 30%;">與受保人關係 Relationship with insured</th> <th style="width: 10%;">百分比 Share (%)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td colspan="4" style="text-align: right;">總數 Total</td> <td>100%</td> </tr> </tbody> </table> <p>註：受益人的分配百分比必須為<u>整數</u>及總分配百分比必須是100%。若受益人超過一人，而在此並無註明分配比例，保單利益將會平均分配給各受益人。Remark: The distribution percentage of beneficiary(ies) should be a <u>whole number</u> and the percentages must total 100%. If more than one beneficiary is stated, all policy proceeds will be shared equally unless otherwise stated.</p>	受益人姓名 Name of beneficiary	身分證明文件號碼 Identity document no.	性別 Gender	與受保人關係 Relationship with insured	百分比 Share (%)																總數 Total				100%
受益人姓名 Name of beneficiary	身分證明文件號碼 Identity document no.	性別 Gender	與受保人關係 Relationship with insured	百分比 Share (%)																						
總數 Total				100%																						

5.	更改週年紅利 / 保證現金款額 / 每月支取選項 Change of Annual Dividend / Guaranteed Cash Payments / Monthly Payments option			
<input type="checkbox"/> 週年紅利運用方式 Annual Dividend option		<input type="checkbox"/> 現金 ¹ Cash ¹	<input type="checkbox"/> 繳付保費 Premium reduction	<input type="checkbox"/> 積存生息 Accumulative with interest
<input type="checkbox"/> 保證現金款額 / 每月支取選項運用方式 ² Guaranteed Cash Payments/ Monthly Payments option ²		<input type="checkbox"/> 現金 ¹ Cash ¹	<input type="checkbox"/> 繳付保費 ³ Premium reduction ³	<input type="checkbox"/> 積存生息 Accumulative with interest
<p>重要事項：Important Notes:</p> <ul style="list-style-type: none"> 如以上的選項為現金，本公司將於保單周年日以港幣支票寄予閣下的通訊地址。If the above option is cash, our company will send a Hong Kong dollar cheque to your correspondence address on policy anniversary date. 對於設有「每月支取選項」的保單，如選擇將保證現金款額 / 非保證週年紅利 / 每月年金金額之選項更改為（一）積存，請選擇「保證現金款額 / 每月支取選項運用方式」為「積存生息」；如選擇（二）每月支取，請填妥「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。For policy with "Monthly payments option", if change the guaranteed cash payments/non-guaranteed annual dividend/Monthly Annuity Payment to (1) Accumulation, please select "Accumulative with interest" for the option of "Guaranteed Cash Payments/Monthly Payments". 請注意「繳付保費」之選項並不適用於設有「每月支取選項」的保單。Please note that "premium reduction" is inapplicable for policy with "Monthly payments option". 如閣下申請「好生活退休保障計劃」支付期滿利益，請填妥「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 the "Maturity Proceeds Settlement Instruction Form (Beautiful Life Retirement Savings Plan)", and provide 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「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 the "Maturity Proceeds Settlement Instruction Form (Beautiful Life Retirement Savings Plan)", and provide the required document according to the instructions on the form. 				
6.	其他更改 / 特別要求 Other change / special request			

第二部分 更改地址 / 聯絡電話 / 電郵 Part II Change of Address/Contact no./ Email

*** 如地址不屬於香港或擁有多個居留司法管轄區及 / 或電話號碼不屬於香港境內號碼，請同時填妥第三部分「保單持有人的稅務居民身份（自我證明）」。** For address outside Hong Kong or more than one jurisdiction of residence and / or non-Hong Kong telephone no., please also complete Part III "Tax residence of Policyowner (Self-certification)".

更改地址 Change of Address

請選擇更改地址類別，否則本公司將更改此保單通訊地址。Please select the type(s) of change address, otherwise we will change correspondence address of this policy only.			
<input type="checkbox"/> 更改所有保單的通訊地址 Change correspondence address of ALL policies			
<input type="checkbox"/> 更改此保單通訊地址 Change correspondence address of this policy			
<input type="checkbox"/> 更改居住地址*，永久居住地址及所有保單的通訊地址 Change of Residential address*, permanent residential address and correspondence address of ALL policies			
* 必須遞交最近三個月內發出的住址證明副本 <u>MUST</u> submit a copy of residential address proof issued within the last three months			
室 Room/Flat	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 no. and street name
區域 District	<input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界 NT		其他國家 (請註明) Other country (Please specify)
			郵政編號 Postal code
如只更改居住地址/永久居住地址，請提供如下 If only change residential address/permanent residential address, please provide below:			
<input type="checkbox"/> 更改居住地址* Change residential address*			
<input type="checkbox"/> 更改永久居住地址 Change permanent residential address			
*必須遞交最近三個月內發出的住址證明副本 <u>MUST</u> submit a copy of residential address proof issued within the last three months			

聯絡電話號碼 Contact phone no.	手提電話 Mobile* ()-() 國家 Country
必須提供至少一個手提或住宅號碼 Must provide at least one mobile or home no.	住宅 Home ()-() 國家 Country
	公司 Office ()-() 國家 Country
電郵地址 Email address	
重要事項：Important notes: <ul style="list-style-type: none"> 居住地址及永久居住地址恕不接受郵箱地址。PO Box is NOT acceptable for residential address and permanent residential address. 	

- 如更改居住地址，須遞交最近三個月住址證明（例如：(1) 由政府部門或機構發出的信件，如：稅單、差餉通知書；(2) 銀行或持牌金融機構發出的結單或信用卡 / 借記卡結單；(3) 公用服務帳單；或 (4) 流動電話 / 互聯網服務月結單）。If change of residential address, please provide residential address proof issued within last three months (e.g. (1) correspondence issued by government departments or agencies e.g. tax demand note, government rates demand note; (2) bank statements or credit / debit card statements issued by authorized financial institutions; (3) utility bill; or (4) mobile phone / internet service statements)
- 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 no., please submit together with the "Foreign Tax Reporting and Withholding Obligation Declaration Form".

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份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 change in circumstances of tax residency of policyowner or if the policyowner has not yet to provide the information of tax residency, please complete this.

- 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5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 five) 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.

第四部分 更改個人資料 Part IV Change of personal particulars

更改個人資料 Change of personal particulars

☐ 受保人 Insured

☐ 保單持有人 Policyowner

姓名 Name _____ 出生日期 Date of birth _____

國籍 Nationality _____ 出生國家 Country of birth _____

身分證文件類別 Type of identity document	身分證文件號碼 Identity document no.	身分證文件到期日 Expiry date of identity document
1.		
2.		

重要事項：Important notes:

- 請提供有關人士的有效身分證明文件核實副本及 / 或改名契核實副本 (如適用) Please submit a **valid** certified copy of identity document and / or deed poll (if applicable) of the person.
- 如保單持有人的國籍屬美國，請連同「海外納稅申報與預扣責任聲明書」一併遞交。 If the policyowner's nationality is US, please submit together with the "Foreign Tax Reporting and Withholding Obligation Declaration Form".
- 如保單持有人的出生國家為美國，但聲明為非美國公民或美國稅務居民，除了填寫美國稅務自我聲明表格 W-8BEN 之外，保單持有人需提供美國以外國家或地區簽發的護照副本，或政府簽發可證明非美國公民或美國稅務居民身份的證明文件的副本，及喪失/放棄美國籍之證明文件副本。 If the policyowner's country of birth is US, but declared that he/she is not a US Citizen or a US tax resident, apart from filing in US tax self-certification Form W-8BEN, the policyowner is required to provide a copy of non-US passport to government issued identification document evidencing non-US citizenship or tax resident, and Certificate of Loss of Nationality of US.

客戶確認符合《海外帳戶稅收合規法案》和其他適用法律

閣下確認泰禾人壽保險有限公司 (下稱“本公司”) 須遵從，遵守或履行法律，法規，命令，指引，守則和包括《海外帳戶稅收合規法案》適用規定的要求，或任何公眾，司法，稅務，政府和 / 或其他監管機構等協定的要求，包括但不限於美國國稅局 (以下簡稱「監管機構」) 在不同的司法管轄區不時頒布及修訂的協定(以下簡稱「適用規定」)。在這方面，閣下同意本公司可以在任何時候行使完全酌情權採取任何相關行動包括但不限於向任何監管機構透露閣下的個人資料，以確保本公司遵行適用規定。

客戶同意向第三方披露資料

閣下同意本公司可能將根據適用規定的要求，向任何監管機關披露閣下的個人資料或任何資料。基於前述的原因，以及儘管在本表格或我們之間的任何其他協議所載的任何內容，本公司可能需要閣下向本公司提供進一步資料，以便向任何監管機關透露，而閣下必須在合理要求的時間(由提出申請或知會變更資料的90個曆日)內，向本公司提供相關的資料。

更新客戶有關國籍，稅務狀況的資料及其他資料

儘管載於本表格或我們之間其他任何協議所包含的任何內容，閣下同意向本公司提供協助，使本公司能夠就閣下或閣下向本公司購買的保險計劃，遵行適用規定下的義務。

就閣下任何在申請時或其他時間向本公司提供的任何資料，閣下同意及時 (30個曆日之內) 向本公司提供更新資料。尤其重要的是閣下立即通知本公司下列的更新：若閣下是個人，閣下的個人身分證號碼，地址，電話，國籍，稅務狀況，稅籍所在地的變動或閣下擁有多於一個國家的稅籍的變動；若閣下是法團法人或任何其他類型的實體，閣下的註冊地址，業務營運地址，主要股東，法定及實際受益人或管理人 (擁有或控制10%以上股份或所有權或管理權的人士)，稅務狀況，稅籍所在地，或若閣下擁有多於一個國家的稅籍的變動。若發生這些變動，或任何其他資料顯示發生了變動，本公司可能會要求閣下提供額外文件或資料。此等資料和文件包括但不限於正式完成及 / 或簽署 (並且如有需要，由公證人作出公證) 的稅務申報或表格。

如果閣下未能及時向本公司提供資料或文件，或閣下所提供所需的資料或文件並非最新，準確或完整，閣下同意本公司擁有完全及絕對酌情權決定隨時採取任何相關行動以確保本公司遵從適用法律及法規的要求。

Customer acknowledgement regarding compliance with Foreign Account Tax Compliance Act and other Applicable Laws

You acknowledge that Tahoe Life Insurance Company Limited (hereinafter called "the Company") shall be obliged to comply with, observe or fulfill the requirements of the laws, regulations, orders, guidelines, codes, and requirements including the applicable requirements under the Foreign Account Tax Compliance Act of or agreements with any public, judicial, taxation, governmental and/or other regulatory authorities, including but not limited to, the Internal Revenue Service of the United States of America (the "Authorities" and each an "Authority") in various jurisdictions as promulgated and amended from time to time (the "Applicable Requirements"). In this connection, you agree that the Company may at any time take any relevant actions as may be determined by the Company in its sole and absolute discretion which including but not limited to disclose your particulars to any Authority for the purpose of ensuring the Company's compliance or adherence with the Applicable Requirements.

Customer consent to disclose information to third parties

You agree that the Company may disclose your particulars or any information to any Authority in connection or adherence with the Applicable Requirements. For the purposes of the foregoing and notwithstanding anything contained in this form or any other agreements between us, the Company may need you to provide the Company with further information as may be required for disclosure to any Authority and you shall provide the same to the Company's within such time as may be reasonably required (Within 90 calendar days from the date of the application or information change).

Updating of customer information about nationality, tax status and others

Notwithstanding anything contained in this form or any other agreements between us, you agree to provide the Company with such assistance as may be necessary to enable the Company to comply with the Company's obligations under all Applicable Requirements concerning you or your policies with the Company.

You agree to update the Company in a timely manner (within 30 calendar days) of any change of any of the details previously provided to the Company whether at time of application or at any other times. In particular, it is very important that you notify the Company immediately if, where you are an individual, your personal identification numbers, addresses, telephone numbers, nationality, tax status or tax residency changes or if you become tax resident in more than one country, or, where you are a corporation or any other type of

entity, your registered address, address of your place of business, substantial shareholders, legal and beneficial owners or controllers (who own or control more than 10% of your shares or ownership interest or control), tax status, tax residency changes or if you become tax resident in more than one country. If any of these changes occurs or if any other information comes to light concerning such changes, the Company may need to request additional documents or information from you. Such information and documents include but are not limited to duly completed and/or executed (and, if necessary, notarized) tax declarations or forms.

If you do not provide the Company with the information or documents requested in a timely manner or if any information or documents provided are not up-to-date, accurate or complete you agree that the Company may take any relevant actions at any time as may be determined by the Company in its sole and absolute discretion to be required to ensure compliance with the applicable Laws and Regulations on the part of Company.

為遵循FATCA及相關的本地法規，本人 / 我等同意貴公司提供本人 / 我們的個人資料予美國或相關的本地司法、稅務或其他監管機構，以確保貴公司遵行 FATCA或適用規定。

Pursuant to FATCA or applicable local laws, I/we hereby consent to the Company to report my/our personal data to the U.S. or applicable local regulators or tax authorities where necessary in order to comply with FATCA or applicable local laws.

《稅務條例》的規定

泰禾人壽保險有限公司必須遵從《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，泰禾人壽保險有限公司(「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/新保單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\$10,000)罰款。

Requirements of the Inland Revenue Ordinance

Tahoe Life Insurance Company Limited 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 NEFs" 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, undertake to advise Tahoe Life Insurance Company Limited ("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 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. \$10,000).

收取個人壽險保費徵費

本人 / 我等在此確認：泰禾人壽保險有限公司，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_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, as an authorized 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.

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保險有限公司（「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 Insurance Company Limited (the "Company") 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：上列各項資料，據本人 / 我們所知均屬完全及真實無訛。I / We HEREBY DECLARE AND AGREE THAT: all the information stated above are to the best of my / our knowledge and belief complete and true.

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 / 或電郵與本公司的紀錄不符，本公司將會自動更新有關紀錄。 If the contact phone no. and/or email address do/does not match the company's record, the company will update the relevant record automatically.	

受保人簽署* (如適用) Signature of insured* (if applicable)	簽署日期 Sign date (日 DD / 月 MM / 年 YYYY)
*如非保單持有人及年齡為 18 歲以上 If other than policyowner & aged 18 or above	

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