

更改保單持有人/委任後續持有人表格
Change of Policyowner / Nomination of Contingent Owner Form

保單號碼 Policy no. _____

受保人 Insured _____

保單持有人 Policyowner _____

第一部分 更改保單持有人 (由準保單持有人填寫)

Part I Change of Policyowner (To be completed by proposed policyowner)

準保單持有人姓名 (以身分證文件為準) Name of proposed policyowner (as shown on identity document)	英文姓名 Name in English _____ 中文姓名 Name in Chinese _____		
身份證明文件號碼 Identity document no. * 必須遞交有效的身分證文件核實副本 MUST provide a certified true copy of valid identity document(s)	<input type="checkbox"/> 香港身份證 HKID Card _____ <input type="checkbox"/> 其他 (如護照、入境簽證) Others (e.g. Passport, Entry Permit) _____ (請列明簽發國家 Please state issued country)		
出生日期 (日 / 月 / 年) Date of birth (DD/MM/YYYY)		性別 Gender	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
國籍 Nationality		出生國家 Country of birth	
通訊地址 (如同時提供居住地址及永久居住地址, 可接受此通訊地址為郵箱地址) Correspondence address (P.O. Box can be accepted only if full residential and permanent address are given)	室 樓 座 大廈名稱 Room/Flat Floor Block 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	
居住地址 (不接受郵箱地址) Residential address (P.O. Box is not accepted) * 必須遞交最近三個月內發出的住址證明副本 MUST submit a copy of residential address proof issued within the last three months	如居住地址與上述通訊地址不同, 請提供如下 Please provide residential address if it is different from correspondence address: _____ _____		
永久居住地址 (不接受郵箱地址) Permanent residential address (P.O. Box is not accepted)	如永久居住地址與居住地址不同, 請提供如下 Please provide permanent residential address if it is different from residential address: _____ _____		
聯絡電話號碼 Contact phone no. * 必須提供至少一個手提或住宅號碼 Must provide at least one mobile or home no.	手提電話 Mobile* ()-() _____ 國家 Country 住宅 Home* ()-() _____ 國家 Country 公司 Office ()-() _____ 國家 Country		
電郵地址 Email address			

(由準保單持有人填寫 To be completed by proposed policyowner)				
職位名稱 Occupation title		工作職責 Job duties		
公司/僱主名稱 Name of company/employer		業務性質 Nature of business		
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		<input type="checkbox"/> 薪酬 Salary <input type="checkbox"/> 收入 Income <input type="checkbox"/> 儲蓄 / 存款 Savings / deposit <input type="checkbox"/> 累積儲蓄及投資 Accumulated saving and investments <input type="checkbox"/> 其他 Others (請註明 please specify) _____		
與受保人之關係 Relationship with insured				
更改保單持有人的原因 Reason for change of policyowner		<input type="checkbox"/> 資產配置 Asset allocation <input type="checkbox"/> 遺產策劃 Estate planning <input type="checkbox"/> 餽贈 Gift offering <input type="checkbox"/> 債務重組 Debt Restructuring <input type="checkbox"/> 其他 Others (請註明 please specify) _____		
於更改保單持有人後，現有自動轉賬戶口持有人*是否為準保單持有人、承讓人、受保人或受益人其中一人？ After the change of policyowner application, is the current autopay account holder belongs to proposed policyowner, assignee, insured or beneficiary? *如現時付款方式並非自動轉賬，不用回答此問題。 *If the existing payment method is <u>NOT</u> Autopay, no need to answer this question.		<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No - 由於本公司只接受由保單持有人、承讓人、受保人或受益人繳付之保費，(1) 如繳費方式為非月繳，現時之自動轉賬指示將會終止，(2) 如繳費方式為月繳，請準保單持有人一併遞交「自動轉賬授權書」，否則更改保單持有人申請將被延誤。Because the Company only accepts premiums paid by the policyowner, assignee, insured or beneficiary, (1) if the payment method is <u>non-monthly</u> , the current autopay instruction will be <u>terminated</u> . (2) If the payment method is <u>monthly</u> , to avoid the delay of change of policyowner request, <u>proposed policyowner please submit the "Direct Debit Authorization Form" together with this form.</u>		
準保單持有人的簽署式樣* Proposed policyowner's signature specimen*				
<p>* 準保單持有人請以此簽名式樣在表格的最後一頁簽署 Proposed policyowner please sign on the last page of the form with this signature specimen</p> <p>準保單持有人簽署式樣需要經本公司授權人士核實，請與您的持牌保險中介人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 licensed insurance intermediary or our customer service department.</p> <p>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.</p>				
_____ (核實者簽署及蓋印 (如有)) (signature and chop (if any) of verifier)		_____ (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)		
如需於更改保單持有人後一併更換受益人，請準保單持有人填妥以下部分。 If you want to apply for change of beneficiary after the change of policyowner, proposed policyowner please fill in below section.				
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%
註：受益人的分配百分比必須為整數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 among all beneficiary(ies) equally unless otherwise stated.				

(由準保單持有人填寫 To be completed by proposed policyowner)**稅務居民身份自我證明 Self-certification for tax residency**

- 請提供以下資料，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。請列出所有 (不限於五個) 居留司法管轄區。

Please 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. Please 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「準保單持有人」 "The account holder" is "Proposed 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您最新的居住地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.

海外納稅申報與預扣責任聲明 Foreign Tax Reporting and Withholding Obligation Declaration

閣下是否美國公民或美國稅務居民 (請見備註) ? 若「是」，請填妥並遞交表格W-9或同等文件。

Are you a US Citizen or a US tax resident (Please see the Notes)? If "Yes", please complete and submit Form W-9 or an equivalent form.

☐ 是 Yes 納稅人識別編號Taxpayer Identification Number (TIN) - _____

☐ 否

備註：如上述資料顯示，準保單持有人可能是美國公民或美國稅務居民¹及 / 或可能與美國有關聯²，準保單持有人需填妥所需的美國稅務自我聲明書 (如：表格W-9、W-8BEN 或同等文件) 及相關證明文件 (如適用) 一併呈交予本公司。如準保單持有人為組織機構，除前述文件之外，準保單持有人另需填妥並遞交「外國賬戶稅務合規法案 ("FATCA") 的客戶聲明書 (公司 / 機構) 」。

¹ 美國稅務居民指的是美國綠卡持有人 (即美國合法永久居民) 或滿足實質居住測試 (即他 / 她於本納稅年內已在美國逗留至少31天和三年內在美國逗留至少183天 (含本納稅年度及過往兩年)) 。 三年內在美國逗留日數計算方法 = 本年實際居住在美國日數 + 1/3 去年居住在美國的日數 + 1/6 前年居住在美國的日數。

² 與美國有關聯的資料包括但不限於：出生國家為美國³、電話號碼為美國號碼、郵寄或永久地址為美國地址、客戶提供美國郵政信箱或轉交地址或代存地址、客戶授予擁有美國地址的人代理權或簽名權、常設指示將資金轉入位於美國的賬戶、任何與美國相關的資訊等。

³ 若準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，除表格W-8BEN 之外，準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。

Notes: If the above information indicates that the proposed policyowner may have become a US Citizen or a US tax resident¹ and / or the proposed policyowner may have links to the US², the proposed policyowner is required to complete and return a US tax self-certification form (e.g. Form W-9, W-8BEN or an equivalent form) and relevant supporting documents (if applicable) together to the Company. If the proposed policyowner is an Entity, the proposed policyowner is required to complete and submit the "Self-Certification Form (Entity) for Foreign Account Tax Compliance Act ("FATCA) in addition to the aforementioned documents.

¹ US tax resident refers to US Green Card holder (i.e. US lawful permanent resident) or individual who meets the substantial presence test (i.e. the proposed policyowner has been present in the US for at least 31 actual days in the current tax year and 183 equivalent days during a three year period (including current year and the two prior years)). Equivalent days = Actual days in the US in the current year + 1/3 of his / her days in the US in the immediately preceding year + 1/6 of his / her days in the US in the second preceding year.

² Information that has a US link, included but not limited to: a US place of birth³, a US telephone number, a US correspondence or permanent address, a US P.O. box address, a US "in-care-of" or "hold mail" address, a power of attorney or signatory authority granted to a person with a US address, standing instructions to make payments to accounts maintained in the US, any US related information, etc.

³ If the applicant / owner's place of birth is US, but declared that the proposed policyowner is not a US Citizen or a US tax resident, apart from filing in Form W-8BEN, the proposed 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.

注意事項 Important notes

1. 準保單持有人必須遞交有效的身份證明文件核實副本。
The proposed policyowner **MUST** provide a certified true copy of **valid** identity document(s).
2. 準保單持有人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)。Proposed policyowner **MUST** 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)
3. 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境內簽署及遞交「重要資料聲明書-內地人士在港投保人身 / 壽險保單」並由泰禾人壽保險有限公司 (「泰禾人壽」或「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" in Hong Kong, and the identity verification is required by an authorised person of Tahoe Life Insurance Company Limited ("Tahoe Life" or "the Company").
4. 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親 / 母親需簽署「信託聲明」及「委任信託人授權書」, 並提交受保人之父親 / 母親的身份證明文件核實副本 (如之前從未遞交過或所提供的資料有任何變更)。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 Authorisation" and submit insured's father / mother's certified true copy of identity document (if it has not been submitted previously or any change in information).
5. 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.
6. 本公司於接受更改保單持有人申請後, 於本保單較早前所指定的保證現金款額及 / 或週年紅利選項為每月支取 (如有) 將會自動轉為積存。如欲重新申請每月支取, 請準保單持有人遞交「每月支取現金款額指示表格」, 您可於本公司網頁下載表格www.tahoelife.com.hk。All previous selected "Guaranteed Cash Payment Option" and / or "Annual Dividend Options" is monthly payment (if any) under the policy will be changed automatically to accumulation upon Tahoe Life accepted the change of policyowner. If proposed policyowner would like to change the "Guaranteed Cash Payment Option" and / or "Annual Dividend Options" to accumulative, please submit "Monthly Payment of Cash Payments Instruction Form". You can download the form from our company website www.tahoelife.com.hk.

第二部分委任後續保單持有人 Part II Nomination of contingent owner			
後續保單持有人姓名 (以身份證明文件為準) Name of contingent owner (as shown on identity document)		英文姓名 Name in English	
		中文姓名 Name in Chinese	
身份證明文件號碼 Identity document no. *必須遞交有效的身份證明文件核實副本 MUST provide a certified true copy of valid identity document(s)		<input type="checkbox"/> 香港身份證 HKID Card	
		<input type="checkbox"/> 其他 (如護照、入境簽證) Others (e.g. Passport, Entry Permit) (請列明簽發國家 Please state issued country)	
出生日期 (日 / 月 / 年) Date of birth (DD/MM/YYYY)	性別 Gender	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	
國籍 Nationality	出生國家 Country of birth		
與受保人之關係 Relationship with insured			

注意事項 Important notes

1. 後續持有人必須為 18 歲或以上。Contingent owner must be aged 18 or above.
2. 此申請不適用於 (i) 信託形式為未滿 18 歲的受保人持有的保單; (ii) 保單持有人為公司或 (iii) 保單持有人為受保人本人 (特定產品除外)。This application is not applicable if (i) the policy is held under trust for insured below the age of 18 years; (ii) the policy is held by a corporation or (iii) the policyowner is the life insured (except specified products).
3. 在受保人仍生存及本保單生效期間, 只可委任一名後續持有人。During the lifetime of the Insured and while this policy is in force, only one contingent owner can be nominated.
4. 已獲委任的後續持有人在保單持有人更改保單擁有權後將維持不變。新保單持有人有權重新委任新後續持有人。The nominated contingent owner shall remain unchanged when the policyowner changes the ownership of the policy. The new policyowner has the right to re-nominate a new contingent owner.
5. 只適用於指定產品。詳情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。Only applicable for designated products, for the details, please contact your licensed insurance intermediary or our Customer Service Hotline.

同意書及聲明 Consent and Declaration

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，閣下的個人身份證號碼、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.

《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 (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 / 新持有人的居留司法管轄區的稅務當局。

本人 (持有人) 承諾，如情況有所改變，以致影響本申請書所述的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 (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 (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 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 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 Insurance Company Limited ("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 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 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 calendar days of such change in circumstances.

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

I, the 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).

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，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 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.

聲明及授權

I. 本人 / 我們現聲明及同意：

1. 本人 / 我們將有責任遵守就本人 / 我們為公民或居民或作為住所的國家之有關法律、法規、監管政策及 / 或其他法例要求。
2. 本人 / 我們如有疑問，本人 / 我們將徵詢獨立專業顧問有關購買、持有、提款、贖回或以其他方式處置所發保單或行使保單內的權利可能引致的稅務、法律或法規上的後果。
3. 如泰禾人壽保險有限公司 (「泰禾人壽」或「貴公司」) 發現或認定所發保單因由任何人士直接、間接或實益擁有而違反任何國家或司法權區之適用法例、法規、監管政策及 / 或其他法例要求，本人 / 我們可被要求贖回或退保該保單或被要求作出提款。
4. 如本人 / 我們被有關法例、法規或監管機構強制或要求贖回或退保該保單或作出提款或本人 / 我們被泰禾人壽以所發保單因由任何人士直接、間接或實益擁有而違反任何國家或司法權區之適用法例、法規、監管政策及 / 或其他法例要求為理由要求贖回或退保該保單或作出提款，本人 / 我們須承擔因此而引致或與之相關的全部費用、責任及 / 或損失，而泰禾人壽不會承擔任何前述費用、責任或損失。
5. 本人 / 我們確認及明白，在香港以外某些司法權區的法律和法規可能會對其居民或公民購買外國保險公司發出的保單時，施加一些限制及 / 或要求 (「該等限制及 / 或要求」)，如果本人 / 我們的國家 / 居住地的法律中有該等限制及 / 或要求或禁止購買外國保險公司發出的保單，本人 / 我們必須立即以書面方式通知貴公司。
6. 本人 / 我們確認有責任：
 - (a) 考慮本人 / 我們的國家 / 居住地有否對本人 / 我們作出該等限制及 / 或要求；

- (b) 遵守本人 / 我們的國家 / 居住地的法律及法規，包括在需要的情況就對本人 / 我們的投保申請取得有關政府或監管機關的同意；
- (c) 考慮本人 / 我們的投保申請，是否會因該等限制及 / 或要求，導致有任何損失或責任，包括稅務責任。
7. 即使本人 / 我們的國家 / 居住地目前沒有該等限制及 / 或要求，但本人 / 我們可能由於後來法律的改變及 / 或本人 / 我們公民或居民身份的改變而受到該等限制及 / 或要求。本人 / 我們確認及同意如果發生這種情況，泰禾人壽保險有權終止投保申請並退回已繳付的保費，且泰禾人壽也有權取消保單並退回保單當時的退保價值（即使保單已經發出）。而泰禾人壽不會因本人 / 我們可能蒙受由此引致或與之相關的任何損失或損害承擔任何責任。
8. 泰禾人壽不提供就投保申請、保單及與此有關的安排會否合乎香港以外的司法權區的法律和法規的任何保證或陳述，亦不會就本人 / 我們因該等限制及 / 或要求而產生或與之有關可能蒙受或負上的任何損失承擔任何責任。

Declaration and Authorisation

- I. I / We HEREBY DECLARE AND AGREE THAT :
- I / We shall be responsible for observing and complying with any applicable law, regulation, regulatory policy and / or other statutory requirement of the country of my / our citizenship, residence or domicile.
 - If in doubt, I / we shall consult independent professional advisors concerning possible tax, legal or regulatory consequences of purchasing, holding, withdrawing, redeeming or otherwise disposing of the policy issued or exercising any rights of the policy.
 - I / We may be required to redeem, surrender or withdraw from the policy if Tahoe Life Insurance Company Limited ("Tahoe Life" or "the Company") becomes aware or determines that the policy issued is owned directly, indirectly or beneficially by any person in breach of any applicable law, regulation, regulatory policy and / or other statutory requirement of any country or jurisdiction.
 - Should I / we be compelled or required by any applicable law, regulation or authority to redeem, surrender or withdraw from the policy or if I / we are required by Tahoe Life to redeem, surrender or withdraw from the policy on the ground that the policy issued is owned directly, indirectly or beneficially by any person in breach of any applicable law, regulation, regulatory policy and / or other statutory requirement of any country or jurisdiction, I / we shall bear all costs, liabilities and / or losses incurred as a result of or in connection with such redemption, surrender or withdrawal and Tahoe Life shall not be liable for any such cost, liability or loss.
 - I / We acknowledge and understand that the laws and regulations of some jurisdictions outside Hong Kong may impose certain restrictions and / or requirements in connection with the purchase of insurance policy issued by foreign insurance companies by their residents or citizens ("Restrictions and / or Requirements") and I / we shall immediately inform the Company in writing if the laws and regulations of my / our country / place of residence has any Restrictions and / or Requirements or prohibition.
 - It is my / our responsibility to:
 - consider whether I / we am / are subject to such Restrictions and / or Requirements of my / our country / place of residence;
 - comply with the laws and regulations of my / our country / place of residence, including obtaining relevant consent from governmental or regulatory authorities, in respect of my / our Application for the insurance policy, if needed;
 - consider whether my / our Application for the insurance policy will cause me / us any losses or liabilities due to the Restrictions and / or Requirements, including tax liabilities.
 - Even if there are currently no such Restrictions and / or Requirements in my / our country/place of residence, due to subsequent change of law and / or the change of residents / citizens' status, I / we may become subject to such Restrictions and / or Requirements, I / we acknowledge and agree that if this happens, Tahoe Life shall have the right to terminate the Application with a refund of the premium paid, and Tahoe Life shall be entitled to cancel the insurance policy with a payment of the surrender value (even after the insurance policy has been issued), and Tahoe Life shall not be liable for any losses or damages I / we may suffer arising therefrom or in connection therewith.
 - Tahoe Life provides no warranty or representation as to whether the Application, the insurance policy and the arrangements contemplated hereunder are in compliance with the laws and regulations of the jurisdictions outside Hong Kong and disclaims any liability in whatsoever losses I / we may suffer or incur arising out of or in connection with the Restrictions and / or Requirements.
- II. 本人 / 我們不是美國公民或居民。如果前述身分有變化，本人 / 我們同意立即以書面方式通知貴公司。
I / We am / are not citizen or resident of the United States. I / we agree to notify the Company immediately in writing if the aforesaid status changes.
- III. 本人 / 我們並無受到該等限制及 / 或要求規限，如果前述身分有變化，本人 / 我們同意立即以書面方式通知貴公司。
I / We am / are not subject to any Restrictions and / or Requirements and I / we agree to notify the Company immediately in writing if the aforesaid status changes.
- IV. 本人 / 我們並非實施該等限制及 / 或要求的國家的居民及 / 或公民，如果前述身分有變化，本人 / 我同意立即以書面方式通知貴公司。
I / We am / are not residents and / or citizens of country(s) which put in place such Restrictions and / or Requirements and I / we agree to notify the Company immediately in writing if the aforesaid status changes.
- V. 本人 / 我們並非在美國的人，如果前述身分有變化，本人 / 我同意立即以書面方式通知貴公司。
I / We am / are not person in the United States and I / we agree to notify the Company immediately in writing if the aforesaid status changes.
- VI. 為遵循 FATCA 及相關的本地法規，本人 / 我們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 US or applicable local regulators or tax authorities where necessary in order to comply with FATCA or applicable local laws.
- VII. 本人 / 我們，即保單持有人及 / 或準保單持有人謹此聲明及同意 (1) 本人 / 我們已閱讀及完全明白此表格的內容；(2) 本人 / 我們已就此申請的影響取得法律或財務意見，及本人 / 我們確認保單條款之更改未必能完全達到本人 / 我們的目的，並本人 / 我們同意解除泰禾人壽保險有限公司 (「泰禾人壽」) 因此申請而可能引起的一切法律責任；(3) 泰禾人壽有權全權酌情決定接受或拒絕此申請；及 (4) 上列各項資料，據本人 / 我們所知均屬完全及真實無訛。
I / We, the policyowner and/or proposed policyowner, HEREBY DECLARE AND AGREE THAT that (1) I / We have read and fully understood the content of this form; (2) I / We have had the opportunity to obtain my own legal or financial advice on the effect

of this application, and acknowledge that the variation of the policy provisions may not be able to serve my own purpose and I / We agree to release Tahoe Life Insurance Company Limited ("Tahoe Life") from all liabilities which may arise as a result of this application ; (3) Tahoe Life shall have the right, at its sole discretion, to accept or reject this application; and (4) all the information stated above are to the best of my / our knowledge and belief complete and true.

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.

準保單持有人簽署* Signature of proposed policyowner*	簽署日期 Sign date (日 DD / 月 MM / 年 YYYY)
* 準保單持有人請以表格第二頁提供的簽署式樣於此簽署 Proposed policyowner please sign on this page with the signature specimen provided on page 2 of this form	
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 (已成年) Signature of insured (Adult)	簽署日期 Sign date (日 DD / 月 MM / 年 YYYY)
承讓人 (如有) 簽署 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)