



BEA life
東亞人壽

Policy Alteration Request Form 保單更改申請書

To : BEA Life Limited ("the Company")
致 : 東亞人壽保險有限公司 (「本公司」)

This form is applicable to Policy No. = 4 characters plus 8-digits number beginning with '05' or '06'
此表格適用於保單編號為4個字母和8個由'05'或'06'開始的數字組成
e.g. XXXX-05000000 or XXXX-06000000

Please complete this Form in English BLOCK letters. Any changes or amendments in this Form should be endorsed by the Policy Owner in full signature.
請以英文正楷填寫此表格。如有任何更改或修正，敬請保單權益人在更改的位置簽署作實。

I. Policy Details 保單資料	
Policy No. 保單編號	<div><div></div><div></div><div></div><div></div><div>-</div><div>0</div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
Name of Policy Owner 保單權益人姓名	Identification Document No. 身份證明文件號碼
Name of Insured *Optional 受保人姓名 *非必須提供	
II. Type of Request 申請類別 Please use Dark Pen to fill the appropriate box to indicate the change instruction(s) 請用深色筆填滿所選更改指示之空格 (Examples 例子: <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> X <input type="checkbox"/> X)	
1. <input type="checkbox"/> Change of Contact Information 更改聯絡資料	
Please apply the change of contact information to all individual life policies under my ownership with the following company(ies) (if any): 請同時更改本人於下述公司所持的所有個人人壽保單 (如有) 的聯絡資料: <input type="checkbox"/> BEA Life Limited 東亞人壽保險有限公司 <input type="checkbox"/> Blue Cross (Asia-Pacific) Insurance Limited 藍十字(亞太)保險有限公司	
Note: If not specified, the change of contact information will apply to the policy specified in Section I of this Form only. 注意: 如無特別指明, 此項更改聯絡資料指示只會適用於此申請書第一部分註明的保單。	
<input type="checkbox"/> Correspondence Address 通訊地址	<div>Country/Region 國家/地區</div>
<input type="checkbox"/> Permanent / Registered Office (for corporate) Address 永久/註冊辦事處(適用於公司) 地址 Note: P.O. Box is not accepted 注意: 郵政信箱恕不接受	<div>Country/Region 國家/地區</div>
<input type="checkbox"/> Residential / Business (for corporate) Address 住宅/業務(適用於公司)地址 Note: P.O. Box is not accepted 注意: 郵政信箱恕不接受	<div>Country/Region 國家/地區</div>
<input type="checkbox"/> E-mail Address 電郵地址	<div>Note: If there is no update here, your existing email address (if provided) in the Company's record will be retained. 注意: 如沒有於此處作出更改, 閣下目前於本公司記錄的電郵地址(如曾提供)將繼續被保留。</div>
<input type="checkbox"/> Telephone Number (Country /Region Code) – (Telephone No.) 電話號碼 (國家/地區號碼) – (電話號碼)	<div>Home 住宅 Mobile 手提 Office 公司</div> <div>() – () () – () () – ()</div> <div>Note: If there is no update here, your existing contact number (if provided) in the Company's record will be retained. 注意: 如沒有於此處作出更改, 閣下目前於本公司記錄的電話號碼(如曾提供)將繼續被保留。</div>
<input type="checkbox"/> Preference of SMS Reminders 手機短訊提示選擇 (for the use of receiving policy information 作收取保單服務資料之用)	<div><input type="checkbox"/> English 英文 <input type="checkbox"/> Chinese 中文</div> <div>SMS Reminders are sent to customers at no charge. However, customers shall be responsible for any potential charges that may be imposed by their mobile phone network providers. 手機短訊提示是免費為客戶提供的。然而, 客戶須負擔電話供應商可能收取的任何費用。</div>

BEA Life Limited 東亞人壽保險有限公司

29/F, BEA Tower, Millennium City 5, 418 Kwun Tong Road, Kwun Tong, Kowloon, Hong Kong

香港九龍觀塘道 418 號創紀之城 5 期東亞銀行中心 29 樓

MG551B (03/2021)

8570136538

Policy No.
保單編號 _____

2. ☐ **Change of Personal Particulars 更改個人資料**

☐ Certified true copy of Deed Poll and Identity Documents / Other Legal Documents
改名契及身份證明文件／其他法律文件之核實副本

Unless otherwise specified, the change of personal particulars of the person(s) below will apply to all related individual life policies under BEA Life Limited and Blue Cross (Asia-Pacific) Insurance Limited (if any).
除非特別指明，下列人士於有關的東亞人壽保險有限公司及藍十字（亞太）保險有限公司的個人人壽保單（如有）的個人資料，均會根據以下指示作出更改。

☐ Policy Owner 保單權益人 ☐ Insured 受保人 ☐ Authorised Person for corporate policy 公司保單的授權人

☐ New Name 新姓名

☐ Sex 性別

☐ Date of Birth (D/M/Y)
出生日期 (日／月／年)

Identification Document Type 身份證明文件類別

☐ HKID / Passport / Other I.D. Document No.
香港身份證／護照／其他身份證明文件號碼

☐ Hong Kong Permanent Identity Card 香港永久性居民身份證

☐ Hong Kong Identity Card 香港居民身份證

(Please complete "Other Nationality/Region"
請填寫「其他國籍或所屬地區」)

☐ Nationality/Region
國籍或所屬地區

☐ Passport and any of the following documents (if any)

護照及任何下列文件 (如有) :

- a social security card or other equivalent documents; or
社會安全卡或其他同等文件；或

- a national identity card 國民身份證

(All of the identity documents should be government or state-issued and should bear photograph of the natural person. 所有身份證明文件須附有該自然人的照片並須由政府或國家簽發。)

Applicable to Policy Owner and Authorised Person for corporate policy 只適用於保單權益人和公司保單的授權人

☐ Other Nationality/Region 其他國籍或所屬地區

(If the Person is resident of more than one nation/region, please state all other nationalities or regions in this field.
如該人仕為多於一個國家／地區的居民，請在此列明所有其他國籍或所屬地區。)

☐ Others 其他: _____

3. ☐ **Change of Signature of Policy Owner 更改保單權益人簽署**

☐ Please apply the change of signature to all individual life policies under my ownership with BEA Life Limited and Blue Cross (Asia-Pacific) Insurance Limited (if any).
請同時更改本人於東亞人壽保險有限公司及藍十字（亞太）保險有限公司所持有的所有個人人壽保單（如有）之簽署式樣。

Note: If not specified, the change of signature will apply to the policy specified in Section I of this Form only.
注意：如無特別指明，此項更改簽署式樣指示只會適用於此申請書第一部分註明的保單。

New Signature Specimen
新簽署樣式

X

4. ☐ **Change of Occupation 更改職業**

Note 注意：

1. To be eligible for reduction/removal of occupation rating, the Policy Owner/Insured must be engaging in the new occupation for at least 6 months.
要符合減低或移除職業附加費的條件，保單權益人／受保人須從事新工作6個月或以上。

2. Upon receipt of submission for change of occupation from the Policy Owner/Insured, we will update your occupation record for all of your policies with BEA Life Limited and Blue Cross (Asia-Pacific) Insurance Limited.
保單權益人／受保人更新職業時，其所有於東亞人壽保險有限公司及藍十字（亞太）保險有限公司保單（如有）的職業紀錄會被同時更新。

☐ Policy Owner 保單權益人 ☐ Insured 受保人

Date of Employment
入職日期

Since (D/M/Y)
由 (日／月／年)

Occupation Title (including second job)
現時職業(包括兼職)

Nature of Business (including second job)
業務性質(包括兼職)

Exact Duties (including second job)
工作範圍(包括兼職)

Employer's Name
僱主名稱

Is business traveling required?
If 'YES', please provide full details.
是否需要到外地公幹?若"是"，請註明詳情。

Frequency 頻密情況 _____ Duration 逗留時間 _____
Destination目的地 _____

Policy No.
保單編號 _____

5. <input type="checkbox"/>	Change of Payment Mode/Method 更改繳費模式／辦法 <table><tr><td><input type="checkbox"/> Payment Mode 繳費模式</td><td><input type="checkbox"/> Annual 年繳</td><td><input type="checkbox"/> Semi-Annual 半年繳</td><td><input type="checkbox"/> Monthly by Autopay 每月自動轉賬</td></tr><tr><td><input type="checkbox"/> Payment Method 繳費辦法</td><td><input type="checkbox"/> Direct Billing 直接付款</td><td><input type="checkbox"/> Autopay by bank 銀行戶口自動轉賬</td><td><input type="checkbox"/> Autopay by BEA Credit Card 東亞銀行信用卡自動轉賬</td></tr></table> <p>Note: If the original payment method is Premium Prepayment Fund, all the remaining balance of Premium Prepayment Fund, the Prepaid Levy and interest (if any) will be withdrawn and subject to an early withdrawal charge as stated in the Instruction on Premium Prepayment Fund and Prepaid Levy Option. 注意: 如原有之繳費辦法為預繳保費基金, 所有預繳保費基金及預繳徵費之餘款及利息(如有)將被提取並須根據預繳保費基金及預繳徵費選擇指示徵收提前贖回費用。</p>	<input type="checkbox"/> Payment Mode 繳費模式	<input type="checkbox"/> Annual 年繳	<input type="checkbox"/> Semi-Annual 半年繳	<input type="checkbox"/> Monthly by Autopay 每月自動轉賬	<input type="checkbox"/> Payment Method 繳費辦法	<input type="checkbox"/> Direct Billing 直接付款	<input type="checkbox"/> Autopay by bank 銀行戶口自動轉賬	<input type="checkbox"/> Autopay by BEA Credit Card 東亞銀行信用卡自動轉賬	<input type="checkbox"/> Direct Debit Authorisation Form (for autopay case) 自動轉賬授權書 (適用於自動轉賬保單) <input type="checkbox"/> 2 months' premiums (applicable to monthly mode) 2 個月保費 (適用於月供保單)												
<input type="checkbox"/> Payment Mode 繳費模式	<input type="checkbox"/> Annual 年繳	<input type="checkbox"/> Semi-Annual 半年繳	<input type="checkbox"/> Monthly by Autopay 每月自動轉賬																			
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6. <input type="checkbox"/>	Change of Dividend/Bonus Option 更改紅利／花紅運用方法 <table><tr><td><input type="checkbox"/> Accumulation with Interest 積存生息</td><td><input type="checkbox"/> Cash Withdrawal 現金提取</td></tr></table> <p>Note 注意: 1. The change will be effective from the next policy anniversary date of the policy(ies). 更改將於下一個保單周年日生效。 2. Change of dividend/bonus option to Cash Withdrawal is not allowed when the policy(ies) is (are) under loan status. 保單在貸款期間將不接受更改紅利／花紅運用方法為「現金提取」。</p>	<input type="checkbox"/> Accumulation with Interest 積存生息	<input type="checkbox"/> Cash Withdrawal 現金提取																			
<input type="checkbox"/> Accumulation with Interest 積存生息	<input type="checkbox"/> Cash Withdrawal 現金提取																					
7. <input type="checkbox"/>	Term Conversion 轉換保險計劃 (Applicable to Convertible Term Life Plan only 只適用於可轉換之定期壽險) <p>Amount to be converted: _____ New Plan Name: _____ 轉換金額: _____ 新計劃名稱: _____</p> <p>Remaining balance of Sum Insured: <input type="checkbox"/> To be cancelled 取消 <input type="checkbox"/> Remain in original policy 保留於原有保單內 原有保單剩餘之保障額: _____</p> <p>New Policy no.: (to be completed by the Company) 新保單編號(由本公司填寫): _____</p>	<input type="checkbox"/> Required documents for new application 新保單申請所需文件 <input type="checkbox"/> Return Original Policy 退回正本保單 <input type="checkbox"/> Initial Premium for new policy 新保單首期保費 <input type="checkbox"/> Consent of Assignee by signing on this form 承讓人須於此申請書上簽署同意																				
8. <input type="checkbox"/>	Change of Policy Coverage 更改保障 <table><tr><td><input type="checkbox"/> Decrease of Basic Sum Insured - New Sum Insured Amount: 減低基本計劃保障額 - 新保障額 _____</td><td></td></tr><tr><td><input type="checkbox"/> Addition of Rider(s) 增加附加保障 Name of Rider Benefit/Amount 附加保障名稱／金額 _____</td><td></td></tr><tr><td><input type="checkbox"/> Deletion of Rider(s) 刪除附加保障 Name of Rider Benefit 附加保障名稱 _____</td><td></td></tr><tr><td><input type="checkbox"/> Change of Benefit 更改保障 Benefit Name 保障名稱 _____</td><td>Existing Plan Level /Amount 現有計劃級別／金額 _____ New Plan Level /Amount 新計劃級別／金額 _____ From 由: _____ To 至: _____</td></tr></table>	<input type="checkbox"/> Decrease of Basic Sum Insured - New Sum Insured Amount: 減低基本計劃保障額 - 新保障額 _____		<input type="checkbox"/> Addition of Rider(s) 增加附加保障 Name of Rider Benefit/Amount 附加保障名稱／金額 _____		<input type="checkbox"/> Deletion of Rider(s) 刪除附加保障 Name of Rider Benefit 附加保障名稱 _____		<input type="checkbox"/> Change of Benefit 更改保障 Benefit Name 保障名稱 _____	Existing Plan Level /Amount 現有計劃級別／金額 _____ New Plan Level /Amount 新計劃級別／金額 _____ From 由: _____ To 至: _____	<input type="checkbox"/> Declaration of Health Questionnaire (for increase, addition or upgrade of benefit amount/ level) 健康近況聲明問卷(如增加或提升保障額／級別) <input type="checkbox"/> Consent of Assignee by signing on this form (if reduction of benefit) 承讓人須於此申請書上簽署同意(如減低保障)												
<input type="checkbox"/> Decrease of Basic Sum Insured - New Sum Insured Amount: 減低基本計劃保障額 - 新保障額 _____																						
<input type="checkbox"/> Addition of Rider(s) 增加附加保障 Name of Rider Benefit/Amount 附加保障名稱／金額 _____																						
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<input type="checkbox"/> Change of Benefit 更改保障 Benefit Name 保障名稱 _____	Existing Plan Level /Amount 現有計劃級別／金額 _____ New Plan Level /Amount 新計劃級別／金額 _____ From 由: _____ To 至: _____																					
9. <input type="checkbox"/>	Change of Beneficiary 更改受益人 <p>I/We hereby revoke all previous designation of beneficiary(ies) and appointment of trustee(s), if any, under the policy(ies) specified in section I above and designate the following person(s) as beneficiary of the policy(ies). 本人／我們現撤銷第一部分所述之保單之前所指定的受益人及受託人(如有), 並指定下列人士為新受益人。</p> <table><tr><td>Name of Beneficiary 受益人姓名 (Please complete in English) (請以英文填寫) Surname (姓)/Given Name (名)</td><td>HKID/Passport/other I.D. Document No. 香港身份證／護照／其他身份證明文件 號碼</td><td>Relationship to Insured 與受保人關係</td><td>Percentage of share (in whole number) 分配百分比(須為整數)</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table> <p>Total 合計: 100%</p> <p>I/We understand that if no share percentage is specified, the proceeds of the policy(ies) shall be paid in equal shares to the surviving beneficiaries upon the death of the Insured. 本人／我們明白如未有指明分配比率, 保單的賠償將平均分配予所有在生的受益人。</p>	Name of Beneficiary 受益人姓名 (Please complete in English) (請以英文填寫) Surname (姓)/Given Name (名)	HKID/Passport/other I.D. Document No. 香港身份證／護照／其他身份證明文件 號碼	Relationship to Insured 與受保人關係	Percentage of share (in whole number) 分配百分比(須為整數)																	
Name of Beneficiary 受益人姓名 (Please complete in English) (請以英文填寫) Surname (姓)/Given Name (名)	HKID/Passport/other I.D. Document No. 香港身份證／護照／其他身份證明文件 號碼	Relationship to Insured 與受保人關係	Percentage of share (in whole number) 分配百分比(須為整數)																			

Policy No.

保單編號

10. <input type="checkbox"/>	Change/Appointment of Trustee for Minor Beneficiary 更改／任命受託人予未成年之受益人														
<p>I/We hereby revoke all previous designation of appointment of trustee(s) under the policy(ies) specified in section I above and appoint the following person(s) as Trustee to receive the proceeds of the policy(ies) for the beneficiary named herein and in accordance with the beneficiary designation given by me/us until such beneficiary attains the age of 18.</p> <p>本人／我們現撤銷第一部分所述之保單之前所指定的受託人，並指定下列人士，於以下受益人年滿十八歲前，以受託人身份代表受益人按本人／我們之受益人提名指示收取保單的賠償。</p>															
<table border="1"> <thead> <tr> <th>Name of Minor Beneficiary under the Policy 於保單內未成年之受益人的姓名</th> <th>Name of Appointed Trustee 獲委受託人姓名</th> <th>Relationship to Beneficiary 與受益人關係</th> <th>HKID/ Passport/other I.D. Document No. 香港身份證／護照／其他身份證明文件號碼</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Name of Minor Beneficiary under the Policy 於保單內未成年之受益人的姓名	Name of Appointed Trustee 獲委受託人姓名	Relationship to Beneficiary 與受益人關係	HKID/ Passport/other I.D. Document No. 香港身份證／護照／其他身份證明文件號碼									
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11. <input type="checkbox"/>	Cancellation of Trustee(s) Appointment for Minor Beneficiary 撤銷予未成年受益人的受託人任命														
<p>I/We hereby cancel the Trustee appointment for minor beneficiary made under the policy(ies) specified in section I above prior to the date of this form.</p> <p>本人／我們現撤銷在此表格日期前於第一部分所述之保單所任命予未成年受益人的受託人。</p>															
12. <input type="checkbox"/>	Change of Mortgage Property Address (For Mortgage Life Insurance) 更改按揭物業地址 (適用於按揭保險保障)		<input type="checkbox"/> Consent of Assignee by signing on this form 承讓人須於此申請書上簽署同意												
<table border="1"> <tr> <td>New Mortgage Property Address 新按揭物業地址</td> <td> <div>_____</div> <div>Country/Region 國家/地區 _____</div> </td> </tr> </table>		New Mortgage Property Address 新按揭物業地址		<div>_____</div> <div>Country/Region 國家/地區 _____</div>											
New Mortgage Property Address 新按揭物業地址	<div>_____</div> <div>Country/Region 國家/地區 _____</div>														
13. <input type="checkbox"/>	Premium Holiday 保費假期 (Applicable to policy with relevant provision only 只適用於附有相關條款的保單)														
<input type="checkbox"/> a. Application for Premium Holiday 申請保費假期															
<table border="1"> <tr> <td>No. of month(s) applied for 申請月數</td> <td>_____ months 個月</td> </tr> </table>			No. of month(s) applied for 申請月數	_____ months 個月											
No. of month(s) applied for 申請月數	_____ months 個月														
<p>Note 注意:</p> <ol style="list-style-type: none"> To apply for Premium Holiday, policy must be in force for at least 2 years and the premiums payable for the first 2 policy years must have been fully paid to the Company. 申請保費假期時，保單必須生效至少兩年及已全部繳清首兩個保單年度之保費。 Premium Holiday is not allowed when the policy is on loan status. 保單在貸款期間將不接受保費假期申請。 The aggregate of all Premium Holidays under the policy shall not exceed a maximum period of 24 months. 保費假期合計最長為24個月。 When there is Premium Holiday pending for processing or in progress under the policy, the above number of months(s) of Premium Holiday applied for will further extend the total number of months of the Premium Holiday in progress or pending for processing. 如本保單仍有未處理或正在進行中的保費假期，上述所申請的保費假期月數會延長有關的未處理或正在進行中的保費假期的月數。 The first request for Premium Holiday is free. Any subsequent request for Premium Holiday shall be subject to payment of HK\$200 per request. 首次申請保費假期，本公司不會收取任何費用，其後每次申請保費假期均需繳付費用港幣200元。 															
<input type="checkbox"/> b. Application for Cessation of Premium Holiday and Resumption of Premium Payment 申請結束保費假期及恢復繳付保費															
<p>Note 注意:</p> <ol style="list-style-type: none"> The Premium Holiday shall end at the nearest monthiversary date of the policy. 保費假期會於最近的保單周年日起結束，而保費亦須於當日起恢復繳付。 Where appropriate, please arrange for the standard payment instruction (e.g.direct debit authorisation) for settlement of the resumed regular premium. 如適用，請安排定期繳款指示(如自動轉賬授權)以繳付將恢復的定期保費。 															

Policy No.
保單編號 _____

14. <input type="checkbox"/>	Change of Income Payout Option 更改入息支取選擇 (Only applicable to specific insurance plans 只適用於個別保險計劃)	
<input type="checkbox"/>	a. Income Payout Option 入息支取選擇 <div><input type="checkbox"/> Lump Sum Payment 全數支取 <input type="checkbox"/> Monthly Income Withdrawal 提取每月入息 <input type="checkbox"/> Income Accumulation 累積入息 <input type="checkbox"/> Receive 50% of Cash Value, and receive a reduced Guaranteed Monthly Retirement Income each month 取回50%現金價值及收取每月支付的已退減「保證每月退休入息」</div> <p>* Please complete Section 14.b 請填妥14.b項</p> <p>Note注意:</p> <p>1. Please refer to the terms and conditions of your policy for the available Income Payout Option. 有關適用的人息支取選擇，請參照閣下保單之條款及細則。</p> <p>2. No change of Income Payout Option is allowed once the Income Period commences (except for ProRetire Annuity Insurance and WiseRetire Deferred Annuity Insurance Plan). 在入息期開始後，入息支取選擇將不能更改（「智優裕」年金保險和「智優悠」延期年金保險計劃除外）。</p> <p>3. For ProRetire Annuity Insurance and WiseRetire Deferred Annuity Insurance Plan, the change of Income Payout Option will take effect from the next monthly Income distribution after the request is approved by the Company. If the Income Payout Option is changed to Monthly Income Withdrawal, any accumulated Monthly Income and interest left under the policy (if any) shall remain leave under the policy. 更改「智優裕」年金保險和「智優悠」延期年金保險計劃之入息支取選擇將於本公司批核有關申請後的下一個每月入息派發日起生效。如入息支取選擇更改為提取每月入息，保單內積存之每月入息及其利息(如有)將繼續積存於保單內。</p>	
<input type="checkbox"/>	b. Payment Instruction for Monthly Income Withdrawal 每月入息提取的付款指示 <div><input type="checkbox"/> Direct credit to Policy Owner's BEA bank account 直接存入保單權益人的東亞銀行賬戶 Account no. 賬戶號碼* 015 - _____ - _____</div> <div><input type="checkbox"/> Direct credit to Policy Owner's non-BEA bank account 直接存入保單權益人的非東亞銀行賬戶 Bank Name & Branch in Hong Kong 香港銀行及分行之名稱 _____ Account no. 賬戶號碼* _____ - _____ - _____</div> <div><input type="checkbox"/> By cheque in 以支票 <input type="checkbox"/> HKD 港幣 <input type="checkbox"/> Policy Currency 保單貨幣</div> <p>* Account holder must be the Policy Owner. 賬戶持有人必須為保單權益人。 * Only HKD account is acceptable. 只接受港元賬戶。 * Please provide copy of the bank passbook/statement issued in the recent 3 months bearing the name of the account holder. 請提供印有賬戶持有人姓名的銀行存摺／最近3個月發出的月結單之影印本。</p> <p>Note注意:</p> <p>1. If the payment currency is not specified, the cheque payment will be made in policy currency or as determined by the Company. 如無特別指明付款貨幣，支票付款將以保單貨幣支付或由本公司自行決定。</p> <p>2. If the payment instruction is not in policy currency, the amount will be calculated at such exchange rate as determined by the Company. 如果並非以保單貨幣執行付款指示，付款金額將以本公司所釐定的兌換率計算。</p> <p>3. If select payment by cheque, the cheque will be delivered to the latest correspondence address of the Policy Owner on the Company's record. 如選擇以支票形式支付，支票將寄往保單權益人根據本公司記錄上的最新通訊地址。</p>	
15. <input type="checkbox"/>	Change of Death Benefit Payout Option 更改身故保障支取選擇 (Only applicable to ProRetire Annuity Insurance Plan 只適用於「智優裕」年金保險計劃)	
	<div><input type="checkbox"/> Lump Sum Payment 全數支取 <input type="checkbox"/> Monthly Payment 每月提取</div>	
16 <input type="checkbox"/>	Others (Please specify in details)其他(請詳細列明)	
III. Payment Details 付款資料		
Amount submitted together with this form: 與此表格一併遞交的金額: _____		<input type="checkbox"/> Pay-in Slip 付款單
Payment Means: <input type="checkbox"/> Pay-In Slip 付款方式: 付款單	<input type="checkbox"/> Cheque (cheque no. _____) 支票 (支票號碼: _____)	<input type="checkbox"/> BEA Credit Card 東亞銀行信用卡
		<input type="checkbox"/> One-off Payment - Credit Card Payment Authorisation Form 單一次付款 - 信用卡付款授權書

Policy No.

保單編號

IV. Declaration 聲明

I/We hereby request the above change(s) be effected and declare that all statements, information and particulars given herein are accurate, true and complete and are given to the best of my/our knowledge and belief and no material information has been withheld in relation to this request. I/We agree that such change(s) or service(s) will not take effect unless all of the following conditions are met:

- (1) All required payment and complete supporting documents have been submitted to the Company.
- (2) The request is accepted and approved by the Company during the lifetime and continued insurability of the Insured.
- (3) The information and statement made in this request and in other documents as required by the Company shall form the basis for this policy alteration request and form a part of the policy(ies) unless otherwise specified.
- (4) Acceptance of the request for change shall be confirmed by the Company in writing or endorsement.
- (5) I/We confirm having read and understood the Company's Personal Information Collection Statement as accompanied with this Form and agree to its terms fully.
- (6) I/We acknowledge that the Company may be obliged to comply with any applicable local or foreign law, regulation, rules, demand, request, guidance, guidelines, and codes of practice and any agreement between the Company (or BEA Group) and any Authority* (the "Applicable Laws and Regulations"). I/We agree that the Company may disclose my/our personal information collected or held by the Company (whether contained herein or otherwise obtained) to any Authority, or withhold payments otherwise payable to me/us, for the purpose of ensuring the Company's compliance with the Applicable Laws and Regulations.
- (7) I/We agree, at anytime the policy is in force, to update or provide upon request my/our personal information to the Company immediately (and in no event later than 30 days from the change or request) in the event that (i) my/our tax status changes; (ii) I/we become a U.S. citizen or resident; or (iii) such information as necessary for compliance with the Applicable Laws and Regulations.

* "Authority" means any national, state, or local government and any political subdivisions thereof, any agency, authority, instrumentality (whether judicial or administrative) regulatory or self-regulatory organisation, law enforcement body, court, central bank, or tax or revenue authority in any jurisdiction whether within or outside of Hong Kong.

本人／我們現申請辦理上述之更改事項，謹此聲明並同意所有提供之資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人／我們所知及所信而作答的。本人／我們並同意此等更改事項或服務必須符合下列所有條件，方能生效：

- (1) 所有需要之款項及文件皆盡數呈交貴公司並完整無缺。
- (2) 此項申請在受保人在生並仍然符合受保條件時，經貴公司接納及批准。
- (3) 在此申請書及本公司所須之其他文件上填報之一切資料及申報，將成為此保單更改申請之根據，並成為本保單之一部分(除非另有其他指示)。
- (4) 貴公司將以書面或附註形式通知此申請被接納。
- (5) 本人／我們確認已閱讀及明白隨本申請書附上有關貴公司的收集個人資料聲明並對其內容完全同意。
- (6) 本人／我們承認貴公司須遵從任何適用的本地或海外法律、法規、規例、請求、指引及操作守則及貴公司(或東亞銀行集團)與任何機關*之間的任何協議(以下簡稱「適用法律及法規」)。
本人／我們同意貴公司向任何機構透露由貴公司收集或持有的有關本人／我們的個人資料(不論是否載於此或由其他途徑取得)或預扣任何支付給本人／我們的款項，以確保貴公司遵從適用法律及法規。
- (7) 本人／我們同意在保單生效期內，如(i) 本人／我們的稅務狀況有更改;(ii) 成為美國公民或居民;或(iii) 貴公司要求本人／我們提供個人資料以遵從適用法律及法規，本人／我們將立即向貴公司更新及提供該等個人資料(在任何情況下不遲於更改或提出要求起計三十天)。

* "機關"指任何國家、州、或地方政府及其任何政治分部、在香港或海外的任何司法管轄區的任何機構、機關、部門(屬司法或行政)、監管或自我監管組織、執法機關、法院、中央銀行或稅務機關。

V. Signature 簽署

Insured 受保人	Policy Owner (if different from the Insured) 保單權益人 (如與受保人不同)	Assignee (if applicable) 承讓人 (如適用)	Witness 見證人
X	X	X	X Name 姓名:
Date 日期 (D/M/Y日/月/年)	Date 日期 (D/M/Y日/月/年)	Date 日期 (D/M/Y日/月/年)	Date 日期(D/M/Y日/月/年)

FOR CONSULTANT USE ONLY

Name of Agent/Broker	Signature of Agent/Broker	Date(D/M/Y)	Licence No.	Seller ID (If applicable)
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FOR BANK USE ONLY

Name of Branch Manager/Checker	Signature of Branch Manager/Checker	Date(D/M/Y)	Branch Name	Branch Code & Chop
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FOR OFFICE USE ONLY

SV <input type="checkbox"/>	T/PEP Checking <input type="checkbox"/>	Checked by:	Date (D/M/Y)
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The Personal Data (Privacy) Ordinance – Personal Information Collection Statement (the “Statement”)

BEA Life Limited (the “Company”) is a wholly owned subsidiary of The Bank of East Asia, Limited. The Bank of East Asia, Limited together with its subsidiaries and affiliates are collectively referred to in this Statement as the “BEA Group”.

In compliance with the Personal Data (Privacy) Ordinance (the “Ordinance”), the Company would like to inform you of the following:

- (1) From time to time, it is necessary for you to supply the Company with personal data in connection with the application for and provision of insurance products and services as well as the carrying out by the Company of other services relating to these insurance products and services. Failure to supply such data may result in the Company being unable to process your insurance applications or to provide or continue to provide the insurance products and services and/or the related services to you. Data may also be collected by the Company from you in the ordinary course of the Company's business, for example, when you lodge insurance claims with the Company or generally communicate verbally or in writing with the Company, by means of documentation or telephone recording system, as the case may be.

(2) PURPOSES FOR COLLECTING PERSONAL DATA

Personal data relating to you held or collected by the Company (including but not limited to credit information and claims history) may be used for the following purposes:

- (i) processing applications for insurance products and services;
- (ii) providing insurance products and services to you and processing requests made by you in relation to our insurance products and services, including but not limited to requests for addition, alteration or deletion of insurance benefits or insured members, setting up of direct debit facilities as well as cancellation, renewal, or reinstatement of insurance policies;
- (iii) processing, adjudicating, settling and defending insurance claims as well as conducting any incidental investigation, detecting and preventing fraud (whether or not relating to the policy issued in respect of this application);
- (iv) performing functions and activities incidental to the provision of insurance products and services such as identity verification, data matching and reinsurance arrangement;
- (v) exercising the Company's rights in connection with the provision of insurance products and services to you from time to time, for example, to recover indebtedness from you;
- (vi) designing insurance products and services with a view to improving the Company's service;
- (vii) preparing statistics and conducting research;
- (viii) marketing services, products and other subjects (please see further details in paragraph (4) of this Statement);
- (ix) complying with the obligations, requirements and/or arrangements for disclosing and using data that bind on or apply to the Company and/or the BEA Group or that it is expected to comply according to:
 - (a) any law binding or applying to it within or outside the Hong Kong Special Administrative Region (“Hong Kong”) existing currently and in the future (e.g. the Inland Revenue Ordinance and its provisions including those concerning automatic exchange of financial account information);
 - (b) any guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of insurance or financial services providers within or outside Hong Kong existing currently and in the future (e.g. guidelines or guidance given or issued by the Inland Revenue Department including those concerning automatic exchange of financial account information); or
 - (c) any present or future contractual or other commitment with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of insurance or financial services providers that is assumed by or imposed on the Company or the BEA Group by reason of its financial, commercial, business or other interests or activities in or related to the jurisdiction of the relevant local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations;
- (x) complying with any obligations, requirements, policies, procedures, measures or arrangements for sharing data and information within the BEA Group and/or any other use of data and information in accordance with any group-wide programs for compliance with sanctions or prevention or detection of money laundering, terrorist financing or other unlawful activities;
- (xi) enabling an actual or proposed assignee, transferee, participant or sub-participant of the Company's rights or business to evaluate the transaction intended to be the subject of the assignment, transfer, participation or sub-participation; and
- (xii) any other purposes relating to the purposes listed above.

(3) TRANSFER OF PERSONAL DATA

Personal data held by the Company relating to you will be kept confidential but the Company may provide such data to the following parties for the purposes set out in paragraph (2) of this Statement:-

- (i) any agent, contractor or third party service provider who provides services to the Company in connection with the operation of its business including administrative, telecommunications, computer, payment, data processing, storage, investigation and debt collection services as well as other services incidental to the provision of insurance products and services by the Company (such as insurance adjusters, claim investigators, debt collection agencies, data processing companies and professional advisors);
- (ii) any other person or entity under a duty of confidentiality to the Company or the BEA Group including a member of the BEA Group which has undertaken to keep such data confidential;
- (iii) reinsurance companies with whom the Company has or proposes to have dealings;
- (iv) any person or entity to whom the Company or the BEA Group is under an obligation or otherwise required to make disclosure under the requirements of any

law or rules, regulations, codes of practice, guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of insurance or financial services providers binding on or applying to the Company or the BEA Group or with which the Company or the BEA Group is expected to comply, or any disclosure pursuant to any contractual or other commitment of the Company or the BEA Group with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of insurance or financial services providers, all of which may be within or outside Hong Kong and may be existing currently and in the future;

- (v) any actual or proposed assignee, transferee, participant or sub-participant of the Company's rights or business;
- (vi) third party reward, loyalty, co-branding and privileges program providers;
- (vii) co-branding partners of the Company and/or any member of the BEA Group (the names of such co-branding partners can be found in the application form(s) and/or promotional material for the relevant services and products, as the case may be);
- (viii) external service providers (including but not limited to mailing houses, telecommunication companies, telemarketing and direct sales agents, call centres, data processing companies and information technology companies) that the Company engages for the purposes set out in paragraph (2)(viii) of this Statement; and
- (ix) the following persons who carry out any of the purposes described in paragraphs (2)(i)-(2)(iii) of this Statement: insurance adjusters, agents and brokers, employers, health care professionals, hospitals, accountants, financial advisors, solicitors, organisations that consolidate claims and underwriting information for the insurance industry, fraud prevention organisations, other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information.

Such information may be transferred to a place outside Hong Kong.

(4) USE OF PERSONAL DATA IN DIRECT MARKETING

The Company may use your personal data in direct marketing. Save in the circumstances exempted in the Ordinance, the Company cannot so use your personal data without your consent (which includes an indication of no objection). In this connection, please note that:

- (i) the name, contact details, products and services portfolio information, transaction pattern and behavior, financial background and demographic data of you held by the Company from time to time may be used by the Company in direct marketing;
- (ii) the following services, products and subjects may be marketed:
 - (a) insurance, financial, banking and related services and products;
 - (b) reward, loyalty or privileges programs and related services and products; and
 - (c) services and products offered by the co-branding partners of the Company and/or any member of the BEA Group (the names of such co-branding partners can be found in the application form(s) and/or promotional material for the relevant services and products, as the case may be);
- (iii) the above services, products and subjects may be provided by the Company and/or:
 - (a) any member of the BEA Group;
 - (b) third party reward, loyalty, co-branding or privileges program providers; and/or
 - (c) co-branding partners of the Company and/or any member of the BEA Group (the names of such co-branding partners can be found in the application form(s) and/or promotional material for the relevant services and products, as the case may be).

If you do not wish the Company to use your personal data in direct marketing as described above, you may exercise your opt-out right by notifying the Company. You may write to the Corporate Data Protection Officer of the Company at the address or fax number provided in paragraph (5) of this Statement, or provide the Company with your opt-out choice in the relevant application form (if applicable).

(5) DATA ACCESS AND CORRECTION RIGHT

In accordance with the Ordinance, you have the right to check whether the Company holds personal data about you and to require the Company to provide a copy of such data (data access right) and to correct the data which is inaccurate. Such requests can be made in writing to the Corporate Data Protection Officer of the Company at the following address or fax number:

The Corporate Data Protection Officer
BEA Life Limited
29th Floor, BEA Tower, Millennium City 5,
418 Kwun Tong Road,
Kwun Tong, Kowloon
Hong Kong
Fax : (852) 3608 2433

According to the Ordinance, the Company has the right to charge a reasonable fee for the processing of any data access request.

- (6) You also have the right, by writing to the Company's Corporate Data Protection Officer at the address or fax number provided in paragraph (5) of this Statement, to request for the Company's policies and practices in relation to personal data and to be informed of the kinds of personal data held by the Company.
- (7) The Company keeps your personal data only for a period reasonably necessary for any of the above purposes or as prescribed by the applicable laws or regulations.
- (8) Should you have any query with this Statement, please do not hesitate to contact our Customer Service Hotline at 3608 2928.
- (9) Nothing in this Statement shall limit the rights of the customers under the Ordinance.
- (10) The Company retains the right to change this Statement.

*Issued by BEA Life Limited, a member of the BEA Group
(201906)*

個人資料（私隱）條例 — 收集個人資料聲明（「本聲明」）

東亞人壽保險有限公司（「本公司」）乃東亞銀行有限公司的全資附屬公司。在本聲明內，東亞銀行有限公司連同其附屬公司及聯營公司將統稱為「東亞銀行集團」。

為依從個人資料（私隱）條例（「條例」），本公司特此通知閣下以下事項：

(1) 在申請及接受保險產品及服務時，及當本公司提供與保險產品及服務相關之其他服務時，閣下有需要不時向本公司提供個人資料。若閣下未能提供該等資料，可能會令本公司無法處理閣下的保險申請或向閣下提供或繼續提供保險產品及服務及／或其他相關服務。本公司亦可能會在日常業務運作的過程中向閣下收集資料，例如當閣下向本公司提出保險索償或當在一般情況下以口頭或書面形式與本公司溝通。

(2) 個人資料收集目的

本公司所存下或收集的關於閣下的個人資料（包括但不限於信用資料和以往申索紀錄）可能會用作下列用途：

- (i) 處理保險產品及服務的申請；
- (ii) 為閣下提供保險產品及服務及處理閣下就本公司的保險產品及服務提出的要求，包括但不限於要求增加、更改或刪除保障項目或受保成員，訂立直接付款安排及保單取消、更新或復效申請；
- (iii) 處理、判定、結清保險索償及就索償抗辯，包括進行任何附帶調查，偵測和防止欺詐行為（無論是否與就此申請而發出的保單有關）；
- (iv) 執行與所提供的保險產品及服務相關的功能及活動，如核實身份、資料核對及再保險之安排；
- (v) 行使本公司因不時向閣下提供保險產品及服務而享有的權利，例如向閣下追討欠款；
- (vi) 設計保險產品及服務以提升本公司的服務質素；
- (vii) 製作數據及進行研究；
- (viii) 營銷服務、產品及其他標的（詳情請參閱本聲明第(4)段）；
- (ix) 履行根據下列對本公司及／或東亞銀行集團具有約束力或適用或期望其遵守的就披露及使用資料的義務、規定及／或安排：
 - (a) 不論於香港特別行政區（「香港」）境內或境外及不論目前或將來存在的對其具法律約束力或適用的任何法律（例如稅務條例及當中的條款，包括與自動交換財務帳戶資料相關的條款）；或
 - (b) 不論於香港境內或境外及不論目前或將來存在的任何法律、監管、政府、稅務、執法或其他機關，或保險或金融服務供應商的自律監管或行業組織或協會所作出或發出的任何指引或指導（例如稅務局作出或發出的指引或指導，包括與自動交換財務帳戶資料相關的指引或指導）；或
 - (c) 本公司或東亞銀行集團因其位於或跟相關本地或外地的法律、監管、政府、稅務、執法或其他機關，或保險或金融服務供應商的自律監管或行業組織或協會的司法管轄區有關的金融、商業、業務或其他利益或活動，而向該等本地或外地的法律、監管、政府、稅務、執法或其他機關，或有關的自律監管或行業組織或協會承擔或被彼等施加的任何目前或將來的合約或其他承諾；
- (x) 遵守東亞銀行集團為符合制裁或預防或偵測清洗黑錢、恐怖分子融資活動或其他非法活動的任何方案就於東亞銀行集團內共用資料及資訊及／或資料及資訊的任何其他使用而指定的任何義務、要求、政策、程序、措施或安排；
- (xi) 允許本公司的權益或業務的實際或建議承讓人、受讓人、參與人或附屬參與人，就擬涉及的轉讓、出讓、參與或附屬參與的交易進行評估；及
- (xii) 與上述有關的其他用途。

(3) 個人資料的轉移

存於本公司的個人資料將會保密，但本公司可能會向以下各方透露該等資料作本聲明第(2)段所列出的用途：

- (i) 任何代理人、承包人或就本公司之業務運作，包括行政、電訊、電腦、付款、資料處理、儲存、調查和收數服務，或就與保險產品及服務相關之其他服務，向本公司提供服務的第三方服務供應商（如保險理算人、理賠調查員、收數公司、資料處理公司及專業顧問）；
- (ii) 任何對本公司或東亞銀行集團負有保密責任的其他人士，包括承諾保密該等資料的東亞銀行集團任何成員公司；
- (iii) 與本公司有或將有商業往來的再保險公司；
- (iv) 本公司或東亞銀行集團為遵守任何法律規定，或根據法律、監管、政府、稅務、執法或其他機關，或保險或金融服務供應商的自律監管或行業組織或協會所作出或發出對本公司或東亞銀行集團具有約束力或適用或期望其遵守的規則、規例、實務守則、指引或指導，或根據本公司或東亞銀行集團向本地或外地的法律、監管、政府、稅務、執法或其他機關，或保險或金融服務供應商的自律監管或行業組織或協會的任何合約或其他承諾（以

上不論於香港境內或境外及不論目前或將來存在的），而有義務或以其他方式被要求向其作出披露的任何人士或機構；

- (v) 本公司的權益或業務的任何實際或建議承讓人、受讓人、參與人或附屬參與人；
- (vi) 第三方獎賞、客戶或會員、品牌合作及優惠計劃供應商；
- (vii) 本公司及／或東亞銀行集團任何成員公司的品牌合作夥伴（該等品牌合作夥伴的名稱會在有關服務和產品的申請表格及／或宣傳資料上列明）；
- (viii) 本公司為就本聲明第(2)(viii)段所列明的用途而聘用的外判服務供應商（包括但不限於郵寄公司、電訊公司、電話銷售和直接促銷代理、電話服務中心、數據處理公司和資訊科技公司）；及
- (ix) 為履行任何本聲明第(2)(i)-(2)(iii)段所列明的用途的以下人士：保險理算人、代理和經紀；僱主；醫護專業人士；醫院；會計師；財務顧問；律師；整合保險業申索和承保資料的組織；防欺詐組織；其他保險公司（無論是直接地，或是通過防欺詐組織或本段中指名的其他人士）；警察；和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其運營者）。

該等資料可能被轉移至香港境外。

(4) 在直接促銷中使用個人資料

本公司可能把閣下的個人資料用於直接促銷，除非本公司已取得閣下的同意（包括表示不反對），否則本公司並不可以如此使用閣下的個人資料，但條例所指明的豁免情況除外。就此，請注意：

- (i) 本公司可能把本公司不時持有閣下的姓名、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用於直接促銷；
- (ii) 本公司可能就下列服務、產品及促銷標的進行促銷：
 - (a) 保險、財務、銀行及相關服務及產品；
 - (b) 獎賞、客戶或會員或優惠計劃及相關服務及產品；及
 - (c) 本公司及／或東亞銀行集團任何成員公司的品牌合作夥伴提供之服務及產品（該等品牌合作夥伴的名稱會在有關服務和產品的申請表格及／或宣傳資料上列明）；
- (iii) 上述服務、產品及促銷標的可能由本公司及／或下列各方提供：
 - (a) 東亞銀行集團任何成員公司；
 - (b) 第三方獎賞、客戶或會員、品牌合作或優惠計劃供應商；及／或
 - (c) 本公司及／或東亞銀行集團任何成員公司之品牌合作夥伴（該等品牌合作夥伴的名稱會在有關服務和產品的申請表格及／或宣傳資料上列明）。

如閣下不希望本公司使用閣下的資料作上述直接促銷用途，閣下可通知本公司行使閣下的選擇權拒絕促銷。閣下可根據本聲明第(5)段所提供的聯絡方法以書面向本公司的個人資料保障主任提出有關要求，或於有關的申請表格內向本公司表達閣下拒絕促銷的意願（如適用）。

(5) 查閱及改正資料權利

根據條例規定，閣下有權查詢本公司是否持有閣下的個人資料及要求索取該等資料的複本（查閱資料要求），並要求本公司就不準確的資料作出改正。閣下如欲行使有關權利，請以書面經以下聯絡方法向本公司的個人資料保障主任提出：

香港九龍觀塘道 418 號創紀之城 5 期東亞銀行中心 29 樓

東亞人壽保險有限公司

個人資料保障主任

傳真：(852) 3608 2433

根據條例，本公司有權就辦理任何查閱資料要求收取合理費用。

- (6) 閣下亦有權根據本聲明第(5)段所提供的聯絡方法向本公司的個人資料保障主任索取本公司有關個人資料私隱的政策及實務，並獲告知本公司持有的個人資料的種類。
- (7) 本公司只會根據上述任何用途上的合理需要或適用法例或規例規定的期間保存閣下的個人資料。
- (8) 如閣下對本聲明有任何疑問，請致電本公司的客戶服務熱線 3608 2928。
- (9) 本聲明不會限制客戶在條例下所享有的權利。
- (10) 本公司保留修改本聲明的權利。

由東亞銀行集團成員—東亞人壽保險有限公司發出
(201906)

Guidelines of other Policy Alteration/Services Requests 其他保單更改／服務指引

Type of Request 申請類別	Required Form and/or documents 所須申請書及／或文件 (Please refer to relevant Form for detail requirements 詳細要求請參考相關申請書)
Collateral Assignment 抵押性轉讓／ Release of Collateral Assignment 解除保單抵押性轉讓	- Collateral Assignment Form 保單抵押性轉讓申請書
Dividend/Bonus Withdrawal 提取紅利／花紅	- Policy Value Withdrawal Form 保單提款申請書
Duplicate Policy Contract 保單合約複製本	- Loss Policy Declaration 保單遺失聲明 - Payment of Administration Fee of HK\$100 繳付港幣100元手續費
Ownership Change 更改保單權益人	- Transfer of Policy Ownership Form 保單權益轉讓申請表 - Certified copy of the Identification / Business Registration (for corporate) document(s) of new Policy Owner 新保單權益人的身份證明文件／商業登記證（適用於公司）的認證副本
Policy Loan 保單貸款	- Policy Value Withdrawal Form 保單提款申請書
Policy Loan Repayment 償還保單貸款	- Outstanding Policy Loan Quotation 未償還保單貸款報價查詢 - Payment of outstanding policy loan 償還保單貸款
Policy Surrender 保單退保	- Policy Surrender Form 保單退保申請書 - Policy Contract 保單正本 - Identification Document Copy 身份證證明文件副本
Premium Prepayment Fund and Prepaid Levy Option 預繳保費基金及預繳徵費選擇	- Instruction on Premium Prepayment Fund and Prepaid Levy Option 預繳保費基金及預繳徵費選擇指示 - Payment of minimum 2 years annual premium and the relevant levy 最少繳付兩年保費及其保費徵費
Premium Prepayment Fund Withdrawal 提取預繳保費基金	- Policy Value Withdrawal Form 保單提款申請書
Premium Resumption 恢復繳付保費	- Outstanding Policy Loan Quotation if there is outstanding loan amount 未償還保單貸款報價查詢如有未償還貸款 - Payment of the total amount required for premium resumption and policy loan repayment (if applicable) 繳交恢復繳付保費所需的總金額及償還保單貸款(如適用)
Reinstatement 保單復效	- Reinstatement Application Form (Reinstatement Quotation) 保單復效申請表（保單復效報價查詢） - Declaration of Health Questionnaire 健康近況聲明問卷 - Payment of the reinstatement amount 繳交保單復效金額
Unemployment Benefit 失業保障	(Applicable to policy with relevant provision only 只適用於保單附有相關條款) - State the application of Unemployment Benefit under section II - "Others" of this Form with Effective Date 於本申請表第二部分 - "其他" 寫上申請失業保障及生效日期 - Proof of involuntary unemployment e.g. Company letter or documents from Labour Department 認可之非自願失業書面證明，例如公司或勞工署發出的信件或文件
Requests related to Investment-Linked Insurance 與投資相連保單有關的申請	
Addition of Top-up Premium 增加額外投資保費	- Investment-Linked Policy Service Form 投資相連保單服務申請書 - Risk Profile Questionnaire (For Individual Customer) 風險承擔能力問卷(適用於個人客戶) - Important Facts Statement and Policy Owner's Declarations - Investment-Linked Assurance Scheme ("ILAS") Policy (For Top-up Premium Only) 重要資料聲明書及保單權益人聲明書 - 投資相連壽險計劃 ("投連壽險") 保單(只適用於支付額外保費) - Financial Needs Analysis ("FNA") Form (For top-up premium of Prosperity Link Insurance) 財務需要分析表格(只適用於「富薈寶」保險計劃繳付額外保費) - Top-up premium deposit 額外保費存款
Change of Allocation of Future Regular Premium 更改日後的定期保費分配	- Investment-Linked Policy Service Form 投資相連保單服務申請書 - Risk Profile Questionnaire (For Individual Customer) 風險承擔能力問卷(適用於個人客戶)
Switching 組合轉換	- Investment-Linked Policy Service Form 投資相連保單服務申請書 - Risk Profile Questionnaire (For Individual Customer) 風險承擔能力問卷(適用於個人客戶)
Partial Withdrawal 部分提取	- Investment-Linked Policy Service Form 投資相連保單服務申請書
Reduction of Regular Premium 減低定期保費	- Investment-Linked Policy Service Form 投資相連保單服務申請書
Premium Holiday 保費假期 Cessation of Premium Holiday and resumption of premium payment 終止保費假期及恢復繳付保費	- Investment-Linked Policy Service Form 投資相連保單服務申請書