

## Request for Policy Change

保單更改申請



Policy Number

保單號碼

Name of Policy Owner

保單主權人姓名



### My Sun Life HK Mobile App 流動應用程式

Manage your policy at your fingertips 24/7  
保單管理 隨時一觸實現



View coverages

查閱保障額



Manage your funds

管理基金



Submit claims

電子索償



Premium due alerts

接收繳費提示



Change personal details

更改個人資料



View policy contract & statements

查閱保單合約及週年報告



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My Sun Life HK

Request is hereby made to the Company to change the below item(s) regarding the above policy:

With effect from 1 January 2018, levy collected by the Insurance Authority has been imposed on relevant policy at the applicable rate. For further information, please visit our company website ([www.sunlife.com.hk](http://www.sunlife.com.hk)) or contact our Client Service Hotline (852) 2103 8928.

保單主權人茲向公司申請更改上述保單之資料：

由 2018 年 1 月 1 日起，保險業監管局收取本保單的保費徵費已按照適用的徵費率徵收。更多有關保費徵費資料，請瀏覽本公司網頁 ([www.sunlife.com.hk](http://www.sunlife.com.hk)) 或致電客戶服務熱線 (852) 2103 8928。

According to the "Guideline on Anti-Money Laundering and Counter-Terrorist Financing" issued by the Insurance Authority, we have to ensure the client's information we retained is up-to-date. We encourage you to update us of any change in your name, nationality, occupation, nature of business, residential address or source of fund timely. You may complete relevant forms which can be downloaded from our website ([www.sunlife.com.hk](http://www.sunlife.com.hk)). Please feel free to contact your consultant or our Client Services if you have any inquiries or need any assistance.

根據保險業監管局發出的「打擊洗錢及恐怖分子資金籌集指引」，我們需確保客戶提供予我們的紀錄仍然正確。所以我們鼓勵您不時更新您所提供的資料包括姓名、國家、職業、業務性質、居住地址或資金來源。您可以於本公司網頁 ([www.sunlife.com.hk](http://www.sunlife.com.hk)) 下載有關表格。如有任何疑問或需要協助，歡迎致電客戶服務部或聯絡您的顧問。

Please "✓" the option for the applicable changes. 請「✓」需要更改之選項。

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#### Dividend Option 紅利運用方式

- Accumulation with Interest 積存生息
- Cash 現金
- Paid-up Additions 紅利繳清壽險
- Premium Reduction / Payment (The payment mode and method will be defaulted as "Annual" and "Direct Billing" after the change is in effect)  
繳付到期保費 (當更改生效後，付款形式及繳費辦法會設定為年繳及通知繳付)

Please refer to the Required Items on P.5 to process your request

請參閱第 5 頁之所需項目以便我們處理您的申請

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#### Coupon Option 花紅運用方式

- Accumulation with Interest 積存生息
- Cash 現金

Please refer to the Required Items on P.5 to process your request

請參閱第5頁之所需項目以便我們處理您的申請

2021.03



/RC3

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### Premium Offset / Self Financing 紅利繳交保費 / 紅利對減保費

1. **The dividend and coupon balance must be enough to cover the coming 2 years of premium.**  
積存之紅利及花紅須足夠繳付未來兩年保費。
2. **The dividend and coupon option will be defaulted as "Accumulation with interest" and the premium will be paid annually after the change is in effect.**  
當更改生效後，紅利及花紅運用方式將自動更改為「積存生息」及付款形式為年繳。

**To apply for Premium Offset / Self Financing**  
申請紅利繳交保費 / 紅利對減保費

**To withdraw from Premium Offset / Self Financing (only applicable if policy paid by Premium Offset/ Self Financing for 2 years of premium)**  
取消紅利繳交保費 / 紅利對減保費 (只適用於已透過紅利繳交保費 / 紅利對減保費繳付兩年保費的保單) 的保單

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### Premium Deposit Fund (PDF) 保費儲蓄基金

1. **This request should be submitted within 1 month before policy anniversary date and the deposit should be enough to cover coming 2 years of premium.**  
此申請須在保單周年日前 1 個月內提出，而該存款須最少可繳付未來兩年保費。
2. **The payment mode will be defaulted as "Annual" after the change is in effect.**  
當更改生效後，付款形式會設定為年繳。
3. **The premium due will deducted on the Premium Due Date.**  
保費會在保費到期日扣取。
4. **Interest rate of PDF is not guaranteed and subject to change without prior notice.**  
保費儲蓄基金的利率並非保證，如有更改，公司不會另行通知。
5. **Partial withdrawal of PDF is not accepted and withdrawal is subject to surcharge.**  
保費儲蓄基金不可作部分提取，而公司將就提取款項收取額外費用。
6. **Policy Owner is subject to pay levy for prepaid amount.**  
保單持有人需要就此預繳繳付徵費。

Number of pre-paid years  
預繳年期

Please contact your financial consultant or our Client Service Hotline (852) 2103 8928 to obtain the total amount payable  
如欲查詢應繳總額，請聯絡閣下之理財顧問或客戶服務熱線 (852) 2103 8928

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### Change of Payment Mode & Method 更改付款形式及繳費辦法

Payment Mode 付款形式

**Annual**  
每年

**Semi-Annual (For Traditional policy only)**  
半年繳 (只限傳統壽險保單)

**Monthly (by Autopay only)**  
每月 (只能以自動轉賬繳費)

Payment Method 繳費辦法

**Direct Billing**  
通知繳付

**Autopay by Bank Account**  
自動轉賬繳費

**Autopay by Sun Life Card**  
永明金融信用咭自動轉賬

For bank account or credit card for Autopay case, please submit the "Direct Debit Authorisation"  
如欲透過銀行或信用卡自動轉賬，請提交「直接付款授權書」

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### Change of Non-Forfeiture Option 更改不能作廢權益

1. **All benefits / riders will be cancelled automatically.** 所有附加保障將會自動取消。
  - Fully Paid-Up** 繳清長期壽險 (Face amount remains unchanged 保障額維持不變)
  - Reduced Paid-Up** 減額繳清壽險 (Face amount will be reduced 保障額將會減少)
  - Paid-Up Term** 繳清定期壽險 / **Extended Term Insurance (ETI)** 展期定期壽險

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### Change of Death Benefit Option 更改身故賠償選擇

- from Face Plus to Level Face** 由保額加值改為固定保額
- from Level Face to Face Plus** 由固定保額改為保額加值

Please refer to the Required Items on P.5 to process your request  
請參閱第5頁之所需項目以便我們處理您的申請

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### Lost Policy Declaration 保單遺失聲明

I/We hereby declare that I/we have lost the policy(ies) and to the best of my/our knowledge, it is not under any other person's possession. The Company is hereby requested to issue policy memorandum (setting out particulars of the policy) according to the Company's records for the policy as at this date. I/We understand that the new policy(ies) memorandum will not be a replacement for the policy(ies). I/We agree to indemnify Sun Life Financial (Hong Kong) Limited / Sun Life Hong Kong Limited against any loss that arise from any actions.

茲聲明，本人/吾等現遺失上述保單，且相信該保單亦非由其他人持有。本人/吾等現謹要求貴公司根據截至本聲明簽署日期之記錄，簽發保單備忘錄(載有本人保單簽發至今之主要內容及資料)。本人/吾等明白此保單備忘錄並不可以代替原有之保單。本人/吾等同意因此而引發任何對永明金融有限公司 / 香港永明金融有限公司帶來的損失作出彌償。

Request for Policy Memorandum 申請保單備忘錄

Request for duplicate Policy Contract 申請保單副本 (Please pay HK\$220 as handling fee. 請繳交手續費 220 港元。)

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### Change of Benefit 更改保障

**For Change to a lower premium basic plan or Addition / Increase / Upgrade of rider benefit, please complete the "Request for Policy Change (with 'Personal Certificate of Insurability')".**

如更改為較低保費的基本保險計劃或增加/提升附加保障，請填寫「保單更改申請(附「可保證明書」)」。

If you intend to reduce premium payable by policy changes in this policy in order to use it as premium payment of a new insurance policy, please approach to your licensed insurance intermediary who will assist you to understand the implications and associated risks involved as explained in "Important Facts Statement – Policy Replacement" ("IFS-PR"). You shall read through the details before making the change and return the signed IFS-PR together with the new application (if any) to us.

如閣下打算在本保單中減少應付保費以繳付新保單之保費，請聯絡閣下的持牌保險中介人，以助閣下了解「重要資料聲明書—轉保」("IFS-PR")內所述的影響和相關風險。在進行保單更改前，請閣下閱讀詳細內容，並簽署 IFS-PR 與新申請表(如有)一併遞交。

Basic Plan 基本計劃名稱

	Decrease Sum Assured / Decrease Plan Level / Increase Annual Deductible 減少保障額/減少保障級別/增 加墊底費	Please specify 請列明：
	Reduced Payment Term 減少供款期	Please specify 請列明：

Benefit / Riders 附加保障名稱

	Delete 刪除	Change 更改	New Sum Assured / Plan Level / Annual Deductible 新保障額 / 保障級別 / 墊底費
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

**SunHealth Medical Premier / SunHealth Medical Essential / SunHealth Medical Premier Rider / SunHealth Medical Essential Rider – Privilege of Reducing Annual Deductible**

永明滿心醫療保 / 永明精心醫療保 / 永明滿心醫療保附加保 / 永明精心醫療保障保附加保 - 減低每年墊底費之權益

**The privilege is only applicable within 30 days immediately before or after the Policy Anniversary on or immediately following the Insured's 50th, 55th, 60th or 65th birthday; and**

此權益只適用於在受保人50、55、60或65歲生辰當日的保單周年日(如同時是保單周年日)或緊隨其後的第一個保單周年日，有關申請須於相關的保單周年日之前或之後的三十(30)日內提出；及

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### 2. This privilege can only be exercised once per lifetime

受保人終身只能行使此權益一次

New Annual Deductible 新每年墊底費

- HKD 港元 0 / USD 美元 0  
 HKD 港元 20,000.00 / USD 美元 2,500.00  
 HKD 港元 50,000.00 / USD 美元 6,250.00

### SunHealth Medical Premier / SunHealth Medical Essential – Convertible Option

永明滿心醫療保 / 永明精心醫療保可轉換選項

1. Each basic plan/benefit can allow change **ONCE** only. 每個基本計劃/附加保障只可換選一次。
2. Under all circumstances, once this conversion is effective, the Company will not accept any request for cancellation. 於任何情況下，此更改一經生效後，公司將不接受任何取消更改的要求。

Please selected the converted Plan, Plan Level and Annual Deductible/ available option:

請選擇轉換計劃名稱，計劃級別，每年墊底費/可用選項：

- |   |   |
|---|---|
| <p><input type="checkbox"/> <b>SunHealth Medical Essential</b><br/>永明精心醫療保</p> <p><b>Plan Level</b> 計劃級別<br/>Asia 亞洲</p> <p><b>Annual Deductible</b> 每年墊底費</p> <p><input type="checkbox"/> HKD 港元0 / USD 美元0<br/><input type="checkbox"/> HKD 港元20,000.00 / USD 美元2,500.00<br/><input type="checkbox"/> HKD 港元50,000.00 / USD 美元6,250.00<br/><input type="checkbox"/> HKD 港元80,000.00 / USD 美元10,000.00</p> | <p><input type="checkbox"/> <b>SunHealth Medical Care</b><br/>永明貼心醫療保</p> <p><b>Plan Level</b> 計劃級別</p> <p><input type="checkbox"/> Plan 1 計劃一<br/><input type="checkbox"/> Plan 2 計劃二<br/><input type="checkbox"/> Plan 3 計劃三</p> <p><b>Available Option</b> 可用選項</p> <p><input type="checkbox"/> With Optional Supplementary Benefit<br/>加配自選額外保障</p> |
|---|---|

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Others /Special Instruction 其他/特別指示 ( Please specify details 請註明詳情)

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Personal Data Collection and Use 個人資料收集及使用

I/We confirm that I/We have read the Personal Information Collection Statement ("PICS") of Sun Life and understood its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in this form or otherwise). 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 PICS, including the use and provision of my/our personal data for the purpose of direct marketing subject to my/our right of objection. I/We understand that the updated version of the PICS is available in the Company website (<http://www.sunlife.com.hk>). I/We understand it is subject to change and agree that my/our information will be handled accordingly.

本人/我們確認本人/我們已閱讀永明金融個人資料收集聲明(「該聲明」)及明白該聲明對貴公司所收集或持有之本人/我們的個人資料的影響(不論是否此表格或從其他途徑所取得)。本人/我們特此確認並同意貴公司，根據該聲明使用及轉移本人/我們的個人資料，包括於本人/我們保留反對權利的情況下，在直接促銷中使用及將本人/我們的個人資料提供予其他人士。本人/我們明白該聲明的最新版本可於貴公司網頁(<http://www.sunlife.com.hk>)下載。本人/我們明白該聲明將會不時更新並同意本人/我們的個人資料將根據相關更新處理。



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## Declaration &amp; Authorization 聲明及授權

I/We confirm that, by signing below, I/We have read, fully understood and agreed to the notes stated in this form.  
本人/我們已細閱，完全明白及同意本表格的注意事項並簽署作實。

I/We hereby request that this policy be changed in accordance with the above particulars with the understanding and agreement that a copy of this request, together with any other relevant declaration/or an Endorsement shall be attached to and form a part of the said policy. I/We hereby agree that any Suicide Provision and any Incontestability Provision in the General Provisions of the policy will apply to the additional benefits added to the policy as a result of the Request, effective from the date this request is approved. Sun Life Hong Kong Limited reserves the right to amend errors made in the completion of the request form.

本人/我們在此要求保單按照上述細則更改，並同意本表格之副本，及其他有關之聲明或批註將附於保單合約內，且成為本保單合約之部份內容。本人/吾等同意保單合約一般條款內任何自殺及不可爭議條款，將適用於此更改申請中之任何新增利益，並以此更改申請獲批核之日期起生效。如於完成此表格時有任何資料錯漏，永明金融保留其更正權。

I/We hereby declare that I/We understand that it is a statutory requirement to pay Levy. Insurance Authority may take legal proceedings against policyholder in respect of any outstanding Levy as civil debt and may impose pecuniary penalty.

本人/我們謹此聲明本人/我們明白支付保費徵費是法定要求。保險業監管局可以根據相關條例，將有關的欠付款作為民事債項及向相關的保單持有人追討欠款並有機會徵收罰款。

I/We understand that this policy service request is bound by the policy provisions of the above policy.

本人/我們明白上列的保單服務指示須受上述保單的條款約束。

I/We declare that on behalf of myself/ourselves and other persons referred to in this request ("Relevant Persons") that all information in this application whether or not written by my/our own hand are to the best of my/our knowledge and belief complete and accurate. 本人/我們謹此代表本人/我們及其他在此表格提及之人士（「相關人士」）聲明及同意上述一切資料，不論是否本人/我們親手填寫，就本人/我們所知所信，均為事實之全部及並確實無訛。

I/We declare and agree that I/We have the full authority from and consent of the Relevant Persons to make the above declarations, agreements and authorizations.

本人/我們聲明及同意已獲相關人士授權及同意本人/我們作出上述聲明、協議及授權。

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## Required Items and Signature 所需項目及簽署

## The below items are required to complete your request

保單主權人需要提供以下項目以完成閣下之申請

Type of Request 申請類別	Required Items 所需項目
<b>Dividend Option</b> 紅利運用方式	<input type="checkbox"/> True copy of the Policy owner's identification proof (if not provided before) 保單主權人身份證明文件真確副本（若之前未曾提交） <input type="checkbox"/> Personal Certificate of Insurability – only applicable to option "Paid-up Additions" 可保證明書- 只適用於選項「紅利繳清壽險」
<b>Coupon Option</b> 花紅運用方式	<input type="checkbox"/> True copy of the Policy owner's identification proof (if not provided before) 保單主權人身份證明文件真確副本（若之前未曾提交）
<b>Change of Payment Mode &amp; Method</b> 更改付款形式及繳費辦法	<input type="checkbox"/> New Direct Debit Authorization for bank account or credit card – applicable to Autopay options 直接付款授權書 - 適用於透過銀行或信用卡自動轉賬
<b>Change of Death Benefit Option</b> 更改身故賠償選擇	<input type="checkbox"/> Personal Certificate of Insurability – only applicable to option "from Level Face to Face Plus" 可保證明書- 只適用於選項「由固定保額改為保額加值」
<b>Lost Policy Declaration</b> 保單遺失聲明	<input type="checkbox"/> Handling fee HK\$220 – only applicable to option "Request for duplicate Policy Contract" 手續費220港元 - 只適用於選項「申請保單副本」

<<PLEASE DO NOT SIGN A BLANK FORM 請勿在空白表格上簽署>>

Signature of Policy Owner  
保單主權人簽署

Date (DD/MM/YYYY)  
日期(日/月/年)

Signature of Assignee (if any)  
保單受讓人(如有)簽署

Please return a full set of this form within 30 days of signing 請於簽署後 30 天內提交完整的表格