

Change of Beneficiary & Trustee

更改受益人及信託人



Sun Life
永明金融

This form is **NOT** applicable to (a) the Sun Life's product under the name of Commitment; or (b) any Declaration of Trust signed under the prescribed format provided by Sun Life for juvenile policies (i.e. life insureds below the age of 18 at the time of policy issue).

此表格不適用 (a) 永明的產品「承諾保障儲蓄計劃」；或(b) 在永明提供的規格下已簽署信託之聲明的兒童保單（即受保人於保單簽發時未滿18歲）

Policy Number

保單號碼

Name of Policy Owner

保單主權人

You can now easily update your contact details. Just log on to My Sun Life HK and update your Profile. It's that simple!
您現在可以輕鬆更新您的聯繫方式。只需登錄 My Sun Life HK 並更新您的個人資料。就這麼簡單！

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
- Professional support 專業團隊支援
- Premium due notifications 繳費提示
- Update personal details 更新個人資料
- eClaims 電子索償

Scan this QR code or go to the link below to learn more
掃描此二維碼或瀏覽以下網址了解更多
sunlife.com.hk/MySunLifeapp

To ensure you can enjoy our high quality of service, we would like to invite you to update your contact details on My Sun Life HK or by completing the below section:
為確保您能享受完善的服務體驗，我們誠邀您透過 My Sun Life HK 應用程式或填寫以下部份更新您的聯絡資料

Email
電郵地址

Mobile
手提 ()

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Important Notes 重要事項

- Please complete this form by typing or in clear handwriting. Any amendments should be countersigned by the Policy Owner in full signature.
請清楚地填寫此表格。任何資料如有更改，保單主權人必須在更改的位置簽署作實。
- Sun Life Hong Kong Limited ("Sun Life") shall have the right to update this form from time to time and to accept or to reject the form if the requirements of Sun Life are not fulfilled.
香港永明金融有限公司（「永明」）有權隨時更新此表格，並接受或拒絕未符合永明要求的表格。
- Except as otherwise stated in the Policy, this change is NOT in effect until a) it is accepted and confirmed by Sun Life while the Policy(ies) is in force and b) it is accepted and confirmed by Sun Life in writing. Sun Life assumes no responsibility for the validity of any designation or declaration.
除非保單另有規定，否則此更改需於a)上述保單生效期間獲永明收到；及b)永明以書面確認及接納方為有效。對於任何指示或聲明之效力，永明將不負上任何責任。
- The use of the word(s) "estate" or "own estate" for describing a beneficiary in a beneficiary designation shall constitute an instruction to designate the latest Policy Owner as at the death of the insured to be the beneficiary. An appointment of "estate" or "own estate" to be the trustee will also constitute an instruction to appoint the latest Policy Owner as at the death of the insured to be the trustee. The word "insured" in this form refers to the person (also known as the life insured) in respect of whose death any death benefit is payable.
以 "estate" 或 "own estate" 一詞指定受益人即指定於受保人去世當時最後的保單主權人作為受益人。任命 "estate" 或 "own estate" 為信託人即指定於受保人去世當時最後的保單主權人作為信託人。本表格中受保人一詞是指會為其死亡支付身故保障的人。
- All requests of the change in this form shall be effective only to the extent permitted by law.
在本表格內的更改只在法律容許的情況下才告有效。
- Total share for each class must be 100%. The percentage should be a whole number.
相同等級的總分配百分比必須是100%。分配百分比必須為整數。
- For beneficiary designation involving a business entity, please provide the Business Registration ("BR") number of the company.
如指定受益人涉及商業實體，請提供商業實體的商業登記號碼。
- Beneficiary(s) of juvenile policy(ies) must be the Insured's parent(s), legal guardian or grandparent(s).
兒童保單之受益人須為受保人之父母、合法監護人或外／祖父母。



/COB

2020.08

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Beneficiary(ies) for Death Benefit 身故保障的受益人

I hereby provide my instructions on beneficiary designations below. 本人特此按下列指示指定新受益人。

Choosing your **Primary Beneficiary** 選擇您的**基本受益人**

The person shall receive the death benefit after the Insured's death 當在受保人去世後收到身故保障的人

If the below table is blank, existing records of Primary Beneficiary(ies) remain unchanged. 如下表為空白，現時基本受益人記錄維持不變。

Beneficiary Name 受益人姓名	Relationship to Insured 與受保人的關係	Beneficiary ID / Passport / BR Number 受益人身份證 / 護照 / 商業登記證號碼	Share 百分比	only applicable to Beneficiary under age 18 只適用於18歲以下的受益人		
				Name of Trustee 信託人名稱	Relationship to beneficiary 與受益人的關係	Trustee ID / Passport 信託人身份證 / 護照

TOTAL 合共 100%

By giving instructions in the above table for Primary Beneficiary, I/We hereby revoke all previous designation of Primary Beneficiary(ies) and appointment of trustee(s) for Primary Beneficiary(ies). Only surviving Primary Beneficiaries will be entitled to the death proceeds. If there is more than one surviving Primary Beneficiaries, they will share equally the death proceeds unless a different sharing instruction is stated above. I/We hereby declare that any trustee designated in the table above shall be appointed as trustee to receive the death benefit on behalf of the Beneficiary(ies) designated in the same row above during his/her minority. (This entry is only applicable to Beneficiary who is still a minor at the time of payment of the death benefits).

按上表中基本受益人的指示，本人／我們特此撤銷之前的基本受益人和委任之基本受益人的信託人。只有在生的基本受益人方可獲得身故賠償。除非另有說明，如基本受益人多於一人，則身故賠償將平分予各基本受益人。本人／我們特此聲明，上表中指定行列的信託人均為任命信託人，代表該指定行列內未成年的受益人領取身故賠償。（此記錄僅適用於在支付身故賠償時仍是未成年的受益人）。

(Optional item) - Choosing your **Contingent Beneficiary** (可選項目) - 選擇您的**次位受益人**

The person shall be entitled to the death proceeds if all Primary Beneficiaries cannot survive the death of the insured. 在所有基本受益人都無法於受保人去世時尚生存，此人將收到身故賠償。

If the below table is blank, existing records of Contingent Beneficiary(ies) remain unchanged. If Contingent Beneficiary(ies) is no longer required on the policy, please write 'N/A' in the table. 如下表為空白，現時次位受益人記錄維持不變。如保單不需要次位受益人，請於表格內填上「不適用」。

Beneficiary Name 受益人姓名	Relationship to Insured 與受保人的關係	Beneficiary ID / Passport / BR Number 受益人身份證 / 護照 / 商業登記證號碼	Share 百分比	only applicable to Beneficiary under age 18 只適用於18歲以下的受益人		
				Name of Trustee 信託人名稱	Relationship to beneficiary 與受益人的關係	Trustee ID / Passport 信託人身份證 / 護照

TOTAL 合共 100%

By giving the instructions in the above table for Contingent Beneficiary(ies), I/We hereby revoke all previous designation of Contingent Beneficiary(ies) and appointment of trustee(s) for Contingent Beneficiary(ies). Contingent Beneficiary(ies) will only be entitled to the death proceeds if all Primary Beneficiaries cannot survive the death of the insured. If there is more than one Contingent Beneficiaries designated above, they will share equally the entitlement (i.e. if all Primary Beneficiaries cannot survive the death of the insured) unless a different sharing instructions is stated above. I/We hereby declare that any trustee designated in the table below shall be appointed as trustee to receive the death benefit on behalf of the Beneficiary(ies) designated in the same row above during his/her minority. (This entry is only applicable to Beneficiary who is still a minor at the time of payment of the death benefits).

按上表中次位受益人的指示，本人／我們特此撤銷之前的次位受益人和委任之次位受益人的信託人。若所有基本受益人都無法在受保人身故時存，次位受益人將獲得身故賠償。除非另有說明，如次位受益人多於一人，則身故賠償將平分予各次位受益人。本人／我們特此聲明，上表中指定行列的信託人均為任命信託人，代表該指定行列內未成年的受益人領取身故賠償。（此記錄僅適用於在支付身故賠償時仍是未成年的受益人）。

Only applicable to a policy with a standard Trust Declaration provision* attached at the time of policy issue 只適用於在簽發時附有標準《信託聲明》*保單

I/We hereby apply for the removal and revocation of the Trust Declaration provision. 本人／我們特此申請刪除及撤銷《信託聲明》條款。

I/We hereby appoint and authorize the person name below to act as trustee (under Trust Declaration provision) and to receive any payments on behalf of the beneficiary(ies). 本人／我們特此任命並授權以下人士作為信託人(於信託聲明下) 並代表受益人收取任何款項。

Full Name of Trustee
信託人名稱 _____

Trustee ID / Passport
信託人身份證 / 護照 _____

Relationship to Insured
與受保人的關係

Spouse 配偶 Child 兒女 Parent 父母
 Others (please specified)
其他 (請列明) _____

* Only applicable to certain insurance policies issued before 2007. Under the Trust Declaration provision, the Policy owner or his/her legal personal representative shall be the trustee for any death benefits payable if there is no trustee appointed by the Policy owner. Any death benefits payable might be paid by the Company to the Policy owner or his/her legal personal representative to be held upon trust for the beneficiaries according to such provision. For the avoidance of doubt, clients are expected to provide specific instructions in this section.

* 僅適用於2007年之前簽發的某些保單。根據《信託聲明》條款的規定，如保單主權人並無任命信託人，則保單主權人或其合法的遺產代理人將成為身故賠償的信託人。公司有可能按該條款將應付的身故賠償支付予保單主權人或其合法的遺產代理人以信託形式代表受益人處理。客戶應在本部分提供明確指示以消除疑問。

2 Special Instruction 特別指示

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

I/We understand and consent that, any personal data collected by Sun Life Hong Kong Limited (Incorporated in Bermuda with limited liability) ("Sun Life") (whether collected in this form or otherwise) may be used by Sun Life for the following purposes: (i) processing and evaluating insurance applications and/or any other applications for financial services; (ii) administering and providing services in relation to insurance or financial products; (iii) processing, investigating and settling insurance claims and detecting and preventing fraud (whether or not relating to the policy issued by the Company); (iv) conducting customer surveys; (v) researching and designing financial, insurance or pensions products for clients' use; (vi) selecting and participating in reward, loyalty or privileges program and related service; (vii) contacting clients for the above purposes; (viii) purposes which are directly related to the above purposes; and (ix) complying with applicable laws, regulation or court order or obligation or requirement under an agreement, or other commitment, between Sun Life or any entity within the Sun Life Group and the regulator or government in any jurisdiction (in relation to money laundering, terrorist financing and tax evasion or otherwise) to which Sun Life and its related companies are subject to.

Sun Life may also use my/our contact details, demographic information and policy details to contact me/us with marketing information regarding Sun Life and third party pensions, financial and insurance products, including by phone calls, mail, email, SMS or any type of electronic message. Sun Life may not use my/our data for direct marketing unless Sun Life have received my/our consent (which includes an indication of no objection). I/We know I/we can tick the box below if I/we do not consent to receive direct marketing information.

Sun Life may disclose my/our personal data for any of the above purposes: (a) to third parties who provide services in Hong Kong or elsewhere which assist the Company to carry out the above purposes, including claims investigators, insurance adjusters, medical advisors, health care professionals, medical service providers, hospitals, emergency assistance service providers, reinsurers, accountants, solicitors and professional financial advisors; (b) to banks for payment purposes; (c) to insurance brokers who are representing the policy owners or clients directly or indirectly; (d) to the Company's insurance agents and MPF intermediaries; (e) to the Company's related companies (as defined in the Companies Ordinance) including pensions services provider, financial services companies and insurance companies; (f) to the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members; (g) to the policy owner / employers of an insured employee under a group product; (h) to any third party service provider appointed by the policy owner who provides administrative services for the policy owner; (i) to organisations that consolidate claims and underwriting information for the insurance industry; (j) to fraud prevention organisations; (k) to other insurance companies (whether directly or through fraud prevention organisations 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; (l) to any person to whom the Company or its related companies (inside or outside Hong Kong) are under an obligation to make disclosure under the requirements of any law, regulation or court order binding on or applying to or to which the Company or its related companies (inside or outside Hong Kong) are subject to, or under and for the purposes of any guidelines issued by regulatory or other authorities with which the Company or its related companies (inside or outside Hong Kong) are expected to comply; and (m) as otherwise required or permitted by law.

If third party personal information is supplied to the Company by the clients, clients' service providers, claimants or applicants for services, such clients, service providers, claimants or applicants must inform these third parties about this personal information collection statement before they collect their information and supply it to the Company.

I/We understand that it is voluntary for me/us to supply the information, but failure to provide the requested personal data may mean Sun Life is unable to process my/our application or continue to provide services to me/us. I/We have the right to seek access to and request correction of any personal data Sun Life holds about me/us by sending a written request to The Manager, Client Service Centre, Sun Life Hong Kong Limited, G/F, Tower B, Cheung Kei Center, 18 Hung Luen Road, Hungghom, Kowloon, Hong Kong. Sun Life may charge a reasonable fee for the processing of any such requests.

"Sun Life Group" means Sun Life together with its subsidiaries, subsidiary undertakings and associated companies (whether direct or indirect) from time to time.

Please tick here to reject receiving marketing information from Sun Life.

本人 / 吾等明白及同意香港永明金融有限公司 (於百慕達註冊成立之有限責任公司) (「永明」) 可以將其所收集的任何個人資料 (不論由此表格所收集或由其他途徑取得) 作以下用途: (i) 處理及評估申請及/或任何其他金融服務申請; (ii) 管理並提供與保險及/或金融產品相關服務; (iii) 處理、調查和結清保險索償個案、以及偵測和防止欺詐行為 (無論是否與公司發出的保單有關); (iv) 進行客戶調查; (v) 為客戶研究及設計金融、保險或退休金產品; (vi) 甄選及參與獎賞、忠實或特選客戶計劃; (vii) 因上述目的與客戶聯絡; (viii) 與上述目的直接有關的任何其他目的; 及 (ix) 為遵守適用的法例、法規、法庭命令或永明或永明集團內任何實體與任何管轄區域的監管機構或政府之間的協議項下的義務或要求或其他承諾 (其相關於洗黑錢、恐怖分子資金籌集、逃稅或其他)。

永明亦可使用本人/吾等的聯絡資料, 基本個人資料及保單資料, 就永明及第三方的退休金、金融及保險產品的推廣資訊, 以包括電話、郵件、電郵、電話短訊或任何電子信息等方法聯絡本人/吾等。除非得到本人/吾等之同意 (包括表示不反對), 否則永明不可使用本人/吾等之資料為該用途。本人/吾等明白若本人/吾等不同意接受此等推廣資訊, 可於下列方格內填上別號。

永明可為以上任何目的披露本人/吾等的個人資料予: (a) 為協助公司就上述用途 (不論在香港或其他地方) 而提供服務的第三方, 包括索償調查員、保險理算人、醫療顧問、醫護專業人士、醫療服務提供者、醫院、緊急支援服務供應商、再保險公司、會計師、律師、專業理財顧問; (b) 銀行作繳款用途; (c) 直接或間接代表保單持有人或客戶的保險經紀; (d) 公司的保險代理人及強積金中介人; (e) 公司的關連公司 (根據公司條例訂明) 包括退休金服務提供者、金融服務機構及其他保險公司; (f) 香港保險業聯會 (或任何相似的保險公司協會) 及其會員; (g) 團體產品的保單持有人 / 受保僱員之僱主; (h) 由保單持有人指定及提供行政服務給保單持有人的第三方服務供應商; (i) 整合保險業索償和承保資料的組織; (j) 防欺詐組織; (k) 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定的其他人士)、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); (l) 公司及及其關連公司 (不論在香港與否) 為遵守監管當局或其他機構發出之指引或其就法例、法規或法庭頒令所約束或規定之責任而需向其作出披露的任何人士; 及 (m) 按法例要求或准許的其他人士。

假如第三方個人資料是由客戶、客戶的服務供應商、索償人或申請人提供給公司, 該客戶、服務供應商、索償人或申請人必須在收集這些資料前, 將此《個人資料收集聲明》告知有關的第三方才把資料提供給公司。

本人/吾等明白本人/吾等提供個人資料均屬自願, 然而倘若未能提供所需個人資料, 可導致永明無法處理本人/吾等的申請或繼續提供服務予本人/吾等。本人/吾等有權查閱及要求更正永明持有有關本人/吾等的個人資料, 有關要求可以書面形式郵寄至香港九龍紅磡紅鸞道18號祥祺中心B座地下香港永明金融有限公司客戶服務中心經理。永明可就處理任何該等要求收取合理費用。

*「永明集團」指永明及其不時之附屬公司、附屬企業和相聯公司 (無論是直接的還是間接的)。

若不同意收取由永明發出的推廣資訊, 請於方格內填上別號。

4 Signature 簽署

<<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)
受讓人簽署 (如有)

Signature of EXISTING
Irrevocable Beneficiary (if any)
現時不可撤換受益人 (如有)

Signature of NEW Irrevocable
Beneficiary (if any)
新不可撤換受益人 (如有)

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