

Change of Beneficiary

更改受益人



Sun Life
永明金融

For change for "Commitment", please complete "Request for Policy Change – Commitment"

如欲更改「承諾保障儲蓄計劃」，請使用「保單更改—承諾保障儲蓄計劃」。

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:
為確保您能享受完備的服務體驗，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 endorsed by the 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。
- Change of Beneficiary designation is not applicable to juvenile policies with Declaration of Trust.
更改受益人不適用於已簽署信託之聲明的兒童保單。
- 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。
- MUST state Beneficiary Type and identification no. of the Beneficiary(s), and their relationship to Insured. Otherwise, the change may not be accepted. If Beneficiary(ies) named is an organization / company, please provide the Business Registration number.
必須註明受益人類別及填寫受益人之身份證明文件號碼及與受保人關係，否則此更改可能不被接納。如受益人為團體／公司，請填寫該團體／公司之商業登記號碼。
- 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 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。
- 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 by the way of letter. All prior Beneficiary designation and Trustee appointment will by then be superseded by the newly appointed Beneficiary and Trustee (if applicable) as completed on this form, unless otherwise specified. Sun Life assumes no responsibility for the validity of any designation or declaration.
此更改需於a)上述保單生效期間獲永明收到；及b)永明以信函確認及接納方為有效。除非另有說明，在此之前設立之受益人及信託人隨即被撤銷並由由本表格中填寫的新任命的受益人和受託人（如適用）取代。對於任何指示或聲明之效力，永明將不負上任何責任。
- A beneficiary designation of either "estate" or "own estate" will constitute an instruction to designate the Policy Owner as at the death of the Insured to receive the relevant death benefit payable.
指定 estate 或 own estate 作為受益人將構成對公司的指示，指定於受保人去世時之保單主權人收取有關及須繳付的身故賠償。
- 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。

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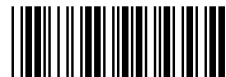
Beneficiary(ies) 受益人

The total share (%) of primary Beneficiaries and contingent Beneficiaries must equal 100% respectively. The percentage must be a whole number.
基本受益人及次位受益人的分配百分比總和分別須等於100%，而且分配百分比必須為整數。

Beneficiary Type (☐) 受益人類別 (☐)		Beneficiary Name 受益人姓名	HKID /Passport / BR Number 香港身份證/護照 /商業登記證號碼	Relationship to Insured 與受保人的關係	Share (%) 百分比	only applicable to Beneficiary under age 18只適用於18歲以下的受益人		
Primary 基本	Contingent 次位					Full Name of Trustee 信託人名稱	ID / Passport No. of Trustee信託人身份 證 / 護照號碼	Relationship with beneficiary 與受益人的關係
<input checked="" type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							

2019.12

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Special Instruction 特別指示

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

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 so use my/our data 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 such 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 Sun Life to carry out the above purposes, including claims investigators, medical advisors, medical service providers, emergency assistance service providers, reinsurers and professional advisors (provided that such contractors are required to keep all such personal data confidential and may only use the personal data to provide those services); (b) to my/our bank for payment purposes; (c) to my/our licensed insurance broker (if any); (d) to Sun Life's licensed insurance agencies and MPF intermediaries; (e) to Sun Life's related companies (as defined in the Companies Ordinance) including pensions services provider, insurance companies and financial services companies; (f) to the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members; (g) to any person or authority to whom Sun Life and its related companies are required to make disclosure to as a result of applicable law, regulation, regulatory guidance, 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, terrorism and tax evasion or otherwise) that Sun Life and its related companies are subject to or required to comply with (of Hong Kong or any other countries) and (h) as otherwise required or permitted by law.

Sun Life may also use and disclose my/our personal data in other ways with my/our consent or as otherwise required or permitted by law. I/We understand that the information I/we give is voluntary, 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, Hunghom, 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(「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) 處理及評估本人/吾等的此項申請及任何其他申請; (ii) 管理本人/吾等所持有的本項及其他產品, 並提供相關服務; (iii) 處理及調查索償個案; (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) 為本人/吾等甄選及參與獎賞、忠實或特選客戶計劃; (vii) 因上述目的與本人/吾等聯絡; (viii) 為遵守所有永明及其關連公司所受限制的(香港或其他國家)法例、法規、法規指引、法庭命令或永明或永明集團內的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); 及 (ix) 與上述任何目的直接有關的其他目的。

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, 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) 為協助永明就上述用途(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、醫療顧問、醫療服務提供者、緊急支援服務供應商、再保險公司、專業顧問(條件是有關承辦商須把所有個人資料保密並只會為提供有關服務而使用個人資料); (b) 本人/吾等的銀行作繳款用途; (c) 本人/吾等的持牌保險經紀(如有); (d) 永明的持牌保險代理人及強積金中介人; (e) 永明的關連公司(根據公司條例訂明)包括退休金服務提供者、保險公司及金融服務機構 (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) 永明及其關連公司因受(香港或其他國家)之法例、法規、法規指引、法庭命令或永明或永明集團內的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)限制而需向其作出披露的任何人士或監管當局; 及 (h) 按法例要求或准許的其他人士。

永明可就法例准許或於獲得本人/吾等的同意後披露或將本人 / 吾等的個人資料作其他用途。本人/吾等明白本人/吾等所提供之個人資料均屬自願, 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。

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Declaration & Authorization 聲明及授權

I/We hereby revoke all previous designation of Beneficiary(ies), Trust Declaration(s) and appointment of trustee(s), if any, under the above policy(ies) and designate new Beneficiary(ies) as above. Death benefit will be divided into equal shares (or in unequal shares if so specified) to primary Beneficiaries surviving upon the death of the Insured. Contingent Beneficiary(ies) will only entitle for death proceeds when ALL primary Beneficiary(ies) die. If there is no any surviving beneficiary, the death proceeds will belong to the Policy Owner or Policy Owner's Estate. And I /We, hereby declare that any trustee designated in the table above shall be appointed as trustee to receive any death benefit under the policy for the Beneficiary(ies) designated above and in accordance with the percentage proportion as stated in the same row during his/her minority. (This entry is only applicable to Beneficiary under the age of 18)

本人 / 我們現撤銷上述保單之前所指定的受益人、信託聲明及委任之信託人(如有), 並指定以上表內的新受益人。身故賠償將平分予(或根據指定的百分比分配予)受保人去世後尚生存之基本受益人; 而次位受益人只會在所有基本受益人身故後才會獲分配身故賠償。如沒有任何仍生存之受益人, 身故賠償將給予保單主權人或保單主權人之遺產。及

本人 / 我們謹此聲明, 於指定受益人未成年期間, 委任上表內之指定信託人以信託人身份代表下列之指定受益人根據上述表內同一行之百分比收取保單的身故賠償。(這項目是只適用於18歲以下的受益人)

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Signature 簽署

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

Signature of Policy Owner / Assignee (if any)

保單主權人/受讓人(如有)簽署

Date (DD/MM/YYYY)

日期(日/月/年)

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