Application for / Release of Collateral Assignment
申請或解除抵押轉讓

Sun Life 永明金融

Policy Number 保單號碼	Name of Policy Owner 保單主權人姓名

一個登入，
輕鬆掌握您的保障及強積金資訊
One login. Stay connected to your insurance and MPF information in one place.

幾步即可完成 All in just a few simple steps
- 查看保險保單及強積金戶口概覽 View your insurance policy and MPF account summary
- 提取保險保單價值及提交保單索償申請 Withdraw insurance policy values and submit policy claims
- 使用「積金導航」獲取強積金「參考投資組合」 Get MPF Reference Portfolio from MPF Navigator
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If you are applying for collateral assignment, please complete Section 1 (A-F).
如欲申請抵押轉讓，請填寫第一部份（A-F）。
If you are releasing a prior collateral assignment, please complete Section 2.
如欲解除抵押轉讓，請填寫第二部份。

1 Application for Collateral Assignment 申請抵押轉讓

Name of Assignee
受讓人名稱

Address
地址

The new address will be applied to ALL policies assigned to you.
新地址將適用於您作為受讓人之所有保單

For entity assignee(s), please complete the following details:
如受讓人是以實體名義申請，請填寫以下資料：

BR/CI No
商業登記／公司註冊號碼

Date of Incorporation
公司註冊日期

Place of Incorporation
公司註冊地點

For individual assignee(s), please complete the following details:
如受讓人是以個人名義申請，請填寫以下資料：

ID Card /Passport No.
身份證／護照號碼

Country of Birth
出生國家

Please refer to the Required Items on P.6 to process your request
請參閱第6頁之所需項目以便我們處理您的申請

Nationality
國籍

Citizenship
公民身份

Please list all Citizenship if different from Nationality.
如公民身份與國籍不同，請列出全部公民身份。

Occupation Title & Exact Duties
職業職銜及確實職務

Employer's Nature of Business
僱主業務性質

Examples of insufficient answers
回答不足的例子
- x Manager 經理
- x Trading 貿易

Examples of acceptable answers
可接受的回答例子
- ✓ IT Manager資訊科技部經理
- ✓ Trading of Garments服裝貿易

Sun Life Hong Kong Limited (Incorporated in Bermuda with limited liability) G/F, MU Tower B, No. 18 Hung Luen Road, Hunghom, Kowloon, Hong Kong
Tel (852) 2103 8928 Fax (852) 2103 8938 A member of the Sun Life group of companies
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) 香港九龍紅磡紅鸞道18號都大中心B座地下
電話 (852) 2103 8928 傳真 (852) 2103 8938 永明金融集團成員之一

Jurisdiction of Residence and Taxpayer Identification Number or its Function equivalent ("TIN")
居留司法管轄區及稅務編號或具有等同功能的識辨編號 (簡稱 「稅務編號」

Please complete the following questions indicating (I) all the jurisdictions of residence where the Policy Owner is a resident for tax purposes and (II) the Policy Owner's TIN for each jurisdiction indicated. 提供以下資料，列明 (I) 保單主權人所有的居留司法管轄區，亦即保單主權人的稅務管轄區及 (II) 該居留司法管轄區發給保單主權人的稅務編號。

For Question d, indicate ALL (not restricted to five) jurisdictions of residence other than Hong Kong or U.S.. 在問題d，列出所有（不限於 5 個）居留司法管轄區（除了香港及美國）。

If a TIN is unavailable, provide the appropriate reason A, B or C. 如沒有提供稅務編號，必須填寫合適的理由：

Reason A – The jurisdiction where the Policy Owner is a resident for tax purposes does not issue TINs to its residents.
理由 A – 保單主權人的居留司法管轄區並沒有向其居民發出稅務編號。
Reason B – The Policy Owner is unable to obtain a TIN. Explain why the Policy Owner is unable to obtain a TIN if you have selected this reason.
理由 B – 保單主權人不能取得稅務編號。如選取這一理由，解釋保單主權人不能取得稅務編號的原因。
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
理由 C – 保單主權人毋須提供稅務編號。居留司法管轄區的主管機關不需要保單主權人披露稅務編號。

a. Are you a tax resident in Hong Kong?
閣下是否香港的稅務居民？..... ☐ Yes 是 ☐ No 否

b. Is Hong Kong the only jurisdiction you are a resident for tax purposes?
香港是閣下所屬的唯一稅務居住地管轄區嗎？..... ☐ Yes 是 ☐ No 否

c. Are you a resident in U.S. for tax purposes (which includes being a U.S. citizen)?
閣下是否就稅務目的為美國居民(包括成為美國公民)? ..... ☐ Yes 是 - TIN號碼 _____ ☐ No 否

d. Apart from U.S. and HK, are you a resident in any other jurisdiction for tax purposes.
除美國和香港外，閣下是否屬於其他稅務管轄區？..... ☐ Yes 是 (Please fill in the table below 請填寫下表) ☐ No 否

Jurisdiction of Tax Residence 居留司法管轄區	Taxpayer Identification Number 稅務編號	Enter Reason A, B or C if no TIN is available 如沒有提供稅務編號，填寫理由 A、B 或 C	Explain why the Policy Owner is unable to obtain a TIN if Reason B is selected 如選擇理由 B，解釋保單主權人不能取得稅務編號的原因

For entity Policy Owner, please complete all of the followings:
- CRS Self-Certification Form – Entity
- Declaration of FATCA Classification for An Entity
- CRS Self-Certification Form - Controlling Person (if appropriate)

如實體保單主權人，請填寫以下全部:
- 自我證明表格 - 實體
- FATCA實體分類之聲明
- 自我證明表格 - 控權人（如適用）

A Important Notes 重要事項

1. Policy Owner hereby notify Sun Life Hong Kong Limited that, for value received, I/We have transferred and assigned the above policy by way of security for all present and future indebtedness to the below Assignee.
本人 / 我們謹此通知香港永明金融有限公司，將上述保單之價值轉讓予下方受讓人，作為現時及未來對受讓人全部債項之抵押。
2. There are risks associated with assigning the Policy as collateral security if the rate of return generated from the Policy is not sufficient to allow the value of the Policy to meet the financial obligations:
將保單作抵押擔保涉及以下風險，如本保單產生的回報率不足以使本保單的價值應付抵押轉讓所產生之經濟負擔。
   I. Exchange rate risk: Exchange rate exposure arises when the loan currency is different from the policy currency. Ongoing mark-to-market monitoring will take into account the currency conversion of the Policy's surrender value against the loan using prevailing market rate. Policy Owner may be required by the creditor to top-up in case of shortfall.
匯率風險 - 匯率風險於貸款貨幣與保單貨幣不同時產生。保單退保價值會恒常地以市場匯率轉換後的價值估算， 如退保價值不足以抵償貸款金額，債權人可要求保單主權人補回此差額。
   II. Interest rate risk: The interest rate on the collateral assignment facilities may not be fixed. The increase in facilities interest rate could increase the cost of serving the facilities and the risk of default in repaying the facilities. There is no guarantee of profit under the collateral assignment arrangement. The overall return under the policy and the facilities at the end of the policy period may reduce to zero or even become negative.
利率風險 - 抵押轉讓融資的利率並不固定。融資利率上升可能會增加融資成本和償還貸款的違約風險。抵押轉讓安排並不保證可獲得利潤。在保單融資的情況下，當保單完結時，保單的總體回報可能會降至零甚至為負數。
   III. Policy Owner is advised to seek independent legal and / or professional advice on any risks, including but not limited to the abovementioned ones, limitations and consequences before using the Policy as collateral security.
保單主權人應在安排保單抵押擔保前，就須負責之任何風險（包括但不限於上述風險、限制及後果）尋求獨立法律及／或專業建議。
3. The Assignee shall have the right to exercise the rights under the Policy (e.g. surrender the Policy and receive the surrender value) on behalf of the Policy Owner.
受讓人將可有權代保單持有人行使本保單下之權利 (例如申請退保本保單及領取退保金額等)。

B Foreign Tax Reporting And Withholding Obligations 外國稅務申報和預扣義務

I/We acknowledge that Sun Life may from time to time be subject to any applicable local or foreign law, court order, ordinance, regulation, demand, guidance, guidelines, rules, codes of practice, whether or not relating to an intergovernmental agreement between the governments or regulatory authorities of two or more jurisdictions; and any agreement between Sun Life (or any other entity of Sun Life Group, as the case may be) and any government or taxation authority in any jurisdiction (the "Applicable Laws and Obligations"). I/We irrevocably agree to the following:

Sun Life may require me/us (and any other Consenting Persons) to provide Sun Life with the Personal Information, and any update to the Personal Information to ensure its compliance with the Applicable Laws and Obligations;
Any Personal Information shall be provided to Sun Life within such time and in such manner as Sun Life may require, and any update shall be notified to Sun Life promptly and in any event within 31 days of the update;
Sun Life may disclose the Personal Information and Policy Information, including, where applicable, any update to such information, to any governments or tax authorities; and
To the extent not prohibited by law and permitted by the policy provisions, where I/we or any Consenting Person fails to provide Sun Life with the updated, correct and complete Personal Information in the manner described in (1) and (2) above, Sun Life may, for the purpose of ensuring its compliance with the Applicable Laws and Obligations, deduct or withhold such amount payable under the Policy, terminate the Policy and/or provide any of the Personal Information and/or Policy Information to such governments or tax authorities.
The following terms have the meanings as follows:

"Consenting Person" means each of the following: (i) the policy owner; (ii) each person who is entitled to access the Policy's value (for example, through withdrawal, surrender, policy claim, benefit payment or otherwise), change a beneficiary, or claim or receive a benefit payment or any person who is entitled to a future benefit payment under the Policy, including without limitation any policy claimant, assignee and beneficiary under the Policy; and (iii) each person who is entitled to receive a payment (such as a policy claimant, assignee and beneficiary) when an obligation to make any payment under the Policy arises or becomes fixed.

"Personal Information" means: (i) where I am/we are an individual(s), my/our full name(s), date(s) and place(s) of birth, residential address(es), mailing address(es), contact information (including telephone number), taxpayer identification number(s), social security number(s), citizenships, residency(ies) and tax residency(ies); (ii) where I am/we are a corporate(s), my/our date and place of incorporation or formation, registered address, address of place of business, tax identification number, tax status, tax residency, registered address, address of place of business or (if applicable) such information as Sun Life or any entity within the Sun Life Group may reasonably require regarding each of my/our substantial shareholders and controlling persons.

"Policy Information" means any information relating to the Policy including without limitation the Policy number, Policy balance or value, gross receipts, withdrawals and payments from the Policy.

本人／我們承認，永明可能不時須受下述各項的約束：任何適用的當地或外國法律、法院命令、條例、規例、要求、指引、指導原則、規則、實務守則（無論其是否與兩個或多個管轄區域的政府或監管機構間訂立的政府間協定有關）；和永明（或永明集團的任何其他實體，視情況而定）與任何管轄區域的任何政府或稅務機關間訂立的任何協議（"適用法律和義務"）。本人／我們不可撤銷地同意如下：

永明可要求本人／我們（和任何其他同意人）向永明提供個人資料及個人資料的任何更新，以確保永明遵守適用法律和義務。
任何個人資料應以永明要求的方式在永明要求的時間內提供給永明，個人資料的任何更新應迅速地（在任何情況下均應在更新後31天內）通知永明。
永明可向任何政府或稅務機關披露個人資料和保單資料（包括該等資料的任何更新，如適用）。
在不受到法律禁止，並在保單合約規定允許的情況下，如果本人/我們或任何同意人未按上文(1)段和(2)段所述方式向永明提供正確完整的最新個人資料，則永明為了確保其遵守適用法律和義務，可扣減或預扣保單項下應付的金額、終止保單並且／或者向相關政府或稅務機關提供任何個人資料和/或保單資料。
下述詞語具有如下含義：
"同意人"指下述任一人：(i)保單擁有人；(ii)有權（如通過提取、退保、按保單索賠、收取累算權益或其他方式）獲得保單價值、變更受益人、索取或收取利益的每一人，或有權取得保單項下未來利益的任何人，包括但不限於保單項下的任何保單索賠人、受讓人和受益人；和(iii)在保單項下支付任何款項的義務發生或獲得確立時有權取得付款的每一人（如保單索賠人、受讓人和受益人）。

"個人資料"指(i)本人／我們為個人時，指本人／我們的全名、出生日期與地點、住址、郵寄位址、聯繫資訊（包括電話號碼）、納稅人識別號、社會保障號、國籍、居留地和稅務居留地；(ii)本人／我們為法團時，指本人/我們的註冊成立或設立日期與地點、註冊地址、營業地址、稅務識別號、稅務地位、稅務住所、登記地址、營業地址或（如適用）永明或永明集團的任何其他實體可能合理要求的關於本人／我們的每一主要股東和控制人的資料。

"保單資料"指與保單相關的任何資料，包括但不限於保單號、保單結餘或價值、保單下收取、提取和支付款項總額。

C Automatic Exchange of Financial Account Information 自動交換財務帳戶資料

Declaration:
I/We acknowledge and agree that (a) the information contained in this form is collected and may be kept by the financial institution for the purpose of automatic exchange of financial account information, and (b) such information and information regarding Policy Owner and any reportable account(s) may be reported by the financial institution to the Inland Revenue Department of the Government of the Hong Kong Special Administrative Region and exchanged with the tax authorities of another jurisdiction or jurisdictions in which Policy Owner may be resident for tax purposes, pursuant to the legal provisions for exchange of financial account information provided under the Inland Revenue Ordinance (Cap.112).

I/We undertake to advise Sun Life Hong Kong Limited of any change in circumstances which affects the tax residency status of the individual identified in Section 1 of this application or causes the information contained herein to become incorrect, and to provide Sun Life Hong Kong Limited with a suitably updated self-certification form within 30 days of such change in circumstances.

I/We declare that the information given and statements made in this form are, to the best of my/our knowledge and belief, true, correct and complete.

WARNING: It is an offence under the Inland Revenue Ordinance if any person, in making the self-certification, makes a statement that is misleading, false or incorrect in a material particular knowingly or in a reckless manner. A person who commits the offence is liable on conviction to a fine at level 3 (i.e. $10,000).

聲明：
本人/吾等知悉及同意，財務機構可根據《稅務條例》(第 112 章) 有關交換財務帳戶資料的法律條文，(a) 收集本表格所載資料並可備存作自動本人/吾等知悉及同意，財務機構可根據《稅務條例》(第 112 章) 有關交換財務帳戶資料的法律條文，(a) 收集本表格所載資料並可備存作自動交換財務帳戶資料用途及 (b) 把該等資料和關於保單主權人及任何須申報帳戶的資料向香港特別行政區政府稅務局申報，從而把資料轉交到保單主權人的居留司法管轄區的稅務當局。

本人/吾等承諾，如情況有所改變，以致影響此申請表第一部份所述的個人的稅務居民身分，或引致此申請表所載的資料不正確，本人/吾等會通知香港永明金融有限公司，並會在情況發生改變後30日內，向香港永明金融有限公司提交一份已適當更新的自我證明表格。
本人/我們聲明就本人所知所信，本表格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$10,000) 罰款。

D 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, MU Tower B, No.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（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)。
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剔號。
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）；(l) 公司及其關連公司(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號都大中心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，請於方格內填上剔號。

E Declaration & Authorization 聲明及授權

Policy Owner hereby declare and confirm that a) I/We is/are the beneficial owner(s) of this Policy(ies) and I am/We are not acting on behalf of any other person including natural person, legal person or trust to own this policy ; and b) the above information is complete and true to the best of my/our knowledge.
保單主權人謹此聲明及確認a)本人／我們是此保單的實益擁有人，並不是作為第三者代表，包括自然人、法人或信託; 及b)在以上提供的資料均為確實無訛。

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

I/We understand that this collateral assignment 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 hereby authorize Sun Life Hong Kong Limited to release such information relating to the above policy as the Assignee may from time to time request, including but not limited to the cash value of the policy.
本人／我們授權香港永明金融有限公司向受讓人不時發放此保單的有關資料，包括現金價值。

I/We declare that the assignee's receipt shall in all cases fully discharge the Company from its liabilities and obligations under the above policy.
本人／我們聲明受讓人收訖保單價值後，將免除本公司對此保單應負之債務及責任

I/We agree that I/We fully understand the risks and implications in assigning the Policy to the Assignee as collateral security and I/We have the sole responsibility to seek independent legal and/or professional advice on any risks, limitations and consequences before using the Policy as collateral security.
本人／我們明白上述抵押轉讓之風險及含義，並明白在抵押轉讓此保單前，就本人／我們須負責之任何風險、限制及後果尋求獨立法律及／或專業諮詢。

I/We declare and agree on behalf of myself, the Insured and other Persons referred to in this request ("Relevant Persons") that all information in this application whether or not written by my own hand are to the best of my knowledge and belief complete and true.
本人／我們謹此代表本人、受保人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，不論是否本人親手填寫，就本人所知所信，均為事實之全部及並確實無訛。

I/We declare and agree that I 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。。

F Required Items and Signature 所需項目及簽署

For individual assignee(s), the below items are required to complete your request:
如為個人受讓人，請提供以下項目以完成閣下之申請：

- ☐ Copy of the Relevant Person's identification proof, for example: ID Copy / Passport / Birth Certificate; and
  相關人士身份證明文件副本如： 身份證／護照／出生證明書; 及
- ☐ Copy of the Assignee's residential address proof (issued within 3 months)
  受讓人住址證明副本（最近三個月內發出）
- ☐ A legally binding Loan Agreement
  具有法律約束力的貸款協議

For entity assignee(s), please contact your consultant or our Client Service Center to ascertain the requirements to complete your request.
如為實體受讓人，請聯繫您的顧問或我們的客戶服務中心以確認提出申請的所需要求。

<<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 受讓人簽名 (if any 如有)	**Signature of Irrevocable Beneficiary** 不可撤換受益人簽署 (if any 如有)

IN THE PRESENCE OF 見證於

Name of Witness 見證人簽署	**Signature of Witness** 見證人簽署
ID Number of Witness 見證人身份証明文件號碼	
Contract Number of Witness 見證人聯絡電話	

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

2 RELEASE OF COLLATERAL ASSIGNMENT 解除抵押轉讓

Name of Assignee
受讓人名稱

For value received, I/We hereby notify the Company that the policy stated in P.1 of this form is released. The rights and interests of me/us as the Assignee of the above policy are hereby cancelled and annulled.
本人／我們謹此通知解除在本申請書第一頁註明之保單之價值轉讓，而本人／我們於上述保單的所有權益及利益亦告取消及作廢。

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

Signature of Assignee
受讓人簽名 (if any 如有)

Date (DD/MM/YYYY)
日期(日/ 月/ 年)

IN THE PRESENCE OF 見證於

Name of Witness
見證人簽署

ID Number of Witness
見證人身份証明文件號碼

Contract Number of Witness
見證人聯絡電話

Signature of Witness
見證人簽署

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