Change of Beneficiary & Trustee
更改受益人及信託人

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
- 獲取專屬禮遇及訂閱《Sun活情報》 Enjoy exclusive privileges and subscribe to SunNews

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My Sunlife Hong Kong

To ensure you can enjoy our high quality of service, we would like to invite you to update your contact details on My Sunlife Hong Kong Client Platform 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 Sunlife Hong Kong客戶平台或填寫以下部份更新您的聯絡資料:

Email 電郵地址	Mobile 手提 ( )

Important Notes 重要事項

1. 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。
2. 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。
3. 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 inforce 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。
4. 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。
5. 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。
6. 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。
7. 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。
8. 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。
9. Subject to section 10, if no beneficiary is being taken/designated for the Policy or if there is no surviving beneficiary, death benefit will belong to the Policy Owner or the Policy Owner's Estate.
除第10條另有規定外 ，如保單中並沒有可被視作為受益人/被指定的受益人、或沒有仍生存的受益人，身故賠償將屬保單主權人所有或撥入保單主權人之遺產。
10. Save and except as otherwise agreed by Sun Life Hong Kong Limited, whenever the policy is assigned/pledged to a third party collateral assignee/pledgee ("Third Party") as a collateral security for repayment of debt and/or discharge of obligation for which Sun Life Hong Kong Limited has acknowledged in writing, the following important terms shall apply and shall be read in conjunction with the policy:
除非香港永明金融有限公司另有同意，否則每當保單被轉讓/質押予第三方受讓人/質押人（「第三方」）作為附屬抵押品以償還債務及/或解除義務，而香港永明金融有限公司已就其作出書面確認時，下列重要條款將適用且須與保單一併閱讀：

/COB

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

i Important Notes 重要事項

(a) So long as the collateral assignment/pledge is subsisting and its discharge is not yet acknowledged in writing by Sun Life Hong Kong Limited,
只要抵押轉讓/質押依然有效且香港永明金融有限公司尚未書面確認其解除，則

(i) death proceeds or benefits payable under the policy upon the death of the Insured will first be paid to the Third Party, who will be taken as a beneficiary under the policy, to the extent of the outstanding debt and/or obligation including interest (subject to the description of the debt and/or obligation in the provisions of the collateral assignment/pledge), and
根據保單在受保人死亡後應付的身故保障或賠償將首先被支付予第三方以抵償未清償的債務及/或義務連利息（以抵押轉讓/質押條款中對債務及/或義務的描述為準），而該第三方將被視為保單的受益人，及

(ii) only the balance (if any) will be paid according to the policy provisions to the other beneficiaries designated from time to time or to the Policy Owner or Policy Owner's estate in the absence of any designation or surviving beneficiaries.
只有餘額（如有）會根據保單條款被支付予不時獲指定的其他受益人，或若沒有任何指定或沒有受益人尚存，則會被支付予保單主權人或保單主權人之遺產。

(b) The above sub-section 10(a)
以上第10條第（a）款

(i) overrides anything inconsistent in this form, the policy provisions, any service forms or any requests that may be made by the Policy Owner subsequent to this application to the extent of the inconsistency; and
凌駕於在本表格、保單條款、任何服務申請書或保單主權人在此申請後或會提出的任何要求內的與之不一致的內容之上，但僅以該與之不一致的內容的範圍為限；及

(ii) applies notwithstanding
即使在以下情況仍適用:
(1) any beneficiary may be irrevocable,
任何受益人或屬不可撤銷,
(2) at any given time a beneficiary may be the spouse or child of the Policy Owner or of the Insured,
在任何特定的時間，某受益人可能是保單主權人或受保人的配偶或子女,
(3) subsequent to this application, it may be stated on any service forms that all prior beneficiary designation and trustee appointment will be superseded, and/or
在此申請後，任何服務申請書上或有述明所有先前指定的受益人和任命的信託人隨即被撤銷，及/或
(4) any provisions or important notes to the contrary; and
任何條款或重要事項載有相反的規定；
no consent of any beneficiary shall be required for effecting the purpose in sub-section 10(a) above.
且以上第10條第（a）款的實施無需取得任何受益人的同意。

(c) Sun Life Hong Kong Limited may rely on a confirmation provided by the Third Party in determining the amount of the outstanding debt or obligation mentioned above.
香港永明金融有限公司可以第三方提供的確認書作為依據以釐定上文提及該未清償的債務的金額/義務。

1 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 在受保人去世後將收到身故保障的人

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	Beneficiary relationship to Trustee 受益人與信託人的關係	Trustee ID / Passport 信託人身份證/ 護照

TOTAL 合共 100%

Save as otherwise instructed, by submitting this form, I/We hereby revoke all previous designation of Primary Beneficiary(ies) and appointment of trustee(s) for Primary Beneficiary(ies); and request Sun Life to follow my/our instructions in this form. **Where my/our instructions consist of submitting this form with the above table left fully blank, I/We intend section 9 of the Important Notes to apply.**
除非另有指示，否則透過遞交此表格，本人/我們特此撤銷所有以前指定的基本受益人和委任之基本受益人的信託人，並要求永明執行本人/我們在此表格的指示。**如果本人/我們的指示是遞交此表格並在上表完全留着空白，本人/我們欲施行重要事項第9條。**

Only surviving Primary Beneficiaries will be entitled to the death proceeds. If there is more than one surviving Primary Beneficiary, 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.)
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。）

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

(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.
如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 Contingent Beneficiary(ies) is no longer required on the policy, please leave the table fully blank or write 'N/A" in the table. If all Primary Beneficiaries cannot survive the death of the insured and there is no Contingent Beneficiary, death proceeds will be paid in accordance with section 9 of the Important Notes.
如保單不需要次位受益人，請在表格完全留着空白或於表格內填上「不適用」。如所有基本受益人都無法於受保人去世時尚生存及沒有次位受益人，永明將根據重要事項第9條給付身故賠償。

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	Beneficiary relationship to Trustee 受益人與信託人的關係	Trustee ID / Passport 信託人身份證/ 護照

TOTAL 合共 100%

Save as otherwise instructed, 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); and where my/our instructions consist of:
除非另有指示，否則透過在上表就次位受益人作出指示，本人/我們特此撤銷所有以前指定的次位受益人和委任之次位受益人的信託人，而如果本人/我們的指示是：

(a) Providing new designations in the above table, I/We hereby designate Contingent Beneficiary(ies) and appoint trustee(s) for Contingent Beneficiary(ies) as stated above; or
在上表中提供新的指定，則本人/我們特此指定次位受益人，並任命上述次位受益人的信託人；或者

(b) Submitting this form with the above table left fully blank, or writing "N/A" in the above table, I/We do not designate any Contingent Beneficiary(ies).
提交本表格並且在上表完全留着空白，或者在上表中填上「不適用」，則本人/我們不指定任何次位受益人。

Contingent Beneficiary(ies) will only be entitled to the death proceeds if all Primary Beneficiaries cannot survive the death of the insured. For the avoidance of doubt, if there is no Primary Beneficiary, Contingent Beneficiary(ies) will not be entitled to the death proceeds. If there is more than one Contingent Beneficiary 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 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.)
若所有基本受益人都無法在受保人身故時倖存，次位受益人將獲得身故賠償。為免生疑問，如沒有基本受益人，則次位受益人將不會獲得身故賠償。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（**若所有基本受益人都無法在受保人身故時倖存**）。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消《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, 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。

4 Signature 簽署

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

By signing below, I/We confirm that I/We have read and fully understood all the notes in this Form (including those in the section "Important Notes") (collectively, the "Notes") and confirm that they form part of my/our instructions. I/We understand that, when the changes in this Form are accepted and confirmed by Sun Life in writing, the Notes will form part of the provisions of the Policy.
本人 / 吾等通過在下方簽署，確認本人 / 吾等已經閱讀並完全明白此表格所有的事項(包括"重要事項"部分中的說明) (統稱 "該等事項")及確認該等事項構成本人 / 吾等的指示。本人/吾等明白，當永明以書面形式確認及接納以此表格作出的更改，該等事項將構成保單條款的一部分。

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