Change of Personal Particulars (Applicable to Individual & Entity)
更改個人資料 (個人及實體適用)

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
- 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 ( )

Request is hereby made to the Sun Life Hong Kong Limited "the Company" to change the below item(s) regarding the above policy
保單主權人茲向香港永明金融有限公司（「公司」）申請更改上述保單之資料：

1 Change of Personal Particulars 更改個人資料

The following changes apply to 以下更改適用於：

☐ Policy Owner 保單主權人　☐ Assignee 受讓人
☐ Insured 受保人

One form for each person
每人一表

Please "✓" the appropriate option
請"✓"適當之選項

Change of Individual Name 更改個人姓名

Surname 英文姓氏	Given Name 英文名字
Chinese Name 中文姓名	

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

Change of Company Name 更改公司名稱

English Name 英文全名
Chinese Name 中文全名

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

Correction of Date of Birth 更改出生日期

Date of Birth 出生日期 (DD日 /MM月 /YYYY年)

If the premium is changed after correction, you may be requested to submit additional documents and premium if applicable
更正出生日期有機會導致保費變動，屆時我們可能要求閣下繳交額外證明文件及繳交保費

Change of Signature 更改簽名

New Signature 新簽名

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

Change of Identification Number 更改身分證明文件號碼

New Number
新號碼

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

Type 類別

- ☐ Hong Kong ID Card 香港身份證
- ☐ Passport 護照
- ☐ Business Registration Certificate 商業登記證
- ☐ Others (please specify) 其他 (請註明):

Change of Nationality / Citizenship 更改國籍／公民身份

Nationality
國籍

Citizenship
公民身份
(Please list all
請列出所有)

Please also complete Section 2.
請務必填寫第二部份

2 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 ☐ No 否 (Please fill in the table below 請填寫下表)

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
如實體保單主權人，請填寫以下全部:

- CRS Self-Certification Form – Entity
  自我證明表格 - 實體
- Declaration of FATCA Classification for An Entity
  FATCA實體分類之聲明
- CRS Self-Certification Form - Controlling Person (if appropriate)
  自我證明表格 - 控權人（如適用）

3 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:

1) 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;
2) 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;
3) 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
4) 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.
5) 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：

1) 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。
2) 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。
3) 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）。
4) 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。
5) 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。

4 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。

5 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。

6 Declaration & 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，完全明白及同意本申請書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. The Company 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，並同意本申請表之副本，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／我們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。如於完成此申請表時有任何資料錯漏，公司保留其更正權。

I/We hereby declare that I/we understand that it is a statutory requirement to pay Levy. Insurance Authority may take legal proceedings against Policy Owner 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／我們及其他在此申請書提及之人士（"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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7 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
Change of Individual Name 更改個人姓名	☐ 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 ☐ Related documentary proof, for example: Deed Poll / Marriage Certificate 相關證明文件如：改名契／結婚證書
Change of Company Name 更改公司名稱	☐ Related documentary proof, for example: Certificate of Change of Name or Certificate of Incorporation issued by the Companies Registry in place of incorporation 相關證明文件如：成立所在地公司註冊處的發出的公司更改名稱證明書或公司註冊證書
Correction of Date of Birth / Change of Individual ID Number 更改出生日期／更改個人身分證明文件號碼	☐ Copy of the Relevant Person's identification proof, for example: ID Copy / Passport / Birth Certificate 相關人士身份證明文件副本如： 身份證／護照／出生證明書
Change of Business Registration Number 更改商業登記證號碼	☐ Copy of the Business Registration Certificate 商業登記證副本
Change of Nationality / Citizenship 更改國籍／公民身份	☐ 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

Please submit a full set of this form
請提交完整的表格

Signature of Policy Owner
保單主權人簽署

Date (DD/MM/YYYY)
日期(日/ 月/ 年)

If you are requesting for change of signature of Policy Owner, please sign here using the signature before the change.
如申請更改保單主權人簽名，請在此處使用更改前的簽名。

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