Request for Policy Change – Commitment
保單更改申請 - 承諾保障儲蓄計劃

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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Please return this form to Sun Life Hong Kong Limited ("the Company") within 30 days after signing.
請於簽署此表格後 30 天內交回香港永明金融有限公司（「公司」）處理。

Request is hereby made to the Company to change the below item(s) regarding the above policy 保單主權人茲向公司申請更改上述保單之資料：
Please "✓" the option for the changes applied. 請「✓」需要更改之選項。

With effect from 1 January 2018, levy collected by the Insurance Authority has been imposed on relevant policy at the applicable rate. For further information, please visit our company website (www.sunlife.com.hk) or contact our Client Service Hotline (852) 2103 8928.
由 2018 年 1 月 1 日起，保險業監管局收取本保單的保費徵費已按照適用的徵費率徵收。更多有關保費徵費資料，請瀏覽本公司網頁 (www.sunlife.com.hk) 或致電客戶服務熱線 (852) 2103 8928。

1 Change of Settlement Method of Saving Benefit 更改儲蓄保障的支付方式

1. **Settlement Method is only applicable to the Saving Benefit of Commitment, and the Saving Benefit or Accumulated Benefit of Saving Booster. 理賠方法只適用於承諾保障儲蓄計劃的儲蓄保障，及愛儲蓄的儲蓄保障或累積保障。**
2. **The Accumulated Benefit is applicable only if during the lifetime of the insured, the policy owner has elected in writing that Death Benefit of Saving Booster to be accumulated at an interest rate to be declared by the Company until the end of Accumulation Term of Saving Booster. There is no Accumulated Benefit if the Death Benefit of Saving Booster has been paid at the death of the insured. 累積保障只適用於若受保人在世期間，保單主權人以書面方式選擇將愛儲蓄的身故保障，按公司公布的利率累積生息，直至愛儲蓄附加保障的累積期完結為止。若愛儲蓄的身故保障已於受保人身故時支付，保單將不會有累積保障。**
3. **Change of Settlement Method can only be applied during the lifetime of the Insured and within the Accumulation Term of this policy. 支付方式只能於受保人在世期間及在此保單累積期內提出申請。**

Benefit 保障項目		Default Payout Time 設定支付時間	Settlement Method at end of Accumulation Term 累積期完結時的理賠方法
Commitment 承諾保障儲蓄計劃	Saving Benefit 儲蓄保障	End of Accumulation Term 累積期完結	☐ Lump Sum 一筆過 ☐ By instalment 分期 ☐ (2-10) years 年 ☐ Annual 每年 ☐ Monthly 每月
Saving Booster 愛儲蓄	Saving Benefit 儲蓄保障 Or 或 Death Benefit 身故保障	End of Accumulation Term 累積期完結 At death of Insured: 受保人身故時 ☐ Pay at end of Accumulation Term as Accumulated Benefit 以累積保障於累積期完結時支付	☐ Lump Sum 一筆過 ☐ By instalment 分期 ☐ (2-10) years 年 ☐ Annual 每年 ☐ Monthly 每月

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

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Sun Life 永明金融

2 Change of Non-Forfeiture Option 更改不能作廢權益

Once this Policy is converted to a Reduced Paid-up policy,
一旦此保單轉換為減額繳清壽險後，

a. **Protection Booster (if any) and Saving Booster (if any) will be terminated, and**
愛保障附加保障（如有）及愛儲蓄附加保障（如有）將被終止， 及

b. **No Reversionary Bonus will be declared.**
後將不再獲分派歸原紅利。

☐ **Reduced Paid-Up 減額繳清壽險**

☐ **Premium Loan 保費貸款**

3 Reduced Paid-Up Policy Reinstatement 減額繳清壽險保單復效

☐ **To apply Reduced Paid-Up Policy Reinstatement**
申請減額繳清壽險保單復效

Please contact your financial consultant or our Client Service Hotline to obtain the total amount payable and submit the "Personal Certificate of Insurability – Commitment"
如欲查詢應繳總額，請聯絡您的理財顧問或客戶服務熱線，並一併遞交「可保證明書 -承諾保障儲蓄計劃」

4 Change of Beneficiary(ies) of Death Benefit 更改身故賠償受益人

1. Unless otherwise specify, death benefit of Commitment / Protection Booster (if applicable) will be divided into equal shares to the corresponding Beneficiary(ies) surviving the Insured. If there is no designated beneficiary of death benefit of Commitment / Protection Booster (if applicable) or surviving beneficiary, death benefit of Commitment / Protection Booster (if applicable) will belong to the Policy Owner or the Policy Owner's estate.
如無特別註明，承諾保障儲蓄計劃 / 愛儲蓄 (如適用)的身故賠償將分別平均分予受保人去世後尚生存的受益人。如沒有定立承諾保障儲蓄計劃 / 愛儲蓄 (如適用) 的身故賠償受益人或仍生存的受益人，承諾保障儲蓄計劃 / 愛儲蓄 (如適用) 的身故賠償將屬保單主權人所有或撥入保單主權人之遺產。

2. You may also designate your preference of primary and contingent beneficiaries of death benefit of Commitment / Protection Booster (if applicable). The beneficiary designation of contingent beneficiary of death benefit of Commitment / Protection Booster (if applicable) will be effective only if all the corresponding primary beneficiaries die.
閣下可指定承諾保障儲蓄計劃 / 愛儲蓄 (如適用) 的基本及次位身故賠償受益人。指定承諾保障儲蓄計劃 / 愛儲蓄 (如適用) 的次位身故賠償受益人須於所有相應的基本受益人身故後才生效。

3. 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保險公司的指示，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。

4. 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。

5. 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。

6. 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。

7. This change is NOT in effect until a) it is accepted and confirmed by the Company while the Policy(ies) is inforce and b) it is accepted and confirmed by the Company by the way of letter. All prior Beneficiary designation and Trustee appointment will by then be superseded. The Company 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本公司收到; 及b)公司以信函確認及接納方為有效。而在此之前設立之受益人及信託人隨即被撤銷。對於任何指示或聲明之效力，本公司將不負上任何責任。

8. 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。

9. The Company shall have the right to update this form from time to time and to accept or to reject the form if requirements of the Company are not fulfilled.
公司有權隨時更新此表格，並接受或拒絕未符合公司要求的表格。

I/We hereby designate beneficiary(ies) of death benefit of Commitment / Protection Booster (if applicable) as below and I/We hereby declare that any trustee designated in the table below shall be appointed as trustee to receive any death benefit of Commitment / Protection Booster (if applicable) for the beneficiary(ies) designated below and in accordance with the percentage proportion as stated in the same row during his/her minority.
本人／我們於下表內指定承諾保障儲蓄計劃／愛儲蓄 (如適用)的身故賠償受益人及本人／我們謹此聲明，於指定身故賠償受益人未成年期間，委任以下表內之指定信託人以信託人身份代表下列之指定的受益人根據下述表內同一行之百分比收取承諾保障儲蓄計劃／愛儲蓄 (如適用)的身故賠償。

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 Number. of Trustee 信託人身份證 / 護照號碼	Beneficiary relationship to Trustee 受益人與信託人的關係
☑								
☐	☐							
☐	☐							
☐	☐							

5 Change of Beneficiary(ies) of Saving Benefit 更改儲蓄保障受益人

1. Unless otherwise specify, saving benefit of Commitment / saving benefit and death benefit of Saving Booster (if applicable) will be divided into equal shares to the corresponding Beneficiary(ies) surviving the Proposed Insured. If there is no designated beneficiary of saving benefit of Commitment / saving benefit and death benefit of Saving Booster (if applicable) or surviving beneficiary of saving benefit, saving benefit of Commitment or death benefit of Saving Booster (if applicable) will belong to the Policy Owner or the Policy Owner's estate.
   如無特別註明，承諾保障儲蓄計劃的儲蓄保障 / 愛儲蓄的儲蓄保障及身故賠償(如適用)將分別平均分予受保人去世後尚生存的受益人。如沒有定立承諾保障儲蓄計劃的儲蓄保障 / 愛儲蓄的儲蓄保障及身故賠償 (如適用) 的受益人或仍生存的受益人，承諾保障儲蓄計劃的儲蓄保障 / 愛儲蓄的儲蓄保障及身故賠償 (如適用) 將屬保單主權人所有或撥入保單主權人之遺產。
2. You may also designate your preference of primary and contingent beneficiaries of saving benefit of Commitment / saving benefit and death benefit of Saving Booster (if applicable). The beneficiary designation of contingent beneficiary of saving benefit of Commitment / saving benefit and death benefit of Saving Booster (if applicable) will be effective only if all the corresponding primary beneficiaries die.
   閣下可指定承諾保障儲蓄計劃的儲蓄保障 / 愛儲蓄的儲蓄保障及身故賠償(如適用)的基本及次位受益人。指定承諾保障儲蓄計劃的儲蓄保障 / 愛儲蓄的儲蓄保障及身故賠償 (如適用) 的次位受益人須於所有相應的基本受益人身故後才生效。
3. 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保險公司的指示，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。
4. 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。
5. 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。
6. 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。
7. This change is NOT in effect until a) it is accepted and confirmed by the Company while the Policy(ies) is inforce and b) it is accepted and confirmed by the Company by the way of letter. All prior Beneficiary designation and Trustee appointment will by then be superseded. The Company 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本公司收到；及b)公司以信函確認及接納方為有效。而在此之前設立之受益人及信託人隨即被撤銷。對於任何指示或聲明之效力，本公司將不負上任何責任。
8. 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。
9. The Company shall have the right to update this form from time to time and to accept or to reject the form if requirements of the Company are not fulfilled.
   公司有權隨時更新此表格，並接受或拒絕未符合公司要求的表格。

I/We hereby designate beneficiary(ies) of saving benefit of Commitment / saving benefit and death benefit of Saving Booster (if applicable) as below and I/We hereby declare that any trustee designated in the table below shall be appointed as trustee to receive any saving benefit of Commitment / saving benefit and death benefit of Saving Booster (if applicable) under the policy for the beneficiary(ies) designated below and in accordance with the percentage proportion as stated in the same row during his/her minority.
本人／我們於下表內指定承諾保障儲蓄計劃的儲蓄保障／愛儲蓄的儲蓄保障及身故賠償（如適用）的受益人及本人／我們謹此聲明，於指定受益人未成年期間，委任以下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下述表內同一行之百分比收取承諾保障儲蓄計劃的儲蓄保障／愛儲蓄的儲蓄保障及身故賠償(如適用)。

Please fill in the form on P.4 請填妥第四頁之表格

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Please read the terms on P.3 請細閱第三頁之條款

Beneficiary(ies) 受益人

Please "✓" the appropriate option 請「✓」適當選項

	☐ Primary 基本 ☐ Contingent 次位	☐ Primary 基本 ☐ Contingent 次位	☐ Primary 基本 ☐ Contingent 次位
Name 姓名			
Relationship to Insured 與受保人之關係			
Date of Birth 出生日期 **(日 DD/月 MM/年 YYYY)**			
Share (Total 100%) **分配百分比 (合共 100%)**			
ID / Passport No 身份證/護照號碼			
Correspondence Address 通訊地址			
Telephone 電話	Country Code 國家代碼 | Telephone No. 電話號碼 ：	Country Code 國家代碼 | Telephone No. 電話號碼 ：	Country Code 國家代碼 | Telephone No. 電話號碼 ：

Trustee 信託人

(Only applicable to beneficiary under the age of 18 只適用於 18 歲以下的受益人)

Name 姓名			
Relationship to Insured 與受保人之關係			
ID / Passport No 身份證/護照號碼			
Correspondence Address 通訊地址			
Telephone 電話	Country Code 國家代碼 | Telephone No. 電話號碼 ：	Country Code 國家代碼 | Telephone No. 電話號碼 ：	Country Code 國家代碼 | Telephone No. 電話號碼 ：

6 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。

7 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，完全明白及同意本表格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. Sun Life Hong Kong Limited (hereinafter called "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，並同意本表格之副本，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。如於完成此表格時有任何資料錯漏，永明金融保留其更正權。

I/We hereby declare that I/We understand that it is a statutory requirement to pay Levy. Insurance Authority may take legal proceedings against policyholder 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／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。

8 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
Reduced Paid-Up Policy Reinstatement 減額繳清壽險保單復效	☐	Personal Certificate of Insurability - Commitment 可保證明書 - 承諾保障儲蓄計劃
	☐	Total payable amount 應繳金額

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

X _____ D D M M Y Y Y Y

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)

Application for change of beneficiary(ies) of Death / Saving Benefit 更改身故 / 儲蓄賠償受益人適用：

X _____

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

X _____

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

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