Transfer of Policy Ownership
保單權益轉讓

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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i Important Notes 重要事項

1. Transfer of policy ownership is not applicable to juvenile policies with Declaration of Trust.
   轉讓保單權益不適用於已簽署信託之聲明的兒童保單。
2. Transfer of ownership to your consultant (unless immediate family) is not accepted.
   不接受權益轉讓予閣下之理財顧問（直係親屬除外）。
3. 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 Sun Life's requirements are not fulfilled. Sun Life reserves the right to request additional documents or information if deemed appropriate.
   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。如有需要，永明保留權利要求額外文件或資料。
4. This transfer request is NOT in effect until a) it is received by Sun Life while this policy is in force and b) it is accepted and confirmed by Sun Life by way of letter. The beneficiary designation in this form will then supersede all prior designation. Sun Life assumes no responsibility for the validity of any designation or declaration.
   此項保單權益轉讓申請需於 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。而在此表格提出之指定受益人將隨即取代一切以往的指定受益人記錄。對於任何指示或聲明之效力，永明將不負上任何責任。
5. All requests of the change in this form shall be effective only to the extent permitted by law.
   此表格內提出的更改只在法律容許的情況下才告有效。

1 Reason for Ownership Transfer 現時權益轉讓的原因

2 Declaration by Existing Policy Owner 現時保單主權人聲明

I/We hereby revoke all previous beneficiary(ies) designation and trust(s) declared under the above policy(ies) prior to the date as signed below, and transfer absolutely and unconditionally unto the below New Policy Owner as named in section 3 below, all my/our rights (including but not limited to policy change, beneficiary designation and surrender of the policy(ies)), and interest (including but not limited to the policy value) whatsoever in the said policy(ies). The irrevocable beneficiary (if any) has consented to this transfer and signed below.
本人／我們現撤銷以下簽署日期前於上述保單所指定的受益人及已訂立的信託，並無條件及完全轉讓上述保單之所有權利、擁有權（包括惟不限於保單更改、指定或更改受益人及退保）及利益（包括惟不限於保單內的價值）予下方第 3 部份所指定之新主權人。不可撤換受益人（如有） 已同意此項轉讓並於指定地方簽署。

I / We also understand that any selected policy value payout method, payor's benefit or owner benefit (if applicable) with the Insured as myself under the above policy(ies), will be terminated when this transfer becomes effective.
本人 / 我們明白上述保單內任何已選的保單價值收款方式、付款保證保障或保單主權人豁免保障（如適用）以本人作為受保人會在此項轉讓生效時被終止。

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

Signature of Existing Policy Owner 現時保單主權人簽署	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簽署(如有)	Signature of Assignee 受讓人簽署

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

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

3 Details and Declaration by New Policy Owner 新保單主權人資料及聲明

If the new Policy Owner is an individual, please complete Part A & Part C-E.
如新保單主權人是個人，請填寫 **A**部份及 **C-E** 部份。
If the new Policy Owner is an entity, please complete Part B – C, Part E & forms mentioned in Part D.
如新保單主權人是實體，請填寫 **B- C**部份，**E** 部份及**D**部分提及的表格。

A. Personal Particulars for Individual 個人資料(個人)

Surname
英文姓氏

Given Name
英文名字

Please refer to the Required Items on P.7 to process your request
請參閱第7頁之所需項目以便我們處理您的申請

Chinese Name
中文姓名

☐ **Male** 男
☐ **Female** 女

Date of Birth
出生日期

Relationship with Insured
與受保人關係

ID / Passport No.
身份證／護照號碼

Country of Birth
出生國家

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

Employer's Name
僱主名稱

Employer's Nature of Business
僱主業務性質

Exact Duties
確實職務

Occupation Title
職業職銜

☐ **Student** 學生 ☐ **Homemaker** 家庭主婦/夫
☐ **Sun Life's insurance agents** 永明的保險代理人
☐ **Others** 其他 (Please Specify 請註明): _____

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

Source for Premiums / Investment / Contribution
保費/投資/供款的資金來源

☐ **Salary** 薪金
☐ **Savings** 儲蓄 ☐ **Rental Income** 租金收入
☐ **Investment Income** 投資收入
☐ **Others** 其他 (Please Specify 請註明): _____

B. Particulars for Entity 個人資料(實體)

English Name
英文全名

Please contact your consultant or our Client Service Delivery to ascertain the requirements to complete your request
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

Chinese Name
中文全名

Nature of Business
公司業務性質

BR/CI No
商業登記/公司註冊號碼

Date and Place of Incorporation
公司註冊日期及地點

Source for Premiums / Investment / Contribution
保費/投資/供款的資金來源

☐ **Salary** 薪金
☐ **Savings** 儲蓄 ☐ **Investment Income** 投資收入
☐ **Rental Income** 租金收入
☐ **Others** 其他 (Please Specify 請註明): _____

C. Address and Contact Information 地址及通訊資料

If you are a natural person* and have provided an email address and mobile phone number herein or before, then, unless you choose to receive hardcopy in the "Policy Document Option" section, all correspondences (if any) relating to the insurance policy / policies you own / may own in the future ("Document(s)") will be delivered only to the "Policy Documents" folder of your account in My Sun Life HK App or My Sun Life HK Portal ("Client Digital Platforms"), which is the same as delivery to your correspondence address. If eAdvice is applicable to you, delivery will be notified to you by eAdvice (as defined in the "Policy Document Option" section). Once delivered, you will be deemed to have read the Documents. No printed copies will be delivered to your correspondence address.
如您為自然人*並已在此文件或曾經提供了電郵地址及手提電話號碼，則除非您於「保單文件選項」部份選擇接收列印版本，所有與您擁有的／將來或會擁有的保單相關的信件（如有）（「該等文件」）將只會被傳送至您在My Sun Life HK流動應用程式或My Sun Life HK網上平台（「客戶網上平台」）帳戶中的「保單文件」頁面，如同郵寄至您的通訊地址一樣。如電子通知適用於您，您將會收到電子通知（請參閱「保單文件選項」部份以了解其釋義）向您提示該等文件已被傳送。一旦該等文件已被傳送，您即被視為已閱讀它們。您將不會再透過通訊地址收到印刷版本。

If a BR No. is provided for the Policy Owner in this form, then you may not be eligible to apply for eAdvice.
如您已就保單主權人在這份表格內提供了商業登記號碼，則您或不符合資格申請電子通知。

Room/ Flat 室

Floor 樓數

Block 座數

Please complete your Correspondence Address
請填寫您的通訊地址

Building / Estate Name 大廈／屋苑名稱

The correspondence address will be applied to ALL policies under the New Policy Owner
新地址將適用於您作為新保單主權人之所有保單

No. & Name of Street / Lot No. 街道名稱及號碼／地段編號

District / Country 地區／國家

☐ **HK** 香港
☐ **KLN** 九龍
☐ **NT** 新界

ZIP/Postal Code 郵政編號

Additional Information 附加資料

If residential address is different from above OR the correspondence address is a P.O. Box, please provide your residential address here
如上述地址與居住地址不同或以郵政信箱為通訊地址，請在此提供您的住址

Telephone 電話 (With Country Code. 需包含國家代碼) (e.g. 例: Hong Kong 香港=852, China 中國=86)

Home 住宅 (　　)

Office 公司 (　　)

Mobile 手提 (　　)

Please provide at least 1 contact number and include the country code in each number. If not indicated, it will default to 852 (Hong Kong)
請最少提供一個電話號碼。所有電話號碼須包含國家代碼，如沒有提供，國家代碼將被預設為852（香港）

Email Address 電郵地址

Policy Document Option 保單文件選項

☐ Hardcopy 列印版本

If you do not put a tick in the box, you will be applying for eAdvice for all your existing and future policies, and you agree to download and/or register to use the Client Digital Platforms. "eAdvice" is an email or push notification from Sun Life Hong Kong Limited to you.
如您沒有在方格內填上剔號，您將為您現在及將來擁有的所有保單申請電子通知，您亦同意下載及／或註冊使用客戶網上平台「電子通知」是由香港永明金融有限公司向您發送的電郵或推送通知。

D. 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。to
Reason C – TIN is not required. Select this reason only if the authorities of the jurisdiction of residence do not require the TIN 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）

E. Beneficiary(ies) Designation 指定受益人

If no Beneficiary is designated, death benefit will belong to the Policy Owner or the Policy Owner's Estate.
如沒有定立受益人，身故賠償將屬保單主權人或保單主權人之遺產。

Total of share (%) of primary Beneficiaries and contingent Beneficiaries should equal to 100% respectively. The percentage should 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%**。並且分配百分比必須為整數。

I/We hereby designate new Beneficiary(ies) for the policy(ies) as below. It will only effect when this transfer of ownership becomes effective; 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
本人／我們為上述保單指定以下表內的新受益人，並只會在此項保單主權轉讓生效後才告生效；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
I /We, hereby declare that any trustee designated in the table below shall be appointed as trustee to receive any death benefit 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. (This entry is only applicable to Beneficiary under the age of 18)
本人／我們謹此聲明，於指定受益人未成年期間，委任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保單的身故賠償。(這項目只適用於18歲以下的受益人)。

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	Beneficiary relationship to Trustee 受益人與信託人的關係
☑								
☐	☐							
☐	☐							

4 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。

5 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。

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 notes throughout the 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 declare and confirm that a) the Policy Owner(s) 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.
本人／我們謹此聲明及確認保單主權人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。

I/We understand and agree that I/We shall be bound by the terms and conditions of e-Services.
本人／我們明白及同意須受網上服務的條款及條件約束。

I/We declare and agree on behalf of myself/ourselves, the Insured 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 true.
本人／我們謹此代表本人、受保人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。

8 Required Items and Signature 所需項目及簽署

For new individual Policy Owner, the below items are required to complete your request:
如新保單主權人是個人，請提供以下項目以完成閣下之申請：

☐ True Copy of the new Policy Owner's identification proof
新保單主權人身份證明文件真確副本

☐ True Copy of residential address proof issued within 3 months
三個月內發出的住址證明文件真確副本

If new Policy Owner is a PRC resident (individual) or an entity Policy Owner, please contact your consultant or our Client Service Center to ascertain the requirements to complete your request.
如新保單主權人是中國內地居民（個人）或實體，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 New Policy Owner 新保單主權人簽署	Date (DD/MM/YYYY) 日期(日/ 月/ 年)

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