

保單資料更改申請表 (II) Request for Change of Policy Information Form (II)
(適用於保單權益轉讓 / 更改受益人)
(Applicable for Policy Ownership Transfer / Change of Beneficiary)

CSM-CHG02



保單號碼 Policy No.

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本申請表中所用之「本公司」或「貴公司」之表述指中國人壽保險(海外)股份有限公司。
The expression "the Company" used in this form refers to China Life Insurance (Overseas) Company Limited

第一部份 保單資料 Part 1 Policy Information	
受保人姓名 Name of Insured (選擇性填寫 Optional)	
姓 Last Name	名 First Name
保單持有人姓名 Name of Policyholder	
姓 Last Name	名 First Name

請在適當的空格內填上 Please tick the relevant box(es)

第二部份 重要事項 Part 2 Important Notes
<p>1 本申請表應由保單持有人及/或受保人或受抵人以正楷填妥及簽名,簽名式樣須與保單上的記錄相符。任何資料如有更改,保單持有人必須在更改的位置簽署作實。This form is to be completed by the Policyholder and/or Insured or Assignee in BLOCK LETTERS and signed with the signature same as recorded in the policy file. All amendments should be endorsed by the Policyholder in full signature.</p> <p>2 如閣下未能符合本公司的有關規定,本公司有權拒絕閣下的申請。We shall have right to reject your application if you fail to fulfill Company's requirement(s).</p> <p>3 若保單持有人或受保人以圖章蓋印簽署,必須有一位見證人。見證人之個人資料只會用於處理本申請及確認本申請表簽署人的身份之用。If the Policyholder or Insured uses a signature chop, a witness is required. The personal particulars of the witness will only be used for the purpose of verification and confirmation of the identity of the signatory of this form.</p> <p>4 保單權益轉讓將於本公司收到此申請並記錄在案後才生效,有關批單將寄給新保單持有人。The Policy Ownership Transfer shall take effect once your request is received and recorded by the Company. The endorsement will be sent to the new Policyholder.</p> <p>5 所有遞交的身份證明文件及地址證明副本,必須經由本公司的保險中介人認證。All identification document(s) and address proof of the new Policyholder must be certified by an Insurance Intermediary of the Company.</p> <p>6 請勿在空白表格或尚未填妥的表格上簽署。Please do not sign on blank or incomplete form.</p> <p>7 請簽署本申請表後的30天內交回本公司處理。Please return to the Company within 30 days after signing this form.</p> <p>8 保單中介人或銀行職員收到本申請表並不代表本公司亦已收到。Receipt of this form by Insurance Intermediary or Bank Staff does not constitute receipt by the Company.</p> <p>9 如新保單持有人或指定受益人為組織機構,所需提交的證明文件依組織機構類別而不同,詳情請與本公司 / 保險中介人聯絡。If the New Policyholder or designated beneficiary is an entity, identity documents required to be submitted varies according to entity type. Please contact the Company / Intermediary for details.</p>

第三部份 新保單持有人資料 Part 3 Information of New Policyholder			
於申請時,請連同下列文件(如適用)一併遞交: Please submit the following document(s) (if applicable) together with your application:			
1 原保單持有人的身份證明文件的認證副本。Certified copy of identification of the Existing Policyholder			
2 新保單持有人的身份證明文件的認證副本。Certified copy of identification of the New Policyholder			
3 最近3個月內發出的新保單持有人有效住宅地址證明的認證副本(及永久地址證明文件,如兩者不同)。Certified copy of valid residential address proof issued within the last 3 months of the New Policyholder (and permanent address proof, if different)			
4 填寫本申請表第七部份「其他資料」及第八部份「健康資料」(適用於有供款者免繳保費利益責任保障(PB)保單)。Complete Part 7 "Other Information" and Part 8 "Health Details" of this form (applicable for policy with the Payor Benefit (PB)).			
5 請同時遞交「CRS - 自我證明」的表格。 Please also submit "CRS - Self Certification".			
新保單持有人姓名(中文) Name of New Policyholder (in Chinese)		新保單持有人姓名(英文) Name of New Policyholder (in English)	
出生日期 Date of Birth	出生國家 Country of Birth	性別 Gender	婚姻狀況 Marital Status
____/____/____ 日/DD 月/MM 年/YYYY		<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	<input type="checkbox"/> 未婚 Single <input type="checkbox"/> 已婚 Married <input type="checkbox"/> 其他 Others _____

保單號碼 Policy No.

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第三部份 新保單持有人資料 (續) Part 3 Information of New Policyholder (Continued)

國籍/地區 Nationality/Region <input type="checkbox"/> 澳門 Macau <input type="checkbox"/> 中國 Chinese <input type="checkbox"/> 台灣 Taiwan <input type="checkbox"/> 香港 Hong Kong <input type="checkbox"/> 美國 U.S. <input type="checkbox"/> 其他 Others _____ (請註明 please specify)	身份證明文件類別及號碼 (請提供副本) Identity Document Type and No. (Please attach copy) <input type="checkbox"/> 澳門永久居民 Macau Permanent Resident 澳門永久居民身份證號碼 Macau permanent ID Card No.: _____ <input type="checkbox"/> 澳門非永久居民 Macau Non Permanent Resident 澳門非永久居民身份證/護照號碼 Macau Non Permanent ID Card/Passport No.: _____ 簽發國家 Issue Country: _____ <input type="checkbox"/> 組織機構 (公司客戶) Entity (Corporate Client) 商業登記/公司註冊號碼 Business Registration/Company Registration No.: _____
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閣下是否美國公民或美國稅務居民(見第 3 頁之備註)? 若「是」, 請填妥並遞交 W-9 表格或同等文件。Are you a U.S. Citizen or a U.S. tax resident (See Notes on P.3)? If "yes", please complete and submit Form W-9 or an equivalent form.

是 Yes 納稅人識別號碼 TIN No.: _____ 否 No

為遵循 FATCA 及相關的本地法規, 閣下是否同意本公司提供閣下的個人資料予美國或相關的本地司法、稅務或其他監管機構, 以確保本公司遵行 FATCA 或適用規定? Pursuant to FATCA or applicable local laws, do you agree the Company to report your personal data to the U.S. or applicable local regulators or tax authorities where necessary in order to comply with FATCA or applicable local laws?

是 Yes 否 No 不適用 Not Applicable

與受保人之關係 Relationship to the Insured	與原保單持有人之關係 Relationship to the existing Policyholder
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保單權益轉讓原因 Reason(s) of Policy Ownership Transfer

住宅地址 (郵政信箱恕不接受) Residential Address (P. O. Box is not accepted)	城市 City	國家 Country
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永久地址 (若與住宅地址不同, 請填寫此欄) Permanent Address (Please complete if different from the residential address)	城市 City	國家 Country
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通訊地址 (如非上述地址) Correspondence Address (If different from the above address)	城市 City	國家 Country
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辦公室地址 Office Address	城市 City	國家 Country
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聯絡號碼 Contact No.

住宅 Residential	辦公室 Office	手提電話 Mobile Phone
_____-_____-_____-	_____-_____-_____-	_____-_____-_____-
國家號 Country Code 電話號碼 Tel No.	國家號 Country Code 電話號碼 Tel No.	國家號 Country Code 電話號碼 Tel No.

電郵地址 E-mail Address

郵寄地址 Mailing Address

住宅地址 Residential Address 永久地址 Permanent Address 通訊地址 Correspondence Address 辦公室地址 Office Address

若閣下希望收取此保單的電子訊息通知, 請選擇下列渠道。(可選多於一項)
 If you wish to receive electronic notification of this policy information, please select the following channels. (Can choose more than one option).

電郵 E-mail SMS 短訊服務 本人選擇不接受任何電子訊息提示 I do not wish to receive any electronic notification

僱主名稱 Employer Name	現時職業/職位(包括兼職) Current Occupation/Title (including Part-time job)	業務性質(包括兼職) Nature of Business(including Part-time job)
	工作範圍(包括兼職) Job Duties (including Part-time job)	服務年期 Year(s) of Service

資產來源 Source of Wealth

薪金 Salary 儲蓄 Savings 其他, 請註明 Others (Please specify) _____

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第三部份 新保單持有人資料 (續) Part 3 Information of New Policyholder (Continued)

備註：如上述第三部份的資料顯示，新保單持有人是美國公民或美國稅務居民¹及/或可能與美國有關聯²，新保單持有人需將已填妥的美國稅務自我聲明書（如：W-9、W-8BEN 或同等文件）及相關證明文件（如適用），連同本申請表一併呈交予本公司。如新保單持有人為組織機構，除前述文件之外，新保單持有人另需填妥並遞交「補充陳述書 - 適用於要保人/保單持有人/受託人為組織機構」及「補充陳述書 - 適用於個人股東」（如適用）。

- 1 美國稅務居民指的是美國綠卡持有人（即美國合法永久居民）或滿足實質居住測試（即他/她於本納稅年內已在美國逗留至少 31 天和三年內在美國逗留至少 183 天在(含本納稅年度及過往兩年))。
 - 三年內在美國逗留日數計算方法 = 本年實際居住在美國日數 + 1/3 去年居住在美國的日數 + 1/6 前年居住在美國的日數
- 2 與美國有關聯的資料包括但不限於：出生國家為美國³、電話號碼為美國號碼、郵寄或永久地址為美國地址、客戶提供美國郵政信箱或轉交地址或代存地址、客戶授予擁有美國地址的人代理權或簽名權、常設指示將資金轉入位於美國的賬戶、任何與美國相關的資訊等。
- 3 若新保單持有人的出生國家為美國，但聲明為非美國公民或美國稅務居民，除 W-8BEN 之外，請同時提供美國以外國家或地區簽發的護照副本，或政府簽發可證明非美國公民或美國稅務居民身份的任何身份證明文件的副本，及喪失/放棄美國籍之證明文件副本。

Notes: If the information provided under Part 3 of this form indicates that the New Policyholder is a U.S. Citizen or a U.S. tax resident¹ and/or the New Policyholder may have links to the U.S.², the New Policyholder is required to complete and return a U.S. tax self-certification form (e.g. W-9, W-8BEN or an equivalent form) and relevant supporting documents (if applicable), along with this form to the Company. If the New Policyholder is an entity, the New Policyholder is required to complete and submit the "Supplementary Information Form – Applicable to Entity Applicant/ Policyholder/ Assignee" and "Supplementary Information Form – Applicable to Individual Shareholder" (if applicable) in addition to the aforementioned documents.

- 1 U.S. tax resident refers to U.S. Green Card holder (i.e. U.S. lawful permanent resident) or individual who meets the substantial presence test (i.e. he/she has been present in the U.S. for at least 31 actual days in the current tax year and 183 equivalent days during a three year period (including current year and the two prior years)).
 - Equivalent days = Actual days in the U.S. in the current year + 1/3 of his/her days in the U.S. in the immediately preceding year + 1/6 of his/her days in the U.S. in the second preceding year.
- 2 Information that has a U.S. link, included but not limited to: a U.S. place of birth³, a U.S. telephone no., a U.S. correspondence or permanent address, a U.S. P.O. box address, a U.S. "in-care-of" or "hold mail" address, a power of attorney or signatory authority granted to a person with a U.S. address, standing instructions to make payments to accounts maintained in the U.S., any U.S. related information, etc.
- 3 If the New Policyholder's place of birth is U.S., but declared that he/she is not a U.S. Citizen or a U.S. tax resident, apart from filing in W-8BEN, please provide a copy of non-U.S. passport or government issued identification document evidencing non-U.S. citizenship or Tax resident, AND a Certificate of Loss of Nationality of U.S.

第四部份 現時保單權益人聲明 Part 4 Declaration by Existing Policyholder

本人/我們現將上述保單轄下本人/我們的權利、賠償金、利益及責任，轉讓予上述新保單持有人。本人/我們明白此保單權益轉讓將自動撤銷保單之前所指定的受益人及受託人(如有)。
I/We transfer all my/our rights, claim and interests in and obligations under the above Policy to the new Policyholder stated above. I/We understand that this transfer of ownership will automatically revoke all previous designation of beneficiary(ies) and appointment of trustee(s) under the policy(ies), if any.

現時保單持有人簽署 _____ 見證人簽署 _____
Signature of Existing Policyholder Signature of Witness

日期 _____ / _____ / _____ 日期 _____ / _____ / _____
Date 日/DD 月/MM 年/YYYY Date 日/DD 月/MM 年/YYYY

第五部份 委任未成年受益人的信託人 Part 5 Designation of Trustee of Minor Beneficiary

保單持有人謹此聲明，在以下受益人年滿十八歲前，下列指定人士將被委任為信託人，代表該受益人根據保單內的身故賠償百分比領取賠償金額。
The Policyholder hereby declares that before the beneficiary stated below attains age 18, the following assignee shall be appointed as trustee to receive death proceeds on behalf of the aforesaid under the percentage proportion stated in the policy.

保單內未成年之受益人姓名 Name of Minor Beneficiary(ies) under the Policy

信託人姓名 Name of Trustee

身份證明文件 / 護照號碼 Identity Document / Passport No. (須提供副本 Please provide a copy)

與受益人關係 Relationship with Beneficiary(ies) (如非家庭成員，請註明原因 Please provide a reason if non-family member)

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第六部份 更改受益人 Part 6 Change of Beneficiary(ies)

重要事項 Important Notes :

- 1 如受益人超過一人，除非在此列明各分配比例，否則保單內之利益將平均分配給予受保人去世後尚生存的受益人。為免延誤索償，請儘量填寫受益人的身份證明文件/護照號碼。If more than one beneficiary is designated, all policy proceeds will be paid to each beneficiary in equal share unless herein specified. Please provide Identity Document/Passport No. of the beneficiary to avoid possible delay during claims process.
 - 2 此申請是提供指定第一受益人及第二受益人。指定第二受益人須於所有第一受益人身故後才生效。This request provides beneficiary designation of primary and secondary beneficiaries. The beneficiary designation of secondary beneficiary will be effective only if all primary beneficiaries die.
 - 3 除特別指明外，相同類別的受益人(第一或第二)的分配百分比將平分。相同類別的總分配百分比必須是 100%。Beneficiaries in the same class (primary or secondary) should share equally unless otherwise stated. Total share for each class must be 100%.
 - 4 如指定受益人涉及組織機構，請提供商業登記號碼。If beneficiary designation involves an entity, please provide the Business Registration No.
 - 5 如未有填寫，則假設為準要保人的法定受益人。
The Proposed Policy Owner's own estate will be assumed if not specified.
 - 6 請遞交指定受益人身份證明文件的認證副本。Please submit Certified Copy of **identity document of designated beneficiary (ies)**.
- * 如新受益人屬非家庭成員，保單持有人需要提供職業及業務性質。For Policyholder, please provide occupation & nature of business if new beneficiary(ies) is(are) non-immediate family members).

受益人類別 Beneficiary Class		中文姓名 Name in Chinese	英文姓名 Name in English	身份證明文件/護照號碼 Identity Document/ Passport No.	性別 Gender	出生日期 Date of Birth 日/月/年 DD/MM/YYYY	與受保人關係 Relationship to the Insured	百分比 Percentage
第一 Primary	第二 Secondary							
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							

* 保單持有人現時職業及業務性質 Policyholder Current Occupation & Business of Nature

其他指示 Other Instructions

第七部份 其他資料 Part 7 Other Information

*如申請「供款者免繳保費利益保障」(PB)，新保單持有人須回答此部份。 New Policyholder should complete this section if applying for Payor Benefit.

		受保人 Insured	* 保單持有人 Policyholder
1	閣下是否曾以非乘客身份乘搭或駕駛飛機或有此意圖? Have you engaged in or intend to fly other than as a fare-paying passenger?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
2	閣下是否現役軍人? 於過去五年內閣下是否曾參加或意圖參加任何有危險性之運動或競技? Are you now a military member? In the past 5 years, did you participate or intend to participate in any hazardous sports or competitions?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
3	閣下是否有或可能參與攀山、跳傘、潛水或賽車等危險性之運動? Do you, or are you likely to, engage in such hazardous pursuits as mountaineering, parachute jumping, skin or scuba diving, or motor racing.	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
4	閣下在過去投保或申請復效人壽、危疾、意外或醫療保險時，曾否被拒絕、延期、加費或被修改? 如有，請填寫原因、投保公司名稱、投保日期及保單號碼。Has any application for or reinstatement of life, critical illness, accident or medical insurance on you been declined, postponed, rated-up or accepted on a basis other than that applied for? If yes, please provide the reason, insurance company's name, and application date and policy number.	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No

若上方任何問題答案為「是」/「有」者，請註明題號，並提供詳細資料。For any of the "Yes" answer in the above questions, please indicate the question number and provide details.

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第八部份 健康資料 Part 8 Health Details				
*如申請「供款者免繳保費利益保障」(PB), 新保單持有人須回答此部份。 New Policyholder should complete this section if applying for Payor Benefit.				
		受保人 Insured		*保單持有人 Policyholder
1	身高及體重 Height and Weight	公分 cm	公斤 kg	公分 cm 公斤 kg
2	過去 12 個月內, 閣下的體重是否曾經增加/減少? 請註明原因。 Any gain or loss of your weight in the past 12 months? Please specify the reason(s). 原因 Reason(s): _____	增 / 減 Gain / Loss	公斤 kg	增 / 減 Gain / Loss 公斤 kg
3	職業 Occupation			
4	業務性質 Nature of Business			
5	(a) 高空作業 Work at Height (請註明 please specify) : 最高 max height _____ 米/m	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No
	(b) 重型機械操作 Heavy Machinery Operation : (請註明 please specify) _____	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No
6	在過去 12 個月內閣下有否吸煙? 如「有」, 請填寫下列問題: In the past 12 months, have you ever smoked? If "yes", please complete below questions :	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No
	(a) 每日平均吸煙多少支 Average number of pieces daily?	_____ 支/天 pieces/day		_____ 支/天 pieces/day
	(b) 吸煙已有多少年 How many years have you smoked?	_____ 年 years		_____ 年 years
7	閣下的家屬中曾否有人患癌症、精神病、糖尿病、心血管病或任何遺傳疾病? Have your family members ever had cancer, mental disease, diabetes mellitus, cardiovascular diseases and any other inherited diseases?	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No
8	閣下曾否使用任何可成癮藥物, 吸毒, 酗酒或曾接受戒毒或戒酒治療? Have you ever used habit forming drugs or narcotics or alcohol excessively or been treated for drug or alcoholism?	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No
9	閣下是否患有先天性缺陷疾病, 例如先天性心臟病、腦發育不全等? Have you ever had congenital disease such as congenital heart disease, abnormal brain development, etc?	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
10	閣下曾否患有, 或獲告知患有, 或曾接受下列疾病之治療: Have you ever had or been told you had, or been treated for :			
	(a) 肺結核病, 呼吸系統或肺部疾病? Tuberculosis, respiratory or lung disease?	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No
	(b) 風濕性心臟病, 血壓病, 胸痛, 心臟, 血液或血管疾病? Rheumatic heart disease, high blood pressure, chest pain, any disease of the heart, blood or blood vessels?	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No
	(c) 腸胃潰瘍, 肝或膽囊或消化器官之疾病? Gastro-intestinal ulcer, disease of liver, gall-bladder or digestive organs?	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No
	(d) 腎石或任何生殖泌尿系統病症? Renal stones or any reproductive urinary disease?	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No
	(e) 癲癇或任何精神病或神經不正常? Epilepsy, or any mental or nervous disorder?	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No
(f) 癌症、腫瘤、任何透過性接觸傳染的疾病、糖尿病、其他內分泌疾病或嚴重受傷? Cancer, tumor, any sexually transmitted disease, diabetes, any endocrine disease or severe injury?	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No	
11	在過去五年內, 閣下曾否 In the past 5 years, have you ever :			
	(a) 接受過或被建議進行診斷檢驗, 如 X 光、心電圖、特殊血液檢驗及健康檢查? Had or been advised to take any diagnostic test(s), such as X-Ray, ECG, special blood test or body check-up?	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No
	(b) 患有疾病、接受過手術、就診/治療或留醫等而未在上述各項提及者? Had any illness, operation, medical consultation/treatment or hospitalization not mentioned above?	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No
12	閣下目前是否正接受藥物治療或醫療護理? Are you currently receiving medical treatment or under medical care of any kind?	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
13	閣下是否有可預見或打算進行之醫生囑咐、診症或治療? Do you have any expected need or intention of receiving medical advice, consultation, or treatment?	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
14	閣下曾否接受或打算接受任何有關愛滋病或愛滋病綜合病徵之醫生囑咐、輔導或治療, 或曾被通知患有上述提及之疾病? Have you ever received or do you intend to receive any medical advice, counseling or treatment in connection with AIDS, or any AIDS-related conditions, or been told you had the above-mentioned disease?	<input type="checkbox"/> 有 Yes	<input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No

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第八部份 健康資料 (續) Part 8 Health Details (Continued)

15	閣下曾否被通知在愛滋病毒抗體測驗中呈陽性反應? Have you ever been told you had positive reaction in AIDS test?	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No
16	閣下曾否在過去三個月內持續超過一星期有下列病徵: 疲倦, 體重下降, 腹瀉, 淋巴核腫大或不尋常的皮膚潰瘍? Have you at anytime in the past 3 months had any of the following symptoms for more than 1 week continuously: fatigue, weight loss, diarrhea, enlarged lymph nodes or unusual skin lesions?	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No
17	閣下曾否被通知因身體不適而接受任何檢查或治療未在上述各項提及? Have you ever received any medical check-up or treatment due to illness which is not mentioned in the above?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 無 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 無 No
只適用於十二歲或以上之女性 For Female aged 12 or above only:			
18	(a) 閣下現在是否懷孕? 如「是」, 請告知懷孕週數。Are you pregnant now? If "Yes", please state pregnancy duration.	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
	(b) 閣下曾否有乳房或生殖器官疾病或產前產後之併發症? Have you had any disorder of the breast or reproductive organs, or prenatal or postnatal complication?	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No
19	閣下過去有否因疾病、意外、受傷而提出或獲得過任何賠償? Have you ever made a claim or received any compensation for illness, accident or injury?	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No

若第八部份之問題的答案為「是」/「有」者, 請在此欄提供詳細資料並註明所屬部份及題號。If any answer to Section 8 is "Yes", please give full particulars below and quote the relevant part and question number.

第九部份 聲明及授權 Part 9 Declaration and Authorization

本人/我們現申請辦理上述之更改事項, 謹此聲明並確認所有提供之資料及細節是準確無誤, 真實及為事實之全部, 並且是盡本人/我們所知及所信而作答的, 本人/我們並同意此等更改事項或服務必須符合下列所有條件及經貴公司批准, 方能生效:

- 1 所有需要之款項及文件提交予貴公司並完整無缺。
- 2 此項申請在受保人在生並仍然符合受保條件時, 經貴公司接納及批准。
- 3 在此申請表及貴公司所須之其他文件上填報之一切資料及申報, 將成爲此保單之一部份(除非另有其他指示)
- 4 貴公司將以書面或附註形式通知此申請被接納。
- 5 本人/我們提供符合貴公司要求之有效證明文件(例如: 身分證明及地址證明)予貴公司, 讓貴公司能按照於「預防及打擊透過保險活動清洗黑錢及資助恐怖主義的操作指引」法規所載, 對本人/我們、保單之最終實益擁有人(如有)及本人/我們之授權簽署人士(如適用)進行客戶盡職審查。

本人/我們謹此代表本人及所有受保人同意及授權:

- 1 任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構, 或其他機構、組織或人士、凡知道或持有任何有關本人及受保人或任何一位受保人之記錄者, 及/或曾診驗或可能將會診驗本人及任何一位受保人者, 均可將該等資料提供給貴公司。
- 2 貴公司或任何其指定之醫生或化驗所, 可就此保單更改申請替本人及任何受保人進行所需之醫療評估及測試, 作爲審核本人及任何受保人之健康狀況。此授權對本人之繼承人及受讓人具有約束力; 即使本人死亡或無行爲能力時, 此授權仍具效力。本授權書的影印本與正本均有同等效力。

本人/我們聲明及同意已獲所有受保人授權及同意本人作出上述授權。

I/We hereby request the above change(s) be effected and declare that all statement, information and particulars given herein are accurate, true and complete and are given to the best of my/our knowledge and belief and no material information has been withheld in relation to this request.

- I/We agree that such change(s) or service(s) will not take effect unless all of the following conditions are met and approve by the Company.
- 1 All required payment and complete supporting documents have been submitted to the Company.
 - 2 The request is accepted and approved by the Company during the lifetime and continued insurability of the Insured.
 - 3 The information and statement made in this request and in other documents as required by the Company shall form the basis for this policy alteration request and form a part of the policy(ies) unless otherwise specified.
 - 4 Acceptance of the request for change shall be confirmed by the Company in writing or endorsement.
 - 5 I/We provide valid documentation proofs (such as identity document and address proof) to the satisfaction of the Company for the Company to conduct due diligence on myself/ourselves, the ultimate beneficial owner of the policy (if any) and my/our authorized signatory(ies) (if applicable) pursuant to the "Guidelines on Prevention and Combating Money Laundering and Financing of Terrorism in Insurance" Ordinance.

I/We hereby agree and authorize on behalf of myself and/or the Insured that:

- 1 Any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organization, institution or person, that has any records or knowledge of me/the Insured and who has attended or may hereafter attend myself/the Insured to disclose such information to the Company.
- 2 The Company or any of its appointed medical examiners or laboratories may perform the necessary medical assessment and tests to evaluate the health status of myself/the Insured in relation to this Application. This authorization shall bind my successors and assignees and remain valid notwithstanding my death or incapacity. A photocopy of this authorization shall be as valid as the original.

I/We declare and agree that I/we have the full authority from and consent of the Insured to make the above authorizations.

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第十部份 客戶確認符合《海外帳戶稅收合規法案》和其他適用法律 Part 10 Customer acknowledgement regarding compliance with Foreign Account Tax Compliance Act and other Applicable Laws

閣下認知中國人壽保險(海外)股份有限公司(下稱“本公司”)須遵從,遵守或履行法律、法規、命令、指引、守則和包括《海外帳戶稅收合規法案》適用規定的要求,或任何公眾、司法、稅務、政府和/或其他監管機構等協定的要求,包括但不限於美國國稅局(以下簡稱「監管機構」)在不同的司法管轄區不時頒布及修訂的協定(以下簡稱「適用規定」)。在這方面,閣下同意本公司可以在任何時候完全酌情採取任何相關行動,包括但不限於向任何監管機構透露閣下的個人資料,以確保本公司遵行適用規定。You acknowledge that China Life Insurance (Overseas) Company Limited (hereinafter called “the Company”) shall be obliged to comply with, observe or fulfill the requirements of the laws, regulations, orders, guidelines, codes, and requirements including the applicable requirements under the Foreign Account Tax Compliance Act of or agreements with any public, judicial, taxation, governmental and/or other regulatory authorities, including without limitation, the U.S. Internal Revenue Service (the “Authorities” and each an “Authority”) in various jurisdictions as promulgated and amended from time to time (the “Applicable Requirements”). In this connection, you agree that the Company may at any time take any relevant actions as may be determined by the Company in its sole and absolute discretion which including but not limited to disclose your particulars to any Authority for the purpose of ensuring the Company's compliance or adherence with the Applicable Requirements.

客戶同意向第三方披露資料

Customer consent to disclose information to third parties

閣下同意 本公司可能將根據適用規定的要求,向任何監管機關披露閣下的個人資料或任何資料。此等披露可以由本公司直接或通過中國人壽保險(集團)公司或中國人壽保險(集團)公司的其他成員進行。基於前述的原因,以及儘管在本表格或我們之間的任何其他協議所載的任何內容,本公司可能需要閣下向本公司提供進一步資料,以便向任何監管機關透露,而閣下必須在合理要求的時間(由提出申請或知會變更資料的 90 日期天)內,向本公司提供相關的資料。You agree that the Company may disclose your particulars or any information to any Authority in connection or adherence with the Applicable Requirements. Such disclosure may be effected directly or sent through any of the China Life Insurance (Group) Company or other affiliates of the China Life Insurance (Group) Company. For the purposes of the foregoing and notwithstanding anything contained in this form or any other agreements between us, the Company may need you to provide the Company with further information as may be required for disclosure to any Authority and you shall provide the same to the Company within such time as may be reasonably required (Within 90 calendar days from the date of the application or information change).

更新客戶有關國籍,稅務狀況的資料及其他資料

Updating of customer information about nationality, tax status and others

儘管載於本表格或我們之間其他任何協議所包含的任何內容,閣下同意向本公司提供協助,使本公司能夠就閣下或閣下向本公司購買的保險計劃,遵行適用規定下的義務。Notwithstanding anything contained in this form or any other agreements between us, you agree to provide the Company with such assistance as may be necessary to enable the Company to comply with the Company's obligations under all Applicable Requirements concerning you or your policies with the Company.

就閣下任何在申請時或其他時間向本公司提供的任何資料,閣下同意及時(30 日期天之內)向本公司提供更新資料。尤其重要的是閣下立即通知本公司下列的更新:若閣下是個人,閣下的個人身份號碼、地址、電話、國籍、稅務狀況或稅籍所在地的變動;閣下擁有多於一個國家的稅籍;若閣下是法團法人或任何其他類型的實體,閣下的註冊地址、業務營運地址、主要股東、法定及實際受益人或管理人(擁有或控制 10% 或以上股份或所有權或管理權的人士),稅務狀況,稅籍所在地的變動,或若閣下擁有多於一個國家的稅籍。若發生這些變動,或任何其他資料顯示發生了變動,本公司可能會要求閣下提供額外文件或資料。此等資料和文件包括但不限於正式完成及/或簽署(並且如有需要,由公證人作出公證)的稅務申報或表格。

You agree to update the Company in a timely manner (within 30 calendar days) of any change of any of the details previously provided to the Company whether at time of application or at any other times. In particular, it is very important that you notify the Company immediately if, where you are an individual, your personal identification numbers, addresses, telephone numbers, nationality, tax status or tax residency changes or if you become tax resident in more than one country, or, where you are a corporation or any other type of entity, your registered address, address of your place of business, substantial shareholders, legal and beneficial owners or controllers (who own or control 10% or more of your shares or ownership interest or control), tax status, tax residency changes or if you become tax resident in more than one country. If any of these changes occurs or if any other information comes to light concerning such changes, the Company may need to request additional documents or information from you. Such information and documents include but are not limited to duly completed and/or executed (and, if necessary, notarized) tax declarations or forms.

如果閣下未能及時向本公司提供資料或文件,或閣下所提供所需的資料或文件並非最新,準確或完整,為確定本公司持續遵從適用規定,閣下同意本公司可以完全酌情決定隨時採取任何相關行動以確保本公司遵從適用法律及法規的要求。If you do not provide the Company with the information or documents requested in a timely manner or if any information or documents provided are not up-to-date, accurate or complete you agree that the Company may take any relevant actions at any time as may be determined by the Company in its sole and absolute discretion to be required to ensure compliance with the applicable Laws and Regulations on the part of Company.

保單號碼 Policy No.

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第十一部分 個人資料收集聲明 Part 11 Personal Information Collection Statement

本人/我們確認已閱讀及明白中國人壽（海外）股份有限公司的收集個人資料聲明("本聲明")。有關最新版本的收集個人資料聲明，可於 www.chinalife.com.hk 下載或向中國人壽（海外）股份有限公司索取。

I/We confirm that I/We have read and understood the Personal Information Collection Statement ("PICS") of China Life Insurance (Overseas) Company Limited. For the latest version of the PICS, it can be downloaded from www.chinalife.com.hk or is made available upon request.

重要提示：請於下文空白處簽名，以示閣下同意，若閣下不同意根據“為直接促銷目的而使用個人資料”部份所述為直接促銷之目的而使用和提供閣下的個人資料，請在下文空格處劃上「✓」號。

Important: Please indicate your agreement by signing on the space provided below. If you do not agree to the use and provision of your personal data for direct marketing as set out in the section "Use of data in direct marketing", please tick the box below.

本人不同意根據以上**收集個人資料聲明**（參閱“為直接促銷目的而使用個人資料”部份）為直接促銷之目的而使用和提供本人的個人資料，亦不希望接收任何推廣及直接促銷材料。
I do not agree with the use and provision of my personal data for direct marketing purposes as set out above in the **Personal Information Collection Statement** (see "Use and provision of personal data in direct marketing") and do not wish to receive any promotional and direct marketing materials.

第十二部份 簽署 Part 12 Signature

原保單持有人簽署 Signature of the Existing Policyholder	日期 _____ / _____ / _____ Date 日/DD 月/MM 年/YYYY
新保單持有人簽署 Signature of New Policyholder	日期 _____ / _____ / _____ Date 日/DD 月/MM 年/YYYY
不可撤換受益人簽署 (如適用) Signature of Irrevocable Beneficiary (if applicable)	日期 _____ / _____ / _____ Date 日/DD 月/MM 年/YYYY
受抵人簽署 (如適用) Signature of Assignee (if applicable)	日期 _____ / _____ / _____ Date 日/DD 月/MM 年/YYYY
見證人簽署 Signature of Witness	見證人姓名及身份證明文件號碼 Name and Identity Document No. of Witness
	日期 _____ / _____ / _____ Date 日/DD 月/MM 年/YYYY

如中英文版本有任何抵觸或不符之處，概以中文本為準。

In case of discrepancies between the English and Chinese versions, the Chinese version shall apply and prevail.

只適用於保險中介人 For Insurance Intermediary Use Only

保險中介人姓名 Name of Insurance Intermediary	聯絡電話號碼 Contact Telephone No.	職場編號 Branch Code	保險中介人編號 Insurance Intermediary Code
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只適用於銀行 For Bank Use Only

銀行職員姓名 Name of Bank Staff	聯絡電話號碼 Contact Telephone No.	分行編號 Branch Code	保險中介人編號 Insurance Intermediary Code
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只供內部使用 For Internal Use Only

覆核員 Checked by	記錄員 Recorded by	簽名校對員 Signature Verified by	備註 Remarks
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