



Request for the Change of Servicing Broker 申請更換保險經紀公司

TO **AXA China Region Insurance Company (Hong Kong) Limited (“AXA”)**

致 **安盛金融保險（香港）有限公司（“安盛”）**

A. Completed by Policy Owner 保單持有人填寫

I, _____ with ID/Passport No _____, hereby
(Name of Policy Owner)

appoint _____ as my servicing
(Full Name of New Servicing Broker)

broker for my policy (or policies) in AXA stated below with immediate effect.

本人 _____ 持有之身分證/護照號碼 _____
(保單持有人姓名)

現委任 _____ 作為本人日後
(新保險經紀公司之全名)

處理以下安盛保單之保險經紀公司，即時生效。

Policy No 保單號碼	Name of Insured 被保人姓名
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____

I understand, acknowledge and agree that, as a result of my request for change of Servicing Company for the policy(ies) listed above (subject to the AXA's approval), AXA will pay the authorized insurance broker commission during the continuance of the said policy(ies) including renewals, for arranging the said policy(ies). Where I am a body corporate, the authorised person who signs on my behalf further confirms to AXA that he or she is authorised to do so.

I further understand that the above agreement is necessary for AXA to proceed with my request for change of Servicing Company.

本人明白、確知及同意，就本人提出更改上述保單的服務代表公司之申請(視乎貴公司的同意)，安盛會於保單有效期(包括續保期)向負責安排上述保單的獲授權保險經紀支付佣金。假如本人為法人團體，代表本人簽署的獲授權人員並向安盛確認他/她已獲法人團體授權簽署。

本人亦明白安盛必須取得本人以上的同意，才可以處理有關更換保險經紀公司的申請。

Signature of Policy Owner 保單持有人簽署		Sign Date 簽署日期	
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Important Note: This request is subject to the final confirmation by AXA

重要備註：此申請需經安盛之最終確認



B. Completed by New Servicing Broker 新保險經紀公司填寫

This is to confirm that we, _____
 (Full Name of New Servicing Company)
 with the Broker Code in AXA _____, have accepted the appointment
 of the servicing broker from the policy owner _____
 for the policy (or policies) stated above with immediate effect.

我們 _____, 在安盛之保險經紀
 (新保險經紀公司之全名)
 編號為 _____, 現確認接受 _____
 (保單持有人姓名)
 委任為新保險經紀公司, 並在日後處理在以上列明的安盛之保單, 即時生效。

Authorized Signature of the New Servicing Company with Company chop 新保險經紀公司之授權人簽署及公司印章		Sign Date 簽署日期	
Name of the Authorized Signature 授權人之姓名			

C. Completed by AXA Internal Staff ONLY 只供安盛內部人員填寫

<i>For Life Broker & IFA Dept Internal Use Only</i> 只供中介人及銷售拓展部內部使用		<i>For Sales HR Internal Use Only</i> 只供營業人力資源部內部使用	
Policy owner's signature checked by 核實保單持有人簽署		Completed By 完成	
Date 日期		Date 日期	
Signature and Name of Business Development Manager 業務拓展經理簽署及姓名		Checked By 核實	
Sign Date 簽署日期		Date 日期	