



Policy Number 保單編號:

☐ New Application 新生意 ☐ Existing Policy 現有保單

**AXA China Region Insurance Company  
(Hong Kong) Limited**  
(Expressed as "AXA" / "The Company" in this  
request form)  
安盛金融保險(香港)有限公司  
(於本申請書表述為 "AXA 安盛" / "本公司" / "貴公司")

# CONTINGENT INSURED (FLEXI CONTINUATION OPTION) REQUEST FORM 後備被保人 (彈性延續選項) 申請書

**Simple steps for your service request submission: 請按以下步驟作有關申請:**

- |  |  |
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| <ol style="list-style-type: none"> <li>(1) Complete this form. Please do not sign on a blank form.</li> <li>(2) "✓" the request option and provide the necessary details.</li> <li>(3) Countersign any alteration on this form with the Owner/Trustee/Assignee's (expressed as "Owner" in this form) signature.</li> <li>(4) Please refer to the document checklist for documents required to process your request.</li> <li>(5) Submit all pages of this form and supporting documents to your financial consultant or AXA Customer Service Centre.</li> <li>(6) The original of this form and supporting documents you submit will not be returned.</li> </ol> | <ol style="list-style-type: none"> <li>(1) 填寫申請書。請勿在空白申請書上簽署。</li> <li>(2) "✓" 適用的選項並提供所需資料。</li> <li>(3) 本申請書上如有任何修改, 持有人 / 信託人 / 受讓人 (於本申請書表述為「持有人」) 必須在旁加簽。</li> <li>(4) 請參閱所需文件指引以便處理您的申請。</li> <li>(5) 遞交此申請書的所有頁面及所需文件給您的理財顧問或 AXA 安盛客戶服務中心。</li> <li>(6) 您所遞交之正本申請書及所需文件將不獲退還。</li> </ol> |
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## INSURED'S AND OWNER'S INFORMATION 被保人和持有人資料

Full Name of Insured 被保人姓名	
Full Name Of Owner 持有人姓名	

## Important notes 重要事項

1. This request form is only applicable to (a) designated products; (b) the policy of which the owner is not the insured (only if designation of contingent owner is not applicable); and (c) the policy which is in effect.
2. When the owner applies to designate a contingent insured,
  - (a) For policy owned by individual and the **owner is not the insured**, the contingent insured must be (i) either the owner himself / herself or the owner's (a) spouse or (b) child under age 18; or (ii) any other individual with relationship to the owner as may be agreed by the Company from time to time.
  - (b) For policy owned by individual and the **owner is the insured**, the owner may apply to designate a contingent insured only if a contingent owner is also designated at the same time and the contingent insured must be (i) either the contingent owner himself / herself or the contingent owner's (a) spouse or (b) child under age 18; or (ii) any other individual with relationship to the contingent owner as may be agreed by the Company from time to time.
  - (c) (Applicable to corporate financial planning as purpose of insurance only) For policy owned by corporate, the contingent insured must be (i) another valuable employee of the owner; or (ii) any other individual with relationship to the owner as may be agreed by the Company from time to time.
3. The designation of contingent insured must be endorsed in writing by the irrevocable beneficiary (if any) and the assignee (if any).
4. When the owner applies to designate a contingent insured, subject to the requirement on beneficiary designation under "Nomination Option (B) - Designated Age" of the "Heritage Protector Option" provision (if any), the owner must nominate himself / herself (where the owner and the insured are not the same person), the contingent owner (where the owner and the insured are the same person) or any other person as the Company may consider acceptable at our discretion to be the beneficiary. The beneficiary as at the effective date of the designation of the contingent insured must not be changed or revoked for so long as the designation of the contingent insured remains valid.
5. Only one individual person can be designated as the contingent insured at any one time.
6. Designation of the contingent insured is not valid until the request is approved and endorsement has been issued by the Company. The Company reserves the right to seek satisfactory evidence of insurability of the contingent insured. The contingent insured will only become the insured when all of the below conditions are met:
  - (a) The insured deceases while the Policy is in force;
  - (b) Owner (if the owner is not the deceased insured) or contingent owner (or his legal representative as the case may be) (if the owner is the deceased insured) submits application to exercise the flexi continuation option and the Company receives due proof (in the form specified by the Company and in such manner satisfactory to the Company) within 30 days or 60 days (applicable to Max Goal II Insurance Plan & WealthAhead II Savings Insurance only) after the death of the insured. For policy of which the ownership is held by the interim owner (if any) as at the date of death of the insured, the application is deemed to have been made upon the Company's receipt of notice of the insured's death and such shall be provided to the Company within 60 days of the date of death of the insured;
  - (c) the contingent insured is still alive and below age 138 as at the effective date of the replacement of the insured;
  - (d) If the owner is not the deceased insured, the owner has an insurable interest in the contingent insured as at the effective date of the replacement of the insured except that for a policy held by the interim owner (if any), the contingent owner has an insurable interest in the contingent insured as at the effective date of the replacement of the insured;
  - (e) If the owner is the deceased insured, the contingent owner has an insurable interest in the contingent insured as at the effective date of the replacement of the insured and the Company approves the replacement of the deceased owner by the contingent owner as the owner of the policy; and
  - (f) the request of replacement of the insured is approved by the Company.
7. Upon the change of owner (except any replacement of the owner by the contingent owner or interim owner (if any)) and/or insured, any approved designation of contingent insured will be revoked automatically without further notice. In the event that the owner is the insured, upon change of contingent owner, designation of the contingent owner is revoked automatically or the designation of the contingent owner otherwise becomes invalid for any reason, any request for the designation / any approved designation of contingent insured will be revoked automatically without further notice.
8. Request for designation / change / revocation of contingent insured and/or exercise of flexi continuation option is subject to the approval of the Company at its sole and absolute discretion.

- 此申請書只適用於 (a) 指定產品；(b) 持有人不是被保人的保單 (僅當指定後備持有人不適用時)；及 (c) 保單正在生效。
- 當持有人申請指定後備被保人時，
  - 就由個人人士持有的保單而言，當**持有人不是被保人**，後備被保人必須為 (i) 持有人本人或持有人的 (a) 配偶或 (b) 18 歲以下的子女；或 (ii) 任何與持有人有關係的其他人士 (由本公司不時同意)。
  - 就由個人人士持有的保單而言，當**持有人是被保人**，持有人在指定後備被保人時必須同時申請指定一名後備持有人，及後備被保人必須為 (i) 後備持有人本人或後備持有人的 (a) 配偶；或 (b) 18 歲以下的子女；或 (ii) 任何與後備持有人有關係的其他人士 (由本公司不時同意)。
  - (只適用於投保目的為公司財務策劃) 就由公司持有的保單而言，後備被保人必須為 (i) 持有人的另一名重要員工；或 (ii) 任何與持有人有關係的個人人士 (由本公司不時同意)。
- 指定後備被保人必須由不可撤銷的受益人 (如有) 及受讓人 (如有) 書面同意。
- 當持有人申請指定後備被保人時，受限於「傳承守護選項」條款 (如有) 中「指定選項 (B) — 指定年齡」對指定受益人的要求，持有人必須提名自己 (如持有人不是被保人)、後備持有人 (如持有人是被保人) 或任何其他本公司以酌情權考慮並同意之人士成為受益人。只要當後備被保人的指定仍然有效，在指定後備被保人生效日期當日的受益人不得更改或撤銷。
- 在同一時間內僅限一名個別人士可被指定為後備被保人。
- 指定後備被保人須經本公司批核及發出批註後方為有效。本公司保留索取符合要求的後備被保人可保證明的權利。後備被保人只會在符合以下所有情況下成為被保人：
  - 被保人於保單有效期內身故；
  - 持有人 (如持有人不是已故被保人) 或後備持有人 (或其法定代表人，視情況而定) (如持有人是已故被保人) 申請行使彈性延續選項及本公司於被保人身故日起 30 日或 60 日 (只適用於「尊尚盈家 II」壽險計劃及盛利 II 儲蓄保險) 內收到妥善證據 (該證據必須以本公司指明的格式及令本公司滿意之方式進行)。就被保人身故當日持有權由暫託人 (如有) 持有的保單而言，申請將於本公司收到被保人身故通知時而被視為已作出及該通知須由被保人身故日期當日起計 60 天內提交給本公司；
  - 於取代被保人生效日期當日，後備被保人仍然在生及年齡為 138 歲以下；
  - 如持有人不是已故被保人，於取代被保人生效日期當日，持有人對後備被保人具有可保權益，除了由暫託人 (如有) 持有的保單，則於取代被保人的生效日期當日，後備持有人對後備被保人具有可保權益；
  - 如持有人是已故被保人，於取代被保人生效日期當日，後備持有人對後備被保人具有可保權益，且本公司批准後備持有人取代已故持有人作為持有人；及
  - 取代被保人的申請獲本公司批准。
- 當持有人 (除非後備持有人或暫託人 (如有) 取代持有人) 及 / 或被保人被更改，任何已批准之指定後備被保人將會被自動撤銷而不作另行通知。當持有人是被保人時，如後備持有人發生任何變更、指定後備持有人被自動撤銷或因任何原因而無效，任何指定或任何已批准之指定後備被保人將會被自動撤銷而不作另行通知。
- 本公司對於指定 / 更改 / 撤銷後備被保人之申請及 / 或行使彈性延續選項的審批擁有全權及絕對酌情權。

## 1. DESIGNATION/CHANGE OF CONTINGENT INSURED\* 指定 / 更改後備被保人 \*

Note: \*For designation/change of contingent insured, please provide contingent insured's information

注意: \* 若指定 / 更改後備被保人，請提供後備被保人的資料

### ☐ Designation/Change of Contingent Insured 指定 / 更改後備被保人

#### Declaration and agreement of the owner 持有人之聲明及協議

I, the owner of the abovementioned policy, hereby request to designate the person stated below as the contingent insured/change the contingent insured from the existing contingent insured to the person stated below for this policy. If "Nomination Option B – Designated Age" under "Heritage Protector Option" provision is not selected in the policy, I hereby request to designate myself (where I am not the insured) or the contingent owner (where I am the insured) as the sole beneficiary of this policy and revoke any prior beneficiary designation. Relevant designation shall take effect upon the Company's approval of this application.

本人，即上述保單的持有人，謹此要求指定以下人士成為此保單的後備被保人/將此保單的後備被保人由現有後備被保人更換為以下人士。如保單沒有選擇「傳承守護選項」條款之「指定選項 (B) – 指定年齡」，本人謹此要求指定本人 (當本人不是被保人) 或後備持有人 (當本人是被保人) 成為此保單唯一的受益人及撤銷任何先前的受益人指定。有關指定將於本申請獲得貴公司批准時生效。

### Information of Contingent Insured 後備被保人資料

Full Name of Contingent Insured 後備被保人的姓名 (As shown on H.K.I.D. Card/Passport/Birth Certificate) (香港身份證 / 護照 / 出生證明書上的姓名)	In English 英文姓名	
	Surname 姓	_____
	Given Name 名	_____
	In Chinese 中文姓名 (If applicable) (如適用)	_____
Gender 性別	<input type="checkbox"/> Male 男性	<input type="checkbox"/> Female 女性
Date of Birth (YYYY/MM/DD) 出生日期 (年 / 月 / 日)		
H.K.I.D. Card/Passport/Birth Certificate 香港身份證 / 護照 / 出生證明書 Notes: 註： * If contingent insured is below age 18. * 如後備被保人為 18 歲以下。 ® For Non-HK Permanent Resident, please submit nationality proof. ® 如為非香港永久居民，請遞交國籍證明。	<input type="checkbox"/> HK Permanent Resident: H.K.I.D. Card/Birth Certificate No.* 香港永久性居民：香港身份證/出生證明書號碼* _____ <input type="checkbox"/> Non-HK Permanent Resident: H.K.I.D. Card/Passport/Birth Certificate No.® (if any) 非香港永久居民：香港身份證/護照/出生證明書號碼® (如有) _____	
Relationship to owner (if the owner is not the insured) # 與持有人的關係 (如持有人不是被保人) # # There must be insurable interest accepted by the Company between the owner and the contingent insured. # 持有人必須與後備被保人具有本公司接受之可保權益。	<input type="checkbox"/> Own Self 本人 <input type="checkbox"/> Spouse 配偶 <input type="checkbox"/> Parents 父母 <input type="checkbox"/> Grandparents 祖父母 <input type="checkbox"/> Others 其他: _____	

<p>Relationship to contingent owner (if the owner is the insured and designation of contingent owner is applicable) <sup>^</sup> 與後備持有人的關係 (如持有人是被保人及指定後備持有人適用時) <sup>^</sup></p> <p><sup>^</sup> Owner may apply to designate a contingent insured only if a contingent owner is also designated in accordance with the relevant provision at the same time of the designation of the contingent insured. The contingent owner must have an insurable interest in the contingent insured.</p> <p><sup>^</sup> 持有人只有在指定後備被保人的同時亦根據相關條款已指定一名後備持有人的情況下，才可以申請指定一名後備被保人。 後備持有人必須對後備被保人具有可保權益。</p>	<p><input type="checkbox"/> Own Self 本人                      <input type="checkbox"/> Spouse 配偶</p> <p><input type="checkbox"/> Parents 父母                      <input type="checkbox"/> Others 其他: _____</p>
<p>Inherited Percentage <sup>+</sup> 繼承百分比 <sup>+</sup></p> <p><sup>+</sup> This refers to the portion of policy value which will be accumulated further under the policy after the Compassionate Benefit is paid to Beneficiary.</p> <p><sup>+</sup> 指在向受益人支付恩恤保險賠償後，將於保單內繼續累積的部份保單價值。</p>	

**2. REVOCATION OF IRREVOCABLE BENEFICIARY(IES) (IF APPLICABLE)\*****不可撤銷的受益人的撤銷 (如適用)\***

Note: \*Must be completed for designation of contingent insured If there is any irrevocable beneficiary(ies) under the policy.

注意: \* 如保單有不可撤銷的受益人，必須填妥此部分以申請指定後備被保人。

This section is only applicable if the policy has irrevocable beneficiary(ies) designated. If there is more than one irrevocable beneficiary, then all irrevocable beneficiaries must fill in and sign this section.

此部分僅適用於有指定不可撤銷的受益人的保單。若有多於一位以上的不可撤銷的受益人，所有不可撤銷的受益人都必須填寫及簽署此部份。

<p>Name of irrevocable beneficiary(ies): 不可撤銷的受益人姓名:</p>	
<p>Name of irrevocable beneficiary(ies)'s parent/ guardian (Applicable to irrevocable beneficiary aged 18 below): 不可撤銷的受益人之父 / 母 / 監護人姓名 (適用於 18 歲以下的不可撤銷的受益人):</p>	

I HEREBY CONSENT to the revocation of my designation as the irrevocable beneficiary of this policy which will be effective at the time when this application for designation of contingent insured is approved by the Company. I acknowledge that upon the revocation of my designation, the owner will be able to designate a new beneficiary(ies) under this policy without my consent.

本人僅此同意本人作為被指定的不可撤銷的受益人將於下次指定後備被保人申請獲得本公司批准時被撤銷。本人確認當撤銷本人的指定時，持有人隨後可指定新受益人而無須得到本人同意。

<table> <tr> <td data-bbox="70 1496 798 1570"> <p>Signature of Irrevocable Beneficiary(ies) <sup>**</sup> 不可撤銷的受益人簽署 <sup>**</sup></p> </td> <td data-bbox="798 1496 1509 1570"> <p>Date Signed (YYYY/MM/DD) 簽署日期 (年 / 月 / 日)</p> </td> </tr> </table>	<p>Signature of Irrevocable Beneficiary(ies) <sup>**</sup> 不可撤銷的受益人簽署 <sup>**</sup></p>	<p>Date Signed (YYYY/MM/DD) 簽署日期 (年 / 月 / 日)</p>
<p>Signature of Irrevocable Beneficiary(ies) <sup>**</sup> 不可撤銷的受益人簽署 <sup>**</sup></p>	<p>Date Signed (YYYY/MM/DD) 簽署日期 (年 / 月 / 日)</p>	

<sup>#</sup> If irrevocable beneficiary is aged 18 or above, signature by the irrevocable beneficiary himself/ herself is required;

若不可撤銷的受益人的年齡為 18 歲或以上，須由不可撤銷的受益人簽署；

If irrevocable beneficiary is aged under 18, his/her signature is not required but signature of his/ her parent/ guardian is required.

若不可撤銷的受益人的年齡少於 18 歲，無須不可撤銷的受益人簽署，惟須其父 / 母 / 監護人簽署。

<sup>\*</sup> Please ensure the signature(s) match(es) with the one provided in the insurance application form or policy file.

簽名式樣須與保險投保書或保單上的記錄相符。

3. CHANGE OF INHERITED PERCENTAGE 更改繼承百分比

☐ Change of Inherited Percentage 更改繼承百分比

**Declaration and agreement of the owner 持有人之聲明及協議**  
I, the owner of the abovementioned policy, hereby request to change the inherited percentage for this policy effective upon the Company's approval of this application.  
本人，即上述保單的持有人，謹此要求由本申請獲得批准時，更改此保單繼承百分比。

Inherited Percentage + 繼承百分比 +	
+ This refers to the portion of policy value which will be accumulated further under the policy after the Compassionate Benefit is paid to Beneficiary. + 指在向受益人支付恩恤保險賠償後，將於保單內繼續累積的部份保單價值。	

4. REVOCATION OF CONTINGENT INSURED 撤銷後備被保人

☐ Revocation of Contingent Insured 撤銷後備被保人

**Declaration and agreement of the owner 持有人之聲明及協議**  
I, the owner of the abovementioned policy, hereby request to revoke the designated contingent insured for this policy effective upon the Company's approval of this application.  
本人，即上述保單的持有人，謹此要求由本申請獲得批准時，撤銷此保單已指定之後備被保人。

5. REPLACEMENT OF DECEASED INSURED (EXERCISE OF FLEXI CONTINUATION OPTION)  
取代已故被保人 (行使彈性延續選項)

Note: 1. For exercise of flexi continuation option, please provide the latest information and identification proof of the designated contingent insured and submit with relevant death claim form at the same time.  
2. For policy of which the ownership is held by the interim owner as at the date of death of the insured, the application is deemed to have been made upon the Company's receipt of notice of the insured's death and such shall be provided to the Company within 60 days of the date of death of the insured.  
注意: 1. 若申請行使彈性延續選項，請提供已指定之後備被保人的最新資料和身份證明文件並同時提交相關身故索償表格。  
2. 就被保人身故當日持有權由暫託人持有的保單而言，申請將於本公司收到被保人身故通知時而被視為已作出及該通知須由被保人身故日期當日起計 60 天內提交給本公司。

☐ Replacement of Deceased Insured (Exercise of Flexi Continuation Option)  
取代已故被保人 (行使彈性延續選項)

**Declaration and agreement of the owner 持有人之聲明及協議**  
I, the owner of the abovementioned policy, hereby request to exercise the flexi continuation option for this policy effective upon the Company's approval of this application.  
I understand all riders will be terminated and cannot be re-attached.  
本人，即上述保單的持有人，謹此要求由本申請獲得批准時行使彈性延續選項。  
本人明白所有附加保障將會終止及不可重新附加。

Full Name of Contingent Insured 後備被保人姓名 (As shown on H.K.I.D. Card/Passport/Birth Certificate) (香港身份證 / 護照 / 出生證明書上的姓名)	In English 英文姓名 Surname 姓 _____ Given Name 名 _____ In Chinese 中文姓名 _____ (If applicable) (如適用)
Gender 性別	<input type="checkbox"/> Male 男性 <input type="checkbox"/> Female 女性
Date of Birth (YYYY/MM/DD) 出生日期 (年 / 月 / 日)	
Place of Birth 出生地	Country 國家 _____ City/Town 城市 / 城鎮 _____
Nationality 國籍	
H.K.I.D. Card/Passport/Birth Certificate 香港身份證 / 護照 / 出生證明書 Notes: 註： * If contingent insured is below age 18. * 如後備被保人為 18 歲以下。 ® For Non-HK Permanent Resident, please submit nationality proof. ® 如為非香港永久居民，請遞交國籍證明。	<input type="checkbox"/> HK Permanent Resident: H.K.I.D. Card/Birth Certificate No.* 香港永久性居民：香港身份證/出生證明書號碼* _____ <input type="checkbox"/> Non-HK Permanent Resident: H.K.I.D. Card/Passport/Birth Certificate No.® (if any) 非香港永久居民：香港身份證/護照/出生證明書號碼® (如有) _____
Relationship to owner (if the owner is not the insured) # 與持有人的關係 (如持有人不是被保人) # # There must have insurable interest accepted by the Company between the owner and the contingent insured. # 持有人必須與後備被保人存在本公司接受之可保權益。	<input type="checkbox"/> Own Self 本人 <input type="checkbox"/> Spouse 配偶 <input type="checkbox"/> Parents 父母 <input type="checkbox"/> Grandparents 祖父母 <input type="checkbox"/> Others 其他: _____



Relationship to contingent owner (if the owner is the insured and designation of contingent owner is applicable) ^ 與後備持有人的關係 (如持有人是被保人及指定後備持有人適用時) ^ ^ There must be insurable interest accepted by the Company between the contingent owner and the contingent insured. ^ 後備持有人必須與後備被保人具有本公司接受之可保權益。	<input type="checkbox"/> Own Self 本人 <input type="checkbox"/> Spouse 配偶 <input type="checkbox"/> Parents 父母 <input type="checkbox"/> Others 其他: _____															
Residential Address + 住宅地址 +  Notes: 1. Please fill in the address in English; For address in Mainland China or Taiwan, English and Chinese address are acceptable 2. Please submit residential address proof 註: 1. 請以英文填寫地址; 中國內地或台灣地址可以英文或中文填寫。 2. 請提交住宅地址證明。	<table><tr><td>Room/Flat 室 / 單位</td><td>Floor 層數</td><td>Block 座</td></tr><tr><td colspan="3">Name of Building/Estate 大廈或屋邨名稱</td></tr><tr><td colspan="3">Street No. &amp; Name 街道名稱及號碼</td></tr><tr><td colspan="3">City/District 城市 / 地區</td></tr><tr><td>Postal Code 郵寄代號</td><td colspan="2">Country 國家</td></tr></table>	Room/Flat 室 / 單位	Floor 層數	Block 座	Name of Building/Estate 大廈或屋邨名稱			Street No. & Name 街道名稱及號碼			City/District 城市 / 地區			Postal Code 郵寄代號	Country 國家	
Room/Flat 室 / 單位	Floor 層數	Block 座														
Name of Building/Estate 大廈或屋邨名稱																
Street No. & Name 街道名稱及號碼																
City/District 城市 / 地區																
Postal Code 郵寄代號	Country 國家															
Permanent Address (Leave it blank if same as residential address) + 永久地址 (如與上述住宅地址相同則無須填寫) +  Notes: Please submit address proof 註: 請提交地址證明																

\* If the address is located in the Mainland China, please complete Section 8 of this form.

\* 如地址位於中國大陸，請完成本表格的第 8 部份。

6. PERSONAL INFORMATION COLLECTION STATEMENT 收集個人資料的聲明

Please visit our website (www.axa.com.hk) and read carefully the details of the Personal Information Collection Statement (“PICS”) which can also be made available upon request. 請登入本公司網頁 (www.axa.com.hk) 下載或向本公司索取收集個人資料的聲明 ( “該聲明”)，並細閱《該聲明》詳細資料。

For our policy on using your personal data for marketing purposes, please see the section below “**Use and provision of personal data in direct marketing**”.

**Use and provision of personal data in direct marketing:** The Company intends to: (1) use your name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company from time to time for direct marketing; (2) conduct direct marketing (including but not limited to providing reward, loyalty or privileges programmes) in relation to the following classes of products and services that the Company, our affiliates, our co-branding partners and our business partners may offer: (a) insurance, banking, provident fund or scheme, financial services, securities and related products and services; (b) products and services on health, wellness and medical, food and beverage, sporting activities and membership, entertainment, spa and similar relaxation activities, travel and transportation, household, apparel, education, social networking, media and high-end consumer products; (3) the above products and services may be provided by the Company and/or: (a) any of our affiliates; (b) third party financial institutions; (c) the business partners or co-branding partners of the Company and/or affiliates providing the products and services set out in (2) above; (d) third party reward, loyalty or privileges programme providers supporting the Company or any of the above listed entities; (4) in addition to marketing the above products and services, the Company also intends to provide the data described in (1) above to all or any of the persons described in (3) above for use by them in marketing those products and services, and the Company requires your written consent (which includes an indication of no objection) for that purpose. Before using your personal data for the purposes and providing to the transferees set out above, the Company must obtain your written consent, and only after having obtained such written consent, may use and provide your personal data for any promotional or marketing purpose. You may in future withdraw your consent to the use and provision of your personal data for direct marketing.

**Important:** If you do not agree to the use and provision of your personal data for direct marketing as set out in the section “**Use and provision of personal data in direct marketing**”, please indicate your request by ticking the box below. Once your opt-out instruction is recorded, we will not use your personal data for direct marketing.

**I/WE ACKNOWLEDGE AND CONFIRM** that I/We have read and understood the Personal Information Collection Statement (“PICS”). **I/We confirm** that I/We have been advised to read carefully the PICS, and I/We have read it carefully its effect and impact in respect of my/Our personal data collected or held by the Company (whether contained in this application or otherwise). Based on the foregoing, I/We hereby give my/Our acknowledgement and agree to the use and transfer of my/Our personal data by the Company in accordance with the PICS, including the use and provision of my/Our personal data for the purpose of direct marketing.

☐ I/We do not agree with the use and provision of my/Our 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.

如欲了解本公司為促銷目的使用您的個人資料的政策，請參閱下文 “**在直接促銷中使用及將其個人資料提供予其他人士**” 部份。

**在直接促銷中使用及將其個人資料提供予其他人士：**本公司有意：

(1) 使用本公司不時持有的您的姓名、聯絡資料、產品及服務的組合資料、交易模式及行為、財政背景及人口統計數據以進行直接促銷；(2) 就本公司，安盛關聯方，本公司合作品牌夥伴及商業合作夥伴可能提供關於下列類別的服務及產品而進行直接促銷（包括但不限於提供獎賞、客戶或會員或優惠計劃）：(a) 保險、銀行、公積金或公積金計劃、金融服務、證券和相關產品及服務；(b) 健康、保健及醫療、餐飲、體育運動及會員服務、娛樂、健身浴或類似的休閒活動、旅遊及交通、家居、服裝、教育、社交網絡、媒體的產品及服務及高級消費類產品；(3) 以上服務及產品將會由本公司及 / 或以下機構提供：(a) 任何安盛關聯方；(b) 第三方金融機構；(c) 提供上文 (2) 所列之服務及產品之本公司及 / 或安盛關聯方的商業合作夥伴或合作品牌夥伴；(d) 向本公司或任何以上所列機構提供支援的第三方獎賞、客戶或會員或優惠計劃提供者；(4) 除由本公司促銷上述服務及產品外，本公司亦有意將上文 (1) 段部份所述的資料提供予上文 (3) 段部份所述的全部或任何人士，以供該等人士在促銷該等服務及產品中使用，而本公司為此目的須獲得客戶書面同意（包括表示不反對）。

在使用您的個人資料作上文所述的目的或提供予上文所述的人士之前，本公司須獲得您的書面同意，及只在獲得您的書面同意後方可使用您的個人資料及提供予其他人士作任何推廣及促銷用途。

您日後可撤回您給予本公司有關使用您的個人資料及提供予其他人士作任何促銷用途的同意。

**重要通知：**如您不同意根據 “**收集個人資料的聲明**” 使用和轉移您的個人資料作直接促銷用途（參閱 “**在直接促銷中使用及將其個人資料提供予其他人士**” 部份），請在下列表格內加上剔號（“✓”）。當您拒絕直接促銷的指示被記錄後，本公司將不會使用您的個人資料作為直接促銷用途。

**本人 / 我們確認本人 / 我們已閱讀並明白收集個人資料的聲明《該聲明》。**本人 / 我們確認本人 / 我們已被通知本人 / 我們須詳細閱讀《該聲明》，而本人 / 我們已詳細閱讀《該聲明》對貴公司所收集或持有之本人 / 我們的個人資料的影響（不論是否此表格所載或從其他途徑所取得）。根據以上所述，本人 / 我們特此確認並同意貴公司根據《該聲明》使用及轉移本人 / 我們的個人資料，包括在直接促銷中使用及將本人 / 我們個人資料提供予其他人士。

☐ 本人 / 我們不同意貴公司根據 “**收集個人資料的聲明**” 使用和轉移本人 / 我們的個人資料作直接促銷用途（參閱 “**在直接促銷中使用及將其個人資料提供予其他人士**” 部份）及並不願意接收任何貴公司的推廣及直接促銷的材料。

7. DECLARATIONS AND AGREEMENTS 聲明及協議

I HEREBY CONFIRM that I am not acting on behalf of any other person for this policy change/service unless otherwise expressly indicated in this application or any other documents provided to the Company for this application.

I HEREBY DECLARE AND AGREE on behalf of myself and other persons referred in the relevant policy contract(s) and in this application (hereinafter referred to as “Relevant Persons”, “We”, “Our” or “Us”) (for the avoidance of doubt, the expressions “Relevant Persons”, “We”, “Our” or “Us” include myself and such other persons) that:

- (1) the application shall only take effect provided all of the following conditions are met: (i) any required payment for the application is paid in full; (ii) the application is approved by the Company at the Company's Office (as defined in the policy contract of the above policy) while the policy is in effect; and (iii) the contingent insured is alive at the time of the application and at the time of approval of the application by the Company;
- (2) The application is made subject to the terms and conditions of the policy;
- (3) the application shall be effective from the date the Company approves the application in writing by way of endorsement(s) and the Policy shall be changed in accordance with the particulars set out in the application;
- (4) where I/We have provided the personal data of other Relevant Persons to the Company in this application form or in any ways provided to the Company for or relating to this application, or for or relating to the future services in connection with this application, (a) I/We have obtained the personal data from the Relevant Persons lawfully; (b) I/We have notified the Relevant Persons of the Company's Privacy Policy\* and the relevant data collection document (being this application form or any other documents provided to the Company for this application) and obtained all necessary consent from the Relevant Persons for the data processing (including provision of personal data to the Company) as set out in the Company's Privacy Policy\*; (c) I/We will assist the Company to obtain all necessary consent from the Relevant Persons if the processing of personal data of the Relevant Persons goes beyond the original scope of consent provided by them; (d) I/We acknowledge and understand that a minor is a person under 14 (in Mainland China) or 18 years old (in Hong Kong) under applicable data protection law, and I/We am/are (or I/We have been authorised by) the guardian of the Relevant Person who is a minor, or I/We have been authorised by the Relevant Person who is not a minor (e.g. individuals aged 14-17 years old located in Mainland China) to give necessary consent on his/her behalf; and (e) I/We have taken reasonably practicable measures to ensure that the personal data I/We provide to the Company is accurate and complete;
- (5) the application is made based on my/Our own judgment(s) and I /We have not relied on any advice provided by financial consultant;
- (6) all information, statements and answers to all questions whether or not written by my own/Our hand(s) are to the best of my/Our knowledge and belief complete and true;
- (7) all statements and answers to such questions, together with the application, shall form the basis for policy change/service and become a part of the policy;
- (8) the Company is not bound by any statement which I/We may have made to any person if not written or printed here; and
- (9) If I/We fail to provide any information requested in this application, it may result in the Company's inability to accept or process this application.

\* The Privacy policy is available here: <https://www.axa.com.hk/en/legal>

I HEREBY AUTHORIZE on behalf of the Relevant Persons

- (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 Relevant Persons and/or who has attended or may hereafter attend to me/the Relevant Persons to disclose such information to the Company as the Company may request;
- (2) the Company or any of its appointed medical examiners, paramedical examiners or laboratories to perform the necessary medical assessment and tests to evaluate the health status of myself/the Relevant Persons in relation to this application and any claim arising therefrom;
- (3) the Company to give either the Insurance Authority or other parties, as required for relevant records or information.

This authorization shall bind the successors and assignees of the Relevant Persons and remains valid notwithstanding death or incapacity. A photocopy of this authorization shall be as valid as the original.

I HEREBY DECLARE that I understand that the Company may deduct any outstanding amount applicable from the payout and/or sum received by the Company under the policy according to the applicable statutory and/or regulatory requirement(s), including levy collected by the Insurance Authority.

I HEREBY DECLARE AND AGREE that I have the full authority from and consent of the Relevant Persons to make the above declarations, agreements and authorizations.

In the event of any inconsistency between the English version and the Chinese version, the English version shall prevail.

本人謹此確認本人並沒有代表任何其他人士提出此保單更改 / 服務申請；如在此申請書或就此申請提交的任何其他文件上另有註明則除外。

本人謹此代表本人及其他在此申請書上及有關的保單合約內提及之人士（下稱「相關人士」或「我們」）(為免存疑，「相關人士」或「我們」指包括本人及此申請書上及有關的保單合約內之其他人士) 聲明及同意：

- (1) 本申請需符合下列條件後方可生效；(i) 繳清所有申請所需之款項；(ii) 申請是於保單有效期間內經貴公司在公司辦事處（根據保單的保單合約內之定義）批核；(iii) 後備被保人必須於提交上述之申請時及於貴公司批准當日仍然在生。
- (2) 此項申請受保單條款及條件所約束；
- (3) 本申請由貴公司以書面形式批核之日期生效及本人之保單將於貴公司批核申請時依照本申請之選擇作出更改；
- (4) 就我 / 我們在本申請表中或以任何方式，為本申請或與之相關，或為本申請有關未來服務或與之相關而向 AXA 安盛提供其他相關人士的個人資料，(a) 我 / 我們已合法地從相關人士取得個人資料；(b) 我 / 我們已通知相關人士 AXA 安盛的私隱政策\* 及有關資料收集文件（即本申請表或為本申請而向 AXA 安盛提供的任何其他文件），並取得相關人士對 AXA 安盛私隱政策\* 所述的資料處理（包括向 AXA 安盛提供個人資料）的一切必要同意；(c) 如對相關人士的個人資料的處理超出了相關人士原先提供的同意範圍，我 / 我們將協助 AXA 安盛取得相關人士的一切必要同意；(d) 我 / 我們確認並理解，根據適用的保障資料法律，未成年人是特指未滿 14 歲（在中國大陸）或未滿 18 歲（在香港）的人士，以及我 / 我們是未成年的相關人士的監護人（或我 / 我們已獲未成年的相關人士的監護人授權），或我 / 我們已獲非未成年的相關人士（例如，身處中國大陸的 14-17 歲的個別人士）的授權，可代表他 / 她作出必要的同意；及 (e) 我 / 我們已採取合理可行的措施，確保我 / 我們向 AXA 安盛提供的個人資料是準確和完整的；
- (5) 上述之申請是基於本人 / 我們之個人判斷，並沒有依賴任何理財顧問所提供的意見；
- (6) 上述一切陳述及問題的所有答案，不論是否本人 / 我們親手所寫，就本人 / 我們所知所言，均為事實之全部並確實無訛；
- (7) 上述問題的所有答案（如適用）及此申請書，將成為更改保單的根據，並作為保單一部份；
- (8) 本人 / 我們對任何人所作出的任何聲明，如沒有在此申請書上填寫或印出，貴公司不須受其約束；及
- (9) 如本人 / 我們不能提供任何此申請所需的資料，貴公司或不能接受或處理此申請。

\* 在此取得私隱政策： <https://www.axa.com.hk/zh/legal>

本人謹此代表相關人士授權

- (1) 任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構、或其他組織、機構或人士，凡知道或持有任何有關本人 / 相關人士之記錄，及 / 或曾診驗或可能將會診驗本人 / 相關人士者，均可應貴公司要求將該等資料提供給貴公司；
  - (2) 貴公司或任何其指定之驗身醫生、醫療人員或化驗所，可就此申請或任何與此有關之賠償申請替本人 / 相關人士進行所需之醫療評估及測試，作為審核本人 / 相關人士之健康狀況；
  - (3) 貴公司於有需要時，向保險業監管局或其他機構提供相關紀錄或資料。
- 此授權對相關人士之繼承人及受讓人具有約束力；即使相關人士死亡或無行為能力時，此授權仍具效力。此授權書的影印本與正本均有同等效力。
- 本人謹此聲明本人明白貴公司或會從保單的給付金額及 / 或貴公司為保單所收金額中，根據適用法定及 / 或規管要求扣除任何逾期金額，包括保險業監管局收取的徵費。
- 本人謹此聲明及同意已獲相關人士授權及同意本人作出以上聲明、協議及授權。

如中英文版本的條款有任何分歧，請以英文版本為準。

8. Consents to data processing pursuant to AXA Privacy Policy (Applicable to individual signatory(ies) with any declared address in the Mainland China only) 同意根據 AXA 安盛的私隱政策進行資料處理 (只適用於任何申報地址位於中國大陸的個人簽署)

Please sign below to ACKNOWLEDGE and CONFIRM you agree to the following statements and grant **each** of the separate consents below. If you do not agree to grant any one of the consents below, the Company and/or other companies of the AXA Group may not be able to provide the information, products or services you need or process your request.

- I/We have read and consent to the Privacy Policy\*; and
  - I/We agree to the processing and/or management of my/Our personal data, sensitive personal data, and that of minors under my/Our guardianship (if applicable) outside of Mainland China as prescribed in the Privacy Policy.
- In the case that the Contingent Insured is aged below 18, I/We grant **each** of the above separate consents on behalf of the Contingent Insured as his/her guardian or authorised person (as the case may be).

\* The Privacy Policy is available here: <https://www.axa.com.hk/en/legal>

請在下方簽署，以確悉及確認您同意以下聲明，並對下列**每一項**作出單獨同意。如果您不同意對下列任何一項作出同意，AXA 安盛及 / 或 AXA 安盛集團的其他公司可能無法提供您所需的資料、產品或服務或處理您的請求。

- 本人 / 我們已經閱讀並同意私隱政策\*；及
  - 本人 / 我們同意本人 / 我們的個人資料、敏感個人資料及由本人 / 我們監護的未成年人（如適用）之敏感個人資料依照私隱政策於中國大陸境外處理及 / 或管理。
- 若後備被保人未滿 18 歲，本人 / 我們以其監護人或獲授權人（視情況而定）的身份，代表後備被保人對上述**每一項**作出單獨同意。

\* 在此取得私隱政策： <https://www.axa.com.hk/zh/legal>

Signature of Contingent Insured (If aged 18 or above)/ the Guardian or authorised person of Contingent Insured (If Contingent Insured is aged below 18) 後備被保人簽署 (如滿 18 歲或以上) / 後備被保人的監護人或獲授權人簽署 (如後備被保人未滿 18 歲)
--

**9. SIGNATURE 簽署****IMPORTANT NOTE 注意：****PLEASE DO NOT SIGN ON BLANK FORM 請勿在空白表格上簽署**

Signature of Owner* 持有人簽署*	Signature of Contingent Insured (If aged 18 or above) <b>(Applicable to replacement of deceased insured (exercise of flexi continuation option only))</b> 後備被保人簽署 (如十八歲或以上) <b>(只適用於取代已故被保人(行使彈性延續選項))</b>
Signature of Assignee* (Applicable to policy under collateral assignment) 受讓人簽署*(適用於抵押轉讓的保單)	Date Signed (YYYY/ MM/ DD) 簽署日期 (年 / 月 / 日)

\* Please ensure the signature(s) match(es) with the one provided in the insurance application form or policy file.

\* 簽名式樣須與保險投保書或保單上的記錄相符。

# For policy of which the ownership is held by the interim owner (if any) as at the date of death of the insured, signature of the interim owner is not required for exercise of flexi continuation option.

# 就被保人身故當日持有權由暫託人 (如有) 持有的保單而言, 行使彈性延續選項毋須暫託人簽署。

**FINANCIAL CONSULTANT'S DETAILS 理財顧問資料**

Financial Consultant Code: 理財顧問編號：	Financial Consultant Name: 理財顧問姓名：	Financial Consultant Contact No.: 理財顧問聯絡電話：



**10. DOCUMENT CHECKLIST 所需文件指引****Note 注意：****Except standard forms, other required documents should be a true copy certified by a financial consultant, customer service officer at our customer service centre or a professional third parties.**

除標準表格外, 其他所需文件必需由理財顧問、本公司客戶服務中心之客戶服務員或專業人士作核實正本。

Request 類別	Documents Required (Please ✓ against the documents you submitted) 所需文件 (請 ✓ 您已提交的文件)
Designation/Change/Revocation of contingent insured 指定 / 更改 / 撤銷後備被保人	<input type="checkbox"/> Heritage Protector Option Request Form/Contingent Owner Service Request Form (applicable if owner and insured are the same person and must be submitted at the same time) 傳承守護選項申請表格 / 後備持有人服務申請書 (適用於持有人和被保人為同一人及必須同時提交)
Exercise of flexi continuation option 行使彈性延續選項	<u>Deceased insured 已故被保人</u> <input type="checkbox"/> Relevant death claim form 相關身故索償表格  <u>Designated contingent insured 已指定之後備被保人</u> <input type="checkbox"/> Identification proof 身份證明文件  <input type="checkbox"/> Direct Debit Authorisation (if applicable) 直接付款授權書 (如適用)

**CONTACT US 聯絡我們**

If you have any questions on your request, please reach us at 如果您有任何疑問, 請聯絡我們。

 (852) 2802 2812 [www.axa.com.hk](http://www.axa.com.hk) [cs@axa.com.hk](mailto:cs@axa.com.hk)**AXA is committed to making your service request process as easy and stress-free as possible.****Thank you for insuring with us. We are always glad to be of service.****安盛致力使您的服務申請過程輕鬆簡單。感謝您與我們投保。我們很高興為您服務。**