



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 OWNER SERVICE REQUEST FORM

後備持有人服務申請書

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

- | | |
|--|--|
| (1) Complete this form. Please do not sign on a blank form.
(2) "✓" the request option and provide the necessary details.
(3) Countersign any alteration on this form with the Owner/Trustee/Assignee's (expressed as "Owner" in this form) signature.
(4) Please refer to the document checklist for documents required to process your request.
(5) Submit all pages of this form and supporting documents to your financial consultant or AXA Customer Service Centre.
(6) The original of this form and supporting documents you submit will not be returned. | (1) 填寫申請書。請勿在空白申請書上簽署。
(2) "✓" 適用的選項並提供所需資料。
(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。
(4) 請參閱所需文件指引以便處理您的申請。
(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。
(6) 您所遞交之正本申請書及所需文件將不獲退還。 |
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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

- This request form is only applicable to (a) the designated product (e.g. FortuneXtra Savings Plan); (b) the policy of which the owner is an individual ; and (c) the policy is in effect.
- When the owner applies to designate a contingent owner, the following conditions must be fulfilled while the policy is in effect:
 - If the owner and the insured are the same person, the owner may apply to designate a contingent owner only if a contingent insured is also designated in accordance with the relevant provision at the same time of the designation of the contingent owner. The contingent owner must be the contingent insured or in specific relationship with the contingent insured as may be agreed by the Company from time to time;
 - The contingent owner must have attained the age of eighteen (18) as at date of application for the designation of the contingent owner;
 - The designation of contingent owner must be endorsed in writing by the contingent owner, the irrevocable beneficiary (if any) and the assignee (if any);
 - The designation is in compliance with any applicable laws, regulations and guidelines; and
 - The owner and the contingent owner must be alive at the time of application and on the date the Company approves the designation of the contingent owner.
- The contingent owner must be a direct family member of the owner. Please enquire your financial consultant for details.
- Only one individual person can be designated as the contingent owner at any one time.
- Designation of the contingent owner is not valid until the request is approved and endorsement has been issued by the Company. The contingent owner will only become the owner when all of the below conditions are met:
 - the owner deceases while the Policy is in force;
 - the Company receives due proof (in the form specified by the Company and in such manner satisfactory to the Company) of the death of the owner;
 - the contingent owner is still alive as at the effective date of the replacement of the owner;
 - in the event that the deceased owner and the insured were the same person, the Company approves the replacement of the deceased insured by the contingent insured as the insured of the policy;
 - the replacement of the deceased owner is in compliance with any applicable laws, regulations and guidelines; and
 - the request of replacement of the owner is approved by the Company.
- Upon (a) the change of owner and/or insured (except any replacement of the deceased insured by the contingent insured) or (b) change of contingent insured, designation of the contingent insured is revoked automatically or the designation of the contingent insured otherwise becomes invalid for any reason in the event that the owner and the insured are the same person, any request for the designation / approved designation of contingent owner will be revoked automatically without further notice.
- Request for the designation / change / revocation of contingent owner and replacement of deceased owner is subject to the approval of the Company at its sole and absolute discretion.
- According to the Anti-Money Laundering and Counter Terrorist Financing (Finance Institutions) Ordinance, the Company reserves the right to ask for additional documents.

Important notes 重要事項

- 此申請書只適用於 (a) 指定產品 (例如：摺匯儲蓄計劃)；(b) 持有人是個人人士的保單；及 (c) 保單正在生效。
- 當持有人申請指定後備持有人時，本保單必須生效並且滿足下列條件：
 - 若持有人和被保人為同一人，持有人只有在指定後備持有人的同時亦根據相關條款已指定一名後備被保人的情況下，才可以申請指定一名後備持有人。後備持有人必須為後備被保人或與後備被保人有特定關係(由本公司不時同意)；
 - 後備持有人在申請指定後備持有人當日必須已年滿十八(18)歲；
 - 指定後備持有人必須由後備持有人、不可撤銷的受益人 (如有) 及受讓人 (如有) 書面同意；
 - 指定符合任何適用的法律、法規及指引；及
 - 持有人及後備持有人均必須於申請時及本公司批准指定後備持有人當日仍然在生。
- 後備持有人必須為持有人之直系親屬。請向理財顧問查詢詳情。
- 在任何同一時間內僅限一名個別人士可被指定為後備持有人。
- 指定後備持有人須經本公司批核及發出批註後方為有效。後備持有人只會在符合以下所有情況下成為持有人：
 - 持有人於保單有效期內身故；
 - 本公司收到持有人身故的妥善證據 (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)；
 - 於取代已故持有人生效日期當日，後備持有人仍然在生；
 - 如已故持有人和被保人為同一人，本公司批准由後備被保人替代已故被保人作為保單的被保人；
 - 取代已故持有人符合任何適用的法律、法規及指引；及
 - 取代持有人的申請獲本公司批准。
- 當 (a) 持有人及 / 或被保人被更改 (除非後備被保人取代已故被保人) 或 (b) 持有人和被保人為同一人時，後備被保人發生任何變更、指定後備被保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持有人將會被自動撤銷而不作另行通知。
- 本公司對於指定 / 更改 / 撤銷後備持有人之申請及取代已故持有人的批核擁有全權及絕對酌情權。
- 根據現行之「打擊洗錢及恐怖分子資金籌集條例」之盡職調查要求，本公司保留權利索取其他文件。

1. DESIGNATION/CHANGE OF CONTINGENT OWNER* 指定 / 更改後備持有人 *

*Note 注意:

- For designation /change of contingent owner, please provide contingent owner's information 若指定 / 更改後備持有人，請提供後備持有人的資料
- The owner must inform existing contingent owner for any change of contingent owner 如更改後備持有人，持有人必須通知現有後備持有人

 Designation/Change of Contingent Owner 指定/更改後備持有人**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 owner / change the contingent owner from the existing contingent owner to the person stated below 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，指定以下人士成為此保單的後備持有人/將此保單的後備持有人由現有後備持有人更換為以下人士。

Information of Contingent Owner 後備持有人資料

Full Name of Contingent Owner 後備持有人的姓名 (As shown on Macau I.D. Card/Passport/Birth Certificate) (澳門身份證 / 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)	_____	
Macau I.D. Card/Passport/Birth Certificate 澳門身份證 / 護照 / 出生證明書	<input type="checkbox"/> Macau Permanent Resident: Macau I.D. Card 澳門永久性居民: 澳門身份證	
Notes: 註:	_____	
* For Non-Macau Permanent Resident, please submit nationality proof. * 如為非澳門永久居民, 請遞交國籍證明。	<input type="checkbox"/> Non-Macau Permanent Resident: Macau I.D. Card/Passport * 非澳門永久居民: 澳門身份證 / 護照 *	

Relationship to owner# 與持有人的關係 # # The contingent owner must be the direct family member of the owner # 後備持有人必須為持有人之直系親屬。	<input type="checkbox"/> Spouse 配偶 <input type="checkbox"/> Brother 兄 / 弟 <input type="checkbox"/> Sister 姊 / 妹 <input type="checkbox"/> Parents 父母 <input type="checkbox"/> Children 子女 <input type="checkbox"/> Grandparents 祖父母 <input type="checkbox"/> Grandchildren 孫子女 <input type="checkbox"/> Parents-in-law 岳父母
Relationship to contingent insured (if the owner and the insured are the same person)@ 與後備被保人的關係 (如持有人和被保人為同一人) @ @ Owner may apply to designate a contingent owner only if a contingent insured is also designated in accordance with the relevant provision at the same time of the designation of the contingent owner. The contingent insured must be the contingent owner or in such relationship with the contingent owner as may be agreed by the Company from time to time. @ 持有人只有在指定後備持有人的同時亦根據相關條款已指定一名後備被保人的情況下，才可以申請指定一名後備持有人。 後備被保人必須為後備持有人或與後備持有人有本公司可能不時同意之關係。	<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 : _____

2. CONSENT OF IRREVOCABLE BENEFICIARY(IES) (IF APPLICABLE)* 不可撤銷的受益人同意書 (如適用)*

Note: *Must be completed for designation of contingent owner if there is any irrevocable beneficiary(ies) under the policy. The irrevocable beneficiary must agree in writing to the designation of the contingent owner.

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持有人。不可撤銷的受益人必須書面同意指定後備持有人。

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。

Name of irrevocable beneficiary(ies): 不可撤銷的受益人姓名:	
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):	

I HEREBY CONSENT to the designation of contingent owner for this policy.

本人僅此同意是次指定後備持有人的申請。

Signature of Irrevocable Beneficiary(ies) ** 不可撤銷的受益人簽署 **	Date Signed (YYYY/MM/DD) 簽署日期 (年 / 月 / 日)
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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。

* 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. REVOCATION OF CONTINGENT OWNER 撤銷後備持有人

Revocation of Contingent Owner 撤銷後備持有人

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 owner 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持有人。

4. REPLACEMENT OF DECEASED OWNER* 取代已故持有人 *

Note: * For replacement of deceased owner, please provide the latest information and identification proof of the designated contingent owner and submit with the deceased owner's death proof at the same time.

注意: * 若申請取代已故持有人, 請提供已指定之後備持有人的最新資料和身份證明文件並同時提交已故持有人身故證明文件

 Replacement of Deceased Owner 取代已故持有人**Declaration and agreement of the designated contingent owner 已指定之後備持有人之聲明及協議**

I, the designated contingent owner of the abovementioned policy, hereby request to replace the deceased owner for this policy effective upon the Company's approval of this application.

本人, 即上述保單的已指定之後備持有人, 謹此要求由本申請獲得批准時, 取代已故持有人。

Full Name of Contingent Owner 後備持有人姓名 (As shown on Macau I.D. Card/Passport/Birth Certificate) (澳門身份證 / 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	
Macau I.D. Card/Passport/Birth Certificate 澳門身份證 / 護照 / 出生證明書 Notes: 註: * For Non-Macau Permanent Resident, please submit nationality proof. * 如為非澳門永久居民, 請遞交國籍證明。	<input type="checkbox"/> Macau Permanent Resident: Macau I.D. Card 澳門永久性居民: 澳門身份證 _____ <input type="checkbox"/> Non-Macau Permanent Resident: Macau I.D. Card/Passport* 非澳門永久居民: 澳門身份證 / 護照* _____
Relationship to the deceased owner [#] 與已故持有人的關係 [#] [#] The contingent owner must be the direct family member of the owner [#] 後備持有人必須為持有人之直系親屬。	<input type="checkbox"/> Spouse 配偶 <input type="checkbox"/> Brother 兄弟 <input type="checkbox"/> Sister 姊妹 <input type="checkbox"/> Parents 父母 <input type="checkbox"/> Children 子女 <input type="checkbox"/> Grandparents 祖父母 <input type="checkbox"/> Grandchildren 孫子女 <input type="checkbox"/> Parents-in-law 岳父母
Relationship to contingent insured (if the deceased owner and the insured were the same person) [@] 與後備被保人的關係 (如已故持有人和被保人為同一人) [@] [@] The contingent insured must be the designated contingent owner or in such relationship with the designated contingent owner as may be agreed by the Company from time to time [@] 後備被保人必須為已指定之後備持有人或與已指定之後備持有人有本公司可能不時同意之關係。	<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: _____
Name of Employer 僱主名稱	
Occupation Title & Main Duties 職位及主要職務	
Nature of Employer's Business 僱主業務性質	

Important Note 重要事項：

Country code must be provided for telephone number (Macau=853, Hong Kong=852, Mainland China=86, for other, please specify).
電話號碼必須提供國家編號 (澳門=853, 香港=852, 中國=86, 其他請註明)。

Mobile Number 流動電話	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Country Code 國家編號																				
Residential Number 住宅	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Country Code 國家編號		Area Code 地區編號																		
Office Number 辦事處	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Country Code 國家編號		Area Code 地區編號																		

Email address for Emma by AXA
用於 Emma by AXA 之電郵地址

The email address and/or mobile number provided on this form will be used for updating your policy record. You are automatically entitled to our "eStatement/eAdvice Service". Please visit emma.axa.com.hk to register for an Emma by AXA account. Paper copies of relevant documents of this policy will no longer be sent to you. Email / SMS eAlert will be sent to you when your new eStatements/eAdvices are ready. You can view and download copies of the eStatements/eAdvices from your Emma by AXA account.

If you already registered for Emma by AXA, please note that your username will not be updated to the new email address or mobile number. To change your Emma by AXA username, please use the "Forgot username?" function on the Emma by AXA login page.

Terms and conditions of "eStatement/eAdvice Service" apply, please refer to our website for details. The Company reserves the right to make revisions from time to time.

If you would like to receive paper copies of all your policy documents by post and do not wish to be enrolled to "eStatement/eAdvice Service", please mark in the box on the left.

您於本表格提供的電郵地址及 / 或流動電話會用作更新您的保單資料。您會自動享有「電子通知書服務」。請透過 emma.axa.com.hk 註冊您的 Emma by AXA 賬戶。保單相關的印副本文件將不再提供予您。當電子文件準備就緒後，我們將會發送電郵或短訊通知您。您可於 Emma by AXA 戶口查閱及下載電子文件。

如您已經登記 Emma by AXA，請注意您 Emma by AXA 的用戶名稱並不會自動被更新至新的電郵地址或流動電話。如需重設您 Emma by AXA 的用戶名稱，請於 Emma by AXA 的登入頁面上使用「忘記用戶名稱？」功能。

請注意此服務受「電子通知書服務」的條款及細則約束，詳情請參閱我們公司網頁。本公司有權不時作出修訂。

如您欲透過郵寄接收所有保單文件之印副本，並不需要使用「電子通知書服務」，請在左邊的空格內填上 號。

Note 注意：Not applicable for policy with policy number starting with "8" 不適用於保單編號以 "8" 為開端的保單

I. Correspondence Address (this address will be updated to both residential and permanent address unless otherwise specified below) [#] 通訊地址 (除非在下面指定，否則住宅及永久地址將會一併更新) [#] *Please submit residential address proof 請提交住宅地址證明	Room/Flat 室 / 單位	Floor 樓層	Block 座	Name of Building/Estate 大廈或屋邨名
	Street No. & Name 街道名稱及號碼		Postal Code 郵寄代碼	Country 國家
	<input type="checkbox"/> Macau 澳門半島	<input type="checkbox"/> Taipa 氹仔	<input type="checkbox"/> Coloane 路環	
II. Residential Address (if different from above) [#] 住宅地址 (若與上述不同) [#] *Please submit address proof 請提交地址證明	Room/Flat 室 / 單位	Floor 樓層	Block 座	Name of Building/Estate 大廈或屋邨名
	Street No. & Name 街道名稱及號碼		Postal Code 郵寄代碼	Country 國家
	<input type="checkbox"/> Macau 澳門半島	<input type="checkbox"/> Taipa 氹仔	<input type="checkbox"/> Coloane 路環	
III. Permanent Address (if different from above) [#] 永久地址 (若與上述不同) [#] *Please submit address proof 請提交地址證明	Room/Flat 室 / 單位	Floor 樓層	Block 座	Name of Building/Estate 大廈或屋邨名
	Street No. & Name 街道名稱及號碼		Postal Code 郵寄代碼	Country 國家
	<input type="checkbox"/> Macau 澳門半島	<input type="checkbox"/> Taipa 氹仔	<input type="checkbox"/> Coloane 路環	

[#] If the address is located in the Mainland China, please complete Section 10 of this form.
如地址位於中國大陸，請完成本申請書的第 10 部分

5. SELF-CERTIFICATION OF TAX RESIDENCY (FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) AND COMMON REPORTING STANDARD (CRS))

稅務居民身份自我證明 (海外帳戶稅收合規法案 (FATCA) 及共同匯報標準 (CRS))

Tax regulations require the Company to collect information about the tax residence(s) of our customers. Depending on your tax residence, the Company may be obliged to pass on information on this form and information related to the policy to the relevant tax authorities. If you have any questions about how to determine your tax residency status you should consult your tax adviser.

Please note that it may be an offence under the laws of the jurisdiction(s) where the Company is regulated, for a person who makes a statement that is misleading, false or incorrect in a particular material, and such person may be liable to penalties.

稅法規定本公司收集顧客之稅務居民身份的資料。根據您的稅務居民身份，本公司可能需要將這張表格的資料以及和此保單有關的信息申報給相關稅務機構。如果您對如何確定您的稅務居民身份有任何疑問，請諮詢您的稅務顧問。

根據本公司所屬的司法管轄區的法律，如任何人作出自我證明時，在要項上作出明知屬具誤導性、虛假或不正確的陳述，便可能觸犯當地法律。該人士可能因此而負上法律責任。

I FATCA Declaration of U.S. Tax Residency 根據 FATCA 的美國稅務居民身份聲明

Is new Owner a US citizen or US tax resident? Yes 是 No 否
新持有人是否美國公民或美國稅務居民？

If Yes, please submit "Supplement – Tax Residency Self-Certification for Individual".
如是，請同時填交「資料補充—稅務居民身份自我證明(個人)」。

If No, you must notify us if you become a US citizen or US tax resident immediately (and in any event within 30 days of you becoming a US citizen or US tax resident).
如否，但若您成為美國公民或美國稅務居民，請立即(且在任何情形下須於您成為美國公民或美國稅務居民的三十日內)通知本公司。

For information on the definition of US citizen or US tax resident, please refer to US Internal Revenue Service website www.irs.gov. If you are in any doubt, you should consult your personal professional adviser.

有關美國公民或美國稅務居民之定義，詳情請瀏覽美國國稅局網站 www.irs.gov。如有任何疑問，應諮詢您的個人專業顧問。

Please declare all your other Tax Residency in the following section.

請在下一部分申報您的所有其他稅務居民身份。

II CRS Declaration of Non-U.S. Tax Residency (Including Hong Kong and/or Macau) 根據 CRS 的非美國稅務居民身份聲明 (包括香港及 / 或澳門)

Regulations based on the Organisation for Economic Co-operation and Development ("OECD") CRS require financial institutions to collect and report certain required information based on an account holder's tax residence. Each jurisdiction has its own rules for defining tax residence. In general, tax residence is the country in which you live. Special circumstances (such as studying abroad, working overseas, or extended travel) may cause you to be resident elsewhere or resident in more than one country at the same time (multiple residency). The country(ies)/jurisdiction(s) in which you pay income tax are likely to be your country(ies)/jurisdiction(s) of tax residence. For more information on tax residence, please consult your tax adviser or the information at the following OECD Automatic Exchange of Financial Account Information ("AEOI") link: <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/>

根據經濟合作與發展組織(「經合組織」「OECD」)的 CRS 規定，金融機構須根據帳戶持有人的稅務居民身份收集及申報若干所需資料。每個司法管轄區均按其本身的規則釐定稅務居民的定義。一般來說，稅務居民身份是依您居住的國家所定。若干特殊情況(包括出國留學、在海外工作或長期旅行)可能導致您成為其他地方的居民或同時成為超過一個國家的居民(多重居住地)。你繳納稅款的國家/司法管轄區很可能就是您的稅務居民身份的國家/司法管轄區。有關稅務居民身份的其他詳情，請諮詢您的稅務顧問，或瀏覽下列經合組織有關自動交換資料的網頁鏈結 <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/>

The Company must comply with the following requirements of the Legal Regime for the Exchange of Tax Information to facilitate Macau Financial Services Bureau automatically exchanging certain financial account information as provided for thereunder:

- (i) to identify certain accounts as "non-excluded financial accounts" ("NEFAs");
 - (ii) to identify the jurisdiction(s) in which NEFA-holding individuals and certain NEFA-holding entities reside for tax purposes;
 - (iii) to determine the status of certain NEFA-holding entities as "passive NFEs" and identify the jurisdiction(s) in which their "controlling persons" reside for tax purposes;
 - (iv) to collect certain information on NEFAs ("Required Information"); and
 - (v) to furnish certain Required Information to the Macau Financial Services Bureau (collectively, the "AEOI requirements").
- The New Owner agrees to comply with requests made by the Company to comply with the AEOI requirements.

本公司須遵從《稅務信息交換法律制度》的以下要求以協助澳門財政局進行自動交換若干金融帳戶資料：

- (i) 識辨若干帳戶為非豁免金融帳戶；
- (ii) 識辨非豁免金融帳戶持有人及若干非豁免金融帳戶持有實體所屬之稅務居民司法管轄區；
- (iii) 釐定若干非豁免金融帳戶持有實體的身份為被動非金融實體，及識辨該些實體的控權人的稅務居民司法管轄區；
- (iv) 收集非豁免金融帳戶的若干資料(「所需資料」)；及
- (v) 提交若干「所需資料」給澳門財政局(以上合共稱為「自動交換資料要求」)。

新持有人同意遵從本公司提出的需求以符合「自動交換資料要求」。

Please indicate your country/jurisdiction of tax residence (please list all countries of tax residence, including Hong Kong and/or Macau, associated taxpayer identification numbers ("TIN")). Please refer to the OECD AEOI Portal for more information on tax residency and TIN.

請註明您的稅務居住國/稅務居民司法管轄區(請列出所有稅務居民身份，(包括香港及/或澳門)及相關的稅務編號。有關更多稅務居民身份和稅務編號的相關資料，請參閱經合組織有關自動交換資料的網站。

If you have no Tax Residency other than U.S., please put "NIL" in the first box.

如果您並無美國以外的稅務居民身份，請在第一空格中填寫「無」。

If a TIN is unavailable please provide the appropriate reason A or B where indicated below:

- Reason A - The country/jurisdiction where you are resident in does not issue TINs to its residents
- Reason B - You are unable to obtain a TIN or equivalent number

如沒法提供稅務編號，請提供以下其中一個適當的理由，甲或乙：

理由甲 — 居住國家 / 司法管轄區並沒有向其居民發出稅務編號

理由乙 — 您不能取得稅務編號或具有同等功能的編號

	Country/Jurisdiction of Tax Residence 稅務居住國 / 稅務居民司法管轄區	TIN or equivalent number * (Please write "N/A" if TIN is not available) 稅務編號或具有同等功能的編號 * (如沒有，請填寫「不適用」)	If no TIN is available, enter Reason A or B 若沒有提供稅務編號，請別選理由甲或乙
1			<input type="checkbox"/> Reason A 理由甲 <input type="checkbox"/> Reason B 理由乙
2			<input type="checkbox"/> Reason A 理由甲 <input type="checkbox"/> Reason B 理由乙
3			<input type="checkbox"/> Reason A 理由甲 <input type="checkbox"/> Reason B 理由乙

* If you are a tax resident of Macau, TIN is your Macau Identity Card number. If you are a tax resident of mainland China and use Chinese Identity Card as your identification, TIN is your Chinese Identity Card number. For tax residents of other jurisdictions, please visit the following OECD link for guidance on a TIN :

<https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/>

如您是澳門稅務居民，您的稅務編號為您的澳門身份證號碼。如您是中國內地稅務居民且中國身份證為您的身份證明文件，您的稅務編號為您的中國身份證號碼。其它管轄區的稅務居民請瀏覽下列經合組織的網頁鏈結查找您稅務編號的定義。

<https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/>

(The above information is only for reference and OECD website shall prevail. 以上資料僅供參考及應以經合組織網頁為準。)

Please explain in the following boxes why you are unable to obtain a TIN if you selected **Reason B** above.

如選擇理由乙，請在下列空格中解釋您不能取得稅務編號的原因。

1	
2	
3	

I undertake to advise the Company and provide a duly updated "Supplement – Tax Residency Self-Certification for Individual" within 30 days of the occurrence of any change in circumstance which causes any of the information contained in this form to be incorrect.

本人承諾，如情況有所改變，以致本表格所載的資料不正確，本人會通知貴公司，並會在情況發生改變後三十日內，向貴公司提交一份已適當更新的「資料補充—稅務居民身份自我證明(個人)」。

6. CHANGE OF BENEFICIARY 更改受益人

Primary Beneficiary 基本受益人				Secondary Beneficiary (optional) ¹ 次位受益人(可選) ¹			
Full name of beneficiary 受益人姓名	Relationship to Insured 與受保人關係	Beneficiary Identity No. 受益人身份證明號碼	Share (%) ² 分配比率 (%) ²	Full name of beneficiary 受益人姓名	Relationship to Insured 與受保人關係	Beneficiary Identity No. 受益人身份證明號碼	Share (%) ² 分配比率 (%) ²
Total 合共 100%				Total 合共 100%			

Notes:

- To appoint secondary beneficiary, primary beneficiary must be appointed in advance. The appointment of secondary beneficiary(ies) will be effective only if all primary beneficiaries are deceased.
- Death Proceeds of this policy shall be payable to the beneficiaries in the same class equal shares unless otherwise stated.
- Total share of each beneficiary class must be 100%.

注意：

- 如需委任次位受益人，必須先委任基本受益人。次位受益人的委任必須於所有基本受益人身故後才生效。
- 如分配比率未有註明，保單的身故賠償將平均支付予每名相同類別的受益人。
- 每受益人類別的總分配百分比必須是 100%。

7. SUPPLEMENTARY DETAILS OF NEW OWNER 新持有人補充資料

For Juvenile Policy 兒童保單

The existing supplementary benefit of Applicant's Waiver of Premium – Death/Applicant's Waiver of Premium – Death or Disability/Payor Benefit (if any) will be terminated after ownership transfer. To apply this supplementary benefit for new Owner, please complete "Policy Service Application Form II".

現有附加契約：申請人之豁免保費 – 身故 / 申請人之豁免保費 – 身故或殘廢 / 付款人豁免付費權益 (如有) 將會被終止。如需為新持有人申請該附加契約，請填交「保單服務申請書 II」。

Current Monthly Income (MOP):

目前每月收入 (澳門幣):

What are your sources of funds for insurance premiums? (tick one or more) 您支付保費的資金來源為: (可選多於一項)

- Salary income/Bonus 薪金收入 / 花紅 Rental income 租金收入 Accumulative savings 累積儲蓄
 Investment return/Ongoing investment income 投資回報 / 持續投資收入 Business earning 商業利潤
 Pension fund/Ongoing pension Income & previous occupation 退休基金 / 持續退休收入及過往職業 Loan 貸款
 Others 其他 (please specify 請註明): _____

(If financially depends on others, please provide relationship, occupation & title) (如在經濟上依賴他人，請提供關係、職業及職位)

Account for Premium Payment
保費繳付帳戶

- Setup new autopay account (please complete "Direct Debit Authorisation")
設立新自動轉賬戶口 (請填交「直接付款授權書」)
 Maintain the autopay account that paying premium of the above policy (if any)
保留繳交上述保單保費之自動轉賬戶口 (如有)

Notes:

- (1) For **monthly mode**, please complete "Direct Debit Authorisation"
 (2) Payment is accepted from "New Owner", "Insured", "Beneficiary" or "Direct Family Member to New Owner/Insured". Do not accept third party payment. Otherwise, the existing autopay account will be deleted
 (3) Existing autopay account will be deleted if it is not specified

注意:

- (1) 月繳請填交「直接付款授權書」
 (2) 只接受「新持有人」、「被保人」、「受益人」或「新持有人 / 被保人直系親屬」的付款。不會接受第三者付款，否則該現有之自動轉賬戶口將會被取消
 (3) 如沒註明，現有之自動轉賬戶口將會被取消

8. 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 (Macau) ("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 (澳門) ("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 ("X")。當您拒絕直接促銷的指示被紀錄後，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。

9. 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 owner and the contingent owner are 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 Macau) 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.mo/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 the Related Regulator or other parties, as required for proper administration of the guideline relating to Life Insurance Policy Replacement, a copy of the Customer Declaration for Policy Replacement and any other records or information, where necessary.

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 from the payout of the policy and/or sum received by the Company under the policy according to the applicable statutory and/or regulatory requirement(s).

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) 持有人及後備持有人均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，未成年是指未滿 14 歲（在中國大陸）或未滿 18 歲（在澳門）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.mo/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，均應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，根據人壽保險轉保的相關指引的正確執行需求，向相關監管機構或其他方提供人壽保險客戶轉保聲明書副本，以及其他紀錄或資料。

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未繳金額。

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。

10. 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.

[#] The Privacy policy is available here: <https://www.axa.com.mo/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。

[#] 在此取得私隱政策：<https://www.axa.com.mo/zh/legal>

Signature of Contingent Owner (Applicable to replacement of deceased owner only)
後備持有人簽署 (只適用於取代已故持有人)

11. 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 Insured** (if different from the Owner) 被保人簽署** (倘非持有人)	Signature of Owner* 持有人簽署 *	Signature of Assignee* (Applicable to policy under collateral assignment) 受讓人簽署 * (適用於抵押轉讓的保單)
Signature of Contingent Owner [^] (Applicable to designation/ change of contingent owner or replacement of deceased owner) 後備持有人簽署 [^] (適用於指定/ 更改後備持有人或取代已故持有人)		Date Signed (YYYY/ MM/ DD) 簽署日期 (年 / 月 / 日)

* If Insured is aged 18 or above, signature by the Insured himself/herself is required; 若被保人的年齡為18歲或以上，請由本人簽署；

If Insured is aged below 18, signature of Parent/Guardian of the Insured is required; 若被保人的年齡少於18歲，請由被保人之父/ 母/ 監護人簽署；

Please ensure the signature(s) match(es) with the one provided in the policy file; 簽名式樣須與保單上的記錄相符；

For change of contingent owner, signature of new contingent owner is required. 若更改後備持有人，須由新的後備持有人簽署。

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：

12. 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 owner 指定 / 更改 / 撤銷後備持有人	<input type="checkbox"/> Contingent Insured (Flexi Continuation Option) Request Form (applicable if owner and insured are the same person and must be submitted at the same time) 後備被保人(彈性延續選項)申請書 (適用於持有人和被保人為同一人及必須同時提交)
Replacement of deceased owner 取代已故持有人	<p><u>Deceased owner 已故持有人</u></p> <input type="checkbox"/> Relevant death proof 相關身故證明文件
	<p><u>Designated contingent owner 已指定之後備持有人</u></p> <input type="checkbox"/> Identification proof 身份證明文件
	<input type="checkbox"/> Residential address proof (issued within past 3 months from the date of submission) 住宅地址證明 (發出日期必需為申請遞交日期 3 個月內)
	<input type="checkbox"/> Direct Debit Authorisation (if applicable) 直接付款授權書 (如適用)
	<input type="checkbox"/> Bank account proof (e.g. bank book, copy of debit card) which shows account holder name and account number (if applicable) 銀行帳戶證明 (例如銀行存摺、提款卡副本)，而該證明須列有銀行帳戶持有人姓名及銀行帳號 (如適用)
	<input type="checkbox"/> Supplement – Tax Residency Self-Certification for Individual (if applicable) 資料補充一稅務居民身份自我證明 (個人) (如適用)
	<input type="checkbox"/> Relationship proof (submit upon request by the Company) 關係證明文件 (在本公司要求下提交)
	Addition to the above documents, Mainland people being holder of Resident Identity Card/Passport of People's Republic of China must submit the following document: 除上列文件外，持有中華人民共和國居民身份證 / 護照的內地人士須同時提交下列文件：
	<input type="checkbox"/> 重要資料聲明書—內地人士在澳投購人壽保險產品

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。

 (853) 8799 2812

 www.axa.com.mo

 ma.enquiry@axa.com.mo
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。**