



Policy Number 保單編號：

Change of Insured/Exercise of Flexi Designation Option Request Form

更換被保人 / 行使彈性指定選項申請表格

"The Company" or "AXA":

“本公司”、“貴公司”或“AXA安盛”：

AXA China Region Insurance Company (Hong Kong) Limited
安盛金融保險(香港)有限公司/

AXA China Region Insurance Company Limited
安盛金融有限公司/

AXA Wealth Management (HK) Limited
安盛財富管理(香港)有限公司

Important Notes:

1. Please do not sign on a blank form.
2. Please complete this form in Block Letters, put a “✓” in the appropriate box(es) and provide the necessary details.
3. The original of this form and supporting documents submitted will not be returned.
4. The Company reserves the right to ask for additional identification documents where necessary.
5. Please consult with your Financial Consultant for completing this form. Your application is required to be submitted through your Financial Consultant, please state his/her consultant code, name and contact number.

重要事項：

1. 請勿在空白申請表上簽署。
2. 請以正楷填寫此申請表，及在適當方格內加上「✓」號，並於適用的選項內提供所需資料。
3. 所遞交之正本表格及所需文件將不獲退還。
4. 本公司有權因應需要要求持有人遞交其他文件。
5. 填寫表格時請向您的理財顧問諮詢。此申請須經由理財顧問遞交，請註明理財顧問編號、姓名及聯絡號碼。

Name of Insured and Owner/Trustee

被保人及持有人 / 信託人姓名

Full Name of Insured:
被保人姓名：

Full Name of Owner/Trustee:
持有人 / 信託人姓名：

Change Request

更改申請

☐ Change of Insured
更換被保人

☐ Exercise of Flexi Designation Option (only applicable to Max Wealth/Max Goal Insurance Plan)
行使彈性指定選項(只適用於「盈家」/「尊尚盈家」壽險計劃)

Transfer Percentage*:
轉移百分比*：

* The Transfer Percentage is the percentage of the Total Cash Value of the policy which will be transferred to the Split Policy (as defined in Note 5 below).
轉移百分比指將轉移至已分拆保單的保單總現金價值的百分比(定義見下文注意事項5)。

Points to Note for Change of Insured/Exercise of Flexi Designation Option

更換被保人 / 行使彈性指定選項注意事項

1. The application for change of the insured/exercise of the Flexi Designation Option is subject to the terms and conditions stated in the policy contract of the existing policy and the approval of the Company.
更換被保人 / 行使彈性指定選項申請受現有保單合約條款及條件約束，並須經本公司批准。
2. Upon approval of change of the insured/exercise of the Flexi Designation Option of the Policy with policy number as stated above (the “Policy”), the change will be effective from the effective date as specified in the relevant endorsement or policy contract (the “Effective Date”).
一旦上述所列明保單編號的保單(「保單」/「本保單」)更換被保人 / 行使彈性指定選項獲得批准，更換將自列於相關附加條款或保單合約上生效日期當日起生效(生效日期)。
3. Upon approval of the exercise of the Flexi Designation Option of the Policy, the application is not allowed to be withdrawn or changed.
一旦保單行使彈性指定選項獲得批准，該申請不能被取消或更改。
4. Upon approval of change of the insured of the Policy, all the supplement(s) (if any) of the Policy will be terminated on the Effective Date and no supplement(s) can be attached to the Policy thereafter.
一旦保單更換被保人獲得批准，所有保單的附加契約(如有)將於生效日期當日終止及其後本保單不再附加任何附加契約。
5. Upon approval of the exercise of the Flexi Designation Option of the Policy, a separate policy (“Split Policy”) will be issued by the Company and the new proposed insured will become the insured of the Split Policy. The Transfer Percentage of the Total Cash Value of the Policy will be transferred to the Split Policy and the Notional Amount of the Policy will be reduced accordingly.
一旦保單行使彈性指定選項獲得批准，本公司將簽發一份單獨的保單(「已分拆保單」)，而新建議被保人將成為已分拆保單的被保人。保單總現金價值的轉移百分比將轉移至已分拆保單，而本保單名義金額將相應減少。

Change of Insured/Exercise of Flexi Designation Option Request Form 更換被保人 / 行使彈性指定選項申請表格

- Upon approval of the exercise of the Flexi Designation Option of the Policy, all supplement(s) will continue to be attached to the Policy. The reduction in the Notional Amount may induce a reduction of the Supplement Amount(s) (if any) pursuant to the Company's then prevailing rules. If the Supplement Amount(s) fall(s) below the minimum amount as may be determined by the Company from time to time, the relevant supplement will terminate. For the avoidance of doubt, no premium will be refunded upon the reduction in the Notional Amount/Supplement Amount or termination of the supplement. In addition, no supplement(s) can be attached to the Split Policy thereafter.
一旦保單行使彈性指定選項獲得批准，所有附加契約（如有）將繼續附著於保單。減少名義金額可能導致附加契約金額（如有）根據本公司當時的規定而減少。如附加契約金額少於本公司可不時釐定的最低金額，相關附加契約將終止。為免產生疑問，一旦名義金額 / 附加契約金額減少或附加契約終止時，保費將不予退還。此外，其後已分拆保單不能附加任何附加契約。
- Upon approval of the change of the Insured/exercise of the Flexi Designation Option of the Policy, the counting of the applicable period under the Incontestability provision and the Suicide Exclusion provision of the Policy/Split Policy will commence from the Effective Date.
一旦保單更換被保人 / 行使彈性指定選項獲得批准，保單 / 已分拆保單的不可爭議條款、自殺除外條款的適用期間將自生效日期起重新計算。
- On the Effective Date, the Maturity Date of the Policy/Split Policy will be changed in accordance with the provisions of the Policy.
保單 / 已分拆保單的期滿日將根據保險合同載明的條款而更改。
- Upon approval of the change of the Insured of the Policy, all existing Beneficiary designations of the Policy will be revoked. The death proceeds shall be payable in accordance with the provisions of the Policy.
一旦保單更換被保人獲得批准，保單的所有現有受益人的指定將會被撤銷。身故賠償將根據保單合約支付。
- Upon approval of the exercise of the Flexi Designation Option of the Policy, all existing Beneficiary designations of the Policy will remain unchanged for the Policy, and such designations will not apply to the Split Policy. You may designate Beneficiary(ies) for the Split Policy in accordance with the prevailing administration rules of the Company.
一旦保單行使彈性指定選項獲得批准，保單的所有現有受益人的指定將維持不變，並且該指定不會應用於已分拆保單。您可以根據本公司當時的行政規則指定已分拆保單的受益人。
- Please refer to the policy contract for the terms and conditions of the Policy. Please refer to the policy contract for the definitions of capitalized terms used herein but not defined in this application form.
有關保單條款及條件，請參閱保單合約。請參閱保單合約以了解有關本表格內所用並未定義的詞彙之定義。

1. Personal Details of New Proposed Insured 新建議被保人個人資料

New Proposed Insured 新建議被保人			
Full Name 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 Surname 英文 姓		
	Given Name 名		
	In Chinese (If applicable) 中文姓名 (如適用)		
Sex 性別	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女		
Date of Birth (YYYY/MM/DD) 出生日期 (年 / 月 / 日)	_____ YYYY 年 _____ MM 月 _____ DD 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 New Proposed Insured's Age is below 18. * 如新建議被保人為 18 歲或以下。 @ 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 與保單持有人的關係	<input type="checkbox"/> Spouse 配偶 <input type="checkbox"/> Child 子女 <input type="checkbox"/> Grandchild 孫子女 / 外孫子女 <input type="checkbox"/> Other 其他：_____		
Residential Address 住宅地址	_____ 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 _____ Country 國家 _____ Postal Code 郵寄代號		
Note 註： i. Please complete the address in English if residing in Hong Kong; address in Mainland China or Taiwan please complete in English or Chinese 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。 ii. If the address is located in the Mainland China, please complete Section 5 of this form. 如地址位於中國大陸，請完成本表格的第 5 部份。	<input type="checkbox"/> Yes (Please provide the country and city): 有 (請註明國家及城市) : _____ <input type="checkbox"/> No 否		

Permanent Address 永久地址 Note 註： If the address is located in the Mainland China, please complete Section 5 of this form. 如地址位於中國大陸，請完成本表格的第5部份。 (Leave blank if same as Residential address) (如與上述住宅地址相同則無須填寫)	
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2. New Proposed Insured Personal Statement 新建議被保人個人聲明

The “you” and “your” under this section shall refer to New Proposed Insured in this application.
此部份所提及的「您」及「您的」，乃指有關此投保申請的新建議被保人。

2.1 Simplified Health Declaration on New Proposed Insured 新建議被保人簡易健康聲明

	Yes 是	No 否
Have you ever been hospitalized for more than 14 consecutive days in the past 24 months, or been diagnosed or under medical treatment or intending to have investigation for heart attack or heart disease, high blood pressure, stroke, diabetes, kidney disease, liver disease, lung disease, neurological disorders, circulatory disorders, HIV infection or AIDs, hepatitis B or C, cancer, carcinoma in situ, melanoma or tumor? 您曾在過去二十四個月內，住院持續超過十四天；或被診斷患有心臟病發作 / 心臟疾病、高血壓、中風、糖尿病、腎病、肝臟疾病、肺部疾病、神經系統疾病、循環系統疾病、愛滋病毒感染 / 後天免疫力缺乏症、乙型肝炎 / 丙型肝炎、癌症、原位癌、黑色素瘤、腫塊或腫瘤；或因前述情況而接受醫療治療或需進一步檢查？	<input type="checkbox"/> If your answer is “Yes”, please further complete sections of 2.2-2.4 (except designated plan without Extra Death Benefit) 若答案為「是」，請進一步填寫 2.2-2.4 部份 (指定基本計劃而沒有額外身故賠償可除外)	<input type="checkbox"/>

2.2 Personal Statement on New Proposed Insured: Other Insurance Information 新建議被保人個人聲明：其他保險資料

Insurance Company Name 承保公司名稱	Sum Insured/Protection Amount/Notional Amount/Benefit (MOP) 保額 / 保障金額 / 名義金額 / 保障 (澳門元)					Date of Issuance (YYYY/MM) 簽發日期 (年 / 月)
	Life Insurance (Including Lifetime Annuity) 人壽保險 (包括終身年金)	Disability Income 傷病入息保障	Critical Illness Insurance 嚴重疾病保險	Personal Accident 個人意外	Hospital Cash/ Income 住院現金 / 入息	

Attention: Please read the below statement carefully before completing the sections 2.3 and 2.4.
注意：在完成第 2.3 及第 2.4 部份前，請細閱以下聲明。

Statement for Collection of Information 資料收集聲明

- (i). This questionnaire collects health-related information solely for the purpose of underwriting which is a process for the Company to evaluate the health risk of the applicants and decide the application results. The underwriting process that the Company adopts should be fair and reasonable, and the Company should explain the application results if requested by the customers.
此問卷收集與健康相關的資料僅作為核保之用途，而核保是本公司評估申請人之健康風險及決定申請結果的程序。本公司採用的核保程序應為公平合理，並會因應客戶要求解釋申請結果。
- (ii). As the applicant, you are required to provide the Company with complete and accurate information requested in this questionnaire to the best of your knowledge and belief. Based on the information provided, the Company may have follow-up questions or enquiries that require you to provide further information for underwriting purpose.
作為申請人，閣下需要盡其所知所信，按本問卷中要求向本公司提供完整及準確的資料。本公司根據閣下提供的資料，可能會提出跟進問題或查詢而需要閣下進一步提供資料以作核保之用。
- (iii). If there are any changes to or updates of the information provided in this questionnaire after the time of submission of this application and before you receive the Policy, you are required to notify the Company in a timely manner.
若閣下在提交本申請表後至閣下收到保單前的期間就本問卷中提供的資料有任何改變或更新，閣下需要及早通知本公司。
- (iv). Even after an insurance policy has been issued upon successful application, the insurance coverage for you may be affected or the policy may be terminated, voided or rescinded, or claims may be repudiated by the Company, if you have not provided the Company with complete and accurate information to the best of your knowledge and belief according to (ii), or if you have not notified the Company on any changes to or updates of the information in time according to (iii).
即使已成功投保並獲簽發保單，若閣下未按 (ii) 所述盡其所知所信向本公司提供完整及準確的資料，或未按 (iii) 所述就資料的任何改變或更新而及早通知本公司，閣下的保險保障可能會受到影響，本公司亦可能因此終止、作廢或撤銷有關保單，或拒絕賠償。

Change of Insured/Exercise of Flexi Designation Option Request Form 更換被保人 / 行使彈性指定選項申請表格

2.3 Personal Statement on New Proposed Insured: Health-Related Information (Part I)

新建議被保人個人聲明：健康相關資料 (第一部份)

If you answer to any of the questions 1, 2, or 4, 5 below is “Yes”, please complete the Supplementary Health Information form. Any disclosures made to questions 1-6 below, will not be used in the assessment of any Individual Indemnity Hospital Insurance Plans. 若 1、2 或 4、5 題中任何一題之答案為「是」，請於「健康資料補充」表格中註明詳情。在 1-6 問題中披露的任何資料，都不會作為核保個人償款住院保險產品之用途。

General Information 基本資料	Yes 是	No 否
1. Have you ever been declined, postponed, or accepted with an increased premium or an exclusion applied in any Life, Critical Illness, Medical or Disability insurance application, reinstatement or renewal due to health/medical reasons? 您是否曾因健康 / 醫療理由於投保或要求復效或續保人壽、嚴重疾病、醫療或傷病保險時被拒絕、延期、增加保費或附加不保事項？	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever taken habit forming drugs or narcotics, or been treated or counselled for a drug or alcohol problem? 您是否曾服用成癮性藥物或麻醉劑，或因藥物或飲酒問題而接受治療或輔導？	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you participate or intend to participate in any hazardous activities such as diving, mountaineering, skydiving, parachuting, hang gliding, motor sports or aviation (excluding flying as a passenger on a regular scheduled airline)? If Yes, please complete the appropriate questionnaire/Personal Statement. 您是否有參與或打算參與任何危險性活動？例如：潛水、爬山、花式跳傘、跳傘、懸掛滑翔飛行、賽車或飛行（以乘客身份乘搭商業性之民航客機除外）。如有，請填妥有關問卷 / 個人聲明。	<input type="checkbox"/>	<input type="checkbox"/>

Health Information 健康資料

Applicant(s) are not required to disclose information regarding the medical conditions or treatments below – Cold/flu/sore throat, gastroenteritis/food poisoning (fully recovered), indigestions (no investigations required), acne, muscle sprained (fully recovered), thrush, routine scan/blood test for pregnancy (normal result), routine cervical smear (normal result), routine health check (normal result), preventive vaccination, Hormonal Replacement Therapy (menopause), infertility treatment or uncomplicated pregnancy, myopia/hyperopia/astigmatism/presbyopia.

申請人無需披露以下健康狀況或治療 –

傷風 / 感冒 / 喉嚨痛、腸胃炎 / 食物中毒 (已痊癒)、消化不良 (無需檢查)、痤瘡、肌肉扭傷 (已痊癒)、鵝口瘡、常規產前掃描 / 血液檢驗 (檢驗結果正常)、常規子宮頸細胞塗片檢驗 (檢驗結果正常)、常規健康檢查 (檢查結果正常)、預防疫苗、荷爾蒙補充治療 (更年期)、不育治療或胎兒生長情況正常的懷孕、近視 / 遠視 / 散光 / 老花。

	Yes 是	No 否
4. Do you currently have or have you ever been diagnosed with any of the following diseases or medical conditions? 您目前是否患有或曾被確診患有以下列疾病或健康狀況？	<input type="checkbox"/>	<input type="checkbox"/>
a. Cancer or carcinoma in situ (CIS), tumour, melanoma, cyst, nodule, polyp, lump or growth of any kind 癌症或原位癌、腫瘤、黑色素瘤、囊腫、結節、瘰癧或任何其他贅生物	<input type="checkbox"/>	<input type="checkbox"/>
b. Heart disease including chest pain, angina, heart rhythm disorder or structural heart abnormalities 心臟疾病包括胸痛、心絞痛、心律失常或心臟結構異常	<input type="checkbox"/>	<input type="checkbox"/>
c. Stroke including transient ischemic attack (TIA) or cerebral aneurysm/subarachnoid haemorrhage 中風包括短暫性腦缺血 (俗稱「小中風」) 或腦動脈瘤 / 蜘蛛網膜下腔出血	<input type="checkbox"/>	<input type="checkbox"/>
d. Hypertension/high blood pressure 高血壓	<input type="checkbox"/>	<input type="checkbox"/>
e. Thyroid disorders including hypothyroidism or hyperthyroidism 甲狀腺疾病，包括甲狀腺功能減退或甲狀腺功能亢進 (甲亢)	<input type="checkbox"/>	<input type="checkbox"/>
f. Diabetes mellitus, impaired glucose tolerance or diseases of the kidney, genitourinary system (including bladder or prostate) or the reproductive organs 糖尿病、葡萄糖耐量異常、腎病、泌尿生殖系統 (包括膀胱或前列腺) 或生殖器官之疾病	<input type="checkbox"/>	<input type="checkbox"/>
g. Prolapsed intervertebral disc, degenerative spine conditions, arthritis or other joint disorders 椎間盤突出、脊椎退化性疾病、關節炎或其他關節疾病	<input type="checkbox"/>	<input type="checkbox"/>
h. Medical conditions requiring a medical device or prosthesis to be implanted within the body 需要植入醫療儀器或義肢的疾病或健康狀況	<input type="checkbox"/>	<input type="checkbox"/>
i. Congenital conditions (medical, physical or mental abnormalities that existed at the time of or before birth) 先天性疾病 (指於出生時或之前已存在的醫學、生理或精神上的異常)	<input type="checkbox"/>	<input type="checkbox"/>
j. Physical defects, impairments, deformities, and/or conditions affecting mobility, sight, speech and/or hearing 身體缺陷、不健全、畸形，及 / 或影響活動能力、視力、說話能力及 / 或聽力的狀況	<input type="checkbox"/>	<input type="checkbox"/>
k. Mental health conditions (such as depression, anxiety disorders, schizophrenia, eating disorders or bipolar disorders) 精神健康狀況 (例如抑鬱、焦慮、精神分裂、飲食失調或躁狂抑鬱症)	<input type="checkbox"/>	<input type="checkbox"/>
l. Hypercholesterolemia or hyperlipidaemia (elevated cholesterol) 高膽固醇症或高血脂症	<input type="checkbox"/>	<input type="checkbox"/>
m. Human immunodeficiency virus (“HIV”) infection, liver disorders (example Hepatitis B or Hepatitis C (including tested positive), fatty liver or cirrhosis of liver) 人體免疫力缺乏病毒 (愛滋病病毒) 感染、肝臟疾病 (例如乙型肝炎或丙型肝炎 (包括測試呈陽性反應)、脂肪肝或肝硬化)	<input type="checkbox"/>	<input type="checkbox"/>
n. Multiple sclerosis or neurological disorders (example Alzheimer’s disease, Epilepsy) 多發性硬化症或神經系統疾病 (例如亞茲海默氏症、腦癇症)	<input type="checkbox"/>	<input type="checkbox"/>
o. Respiratory diseases, blood or vascular disorders, auto-immune diseases (example Myasthenia gravis), sleep disorders (example Obstructive sleep apnoea) 呼吸系統疾病、血液或血管之疾病、自身免疫性疾疾病 (例如重症肌無力症)、睡眠障礙 (例如阻塞性睡眠窒息症)	<input type="checkbox"/>	<input type="checkbox"/>
p. Gallbladder or any gastrointestinal diseases (including gastric/duodenal ulcer, ulcerative colitis) 膽囊疾病、或任何腸胃疾病 (包括胃 / 十二指腸潰瘍、潰瘍性結腸炎)	<input type="checkbox"/>	<input type="checkbox"/>

		Yes 是	No 否
5. Only for juvenile applicant (under age 18): Have you ever been diagnosed with or had signs or symptoms of physical, mental or neurodevelopment problems such as Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorder (ASD) and/or developmental delay? 只適用於少年申請人 (18歲以下人士)： 您是否曾被確診身體、精神發展問題或神經發展障礙，例如專注力不足 / 過度活躍症、自閉症譜系障礙、發展遲緩，或有相關病徵或症狀出現？		<input type="checkbox"/>	<input type="checkbox"/>
6. Has your biological mother, father, or any sister or brother been diagnosed prior to age 60 with any of the following? 您的親生父母、兄弟姊妹是否於六十歲前被診斷患有以下疾病？		<input type="checkbox"/>	<input type="checkbox"/>
• Cancer, heart disease, stroke, diabetes, Huntington’s disease, polycystic kidney disease, multiple sclerosis, Alzheimer’s disease or any other inherited conditions. If Yes, please complete the table below with exact nature of the illness e.g. breast cancer, colon cancer or heart attack etc. 癌症、心臟疾病、中風、糖尿病、亨丁頓舞蹈症、多囊性腎病、多發性硬化症、亞茲海默氏症或其他任何遺傳疾病。如有，請於下列表格內說明疾病性質，例如乳癌、大腸癌或心臟病發作等。		<input type="checkbox"/>	I am adopted 本人為領養的
Relative 親屬	Diagnosis/Condition 診斷 / 狀況	Onset Age 病發年齡	

2.4 Personal Statement on New Proposed Insured: Health-Related Information (Part II)
新建議被保人個人聲明：健康相關資料 (第二部份)

If your answer to any of the questions 9-15 below is “Yes”, please complete the Supplementary Health Information form.
若9至15題中任何一題之答案為「是」，請於「健康資料補充」表格中註明詳情。

General Information 基本資料

7a. Height 身高	_____ cm 厘米 OR 或 _____ ft 呎 _____ in 吋
7b. Weight 體重	_____ kg 公斤 OR 或 _____ lbs 磅

	Yes 是	No 否
8. Do you smoke or have you smoked in the last 12 months? 您有沒有吸煙或在過去十二個月內曾否吸煙？ For the purpose of this question, the meaning of “smoking” includes but is not limited to cigarettes, cigars, tobacco pipes, chewing tobacco and the use of nicotine replacement products (such as e-cigarettes). 「吸煙」在此問題的含義包括但不限於香煙、雪茄、煙斗、嚼煙及使用尼古丁補充劑產品 (例如電子煙)。 If “Yes”, please provide types of tobacco product, frequency and quantity of consumption. 如有，請註明煙草產品種類、頻密度及吸食份量。	<input type="checkbox"/>	<input type="checkbox"/>
a. Cigarettes 香煙	<input type="checkbox"/>	pcs/day 支 / 每天
b. Others (Please specify) 其他 (請註明)：_____	<input type="checkbox"/>	pcs/day 支 / 每天

Health Information 健康資料

Applicant(s) are not required to disclose information regarding the medical conditions or treatments below – Cold/flu/sore throat, gastroenteritis/food poisoning (fully recovered), indigestions (no investigations required), acne, muscle sprained (fully recovered), thrush, routine scan/blood test for pregnancy (normal result), routine cervical smear (normal result), routine health check (normal result), preventive vaccination, Hormonal Replacement Therapy (menopause), infertility treatment or uncomplicated pregnancy, myopia/hyperopia/astigmatism/presbyopia. 申請人無需披露以下健康狀況或治療 – 傷風 / 感冒 / 喉嚨痛、腸胃炎 / 食物中毒 (已痊癒)、消化不良 (無需檢查)、痤瘡、肌肉扭傷 (已痊癒)、鵝口瘡、常規產前掃描 / 血液檢驗 (檢驗結果正常)、常規子宮頸細胞塗片檢驗 (檢驗結果正常)、常規健康檢查 (檢查結果正常)、預防疫苗、荷爾蒙補充治療 (更年期)、不育治療或胎兒生長情況正常的懷孕、近視 / 遠視 / 散光 / 老花。	Yes 是	No 否
9. In the last 5 years, have you ever had or been advised to have any regular or ongoing (such as monthly, every 2 months, half-yearly, annually) follow-up consultations or medical care with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any disease or medical condition? 在過去五年內，您是否曾經或被建議定期或持續 (例如每月、每兩個月、每半年、每年) 為任何疾病或健康狀況接受專業醫護人員 (例如專科醫生、物理治療師、精神科醫生) 的跟進診治或醫療護理？	<input type="checkbox"/>	<input type="checkbox"/>
10. In the last 5 years, have you been advised by your doctor to take any medications (such as to be taken daily/once per week/as needed as directed by doctor) for a continuous period of more than 1 month? 在過去五年內，您是否曾被醫生建議定期 (例如按醫生指示每日 / 每週一次 / 有需要時) 服用為期超過一個月的處方藥物？	<input type="checkbox"/>	<input type="checkbox"/>
11. In the last 5 years, have you been admitted into a hospital? 在過去五年內，您是否曾入住醫院？	<input type="checkbox"/>	<input type="checkbox"/>

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	Yes 是	No 否
12. In the last 5 years, have you undergone a surgical procedure (including endoscopy or biopsy) without being admitted into a hospital? 在過去五年內，您是否曾在非住院情況下接受外科程序（包括內窺鏡檢查或活組織化驗）？	<input type="checkbox"/>	<input type="checkbox"/>
13. In the last 5 years, have you ever had or been advised to undergo investigations (such as blood or urine test, ECG, X-ray, ultrasound, CT scan, MRI, PET scan, HIV test, Hepatitis B test, Hepatitis C test)? 在過去五年內，您是否曾接受或曾被建議接受檢查（例如驗血、驗尿、心電圖、X光、超聲波、電腦掃描、磁力共振、正電子掃描、愛滋病測試、乙型肝炎測試、丙型肝炎測試）？ If the answer is “Yes”, do your investigation result(s) include the followings? 如果答案屬「是」，您的檢查結果是否包括下列情況？	<input type="checkbox"/>	<input type="checkbox"/>
a. Normal test result is advised 檢驗結果正常	<input type="checkbox"/>	<input type="checkbox"/>
b. Abnormal test result is advised 檢驗結果異常	<input type="checkbox"/>	<input type="checkbox"/>
c. You are still awaiting test/test result 您正等候檢驗或檢驗結果	<input type="checkbox"/>	<input type="checkbox"/>
d. Test result is inconclusive or uncertain (retesting or follow up test is required) 檢驗結果為無定論或不確定（需要重新或進一步檢驗）	<input type="checkbox"/>	<input type="checkbox"/>
e. Medical advice has been sought or treatment is required for the test result (such as liver cyst/brain cyst/joint degeneration or calcification/lung or breast or thyroid calcification discovered on imaging test, that may not require immediate treatment) 就檢驗結果已尋求醫療意見或需要接受治療（例如一些未必需要即時治療的情況如肝囊腫/腦囊腫/關節退化或鈣化/於成像檢測中發現肺部或乳房或甲狀腺出現鈣化）	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you have any other medical conditions or sign and symptom (such as lump, headache, persistent coughing, chest pain or epigastric pain) that you are seeking or intend to seek medical advice? 您是否有任何其他健康狀況或病徵及症狀（例如腫塊、頭痛、持續咳嗽、胸痛或上腹痛）而正在或打算尋求醫療意見？	<input type="checkbox"/>	<input type="checkbox"/>
15. [For children aged 2 or below only] Was the insured child born before 37th week of pregnancy and/or born with body weight less than 2.5 kg (5.51 lbs)? [只適用於兩歲或以下之受保兒童] 受保兒童是否於懷孕第37週前出生，及/或出生時體重少於2.5公斤（5.51磅）？ If the answer is “Yes”, please provide body weight at birth: 如答案屬「是」，請提供出生時之體重：	<input type="checkbox"/>	<input type="checkbox"/>
a. more than 2.50 kg/5.51 lbs 多於2.50公斤/5.51磅	<input type="checkbox"/>	
b. 1.51 - 2.50 kg/3.32 - 5.51 lbs 1.51 - 2.50公斤/3.32 - 5.51磅	<input type="checkbox"/>	
c. 1.00 - 1.50 kg/2.20 - 3.31 lbs 1.00 - 1.50公斤/2.20 - 3.31磅	<input type="checkbox"/>	
d. less than 1.00 kg/2.20 lbs 少於1.00公斤/2.20磅	<input type="checkbox"/>	

3. Declarations and Agreement 聲明及協議

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

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, ACKNOWLEDGE AND AGREE on behalf of myself and other persons referred to in the 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 Policy shall be changed in accordance with the particulars set in this application(s);
- (2) the application(s) shall only take effect provided all of the following conditions are met: (i) any required payment for the application(s) is paid in full; (ii) the application(s) is approved by the Company at the Company's office (as defined in the Policy contract of the Policy) during the lifetime of the person(s) insured by the Policy; and (iii) the Insured and the New Proposed Insured are alive at the time of this application and at the time of approval of this application by the Company;
- (3) the application(s) is made subject to the terms and conditions of the Policy;
- (4) the application(s) shall be effective from the date the Company approves the application(s) in writing by way of endorsement(s);
- (5) the application(s) is based on my own judgment and I 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 hand are to the best of my/Our knowledge and belief complete and true;
- (7) all statements and answers to such questions, together with this 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 may have made to any person if not written or printed here;
- (9) (i) all Beneficiary designations made by the Owner prior to the date of this application regarding the Policy shall be revoked upon approval of the change of the Insured of the Policy. The death proceeds shall be payable in accordance with the provisions of the Policy; (ii) all Beneficiary designations made by the Owner prior to the date of this application regarding the Policy shall remain unchanged for the Policy, and such designations shall not pass to the Split Policy upon approval of the exercise of the Flexi Designation Option of the Policy. You may designate Beneficiary(ies) for the Split Policy in accordance with the prevailing administration rules of the Company; and
- (10) I have to reimburse the fees as charged by medical service providers if I apply to obtain the results of any Medical Examination Report/Laboratory Tests.

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I HEREBY AUTHORISE 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 authorisation shall bind the successors and assignees of the Relevant Persons and remains valid notwithstanding death or incapacity. A photocopy of this authorisation shall be as valid as the original.

If We fail to provide any information requested in this application, it may result in the Company's inability to accept or process this application.

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

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提及之其他人士）聲明、確認及同意

- (1) 本人之保單依照本申請書之選擇作出更改；
- (2) 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) 申請是於保單被保人在生之情況下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) 被保人及新被保人均必須於提交更換被保人之申請時及於更換被保人生效日期仍然在生；
- (3) 此項申請受保單條款及條件所約束；
- (4) 更改之申請由本公司以書面形式批核之日期生效；
- (5) 上述之申請是基於本人之個人判斷，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，不論是否本人親手所寫，就本人所知所言，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；
- (9) (i) 在本申請簽署日前持有人所指定的任何保單受益人將於更換被保人獲得批准時被撤銷。如隨後沒有進一步指定受益人，身故賠償將根據保單合約支付；(ii) 在本申請簽署日前持有人所指定的任何保單受益人將於行使彈性指定選項獲得批准時維持不變，並且該指定不會應用於已分拆保單。您可以根據本公司當時的行政規則指定已分拆保單的受益人；及
- (10) 如本人申請獲取有關體格檢驗 / 化驗所測試報告的結論，本人必須向本公司補償由醫生 / 化驗所收取的費用。

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。

如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。

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確認、聲明、協議及授權。

4. Personal Information Collection Statement 收集個人資料的聲明

The Company recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) ("PDPO"). Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorised or accidental access, erasure or other use.

Please note that if you do not provide us with your personal data, we may not be able to provide the information, products or services you need or process your request.

Purpose: From time to time it is necessary for the Company to collect your personal data which may be used, stored, processed, transferred, disclosed or shared by us for purposes ("Purposes"), including:

1. offering, providing and marketing to you the products/services of the Company, other companies of the AXA Group ("our affiliates") or our business partners (see "Use and provision of personal data in direct marketing" below), and administering, maintaining, managing and operating such products/services;
2. processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates;
3. providing subsequent services to you, including but not limited to administering the policies issued;
4. any purposes in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims;
5. detecting and preventing fraud (whether or not relating to the products/services provided by the Company and/or our affiliates);
6. evaluating your financial needs;
7. designing products/services for customers;
8. conducting market research for statistical or other purposes;
9. matching any data held which relates to you from time to time for any of the purposes listed herein;
10. making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;
11. conducting identity and/or credit checks and/or debt collection;
12. complying with the laws of any applicable jurisdiction;
13. carrying out other services in connection with the operation of the Company's business; and
14. other purposes directly relating to any of the above.

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Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be provided to:

1. any of our affiliates, any person associated with the Company, any reinsurance company, claims investigation company, your broker, industry association or federation, fund management company or financial institution in Hong Kong or elsewhere and in this regard you consent to the transfer of your data outside of Hong Kong;
2. any person (including private investigators) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates;
3. any agent, contractor or third party who provides administrative, technology or other services (including direct marketing services) to the Company and/or our affiliates in Hong Kong or elsewhere and who has a duty of confidentiality to the same;
4. credit reference agencies or, in the event of default, debt collection agencies;
5. any actual or proposed assignee, transferee, participant or sub-participant of our rights or business;
6. any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere; and
7. the following persons who may collect and use the data only as reasonably necessary to carry out any of the purposes described in paragraphs nos. 2, 3, 4 and 5 of the Purposes specified above: insurance adjusters, agents and brokers, employers, health care professionals, hospitals, accountants, financial advisors, solicitors, organisations that consolidate claims and underwriting information for the insurance industry, fraud prevention organisations, other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check data provided against existing data.

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”**.

Transfer of your personal data will only be made for one or more of the Purposes specified above.

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.

If you wish to withdraw your consent, please inform us in writing to the address in the section on **“Access and correction of personal data”**. The Company shall, without charge to you, ensure that you are not included in future direct marketing activities.

Access and correction of personal data: Under the PDPO, you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it.

Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to:

Data Privacy Officer
AXA China Region Insurance Company Limited
Suite 2001, 20/F, Tower Two, Times Square, 1 Matheson Street, Causeway Bay, Hong Kong

A reasonable fee may be charged to offset the Company's administrative and actual costs incurred in complying with your data access requests.

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.

[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 tick the box below and we will not use your personal data for 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.

本公司明白其就《個人資料(私隱)條例》(香港法例第486章)(**“條例”**)收集、持有、處理、使用和/或轉移個人資料所負有的責任。本公司僅將為合法和相關的目的收集個人資料，並將採取一切切實可行的步驟，確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟，確保個人資料的安全性，及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

敬請注意，如果閣下不向本公司提供閣下的個人資料，我們可能無法提供閣下所需的資料、產品或服務，或無法處理閣下的要求。

目的：本公司不時有必要收集閣下的個人資料，並可能因下列各項目的(**“有關目的”**)而供本公司使用、存儲、處理、轉移、披露或共享該等個人資料：

1. 向閣下推介、提供和營銷本公司、安盛集團的其他公司(**“安盛關聯方”**)或本公司的商業合作夥伴(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)之產品/服務，以及提供、維持、管理和操作該等產品/服務；
2. 處理和評估閣下就本公司及安盛關聯方所提供之產品/服務提出的任何申請或要求；
3. 向閣下提供後續服務，包括但不限於執行/管理已發出的保單；
4. 與就本公司和/或安盛關聯方提供的任何產品/服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何目的，包括索賠調查；
5. 偵測和防止欺詐行為(無論是否與就由本公司及/或安盛關聯方提供的產品/服務有關)；
6. 評估閣下的財務需求；

Change of Insured/Exercise of Flexi Designation Option Request Form 更換被保人/行使彈性指定選項申請表格

- 為客戶設計產品/服務；
- 為統計或其他目的進行市場研究；
- 不時就本條款所列的任何目的核對所持有的與閣下有關的任何資料；
- 作出任何適用法律、規則、規例、實務守則或指引所要求的披露或協助在香港或香港以外其他地方的警方或其他政府或監管機構執法及進行調查；
- 進行身份和/或信用核查和/或債務追收；
- 遵守任何適用的司法管轄區的法律；
- 開展與本公司業務經營有關的其他服務；及
- 與上述任何目的直接有關的其他目的。

個人資料的轉移：個人資料將予以保密，但在遵守任何適用法律條文的前提下，可提供給：

- 位於香港或香港以外其他地方的任何安盛關聯方、本公司的任何相關聯人士、任何再保險公司、索賠調查公司、閣下之保險經紀、行業協會或聯會、基金管理公司或金融機構，以及就此方面而言，閣下同意將閣下的資料轉移至香港境外；
- 與就本公司和/或安盛關聯方提供的任何產品/服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何人士（包括私家偵探）；
- 在香港或香港以外其他地方向本公司和/或安盛關聯方提供行政、技術或其他服務（包括直接促銷服務）並對個人資料負有保密義務的任何代理、承包商或第三方；
- 信貸資料機構或（在出現拖欠還款的情況下）追討欠款公司；
- 本公司權利或業務的任何實際或建議的承讓人、受讓方、參與者或次參與者；
- 在香港或香港以外其他地方的任何政府部門或其他適當的政府或監管機關；及
- 在有合理需要履行任何上述有關目的段落2, 3, 4及5之情況下，以下人士：保險理算人、代理和經紀、僱主、醫護專業人士、醫院、會計師、財務顧問、律師、整合保險業申訴和承保資料的組織、防欺詐組織、其他保險公司（無論是直接地，或是通過防欺詐組織或本段中指名的其他人士）、警察、和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其運營者）。

如欲了解本公司為促銷目的使用閣下的個人資料的政策，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。

閣下的個人資料將僅為上文規定的一個或多個有關目的而被轉移。

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：

- 使用本公司不時持有的閣下的姓名、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；
- 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）：
 - 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；
 - 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；
- 以上服務及產品將會由本公司及/或以下機構提供：
 - 任何安盛關聯方；
 - 第三方金融機構；
 - 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；
 - 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；
- 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）。

在使用閣下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，本公司須獲得閣下的書面同意，及只在獲得閣下的書面同意後方可使用閣下的個人資料及提供予其他人士作任何推廣及促銷用途。

閣下日後可撤回閣下給予本公司有關使用閣下的個人資料及提供予其他人士作任何促銷用途的同意。

閣下如欲撤回閣下給予本公司的同意，請發信至下文“**個人資料的查閱和更正**”部份所列的地址通知本公司。本公司會在不收取任何費用的情況下確保不會將閣下納入日後的直接促銷活動中。

個人資料的查閱和更正：根據條例，閣下有權查明本公司是否持有閣下的個人資料，獲取該資料的副本，以及更正任何不準確的資料。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。

查閱和更正的要求，或有關獲取政策、常規及本公司所持的資料種類的資料，均應以書面形式發送至：

個人資料保護主任
安盛金融有限公司
香港銅鑼灣勿地臣街1號時代廣場2座20樓2001室

本公司可能會向閣下收取合理的費用，以抵銷本公司為執行閣下的資料查閱要求而引致的行政和實際費用。

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/我們的個人資料提供予其他人士。

[重要通知：如閣下不同意根據“**收集個人資料的聲明**”使用和轉移閣下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），請在下列方格內□加上剔號（“✓”），本公司將不會使用閣下的個人資料作為直接促銷用途。]

☐ 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。

5. 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.

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。

- I/We have read and consent to the [Privacy Policy](#)[#]; and
本人/我們已經閱讀並同意私隱政策[#]；及
- 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.
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。

In the case that the New Proposed Insured is aged below 18, I/We grant **each** of the above separate consents on behalf of the New Proposed Insured as his/her guardian or authorised person (as the case may be).

若新建議被保人未滿18歲，本人/我們以其監護人或獲授權人(視情況而定)的身份，代表新建議被保人對上述**每一項**作出單獨同意。

[#] The Privacy policy is available here: <https://www.axa.com.hk/en/legal>

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

Signature of New Proposed Insured (If aged 18 or above)/the Guardian or authorised person of New Proposed Insured (If New Proposed Insured is aged below 18)
新建議被保人簽署(如十八歲或以上)/新建議被保人的監護人或獲授權人簽署(如新建議被保人未滿十八歲)

6. 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^{**}
被保人簽署^{**}

Signature of New Proposed Insured^{**}
新建議被保人簽署^{**}

Signature of Owner/Trustee^{*}
持有人/信託人簽署^{*}

Signature of Collateral Assignee (if applicable)^{*}
抵押轉讓人簽署(如適用)^{*}

Signature of Witness/Financial Consultant^{*}
見證人/理財顧問之簽署^{*}

Date Signed (YYYY/MM/DD)
簽署日期(年/月/日)

Full Name of Witness/Financial Consultant
見證人/理財顧問之姓名

[#] If Insured or New Proposed Insured is aged 18 or above, signature by the Insured or New Proposed Insured himself/herself is required;

若被保人或新建議被保人的年齡為18歲或以上，請由本人簽署；

If Insured or New Proposed Insured is aged below 18, signature of Parent/Guardian of the Insured or Parent/Guardian of New Proposed Insured is required;

若被保人或新建議被保人的年齡少於18歲，請由被保人之父/母/監護人簽署或新建議被保人之父/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。

7. Revocation of Irrevocable Beneficiary(ies) (If applicable) 不可更換受益人的撤銷 (如適用)

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更換受益人的保單。若指定多於一位以上的不可更換受益人，所有不可更換受益人都必須填寫並簽署。

Name of Irrevocable Beneficiary(ies): 不可更換受益人姓名：	
Name of Irrevocable Beneficiary(ies)'s Parent/Guardian (applicable to Irrevocable Beneficiary aged 18 below): 不可更換受益人之父 / 母 / 監護人姓名 (適用於不可更換受益人年齡少於 18 歲)：	

I HEREBY CONSENT to the revocation of my designation as the Irrevocable Beneficiary of this Policy which will be effective upon the Company's approval of this application for change of Insured. I acknowledge that upon the Company's approval of this application for change of Insured, 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更換受益人將於次更換被保人申請獲得批准時被撤銷。本人確認由是次更換被保人申請獲得批准時，持有人隨後可指定新受益人而無需得到本人同意。

Signature of Irrevocable Beneficiary(ies)* 不可更換受益人簽署**	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;
若不可更換受益人的年齡為 18 歲或以上，請由本人簽署；

If Irrevocable Beneficiary is aged under 18, signature of Parent/Guardian of the Irrevocable Beneficiary is required.
若不可更換受益人的年齡少於 18 歲，無需本人簽署。請由其父 / 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。

8. Termination of Trust (Only Applicable to Trust Policy and the Insured is aged below 18) 信託終止 (僅適用信託保單及被保人年齡為 18 歲以下)

I hereby terminate the trust[#] in respect of the Policy (the "Trust") and change the ownership of the Policy to the Owner together with all the rights and obligations under the Policy which will become effective upon the Company's approval of this application for change of Insured. I acknowledge that upon termination of the Trust, the trustee and contingent trustee (if any) will be automatically removed. I hereby request the Policy be changed according to the above particulars.

The trust was declared under the relevant form(s) as specified by the Company.

本人僅此於是次更換被保人獲得批准並生效時，終止本保單之信託[#] ("信託") 及將保單的所有權連同所有權利和義務一併授予保單持有人。

本人確認由信託終止時起，信託人及後備信託人 (如有) 將自動被移除。

信託是根據本公司規定的相關表格成立下之信託聲明。

Signature of Owner/Trustee* 持有人 / 信託人簽署 *	Signature of Parent/Guardian of Insured* 被保人之父 / 母 / 監護人簽署 *
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 policy file.
簽名式樣須與保單上的記錄相符。

Financial Consultant Details 理財顧問資料			
Name 姓名			
Code 編號	Contact Number 聯絡號碼		