



Policy Number 保單編號:

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**AXA China Region Insurance Company (Bermuda) Limited**  
**AXA China Region Insurance Company Limited**  
 (Expressed as "AXA" / "The Company" in this application form)  
 安盛保險(百慕達)有限公司  
 安盛金融有限公司  
 (於本申請書表述為 "AXA 安盛" / "本公司" / "貴公司")

# INVESTMENT - LINKED POLICY SERVICE APPLICATION

## 投資連繫式保單服務申請

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

- |   |  |
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| (1) Complete this form. Please do not sign on a blank form.<br>(2) "✓" the request option and provide the necessary details.<br>(3) Countersign any alteration on this form with the Owner/Trustee/Assignee's (expressed as "Owner" in this form) signature.<br>(4) Please refer to the document checklist for documents required to process your request.<br>(5) Submit this form and supporting documents to your financial consultant or AXA Customer Service Centre.<br>(6) The original of this form and supporting documents you submit will not be returned. | (1) 填寫申請表。請勿在空白申請表上簽署。<br>(2) "✓" 適用的選項並提供所需資料。<br>(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。<br>(4) 請參閱所需文件指引以便處理您的申請。<br>(5) 遞交此申請書及所需文件給您的理財顧問或 AXA 安盛客戶服務中心。<br>(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

- The possible risk(s) associated with the new investment option(s) may become inconsistent with your existing risk profile. Please be reminded to read the product documents (including the Principal Brochure (which consists of the Product Key Facts Statement, the Product Brochure and the Investment Options Leaflet) and the Illustration Document).  
新投資選項相關的潛在風險可能與您現時的風險承擔能力不一致。請細閱產品計劃文件 (包括主要銷售刊物 (其中包括產品資料概要、產品說明書及投資選擇簡介) 及說明文件)。
- If there are material changes to your circumstances since the latest "Risk Profile Questionnaire" processing, please be reminded to submit a new "Risk Profile Questionnaire" and update your risk tolerance level.  
如在最近一次提交的「風險承擔能力問卷」過程中所提供的資料有重要更改，請提交新「風險承擔能力問卷」及更新您的風險承擔能力。
- "Fund(s)/Investment Option(s)/Investment Fund(s)" is expressed as "Investment Option(s)" in this application form.  
「基金 / 投資選擇 / 投資基金」於本申請書表述為「投資選擇」。
- If service request is to fund the purchase of your new life and/or medical insurance policy, please contact your financial consultant or our customer service centre to understand and submit the "Important Facts Statement - Policy Statement". You should carefully compare your existing insurance policy against the new insurance policy you intend to purchase, and assess whether replacing your existing insurance policy is in your best interests before you make a final decision.  
若服務申請是用以資助您購買新的人壽及 / 或醫療保險保單，請聯絡您的理財顧問或本公司客戶服務中心以了解及提交「重要資料聲明書一轉保」。您應仔細比較現有保險保單與擬購買的新的保險保單，並在作出最終決定前評估取代現有保險保單是否最為符合您之最佳利益。

I hereby confirm that there are material changes to the information provided since the latest "Risk Profile Questionnaire" processing. Enclosed the new "Client Needs Analysis".  
 本人謹此聲明，在最近一次提交的「風險承擔能力問卷」中所提供的資料有重要更改。現附上新「客戶需求分析」。

### 1. INVESTMENT OPTION ALLOCATION INSTRUCTION 投資選擇分配指示

Investment Option Name in Full 投資選擇全名	(%)	Investment Option Name in Full 投資選擇全名	(%)

Minimum 10% and must be in whole number 最少為 10% 並必須為整數 Total 合共 100%

## 2. INVESTMENT OPTION SWITCHING 投資選擇轉換

For Pulsar or Pavo Investment Insurance Plan, please tick the account you would like to apply Investment Option Switching.  
如為雋宇或盛躍投資保險計劃，請選擇您欲申請投資選擇轉換之戶口並加上「✓」號。

Initial Units Account 最初供款戶  Accumulation Units Account 累積供款戶

Please choose one of the below options to indicate the quantity of Investment Option switch out.  
請選擇以下選項指示轉換出投資選擇數目。

In Percentage (%) 百分率 (%)  In Unit 單位數目  In Amount (Investment Option Currency) 金額 (投資選擇貨幣)

Please note that the actual switch out amount might differ as it is subject to the actual selling price of the Investment Option.  
請注意受限於實際的投資選擇賣出價，實際之轉換出金額可能有所不同。

Switch Out 轉換出		Switch In 轉換入	
Investment Option Name in Full 投資選擇全名	(%)/Unit/Amount (%)/單位/金額	Investment Option Name in Full 投資選擇全名	(%)
<b>Investment Option Switching Instruction 1 投資選擇轉換指示 1</b>			
In whole number 必須為整數		Minimum 10% and must be in whole number 最少為 10% 並必須為整數	<b>Total 合共 100%</b>

Switch Out 轉換出		Switch In 轉換入	
Investment Option Name in Full 投資選擇全名	(%)/Unit/Amount (%)/單位/金額	Investment Option Name in Full 投資選擇全名	(%)
<b>Investment Option Switching Instruction 2 投資選擇轉換指示 2</b>			
In whole number 必須為整數		Minimum 10% and must be in whole number 最少為 10% 並必須為整數	<b>Total 合共 100%</b>

Switch Out 轉換出		Switch In 轉換入	
Investment Option Name in Full 投資選擇全名	(%)/Unit/Amount (%)/單位/金額	Investment Option Name in Full 投資選擇全名	(%)
<b>Investment Option Switching Instruction 3 投資選擇轉換指示 3</b>			
In whole number 必須為整數		Minimum 10% and must be in whole number 最少為 10% 並必須為整數	<b>Total 合共 100%</b>

- Notes:**
- (1) Switch in and switch out cannot be processed for the same Investment Option.
  - (2) Maximum no. of Investment Options after Investment Options Switching cannot exceed the maximum no. of Investment Options allowed in the policy.
  - (3) The switch out Investment Option(s) in the Investment Option Switching Instruction 1, 2 and 3 cannot be duplicated.
- 注意:**
- (1) 不可同時轉換入及轉換出同一投資選擇。
  - (2) 轉換後之投資選擇總數不可超過保單上所指定的上限。
  - (3) 投資選擇轉換指示 1、2 及 3 中所轉換出的投資選擇不可重複。

**3. INCREASE/CHANGE OF PREMIUM 增加 / 更改保費**

**PART A - LUMP SUM PREMIUM 甲部份 - 一筆過投資保費**

Payment Currency 付款貨幣		Amount 金額	
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**Important Notes 重要事項:**

(1) If the Lump Sum Premium allocation is different from existing Investment Option allocation, please fill out the details as below.  
若一筆過投資保費分配指示與現時投資選擇分配指示不同，請在以下填寫資料。

(2) Levy will be deducted from the amount deposited prior to investment by the Company in the reference Investment Options which correspond to the investment option you selected.  
本公司會從存入金額中扣除徵費，然後再根據您所選擇的投資選項，投資於相對應的投資選擇。

Investment Option Name in Full 投資選擇全名	(%)	Investment Option Name in Full 投資選擇全名	(%)

In whole number 必須為整數 Total 合共 100%

**PART B - ADD/CHANGE/CANCEL TOP-UP PREMIUM 乙部份 - 增加 / 更改 / 取消額外投資保費**

Top-up Premium 額外投資保費

I would like to add / change top-up premium to the amount 本人欲增加 / 更改額外投資保費為 \$ (in policy currency)  
(保單貨幣)

I would like to cancel the payments of top-up premium 本人欲取消繳付額外投資保費

**4. PERSONAL STATEMENT - HEALTH INFORMATION 個人健康聲明 - 健康狀況 \***

Note: \*To be completed for application for Lump Sum/Top-up Premium Payment. (Applicable to Investment Linked policy issued on or after 1st January 2015).

注意: \* 請填妥此部分以申請繳付一筆過投資保費或額外投資(適用於2015年1月1日或以後簽發的投資連繫式壽險保單)。

Applicable to annual regular premium of HKD 120,000 or below/lump sum premium of HKD 1,200,000 or below or its equivalent in foreign currency.  
適用於年繳定期保費為120,000港元或以下/一筆過投資保費為1,200,000港元或以下,或其等值外幣。

1. Have you ever had or been told to have cancer or any disease or disorder which resulted in hospitalization and medical treatment for a continuous period of more than 30 days?  
您曾否患有或被告知患有癌症或任何疾病,而需要持續超過三十天之住院及醫藥治療?  
 Yes 是  No 否

Applicable to annual regular premium above HKD 120,000/lump sum premium above HKD 1,200,000 or its equivalent in foreign currency.  
適用於年繳定期保費為120,000港元或以上/一筆過投資保費為1,200,000港元或以上,或其等值外幣。

2. Have you ever had or been told to have cancer, heart disorder, stroke, any disease or disorder of the liver, kidneys, pancreas, neurological system or any other condition which resulted in hospitalization for a continuous period of more than 7 days or resulted in continuous medical treatment for more than 14 days?  
您曾否患有或被告知患有癌症、心臟疾病、中風、任何肝、腎、胰臟、神經系統的疾病或狀況而留院持續超過七天或接受持續超過十四天之治療?  
 Yes 是  No 否

3. Are you currently awaiting the results of any investigations/tests or considering treatment, investigation or consultation for symptoms you are currently experiencing such as lumps, bleeding from the bowel or other organs, chest pain, difficulty in breathing, unexplained tiredness or weight loss?  
您現正是否等候任何測試或檢驗結果;或因以下狀況正考慮接受治療、測試/檢驗,如腫塊、腸道或其他器官出血、胸痛、呼吸困難、不明瞭的體重下降或疲倦?  
 Yes 是  No 否

If any of the answers to questions 1 - 3 in this section is/are Yes, please provide the below details.  
若1-3題中任何一題之答案為有,請註明以下之詳情。

Q No. 題號	Diagnosis/ Condition Details 診斷/狀況詳情	Onset Date 病發日期	Last Symptom Date 最後病徵日期	Degree of Recovery 痊癒程度	Investigation/Treatment 檢驗/治療		Doctor/Clinic/ Hospital Name 醫生/診所/醫院名稱
					Date 日期	Details 詳情	

**5. INVESTMENT OPTION WITHDRAWAL 投資選擇提取**

Please choose one of the below options to indicate the quantity of Investment Option Withdrawal. 請選擇以下選項指示提取投資選擇數目。

In Percentage (%) 百分率 (%) (In whole number 必須為整數)

In Unit 單位數目

Part A Applicable for **Pulsar's and Pavo's Initial Units Account** and **Investment Account of other plans**  
甲部份 適用於**雋宇及盛躍之最初供款戶口**及其他計劃之投資戶口

Part B Applicable for **Pulsar's and Pavo's Accumulation Units Account only**  
乙部份 只適用於**雋宇及盛躍之累積供款戶口**

Investment Option Name in Full 投資選擇全名	(%)/Unit (%)/單位	Investment Option Name in Full 投資選擇全名	(%)/Unit (%)/單位

**Notes:**

- The percentage/number of Units to be withdrawn and the outstanding Account Value/number of Units after withdrawal must not be less than the minimum amount as determined by the company from time to time.
- Each withdrawal will be subject to Early Encashment Charge (if any) as stipulated in the relevant principal brochure and/or the reference table of Early Encashment Charges attached to the policy contract.

**注意:**

- 每次提取的百分比/單位數目及提取後的戶口/單位結餘,須符合公司不時規定的最低金額/結餘要求。
- 每次提取單位將按有關之產品說明書及/或附於保單合約的相關提早贖回費參考表所述收取提早贖回費(如有)。






## DOCUMENT CHECKLIST 所需文件指引

Type of service request 服務申請類別	Documents Required (Please ✓ against the documents you submitted) 所需文件 (請 ✓ 您已提交的文件)
Investment Option Withdrawal 投資選擇提取	<ul style="list-style-type: none"><li><input type="checkbox"/> Copy of the Owner's identification proof (if not provided before) 持有人身份證明文件副本 (若之前未曾提交)</li><li><input type="checkbox"/> Bank account proof (e.g. bank book, copy of debit card / EPS) which shows account holder name and account number (if select autopay or telegraphic transfer as payment instruction) 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 (如選用自動轉帳或電匯為付款指示)</li><li><input type="checkbox"/> Telegraphic Transfer Request Letter (if select telegraphic transfer as payment instruction) 電匯申請書 (如選用電匯為付款指示)</li><li><input type="checkbox"/> Important Facts Statement – Policy Replacement (if applicable) 重要資料聲明書 – 轉保 (如適用)</li></ul>
Lump Sum or Top up Premium Payment 繳付一筆過投資保費或 額外投資	<ul style="list-style-type: none"><li><input type="checkbox"/> Client Needs Analysis 客戶需求分析</li><li><input type="checkbox"/> Important Facts Statement and Applicant's Declarations 重要資料聲明書及申請人聲明書</li></ul> <p>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：</p> <ul style="list-style-type: none"><li><input type="checkbox"/> 重要資料聲明書 - 內地人士在港投購人身 / 壽險保單</li></ul>

## 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。**