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**AXA China Region Insurance Company
(Hong Kong) Limited
AXA China Region Insurance Company Limited
(Expressed as “AXA” / “The Company” in this
application form)
安盛金融保險(香港)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”)**

絕對轉讓申請書

請按以下步驟作有關申請：

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

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 Existing Owner 現有持有人姓名														
Mobile Number of Existing Owner 現有持有人之流動電話號碼	<div> <div></div> <div></div> <div></div> </div>			-	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>									<p>The mobile number provided on this form will be used for updating your policy record.</p> <p>您於本表格提供的流動電話號碼會用作更新您的保單資料。</p>

1. ABSOLUTE ASSIGNMENT DECLARATION BY EXISTING OWNER 現有持有人之絕對轉讓聲明

Important Notes 重要事項：

- I. Absolute assignment/ownership change to your financial consultant (unless immediate family) is not accepted.
本公司不接受絕對轉讓 / 所有權利轉讓予您之理財顧問 (直系親屬除外)。
- II. Absolute assignment/ownership change and beneficiary change are NOT applicable to policy with declaration of trust.
絕對轉讓 / 所有權利轉讓及受益人更改不適用於保單簽發信託聲明。
- III. According to the Anti-Money Laundering and Counter Terrorist Financing (Finance Institutions) Ordinance, the Company reserves the right to ask for additional documents.
根據《打擊洗錢及恐怖分子資金籌集條例》，本公司保留要求提供額外文件的權利。

Please state reason for absolute assignment/ownership change 請填寫絕對轉讓 / 所有權利轉讓的原因

☐ Wealth Planning 財富規劃

☐ Income Protection 入息保障

☐ Retirement Planning 退休計劃

☐ Education Savings 教育儲蓄

☐ Investment Management 投資管理

☐ Others 其他 (please specify 請註明): _____

I, the Owner (“assignor”) hereby transfer and assign absolutely all rights and interests under the above policy to the new Owner/Assignee as stated in Section 2 below. I understand that this ownership transfer will automatically revoke any designation previously made in respect of the proceeds (“death proceeds”) payable upon the death of the Insured and direct that such proceeds be paid to the new Owner/Assignee unless otherwise specified in this assignment under beneficiary changes at Section 5.
本人，持有人（「轉讓人」）現將上述保單之所有權利及利益絕對轉讓予於下列第 2 部份之新持有人 / 受讓人。
本人明白同時撤銷因被保人身故而需支付的賠償（身故賠償）予原有的指定受益人；除非在此轉讓書第 5 部份受益人更改欄內註明所更改的受益人，否則該賠償款項將轉付予新持有人 / 受讓人。

2. PERSONAL DETAILS OF NEW OWNER/ASSIGNEE 新持有人 / 受讓人個人資料

Full Name of new Owner/Assignee 新持有人 / 受讓人姓名		Surname 姓		Given Name 名	
Date of Birth (DD/MM/YYYY) 出生日期 (日 / 月 / 年)		Gender 性別		<input type="checkbox"/> Male 男性 <input type="checkbox"/> Female 女性	
Identity document type & no. (Please tick one and complete details) 身份證明文件類別及號碼 (請選一項及填寫詳情)					
<input type="checkbox"/> HK Permanent Resident 香港永久性居民 <input type="checkbox"/> Non-HK Permanent Resident 非香港永久性居民 <input type="checkbox"/> Corporate Client 公司客戶					
Identity Card/Passport/Business Registration/Company Registration No. 身份證 / 護照 / 商業登記 / 公司註冊號碼					

Nationality 國籍		Place of Birth 出生地點	Country 國家	City/Town 城市 / 城鎮
Relationship to Insured 與被保人之關係		Relationship to Existing Owner 與現有持有人之關係		
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		

3. CONTACT DETAILS OF NEW OWNER/ASSIGNEE 新持有人 / 受讓人聯絡資料

Important Note 重要事項：

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

Mobile Number 流動電話	Country Code 國家編號														
Residential Number 住宅	Country Code 國家編號														
	Area Code 地區編號														
		Office Number 辦事處	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。保單相關的印刷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刷本，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 "99" or "8" 不適用於保單編號以 "99" 或 "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"/> Hong Kong 香港		<input type="checkbox"/> Kowloon 九龍	<input type="checkbox"/> New Territories 新界
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"/> Hong Kong 香港		<input type="checkbox"/> Kowloon 九龍	<input type="checkbox"/> New Territories 新界
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"/> Hong Kong 香港		<input type="checkbox"/> Kowloon 九龍	<input type="checkbox"/> New Territories 新界

[#] If the address is located in the Mainland China, please complete Section 9 of this form.
如地址位於中國大陸，請完成本表格的第 9 部份。

4. 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

Applicable to Individual as New Owner/Assignee 適用於新持有人 / 受讓人為個人

Is new Owner/Assignee a US citizen or US tax resident?

☐ Yes 是 ☐ No 否

新持有人 / 受讓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。

Applicable to Non-Individual as New Owner/Assignee 適用於新持有人 / 受讓人為非個人

Is new Owner/Assignee an entity/trust?

☐ Yes 是 ☐ No 否

新持有人 / 受讓人是否實體 / 信託？

If Yes, please submit “Supplement – Tax Residency Self-Certification for Non-Individual”, and provide (a) IRS Form W-8 (for Entities) if you are a non-US entity or trust; or (b) IRS Form W-9 if you are a US entity or trust.

如是，請同時填交「資料補充—稅務居民身份自我證明 (非個人)」及 (a) IRS W-8 表格 (用於實體) 如您為非美國實體或信託；或 (b) IRS W-9 表格如您為美國實體或信託。

For information on the definition of US citizen, US tax resident, US entity or US trust, 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、美國稅務居民、美國實體或美國信託之定義，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，財務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 Inland Revenue Ordinance to facilitate the Inland Revenue Department of Hong Kong 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 Inland Revenue Department of Hong Kong (collectively, the “AEOI requirements”).

The New Owner/Assignee agrees to comply with requests made by the Company to comply with the AEOI requirements.

本公司須遵從《稅務條例》的以下要求以協助香港稅務局進行自動交換若干財務帳戶資料：

- (i) 識辨若干帳戶為非豁除財務帳戶；
- (ii) 識辨非豁除財務帳戶持有人及若干非豁除財務帳戶持有實體所屬之稅務居民司法管轄區；
- (iii) 釐定若干非豁除財務帳戶持有實體的身份為被動非財務實體，及識辨該些實體的控權人的稅務居民司法管轄區；
- (iv) 收集非豁除財務帳戶的若干資料 (「所需資料」)；及
- (v) 提交若干「所需資料」給香港稅務局 (以上合共稱為「自動交換資料要求」)。

新持有人 / 受讓人同意遵從本公司提出的需求以符合「自動交換資料要求」。

Applicable to Individual as New Owner/Assignee 適用於新持有人 / 受讓人為個人

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，請選擇理由甲或乙
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 Hong Kong, TIN is your Hong Kong 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/>

如您是香港稅務居民，您的稅務編號為您的香港身份證號碼。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/We 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 / 我們承諾，如情況有所改變，以致本表格所載的資料不正確，本人 / 我們會通知貴公司，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「資料補充一稅務居民身份自我證明（個人）」。

Applicable to Non-Individual New Owner/Assignee 適用於新持有人 / 受讓人為非個人

Please complete and submit “Supplement – Tax Residency Self-Certification for Non-Individual”.

請填交「資料補充一稅務居民身份自我證明（非個人）」。

5. CHANGE OF BENEFICIARY 更改受益人

Primary Beneficiary 基本受益人				
Full name of beneficiary 受益人姓名	Relationship to Insured 與被保人關係	Identity No. of beneficiary 受益人身份證明號碼	Date of Birth of beneficiary 受益人出生日期	Share (%) ¹ 分配比率(%) ¹
Total 合共100%				

Secondary Beneficiary (optional) ² 次位受益人 (可選) ²				
Full name of beneficiary 受益人姓名	Relationship to Insured 與被保人關係	Identity No. of beneficiary 受益人身份證明號碼	Date of Birth of beneficiary 受益人出生日期	Share (%) ¹ 分配比率(%) ¹
Total 合共100%				

Notes:

注意:

(1) Death Proceeds of this policy shall be payable to the beneficiaries listed in the table in equal shares unless otherwise stated.

(1) 如分配比率未有註明，保單的身故賠償將平均支付予列表內的每名受益人。

(2) To designate secondary beneficiary, primary beneficiary must be designated in advance. The designation of secondary beneficiary(ies) will be effective only if all primary beneficiaries are deceased.

(2) 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。

(3) Total share of each beneficiary class must be 100%.

(3) 每個受益人類別的總分配比率必須為 100%。

6. SUPPLEMENTARY DETAILS OF NEW OWNER/ASSIGNEE 新持有人 / 受讓人補充資料

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」。	
Are you acting on behalf of another person in connection with this insurance application? 您是否代表其他人士提出此投保申請？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If yes, please complete "Supplement to Application – Declaration of Acting on Behalf of Another Person in Connection with Insurance Application/Policy Service". 如是，請同時填交「投保 / 保單服務申請資料補充 – 代表其他人士提出申請之聲明」。
Current Monthly Income (HK\$): 目前每月收入 (HK\$):	
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)	
<input type="checkbox"/> Salary income/Bonus 薪金收入 / 花紅 <input type="checkbox"/> Rental income 租金收入 <input type="checkbox"/> Accumulative savings 累積儲蓄 <input type="checkbox"/> Investment return/Ongoing investment income 投資回報 / 持續投資收入 <input type="checkbox"/> Business earning 商業利潤 <input type="checkbox"/> Pension fund/Ongoing pension Income & previous occupation 退休基金 / 持續退休收入及過往職業 <input type="checkbox"/> Loan 貸款 <input type="checkbox"/> 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	<input type="checkbox"/> 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」) <input type="checkbox"/> 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						
Account for Receiving Annuity Payment (applicable for Annuity Payment Option)/ Dividend Payout in Cash (applicable for Dividend Distribution Investment Option) 以現金形式收取年金支付 (適用於年金支付選項)/ 股息支付帳戶 (適用於股息分派投資選擇)	Credit to the bank account of <u>New Owner</u> below (Please provide bank account proof) 存入以下 新持有人 之銀行戶口 (請提供銀行帳戶證明) <table border="1" data-bbox="472 555 1117 660"> <tr> <td>Bank No. 銀行號碼</td> <td>Branch No. 分行號碼</td> <td>Account No. 戶口號碼</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> Note 注意： If autopay account is not provided, (1) The Annuity Payment you are entitled to will be automatically accumulate in your policy (applicable for Annuity Payment Option). (2) The Dividend Payout you are entitled to will be automatically re-invested and allocated to your policy in the form of additional notional unit(s) of the relevant Dividend Distribution Investment Option (applicable for Dividend Distribution Investment Option). 如沒有提供自動轉賬戶口， (1) 您有權獲得的年金支付將被自動積存至您的保單 (適用於年金支付選項)。 (2) 您有權獲得的股息支付將被自動再作投資，及以相關股息分派投資選擇之額外的名義單位形式分配至您的保單。(適用於股息分派投資選擇)	Bank No. 銀行號碼	Branch No. 分行號碼	Account No. 戶口號碼	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank No. 銀行號碼	Branch No. 分行號碼	Account No. 戶口號碼					
<input type="text"/>	<input type="text"/>	<input type="text"/>					

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

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

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/或以下列機構提供: (a) 任何安盛關聯方; (b) 第三方金融機構; (c) 提供上文 (2) 所列之服務及產品之本公司及/或安盛關聯方的商業合作夥伴或合作品牌夥伴; (d) 向本公司或任何以上所列機構提供支援的第三方獎賞、客戶或會員或優惠計劃提供者; (4) 除由本公司促銷上述服務及產品外，本公司亦有意將上文 (1) 段部份所述的資料提供予上文 (3) 段部份所述的全部或任何人士，以供該等人士在促銷該等服務及產品中使用，而本公司為此目的須獲得客戶書面同意 (包括表示不反對)。

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

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

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

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

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

8. 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) my/Our policy be changed in accordance with the particulars set in this application;
- (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/are approved by the Company at the Company's office (as defined in the policy contract of the above policy) during the lifetime of the person(s) insured by the above policy;
- (3) the application shall be effective from the date of this request unless a later date is specifically indicated, but only if the change is provided by the policy or is allowed by the Company under the policy;
- (4) where I/We have provided the personal data of other Relevant Persons to the Company in this application form or in any ways provided to the Company for or relating to this application, or for or relating to the future services in connection with this application, (a) I/We have obtained the personal data from the Relevant Persons lawfully; (b) I/We have notified the Relevant Persons of the Company's Privacy Policy^{*} and the relevant data collection document (being this application form or any other documents provided to the Company for this application) and obtained all necessary consent from the Relevant Persons for the data processing (including provision of personal data to the Company) as set out in the Company's Privacy Policy; (c) I/We will assist the Company to obtain all necessary consent from the Relevant Persons if the processing of personal data of the Relevant Persons goes beyond the original scope of consent provided by them; (d) I/We acknowledge and understand that a minor is a person under 14 (in Mainland China) or 18 years old (in Hong Kong) under applicable data protection law, and I/We am/are (or I/We have been authorised by) the guardian of the Relevant Person who is a minor, or I/We have been authorised by the Relevant Person who is not a minor (e.g. individuals aged 14-17 years old located in Mainland China) to give necessary consent on his/her behalf; and (e) I/We have taken reasonably practicable measures to ensure that the personal data I/We provide to the Company is accurate and complete;
- (5) the application as indicated above is/are 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/Our own hand(s) are to the best of my 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/We may have made to any person if not written or printed here;
- (9) 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.

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

FOR A NON-INVESTMENT LINKED PLAN, I HEREBY REPRESENT, WARRANT AND CERTIFY on behalf of the Relevant Persons that

- (1) **[Source of Funds; No Money Laundering, No Tax Evasion]** (i) all amounts invested in the policy which is the subject of this application have been or will be properly declared to relevant tax authorities in the jurisdiction of Our respective habitual residence for the purposes of taxation and/or any other jurisdictions as necessary or appropriate in accordance with applicable laws and regulations, and (ii) none of the funds derive, directly or indirectly, from illegal activities or sources and/or tax evasion; and
- (2) **[Policy of Cooperating with Tax and other Governmental Authorities; Consent to disclose information to Tax and other Governmental Authorities]** The AXA Group and the Company have a longstanding policy of cooperating with tax and other governmental authorities to combat money laundering, tax evasion or other illegal activities. In cases where I am/We are not a tax resident of the jurisdiction in which this policy is issued (a “Cross-Border Transaction”) the AXA Group may, in accordance with applicable laws and regulations, disclose to the pertinent tax and/or other governmental authorities the identity of myself/ourselves and certain information concerning the policy that is the subject of this application and I/We hereby consent and agree that the Company may, in its discretion, make such disclosure;
- (3) in the event of a violation of the foregoing representation and warranty, I/We hereby jointly and severally expressly acknowledge and agree that the Company shall, to the fullest extent permitted by applicable law and regulation, have the right to (i) terminate the policy immediately, (ii) notwithstanding the actual date of termination pursuant to clause (i) of this paragraph, impose the maximum surrender and any other charges imposable on me/Us under the policy, as if the policy had been surrendered immediately after issuance, (iii) notify relevant governmental authorities and furnish all information deemed necessary or appropriate in the entire discretion of the Company concerning any of Us and/or the policy; and (iv) if deemed appropriate after consultation with governmental authorities and legal counsel, either (a) refund to me premiums and other amounts paid to the Company through the date of such termination less applicable surrender and other charges in accordance with clause (ii) of this paragraph (the “Refund Amount”), or (b) if requested or required to do so by competent governmental authorities, freeze or pay over to relevant governmental authorities all or a portion of the Refund Amount or take such other actions as competent governmental authorities may request or require.

I HEREBY AUTHORIZE on behalf of the Relevant Persons

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

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

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

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

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

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

本人謹此代表本人及其他人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) 本人 / 我們之保單依照本申請書之選擇作出更改；
- (2) 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) 申請是於上述保單被保人在生之情況下經貴公司在公司辦事處（根據上述保單合約內之定義）批核；
- (3) 更改之要求由申請日期生效，除非特別指定一較遲日期，但該更改必須是保單內列有可更改事項或經貴公司許可；
- (4) 就我 / 我們在本申請表中或以任何方式，為本申請或與之相關，或為本申請有關未來服務或與之相關而向 AXA 安盛提供其他相關人士的個人資料，(a) 我 / 我們已合法地從相關人士取得個人資料；(b) 我 / 我們已通知相關人士 AXA 安盛的私隱政策^{*} 及有關資料收集文件（即本申請表或為本申請而向 AXA 安盛提供的任何其他文件），並取得相關人士對 AXA 安盛私隱政策^{*} 所述的資料處理（包括向 AXA 安盛提供個人資料）的一切必要同意；(c) 如對相關人士的個人資料的處理超出了相關人士原先提供的同意範圍，我 / 我們將協助 AXA 安盛取得相關人士的一切必要同意；(d) 我 / 我們確認並理解，根據適用的保障資料法律，未成年是指未滿 14 歲（在中國大陸）或未滿 18 歲（在香港）的人士，以及我 / 我們是未成年的相關人士的監護人（或我 / 我們已獲未成年的相關人士的監護人授權），或我 / 我們已獲非未成年的相關人士（例如，身處中國大陸的 14-17 歲的個別人士）的授權，可代表他 / 她作出必要的同意；及 (e) 我 / 我們已採取合理可行的措施，確保我 / 我們向 AXA 安盛提供的個人資料是準確和完整的；
- (5) 上述之申請是基於本人 / 我們之個人判斷，並沒有依賴任何理財顧問所提供的意見；
- (6) 上述一切陳述及問題的所有答案，不論是否本人 / 我們親手所寫，就本人 / 我們所知所言，均為事實之全部並確實無訛；
- (7) 上述問題的所有答案（如適用）及此申請書，將成為更改保單的根據，並作為保單一部份；
- (8) 本人 / 我們對任何人所作出的任何聲明，如沒有在此申請書上填寫或印出，貴公司不須受其約束；
- (9) 如本人 / 我們不能提供任何此申請所需的資料，貴公司或不能接受或處理此申請。

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

如投保非投資連繫式壽險計劃，本人謹此代表相關人士陳述、保證及證明

- (1) **[資金來源；無清洗黑錢，無逃稅]** (i) 所有投資在有關本投保申請之保單內的款項已被或將會被妥善地向我們個別以稅務為目的之慣常居所之管轄區的有關稅務機關作出申報及 / 或向任何其他根據適用的法律及規例而必須或適當之管轄區的有關稅務機關作出申報，及 (ii) 沒有任何資金是從非法活動或來源及 / 或逃稅直接或間接得來；
- (2) **[與稅務及其他政府機關合作的政策；同意向稅務及其他政府機關披露資料]** AXA 安盛集團及本貴公司有長期政策與稅務及其他政府機關合作打擊清洗黑錢、逃稅或其他非法活動。當本人 / 我們並非本保單發出地之管轄區的稅務居民（「跨境交易」），AXA 安盛集團可根據適用的法律及規例，向相關的稅務及 / 或其他政府機構披露本人 / 我們的身份及某些有關本投保申請所針對之保單的資料。本人 / 我們謹此准許並同意本貴公司可根據其酌情權作出該等披露；
- (3) 如有違反上述陳述及保證，本人 / 我們現共同及個別以明示方式確認及同意，在適用法律及規例所允許的最大限度下，貴公司有權 (i) 立即終止保單；(ii) 不論根據本段落第 (i) 條而終止保單的實際日期，向本人 / 我們徵收相當於保單在發出後即時被退保而根據保單可徵收的最高退保費用及任何其他費用；(iii) 通知有關政府機關及向其提供所有根據貴公司全權酌情決定認為有需要或適當有關任何相關人士及 / 或保單的資料；及 (iv) 如在諮詢政府機關及法律顧問後認為合適，(a) 向本人退還直至終止日期已支付予貴公司的保費及其他款額，但扣減根據本段落第 (ii) 條適用的退保費用及其他費用（「退款款額」），或 (b) 因應主管政府機關要求或需要，凍結或向有關政府機關繳交全部或部分的退款款額，或應主管政府機關的要求或需要，採取其他行動。

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或受讓人具有約束力；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 / 或貴公司之退保所收金額中，根據適用法定及 / 或規管要求扣除任何逾期金額，包括保險業監管局收取的徵費。

本人謹此聲明及同意已獲相關人士授權及同意本人作出以上聲明、協議及授權。

如中英文版本的條款有任何分歧，請以英文版為準。

9. 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.hk/en/legal>

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

- 本人 / 我們已經閱讀並同意私隱政策[#]；及
- 本人 / 我們同意本人 / 我們的個人資料、敏感個人資料及由本人 / 我們監護的未成年人 (如適用) 之敏感個人資料依照私隱政策於中國大陸境外處理及 / 或管理。

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

Signature of new Owner/Assignee 新持有人 / 受讓人簽署	
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10. SIGNATURE 簽署

Signature of Existing Owner* 現有持有人簽署 *	
Signature of new Owner/Assignee 新持有人 / 受讓人簽署	
Signature of Irrevocable Beneficiary(ies) (If applicable) 不可撤銷的受益人簽署 (如適用)	
Date (dd/mm/yyyy) 日期 (日 / 月 / 年)	

*Please ensure the signature matches with the one provided in the policy file. 簽名式樣須與保單上的記錄相符。

FINANCIAL CONSULTANT'S DETAILS 理財顧問資料					
Name 姓名		Code 編號		Contact Number 聯絡號碼	

11. 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)	
	Existing Owner 現持有人	New Owner/Assignee 新持有人 / 受讓人
Individual Customer 個人客戶	<input type="checkbox"/> Identification proof (if not provided before) 身份證明文件 (若之前未曾提交)	<input type="checkbox"/> Identification proof 身份證明文件 <input type="checkbox"/> Residential address proof (Correspondence/ bills issued within past 3 months from the date of submission, such as Utility or telecommunication bill, bank statement, letter from Government, university or college etc) 住宅地址證明 (申請日前 3 個月內發出的信件 / 帳單，例如：水電煤或電訊公司帳單；銀行月結 單；政府部門或教育機構發出的信件等) <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 / EPS) 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 (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"/> 重要資料聲明書一內地人士在港投購人身 / 壽險保單
Corporate Customer 公司客戶	<input type="checkbox"/> Company Search Document 公司查冊文件 <input type="checkbox"/> Other company documents (please contact your financial consultant for more information) 其他公司文件 (詳情請聯絡您的理財顧問) <input type="checkbox"/> Letter of Deregistration or equivalent document (if company already dissolved) 撤銷註冊信函或相關信件 (如公司已撤銷註冊)	<input type="checkbox"/> Supplement – For Corporate Owner 資料補充一持有人為公司團體專用 <input type="checkbox"/> Address proof of business address/registered office address in place of incorporation (issued within past 3 months from the date of submission) 公司業務地址 / 於成立註冊地點之公司註冊辦 事處地址證明 (發出日期必需為申請遞交日期 3 個月內) <input type="checkbox"/> Company Search Document 公司查冊文件 <input type="checkbox"/> Other company documents (Please contact your financial consultant for more information) 其他公司文件 (詳情請聯絡您的理財顧問) <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 / EPS) 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"/> IRS Form W-8 (for non-US entity/trust) IRS W-8 表格 (如您為非美國實體或信託) <input type="checkbox"/> IRS Form W-9 (for US entity/trust) IRS W-9 表格 (如您為美國實體或信託) <input type="checkbox"/> Supplement – Tax Residency Self-Certification for Non-Individual 資料補充一稅務居民身份自我證明 (非個人)

Request 類別	Documents Required (Please ✓ against the documents you submitted) 所需文件 (請 ✓ 您已提交的文件)
Applicable to Investment-linked Policy 適用於投資連繫式保單	<input type="checkbox"/> Client Needs Analysis - Section 2 “Risk Profile Questionnaire” 客戶需求分析 - 第二部份「風險承擔能力問卷」
Acting on Behalf of Another Person for This Application 代表其他人士提出此投保申請	<input type="checkbox"/> Supplement to Application – Declaration of Acting on Behalf of Another Person in Connection with Insurance Application/Policy Service 投保 / 保單服務申請資料補充—代表其他人士提出申請之聲明
Applicable to Deceased Existing Owner’s Case 適用於已故之現有保單持有人 個案	<input type="checkbox"/> Grant of Probate or Letters of Administration issued by the Hong Kong High Court or a Grant issued by a Foreign Court sealed by Hong Kong High Court 由香港高等法院發出之遺囑認證或遺產管理書或由香港高等法院蓋章在香港以外的法院發出的遺產承辦書上 <input type="checkbox"/> Schedule of Assets and Liabilities (should include policies issued by AXA with insurance company name and relevant policy numbers) 資產及負債清單 (必須包括 AXA 的保單並提供本公司名稱及相關的保單編號)

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



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。