



Application/Policy Number 投保書/保單編號：

FLEXI CARE OPTION REQUEST FORM

(APPLICABLE TO MAX GOAL II INSURANCE PLAN & WEALTHAHEAD II SAVINGS INSURANCE ONLY)

愛關懷選項申請表格

(只適用於「尊尚盈家 II」壽險計劃及盛利 II 儲蓄保險)

☐ New Application 新生意 ☐ Existing Policy 現有保單

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

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

- | | |
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| <p>(1) Complete this form. Please do not sign on a blank form.</p> <p>(2) "✓" the request option and provide the necessary details.</p> <p>(3) Countersign any alteration on this form with the Owner/Trustee/Assignee's (expressed as "Owner" in this form) signature.</p> <p>(4) Please refer to the document checklist for documents required to process your request.</p> <p>(5) Submit all pages of this form and supporting documents to your financial consultant or AXA Customer Service Centre.</p> <p>(6) The original of this form and supporting documents you submit will not be returned.</p> | <p>(1) 填寫申請書。請勿在空白申請書上簽署。</p> <p>(2) "✓" 適用的選項並提供所需資料。</p> <p>(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。</p> <p>(4) 請參閱所需文件指引以便處理您的申請。</p> <p>(5) 遞交此申請書的所有頁面及所需文件給您的理財顧問或 AXA 安盛客戶服務中心。</p> <p>(6) 您所遞交之正本申請書及所需文件將不獲退還。</p> |
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INSURED'S AND OWNER'S INFORMATION 被保人和持有人資料

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

IMPORTANT NOTES 重要事項

- This request form is only applicable to Max Goal II Insurance Plan & WealthAhead II Savings Insurance policy owned by individual. The request will only be processed if the policy is in effect.
 - Defined terms used in this form bear same meanings as in policy provisions unless provided otherwise. Please refer to policy provisions for details.
 - Please follow the below steps for application under "Flexi Care Option":
 - Please complete section 1 if you are to appoint a Designated Executor or change the appointment of Designated Executor; or
 - Please tick and/or fill the relevant field in section 1 if you are to change the amount of Designated Withdrawal.
 - Please complete section 2 if you are to terminate the appointment of Designated Executor.
 - Please complete section 3 and 3.1 if you are to apply for Designated Withdrawal.
 - The appointment of Designated Executor must fulfil the following conditions:
 - The Designated Executor must have attained the Age of eighteen (18) and be in such relationship(s) with the Owner as permitted by the Company from time to time as at the date of application for the appointment of the Designated Executor;
 - The Owner and the Designated Executor must be of full mental capacity at the time of appointment;
 - Only one person can be appointed as the Designated Executor at any one time.
 - The irrevocable Beneficiary (if any) and the assignee (if any) must agree in writing to the appointment of Designated Executor;
 - The Owner does not have an existing enduring power of attorney ("EPA") covering the policy. If an EPA covering the policy is subsequently created, the Owner shall promptly notify the Company of such appointment; and
 - The appointment is in compliance with any applicable laws, regulations and guidelines and fulfils such other conditions as the Company may set out from time to time in this application form.
 - For details of "Flexi Care Option" including but not limited to events that will revoke the appointment of Designated Executor, and the definition of Mental Incapacitation Event, Loss of Capacity for Independent Living and Designated Withdrawal, please refer to policy provision.
 - According to the Anti-Money Laundering and Counter Terrorist Financing (Finance Institutions) Ordinance, the Company reserves the right to ask for additional documents.
 - Request for the appointment/change/termination of Designated Executor, and application for Designated Withdrawal is subject to the approval of the Company at its sole and absolute discretion.
- 此申請書只適用於由個人持有的「尊尚盈家 II」壽險計劃及盛利 II 儲蓄保險保單。本申請只會於保單生效時處理。
 - 除非另有所指，本表格所使用的相關用語與保單條款的相關用語含義相同。詳情請查閱保單條款。
 - 請根據以下步驟以申請「愛關懷選項」：
 - (i) 如委任指定執行人或更改委任指定執行人，請完成第 1 部份；或
 - (ii) 如變更指定提款的金額，請剔及 / 或填寫第 1 部份內之相關欄位。
 - 如終止委任指定執行人，請完成第 2 部份。
 - 如申請指定提款，請完成第 3 及 3.1 部份。
 - 指定執行人的委任須符合以下條件：
 - 指定執行人必須在申請委任指定執行人當日已年滿十八 (18) 歲及與持有人之關係屬本公司不時批准的；
 - 保單持有人及指定執行人均必須於委任時具完全的精神上行事能力；
 - 在同一時間內僅限一名人士可被委任為指定執行人；
 - 不可撤銷受益人 (如有) 和受讓人 (如有) 必須書面同意委任指定執行人；
 - 持有人沒有現存涵蓋本保單的持久授權書 (「持久授權書」)。若隨後訂立涵蓋保單的持久授權書，持有人應儘快通知本公司有關訂立；及
 - 委任符合任何適用的法律、法規及指引，且符合本公司於本申請表上不時載明的該等其他條件。
 - 有關「愛關懷選項」的詳情，包括但不限於導致指定執行人的委任被撤銷的事件，及精神上無行為能力事件、不能獨立生活及指定提款之定義，請參閱保單條款。
 - 根據現行之「打擊洗錢及恐怖分子資金籌集條例」之盡職調查要求，本公司保留權利索取其他文件。
 - 本公司對於委任 / 更改 / 終止指定執行人及指定提款的申請批核擁有全權及絕對酌情權。

1. DESIGNATED EXECUTOR 指定執行人

Note 注意：

1. Please provide the Designated Executor's information 請提供指定執行人的資料

2. For policy under which "Succession Event Option (2) – Death / Incapacity" of "Heritage Protector Option" is elected, the existing designation of Contingent Owner and Interim Owner (if any) will be automatically revoked upon the subsequent appointment of Designated Executor being approved by the Company
就「傳承守護選項」選擇「繼承事件選項 (2) — 身故 / 無行為能力」的保單，當本公司批准後續指定執行人的委任，現有後備持有人及暫託人 (如有) 的指定將被自動撤銷☐ **1.1 APPOINTMENT/CHANGE OF APPOINTMENT OF DESIGNATED EXECUTOR 委任/更改委任指定執行人**
(Please complete (A) & (B) under this section 請完成本部份 (A) 及 (B))**Declaration and agreement of the Owner 持有人之聲明及協議**

I, the Owner of the abovementioned policy, hereby request to appoint the person stated below as the Designated Executor/change the Designated Executor from the existing Designated Executor to the person stated below for this policy effective upon the Company's approval of this application.

本人，即上述保單的持有人，謹此要求由本申請獲得批准時，委任以下人士成為此保單的指定執行人 / 將此保單的指定執行人由現有指定執行人更換為以下人士。

☐ **1.2 CHANGE OF AMOUNT OF DESIGNATED WITHDRAWAL 變更指定提款的金額**
(Please complete (B) under this section 請完成本部份 (B))**Declaration and agreement of the Owner 持有人之聲明及協議**

I, the Owner of the abovementioned policy, hereby request to change the amount of Designated Withdrawal stated below for this policy effective upon the Company's approval of this application.

本人，即上述保單的持有人，謹此要求由本申請獲得批准時，將此保單的指定提款的金額變更為以下所述。

(A) INFORMATION OF DESIGNATED EXECUTOR 指定執行人資料

Full Name of Designated Executor 指定執行人的姓名 (As shown on H.K.I.D. Card/Passport/Birth Certificate) (香港身份證 / 護照 / 出生證明書上的姓名)	In English 英文姓名	
	Surname 姓	_____
	Given Name 名	_____
	In Chinese 中文姓名 (If applicable) (如適用)	_____
Gender 性別	☐ Male 男性 ☐ Female 女性	
Date of Birth (YYYY/MM/DD) 出生日期 (年 / 月 / 日)		
H.K.I.D. Card/Passport/Birth Certificate 香港身份證 / 護照 / 出生證明書 Notes: 註： * 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。	☐ HK Permanent Resident: H.K.I.D. Card 香港永久居民：香港身份證 _____ ☐ Non-HK Permanent Resident: H.K.I.D. Card/Passport * 非香港永久居民：香港身份證 / 護照* _____	
Relationship to Owner: 與持有人的關係：	☐ Spouse 配偶 ☐ Brother 兄 / 弟 ☐ Sister 姊 / 妹 ☐ Parents 父母 ☐ Children 子女 ☐ Grandparents 祖父母 ☐ Grandchildren 孫子女 ☐ Parents-in-law 岳父母 ☐ Son/Daughter-in-law 女婿 / 媳婦 ☐ Others 其他：_____	

(B) AMOUNT OF DESIGNATED WITHDRAWAL 指定提款的金額Amount of Designated Withdrawal (in percentage of Total Cash Value as at the time of withdrawal)[^]
指定提款的金額 (以提款時總現金價值的百分比表示)[^][^] If the selected amount of Designated Withdrawal is less than 100% of Total Cash Value as at the time of withdrawal, the application for Designated Withdrawal is subject to the requirements on minimum withdrawal amount and minimum notional amount as specified by the Company from time to time, therefore the actual amount of Designated Withdrawal could be less than the selected percentage.[^] 如所選指定提款的金額少於提款時總現金價值的 100%，指定提款申請需符合本公司不時規定的最低提款金額及最低名義金額的要求，因此實際指定提款的金額可能少於所選百分比。

_____ %

(Must be in integer between 1 – 100%)
(必須為整數 1 – 100%)

☐ **2. TERMINATION OF APPOINTMENT OF DESIGNATED EXECUTOR 終止委任指定執行人****Declaration and agreement of the Owner 持有人之聲明及協議**

I, the Owner of the abovementioned policy, hereby request to terminate the appointment of Designated Executor for this policy effective upon the Company's approval of this application.

本人，即上述保單的持有人，謹此要求由本申請獲得批准時，終止本保單委任指定執行人。

☐ **3. APPLICATION OF DESIGNATED WITHDRAWAL* 申請指定提款 *****Declaration and agreement of the Designated Executor 指定執行人之聲明及協議**

I, the Designated Executor of the abovementioned policy, hereby request to receive the proceeds of Designated Withdrawal for this policy effective upon the Company's approval of this application. I understand the application for Designated Withdrawal is subject to the Company's prevailing requirements on minimum withdrawal amount and minimum notional amount.

本人，即上述保單的指定執行人，謹此要求由本申請獲得批准時，領取指定提款。本人明白申請指定提款需符合貴公司 現行的最低提款金額及最低名義金額的要求。

Occurrence for Designated Withdrawal
導致指定提款的事件

- ☐ Mental Incapacitation Event of the Owner
持有人發生精神上無行為能力事件
- ☐ Loss of Capacity for Independent Living of the Owner
持有人不能獨立生活#

In the event of Loss of Capacity for Independent Living, the Designated Executor must seek the Owner's consent to the application of Designated Withdrawal by signing this form.

如果持有人不能獨立生活，指定執行人必須得到持有人簽署本表格同意申請指定提款。

Committee or guardian has been appointed in respect of the Owner under the Mental Health Ordinance (Cap. 136 of the laws of Hong Kong) or under similar laws in another jurisdiction

根據《精神健康條例》（香港法例第 136 章）或其他司法管轄區的類似法律就持有人委任任何受託監管人或監護人

☐ Yes 有 ^ ☐ No 沒有

^ If any committee or guardian has been appointed, a documentary proof that such committee or guardian has been appointed and written consent from such committee or guardian for Designated Executor to apply for and to receive proceeds of Designated Withdrawal on behalf of the Owner must be provided. If any committee or guardian has been appointed, a documentary proof that such committee or guardian has been appointed and written consent from such committee or guardian for Designated Executor to apply for and to receive proceeds of Designated Withdrawal on behalf of the Owner must be provided. If any committee or guardian has been appointed, a documentary proof that such committee or guardian has been appointed and written consent from such committee or guardian for Designated Executor to apply for and to receive proceeds of Designated Withdrawal on behalf of the Owner must be provided.

* Please also complete Section 3.1 PAYMENT INSTRUCTION
請同時完成第 3.1 部份付款指示

3.1 PAYMENT INSTRUCTION 付款指示**By Autopay 自動轉帳**

☐ **Credit to the bank account below 存入以下銀行戶口 (Please provide bank account proof 請提供銀行帳戶證明)**

Bank No. 銀行號碼	Branch No. 分行號碼	Account No. 戶口號碼

Notes:

- (1) Bank account holder must be Designated Executor.
- (2) Bank account proof must show account holder name and account number.
- (3) Autopay is only applicable to banks in Hong Kong and the payment will be paid in Hong Kong Dollar.
- (4) The upper limit of autopay amount is HKD1,000,000.

注意：

- (1) 銀行帳戶持有人必須為指定執行人。
- (2) 銀行帳戶證明須列有銀行帳戶持有人姓名及銀行帳號。
- (3) 自動轉帳只適用於香港銀行及款項將以港幣支付。
- (4) 自動轉帳的金額上限為港幣 100 萬。

By Cheque 支票

Only applicable for overseas client OR cheque made in foreign currency OR payment amount larger than HKD1,000,000
只適用於海外客戶或外幣支票或大於港幣 100 萬的款項

Cheque currency 支票貨幣

- ☐ Hong Kong Dollar 港幣
- ☐ Policy Currency 保單貨幣

Place to bank in (Applicable for foreign currency cheques) 入票地區 (適用於外幣支票)

- ☐ Hong Kong and Mainland China 香港及中國內地
- ☐ Outside Hong Kong and Mainland China 香港及中國內地以外

Delivery Method 領取方式

☐ By mail to correspondence address*: _____

郵寄通訊地址*:

* If the address is located in the Mainland China, please complete Section 7 of this form.

如地址位於中國大陸，請完成本申請書的第 7 部分

☐ To be collected at Customer Service Centre in person 本人親自於客戶服務中心領取 (Location 地點: _____)

(Contact No. 聯絡電話號碼: _____)

☐ Through Financial Consultant 經理財顧問轉交

By Telegraphic Transfer Only applicable for overseas client 電滙 只適用於海外客戶	
☐ Hong Kong Dollar 港幣	☐ Policy Currency 保單貨幣
Notes: (1) Please submit Telegraphic Transfer Request Letter and bank account proof. (2) Service fee and administration fee will be charged by banks)	
注意： (1) 請提交電滙申請信及銀行帳戶證明。 (2) 銀行或會收取手續費及服務費用。	
By Policy Transfer (ONLY accepts payment transfers to other life policies under the same Owner) 調動至其他保單 (只接納款項轉入相同持有人的保單)	
To policy no. 至保單編號	Purpose 用途 ☐ Premium and Levy Settlement 繳付保費及徵費 ☐ Loan Repayment 償還貸款 ☐ Other 其他 _____

4. TERMS AND CONDITIONS 條款及細則

(Applicable to Appointment or Change of Appointment of Designated Executor or Change of Amount of Designated Withdrawal)

By signing this form, I, the Owner, **FULLY UNDERSTAND AND AGREE** with the following:

- I confirm that I have read and fully understood the policy provisions relevant to “Flexi Care Option” and the contents of this form and I am of full mental capacity at the time of signing this form.
- The appointment of Designated Executor under “Flexi Care Option” Provision does not constitute an enduring power of attorney (“EPA”), a guardianship order, or a committee order, and the Designated Executor is not appointed as the attorney, committee or guardian of me under this form. I hereby warrant and represent that I do not have an existing EPA covering the policy. If an EPA covering the policy is subsequently created, I shall promptly notify the Company of such appointment.
- I warrant and represent that the Designated Executor is of full mental capacity and is eligible to act in this role.
- Upon the Company’s approval of any change of: (i) Appointment of Designated Executor; and/or (ii) specified amount of Designated Withdrawal, as applicable, the relevant appointment, and/or specification in force immediately prior to our approval will be revoked automatically.
- I shall inform the Designated Executor of his/her appointment, relevant details and status of the appointment under the “Flexi Care Option”, including without limitations the Company’s approval of the initial appointment, any subsequent changes made to such appointment, or revocation/termination of appointment.
- I shall procure the Designated Executor to carefully review the policy terms and make their own independent assessment on their ability to comply with the relevant rules and procedures in connection with the application of the “Flexi Care Option” and to assume the various obligations under the policy, including without limitations the obligation to use proceeds of Designated Withdrawal solely for the maintenance, benefit and care of me.
- To the extent possible, I shall be responsible to promptly inform the Company of any events that will revoke the appointment of Designated Executor pursuant to the terms of the policy.
- The Company shall not assume any duty or be responsible for the validity or legality of any appointment of Designated Executor and shall not assume any liability in relation to any such appointment.
- I (including my estate, assign or successor) agree to indemnify and keep the Company indemnified against any losses, damages, costs, claims and actions which the Company may incur or suffer as a result of or in connection with:
 - the Company acting in accordance with the “Flexi Care Option” Provision of the policy and/or instructions it reasonably believes to be given by me or Designated Executor.
 - any challenge or invalidity of the appointment of Designated Executor.
 - any breach or non-observance by the Designated Executor of the relevant policy terms.

(Applicable to Application for Designated Withdrawal)

By signing this form, I, the Designated Executor, **FULLY UNDERSTAND AND AGREE** with the following:

- In the event of an occurrence of the Loss of Capacity for Independent Living to the Owner, the application for Designated Withdrawal must be further accompanied with the written consent from the Owner for me to apply for and receive proceeds of Designated Withdrawal on behalf of the Owner.
- (a) I confirm that no committee or guardian has been appointed in respect of the Owner under the Mental Health Ordinance (Cap. 136 of the laws of Hong Kong) or under similar laws in another jurisdiction; or
 (b) If any committee or guardian has been appointed, I shall provide a written notification with documentary proof that such committee or guardian has been appointed and written consent from such committee or guardian for me to apply for and to receive proceeds of Designated Withdrawal on behalf of the Owner. The Company has the right to revoke the appointment of the Designated Executor by written notice to me and the Owner or to withhold payment of the proceeds of Designated Withdrawal until the Company has received such written consent from the relevant committee or guardian. I shall use my best endeavours to procure consent to payment of the proceeds of Designated Withdrawal to me from the appointed committee or guardian if such committee/guardian has been appointed, and/or otherwise seek direction from the court of which such committee or guardian was appointed, in relation to the payment of proceeds under the policy. I shall bear the costs for obtaining such consent and/or court direction.
- I must use the proceeds of Designated Withdrawal solely for the maintenance, benefit and care of the Owner. Save and except that I may apply for and receive proceeds of Designated Withdrawal, and to effect administrative changes solely in connection with the receiving of proceeds of Designated Withdrawal under the terms of the policy, I do not have any rights enforceable against the Company under the policy or otherwise.

(適用於委任或更改委任指定執行人或變更指定提款的金額)

本人，持有人，透過在本表格簽署，謹此確認本人**完全明白並同意**以下所有條款之內容：

- 本人確認本人已閱讀並完全理解有關「愛關懷選項」的保單條款及本表格的內容，並本人在簽署本表格時具完全的精神上行事能力。
- 「愛關懷選項」條款下指定執行人的委任不構成任何持久授權書（「持久授權書」）、監護令或受託監管令，並本表格之指定執行人不是被委任為本人的律師、受託監管人或監護人。本人謹此保證及聲明，本人沒有現存涵蓋本保單的持久授權書（「持久授權書」）。若隨後訂立涵蓋保單的持久授權書，本人應儘快通知貴公司有關於訂立。
- 本人保證及聲明，指定執行人具完全的精神上行事能力及具有資格處理此職責。
- 當貴公司批准更改：(i) 委任指定執行人；及 / 或 (ii) 指定提款的金額，視情況而定，則貴公司較早前批准有效的相關委任及 / 或規定將會被自動撤銷。
- 本人應就「愛關懷選項」的委任、相關詳情及委任狀況通知指定執行人，包括但不限於貴公司批准委任、對該委任的任何後續變更或撤銷 / 終止委任。
- 本人應促使指定執行人仔細檢視保單條款，以及自行獨立評估其履行「愛關懷選項」申請相關的守則和程序以及承擔各項保單責任的能力，包括但不限於有責任將指定提款的所得款項僅用於本人的瞻養、福利和照顧之上。
- 本人應在最大限度下儘快通知貴公司任何根據保單條款會撤銷委任指定執行人的事件。
- 貴公司不會就任何指定執行人委任的有效性或合法性承擔任何義務或責任，亦不會承擔任何與此類委任相關的責任。
- 本人（包括本人的遺產、受讓人或繼承人）同意就貴公司因以下情況而可能產生或遭受的任何損失、損害、費用、申索及法律行動，向貴公司作出賠償並保持對貴公司的賠償責任：
 - 貴公司按照有關「愛關懷選項」的保單條款及 / 或按其合理認為是由本人或指定執行人給予之指示而行事。
 - 任何對委任指定執行人的質疑或所述委任無效。
 - 任何指定執行人對相關保單條款之違反或不遵守。

(適用於申請指定提款)

本人，指定執行人，透過在本表格簽署，謹此確認本人**完全明白並同意**以下所有條款之內容：

- 如果持有人不能獨立生活，則在申請指定提款時，必須進一步附有持有人就本人代表持有人申請及領取指定提款的所得款項而發出的書面同意；
- (a) 本人確認未曾根據《精神健康條例》（香港法例第 136 章）或其他司法管轄區的類似法律就持有人委任任何受託監管人或監護人；或
 (b) 如已委任任何受託監管人或監護人，本人應提交書面通知，並有文件證明相關受託監管人或監護人已經被委任，及由相關受託監管人或監護人就本人代表持有人申請和領取指定提款的所得款項而發出的書面同意。貴公司有權透過書面通知本人及持有人以撤銷指定執行人的委任，或暫緩支付指定提款的所得款項，直至貴公司收到該相關受託監管人或監護人的書面同意。本人須盡最大努力取得被委任的受託監管人或監護人同意以向本人支付指定提款的所得款項及 / 或另行從委任該受託監管人或監護人的法院就保單的得益支付尋求指示。本人須承擔取得該等同意及 / 或法院指示的費用。
- 本人必須將指定提款的所得款項僅用於持有人的瞻養、福利和照顧之上。除本人可根據本保單的條款申請和領取指定提款的所得款項以及作出僅屬有關領取指定提款的所得款項的行政變更外，本人沒有任何權利可於保單下或以其他方式對貴公司強制執行。

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

Please visit our website (www.axa.com.hk) and read carefully the details of the Personal Information Collection Statement (“PICS”) which can also be made available upon request.

請登入本公司網頁 (www.axa.com.hk) 下載或向本公司索取收集個人資料的聲明 (“該聲明”)，並細閱《該聲明》詳細資料。

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

Use and provision of personal data in direct marketing: The Company intends to:

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

Before using your personal data for the purposes and providing to the transferees set out above, the Company must obtain your written consent, and only after having obtained such written consent, may use and provide your personal data for any promotional or marketing purpose.

You may in future withdraw your consent to the use and provision of your personal data for direct marketing.

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

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

☐ I/We do not agree with the use and provision of my/Our personal data for direct marketing purposes as set out above in the **Personal Information Collection Statement** (see “**Use and provision of personal data in direct marketing**”) and do not wish to receive any promotional and direct marketing materials.

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

在直接促銷中使用及將其個人資料提供予其他人士：本公司有意：

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

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

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

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

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

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

6. 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 shall only take effect provided all of the following conditions are met: (i) any required payment for the application is paid in full; (ii) the application is approved by the Company at the Company’s Office (as defined in the policy contract of the above policy) while the policy is in effect; and (iii) the Owner and the Designated Executor are alive at the time of the application and at the time of approval of the application by the Company;
- (3) the application shall be effective from the date we approve unless otherwise specified, 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 is made based on my/Our own judgment(s) and I /We have not relied on any advice provided by financial consultant;
- (6) all information, statements and answers to all questions whether or not written by my own/Our hand(s) are to the best of my/Our knowledge and belief complete and true;
- (7) all statements and answers to such questions, together with the application, shall form the basis for policy change/service and become a part of the policy;
- (8) the Company is not bound by any statement which I/We may have made to any person if not written or printed here; and
- (9) if I/We fail to provide any information requested in this application, it may result in the Company’s inability to accept or process this application.

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

I HEREBY AUTHORIZE on behalf of the Relevant Persons

The Company to give either the Insurance Authority or other parties, as required for relevant records or information. This authorization shall bind the successors and assignees of the Relevant Persons and remains valid notwithstanding death or incapacity. A photocopy of this authorization shall be as valid as the original.

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

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

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

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

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

- (1) 本人 / 我們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) 申請是於保單有效期間內經貴公司在公司辦事處（根據保單的保單合約內之定義）批核；(iii) 持有人及指定執行人均必須於提交上述之申請時及於貴公司批准當日仍然在生；
 - (3) 更改之要求由貴公司批核日期起生效，除非特別指定，但該更改必須是保單內列為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，未成年人的指未滿 14 歲（在中國大陸）或未滿 18 歲（在香港）的人士，以及我 / 我們是未成年的相關人士的監護人（或我 / 我們已獲未成年的相關人士的監護人授權），或我 / 我們已獲非未成年的相關人士（例如，身處中國大陸的 14-17 歲的個別人士）的授權，可代表他 / 她作出必要的同意；及 (e) 我 / 我們已採取合理可行的措施，確保我 / 我們向 AXA 安盛提供的個人資料是準確和完整的；
 - (5) 上述之申請是基於本人 / 我們之個人判斷，並沒有依賴任何理財顧問所提供的意見；
 - (6) 上述一切陳述及問題的所有答案，不論是否本人 / 我們親手所寫，就本人 / 我們所知所言，均為事實之全部並確實無訛；
 - (7) 上述問題的所有答案（如適用）及此申請書，將成為更改保單的根據，並作為保單一部份；
 - (8) 本人 / 我們對任何人所作出的任何聲明，如沒有在此申請書上填寫或印出，貴公司不須受其約束；及
 - (9) 如本人 / 我們不能提供任何此申請所需的資料，貴公司或不能接受或處理此申請。
- * 在此取得私隱政策：<https://www.axa.com.hk/zh/legal>

本人謹此代表相關人士授權

貴公司於有需要時，向保險業監管局或其他機構提供相關紀錄或資料。此授權對相關人士之繼承人及受讓人具有約束力；即使相關人士死亡或無行為能力時，此授權仍具效力。此授權書的影印本與正本均有同等效力。

本人謹此聲明本人明白貴公司或會從保單的給付金額及 / 或貴公司為保單所收金額中，根據適用法定及 / 或規管要求扣除任何逾期金額，包括保險業監管局收取的徵費。

本人謹此聲明及同意已獲相關人士授權及同意本人作出以上聲明、協議及授權。

如中英文版本的條款有任何分歧，請以英文版本為準。

7. 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>

Designated Executor 指定執行人	
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8. SIGNATURE 簽署**IMPORTANT NOTE 注意：**

PLEASE DO NOT SIGN ON BLANK FORM 請勿在空白表格上簽署

Signature of Owner ^{**} 持有人簽署 ^{**}	Signature of Assignee* (If applicable) 受讓人簽署 * (如適用)
Signature of Irrevocable Beneficiary*(ies) (If applicable) 不可撤銷的受益人簽署 * (如適用)	Signature of Designated Executor (Applicable to Application of Designated Withdrawal Only) 指定執行人簽署 (只適用於申請指定提款)
Date Signed (YYYY/MM/DD) 簽署日期 (年 / 月 / 日)	

* Please ensure the signature(s) match(es) with the one provided in the insurance application form or policy file. 簽名式樣須與保險投保書或保單上的記錄相符。

[#] In the event of an occurrence of the Loss of Capacity for Independent Living to the Owner, Owner's signature must be provided for the Designated Executor to apply for Designated Withdrawal and receive proceeds of Designated Withdrawal on behalf of the Owner
如果持有人不能獨立生活，則必須在指定執行人代表持有人申請及領取指定提款的所得款項時提供持有人的簽名。

FINANCIAL CONSULTANT'S DETAILS 理財顧問資料

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

9. 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)
Application of Designated Withdrawal 申請指定提款	<u>Owner 持有人</u> ☐ Incapacity proof 無行為能力證明文件 <u>Designated Executor 指定執行人</u> ☐ Identification proof 身份證明文件 ☐ 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) ☐ 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) ☐ Supplement – Tax Residency Self-Certification for Individual (if applicable) 資料補充—稅務居民身份自我證明 (個人) (如適用) ☐ Relationship proof (submit upon request by the Company) 關係證明文件 (在本公司要求下提交) If any committee or guardian has been appointed, the Designated Executor must also submit the following document: 如已委任任何受託監管人或監護人，指定執行人須同時提交下列文件： ☐ Documentary proof for the appointment of relevant committee or guardian 文件證明相關受託監管人或監護人已經被委任 ☐ Written consent from relevant committee or guardian for the application for and to receive proceeds of Designated Withdrawal on behalf of the Owner 由相關受託監管人或監護人就指定執行人代表持有人申請和領取指定提款的所得款項而發出的書面同意

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。