



Policy Number 保單編號:

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”)

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:

- | | |
|--|---|
| (1) Complete this form. Please do not sign on 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/Trustee/Assignee's (expressed as "Owner" in this form) signature. | (3) 本申請書上如有任何修改，持有人 / 信託人 / 受讓人 (於本申請書表述為「持有人」) 必須在旁加簽。 |
| (4) 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 Owner 持有人姓名	

IMPORTANT NOTES 重要事項

- (1) 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)。
- (2) 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。
- (3) "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」。
- (4) 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 Replacement". 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 Code / Investment Option Name in Full * 投資選擇代號 / 投資選擇全名 *	(%)	Investment Option Code / Investment Option Name in Full * 投資選擇代號 / 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%	

* In case both the investment option name and investment option code have been provided at the same time but are not aligned, the Company shall follow the instruction of your designated investment option code to be the final choice.

* 如同時提供投資選擇名稱和投資選擇代號但兩者並不一致，本公司將以該投資選擇代號為最終指示。

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 Code / Investment Option Name in Full *	(%)/Unit/Amount	Investment Option Code / Investment Option Name in Full *	(%)
投資選擇代號 / 投資選擇全名 *	(%)/ 單位 / 金額	投資選擇代號 / 投資選擇全名 *	

Investment Option Switching Instruction 1 投資選擇轉換指示 1

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	Total 合共 100%

Investment Option Switching Instruction 2 投資選擇轉換指示 2

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	Total 合共 100%

* In case both the investment option name and investment option code have been provided at the same time but are not aligned, the Company shall follow the instruction of your designated investment option code to be the final choice.
* 如同時提供投資選擇名稱和投資選擇代號但兩者並不一致，本公司將以該投資選擇代號為最終指示。

Switch Out 轉換出		Switch In 轉換入	
Investment Option Code / Investment Option Name in Full * 投資選擇代號 / 投資選擇全名 *	(%)/Unit/Amount (%)/ 單位 / 金額	Investment Option Code / Investment Option Name in Full * 投資選擇代號 / 投資選擇全名 *	(%)
Investment Option Switching Instruction 3 投資選擇轉換指示 3			
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	Total 合共 100%

- 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 Code / Investment Option Name in Full * 投資選擇代號 / 投資選擇全名 *	(%)	Investment Option Code / Investment Option Name in Full * 投資選擇代號 / 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

* In case both the investment option name and investment option code have been provided at the same time but are not aligned, the Company shall follow the instruction of your designated investment option code to be the final choice.

* 如同時提供投資選擇名稱和投資選擇代號但兩者並不一致，本公司將以該投資選擇代號為最終指示。

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.

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。

Have you ever been hospitalized for observation, operation or medical treatment for more than 7 consecutive days, or been advised to undergo treatment or investigation for cardiovascular or circulatory disease, stroke, any kind of growth, lump, tumour or cancer, disorder of the liver, kidneys or nervous systems, OR are you awaiting the results of any investigations/tests or considering treatment, investigation or consultation for symptoms that you are currently experiencing? 您是否曾因心臟血管及循環系統疾病、中風、任何其他贅生物、腫塊、腫瘤或癌症、肝、腎或神經系統的疾病而住院超過連續七日而進行住院觀察、手術或醫療治療，或是否曾因上述情況被建議接受醫療治療或檢查；或是否就現有症狀正等候醫療檢查 / 測試結果，或正考慮接受治療、檢查或諮詢？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
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If the answer is Yes, please provide the below details.
若答案為是，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。

<input type="checkbox"/> In Percentage (%) 百分率 (%) (In whole number 必須為整數)	<input type="checkbox"/> In Unit 單位數目																																
Part A Applicable for <u>Pulsar's and Pavo's Initial Units Account and Investment Account of other plans</u> 甲部份 適用於 <u>雋宇及盛躍之最初供款戶口及其他計劃之投資戶口</u>	Part B Applicable for <u>Pulsar's and Pavo's Accumulation Units Account only</u> 乙部份 只適用於 <u>雋宇及盛躍之累積供款戶口</u>																																
<table><tr><th>Investment Option Code / Investment Option Name in Full # 投資選擇代號 / 投資選擇全名 #</th><th>(%)/Unit (%)/ 單位</th></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>	Investment Option Code / Investment Option Name in Full # 投資選擇代號 / 投資選擇全名 #	(%)/Unit (%)/ 單位															<table><tr><th>Investment Option Code / Investment Option Name in Full # 投資選擇代號 / 投資選擇全名 #</th><th>(%)/Unit (%)/ 單位</th></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>	Investment Option Code / Investment Option Name in Full # 投資選擇代號 / 投資選擇全名 #	(%)/Unit (%)/ 單位														
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In case both the investment option name and investment option code have been provided at the same time but are not aligned, the Company shall follow the instruction of your designated investment option code to be the final choice.
如同時提供投資選擇名稱和投資選擇代號但兩者並不一致，本公司將以該投資選擇代號為最終指示。

- Notes:
- 注意：
- (1) 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.

(2) 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.

(1) 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。

(2) 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)。

6. PAYMENT INSTRUCTION 付款指示**By Autopay 自動轉帳**

- ☐ **Credit to the autopay account that paying premium of the above policy 存入至繳交上述保單保費之自動轉帳戶口**
☐ **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)**
☐ **Application to receive Dividend Payout in Cash (Applicable for Dividend Distribution Investment Options) 申請以現金形式收取股息支付 (適用於股息分派投資選擇) (Please provide bank account proof 請提供銀行帳戶證明)**

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

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Notes:

- (1) Bank account holder must be Policy Owner
 (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保單持有人
 (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
☐ 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 my Financial Consultant 經理財顧問轉交

Note 注意: If not specify, the cheque will be delivered to you directly. 如沒註明, 支票將直接寄給您。

By Telegraphic Transfer 電匯 Only applicable for overseas client
 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 (1) 請提交電匯申請信及銀行帳戶證明
 (2) Service fee and administration fee will be charged by bank(s) (2) 銀行或會收取手續費及服務費用

By Policy Transfer 調動至其他保單

To policy no. 至保單編號	Owner's name & Relationship 持有人姓名及關係	Purpose 用途
		<input type="checkbox"/> Premium and Levy Settlement 繳付保費及徵費 <input type="checkbox"/> Loan Repayment 償還貸款 <input type="checkbox"/> Other 其他 _____

7. CHANGE OF PERSONAL INFORMATION 更新個人資料

If the identity document and/or address of Owner has/have been changed since last submission, please put a 「✓」 in the related box(es) below.
 若持有人的身份證件和 / 或地址自上次提交後有所更改, 請在下列相關的空格內加上「✓」號。

- ☐ Change of Identity Document (Please also submit copy of the latest identification proof. If information is changed, your policy record will be updated)
 更改身份證件 (請同時提交最新身份證明文件副本。如資料有所更改, 保單記錄將會更新)
☐ Change of Residential Address/Business Address/Registered Office Address in Place of Incorporation (Please also submit copy of address proof issued within 3 months from the date of submission and "Policy Service Application Form I")
 更改住宅地址 / 公司業務地址 / 於成立註冊地點之公司註冊辦事處地址 (請同時提交於申請遞交日期 3 個月內發出之地址證明副本及「保單服務申請書 I」)

8. OTHER SERVICE REQUEST 其他更改

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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。

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 application unless otherwise expressly indicated in this application form 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) I/We, the undersigned, Owner of the above policy, hereby apply for the policy service/unit withdrawal as indicated above subject to the relevant terms and conditions of the above policy;
- (2) the application(s) shall only take effect provided all of the following conditions are met: (i) any required payment under 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 under the above policy; (iii) all applicable requirement(s) is/are met; (iv) I/We am legally entitled to the benefits to be withdrawn under the above policy, which have not been assigned or transferred to any other party and that no proceedings in bankruptcy or insolvency have been instituted or are pending against me/Us;
- (3) the application(s) 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) I/We have read and fully understood the relevant Principal Brochure and Investment Option leaflet and fully understand that investment in an investment-linked plan involves risks and value of Units in the Investment Option may rise or fall;
- (5) the benefits payable under such plan are linked to the performance of the Investment Option invested in respect of the above policy;
- (6) cancellation of Units of the Investment Option in respect of the application(s) will be carried out in accordance with the time period as stipulated in the policy contract of the above policy;
- (7) my/Our investment option allocation instruction is based on my/Our own judgment and I/We have not relied on any advice provided by the financial consultant or other person acting on behalf of the Company;
- (8) I/We confirm that neither the Financial Consultant nor anyone else acting on behalf of the Company has provided me/Us with any investment advice in connection with any investment-linked plan or discussed with me/Us or provided me/Us with any information concerning any of the securities or other assets underlying any investment-linked plan other than to provide me/Us with factual information about the securities or other assets upon which the value of particular investment options is based;
- (9) the application(s) as indicated above is/are based on my/Our own judgment and I/We have not relied on any advice provided by financial consultant;
- (10) all information, statements and answers to all questions whether or not written by my/Our own hand(s) are to the best of my/Our knowledge and belief complete and true;
- (11) all statements and answers to such questions, together with this application, shall form the basis for policy change/service;
- (12) the Company is not bound by any statement which I/We may have made to any person if not written or printed here;
- (13) 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 Company shall not be responsible for any loss or damage whatsoever arising out of or in connection with the Company's inability to accept or process this application due to my/Our failure in providing any information requested in this application.

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/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 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提及之其他人士） 聲明及同意：

- (1) 本人 / 我們乃上述保單之持有人，現根據上述保單之條款申請保單更改 / 服務及或按上列指示提取上述保單投資選擇單位；
- (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) 申請是於受保人在生之情況下經貴公司在公司辦事處批核；(iii) 符合申請所需之要求；(iv) 上述保單之利益為本人 / 我們合法所擁有及未有轉讓予任何人等，及本人 / 我們現未有或沒有尚未判決因破產或清盤之訴訟；
- (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為可更改事項或經貴公司許可；
- (4) 本人 / 我們已細閱並明白有關主要推銷刊物及投資選擇簡介並完全明白投資在投資連繫式壽險計劃涉及風險，投資選擇單位價值可升亦可跌；
- (5) 此計劃的可支付利益與上述保單所投資的投資選擇表現連繫；
- (6) 如申請是有關取消及 / 或購入投資選擇單位，有關申請將根據上述保單的保單合約內所訂明之時間進行；
- (7) 本人 / 我們之投資選擇分配指示是基於本人 / 我們之個人判斷，並沒有依賴任何理財顧問或任何代表貴公司之人士所提供的任何意見；
- (8) 本人 / 我們確認除關於影響個別投資選擇價值之證券或其他資產的真實資料外，理財顧問或任何代表貴公司之人士並無向本人 / 我們就任何投資連繫式壽險計劃提供任何投資意見，或跟本人 / 我們討論或提供任何有關投資連繫式壽險計劃旗下任何證券或其他資產的任何資料；
- (9) 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；
- (10) 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；
- (11) 上述問題的所有答案（如適用）及此申請書，將成為保單更改 / 服務的根據；
- (12) 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；
- (13) 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。對於任何因本人 / 我們不能提供任何此申請所需的資料而導致貴公司不能接受或處理此申請所引致或所涉及的任何損失或損害，貴公司概不承擔任何責任。

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 / 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額金額，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。

SUITABILITY DECLARATION 合適性聲明

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 “We”, “Our” or “Us”) (for the avoidance of doubt, the expressions “We”, “Our” or “Us” include myself and such other person) that despite the fact that the features and/or risk level of the selected mix of underlying investment option(s) may not be suitable for me/Us based on my disclosed risk profile as indicated in the latest Risk Profile Questionnaire, I/We confirm that it is my/Our intention and desire to proceed with this instruction.

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「我們」）（為免存疑，「我們」指包括本人及此申請書上及有關的保單合約內提及之其他人士） 聲明及同意儘管根據本人 / 我們於最近一次提交的「風險承擔能力問卷」所披露的投資風險概況，本人 / 我們所選擇的相關投資選擇組合特色及 / 或風險級別可能並不適合本人 / 我們，本人確認此乃本人 / 我們之打算及意願進行本指示。

SIGNATURE 簽署

I/WE ACKNOWLEDGE AND CONFIRM that I/We have carefully read this form and understood the Important Notes.

本人 / 我們確認本人 / 我們已詳細閱讀本表格並明白重要事項。

Signature of Owner* 持有人簽署 *	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
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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	<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) <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) <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) <input type="checkbox"/> Important Facts Statement – Policy Replacement (if applicable) 重要資料聲明書 – 轉保 (如適用)
Lump Sum or Top up Premium Payment 繳付一筆過投資保費或 額外投資	<input type="checkbox"/> Client Needs Analysis 客戶需求分析 <input type="checkbox"/> Important Facts Statement and Applicant's Declarations 重要資料聲明書及申請人聲明書 <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> <input type="checkbox"/> 重要資料聲明書 - 內地人士在港投購人身 / 壽險保單 <input type="checkbox"/> Copy of Passport & Copy of Entry Proof of MCV – Face-to-face verification by authorized staff 中國內地訪港旅客之護照副本及入境證明文件副本 – 由授權之職員接見及證實已檢視正本

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。

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