

Change of Personal Information / Beneficiary Designation Form 更改個人資料及指定受益人申請表格

Filling in this form 請填妥下列表格

Please fill in this form and return the original to 40/F., Tower 1, Times Square, 1 Matheson Street, Causeway Bay, Hong Kong. The change request shall be made to the policy as stated below. If you have any enquiries, please contact our Customer Service Department on (852) 2169 0300.

請填妥下列表格，並將正本寄回香港銅鑼灣勿地臣街一號時代廣場一座四十樓。本公司將按要求於下列保單作出更改。若閣下有任何查詢，請致電本公司之客戶服務部 (852) 2169 0300.

Policy Number

保單編號

Name of First Policy Owner

第一保單持有人姓名

Name of First Life Insured

第一受保人姓名

Name of Second Policy Owner
(if applicable)

第二保單持有人姓名 (如適用)

Name of Second Life Insured
(if applicable)

第二受保人姓名 (如適用)

1. Change of Personal Particulars 更改個人資料

Please complete this section if there is a change in your personal particulars.

如需更改您的個人資料，請填妥本部份。

☐ First / Second Policy Owner*

第一 / 二保單持有人*

☐ First / Second Life Insured*

第一 / 二受保人*

(*Please delete where inappropriate 請刪去不適用)

☐ Others

其他

☐ New name

(Please submit HKID / passport and deed poll copy 請提供香港身份證/護照及改名契副本)

新名字

☐ Sex*

性別

☐ M

男

☐ F

女

☐ Date of Birth*

出生日期

dd

日

mm

月

yy

年

☐ New signature

新簽名樣本

☐ Others

其他

* Please submit HKID copy / passport copy 請提供香港身份證副本 / 護照副本

Please refer to the Checklist on the last page for the required supporting document 請參考檢查表並提交所需的證明文件

2. Change of Contact Information 更改聯絡資料

Please complete this section if there is a change in your contact information.
如需更改您的聯絡資料，請填妥本部份。

☐

First / Second Policy Owner*
第一 / 二保單持有人*

☐

First / Second Life Insured*
第一 / 二受保人*
(*Please delete where inappropriate 請刪去不適用)

Residential Address 住址*

(e.g. Flat/Room, Floor, Building/House... 如室·樓·大廈／樓...)

(e.g. Estate, Road/Street 如屋苑·路／街名)

District 地區 _____ HK/KLN/NT* 香港 / 九龍 / 新界* (*Please delete where inappropriate 請刪去不適用)
(e.g. Wanchai, Mongkok, Shatin... 如灣仔·旺角·沙田...)

Country 國家 _____ ZIP/ Postal code 郵遞區號 _____ (If applicable 如適用)

Note: P.O. Box address is not accepted for residential address 注意: 郵政信箱不可作為住址

+ Please submit proof of new address which issued within the last 3 months 請遞交新地址證明，而該地址證明需距今不超過三個月

Correspondence Address 通訊地址 (if different from the above如與上址不同)

(e.g. Flat/Room, Floor, Building/House... 如室·樓·大廈／樓...)

(e.g. Estate, Road/Street 如屋苑·路／街名)

District 地區 _____ HK/KLN/NT* 香港 / 九龍 / 新界* (*Please delete where inappropriate 請刪去不適用)
(e.g. Wanchai, Mongkok, Shatin... 如灣仔·旺角·沙田...)

Country 國家 _____ ZIP/ Postal code 郵遞區號 _____ (If applicable 如適用)

☐

Contact no. 聯絡電話
Telephone no. (Residential)
電話號碼 (住宅) _____

Telephone no. (Office)
電話號碼 (辦公室) _____

Mobile phone no.
流動電話號碼 _____

☐

E-mail address
電郵地址 _____

Please refer to the Checklist on the last page for the required supporting document 請參考檢查表並提交所需的證明文件

3. Change of Beneficiary Details 更改受益人

If there is a change in the beneficiary designation, please complete this section with the details of all the new beneficiaries and all your previous designation will be revoked.
如需更改受益人，請填妥本部份。並提供每一位新受益人的資料。您過往所指定的受益人將全部被撤銷。
If a new Irrevocable Beneficiary is designated in the policy, a specimen signature of such new Irrevocable Beneficiary will be required.
如本保單已指定新的不可撤銷受益人，該不可撤銷受益人必須提供其簽署式樣。

Name of Beneficiary (English) 受益人姓名 (英文)	Name of Beneficiary (Chinese) 受益人姓名 (中文)	Sex (M/F) 性別 (男 / 女)	Relationship to Life Insured 與受保人關係	HK ID/Passport No. 香港身份證 / 護照號碼	Share 所佔比例
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Note: The percentage share of each Beneficiary must be a whole number and total sum must be 100%.
注意 每位受益人所佔之百分比必須為整數，並合共必須為 100%。
If an Irrevocable Beneficiary has been previously designated in the policy, a written consent is required from that existing Irrevocable Beneficiary.
如保單已有指定不可撤銷受益人，該不可撤銷受益人需以書面同意有關更改受益人之申請。
Name of beneficiary name must be the same as the one shown on HKID/Passport.
受益人名字須與香港身份證/護照上相同。
Please refer to the Checklist on the last page for the required supporting document.
請參考檢查表並提交所需的證明文件。

Total 合共 : 100%

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4. Declaration and Signature 聲明及簽署

I/We hereby authorize Standard Life (Asia) Limited (the “Company”) to act upon written instructions transmitted by electronic means producing a facsimile of a document (“facsimile instructions”) purporting to bear my/our signature(s) without verifying the authenticity of the signature(s) appearing thereon or enquiring as to the validity of the facsimile instructions and to consider the facsimile instructions to be of the same force and effect as written instructions made in accordance with the policy.
本人/吾等茲授權標準人壽保險（亞洲）有限公司（「貴公司」）根據通過電子方式發給貴公司並帶有聲稱屬於本人/吾等的簽署之傳真文件（“傳真指示”），代表本人/吾等行事，並視該傳真指示之效力如同根據保單規定發出的書面指示一樣，貴公司亦不必核實該簽署的真偽或查問有關傳真指示的有效性。

The Company may be in its sole discretion accept or reject such facsimile instruction.
貴公司可全權決定接受或拒絕此傳真指示。

All instructions transmitted to the Company through facsimile transmission and reasonably believed by the Company to have been given by me/us and which have been relied on or acted upon by the Company shall be irrevocable and binding on me/us whether or not such instructions have in fact been given personally or authorized by me/us.
所有通過傳真發給貴公司，且貴公司合理地相信乃由本人/吾等發出的指示，凡屬貴公司已經依照行事的，均不得撤回，並對本人/吾等具有約束力；不論該指示實際上是是否由本人/吾等親自發出或授權發出，概無例外。

Under no circumstances shall the Company have any duty to enquire or verify the identity or authority of the person giving instruction by means of facsimile transmission.
在任何情況下，貴公司概無責任查問或核實通過傳真發出指示的人士的身分或授權。

I/We hereby undertake to indemnify and save the Company harmless from all losses and liabilities that the Company may suffer, in any way relating to or arising out of the Company action upon, delaying in acting upon or refusing to act upon any facsimile instructions, including improper, unauthorized or fraudulent facsimile instruction given by any person.
本人/吾等特此承諾，如因貴公司依據任何傳真指示（包括由任何人士發出的不妥善、未經授權或欺詐性傳真指示）行事、延遲依據或拒絕依據任何傳真指示行事，由此導致貴公司遭受的各種損失和責任，本人/吾等將全面賠償貴公司使貴公司免於受損。

I/We fully understand that if the Policy is expressed to be for the benefit of or purporting to confer a benefit upon my/our spouse or child(ren), or if my/our spouse or child(ren) is named as the beneficiary(ies) of the Policy, the Policy may be subject to application of the Married Persons Status Ordinance (Chapter 182 of the Laws of Hong Kong) (“MPSO”). In such circumstances, the money payable under the Policy may not be able to be used to repay my/our debts. As a result, I/we may not be able to use or effect any assignment of the Policy as collateral for any of my/our debts.
本人/吾等完全明白，若本保單表明若本人/吾等的配偶或子女受益或擬以賦予利益予本人/吾等的配偶或子女，或本保單上將本人/吾等的配偶或子女列為受益人，本保單可能須符合香港法例第182章《已婚者地位條例》的規定所監管。在該等情況下，保單下應付的款項可能不可用於償還本人/吾等的債項。因此，本人/吾等可能不可使用或轉讓本保單作為本人/吾等債項的抵押品。

I/We hereby declare that any personal information of third parties provided by me/us to the Company (whether provided under this application or otherwise provided) in relation to this application has been obtained by me/us in compliance with the PDPO and the relevant third party has agreed to the disclosure of his/her personal information to the Company in relation to this application for the purposes as set out in this personal information collection statement. I/We agree to indemnify and hold harmless, on demand, the Company against all losses, liabilities and costs which the Company may incur arising out of, or in connection with, any breach of the declaration set forth in this paragraph.
本人/吾等特此聲明，由本人/吾等就此申請提供予貴公司的任何第三方個人資料（無論載於此申請書或從其他途徑所提供）乃由本人/吾等在遵守個人資料（私隱）條例的情況下獲得，且有關第三方已同意為此等個人資料收集聲明所載之目的就此申請向貴公司提供其個人資料。本人/吾等同意應貴公司要求，就貴公司因發生任何違反本條款所載的聲明，而可能招致或與之相關的任何損失、責任及費用，對貴公司作出賠償，並使貴公司免受損害。

I/We further acknowledge that I/we have been given sufficient time to seek independent advice (legal, financial or otherwise) in relation to this Application and the declarations made in the above, the Chinese version of the declarations is translated for my/our reference only.
本人/吾等進一步確認，本人/吾等有充足時間就此申請及上文所作聲明而尋求獨立顧問（法律、財務或其他）之意見，本聲明之中文譯本只供本人/吾等作參考。

Signature of First Policy Owner
第一保單持有人簽署

Date Signed (dd/mm/yy)
簽署日期（日 / 月 / 年）

Signature of Second Policy Owner
(if applicable)
第二保單持有人簽署（如適用）

Date Signed (dd/mm/yy)
簽署日期（日 / 月 / 年）

Signature of Policy Assignee (for collateral assignment only) (if applicable)
保單受讓人簽署（只限抵押轉讓）（如適用）

Date Signed (dd/mm/yy)
簽署日期（日 / 月 / 年）

Signature of existing Irrevocable Beneficiary (if applicable)
現有不可撤銷受益人簽署（如適用）

Date Signed (dd/mm/yy)
簽署日期（日 / 月 / 年）

Signature of new Irrevocable Beneficiary (if applicable)
新不可撤銷受益人簽署（如適用）

Date Signed (dd/mm/yy)
簽署日期（日 / 月 / 年）

Personal Information Collection Statement 個人資料收集聲明

1. Throughout this Personal Information Collection Statement (this “Statement” or “PIC Statement”), certain words and phrases have defined meanings as follows: 本個人資料收集聲明(「本聲明」或「個人資料收集聲明」)中，若干詞彙的定義如下：

“Company”, “we” or “our” 「本公司」或「我們」	means Standard Life (Asia) Limited; 指 標準人壽保險 (亞洲) 有限公司；
“Company’s affiliates” 「本公司聯屬公司」	means any of the Company’s affiliates within the Company’s group; 指 任何屬本公司集團內的聯屬公司；
“Company’s group” 「本公司集團」	means the Company and its direct and indirect holding companies, subsidiaries, and all of their branches, representative offices and affiliates, wherever situated; 指 本公司及其直接與間接的控股公司、附屬公司、與及該等公司的所有分支、代表辦事處和聯屬公司 (不論所處地點)；
“Customer” 「客戶」	means a person: 指 (a) who is treated generally as a customer by the Company, whether the person is: 被本公司一般當作客戶的人士，不論該人士為： (i) a policy owner, proposed policy owner, policy assignee, life insured, proposed life insured, party under a trust, payer of insurance premium, beneficiary, payee of insurance benefits, or financial adviser in respect of a product or service of the Company; or 本公司產品或服務下的保單持有人、準保單持有人、保單受讓人、受保人、準受保人、信託下的當事人、保費支付人、受益人、保險金受款人、或財務顧問；或 (ii) director, shareholder, officer, or manager of a corporate applicant for insurance or corporate policy owner in respect of a product or service of the Company; and 正在申請或已是本公司產品或服務的公司投保人或公司保單持有人之董事、股東、主管或經理；及 (b) who has provided personal data to the Company and therefore became our data subject; 曾向本公司提供個人資料而成為我們資料當事人的人士；
“data subject” 「資料當事人」	means, in relation to personal data, the individual (not being a corporate person) who is the subject of the data, and all such individuals as a whole shall be referred to as “data subjects”; 指 就個人資料而言，屬該資料的當事人的個人 (而非公司)；
“Hong Kong” 「香港」	means the Hong Kong Special Administrative Region of the People’s Republic of China; 指 中華人民共和國香港特別行政區；
“PDPO” 「私隱條例」	means the Personal Data (Privacy) Ordinance, Chapter 486 of the Laws of Hong Kong; 指 香港法例第486章之《個人資料 (私隱) 條例》；
“personal data” 「個人資料」	means (as defined in the PDPO) any data: 指 於私隱條例中符合以下說明的任何資料： (a) relating directly or indirectly to a living individual; 直接或間接與一名在世的個人有關的； (b) from which it is practicable for the identity of the individual to be directly or indirectly ascertained; and 從該資料直接或間接地確定有關的個人的身份是切實可行的；及 (c) in a form in which access to or processing of the data is practicable. 該資料的存在形式令予以查閱及處理均是切實可行的。

2. From time to time, personal data of Customers are (or will be) collected by or on behalf of the Company to enable it to carry on its day-to-day business and to provide services to Customers. **Failure to obtain personal data from Customers may result in the Company being unable to process an insurance application or to provide after-sales services to the Customer.**

為使本公司能進行其日常業務及向客戶提供服務，客戶的個人資料會不時由本公司收集或由他人代為收集。若本公司未能向客戶取得個人資料，則便可能導致本公司無法處理投保申請或無法向客戶提供售後服務。

3. Personal data of Customers held by the Company will generally be kept confidential, but the Company may provide, disclose or transfer these personal data to the following persons (whether they are in or outside Hong Kong) for one or more of the purposes set out in paragraph 4 below: 由本公司持有的客戶個人資料一般會被保密，惟本公司有可能會向以下人士（不論是在香港境內或境外）提供、披露或轉交該等個人資料以便達到下文第4段中述及的一個或多個目的：

- any reinsurance company to whom any part of the Company’s business is ceded;
任何承保本公司業務之任何部分的再保公司；
- any financial institution or financial service provider who is in a position to process the payment of, or handle the payment instruction or authorization of any monies to or by the Customer;
任何處於適當崗位可處理向客戶支付或收取款項，或可執行向客戶支付或收取款項之付款指示或授權的金融機構或金融服務機構；
- any healthcare service provider who is engaged to carry out medical assessment on the health of a Customer which will affect the Company’s decision on processing an insurance application or a claim;
任何受聘負責檢驗客戶健康狀況而該檢驗結果會影響本公司處理投保申請或索償決定的醫療服務機構；
- any person in connection with any claims made by the Customer or otherwise involving the Customer in respect of any products and/or services provided by the Company or the Company’s affiliates, including any claims investigation agency;
任何就本公司或本公司聯屬公司產品及/或服務與客戶提出索償 (或以別的形式涉及客戶) 有關的人士，包括任何索償調查機構；
- any person to whom the Company and/or the Company’s affiliates are under an obligation to make disclosure under the requirements of any present or future laws, rules, regulations, codes, treaties or guidelines binding or enforceable on them, including any regulators, government authorities, international organisations or alliances, courts, adjudicators, and/or any industry bodies, associations or federations;
任何本公司及/或本公司聯屬公司根據所須遵守的現有或未來法例、規則、法規、守則、條約或指引而對其有披露責任的人士，包括任何監管機構、政府部門、國際組織或聯盟、法院、裁判機構及/或任何行業團體、協會或聯會；
- any insurance intermediary authorised by the Company and/or the Company’s affiliates to promote, sell, or provide after-sales services in relation to, any of the products and services of the Company and/or the Company’s affiliates;
任何獲本公司及/或本公司聯屬公司授權以進行推廣或銷售本公司及/或本公司聯屬公司任何產品及服務，或就有關產品及服務提供售後服務的保險中介機構；
- any actual or proposed assignee of the Customer’s insurance policy issued by the Company and/or the Company’s affiliates;
任何獲發本公司及/或本公司聯屬公司續發保單的客戶之實際或準受讓人；
- any agent, contractor or external service provider who is engaged to provide administrative, audit, data processing, document managing, mailing, printing, payment, storage, technology, telecommunication, or other services to the Company and/or the Company’s affiliates in connection with the daily operation of their respective businesses;
任何受聘向本公司及/或本公司聯屬公司就其日常之營運提供行政、審計、資料處理、文檔管理、郵遞、印刷、付款、儲存、技術、電訊，或其他服務的代理商、承包商或外界服務供應商；
- any of the Company’s affiliates.
任何本公司聯屬公司。

Personal Information Collection Statement 個人資料收集聲明

4. The purpose(s) for which the personal data of Customers may be used will vary depending on the circumstances and their context of collection, but the purposes perceived by the Company will include the following:

客戶個人資料的用途會因不同情況及收集的背景有異，惟本公司屬意的用途將包括：

- (a) to offer a quotation for insurance to a Customer, and to assess, evaluate (including the merits and/or suitability of a product or service to a Customer), process, approve and/or underwrite an insurance application, a claim and/or service request from a Customer arising from the application or thereafter; 提供投保報價予客戶，以及評估、衡量（包括產品及/或服務是否有利於及/或適合客戶）、處理、批准及/或受理客戶的投保申請、索償及/或源於客戶投保申請或其後的服務要求；
- (b) to provide subsequent or ongoing services to a Customer in relation to an insurance application or policy; 提供有關投保申請或保單的跟進或持續服務予客戶；
- (c) to carry out matching procedures as defined in the PDPO; 執行私隱條例中界定的核對程序；
- (d) to carry out credit assessments on Customers whose credit worthiness is under regular or special review; 進行客戶信用評估，不論該評估為定期或特別審查；
- (e) to process a payment or a Customer's payment instructions and/or direct debit authorisations; 處理付款或執行客戶的付款指示及/或直接付款授權；
- (f) to determine any amount of indebtedness owing to or from a Customer; 確定欠付客戶或客戶欠付的任何款項；
- (g) to verify a Customer's identity in accordance with any compliance procedures, including those intended to combat terrorist financing, fraud and/or money laundering; 按任何合規程序驗證客戶的身份，包括旨在打擊恐怖活動融資、欺詐及/或洗黑錢活動的程序；
- (h) to maintain an update database of personal data of Customers; 設立及更新客戶個人資料的數據庫；
- (i) to enforce a Customer's obligations in respect of an insurance application or policy; 執行客戶在投保申請或保單下的責任；
- (j) to enable an actual or proposed assignee of the Customer's insurance policy, or an actual or proposed purchaser of the Company's business, to evaluate the transaction intended to be the subject of the assignment or purchase; 協助客戶保單的實際或準受讓人或本公司業務的實際或準買家，以評估在有關轉讓或買賣交易下的事宜；
- (k) to fulfill the disclosure requirements of any laws, legislation, regulations, codes or guidelines as may in present or future and from time to time be applicable to the Company and/or the persons as listed in paragraph 3 above to whom the Company had transferred personal data of the Customer; 遵守現時或將來不時適用於本公司及/或上文第3段所列從本公司手上取得客戶個人資料之人士的任何法例、法規、規章、守則或指引底下的披露規定；
- (l) to enable the Company to carry on its normal business and day-to-day operations and to meet its liquidity and solvency requirements according to law; 令本公司能繼續經營其正常業務及日常運作，以及符合有關法例對流動資金及償付能力的規定；
- (m) to exercise the Company's rights as more particularly provided in the insurance policy, including the right of subrogation; 行使本公司在保單中列明的權利，包括代位權；
- (n) to comply with any obligations, requirements, policies, procedures, directives, or guidelines in respect of sharing data and information within the Company's group and/or any other use of data and information in accordance with group-wide compliance procedures. 遵守本公司集團內對共享數據與資料，及/或根據集團通用的合規程序將數據與資料用作其他用途的相關責任、規定、政策、程序、指令或指引。

5. Under and in accordance with the PDPO, a data subject has the following rights:

根據私隱條例，資料當事人有權：

- (a) to check whether the Company holds data relating to him/her and access to such data; 查證本公司是否持有其資料及查閱有關資料；
- (b) to require the Company to correct any data relating to him/her which is inaccurate; and 要求本公司改正有關其本人不準確的任何資料；及
- (c) to ascertain the Company's policies and practices in relation to personal data and to be informed of the kind of personal data held by the Company. 查閱本公司有關個人資料的政策及實際程序，以及了解本公司所持個人資料的種類。

6. In accordance with the PDPO, the Company has the right to charge a reasonable fee for processing any data access request.

根據私隱條例，本公司有權就處理任何查閱資料的要求收取合理費用。

7. The requests described above may be made in writing to the Data Protection Officer, Standard Life (Asia) Limited, 40th Floor Tower 1, Times Square, 1 Matheson Street, Causeway Bay, Hong Kong.

上述要求可以書面形式郵寄予標準人壽保險（亞洲）有限公司之資料保護主任，地址為香港銅鑼灣勿地臣街1號時代廣場一座40樓。

8. If there is any inconsistency between the English and Chinese versions of this notice, the English version shall prevail.

中英文版本如有歧異，概以英文版為準。

Checklist 檢查表

In order to process effectively, please provide the following document and information with the Change of Personal Information / Beneficiary Designation Form and tick alongside all the following boxes when completed.

為了有效地處理保單更改，請填妥此表格的有關部分，並連同所需的證明文件一併遞交，以及在完成後於下列空格內填上『✓』號。

Change of Personal Particulars

更改個人資料

- ☐ 1) Provide information about the policy: (i) Policy number; (ii) Name of Policy Owner(s); and (iii) Name of Life Insured(s)
請於本表格首頁填妥(i)保單號碼、(ii)保單持有人及(iii)受保人姓名
- ☐ 2) Complete Section 1
請填妥第一部分
- ☐ 3) Read the declarations in Section 4. Please sign and date Section 4 by all relevant parties.
請相關人士閱讀第四部分之聲明並簽署作實
- ☐ 4) Submit HKID / valid passport copy*
請提供香港身份證/有效的護照副本*
- ☐ 5) Submit deed poll copy*
請提供改名契副本*

Change of Contact Information

更改聯絡資料

- ☐ 1) Provide information about the policy: (i) Policy number; (ii) Name of Policy Owner(s); and (iii) Name of Life Insured(s)
請於本表格首頁填妥(i)保單號碼、(ii)保單持有人及(iii)受保人姓名
- ☐ 2) Complete Section 2
請填妥第二部分
- ☐ 3) Read the declarations in Section 4. Please sign and date Section 4 by all relevant parties.
請相關人士閱讀第四部分之聲明並簽署作實
- ☐ 4) If changing residential address, please submit proof of new address which is issued within the last 3 months.*
如更改住址，請遞交距今不超過三個月之地址證明

Change of Beneficiary

更改受益人

- ☐ 1) Provide information about the policy: (i) Policy number; (ii) Name of Policy Owner(s); and (iii) Name of Life Insured(s)
請於本表格首頁填妥(i)保單號碼、(ii)保單持有人及(iii)受保人姓名
- ☐ 2) Complete Section 3
請填妥第三部分
- ☐ 3) Read the declarations in Section 4. Please sign and date Section 4 by all relevant parties.
請相關人士閱讀第四部分之聲明並簽署作實

* Copy of original supporting documents submitted (including identification document and proof of residential address (and permanent address if different)) must be properly certified by suitable certifiers as set out in the Anti-Money Laundering and Counter-Terrorist Financing (Financial Institutions) Ordinance. The certifier must (i) state that the copy document is a true copy of the original; (ii) sign and date the copy document (printing his/ her name clearly in capitals underneath); and (iii) clearly indicate his/ her position or capacity on it

* 根據打擊洗錢及恐怖分子資金籌集(金融機構)條例，所有副本(包括身份證明及住址證明(及永久住址如與住址不同)均需由合適核證人(例如：香港獲授權保險經紀、公證人)加簽作實。核證人必須清楚在文件上列明(i)該文件為原本之副本、(ii)核證人簽署及日期(要清楚列明核證人姓名)、與及(iii)清楚列明該核證人之職位。