

Request for Policy Change Form
保單更改申請表

Traditional Policy 傳統人壽保險保單 Investment Linked / Universal Life Insurance 投資相連 / 萬用壽險

CONSULTANT INFORMATION 顧問資料			
Name 姓名	District/Branch 區域/分行	Code 編號	Contact Phone no. 聯絡電話

CUSTOMER INFORMATION 客戶資料			
Policy No. 保單號碼	Name of Policy Owner 保單主權人姓名	Name of Life Insured 受保人姓名	

Request is hereby made to Sun Life Hong Kong Limited (hereinafter called "the Company"), to change the above policy as follows:
保單主權人茲向香港永明金融有限公司(以下稱為「公司」), 申請更改上述保單如下:

<input type="checkbox"/> 1	<p>Change of Personal Particulars 更改個人資料 (Please put a "✓" in the appropriate box(es) below for applicable change(s). 請在下列適當空格內劃上「✓」號。) (Please submit HKID Card / Deed poll copy. 請遞交香港身分證及改名契副本。)</p> <p>Change of Personal Particulars of 更改 <u>Mr / Ms</u> 先生 / 女士 的個人資料</p> <p><input type="checkbox"/> New Name 新姓名: _____</p> <p><input type="checkbox"/> Date of Birth dd mm yyyy 出生日期: 日 _____ 月 _____ 年 _____</p> <p><input type="checkbox"/> Sex 性別: Male 男 / Female 女</p> <p><input type="checkbox"/> HKID Card/Passport No. 香港身分證 / 護照號碼: _____</p> <p><input type="checkbox"/> New Signature 新簽名: _____</p>
<input type="checkbox"/> 2	<p>Change of Correspondence Address 更改通訊地址 (If no specific preference is indicated, the change will apply to all policies under your ownership.) (如閣下不作出特別指示, 閣下於本公司作為保單主權人的所有保單將自動作出以下之地址更改。)</p> <p><input type="checkbox"/> Apply to particular policy(ies) under my ownership, numbered: 更改只限於本人作為保單主權人之指定保單, 號碼為: _____</p> <p>Flat/Room 室 _____ Floor 層數 _____ Block 座數 _____ Building/Estate Name 大廈 / 屋苑名稱 _____</p> <p>Street Name & No. / Lot No. 街道名稱及號數 / 地段號數 _____</p> <p>District/City 區 / 市 _____ Country/Postal Code 國家 / 郵遞區號 _____</p>
<input type="checkbox"/> 3	<p>Change of Contact Numbers 更改聯絡電話 <input type="checkbox"/> Policy Owner 保單主權人 <input type="checkbox"/> Life Insured 受保人</p> <p>Home Tel 住宅電話 Business Tel 公司電話 Mobile 手提電話 Email Address 電郵地址</p>
<input type="checkbox"/> 4	<p>Lost Policy Declaration 保單遺失聲明</p> <p>I/We, _____, hereby declare that I/we have lost the policy(ies) and to the best of my/our knowledge, it is not under any other person's possession. The Company is hereby requested to issue policy memorandum (setting out particulars of the policy) according to the Company's records for the policy as at this date. I/We understand that the new policy(ies) memorandum will not be a replacement for the policy(ies). I/We agree to indemnify Sun Life Hong Kong Limited against any loss that arise from any actions.</p> <p>茲聲明, 本人 / 吾等, _____, 現遺失上述保單, 且相信該保單亦非由其他人持有。本人 / 吾等現謹要求貴公司根據截至本聲明簽署日期之記錄, 簽發保單備忘錄 (載有本人保單簽發至今之主要內容及資料)。本人 / 吾等明白此保單備忘錄並不可以代替原有之保單。本人 / 吾等同意因此而引發任何對香港永明金融有限公司帶來的損失作出彌償。</p> <p><input type="checkbox"/> Request for Policy Memorandum 申請保單備忘錄 <input type="checkbox"/> Request for duplicate policy contract 申請保單副本 (Please submit handling fee HK\$220. 請遞交手續費 220 港元。)</p>
<input type="checkbox"/> 5	<p>Dividend Option 紅利運用方式</p> <p><input type="checkbox"/> Accumulation with Interest 積存生息 <input type="checkbox"/> Premium Reduction / Payment 繳付到期保費 <input type="checkbox"/> Paid-up Additions 增購繳清壽險 <input type="checkbox"/> Cash 現金</p>
<input type="checkbox"/> 6	Premium Offset / Self Financing 紅利繳交保費 / 紅利對減保費
<input type="checkbox"/> 7	Others/Special Instruction 其他 / 特別指示 (please specify details 請註明詳情)



<input type="checkbox"/> 8	Change of Payment Mode 更改付款形式 <input type="checkbox"/> Annual 每年 <input type="checkbox"/> Semi-Annual (Applicable to TRADITIONAL policy only) 半年繳 (只適用於傳統壽險保單) <input type="checkbox"/> Monthly by Autopay 每月轉賬 Change of Payment Method 更改繳費辦法 – submit new DDA for bank account or credit card for Autopay case 透過銀行或信用卡自動轉賬個案, 需提交直接付款授權書 <input type="checkbox"/> Direct Billing 通知繳付 <input type="checkbox"/> Autopay by Bank Account 自動轉賬 <input type="checkbox"/> Autopay by Sun Life Card 永明金融信用卡自動轉賬	
<input type="checkbox"/> 9	Benefits / Riders 附加保障 (For Change to a LOWER premium basic plan or Addition / Increase / Upgrade of rider benefit, please complete "Personal Certificate of Insurability".) (如更改為較低保費的基本保險計劃或增加/提升附加保障, 請填寫「可保證明書」。) <input type="checkbox"/> Increase / Decrease Basic Plan 增加/減基本計劃 New Face Amount 新保障額 _____ <input type="checkbox"/> Addition of Benefits / Riders 增加附加保障 <input type="checkbox"/> Deletion of Benefits / Riders 刪除附加保障 Rider Benefit / Amount 附加保障名稱 / 金額 Rider Benefit / 附加保障名稱 _____ For Payor/Owner Benefit, please provide details 如增加付款人/主權人保障, 請提供詳細資料: Name of Payor/Owner 姓名 _____ Sex 性別 _____ Date of Birth 出生日期 _____ ID Card no. 香港身分證 / 護照號碼 _____ Relation to Insured 與受保人之關係 _____ <input type="checkbox"/> Benefit Change 更改附加保障 Rider 附加保障 Benefit Plan / Amount 現有計劃名稱 / 金額 Benefit Plan / Amount 新計劃名稱 / 金額 _____ From 由: _____ To 至: _____ _____ From 由: _____ To 至: _____	
<input type="checkbox"/> 10	Change of Death Benefit Option 更改身故賠償選擇 <input type="checkbox"/> from Face Plus to Level Face 由保額加值改為固定保額 <input type="checkbox"/> from Level Face to Face Plus* 由固定保額改為保額加值 *Please complete "Personal Certificate of Insurability" 請填寫「可保證明書」	
<input type="checkbox"/> 11	Remove/Reduce Rating 刪除/減少額外保費 (Please complete "Personal Certificate of Insurability" 請填寫「可保證明書」) <input type="checkbox"/> Medical Rating / Exclusion 健康理由 / 不保事項 <input type="checkbox"/> Change From Smoker Rate to Non-Smoker Rate 吸煙者改為非吸煙者 <input type="checkbox"/> Occupational Rating 職業理由 Please submit "Nicotine Test Report" 請提交「尼古丁化驗報告」	
<input type="checkbox"/> 12	Non-Forfeiture Option 不能作廢權益 (All benefits / riders will be cancelled automatically.) (所有附加保障將會自動取消。) <input type="checkbox"/> Fully Paid-Up 繳清長期壽險 (Face amount remains unchanged 保障額維持不變) <input type="checkbox"/> Reduced Paid-Up 減額繳清壽險 (Face amount will be reduced 保障額將會減少) <input type="checkbox"/> Paid-Up Term 繳清定期壽險 / Extended Term Insurance (ETI) 展期定期壽險	
Company Endorsement 公司批註		Interim Receipt No. 臨時收據號碼 Payment Amount HK\$ / US\$ Applicable Change Deposit paid with this form. 連同此表格遞交的更改按金

DECLARATION 聲明

I/We HEREBY REQUEST that this policy be changed in accordance with the above particulars with the understanding and agreement that a copy of this request, together with any other relevant declaration/or an Endorsement shall be attached to and form a part of the said policy. I/We hereby agree that any Suicide Provision and any Incontestability Provision in the General Provisions of the policy will apply to the additional benefits added to the policy as a result of the Request, effective from the date this request is approved. Sun Life Hong Kong Limited reserves the right to amend errors made in the completion of the request form.
 本人/吾等在此要求保單按照上述細則更改, 並同意本申請表之副本, 及其他有關之聲明或批註將附於保單合約內, 且成為本保單合約之部份內容。本人/吾等同意保單合約一般條款內任何自殺及不可爭議條款, 將適用於此更改申請中之任何新增利益, 並以此更改申請獲批核之日期起生效。如於完成此申請表時有任何資料錯漏, 香港永明金融有限公司保留其更正權。

Personal Information Collection Statement
 The information you provide to the Company is collected to enable the Company to carry on insurance business and may be used for the purpose of (1) any insurance or financial related product or service or any additions, alterations, variations, cancellations, renewal or reinstatement of them; (2) any scope of insurance coverage, claim processing and analysis of it; (3) direct marketing and data matching; (4) communication with you / the Life Insured/the Payor/Claimant; AND may be transferred to: any related company or any other company carrying on insurance or reinsurance related business or an intermediary or claims investigation or other service provider providing services relevant to insurance business or professional advisors or any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation; any members of the Federation by the Federation for any of the above or related purposes or any individuals/organizations associated with the Company or any selected party as we may consider necessary whether local or overseas. Moreover, the Company is hereby authorized to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry. The information you give is on a voluntary basis. However, failure to supply information may result in the Company being unable to process your application. In accordance with the terms of the Personal Data (Privacy) Ordinance, the Company has the right to charge a reasonable fee for the processing of any data access request. You have the right to obtain access to and to request correction of any personal information concerning yourself held by the Company. Request for such access can be made in writing and addressed to: Customer Service Centre.

收集個人資料聲明
 所有閣下提供的資料, 為本公司經營保險業務所需, 並可能使用於下列目的: (1) 任何與保險或財務有關的產品或服務, 或該等產品或服務的任何增訂、更改、變更、取銷、續期或復效; (2) 任何承保事項、索償或索償分析; (3) 直銷及數據核對; (4) 與閣下/受保人/付款人/索償人通信, 及可能轉移予: 現存或不時成立的任何有關的公司, 或任何其他從事與保險或再保險業務有關的公司, 或與保險業務有關的中介人或索償或調查或其他服務提供者, 或專業顧問, 現存或不時成立的任何保險公司協會或類同組織(「聯會」), 以達到任何上述或有關目的, 或以使「聯會」執行其監管職能, 或其他基於保險業或任何「聯會」會員的利益而不時在合理要求下賦予「聯會」的職能、透過「聯會」, 移轉予任何「聯會」的會員, 以達到任何上述或有關目的, 又或本公司認為必須知情的香港或以外地區的人士或組織。此外, 在此授權由本公司「聯會」從保險業內收集的資料中查閱及/或核對閣下的任何資料。閣下可自由決定是否向本公司提供個人資料, 然而倘個人資料不足, 則可能導致本公司無法向閣下提供保險服務。根據「個人資料(私隱)條例」的規定, 本公司有權就處理任何查詢資料的要求收取合理費用。閣下有權查閱及要求更正由本公司持有有關閣下的個人資料。如有此項要求, 可書面提交本公司之客戶服務部。

Consent
 In accordance with the provisions of the Personal Data (Privacy) Ordinance of Hong Kong, I/we consent, by signing below, that the personal information provided by me/us whether relating to me/us or to other persons named herein and held by the Company (whether contained herein or otherwise obtained) may be held, used, disclosed, released and transferred by the Company to the parties and for the purposes mentioned in the "Personal Information Collection Statement".

根據香港「個人資料(私隱)條例」的規定, 本人/吾等於下文簽署同意本人/吾等向貴公司提供及由貴公司持有本人之資料(不論載於本申請表或其他方式獲得), 不論關乎本人/吾等或本文所載之其他人等, 一律可供貴公司持有、使用、披露、透露、轉移予其他人士及用作「收集個人資料聲明」所訂明之其他用途。

SIGNATURE 簽署

Policy Owner 保單主權人	Assignee (if any) 受讓人(如有)	Sign Date (dd / mm / yyyy) 簽署日期 (日 / 月 / 年)
		Sign Place: 簽署地點:

FOR OFFICE USE ONLY					
SV	CA	DDA	Captured by	Approved by	