

Request for Beneficiary Change Form
更改受益人申請書

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

1) Change of Beneficiary 更改受益人

I/We hereby revoke all previous designation of beneficiary(ies) and appointment of trustee(s), if any, under the above policy(ies) and hereby designate the person(s) named below as new beneficiary(ies).
本人/吾等現撤銷上述保單之前所指定的受益人及委任的信託人(如有), 並指定下列人士為新受益人。

Primary Beneficiary 第一受益人	English Name / 英文姓名	Chinese Name / 中文姓名	Relationship to Life Insured 與受保人關係	HKID Card / Passport No. 香港身份證 / 護照號碼	Share (%) 分配百分比

Total 合計: 100%

Contingent Beneficiary 第二受益人	English Name / 英文姓名	Chinese Name / 中文姓名	Relationship to Life Insured 與受保人關係	HKID Card / Passport No. 香港身份證 / 護照號碼	Share (%) 分配百分比

Total 合計: 100%

To appoint new trustee(s) for all beneficiary(ies), a new Trust Declaration form is required.

如需委任新信託人予所有受益人, 須遞交新信託聲明表格。

- Death Benefit shall be paid in equal shares (or in unequal shares if so specified) to the beneficiaries, if any, surviving upon the death of the Life Insured.
身故賠償將平分(或根據指定的百分比分配)予受保人身故後尚生存的受益人(如有)。

- Contingent Beneficiary will be effective only if all primary beneficiaries die.
第二受益人須於所有第一受益人身故後才生效。

2) Cancellation of Trust Declaration(s) & Trustee(s) Appointment 取消信託聲明及信託人之委任

I/We hereby cancel the Trust Declaration(s) and trustee(s) appointment under the above policy(ies) made prior to the date of this form.
本人/吾等現取消在此表格簽署日期前於上述保單所訂立之信託聲明及信託人之委任。

3) Appointment of Trustee for Juvenile Beneficiary 任命信託人予未成年之受益人

I/We hereby appoint _____ (the trustee name) (the relationship to the life insured and the ID number of trustee) as trustee of any death benefit payable to _____ (the name of the juvenile) during his/her minority.
本人/吾等現委任 _____ (信託人姓名) (與受保人的關係及信託人身份證號碼) 作為 _____ (未成年受益人姓名) 於未成年期間應得之身故賠償的信託人。

4) Special Instruction 特別指示:

SIGNATURE 簽署

Policy Owner 保單主權人	Signature of Insured 受保人簽署 (If other than Policy Owner & aged 18 or above) (如非保單主權人及年齡為十八歲或以上)	Irrevocable Beneficiary / Assignee (if any) 不可撤換受益人及受讓入(如有)	Witness 見證人 Name: 姓名: _____	Date (dd / mm / yyyy) 日期(日/月/年)
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