

2. Address and Contact Details 地址及聯絡資料

	Proposed Insured 建議被保人	Proposed Owner 建議持有人
Residential Address 住宅地址	Room 室 / Flat 單位 Floor 層數 Block 座	Room 室 / Flat 單位 Floor 層數 Block 座
	Name of Building/Estate 大廈或屋邨名稱	Name of Building/Estate 大廈或屋邨名稱
	Street No. & Name 街道名稱及號碼	Street No. & Name 街道名稱及號碼
	District 地區 Postal Code 郵寄代號 Country 國家	District 地區 Postal Code 郵寄代號 Country 國家
Correspondence Address (Proposed Owner) 通訊地址(建議持有人)	If correspondence address is different from Proposed Owner's residential address, please specify below. 如通訊地址與建議持有人之住宅地址不同，請於下列註明。 <input type="checkbox"/> Proposed Owner's Office Address 建議持有人之辦事處地址 <input type="checkbox"/> Others 其他 (Please complete as follows 請填寫以下部份)	
	Room 室 / Flat 單位 Floor 層數 Block 座 Name of Building/Estate 大廈或屋邨名稱	
	Street No. & Name 街道名稱及號碼 District 地區 Postal Code 郵寄代號 Country 國家	
Permanent Address (If different from residential address above) 永久地址(如與上述住宅地址不同)		
Contact No. 聯絡號碼	Mobile Phone 流動電話： Residence 住宅： Office 辦事處：	Mobile Phone 流動電話： Residence 住宅： Office 辦事處：
Please provide email address for Life eServices (if applicable). 請提供電郵地址以用於人壽保險網上服務(如適用)。		

3a. Details of Plan 計劃詳情

Policy Currency 保單貨幣	<input type="checkbox"/> USD 美金 <input type="checkbox"/> HKD 港幣 <input type="checkbox"/> Others 其他 (Please specify 請註明) :		
Basic Plan 基本計劃		Sum Insured 保額	
Has Med Exam/Lab Test been arranged? 曾否安排體格檢查 / 測試? <input type="checkbox"/> Yes 是	Policy Contract Language (If unspecified, the policy contract language will be ENGLISH by default.) 保單合約語言(如未有註明, 保單將以英文發出。) <input type="checkbox"/> English 英文 <input type="checkbox"/> Chinese 中文 (if applicable 如適用)	<input type="checkbox"/> Conversion from Term Insurance 由定期保險轉換 / Replacement of Healthpak Plan 取代「更安心」醫療保險計劃 * Policy No. 保單編號 : _____ * Please delete as appropriate 請刪去不適用者	
Dividend Option 紅利分派方式 (If applicable 如適用)			
<input type="checkbox"/> To be paid by cash 現金 <input type="checkbox"/> To reduce premium 遞減保費 <input type="checkbox"/> To be accumulated 積存 <input type="checkbox"/> To purchase Paid-up Additions 購買付清額外保險			

3b. Additional Benefits 附加保障

Benefit Type 保障種類	Supplement 附加契約	Sum Insured 保額
Waiver of Premium 豁免保費	<input type="checkbox"/> Waiver of Premium 豁免保費 (On Basic Plan & Term Supplement 附加於基本計劃及定期保險附加契約) <input type="checkbox"/> Applicant's Waiver of Premium 申請人之豁免保費 at 因 <input type="checkbox"/> Death 身故 <input type="checkbox"/> Death or Disability 身故或傷殘 up to insured's 直至被保人年滿 <input type="checkbox"/> Age 18 歲 <input type="checkbox"/> Age 21 歲	
Accident Benefit 意外	<input type="checkbox"/> Extra CARE 倍關懷意外保險 <input type="checkbox"/> Accident Protector 意外保險 <input type="checkbox"/> Child Accident Protector Plan 1 兒童意外保障計劃 1 / <input type="checkbox"/> Child Accident Protector Plan 2 兒童意外保障計劃 2	
Critical Illness 危疾	<input type="checkbox"/> Smart Living Insurance 真智康寧保險 (On Basic Plan 附加於基本計劃) <input type="checkbox"/> Living Insurance Plus 金裝康寧保險 (On Basic Plan 附加於基本計劃)	
	<input type="checkbox"/> Extra Living Insurance 金裝康愉保險 <input type="checkbox"/> Smart Lady 智倩女性保障	
	<input type="checkbox"/> Living Insurance Plus 金裝康寧保險 (On Term 附加於定期保險)	
	<input type="checkbox"/> HealthPro Major Illness Multiple Benefit 康逸嚴重疾病多重保障 (On HealthPro Major Illness Insurance 附加於康逸嚴重疾病保障) <input type="checkbox"/> Early Stage Major Illness Benefit 早期嚴重疾病保障 / HealthPro Early Stage Major Illness Benefit 康逸早期嚴重疾病保障	
Disability Benefit 傷病	<input type="checkbox"/> Disability Income Protection 傷病入息保障 / <input type="checkbox"/> Disability Income Protection Plus 傷病入息特級保障 Max Benefit Period 最高收益期 <input type="checkbox"/> 2 Years 年 <input type="checkbox"/> 5 Years 年 <input type="checkbox"/> Age 65 歲 Waiting Period 等候期 <input type="checkbox"/> 30 days 日 <input type="checkbox"/> 60 days 日 <input type="checkbox"/> 90 days 日 <input type="checkbox"/> 180 days 日	
Term 定期保險	<input type="checkbox"/> Smart Elite Term Supplement 真智精選定期保險附加契約 (Plan Type 計劃類別 : _____) / <input type="checkbox"/> Smart Term Supplement 真智定期保險附加契約 (Plan Type 計劃類別 : _____)	
Medical 醫療保障	<input type="checkbox"/> Smart Medical 真智醫療 (Plan Type 計劃類別 : _____)	
Others 其他	_____	

3c. Details of Investment-Linked Assurance Scheme (If Applicable) 投資連繫式壽險計劃詳情 (如適用)

- a) Death Benefit Option 身故賠償選項 (ONLY applicable to investment-linked assurance scheme with Death Benefit Option 只適用於設有身故賠償選項之投資連繫式壽險計劃) Level Death Benefit 固定身故賠償 Increasing Death Benefit 遞增身故賠償
- b) Lump Sum Premium 一筆過投資保費 (In policy currency 按保單貨幣) Top-up Premium per payment mode 每期額外投資保費 (In policy currency 按保單貨幣)
- c) Investment Option Allocation Instruction 投資選擇分配指示 *
Note 註： * Please refer to Investment Options Leaflet of the relevant plan for the full list of investment options currently available for the investment-linked assurance scheme applying for. You can choose up to a maximum of 10 investment options. Allocation shall be at least 10% for each investment option chosen. 就所選投資連繫式壽險計劃現時可供選擇的投資選擇，請參閱有關計劃的投資選擇簡介。您可揀選最多10項投資選擇。所揀選的每項投資選擇最少分配為10%。

\$
\$

	Investment Option 投資選擇	Allocation % 分配百分比
1.		%
2.		%
3.		%
4.		%
5.		%
6.		%
7.		%
8.		%
9.		%
10.		%
	TOTAL 總共	100%

3d. Payment Details 繳費資料

a) Payment Mode 繳費方式： Monthly 月繳 ** Semi-Annual 半年繳 # Annual 年繳 #

b) Method of Renewal Premium Payment: Bank Account Autopay 銀行自動轉帳
 續期保費繳付方法： Autopay by AXA Citibank Credit Card 以安盛 Citibank 信用卡自動轉帳
 (Please complete corresponding Autopay Authorisation Form 請填妥有關自動付款授權書)

Note 註： ** Autopay authorisation form must be completed if payment mode is "Monthly". 如繳費形式為月繳，必須填妥自動付款授權書。
 # For case with payment mode as "Semi-Annual" or "Annual", if method of renewal premium payment is not selected, direct billing will be assigned. 如繳費方式為半年繳或年繳，而又未能選擇續期保費繳付方法，則會使用郵寄帳單。

4. Beneficiary Details 受益人資料

Death proceeds of this policy shall be payable to beneficiaries in equal shares unless otherwise specified. If no beneficiary is designated, the death proceeds shall be payable according to the policy contracts of your policy. 如分配比率未有註明，保單的身故賠償將平均支付予每名受益人。如未有指定受益人，身故賠償將根據您的保單合約支付。

Surname 姓	Given Name 名	H.K.I.D. Card/ Passport No. 香港身份證 / 護照號碼	Relationship to Proposed Insured 與建議被保人之關係	Share Percentage (%) 分配比率 (%)
			TOTAL 總共：	100%

5. Personal Statement – Source of Funds & Supplementary Question 個人資金來源聲明及附加問題

a) Are you acting on behalf of another person in connection with this insurance application? 您是否代表其他人士提出此投保申請?
 No 否 Yes 是 – If yes, please complete "Supplement to Application - Declaration of Acting on Behalf of Another Person in Connection with Insurance Application / Policy Service". 如是，請同時填交「投保 / 保單服務申請資料補充 – 代表其他人士提出申請之聲明」。

b) What are your sources of funds for insurance premiums? (tick one or more) 您支付保費的資金來源為：(可選多於一項)
 Salary 薪金 Income 收入 Savings 儲蓄 Others 其他 (Please specify 請註明)：

c) What is your rationale for purchasing insurance policy in Hong Kong? 您在香港投保的原因是：
 (Applicable to non-H.K.I.D. card holder only 只適用於非香港身份證持有人)
 Product Variety 產品種類 Risk Diversification 風險分散 Others 其他 (Please specify 請註明)：

6. Personal Statement – Insurance Information, Habit, Lifestyle, Body Build & Health 保險資料、個人生活習慣、體格及健康聲明

Important Note 重要資料：

The “you” and “your” under this section shall refer to Proposed Insured in this application. If Applicant’s Waiver of Premium is applied, the “you” and “your” shall refer to both the Proposed Owner and the Proposed Insured unless otherwise stated. If any of the answers to the questions in this section is/are yes, or the space provided is insufficient, please indicate the section and question number and provide the details in Section 7.

此部份所提及的「您」及「您的」，乃指有關此投保申請的建議被保人。如同時申請申請人之豁免保費，除非另有說明，否則「您」及「您的」乃指建議持有人及建議被保人。若此部份任何問題之答案為「有」或所提供之空位不敷應用，請於第七部份列明題號及註明詳情。

1 Insurance in force and amount (including currently applied for) on Proposed Insured (If yes, please state). 建議被保人所有現行生效(包括在申請中)之保險保障(如有,請說明)。						Yes 有 <input type="checkbox"/>	No 否 <input type="checkbox"/>
Name of Insurance Company 承保公司名稱	Sum Insured / Benefit (HK\$) 投保額/保障(港幣)					Date of Issuance (YYYY/MM) 簽發日期(年/月)	
	Life Insurance 人壽保險	Disability Income 傷病入息保障	Critical Illness Insurance 嚴重疾病保險	Personal Accident 個人意外	Hospital Benefit/Income 醫療/住院入息保障		
						Proposed Insured 建議被保人	Proposed Owner 建議持有人
						Yes 有 <input type="checkbox"/>	No 否 <input type="checkbox"/>
2 Has any previous application for or reinstatement of life, disability, health or other insurance for you been declined, postponed, rated or in any way modified? 您在過去投購人壽、傷病、醫療或其他保險時,又或在要求復效該類保單時,曾否遭拒絕、延期、加費或更改受保條件?						<input type="checkbox"/>	<input type="checkbox"/>
3 Have you ever made a claim for accident, disability, health insurance and/or social welfare benefits? 您曾否因意外、傷病或健康理由而申請保險賠償及/或社會福利?						<input type="checkbox"/>	<input type="checkbox"/>
4 (A) Do you use or have you ever used any tobacco products in the past 12 months? If yes, please state average daily consumption and number of years. 您曾否或曾在過去十二個月內吸食任何煙草產品?若有,請註明每天平均消耗量及吸煙年期。						<input type="checkbox"/>	<input type="checkbox"/>
(B) Do you drink alcohol? If yes, please state type and consumption per week. 您有否飲用酒精飲品?如有,請註明種類及每週的飲用量。						/ pieces 支 / years 年	
(C) Have you ever taken drugs or narcotics as a habit? If yes, please state type and quantity. 您曾否慣性服用藥物或麻醉劑?如有,請註明種類及數量。						<input type="checkbox"/>	<input type="checkbox"/>
5 Do you participate or intend to participate in any hazardous activities related to your occupation or recreation such as diving, mountaineering, motor sports or aviation (excluding flying as a passenger on a regular schedules airline)? If yes, please complete appropriate questionnaire/Personal Statement. 您有否參與或打算參與任何與工作或娛樂有關之危險性活動?例如:潛水、爬山、賽車或飛行(以乘客身份搭乘商業性之民航客機除外)。如有,請填妥有關問卷/個人聲明。						<input type="checkbox"/>	<input type="checkbox"/>
6 Have you resided outside Hong Kong for more than 6 months during the last 12 months? If yes, please state the country and city, duration and reason. 您曾否於過去十二個月內在香以外居留超過六個月?如有,請註明國家及城市,停留時間及原因。						<input type="checkbox"/>	<input type="checkbox"/>
7 (A) Please state the height and weight of the Life to be assured. 請註明建議被保人及建議持有人之身高及體重。						Height 身高	/ *m 米 / inches 吋
* Please circle as appropriate 請圈出適當的答案						Weight 體重	/ *kg 公斤 / lbs 磅
(B) Any weight change of more than 10lbs/5kg in the past 12 months? If yes, please provide exact amount and reason. 過去十二個月內,您的體重有否增減超過十磅/五公斤?如有,請提供增減之重量及原因。						<input type="checkbox"/>	<input type="checkbox"/>
8 Have you ever had or received counseling, medical advice or treatment for any of the following? 您曾否因下列任何一種狀況而接受輔導、醫療諮詢或治療?						<input type="checkbox"/>	<input type="checkbox"/>
(A) Cardiovascular or circulatory system, heart or blood disorder, e.g. chest pain, high blood pressure, heart attack, stroke, palpitation, murmur, blood lipid problem or anaemia. 心臟血管或循環系統、心臟或血液疾病,如:胸痛、高血壓、心肌梗塞、中風、心悸、心臟雜音、血脂問題或貧血。						<input type="checkbox"/>	<input type="checkbox"/>
(B) Respiratory system, e.g. tuberculosis, asthma or pneumonia. 呼吸系統疾病,如:肺結核、哮喘或肺炎。						<input type="checkbox"/>	<input type="checkbox"/>
(C) Gastrointestinal system, e.g. liver disorder (including hepatitis or hepatitis carrier B or C), ulcer, intestinal or stomach disease, biliary disorder. 腸胃系統疾病,如:肝臟疾病或功能失常(包括乙型或丙型肝炎或肝炎帶菌)、潰瘍、腸胃不適、膽道異常。						<input type="checkbox"/>	<input type="checkbox"/>
(D) Kidney and genitourinary systems e.g. stones, disorder(s) of urinary bladder, prostate, breasts, uterus, uterus cervix or other reproductive organs or complication of pregnancy, e.g. ectopic pregnancy, disseminated intravascular coagulation, gestational diabetes or hypertension etc. 腎臟及泌尿系統疾病,如:結石、膀胱之疾病或功能失常、前列腺、乳房、子宮、子宮頸或其他生殖器官疾病;或懷孕期間之併發症,如:宮外孕、瀰漫性血管內凝血、糖尿病或高血壓等。						<input type="checkbox"/>	<input type="checkbox"/>
(E) Metabolic and endocrine system, e.g. diabetes, thyroid disorder. 代謝及內分泌系統疾病,如:糖尿病、甲狀腺失調。						<input type="checkbox"/>	<input type="checkbox"/>
(F) Nervous system, psychiatric disorder or impairment of the sense organ(s), e.g. cerebral palsy, epilepsy, convulsion, stroke, other neurological disorder, depression, other psychiatric disorder, or disorder of the eyes, nose, throat and ears. 神經系統、精神異常或感官疾病,如:大腦性麻痺、癲癇症、抽搐、中風、其他神經疾病、抑鬱、其他精神失常;眼睛、鼻、喉或耳朵之疾病或功能失常。						<input type="checkbox"/>	<input type="checkbox"/>
(G) Musculoskeletal system, or skin, e.g. joint, limb or bone condition or any other physical defect. 肌肉及骨骼或皮膚病,如:關節、肢體、骨骼或任何其他身體缺損。						<input type="checkbox"/>	<input type="checkbox"/>
(H) Tumour, e.g. cancer, melanoma, cyst, lump, polyp or growth of any kind. 腫瘤,如:癌症、黑色素瘤、囊腫、腫塊、息肉或任何其他贅生物。						<input type="checkbox"/>	<input type="checkbox"/>
(I) Sexually transmitted disease, AIDS, AIDS related complex or any other AIDS related condition. 經性接觸傳染之疾病,愛滋病、愛滋病相關複雜症或任何其他與愛滋病相關的狀況。						<input type="checkbox"/>	<input type="checkbox"/>
9 Are you currently receiving or do you intend to seek or have been advised to seek any medical advice or treatment; or been prescribed medication for any other condition which has lasted for more than 14 days (apart from usual flu and colds); or are you waiting the results of any tests/investigations? 您是否現正、曾被建議或打算接受任何醫療諮詢或醫藥治療;或其他情況下被處方藥物超過十四天以上(傷風、感冒除外);或您是否現正等候任何檢驗或診斷結果?						<input type="checkbox"/>	<input type="checkbox"/>
10 In the past Five years, have you had any diagnostic test done e.g. X-ray, ultrasound, MRI, CT scan, biopsy, pap smear (applicable to female only), electrocardiogram, blood or urine test(s)? If yes, please state type, reason, date of test done and results of test. Please provide copy if available. 過去五年內,您曾否接受診斷檢驗如X光、超聲波、磁力共振、電腦掃描、細胞組織化驗、子宮頸細胞塗片檢查(只適用於女性)、心電圖、血液或尿液檢查?如有,請註明種類、檢查原因、日期及結果及提供副本以供參考。						<input type="checkbox"/>	<input type="checkbox"/>
11 Has your biological mother, father, or any sister or brother been diagnosed prior to age 60 with any of the following? 您的親生父母、兄弟姊妹是否於六十歲前被診斷患有以下疾病? • Cancer, cardiovascular or circulatory disease or disorders, stroke, diabetes, hepatitis B or C, renal disease or disorders, blood diseases or disorders, psychiatric problem or any other inherited conditions. 癌症、心臟血管或循環系統疾病或功能失常、中風、糖尿病、乙型或丙型肝炎、腎臟、血液疾病、精神病或其他任何遺傳疾病。						<input type="checkbox"/>	<input type="checkbox"/>
12 For Female with aged 12 or above only: 只適用於十二歲或以上之女性: Are you now Pregnant? If yes, please advise pregnancy-related check up results and expected date of delivery. 您現在是否懷孕?如是,請提供妊娠檢查之結果及預產期						(YYYY年/MM月/DD日)	
						<input type="checkbox"/>	<input type="checkbox"/>

7. Supplementary Details 詳情補充

Please specify the dates, diagnosis, duration, treatment, results, and names and addresses of all attending physicians and / or other details.
請列明題號及註明詳情。請註明日期、診斷結果、持續時期、治療方法、治療/檢驗結果、主診醫生姓名及地址及/或其他詳情。

	Section & Question No. 部份及題號	Details 詳情
Proposed Insured 建議被保人		
Proposed Owner 建議持有人		

8. Remarks or Special Requests 附註或特別要求

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9. Replacement Declaration *轉保聲明*

	Yes 有	No 否
a) Have you replaced** in the past 12 months any or a substantial part of your existing life insurance policy(ies) with this application? (If yes, please complete a Customer Protection Declaration Form; If no, please answer question b below) 您是否於過去12個月內以這份投保申請書取代**您任何現有壽險保單，或取代任何現有壽險保單內大部分的壽險成份？(如有，請填寫《客戶保障聲明書》；如否，請回答下列問題b)	<input type="checkbox"/>	<input type="checkbox"/>
b) Do you intend to replace in the next 12 months any or a substantial part of your existing life insurance policy(ies) with this application? (If yes, please complete a Customer Protection Declaration Form; If no, please read carefully and sign the Declaration below) 您是否打算於未來12個月內以這份投保申請書取代您任何現有壽險保單，或取代任何現有壽險保單內大部分的壽險成份？(如有，請填寫《客戶保障聲明書》；如否，請詳閱下列聲明及簽署)	<input type="checkbox"/>	<input type="checkbox"/>

I realize if I answer "No" to both questions above but indeed,
本人知道如果本人就上述兩條問題都選擇「否」，而事實上：

- i) **this application has replaced any or a substantial part of my existing life insurance policy(ies) in the past 12 months; or**
這份投保申請書卻於過去12個月內，取代本人任何現有壽險保單或任何現有壽險保單內大部份的壽險成份；或者
- ii) **my current intention is to replace any or a substantial part of my existing life insurance policy(ies) within the next 12 months by this application,**
本人現正打算於未來12個月內，以這份投保申請書取代本人任何現有壽險保單或任何現有壽險保單內大部份的壽險成份，

I may jeopardize my future right of redress if I find later that I have been disadvantaged because of such replacement.
即使日後發現因是次轉保導致本人蒙受損失，本人或會因此而損日後的追討權益。

I hereby authorise AXA China Region Insurance Company (Bermuda) Ltd/AXA China Region Insurance Company Limited/AXA Wealth Management (HK) Limited to give the Insurance Agents Registration Board, the Hong Kong Confederation of Insurance Brokers, the Professional Insurance Brokers Association Limited, the Insurance Authority ("IA"), the Hong Kong Federation of Insurers, the insurer(s) of the life insurance policy(ies) that is/are being or has/have been replaced (if applicable) or other parties, as required for proper administration/implementation/execution of the Code of Practice for Life Insurance Replacement and the Minimum Requirements for insurance brokers as specified by the IA under the Insurance Companies Ordinance, a copy of this Replacement Declaration and any related records or information. 本人現授權安盛保險(百慕達)有限公司/安盛金融有限公司/安盛財富管理(香港)有限公司向保險代理登記委員會、香港保險顧問聯會、香港專業保險經紀協會有限公司、保險業監督(「保監」)、香港保險業聯會、所有已被取代或將會被取代的現有壽險保單的保險公司(如適用者)，或為了有效管理/執行/履行《壽險轉保守則》及保監根據《保險公司條例守則》指明的適用於保險經紀的「最低限度規定」所需的其他機構，提供本「轉保聲明」的副本，以及任何有關紀錄或資料。

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

Signature of Proposed Owner 建議持有人簽署	Date Signed in Hong Kong (YYYY / MM / DD) 在香港簽署日期(年/月/日)
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Notes 註：

* The financial consultant / agent / broker must explain this Replacement Declaration to the Proposed Owner before the latter signs it, but this Replacement Declaration does not form part of the application / proposal for the new life insurance policy.
在建議持有人簽署本「轉保聲明」之前，理財顧問/保險代理/經紀必須向建議持有人解釋「轉保聲明」的內容。但本「轉保聲明」並不是新壽險保單的投保申請書/建議書其中一部分。

** Any transaction involving the purchase of life insurance is construed as a Replacement if (i) any existing life insurance policy(ies) or a substantial part of the sum insured of its / their basic life coverage has been / have been / will be terminated or (ii) a substantial part of the guaranteed cash value of the existing life insurance policy(ies) was reduced / will be reduced including where a policy loan was / will be taken out against a substantial part of the guaranteed cash value. Existing life insurance policy(ies) include(s) all types of traditional life, annuity and other non-traditional policies of the Proposed Owner, which has / have been terminated within 12 months before or will be terminated within 12 months after the new life insurance policy's issue date. Termination includes lapse, surrender, converted to reduced paid-up or extended-term insurance under the non-forfeiture provision of the existing life insurance policy(ies). "A substantial part" means "50% or above". However, converting term life insurance to whole life insurance (or some forms of permanent life insurance) under policy provisions of the existing life insurance policy(ies) is not construed as a Replacement. 任何購買壽險的交易，如涉及(i)任何現有壽險保單或其基本壽險保障的大部分保額已被終止或將被終止，或(ii)現有壽險保單內大部分的保證現金價值已被減少/將被減少，包括：大部分的保證現金價值已被提取/將被提取作為保單借貸，均會被視為「轉保」。現有壽險保單包括在新購壽險保單生效日前後的12個月內，建議持有人已經終止或將會終止的任何壽險保單。壽險保單包括所有類型的傳統壽險、年金及其他非傳統壽險保單。終止保單包括：讓保單失效、退保、或根據現有壽險保單的不能作廢條款，將保單轉為減額繳清/展期保單。「大部分」指「50%或以上」。若根據現有壽險保單的保單條款，將定期壽險保單轉為終身壽險保單(或某些形式的長期壽險保單)，則不會被視為「轉保」。

10. Declaration and Authorisation 聲明及授權

"The Company": AXA China Region Insurance Company (Bermuda) Ltd (Incorporated in Bermuda with limited liability) / AXA China Region Insurance Company Limited
I HEREBY CONFIRM that I am not acting on behalf of any other person for this insurance 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 to 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) all statements and answers to all questions whether or not written by my own hand are to the best of my knowledge and belief complete and true;
- (2) all answers to such questions, together with this application, shall form the basis and become a part of the policy;
- (3) I have read and fully understood the Principal Brochure (in the case of an investment-linked plan) and the proposal (including illustration document) for the policy applied for;
- (4) in the case of an investment-linked plan, my investment option allocation instruction is based on my own judgment and I have not relied on any advice provided by the financial consultant or other person acting on behalf of the Company. I fully understand that investment in investment-linked plan involves risks. Value of units in investment options may rise or fall. The benefits payable under such plan are, depending on the policy features, in whole or in part, linked to the performance of the investment options in my investment option allocation instruction;
- (5) I confirm that neither the financial consultant nor anyone else acting on behalf of the Company has provided me with any investment advice in connection with any investment-linked plan or discussed with me or provided me with any information concerning any of the securities or other assets underlying any investment-linked plan other than to provide me with factual information about the securities or other assets upon which the value of particular investment options is based;
- (6) I shall disclose to the Company any change in health and / or medical consultation and / or material facts of all Relevant Person(s) that occur after signing this application form but before the policy is issued;
- (7) the policy shall not become effective until it is issued with initial premium paid in full, the Relevant Person(s) being still living, and all applicable requirements being met;
- (8) the Company is not bound by and is not required to rely on any statement which I may have made to any person if not written or printed here.

If We fail to provide any information requested in this application, it may result in the Company's inability to accept or process this application.

I HEREBY REPRESENT, WARRANT AND CERTIFY on behalf of the Relevant Persons that

- (1) (i) all amounts invested in the policy which is the subject of this application have been or will be properly declared to relevant tax authorities in the jurisdiction of Our respective habitual residence for the purposes of taxation and/or any other jurisdictions as necessary or appropriate in accordance with applicable laws and regulations, and (ii) none of the funds derive, directly or indirectly, from illegal activities or sources and/or tax evasion; and
- (2) in cases where I am/We are not a tax resident of the jurisdiction in which the policy is issued, the AXA Group may, in accordance with applicable laws and regulations, disclose to my/Our home country tax and/or other governmental authorities the identity of myself/ourselves and certain information concerning the policy which is the subject of this application and I/We hereby jointly and severally consent and agree that the Company may, in its discretion, make such disclosure;
- (3) in the event of a violation of the foregoing representation and warranty, I/We hereby jointly and severally expressly acknowledge and agree that the Company shall, to the fullest extent permitted by applicable law and regulation, have the right to (i) terminate the policy immediately, (ii) notwithstanding the actual date of termination pursuant to clause (i) of this paragraph, impose the maximum surrender and any other charges imposable on me / Us under the policy, as if the policy had been surrendered immediately after issuance, (iii) notify relevant governmental authorities and furnish all information deemed necessary or appropriate in the entire discretion of the Company concerning any of Us and/or the policy; and (iv) if deemed appropriate after consultation with governmental authorities and legal counsel, either (a) refund to me premiums and other amounts paid to the Company through the date of such termination less applicable surrender and other charges in accordance with clause (ii) of this paragraph (the "Refund Amount"), or (b) if requested or required to do so by competent governmental authorities, freeze or pay over to relevant governmental authorities all or a portion of the Refund Amount or take such other actions as competent governmental authorities may request or require.

I HEREBY AUTHORISE on behalf of the Relevant Persons

- (1) any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organization, institution or person, that has any records or knowledge of me/the Relevant Persons and/or who has attended or may hereafter attend to me/the Relevant Persons to disclose such information to the Company as the Company may request;
- (2) the Company or any of its appointed medical examiners, paramedical examiners or laboratories to perform the necessary medical assessment and tests to evaluate the health status of myself/the Relevant Persons in relation to this application and any claim arising therefrom.
- (3) the Company to give either the Hong Kong Federation of Insurers or other parties, as required for proper administration of the Code of Practice for Life Insurance Replacement, a copy of the Customer Protection Declaration and any related records or information.

This authorisation shall bind the successors and assignees of the Relevant Persons and remains valid notwithstanding death or incapacity. A photocopy of this authorisation shall be as valid as the original.

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 authorisations.

"本公司"或"貴公司": 安盛保險(百慕達)有限公司(於百慕達註冊成立的有限公司)/安盛金融有限公司

本人謹此確認本人並沒有代表任何其他人士提出此投保申請; 如在此投保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投保書提及之人士(下稱「相關人士」或「我們」)(為免存疑,「相關人士」或「我們」指包括本人及此投保書提及之其他人士)聲明及同意

- (1) 上述一切陳述及問題的所有答案,不論是否本人親手所寫,就本人所知所信,均為事實全部並確實無訛;
- (2) 上述問題的所有答案及此投保書,將成為發出保單的根據,並作為保單之一部份;
- (3) 本人已細閱並明白所申請的保單之主要銷售刊物(如投資連繫式壽險計劃)及建議書(包括說明文件)之內容;
- (4) 如投資連繫式壽險計劃,本人之投資選擇分配是基於本人之個人判斷,並沒有依賴理財顧問或其他代表貴公司人士所提供的意見。本人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,投資連繫式壽險計劃的全部或部分可支付利益將視乎保單的特點與本人之投資選擇分配指示中所揀選之投資選擇的表現連繫;
- (5) 本人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就任何投資連繫式壽險計劃提供任何投資意見,或跟本人討論或提供任何有關投資連繫式壽險計劃下任何證券或其他資產的任何資料;
- (6) 本人會向貴公司申報,自簽署此投保書至保單簽發期間,有關任何一位相關人士之醫療診治及/或健康上及/或重要事實之轉變;
- (7) 保單必須於相關人士在生期間簽發及繳清首期保費,以及符合所有規定後,方能生效;
- (8) 本人對任何人所作出的任何聲明,如沒有在此投保書上填寫或印出,貴公司不須受其約束。

如我們不能提供任何此投保申請所需的資料,貴公司或不能接受或處理此申請。

本人謹此代表相關人士陳述、保證及證明

- (1) (i) 所有投資在有關本投保申請之保單內的款項已被或將會被妥善地向我們個別以稅務為目的之慣常居所之管轄區的有關稅務機關作出申報及/或向任何其他根據適用的法律及規例而必須或適當之管轄區的有關稅務機關作出申報,及(ii)沒有任何資金是從非法活動或來源及/或逃稅直接或間接得來;
- (2) 當本人/我們並非保單發出地之管轄區的稅務居民,AXA集團可根據適用的法律及規例,向本人/我們的母國的稅務及/或其他政府機構披露本人/我們的身份及某些有關本投保申請之保單的資料。本人/我們現共同及個別准許並同意貴公司可根據酌情權作出該等披露;
- (3) 如有違反上述陳述及保證,本人/我們現共同及個別以明示方式確認及同意,在適用法律及規例所允許的最大限度下,貴公司有權(i)立即終止保單;(ii)不論根據本段落第(i)條而終止保單的實際日期,向本人/我們徵收相當於保單在發出後即時被退保而根據保單可徵收的最高退保費用及任何其他費用;(iii)通知有關政府機關及向其提供所有根據貴公司全權酌情決定認為有需要或適當有關任何相關人士及/或保單的資料;及(iv)如在諮詢政府機關及法律顧問後認為合適,(a)向本人退還直至終止日期已支付予貴公司的保費及其他款額,但扣減根據本段落第(ii)條適用之退保費用及其他費用(「退款數額」),或(b)因應主管政府機關要求或需要,凍結或向有關政府機關繳交全部或部分的退款數額,或應主管政府機關的要求或需要,採取其他行動。

本人謹此代表相關人士授權

- (1) 任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構、或其他組織、機構或人士,凡知道或持有任何有關本人/相關人士之記錄,及/或曾驗臉或可能將會驗臉本人/相關人士者,均可應貴公司要求將該等資料提供給貴公司;
- (2) 貴公司或任何其指定之驗身醫生、醫療人員或化驗所,可就此申請或任何與此有關之賠償申請替本人/相關人士進行所需之醫療評估及測試,作為審核本人/相關人士之健康狀況;
- (3) 貴公司於有需要時,向香港保險業聯會或其他執行壽險轉保守則的機構,提供客戶保障聲明書副本,以及其他有關記錄或資料;

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。

Important Notes 注意事項:

1. For an investment-linked assurance scheme, this application form should only be issued in conjunction with the Principal Brochure and the proposal (including illustration document) of the plan that you are applying for.
如投保投資連繫式壽險計劃,此投保書必須連同您所申請的計劃的主要銷售刊物及建議書(包括說明文件)一併發出。
2. The Proposed Insured shall be deemed to be the Proposed Owner unless otherwise indicated in this application form.
如此申請上未有註明,建議被保人將被視為建議持有人。
3. This form is not for use in Mainland China.
此表格不適用於中國大陸境內。

11. Personal Information Collection Statement 收集個人資料的聲明

The Company recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) (“**PDPO**”). Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorised or accidental access, erasure or other use.

Please note that if you do not provide us with your personal data, we may not be able to provide the information, products or services you need or process your request.

Purpose: From time to time it is necessary for the Company to collect your personal data which may be used, stored, processed, transferred, disclosed or shared by us for purposes (“**Purposes**”), including:

1. offering, providing and marketing to you the products/services of the Company, other companies of the AXA Group (“**our affiliates**”) or our business partners (see “**Use and provision of personal data in direct marketing**” below), and administering, maintaining, managing and operating such products/services;
2. processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates;
3. providing subsequent services to you, including but not limited to administering the policies issued;
4. any purposes in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims;
5. evaluating your financial needs;
6. designing products/services for customers;
7. conducting market research for statistical or other purposes;
8. matching any data held which relates to you from time to time for any of the purposes listed herein;
9. making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;
10. conducting identity and/or credit checks and/or debt collection;
11. complying with the laws of any applicable jurisdiction;
12. carrying out other services in connection with the operation of the Company’s business; and
13. other purposes directly relating to any of the above.

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be provided to:

1. any of our affiliates, any person associated with the Company, any reinsurance company, claims investigation company, your broker, industry association or federation, fund management company or financial institution in Hong Kong or elsewhere and in this regard you consent to the transfer of your data outside of Hong Kong;
2. any person (including private investigators) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates;
3. any agent, contractor or third party who provides administrative, technology or other services (including direct marketing services) to the Company and/or our affiliates in Hong Kong or elsewhere and who has a duty of confidentiality to the same;
4. credit reference agencies or, in the event of default, debt collection agencies;
5. any actual or proposed assignee, transferee, participant or sub-participant of our rights or business; and
6. any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere.

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**”.

Transfer of your personal data will only be made for one or more of the Purposes specified above.

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.

If you wish to withdraw your consent, please inform us in writing to the address in the section on “**Access and correction of personal data**”. The Company shall, without charge to you, ensure that you are not included in future direct marketing activities.

Access and correction of personal data: Under the PDPO, you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it.

Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to:

Data Privacy Officer
AXA China Region Insurance Company Limited
Suite 1601-6, 16/F, Tower 1, Times Square, 1 Matheson Street, Causeway Bay, Hong Kong

A reasonable fee may be charged to offset the Company’s administrative and actual costs incurred in complying with your data access requests.

本公司明白其就《個人資料(私隱)條例》(香港法例第486章)(“**條例**”)收集、持有、處理、使用和/或轉移個人資料所負有的責任。本公司僅將為合法和相關的目的收集個人資料，並將採取一切切實可行的步驟，確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟，確保個人資料的安全性，及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

敬請注意，如果閣下不向本公司提供閣下的個人資料，我們可能無法提供閣下所需的資料、產品或服務，或無法處理閣下的要求。

目的：本公司不時有必要收集閣下的個人資料，並可能因下列各項目的(“**有關目的**”)而供本公司使用、存儲、處理、轉移、披露或共享該等個人資料：

1. 向閣下推介、提供和營銷本公司、安盛集團的其他公司(“**安盛關聯方**”)或本公司的商業合作夥伴(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)之產品/服務，以及提供、維持、管理和操作該等產品/服務；
2. 處理和評估閣下就本公司及安盛關聯方所提供之產品/服務提出的任何申請或要求；
3. 向閣下提供後續服務，包括但不限於執行/管理已發出的保單；
4. 與就本公司和/或安盛關聯方提供的任何產品/服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何目的，包括索賠調查；
5. 評估閣下的財務需求；
6. 為客戶設計產品/服務；
7. 為統計或其他目的進行市場研究；
8. 不時就本條款所列的任何目的核對所持有的與閣下有關的任何資料；
9. 作出任何適用法律、規則、規例、實務守則或指引所要求的披露或協助在香港或香港以外其他地方的警方或其他政府或監管機構執法及進行調查；
10. 進行身份和/或信用核查和/或債務追收；
11. 遵守任何適用的司法管轄區的法律；
12. 開展與本公司業務經營有關的其他服務；及
13. 與上述任何目的直接有關的其他目的。

個人資料的轉移：個人資料將予以保密，但在遵守任何適用法律條文的前提下，可提供給：

1. 位於香港或香港以外其他地方的任何安盛關聯方、本公司的任何相關聯人士、任何再保險公司、索賠調查公司、閣下之保險經紀、行業協會或聯會、基金管理公司或金融機構，以及就此方面而言，閣下同意將閣下的資料轉移至香港境外；
2. 與就本公司和/或安盛關聯方提供的任何產品/服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何人士(包括私家偵探)；
3. 在香港或香港以外其他地方向本公司和/或安盛關聯方提供行政、技術或其他服務(包括直接促銷服務)並對個人資料負有保密義務的任何代理、承包商或第三方；
4. 信貸資料機構或(在出現拖欠還款的情況下)追討欠款公司；
5. 本公司權利或業務的任何實際或建議的承讓人、受讓方、參與者或次參與者；及
6. 在香港或香港以外其他地方的任何政府部門或其他適當的政府或監管機關。

如欲了解本公司為促銷目的使用閣下的個人資料的政策，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。

閣下的個人資料將僅為上文規定的一個或多個有關目的而被轉移。

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閣下的姓名、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）。

在使用閣下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，本公司須獲得閣下的書面同意，及只在獲得閣下的書面同意後方可使用閣下的個人資料及提供予其他人士作任何推廣及促銷用途。

閣下日後可撤回閣下給予本公司有關使用閣下的個人資料及提供予其他人士作任何促銷用途的同意。

閣下如欲撤回閣下給予本公司的同意，請發信至下文“個人資料的查閱和更正”部份所列的地址通知本公司。本公司會在不收取任何費用的情況下確保不會將閣下納入日後的直接促銷活動中。

個人資料的查閱和更正：根據條例，閣下有權查明本公司是否持有閣下的個人資料，獲取該資料的副本，以及更正任何不準確的資料。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。

查閱和更正的要求，或有關獲取政策、常規及本公司所持的資料種類的資料，均應以書面形式發送至：

個人資料保護主任
 安盛金融有限公司
 香港銅鑼灣勿地臣街1號時代廣場1座16樓1601-6室

本公司可能會向閣下收取合理的費用，以抵銷本公司為執行閣下的資料查閱要求而引致的行政和實際費用。

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.

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/我們的個人資料提供予其他人士。

[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 tick the box below and we will not use your personal data for direct marketing.]

[重要通知：如閣下不同意根據“**收集個人資料的聲明**”使用和轉移閣下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），請在下列方格內 加上剔號（“✓”），本公司將不會使用閣下的個人資料作為直接促銷用途。]

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.

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。

12. Commission Disclosure Declaration 佣金披露聲明

I/We understand, acknowledge and agree that, as a result of my/Our purchasing and taking up the policy to be issued by the Company, the Company will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where I/We am/are a body corporate, the authorised person who signs on my/Our behalf further confirms to the Company that he or she is authorised to do so.

I/We further understand that the above agreement is necessary for the Company to proceed with the application.

本人/我們明白、確知及同意，貴公司會就本人/我們購買及接受貴公司簽發的保單，於保單有效期內（包括續保期）向負責安排有關保單的獲授權保險經紀支付佣金。假如本人/我們為法人團體，代表本人/我們簽署的獲授權人員並向貴公司確認他/她已獲法人團體授權簽署。

本人/我們亦明白貴公司必須取得本人/我們以上的同意，才可以處理有關申請。

13. Cancellation Right and Refund of Premium 取消保單權益及發還保費

I understand that I have the right to cancel this new policy and obtain a refund of any premium(s) paid (in the case of an investment-linked policy, less any market value adjustment (if applicable)) by returning the policy and giving written notice. Such notice must be signed by me and received directly by the Customer Service at Suite 1601-6, 16/F, Tower One, Times Square, 1 Matheson Street, Causeway Bay, Hong Kong within 21 days after the delivery of the policy or issue of a notice (informing about the availability of the policy and the expiry date of the Cooling-off Period) to me or my representative, whichever is the earlier.

The Cancellation Right and Refund of Premium do not apply to any non-investment-linked policy issued from term conversion.

本人明白本人有權以書面申請要求取消新保單及取回已繳保費（如投資連繫式壽險保單，則取回經扣除市值調整後（如適用）之已繳付保費）。惟本人必須親自簽署該申請信及退回保單，並確保貴公司之客戶服務（地址：香港銅鑼灣勿地臣街1號時代廣場1座16樓1601-6室）於以下時段內直接收到該申請信：保單交付本人或本人代表或「通知書」（說明已經可以領取保單和「冷靜期」的屆滿日）發予本人或本人代表後，起計的21天內，以較先者為準。

取消保單權益及發還保費並不適用於任何由定期保險轉換所繕發的非投資連繫式保單。

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

Signature of Proposed Insured (If aged 18 or above) 建議被保人簽署 (如十八歲或以上)	Signature of Proposed Owner (If other than Proposed Insured) 建議持有人簽署 (如非建議被保人)
Signature of Financial Consultant / Witness 理財顧問/見證人簽署 Full Name of Financial Consultant / Witness 理財顧問/見證人姓名	Date Signed in Hong Kong (YYYY / MM / DD) 在香港簽署日期(年/月/日)

Financial Consultant's report 理財顧問報告

Questions for Proposed Insured and Proposed Owner 有關建議被保人及建議持有人

Application number 投保書編號		Proposed Insured 建議被保人	Proposed Owner 建議持有人
1. How long have you known him/her? 您與他/她認識多久?		Years 年	Years 年
2. If he/she is not gainfully employed, please state details of supporter's insurance coverage. (Amount and name of Insurance company) 如他/她非受僱人士，請註明經濟支持者之投保情況(保額及保險公司名稱)			
3. What is the purpose of Insurance? 投保目的?	<input type="checkbox"/> Family Protection 家庭保障	<input type="checkbox"/> Keyman Insurance 要員保險	<input type="checkbox"/> Mortgage Redemption 樓宇按揭保障
	<input type="checkbox"/> Employee Benefit 僱員福利	<input type="checkbox"/> Others (please specify) 其他(請註明): _____	

Underwriting notification language 核保通知書語言

(If unspecified, the underwriting notification language will be CHINESE by default. 如未有註明，核保通知書將以中文發出。) English 英文 Chinese 中文

Financial consultant's declaration 理財顧問聲明

I HEREBY CERTIFY that I have personally asked all the questions (including all health questions in case of a non-medical application) on the application form, verified the identity of the Proposed Insured and Proposed Owner against their original identification documents, and witnessed their signatures on the application.

本人謹此證實本人已親自提問本投保書上所有問題(如投保申請在豁免驗身範圍內，則包括所有健康聲明問題)，檢視建議被保人及建議持有人之身份證明文件以確認其身份，及見證建議被保人及建議持有人簽署此投保書。

Name of Financial Consultant 理財顧問姓名	Signature of Financial Consultant 理財顧問簽署	Contact Phone Number 聯絡號碼	Date (YYYY/MM/DD) 日期(年/月/日)
Name of Financial Consultant's Manager 理財顧問之經理姓名	Signature of Financial Consultant's Manager 理財顧問之經理簽署	Contact Phone Number 聯絡號碼	Date (YYYY/MM/DD) 日期(年/月/日)

Application checklist (For Financial Consultants)

申請所需文件清單(供理財顧問之用)

Please check the items listed below. Please ensure applicable items are completed and submitted. Please put a "✓" mark in each box after checking.
請檢查下列各項。請確保已填妥及遞交所有適用之文件。請於檢查後在方格內□加上「✓」號。

<input type="checkbox"/>	1. Application Form – Fully completed, signed & dated and include 1 contact number of Proposed Owner 投保書 – 填妥、簽署並註明簽署日期，及必須提供建議持有人1個聯絡電話號碼
<input type="checkbox"/>	2. Identification Documents of Proposed Insured and Proposed Owner verified as true copy by Financial Consultant 經理財顧問證實已檢視正本之建議被保人及建議持有人身份證明文件副本
<input type="checkbox"/>	3. Residential Address and Permanent Address Proof Copy of Proposed Owner and have been verified as true copy by Financial Consultant 經理財顧問證實已檢視正本之建議持有人住宅地址及永久地址證明副本
<input type="checkbox"/>	4. Copy of Proposed Insured's Birth Certificate – Applicable if Proposed Insured's Age is Below 18 建議被保人出世紙副本 – 如建議被保人年齡為18歲以下
<input type="checkbox"/>	5. CCPA/DDA form (If Payment mode is monthly or if AXA Citibank Credit Card/bank account autopay is selected as payment method for renewal premium) 信用卡付款授權書/直接付款授權書(如繳費方式為月繳或申請人選擇以安盛Citibank信用卡/銀行自動轉帳)
<input type="checkbox"/>	6. Customer Protection Declaration (CPD) form (If answered "yes" in "Replacement Declaration") 《客戶保障聲明書》(如於「轉保聲明」回答「有」)
<input type="checkbox"/>	7. Large Amount Supplement (If applicable) 大額附表(如適用)
<input type="checkbox"/>	8. Financial Needs Analysis (FNA) (If applicable) 財務需要分析(如適用)
Applicable to Investment-Linked Assurance Scheme (ILAS) 適用於投資連繫式壽險計劃投保申請	
<input type="checkbox"/>	9. Client Needs Analysis(CNA) 客戶需求分析
<input type="checkbox"/>	(A) Financial Needs Analysis (FNA) – Fully completed, signed & dated 財務需要分析 – 填妥、簽署並註明簽署日期
<input type="checkbox"/>	(B) Risk Profile Questionnaire (RPQ) – Fully completed, signed & dated 風險評估問卷 – 填妥、簽署並註明簽署日期
<input type="checkbox"/>	(C) For Internal Use Section – Fully completed and signed by Financial Consultant & Financial Consultant's Manager 只供內部使用部份 – 理財顧問及其經理填妥並簽署
<input type="checkbox"/>	10. Applicant's Declarations (AD) – Fully completed, signed & dated 投資連繫式壽險計劃申請人聲明書 – 填妥、簽署並註明簽署日期
<input type="checkbox"/>	11. Proposal/Illustration Summary Forms – Signed & dated 建議書之利益說明 – 簽署並註明簽署日期
Applicable to Non-Hong Kong Applicants 適用於非香港申請人	
<input type="checkbox"/>	12. Non-HK Residents' Identification Documents (ID Copy/Passport Copy/Other Required Verification Documents* (with "Certified True Copy" Stamp)) verified as true copy by Financial Consultant 經理財顧問證實已檢視正本之建議被保人及建議持有人非香港居民身份證明文件(身份證副本/護照副本/其他必須身份驗證文件*(蓋上「經認證副本」蓋印)) * Verification requirements vary depending on the nationality/residence of the Proposed Insured / Owner (e.g. MCV). Please refer to relevant guidelines. 身份驗證文件要求會因應建議被保人/持有人之國籍/居住地(例如:中國內地訪港旅客)有所差異。請參考相應指引。
<input type="checkbox"/>	13. Copy of Proof of Nationality verified as true copy by Financial Consultant 經理財顧問證實已檢視正本之國籍證明副本
<input type="checkbox"/>	14. Declaration for Insurance Application – Signed & dated 投保申請聲明書 – 簽署並註明簽署日期
<input type="checkbox"/>	15. Supplement to Application - for HealthPro Major Illness Insurance/Early Stage Major Illness Benefit/Supplement to Application for Insurance - for LI/CI - signed & dated (If applicable) 「康逸嚴重疾病保障」/「早期嚴重疾病保障」投保申請資料補充/投保申請資料補充 – 危疾保險 – 簽署並註明簽署日期(如適用)
Applicable to Term Conversion Case 適用於定期保險轉換投保申請	
<input type="checkbox"/>	16 Policy Service Form I – "Term policy conversion" Section – Fully completed, signed & dated 保單服務申請書 I – 「定期保險轉換」部份 – 填妥、簽署並註明簽署日期