



redefining / standards



Policy Number 保單編號 :

## Policy Service Application Form I 保單服務申請書 I

### Full name of Insured 被保人姓名

In English Surname 英文姓名 姓	Given Name 名
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### Full name of Owner / Trustee 持有人 / 信託人姓名

In English Surname 英文姓名 姓	Given Name 名
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### Financial Consultant Details 理財顧問資料

Financial Consultant Code: 理財顧問編號 :	Financial Consultant Name: 理財顧問姓名 :	Financial Consultant Contact No.: 理財顧問聯絡號碼 :
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The expression "the Company" used in this application form refers to "AXA China Region Insurance Company (Bermuda) Limited", a company incorporated in Bermuda with limited liability / "AXA China Region Insurance Company Limited".

本申請書中所用之「本公司」或「貴公司」之表述指安盛保險（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。

## Application of change type & Important note 更改項目申請及重要事項

**Note 注意:** This is required to tick the box(es) below to indicate your change application(s). Please read "Important note" and complete related section(s).  
請在下列所需更改項目的空格內加上「✓」號。請細閱「重要事項」並填寫相關部分。

<input type="checkbox"/> Owner's Contact Details 持有人聯絡資料	<input type="checkbox"/> Life eServices of Owner 持有人人壽保險網上服務	<input type="checkbox"/> Beneficiary 受益人	<input type="checkbox"/> Personal Particulars 個人資料
<input type="checkbox"/> Authorized Signature 授權簽名	<input type="checkbox"/> Payment Mode 繳付方式	<input type="checkbox"/> Payment Method / Autopay Cycle 繳付方法 / 自動轉賬週期	<input type="checkbox"/> Indexation Inflation Option / Inflation Shelter 指數增值抗衡通脹選項 / 抗衡通脹
<input type="checkbox"/> Coverage Change 保障更改	<input type="checkbox"/> Policy Currency Conversion 保單貨幣轉換	<input type="checkbox"/> Term Policy Conversion 定期保險轉換	<input type="checkbox"/> Duplicate Policy 保單副本
<input type="checkbox"/> Dividend Option 紅利選擇	<input type="checkbox"/> Non-payment / Nonforfeiture Option 停止付款選擇	<input type="checkbox"/> Premium Deduction 扣減保費期	<input type="checkbox"/> Others 其他

### Important note:

- This form is to be completed by the Owner / Trustee / Assignee in BLOCK LETTERS and signed with the signature same as recorded in the policy file.
- If your application is submitted through your Financial Consultant, please state his/her consultant code, name and contact number.
- We shall have right to reject your application if you fail to fulfill Company's requirement(s).
- Please submit a copy of the identification document of the Owner, unless submitted before, together with this form.**
- Please tick in the box to indicate the change(s) you want to apply.

### 重要事項:

- 此申請書應由持有人/ 信託人/ 受讓人以正楷填寫及簽名，簽名式樣須與保單上的記錄相符。
- 如此申請書經理財顧問遞交，請註明編號、姓名及聯絡電話。
- 如閣下未能符合本公司的有關規定，本公司有權拒絕閣下的申請。
- 如在此之前未有遞交身份證明文件，請隨此申請書一併遞交持有人的身份證明文件副本。**
- 請於方格內以「✓」來表示所申請的更改項目。

## 1. Owner's contact details 持有人聯絡資料

- Note:** 1. If Owner's Email Address is provided, Life eServices will be applied / changed (if applicable).  
2. The PIN of Life eServices will be sent directly to the registered e-mail address.

- 注意:** 1. 如有提供持有人電郵地址，將同時申請/ 更改人壽保險網上服務(如適用)。  
2. 「人壽保險網上服務」的密碼將以電子郵件形式發出。

<b>Contact No.</b> 聯絡號碼	Mobile 流動電話 :	Residence 住宅 :	Office 辦事處 :
<b>Owner's E-mail Address</b> 持有人電郵地址	_____@_____		
<b>Correspondence address in English</b> 英文通訊地址	Room 室 / Flat 單位	Floor 樓層	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 郵寄代碼	Country 國家



\*LWUFPOS\*

\*PHK1POLSER\*

LFP012-1304

## 2. Life eServices of Owner 持有人人壽保險網上服務

**Note 注意:** For application of Life eServices, the PIN of Life eServices will be sent directly to the registered e-mail address. 如申請人壽保險網上服務，有關密碼將以電子郵件形式發出。

Apply for Life eServices 申請人壽保險網上服務  
New Registered E-mail Address 新的註冊電郵地址: \_\_\_\_\_ @ \_\_\_\_\_

Change of registered E-mail Address of Life eServices 更改人壽保險網上服務之註冊電郵地址  
New Registered E-mail Address 新的註冊電郵地址: \_\_\_\_\_ @ \_\_\_\_\_

Terminate Life eServices Account 取消使用人壽保險網上服務

## 3. Change of beneficiary 更改受益人

**Note:** 1. Beneficiary change is NOT applicable to policy with declaration of trust.

2. Death proceeds of this policy shall be payable to the beneficiaries in equal shares unless otherwise stated.

3. Total share of each beneficiary class must be added up to 100%.

4. Trustee can only be appointed for beneficiary(ies) under age of 18.

**注意:** 1. 受益人更改不適用於保單簽發信託聲明。

2. 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。

3. 每受益人類別之百分比率須總共100%。

4. 指定信託人只適用於未滿十八歲的受益人。

I, hereby declare that any trustee designated in the table below (if applicable) shall be appointed as trustee to receive any death proceeds under the policy for the beneficiary named on and in accordance with the percentage proportion as shown in the same row before such beneficiary attains the age of 18.

本人，謹此聲明，受益人年滿十八歲前，於表內指定之信託人（如適用）將被委任為以信託人身份代表受益人根據下述表內同一行所示之百分比收取身故賠償金額。

Beneficiary class (✓) 受益人類別 (✓)		Full name of beneficiary 受益人姓名	Relationship to Insured 與受保人關係	Beneficiary Identity No. 受益人身份證明號碼	Share (%) 分配比率 (百分比)	Full Name of Trustee (if any) 信託人姓名 (如有)	Relationship to beneficiary 與受益人關係	Trustee Identity No. 信託人身份證明號碼
Primary 基本	Secondary 次位							
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							

## 4. Change of personal particulars 更改個人資料

**Note 注意:** Please submit relevant document proof(s) together with this application for any change of information below. 如下列資料有所更改，請連同本表格一併遞交相關證明文件。

### Personal particulars of Insured 被保人個人資料

Full name of Insured 被保人姓名 / 名稱 (as shown in identity document 身份證明文件上的名稱)

In English Surname 英文姓名 姓 \_\_\_\_\_ Given Name 名 \_\_\_\_\_

In Chinese 中文姓名 (If applicable 如適用) \_\_\_\_\_ Identity document no. 身份證明文件號碼 \_\_\_\_\_

Nationality 國籍 \_\_\_\_\_ Sex 性別  Male 男性  Female 女性 Date of birth (D / M / Y) 出生日期(日 / 月 / 年) \_\_\_\_\_

### Personal particulars of Owner / Trustee 持有人 / 信託人個人資料

Full name of Owner / Trustee 持有人 / 信託人之個人姓名 / 名稱 (as shown in identity document 身份證明文件上的名稱)

In English Surname 英文姓名 姓 \_\_\_\_\_ Given Name 名 \_\_\_\_\_

In Chinese 中文姓名 (If applicable 如適用) \_\_\_\_\_ Identity document no. 身份證明文件號碼 \_\_\_\_\_

Nationality 國籍 \_\_\_\_\_ Sex 性別  Male 男性  Female 女性 Date of birth (D / M / Y) 出生日期(日 / 月 / 年) \_\_\_\_\_

## 5. Change of premium payment mode/method/autopay cycle 更改保費繳付方式 / 方法 / 自動轉賬週期

**Note:** 1. To re-arrange payment method by new bank autopay/credit card autopay, please also submit Direct Debit Authorization form or Credit Card Authorization Form.

2. Change of autopay cycle will be not applicable to credit card payment.

**注意:** 1. 如重新申請自動轉賬 / 信用卡轉賬，請同時填寫自動轉賬 / 信用卡轉賬付款授權書。

2. 更改自動轉賬週期並不適用於信用卡自動轉賬之客戶。

Change of payment mode 更改保費繳付方式  
 Annual 年繳  Semi-Annual 半年繳  Monthly 月繳 (Must choose autopay or credit card autopay payment method 須選擇自動轉賬或信用卡轉賬繳付方法)

Change of payment method 更改保費繳付方法  
 Autopay 自動轉賬  AXA Citibank Credit Card Autopay 安盛 Citibank 信用卡轉賬  
 Non-Autopay (Not applicable to monthly payment mode) 非自動轉賬 (不適用於月繳保費繳付方式)

Change autopay cycle 更改自動轉賬之週期  
 First cycle 月初轉賬  Second cycle 月中轉賬

## 6. Indexation Inflation Option / Inflation Shelter 指數增值抗衡通脹選項 / 抗衡通脹

Cancel 永久取消  Decline current upgrade 取消本年度增值抗衡通脹

**7. Change of authorized signature 更改授權簽名** New Authorized Signature of Insured 被保人的新授權簽名 New Authorized Signature of Owner / Trustee 持有人 / 信託人的新授權簽名**8. Coverage change 保障更改**

**Note:** 1. Should there be any policy refund, cheque will be made in Hong Kong dollar currency and deliver to you directly, if not specify. **注意:** 1. 如有任何保單退款，支票將以港幣折算並直接寄送予閣下（另有註明除外）。  
2. If you wish to increase/upgrade/add coverage, please submit "Policy Service Application Form II". 2. 如閣下欲增加/提升/新增保障，請遞交「保單服務申請書II」。

 Decrease sum insured of Basic Plan 遞減基本投保額  
New Amount (in policy currency) 更改後之基本投保額（保單貨幣） Change of Supplementary Benefit (Please state the details below) 更改附加契約（請於下列填寫有關的更改）

Supplement Name 附加契約名稱	Cancel 取消	Decrease 遞減	New total sum insured after decrease (in policy currency) 遞減後新投保總額 / 保障（保單貨幣）
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

**9. Policy currency conversion 保單貨幣轉換****Note 注意:** Please submit handling fee for currency conversion. 請附上保單貨幣轉換之行政費用，作為簽發新保單的費用。 Policy Currency conversion 保單貨幣轉換  
New policy currency 新保單貨幣

New Policy No. (to be completed by Company) 新保單編號（由公司填寫）

**10. Term policy conversion 定期保險轉換****Note 注意:** For term basic conversion or term supplement conversion, please also complete "Insurance Application Form". 定期保險或定期附加保險轉換，請同時填寫「保險投保書」。 \* Term Basic Conversion 定期保險轉換 / Term Supplement Conversion 定期附加保險轉換

Sum insured to be converted (In policy currency) 轉換的保額（保單貨幣）

Handling of Remaining Balance of Sum Insured after Conversion 轉換後剩餘保額處理方法

 Cancel 取消  Keep in Policy 保留於保單  Other Requests 其他要求

New Policy No. (to be completed by Company) 新保單編號（由公司填寫）

\*Please delete as inappropriate 請將不適用者刪去

Please note that any cancellation right in respect of a policy and right to refund of premium as a result of such cancellation is not applicable to any non-investment-linked policy issued from term conversion. When a new policy is issued, the sum insured converted will be reduced from the sum insured of the relevant term basic policy/term supplement accordingly. If the remaining sum insured of the term basic policy/term supplement is below the prevailing minimum issue limit of the basic plan/supplement as may be determined by the Company from time to time or if the whole amount of the sum insured of the term basic policy/term supplement is converted, the relevant term basic policy/term supplement shall be terminated and cease to be in effect upon the issue of the new policy and any premium paid in respect of the term basic policy/term supplement shall not be refunded. 請注意，有關保單上的任何取消投保權益及因該取消投保而可獲發還保費的權益不適用於任何由定期保險轉換所發的非投資連繫式保單。當新保單簽發後，已轉換的保額將從有關的定期保險 / 定期附加保險的保額中減除。如剩餘的定期保險 / 定期附加保險保額低於當時有關基本計劃 / 附加契約按本公司可能不時釐定的保額下限，或如定期保險 / 定期附加保險的保額已經全數轉換，則有關的定期保險保單 / 定期附加保險契約將於新保單簽發時終止及不再有效，而任何有關的定期保險保單 / 定期附加保險已繳之保費亦將不獲發還。

**11. Duplicate policy 保單副本****Note 注意:** Please submit an administration fee for a duplicate policy. 請附上保單副本之申請行政費用。 Request for Duplicate Policy 申請保單副本

I DECLARE that the original policy contract has been lost / destroyed. No other person has any claim or interest in this policy by virtue of any assignment or mortgage. I hereby apply for a duplicate of the policy contract and agree that the original policy contract and any previously issued duplicated policy contract shall cease to be the policy contract of this policy upon the issuance of the duplicate policy contract.

本人在此聲明，保單正本已遺失 / 毀壞。沒有其他人因轉讓或按揭而對此保單可作任何索償或享有任何權益。本人謹此申請補發保單副本，並同意在此副本補發後，保單正本及任何之前發出的保單副本將終止成為此保單的保單文件。

**12. Change of dividend option (Applicable to participating plan only) 更改紅利選擇（只適用於分紅保險計劃）** Option 1 選擇一：Cash / Cash Withdrawal 現金給付 / 提取現金  Option 2 選擇二：Reduce Premium / Premium Reduction 低繳保費 / 遞減保費 Option 3 選擇三：Accumulate / Dividend Accumulation 儲存 / 積存紅利  Option 4 選擇四：Paid Up Additional Insurance / Paid-up Additions 購買增額繳清保險 / 增購繳清保險

### 13. Change of non-payment/nonforfeiture option 更改停止付款選擇

**Note 注意:** Should there be any policy refund, cheque will be made in Hong Kong dollar currency and deliver to you directly, if not specify.  
如有任何保單退款，支票將以港幣折算並直接寄送予閣下（另有註明除外）。

- Extended Term Insurance 延續定期保險 / 展期保險  Paid Up Insurance/Reduced Paid-Up Insurance 減額繳清保險

### 14. Premium deduction (Including all supplementary benefits) 扣減保費期 (包括所有附加保障)

Subject to the terms and conditions listed below, I hereby request to apply the accumulated funds in the Policy for settlement of future premiums.  
在不抵觸下列條件的情況下，本人要求以保單內的積存金額到期日付保費。

- Premium Deduction start from premium due date 於保費到期日開始扣減保費期
- Premium Deduction End Date 扣減保費期停止日期：\_\_\_\_\_
- a) Start date shall be the premium due date of the policy. 開始日期為保單的保費到期日。
- b) Payment mode will be changed automatically to annual payment unless otherwise specified. 除另外列明，繳費方式將自動轉為年繳。

### 15. Other service request 其他更改

### 16. Declarations and agreement 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

- My policy is changed in accordance with the particulars set in this application;
- the application(s) shall only take effect provided all of the following conditions are met: (i) any required payment for 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 by the above policy;
- 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;
- the application(s) as indicated above is/are based on my own judgment and I have not relied on any advice provided by Financial Consultant;
- all information, 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;
- I have read and fully understood the relevant Principal Brochure and Investment Fund Choice leaflet and fully understand that investment in an investment-linked plan involves risks and value of Units in the Investment Funds may rise or fall. The benefits payable under such plan are linked to the performance of the Investment Funds invested in respect of the above policy;
- all statements and answers to such questions, together with this application, shall form the basis for policy change / service and become a part of the policy;
- the Company is not bound by 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 AUTHORIZE on behalf of the Relevant Persons

- 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;
- 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 there from;
- 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 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 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.

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提及之人士（下稱「相關人士」或「我們」）（為免疑，「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：

- 本人之保單依照本申請書之選擇作出更改；
- 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) 申請是於上述保單被保人在生之情況下經貴公司在公司辦事處（根據上述保單合約內之定義）批核；
- 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；
- 上述之申請是基於本人之個人判斷，並沒有依賴任何理財顧問所提供的意見；
- 上述一切陳述及問題的所有答案，不論是否本人親手所寫，就本人所知所言，均為事實之全部並確實無訛；
- 本人已細閱並明白有關主要推銷刊物及投資基金選擇簡章並完全明白投資在投資連繫式壽險計劃涉及風險，投資基金單位價值可升亦可跌。此計劃的可支付利益與上述保單所投資的投資基金表現連繫；
- 上述問題的所有答案（如適用）及此申請書，將成為更改保單的根據，並作為保單一部份；
- 本人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。

如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。

本人謹此代表相關人士授權

- 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 / 或曾診驗或可能將會診驗本人 / 相關人士者，均可應貴公司要求將該等資料提供給貴公司；
- 貴公司或任何其指定之驗身醫生、醫療人員或化驗所，可就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；
- 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。

### 17. 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:

- 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;
- processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates;
- providing subsequent services to you, including but not limited to administering the policies issued;
- 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;
- evaluating your financial needs;
- designing products/services for customers;
- conducting market research for statistical or other purposes;
- matching any data held which relates to you from time to time for any of the purposes listed herein;
- 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;
- conducting identity and/or credit checks and/or debt collection;
- complying with the laws of any applicable jurisdiction;
- carrying out other services in connection with the operation of the Company's business; and
- other purposes directly relating to any of the above.

# Policy Service Application Form I 保單服務申請書 I

**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中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。

# Policy Service Application Form I 保單服務申請書 I

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。

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

Sign on _____ 簽署日期 (D / M / Y 日/月/年)	_____ Signature of Owner / Trustee 持有人 / 信託人簽署
_____ Signature of Witness / Financial Consultant 見證人 / 理財顧問簽署	_____ Signature of Collateral Assignee / Irrevocable Beneficiary 抵押轉讓受讓人 / 不可更換受益人簽署
(Name 姓名 : _____ )	