

# Nomination/Change of contingent policyholder form

## 指定/更改後備保單持有人表格

Private and confidential 私人及保密文件

Proposal/Policy no.  
投保書/保單號碼

Name of proposer/policyholder  
投保人/保單持有人姓名

Name of proposed insured/life insured  
準受保人/受保人姓名

### Important notes 重要事項

- Please note that contingent policyholder must be 18 years old or above.**  
請注意後備保單持有人必須為 18 歲或以上。
- The form is only applicable to policies with contingent policyholder arrangement service available.**  
此申請表只適用於有指定後備保單持有人安排之保單。
- Nomination of a contingent policyholder must be made during the lifetime of the current life insured while the policy is in force.**  
指定後備保單持有人，必須於保單生效及現任受保人在生時申請。
- The acceptance of the application for the nomination/change of a Contingent Policyholder, is at our sole and absolute discretion, and subject to terms and conditions which shall be determined and modified by us from time to time without prior notice.**  
接受後備保單持有人的任命/變更申請，由我們全權決定，並且受制於我們不時決定和修改的條款和條件，恕不另行通知。
- The change of policy ownership to the Contingent Policyholder is subject to approval by and the prevailing administrative rules of Zurich.**  
保單擁有權轉移至閣下及後備保單持有人須經蘇黎世批准，並須符合蘇黎世保險現行的行政規則。
- In the event (1) of the unfortunate death of the policyholder; or (2) that the policyholder suffers from terminal illness, coma, loss of independent existence, apallic syndrome, major head trauma or paralysis (if applicable, details please refer to policy provision), the policy ownership will be transferred to the contingent policyholder after the contingent policyholder submits relevant proof and subject to our approval.**  
當保單持有人(1)不幸身亡；或(2)罹患末期疾病、昏迷、不能獨立生活、變成植物人、頭部受嚴重創傷或癱瘓(如適用，詳情請參閱保單條款)，在後備保單持有人提交指定事項的相關證明及經我們批核後，保單擁有權將轉讓至後備保單持有人。
- Please note that the nomination, change or termination of contingent policyholder will not be effective unless and until it is approved and accepted by us with issuing confirmation letter to policyholder.**  
請注意指定、更改或終止後備保單持有人須在得到我們批准、接納及發出確認信予保單持有人後方會生效。
- The nomination of the contingent policyholder will be automatically revoked if there is a change of policyholder. In the event of change of policyholder or the contingent policyholder dies before the policyholder, all rights, entitlements and power of the contingent policyholder will cease automatically.**  
若更改保單持有人，指定後備保單持有人將會自動撤銷。當更改保單持有人或後備保單持有人早於現有保單持有人身故時，後備保單持有人的所有權利、權益及權力將自動終止。
- The contingent policyholder shall submit relevant supporting documents and complete the "Change of policyholder/Update new policyholder form (Individual)" when he/she exercises the transfer of policy ownership.**  
後備保單持有人行使保單擁有權轉讓時，應提交相關證明文件並填寫「更改/更新保單持有人表格(個人)」。
- Nominating contingent policyholder hereunder may have important legal, accounting and/or tax consequence as a result of transferring policy ownership and at the time of making a claim under the policy. You should remind the contingent policyholder that he/she should carefully study the terms of the policy and make his/her own independent assessment on his/her ability to meet premium payment obligations and other obligations under the policy. You and the contingent policyholder should also check with your legal, accounting and/or tax advisor (as appropriate) before making such a nomination. Zurich Life Insurance (Hong Kong) Limited ("Company") shall not be responsible for the validity or legality of any nomination of contingent policyholder and shall not assume any responsibility or liability in relation to the nomination of contingent policyholder.**  
指定後備保單持有人可能於轉讓保單擁有權及保單利益索償時涉及重要的法律、會計及/或稅務後果。閣下應提醒後備保單持有人須仔細閱讀保單內之條款和細則，以及自行獨立評估其履行保單支付保費以及其他保單責任之能力。閣下及後備保單持有人應於指定後備保單持有人前先諮詢各自的法律、會計及/或稅務顧問，蘇黎世人壽保險(香港)有限公司(「本公司」)概不負責任何指定後備保單持有人的有效性或合法性，並且就指定後備保單持有人不負上任何責任。



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11. This form is not an enduring power of attorney (“EPA”) and does not appoint the contingent policyholder as your attorney or guardian. The contingent policyholder has no obligations to act in your interests. If you wish to appoint the contingent policyholder as your attorney or act in your interests, you will need to seek your own legal advice.  
本表格既非一份持久授權書(「持久授權書」)，亦非用以委任後備保單持有人為閣下的受權人或監護人。後備保單持有人概無義務以閣下的利益行事。若閣下希望委任後備保單持有人為閣下的授權人或以閣下的利益行事，閣下須自行徵詢法律意見。
12. The policyholder can nominate up to 5 contingent policyholder(s) (including minor contingent policyholder, (if applicable)) when applying for this policy or after the policy is issued for designated policy.  
保單持有人在申請保單時或保單生效後，可指定最多 5 位後備保單持有人(包括後備保單持有人(未成年)(如適用))。
13. For nomination of contingent policyholder, please complete “Nomination/Change of Contingent Policyholder form”. If nominating more than one contingent policyholder, please complete another “Nomination/Change of Contingent Policyholder form” and indicate the sequence of each contingent policyholder.  
如指定後備保單持有人，請填妥「指定/更改後備保單持有人表格」。如指定多於一位後備保單持有人，請填妥另一份指定/更改後備保單持有人表格，並標明每位後備保單持有人的順序。
14. For nomination of minor contingent policyholder, please complete “Nomination/Change of Minor Contingent Policyholder and Guardian” and only one minor contingent policyholder is allowed. If a minor contingent policyholder is nominated alongside other contingent policyholders, the minor contingent policyholder must be placed last in the order of priority.  
如指定後備保單持有人(未成年)，請填妥「更改後備保單持有人(未成年)及監護人表格」並只可指定一名後備保單持有人(未成年)。如果後備保單持有人(未成年)不是唯一的後備保單持有人，他/她的優先順序必須是最低的。
15. If the policyholder passes away or suffers from a Designated Critical Health Condition\*  
如果保單持有人身故或罹患指定的重大危疾\*
- a. Order of contingent policyholder to become the new policyholder: Subject to our approval, each designated contingent policyholder has the right to apply for full policy ownership in the sequence you specify within 180 days from the date of the policyholder’s death or diagnosis of a Designated Critical Health Condition (“180-day Period”).  
後備保單持有人成為新保單持有人的順序：在得到我們批准後，每位指定的後備保單持有人有權按照其指定的順序，在保單持有人身故或被診斷出指定的重大危疾之日起 180 天內(「180 天期限」)，申請轉讓保單擁有權。
- i. First in line: The contingent policyholder who is the first in sequence shall apply to become the new policyholder.  
第一順位：序列中第一位後備保單持有人應申請成為新保單持有人。
- ii. If ineligible or decline: If the 1st contingent policyholder is ineligible or declines to become the new policyholder, the 2nd contingent policyholder can then apply to become the new policyholder within 180-day Period and so on.  
如不符合資格或拒絕：若第一順位後備保單持有人不符合資格或拒絕成為新保單持有人，則第二順位後備保單持有人可於 180 天期限內申請成為新保單持有人，依此類推。
- b. Final ownership: Subject to our approval, only one contingent policyholder will become the new policyholder. Once a contingent policyholder becomes the new policyholder, the designation of all other contingent policyholder(s) will be revoked automatically.  
最終擁有權：在得到我們批准後，只有一位後備保單持有人可成為新保單持有人。當該位後備保單持有人成為新保單持有人後，其餘所有指定的後備保單持有人將自動取消。
- \* For the definitions of Designated Critical Health Conditions, please refer to the policy provisions for details.  
\*有關「指定的重大危疾」的定義，詳情請參閱保單條款。
16. If all contingent policyholder(s) decline or is ineligible in becoming the new policyholder and there is nomination of minor contingent policyholder, the guardian of minor contingent policyholder will manage the policy on behalf of that minor policyholder until minor contingent policyholder reaches his/ her age next birthday (ANB) 21, subject to our approval.  
若所有後備保單持有人拒絕或不符合成為新保單持有人的資格並有指定後備保單持有人(未成年)，後備保單持有人(未成年)的監護人經我們批准後將代表後備保單持有人(未成年)管理保單直至後備保單持有人(未成年)達到 21 歲(下次生日年齡)。

17. If the Policyholder passes away or suffers from (i) terminal illness, (ii) coma, (iii) loss of independent existence, (iv) apallic syndrome, (v) major head trauma; or (vi) paralysis:

如果保單持有人不幸身故或罹患以下情況：(i) 末期疾病、(ii) 昏迷、(iii) 不能獨立生活、(iv) 變成植物人、(v) 頭部受嚴重創傷；或(vi) 癱瘓：

<b>With minor Contingent Policyholder nominated</b> 已指定後備保單持有人（未成年）時	<b>Before the minor Contingent Policyholder attains Age 21</b> 於後備保單持有人（未成年）年滿21歲之前	<b>After the minor Contingent Policyholder has attained Age 21</b> 於後備保單持有人（未成年）年滿21歲之後
<b>If there are other Contingent Policyholders nominated</b> 若同時指定其他後備保單持有人	Each designated Contingent Policyholder has the right to apply for full ownership of the Policy within 180-day Period in the order you specify. Subject to our approval, the ownership of the Policy will be transferred to the Contingent Policyholder, and the designation of all other Contingent Policyholder(s) and Guardian(s) will be revoked automatically. 每位指定的後備保單持有人均有權在您所指定的優先次序內，於180天期限內申請取得保單的完整擁有權。經我們批准後，保單擁有權將轉移至該後備保單持有人，並且所有其他後備保單持有人及監護人的指定將自動撤銷。	
<b>If there are other Contingent Policyholders nominated but they are unable to become the new Policyholder</b> 若同時指定其他後備保單持有人，但他們均無法成為新的保單持有人	Each designated Guardian has the right to apply for the new Policyholder of the Policy within 180-day Period in the sequence you specify. Subject to our approval, the Guardian will become the new Policyholder. At the Policy Anniversary when the minor Contingent Policyholder reaches Age 21, all limited Policy administration rights of the Guardian will end and the designation of all other Guardian(s) will be revoked automatically. We will automatically process the change of Policy ownership to the minor Contingent Policyholder. Once approved, the minor Contingent Policyholder will become the new Policyholder. 每位指定的監護人均有權在您所指定的優先次序內，於180天期限內申請成為保單的新保單持有人。經我們批准後，該監護人將成為新的保單持有人。於後備保單持有人（未成年）年滿21歲時的保單周年日，監護人的所有有限保單管理權將終止，並且所有其他監護人的指定將自動撤銷。我們屆時將會自動處理保單擁有權轉移至後備保單持有人（未成年）。一經批准，後備保單持有人（未成年）將成為新的保單持有人。	The minor Contingent Policyholder has the right to apply for full ownership of the Policy within 180-day Period. Subject to our approval, the ownership of the Policy will be transferred to the minor Contingent Policyholder, and the designation of all other Guardian(s) will be revoked automatically. 後備保單持有人（未成年）有權在180天期限內申請取得保單的完整擁有權。經我們批准後，保單擁有權將轉移至後備保單持有人（未成年），並且所有其他監護人的指定將自動撤銷。
<b>If there are no other Contingent Policyholders nominated</b> 若沒有指定其他後備保單持有人	Each designated Contingent Policyholder has the right to apply for full ownership of the Policy within 180-day Period in the order you specify. Subject to our approval, the ownership of the Policy will be transferred to the Contingent Policyholder, and the designation of all other Contingent Policyholder(s) will be revoked automatically. 每位指定的後備保單持有人均有權在您所指定的優先次序內，於180天期限內申請取得保單的完整擁有權。經我們批准後，保單擁有權將轉移至該後備保單持有人，並且所有其他後備保單持有人的指定將自動撤銷。	

**Without minor Contingent Policyholder**

沒有指定後備保單持有人（未成年）

<b>If there are other Contingent Policyholders nominated</b> 若指定其他後備保單持有人	Each designated Contingent Policyholder has the right to apply for full ownership of the Policy within 180-day Period in the order you specify. Subject to our approval, the ownership of the Policy will be transferred to the Contingent Policyholder, and the designation of all other Contingent Policyholder(s) will be revoked automatically. 每位指定的後備保單持有人均有權在您所指定的優先次序內，於180天期限內申請取得保單的完整擁有權。經我們批准後，保單擁有權將轉移至該後備保單持有人，並且所有其他後備保單持有人的指定將自動撤銷。
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The Contingent Policyholder or Guardian must submit the application to change of Policy ownership within 180-day Period. If none of the Contingent Policyholder or the Guardian (as the case may be) shall acquire Policy ownership within the 180-day Period, 後備保單持有人或監護人必須於180天期限內提交申請，以辦理保單擁有權的變更。若在180天期限內，所有後備保單持有人或監護人(視情況而定)均未取得保單擁有權。

- i. the Policy ownership will vest in the estate of the Policyholder if the Policyholder passes away; or  
若保單持有人身故，保單擁有權將歸屬於保單持有人的遺產；或
- ii. the Policy ownership will remain with the Policyholder if the Policyholder is still alive after diagnosis of a Designated Critical Health Condition,  
若保單持有人在被診斷患有指定的重大危疾後仍然在世，保單擁有權將維持於保單持有人名下。

In either case, the designation of all Contingent Policyholder(s) and Guardian(s) will be revoked automatically.

在上述任何情況下，所有後備保單持有人及監護人的指定將自動撤銷。

After the 180-day Period, no Contingent Policyholder(s) or the Guardian(s) can apply to acquire Policy ownership.

180天期限屆滿後，任何後備保單持有人或監護人均不可申請取得保單擁有權。

18. Only one of the proposed contingent policyholder(s) will be the new policyholder of the policy. As and when such proposed contingent policyholder becomes the new policyholder of this policy, the new policyholder of this policy shall assume all the obligations and be entitled to exercise all the rights belonging to the policyholder under the policy and the designations of all other contingent policyholder, minor contingent policyholder and guardian(s) of minor contingent policyholder and beneficiary(ies) will be automatically revoked and have no further force and effect.

在所有指定的後備保單持有人之中，只有其中一位會成為本保單的新保單持有人。當該指定的後備保單持有人成為本保單的新保單持有人時，該新保單持有人將承擔本保單持有人的一切義務，並有權行使本保單持有人在保單下所享有的所有權利；而所有其他後備保單持有人、後備保單持有人(未成年)及後備保單持有人(未成年)的監護人及受益人之指定將自動撤銷，並不再具有任何效力。

19. When nominating a contingent policyholder at time of new business application, obtaining acceptable relationship proof for underwriting is required.

在保單申請時指定後備保單持有人，必須提供可接受的關係證明以取得核保。

20. The nomination of contingent policyholder(s) and/or guardian(s) will be revoked automatically upon our acceptance of (1) any subsequent application of change of contingent policyholder(s) and/or guardian(s) or (2) a subsequent application of change of any person concerned in the policy, that is the policyholder, life insured or contingent life insured. If there is a change in the contingent policyholder(s) and/or the guardian(s), the policyholder must resubmit the application to nominate a new contingent policyholder(s) and/or guardian(s). The previous contingent policyholder(s) and/or guardian(s) designations will be automatically revoked once we approve the new application for nomination of contingent policyholder(s) and/or guardian(s).

當我們接納以下任何申請後，後備保單持有人及 /或監護人的指定將自動取消：(1) 任何後續有關更改後備保單持有人及 /或監護人的申請，或 (2) 任何後續有關更改保單相關人士的申請，包括保單持有人、受保人或後備保單持有人。如有更改後備保單持有人及 /或監護人，保單持有人必須重新提交申請以指定新的後備保單持有人及 /或監護人。當我們批准新的後備保單持有人及 /或監護人指定申請後，之前指定的後備保單持有人及 /或監護人將自動撤銷。

21. This form should be filled in **BLOCK LETTERS** and ensure all signature boxes are duly signed.  
請以**正楷**填寫及確保已妥善簽署所有簽署位置。
22. Please fill the circle in full when you select the answer.  
當 閣下選擇答案時，請填滿整個圓圈。

## Section A 部：Nomination/Change/Termination of the contingent policyholder 指定/更改/終止後備保單持有人

- Nomination/Change of contingent policyholder\*\* 指定/更改後備保單持有人\*\*  
The current total no. for nomination of contingent policyholder@  
現將指定後備保單持有人的數目@ \_\_\_\_\_  
The sequence of contingent policyholder  
此乃順序後備保單持有人的第 \_\_\_\_\_ 位

- Termination of the nomination of contingent policyholder 終止後備保單持有人

\* Please complete below section B. 請填寫以下 B 部分。

- + If nomination of the contingent policyholder is more than 1, please complete "Nomination / change of the contingent policyholder form" for each contingent policyholder and specify the sequence for each contingent policyholder.  
如指定多於一位後備保單持有人，請為每一位後備保單持有人填妥「指定或更改後備保單持有人表格」並指明其次序。

@Nomination of multi-contingent policyholder is only applicable to designated plan.  
指定多位後備保單持有人只適用於指定計劃。

## Section B 部：Personal information of contingent policyholder 後備保單持有人的個人資料

1. Title 稱銜

- Mr. 先生  Mrs. 太太  Miss 小姐  Ms. 女士  Dr. 博士  Other (please specify)  
其他(請註明) \_\_\_\_\_

2. Family name  
姓

3. Given name  
名

4. Name in Chinese  
中文姓名

5. Country of birth  
出生國家

6. Date of birth  
出生日期
- Day日    Month月    Year年
- |                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

7. Sex  
性別
- Male 男  Female 女

8. Identity document no.  
身分證明文件號碼

( Please submit a certified copy of the identification document. 請遞交已核實身分證明文件副本。 )

9. ID type 身分證明文件類別

- HK Permanent ID 香港永久性居民身份證  
 PRC Resident ID 中國內地居民身份證  
 HK Non-permanent ID 香港非永久性居民身份證  
 Passport 護照  
 Others (please specify)  
其他(請註明) \_\_\_\_\_

10. Nationality 國籍
- Chinese (Hong Kong) 中國(香港)  Chinese (Chinese Mainland) 中國(中國內地)  Others (please specify)  
其他(請註明) \_\_\_\_\_

11. Does the contingent policyholder hold nationality in another country?  
後備保單持有人是否持有於一個國家的國籍?
- Yes 是  No 否
- If 'Yes', please specify the country  
如有，請註明國家名稱 \_\_\_\_\_

12. Relationship with policyholder  
與保單持有人的關係

13. Occupation information 職業資料

Business nature  
業務性質

Occupation title  
職位

## Personal information of contingent policyholder (continued) 後備保單持有人的個人資料(續)

## 14. Residential address 住宅地址

Flat/Room 室/單位	Floor 樓	Block 座
Name of building/estate 大廈/屋邨名稱		
Name of street/road 街道名稱		
District/City/Province 地區/城市/省		HK/KLN/NT 香港/九龍/新界
Country 國家	ZIP/Postal code 郵遞區號	

## 15. Correspondence address (If different from residential address) 聯絡地址(如與住址不同)

## 16. Contact telephone no. 聯絡電話號碼

Residential telephone no. 住宅電話號碼	( ) Country 國家	(Country code) Telephone no. (國家編號)電話號碼	Is this a US based telephone no.? 這是美國電話號碼嗎?	<input type="radio"/> Yes 是	<input type="radio"/> No 否
Mobile telephone no. 流動電話號碼	( ) Country 國家	(Country code) Telephone no. (國家編號)電話號碼	Is this a US based telephone no.? 這是美國電話號碼嗎?	<input type="radio"/> Yes 是	<input type="radio"/> No 否
Office telephone no. 辦公室電話號碼	( ) Country 國家	(Country code) Telephone no. (國家編號)電話號碼	Is this a US based telephone no.? 這是美國電話號碼嗎?	<input type="radio"/> Yes 是	<input type="radio"/> No 否

17. Email address  
電郵地址

## Section C 部 : Notice to customers relating to the Personal Data (Privacy) Ordinance (“Ordinance”) 有關個人資料(私隱)條例(「私隱條例」)的客戶通知

The personal information of customers (including policyholders, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by **Zurich Life Insurance (Hong Kong) Limited (“Company”)** from time to time, which also includes data collected or generated in the ordinary course of the Company’s business and the continuation of relationship with the customer (such as claim information and medical history received from third parties), may be used by the Company and/or a company within its group (“**Zurich Insurance Group**”) for the purposes **necessary** in providing services to the customers (otherwise the Company is unable to provide services to customers who fail to provide the required information).

由蘇黎世人壽保險(香港)有限公司(「本公司」)不時收集或持有的客戶(包括保單持有人、受保人、受益人、保費付款人、信託人、保單受讓人及索償人)個人資料,其中亦包括在公司日常業務過程中以及就持續與客戶的關係而收集或產生的資料(例如從第三方收到的索償資料和病歷),均可供本公司及/或其所屬集團(「蘇黎世保險集團」)內的公司使用作為向客戶提供服務而必須的用途(否則本公司將無法為未能提供所需資料的客戶提供服務)。

**Please read carefully the details of the Company’s privacy policy which is made available on our website at [www.zurich.com.hk/pics](http://www.zurich.com.hk/pics) or by scanning the QR code. You may also contact our Customer Care Hotline at +852 2968 2383 or insurance intermediaries for enquiries.**

本公司之私隱政策詳載於 [www.zurich.com.hk/pics](http://www.zurich.com.hk/pics) 或可透過掃描 QR 碼細閱。閣下亦可致電 +852 2968 2383 與我們的客戶服務部聯絡或向保險中介人查詢。

**Consent for marketing purposes - Voluntary:**  
就市場推廣用途之同意 – 自願性：

Certain personal information of policyholders and insured persons collected or held by the Company (which also includes data collected or generated in the ordinary course of the Company’s business and the continuation of relationship with the customer), in particular, names, contact information, age, gender, identity document reference, marital status, financial background, demographic data, transaction pattern and behavior, policy information, claim information, and medical history may be used by the Company, **only upon having such policyholders’ or insured persons’ consent or indication of no objection**, for providing marketing materials and conducting direct marketing activities in relation to insurance and/or financial products and services of the Zurich Insurance Group and/or other financial services providers, and/or other related services of business partners, with whom the Company maintains business referral or other arrangements (such as reward, loyalty, co-branding or privileges programs and related services and products, services and products offered by the Company’s business or co-branding partners, donations or contributions for charitable and/or non-profit making purposes). For the avoidance of doubt, the latest instruction (for example, consent or indication of no objection, or request for opt-out) received from a customer shall override any previous instruction given to the Company in this regard in relation to all personal information of the customer collected or held by the Company from time to time.

由本公司收集或持有的保單持有人及受保人的某些個人資料(其中亦包括在本公司日常業務過程中以及就持續與客戶的關係收集或產生的資料),特別是姓名、聯絡資料、年齡、性別、身分證明文件資料、婚姻狀況、經濟背景、人口統計數據、交易模式和行為、保單資料、索償資料及醫療紀錄等,於獲該保單持有人或受保人同意或作不反對指示後,均可供本公司使用作為蘇黎世保險集團及/或與本公司維持業務引薦關係或其他安排之其他金融服務供應商的保險及/或金融產品及服務,及/或其他商業合作夥伴之相關服務,提供市場推廣資料及進行直接市場推廣活動。(例如獎賞、忠誠獎勵、合作品牌或



## Notice to customers relating to the Personal Data (Privacy) Ordinance (“Ordinance”)(continued) 有關個人資料( 私隱 )條例(「私隱條例」)的客戶通知( 續 )

優惠計劃以及相關服務和產品，由本公司商業合作夥伴或合作品牌夥伴提供的服務和產品，出於慈善及/或非牟利目的的捐贈或捐款)。為免生疑問，就本公司不時收集或持有的所有客戶個人資料，本公司將會以從客戶收到的最新指示( 例如同意或表示不反對的指示，或提出反對要求 )。

The Company may provide (and may receive money or property in return for providing) certain personal information, in particular, name, contact information, age, gender and policy information of a policyholder and an insured person, **only upon having such policyholder's and insured person's written consent**, to be used by the following parties, within or outside of Hong Kong, for their own and/or the Company's marketing purposes set out above:

**於獲保單持有人及受保人書面同意後**，本公司方可就以下人士本身及/或就本公司的市場推廣用途，向以下於香港境內或境外的人士提供其某些個人資料( 並可能收到金錢或其他財產作為回報 )，特別是姓名、聯絡資料、年齡、性別、保單持有人及受保人的保單資料等，以供其使用：

- (1) companies within the Zurich Insurance Group;  
蘇黎世保險集團成員公司；
- (2) other banking/financial institutions, commercial or charitable organizations with whom the Company maintains business referral or other arrangements;  
與本公司維持業務引薦關係或其他安排的其他銀行/金融機構、商業或慈善組織；
- (3) third party reward, loyalty, co-branding or privileges program providers;  
第三方獎賞、忠誠獎勵、合作品牌或優惠計劃提供者；
- (4) third party marketing service providers and insurance intermediaries.  
第三方市場推廣相關服務供應商及保險中介人。

I/We understand that I/we can withdraw any consent provided for marketing purposes anytime by notice to the Company.

本人/我們明白可隨時通知 貴公司以撤回任何就市場推廣用途所給予之同意。

I/We do not agree to the use or transfer of my/our personal data for marketing purposes as set out above.

本人/我們不同意 貴公司使用或向第三方提供本人/我們的個人資料作上列市場推廣用途。

### Section D 部：Declaration for data protection of policyholder and contingent policyholder 保單持有人及後備保單持有人的個人資料保障聲明

I/We confirm that I/we agree to the use or transfer of my/our personal data for the purposes as set out above.

本人/我們確認本人/我們同意 貴公司使用或向第三方提供本人/我們的個人資料作上述用途。

### Section E 部：Declaration and acknowledgement of policyholder 保單持有人的聲明及確認

I/We agree to immediately inform Zurich Life Insurance (Hong Kong) Limited (“the Company”) in writing of any change to the information that I/we have provided on this form.

本人/我們同意，如本人/我們在此表格提供的資料有任何變更，會立即以書面通知蘇黎世人壽保險( 香港 )有限公司(「貴公司」)。

I/We confirm that I/we have reviewed the information given in this application and it is correct.

本人/我們確認本人/我們已複審本申請表格所提供的資料，並確認資料為正確。

I/We declare that I/we have no existing EPA. I/We shall notify the Company if an EPA is later created and understand the designation of the contingent policyholder may be revoked.

本人/我們聲明，本人/我們現時沒有持久授權書。若其後設定一份持久授權書，本人/我們會通知 貴公司，並明白後備保單持有人的指定可能會被撤銷。

I/We declare that I/we am/are the beneficial owner(s) of the policy and not acting on behalf of another person including natural person, legal person or trust.

本人/我們聲明，本人/我們為本保單之實益擁有人，並非代表其他人行事，其他人包括自然人、法人或信託。

I/We hereby authorize any company within the Zurich Insurance Group which is in possession of my/our personal information to release part or all of the information to the Company or its agents.

本人/我們特此授權蘇黎世保險集團中任何持有本人/我們個人資料的公司提供部分或全部資料予 貴公司或其代理人。

## Section F 部：Declaration and acknowledgement of contingent policyholder 後備保單持有人的聲明及確認

I confirm that I have reviewed the information given in this application and it is correct.

本人確認本人已複審本申請表格所提供的資料，並確認資料為正確。

	Day日	Month月	Year年	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of proposer/policyholder 投保人/保單持有人簽署	Date signed 簽署日期			
	Day日	Month月	Year年	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of <b>NEW</b> contingent policyholder 新後備保單持有人簽署	Date signed 簽署日期			
Signature of licensed insurance intermediary 持牌保險中介人簽署	Full name of licensed insurance intermediary (IA license no.) 持牌保險中介人姓名( 保監牌照號碼 )			
Company name of licensed insurance intermediary 持牌保險中介人公司名稱	Company code of licensed insurance intermediary 持牌保險中介人公司編號			

**PLEASE DO NOT SIGN ON BLANK FORM. 請勿於空白表格簽署。**

In the event of any discrepancies or inconsistencies between the English and Chinese versions of this form, the English version shall prevail.  
如此表格之中英文版本有任何歧異或不一致，概以英文版為準。

We may request you to provide additional documents apart from documents listed above where necessary. If you have any questions on how to complete this form, please call our Customer Care Hotline at +852 2968 2383.

如有需要，除上述文件外，我們可能會要求閣下提供額外之證明文件。倘若閣下在填寫此表格時有任何疑問，請致電我們的客戶服務熱線 +852 2968 2383。