Zurich Life Insurance (Hong Kong) Limited
苏黎世人寿保险(香港)有限公司

ZURICH
苏黎世

Nomination/Change of contingent policyholder form
指定／更改后备保单持有人表格

Private and confidential 私人及保密文件

Proposal/Policy no.
投保书/保单号码

Name of proposer/policyholder
投保人/保单持有人姓名

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

Important notes 重要事项

1. Please note that contingent policyholder must be 18 years old or above.
   请注意后备保单持有人必须为18岁或以上。
2. The form is only applicable to policies with contingent policyholder arrangement service available.
   此申请表只适用于有指定后备保单持有人安排之保单。
3. Nomination of a contingent policyholder must be made during the lifetime of the current life insured while the policy is inforce.
   指定后备保单持有人，必须于保单生效及现任受保人生存时申请。
4. 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.
   接受后备保单持有人的任命/变更申请，由我们全权决定，并且受制于我们不时决定和修改的条款和条件，恕不另行通知。
5. The change of policy ownership to the Contingent Policyholder is subject to approval by and the prevailing administrative rules of Zurich.
   保单拥有权转移至　阁下及后备保单持有人须经苏黎世批准，并须符合苏黎世保险现行的行政规则。
6. 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.
   当保单持有人(1)不幸身亡;或(2)罹患末期疾病、昏迷、不能独立生活、变成植物人、头部受严重创伤或瘫痪(如适用，详情请参阅保单条款)，在后备保单持有人提交指定事项的相关证明及经我们批核后，保单拥有权将转让至后备保单持有人。
7. 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.
   请注意指定、更改或终止后备保单持有人须在得到我们批准、接纳及发出确认信予保单持有人后方会生效。
8. 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.
   若更改保单持有人，指定后备保单持有人将会自动撤销。当更改保单持有人或后备保单持有人早于现有保单持有人身故时，后备保单持有人的拥有权利、权益及权力将自动终止。
9. 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.
   后备保单持有人行使保单拥有权转让时，应提交相关证明文件并填写「更改/更新保单持有人表格(个人)」。
10. 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.
    指定后备保单持有人可能于转让保单拥有权及保单利益索偿时涉及重要的法律、会计及/或税务后果。阁下应提醒后备保单持有人须仔细阅读保单内之条款和细则，以及自行独立评估其履行保单支付保费以及其他保单责任之能力。阁下及后备保单持有人应于指定后备保单持有人前先咨询各自的法律、会计及/或税务顾问，苏黎世人寿保险(香港)有限公司(「本公司」)概不负责任何指定后备保单持有人的有效性或合法性，并且就指定后备保单持有人不负任何责任。

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权书(「持久授权书」),亦非用以委任后备保单持有人为 阁下的受权人或监护人。后备保单持有人概无义务以 阁下的利益行事。若 阁下希望委任后备保单持有人为 阁下的授权人或以 阁下的利益行事, 阁下须自行征询法律意见。

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.
保单持有人在申请保单时或保单生效后,可指定最多5位后备保单持有人(包括后备保单持有人(未成年)(如适用))。

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.
如指定后备保单持有人,请填妥「指定/更改后备保单持有人表格」。如指定多于一位后备保单持有人,请填妥另一份「指定/更改后备保单持有人表格」,并标明每位后备保单持有人的顺序。

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.
如指定后备保单持有人(未成年),请填妥「更改后备保单持有人(未成年)及监护人表格」并只可指定一名后备保单持有人(未成年)。如果后备保单持有人(未成年)不是唯一的后备保单持有人,他/她的优先级必须是最低的。

15. If the policyholder passes away or suffers from a Designated Critical Health Condition*
如果保单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”).
    后备保单持有人成为新保单持有人的顺序:在得到我们批准后,每位指定的后备保单持有人有权按照其指定的顺序,在保单持有人身故或被诊断出指定的重大危疾之日起180天内(「180天期限」),申请转让保单拥有权。
        i. First in line: The contingent policyholder who is the first in sequence shall apply to become the new policyholder.
        第一顺位:序列中第一位后备保单持有人应申请成为新保单持有人。
        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.
        如不符合资格或拒绝:若第一顺位后备保单持有人不符合资格或拒绝成为新保单持有人,则第二顺位后备保单持有人可于180天期限内申请成为新保单持有人,依此类推。
    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.
    最终拥有权:在得到我们批准后,只有一位后备保单持有人可成为新保单持有人。当该位后备保单持有人成为新保单持有人后,其余所有指定的后备保单持有人将自动取消。

    * For the definitions of Designated Critical Health Conditions, please refer to the policy provisions for details.
    *有关「指定的重大危疾」的定义,详情请参阅保单条款。

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.
若所有后备保单持有人拒绝或不符合成为新保单持有人的资格并有指定后备保单持有人(未成年),后备保单持有人(未成年)的监护人经我们批准后将代表后备保单持有人(未成年)管理保单直至后备保单持有人(未成年)达到21岁(下次生日年龄)。

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:
如果保单持有人不幸身故或罹患以下情况 ： （i）末期疾病、 （ii）昏迷、 （iii）不能独立生活、 （iv）变成植物人、 （v）头部受严重创伤;或（vi）瘫痪 ：

<table>
<tr><th>With minor Contingent Policyholder nominated
已指定后备保单持有人（未成年）时</th><th>Before the minor Contingent Policyholder attains Age 21
于后备保单持有人（未成年）年满21岁之前</th><th>After the minor Contingent Policyholder has attained Age 21
于后备保单持有人（未成年）年满21岁之后</th></tr>
<tr><td>If there are other Contingent Policyholders nominated
若同时指定其他后备保单持有人</td><td colspan="2">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.
每位指定的后备保单持有人均有权在您所指定的优先次序内，于180天期限内申请取得保单的完整拥有权。经我们批准后，保单拥有权将转移至该后备保单持有人，并且所有其他后备保单持有人及监护人指定将自动撤销。</td></tr>
<tr><td>If there are other Contingent Policyholders nominated but they are unable to become the new Policyholder
若同时指定其他后备保单持有人，但他们均无法成为新的保单持有人</td><td rowspan="2">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.
每位指定的监护人均有权在您所指定的优先次序内，于180天期限内申请成为保单的新保单持有人。经我们批准后，该监护人将成为新的保单持有人。于后备保单持有人（未成年）年满21岁时的保单周年日，监护人的所有有限保单管理权将终止，并且所有其他监护人的指定将自动撤销。 我们届时将会自动处理保单拥有权转移至后备保单持有人（未成年）。一经批准，后备保单持有人（未成年）将成为新的保单持有人。</td><td rowspan="2">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.
后备保单持有人（未成年）有权在180天期限内申请取得保单的完整拥有权。经我们批准后，保单拥有权将转移至后备保单持有人（未成年），并且所有其他监护人的指定将自动撤销。</td></tr>
<tr><td>If there are no other Contingent Policyholders nominated
若没有指定其他后备保单持有人</td></tr>
<tr><td colspan="3">Without minor Contingent Policyholder
没有指定后备保单持有人（未成年）</td></tr>
<tr><td>If there are other Contingent Policyholders nominated
若指定其他后备保单持有人</td><td colspan="2">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.
每位指定的后备保单持有人均有权在您所指定的优先次序内，于180天期限内申请取得保单的完整拥有权。经我们批准后，保单拥有权将转移至该后备保单持有人，并且所有其他后备保单持有人的指定将自动撤销。</td></tr>
</table>

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,
后备保单持有人或监护人必须于180天期限内提交申请，以办理保单拥有权的变更。若在180天期限内，所有后备保单持有人或监护人(视情况而定) 均未取得保单拥有权，

i. the Policy ownership will vest in the estate of the Policyholder if the Policyholder passes away; or
若保单持有人身故，保单拥有权将归属于保单持有人的遗产;或

ii. the Policy ownership will remain with the Policyholder if the Policyholder is still alive after diagnosis of a Designated Critical Health Condition,
若保单持有人在被诊断患有指定的重大危疾后仍然在世，保单拥有权将维持于保单持有人名下，

In either case, the designation of all Contingent Policyholder(s) and Guardian(s) will be revoked automatically.
在上述任何情况下，所有后备保单持有人及监护人的指定将自动撤销。

After the 180-day Period, no Contingent Policyholder(s) or the Guardian(s) can apply to acquire Policy ownership.
180天期限届满后，任何后备保单持有人或监护人均不可申请取得保单拥有权。

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.
在所有指定的后备保单持有人之中，只有其中一位会成为本保单的新保单持有人。当该指定的后备保单持有人成为本保单的新保单持有人时，该新保单持有人将承担本保单持有人的一切义务，并有权行使本保单持有人在本保单下所享有的拥有权利；而所有其他后备保单持有人、后备保单持有人(未成年)及后备保单持有人(未成年)的监护人及受益人之指定将自动撤销，并不再具有任何效力。

19. When nominating a contingent policyholder at time of new business application, obtaining acceptable relationship proof for underwriting is required.
在保单申请时指定后备保单持有人，必须提供可接受的关系证明以取得核保。

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).
当我们接纳以下任何申请后，后备保单持有人及/或监护人的指定将自动取消：(1) 任何后续有关更改后备保单持有人及/或监护人的申请，或 (2) 任何后续有关更改保单相关人士的申请，包括保单持有人、受保人或后备保单持有人。如有更改后备保单持有人及/或监护人，保单持有人必须重新提交申请以指定新的后备保单持有人及/或监护人。当我们批准新的后备保单持有人及/或监护人指定申请后，之前指定的后备保单持有人及/或监护人将自动撤销。

21. This form should be filled in **BLOCK LETTERS** and ensure all signature boxes are duly signed.
请以**正楷**填写及确保已妥善签署所有签署位置。

22. Please fill the circle in full when you select the answer.
当 阁下选择答案时，请填满整个圆圈。

Section A 部分：Nomination/Change/Termination of the contingent policyholder 指定/更改/终止后备保单持有人

◯ Nomination/Change of contingent policyholder*+ 指定/更改后备保单持有人 *+
The current total no. for nomination of contingent policyholder@
现将指定后备保单持有人的数目@ _____
The sequence of contingent policyholder
此乃顺序后备保单持有人的第 _____ 位

◯ Termination of the nomination of contingent policyholder 终止后备保单持有人

* Please complete below section B. 请填写以下 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.
如指定多于一位后备保单持有人， 请为每一位后备保单持有人填妥「指定或更改后备保单持有人表格」并指明其次序。

@Nomination of multi-contingent policyholder is only applicable to designated plan.
指定多位后备保单持有人只适用于指定计划。

Section B 部分：Personal information of contingent policyholder 后备保单持有人的个人资料

1. Title 称衔

◯ Mr. 先生 ◯ Mrs. 太太 ◯ Miss 小姐 ◯ Ms. 女士 ◯ Dr. 博士 ◯ Other (please specify) 其他(请注明) _____

2. Family name 姓 _____ 3. Given name 名 _____

4. Name in Chinese 中文姓名 _____ 5. Country of birth 出生国家 _____

6. Date of birth 出生日期 Day日 ☐☐ Month月 ☐☐ Year年 ☐☐☐☐ 7. Sex 性别 ◯ Male 男 ◯ Female 女

8. Identity document no. 身分证明文件号码 _____

(Please submit a certified copy of the identification document. 请递交已核实身分证明文件副本。)

9. ID type 身分证明文件类别
◯ HK Permanent ID 香港永久性居民身份证
◯ PRC Resident ID 中国内地居民身分证
◯ HK Non-permanent ID 香港非永久性居民身份证
◯ Passport 护照
◯ Others (please specify) 其他(请注明) _____

10. Nationality 国籍 ◯ Chinese (Hong Kong) 中国(香港) ◯ Chinese (Chinese Mainland) 中国(中国内地) ◯ Others (please specify) 其他(请注明) _____

11. Does the contingent policyholder hold nationality in another country? 后备保单持有人是否持有多于一个国家的国籍？ ◯ Yes 是 ◯ No 否 If 'Yes', please specify the country 如有，請请注明国家名称 _____

12. Relationship with policyholder 与保单持有人的关系 _____

13. Occupation information 职业资料

Business nature 业务性质 _____ Occupation title 职位 _____

Personal information of contingent policyholder (continued) 后备保单持有人的个人资料(续)

14. Residential address 住宅地址

Flat/Room
室/单位

Floor
楼

Block
座

Name of building/estate
大厦/小区名称

Name of street/road
街道名称

District/City/Province
地区/城市/省

HK/KLN/NT
香港/九龙/新界

Country
国家

ZIP/Postal code
邮递区号

15. Correspondence address (If different from residential address) 联络地址(如与住址不同)

16. Contact telephone no. 联络电话号码

Residential telephone no.
住宅电话号码

Country
国家

( )
(Country code) Telephone no.
(国家编号)电话号码

Is this a US based telephone no.?
这是美国电话号码吗？ ◯ Yes 是 ◯ No 否

Mobile telephone no.
移动电话号码

Country
国家

( )
(Country code) Telephone no.
(国家编号)电话号码

Is this a US based telephone no.?
这是美国电话号码吗？ ◯ Yes 是 ◯ No 否

Office telephone no.
办公室电话号码

Country
国家

( )
(Country code) Telephone no.
(国家编号)电话号码

Is this a US based telephone no.?
這这是美国电话号码吗？ ◯ Yes 是 ◯ No 否

17. Email address
电邮地址

Section C 部分：Notice to customers relating to the Personal Data (Privacy) Ordinance ("Ordinance") 有关个人资料(私隐)条例(「私隐条例」)的客户通知

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**苏黎世人寿保险(香港)有限公司**(「**本公司**」)不时收集或持有的客户(包括保单持有人、受保人、受益人、保费付款人、信托人、保单受让人及索偿人)个人资料，其中亦包括在公司日常业务过程中以及就持续与客户的关系而收集或产生的资料(例如从第三方收到的索偿资料和病历)，均可供本公司及/或其所属集团(「**苏黎世保险集团**」)内的公司使用作为向客户提供服务而必须的用途(否则本公司将无法为未能提供所需资料的客户提供服务)。

Please read carefully the details of the Company's privacy policy which is made available on our website at 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.
本公司之私隐政策详载于 www.zurich.com.hk/pics 或可透过扫描QR码细阅。 阁下亦可致电 +852 2968 2383 与我们的客户服务部联络或向保险中介人查询。

Consent for marketing purposes - Voluntary:
就市场推广用途之同意 – 自愿性：

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单持有人及受保人的某些个人资料(其中亦包括在本公司日常业务过程中以及就持续与客户的关系收集或产生的资料)，特别是姓名、联络资料、年龄、性别、身份证明文件资料、婚姻状况、经济背景、人口统计数据、交易模式和行为、保单资料、索偿资料及医疗纪录等，**于获该保单持有人或受保人同意或作不反对指示后**，均可供本公司使用作为苏黎世保险集团及/或与本公司维持业务引荐关系或其他安排之其他金融服务供应商的保险及/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)
有关个人资料(私隐)条例(「私隐条例」)的客户通知(续)

优惠计划以及相关服务和产品，由本公司商业合作伙伴或合作品牌伙伴提供的服务和产品，出于慈善及/或非牟利目的的捐赠或捐款)。为免生疑问，就本公司不时收集或持有的所有客户个人资料，本公司将会以从客户收到的最新指示(例如同意或表示不反对的指示，或提出反对要求)。

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:
于获保单持有人及受保人书面同意后，本公司方可就以下人士本身及/或就本公司的**市场推广用途**，向以下于香港境内或境外的人士提供其某些个人资料(并可能收到金钱或其他财产作为回报)，特别是姓名、联络资料、年龄、性别、保单持有人及受保人的保单资料等，以供其使用：

(1) companies within the Zurich Insurance Group;
苏黎世保险集团成员公司;

(2) other banking/financial institutions, commercial or charitable organizations with whom the Company maintains business referral or other arrangements;
与本公司维持业务引荐关系或其他安排的其他银行/金融机构、商业或慈善组织;

(3) third party reward, loyalty, co-branding or privileges program providers;
第三方奖赏、忠诚奖励、合作品牌或优惠计划提供者;

(4) third party marketing service providers and insurance intermediaries.
第三方市场推广相关服务供应商及保险中介人。

I/We understand that I/we can withdraw any consent provided for marketing purposes anytime by notice to the Company.
本人/我们明白可随时通知　贵公司以撤回任何就市场推广用途所给予之同意。

◯ I/We do not agree to the use or transfer of my/our personal data for marketing purposes as set out above.
本人/我们不同意　贵公司使用或向第三方提供本人/我们的个人资料作上列市场推广用途。

Section D 部分：Declaration for data protection of policyholder and contingent policyholder
保单持有人及后备保单持有人的个人资料保障声明

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/我们确认本人/我们同意　贵公司使用或向第三方提供本人/我们的个人资料作上述用途。

Section E 部分：Declaration and acknowledgement of policyholder 保单持有人的声明及确认

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/我们同意，如本人/我们在此表格提供的资料有任何变更，会立即以书面通知苏黎世人寿保险(香港)有限公司(「贵公司」)。

I/We confirm that I/we have reviewed the information given in this application and it is correct.
本人/我们确认本人/我们已复审本申请表格所提供的资料，并确认资料为正确。

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/我们声明，本人/我们现时没有持久授权书。若其后设定一份持久授权书，本人/我们会通知　贵公司，并明白后备保单持有人的指定可能会被撤销。

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/我们声明，本人/我们为本保单之实益拥有人，并非代表其他人行事，其他人包括自然人、法人或信托。

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/我们特此授权苏黎世保险集团中任何持有本人/我们个人资料的公司提供部分或全部资料予　贵公司或其代理人。

Section F 部分：Declaration and acknowledgement of contingent policyholder
后备保单持有人的声明及确认

I confirm that I have reviewed the information given in this application and it is correct.
本人确认本人已复审本申请表格所提供的资料，并确认资料为正确。

Signature of proposer/policyholder
投保人／保单持有人签署

Day日 Month月 Year年
Date signed
签署日期

Signature of **NEW** contingent policyholder
新后备保单持有人签署

Day日 Month月 Year年
Date signed
签署日期

Signature of licensed insurance intermediary
持牌保险中介人签署

Full name of licensed insurance intermediary (IA license no.)
持牌保险中介人姓名(保监牌照号码)

Company name of licensed insurance intermediary
持牌保险中介人公司名称

Company code of licensed insurance intermediary
持牌保险中介人公司编号

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.
若本表格的中英文版本有任何歧义或不一致，概以英文版为准。

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，我们可能会要求　阁下提供额外之证明文件。倘若　阁下在填写此表格时有任何疑问，请致电我们的客户服务热线 +852 2968 2383。

Zurich Life Insurance (Hong Kong) Limited (a company incorporated in Hong Kong with limited liability)
Website: www.zurich.com.hk

苏黎世人寿保险(香港)有限公司(于香港注册成立之有限公司)
網址：www.zurich.com.hk

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