

Change of policyholder form (applicable to corporate policyholder) 更改保單持有人申請表(適用於企業保單持有人)

Private and confidential 私人及保密文件

Policy no.
保單號碼

Name of life insured
受保人姓名

Name of current policyholder
現任保單持有人名稱

Important notes 重要事項

1. Current policyholder's appointment of investment advisor, beneficiary(ies) designation, death benefit settlement option, nomination of contingent policyholder and instruction regarding designated bank account for cash dividend receipt (if applicable) will be terminated automatically.
現任保單持有人的投資顧問、受益人、身故賠償支付選項、後備保單持有人及指定收取現金股息之銀行賬戶(如適用)的指示將自動終止。
2. New corporate policyholder should submit the "Policy alteration form" to update designated bank account for cash dividend receipt (if applicable).
新企業保單持有人應提交「保單更改申請表」以更改指定收取現金股息之銀行賬戶(如適用)。
3. Please note that the change of policyholder will not be effective unless and until it is approved and accepted by us.
請注意保單持有人的更改必須得到我們批准及接納後方會生效。
4. New corporate policyholder should review your existing investment portfolio, investment strategy and risk appetite (if applicable) after the change of policyholder is effective.
當更改保單持有人生效後，新企業保單持有人應檢閱現有的投資組合、投資策略及風險類別(如適用)。
5. 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。
6. Please fill the circle in full when you select the answer.
當 貴公司選擇答案時，請填滿整個圓圈。
7. Please complete "Business insurance questionnaire" and "Automatic exchange of information - self-certification for entity" and refer to "Corporate policyholder requirement checklist" to submit relevant document.
請填妥「商業保險問卷」和「自動交換資料 — 實體自行核證」，然後根據「企業保單持有人所需遞交文件檢查表」遞交所需文件。

Section A 部：Information of new corporate policyholder 新企業保單持有人的資料

Corporate name in English
企業英文名稱

Corporate name in Chinese
企業中文名稱

Date of incorporation
成立日期

HK Business Registration no.*
香港商業登記證號碼*

* The login name for OneZurich customer portal will be preset as the first 8 digits of HK Business Registration no.
客戶平台 OneZurich 的登入名稱將預設為香港商業登記證號碼首 8 位數字



Information of new corporate policyholder (continued) 新企業保單持有人的資料 (續)

Corporate incorporated in Hong Kong?
企業是否於香港成立？

Yes
是 No
否

If "No", please state the country of incorporation.
如「否」，請提供成立的國家。

Corporate registered in Hong Kong?
企業是否於香港註冊？

Yes
是 No
否

If "No", please state the country of registration.
如「否」，請提供註冊的國家。

Signature specimen of new corporate policyholder's authorized signor
新企業保單持有人的獲授權簽署式樣

	Authorized signor 1 獲授權簽署人 1	Authorized signor 2 獲授權簽署人 2	Authorized signor 3 獲授權簽署人 3
Name 姓名			
Signature specimen 簽署式樣			

Principal place of business 主要營運地址

Flat/Room
室/單位

Floor
樓

Block
座

Name of building
大廈名稱

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

Is the above address same as the address of registered office?
上述地址是否與企業註冊地址相同？

Yes
是

No
否

If "No", please provide the address of registered office.
如「否」，請提供企業註冊地址。

Correspondence address (If different from above address) 聯絡地址 (如與上述地址不同)

Flat/Room
室/單位

Floor
樓

Block
座

Name of building
大廈名稱

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

Contact telephone no. and email address 聯絡電話號碼及電郵地址

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？

Yes
是

No
否

Office telephone no.
公司電話號碼

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？

Yes
是

No
否

Office/personal (corporate trustee policy) email address
公司/個人(法團信託保單) 電郵地址

Relationship with current policyholder
與現任保單持有人的關係

Relationship with current life insured
與現任受保人的關係

Reason for change of policyholder
更改保單持有人的原因

Section B 部：FATCA questionnaire¹ 海外帳戶稅收合規法案問卷¹

1. Are you appointing a power of attorney or signatory authority granted to a person with United States address?
貴公司有否授權予擁有美國地址的人士？ Yes 是 No 否
2. Have you provided an address to Company which is an in-care-of or hold mail address?
貴公司所提供的地址是否代收公司或代收地址？ Yes 是 No 否

¹ If any answer to above question is "Yes", your request may not be accepted.
如以上任何問題的答案為「是」，有關申請可能不被接納。

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 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 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/我們明白本人/我們可以隨時通知 貴公司以撤回任何就市場推廣用途所給予之同意。

Section D 部：Declaration for data protection 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：Collection of levy by the Insurance Authority 保險業監管局收取的保費徵費

According to the Insurance (Levy) Order and the Insurance (Levy) Regulation under the Insurance Ordinance (Cap. 41), the Insurance Authority ("IA") is collecting a levy on insurance premiums from policyholders through insurance companies with effect from January 1, 2018. Levy shall be paid along with premium payment. If the policyholder does not pay the levy timely, the IA may impose on the policyholder a pecuniary penalty of up to HKD 5,000 and may recover it as a civil debt due to it. In this regard, I/we agree the following arrangements of levy settlement, where applicable, that will be applied to my/our policy:

根據《保險業條例》(第41章)下的《保險業(徵費)令》及《保險業(徵費)規例》，保險業監管局(「保監局」)已由2018年1月1日起，透過保險公司向保單持有人收取保費徵費。保費徵費須於繳付保費時同時繳付。若保單持有人未有按規定依時繳付保費徵費，保監局可向最高5,000港元的罰款，亦可循民事程序追討。有見及此，本人/我們同意 貴公司將為本人/我們的保單作出以下保費徵費之繳款安排(如適用)：

1. The policy will only be issued if the policy is with satisfied underwriting decision and initial premium and levy are settled;
於成功通過核保及收妥首期保費及徵費後才會續發保單；
2. I/We authorize Zurich Life Insurance (Hong Kong) Limited ("the Company") to collect the premium and levy from my/our designated autopay account/credit card;
本人/我們授權蘇黎世人壽保險(香港)有限公司(「貴公司」)從本人/我們指定的自動轉賬賬戶/信用卡收取保費及徵費；
3. I/We shall pre-pay levy and premiums together if I/we apply for prepayment;
本人/我們於申請預繳保費時，需要同時預付保費及徵費；
4. I/We authorize the Company to collect both the premium and the levy by way of automatic premium loan ("APL"), if any levy is paid by APL, it will also form part of the loan with interest accumulated at the prevailing loan interest rate;
本人/我們授權 貴公司透過自動保費貸款方式扣除保費及徵費，若任何保費徵費以自動保費貸款方式扣除，其也將是貸款的一部分，並會按現行貸款利率計算利息；
5. The policy will only be reinstated if levy is paid back at the applicable rate and cap together with overdue premium(s) including the interest (if any);
此保單於本人/我們一併繳付逾期保費(包括其利息(如有))及按適用的徵費率及徵費上限計算之保費徵費後才會復效保單；
6. If my/our payment is insufficient to pay both premium and levy, I/we authorize the Company to settle the premium first; and
若本人/我們的繳款不足以同時繳付保費及徵費，本人/我們授權 貴公司先扣除保費；及
7. I/We authorize the Company to deduct the corresponding levy together with all unpaid premium(s) from payment of policy surrender/policy maturity/benefit claims.
本人/我們授權 貴公司從退保價值/期滿利益/保險賠償金額中扣除任何逾期保費及相應之保費徵費。

Section F 部：Declaration for commission disclosure 佣金披露聲明

I/We understand, acknowledge and agree that, Zurich Life Insurance (Hong Kong) Limited will pay the licensed insurance intermediary commission during the continuance of the policy to be assigned to me/us. Where the applicant is a body corporate, the authorized person who signs on behalf of the applicant further confirms to the Company that he or she is authorized to do so.

本人/我們明白、確知及同意，蘇黎世人壽保險(香港)有限公司於即將轉讓予本人/我們的保單的有效期限內向有關的持牌保險中介人支付佣金。假如申請人為法人團體，代表申請人簽署的獲授權人員須向本公司確認他/她已獲法人團體授權簽署。

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

本人/我們亦明白 貴公司必須取得申請人以上的同意，才可以處理有關申請。

Section G 部：Declaration and acknowledgement of new corporate policyholder 新企業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」)。

(This declaration is applicable to the product(s) with cash value only) I/We declare that I/we am/are not a resident or national of the United States including any United States federally controlled territory.

(此聲明只適用於有現金價值的產品)本人/我們謹聲明，本人/我們並非美國包括任何受美國聯邦管轄領土的居民或國民。

I/We confirm that I/we understand that a change in my/our place of residence, or that of any life insured, could mean that the Company may no longer be able to provide all the benefits under this policy.

本人/我們確認明白，如本人/我們或任何受保人變更居住地，貴公司或不能再就本保單提供所有保障。

I/We declare that any premiums that I/we pay to the policy will not contravene any applicable exchange control regulations or trade or economic sanctions.

本人/我們聲明，本人/我們就保單支付的任何保費將不會違反任何適用的外匯管制法規或貿易或經濟制裁。

I/We declare that any premium paid to the Company is not of criminal origin or directly or indirectly related to criminal activities or any actual or attempted money laundering or tax evasion.

本人/我們聲明，向 貴公司支付的任何保費並非來自刑事源頭，亦非直接或間接與刑事活動或任何實際進行或企圖進行的洗黑錢或逃稅相關。

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。

(ONLY applicable to application submitted by corporate trustee) I/We declare that I/we have the requisite authority to sign this application form; and I/we have made all necessary enquiries about the health and other relevant information of the insured and confirm that all information provided in this application form are complete, true and accurate. I/We understand and agree that failure to disclose a material fact or information in the application form may render the insurance void.

(只適用於法團信託提交的保單申請)本人/我們聲明，本人/我們擁有簽署此申請表的必要權力；以及本人/我們已對受保人的健康和其他相關信息進行了所有必需的查詢，並確認於此申請表提供的所有信息都是完整、真實和準確的。本人/我們明白並同意如未有在申請表格中披露重要事實或信息，可能會導致保險失效。

(NOT applicable to application submitted by corporate trustee) 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.

(不適用於法團信託提交的保單申請)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。

Declaration and acknowledgement of new corporate policyholder (continued)

新企業保單持有人的聲明及確認(續)

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。

<hr/> Full name of life insured 受保人姓名		Date signed 簽署日期	
		Day日 <input type="text"/> <input type="text"/>	Month月 <input type="text"/> <input type="text"/>
		Year年 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<hr/> Signature of life insured 受保人簽署			
<hr/> Full name of CURRENT policyholder/authorized signor from CURRENT policyholder 現任保單持有人/現任保單持有人的獲授權簽署人姓名		Date signed 簽署日期	
		Day日 <input type="text"/> <input type="text"/>	Month月 <input type="text"/> <input type="text"/>
		Year年 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<hr/> Signature of CURRENT policyholder/authorized signor from CURRENT policyholder 現任保單持有人/現任保單持有人的獲授權簽署人簽署			
<hr/> Full name of authorized signor from New corporate policyholder 新企業保單持有人的獲授權簽署人姓名		Date signed 簽署日期	
		Day日 <input type="text"/> <input type="text"/>	Month月 <input type="text"/> <input type="text"/>
		Year年 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<hr/> Signature of authorized signor from New corporate policyholder 新企業保單持有人的獲授權簽署人簽署			
		()	
<hr/> Signature of licensed insurance intermediary 持牌保險中介人簽署	<hr/> Full name of licensed insurance intermediary (IA license no.) 持牌保險中介人姓名(保監牌照號碼)		
<hr/> Company name of licensed insurance intermediary 持牌保險中介人公司名稱	<hr/> 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 information listed above where necessary. If you have any question on how to complete this form, please call our Customer Care Hotline at +852 2968 2383.
 如有需要，除上列資料外，我們可能會要求 貴公司提供額外之證明文件。倘若 貴公司在填寫此表格時有任何疑問，請致電本公司客戶服務熱線 +852 2968 2383。