

Change of life insured form 更改受保人表格

Private and confidential 私人及保密文件

Policy no.
保單號碼

Name of policyholder
保單持有人姓名

Name of life insured
受保人姓名

Important notes 重要事項

- This form is only applicable to policies with change of life insured arrangement.
此表格只適用於更改受保人安排之保單。
- Change of life insured is subject to the terms and conditions of the policy, approval of Zurich Life Insurance (Hong Kong) Limited ("Company" or "we") and any underwriting requirements including satisfactory proof that the policyholder ("Policyholder" or "you") has insurable interest with the proposed life insured and provision of other documents or information which we may require.
更改受保人須受條款及細則約束及經蘇黎世人壽保險(香港)有限公司(「本公司」或「我們」)批准，並符合任何核保要求，包括保單持有人(「保單持有人」或「閣下」)與準受保人之間有可保利益的滿意證明，以及提供我們可能要求的其他文件或資料。
- Please note that the change of life insured will not be effective unless and until it is approved and accepted by the Company and upon the Company's issuance of a confirmation letter to the policyholder.
請注意，更改受保人須在得到本公司批准、接納及發出確認信予保單持有人後方會生效。
- Contestable period would be re-calculated from the effective date on which the life insured is changed.
可爭議期會於更改受保人之生效日期起重新計算。
- If the policy's total premium amount exceeds the cap under the designated product, full underwriting is required. The proposed life insured must fill in and submit the "Health and lifestyle questionnaire", please contact your licensed insurance intermediary or call our Customer Care Hotline for the questionnaire.
若保單的總保費金額大於指定產品的上限，必須全面核保。準受保人須填寫及遞交「健康及生活習慣問卷」，請聯絡閣下的持牌保險中介人或致電我們的客戶服務部索取問卷。
- In the event of any discrepancies or inconsistencies between the terms of this form and the terms and conditions of the policy, the terms and conditions of the policy shall prevail.
如此表格之條款與保單條款及細則有任何歧異或不一致，概以保單條款及細則為準。
- Please fill in this form in **BLOCK LETTERS** and please 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。
- 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：Personal information of proposed life insured 準受保人的個人資料

Title 稱銜

Mr. 先生
 Mrs. 太太
 Miss 小姐
 Ms. 女士
 Dr. 博士
 Others (please specify) 其他 (請註明) _____

Family name 姓

Given name 名

Name in Chinese 中文姓名

Country of birth 出生國家

Date of birth 出生日期
 Day 日
 Month 月
 Year 年

Sex 性別
 Male 男
 Female 女

Identity document no. 身分證文件號碼

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

Identity document type 身分證文件類別

- 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 其他

Nationality 國籍

Does the proposed life insured hold nationality in another country? 準受保人是否持有多於一個國家的國籍？

Yes 是
 No 否
 If "Yes", please specify the country 如「有」，請註明國家名稱 _____

Relationship with policyholder 與保單持有人的關係
 Spouse 配偶
 Children 子女
 Others 其他 _____

(Please provide satisfactory proof of insurable interest. 請提供可保利益的滿意證明。)

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

Correspondence address (If different from residential address) 通訊地址 (如與住宅地址不同)

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

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

Residential telephone no.

住宅電話號碼

Country _____ (Country code) Telephone no. _____
 國家 (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

Mobile telephone no.

流動電話號碼

Country _____ (Country code) Telephone no. _____
 國家 (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.

辦公室電話號碼

Country _____ (Country code) Telephone no. _____
 國家 (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

Email address

電郵地址

Occupation information 職業資料

Business nature

業務性質

Occupation title

職位

Section B 部：Lifestyle and health information for the proposed life insured (simplified underwriting)

準受保人之生活習慣及健康狀況(簡易核保)

Note 註

Please provide the details in Section C if your answer to below question 2 or 3 is "Yes".

如以下問題 2 或問題 3 答案為「是」，請於 C 部提供詳情。

1. Have you smoked or used any form of tobacco or nicotine product in the last 12 months? 閣下曾否在過去的 12 個月內吸煙或使用任何煙草產品或尼古丁產品？	<input type="radio"/> Yes 是 <input type="radio"/> No 否
2. Have you ever had any heart condition, stroke, cancer and/or tumor which resulted in hospitalization more than seven consecutive days and/or medical treatment received more than 14 consecutive days? 閣下曾否患有心臟問題、中風、癌症及/或腫瘤而需要住院連續超過七日及/或接受治療連續超過 14 日？ In the last 12 months, have you ever had or been treated for kidney disease, liver disease and/or neurological disease? 在過去 12 個月內，閣下曾否患有或接受有關腎臟疾病、肝臟疾病及/或神經系統疾病之治療？	<input type="radio"/> Yes 是 <input type="radio"/> No 否
3. In the last 12 months, have you had any disease(s) which require examination, treatment and/or hospitalization for more than seven consecutive days? 在過去 12 個月內，閣下曾否因任何疾病而需要接受檢查、治療及/或住院連續超過七日？ Are you currently experiencing symptom(s) that you are having/awaiting investigation and/or treatment? 閣下現時有否因任何病徵而需要/等待檢驗及/或接受治療？	<input type="radio"/> Yes 是 <input type="radio"/> No 否

Section C 部：Supplementary on health condition 健康狀況之補充資料

Question no. 題號	Details of health condition including diagnosis, investigation result, treatment received and planned 健康狀況詳情包括診斷、檢驗結果、曾接受或計劃接受的治療 (Please provide the reports. 請提供報告。)	Onset date 病發日期 (DD日/MM月/YYYY年)	Last follow up date 最後覆診日期 (DD日/MM月/YYYY年)	Follow up schedule 覆診安排	Current condition and degree of recovery 現時狀況及痊癒程度	Full name and addresses of doctor/clinic/hospital 主診醫生/診所/醫院名稱及地址

Section D 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 E 部：Declaration for data protection 個人資料保障聲明

I/We (Policyholder/proposed life insured) 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(保單持有人/準受保人)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 F 部：Declaration and acknowledgement 聲明及確認

I/We declare that the answers given in this questionnaire, whether in my/our handwriting or not, are true and complete to the best of my/our knowledge and belief and will form the basis of my/our contract of life insurance.

本人/我們現聲明，據本人/我們所知及相信，本人/我們在本問卷提供的資料，不論是否本人/我們親筆書寫，均屬真實及完整，並會構成本人/我們這份人壽保單依據。

I/We understand that failure to disclose any material fact may invalidate the contract resulting in the loss of benefits. (Note: a material fact is one which may influence the assessment or acceptance of your application for insurance. If you are in any doubt as to the relevance of any information, please give details.)

本人/我們明白如本人/我們隱瞞任何重要事實，這份合約可能會失效並導致損失保障。(註：重要事實指可影響本公司評估或接受 閣下保險申請的事實。如 閣下對任何有關資料的相關性存疑，敬請詳述。)

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 understand and consent to the Company seeking independent verification (if considered necessary) of any of the information given in this questionnaire.

本人/我們明白及同意 貴公司向獨立人士核證本問卷所載之任何資料(如認為必要者)。

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 G 部 : Authorization 授權

I/We hereby authorize 本人/我們茲授權 :

- Zurich Life Insurance (Hong Kong) Limited ("the Company") arranges with panel network providers to provide specified medical services to me/us (if and as applicable).
蘇黎世人壽保險(香港)有限公司(「貴公司」)為本人/我們安排醫療網絡組織之服務提供者進行指定之醫療服務(如適用)。
- Any organization, institution or individual that has any record or knowledge of my/our health and medical history or any treatment or advice and that has been or may hereafter be consulted to disclose to the Company such information. This authorization shall bind my/our successors and assigns and remain valid notwithstanding my/our death or incapacity in so far as legally possible. A photocopy of this authorization shall be as valid as the original.
任何知悉或擁有本人/我們之健康狀況及病歷或任何治療或諮詢記錄及曾為或將為本人/我們診治之機構、組織或人士, 向 貴公司透露有關資料。即使本人/我們死亡或喪失能力, 此授權書仍然存有法律效力, 而本人/我們之繼承人及轉讓人亦會受此授權書約束。此授權書之正本與副本同屬有效。
- Any approved medical examiners or laboratories of the Company to perform the necessary medical assessment and tests to underwrite and evaluate my/our health status in relation to this application and any claim arising therefrom.
任何 貴公司認可之驗身醫生或化驗所, 替本人/我們進行所需之醫療評估及測試, 並對本人/我們之健康狀況進行審核及評估, 作為處理本申請及其後與之有關的賠償事宜。

Name of policyholder 保單持有人姓名	HKID card/passport no. of policyholder 保單持有人之香港身份證/護照號碼
	Day日 Month月 Year年 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature of policyholder 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature of proposed life insured (if the attained age is 18 or above) 準受保人簽署(若準受保人年齡為18歲或以上)	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。