

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。
- 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) 患上末期疾病、昏迷、不能獨立生活、植物人、嚴重頭部創傷或癱瘓 (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 pursuant to clause "Change of Policyholder and Beneficiary(ies)" of the policy. In the event of change of policyholder pursuant to clause "Change of Policyholder and Beneficiary(ies)" of the policy or the contingent policyholder dies before the policyholder, all rights, entitlements and power of the contingent policyholder will cease automatically.
若保單持有人根據保單條款「更改保單持有人及受益人」而更改, 指定後備保單持有人將會自動撤銷。當根據保單條款「更改保單持有人及受益人」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。
- 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受權人或以閣下的利益行事, 閣下須自行徵詢法律意見。
- 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。
- 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。



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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*

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。

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

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)

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。)

Identity document 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
- Other 其他

Nationality 國籍

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 _____

Relationship with policyholder 與保單持有人的關係

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) 聯絡地址 (如與住址不同)

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

Section C 部：Notice to customers relating to the Personal Data (Privacy) Ordinance 有關個人資料(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 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壽險(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。

_____ Signature of proposer/policyholder 投保人/保單持有人簽署	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 NEW contingent policyholder 新後備保單持有人簽署	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 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。