

Appointment of beneficiary form 委任受益人表格

Completing this form 填寫本表格

Please use this form if you wish to nominate beneficiary(ies) to receive the death benefit from your policy. You should take legal advice before completing this form. The appointment does not apply to payments in respect of any other benefit claims (where applicable).

如您希望提名受益人領取受保人身故後的賠償，請填妥本表格。填寫本表格前請先諮詢您的法律顧問。請注意本表格指定受益人領取的賠償不包括任何其他保障索償（如適用）。

Please ensure that the percentage share for each beneficiary equals 100% when added together.

請確保每位受益人所佔的百分比總數加起為 100%。

Contact details 聯絡資料

We adhere to strict confidentiality procedures when we communicate with our clients/beneficiaries. For security purposes we will regard the details provided as your authorized contact details; it is therefore important that they are accurate and that you let us know if any of these details change.

我們與聯絡客戶時嚴格執行保密程序。為保障客戶私隱，您所提供的資料將被視為認可的聯絡資料，故此請務必提供準確的資料，如資料有變，請務必通知本公司。

Please complete this form in blue or black ink, in English and in **CAPITAL** letters.

請用藍色或黑色原子筆，用英文大楷填妥本表格。

Policy no. (if known):
保單號碼（如已知悉）：

Section A 部：Policy owner details 保單資料

Policyholder 1 第一保單持有人

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

Forename(s)
名

Please give details of any previous name(s) or aliases used (including maiden name)
請詳述任何曾使用的姓名或別名（包括婚前姓氏）

Policyholder 2 第二保單持有人

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

Forename(s)
名

Please give details of any previous name(s) or aliases used (including maiden name)
請詳述任何曾使用的姓名或別名（包括婚前姓氏）

Section B 部：Beneficiary/ies 受益人

Subject to any future revocation or appointment, I/we hereby appoint the following person(s) as beneficiary(ies):

本人／我們謹此委任以下受益人，委任可日後撤銷及更改：

Beneficiary 1 第一受益人

Title 稱銜 <input type="checkbox"/> Mr. 先生 <input type="checkbox"/> Mrs. 太太 <input type="checkbox"/> Miss 小姐 <input type="checkbox"/> Ms. 女士 <input type="checkbox"/> Dr. 博士 <input type="checkbox"/> Others (Please specify) 其他(請註明)	Please give details of any previous name(s) or aliases used (including maiden name) 請詳述任何曾使用的姓名或別名(包括婚前姓氏)
Relationship to the life insured 與受保人的關係 <input type="checkbox"/> Spouse 配偶 <input type="checkbox"/> Others (Please specify) 其他(請註明)	Current residential address 現時住址
Family name 姓	Date of birth 出生日期
Forename(s) 名	Share 份額 %

Beneficiary 2 第二受益人

Title 稱銜 <input type="checkbox"/> Mr. 先生 <input type="checkbox"/> Mrs. 太太 <input type="checkbox"/> Miss 小姐 <input type="checkbox"/> Ms. 女士 <input type="checkbox"/> Dr. 博士 <input type="checkbox"/> Others (Please specify) 其他(請註明)	Please give details of any previous name(s) or aliases used (including maiden name) 請詳述任何曾使用的姓名或別名(包括婚前姓氏)
Relationship to the life insured 與受保人的關係 <input type="checkbox"/> Spouse 配偶 <input type="checkbox"/> Others (Please specify) 其他(請註明)	Current residential address 現時住址
Family name 姓	Date of birth 出生日期
Forename(s) 名	Share 份額 %

Beneficiary 3 第三受益人

Title 稱銜 <input type="checkbox"/> Mr. 先生 <input type="checkbox"/> Mrs. 太太 <input type="checkbox"/> Miss 小姐 <input type="checkbox"/> Ms. 女士 <input type="checkbox"/> Dr. 博士 <input type="checkbox"/> Others (Please specify) 其他(請註明)	Please give details of any previous name(s) or aliases used (including maiden name) 請詳述任何曾使用的姓名或別名(包括婚前姓氏)
Relationship to the life insured 與受保人的關係 <input type="checkbox"/> Spouse 配偶 <input type="checkbox"/> Others (Please specify) 其他(請註明)	Current residential address 現時住址
Family name 姓	Date of birth 出生日期
Forename(s) 名	Share 份額 %

Beneficiary 4 第四受益人

Title 稱銜 <input type="checkbox"/> Mr. 先生 <input type="checkbox"/> Mrs. 太太 <input type="checkbox"/> Miss 小姐 <input type="checkbox"/> Ms. 女士 <input type="checkbox"/> Dr. 博士 <input type="checkbox"/> Others (Please specify) 其他(請註明)	Please give details of any previous name(s) or aliases used (including maiden name) 請詳述任何曾使用的姓名或別名(包括婚前姓氏)
Relationship to the life insured 與受保人的關係 <input type="checkbox"/> Spouse 配偶 <input type="checkbox"/> Others (Please specify) 其他(請註明)	Current residential address 現時住址
Family name 姓	Date of birth 出生日期
Forename(s) 名	Share 份額 %

Section C 部：Declaration 聲明

Personal Information Collection Statement for Zurich International Life Limited

蘇黎世國際人壽保險有限公司之收集個人資料聲明

The personal information of customers (including policyholders, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by the 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, together with its Addendum that applies if you are located in Mainland China, 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.

本公司之私隱政策及其附錄(附錄適用於身處於中國內地的客戶)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**, 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 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 agree to the use or transfer of my/our personal data for marketing purposes as set out above.

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列市場推廣用途。

I/We understand that the Company will only communicate with me/us using the contact details that I/we have supplied. Where I/we have provided more than one form of contact details, the most appropriate method of communication will be used depending on the urgency and sensitivity of the information.

本人/我們明白 貴公司只會以本人/我們提供的聯絡資料與本人/我們通訊。若本人/我們提供多過一種聯絡資料，貴公司會因應資訊的緊急及敏感程度，而採用最合適的聯絡方法。

I/We note that my/our telephone calls may be recorded or monitored in order to offer additional security, resolve complaints and for training, administrative and quality purposes.

本人/我們知道 貴公司或會將本人/我們的電話對話作錄音或監察，以作強化保安、處理投訴、訓練、行政和提升服務質素之用。

I/We understand that my/our personal information may be passed outside Hong Kong to countries that do not have equivalent levels of data protection; however the Company would be responsible for ensuring that equivalent levels of protection are maintained.

本人/我們明白本人/我們的個人資料可能被傳送至香港以外的國家，而這些國家並沒有同等程度的個人資料保障，但 貴公司有責任確保本人/我們的個人資料受到同等程度的保障。

Declaration (continued) 聲明 (續)

I/We confirm that I/we agree to my/our personal data being collected, used and transferred as set out above in the Personal Information Collection Statement and Declaration.

本人/我們謹此同意可收集、使用及傳送本人/我們的個人資料作上述收集個人資料聲明之用途。

I/We further confirm that I/we agree with the Company's use and transfer of my/our sensitive personal data as set out in the "Addendum to Personal Information Collection Statement" (www.zurich.com.hk/en/services/privacy).

本人/我們進一步同意 貴公司按照「收集個人資料聲明之附錄」(www.zurich.com.hk/zh-hk/services/privacy)中列明的方式使用及傳送本人/我們的敏感個人資料。

I/We confirm that all the information passed to Zurich has been obtained in accordance with the data protection laws and where I/we have provided Zurich with information about an individual, I/we have obtained the individual's consent to the processing of their personal information.

本人/我們確認所有傳送給蘇黎世的個人資料均符合資料保護法規，若本人/我們向蘇黎世提供有關個人資料，本人/我們已獲該人士同意處理其個人資料。

I/We confirm that this/these signature(s) is/are mine/ours as policyholder(s) or that/those of my/our appointed legal representative(s).

本人/我們確認，有關簽名為本人/我們(身為保單持有人)的簽名，或本人/我們委任的法律代表的簽名。

All policyholders, trustees or authorized signatories must sign this form.

所有保單持有人、信託人或獲授權簽署人須於本表格上簽署。

If your signature is different from the signature in your passport/ID provided or if your signature has changed over a period of time, you will need to complete a 'Certifying signature form'.

若您的簽署與護照/身份證明上的簽署不同，或若您的簽署已更改一段時間，您須填妥「核證簽名表格」。

<hr/>	
Signature of policyholder/trustee/authorized signatory 1 第一保單持有人/信託人/獲授權簽署人簽署	Signature of policyholder/trustee/authorized signatory 2 第二保單持有人/信託人/獲授權簽署人簽署
<hr/>	
Full name 姓名	Full name 姓名
Day日 Month月 Year年	Day日 Month月 Year年
Date signed 簽署日期	Date signed 簽署日期
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Zurich International Life is a business name of Zurich International Life Limited (a company incorporated in the Isle of Man with limited liability) which provides life assurance, investment and protection products and is authorized by the Isle of Man Financial Services Authority.

Registered in the Isle of Man number 20126C.

Registered office: Zurich House, Isle of Man Business Park, Douglas, Isle of Man, IM2 2QZ, British Isles

Telephone: +44 1624 662266 Telefax: +44 1624 662038

www.zurich.com.hk

蘇黎世國際人壽保險是蘇黎世國際人壽保險有限公司(於人島註冊成立之有限公司)的商業名稱。蘇黎世國際人壽保險有限公司為人島 Financial Services Authority 所認可，提供人壽保險、投資及保障產品。

於人島的註冊號碼為20126C。

註冊辦事處：Zurich House, Isle of Man Business Park, Douglas, Isle of Man, IM2 2QZ, British Isles

電話：+44 1624 662266 傳真：+44 1624 662038

www.zurich.com.hk