



HSBCTX

Policy Number 保單號碼

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PICS 2020Jun

Change of HSBC Voluntary Health Insurance Flexi Plan Policy Benefit

更改滙豐自願醫保靈活計劃保單保障

Name of Policyholder in English 保單持有人英文姓名	
Name of Life Insured in English 受保人英文姓名	
NOTE 注意： <ol style="list-style-type: none"> Please put a '✓' in the appropriate box(es) and complete in BLOCK LETTERS. 請在適當方格內加上✓號，並用正楷填寫。 HSBC Life (International) Limited is referred to as the "Company" or "HSBC Life" in this document. 滙豐人壽(國際)有限公司在此文件中稱為「本公司」或「滙豐保險」。 If the insured is under age 18 on the date this application is signed, the Policyholder must answer questions on behalf of the insured. 如受保人於簽署此申請表時未達18歲者，需由保單持有人代為作答。 If the payments are paid in currencies other than the policy currencies/currency of levy cap i.e. HKD as provided by the Insurance Authority, the payments would be subject to change according to the prevailing exchange rate of policy currencies/HKD to payment currencies to be determined by the Company from time to time. Likewise any payments settled in currencies other than the policy currencies/currency of levy cap i.e. HKD, the payments would be subject to the change according to the prevailing exchange rate of policy currencies/HKD to payment currencies to be determined by the Company from time to time. The fluctuation in exchange rates may have impact on the amount of payments including but not limited to premium payments, levy payments and benefit payments. By choosing the plans denominated in currencies other than local currency, you are subject to the exchange rate risks. Exchange rate fluctuates from time to time. You may suffer a loss of your benefit values and the subsequent premium payments and/or levy payments (if any) may be higher than your initial premium payment as a result of the exchange rate fluctuations. 如繳付款項貨幣有別於保單貨幣或保險業監管局訂定繳費上限的貨幣(即港幣)，該款項可能會受本公司不時釐定的保單貨幣/港幣對繳付款項貨幣的匯率而改變。同樣，如任何款項的貨幣不是以保單貨幣或保險業監管局訂定繳費上限的貨幣(即港幣)支付，該款項將會受本公司不時釐定的保單貨幣對支付貨幣/港幣的匯率而改變。匯率之波動會對款項構成影響，包括但不限於以繳付保費、保費徵費及利益支付款項。選擇非本地貨幣結算的保單，閣下須承受匯率風險。匯率會不時波動，閣下可能因匯率之波動而損失部分的利益價值及繳交往後保費及/或保費徵費(如有)可能會比繳交首次保費及保費徵費金額為高。 To comply with the Foreign Account Tax Compliance Act (FATCA) regulations issued by the United States Department of the Treasury and Internal Revenue Service (IRS), we are required to establish the status of policyholder and connected person (including entities/companies) that is entitled to access the contract's value or change a beneficiary under the contract. If there is any update in information concerning these parties, you are required to provide the supporting documents. 為符合由美國財政部和國稅局(IRS)發出的海外賬戶稅務合規法案(FATCA)的規定，我們需要向保單持有人及關連人士(包括機構或公司)在保單上有權獲得保險合約的現金價值或更改受益人以作識別及分類。若該等人士有任何資料更新，閣下需按要提供相關核實證明。 	

To HSBC Life (International) Limited / The Hongkong and Shanghai Banking Corporation Limited
致：滙豐人壽保險(國際)有限公司／香港上海滙豐銀行有限公司

Part I 第一部分	
<input type="checkbox"/> Change policy benefit of plan 更改保單保障計劃	Plan Name 計劃名稱： <input type="checkbox"/> HSBC Voluntary Health Insurance Standard Plan 滙豐自願醫保標準計劃
<input type="checkbox"/> Change policy benefit level 更改保單保障級別	Please choose Plan Level and Deductible Amount below 請於下列選擇計劃級別及自付費 Plan Level: <input type="checkbox"/> Bronze 銅級 <input type="checkbox"/> Silver 銀級 計劃級別: <input type="checkbox"/> Gold 金級 <input type="checkbox"/> Diamond 鑽級 Deductible Amount: <input type="checkbox"/> HKD0 <input type="checkbox"/> HKD16,000 自付費: <input type="checkbox"/> HKD50,000 <input type="checkbox"/> HKD100,000

Part II 第二部分 Family Discount 家庭折扣																
<p>Policyholder is entitled to a 10% premium discount if policyholder have any "Family Member(s)" currently insured under HSBC Voluntary Health Insurance Flexi Plan; or policyholder and policyholder's Family Member(s) successfully apply for HSBC Voluntary Health Insurance Flexi Plan at the same time. 如保單持有人的「家庭成員」現已受保於「滙豐自願醫保靈活計劃」；或保單持有人與保單持有人的「家庭成員」同時成功投保「滙豐自願醫保靈活計劃」，均可獲享 10% 保費折扣。</p> <p>Do you have any Family Member who is currently applying to be insured or already insured under HSBC Voluntary Health Insurance Flexi Plan? 您是否有任何家庭成員現正投保或現已受保於滙豐自願醫保靈活計劃？</p> <p><input type="checkbox"/> Yes 是 <input type="checkbox"/> No 不是</p> <p>Note: To enjoy the Family Discount, policyholder are required to provide details of your "Family Member(s)" for verification purposes. Please refer to the "Family Discount Endorsement" of the Terms and Benefits of HSBC Voluntary Health Insurance Flexi Plan for detailed terms and conditions. 註：如欲享有家庭折扣，保單持有人須提供家庭成員的資料以作核實。詳情請參閱滙豐自願醫保靈活計劃的條款及保障中的「家庭折扣批註」。</p>																
<table border="1"> <thead> <tr> <th>Name of Family Member (in English) 家庭成員英文姓名</th> <th>ID type and No. 身份證明文件類別及號碼</th> <th>Insured family member's relationship to policyholder (受保家庭成員與保單持有人之關係)</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>HKID Card No./Birth Cert No. 香港身份證／出生證明書號碼</td> <td><input type="checkbox"/> Self 自己 <input type="checkbox"/> Parent 父母 <input type="checkbox"/> Sibling 兄弟姊妹</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Passport No./Others 護照號碼／其他</td> <td><input type="checkbox"/> Parent in-law 岳父母 <input type="checkbox"/> Spouse 配偶 <input type="checkbox"/> Child 子女</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Siblings of spouse 配偶之兄弟姊妹 <input type="checkbox"/> Partner 伴侶 <input type="checkbox"/> Grandparent (外)祖父母</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Grandparent in-law (外)祖岳父母</td> </tr> </tbody> </table>	Name of Family Member (in English) 家庭成員英文姓名	ID type and No. 身份證明文件類別及號碼	Insured family member's relationship to policyholder (受保家庭成員與保單持有人之關係)	<input type="checkbox"/>	HKID Card No./Birth Cert No. 香港身份證／出生證明書號碼	<input type="checkbox"/> Self 自己 <input type="checkbox"/> Parent 父母 <input type="checkbox"/> Sibling 兄弟姊妹	<input type="checkbox"/>	Passport No./Others 護照號碼／其他	<input type="checkbox"/> Parent in-law 岳父母 <input type="checkbox"/> Spouse 配偶 <input type="checkbox"/> Child 子女			<input type="checkbox"/> Siblings of spouse 配偶之兄弟姊妹 <input type="checkbox"/> Partner 伴侶 <input type="checkbox"/> Grandparent (外)祖父母			<input type="checkbox"/> Grandparent in-law (外)祖岳父母	
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Part III 第三部分 Health Details of Insured 受保人健康資料		Life Insured 受保人	
<p>Important Note: If you are uncertain as to whether or not particular information is material, these facts should be disclosed. Nondisclosure of health information of the insured may result in your policy being void and/or your claims being disqualified for reimbursement. 重要事項：若您未能肯定某些資料是否重要，亦應披露。任何未經披露之受保人健康狀況均有可能導致您的保單無效及／或索償不獲賠償。</p>		Yes 是	No 否
<p>1. Have you (the insured) had a history of Diabetes, Hepatitis B, hyperlipidaemia, hypertension, cancer, heart condition, stroke, or joint replacement_ or any medical devices (eg, pacemaker, shunts for draining fluids from the brain, pins and plates for fixation of broken bones) currently in the body? 您(受保人)是否有糖尿病、乙型肝炎、高脂血症、高血壓、癌症、心臟病、中風或關節置換的病史，或現在體內有任何醫療儀器(如起搏器、導引腦積水的分流器，及固定骨折的骨釘和骨板等)?</p>		<input type="checkbox"/>	<input type="checkbox"/>
<p>2. In the last 6 months, have you (the insured) had any undiagnosed symptoms, or been taking medical investigations or awaiting results for the said symptoms? 在過去六個月內，您(受保人)是否曾有任何未被診斷的症狀，或現正就有關症狀進行醫療檢查或等待結果?</p>		<input type="checkbox"/>	<input type="checkbox"/>
<p>3. In the last 4 years, have you (the insured) had: 在過去四年內，您(受保人)是否曾：</p>		<input type="checkbox"/>	<input type="checkbox"/>
<p>(a) consultation/medical investigations (eg, scans or blood tests) for any medical conditions/symptoms that have either continued for at least 14 days or occurred more than once; 因任何持續14天或以上及／或出現多於一次的病症或症狀就診或接受醫療檢查(如掃描或血液檢驗)；</p>		<input type="checkbox"/>	<input type="checkbox"/>
<p>(b) consultation or medical investigations as a result of abnormal findings from medical investigations; 因醫療檢查結果異常而就診或接受醫療檢查；</p>		<input type="checkbox"/>	<input type="checkbox"/>
<p>(c) consultation by a specialist (eg, physiotherapist, otorhinolaryngologist, ophthalmologist) at least twice for the same medical conditions? 因同一病症接受兩次或以上的專科醫生(如物理治療師、耳鼻喉專科醫生、眼科醫生)診治？</p>		<input type="checkbox"/>	<input type="checkbox"/>
<p>(d) ever taken or been advised to take any prescribed medication regularly for a continuous period of at least 1 month? 曾定期服用，或曾被建議定期服用，為期最少一個月的醫生處方藥物？</p>		<input type="checkbox"/>	<input type="checkbox"/>
<p>(e) admitted to a healthcare facility for an operation or a procedure? 曾住院、接受手術或治療程序？</p>		<input type="checkbox"/>	<input type="checkbox"/>
<p>(f) Applicable to proposed insured aged 25 months to 18 years only: 此問題只適用於年齡介乎25個月至18歲的受保人： Has the proposed insured had consultation or medical investigations as a result of developmental disorders such as abnormal weight or height? 準受保人是否曾因生長發育異常問題(如身高異常或體重異常等)就診或接受醫療檢查？</p>		<input type="checkbox"/>	<input type="checkbox"/>
<p>(g) Applicable to proposed insured aged 15 days to 24 months only: 此問題只適用於年齡介乎15日至24個月的受保人： Was the insured born before 37 weeks or after 42 weeks of pregnancy? 受保人是否於懷孕37週前或42週後出生？</p>		<input type="checkbox"/>	<input type="checkbox"/>
<p>Notes 註： 1. Please complete this section only if any of your answer is "Yes" to questions above (1 – 3). 若問題1至3答案為「是」，請填寫下列有關資料。 2. In case the space provided is insufficient, please indicate the section and question number, and provide details as a separate supplement to application form. 如所提供之空位不敷應用，請提供有關資料於補充表格上，並列明題號及詳情。 3. Important Note: Non-disclosure of health information of the insured may result in your policy being void and/or your claims being disqualified for reimbursement. 重要事項：任何未經披露之保人健康狀況均有可能導致閣下的保單無效及／或索償不獲賠償。</p>			
<p>Medical Conditions 傷病</p>			
<p>5. Please specify the medical condition. Where applicable, please specify the part of the body affected (eg right knee, left eye). 請註明患上何種傷病。如適用，請說明受影響的身體部位(例如右膝、左眼)。</p>			
<p>6. When did the symptoms start? 何時開始出現症狀?</p>			
<p>7. What investigations did you have? Please specify the dates, investigations (eg MRI, blood test) and the results. 您曾接受何種檢查? 請註明日期、檢查種類(如磁力共振、驗血)及其結果。</p>			
<p>8. What treatment did you have? Please specify treatment, treatment period, and the details (eg medication and dosage, procedure, or surgery). 您曾接受何種治療? 請註明接受治療種類、治療時期及其詳情(如藥物名稱及劑量、治療程序及手術名稱)。</p>			
<p>9. When was the treatment completed? 何時完成治療?</p>			
<p>10. What was the outcome of the treatment (eg ongoing, or complete recovery, or in remission, or likely to relapse)? 治療結果如何(如病況持續、完全康復、處於緩解期或可能復發)?</p>			
<p>11. If you have any medical reports or test reports, please attach the report(s) and answer "Yes" in the box. 如您有任何醫療報告或醫療檢查報告，請隨此表格同時附上，並請於空格中回答「是」。</p>		<p>With Attachment 附件 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否</p>	

Data Privacy Notice

Notice relating to the Personal Data (Privacy) Ordinance

We protect your privacy. Read this notice to find out how we collect, store, use and share your personal data.

1

HOW WE COLLECT AND STORE YOUR DATA

We collect your data

- when you interact with us, apply for and use our products and services
- visit our websites (please see the "Privacy and Security" section of www.hsbc.com.hk and refer to "Use of cookies policy" for details of how we use cookies)
- from other people and companies, including other HSBC group companies

We may store your data locally or overseas, including in the cloud. We apply our global data standards and policies wherever your data is stored.

We're responsible for keeping your data safe in compliance with Hong Kong law.

2

WHAT WE USE YOUR DATA FOR

We use your data

- to send you direct marketing if you've consented to it
- to consider applications for, offer, provide and manage products and services

For example: (i) insurance, annuities, pensions and health and wellness products and services; (ii) educational materials; (iii) products and services relating to campaigns and promotions which you have signed up to

- to design and improve our products, services and marketing
- to help us and other HSBC group companies comply with laws, regulations and requirements, including our internal policies, in or outside Hong Kong
- to detect, investigate and prevent financial crimes
- for the other purposes set out in section B

3

WHO WE SHARE YOUR DATA WITH

We share your data with

- other HSBC group companies
- third parties who help us to provide services to you or who act for us
- third parties who you consent to us sharing your data with
- local or overseas law enforcement agencies, industry bodies, regulators or authorities
- the other third parties set out in section C

We may share your data locally or overseas.

You can access your data

You can request access to the data we store about you. We may charge a fee for this.

You can also ask us to

- correct or update your data
- explain our data policies and practices

You control your marketing preferences

You control whether you receive marketing from us.

You can change this at any time by contacting us.

You can contact us

dfv.enquiry@hsbc.com.hk

The Data Protection Officer
HSBC, PO Box 72677,
Kowloon Central Post Office,
Hong Kong

A**Collect and store****We may collect**

- biometric, medical and health/lifestyle data such as your heart rate, BMI and steps count
- your geographic data and location data based on your mobile or other electronic device
- data from people who act for you or who you deal with through our services
- data from public sources, aggregators and other sources available to us
- data from policyholders or members of our insurance policies of which you benefit from or are insured by

If you don't give us data then we may be unable to provide products or services.

We may also generate data about you

- by combining information that we and other HSBC group companies have collected about you
- based on the analysis of your interactions with us and information which we have collected about you
- through the use of cookies and similar technology when you access our website or apps

B**Use****We use your data to**

- handle and take care of claims
- help us to comply with requirements or requests that we or the HSBC group have or receive such as legal or regulatory in or outside Hong Kong. Sometimes we may have to comply and other times we may choose to voluntarily comply
- conduct identity, medical or credit checks
- create and maintain the credit and risk related models of the HSBC group (such as underwriting models, health and wellness models and models/algorithms for data analytics and artificial intelligence)
- manage our business, including exercising our legal rights
- determine, pay or collect money owed to you or to us
- match data held by HSBC group companies for purposes listed in this notice
- provide personalised advertising to you on third party websites (this may involve us aggregating your data with data of others)
- other uses relating to the above or to which you have consented

If you provide data about others

If you provide data to us about another person, you should tell that person how we will collect, use and share their data as explained in this notice.

C**Share****We share your data with**

- local or overseas bodies or authorities such as legal, regulatory, law enforcement, government and tax and any partnerships between law enforcement and the financial sector
- any person who is a party to a transaction (or a potential transaction) buying interest or assuming risk in an insurance policy, such as reinsurers
- payment recipients, beneficiaries or any person who act for our customer or you, or anyone whose data is provided for receiving benefits under an insurance policy or otherwise
- hospitals, clinics, medical practitioners, laboratories, technicians, loss adjustors, risk intelligence providers, legal advisers or private investigators who act for us
- any third party who we may transfer our business, policies or assets to so it can evaluate our business and use your data after any transfer
- partners and providers of reward, co-branding or loyalty programs, charities or non-profit organisations
- social media advertising partners (who can check if you have or use our products and services and send our adverts to you and advertise to people who have a similar profile to you)

We may share your anonymised data with other parties not listed above. If we do this you won't be identifiable from this data.

D**Direct Marketing**

This is when we use your data to send you details about financial, insurance, pensions, annuities or related products, services and offers (such as health and wellness) and promotional campaigns provided or hosted by us or our co-branding, rewards or loyalty programme partners, charities or other third party financial institutions and service providers.

We may use data such as your demographics, the products and services that you're interested in, transaction behaviour, portfolio information, location data, social media data, analytics, health and wellness data and information from third parties when we market to you.

We don't give your data to others for them to market their products and services to you. If we ever wanted to do this, we'd get your separate consent.

This notice will apply for as long as we store your data. We'll send you the latest version at least once a year. If we use your data for a new purpose, we'll get your consent.

Note: In case of any discrepancies between the English and Chinese versions, the English version shall apply and prevail.

資料私隱通知

關於個人資料(私隱)條例的通知

我們致力保護您的私隱。請閱讀此通知，了解我們如何收集、儲存、使用及披露您的個人資料。

1

我們如何收集及儲存您的資料

我們收集您資料的途徑包括

- 您與我們互動，向我們申請及使用我們的產品和服務
- 您瀏覽我們網站(有關我們如何使用「cookies」的詳情，請參閱我們網站 www.hsbc.com.hk 進入「私隱與保安」閱覽「Use of cookies 政策」)
- 其他人士及公司(包括其他滙豐集團旗下公司)

我們可能將您的資料儲存於本地或海外，包括雲端。無論您的資料儲存於何處，均受我們的環球資料標準及政策約束。

我們有責任根據香港法律保護您的資料安全。

2

我們如何使用您的資料

我們將您的資料用於

- 經您同意後向您發送直接促銷資料
- 考慮申請、為您推薦、提供及管理產品與服務
例如：(i) 保險、年金、退休金、健康與保健產品及服務；(ii) 教育材料；(iii) 關於您已報名參與之活動及推廣的產品與服務
- 設計及改進我們的產品、服務及市場推廣活動
- 幫助我們及其他滙豐集團旗下公司遵守香港或其以外的國家或地區的法律、法規和要求，包括我們的內部政策
- 偵測、調查及預防金融罪案
- B 部分所列的其他目的

3

我們與誰披露您的資料

我們與下列人士披露您的資料

- 其他滙豐集團旗下公司
- 幫助我們向您提供服務或代表我們行事的第三方
- 您同意我們與之披露您資料的第三方
- 本地或海外執法機構、行業組織、監管機構或權力機關
- C 部分所列的其他第三方

我們可能在本地或海外披露您的資料。

您可查閱自己的資料

您可要求查閱我們所儲存有關您的資料。我們可能就此向您收取費用。

您可要求我們

- 改正或更新您的資料
- 說明我們的資料政策及慣例

您可控制自己的市場推廣偏好

您可控制您會否從我們收取市場推廣資料。

您可隨時聯絡我們對此作出更改。

您可聯絡我們

dfv.enquiry@hsbc.com.hk

資料保護主任

香港上海滙豐銀行有限公司
香港九龍中央郵政局
郵政信箱 72677 號

A 收集及儲存

我們或會

- 收集生物辨識、醫療及健康/生活模式資料，例如您的心跳率、身高體重指數及步數統計
- 基於您的流動或其他電子裝置收集您的地域及位置資料
- 從代表您的人士或您透過我們服務與之往來的人士收集資料
- 從公開渠道、資料整合機構及其他我們接觸得到的渠道收集資料
- 從您受益或受保於我們的保險下的保單持有人或保單成員收集資料

若您不向我們提供資料，我們可能無法提供產品或服務。

我們亦可能透過以下途徑衍生有關您的資料

- 整合我們及其他滙豐集團旗下公司收集的有關您的資料
- 分析您與我們的互動及我們已收集得來有關您的資料
- 於您瀏覽我們網站或應用程式時使用 cookies 或類似技術

B 使用

我們將您的資料用於

- 處理及安排索償
- 幫助我們遵守包括香港或其以外的地區或國家的法律或監管機構對我們或滙豐集團現有或所收到的相關監管規定或要求。這些監管規定或要求可能是我們必須遵從或選擇自願遵從的
- 進行身份審查、身體檢查或信用審查
- 設立及維持滙豐集團的信貸及風險相關準則(例如承保準則、健康及保健準則，以及用於資料分析及人工智能的準則/算法)
- 管理我們業務，包括行使我們的法律權利
- 釐定、支付或收取欠您或欠我們的款項
- 與滙豐集團旗下公司所持有的資料核對，以供作本通知所列明的用途
- 於第三方網站上為您提供個人化廣告(這可能涉及我們將您與他人的資料進行整合)
- 與上述用途相關或經您同意的其他用途

若您提供他人的資料

若您向我們提供有關其他人士的資料，您應按本通知所述，告知該人士我們將如何收集、使用和披露其資料。

C 披露

我們與下列人士披露您的資料

- 本地或海外的法律、監管、執法、政府和稅務等機構或權力機關，以及執法機構與金融業界之間的任何合作夥伴
- 交易(或潛在交易)下收購保單權益或承擔保單風險的一方，例如再承保人
- 收款人、受益人或任何為我們的客戶或您行事的人；或任何為收取保單賠償或為其他目的而資料被提供的人
- 代表或為我們提供服務的醫院、診所、醫生、化驗所、技術員、理賠員、風險情報提供機構、法律顧問或私家偵探
- 我們可能轉讓業務、保單或資產的任何第三方，以便其評估我們的業務及在轉讓後使用您的資料
- 獎賞、合作品牌或忠誠計劃的合作夥伴及供應商，以及慈善或非牟利機構
- 社交媒體廣告合作夥伴(可查看您是否擁有或使用我們的產品及服務，並向您及與您個人資料相似的人士發送我們的廣告)

我們可能與上文並未列出的其他人士披露您的匿名資料。在此情況下，有關資料將無法識別出您的身分。

D 直接促銷

指我們使用您的資料向您發送由我們或我們的合作品牌、獎賞或忠誠計劃合作夥伴、慈善機構或其他第三方金融機構及服務供應商所提供或舉辦的金融、保險、退休金、年金或相關產品、服務和優惠詳情(例如健康與保健)及推廣活動的詳細資料。

向您進行市場推廣時，我們或會使用您的資料，例如人口統計資料、您感興趣的產品及服務、交易行為、投資組合資料、位置資料、社交媒體資料、分析、健康及保健資料和來自第三方的資料。

我們不會向他人提供您的資料，以供其向您推廣產品及服務。如有此意，我們會另行徵求您的同意。

本通知於我們儲存您的資料期間適用。我們亦會每年向您提供此通知的最新版本。若我們將您的資料用於新用途，則會徵求您的同意。

注意：中英文本如有任何歧義，概以英文本為準。

Part V 第五部分 Declaration and Authorisation 聲明及授權書

I understand that I am advised to 本人明白貴行的建議：

I understand and agree that the request for Change or Addition which requires evidence of insurability shall consist of Parts I, II, III (where applicable) and shall not take effect unless all of the following conditions are met: (1) any required payment in respect of the application is paid in full; (2) the application is approved by HSBC Life (International) Limited in its absolute discretion during the lifetime and continued insurability of the Life Insured(s); (3) in respect of any reinstatement or increase in insurance which takes effect pursuant to this request, the terms and conditions of the Policy which have the headings "Incontestability" and "Suicide" shall apply as if the date of issue of the Policy and the Policy Effective Date were the effective date of such reinstatement or increase; (4) acceptance of the request for change shall be confirmed by the company in writing or endorsement on the photo copy of this change request. 本人明白及同意需提交可保健康證明之更改或增加保障申請，需要填寫第一、二、三部分(如適用)，並必須符合下列條款，否則該申請不能生效：(1)申請之應繳費用必須收妥。(2)申請必須在受保人在生及健康時核准。(3)此復保或增加保障之申請經公司核准後，保單內「不得異議」及「自殺」條款的保單發出日及保單生效日將以此申請書批准日起計算。(4)公司將以書面或批單形式通知此申請被接納。

I hereby declare that all answers to the questions are, to be best of my knowledge and belief, complete and true, whether written by own hand or not, and I agree that they are, with the following agreements, to be considered as the basis of the proposed Change or Addition, and such Change or Addition shall not take effect until this application has been duly approved by the Company during the lifetime and continued insurability of the person insured by the said policy, and any required premium has been paid. 本人聲明，以上提供之資料(不論是否親筆填寫)皆完全屬實及真確無訛，並清楚明白這些答案將成為此申請更改/增加保障之依據。此更改/增加保障之申請必須經公司核准及在受保人在生及健康時收妥所需保費始能生效。

I further authorise any physician, hospital, clinic, insurance company or other organisation or person that has any records or knowledge of me or my health to disclose to HSBC Life (International) Limited or its representative. A photo copy of this authorisation shall be as valid as the original. 本人授權任何知道本人健康情況及據所知任何紀錄之醫生、醫院、診所、保險公司或其他機構或人士向滙豐人壽保險(國際)有限公司或其代表提供本人之有關資料。本授權書的影印本與正本具有同等效力。

I/We understand and agree that: (i) a prescribed levy will be imposed on this policy by the Insurance Authority ("IA") pursuant to section 134 of the Insurance Ordinance (Cap. 41) and it is my/our statutory duty to pay such prescribed levy required for this policy to the IA through HSBC Life (International) Limited ("the Company"); (ii) such levy payment should be made together with the premium payment to the Company for direct remittance to the IA within the remittance period as prescribed by the IA; (iii) subject to the applicable levy cap, the amount of levy payable for each premium payment is the amount of the premium multiplied by the applicable levy rate as prescribed by the IA from time to time; (iv) the policy date or the policy anniversary date is used to determine which levy rate is applicable for calculating the levy payable in a particular policy year. All subsequent premiums to be paid will also be subject to the applicable levy rate and levy cap; and (v) if I/we choose to make the payment by direct debit or credit card, the Company will debit the amount of my/our initial and/or regular premium required together with the applicable levy as prescribed by the IA from time to time, and therefore sufficient funds will be maintained in my/our bank/credit card account to pay the subsequent premiums and levy. 本人(等)明白並同意：(i)根據《保險業條例》(第41章)第134條，保險業監管局(「保監局」)將按此保險單收取訂明保費徵費及本人(等)有法定責任透過滙豐人壽保險(國際)有限公司(「貴公司」)繳付訂明保費徵費予保監局；(ii)此保費徵費應與保費一同繳付予貴公司，並再由貴公司於保監局指明的轉付期內直接轉付予保監局；(iii)需繳付的保費徵費是保單的每期保費金額與適用的徵費率之相乘，但受限於保監局不時訂明的適用徵費上限；(iv)保單日期或保單周年日用於決定使用那個適用的徵費率以計算該保單年度應繳付的保費徵費，往後需繳付的保費亦會根據訂明的適用徵費率及徵費上限收取保費徵費；(v)若本人(等)選擇以自動轉賬或信用卡付款，貴公司將從本人(等)的指定戶口收取首期及/或應付的定期保費及保監局不時訂明的適用保費徵費。本人(等)並同意會於本人(等)指定銀行/信用卡戶口維持足夠結餘以繳付往後保費及保費徵費。

By signing below, I/we agree that HSBC may use and disclose all personal data about me/us that HSBC currently or subsequently hold for the purposes as set out in the Notice relating to Personal Data (Privacy) Ordinance which accompanies this form. 本人(等)在下方簽署即同意滙豐可按本表格隨附的關於個人資料(私隱)條例的通知內列出的用途使用及披露滙豐現時或其後持有有關本人(等)的全部個人資料。

I/we agree that if I/we am/are a customer(s) of The Hongkong and Shanghai Banking Corporation Limited (the "Bank"), HSBC Life (International) Limited may share this form with the Bank for the purpose of updating certain of my/our information retained by the relevant business line(s) of the Bank.* 本人(等)同意如本人(等)為香港上海滙豐銀行有限公司(「滙豐」)之客戶，滙豐人壽保險(國際)有限公司可向滙豐提供此表格以更新滙豐之相關業務所儲存有關本人(等)的特定資料。*

* Please note that not all information provided by you in this form will be updated in the Bank's record. If you need to update your correspondence address record maintained with the Bank, please submit request via the following channels: 請注意並非閣下於此表格所提供的全部資料將會被用作更新閣下於滙豐的紀錄。如閣下需要更新在滙豐紀錄的通訊地址，請透過以下途徑提交申請：

- (i) Login to HSBC Internet Banking (www.hsbc.com.hk), click "Maintain My Details" at "My HSBC" tab and update your address record by choosing "Change Personal Information and Address" option; 登入滙豐網上理財(www.hsbc.com.hk)，於「我的HSBC」標籤頁點擊「更改我的設定」並選擇「更改個人資料及地址」選項以更新閣下的地址紀錄；
- (ii) Call HSBC Phone Banking hotline on (852) 2233 3322 for HSBC Premier customers and (852) 2233 3000 for other personal banking customers; or 致電滙豐電話理財服務熱綫。滙豐卓越理財客戶請致電(852) 2233 3322，其他個人銀行客戶請致電(852) 2233 3000；或
- (iii) Download and complete the "Change of Address/Telephone Number/Fax Number/Email Address Instruction Form (For Personal Customer)" under "Form and Document Download" page at HSBC website (www.hsbc.com.hk), 於滙豐網站(www.hsbc.com.hk)的「表格及文件下載」頁面下載並填寫「更改地址/電話號碼/傳真號碼/電子郵箱地址指示表格(個人客戶)」。

Please also note the following remarks in respect of change of address in the Bank's record. 此外，請注意以下有關更改在滙豐紀錄的通訊地址之注意事項。

- (i) In compliance with securities dealing restrictions/relevant laws and/or regulation in the United States of America (US) and Canada (CN), customers changing any of their addresses on the Bank's record to US or CN will not be able to continue to enjoy the Bank's securities and unit trust trading services. In case you have a Margin FX Trading Account, you will be required to close your Margin FX Trading Account and all open positions. 基於美國及加拿大就有關證券交易的管制/有關法例及/或規則，若客戶將其其在滙豐紀錄的任何地址更改為美國或加拿大地址，均不可繼續享用滙豐所提供的任何證券或基金投資服務。如果閣下擁有外匯孖展買賣戶口，閣下需要將所有未平倉盤平倉及取消閣下的外匯孖展買賣戶口。

Please also note that customers (who are South Korean nationals) changing any of their addresses on the Bank's record to South Korea, will not be able to continue to enjoy the Bank's securities and unit trust trading services. In case you have a Margin FX Trading Account, you will be required to close your Margin FX Trading Account and all open positions. 此外，請注意，若客戶將其其在滙豐紀錄的任何地址更改為南韓地址(而客戶同時為南韓公民)，均不可繼續享用滙豐所提供的任何證券或基金投資服務。如果閣下擁有外匯孖展買賣戶口，閣下需要將所有未平倉盤平倉及取消閣下的外匯孖展買賣戶口。

- (ii) If you are holding with the Bank an overseas securities account and/or have holdings in treasuries, bonds, bank deposits (including CDs), securities or any other investment products issued by a United States issuer, you are required to separately submit to the Bank a new form W-8BEN (Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding) or such other form as required by the Bank from time to time incorporating your new address and other updated information. 如閣下持有滙豐的海外證券戶口及/或美國國庫債券及/或任何美國發行者發出的債券、銀行存款(包括存款證)、證券或其他投資工具，閣下需要同時遞交一份更新的W-8BEN表格(美國預扣稅實益擁有人外國身分證明書)或按滙豐不時要求遞交的其他表格，在表格上納入新的地址及其他更新資料。

- (iii) In compliance with United States' foreign exchange transactions laws, customers changing any of their nationalities or addresses on the Bank's record to US will not be able to apply for certain types of foreign exchange products (for enquiries, please refer to the Bank's branches). 基於美國外匯交易法例的管制，若客戶將其其在滙豐紀錄的國籍更改為美國國籍或任何地址更改為美國地址，均不可申請外匯相關產品(如有查詢，請聯絡滙豐各分行)。

Part V 第五部分 Declaration and Authorisation (cont'd) 聲明及授權書(續)	
Signature of Life Insured 受保人簽署	Signature of Policyholder (if other than Insured) 保單持有人簽署(若非受保人)
_____	_____
Name 姓名 :	Name 姓名 :
Date 日期 :	Date 日期 :
Signature of Irrevocable Beneficiary (if any) 不可撤換受益人簽署(如適用)	

Name 姓名 :	Date 日期 :

Important Note: Please return the original of this form, duly completed and signed, to HSBC Life (International) Limited of 18/F, Tower 1, HSBC Centre, 1 Sham Mong Road, Kowloon, Hong Kong. Please note that we will only process your request* upon actual receipt of this "original form".
 重要事項：請填妥及簽署此申請表(表格)「正本」後寄回滙豐人壽保險(國際)有限公司，地址：香港九龍深旺道一號滙豐中心一座十八樓，當收到此申請表(表格)「正本」後，我們方會辦理閣下之申請*。

For Bank Use			
<input type="checkbox"/> Client's ID copy attached	Staff Name and ID:	Servicing Staff IA No.	Branch Code and Chop
<input type="checkbox"/> Client's original ID sighted	Contact No.:	Servicing Staff RI No.	
<input type="checkbox"/> Other discount			