



Change of Life Insured – HSBC Wealth Goal Insurance Plan II/HSBC Ultra Wealth Goal Insurance Plan/HSBC Eminent Goal Multi-Currency Insurance Plan/HSBC Jubilee Wealth Insurance Plan/HSBC Flourish Income Annuity Plan

更改受保人 – 滙豐保險計劃II／滙豐尊尚保險計劃／滙豐圖多元貨幣保險計劃／滙豐禧保險計劃／滙豐裕達年金計劃

Important Note 重要提示：

- Your request will be processed within approximate 7 working days upon receipt of the form.
本公司將在收到申請表後大約七個工作天內處理您的申請。
- Any changes should be initiated by the Policyholder.
任何答案如有更改，敬請保單持有人在旁簽署。
- This application is subject to an underwriting process based on total premiums per proposed Insured. Total premiums refers to total premiums of all application(s) and inforce policy(ies), (excluding policy(ies) that are fully paid up after end of the premium payment period) for the following plans: RetireEnrich Protection Plus, RetireIncome Annuity Plan, HSBC Wealth Goal Insurance Plan, HSBC Wealth Goal Insurance Plan II, HSBC Ultra Wealth Goal Insurance Plan, EarlyIncome Annuity Plan, HSBC EarlyIncome Deferred Annuity Plan, Income Goal Insurance Plan, Income Goal Insurance Plan II, HSBC Eminent Goal Multi-Currency Insurance Plan, HSBC Jubilee Wealth Insurance Plan, HSBC Income Goal Deferred Annuity Plan and HSBC Flourish Income Annuity Plan.
本申請將根據每位受保人的保費總額而進行核保。每位受保人的保費總額包括下列計劃所有申請及生效保單(但不包括保費繳付期完結後已全數繳清的保單)：「聚全保」、「退休收入年金計劃」、「滙豐保險計劃」、「滙豐保險計劃II」、「滙豐尊尚保險計劃」、「滙豐圖多元貨幣保險計劃」、「滙豐禧保險計劃」、「滙豐裕達年金計劃」及「滙豐裕達年金計劃」。
- This change request is only applicable to certain policies. Please refer to your Policy's term and conditions.
此更改只適用於指定保單，請檢閱保單條款及細則。
- Change of Life Insured is not applicable to policy which is assigned to The Hongkong and Shanghai Banking Corporation Limited under Insurance Premium Financing.
更改受保人並不適用於在保費融資下已轉讓予香港上海滙豐銀行有限公司的保單。

Please return the form and relevant documents via one of the channels listed below. 請透過以下途徑遞交表格及相關文件。

- Mail to 18/F, Tower 1, HSBC Centre, 1 Sham Mong Road, Kowloon, Hong Kong 郵寄至香港九龍深旺道1號滙豐中心1座18樓；OR 或
- Submit to any HSBC Branch 可於任何滙豐分行遞交

Please complete this form in English BLOCK LETTERS and put a ✓ in the appropriate box(es) 請用英文正楷填寫，並在適當方格內加上✓號						
Policy Information 保單資料						
Policy Number 保單號碼						
Full Name of Policyholder in English 保單持有人英文全名		Surname 姓氏		Given Name 名字		
		Other 其他 (For Company Policyholder) (適用於公司保單持有人)				
A. Details of the New Insured 新受保人個人資料						
1.	Surname 姓氏				<input type="checkbox"/> Mr 先生 <input type="checkbox"/> Mrs 太太 <input type="checkbox"/> Ms 女士 <input type="checkbox"/> Others 其他 _____	
	Given Name(s) 名字					
	Any other known by name (Family Name first) (where applicable) 別名(先填寫姓氏)(如適用)					
2.	Chinese Name (If any) 中文姓名(如有)	3.	ID Type & No. 身份證明文件類別及號碼			
			<input type="checkbox"/> ID Card/Birth Cert No. 身份證/出生證明書號碼 _____ <input type="checkbox"/> Passport No./Others 護照號碼/其他 _____ Place of Issue 簽發地點 _____			
4.	Date of Birth 出生日期 (DD 日/MM 月/YYYY 年)	5.	性別 Gender	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	6.	Place of Birth 出生地區

* Optional if the New Insured is different from Policyholder. 若受保人與保單持有人不同則不須要填寫。

Remarks 備註：

- HSBC Life (International) Limited is referred to as the "Company" or "HSBC Life" in this document. 滙豐人壽保險(國際)有限公司在此文件中稱為「本公司」或「滙豐保險」。
- If you would like to change policy ownership, please complete together with "Transfer of Policy Ownership" signed by Policyholder. The form is available at <https://www.hsbc.com.hk/insurance/forms/>. 如果您希望提出更改保單權益，請連同保單持有人簽署的「保單權益轉讓」一併填寫。相關的保單服務表格可在 <https://www.hsbc.com.hk/insurance/forms/> 獲取。

7.	Nationality (Country/Region) 國籍 (國家/地區) (please complete Nationality 2 and/or 3 if different from Nationality 1 and/or 2 若與國籍 1 及/或 2 不同, 請填寫國籍 2 及/或 3)		
	Nationality 1 國籍 1	Nationality 2* 國籍 2*	Nationality 3*^ 國籍 3*^
8.	Correspondence Address 通訊地址		
	For Overseas Address Only 只適用於海外地址 Postal Code 郵區編號: _____		
	Permanent Address 永久住址 <input type="checkbox"/> Same as correspondence address 與通訊地址相同		
9.	Telephone No. 聯絡電話號碼 (Please provide at least one telephone no. with its Country/Region Code, Area Code (if any) and country/region 請提供最少一個聯絡電話號碼, 包括國家/區域編號及地區編號 (如適用) 及所屬國家/地區)		
	Telephone No. 電話號碼		
	<input type="checkbox"/> Home 住宅	Telephone No. 電話號碼: _____ <input type="checkbox"/> Hong Kong SAR 香港特別行政區 (+852) <input type="checkbox"/> US 美國 (+1) <input type="checkbox"/> China 中國 (+86) <input type="checkbox"/> Other countries/regions 其他國家/地區 _____	
<input type="checkbox"/> Work 工作	Telephone No. 電話號碼: _____ <input type="checkbox"/> Hong Kong SAR 香港特別行政區 (+852) <input type="checkbox"/> US 美國 (+1) <input type="checkbox"/> China 中國 (+86) <input type="checkbox"/> Other countries/regions 其他國家/地區 _____		
<input type="checkbox"/> Mobile 手提電話	Telephone No. 電話號碼: _____ <input type="checkbox"/> Hong Kong SAR 香港特別行政區 (+852) <input type="checkbox"/> US 美國 (+1) <input type="checkbox"/> China 中國 (+86) <input type="checkbox"/> Other countries/regions 其他國家/地區 _____		
10.	Email Address 電郵地址 _____		
11.	Relationship to Existing Policyholder 與現時保單持有人關係		

B. Declaration and Authorisation 聲明及授權書

I authorise any physician, hospital, clinic, insurance company, other individual organisation or government office that has any records or knowledge of the New Insured to disclose to HSBC Life (International) Limited or its representative any information relevant to this application. This authorisation shall irrevocably bind my successors and assigns and remain valid, notwithstanding my death or incapacity and a copy of this authorisation shall be as effective and valid as the original. 本人授權任何知道受保人情況及據有任何紀錄的醫生、醫院、診所、保險公司、其他機構或人士或政府機構向滙豐人壽保險(國際)有限公司或其代表提供與此申請有關的資料。本人之繼承人及受託人亦受此授權書之約束, 不得主張異議。並於本人死亡或喪失能力後依然生效, 本授權書之影印本亦屬有效。

I understand and agree that the request for Change of Life Insured which requires evidence of insurability shall consist of Part A 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 New Life Insured(s); (3) in respect of Change of Life Insured which takes effect pursuant to this request, the terms and conditions of the Policy which have the headings "Incontestability" shall apply as if the date of issue of the Policy and the Policy Effective Date were the effective date of such Change of Life Insured; (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轉換受保人申請, 需要填寫第一部分, 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(如有)。(2) 申請必須在受保人在生及健康時核准。(3) 此轉換受保人之申請經公司核准後, 保單內「不得異議」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 of Life Insured 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轉換受保人之依據。此轉換受保人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。

By signing below, I/we agree that the Company may use and disclose all personal data about me/us that the Company 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)在下方簽署即同意貴公司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貴公司現時或其後持有有關本人(等)的全部個人資料。

By signing below, I/we confirm the above application and agree that the Company may use and disclose all personal data about me/us that the Company currently or subsequently hold for the purposes as set out in the Notice relating to the Personal Data (Privacy) Ordinance (which may otherwise be referred to as 'Personal Information Collection Statement'). I understand I can view such notice by scanning the QR code below, or else I can request a copy by visiting my local HSBC Branch or by calling the Life Insurance Service Hotline: (852) 2583 8000. 本人(等)在下方簽署即確認上述申請, 並同意貴公司可根據本表格內有關個人資料(私隱)條例的通知書(也可稱為「個人資料收集聲明」)內列出的用途, 使用及披露現時或其後持有有關本人(等)的所有個人資料。本人明白可以透過掃描下方的二維碼瀏覽該通知書, 或可前往各滙豐分行或致電滙豐人壽保險服務熱線: (852) 2583 8000 索取該通知書的副本。

PICS 2020Jun (English)



個人資料收集聲明(中文)



I/We acknowledge and agree only a restricted scope of services for my life insurance policy can and shall be provided to me during any time when I am located in the United States, either temporarily or permanently, when giving out any instruction for such services to HSBC Life (International) Limited. 本人(等)確認及同意當本人短暫或永久身處在美國期間發出的任何人壽保險保單指示, 滙豐人壽保險(國際)有限公司只能提供有限的服務。

I/we have obtained the consent of all relevant persons (including but not limited to the beneficiary(ies), regarding transfer of personal data to HSBC Life, for its collection, use and disclosure of personal data in accordance with the Personal Information Collection Statement. 本人(等)已取得所有相關人士(包括但不限於受益人)的同意, 將個人資料轉移至滙豐保險, 以供滙豐保險根據個人資料收集聲明收集、使用及披露個人資料。

I/We understand that I/we can also see HSBC Life's Personal Information Collection Statement at its website via the link <https://www.hsbc.com.hk/insurance/info/>. 本人(等)明白本人(等)亦可透過鏈接 <https://www.hsbc.com.hk/insurance/info/> 在滙豐保險網站上查閱滙豐保險的個人資料收集聲明。

Signature 簽署			
Signature of Policyholder 保單持有人簽署	Signature of New Insured (If other than the Policyholder) 新受保人簽署(若與保單持有人不同)	Signature of Irrevocable Beneficiary (if any) 不可撤換受益人簽署(如適用)	Signature of Assignee (with company chop, if any) 承讓人簽署(附上公司蓋章, 如適 用)
_____	_____	_____	_____
Name 姓名 : _____	Name 姓名 : _____	Name 姓名 : _____	Name 姓名 : _____
Date 日期 : _____	Date 日期 : _____	Date 日期 : _____	Date 日期 : _____
Signed at (city, country/region) 於(城市、國家/地區)簽署			

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.	