



## Change of Customer Information 更改客戶資料

### Important Note 重要提示：

- Your request will be processed within approximate 5 working days upon receipt of the form. 本公司將在收到申請表後大約五個工作天內處理您的申請。
- HSBC Life (International) Limited is referred as the "Company" or "HSBC Life" in this document. 滙豐人壽(國際)有限公司在此文件中被稱為「本公司」或「滙豐保險」。
- Please enclose Identification copy in support, if necessary. 請附上身份證明文件副本以作證明(如適用)。
- 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。

**Please log on to your personal internet banking to place your change of customer information instruction directly or submit the form and relevant documents using one of the available channels below.** 請登入您的網上理財直接更改客戶資料指示或透過以下其中一種方式將表格連同相關文件遞交。

- Scan the QR code on your right hand side to upload documents to "Document Upload Service" on HSBC website 您可以掃描右方的二維碼上載相關文件到滙豐網站上的「文件上載服務」: OR 或
- 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

|  |  |
|--|--|
| Name of Policyholder in English<br>保單持有人英文姓名 |  |
| Policy number<br>保單號碼                        |  |

### 1. Change or correction of personal details (Please enclose ID Card/Passport/Birth Certificate copy in support) 更改或更正客戶資料(請附上身份證/護照/出生證明副本以作證明)

(This change will be applied to All my life insurance policy(ies) underwritten by HSBC Life (International) Limited.)  
(此更改將適用於本人由滙豐人壽保險(國際)有限公司承保之所有人壽保險保單。)

(a) Insured 受保人       (b) Policyholder 保單持有人       (c) Payor 付款人

Name 姓名/Full Name of Trust, Corporation or Partnership 信託、公司或合夥名稱 \_\_\_\_\_

Former Name/Alias (Surname first) 前用姓名/別名(先填寫姓氏) \_\_\_\_\_

Trading As Name(s) (if different from the Full Name) 營業名稱(如與全名不同) \_\_\_\_\_

ID Type & No. 身份證明文件類別及號碼 \_\_\_\_\_

GIIN No. 全球中間機構識別碼 \_\_\_\_\_

Date of Birth/Incorporation 出生/公司成立日期 \_\_\_\_\_  Place of Birth 出生地區 \_\_\_\_\_

Nationality (Country/Region) 1\* 國籍(國家/地區) 1\* \_\_\_\_\_

Nationality (Country/Region) 2\*(please complete if different from Nationality 1) 國籍(國家/地區) 2\*(若與國籍 1 不同請填寫此欄)

Nationality (Country/Region) 3\*(please complete if different from Nationality 1 and 2) 國籍(國家/地區) 3\*(若與國籍(國家/地區) 1 及 2 不同請填寫此欄) \_\_\_\_\_

US Tax ID (where applicable) 美國稅務編號(如適用) \_\_\_\_\_

Local Tax ID (where applicable and optional)# 地方稅務編號(如適用及非必要填寫)# \_\_\_\_\_

Country/Region of Local Tax ID (where applicable and optional)# 地方稅務編號之國家/地區(如適用及非必要填寫)# \_\_\_\_\_

Employment Status 職業狀況

Self-Employed 自雇

Full-time Employed 全職

Part-time Employed 兼職

Not Currently Employed 非在職

Student 學生

Housewife 主婦

Retired 退休

Industry (where applicable) 行業(如適用) \_\_\_\_\_  
 Occupation (where applicable) 職業(如適用) \_\_\_\_\_  
 Job Title (where applicable) 職位(如適用) \_\_\_\_\_  
 Employment Start Date (where applicable) 任職日期(如適用)(MM月/YYYY年) \_\_\_\_\_  
 Name of Employer / Business & Address (where applicable) 僱主/公司名稱及地址(如適用) \_\_\_\_\_  
 Monthly Salary (HKD) (where applicable) 月薪(港幣)(如適用)  
 below 5,000 以下 (0)       5,000 – 9,999 (1)       10,000 – 14,999 (2)       15,000 – 19,999 (3)  
 20,000 – 29,999 (4)       30,000 – 49,999 (5)       50,000 – 69,999 (6)       70,000 – 99,999 (7)  
 100,000 – 199,999 (8)       200,000 or above 或以上 (9)

Remarks 備註：

# Any country/region other than US 美國以外之國家/地區

\* Please state all your current Nationality(ies) (Country/Region) if you have any revision. In addition, nationality (country/region) proof is required if the change of nationality (country/region) applied by non-permanent Hong Kong resident. 如修正任何國籍(國家/地區)資料，請填寫閣下現在的所有國籍(國家/地區)。此外，如香港非永久居民申請修正國籍(國家/地區)資料，請附上國籍(國家/地區)證明。

2. Change of Contact Information 更改聯絡資料

Note 註：Please choose your change request option by inserting tick “✓” in the applicable box below. If no option is chosen, this change will be applied to this life insurance policy only. 請在以下適用的空格內劃上「✓」號選擇所需的更改類別。如未選擇，此更改將只限此人壽保險保單。

I would like to apply the change or correction of Address/Contact Number to ALL my life insurance policy(ies) underwritten by HSBC Life (International) Limited 本人擬申請更改或更正本人由滙豐人壽保險(國際)有限公司承保之所有人壽保險保單之地址/聯絡號碼。

Telephone No. 電話號碼

|                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Home 住宅     | Telephone No. 電話號碼：_____<br><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)<br><input type="checkbox"/> Other Countries/Regions 其他國家/地區 _____ |
| <input type="checkbox"/> Work 工作     | Telephone No. 電話號碼：_____<br><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)<br><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：_____<br><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)<br><input type="checkbox"/> Other Countries/Regions 其他國家/地區 _____ |

E-mail Address 電郵地址 \_\_\_\_\_

Address 地址

Address Type 地址類別

|  |  |  |
|--|--|--|
| <input type="checkbox"/> All types of address 全部地址 | <input type="checkbox"/> Correspondence 通訊 | <input type="checkbox"/> Residential 住宅          |
| <input type="checkbox"/> Permanent 永久              | <input type="checkbox"/> Business 公司       | <input type="checkbox"/> Registered Office 註冊辦事處 |

Address Details 地址資料

(Please complete in English except the address is in mainland China 除中國內地地址外，請以英文填寫。)

Room/Flat/Floor/Block 室/樓/座

Room    Flat 室 \_\_\_\_\_   Floor 樓 \_\_\_\_\_   Block 座 \_\_\_\_\_

Name of Building 大廈名稱 \_\_\_\_\_

Name of Estate 屋邨名稱 \_\_\_\_\_

Number and Name of Street/Road 門牌號數及街道名稱 \_\_\_\_\_

District 地區

Hong Kong 香港    Kowloon 九龍    New Territories 新界

For Overseas Address Only

只適用於海外地址

Country/Region and Postal Code 國家/地區及郵區編號 \_\_\_\_\_

If country/region of new address is not the same as nationality (country/region) or existing address, please provide reason 如新地址所屬之國家/地區與閣下之國籍(國家/地區)或現時地址不同，請說明原因： \_\_\_\_\_

3. Change of Signature of Policyholder 更改保單持有人簽署

New Signature of Policyholder 保單持有人新簽署



4. Assign/Change of Contingent Policyholder (Applicable to WGIP2, UWGIP, EGIP, JWIP and PGIP only) 指定/更改第二保單持有人(只適用於滙溢保險計劃II、滙溢尊尚保險計劃、滙圖多元貨幣保險計劃、滙禧保險計劃及滙瓏環球壽險計劃)

- Termination of Contingent Policyholder 終止第二保單持有人
- Designation of Contingent Policyholder for juvenile policies (not applicable to policies with Life Insured who has attained 18 years of age) 為兒童保單指定第二保單持有人(不適用於受保人已年滿18歲或以上的保單)

**DETAILS OF DESIGNATION OF CONTINGENT POLICYHOLDER 為兒童保單指定第二保單持有人資料**

|   |  |                                       |  |
|---|--|---------------------------------------|--|
| Name (in English)<br>姓名(英文)                     |  |                                       |  |
| Name (in Chinese)<br>姓名(中文)                     |  |                                       |  |
| HKID Card/Passport No.<br>香港身份證/護照號碼            |  | Date of Birth 出生日期<br>(DD日/MM月/YYYY年) |  |
| Relationship with the Policyholder<br>與保單持有人的關係 |  | Contact Number (optional)<br>聯絡電話(選填) |  |
| Correspondence Address (optional)<br>通訊地址(選填)   |  |                                       |  |

Remarks 備註:

- Contingent Policyholder must be an immediate family member of Policyholder (including spouse, parent, children and sibling who aged 18 years old or above). 第二保單持有人必須為保單持有人的直系親屬(包括18歲或以上的配偶、父母、子女或兄弟姊妹)。
- Only one Contingent Policyholder can be named under each policy. Same Contingent Policyholder can be appointed in more than one policy. 每張保單下只可指定一名第二保單持有人，該人士可作多於一份保單的第二保單持有人。
- Designation or change of Contingent Policyholder is only available for policies without assignment and when the Policyholder is still alive. 指定/更改第二保單持有人選項只適用於未有權益轉讓之保單及保單持有人仍在世時。
- The Policyholder shall remind the Contingent Policyholder that he/she shall inform HSBC Life (International) Limited ("the Company") immediately of the death of the Policyholder and provide satisfactory evidence to the Company within 90 days immediately after we received the notification about the death of the Policyholder. 保單持有人須提示第二保單持有人須在保單持有人身故後立即通知滙豐人壽保險(國際)有限公司(「本公司」)，並於通知後90日內向本公司提供認可之證明。
- Contingent Policyholder may have legal, accounting and/or tax consequences as a result of transferring policy ownership. Before signing below signifying consent to designate the Contingent Policyholder, the Policyholder shall 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. The Company shall neither be responsible nor liable to provide any legal, accounting and/or tax advice. The Policyholder and Contingent Policyholder should consult their own independent legal, accounting and/or tax advisors as appropriate. 第二保單持有人可能於轉移保單擁有權時涉及重要的法律、會計及/或稅務後果。保單持有人須於簽署表示同意指定第二保單持有人前，提示第二保單持有人須仔細閱讀保單內之條款和條件，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。本公司並無責任及概不負責提供任何法律、會計及/或稅務意見。保單持有人及第二保單持有人應於作出此指定前先行諮詢獨立法律、會計及/或稅務顧問之意見。
- By signing and submitting this form to the Company, the Policyholder warrants and represents that the Contingent Policyholder is eligible to act in such role. The Company shall not assume any duty or be responsible to verify or be responsible for the validity or legality of any designation of Contingent Policyholder. The Company shall not assume or be regarded to assume any responsibility or liability in relation to any designation of Contingent Policyholder. 在簽署並提交本申請書予本公司時，保單持有人保證及聲明第二保單持有人具有資格處理此職責。本公司不會承擔任何責任或不會負責核實任何第二保單持有人之有效性或合法性，或就任何第二保單持有人之有效性或合法性負責。本公司不會亦不應被認為會就任何第二保單持有人的指定承擔任何責任。
- The acceptance of the request for designation of Contingent Policyholder is at the Company's sole and absolute discretion and subject to terms and conditions as the Company shall determine from time to time. 本公司會按不時訂定的條款及細則，全權酌情決定是否接受任何指定第二保單持有人的申請。

5. Update Occupation Details for Policyholder (For personal policyholder) 更新保單持有人職業資料(適用於個人保單持有人)

Employment Status 職業狀況

- Self-Employed 自僱       Full-time Employed 全職       Part-time Employed 兼職       Not Currently Employed 非在職
- Student 學生       Housewife 主婦       Retired 退休

Industry (where applicable) 行業(如適用) \_\_\_\_\_

Occupation (where applicable) 職業(如適用) \_\_\_\_\_ Contact number (optional) 聯絡電話(選填) \_\_\_\_\_

Employment Start Date (where applicable) 任職日期(如適用)(MM月/YYYY年) \_\_\_\_\_

Name of Employer / Business & Address (where applicable) 僱主/公司名稱及地址(如適用) \_\_\_\_\_

Monthly Salary (HKD) (where applicable) 月薪(港幣)(如適用)

- below 5,000 以下 (0)       5,000 – 9,999 (1)       10,000 – 14,999 (2)       15,000 – 19,999 (3)
- 20,000 – 29,999 (4)       30,000 – 49,999 (5)       50,000 – 69,999 (6)       70,000 – 99,999 (7)
- 100,000 – 199,999 (8)       200,000 or above 或以上 (9)

Business Nature (For corporate policyholder) 業務性質(適用於公司保單持有人) \_\_\_\_\_

Main source of income (For both personal and corporate policyholder) 主要收入來源(適用於個人及公司保單持有人)

- Salary 薪金       Saving 儲蓄       Donation 捐獻
- Inheritance 遺產       Business Income 生意收入       From Business Owner 由生意持有人提供
- Return on Investment 投資回報       Sales Proceed 銷售收入       Fee and Commission Income 酬金及佣金收入
- Others, please state 其他，請註明： \_\_\_\_\_

**Important Notice 重要事項**

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：

1. Login to HSBC Internet Banking ([www.hsbc.com.hk](http://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](http://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；
2. Call HSBC Phone Banking hotline on (852) 2233 3322 for HSBC Premier customers and (852) 2233 3000 for other personal banking customers; 或致電滙豐電話理財服務熱線。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
3. 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](http://www.hsbc.com.hk)). 於滙豐網站 ([www.hsbc.com.hk](http://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／電子郵件地址指示表格(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。

1. 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。

2. 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。

3. 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)。

**Declaration and Authorisation 聲明及授權書**

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") that HSBC Life have most recently notified me of, and I understand I can scan the QR code below for review or else I can request a copy by visiting my local HSBC Branch or through 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。該條例亦是貴公司最近通知本人有關「個人資料收集聲明」，本人亦明白「個人資料收集聲明」可以掃描下方的二維碼瀏覽及可向滙豐各分行或致電(852) 2583 8000索取。

PICS (English)



個人資料收集聲明(中文)



**Signature 簽署**

Signature of Policyholder  
保單持有人簽署

Date 日期: \_\_\_\_\_

Signed at (city, country/region)  
於(城市、國家/地區)簽署

\_\_\_\_\_

Signature of Irrevocable Beneficiary (if any)  
不可撤換受益人簽署(如適用)

Date 日期: \_\_\_\_\_

Signature of Assignee  
(with company chop, if any)  
承讓人簽署(附上公司蓋章, 如適用)

Date 日期: \_\_\_\_\_

**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. |                      |