



## Policy Reinstatement

### 保單復效

#### Important Note 重要提示：

- We will process your request within approximately 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。
- 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。
- All medical exam fees will be borne by the applicant 所有驗身及醫生報告費用由申請人支付。

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。

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

Please read the following instructions before filling out the form 請細閱以下指示以填寫表格

	The policy to reinstate 需復效的保單為	Section of Form to Complete 須要填寫的部分																		
1.	Jade Global Universal Life/Jade Global Select Universal Life/Jade Global Generations Universal Life/Jade Ultra Global Generations Universal Life and HSBC Paramount Global Life Insurance Plan. 翡翠環球萬用壽險/翡翠環球自選萬用壽險/翡翠環球世代萬用壽險/翡翠尊尚環球世代萬用壽險及滙瓏環球壽險計劃	Please complete Part III, Part V (if applicable) and Part VI. 請填寫第三部分、第五部分(如適用)及第六部分																		
2.	HSBC Swift Guard Critical Illness Plan 滙達保危疾保障計劃	Please complete Part IV and Part VI. 請填寫第四部分及第六部分																		
3.	LifeInvest Protection Plus, RetireInvest Protection Plus, Refundable Protection Plan and HSBC Cancer Term Protector <sup>[5]</sup> 投資儲全保/退休儲全保/保費回贈保障計劃/滙安易人壽癌症保 <sup>[5]</sup>  Question 1: Has/Have the health condition(s), occupation(s), country/region of residence, leisure(s) or sporting activities of the Life Insured and/or the Policyholder and/or the Payor/the Joint Life Insured been changed since the policy was issued? 問題一：自保單簽發日後起計，受保人/保單持有人/付款人/聯名受保人之健康狀況、職業、居住國家/地區、消閒或康體活動是曾否改變？  <table border="0"> <tr> <td></td> <td>Yes 是</td> <td>No 否</td> </tr> <tr> <td>i) Life Insured 受保人</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>ii) Policyholder (If not Life Insured) 保單持有人(如非受保人)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>iii) Payor/the Joint Life Insured 付款人/聯名受保人</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		Yes 是	No 否	i) Life Insured 受保人	<input type="checkbox"/>	<input type="checkbox"/>	ii) Policyholder (If not Life Insured) 保單持有人(如非受保人)	<input type="checkbox"/>	<input type="checkbox"/>	iii) Payor/the Joint Life Insured 付款人/聯名受保人	<input type="checkbox"/>	<input type="checkbox"/>	If there have been changes, (answered 'Yes' in Question 1 (i)-(iii)), please complete Part I, Part V (if applicable) and Part VI; otherwise, please complete Part V (if applicable) and Part VI ONLY 如有任何改變(Q1(i)-(iii)任何回答為「是」)：請填寫第一部分、第五部分(如適用)及第六部分；否則請填寫第五部分(如適用)及第六部分						
	Yes 是	No 否																		
i) Life Insured 受保人	<input type="checkbox"/>	<input type="checkbox"/>																		
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iii) Payor/the Joint Life Insured 付款人/聯名受保人	<input type="checkbox"/>	<input type="checkbox"/>																		
4.	All other policies not mentioned above <sup>[5]</sup> 上述沒有提及的其他保單 <sup>[5]</sup>  Question 1: Has/Have the health condition(s), occupation(s), country/region of residence, leisure(s) or sporting activities of the Life Insured and/or the Policyholder and/or the Payor/the Joint Life Insured been changed since the policy was issued? 問題一：自保單簽發日後起計，受保人/保單持有人/付款人/聯名受保人之健康狀況、職業、居住國家/地區、消閒或康體活動是曾否改變？  <table border="0"> <tr> <td></td> <td>Yes 是</td> <td>No 否</td> </tr> <tr> <td>i) Life Insured 受保人</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>ii) Policyholder (If not Life Insured) 保單持有人(如非受保人)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>iii) Payor/the Joint Life Insured 付款人/聯名受保人</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> Question 2: Was the policy with basic plan only and was issued under simplified underwriting <sup>^</sup> ? 問題二：保單只選擇基本計劃及保單發出時為簡易核保 <sup>^</sup> ?  <table border="0"> <tr> <td></td> <td>Yes 是</td> <td>No 否</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> ^If you are not certain whether your policy was issued under simplified underwriting or not, please do not hesitate to call our customer service hotline (852) 2583 8000. 如您不確定您的保單於發出時是否為簡易核保，請致電我們的服務熱線(852) 2583 8000		Yes 是	No 否	i) Life Insured 受保人	<input type="checkbox"/>	<input type="checkbox"/>	ii) Policyholder (If not Life Insured) 保單持有人(如非受保人)	<input type="checkbox"/>	<input type="checkbox"/>	iii) Payor/the Joint Life Insured 付款人/聯名受保人	<input type="checkbox"/>	<input type="checkbox"/>		Yes 是	No 否		<input type="checkbox"/>	<input type="checkbox"/>	If there is no change since the policy was issued, please complete Part V (if applicable) and Part VI. 如您的保單於發出至今沒有任何改變(Q1(i)-(iii)全部回答為「否」)，請填寫第五部分(如適用)及第六部分  If there have been changes (Any answer to Question 1 (i)-(iii) is 'yes'), and the answer to Question 2 is 'yes', please complete Part II, Part V (if applicable) and Part VI; if the answer to Question 2 is 'No', please complete Part I, Part V (if applicable) and Part VI. 如有任何改變(Q1(i)-(iii)任何回答為「是」)及Q2回答為「是」，請填寫第二部分、第五部分(如適用)及第六部分，如Q2回答為「否」請填寫第一部分、第五部分(如適用)及第六部分
	Yes 是	No 否																		
i) Life Insured 受保人	<input type="checkbox"/>	<input type="checkbox"/>																		
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	Yes 是	No 否																		
	<input type="checkbox"/>	<input type="checkbox"/>																		

Notes 注意事項：

- [1] 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」。
- [2] 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徵費上限的貨幣(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徵費上限的貨幣(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。匯率之波動會對款額構成影響，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。
- [3] 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。
- [4] For change of Basic Plan/Supplementary Benefits (except for reduction of Sum Insured/Notional Amount/Protection Amount/Policy Amount/Monthly Guaranteed Annuity Payment and deletion of supplementary benefits), the Policyholder is required to complete a “Financial Planning Report/Financial Needs Analysis” at an HSBC branch. Please visit an HSBC branch to conduct the “Financial Planning Report/Financial Needs Analysis” and submit it together with this form. 如更改基本計劃/附加保障(除減低保額/名義金額/保障額/保單金額/每月保證年金金額及取消附加保障外)，保單持有人須於滙豐分行完成「個人理財計劃/財務需要分析表格」。請親臨滙豐分行完成「個人理財計劃/財務需要分析表格」並連同此表格一起遞交。
- [5] ANNB: Income Goal Insurance Plan (聚富入息保險計劃) ; ANNB2: Income Goal Insurance Plan II (聚富入息保險計劃II) ; CCIP: HSBC Comprehensive Critical Illness Protection Plan (滙安健危疾保障計劃) ; DANNB: HSBC Income Goal Deferred Annuity Plan (滙豐聚富入息延期年金計劃) ; DCP: HSBC Cancer Term Protector (滙安易人壽癌症保) ; DEIAP: HSBC EarlyIncome Deferred Annuity Plan (滙豐盈達延期年金計劃) ; DTT: HSBC Term Protector (滙易保) ; EGIP: HSBC Eminent Goal Multi-Currency Insurance Plan (滙圖多元貨幣保險計劃) ; EIAP: EarlyIncome Annuity Plan (盈達年金計劃) ; FGIP: HSBC Family Goal Insurance Plan (滙盛人生保險計劃) ; HGIP: HSBC Health Goal Insurance Plan (滙康保險計劃) ; HSBC Ultra Wealth Goal Insurance Plan 滙溢尊尚保險計劃 ; JWIP: HSBC Jubilee Wealth Insurance Plan (滙禧保險計劃) ; Lifestyle Education Protection Plus (教育樂全保) ; LIVP: LifeInvest Protection Plus (投資儲全保) ; LPP: Lifestyle Retirement Protection Plus (退休樂全保) ; LRP: Lifetime Protection Plus (樂全保) ; LSP: Lifestyle Protection Plus (樂全保) ; LEP: LWPP: Lifestyle Wealth Protection Plus (財富樂全保) ; MWL: LifeSave Protection Plan (儲蓄人壽保障計劃) ; REPP: RetireEnrich Protection Plus (聚全保) ; RIAP: RetireIncome Annuity Plan (退休收入年金計劃) ; RIVP: RetireInvest Protection Plus (退休儲全保) ; RMI : Refundable Protection Plan (保費回贈保障計劃) ; TPP: Target Protection Plus (目標儲全保計劃) ; ULEP: Goal Access Universal Life Plan (Education) (駿富教育萬用壽險計劃) ; ULPP: Goal Access Universal Life Plan (Protection) (駿富保障萬用壽險計劃) ; WGIP: HSBC Wealth Goal Insurance Plan (滙溢保險計劃) ; WGIP2: HSBC Wealth Goal Insurance Plan II (滙溢保險計劃II) ; WIPP: WealthInvest Life Plan (財富投資人壽計劃) ; WLPP: WholeLife Protection Plan (終身壽險計劃) 。

Part I 第一部分		
A. Occupational Details 職業資料		
<input type="checkbox"/> <b>Life Insured (Check the box if you answered "Yes" in Q1i and answer the following questions about Life Insured accordingly)</b> 受保人(如您在問題 1i 中回答「是」, 請勾選此框, 並相應回答以下有關受保人的問題)		
1. Name of Life Insured 受保人姓名		
2. Employer's Name & Address 僱主名稱及地址		
3. Occupation 職業	4. Industry 行業	5. Job Activities 職責範圍
6. Work Environment 工作環境 <input type="checkbox"/> Indoor work 戶內工作 <input type="checkbox"/> Outdoor work 戶外工作 <input type="checkbox"/> Indoor & Outdoor work 戶內及戶外工作	7. Does your work involve working at height? 有否參予高空工作? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 max. height 最高達 _____ □ ft 呎 / □ m 米	
8. Place of work 工作地區 <input type="checkbox"/> In Hong Kong SAR 香港特別行政區境內 <input type="checkbox"/> Outside Hong Kong SAR (Please specify country/region, duration and frequency) 香港特別行政區境外(請註明國家/地區, 逗留時間及頻密程度)	9. Date of Employment 入職日期 _____ Year 年 _____ Month 月	
<input type="checkbox"/> <b>Policyholder/Payor/Joint Life Insured (Check the box if you answered "Yes" in Q1ii &amp; iii and answer the following questions about Policyholder/Payor/Joint Life Insured accordingly)</b> 保單持有人/付款人/聯名受保人(如您在問題 1ii 及 iii 中回答「是」, 請勾選此框, 並相應回答以下有關保單持有人/付款人/聯名受保人的問題)		
10. Name of Policyholder/Payor/Joint Life Insured (Please cross out irrelevant options) 保單持有人/付款人/聯名受保人姓名(請劃掉不適用選項)		
11. Employment Status* 職業狀況* <input type="checkbox"/> Self-Employed 自僱 <input type="checkbox"/> Full-time Employed 全職 <input type="checkbox"/> Part-time Employed 兼職 <input type="checkbox"/> Not Currently Employed 非在職 <input type="checkbox"/> Student 學生 <input type="checkbox"/> Housewife 主婦 <input type="checkbox"/> Retired 退休		
12. Industry (if applicable)* 行業(如適用)*	13. Occupation (if applicable)* 職業(如適用)*	
14. Job Title (if applicable)* 職位(如適用)*		
15. Name of Employer / Business & Address (if applicable)* 僱主/公司名稱及地址(如適用)*		
16. Monthly Salary (HKD) (if applicable)* 月薪(港幣)(如適用)* <input type="checkbox"/> below 5,000 以下 (0) <input type="checkbox"/> 5,000 – 9,999 (1) <input type="checkbox"/> 10,000 – 14,999 (2) <input type="checkbox"/> 15,000 – 19,999 (3) <input type="checkbox"/> 20,000 – 29,999 (4) <input type="checkbox"/> 30,000 – 49,999 (5) <input type="checkbox"/> 50,000 – 69,999 (6) <input type="checkbox"/> 70,000 – 99,999 (7) <input type="checkbox"/> 100,000 – 199,999 (8) <input type="checkbox"/> 200,000 or above 或以上 (9)		
17. Main source of income 主要收入來源 <input type="checkbox"/> Salary 薪金 <input type="checkbox"/> Saving 儲蓄 <input type="checkbox"/> Donation 捐獻 <input type="checkbox"/> Inheritance 遺產 <input type="checkbox"/> Business Income 生意收入 <input type="checkbox"/> From Business Owner 由生意持有人提供 <input type="checkbox"/> Return on Investment 投資回報 <input type="checkbox"/> Sales Proceed 銷售收入 <input type="checkbox"/> Fee and Commission Income 酬金及佣金收入 <input type="checkbox"/> Others, please state 其他, 請註明: _____		
18. Work Environment (if applicable)* 工作環境(如適用)* <input type="checkbox"/> Indoor work 戶內工作 <input type="checkbox"/> Outdoor work 戶外工作 <input type="checkbox"/> Indoor & Outdoor work 戶內及戶外工作	19. Does your work involve working at height? (if applicable)* 有否參予高空工作?(如適用)* <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 max. height 最高達 _____ □ ft 呎 / □ m 米	
20. Place of work 工作地區 <input type="checkbox"/> In Hong Kong SAR 香港特別行政區境內 <input type="checkbox"/> Outside Hong Kong SAR (Please specify country/region, duration and frequency) 香港特別行政區境外(請註明國家/地區, 逗留時間及頻密程度)	21. Date of Employment (if applicable)* 入職日期(如適用)* _____ Year 年 _____ Month 月	
* Applicable when Policyholder/Payor is an Individual 適用於保單持有人/付款人為個人		

**Part I (cont'd) 第一部分 (續)**

**B. Personal Details 個人資料**

22. Please provide current country/region of residence. 請提供現時居住國家/地區。  
 (a) Life Insured 受保人 \_\_\_\_\_  
 (b) Policyholder/Payor/Joint Life Insured 保單持有人/付款人/聯名受保人 \_\_\_\_\_

	(a) Life Insured 受保人		(b) Policyholder/Payor/Joint Life Insured 保單持有人/付款人/聯名受保人	
	Yes 是	No 否	Yes 是	No 否
23. Are you now covered by any hospital cash or life insurance policy (excluding group life insurance)? If the answer is "Yes", please give information below. 現時閣下是否受保於任何住院現金或人壽保險單(團體保險除外)? 若答「是」, 請提供以下資料。 Name of Insurance Company      Year Issued      Sum Insured of Life Insurance (HK Dollars)      Amount of Hospital Cash Benefit (HK Dollars per day) 投保公司名稱      簽發年份      人壽保險保障金額(港幣)      住院現金保障金額(每日以港幣計算) _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Is there any other application for insurance on your life now pending? If the answer is "Yes", please give details. 閣下有否申請其他人壽保險而仍在審核中? 若答「是」, 請述詳情。 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Has any proposal or application for life or accident or health insurance on you or reinstatement of such insurance ever been declined/postponed/accepted at other than normal terms? If the answer is "Yes", please give the reason and the name of the company. 閣下在過去投保壽險、意外保險、醫療保險或要求恢復此類保險效力時, 曾否被拒/延遲受保/更改受保條款? 若答「是」, 請說明原因及公司名稱。 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Do you engage or expect to engage in any hazardous activities, such as automobile or motorcycle racing, skin or scuba diving, sky diving, professional sports or flying other than as a fare-paying passenger? If the answer is "Yes", please state activity and frequency below: 閣下曾否或計劃參與任何危險活動, 例如賽車、潛水、跳傘、職業性體育運動或從事飛行活動(以乘客身份購票者除外)? 若答「是」, 請在下面詳細列明活動種類及活動頻率: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C. Health Declaration 健康狀況聲明書**

	Height (ft/cm) 體高(英尺/厘米)	Weight (lb/kg) 體重(磅/公斤)
27. (a) Life Insured 受保人		
(b) Policyholder/Payor/Joint Life Insured 保單持有人/付款人/聯名受保人		

	(a) Life Insured 受保人		(b) Policyholder/Payor/Joint Life Insured 保單持有人/付款人/聯名受保人	
	Yes 是	No 否	Yes 是	No 否
28. Are you a Smoker (excluding cigar users)? 閣下是否吸煙者(不包括吸食雪茄者)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Have you ever taken or used any addictive drugs? And, have you, in the past 12 months, smoked cigarettes or frequently taken alcoholic drink(s)? If the answer is "Yes", please state average consumption (such as quantity per day or week) and type. 閣下曾否服用或使用任何成癮藥物? 此外, 在過去12個月內曾否吸煙或經常性地飲酒? 若答「是」, 請說明平均數量(如每日或每星期的份量)及種類。 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Have any of your parents, brothers or sisters whether dead or living EVER SUFFERED from (a) heart disease, (b) stroke, (c) cancer, (d) kidney disease, (e) diabetes, (f) high blood pressure, (g) mental disorder, (h) coronary artery disease, (i) epilepsy, (j) tuberculosis, (k) any hereditary disease or (l) liver disease? If the answer is "Yes", please state details of which relative(s), the diagnosis, the onset age and current health condition. 閣下的父母、兄弟或姊妹無論在生或已死亡曾否患有(a)心臟病、(b)中風、(c)癌症、(d)腎病、(e)糖尿病、(f)血壓高、(g)精神病、(h)冠狀動脈疾病、(i)癲癇症、(j)結核病、(k)任何遺傳病或(l)肝病? 若答「是」, 請詳述那位親人、病症、發病年齡及現時健康情況。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Have you ever had or been told that you had or been treated for cancer, tumour, diabetes, asthma, stroke, heart trouble (including murmur), high blood pressure, rheumatic fever, systemic lupus erythematosus, lung disease, liver disease, hepatitis B/C carrier, kidney disease, mental disorder, blood disease, blood spitting, passing blood per rectum, epilepsy, or any disease, abnormality or discomfort of the brain, eyes, ears (including hearing impairment), genito-urinary system, musculo-skeletal system, digestive system, respiratory system or nervous system? 閣下曾否患有或被告知患有或被治療癌症、腫瘤、糖尿病、哮喘、中風、心臟毛病(包括心臟雜音)、血壓高、風濕熱、紅斑狼瘡、肺病、肝病、乙/丙型肝炎帶菌者、腎病、精神病、血科疾病、咳血、便血、癲癇或任何腦部、眼部、耳部(包括聽覺受損)、生殖泌尿系統、肌肉骨骼系統、消化系統、呼吸系統或神經系統的疾病、不正常或不適?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Have you ever consulted any medical adviser about, or been tested for (including self-initiated oral fluid test), or been recommended to undergo a test for Human Immunodeficiency Virus, AIDS-related Complex or AIDS or is there anything about your life-style which could expose you to the risk of AIDS? 閣下曾否接受過與後天失去免疫力病症、愛滋病有關病症或愛滋病諮詢醫療顧問、接受測試(包括自發性的口液檢驗)或被推薦接受測試、或有任何生活方式可能導致愛滋病症?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part I (cont'd) 第一部分 (續)**

**C. Health Declaration (cont'd) 健康狀況聲明書 (續)**

<p>33. Have you, in the past five years, (a) consulted your physician or medical adviser, or (b) had any operations, hospital care, medical tests (including mammogram, pap smear, ultrasound or biopsies), X-ray, medical treatment or any other treatment or examination not mentioned above (excluding consultations for minor complaints, such as flu, cold, as well as pre-employment medical examination which did not lead to any further investigation or treatment)? 在過去五年，閣下曾否 (a) 就診或 (b) 接受手術、入院療養、X 光檢驗、內科治療、體格檢驗 (包括乳房 X-光、子宮頸細胞塗片檢驗、超聲波或活體檢視) 或以上未提及的治療 (普通病症如傷風、感冒及受聘前的健康檢查而不需要額外檢驗和治療者除外)?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>34. Do you have any other acquired or congenital deformity, bodily injury or disorder not mentioned above? 閣下有否其他上述未有提及的先天或後天缺陷、身體損傷或不適?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>35. For females only 只適用於女性</p> <p>a. Are you now pregnant? If the answer is "Yes", please state for how many months. 閣下現在是否懷孕? 若答「是」, 請述已懷孕月數。</p> <p>_____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>b. Have you ever had complications of pregnancy during gestation in the past 10 years including current pregnancy, if applicable (eg. ectopic pregnancy, abortion, disseminated intravascular coagulation, gestational diabetes, hypertension, protein in urine etc.)? 在過去十年包括此次懷孕 (如適用), 閣下曾否在妊娠期間患有併發症 (例如: 宮外孕、流產、瀰漫性血管內凝血、妊娠糖尿病、血壓高或蛋白尿等)?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**36. If the answer to questions 28 - 35 is "Yes", please complete the following: 若問題 28 至 35 答案為「是」, 請填寫下列有關資料:**

Question No. 題號	Diagnosis 診斷結果	Duration of illness or injury 疾病或受傷的持續時間	Type of Treatment received 曾接受之治療	Physician and Hospital 主診醫生及醫護機構		Last Follow Up Date 最後診治日期	Results 結果
	Date 日期			Name 姓名	Address 地址		

**Any Additional Information**

其他附加資料

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Part II 第二部分		
This part only applies to the request of Reinstatement of basic plan policies that were issued from simplified underwriting. For LIVP, RIVP, RMI and DCP <sup>[5]</sup> simplified underwriting policies, please complete Part I and Part II. 此部分僅適用於保單發出時為簡易核保之基本計劃復保申請。「投資儲全保/退休儲全保/保費回贈保障計劃/滙安易人壽癌症保」 <sup>[5]</sup> 簡易核保保單，請填妥第一及第二部分。		
<b>A. Occupational Details 職業資料</b>		
<input type="checkbox"/> <b>Life Insured (Check the box if you answered "Yes" in Q1i and answer the following questions about Life Insured accordingly) 受保人(如您在問題 1i 中回答「是」，請勾選此框，並相應回答以下有關受保人的問題)</b>		
1. Name of Life Insured 受保人姓名		
2. Current country/region of residence 現時居住國家/地區		
3. Employer's Name & Address 僱主名稱及地址		
4. Occupation 職業	5. Industry 行業	6. Job Activities 職責範圍
7. Country/Region of work 工作國家/地區 <input type="checkbox"/> In Hong Kong SAR 香港特別行政區境內 <input type="checkbox"/> Outside Hong Kong SAR (Please specify country/region, duration and frequency) 香港特別行政區境外(請註明國家/地區，逗留時間及頻密程度)		
<input type="checkbox"/> <b>Policyholder/Payor/Joint Life Insured (Check the box if you answered "Yes" in Q1ii &amp; iii and answer the following questions about Policyholder/Payor/Joint Life Insured accordingly) 保單持有人/付款人/聯名受保人(如您在問題 1ii 及 iii 中回答「是」，請勾選此框，並相應回答以下有關保單持有人/付款人/聯名受保人的問題)</b>		
8. Name of Policyholder/Payor/Joint Life Insured (Please cross out irrelevant options) 保單持有人/付款人/聯名受保人姓名(請劃掉不適用選項)		
9. Current country/region of residence 現時居住國家/地區		
10. Employment Status* 職業狀況* <input type="checkbox"/> Self-Employed 自僱 <input type="checkbox"/> Full-time Employed 全職 <input type="checkbox"/> Part-time Employed 兼職 <input type="checkbox"/> Not Currently Employed 非在職 <input type="checkbox"/> Student 學生 <input type="checkbox"/> Housewife 主婦 <input type="checkbox"/> Retired 退休		
11. Industry (if applicable)* 行業(如適用)*	12. Occupation (if applicable)* 職業(如適用)*	13. Job Title (if applicable)* 職位(如適用)*
14. Name of Employer/Business & Address (if applicable)* 僱主/公司名稱及地址(如適用)*		
15. Country/Region of work 工作國家/地區 <input type="checkbox"/> In Hong Kong SAR 香港特別行政區境內 <input type="checkbox"/> Outside Hong Kong SAR (Please specify country/region, duration and frequency) 香港特別行政區境外(請註明國家/地區，逗留時間及頻密程度)		
* Applicable when Policyholder/Payor is an Individual 適用於保單持有人/付款人為個人		
<b>Health Declaration 健康狀況聲明書</b>		
Declarations 16 to 21 第 16 至 21 項聲明：Applicable to REPP/RIAP/EIAP/DEIAP/ANNB/DANNB/ANNB2/WGIP/WGIP2/UWGIP/EGIP/JWIP <sup>[5]</sup> basic coverage 適用於「聚全保/退休收入年金計劃/盈達年金計劃/滙豐盈達延期年金計劃/聚富入息保險計劃/滙豐聚富入息延期年金計劃/聚富入息保險計劃II/滙溢保險計劃/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」基本保障		
Declarations 16 to 17 and 22 第 16 至 17 和 22 項聲明：Applicable to WLPP/LWPP/ULPP/ULEP/FGIP <sup>[5]</sup> basic coverage 適用於「終身壽險計劃/財富樂全保/駿富教育萬用壽險計劃/駿富保障萬用壽險計劃/滙盛人生保險計劃」基本保障		
Declarations 16 to 25 第 16 至 25 項聲明：Applicable to TPP/LSP/LEP/LRP/LPP/MWL/WIPP/CCIP/DTT/HGIP <sup>[5]</sup> basic coverage 適用於「目標儲全保/樂全保/教育樂全保/退休樂全保/學全保/儲蓄人壽保障計劃(終身醫療)/財富投資人壽計劃/滙安健危疾保障計劃/滙易保/滙康保險計劃」基本保障		
Declaration 26 第 26 項聲明：Applicable to MPP <sup>[5]</sup> basic coverage 適用於「樂安居供樓保障計劃」基本保障		
Declarations 27 to 28 第 27 至 28 項聲明：Applicable to HGIP <sup>[5]</sup> basic coverage (Proposed Insured aged 56 to 65 only) 只適用於「滙康保險計劃」基本保障(受保人年齡介乎 56 至 65 歲)		
	(a) Life Insured 受保人	(b) Policyholder/Payor/Joint Life Insured 保單持有人/付款人/聯名受保人
	Yes 是 No 否	Yes 是 No 否
16. Have you ever had or been told you had or been treated for any congenital conditions, mental/nervous illnesses, epilepsy, chest pain, stroke, eye disorders (exclude recovered conjunctivitis and chalazion), heart diseases, circulatory system diseases, digestive system diseases, liver diseases (include hepatitis B/C carrier), hypertension, respiratory system diseases (exclude allergic rhinitis), reproductive system diseases, urinary system diseases, musculoskeletal system diseases, HIV infection, sexually transmitted diseases, any tumor/abnormal tissue growth/cancer, diabetes, endocrine diseases? 閣下曾否患有或被告知患有或須治療任何先天缺陷、精神/神經疾病、癲癇、中風、眼疾(已痊癒之紅眼症及眼瘡除外)、胸痛、心臟病、循環系統疾病、消化系統疾病、肝病(包括乙/丙型肝炎帶菌者)、高血壓、呼吸系統疾病(鼻敏感除外)、生殖系統疾病、泌尿系統疾病、肌肉骨骼系統疾病、愛滋病毒毒感染、經性接觸傳染之疾病、任何腫瘤/組織異常增生/癌症、糖尿病、內分泌疾病?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
17. During the past 5 years, have you had surgical operation in a hospital or continuously received medication or treatment for a period of 14 days or more, or been absent from work or taken leave on health grounds for more than 7 consecutive days, or been advised by a registered physician to undergo any tests or investigation (other than an investigation carried out for employment or immigration purposes)? 閣下在過去 5 年內曾否在醫院內接受手術或連續 14 天或以上接受藥物或治療，或以健康理由缺席工作或請假連續 7 天以上，或被醫生提議接受任何身體測試或檢查(受聘前或申請移民前的檢查除外)?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
18. Have you ever been continuously hospitalized for 30 days or more? 閣下曾否需要連續住院 30 天或以上?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>



Part II (cont'd) 第二部分 (續)					
19. a)	Are you engaged in a part-time job, retired or unemployed? (If you are a full-time student or housewife, please answer "NO") 閣下現時是否從事兼職工作、已退休或待業? (若閣下是全職學生或家庭主婦, 請答「否」。)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b)	Does your job nature involve working at heights (over 25 feet), working underground, handling explosives, scuba diving, armed with weapons (exclude Hong Kong or Macau Police), working with or maintaining high voltage power lines and cables? 閣下現時從事之工作是否涉及高空作業(超過25英尺)、地下作業、處理爆炸物、潛水、攜帶武器(香港或澳門警察除外)、處理或維修高壓電線及電纜?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	In the past 5 years, have you ever made an application, renewal or reinstatement for life, accident, health or critical illness insurance where the application was declined, postponed, modified or offered only on special rates or terms? 閣下在過去5年內曾否於投保或續保或復保人壽、意外、醫療或危疾保險時, 被拒、延遲受保、修改或被要求特定的保費率或條款?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Are you engaged or intending to engage in any hazardous sports or activities (e.g. motor sports, mountaineering, scuba diving) or any form of aviation other than as a fare paying passenger on a licensed air service within recognised scheduled routes? 閣下是否打算或計劃參與任何危險體育運動或活動(如賽車、爬山、潛水等), 或從事任何形式的飛行活動(以乘客身份購票乘搭持牌航空公司的飛機按認可航線飛行者除外)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Are you either waiting for any form of medical treatment, consultations or investigations or the results from a test or investigation, or are you having any ongoing treatment? 閣下是否正等候任何形式的醫療治療、諮詢或檢查、測試或檢查的結果、或正接受任何持續式治療?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	In the last year, have you had or do you have any symptoms such as unexplained bleeding, weight loss, lump or growth for which you are still under investigation or have not yet sought medical advice? 在過去一年內, 閣下曾否或目前正在罹患任何症狀, 如不明原因的出血、體重減輕、腫塊或腫大, 無論是否正在進行檢查或還未諮詢醫療建議?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	Have you or any of your immediate family members (parents or siblings) whether living or dead ever suffered from diabetes mellitus, cancer, heart condition (include murmur), stroke, mental illness, high blood pressure, renal failure or any other hereditary disease at or before the age of 60? 閣下或閣下的直系親屬(父母或兄弟姊妹)無論在生或已死亡有否曾經於60歲或之前患有糖尿病、癌症、心臟疾病(包括心臟雜音)、中風、精神病、血壓高、腎衰竭或任何其他遺傳性疾病?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. a)	Is it correct that you are NOT holding a Hong Kong/Macau Identity Card? 閣下是否非香港/澳門身份證持有人?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b)	If you are holding a Hong Kong/Macau Identity Card, do you intend to stay outside Hong Kong SAR/Macau SAR for more than 6 months consecutively in the next 12 months? 如閣下持有香港/澳門身份證, 閣下是否打算於未來12個月內在特別行政區/澳門特別行政區境外連續逗留超過6個月?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	I have never had and have never been treated for heart disease, chest pain, stroke (including Transient Ischaemic Attack), hypertension, cancer or abnormal tissue growth, diabetes or Hepatitis B/C and during the past 10 years I have never had any medical condition for which medical treatment was required for a continuous period of 4 weeks or more. 本人從未曾患有下列各種疾病或因下列各種疾病而接受治療, 其中包括心臟病、胸口疼痛、中風(包括短暫性腦缺血發作)、高血壓、癌症或組織異常增生、糖尿病, 或乙/丙型肝炎, 並在過去十年未曾因任何疾病而接受連續4個星期或以上的治療。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.	Height 身高: _____ cm 厘米 Weight 體重: _____ kg 公斤 I confirm that my weight have not changed for more than 5kg unexpectedly in the past 12 months. 我確認我的體重在過去十二個月內沒有意外地增減多於5公斤的變化。	<input type="checkbox"/>	<input type="checkbox"/>		
28.	I confirm I have never been treated or counselled for alcohol problem and never consume more than 10 units* of standard drinks in a week. 我確認我從未接受過酒精問題的治療或諮詢, 並且每星期的飲酒量不多於10杯*標準份量酒。 * Remark: 1 unit of drink is equivalent of either 10 grams of alcohol, which is similar to 30ml shot of spirits, or 100ml glass of red wine or 330ml bottle of mid strength beer. 備註: 一杯標準份量酒是任何相當於含有10克酒精的飲料, 相當於30毫升烈酒, 100毫升紅酒或330毫升中強度啤酒。	<input type="checkbox"/>	<input type="checkbox"/>		

Part III				
(This part only applies to the request of Reinstatement of Jade Global Universal Life/Jade Global Select Universal Life/Jade Global Generations Universal Life/Jade Ultra Global Generations Universal Life and HSBC Paramount Global Life Insurance Plan. For other policy, please skip this Part.)				
第三部分				
(此部分僅適用於保單翡翠環球萬用壽險/翡翠環球自選萬用壽險/翡翠環球世代萬用壽險/翡翠尊尚環球世代萬用壽險及滙豐環球壽險計劃復保申請, 如為其他保單請跳過此部分)				
<b>If 'Yes' to any question, please provide full details in the space provided below or in an attachment</b>				
若右方的任何問題答「是」, 請於後頁的空白位置, 或以附件形式提供詳情				
Since the date of issue of the above numbered Policy by HSBC Life (International) Limited: 由滙豐人壽保險(國際)有限公司所發出之上述保單簽發日開始:				
1.	Have you consulted a medical professional or received any treatment for a medical illness or injury (other than for minor colds, flu or sprains)? If 'Yes', please give details of nature of condition and treatment received. 閣下是否曾因疾病或損傷(普通傷風、感冒或扭傷除外)而諮詢專業醫務人員或接受任何治療? 若答「是」, 請說明病症的性質和治療詳情。	<input type="checkbox"/>	Yes 是	No 否
2.	Have you undergone any tests or investigation at any clinic, hospital or other medical facility (other than in relation to routine employment screening or for immigration purposes)? 閣下是否曾在任何診所、醫院或其他醫療機構接受任何測試或檢驗(受聘或移民前的例行健康檢查除外)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Used any addictive drugs except as prescribed for you by a medical professional? 閣下是否曾服用任何成癮藥物(專業醫護人員處方除外)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Changed your smoking habit? Meaning you were previously a non-smoker but have now started smoking, or, your use of tobacco products has increased substantially from what you disclosed to us previously. 閣下是否曾經改變吸煙習慣, 包括過往為非吸煙者, 但現時開始吸煙; 或吸煙量較過往向本公司所披露的資料顯著增加?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Consulted anyone or been tested (including self-initiated oral fluid tests) for Human Immunodeficiency Virus, AIDS or have reason to believe you need to consult or be so tested? 閣下是否曾就愛滋病毒、愛滋病或有任何理由相信自己有需要, 而向任何人士作出諮詢或接受測試(包括自發性的唾液檢驗)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Are you currently suffering from any medical complaint or injury (other than minor colds, flu and sprains) for which you intend or are due to consult a medical professional? 閣下是否正患上任何疾病或損傷(普通傷風、感冒或扭傷除外), 而準備或應該諮詢專業醫療人員?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Has your work, occupation or financial status changed? 閣下的工作、職業或財政狀況是否出現轉變?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Have you taken up or now intend to do so, any hazardous or potentially hazardous activities such as automobile or motorcycle racing, power boat racing, skin or scuba diving, parachuting and sky diving, or flying other than as a fare paying passenger on a scheduled airline route? 閣下是否曾經參與或現正準備參與任何危險或有潛在危險的活動, 如賽車/摩托車、賽艇、徒手潛水/水肺潛水、跳傘及延緩張傘的跳傘運動或從事飛行活動(以乘客身份就預定航班購票者除外)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part III (cont'd)**

(This part only applies to the request of Reinstatement of Jade Global Universal Life/Jade Global Select Universal Life/Jade Global Generations Universal Life/Jade Ultra Global Generations Universal Life and HSBC Paramount Global Life Insurance Plan. For other policy, please skip this Part.)

**第三部分(續)**

(此部分僅適用於保單翡翠環球萬用壽險/翡翠環球自選萬用壽險/翡翠環球世代萬用壽險/翡翠尊尚環球世代萬用壽險及滙豐環球壽險計劃復保申請，如為其他保單請跳過此部分)

9. Does your job nature involve working at heights (over 25 feet), working underground, handling explosives, commercial diving, armed with weapons (exclude police forces), working with or maintaining high voltage power lines and cables? 閣下現時從事之工作是否涉及高空作業(超過25英尺)、地下作業、處理爆炸物、商業潛水、攜帶武器(警察除外)、處理或維修高壓電線及電纜?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has any application for life, accident or health insurance on your life or any reinstatement been declined, postponed or accepted other than on normal terms? 閣下在投保人壽保險、意外保險、醫療保險或在申請保險復效時，是否曾被拒、延遲受保或更改受保條款?	<input type="checkbox"/>	<input type="checkbox"/>
11. Has the amount of life, accident or medical insurance on your life been increased (or is currently proposed with another company) from the information you previously disclosed to us? 閣下的人壽保險、意外保險或醫療保險的投保額是否較過往向本公司所披露的資料顯著增加(或正向另一家公司建議增加投保額)?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have your travel activities changed substantially from those advised to us previously? "If yes", please provide full details of destinations and lengths of stay that have arisen over the last 12 months and your intended travelling over the coming 12 months. 閣下先前告知的外遊活動是否出現重大改變? 若答「是」，請提供過去12個月及未來12個月到訪目的地的全部詳情及逗留時間。	<input type="checkbox"/>	<input type="checkbox"/>

**Part IV 第四部分**

(This part only applies to the request of Reinstatement of HSBC Swift Guard Critical Illness Plan. For other policy, please skip this Part. 此部分僅適用於滙豐保疾保障計劃復保申請，如為其他保單請跳過此部分)

1. Please provide current country/region of residence. 請說明現時居住國家/地區。 (a) Life Insured 受保人 _____ (b) Policyholder/Payor/Joint Life Insured 保單持有人/付款人/聯名受保人 _____			
		Proposed Insured 受保人	
		Yes 是	No 否
2. Are you a Smoker (excluding cigar users)? 閣下是否吸煙者(不包括吸食雪茄者)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been diagnosed with cancer, heart attack, stroke, hepatitis C or HIV/AIDS? 閣下是否曾被診斷患有癌症、心臟病發作、中風、丙型肝炎或人體免疫力缺乏病毒(HIV)感染愛滋病?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. In the past 5 years, have you ever had, been diagnosed with or taken treatment for heart or circulatory disease or disorder, brain or neurological disease or disorder, lung or respiratory disease or disorder, liver disease or disorder (including hepatitis B carrier), gallbladder or spleen disease or disorder, kidney or genito-urinary disease or disorder, blood or blood vessel disease or disorder, endocrine disease or disorder including diabetes, gastrointestinal tract or pancreas disease or disorder, thyroid disease or disorder, carcinoma-in-situ, tumour, nodule, polyp, cyst or growth of any kind? 在過去5年內，閣下是否曾經患有、被診斷患有、或曾因以下疾病或病症接受治療：心臟或循環系統的疾病或病症、腦或神經系統的疾病或病症、肺或呼吸系統的疾病或病症、肝臟(包括乙型肝炎帶菌者)的疾病或病症、膽囊或脾臟的疾病或病症、腎臟或泌尿系統的疾病或病症、血液或血管的疾病或病症、內分泌的疾病或病症(包括糖尿病)、胃腸道或胰腺的疾病或病症、甲狀腺的疾病或病症或原位癌、腫瘤、結節、息肉、囊腫或任何增生情況?	<input type="checkbox"/>	<input type="checkbox"/>	
5. In the past 2 years, other than the aforementioned diseases or disorders, have you ever been hospitalised for more than 30 days in total, had any surgical operation at hospital or clinic or any investigation including scans, ECGs, blood tests, biopsies, endoscopes, X-rays, etc.? 在過去2年內，除上述疾病或病症外，閣下是否曾住院總共超過30天、在醫院或診所進行過任何外科手術、或進行過任何檢查(包括任何掃描、心電圖、血液檢查、活體組織檢查、內窺鏡、X光等)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. In the past year, have you ever had medical treatment or received medication for more than 14 consecutive days or had any symptoms such as unexplained weight loss of more than 5kg, persistent fever, unexplained bleeding, lump or growth? 在過去1年內，閣下是否曾經接受過連續14天以上的藥物或治療，或曾經出現任何以下症狀：不明原因的體重減輕超過5公斤、持續發燒、不明原因出血、腫塊或增生?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has any of your immediate family members including your parents and siblings ever had or been told they have the following conditions before the age of 60? Cancer, heart disease, stroke, diabetes, multiple sclerosis, Huntington disease (Huntington's Chorea), familial adenomatous polyposis (FAP), polycystic kidney disease or any other hereditary diseases? 閣下的直系家庭成員(包括親生父母和兄弟姐妹)是否曾在60歲之前患有或被告知患有以下狀況：癌症、心臟病、中風、糖尿病、多發性硬化症、亨丁頓氏病(亨丁頓舞蹈症)、家族性腺瘤性息肉病(FAP)、多囊腎或任何其他遺傳性疾病?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. If the answer to questions 2 - 7 is "Yes", please complete the following: 若問題2至7答案為「是」，請填寫下列有關資料：

Question No. 題號	Diagnosis 診斷結果	Duration of illness or injury 疾病或受傷的持續時間	Type of Treatment received 曾接受之治療	Physician and Hospital 主診醫生及醫護機構		Last Follow Up Date 最後診治日期	Results 結果
	Date 日期			Name 姓名	Address 地址		

**Any Additional Information**  
其他附加資料

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1. Financial Information (past 3 years) 財政狀況(過去三年)

	20_ /20_	20_ /20_	20_ /20_
Turnover (HKD) 營業額(港幣)			
Gross Profit (HKD) 盈利(港幣)			
Net Profit (HKD) 純利(港幣)			
Tangible Net Worth (Total Assets minus Total Liabilities) (HKD) 有形資產淨值(總資產減總負債)(港幣)			

2. Business Key Person Information 業務要員資料

Name of Key Person 要員名稱	Why vital? Is he/she a major shareholder of the Company? "If yes", how many % of shares does he/she hold currently? 為何他們會被視作要員? 他/她是否為公司的主要股東? 如是, 他/她持有多少百分比的股份?	Annual remuneration package 整體年度酬金	Keyman's service years with the Company & service years in the industry 要員的在職年期及要員在行業內的年資	If keyman is lost, financial impact on business income in next 12 month? 隨著要員去世, 貴公司的業務收入在未來12個月內會因而下降多少?	What is the justification of the proposed sum assured for an insurance? 建議投保額應如何計算?
1)					
2)					
3)					

3. Business Loan Information 業務貸款資料

Total Loan Exposure (Including application in process)  
總貸款資料(包括正在申請中)

Total Limit 貸款可透支額	Total Outstanding Amount 已貸款及已用透支額	Guarantor 擔保人	Is the loan protected with insurance? 有否為該貸款額購買相應保險?
			Fully / Partial / No 全部/部分/無

**I understand that I am advised to 本人明白實行的建議：**

- (i) set aside at least 6 months personal/household expenses as liquid assets for unforeseeable emergency personal or family needs when considering the amount of funds available for achieving my financial goals and consider to diversify my investment and allocate the amount of fund across different products; 當本人考慮投資於理財目標的金額時，應預先預留六個月個人/家庭開支金額作流動資產，以應付突如其來的個人或家庭開支，並可考慮分散投資，將金額分配於不同產品上；
- (ii) if I am aged 65 or above, invest into lower risk products with capital protection and less into products where the capital is at risk, maintain a higher proportion of assets in deposit based accounts, and reserve more personal/household expenses as liquid assets for unforeseeable emergency personal or family needs; 如本人是 65 歲或以上，應投資於風險較低的保本產品，減少投資於本金有風險的產品，將資產的較多部分存放在存款戶口，及預留更多個人/家庭開支金額作流動資產，以應付突如其來的個人或家庭開支；
- (iii) seek independent professional tax advice whenever necessary, including but not limited to any tax implications on: (a) the value of my estate, and (b) any other tax issues, e.g. those related to non-Hong Kong citizen; 如在必要時諮詢專業的稅務意見，包括但不限於：(a) 遺產價值，及 (b) 其他稅務問題，例如：非香港公民身份；
- (iv) if I have or anticipate changes in circumstances impacting time horizon, invest less, invest into lower risk products with capital protection, maintain an accessible source of funds, and maintain a higher proportion of assets in deposit based accounts; 如本人的情況有變化或預計有變化而影響本人的投資年期，應減少投資，投資於風險較低的保本產品，維持充足的可用資金，及將資產的較多部分存放在存款戶口；
- (v) if I have limited means or no regular source of income, invest less and maintain a higher proportion of assets in deposit based accounts; 如本人資產有限或沒有固定收入來源，應減少投資，將資產的較多部分存放在存款戶口；
- (vi) if I have recently received unexpected windfall, deposit the money into a flexible savings account whilst I decide on what I want to achieve, and seek advice from trusted family, friends and professionals prior to committing to longer term products and services. 如本人最近收到意外之財，應在決定怎樣利用該筆款項前將款項存入靈活的儲蓄戶口，在投資於較長年期的產品前向信任的家人、朋友或專業人士諮詢。

I understand and agree that the request for Reinstatement, Change or Addition which requires evidence of insurability shall consist of Parts I, II, III, IV & V (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復保、更改或增加保障申請，需要填寫第一、二、三、四及五部分(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 Reinstatement, Change or Addition, and such Reinstatement, 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)皆完全屬實及準確無訛，並清楚明白這些答案將成為此申請恢復保單效力、更改/增加保障之依據。此恢復保單效力、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](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；
- (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
- (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](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。

- (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 VI 第六部分 Declaration and Authorisation (cont'd) 聲明及授權書(續)**

**For Goal Access Universal Life Plan (Protection) or Goal Access Universal Life Plan (Education) — Acknowledgement of receipt of the updated Product Brochure (for policies applied for before 1 January 2017 where additional premiums may be required under this request) [駿富保障萬用壽險計劃]或[駿富教育萬用壽險計劃] — 確認收到最新的產品冊子(適用於2017年1月1日前申請之保單而於此要求中或會需要繳付額外保費)**

I/We declare that I/we have received, read and understood the product brochure, and that I/we understand all the relevant information such as the underlying product features, the key risks, fees and charges etc, mentioned therein before raising the policy servicing request(s). 本人(等)聲明本人(等)已收到、細閱及明瞭產品冊子之內容，並在提出保單服務要求前已清楚明瞭文件所提及的所有相關資料包括產品特點、主要風險、費用及收費等。

**For Integrated Protection Plus or Salary Savings Protection Plan — Acknowledgement of receipt of the updated Product Risk Factsheet (where additional premiums may be required under this request) [滙全保]或[樂網繆]多保計劃 — 確認收到最新的產品風險單張(於此要求中或會需要繳付額外保費)**

I/We declare that I/we have received, read and understood the product risk factsheet, and that I/we understand all the relevant information such as the key risks, fees and charges etc, mentioned therein before raising the policy servicing request(s). 本人(等)聲明本人(等)已收到、細閱及明瞭產品風險單張之內容，並在提出保單服務要求前已清楚明瞭文件所提及的所有相關資料包括主要風險、費用及收費等。

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，並同意貴公司可跟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。

Personal Information  
Collection Statement (English)

個人資料收集聲明(中文)



I 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。

**Signature 簽署**

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)	Signature of Payor/Joint Life Insured 付款人簽署/聯名受保人
Name 姓名: _____ Date 日期: _____	Name 姓名: _____ Date 日期: _____	Name 姓名: _____ Date 日期: _____
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: _____ Date 日期: _____	Name 姓名: _____ 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.	

**Sales Compliance Fulfillment Form**
**For Bank Use only**

Name of Policyholder	HKID Card/Passport No. of Policyholder
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- Note:
1. Complete and submit this form for PVC application.
  2. Tick the appropriate box(es), provide the required details (if applicable) and then initial/sign in the "Staff Initial or Signature" box.
  3. Obtain Manager Approval with Manager's signature in the "PVC/HRS Post-Sale Manager Approval" box.

I. PVC Categories					
<input type="checkbox"/>	1. Mentally Incapacitated or Cognitive Impairment <i>(Note: Sales should NOT be continued)</i>				
<input type="checkbox"/>	2. *Visually Impaired				
<input type="checkbox"/>	3. *Illiterate or limited command of local language <b>For illiterate customers:</b> – Offered non-ILAS only, except JADE <b>For customers with limited command of local language:</b> – Sales should NOT be continued				
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> <p>* Applicable to:</p> <ul style="list-style-type: none"> <li>• <b>Visually Impaired</b></li> <li>• <b>Illiterate</b></li> </ul> <p>who rejected companion <b>and</b> second frontline staff offer: A supervisor (DD / BM / PBM / BSM) joined the meeting to gauge customer's understanding</p> </div> <div style="width: 50%; border: 1px solid black; padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 2px;">Signature</td> <td style="width: 30%; padding: 2px;">Name</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">Title</td> </tr> </table> </div> </div>		Signature	Name		Title
Signature	Name				
	Title				
<input type="checkbox"/>	4. Elderly (Attained age 65 or above)				
<input type="checkbox"/>	5. Customer whose education level is "Primary 6 or below" or equivalent				
<input type="checkbox"/>	6. First Time Investors – customer without any investment experience on risk products (e.g. UT / Bond / CD / Structured Products / Stocks / ILAS / MPF) and life insurance				
<input type="checkbox"/>	7. Customers with low net worth coupled with low income				
<input type="checkbox"/>	8. Customer disclosed changes in circumstances impacting time horizon (for example: customers in serious ill health) – Product recommended with maturity not longer than the volunteer-informed life expectancy of the customer				
<input type="checkbox"/>	9. Recently bereaved customers (bereavement occurred within 6 months)				
<input type="checkbox"/>	10. Customers in receipt of unexpected windfalls (occurred within 3 months)				
<input type="checkbox"/>	11. Hearing impaired				
<input type="checkbox"/>	12. Annuity				
<input type="checkbox"/>	13. NLTl				

Tool tips for Appeal Reason:  
 - I have work experience related to life insurance  
 - I have professional qualifications related to life insurance  
 - I have rich knowledge on life insurance products

Appeal Reason \_\_\_\_\_

Appeal Date \_\_\_\_\_

<input type="checkbox"/>	Higher Risk Sales Scenario(s) 1. Sales of products where on planned maturity the customer would be aged 75 or over, except sales of bonds to customer aged 64 or below. 2. Sales of any risk product to customer aged 75 or over.
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Staff Initial or Signature

<b>Signature</b>	<b>Name</b>

PVC/HRS Post-Sale Manager Approval

<b>Note:</b> All PVC business must obtain supervisor or manager approval from DD / BM / PBM / BSM who are licensed and accredited, <u>within 2 business days (T+2)</u> after the sales. Please refer to "PVC Sales Approval Form" to conduct the approval and sign in adjacent box.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;"><b>Signature</b></td> </tr> <tr> <td style="width: 70%; padding: 2px;">Name</td> <td style="width: 30%; padding: 2px;">Title</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> </table>	<b>Signature</b>		Name	Title		
<b>Signature</b>							
Name	Title						

If customer is aged 75 or above, endorsement from licensed BM/BSM/CSM/GBM is required.

Signature	Name
	Title