



HSBCEEN

Policy Number 保單號碼

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PICS 2020Jun

## Change of Beneficiary 更改受益人

Name of Policyholder in English 保單持有人英文姓名	
NOTE 注意： <ol style="list-style-type: none"> <li>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。</li> <li>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」。</li> <li>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)。</li> <li>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，閣下需按要求提供相關核實證明。</li> <li>Please provide all required information, sign and return the application to us as soon as possible. If the said information is missing, the application will not be complied with. 請提供所需資料，並於簽妥後儘快遞交申請。若有關資料遺漏，此申請將不獲接納。</li> <li>Such change will not be effective until issuing written confirmation to you by HSBC Life (International) Limited ("HSBC"). 由本公司向閣下發出書面確認前，有關更改不會生效。</li> </ol>	

### Change of Beneficiary 更改受益人

I hereby apply the change of Beneficiary to my following life insurance policy(ies) underwritten by HSBC Life (International) Limited 本人擬申請更改本人由滙豐人壽保險(國際)有限公司承保之人壽保險保單之受益人：

- All my life insurance policy(ies) underwritten by HSBC Life (International) Limited 所有本人由滙豐人壽保險(國際)有限公司承保之人壽保險保單
- This life insurance policy and my other life insurance policy(ies) underwritten by HSBC Life (International) Limited. Please specify the policy number(s) here 此人壽保險保單及本人其他由滙豐人壽保險(國際)有限公司承保之人壽保險保單，請在此列出有關的保單號碼：

Note註：Please choose your change request option by inserting tick '✓' in the applicable box above. If no option is chosen, this change will be applied to this life insurance policy only. 請在以上適用的空格內劃上✓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 appoint the following person(s) as Beneficiary of the Policy. This nomination supersedes all prior nominations. 本人指定下列人士為保單受益人。此項提名取代一切以往的提名紀錄。

If you would like to appoint the above person(s) as Irrevocable Beneficiary, please submit along with the respective document ID copy with signature and states "Irrevocable Beneficiary". 若閣下指定上述人士為不可撤換受益人，請一併遞交其附簽署的身份證明文件副本，及註明「不可撤換受益人」。

It is mandatory required to obtain the prior approval of any irrevocable beneficiary before any proposed change of beneficiary, and signature of the irrevocable beneficiary (if applicable) is required on this form. 在任何提議更改受益人之前，必須獲得不可撤換受益人的批准及在此表格上簽署(如適用)。

If at any time you intend using this Policy for collateral loan purposes we recommend you discuss with your adviser before making any nomination in this section. 若閣下打算以此保單作為抵押貸款，於委任新受益人前請與閣下之顧問商討。

Details of Beneficiaries 受益人資料						
Details of Primary Beneficiaries 基本受益人資料						
Name 姓名	ID Type & No. 身份證明文件類別及號碼	Relationship to the Life Insured 與受保人關係	Minor beneficiary of age below 18* 十八歲以下未成年受益人*	Trustee Details 受託人資料		Contact Telephone No. and/ or Email Address (Optional) 聯絡電話及/或電郵地址(非必要填寫)
				Trustee Name (In English) 受託人姓名(請以英文填寫)	Trustee ID Type & No. 受託人身份證明文件類別及號碼	
			<input type="checkbox"/> Yes 是			
			<input type="checkbox"/> Yes 是			
			<input type="checkbox"/> Yes 是			
			<input type="checkbox"/> Yes 是			
			<input type="checkbox"/> Yes 是			
<b>Total 總計</b>						<b>100%</b>

**Details of Secondary Beneficiaries 次位受益人資料**

- If there is no primary beneficiary(ies) living at the time of the Life Insured's death, the secondary beneficiary(ies) will be taken as the beneficiary(ies) of this policy. 如受保人身故時所有基本受益人已離世，此保單的受益人將為次位受益人。

Name 姓名	ID Type & No. 身份證明文件類別及號碼	Relationship to the Life Insured 與受保人關係	Minor beneficiary of age below 18* 十八歲以下未成年受益人*	Trustee Details 受託人資料		Contact Telephone No. and/or Email Address (Optional) 聯絡電話及/或電郵地址 (非必要填寫)	Percentage of Entitlement 領取利益之百分比
				Trustee Name (In English) 受託人姓名 (請以英文填寫)	Trustee ID Type & No. 受託人身份證明文件類別及號碼		
			<input type="checkbox"/> Yes 是				
			<input type="checkbox"/> Yes 是				
			<input type="checkbox"/> Yes 是				
			<input type="checkbox"/> Yes 是				
			<input type="checkbox"/> Yes 是				
<b>Total 總計</b>							<b>100%</b>

Please state the reason if beneficiary is a charity organization: 如受益人為慈善機構，請列明原因：\_\_\_\_\_

- \* Note 註: If the beneficiary(ies) is/are at her/his minority upon the death of the Life Insured of this policy, the above designated trustee(s) will be taken as the trustee(s) for the beneficiary(ies). 如保單內的受保人身故時受益人仍未成年，以上指定的受託人將會成為受益人的受託人。

Change of Dementia Benefit Recipient (applicable to Early Income Annuity Plan and HSBC Flourish Income Annuity Plan only) 更改認知障礙保障收益人 (僅適用於盈達年金計劃及滙豐裕達年金計劃) :

I appoint the following person as Dementia Benefit Recipient of the Policy. This nomination supersedes all prior nominations. 本人指定下列人士為認知障礙保障收益人。此項提名取代一切以往的提名紀錄。

Name 姓名	ID Type & No. 身份證明文件類別及號碼	Relationship to the Proposed Insured 與受保人關係	Telephone No. 聯絡電話	Percentage of Entitlement 領取利益之百分比
				100%

- Tick ("✓") this box if you want the Dementia Benefit Recipient to receive basic plan Monthly Annuity Payment when the Proposed Insured is diagnosed with Severe Dementia. "Cash out" has to be selected as the payment option of the Monthly Annuity Payment. 如閣下希望於受保人被診斷患有認知障礙時將基本計劃每月年金額支付予認知障礙保障收益人，請在此方格內加上別號 ("✓")。年金額支付方式須為“現金提取”。

Notes 註:

- The Dementia Benefit Recipient must be the Policyholder or one of the Primary Beneficiaries. If not, the Policyholder will be taken as the Dementia Benefit Recipient. 認知障礙保障收益人須為保單持有人或其中一位基本受益人。如為其他，則保單持有人將被視為認知障礙保障收益人。
- If the Dementia Benefit Recipient is different from the policyholder, and in case he/she passes away during the Monthly Dementia Income payout period, the benefit payout will be payable to the policyholder. 如認知障礙保障收益人與保單持有人不同，而其於每月認知障礙利息賠付期間不幸逝世，此保障金額將支付予保單持有人。

- Change of nomination for Charitable Giving Benefit 更改指定慈善團體**

I request to change the charity or charities nominated for the Policy to the following:

本人要求更改保單內的指定慈善團體如下：

- \* Notes 注意事項:
- If nominating multiple charities and you have not specified the share on each of them, then we shall assume in equal shares; 如指定多個慈善團體而閣下並沒有註明分配比例，本公司將假定平均分配予各受益慈善團體；
  - You should only nominate an internationally recognised and accredited charitable body or foundation. 閣下必須指定國際承認及認可的慈善團體或基金。

# 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](http://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](mailto: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](http://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](mailto: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。

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

**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 of Policyholder  
保單持有人簽署

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)  
承讓入簽署(附上公司蓋章, 如適用)

Date 日期

Date 日期

Date 日期

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

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"後並寄回滙豐人壽保險(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"，我們將盡快辦理閣下之申請。

**For Bank Use**

CIN No. (in 11 digits) \_\_\_\_\_ Policyholder RR  S  H  M  L  N/A

Client's ID copy attached

Staff Name and ID:

Servicing Staff IA No.

Branch Code and Chop

Client's original ID sighted

Contact No.:

Servicing Staff RI No.