



HSBCFTX

Change of Policy Benefit

更改保單保障

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。

Please log on to your personal internet banking to place your change of premium 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繳付保費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

Policy number
保單號碼

Name of Policyholder in English
保單持有人英文姓名

Part I 第一部分 Request for Policy Change 更改保單資料 (No underwriting approval needed 無需經過核保)

☐ 1. Change of Term Period for Term Protection Plan/Benefit 更改定期壽險計劃／保障之年期

New term _____ years (from effective date of change)
新年期 _____ 年 (由更改生效日起計)

☐ 2. Change of Loan Amount/Mortgage Term 更改貸款金額／按揭年期 Applicable to Mortgage Protection Plan (MPP) 只適用於樂安居供樓保障計劃

☐ Reduction of Loan Amount (Apply to early partial repayment only not including regular instalments)
減低貸款金額 (只適用於提前部分還款，不包括每期之供款)

Partial Repayment Amount 部分還款額 HKD 港元 _____
(Please submit partial repayment receipt or other supporting proof 請遞交部分還款收據或其他可證明部分還款金額之文件)

☐ Change of Mortgage Term (Subject to the expiry age of 65 for insurance cover)
更改按揭年期 (壽險保障年期不得超過 65 歲之保障終止年齡)

Last Instalment Date 最後還款日期 _____
(Please submit the new Repayment Schedule 請遞交新的按揭還款表)

☐ Convert to individual MPP at attained age 以所達年齡轉換至個人樂安居供樓保障計劃

Loan Amount 貸款金額 (以保單貨幣計算) _____ Mortgage Term 按揭年期 _____ years 年
(Please submit the new Repayment Schedule and new application form. 請遞交新的按揭還款表及新保險申請表。)

Notes 注意事項：

For Master MPP certificates, a new individual policy will be issued for change in loan amount or mortgage term, if mortgage loan has been redeemed from HSBC. Please select "Convert to individual MPP at attained age" option. 根據樂安居供樓保障計劃主保單所簽發之證明書，如按揭已轉至其他銀行，受保人需轉換至個人樂安居供樓保障計劃，方可更改貸款金額或按揭年期，請選擇「以所達年齡換至個人樂安居供樓保障計劃」一項。)

Notes 注意事項：

- HSBC Life (International) Limited is referred to as the "Company" or "HSBC Life" in this document. 滙豐人壽 (國際) 有限公司在此文件中稱為「本公司」或「滙豐保險」。
- If the payments are paid in currencies other than the policy currencies/currency of levy cap i.e. HKD as provided by the Insurance Authority, the payments would be subject to change according to the prevailing exchange rate of policy currencies/HKD to payment currencies to be determined by the Company from time to time. Likewise any payments settled in currencies other than the policy currencies/currency of levy cap i.e. HKD, the payments would be subject to the change according to the prevailing exchange rate of policy currencies/HKD to payment currencies to be determined by the Company from time to time. The fluctuation in exchange rates may have impact on the amount of payments including but not limited to premium payments, levy payments and benefit payments. By choosing the plans denominated in currencies other than local currency, you are subject to the exchange rate risks. Exchange rate fluctuates from time to time. You may suffer a loss of your benefit values and the subsequent premium payments and/or levy payments (if any) may be higher than your initial premium payment as a result of the exchange rate fluctuations. 如繳付款項貨幣有別於保單貨幣或保險業監管局訂定繳費上限的貨幣 (即港幣)，該款項可能會受本公司不時釐定的保單貨幣／港幣對繳付款項貨幣的匯率而改變。同樣，如任何款項的貨幣不是以保單貨幣或保險業監管局訂定繳費上限的貨幣 (即港幣) 支付，該款項將會受本公司不時釐定的保單貨幣對支付貨幣／港幣的匯率而改變。匯率之波動會對款額構成影響，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。
- 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，閣下需按表提供相關核實證明。
- 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。
- You can log on to HSBC Internet Banking or HSBC HK App to review the basic plan's latest benefit illustration. For any questions, please consult your insurance intermediary, or call the HSBC Life Service Hotline on (852) 25838000. 您可登入滙豐您網上理財或 HSBC HK App 查閱最新保單基本計劃的保障說明。如有疑問，請向您的保險中介人查詢，或致電滙豐保險服務熱線 (852) 25838000。

HSBC Life (International) Limited
滙豐人壽保險 (國際) 有限公司

Incorporated in Bermuda with limited liability 於百慕達註冊成立之有限公司
 Hong Kong SAR Office Address : 18/F, Tower 1, HSBC Centre, 1 Sham Mong Road, Kowloon, Hong Kong
 香港特別行政區辦事處地址：香港九龍深旺道 1 號滙豐中心 1 座 18 樓

Part I 第一部分 Request for Policy Change (cont'd) 更改保單資料(續)

☐ **3. Reduction of Sum Insured/Notional Amount/Protection Amount/Policy Amount/Monthly Guaranteed Annuity Payment 減少保額/名義金額/保障金額/保單金額/每月保證年金金額**

New Amount (Calculated in Policy Currency) 新金額(以保單貨幣計算)

- ☐ Basic Plan 基本計劃
- ☐ Yearly Renewable Term Benefit 續年定期壽險保障
- ☐ Term Protection Benefit 定期壽險保障

Notes 注意事項:

[1] After the cooling-off period, if you reduce the Sum Insured/Notional Amount/Policy Amount/Monthly Guaranteed Annuity Payment, it will be treated as a **Partial Surrender**. If your policy has cash value, the cash value may be reduced. The company will pay you the corresponding cash value; surrender charge may be imposed subject to policy provisions. 於冷靜期外減少保額/名義金額/保單金額/每月保證年金金額將被視為**部份退保**。如您的保單有現金價值，該現金價值可能會被減少。本公司將於部份退保後向您支付相應的現金價值；根據保單條款，本公司可能會向您徵收退保費用。

WARNING: The cash value/surrender value (if applicable)/special bonus (if applicable) and death benefit/critical illness benefit (if applicable) are determined by your policy's Sum Insured/Notional Amount/Policy Amount/Monthly Guaranteed Annuity Payment. Following a Partial Surrender, these cash values and the total premiums for the basic plan used to calculate the death benefit will decrease according to the reduced amounts. **Carefully assess if this aligns with your financial needs and best interests.** 警告：保單的現金價值/退保價值(如適用)均以保單的保額/名義金額/保單金額/每月保證年金金額計算。行使部份退保後，隨後的現金價值及用作計算身故賠償之基本計劃已繳總保費，將會根據減少後的保額/名義金額/保單金額/每月保證年金金額被相應減少。**請仔細考慮此舉是否符合您的最佳利益和財務需要。**

[2] New Sum Insured/Notional Amount/Protection Amount/Policy Amount/Monthly Guaranteed Annuity Payment is subject to maximum and minimum requirements. 新保額/名義金額/保障額/保單金額/每月保證年金金額不得超越保障計劃之最高及最低限制。

[3] Reduction in Sum Insured is subject to (i) a minimum remaining Sum Insured less total claims paid under the Early Stage Critical Illness Benefit (if applicable) of USD500,000 (or policy currency equivalent) being maintained under the policy; (ii) a surrender charge deductible from Account Value. Reduction in Sum Insured may reduce the Account Value and Death Benefit of your Policy. 減少投保額須符合下列要求：(i) 扣除所有已支付之早期嚴重疾病賠償款項(如適用)後，最低剩餘投保額為500,000美元(或保單貨幣的同等價值)；(ii) 須從賬戶價值中收取退保費用。減少投保額或會使閣下的保單賬戶價值與身故賠償相應調低。

[4] Reduction in specified Sum Insured can only be made after the first policy anniversary. (Applicable to Jade Universal Life insurance only) 閣下可以在首個保單周年日後，減少投保額。(只適用於翡翠萬用壽險產品)

[5] Not applicable to WealthInvest Insurance Plan. 不適用於財富投資人壽計劃。

[6] For Goal Access Universal Life Plan (Protection) (ULPP) and Goal Access Universal Life Plan (Education)(ULEP), reduction of Sum Insured is allowed after the first policy anniversary for single premium policy and after the 5th policy anniversary for regular premium policy. The reduction of Sum Insured/Notional Amount/Policy Amount/Monthly Guaranteed Annuity Payment is subject to minimum and maximum amounts determined by us from time to time. Reduction of Sum Insured/Notional Amount/Policy Amount/Monthly Guaranteed Annuity Payment is subject to surrender charge (if any). Surrender charge applies during the first 10 policy years for ULPP and 8 policy years for ULEP. The maximum surrender charge is up to 45% (ULPP)/55% (ULEP) for regular premium policy and 11% (ULPP)/12% (ULEP) for single premium policy of the account value on the date we receive the request times the percentage of reduction of sum insured. Please refer to the policy terms for the relevant details. 駿富保障萬用壽險計劃及駿富教育萬用壽險計劃疊繳的保單可於首保單年度後減少保額，定期保費的保單可於第5個保單年度後減少保額。減少保額/名義金額/保單金額/每月保證年金金額的最低及最高款額將由本公司不時釐訂。減少保額/名義金額/保單金額/每月保證年金金額須繳付退保費用(如適用)。退保費用分別適用於首十個保單年度(駿富保障萬用壽險計劃)/首八個保單年度(駿富教育萬用壽險計劃)，定期保費保單的退保費用最高達當收到要求時戶口價值的45%(駿富保障萬用壽險計劃)/55%(駿富教育萬用壽險計劃)乘以減少投保額的百分比及疊繳保費保單的退保費用最高達當收到要求時戶口價值的11%(駿富保障萬用壽險計劃)/12%(駿富教育萬用壽險計劃)乘以減少投保額的百分比。閣下可查閱保單條款以得到相關的詳細資料。

[7] If "Standing Instruction" has been set up for premium payment arrangement, please be reminded that you should complete and return the "Standing Instruction Request form" to The Hongkong and Shanghai Banking Corporation Limited for the amendment/cancellation of the said arrangement. Normally, it takes 5 business days to processing such request. 若上述保單已設立「常行指示」以繳付保費，請注意，閣下需填妥並交回「常行指示申請表」予香港上海滙豐銀行有限公司，以修改或取消有關常行指示的安排。有關安排，一般需時5個工作天方可生效。

PAYMENT made payable to Policyholder/Assignee 收款人為保單持有人/承讓人

- ☐ Policyholder 保單持有人 ☐ Assignee 承讓人

- ☐ Policy currency 保單貨幣 ☐ HKD for NON-HKD policies 港幣付款(適用於非港幣保單)

Please select one of the payment instruction below. 請選擇以下其中一個發還退款指示。

☐ **By Autopay 自動轉帳**

☐ Credit to the bank account below 存入以下銀行戶口

| Bank No. 銀行號碼 | Branch No. 分行號碼 | Account No. 戶口號碼 |
|------------------|--------------------|---------------------|
| | | |

Notes 注意事項:

[i] Please submit your identity document copy if the policy is enrolled online. 如您經網上投保，請遞交身份證明文件副本。

☐ **By Telegraphic Transfer 電匯 (Only applicable for overseas client 只適用於海外客戶)**

Name of Bank Account Holder 銀行戶口帳戶持有人姓名: _____

Name of Bank 銀行名稱 (OVERSEAS BANK 海外銀行): _____ ☐ Please provide bank account proof 請提供銀行帳戶證明

Bank Account Number 銀行帳戶號碼: _____

IBAN Number 國際銀行帳戶號碼 (if applicable 如適用): _____

Address of Bank 銀行地址: _____

Swift Code 銀行編號: _____

The Reason for Telegraphic Transfer 電匯原因: _____

Name of Intermediary/Correspondence Bank 中轉銀行名稱 (if applicable 如適用): _____

Swift Code Intermediary/Correspondence Bank 中轉銀行銀行編號 (if applicable 如適用): _____

Notes 注意事項:

If provided information is incomplete or missing relevant bank account proof, the payment will be mailed out by cheque. 如未能提供完整資料或相關銀行戶口證明，款項將以支票形式寄出。

Part I 第一部分 Request for Policy Change (cont'd) 更改保單資料(續)☐ **By Cheque 以支票形式 (Only applicable for payment currency in CNY/HKD/USD 只適用於收款貨幣為人民幣／港幣／美金)**

Please mail the cheque to 請把支票寄往

☐ Policyholder's correspondence address 保單持有人之通訊地址☐ Assignee's correspondence address 承讓人之通訊地址**If Policyholder's correspondence address need to be updated, please submit "Change of Customer Information" form to the Company. 如需更新保單持有人之通訊地址，請提交「更改客戶資料」。****Notes 注意事項：**

* Payment in CNY is not applicable to 以人民幣貨幣付款不適用於：

[1] WealthSave (Renminbi) Protection Plan (WSPP) applied before 21 July 2010; or 在 2010 年 7 月 21 日前申請的財富儲蓄(人民幣)保障計劃；或

[2] WSPP policyholder/assignee (as the case maybe) who are without CNY account eligible for benefit settlement under the relevant regulatory requirements; or 沒有符合有關監管規定可用於利益結算的人民幣戶口的財富儲蓄(人民幣)保障計劃之保單持有人／承讓人(視情況而定)；或

[3] policy loan applied under WSPP. 財富儲蓄(人民幣)保障計劃保單貸款申請。

(Special note: For WealthSave (Renminbi) Protection Plan (WSPP) applied on or after 21 July 2010, CNY settlement option is subject to the availability as determined by the Company from time to time. 於 2010 年 7 月 21 日或之後申請的財富儲蓄(人民幣)保障計劃，其以人民幣為可行的結算方法可由本公司不時釐定。)

Any charges may be incurred as a result of receiving the payment from the Company, including but not limited to depositing into bank account and cheque encashment, will be borne by the policyholder. 任何由於收取由本公司發出之款項而可能產生的費用，包括但不限於存入銀行帳戶及兌現支票[^]，將由保單持有人承擔。[^] If the receiving bank is non-HSBC, bank charges incurred will be deducted from the amount payable by the said bank, if applicable. 如收款戶口非滙豐銀行，該銀行將於提出款項中收取服務費用，如適用。☐ **4. Supplementary Benefits 附加保障**

| | | |
|------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Amount (in policy currency) 保額(保單貨幣) | <input type="checkbox"/> Deletion of Supplementary Benefits [°] 取消附加保障 | <input type="checkbox"/> Deletion of Joint Life Insured 取消聯名受保人 |
| | | |
| | | |

[°] Deletion of Major Illness Benefit will be accompanied by deletion of Female Benefit applied/added on or after Nov 2001 if such is attached to the policy. 刪除嚴重疾病保障會自動刪除 2001 年 11 月以後簽發或附加於保單之女性保障。☐ **5. Termination of Critical Illness Advance Payment (Applicable to Jade Universal Life insurance) 終止嚴重疾病預支保額保障(只適用於翡翠萬用壽險產品)****Notes 注意事項：**

[1] Termination of Critical Illness Advance Payment can only be made after the first Policy anniversary; 閣下只可在首個保單周年日後申請終止嚴重疾病預支保額保障；

[2] No refund of premium and levy is provided upon termination and there will be no change to the Account Value after termination; 本公司終止嚴重疾病預支保額保障時，已繳之保費及保費徵費將不會退回，在該終止後賬戶價值將會維持不變；

[3] Critical Illness Benefit and Early Stage Critical Illness Benefit must be cancelled together; 嚴重疾病賠償及早期嚴重疾病保障需同時取消；

[4] The relevant Insurance Charge(s) for Critical Illness Benefit and Early Stage Critical Illness Benefit (if applicable) will cease to be payable upon termination; 終止保障後，閣下毋須再繳付嚴重疾病保障及早期嚴重疾病保障(如適用)之相關保險費用；

[5] Scheduled premium and levy payable for the Policy will not be reduced after termination of Critical Illness Advance Payment. 保單應繳之定期保費及保費徵費不會就終止嚴重疾病預支保額保障而相應調低。

☐ **6. Currency Switch (Applicable to Universal Life insurance) 貨幣轉換(只適用於萬用壽險產品)**

I hereby request to switch my policy currency to the following currency:

本人要求轉換我的保單貨幣至以下貨幣：_____

Notes 注意事項：

[1] You should consult your licensed intermediary for the details of policy currencies available currently. You may request at any time after the first policy anniversary to switch the policy currency to another available policy currency by then. Policy currencies available for switch may change from the time you took out the Policy and are determined at our discretion from time to time and may differ depending on your current policy currency. Currently, no switching to CNY currency is allowed; 閣下應向閣下的持牌中介人查詢現時可供選擇轉換的保單貨幣。閣下可在首個保單週年日後要求轉換保單貨幣至當時可供選擇的另一種保單貨幣，這些可供選擇的保單貨幣可能與最初保單簽發時的可供選擇的保單貨幣不同，並由本公司酌情不時釐定，亦視乎閣下現時的保單貨幣而有所不同。目前，保單貨幣不能轉換至人民幣；

[2] We will process your request as soon as practicable after receipt of this instruction as determined by us and on our prevailing policy currency exchange rate(s); 本公司在收到閣下保單的貨幣轉換之申請表後，將儘快處理閣下的貨幣轉換，並根據本公司當日釐定的貨幣匯率進行轉換；

[3] Only one policy currency is permitted under a policy at any one time. Therefore any switching must be 100% to the new policy currency designation; 閣下的保單只能選擇一種保單貨幣，所以閣下必須將 100% 款額轉換至新的保單貨幣；

[4] You may make one currency switch during the Policy Year without incurring any charge for currency switch. Any further currency switch in the same Policy Year thereafter will be subject to a charge for currency switch as we shall determine from time to time and will be deducted from the switched amount; 閣下可在其保單之保單周年作出一一次貨幣轉換，並毋須繳付任何貨幣轉換費用，惟轉換次數受保單條款所約束。若在同一保單年度內作出額外的貨幣轉換，須繳付本公司不時釐定的貨幣轉換費用，並從貨幣轉換款項中扣除；

[5] Currency Switch may be subject to Exit Value Adjustment. Any No-Lapse Guarantee Benefit will be terminated. Guaranteed Minimum Crediting Interest Rate and General Crediting Interest Rate may be affected. Please check your Policy's terms and conditions and discuss with your licensed intermediary before proceeding. 轉換貨幣或會受退款價值調整所影響。任何保證保單不失效保障將會終止。最低保證固定派息率及一般派息率或會受影響。詳情請細閱閣下的保單條款及細則並向閣下的持牌中介人查詢。

Part I 第一部分 Request for Policy Change (cont'd) 更改保單資料(續)

☐ **7. Application for exiting the Guaranteed Crediting Interest Rate Lock 申請退出保證固定派息率 (Applicable to Universal Life insurance 只適用於萬用壽險產品)**

I request the following proportion of my Policy to exit from my Policy Guaranteed Crediting Interest Rate Lock and be transferred to the policy account to accumulate interest at a General Crediting Interest Rate. 本人要求將保單中以下部分退出保證固定派息率及轉調到一般派息率的保單賬戶。

Please indicate % proportion you would like to exit.

請表明閣下希望退出的百分比。

%

Notes 注意事項：

- [1] Exiting a Guaranteed Crediting Interest Rate Lock may cause an exit value adjustment to arise, which may affect any No-Lapse Guarantee Benefit or may affect some other benefits under your Policy. Please check your Policy terms and discuss with your licensed intermediary before proceeding. 退出保證固定派息率會引致退款價值調整，影響任何保證保單不失效保障或閣下保單內的其他權益。請先檢閱保單條款及向閣下的持牌中介人查詢。

☐ **8. Exercise of Policy Value Management Option (Applicable to HSBC Wealth Goal Insurance Plan (WGIP), HSBC Wealth Goal Insurance Plan II (WGIP2), HSBC Wealth Goal Insurance Plan III (WGIP3), HSBC Ultra Wealth Goal Insurance Plan (UWGIP), HSBC Eminent Goal Multi-Currency Insurance Plan (EGIP), HSBC Family Goal Insurance Plan (FGIP), HSBC Health Goal Insurance Plan (HGIP), HSBC Paramount Global Life Insurance Plan (PGIP), HSBC Paramount Global Life Insurance Plan II (PGIP2) and Income Goal Insurance Plan II (ANNB2) only) 行使保單價值管理權益 (只適用於滙豐保險計劃、滙豐保險計劃II、滙豐保險計劃III、滙豐尊尚保險計劃、滙豐多元貨幣保險計劃、滙豐人生保險計劃、滙豐保險計劃、滙豐環球壽險計劃、滙豐環球壽險計劃II及聚富入息保險計劃II)**

☐ Allocate Net Cash Value[^] to the Policy Value Management Balance 調撥淨現金價值[^]至保單價值管理收益結餘

Allocation amount (in policy currency)* 調撥金額(以保單貨幣計算)* _____

* When exercising this Policy Value Management Option, the allocation amount is subject to minimum amount requirements on (i) the Net Cash Value[^] to be allocated per transaction; and (ii) the Notional Amount after the exercise of this option. Such minimum amount requirements are determined by the Company from time to time without prior notice to policyholder. The actual allocation amount that has been transferred to the Policy Value Management Balance as a result of exercising this option may be less than the requested allocation amount. Please refer to the Policy Provisions for details. 當行使保單價值管理權益時，調撥金額的最低限額要求須符合對(i) 每次調撥的淨現金價值[^]；及(ii) 該權益行使後之名義金額。其最低限額會由本公司不時釐訂並不會提前通知保單持有人。行使該權益後轉移到保單價值管理收益結餘的實際調撥金額可能少於要求的調撥金額。詳情請參閱相關保單條款。

[^] Net Cash Value means at any time, an amount equal to Guaranteed Cash Value plus Special Bonus, if any. 淨現金價值指在任何時間相等於保證現金價值加上特別獎賞(如有)後的金額。

Notes 注意事項：

- [1] Policy has to be in force for 20 policy years (10 policy years for ANNB2 only) or more with all premiums paid when due and no indebtedness under the policy. No cancellation/termination/reversal is allowed once this Option is exercised. 保單必須已生效20年(10年只適用於聚富入息保險計劃II)或以上，並且所有保費均已在到期時全數繳付及保單沒有任何債項。保單價值管理權益一經行使將不能取消/終止/逆轉。

☐ **9. Change of Sum Insured by decreasing the Coverage Level (Applicable to Wealth Select Protection Linked Plan (WPLP)) 以減少保障等級的方式更改保額 (只適用於滙豐保障相連保險計劃)**

I hereby request to decrease the Sum Insured by decreasing the Coverage Level from 150%/200%/250% to 150%/200%/250% of Total Premium Payable from the next Policy Monthiversary once the request is approved by the Company.

本人特此申請以減少保障等級(由150%/200%/250%應繳保費總額減至150%/200%/250%應繳保費總額)以減少保額，並於申請獲批准後的保單月結日生效。

Notes 注意事項：

- [1] The level of Sum Insured can only be changed any time after first Policy Anniversary of your WPLP Policy and when the Life Insured is at age 65 or below. Age means on policy effective date or Policy Anniversary, the age of the Life Insured's next birthday. The age will remain the same during the corresponding Policy Year until next Policy Anniversary. 保額只可於您的保單第一個保單週年日之後及於受保人年齡為65歲或以下時更改。年齡指在保單生效日期或保單周年日，受保人的下一次生日年齡。該年齡將在相應的保單年度保持不變，直至下一個保單周年日。
- [2] If the request is approved by the Company, the Insurance Charge under your WPLP Policy will be adjusted as according to Sum Insured you requested and consequential adjustments will be made in the calculations of Death Benefit in accordance with the terms of this Policy effective from the next Policy Monthiversary. 若該申請獲得本公司的批准，本保單下的保險費用將根據閣下要求的保額進行調整，而且身故賠償的計算將會按照本保單的條款進行相應的調整，在下一個保單月結日生效。
- [3] Your Death Benefit may also decrease due to a lower level of Sum Insured, hence, the Death Benefit payable may not be sufficient for your needs. 身故賠償亦可能因保額減少而降低，導致您獲得的身故賠償未必足以應付個人需要。
- [4] Restrictions applied on Policyholder/Life Insured with certain residency and/or nationality from changing Sum Insured. For details, please refer to "Additional points to know" section in offering documents. 更改保額受保單持有/受保人的居住地及/或國籍限制。詳情請參閱產品資料概要上的「補充要點」。
- [5] Please cross out percentage options which are not applicable. 請刪掉不適用的百分比選項。

| Part II 第二部分 Request for Policy Change 更改保單資料 (subject to underwriting approval 須經過核保) | | | |
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| Please complete this part together with Part III & IV of this form and a "Financial Planning Report/Financial Needs Analysis" at an HSBC branch. (Increase sum insured of WPLP does not require filling in "Financial Planning Report/ Financial Needs Analysis") 保單持有人須填寫此部份及申請表的第三及第四部分及於滙豐分行完成「個人理財計劃／財務需要分析表格」。(增加滙豐保障相連保險計劃保額並不需要填寫「個人理財計劃／財務需要分析表格」) | | | |
| <input type="checkbox"/> 10. Addition of Sum Insured/Notional Amount/Protection Amount/Policy Amount/Monthly Guaranteed Annuity Payment | | | |
| New Amount (Calculated in Policy Currency) 新金額 (以保單貨幣計算) | | | |
| <input type="checkbox"/> Basic Plan 基本計劃 | | | |
| Notes 注意事項： | | | |
| [1] New Sum Insured/Notional Amount/Protection Amount/Policy Amount/Monthly Guaranteed Annuity Payment is subject to maximum and minimum requirements. 新保額／名義金額／保障額／保單金額／每月保證年金金額不得超越保障計劃之最高及最低限制。 [2] Not applicable to WealthInvest Insurance Plan. 不適用於財富投資人壽計劃。 [3] Any increase in Sum Insured is subject to underwriting approval. You should therefore complete a full Application Form and may be required to undergo medical examinations or medical tests depending on the amount of increment. 增加投保額須經過核保，閣下應填寫完整申請表及根據增加的投保額進行醫療驗身或醫療檢驗。 [4] Increase in the Sum Insured is subject to a minimum amount pursuant to the Policy terms. An increase in Sum Insured may also require you to pay an additional premium and levy. Please read your Policy's terms and conditions and consult your licensed intermediary for details. 增加投保額須受到保單有關最低款額的條款規限。增加投保額或須閣下繳交一筆額外的保費及保費徵費，詳情請細閱保單條款及細則，並向閣下的持牌中介人查詢。 [5] No increase in the Sum Insured is allowed for policies denominated in CNY. 增加投保額不適用於保單貨幣為人民幣。 | | | |
| <input type="checkbox"/> 11. Supplementary Benefits 附加保障 | | | |
| <input type="checkbox"/> Addition of Supplementary Benefits 增加附加保障 | Name of Supplementary Benefits 附加保障名稱 | | Sum Insured (Calculated in Policy Currency) 保額 (以保單貨幣計算) |
| <input type="checkbox"/> Addition of Payor's Benefit 申請付款人供款保障 | Relationship to Life Insured: 與受保人之關係： | | <input type="checkbox"/> Father 父親 <input type="checkbox"/> Mother 母親 <input type="checkbox"/> Other 其他 |
| <input type="checkbox"/> Addition of Joint Life Insured (applicable for MPP only) 申請增加聯名受保人(只適用於樂安居供樓保障計劃) | Applicant Status: 申請人身份： | | <input type="checkbox"/> Home Loan Applicant 樓宇貸款申請人 <input type="checkbox"/> Existing Home Loan Customer 現有樓宇貸款客戶 <input type="checkbox"/> Guarantor 擔保人 |
| For addition of Payor's Benefit/Joint Life Insured, please complete item (1) to (6). 申請付款人供款保障或增加聯名受保人請填寫以下(1)至(6)項。 | | | |
| 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) (if applicable) 別名 (先填寫姓氏) (如適用) | | |
| 2. | Chinese Name (If any) 中文姓名 (如有) | | |
| Items (3) to (6) are applicable to Individual Policyholder (3) 至 (6) 適用於個人保單持有人 | | | |
| 3. | Date of Birth 出生日期 (DD 日 / MM 月 / YYYY 年) | 4. | Marital Status 婚姻狀況 <input type="checkbox"/> Single 未婚 <input type="checkbox"/> Widowed 鰥寡 <input type="checkbox"/> Married 已婚 <input type="checkbox"/> Divorced 離婚 |
| 5. | 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 | | |
| 6. | 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 |
| Notes 注意事項： | | | |
| [1] Not applicable to Major Illness Benefit (to age 65). 不適用於嚴重疾病保障 (至 65 歲)。 [2] Increase in Protection Amount is only applicable to supplementary benefits attached to Savings Protection Plus/Super Life/LifeInvest Protection Plus/RetireInvest Protection Plus policies. Addition of Major Illness Benefit (Advance Payment) for ULPP only allows within premium payment period for regular premium policy. This request is not applicable to single premium policy. 增加保障額只適用於儲全保／卓滙投資壽險計劃／投資儲全保／退休儲全保之附加保障。駿富保障萬用壽險計劃增加嚴重疾病保障 (預支保額) 只適用於定期保費的保單。此申請不適用於躉繳保費的保單。 [3] For HSBC Comprehensive Critical Illness Protection Plan, addition of supplementary benefits and increase of sum insured after policy issuance is not allowed. 於保單生效後，增加附加保障和增加保額並不適用於滙安健危疾保障計劃。 [4] Addition of Female Benefit will result in simultaneous addition of Major Illness Benefit if the latter was not attached to the policy. 如嚴重疾病保障未曾附加於保單上，於附加女性保障時，嚴重疾病保障會自動附加於保單。 [5] Nationality (country/region) proof is required if the change of nationality (Country/Region) applied by non-permanent Hong Kong resident. 如非香港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。 | | | |

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| Part II 第二部分 Request for Policy Change 更改保單資料 (subject to underwriting approval 須經過核保) (續) | | | |
| <input type="checkbox"/> 12. Loading Removal/Reduction 刪除／減低額外保費 (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) | | | |
| <input type="checkbox"/> Occupational rating (Please complete Part III) 職業理由 (請填寫第三部分) <input type="checkbox"/> Medical rating (Please complete Part III & IV) 健康理由 (請填寫第三及第四部分) <input type="checkbox"/> Residential rating (Please provide address proof, if changed) 居住地區理由 (請提供地址證明, 如已搬遷) | | | |
| <input type="checkbox"/> 13. Change of Death Benefit Option 轉換死亡賠償選擇 (Applicable to Jade Global Universal Life/ Savings Protection Plus (SPP)/Super Life (SPL)/LifeInvest Protection Plus (LIVP)/RetireInvest Protection Plus (RIVP) policies issued with death benefit option 只適用於翡翠環球萬用壽險計劃及附設死亡賠償選擇之儲全保／卓滙投資壽險計劃／投資儲全保／退休儲全保) | | | |
| Death Benefit Option 死亡賠償選擇： <input type="checkbox"/> Option A* (Sum insured or cash value, whichever is the larger) 選擇 A* (保額或現金價值, 以較高者為準) <input type="checkbox"/> Option B* (Sum insured + cash value) 選擇 B* (保額加現金價值) <input type="checkbox"/> Option C** (Sum Insured + greater of cash value or total premium paid minus total withdrawal) 選擇 C** (保額加現金價值或總支付之保費減總提取款項 (以較高者為準)) * Please complete Part III & IV if change of Death Benefit Option from A to B or from C to A/B, and for LIVP/RIVP plans, please submit this Request together with the new Proposal. 若死亡之賠償選擇由 A 轉換為 B 或由 C 轉換為 A/B, 請填寫第三及第四部分及提交建議書。 ** Applicable only for LIVP/RIVP plans and subject to fund minimum balance of HKD80,000 or USD10,000. 只適用於投資儲全保／退休儲全保; 最低基金價值須達到港幣 80,000 元或 10,000 美元。 | | | |
| <input type="checkbox"/> 14. Change of Sum Insured by increasing the Coverage Level (Applicable to Wealth Select Protection Linked Plan (WPLP) only) 以增加保障等級的方式更改保額 (只適用於滙萃保障相連保險計劃) | | | |
| I hereby request to increase the Sum Insured by increasing the Coverage Level from <u>150%/200%/250%</u> to <u>150%/200%/250%</u> of Total Premium Payable from the next Policy Monthiversary once the request is approved by the Company. 本人特此申請以增加保障等級 (由 <u>150% / 200% / 250%</u> 應繳保費總額增至 <u>150% / 200% / 250%</u> 應繳保費總額) 以增加保額, 並於申請獲批准後的保單月結日生效。 Notes 注意事項： [1] The level of Sum Insured can only be changed any time after 1st Policy Anniversary of your WPLP Policy and when the life insured is at Age 65 or below. Age means on policy effective date or Policy Anniversary, the Age of the life insured's next birthday. The Age will remain the same during the corresponding Policy Year until next Policy Anniversary. 保額只可於您的保單第一個保單週年日之後及於受保人年齡為 65 歲或以下時更改。年齡指在保單生效日期或保單周年日, 受保人的下一次生日年齡。該年齡將在相應的保單年度保持不變, 直至下一個保單周年日。 [2] Increase of Sum Insured will only increase the level of Sum Insured but will not impact the Account Value. Hence, your monthly Insurance Charge might also increase due to a higher level of Sum Insured and as a result it could impact the value of the Policy. 增加保障金額只會提升保障金額水平而不會對戶口價值有影響。因此, 閣下的每月保險費用亦會因提高的保障金額而增加, 並有機會影響到整份保單價值。 [3] If the request is approved by the Company, the Insurance Charge under your WPLP Policy will be adjusted as according to Sum Insured you requested and consequential adjustments will be made in the calculations of Death Benefit in accordance with the terms of this Policy effective from the next Policy Monthiversary. 若該申請獲得本公司的批准, 本保單下的保險費用將根據閣下要求的保額進行調整, 而且身故賠償的計算將會按照本保單的條款進行相應的調整, 在下一個保單月結日生效。 [4] Subject to the policy provisions, if the life insured passes away as a result of suicide, whether sane or insane, within one year of the effective date of change of Sum Insured by increasing the coverage level, the suicide proceeds will be limited to the Account Value plus the Policy Management Charge and Insurance Charge that have been deducted by the Company from the Account Value since the effective date of change of Sum Insured. 在符合相關保單條款的情況下, 受保人若於以增加保障等級的方式更改保額的生效日期起計一年內自殺身亡, 無論自殺時神智是否清醒, 本公司所支付的自殺賠償將只限於發還戶口價值, 另退回由更改保額的生效日期至自殺當日已於戶口價值扣除的保單管理費用及保險費用。 [5] Restrictions applied on policyholder/ life insured with certain residency and/or nationality from changing Sum Insured. For details, please refer to "Additional points to know" section in offering documents. 更改保額會因應保單持有人／受保人的居住地及／或國籍而有所限制。詳情請參閱產品資料概要上的「補充要點」。 [6] Please cross out percentage options which are not applicable. 請刪掉不適用的百分比選項。 | | | |
| Part III 第三部分 | | | |
| A. Occupational Details 職業資料 | | | |
| Life Insured (If other than the Policyholder/Payor) 受保人 (如與保單持有人／付款人不同) | | | |
| 1. Employer's Name & Address 僱主名稱及地址 | | | |
| 2. Occupation 職業 | | 3. Industry 行業 | |
| 4. Job Activities 職責範圍 | | | |
| 5. 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 | | 6. 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 | |
| 7. 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) | | 8. Employment Commencement Date 入職日期 _____ Year 年 _____ Month 月 | |
| Policyholder/Payor 保單持有人／付款人 | | | |
| 9. 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 | | | |
| 10. Industry (if applicable) 行業 (如適用) | | 11. Occupation (if applicable) 職業 (如適用) | |
| 12. Job Title (if applicable) 職位 (如適用) | | | |
| 13. Name of Employer / Business & Address (if applicable) 僱主／公司名稱及地址 (如適用) | | | |

| Part III (cont'd) 第三部分 (續) | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------|------------------------------------------------------|--------|------|------------|-------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| A. Occupational Details (cont'd) 職業資料(續) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. 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) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. 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：_____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16. 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 | | 17. 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 _____ <input type="checkbox"/> ft 呎 / <input type="checkbox"/> m 米 | | | | | | | | | | | | | | | | | | | | | | | |
| 18. 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) _____ | | 19. Employment Commencement Date 入職日期 _____ Year 年 _____ Month 月 | | | | | | | | | | | | | | | | | | | | | | | |
| B. Personal Details 個人資料 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20. 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 _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21. 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。 <table border="1"> <thead> <tr> <th>Name of Insurance Company</th> <th>Year Issued</th> <th>Amount of Life Insurance (HK Dollars)</th> <th>Amount of Hospital Cash Benefit (HK Dollars per day)</th> </tr> <tr> <th>投保公司名稱</th> <th>簽發年份</th> <th>人壽保險金額(港幣)</th> <th>住院現金保障金額(每日以港幣計算)</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table> | | | | Name of Insurance Company | Year Issued | Amount of Life Insurance (HK Dollars) | Amount of Hospital Cash Benefit (HK Dollars per day) | 投保公司名稱 | 簽發年份 | 人壽保險金額(港幣) | 住院現金保障金額(每日以港幣計算) | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | (a) Life Insured 受保人 Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> | (b) Policyholder/Payor/Joint Life Insured 保單持有人/付款人/聯名受保人 Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> |
| | | | | Name of Insurance Company | Year Issued | Amount of Life Insurance (HK Dollars) | Amount of Hospital Cash Benefit (HK Dollars per day) | | | | | | | | | | | | | | | | | | |
| 投保公司名稱 | 簽發年份 | 人壽保險金額(港幣) | 住院現金保障金額(每日以港幣計算) | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | |
| 22. 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"/> | <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
| 23. 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"/> | <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
| 24. 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"/> | <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |

| Part IV 第四部分 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) | | | |
| 25. (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 |
| 26. 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"/> |
| 27. 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. 閣下曾否吸食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"/> |
| 28. 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"/> |
| 29. 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"/> |
| 30. 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性失去免疫能力病症、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"/> |
| 31. 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)? | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Do you have any other acquired or congenital deformity, bodily injury or disorder not mentioned above? 閣下否有其他上述未有提及的先天或後天缺陷、身體損傷或不適? | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. For females only 只適用於女性 | | | | | | | |
| 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。 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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)? | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. If the answer to questions 26 - 33 is "Yes", please complete the following: 若問題26至33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 | | |
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| Any Additional Information 其他附加資料 | | | | | | | |

For application of (i) unscheduled/irregular premium, (ii) add supplementary benefits, (iii) increase sum insured (excluding change of Sum Insured by increasing Coverage Level for WPLP) or (iv) switch of life insured (if additional premium is required) only

只適用於(i)增加非定期保費，(ii)增加附加保障，(iii)增加保額(不包括滙萃保障相連保險計劃的以增加保障等級的方式更改保額)，或(iv)更改受保人(如需繳付額外保費)之申請

| Part V 第五部分 Companion/Second Frontline Staff Arrangement 客戶同伴／第二位銀行前線職員安排 | | | |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------|
| Companion/ Second Frontline Staff Arrangement 客戶同伴／第二位 銀行前線職員安排 | I understand that I am advised to have a companion (a friend or a relative) and a second frontline staff to attend this sales meeting. 本人明白貴行的建議，可考慮邀請一位同伴(朋友或親友)及第二位銀行前線職員一同參與此銷售會面。 | | |
| Companion Arrangement 客戶同伴安排 | <input type="checkbox"/> I have companion (a friend or a relative) to attend this meeting to facilitate my better understanding of the advice given to me. 本人有一位同伴(朋友或親友)一同參與此銷售會面以助本人了解滙豐對本人提供的意見。 | | |
| | <div style="border: 1px solid black; padding: 2px;">Name of Companion 同伴的姓名</div> | | |
| | <div style="border: 1px solid black; padding: 2px;">Relationship 關係</div> | | |
| | <input type="checkbox"/> I declare that I do not need the companion arrangement due to the reason below: 由於以下的原因，本人聲明本人並不需要同伴安排： Reason 原因 | | |
| Arrangement of Second Frontline Staff 第二位銀行 前線職員安排 | <input type="checkbox"/> I agree to have a second frontline staff to attend this meeting. 本人同意邀請第二位銀行前線職員一同參與此銷售會面。 | | |
| | Staff Name 職員姓名 | Title 職位 | Staff Initial 職員簡簽 |
| | <input type="checkbox"/> I declare that I do not need this arrangement. 本人聲明本人並不需要此安排。 | | |
| | | | Initial of Policyholder 保單持有人簡簽 |

| Part VI 第六部分 Reflection Period 考慮期 | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| I have been advised on _____ (DD/MM/YYYY) to take at least one business day to reflect before applying the Policy change(s) discussed. 貴行曾於 _____ (日 / 月 / 年)建議本人在申請已討論的保單更改前可用不少於一個營業日的時間去考慮。 | |
| <input type="checkbox"/> I decided to take at least one business day to reflect before the application. 本人決定在申請前用不少於一個營業日的時間去考慮。 | |
| <input type="checkbox"/> I decided to take less than one business day to reflect before the application. 本人決定在申請前用少於一個營業日的時間去考慮。 Reason 原因 _____ | |
| <input type="checkbox"/> I decided that I do not need a reflection period before the application. 本人決定在申請前不需要考慮期。 Reason 原因 _____ | |
| | |
| Initial of Policyholder 保單持有人簡簽 | |

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

- (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; 當本人考慮投放在理財目標的金額時，應先預留六個月個人／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，將資產的較大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，及將資產的較大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，將資產的較大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, VI & VII (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、五、六及七部分(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 duly 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方能生效。

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. 本人授權任何知悉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(I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(I貴公司)繳付訂明保費徵費予保監局；(ii) 此保費徵費應與保費一同繳付予貴公司，並再由貴公司於保監局指明的轉付期內直接轉付予保監局；(iii) 需繳付的保費徵費是保單的每期保費金額與適用的徵費率之相乘，但受限于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。

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(I滙豐)之客戶，滙豐人壽保險(國際)有限公司可向滙豐提供此表格以更新滙豐之相關業務所儲存有關本人(等)的特定資料。*

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

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

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

- (i) In compliance with securities dealing restrictions/relevant laws and/or regulation in the United States of America (US) and Canada (CN), customers changing any of their addresses on the Bank's record to US or CN will not be able to continue to enjoy the Bank's securities and unit trust trading services. In case you have a Margin FX Trading Account, you will be required to close your Margin FX Trading Account and all open positions. 基於美國及加拿大就有關證券交易的管制／有關法例及／或規則，若客戶將其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 VII 第七部分 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 Name 姓名: _____ Date 日期: _____ | Signature of Policyholder (if other than Insured) 保單持有人簽署(若非受保人) Name 姓名: _____ Date 日期: _____ | Signature of Payor/Joint Life Insured 付款人簽署/聯名受保人 Name 姓名: _____ Date 日期: _____ |
| Signature of Irrevocable Beneficiary (if any) 不可撤換受益人簽署(如適用) Name 姓名: _____ Date 日期: _____ | 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: _____ | |

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 |
|----------------------|----------------------------------------|

- Note:
- Complete and submit this form for PVC application.
 - Tick the appropriate box(es), provide the required details (if applicable) and then initial/sign in the "Staff Initial or Signature" box.
 - 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 (Note: Sales should <u>NOT</u> be continued) | | | | |
| <input type="checkbox"/> | 2. *Visually Impaired | | | | |
| <input type="checkbox"/> | 3. *Illiterate or limited command of local language For illiterate customers: – Offered non-ILAS only, except JADE For customers with limited command of local language: – Sales should NOT be continued | | | | |
| * Applicable to: • Visually Impaired • Illiterate who rejected companion and second frontline staff offer: A supervisor (DD / BM / PBM / BSM) joined the meeting to gauge customer's understanding | | | | | |
| <table border="1"> <tr> <td>Signature</td> <td>Name</td> </tr> <tr> <td></td> <td>Title</td> </tr> </table> | | 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. NLTI | | | | |

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 |
|---------------|-------------|

| | |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| II. | <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. |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Staff Initial or Signature

| | |
|-----------|------|
| Signature | Name |
|-----------|------|

PVC/HRS Post-Sale Manager Approval

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|
| Note: All PVC business must obtain supervisor or manager approval from DD / BM / PBM / BSM who are licensed and accredited, within 2 business days (T+2) after the sales. Please refer to "PVC Sales Approval Form" to conduct the approval and sign in adjacent box. | Signature | |
| | Name | Title |

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

| | |
|-----------|-------|
| Signature | Name |
| | Title |