

**DECLARATION**  
聲明

Policy number/  
Application serial number (if any): \_\_\_\_\_

**Section 1 – For Nominating Grandchild/Grandparent/Step Child/Step Parent/Step Brother/Step Sister as Beneficiary**

第一部 – 適用於提議孫子／孫女／外孫子／外孫女／祖父母／外祖父母／繼子女／繼父母／繼兄弟／繼姐妹作為受益人

I confirm that the policy beneficiary (Name: \_\_\_\_\_, holder of HKID card number/  
Passport number: \_\_\_\_\_) has an interest in the survival of the policyholder/life insured  
(Name: \_\_\_\_\_) and that payment of the insurance proceeds upon death of the life  
insured is of benefit to the life insured i.e. it would bring financial loss and hardship to the beneficiary.

本人聲明保單持有人／受保人(姓名：\_\_\_\_\_)之生存對保單受益人(姓名：\_\_\_\_\_)，  
香港身份證號碼／護照號碼：\_\_\_\_\_ ) 有利益，及受保人離世後所得到的保險賠償金對受保人有利益，  
即會為受益人帶來財務上的損失或困難。

Name of Policyholder: \_\_\_\_\_ Signature of Policyholder: \_\_\_\_\_ Date: \_\_\_\_\_  
保單持有人姓名：\_\_\_\_\_ 保單持有人簽署：\_\_\_\_\_ 日期：\_\_\_\_\_

**Section 2 – For Nominating Cohabiting Partner as Beneficiary**

第二部 – 適用於提議同居伴侶作為受益人

I confirm that:  
本人聲明：

1. My domestic partner (Name: \_\_\_\_\_, holder of HKID card number/Passport  
number: \_\_\_\_\_) and I (Name: \_\_\_\_\_) are both at least 18  
years old and have been publicly represented in a committed relationship for a minimum period of 6 months  
on the date of making this statement.

本人的固定伴侶(姓名：\_\_\_\_\_)，香港身份證號碼／護照號碼：\_\_\_\_\_)  
與本人(姓名：\_\_\_\_\_)均至少年滿18歲，並且在發表本聲明之日至少已保持6個月時間  
的公開承諾關係。

2. The policy beneficiary (Name: \_\_\_\_\_) has an interest in the survival of the  
policyholder/life insured (Name: \_\_\_\_\_) and that payment of the insurance proceeds  
upon death of the life insured is of benefit to the life insured i.e. it would bring financial loss and hardship to  
the beneficiary.

保單持有人／受保人(姓名：\_\_\_\_\_)之生存對保單受益人(姓名：\_\_\_\_\_)  
有利益，及受保人離世後所得到的保險賠償金對受保人有利益，即會為受益人帶來財務上的損失或困難。

3. I understand that if I wilfully state anything which I know to be false or do not believe to be true, this could  
impact the nomination of my domestic partner as my policy beneficiary.

本人明白如果本人故意作出任何本人認為是虛假或不相信為真實的陳述，這可能會影響提名本人的固定伴侶作為  
本人的保單受益人。

Name of Policyholder: \_\_\_\_\_ Signature of Policyholder: \_\_\_\_\_ Date: \_\_\_\_\_  
保單持有人姓名：\_\_\_\_\_ 保單持有人簽署：\_\_\_\_\_ 日期：\_\_\_\_\_