

終身人壽保險
Whole Life Insurance

滙越保險計劃 HSBC Bright Income Insurance Plan

投資財富 投入愜意生活
Invest your wealth for a fulfilling life

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简体中文



滙豐人壽保險（國際）有限公司（註冊成立於百慕達之有限公司）
HSBC Life (International) Limited (Incorporated in Bermuda with limited liability)

坐享潛在現金流 生活真正無憂

歷經數十載的拼搏，能夠安享無憂的退休生活，是每個人所嚮往的重要里程碑。為達成這個目標，尤其在當下面對壽命延長與生活成本上升的環境中，更需要周詳的規劃。因此，及早制定完善的財務規劃至關重要，方能持續創富，讓您真正放開懷抱，投入理想的退休或半退休生活。

滙越保險計劃（「滙越」、「本計劃」或「本保單」）創造潛在流動財富收入及提供醫療保障，讓您活出更精彩的黃金歲月。此終身人壽儲蓄計劃不僅助您締造豐裕的退休生活及長線財富累積，更守護您的資本，讓財富得以世代傳承。

配合靈活資產管理選項，以及概念嶄新、市場首創*的「銀齡守護」保障，支持您的醫療需求，讓您真正退而無憂，專注享受您最珍視的美好時光。

滙越是一款具儲蓄成分及非保證回報的長期分紅壽險產品。保費的一部分用於支付保險及相關費用。本計劃並不同於或類似任何形式的銀行存款、年金或延期年金。保單持有人不能透過本計劃獲享稅務扣除。

* 市場首創產品特點為：(i) 健康守護入息及 (ii) 特別醫療權益的組合特點。本計劃「市場首創」之表述是我們根據截至2025年8月對其他香港特別行政區的市場同業公開發售的同類長期分紅保險計劃比對後，對現有市場資訊的解讀。



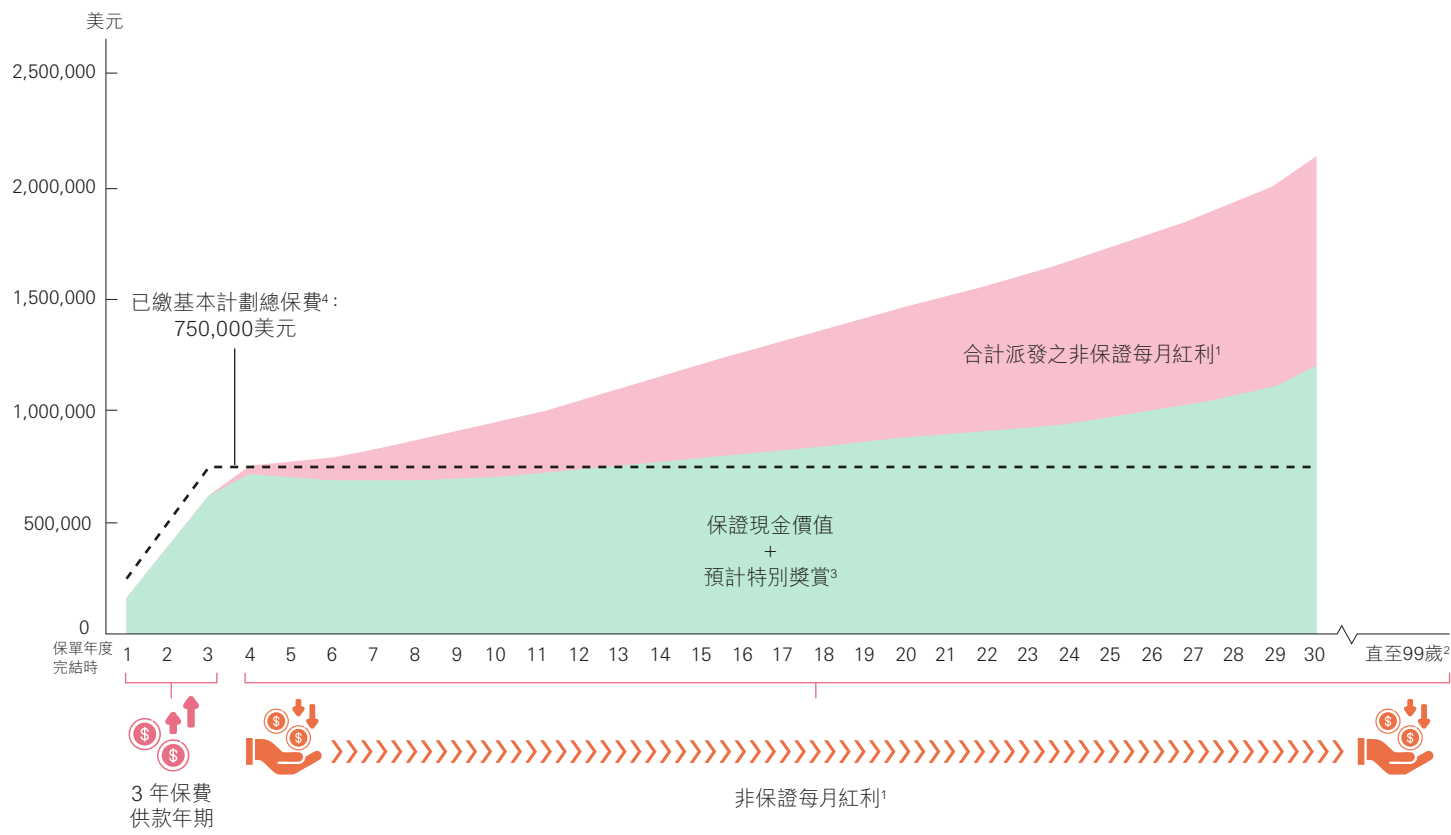
創造及累積財富 成就世代傳承

終身派發非保證每月紅利¹

透過滙越，您可以獲派發非保證每月紅利¹直至99歲²，滿足財務需要之餘並不會蠶食保單價值的保證部分。

合計派發之非保證每月紅利¹連同保證現金價值及預計特別獎賞³說明

假設保費供款年期為3年（美元保單），
且非保證每月紅利¹自第4個保單年度起開始派發



- 保證現金價值與特別獎賞³將隨保單期遞增，惟特別獎賞³為非保證金額。
- 每月紅利¹的金額屬非保證，並於保單期內按本公司的酌情權派發。

備註：若您選擇累積非保證每月紅利¹與利息，您可將非保證的預計每月紅利¹積存於本公司以累積利息，累積息率並非保證。本公司目前假設用於利息累積的美元年利率為4.25%，港幣年利率為3.5%，實際利率可隨時由本公司酌情調整，並不會作出提前通知。

計劃選項 [#]	保費供款年期	派發非保證每月紅利 ¹ 開始日期	非保證每月紅利 ^{1*} 的年度預計派發率	
			美元	港幣
1	3年	由第4個保單年度開始 (第37個月結日)	保單金額 ⁵ 的4.6%	保單金額 ⁵ 的3.8%
2		由第11個保單年度開始 (第121個月結日)	保單金額 ⁵ 的6.5%	保單金額 ⁵ 的5.5%
3		由第16個保單年度開始 (第181個月結日)	保單金額 ⁵ 的8.2%	保單金額 ⁵ 的7.2%
4	5年	由第6個保單年度開始 (第61個月結日)	保單金額 ⁵ 的5.0%	保單金額 ⁵ 的4.0%
5		由第11個保單年度開始 (第121個月結日)	保單金額 ⁵ 的6.3%	保單金額 ⁵ 的5.3%
6		由第16個保單年度開始 (第181個月結日)	保單金額 ⁵ 的7.9%	保單金額 ⁵ 的6.9%

非保證每月紅利¹派發選項



選項一（預設支付方式）：發放紅利

非保證每月紅利¹將每月派發。



選項二：積存生息

您可選擇積存非保證每月紅利¹並獲取非保證利息，非保證每月紅利¹積存的非保證息率將由本公司不時釐訂，並不會作出提前通知。您亦可在按照我們的程序下，於任何時候從保單提取積存的非保證每月紅利¹及利息（如有）。

[#] 您須在申請時選定非保證每月紅利¹派發開始日期。請注意，這是一次性決定，一旦確定且保單已簽發後，將不能更改。
^{*} 本計劃之非保證每月紅利¹派發乃根據目前假設投資回報而定，屬非保證性質。實際派發金額可隨時變動，非保證每月紅利¹可能高於或低於利益說明文件中所示數字，在某些情況下非保證每月紅利¹甚至可能為零（即您可能在某月沒有獲得任何紅利）。

透過更改受保人實現持續的財務保障



在第一個保單周年日之後或本保單於保費供款年期完結後全數繳清（以較遲者為準），您可隨時靈活更改保單中的受保人，以配合您的遺產規劃及財富傳承目標。

非保證每月紅利¹將持續派發予保單持有人，直至受保人年滿99歲²。若更改新的受保人，紅利派發亦會持續至新受保人年滿99歲²，確保您的摯愛可持續受惠。此外，您亦可指定第二保單持有人，以確保若您不幸身故，保單仍能由您信任的人士妥善管理。



資產靈活增長

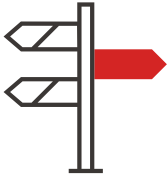
保單價值有可能透過以下計劃特點隨時間遞增：



保證現金價值
此為保單期內持續遞增的保證保單價值，為您提供保證回報，並為豐盛未來及財富傳承奠下穩健根基。



特別獎賞³
此為非保證的保單價值，旨在提升您的整體回報。



保單價值管理權益
此選項讓您可鎖定本計劃中的部分淨現金價值，並調撥至保單價值管理收益結餘，既可減低市場波動風險，同時以非保證息率積存利息。



本計劃不僅為您提供穩健的財務保障與靈活資金運用，更配備全面的醫療保障，讓您安枕無憂，享受豐盛退休生活。

一心關注您健康



立即打開，內有更多貼心保障！

創新保障 專享更多關顧

市場首創*銀齡守護

我們深信，無憂的退休或半退休生活不僅需財政穩健，更需讓您心安無憂，盡情享受黃金歲月。為此，我們特別推出嶄新保障——銀齡守護，配合您與時俱變的健康需要。

市場首創*銀齡守護



健康守護入息

如患上指定疾病可獲每月額外保障

特別醫療權益

若確診患上癌症、中風或心臟病，
您可選擇取回已繳保費

輕鬆享有銀齡守護 毋須額外步驟



毋須醫療檢查⁺



毋須繳付額外費用

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⁺ 全期總保費金額上限均以每名受保人計算，而批核中的「保證核保」或「簡易核保」申請及已生效保單乃根據受保人之受保年齡或有所不同。該金額指「本公司」決定及計算下之「本計劃」總保費金額。有關核保要求，請向滙豐分行查詢。本公司保留權利根據受保人及 / 或保單持有人於投保時所提供之資料而決定是否接受有關之投保申請。詳情請參閱計劃摘要。

備註：健康守護入息及特別醫療權益對任何於已存在的狀況^o及不保事項⁷將不予支付。詳情請參閱本保單之條款。

健康守護入息



當受保人確診任何指定疾病^⑥後，即可每月獲**額外保障，金額相當於保單金額⁵的1.5%年利率**，派發年期為5年（或至保單終止時隨即終止，以較早者為準）。此項保障設有等候期^⑧，與您的保費供款年期^⑨相同。每位受保人於滙豐保險所有保單中的每月最高賠償限額為4,000美元 / 港幣32,000元（以您的保單貨幣為準）。

保障範圍包括以下指定疾病：

腎衰竭

喪失肢體

柏金遜症

嚴重認知障礙

中風

有關指定疾病的定義及此附加保障的詳情，請參閱健康守護入息之保單條款。

特別醫療權益



為提供更大的財務靈活性及安心保障，若受保人確診以下任何三種危疾之一^⑩：癌症、中風或心臟病，可選擇在較早的保單年度**申請退還已繳保費及任何非保證保單價值**（如有）（根據下列之計算），不設任何等候期。

特別醫療權益

已繳基本計劃總保費^{4*}
或
保證現金價值
(以較高者為準)

+

特別獎賞³
(如有)

+

積存非保證
每月紅利¹及利息
(如有)

+

保單價值管理
收益結餘
(如有)

-

債項¹⁰

當特別醫療權益賠付後，保單將會終止。有關危疾的定義，請參閱特別醫療權益之保單條款。

⁵ 上述所示的健康守護入息利率為年利率。健康守護入息按保單金額⁵的0.125%按月支付，並以捨入調整。且不可按年支付。
^⑥ 受保人經診斷患上指定疾病後存活不少於14天。
^{*} 已繳基本計劃總保費⁴指您已支付並由本公司收到的基本計劃保費總額，加上截至受保人身故日或根據任何附加利益條款終止本保單之日（以較早者為準）時尚未繳納的基本計劃保費。合計保費的保單當中的合計保費金額結餘及其累積利息將不會計算在已繳基本計劃總保費⁴內，除非及直至該部分的保費於該日期實際已到期。



從容面對未知 規劃自信未來

靈活支付身故賠償

根據本公司的通行規則和條件以及保單條款，本計劃提供4種身故賠償支付選項，讓您可靈活決定如何於受保人身故後給予摯愛最適切的財政保障。身故賠償將根據您所選的方式付予指定受益人。您可從以下4種支付賠償選項中選擇，部分選項將以每年定期方式全部或部分支付身故賠償，為受益人逐步提供財政支持：



1. 一筆過全數付款；或



2. 分10、20或30年每年分期付款；或



3. 部分金額先以一筆過付款，剩餘部分以您指定年期（分2至30年）分期支付；或



指定年齡前





於指定年齡

4. 每年分期付款，直至指定受益人達到您指定的年齡，以一筆過支付餘額。



無憂後備管理服務

您可根據保單條款及本公司通行規則和條件，指定一名直系親屬為無憂後備管理服務收款人。

若您經註冊醫生確診以下任何一種醫療狀況時，**您的指定直系親屬可代表您本人，於保單一筆過提取部分款項（現金價值總和的10%至50%）：**

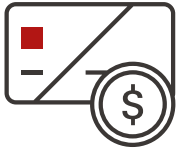


腦皮質壞死	嚴重頭部創傷
昏迷	精神上無行為能力
不能獨立生活	癱瘓

此安排讓指定的直系親屬能即時為您提供財政支援，例如可以應付突發醫療或長期護理開支，同時讓您的保單繼續為您的未來提供保障。

詳情請參閱無憂後備管理服務單張及其保單條款。

失業延繳保費保障



若保單持有人於65歲²前連續失業30日或以上，繳付到期保費的寬限期可延長達365日，而期間受保人仍然獲享保單的全部保障。

額外意外死亡保障



若受保人在保單完結或80歲³前（以較早者為準）不幸因意外而導致死亡，受益人除可取得身故賠償外，另可收取**額外已繳基本計劃總保費⁴的30%**作為額外意外死亡保障賠償。每位受保人名下之所有滙豐保險保單的額外意外死亡保障金額總上限為3,000,000美元或其他等值。

專設增值服務 安心感全面提升

當您步入退休或半退休生活，我們深知您在此旅程中的獨特需要。為此，我們特別提供專屬增值服務——「居家護理100」與「環球護聯」——旨在為您提供所需支援與安心保障。



堅實支援 守護脆弱時刻



居家護理100（由卓健醫療服務有限公司旗下卓健護理介紹所提供）



於增值服務單張的條款及細則下列明之等候期後，若受保人不幸確診患上以下任何3種危疾* 其中之一：癌症、中風或心臟病，由健康服務助理提供的**合共100小時免費居家護理服務**將啟動，助您安心踏上復康之路。依據卓健護理介紹所的評估和建議，您亦可選擇自費以特惠價升級至專業護理服務。

* 危疾不包括受保人在簽發日期、保單日期、最近一次保單復效的生效日期或更改受保人的生效日期（以較遲者為準）前已知已存在的狀況。受保人經診斷患上指定疾病後存活不少於14天。啟動必須在受保人獲悉患上指定危疾當日起計90日內提出。



隨時隨地照顧您所需

環球護聯 (由國際救援 (香港) 有限公司提供)



保單受保人在本保單的冷靜期後，於主要居住國家或地區以外連續停留不超過180日的情况下，均可享有以下24小時緊急支援及援助服務，隨時應對任何緊急情況。

緊急支援項目

- 醫療撤離及 / 或治療後護送服務
- 護送隨行受撫養子女返回居住地
- 親友慰問探訪
- 回程慰問親友
- 遺體運送

援助服務

- 醫療服務機構轉介
- 預約醫生及醫療諮詢
- 藥物及醫療器材配送
- 法律服務轉介及費用保障




24小時環球護聯熱線：+852 3128 0135

詳情請參閱我們的增值服務單張與其條款及細則。

「居家護理100」和「環球護聯」（統稱為「服務」）由獨立第三方服務供應商（「服務供應商」）提供。滙豐保險並非服務供應商或其代理人。滙豐保險不會就相關的服務的可用性及其質素作陳述、保證或承諾，並且不會就服務供應商所提供的服務承擔任何責任或義務。在任何情況下，本公司均不會對服務供應商在提供服務時的作為、不作為或疏忽承擔任何責任或義務。本服務所提供的一般資料僅供參考，並不應被視為醫療治療、診斷或建議。如有任何疑問或查詢，請向註冊醫生尋求意見。本公司可隨時全權酌情更改本服務，保留隨時修改、暫停或終止任何本服務（包括服務供應商及任何相關詳情或條款及細則）的絕對權利，且毋須另行通知。如有任何爭議，本公司將保留最終決定權。在「居家護理100」中，若您選擇以特惠費用升級至專業護理服務，您需直接與服務供應商結算有關服務費用。如需了解詳情，請聯絡服務供應商。

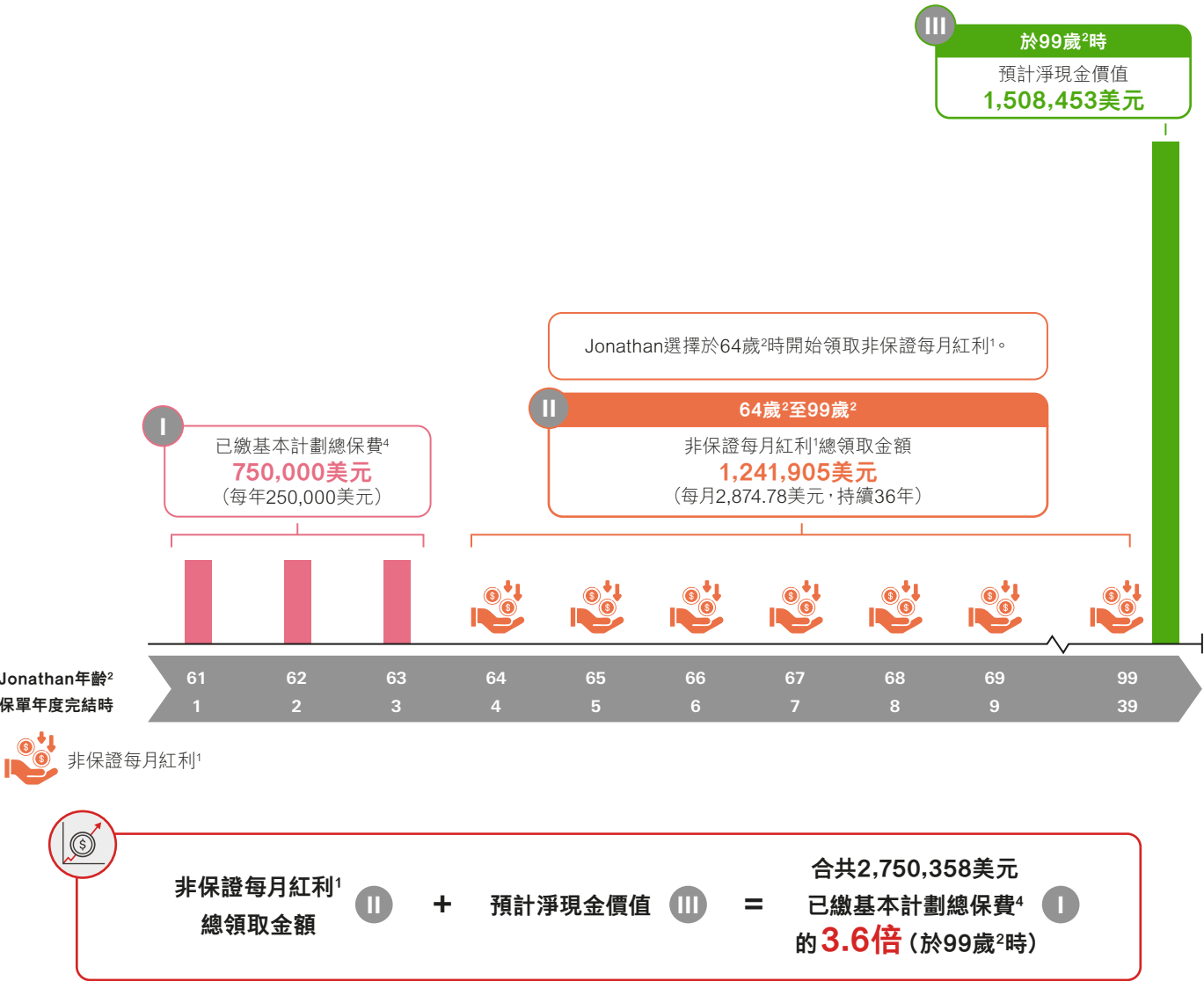
參考個案1

建立持續潛在財富 穩妥醫療保障



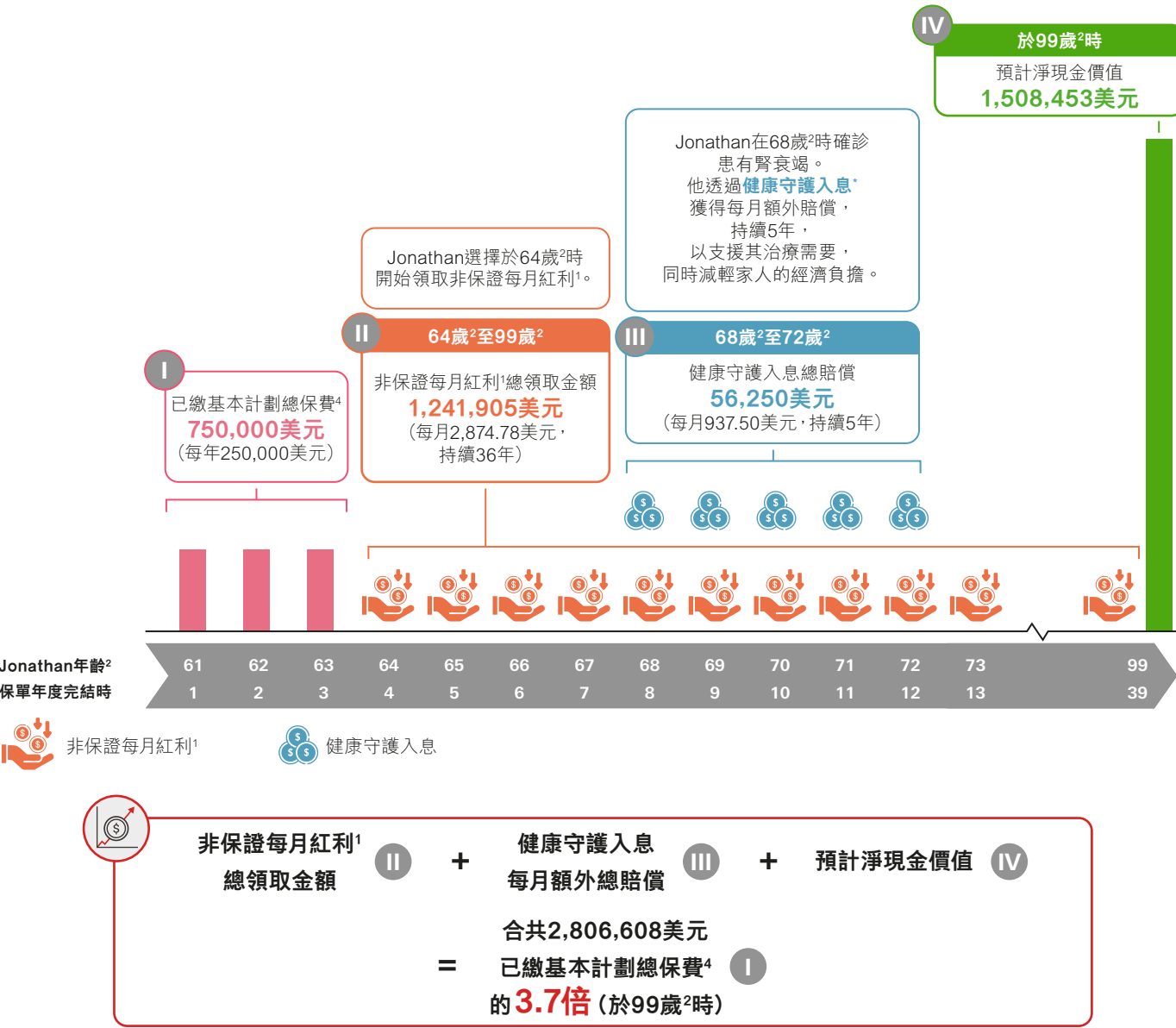
60歲²的Jonathan已婚，希望在確保他與妻子具充足退休儲備的同時，獲得持續穩健的流動財富收入，並加強額外的醫療保障。

情況 1：Jonathan領取非保證每月紅利¹並保持健康體魄



保單持有人及受保人	Jonathan (60歲 ²)	保費供款年期	3年
每年保費	250,000美元	已繳基本計劃總保費 ⁴	750,000美元
非保證每月紅利 ¹ 派發方式	發放紅利		
派發非保證每月紅利 ¹ 開始日期	由第4個保單年度開始 (第37個月結日)		
非保證每月紅利 ¹ 的年度預計派發率	保單金額 ⁵ 的4.6%		
非保證每月紅利 ¹	2,874.78美元		

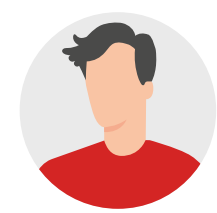
情況 2：Jonathan領取非保證每月紅利¹，並於68歲²時確診患有腎衰竭



備註：以上顯示數字及圖表均以上述假設為基礎，並經捨入調整。

參考個案2

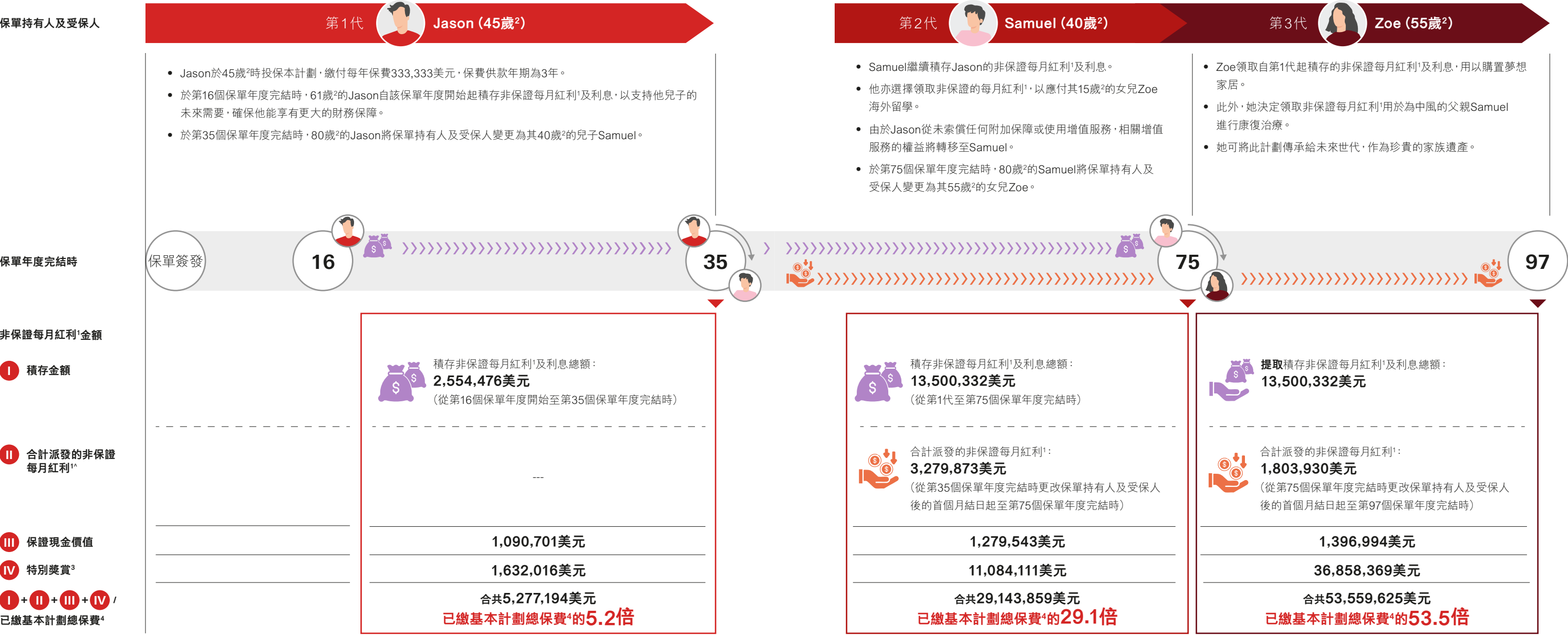
為未來世代累積財富



45歲²的企業家Jason，與妻子合力照顧5歲²兒子Samuel。他希望得到人壽保障的同時，亦可實現長期財富增值，並確保能靈活地將財富傳承給下一代，以維持兒子的生活水平。

合計派發的非保證每月紅利^{1*}

積存非保證每月紅利¹及利息總額（如有）



參考個案3

財務應變 自如應付突發情況



Mary是一位40歲²的中產人士，她希望累積退休儲備以支持她將來理想的微退休生活，同時建立保障，安心應對突如其來的現金流需要。

保單持有人及受保人	Mary (40歲 ²)	保費供款年期	5年
每年保費	30,000美元	已繳基本計劃總保費 ⁴	150,000美元
非保證每月紅利 ¹ 派發方式	積存非保證每月紅利 ¹ 及利息		
派發非保證每月紅利 ¹ 開始日期	由第6個保單年度開始（第61個月結日）		
非保證每月紅利 ¹ 的年度預計派發率	保單金額 ⁵ 的5%		
非保證每月紅利 ¹	625.05美元		

Mary在48歲²時確診癌症，她行使**特別醫療權益**支付醫療開支，並在康復期間使用**居家護理100**接受居家護理。當特別醫療權益一旦被行使後，本保單將自動終止[^]。

於48歲²時
特別醫療權益¹: **175,575美元**（已繳基本計劃總保費⁴的**1.17倍**）

✓ 已繳基本計劃總保費⁴
150,000美元
或
保證現金價值
126,957美元

+

積存非保證
每月紅利¹及利息（如有）
23,925美元

+

特別獎賞³
1,650美元

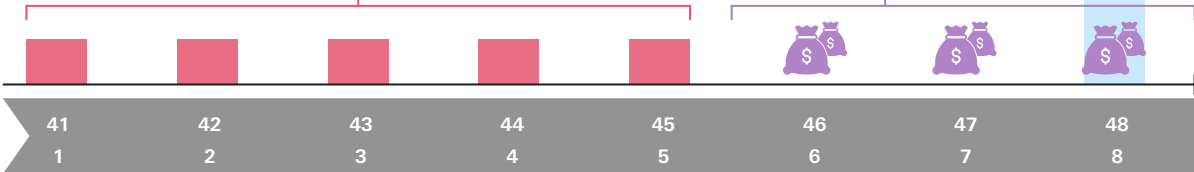
Mary選擇積存非保證
每月紅利¹以獲取利息。

46歲²至48歲²

積存非保證每月紅利¹及
非保證利息（如有）
23,925美元

已繳基本計劃總保費⁴
150,000美元
（每年30,000美元）

Mary年齡²
保單年度完結時



積存非保證每月紅利¹及利息（如有）

備註：
[^] 如保單持有人於健康守護入息的5年支付期間申請行使特別醫療權益，保單將於支付特別醫療權益後終止，餘下之特別醫療權益將不予支付。
^{*} 本公司將向您支付特別醫療權益，金額中相當於以下按索償處理日期計算之較高者（已繳基本計劃總保費⁴或保證現金價值）加上特別獎賞³（如有）、積存非保證每月紅利¹及利息（如有）及保單價值管理收益結餘（如有）並扣除任何債項¹⁰。在這個參考個案中，第8個保單年度結束時的已繳基本計劃總保費⁴為150,000美元，高於保證現金價值的126,957美元，因此將支付已繳基本計劃總保費⁴。
⁻ 以上顯示數字及圖表均以上述假設為基礎，並經捨入調整。

參考個案

有關上述所有參考個案的備註：

- 以上顯示數字及圖表均以上述假設為基礎，並經捨入調整。
- 所顯示的過往、現時、預計及/或潛在利益及/或回報（例如紅利、獎賞、利息）均非保證，只供說明之用。未來實際利益及/或回報可能比現時所示利益及/或回報較高或較低。當前示例僅供說明之用，並不代表實際派發金額及實際情況。有關詳情及顯示的數字，請參閱您的利益說明文件所示數字。

有關上述所有參考個案的假設：

- i. 上述參考個案均為假設，只供說明之用。
- ii. 所有保費均於到期前全數繳付。
- iii. 預計淨現金價值包括提取總額（如有），其均以假設投資回報計算，並僅供說明之用。實際所付總額可能高於或低於上述金額。
- iv. 非保證每月紅利¹派息率乃根據目前假設投資回報而定，屬非保證性質。實際派發金額可隨時變動，非保證每月紅利¹可能高於或低於利益說明文件中所示數字，在某些情況下非保證每月紅利¹甚至可能為零。
- v. 若選擇積存非保證每月紅利¹及利息，您可將非保證的預計每月紅利¹積存於本公司以累積利息（如有），累積息率並非保證。滙越目前假設用於利息累積的美元年利率為4.25%，實際利率可隨時由本公司酌情調整。
- vi. 特別獎賞³及投資回報根據現時紅利推算，因此並非保證。特別獎賞³實際金額並非保證，並由本公司酌情派發。
- vii. 於本保單有效期間，並無借取保單貸款。
- viii. 尚未行使無憂後備管理服務。
- ix. 實際情況中，適用於更改投保人的投保條件各有不同，須按每宗個案情況而個別評估。

計劃摘要

保費供款年期 /
保單年期 / 投保年齡²

選項	保費 供款年期	派發非保證每月紅利 ¹ 開始日期	保單年期	投保年齡 ²
1	3年	由第4個保單年度開始 (第37個月結日)	直至99歲 ²	15日至75歲 ²
2		由第11個保單年度開始 (第121個月結日)		15日至70歲 ²
3		由第16個保單年度開始 (第181個月結日)		15日至65歲 ²
4	5年	由第6個保單年度開始 (第61個月結日)		15日至70歲 ²
5		由第11個保單年度開始 (第121個月結日)		15日至70歲 ²
6		由第16個保單年度開始 (第181個月結日)		15日至65歲 ²

您須在申請時選定派發非保證每月紅利¹開始日期的選項。請注意，這是一次性決定，一旦確定及保單簽發後，將不能更改。

保單貨幣 美元 / 港幣

繳付保費方式 合計保費金額、按月或按年透過以下方式繳付：

- 銀行戶口轉賬；或
- 支票 / 本票 / 匯票（只適用於繳付首次保費，不適用於繳付往後保費）；或
- 信用卡

註：

- 如為合計保費金額保單，除受保人身故或退保外，合計保費金額結餘及其累積利息一經繳付後，將不可提取。
- 如果您選擇按月繳付有關保單年度的保費，已繳基本計劃總保費⁴或該保單年度內須繳付的保費總額，將會比選擇按年繳付的為高。
- 合計保費只適用於3年保費供款年期。

最低保單金額⁵ • 最低的保單金額⁵設定為25,000美元 / 港幣200,000元，即基本計劃的最低金額。

(每份保單) • 每份保單按不同保費供款年期及保費繳付方式之最低所需保費：

保費供款年期	繳付保費方式			
	年繳保費		月繳保費	
	美元	港幣	美元	港幣
3年	8,333	66,666	729	5,833
5年	5,000	40,000	437	3,500

備註：由於需要將金額調整為整數，上列保費總額或會與保單中應繳保費總額稍有出入。本說明中的其他數值均作捨入調整。

保證現金價值 保證現金價值是指在保單期內，您的保單隨時間積存的現金價值。此現金價值是按當時適用的保單金額⁵計算。

計劃摘要

淨現金價值

相等於在任何時候的保證現金價值加上特別獎賞³（如有）及累積非保證每月紅利¹及利息（如有），扣除任何債項¹⁰之後的金額。

每月紅利¹

每月紅利¹的金額是非保證，並由本公司絕對酌情權下於每個月結日決定，毋須預先通知。如於派發非保證每月紅利¹時有任何債項¹⁰，非保證每月紅利¹將首先用以抵銷該債項¹⁰。

非保證每月紅利¹將根據您的選項，從指定的保單年度的月結日起開始派發。此派發將持續至保單期滿（年滿99歲²）。

保費供款 年期	派發非保證每月紅利 ¹ 開始日期	非保證每月紅利 ¹ 年度預計派發率	
		美元	港幣
3年	由第4個保單年度開始 （第37個月結日）	保單金額 ⁵ 的4.6%	保單金額 ⁵ 的3.8%
	由第11個保單年度開始 （第121個月結日）	保單金額 ⁵ 的6.5%	保單金額 ⁵ 的5.5%
	由第16個保單年度開始 （第181個月結日）	保單金額 ⁵ 的8.2%	保單金額 ⁵ 的7.2%
5年	由第6個保單年度開始 （第61個月結日）	保單金額 ⁵ 的5.0%	保單金額 ⁵ 的4.0%
	由第11個保單年度開始 （第121個月結日）	保單金額 ⁵ 的6.3%	保單金額 ⁵ 的5.3%
	由第16個保單年度開始 （第181個月結日）	保單金額 ⁵ 的7.9%	保單金額 ⁵ 的6.9%

若因部分退保 / 無憂後備管理服務 / 保單價值管理權益而導致保單金額⁵減少，或若保單上有任何債項¹⁰，應派發的非保證每月紅利¹將按比例減少。

每月紅利¹派發

您可選擇以下方式收取非保證每月紅利¹：

選項1：發放紅利（預設支付方式）

非保證每月紅利¹將根據本公司的支付程序每月派發。

選項2：積存生息

您亦可以於本公司積存非保證每月紅利¹並獲取利息，惟本公司將不時釐訂非保證每月紅利¹積存的息率。您可根據本公司的程序提取保單內積存非保證每月紅利¹及利息（如有）。

預設支付方式「發放紅利」將應用於非保證每月紅利¹，直至您以本公司指定的表格提交書面要求申請「積存生息」的支付方式，而該新選擇的方式只會於本公司接納及納入記錄後，方可生效。

計劃摘要

特別獎賞 ³	<p>特別獎賞³（如有）是非保證的及將由本公司擁有絕對酌情權下派發。任何潛在特別獎賞³的金額將在派發時由本公司決定。</p> <p>本公司將在您全數或部分退保、終止保單、本保單期滿或失效，受保人身故、以無憂後備管理服務或根據任何附加利益條款終止本保單形式支付時，向您派發特別獎賞³（如有）。在行使保單價值管理權益後，部分的保證現金價值及特別獎賞³（如有）及積存非保證每月紅利¹及利息（如有）將被調撥至保單價值管理收益結餘以累積非保證利息。</p> <p>本公司將在相關的年結通知書上向您更新每個保單周年日的特別獎賞³金額（如有）。保單年結通知書上所顯示的特別獎賞³金額可能比早前發出的保單年結通知書上所顯示的金額較低或較高。在某些情況下，非保證利益可能為零。有關主要風險因素的詳情，請參閱「主要風險—非保證利益」部分。</p>
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退保利益	<p>若您於保單期內終止保單或部分保單，您將可取得之退保利益金額相等於：</p> <ul style="list-style-type: none">• 保證現金價值；• <u>加上</u>特別獎賞³（如有）；• <u>加上</u>保單價值管理收益結餘（如有）；• <u>加上</u>積存非保證每月紅利¹及利息（如有）；• <u>減去</u>任何債項¹⁰（如有） <p>另外，如選擇合計保費金額，您將可獲：</p> <ul style="list-style-type: none">• 扣除退保費用後之合計保費金額結餘及其累積利息，有關退保費用金額由本公司不時釐定； <p>有關退保費用之詳情，請參閱保單條款。</p>
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部分退保	<p>您可要求一筆過調減本保單之保單金額⁵從而部分退保。</p> <p>如欲申請，您必須以本公司指定的表格提交書面要求。如有關要求獲本公司批准，調減保單金額⁵部分中應佔的淨現金價值（如有）將退回予保單持有人。</p> <p>在調減保單金額⁵後，本保單的已繳基本計劃總保費⁴將按比例調整及減少。在計算保證現金價值、特別獎賞³（如有）、非保證每月紅利¹（如有）、積存非保證每月紅利¹及利息（如有）、身故賠償及附加保障的保障金額（如有）時，亦將根據本保單條款相應調整。保單批註及經修訂的保單附表將在調減保單金額⁵生效時簽發予保單持有人。</p> <p>除保單條款訂明的其他要求外，每次進行提取後必須保持的最低保單金額⁵為12,500美元 / 港幣100,000元。本公司可酌情不時更改最低保單金額⁵的要求。</p>
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計劃摘要

退保

您可隨時以本公司指定的表格提交書面退保申請，要求退回相當於本公司處理有關指示當日之現金價值總和（受保單之條款及本公司之要求約束）。保單全數退保後，本公司將獲全面解除對本保單的責任。

保單價值管理權益

在本保單已生效20個保單年度或以上後，若沒有未償還的債項¹⁰，而所有到期保費亦已繳付，您將可申請行使此項權益以鎖定本計劃中的部分淨現金價值。您選擇鎖定的金額在行使保單價值管理權益後是保證的，並會被調撥至保單價值管理收益結餘，以非保證利率累積生息，而該利率將由本公司不時釐定。

若申請行使此項權益，您必須以本公司指定的表格提交書面指示。

行使此項權益需受下列兩項最低限額要求所限制，而有關的限額均由本公司不時釐定及調整，並不會提前通知保單持有人：

(i) 每次調撥的淨現金價值；及

(ii) 此項權益行使後剩餘的保單金額⁶（最低為12,500美元 / 港幣100,000元）本公司會不時釐訂上述的最低限額要求而不會提前通知保單持有人。

在行使此項權益後，本保單的保單金額⁵及已繳基本計劃總保費⁴將按比例調整和減少，在計算保證現金價值、特別獎賞³（如有）、非保證每月紅利¹（如有）、積存非保證每月紅利¹及利息及身故賠償時，亦會進行相應的調整。如有關行使此項權益要求獲本公司批准，保單批註及經修訂的保單附表將會簽發予保單持有人。保單價值管理權益一經行使將不能撤回、逆轉或更改。

如您對非保證利率有任何疑問，請聯絡您的客戶經理了解更多詳情。

計劃摘要

保單價值管理收益結餘	指行使保單價值管理權益調撥入本保單下，按本公司具絕對酌情權不時釐定的非保證利率積存生息，並減去任何已提取之金額的累積金額。在保單期滿前，保單持有人可隨時以書面填妥並提交本公司指定的表格，以現金方式提取本保單下的保單價值管理收益結餘（如有）。
現金價值總和	相等於淨現金價值加上保單價值管理收益結餘（如有）的金額。
身故賠償	<p>於受保人身故當日的以下較高的金額：(i)已繳基本計劃總保費⁴加上2,500美元 / 港幣20,000元及(ii)保證現金價值；及</p> <ul style="list-style-type: none">• 特別獎賞³（如有）；• 積存非保證每月紅利¹及利息（如有）；• 保單價值管理收益結餘（如有）；• 減去任何債項¹⁰（如有）。 <p>如為合計保費金額保單，身故賠償會包括合計保費金額結餘及其累積利息。</p>
身故賠償支付選項	<p>根據本公司的通行規則和條件和任何適用法律，保單持有人可於投保時或於保單簽發後，選擇身故賠償支付選項。當受保人離世後，不可更改已選定的身故賠償支付選項。基於保單條款，受益人將以下列其中一種方式收取身故賠償：</p> <p>選項1：一筆過全數付款；或</p> <ul style="list-style-type: none">• 若保單持有人未有選擇任何身故賠償支付選項，身故賠償將以此選項發放。 <p>選項2：每年分期付款；或</p> <ul style="list-style-type: none">• 每年分期付款將在選定的年期內付予受益人：10年、20年或30年。 <p>選項3：部分金額先以一筆過付款，剩餘部分以分期支付；或</p> <ul style="list-style-type: none">• 身故賠償的一個指定百分比將作為首次一筆過支付給受益人，而身故賠償的餘額將在首次一筆過支付的一年後開始每年分期支付。根據您的選擇，每年付款的年期將持續2至30年。

計劃摘要

選項4：每年分期付款，直至受益人達到保單持有人指定的年齡，餘額以一筆過支付。

- 每年分期付款將支付直至受益人達到指定年齡的前一年，並按照您指定的金額支付。往後，身故賠償的餘額將於指定的年齡時以一筆過形式支付。
- 當您指定每年分期付款的金額時，應該考慮預計的身故賠償總額和選定的年期。若身故賠償已於分期支付期間全數完成支付，則不會再有任何剩餘的身故賠償金額於受益人的指定年齡時以一筆過形式支付。

選項2、3及4的重要事項：

- 只適用於沒有任何轉讓權益的保單。
- 於首期身故賠償金額被支付後的剩餘金額將保留於本公司，以本公司不時釐定的非保證利率累積，直至全部金額已付予受益人。
- 如保單持有人未有於保單指定受益人，將不可選擇這些選項。
- 若受益人於分期收取身故賠償時死亡，則剩餘身故賠償金額（或者，若受益人超過一個，則應歸於該身故受益人的部分身故賠償剩餘金額）將於受益人身故時一筆過付予受益人的遺產。

選項3及4的重要事項：

- 選項3和4僅適用於只有單一受益人的保單。如果受益人先於受保人死亡，身故賠償將在受保人過世後僅支付予保單持有人或保單持有人的遺產。

有關詳盡條款及細則，請參閱身故賠償支付選項的相應條款。

如您對非保證利率或身故賠償支付選項有任何疑問，請聯絡您的客戶經理了解詳情。

期滿利益

- 當受保人年滿99歲²時，將獲派發保證現金價值加上特別獎賞³（如有）
- 加上保單價值管理收益結餘（如有）；
 - 加上積存非保證每月紅利¹及利息（如有）；
 - 減去任何債項¹⁰（如有）。

計劃摘要

更改受保人

您可在保單下無限次更改受保人。更改受保人適用於第1個保單周年日後，或於保費供款年期內繳清所有保費後作出（以較後者為準）。更改受保人須提供可保證明，並由本公司按受保人的投保條件而批核。對於任何有關申請，本公司將按每宗個案情況而個別評估及酌情決定，各種考慮因素包括但不限於潛在賠償風險、更改保單年期及最新經濟展望等。

任何更改受保人上的更改，本公司可酌情決定之舉均可能觸發對保單金額⁵、保證現金價值、特別獎賞³（如有）、非保證每月紅利¹（如有）、積存非保證每月紅利¹及利息（如有）、身故賠償及附加保障的保障金額（如有）作出相應的調整，並由本公司酌情決定。

保單的期滿日將被重設至新受保人的99歲²。新的不可異議條款亦將同時適用。

對於任何有關申請，本公司將按每宗個案情況而個別評估及酌情決定，各種考慮因素包括但不限於潛在賠償風險、更改保單年期及最新經濟展望等。

第二保單持有人

根據保單條款，保單持有人可以於任何時候為您的保單指定一名第二保單持有人。第二保單持有人選項只適用於沒有任何權益轉讓的保單。

如第二保單持有人成為新保單持有人，第二保單持有人須按指定條件及受保單條款，履行保單持有人的所有責任，並可行使保單持有人的所有權利。

有關詳細條款、細則及不保事項，請參閱第二保單持有人的相應保單條款。

附加保障 (毋須繳交額外保費)

失業延繳保費保障

- 失業延繳保費保障適用於年齡介乎19歲至64歲²並持有香港身份證的保單持有人。保障將於保單持有人年屆65歲²或已繳清所有到期保費或保單終止時（以較早者為準）終止。該保障並不適用於合計保費金額保單。有關詳細條款及細則以及不保事項，請參閱附加保障之保單條款。

計劃摘要

額外意外死亡保障

- 額外意外死亡保障將會於受保人年屆80歲²或支付有關賠償後或保單終止時（以較早者為準）終止，而每位受保人可享最高金額為3,000,000美元或其等值（適用於我們賠付的所有額外意外死亡保障）。當我們支付有關賠償後，您的保單將會隨即終止。有關詳細條款及細則以及不保事項，請參閱附加保障之保單條款。

無憂後備管理服務

- 在本保單生效期間，在無需任何行政費用但須受本公司現行規則及下列條件約束下，您可以透過填妥並提交本公司指定的表格指定一名直系親屬為無憂後備管理服務的指定人士及訂明可提取的現金價值總和的百分比：
 - 在申請選定指定人士時，該建議指定人士必須為19歲²或以上；
 - 必須根據我們當時生效的行政規則提供滿意的建議指定人士證明，包括但不限於關係證明及身份證明文件；
 - 不可撤銷受益人（如有）必須以書面同意您之申請；及
 - 本公司有絕對權利及酌情權：(i)保留對您申請之最終批核權利；及(ii)實施本公司認為適當的規則或限制。

有關詳情，請參閱無憂後備管理服務單張及無憂後備管理服務之保單條款。

請參閱條款及細則及保單條款。

附加保障 — 銀齡守護 (毋須繳交額外保費)

健康守護入息

- 若受保人於等候期⁸後經由註冊醫生診斷患有本附加保障中所列之任何一項指定疾病（腎衰竭、喪失肢體、帕金森症、嚴重認知障礙或中風），及受保人經診斷患上指定疾病後存活不少於14天，健康守護入息將於本公司批准索償後，於受保人生存期間，連續五年於每個月結日支付。
- 健康守護入息將在月結日按月支付，計算為保單金額⁵的1.5%除以12，並含捨入調整。健康守護入息是基本計劃下的額外保障，每月最高賠償限額為4,000美元或港幣32,000元。為免產生疑問，最高保障金額共同適用於本公司承保給同一受保人名下之所有包括健康守護入息的保單。

計劃摘要

- 指定疾病不包括受保人在簽發日期、保單日期、最近一次保單復效的生效日期或更改受保人的生效日期（以較遲者為準）前已知已存在的狀況⁶。
- 根據保單條款支付健康守護入息後，本公司即獲完全解除對此保障的任何進一步責任。為免產生疑問，無論受保人在支付健康守護入息後是否患上其他指定疾病，或同一指定疾病復發，此規定均為適用。

特別醫療權益

- 若受保人在簽發日期、保單日期、最近一次保單復效的生效日期或更改受保人的生效日期（以較遲者為準）後經由註冊醫生診斷患有任何一項危疾（癌症、中風或心臟病），及受保人經診斷患上危疾後仍生存不少於14日，您可以選擇行使特別醫療權益。
- 危疾不包括受保人在簽發日期、保單日期、最近一次保單復效的生效日期或更改受保人的生效日期（以較遲者為準）前已知已存在的狀況⁶。
- 如果您選擇行使特別醫療權益，本公司將向您支付特別醫療權益，金額中相當於以下按索償處理日期計算之較高者：
 - (i) 已繳基本計劃總保費⁴；及
 - (ii) 保證現金價值
 - 加上特別獎賞³（如有）；
 - 加上積存非保證每月紅利¹及利息（如有）；
 - 加上保單價值管理收益結餘（如有）；
 - 扣除任何債項¹⁰
- 若保單持有人以合計保費金額形式繳交保費，保單持有人將獲支付特別醫療權益、合計保費金額結餘及其累積利息（如有）（截至特別醫療權益索償處理日結算）。
- 本保單下的受保人僅可索償一次特別醫療權益。
- 當特別醫療權益支付後，本保單將會終止。

計劃摘要

- 如保單持有人在5年的健康守護入息期間索償特別醫療權益，保單將在特別醫療權益後終止，且不會履行剩餘的健康守護入息。
- 若受保人在得知其罹患危疾後90天內就本保單提出其他索償，則以處理特別醫療權益的索償為先，且本保單將予終止。

請參閱保單條款以了解適用於健康守護入息及特別醫療權益的詳細條款及細則。

不能作廢條款

選項 1：退保

您可隨時以書面填妥本公司指定的表格退保，要求退回相當於本公司處理相關指示當天之現金價值總和（受保單之條款及本公司之要求約束）。保單全數退保後，本公司將獲全面解除本保單的責任。

選項2：自動保費貸款

若您在保費到期日結束時有任何保費仍未繳付，只要不能作廢的價值¹¹大於該筆未付保費的金額，您會被自動當作已在該保費到期日獲得相等於未付保費金額的保單貸款，並已運用保單貸款支付該保費。有關貸款將按本公司不時釐定的息率計息。

如欲了解不能作廢選擇的詳情，請參閱保單條款。

本產品冊子所述內容只供參考之用。本產品冊子包括「計劃摘要」須受保單條款約束。有關詳情，請參閱保單條款。

重要事項

冷靜期	<p>滙越保險計劃是一份具備儲蓄成分的長期人壽保險計劃，部分保費將用作支付保險有關費用，包括但不限於開立保單、售後服務及索償之費用。</p> <p>如您對保單不滿意，您有權透過發出書面通知取消保單及取回所有已繳交的保費及保費徵費。如要取消，您必須於「冷靜期」內（即是為緊接人壽保險保單或冷靜期通知書交付予保單持有人或保單持有人的指定代表之日起計的21個曆日的期間（以較早者為準），在該通知書上親筆簽署作實及退回保單（若已收取），並確保滙豐人壽保險（國際）有限公司設於香港九龍深旺道1號滙豐中心1座18樓的辦事處直接收到該通知書及本保單。</p> <p>冷靜期結束後，若您在保單年期完結之前取消保單，預計的淨現金價值可能少於您已繳付的保費總額。</p>
自殺條款	<p>若受保人在簽發日期或保單復效日期或更改受保人生效時（以較遲者為準）起計一年內自殺身亡，無論自殺時神志是否清醒，我們須向保單持有人之保單支付的身故賠償，將只限於保單持有人自保單日期起已繳付給我們的保費金額，減去我們已向受益人支付的任何金額。有關詳細條款及細則，請參閱基本計劃之保單條款。</p>
保單貸款	<p>您可申請保單貸款，惟貸款額（包括任何未償還的貸款）不得超過扣除債項¹⁰後之保證現金價值的90%。有關貸款息率可能不時變動並由本公司通知您。</p> <p>進行任何部分退保或行使保單價值管理權益或獲得無憂後備管理服務後，可能會減少本保單的保證現金價值及身故賠償。當保單貸款及應付利息超過保證現金價值時，本保單可能會失效。</p> <p>請注意本保單的任何債項¹⁰將從本保單所支付的款項中扣減。本公司對任何債項¹⁰的申索均優先於保單持有人或受益人或保單受讓人或其他人的任何申索。</p>

重要事項

稅務申報及 金融罪行	<p>本公司可不時要求您提供關於您及您保單的相關資料，以履行本公司及其他滙豐集團成員對香港及外地之法律或監管機構及政府或稅務機關負有的某些責任。若您未有向本公司提供其要求之資料或您對滙豐集團成員帶來金融罪行風險，便會導致以下保單條款列出的後果，包括本公司可能：</p> <ul style="list-style-type: none">• 作出所需行動讓本公司或滙豐集團成員符合其責任；• 未能向您提供新服務或繼續提供所有服務；• 被要求扣起原本應繳付予您或您的保單的款項或利益，並把該等款項或利益永久支付予稅務機關；及• 終止您的保單。 <p>如有任何利益或款項被扣起及/或保單被終止，您從保單獲取之款項加上您在保單終止前從保單獲取之款項總額（如有）可能會少於您已繳保費之總額。本公司建議您就稅務責任及有關您保單的稅務狀況尋求獨立專業意見。</p>
保單終止條款	<p>我們有權於以下任何情況之下終止保單：</p> <ul style="list-style-type: none">• 如果您未能在寬限期屆滿前繳付到期保費；或• 保單貸款加應付利息大於保證現金價值；或• 若本公司合理地認為繼續維持本保單或與您的關係可能會使本公司違反任何法律，或任何權力機關可能對本公司或滙豐集團成員採取行動或提出譴責；或• 我們有權根據本保單及 / 或任何附加保障的條款終止本保單。 <p>有關終止條款的詳細條款及細則，請參閱保單條款。</p>

重要事項

合計保費金額方式	<p>合計保費金額選項可讓您預繳所需保費。於保費到期日扣除所需每年保費後的合計保費金額結餘將積存生息，息率為非保證並會由本公司不時釐定。若合計保費金額及其累積利息超出本保單所需的總保費，本公司將於扣除所有於本保單下尚欠的保費後將餘額退回。若合計保費金額及其累積利息不足以支付本保單所需的總保費，本公司將以書面要求您儘快繳付保費差額。本保單會因您未能支付保費差額而令保單失效。</p> <p>有關合計保費金額的詳細內容，請參閱「主要風險－退保之風險」章節。</p>
適用法律	<p>規管保單的法律為百慕達法律。然而，如在香港特別行政區提出任何爭議，則香港特別行政區法院的非專屬司法管轄權將適用。</p>
申請資格	<p>本計劃一般只供任何介乎出生15日後至75歲²的人士申請，並根據所選的保費供款年期和派發非保證每月紅利¹的開始日期而定。本計劃受本公司就保單持有人及 / 或受保人之國籍（國家 / 地區）及 / 或地址及 / 或居留國家或地區不時釐定的相關規定限制。</p>
保單貨幣	<p>本計劃以美元及港幣為貨幣單位。有關主要風險因素的詳情，請參閱「主要風險－保單貨幣風險」部分。</p>
漏繳保費	<p>應繳保費有30日的寬限期。倘若您在寬限期完結時未能付款，而不能作廢的價值¹¹大於未付保費金額，則本公司將授予一筆自動保費貸款，以支付到期保費。有關貸款將按本公司不時釐定的息率計息。如本保單的不能作廢的價值¹¹不足以支付到期保費，將導致保單失效，保單持有人將會收到第一次未付保費到期日當天的任何淨現金價值。</p>

主要風險

信貸風險及 無力償債風險	<p>滙越保險計劃乃一份由本公司簽發的保單，因此，您受本公司的信貸風險所影響。您支付的保費將成為本公司資產的一部分，您對任何該等資產均沒有任何權利或擁有權。如追討賠償，您只可向本公司追索。</p>
非保證利益	<p>計算非保證每月紅利¹（如有）及特別獎賞³（如有）的分配並非保證，並會由本公司不時釐定。任何影響非保證每月紅利¹及特別獎賞³之調整，其中可能包括但不限於更改非保證每月紅利¹比例或特別獎賞³比例，本公司將據此調整未來存入保單之非保證每月紅利¹金額。派發特別獎賞³及非保證每月紅利¹與否以及特別獎賞³及非保證每月紅利¹的金額多少，取決於本公司就保單資產之投資回報表現以及其他因素，包括但不限於賠償、失效率、開支等及其長期表現之展望。主要風險因素進一步說明如下：</p> <ul style="list-style-type: none">• 投資風險因素－保單資產的投資表現受息率水平、其前景展望（此將影響利息收入及資產價值）、增長資產的價格波動及其他各種市場風險因素所影響，包括但不限於貨幣風險、信貸息差及違約風險。• 賠償因素－實際死亡率及發病率並不確定，以致實際的身故賠償或生活保障支付金額可能較預期為高，從而影響產品的整體表現。• 續保因素－實際退保率（全數或部分退保）、保單失效率及保單價值管理權益的行使率並不確定，保單組合現時的表現及未來回報因而會受影響。• 開支因素－已支出及被分配予此組保單的實際直接（如佣金、核保、開立保單及售後服務的費用）及間接開支（如一般經營成本）可能較預期為高，從而影響產品的整體表現。

主要風險

	<div><ul style="list-style-type: none">• 匯率變動風險及對沖因素—考慮對沖成本及有可能導致匯率波動的市場因素，外匯對沖可能用於管理貨幣風險。如貨幣風險未完全對沖，匯率變動將影響有關保單回報及保險產品的整體表現。<p>非保證每月紅利¹之累積利息率並非保證，本公司可酌情不時調整該利率。本計劃之非保證每月紅利¹派發乃根據目前假設投資回報而定，屬非保證性質。實際派發金額可隨時變動，非保證每月紅利¹可能高於或低於利益說明文件中所示數字，在某些情況下非保證每月紅利¹甚至可能為零（即您可能在某月未獲得任何紅利支付）。</p><p>從保單價值管理收益結餘（如適用）中賺取的利息是以非保證息率計算的，且本公司可能不時調整該息率。</p></div>
延誤或漏繳到期的保費之風險	任何延誤或漏繳到期保費 或會導致保單失效，您可收回的款額（如有）或會明顯少於您已繳付的保費。
退保之風險	如您在早期退保， 您可收回的款額或會明顯少於您已繳付的保費。 針對選擇派發合計保費金額模式之保單，於保單退保時，本公司將按自行釐定的退保費用，就合計保費金額結餘連同累積利息收取費用，該費用將因您所選擇的繳費期而有所不同。

主要風險

流動性風險	<p>本保單乃為保單持有人持有整個保單年期而設。如您因任何非預期事件而需要流動資金，可以根據保單相關條款申請保單貸款或作全數或部分退保。但這樣可能導致保單失效或保單較原有之保單期提早被終止，而可取回的款項（如有）可能會少於您已繳付的保費。</p> <p>若您行使保單價值管理權益，保單的現金價值總和（用作計算保單的退保價值和身故賠償之用）在未來某個時間，可能會較您不行使此權益的情況較低或較高。</p>
通脹風險	<p>由於通貨膨脹的緣故，將來的生活費很可能較今天的為高。因此，即使本公司履行其所有合約義務，您或您所指定的受益人將來從本保單收到的實質金額可能較低。</p>
保單貨幣風險	<p>您須承受匯率風險。如保險計劃的(i)貨幣單位並非本地貨幣，或(ii)如您選擇以保單貨幣以外的其他貨幣支付保費或收取賠償額，您實際支付或收取的款額，將因應本公司不時釐定的保單貨幣兌本地/繳付保費貨幣的匯率而改變。匯率之波動會對款額構成影響，包括但不限於繳付保費、保費徵費及支付的賠償額。</p>

本產品冊子所述內容只供參考之用。本產品冊子（包括「計劃摘要」）須受保單條款約束。有關詳情，請參閱保單條款。

有關分紅保單

我們發出的分紅人壽保單提供保證及非保證利益。保證利益可包括身故賠償、保證現金價值及其他利益，視乎您所選擇的保險計劃而定。非保證利益由保單紅利組成，讓保單持有人分享人壽保險業務的財務表現。

滙越保險計劃的保單紅利（如有）將透過以下方式派發：

特別獎賞³是指於保單提早終止，例如因受保人身故、行使無憂後備管理服務、行使保單價值管理權益、行使特別醫療權益或保單期滿時宣派。

非保證每月紅利¹由我們每月宣派。一經宣派，該月紅利的金額將獲保證。

特別獎賞³及非保證每月紅利¹的金額會視乎派發前整段保單期的表現，以及當時的市場情況而不時改變，實際金額於派發時才能確定。

有關詳情，請參閱本冊子內「計劃摘要」部分。

特別獎賞³及非保證每月紅利¹會受哪些因素影響？

特別獎賞³及非保證每月紅利¹（如有）並非保證，特別獎賞³及非保證每月紅利¹金額多少及是否派發取決於（包括但不限於以下因素）：

- 1. 保單資產的投資回報表現及對沖因素（如有）；
- 2. 賠償、失效率及營運開支；及
- 3. 對投資的長期表現的預期以及上述其他因素。

若長遠表現優於預期，特別獎賞³及非保證每月紅利¹金額可能增加；若表現較預期低，則特別獎賞³及非保證每月紅利¹金額可能會減少。

有關主要風險因素的詳情，請參閱本小冊子內「主要風險—非保證利益」部分。

分紅保單有甚麼主要的優勢？

分紅保單相對其他形式的保單的主要特點在於您除了可獲保證利益外，亦可於上述提及的3個因素優於支持保證利益所需的表現時，獲取額外的特別獎賞³及更多的非保證每月紅利¹。表現越佳，特別獎賞³及非保證每月紅利¹會越多；反之，表現越差，特別獎賞³及非保證每月紅利¹亦會減少。

固定收益資產及增長型資產可能分散投資於不同貨幣（主要為美元），藉此分散風險。假如相關資產的結算貨幣與保單貨幣不同，我們可能以外匯對沖減低匯率波動的影響。

有關分紅保單

保單紅利的理念

建立共同承擔風險的機制

我們對您的分紅保單的表現有明確的利益，因為我們分紅業務的運作遵從您我共同承擔風險的原則，以合理地平衡我們的利益。我們會就派發給您的特別獎賞³及非保證每月紅利¹水平進行定期檢討。過往的實際表現及管理層對未來長期表現的預期，將與預期水平比較作出評估。倘若出現差異，我們將考慮透過調整特別獎賞³及非保證每月紅利¹分配，與您分享或分擔盈虧。

公平對待各組保單持有人

為確保保單持有人之間的公平性，我們將慎重考慮不同保單組別（例如：產品、產品更替、貨幣及繕發年期）的經驗（包括：投資表現），務求每組保單將獲得最能反映其保單表現的公平回報。為平衡您與我們之間的利益，我們已成立一個由專業團隊組成的專責委員會，負責就分紅保單的管理和特別獎賞³及非保證每月紅利¹的釐定提供獨立意見。

長遠穩定的回報

在考慮調整特別獎賞³及非保證每月紅利¹分配的時候，我們會致力採取平穩策略，以維持較穩定的回報，即代表我們只會因應一段期間內實際與預期表現出現顯著差幅，或管理層對長遠表現的預期有重大的改變，才會作出調整。

我們也可能在一段時間內減低平穩策略的幅度，甚至完全停止採取穩定資產價值變化的平穩策略。我們將會為保障其餘保單持有人的利益而採取上述行動。例如，當採取平穩策略時的獎賞金額較不採取平穩策略時的獎賞金額為高時，我們可能會減低該策略的幅度。

投資政策及策略

我們採取的資產策略為：

- (i) 有助確保我們可兌現向您承諾的保證利益；
- (ii) 透過特別獎賞³及非保證每月紅利¹提供具競爭力的長遠回報；及
- (iii) 維持可接受的風險水平

分紅保單的資產由固定收益及增長資產組成。固定收益資產主要包括由具有良好信貸質素（平均評級為A級或以上）和長遠發展前景的企業機構發行之固定收益資產。我們亦會利用增長資產，包括股票類投資及另類投資工具如房地產、私募基金或對沖基金，以及結構性產品包括衍生工具，以提供更能反映長遠經濟增長的回報。

我們會將投資組合適當地分散投資在不同類型的資產，並投資在不同地域市場（主要是亞洲、美國及歐洲）、貨幣（主要是美元）及行業。這些資產按照我們可接受的風險水平，慎重地進行管理及監察。

有關分紅保單

目標資產分配

資產種類	長線目標分配比例 %
固定收益資產 (政府債券、企業債券及另類信貸投資)	30% - 50%
增長資產	50% - 70%

註：實際的分配比例可能會因市場波動而與上述範圍有些微偏差。

在決定實際分配時，我們並會考慮 (包括但不限於) 下列各項因素：

- 當時的市場情況及對未來市況的預期；
- 保單的保證與非保證利益；
- 保單的可接受的風險水平；
- 在一段期間內，經通脹調整的預期經濟增長；及
- 保單的資產的投資表現。

在遵守我們的投資政策的前提下，實際資產配置可能會不時偏離上述長期目標分配比例。

就已行使保單價值管理權益的保單，組成其保單價值管理收益結餘的資產將會100%投資於固定收益資產中。

積存息率

您可選擇發放紅利以領取非保證每月紅利¹，或將該等金額交由我們積存生息（如有），唯受保單條款的相關條款及細則約束。

您可選擇行使保單價值管理權益，以調撥部分淨現金價值至保單價值管理收益結餘（如有）以累積生息（如有）。

積存利息的息率並非保證的，我們會參考下列因素作定期檢討：

- 投資組合內固定收入資產的孳息率；
- 當時的市況；
- 對固定收入資產孳息率的展望；
- 與此積存息率服務相關的成本；及
- 保單持有人選擇將該金額積存的時間及可能性。

有關分紅保單

我們可能會不時檢討及調整用以釐定特別獎賞³（如有），非保證每月紅利¹及積存息率的政策。

欲了解更多最新資料，請瀏覽本公司網站<https://www.hsbc.com.hk/insurance/info/>。

此網站亦提供了背景資料以助您了解我們以往的紅利派發紀錄作為參考。我們業務的過往表現或現時表現未必是未來表現的指標。

註

1. 滙越保險計劃的每月紅利派發率乃根據現行假設投資回報釐定，屬非保證性質。實際派發金額可隨時變動，非保證每月紅利可能高於或低於利益說明文件中所示數字，在某些情況下非保證每月紅利甚至可能為零。
2. 指當保單持有人或受保人的下一次生日為此年齡的保單周年日。
3. 特別獎賞的金額是非保證的，並按本公司的酌情權派發。
4. 已繳基本計劃總保費指您已支付並由本公司收到的基本計劃保費總額，加上截至受保人身故日或根據任何附加利益條款終止本保單之日（以較早者為準）時尚未繳納的基本計劃保費。合計保費的保單當中的合計保費金額結餘及其累積利息將不會計算在內，除非及直至該部分的保費於該日期實際已到期。
5. 保單金額是用來決定基本計劃內所需繳付的保費、現金價值、根據本保單基本計劃內可收取之特別獎賞³和非保證每月紅利¹。它並不代表身故賠償金額或您保單內的現金價值。
6. 有關健康守護入息及特別醫療權益的「已存在的狀況」指在簽發日期、保單日期、最近一次保單復效的生效日期或更改受保人的生效日期之前（以較遲者為準）出現以下描述的任何狀況或疾病：
 - 以前曾存在或一直存在；或
 - 致病因素以前存在或一直存在；或
 - 受保人知曉該狀況或疾病及其病徵或病狀；或
 - 任何化驗室的測試或調查顯示可能有該狀況或疾病的存在；或
 - 受保人出現認知障礙徵兆或病徵，其包括但不限於喪失記憶力、難以管理時間、不能夠在工作場所、家居或社區獨立活動或缺乏能力照顧自己。

註

7. 銀齡守護（健康守護入息及特別醫療權益）之不保事項：

健康守護入息在下列情況下將不予支付：

- 因愛滋病 (AIDS)、愛滋病相關症候群 (ARC)、人類免疫缺乏病毒 (HIV) 感染直接或間接所致的指定疾病；
- 不論受保人在受傷、自殺或自殺未遂時是否神智清醒，因自殺、自殺未遂或故意自殘所致的指定疾病；
- 任何在等候期⁸內不予支付賠償的身體狀況；
- 因服用藥物（經註冊醫生指引除外）、毒藥或酒精直接或間接所致的指定疾病；
- 因戰爭或任何戰爭行為（不論是否已宣告）、暴動、叛亂或內亂直接或間接所致的指定疾病；
- 因參與犯罪事件所致的指定疾病；
- 所有精神疾病相關成因；或
- 可逆轉之器質退化性腦病。

特別醫療權益在下列情況下將不予支付：

- 因愛滋病 (AIDS)、愛滋病相關症候群 (ARC)、人類免疫缺乏病毒 (HIV) 感染直接或間接所致的危疾；
- 不論受保人在受傷、自殺或自殺未遂時是否神智清醒，因自殺、自殺未遂或故意自殘所致的危疾；
- 因服用藥物（經註冊醫生指引除外）、毒藥或酒精直接或間接所致的危疾；
- 因戰爭或任何戰爭行為（不論是否已宣告）、暴動、叛亂或內亂直接或間接所致的危疾；或
- 因參與犯罪事件所致的危疾。

8. 以下等候期適用於健康守護入息之索償：

若出現任何下列身體狀況，並導致公司就指定疾病支付索償，健康守護入息將不予支付：

- 曾經接受診斷；
- 治療；
- 諮詢註冊醫生；或
- 出現任何疾病的跡象或症狀，

且該情況發生於：

- 保單日期或簽發日期（以較遲者為準）至第3個保單年度末（如保單的保費供款年期為3年）或第5個保單年度末（如保單的保費供款年期為5年），前提是保單已全數繳付所有保費；或
- 若有行使保單復效或更改受保人，等候期將為保單最後一次復效日期或更改受保人的生效日期（視情況而定）開始起的3年（如保單的保費供款年期為3年）或5年（如保單的保費供款年期為5年）。

如果所患的指定疾病是直接及單獨由意外引致的，即使本保單（包括本附加保障）有任何相反規定，等候期仍適用。

註

9. 健康守護入息將於以下日期（以較早者為準）隨即終止：
- 健康守護入息賠付5年後；

• 受保人年滿99歲²；或

• 當本保單終止、到期、失效或退保。
10. 債項指所有未償還的保單貸款，或按照本保單借取的自動保費貸款，加上該等貸款的任何累計利息及任何未付之保費或款項。
11. 不能作廢的價值指在有關未付保費之到期日前一天計算的保證現金價值扣除任何債項¹⁰後的金額。

更多資料

策劃未來的理財方案，是人生的重要一步。我們樂意助您評估目前及未來的需要，讓您進一步了解滙越保險計劃如何助您實現個人目標。

歡迎蒞臨滙豐分行，以安排進行理財計劃評估。

瀏覽 www.hsbc.com.hk/zh-hk/insurance/

親臨 任何一間滙豐分行



您可透過二維碼
瀏覽產品的相關網頁

滙越保險計劃

滙豐人壽保險（國際）有限公司

HSBC Life (International) Limited滙豐人壽保險（國際）有限公司（「本公司」或「我們」）是於百慕達註冊成立之有限公司。本公司為滙豐集團旗下從事承保業務的附屬公司之一。

香港特別行政區辦事處

香港九龍深旺道1號滙豐中心1座18樓

本公司獲保險業監管局（「保監局」）授權及受其監管，於香港特別行政區經營長期保險業務。

香港上海滙豐銀行有限公司（「滙豐」）乃根據保險業條例（香港法例第41章）註冊為本公司於香港特別行政區分銷人壽保險之保險代理機構。滙越保險計劃為本公司之產品而非滙豐之產品，由本公司所承保並只擬在香港特別行政區透過滙豐銷售。

對於滙豐與您之間因銷售過程或處理有關交易而產生的合資格爭議（定義見金融糾紛調解計劃的金融糾紛調解中心職權範圍），滙豐須與您進行金融糾紛調解計劃程序；此外，涉及上述保單條款及細則的任何糾紛，將直接由本公司與您共同解決。

本公司對本產品冊子所刊載資料的準確性承擔全部責任，並確認在作出一切合理查詢後，盡其所知所信，本產品冊子並無遺漏足以令其任何聲明具誤導成份的其他事實。本產品冊子所刊載資料只屬摘要。有關詳盡條款及細則，請參閱您的保單。

2025年9月

滙豐人壽保險（國際）有限公司榮獲以下獎項：



 <p>卓越大獎 香港保險公司獎項 - 年度品牌保險公司</p>	 <p>卓越大獎 香港銀行保險獎項 - 年度銀行保險公司</p>	 <p>卓越大獎 香港銀行保險獎項 - 年度銀行保險學院</p>	 <p>卓越大獎 香港銀行保險獎項 - 年度銀行保險公司體系結構</p>
 <p>卓越大獎 香港保險公司獎項 - 跨境保險服務 (內地香港)</p>	 <p>卓越大獎 大灣區澳門保險公司獎項 - 環境、社會及管治持續發展</p>	 <p>卓越大獎 香港保險公司獎項 - 整合營銷策略 (產品/服務)</p>	 <p>卓越大獎 香港保險公司獎項 - 財富管理平台</p>
 <p>卓越大獎 大灣區澳門保險公司獎項 - 年度保險公司</p>	 <p>卓越大獎 大灣區澳門保險公司獎項 - 客戶服務/顧客體驗</p>	 <p>卓越大獎 大灣區澳門保險公司獎項 - 環境、社會及管治持續發展</p>	

無憂後備管理服務

提升對無行為能力醫療狀況的保障



簡介

若患上嚴重疾病或出現精神問題，受影響的不單是您的健康，還可能給您和您的家人帶來沉重的財務負擔。

滙豐保險推出具前瞻性的附加保障 — **無憂後備管理服務**，讓您事先安排直系親屬在難以預料的情況下，因應您身體或精神狀況而無行為能力時，提取您保單的部分現金價值總和，安渡難關。

當您被診斷為無行為能力時，這項服務如何為您和摯愛提供支援？

您作為我們指定人壽保險計劃之保單持有人，可申請無憂後備管理服務並**指明一名直系親屬作為指定人士**。此指定人士可為父母、配偶（包括同性配偶）、成年子女或兄弟姊妹。如果您因下列任何一種醫療狀況而被註冊醫生診斷為無行為能力的人，該名指定人士可以按您所訂明的**指定百分比（10% - 50%）**，提取保單部分現金價值總和（「**無行為能力保障**」）：

• 腦皮質壞死	• 嚴重頭部創傷
• 昏迷	• 精神上無行為能力
• 不能獨立生活	• 癱瘓

主要特點



快速獲取現金作應急之用

您的指定人士無須經過複雜程序便可立即提取現金價值總和的指定部分，以應付必要的醫療或其他費用。



靈活自主

您可以為每份指定人壽保險計劃委任不同的指定人士。您也可以需要在需要時重新委任其他指定人士或調整指定百分比。



提供持續保障

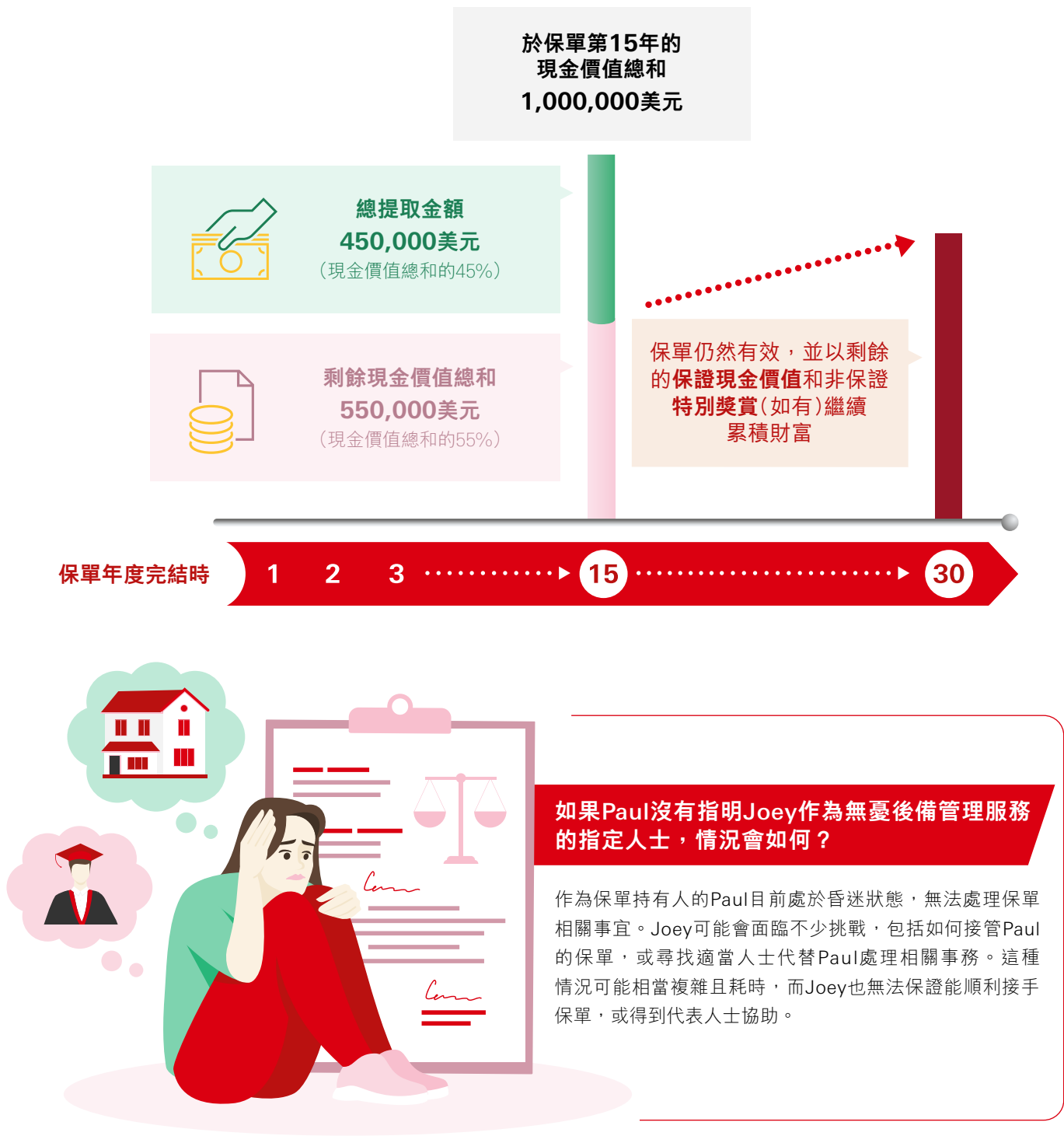
即使我們已支付無行為能力保障，您的指定人壽保險計劃將仍然有效，繼續提供已調整的人壽保障及財富累積潛力。

說明例子

根據「無憂後備管理服務」提取現金價值總和

Paul與Joey結婚後，育有一子。作為家庭經濟支柱的Paul，希望未雨綢繆，在自己萬一遭遇不幸時，能為他們的未來提供經濟保障。他投保了一份包含無憂後備管理服務的保險產品，並指明Joey為無憂後備管理服務下的指定人士，因此若Paul經註冊醫生診斷為無行為能力的人，Joey可提取保單中 45% 指定百分比的現金價值總和作為無行為能力保障。

在保單第15年，Paul因車禍陷入昏迷並需要住院。由於Paul需要被長期照顧，Joey根據無憂後備管理服務申請提取45%的現金價值總和，以解燃眉之急。經滙豐保險批核後，Joey獲支付45%的現金價值總和作為無行為能力保障。該金額被提取後，Paul的保單仍然有效並繼續提供已調整的人壽保障及持續累積財富。



備註:

1. 無憂後備管理服務只適用於具有現金價值的指定人壽保險計劃(「計劃」)。滙豐人壽保險(國際)有限公司(「滙豐保險」、「本公司」或「我們」)將不時釐定所涵蓋之計劃及對此擁有酌情權。
2. 本公司對是否接納有關無憂後備管理服務之申請或無憂後備管理服務下的指定人士之修改擁有絕對酌情權，並受相關之保單條款所約束。閣下可委任或修改指定人士或取消無憂後備管理服務，惟此等要求必須於閣下在神智正常的情況下提出。
3. 指定人士必須是您的直系親屬，即您的父母、配偶(包括同性配偶)、成年子女或兄弟姊妹，並且於委任當日之真實年齡為18歲或以上。
4. 無憂後備管理服務不構成持久授權書(適用於香港特別行政區)、監護令或受託監管令，亦不是用以委任指定人士為保單持有人的受權人或監護人或受託監管人。若指定人士與任何其他人之間發生爭議，包括但不限於與保單持有人的監護人或受託監管人、受權人及／或受益人之間有爭議，本公司將保留拒絕支付無行為能力保障之權利，直至該爭議得到解決為止。
5. 指定人士的委任將在下列任何情況發生時自動撤銷：(1)本公司接受保單所有權變更；(2)本公司獲悉保單持有人已訂立涵蓋保單的持久授權書(適用於香港特別行政區)；(3)本公司獲悉保單持有人或指定人士身故的通知；(4)本公司獲悉已根據《精神健康條例》(香港法例第136章)為保單持有人委任監護人或受託監管人(或在另一司法管轄區根據類似法律委任監護人或受託監管人)；(5)本公司接受後續保單轉讓安排；(6)閣下委任新的指定人士並獲本公司批准；或(7)行使傳承／保單分拆選項(如有)的申請獲得批准。
6. 若保單持有人持有多於一份具有無憂後備管理服務之計劃的保單，保單持有人可於個別保單下委任不同的指定人士。
7. 無行為能力保障只會於保單持有人因下列任何一種醫療狀況而被註冊醫生診斷為無行為能力的人時支付：

腦皮質壞死 – 指大腦皮質全面壞死而腦幹完整無損之狀況。診斷必須經由腦神經科專科註冊醫生證實，並有最少1個月之醫療文件紀錄證明。

昏迷 – 處於不省人事的狀態，對外界刺激或內在需要毫無反應，並屬永久性神經功能受損。昏迷必須持續至少96小時，並需要使用插管和機械性呼吸的方法來維持生命。昏迷必須由腦神經科專科註冊醫生確認。

不能獨立生活 – 在沒有輔助下，不能完成於以下定義部分界定的「日常生活活動」的其中最少3項活動，並已持續最少6個月及導致永久不能完成有關活動。就此定義而言，「永久」一詞是指根據現時醫學知識及技術，已完全沒有復原的希望。不能獨立生活的診斷必須由註冊醫生確定。

嚴重頭部創傷 – 因意外的頭部受傷引致殘餘腦損傷，導致永久性神經功能障礙並引發嚴重功能障礙。「嚴重功能障礙」是指腦神經科專科註冊醫生評估保單持有人在格拉斯哥昏迷指數或在醫學文獻中普遍接受的類似量表的8分版本中得分為5分或以下。

精神上無行為能力 – 精神上無行為能力的診斷必須由精神科專科註冊醫生確定。

癱瘓 – 由損傷或疾病導致癱瘓、從而引起最少兩肢完全及永久喪失功能，而且無法治癒。癱瘓必須以適當的腦神經學證據證明。專科註冊醫生必須認為癱瘓狀態是永久性的，沒有康復的希望，並且存在3個月以上。

8. 本公司就保單之無行為能力保障作出賠償之前，本公司必須根據條款及細則收到以書面方式提出無行為能力保障之索償通知及令本公司滿意及可接受的證明。相關證明文件之正本須遞交給本公司。
9. 無憂後備管理服務賠償的百分比須介乎10%至50%及為整數；無能力行為保障的金額等於現金價值總和乘以指定百分比。
10. 無行為能力保障將按照以下次序提取金額：
 - (1) 首先從保單價值管理收益結餘中提取(如有)；及
 - (2) 若保單價值管理收益結餘不足，則無行為能力保障中的餘額金額將從保證現金價值、特別獎賞(如有)及積存非保證每月紅利及利息(如有)中提取。

任何提取保證現金價值、特別獎賞(如有)及積存非保證每月紅利及利息(如有)將自動調減投保額／保單金額的減少，如同已申請部分退保一樣。部分退保將減少閣下未來的保障，包括但不限於基本計劃(如適用)的保證現金價值、特別獎賞(如有)、非保證每月紅利(如有)、積存非保證每月紅利及利息(如有)、身故賠償及附加保障(如有)。減少後的保額／保單金額必須符合我們不時設定的保單剩餘保額／保單金額的最低金額。當提取金額達到最低投保額／保單金額時，實際可提取的無行為能力保障金額可能會少於閣下所指定的以現金價值總和的指定百分比計算的金額。

11. 保單持有人須提醒指定人士須在保單持有人被診斷為無行為能力的人後90日內向本公司以書面方式提出無行為能力保障之索償通知及令本公司滿意及可接受的證明。
12. 本公司沒有責任或不會負責核實任何指定人士之委任有效性或合法性，亦不就任何指定人士之委任有效性或合法性負責。本公司不會亦不應被認為會就任何指定人士的委任承擔任何責任。當本公司支付無行為能力保障後，我們將不會對核實無行為能力保障的支付狀況有任何義務，亦不會對任何錯誤或不正確的支付負責。
13. 如要申請無憂後備管理服務，保單持有人須保證及聲明包括但不限於指定人士具有資格處理此職責。
14. 本公司有權就此申請要求額外資料或文件及／或施加額外條件，包括但不限於以本公司的絕對酌情權釐定的方式認證指定人士的身份及入境證明(如適用)。
15. 請參閱指定人壽保險計劃及無憂後備管理服務之保單條款以獲取詳情。

定義：

「日常生活活動」之定義如下：

- **沐浴** – 以浸浴或淋浴方式自我清洗(包括能進入及離開浴缸或淋浴間)或以其他方式清洗達到滿意的能力；
- **更衣** – 穿戴、脫下、固定與解開所有衣物及(如適當)任何配帶的矯正器、義肢及其他外科手術器具的能力；
- **行動** – 從床移動到直立的椅子上或輪椅上的能力，反之亦然；
- **如廁** – 能自行如廁或能自我控制肛門及膀胱功能，以保持滿意之個人衛生水平；
- **進食** – 自行進食預先準備妥當之食物的能力。

「指定百分比」指由保單持有人指定的現金價值總和的百分比，該百分比必須為完整數字及於我們不時釐定的可選範圍內。

「指定人士」指就本附加保障下，由保單持有人指定的無行為能力保障之收款人士。

「無行為能力的人」指在身體及／或精神上喪失行為能力的人。

「無行為能力保障」指根據本附加保障的條款及細則應支付予指定人士的保障賠償。

「註冊醫生」指任何根據香港特別行政區《醫生註冊條例》或任何修訂條例而正式符合資格及合法註冊的醫生，或在本公司接受的任何其他國家／地區根據當地法律獲授權執業的西醫，而該等醫生並非受保人或保單持有人本人或第二保單持有人*或其直系親屬。

*有關「註冊醫生」的定義，第二保單持有人或其直系親屬除外只適用於滙承世代保險計劃。

免責聲明：

本傳單僅載列一般資訊。本傳單不構成任何保險產品之要約。有關產品特點、條款及細則的詳情，請參閱特定產品的相關產品冊子、保單條款及保險計劃建議書。

所有具有無憂後備管理服務的指定人壽保險產品均由本公司所承保，其獲香港特別行政區保險業監管局授權及受其監管，於香港特別行政區經營長期保險業務。本公司將負責按人壽保單條款為您提供保險保障以及處理索償申請。

所有具有無憂後備管理服務的指定人壽保險產品屬本公司而非香港上海滙豐銀行有限公司(「滙豐」)的產品，並只擬在香港特別行政區銷售。您繳付的保費將成為本公司資產的一部分。因此，保單持有人將承受本公司的信貸風險。保單持有人對任何該等資產沒有任何權利或擁有權。對於滙豐與您之間因銷售過程或處理有關交易而產生的合資格爭議(定義見金融糾紛調解計劃的金融糾紛調解中心職權範圍)，滙豐須與您進行金融糾紛調解計劃程序；然而，涉及上述產品之保單條款及細則的任何糾紛，將直接由本公司與您共同解決。

2025年9月

滙越保險計劃 增值服務

全面支援 樂享無憂



滙豐人壽保險（國際）有限公司（註冊成立於百慕達之有限公司）

滙豐人壽保險（國際）有限公司（「滙豐保險」、「本公司」或「我們」）明白規劃未來總伴隨著各種未知。這不僅關乎維持財務穩健，更是健康與生活質素的優先考量。

滙越保險計劃（「滙越」、「本計劃」或「本保單」）提供基本保障之外，更特別設有「居家護理100」及「環球護聯」增值服務，讓您安心追求理想生活，同時為您和摯親所需提供全面支援。兩項服務均由獨立第三方服務供應商提供。

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滙越保險計劃 — 增值服務

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居家護理100

由卓健醫療服務有限公司（「卓健醫療」）
旗下卓健護理介紹所（「卓健護理」）所提供的服務

100小時免費居家護理服務
讓受保人渡過難關



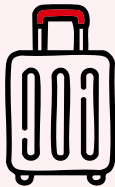
適用於本保單的受保人不幸於等候期後不幸確診患上以下任何三種危疾其中之一：癌症、中風或心臟病，以及受保人經診斷患上指定危疾後存活不少於14天。



環球護聯

由國際救援（香港）有限公司
（「國際救援（香港）」）提供的服務

全球緊急援助服務
為受保人於海外停留時提供支援



適用於本保單的受保人在保單冷靜期後，於主要居住國家或地區以外停留不多於連續180日的情況。

備註：「居家護理100」和「環球護聯」（統稱為「服務」）由獨立第三方服務供應商（「服務供應商」）提供。滙豐保險並非服務供應商或其代理人。滙豐保險不會就相關的服務的可用性及其質素作陳述、保證或承諾，並且不會就服務供應商所提供的服務承擔任何責任或義務。在任何情況下，本公司均不會對服務供應商在提供增值服務時的作為、不作為或疏忽承擔任何責任或義務。本服務所提供的一般資料僅供參考，並不應被視為醫療治療、診斷或建議。如有任何疑問或查詢，請向註冊醫生尋求意見。本公司可隨時全權酌情更改本服務，保留隨時修改、暫停或終止任何本服務（包括服務供應商及任何相關詳情或條款及細則）的絕對權力，且毋須另行通知。如有任何爭議，本公司將保留最終決定權。在「居家護理100」中，若您選擇以特惠費用升級至專業護理服務，您需直接與服務供應商結算有關服務費用。如需了解詳情，請聯絡服務供應商。

居家護理100

(由卓健護理提供)

Quality卓健

HealthCare

Home Care 居家護理

安枕無憂，照顧您所需

當受保人於等候期後不幸確診患上以下任何三種危疾其中之一：癌症、中風或心臟病，由獨立第三方服務供應商提供的「居家護理100」將為受保人提供必需的康復支援，讓受保人安坐家中即可獲得專業醫療照顧，既減輕受保人家庭負擔，亦有助受保人得到更好的康復。此項服務適用於條款及細則定義的等候期之後，以及受保人經診斷患上指定危疾後存活不少於14天。

100小時免費居家護理服務，或以特惠費用升級至專業護理服務

100小時免費居家護理服務

由健康服務助理或保健員提供必需的日常復康服務：



提供個人衛生護理
(例如口腔護理、洗澡、更換紙尿褲)



提供起居營養建議



協助行動



提供陪診接送服務



提供餵食護理



進行復康運動

您可選擇以特惠費用將免費居家護理服務升級至專業護理服務

如您需要更專業的護理服務，可以根據卓健護理的評估建議，以特惠費用將免費居家護理服務升級至專業護理服務（費用由您自行承擔）。此服務由卓健護理安排的註冊或登記護士提供，包括例如以下專業護理及專科醫療程序：



靜脈注射



鼻胃管餵食或餵藥



更換鼻胃喉、尿喉及尿袋

升級至專業護理服務及其所需的特惠費用受卓健護理條款及細則約束。有關詳情，客戶應致電卓健護理熱線+852 2975 2391查詢。滙豐保險並不會提供任何護理服務或醫療意見或建議。

備註：居家護理100涵蓋的服務由卓健護理提供，並受其條款及細則及本單張之條款及細則約束。

簡單幾步，啟動居家護理100服務（由卓健護理提供）

1

啟動服務#

保單持有人及受保人需簽署並提交居家護理100服務啟動申請表*，並連同受保人確診危疾之證明作為補充文件，遞交予滙豐保險。

啟動必須在受保人知悉患上指定危疾當日起計90日內提出。
* 啟動申請表可以通過香港滙豐網站、香港滙豐流動理財應用程式下載，或致電滙豐保險服務熱線+852 2583 8000索取。

2

滙豐保險發送服務確認信

審核通過後7個工作日內，您將經電郵及/或郵件（按您選擇方式）收到服務確認信。

3

客戶聯絡卓健護理

致電卓健護理熱線+852 2975 2391預約^。

^ 您/受保人的個人資料由卓健護理收集後將根據卓健護理的資料私隱通知進行處理。卓健護理可能不會提供與滙豐保險相同水平的個人資料保護或隱私政策。

4

卓健護理顧問服務

卓健護理的護理顧問將安排免費評估及諮詢，並與受保人商討為受保人制定合適的個人化護理方案。您亦可根據卓健護理顧問建議，選擇以特惠費用升級至專業護理服務。

5

尊享居家護理服務或專業護理服務

卓健護理將安排健康服務助理或保健員提供居家護理服務，或安排註冊護士或登記護士提供專業護理服務。





環球護聯（由國際救援（香港）提供）

安心享受於海外的閒暇時光

助您應對連續不多於180天的海外停留所發生不確認性的情況，讓您安心得到援助。「環球護聯」是由獨立第三方服務供應商為受保人提供的國際醫療援助與緊急支援服務，保障受保人在主要居住國家或地區外遭遇突發情況時的醫療需求及緊急援助，讓受保人從容應對海外行程中可能面臨的各種挑戰。

突發事故緊急支援

- 1

醫療撤離及／或治療後護送服務

若受保人遭遇嚴重意外或急病需要即時治療，而當地醫療設施不足，國際救援（香港）會安排並支付緊急醫療撤離至最就近並能提供適切治療的醫療機構。若國際救援（香港）的醫療團隊與當地主診醫生商議後，認為受保人情況穩定後需返回主要居住國家或地區繼續治療，國際救援（香港）將安排並支付單程經濟客位的交通護送服務費用。有關醫療撤離及／或治療後護送服務的必要性及交通方式以國際救援（香港）擁有絕對及最終決定。
- 2

護送隨行受撫養子女返回居住地

若受保人因意外或疾病導致其受撫養子女無人監護，國際救援（香港）將安排並支付單程經濟客位的交通，送其子女返回主要居住國家或地區。如有需要，將免費提供合資格陪同人員。
- 3

親友慰問探訪

若受保人在旅途中因意外或疾病需住院治療超過7日，國際救援（香港）會安排並支付以下費用：

 - 一位陪同者從其主要居住國家或地區往返受保人所在地的經濟客位來回的交通。
 - 該陪同者的酒店住宿費用（不包括飲品、膳食及其他酒店消費），每宗事故上限為1,000美元。
- 4

回程慰問親友

若受保人的近親於其主要居住國家或地區因傷病身故，國際救援（香港）將會安排並支付受保人前往近親的主要居住國家或地區的單程經濟客位的交通。
- 5

遺體運送

若受保人不幸海外身故，國際救援（香港）將協助辦理所有必需手續，並支付遺體運送費用，將遺體送返由受保人的法定代表人指定之地點。

備註：環球護聯服務由國際救援（香港）提供，並受其條款及細則及本單張之條款及細則約束。保單受保人或其代表須致電國際救援（香港）24小時熱線安排所有列明的服務安排。

支援服務，助您輕鬆應對需求

6



醫療服務機構轉介

如受保人身處陌生的海外地區，國際救援（香港）可應要求提供當地醫生、醫院、診所及牙科設施的名稱、地址、電話號碼及辦公時間的資料。

7



預約醫生及醫療諮詢

國際救援（香港）將協助受保人安排與普通科醫生或專科醫生的預約。如無法聯絡當地醫療設施，或受保人需要醫療建議，受保人可自行承擔費用，獲取由國際救援（香港）轉介的普通科醫生或專科醫生的電話醫療諮詢。

8



藥物及醫療器材配送

根據當地主診醫生的要求，在可能且法律允許的情況下，國際救援（香港）會安排運送當地缺乏的必需藥物及/或醫療設備。受保人需自行承擔已發送物品的費用及任何運費。

9



法律服務轉介與費用保障

如受保人於海外遇上刑事或民事案件，國際救援（香港）可提供法律援助轉介服務。相關法律費用可獲不超於3,900美元的保障。

簡單致電，即可獲取環球護聯服務

受保人或其代表可致電*國際救援（香港）24小時環球護聯熱線 +852 3128 0135，支援粵語、普通話和英語。



24小時環球護聯熱線：+852 3128 0135

所需資料*：

- 受保人姓名
- 受保人身份證或護照號碼
- 本保單之保單號碼
- （適用於治療後護送服務）受保人所接受治療之醫院或其他醫療機構之名稱、地址及聯絡電話，以及主診醫生（及如有需要，受保人之家庭醫生）之姓名、地址及聯絡電話

* 請於緊急事故發生後，盡可能在合理時間內（在可行的情況下於7個日曆日內）提供所需資料以便獲得協助。
* 受保人/ 其代表的個人資料由國際救援（香港）收集後將根據國際救援（香港）的資料私隱通知進行處理。國際救援（香港）可能不會提供與滙豐保險相同水平的個人資料保護或隱私政策。

條款及細則

一般條款 (適用於居家護理100及環球護聯)：

1. 此單張之指定的增值服務，即「居家護理100」和「環球護聯」（「服務」）由獨立的第三方服務供應商（「服務供應商」）提供。滙豐人壽保險（國際）有限公司（「滙豐保險」、「本公司」或「我們」）並非服務的提供者。滙豐保險不會就相關的服務的可用性及其質素作陳述、保證或承諾，並且不會就服務供應商所提供的服務承擔任何責任或義務。如對於服務有任何爭議，請直接聯絡服務供應商。在任何情況下，本公司均不會對服務供應商在提供服務時的作為、不作為或疏忽承擔任何責任或義務。本服務所提供的一般資料僅供參考，並不應被視為醫療治療、診斷或建議。如有任何疑問或查詢，請向註冊醫生尋求意見。本公司可隨時全權酌情更改本服務，保留隨時修改、暫停或終止任何本服務（包括服務供應商及任何相關詳情或條款及細則）的權利，且毋須另行通知。如有任何爭議，本公司將保留最終決定權。您可能需要直接與服務供應商結算服務費用（如適用）。如需了解詳情，請聯絡服務供應商。
2. 服務在任何時候均須遵循由本公司確定的條款及細則（「條款及細則」）及服務供應商的條款及細則。
3. 生效中的滙越保險計劃（「保單」）的受保人如於保單發出後並符合條款及細則及服務供應商之條款及細則中所述的要求，即可享有服務資格。若行使更改受保人，前受保人將不再享有服務資格。然而，每份保單僅能啟動一次居家護理100服務，如果前受保人已啟動居家護理100並已收到滙豐保險所發出的居家護理100服務確認信，新受保人將不會享有居家護理100的資格。
4. 本公司不會對服務供應商使用個人資料負責，並不承擔任何法律責任。
5. 本條款及細則符合現行監管條例要求，並受香港特別行政區（「香港特區」）法律管轄及依其解釋。

居家護理100 — 條款及細則：

6. 居家護理100由卓健護理提供，並受卓健護理的條款及細則約束。請聯繫卓健護理以了解其條款及細則、服務範圍、費用及服務安排的詳細信息。
7. 若受保人於等候期後（詳見定義）經由註冊醫生診斷患有危疾，及受保人經診斷患上指定危疾後存活不少於十四（14）天，保單持有人可啟動居家護理100。危疾不包括受保人在簽發日期、保單日期、最近一次保單復效的生效日期或更改受保人的生效日期（以較遲者為準）前已知條款及細則定義已存在的狀況。居家護理100在下列情況下將不予啟動：
 - 因愛滋病（AIDS）、愛滋病相關症候群（ARC）、人類免疫缺乏病毒（HIV）感染直接或間接所致的危疾；
 - 不論受保人在受傷、自殺或自殺未遂時是否神智清醒，因自殺、自殺未遂或故意自殘所致的危疾；
 - 任何在等候期內不予支付賠償的身體狀況；
 - 因服用藥物（經註冊醫生指引除外）、毒藥或酒精直接或間接所致的危疾；
 - 因戰爭或任何戰爭行為（不論是否已宣告）、暴動、叛亂或內亂直接或間接所致的危疾；或
 - 因參與犯罪事件所致的危疾。
8. 若需要申請啟動居家護理100，保單持有人和受保人需簽署並提交居家護理100服務啟動表格至滙豐保險，並附上由註冊醫生提供的受保人危疾診斷證明作為支持文件。

9. 如對於享用居家護理100服務的資格有任何爭議，本公司擁有最終決定權。如對於服務有任何爭議，請直接聯絡服務供應商。
10. 啟動通知和證明
- a. 啟動必須在受保人獲悉患上危疾當日起計九十（90）日內，並在本保單（包括本增值服務）生效時提出。除非向本公司提出在規定時間內無法合理可行地提出啟動服務之證明，並已在合理的情況下盡早提出啟動，否則，本公司無須就逾期啟動而支付本服務。
 - b. 受保人或保單持有人就有關危疾而遞交的診斷證明，必須以醫療報告方式並由本公司所同意之有關註冊醫生提供及由本公司可接受之醫學調查確認，其包括但不限於臨床的、應用放射學的、組織學的及化驗的證明。本公司保留權利要求受保人進行檢查或其他合理和適當的檢測以確定受保人患上有關危疾，當中的費用將會由受保人/保單持有人承擔。
 - c. 若受保人在中國內地經註冊醫生診斷證實患上危疾，必須提供令本公司滿意的及由指定中國內地醫院提供的醫療證明文件。
11. 本公司會於成功批核居家護理100啟動申請後發出服務確認信並寄送至保單持有人的通訊地址或電郵地址（視乎適用情況而定）。直至服務確認信發出前，保單持有人在本公司登記的通訊地址或電郵地址必須為有效並且保持更新。該服務確認信不可於任何損失或損壞，或因交付失敗（例如通訊地址無效）的情況下更換。請以服務確認信作資格證明並於卓健護理兌換居家護理100。請參閱服務確認信上的指示，聯繫卓健護理以安排服務。
12. 每份保單只可啟動一次居家護理100。為免生疑問，居家護理100於服務啟動後不能取消、推翻或更改。
13. 由卓健護理提供的服務將受其條款及細則約束，您或需繳付居家護理100而本公司並不涵蓋的費用。本公司僅負責繳付予卓健護理的100小時免費居家護理服務費用。本公司將不負責繳付予卓健護理或任何第三方的其他費用，包括但不限於任何由免費居家護理服務升級至專業護理服務的特惠費用、緊急服務安排、取消費用、在香港偏遠地區或離島提供服務的額外費用或由卓健護理提供的其他任何服務費用。客戶有責任向卓健護理或任何第三方直接付清任何額外費用。
14. 本公司並不代表屬於獨立服務供應商的卓健醫療及卓健護理。本公司不會就卓健醫療及卓健護理提供的服務或質素、條款及細則、兌換後的服務承擔任何責任。對於卓健護理及卓健醫療提供的任何服務直接或間接造成的損失、損害或費用，本公司概不承擔任何法律責任或其他責任。
15. 本公司保留權利以任何服務提供者的替代服務取代或暫停居家護理100，並毋須事先通知。居家護理100（或任何替代服務）不可兌換成現金，其使用受卓健醫療及卓健護理所規定的條款及細則約束。

居家護理100 — 定義：

「**危疾**」指下列其中一項：

(i) 癌症

指惡性腫瘤，特徵為惡性細胞失控的生長及擴散，侵蝕和破壞人體的正常組織。癌症必須經過病理報告中關於惡性程度的組織學證據來確定。癌症一詞包括白血病、淋巴瘤和霍杰金氏病。

保障範圍不包括以下癌症種類：

- 在組織學上描述為良性、癌前病變或細胞病變的所有腫瘤；
- 任何描述為原位癌的病變；
- 除惡性黑素瘤以外的所有皮膚癌；
- 子宮頸上皮內癌變（CIN I、CIN II或CIN III）或鱗狀上皮內病變；
- 等級為T1aN0M0或FIGO 1A的卵巢腫瘤；
- 在組織學上按TNM分期中描述為T1a或T1b級或其他相當等級或更低等級的前列腺癌；
- 低於RAI第三（3）階段的慢性淋巴細胞白血病。
- 在組織學上按照TNM 分期為T1N0M0 或以下級別的甲狀腺腫瘤。

(ii) 心臟病

指因心臟供血不足而引致部份心肌壞死，並必須具備下列所有特徵：

- 典型胸口痛的病史；
- 在有關心臟事故期間，心肌梗塞特有的新的心電圖變化；及
- 以下其一：
 - (i) 心臟酵素（CPK-MB）上升，並高於正常實驗室普遍接受的水平；或
 - (ii) 肌鈣蛋白I的水平高於0.5ng/ml或更高。

(iii) 中風

指一種由頭顱內出血、腦栓塞或頭顱內血管血栓引起不可逆轉之腦組織死天而導致的腦血管病症，此定義也包括蛛網膜下出血。該病症必須導致神經功能受損，並經由腦神經科專科註冊醫生在病發後的檢查中客觀地觀察到神經異常表現，並需持續至少六（6）周。診斷須由磁力共振掃描、電腦斷層掃描、或腦脊髓液檢查測出與新一次中風相符的結果支持。

以下情況不包括在內：

- 短暫性腦缺血發作（TIA），其症狀持續少於二十四（24）小時；
- 因意外受傷、感染、血管炎、炎症或偏頭痛引起的腦部受損；
- 影響眼部的血管疾病，包括視覺神經或視網膜梗塞；
- 前庭系統缺血疾病；
- 通過影像檢查發現的無症狀中風。

「**指定中國內地醫院**」指由本公司不時自行酌情指定及更新而不需事先通知的位於中國內地之醫院名單。指定中國內地的醫院名單可以在香港滙豐網站上查閱。

「**已存在的狀況**」指在簽發日期、保單日期、最近一次保單復效的生效日期或更改受保人的生效日期之前（以較遲者為準）出現以下描述的任何狀況或疾病：

- 以前曾存在或一直存在；或
- 致病因素以前存在或一直存在；或
- 受保人知曉該狀況或疾病及其病徵或病狀；或
- 任何化驗室的測試或調查顯示可能有該狀況或疾病的存在；或
- 受保人出現認知障礙徵兆或病徵，其包括但不限於喪失記憶力、難以管理時間、不能夠在工作場所、家居或社區獨立活動或缺乏能力照顧自己。

「**註冊醫生**」指任何根據香港特區《醫生註冊條例》或任何修訂條例而正式符合資格及合法註冊的醫生，或在本公司接受的任何其他國家／地區根據當地法律獲授權執業的西醫，而該等醫生並非受保人或保單持有人本人或其直系親屬。

「**等候期**」指若出現任何下列身體狀況，並導致公司就指定危疾啟動居家護理100，居家護理100將不予啟動：

- (1) 曾經接受診斷；
- (2) 治療；
- (3) 諮詢註冊醫生；或
- (4) 出現任何疾病的跡像或症狀，

且該情況發生於：

- (a) 保單日期或簽發日期（以較遲者為準）至第九十（90）日或
- (b) 若有行使保單復效或更改受保人，等候期將為保單最後一次復效日期或更改受保人的生效日期（視情況而定）開始起的九十（90）日。

如需了解詳情，請致電滙豐保險服務熱線+852 2583 8000，亦可親臨任何滙豐分行，或與我們於香港的保險顧問預約面談。

瀏覽 www.hsbc.com.hk/zh-hk/insurance/

卓健護理介紹所熱線： +852 2975 2391

24小時環球護聯熱線： +852 3128 0135

免責聲明:

滙豐人壽保險（國際）有限公司（「滙豐保險」、「本公司」或「我們」）是於百慕達註冊成立之有限公司及獲香港特別行政區保險業監管局授權及受其監管，於香港特別行政區經營長期保險業務。香港上海滙豐銀行有限公司（「滙豐」）根據保險業條例（香港特別行政區法例第41章）註冊為本公司於香港特別行政區分銷人壽保險之代理機構。滙豐保險之保險產品只擬在香港特別行政區透過滙豐銷售。

對於滙豐與您之間因銷售過程或處理有關交易而產生的合資格爭議（定義見於金融糾紛調解計劃的金融糾紛調解中心職權範圍），滙豐須與您進行金融糾紛調解計劃程序；此外，有關保險產品的保單條款及細則的任何糾紛，將直接由本公司與您共同解決。

本公司及第三方服務供應商對本單張所刊載資料的準確性承擔全部責任，並確認在作出一切合理查詢後，盡其所知所信，本單張並無遺漏足以令其任何聲明具誤導成份的其他事實。

本單張列舉之增值服務並不屬於任何滙豐保險之保險產品的產品冊子、保單條款或計劃說明書的一部分，亦不涉及或代表本公司承擔任何保險責任或合約責任。本單張的內容僅供一般資料之用，並不構成滙豐或本公司的任何意見或建議。本單張的內容如有更改，恕不另行通知。

2025年9月



Relax and enjoy your life with a potential wealth stream

The transition to a carefree retirement after decades of hard work is a significant milestone we all aspire to. Achieving this requires thoughtful planning more than ever, especially in today’s landscape of increased life expectancy and rising living costs. This highlights the importance of proper financial planning in earlier stage to build sustainable wealth for retirement or to embrace the lifestyle of micro-retirement, allowing you to truly relax and enjoy your retirement or semi-retirement life.

The **HSBC Bright Income Insurance Plan** (“HSBC Bright Income”, “the Plan”, or “the Policy”) helps you maximise your golden years by building a potential wealth stream with healthcare benefits. This whole-of-life saving plan not only aims to provide a comfortable retirement while supporting your long-term savings goals, but also preserves your principal for legacy planning.

With flexible wealth management options and innovative features like the market-first* SilverGuard Protection that supports your healthcare needs, we are committed to enhancing your well-being, allowing you to focus on the things you look forward to most for a truly carefree retirement.

HSBC Bright Income is a long-term participating life insurance product with a savings element and non-guaranteed returns. Part of the premium pays for the insurance and related costs. It is not equivalent or similar to any kind of bank deposit, annuity insurance products or qualifying deferred annuity policies. This product will not provide any tax deduction benefit to the Policyholder.

* The market-first feature means the combination of (i) the Healthcare Booster feature and (ii) the Special Medical Token feature. Our “market-first” statement is based on our interpretation of currently available market information, by comparing our Plan with other similar publicly available long-term participating insurance plans issued by other Hong Kong SAR market players as of August 2025.



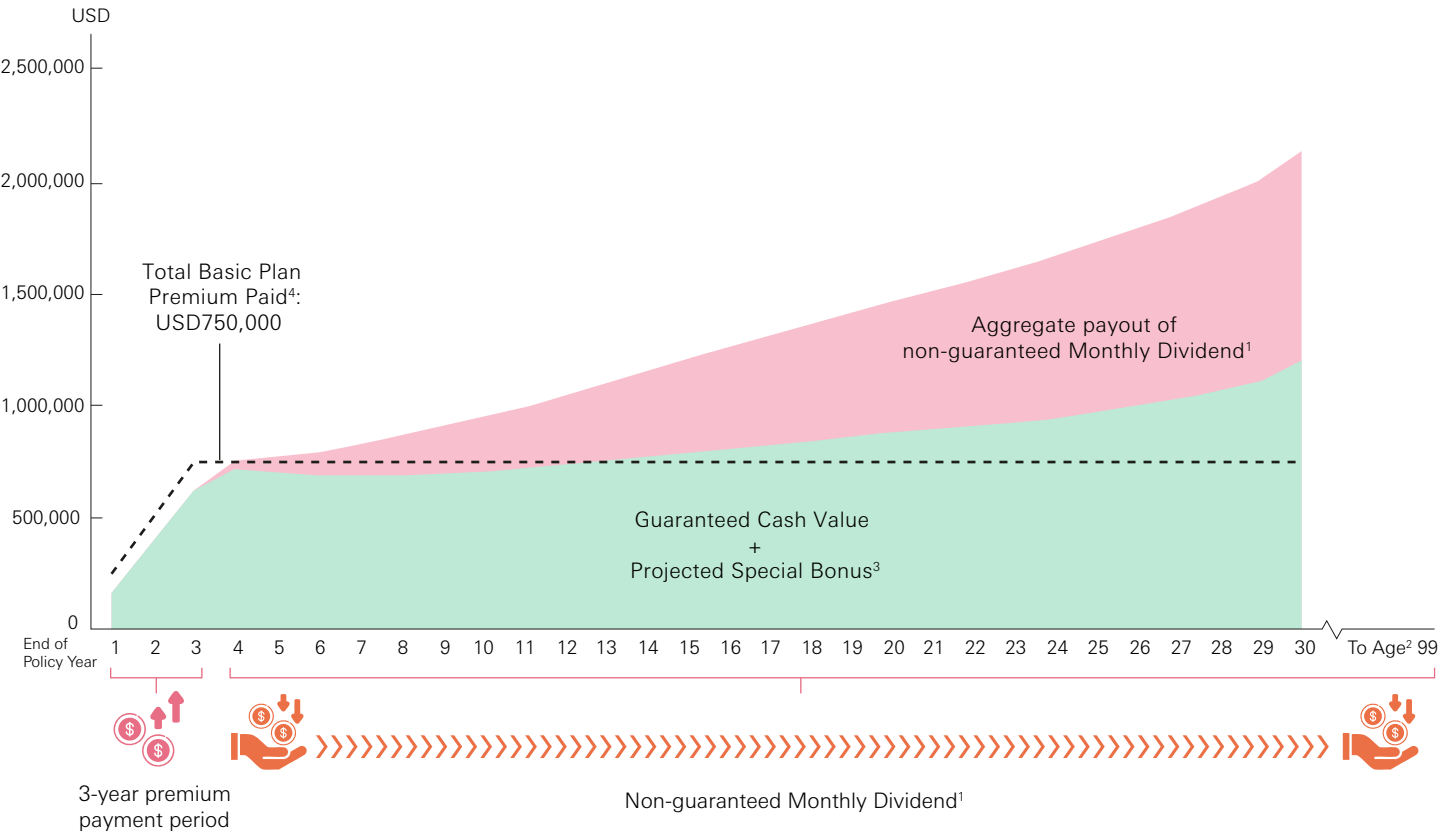
Wealth generation and accumulation across generations

Non-guaranteed lifelong Monthly Dividend¹

With HSBC Bright Income, you can receive non-guaranteed Monthly Dividend¹ until the Age² of 99 to meet your financial needs without eroding the guaranteed portion of the policy value.

Illustration on aggregate payout of non-guaranteed Monthly Dividend¹ receivable together with Guaranteed Cash Value and projected Special Bonus³

Assuming a 3-year premium payment period (in USD) and that the non-guaranteed Monthly Dividend¹ to be paid out since Policy Year 4



- The sum of Guaranteed Cash Value and Special Bonus³ will undergo gradual increment along the policy term while Special Bonus³ is non-guaranteed.
- Monthly Dividend¹ is non-guaranteed and will be payable at our discretion throughout the policy term.

Remark: If you choose to accumulate non-guaranteed Monthly Dividend¹ and interest, you can leave the projected non-guaranteed Monthly Dividend¹ with the Company for interest accumulation at an interest rate which is not guaranteed. The assumed interest rate used by the Company for interest accumulation is 4.25% p.a. for USD and 3.5% p.a. for HKD. The actual interest rate may change from time to time at the Company's discretion without prior notice.

Plan option [#]	Premium payment period	Non-guaranteed Monthly Dividend ¹ payment start date	Projected non-guaranteed Monthly Dividend ^{1*} payout rate on an annual basis	
			USD	HKD
1	3 years	Starting from Policy Year 4 (37 th Monthiversary)	4.6% of Policy Amount ⁵	3.8% of Policy Amount ⁵
2		Starting from Policy Year 11 (121 st Monthiversary)	6.5% of Policy Amount ⁵	5.5% of Policy Amount ⁵
3		Starting from Policy Year 16 (181 st Monthiversary)	8.2% of Policy Amount ⁵	7.2% of Policy Amount ⁵
4	5 years	Starting from Policy Year 6 (61 st Monthiversary)	5.0% of Policy Amount ⁵	4.0% of Policy Amount ⁵
5		Starting from Policy Year 11 (121 st Monthiversary)	6.3% of Policy Amount ⁵	5.3% of Policy Amount ⁵
6		Starting from Policy Year 16 (181 st Monthiversary)	7.9% of Policy Amount ⁵	6.9% of Policy Amount ⁵

Payment options of non-guaranteed Monthly Dividend¹



Option 1 (default option): Dividend Payout

The non-guaranteed Monthly Dividend¹ will be payable on a monthly basis.



Option 2: Accumulation with interest

You may choose to accumulate the non-guaranteed Monthly Dividend¹ with us at a non-guaranteed interest rate as we declare at the Company’s discretion from time to time without prior notice. You may withdraw the accumulated non-guaranteed Monthly Dividend¹ and interest (if any) from the Policy anytime in accordance with our procedures.

[#] The non-guaranteed Monthly Dividend¹ payment start date is designated by you during application. Please note that this is a one-time decision. Once you have made your selection, and once the Policy is issued, it cannot be changed in the future.

^{*} The non-guaranteed Monthly Dividend¹ payment under this plan is projected with the current assumed investment return in the insurance proposal and is non-guaranteed. The actual amount payable may change from time to time that the non-guaranteed Monthly Dividend¹ payment may be higher or lower than those illustrated in the insurance proposal. Under certain circumstances, the non-guaranteed Monthly Dividend¹ may be zero (i.e. you may receive zero dividend payment in a month).

Lasting financial security through Change of Life Insured



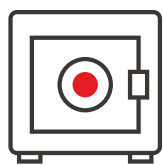
At any time after the first Policy Anniversary or this Policy was fully paid after the end of the premium payment period, whichever is later, you have the flexibility to change the Life Insured of your Policy as many times as needed to support your legacy planning and wealth transfer objectives.

The non-guaranteed Monthly Dividend¹ will be distributed to the Policyholder until the Life Insured reaches Age² 99, and if a new Life Insured is appointed, dividend distribution will continue until he/she reaches Age² 99 as well, ensuring that your loved one can benefit on a continuous basis. Additionally, you have the option to appoint a Contingent Policyholder, ensuring your Policy is managed by someone you trust in the event of your death.



Grow your assets with flexibility

The policy value could potentially grow over time through the following features:



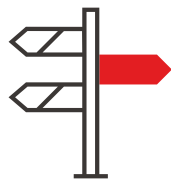
Guaranteed Cash Value

This is the guaranteed policy value that gradually increases throughout the policy term, offering you a guaranteed return and serving as a strong foundation for a prosperous future and legacy arrangement.



Special Bonus³

A non-guaranteed policy value designed to enhance the total return you can enjoy.



Policy Value Management Option

This allows you to lock in a portion of the Plan’s Net Cash Value and assign it to the Policy Value Management Balance, securing it against market volatility while accumulating interest at a non-guaranteed interest rate.



The Plan offers you not only financial confidence and flexibility but also peace of mind, supported by comprehensive healthcare benefits, to ensure a rewarding and worry-free retirement.

Your wellbeing is our priority.

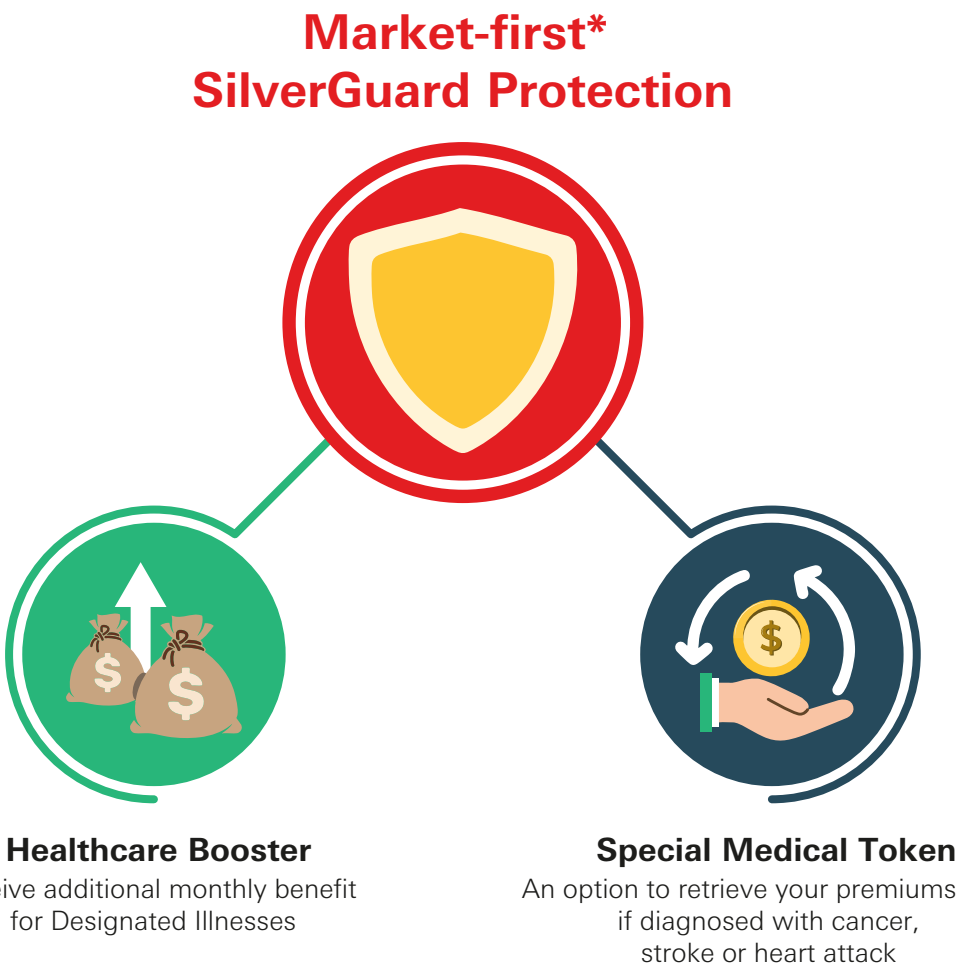


Open to discover extra care benefits!

Pioneering benefits to enhance your wellbeing

Market-first* SilverGuard Protection

We believe that a carefree retirement or semi-retirement life should be not only financially robust but also give you the peace of mind you deserve to fully enjoy your golden years. To that end, we are introducing innovative benefits to support your evolving healthcare needs with SilverGuard Protection.



Enjoy SilverGuard Protection with no extra steps

Medical examinations may not be required⁺

No extra payment needed

* The market-first feature means the combination of (i) the Healthcare Booster feature and (ii) the Special Medical Token feature. Our “market-first” statement is based on our interpretation of currently available market information, by comparing our Plan with other similar publicly available long-term participating insurance plans issued by other Hong Kong SAR market players as of August 2025.

⁺ The maximum total premium amount for pending guaranteed approval/simplified underwriting applications and in-force policies (per Life Insured) may differ and is subject to insurance age of the Life Insured. Total premium amount refers to the total premium amount of this Policy determined by the Company. For details of the underwriting requirements, please contact HSBC branch staff. The Company reserves the right to accept or decline any applications for this Policy based on the information provided by the Life Insured and/or Policyholder during enrolment. Please refer to product summary for details.

Remarks: Healthcare Booster and Special Medical Token will not be payable for any Pre-existing Conditions⁶ and exclusions⁷. Please refer to policy provisions for details.

Healthcare Booster



An additional benefit equals to 1.5% p.a. of Policy Amount[§] will be payable on monthly basis for a period of 5 years (or until termination of Policy, whichever is earlier), upon Life Insured's diagnosis of any Designated Illnesses[®], with a Waiting Period[®] which is equivalent to your premium payment period[®], subject to a maximum monthly benefit limit of USD4,000 / HKD32,000 (depending on your policy currency), per Life Insured across all applicable policies issued by HSBC Life.

The covered Designated Illnesses include:

Kidney Failure

Loss of Limbs

Parkinson’s Disease

Severe Dementia

Stroke

For the definition of Designated Illness and details of this benefit, please refer to the policy provisions of Healthcare Booster.

Special Medical Token



To offer greater financial flexibility and peace of mind, without any waiting period, you have an option to **receive the refund of paid premium plus any non-guaranteed policy value** (if any) in earlier Policy Years (please refer to below calculation) if the Life Insured is diagnosed with any of the following 3 Critical Illnesses[®]: cancer, stroke or heart attack.

Special Medical Token

Total Basic Plan Premium Paid⁴*
or
Guaranteed Cash Value
(whichever is higher)

+

Special Bonus³
(if any)

+

Accumulated non-guaranteed
Monthly Dividend¹
and interest
(if any)

+

Policy Value
Management
Balance
(if any)

-

Indebtedness¹⁰

The Policy will be terminated once the Special Medical Token has been claimed and paid. For the definition of Critical Illness, please refer to the policy provisions of Special Medical Token.

§ The rate indicated for Healthcare Booster is an annual rate. Healthcare Booster is payable on a monthly basis at 0.125% of the Policy Amount[§], subject to rounding adjustments. Payments cannot be made on an annual basis.

® TheLife Insured must have survived for at least 14 days following the diagnosis.


* Total Basic Plan Premium Paid⁴ means the total amount of premiums for the Basic Plan paid by you and received by us, together with the premiums due for the Basic Plan that is not actually paid as of the date of death of the Life Insured, or the date this Policy terminates pursuant to the terms of any Supplementary Benefits, whichever is the earliest. The balance of the aggregate premium together with interests accumulated by the aggregate premium Policy will not be counted towards the Total Basic Plan Premium Paid⁴ unless such part of the balance of aggregate premium is actually due on that date.




Navigate future uncertainty with confidence

Death Benefit settlement flexibility


Subject to the Company's prevailing rules and conditions and the terms of the Policy, the Plan offers 4 Death Benefit Settlement Options, giving you the flexibility to decide how best to support your loved ones financially after the Life Insured's passing. The Death Benefit will be paid to beneficiary(ies) according to the settlement option you select. You may choose from the following 4 options, where under some options the death benefit will be fully or partially paid in annual instalments and allowing beneficiary(ies) to receive financial support gradually:




1. A lump sum payment; or




2. Annual instalments paid over 10, 20 or 30 years; or



3. First payment in a lump sum, followed by annual instalments over the tenor (2 to 30 years) chosen by you, or


Before designated age


At designated age

4. Annual instalments until the designated age of the designated beneficiary as specified by you, followed by a lump sum payment of the balance.



Incapacity Protection Service

You can designate an immediate family member as your Incapacity Protection Service recipient, subject to the terms of the Policy and the Company’s prevailing rules and regulations.

The **designated immediate family member can make a one-time partial withdrawal (10% to 50% of the Aggregate Cash Value) from the Policy on your behalf** in the event that you are diagnosed by a Registered Medical Practitioner, as a result of one of the following medical conditions:

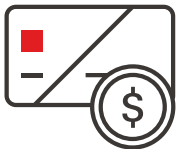


Apallic syndrome	Major head trauma
Coma	Mental incapacity
Loss of independent existence	Paralysis

This allows the designated immediate family member to provide you with immediate financial support, for example, for unexpected medical or long-term care expenses, while the Policy continues to safeguard your future.

For more details, please refer to the Incapacity Protection Service flyer and its policy provisions.

Unemployment Benefit



If the Policyholder has become unemployed for at least 30 consecutive days before the Age² of 65, the Grace Period for payment of the premiums will be extended up to 365 days, during which the Life Insured will still enjoy the Policy’s full protection.

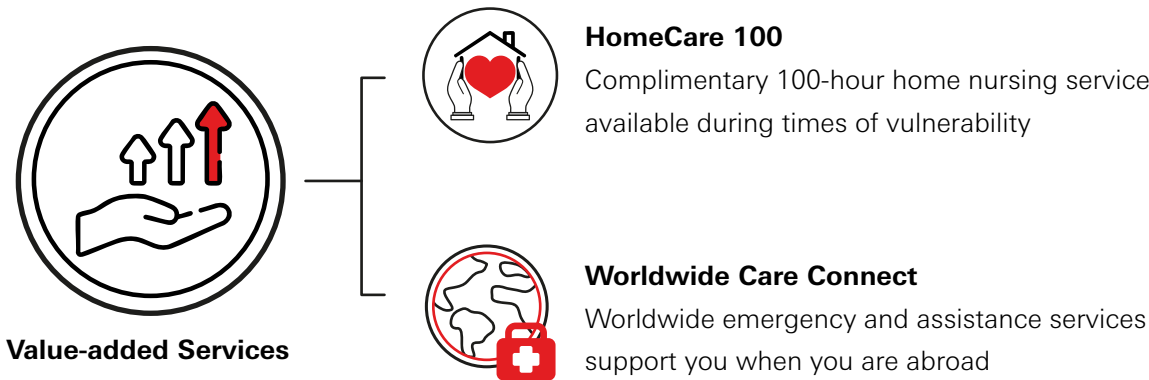
Additional Accidental Death Benefit



In the unfortunate event that the death of the Life Insured results from an accident before the end of the policy term or the Age² of 80 (whichever is earlier), an **additional 30% of the Total Basic Plan Premium Paid⁴** will be paid to the beneficiary(ies) in addition to the Death Benefit payable under the Policy, subject to a maximum benefit limit of USD3,000,000 or its equivalent per Life Insured across all applicable policies issued by HSBC Life.

Designed for your ultimate peace of mind with our Value-added Services

As you embrace your retirement or semi-retirement life, we recognise the unique needs that arise during this journey. Our Value-added Services—HomeCare 100 and Worldwide Care Connect—are designed to provide the support and reassurance you need.



Strength and support during vulnerable times



HomeCare 100 (provided by Quality HealthCare Nursing Agency (“QHNA”) under Quality HealthCare Medical Services Limited)



100 hours of complimentary home nursing service provided by healthcare assistant will be activated at **no extra cost**, after the waiting period as specified in the terms and conditions of the Value-added Services leaflet, if the Life Insured is diagnosed with any of the 3 Critical Illnesses*: cancer, stroke, or heart attack. This support aims to assist in your rehabilitation journey. An option to upgrade to Professional Care Service for a preferential top-up fee at your own costs will also be available, subject to QHNA's assessment and recommendation.

* Critical Illness does not include any Pre-existing Condition from which the Life Insured was suffering prior to the issue date, the policy date or the effective date of reinstatement, or the effective date of change of Life Insured whichever is the latest. The Life Insured must have survived for at least 14 days following the diagnosis. An activation must be made within 90 days of the Life Insured becoming aware that he/she is suffering from the designated Critical Illness.





Addressing your needs wherever you are

Worldwide Care Connect (provided by Europ Assistance Hong Kong Limited)



Access 24/7 emergency support and assistance service as detailed below when the Life Insured is staying abroad for not more than 180 consecutive days after cooling off period of the policy.

Emergency support

- Medical evacuation and/or repatriation after treatment
- Return of unattended dependent children
- Compassionate visit
- Compassionate return
- Repatriation of mortal remains

Assistance service

- Medical service provider referral
- Making doctors’ appointments and getting medical advice
- Dispatching medication and equipment
- Legal service referral and coverage



24-hour Worldwide Care Connect Hotline: +852 3128 0135

Please refer to our Value-added Services leaflet for more information and their own terms and conditions.

HomeCare 100 and Worldwide Care Connect (collectively the "Services") are provided by independent third party service providers ("Service Providers"). HSBC Life is not the Service Provider, or its agent. HSBC Life makes no representation, warranty or undertaking as to the availability and quality of the Services, and shall not be responsible or liable for the Services provided by the Service Provider. Under no circumstances shall HSBC Life be responsible or liable for any act, omission or negligence in provision of the Services by the Service Provider. The general information provided for the Services is for reference only and shall not be considered as a medical treatment, diagnosis or recommendation. If you have any questions or enquiries, please seek advice from a registered medical practitioner. The Services are subject to change from time to time at HSBC Life's sole discretion. HSBC Life reserves the right to amend, suspend or terminate any of the Services, including the Service Provider and any details or terms and conditions relating thereto, at any time without prior notice at its absolute discretion. In the event of dispute, HSBC Life reserves the right of final decision. For HomeCare 100, if you choose to upgrade to Professional Care Service, you will need to settle the preferential top-up fee directly with the Service Provider. For details, please contact the Service Provider.

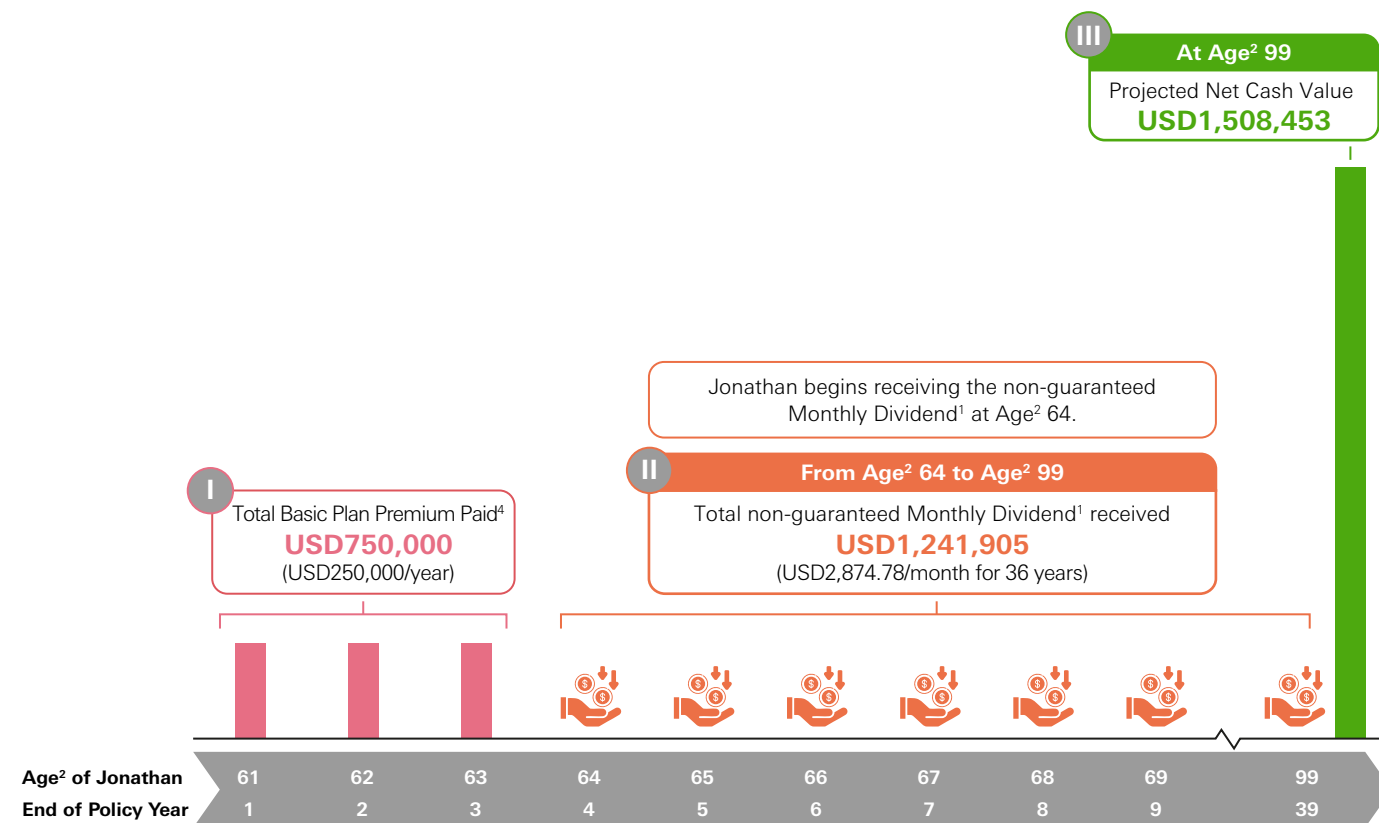
Case story 1

Potential sustainable wealth stream with healthcare benefits



Jonathan, Age² 60, is married and aims to secure a long-lasting stream of wealth alongside his retirement reserve for both himself and his wife, while ensuring additional health protection coverage.

Scenario 1: Jonathan takes out his non-guaranteed Monthly Dividend¹ and stays healthy



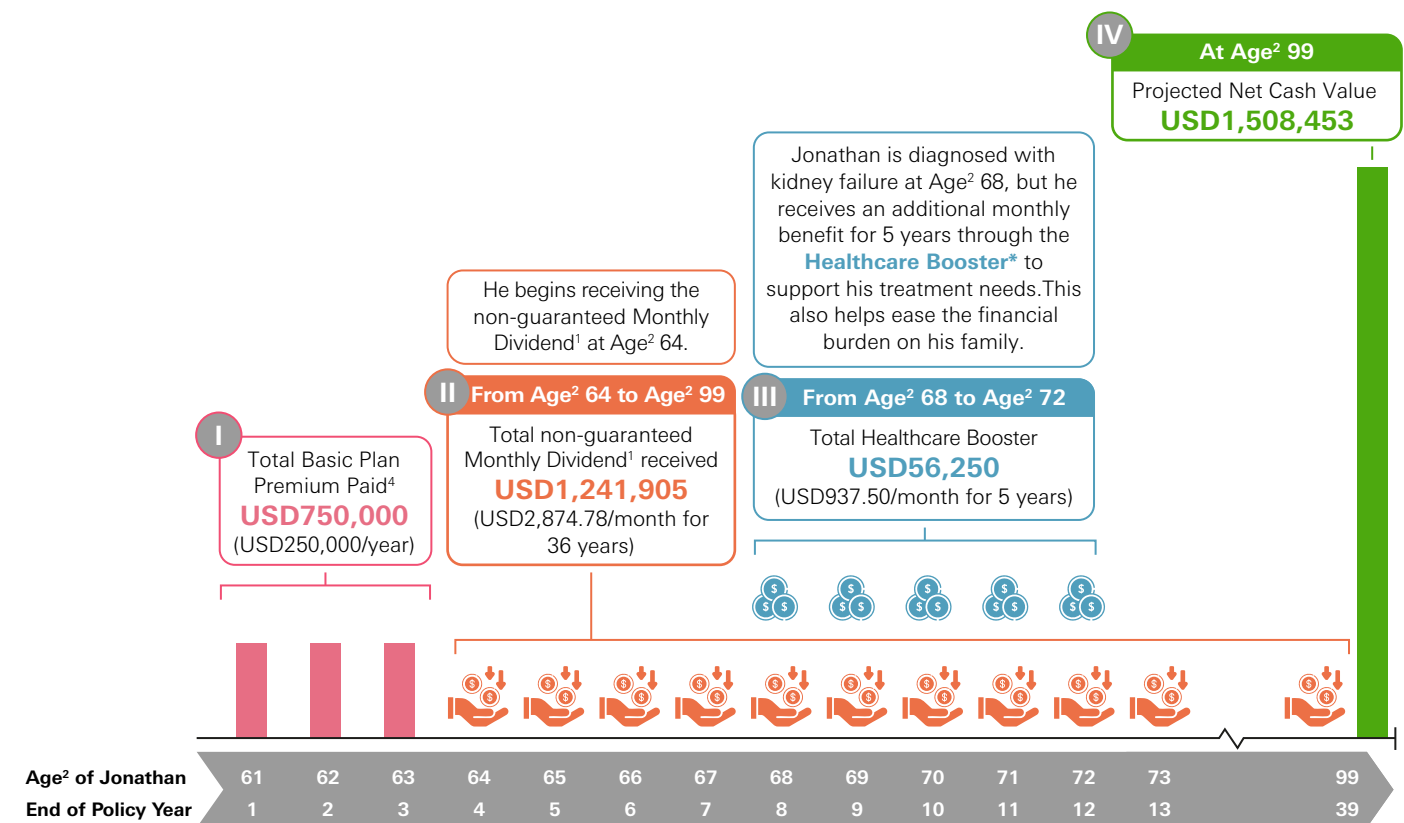
Non-guaranteed Monthly Dividend¹

$$\text{Total non-guaranteed Monthly Dividend¹ received (II)} + \text{Projected Net Cash Value (III)} = \text{Total USD2,750,358 (at Age² 99) of Total Basic Plan Premium Paid⁴ (I)}$$

Remarks: The figures and charts shown in the above case story are subject to rounding adjustment.

Policyholder and Life Insured	Jonathan (Age ² 60)	Premium payment period	3 years
Annual premium	USD250,000	Total Basic Plan Premium Paid ⁴	USD750,000
Non-guaranteed Monthly Dividend ¹ payment	Dividend Payout		
Non-guaranteed Monthly Dividend ¹ payment start date	Starting from Policy Year 4 (37 th Monthiversary)		
Projected non-guaranteed Monthly Dividend ¹ payout rate on an annual basis	4.6% of Policy Amount ⁵		
Non-guaranteed Monthly Dividend ¹	USD2,874.78		

Scenario 2: Jonathan takes out his non-guaranteed Monthly Dividend¹ and diagnosed with kidney failure at Age² 68



Non-guaranteed Monthly Dividend¹

Healthcare Booster

$$\text{Total non-guaranteed Monthly Dividend¹ received (II)} + \text{Total additional monthly benefit received through Healthcare Booster (III)} + \text{Projected Net Cash Value (IV)} = \text{Total USD2,806,608 (at Age² 99) of Total Basic Plan Premium Paid⁴ (I)}$$

Case story 2

Wealth accumulation for future generations



Jason, Age² 45, a businessman. Alongside his wife, they are dedicated to raising their 5-year-old² son, Samuel. He looks for a solution that can provide long-term wealth growth potential, with a flexibility to pass on the lifelong income stream to uphold his son’s living standard.



Aggregate payout of non-guaranteed Monthly Dividend^{1^}^



Accumulated non-guaranteed Monthly Dividend¹ and interest (if any)

Policyholder & Life Insured

1st generation



Jason (Age² 45)

- Jason purchases the Plan at Age² 45, paying an annual premium of USD333,333 with a premium payment period of 3 years.
- At the end of Policy Year 16, Jason, Age² 61, has been accumulating the non-guaranteed Monthly Dividend¹ with interest since the beginning of the Policy Year to support his son’s future needs, ensuring greater financial security for him.
- At the end of Policy Year 35, Jason, Age² 80, changes the Policyholder and Life Insured of the Policy to his son, Samuel, Age² 40.

End of Policy Year

Policy issue

16



35



75



97

Non-guaranteed Monthly Dividend¹ amount

I Accumulated amount

II Aggregate payout of non-guaranteed Monthly Dividend^{1^}^

III Guaranteed Cash Value

IV Special Bouns³

I + II + III + IV / Total Basic Plan Premium Paid⁴



Accumulated non-guaranteed Monthly Dividend¹ and interest:
USD2,554,476
(from the beginning of Policy Year 16 to the end of Policy Year 35)

USD1,090,701

USD1,632,016

Total USD5,277,194

5.2 times of Total Basic Plan Premium Paid⁴

2nd generation



Samuel (Age² 40)

- Samuel continues to accumulate Jason’s non-guaranteed Monthly Dividend¹ and interest.
- He also selects Dividend Payout for the non-guaranteed Monthly Dividend¹ Payment to support his daughter, Zoe, Age² 15, in pursuing her education abroad.
- Given that Jason has not claimed any Supplementary Benefits or Value-added Services, the entitlement of the Value-added Services will be transferred on to Samuel.
- At the end of Policy Year 75, Samuel, Age² 80, changes the Policyholder and Life Insured of the Policy to his daughter, Zoe, Age² 55.

3rd generation



Zoe (Age² 55)

- Zoe withdraws the accumulated non-guaranteed Monthly Dividend¹ and interest, which has been building up since the 1st generation, to purchase her dream home.
- She selects Dividend Payout for the non-guaranteed Monthly Dividend¹ Payment and uses it for recovery treatments for her dad, Samuel, who has suffered a stroke.
- She can pass on this Plan to future generations as a cherished family legacy.



Accumulated non-guaranteed Monthly Dividend¹ and interest:
USD13,500,332
(since the 1st generation to the end of Policy Year 75)



Aggregate payout of non-guaranteed Monthly Dividend¹:
USD3,279,873
(since the first monthiversary after the Change of Policyholder and Life Insured at the end of Policy Year 35 to the end of Policy Year 75)

USD1,279,543

USD11,084,111

Total USD29,143,859

29.1 times of Total Basic Plan Premium Paid⁴



Withdrawal of accumulated non-guaranteed Monthly Dividend¹ and interest:
USD13,500,332



Aggregate payout of non-guaranteed Monthly Dividend¹:
USD1,803,930
(since the first monthiversary after the Change of Policyholder and Life Insured at the end of Policy Year 75 to the end of Policy Year 97)

USD1,396,994

USD36,858,369

Total USD53,559,625

53.5 times of Total Basic Plan Premium Paid⁴

Remarks:
- The Monthly Dividend¹ payment under this plan is projected with the current assumed investment return in the insurance proposal and is non-guaranteed. The actual amount payable may change from time to time that the non-guaranteed Monthly Dividend¹ payment may be higher or lower than those illustrated in the insurance proposal. Under certain circumstances, the non-guaranteed Monthly Dividend¹ may be zero (i.e. you may receive zero dividend payment in a month).

- For the scenarios of accumulating non-guaranteed Monthly Dividend¹ and interest, you can leave the projected non-guaranteed Monthly Dividend¹ with the Company for interest accumulation at an interest rate which is not guaranteed. The assumed interest rate used by the Company for interest accumulation is 4.25% p.a. for USD. The actual interest rate may change from time to time at the Company’s discretion.
- The figures and charts shown in the above case story are subject to rounding adjustment.
^ Aggregate non-guaranteed Monthly Dividend¹ Payout indicates the total amount of non-guaranteed Monthly Dividend¹ pays to Policyholder over the period of time without any interest. This should not be read in a way equivalent to total policy value upon policy termination.

Case story 3

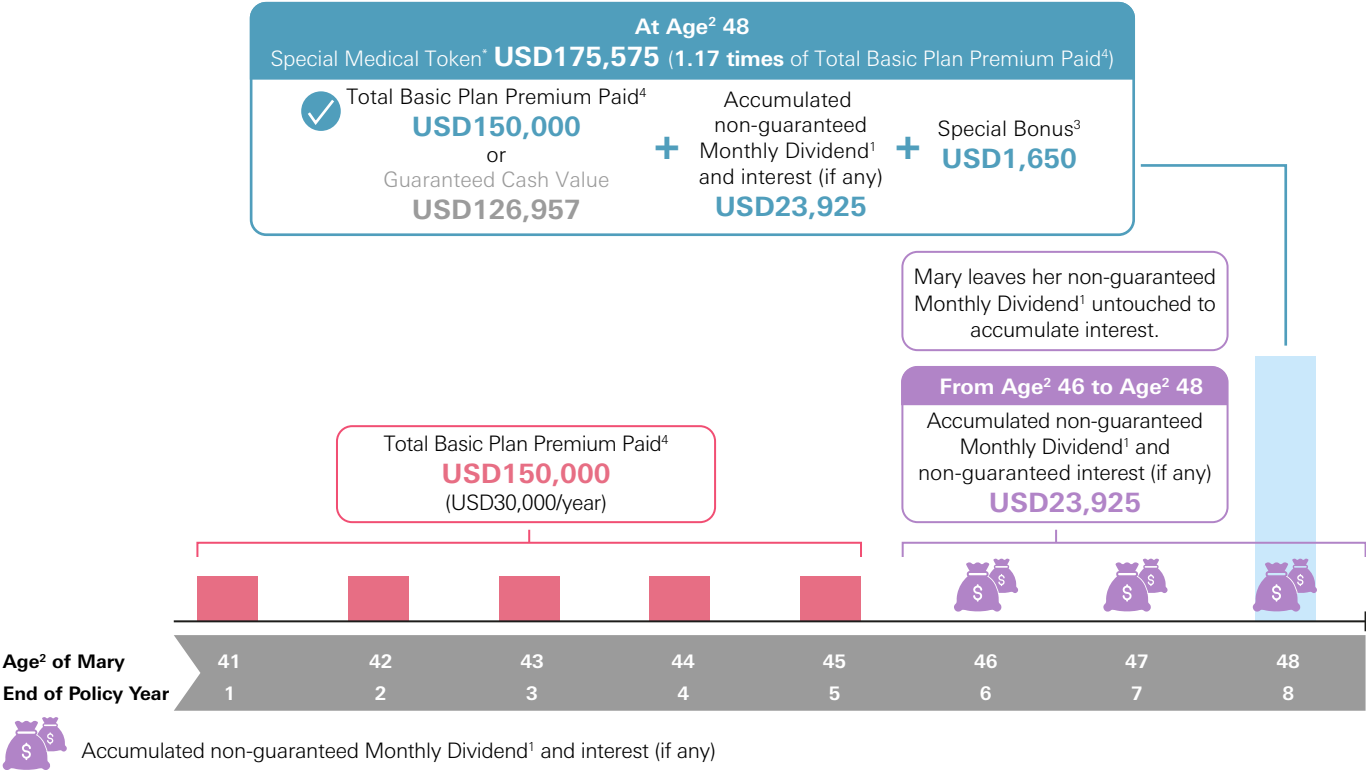
Financial flexibility for unexpected challenges



Mary, a 40-year-old² mass affluent individual, seeks to build a retirement reserve for supporting her desired micro-retirement life in future while enjoying the peace of mind that comes with the ability to access her premiums for unexpected cash flow needs.

Policyholder and Life Insured	Mary (Age ² 40)	Premium payment period	5 years
Annual premium	USD30,000	Total Basic Plan Premium Paid ⁴	USD150,000
Non-guaranteed Monthly Dividend ¹ payment Accumulate non-guaranteed Monthly Dividend ¹ with interest			
Non-guaranteed Monthly Dividend ¹ payment start date Starting from Policy Year 6 (61 st Monthiversary)			
Projected non-guaranteed Monthly Dividend ¹ payout rate on an annual basis 5% of Policy Amount ⁵			
Non-guaranteed Monthly Dividend ¹		USD625.05	

Mary, Age² 48, is diagnosed with cancer. She exercises the **Special Medical Token** to support her medical needs and utilises the **HomeCare 100** for home nursing during her recovery. Once the Special Medical Token has been paid, the Policy will be terminated[^].



Remarks:

[^] In the event that a Policyholder claims Special Medical Token during the 5-year Healthcare Booster payment period, the Policy will be terminated upon payment of Special Medical Token and no remaining Healthcare Booster payment will be fulfilled.

^{*} The Company will pay you an amount of Special Medical Token equal to the higher of Total Basic Plan Premium Paid⁴ and Guaranteed Cash Value, plus Special Bonus³ (if any), accumulated non-guaranteed Monthly Dividend¹ and interest (if any) and Policy Value Management Balance (if any) less any Indebtedness¹⁰ at the date the claim is processed. In this case story, the Total Basic Plan Premium Paid⁴ is USD150,000, which is higher than the Guaranteed Cash Value at the end of Policy Year 8 is USD126,957, so the Total Basic Plan Premium Paid⁴ would be paid.

- The figures and charts shown in the above case story are subject to rounding adjustment.

Case stories

Remarks for all of the above case stories:

- The figures and charts shown in all of the above case stories are based on the listed assumptions and are subject to rounding adjustment.
- Past, current, projected and/or potential benefits and/or returns (e.g. dividends, bonuses and interest) presented are not guaranteed and are for illustrative purpose only. The actual future amounts of benefits and/or returns may be higher or lower than the currently quoted benefits and/or returns. They are for illustrative purpose only and do not represent the actual payments and the actual scenario. You should refer to your insurance proposal for illustrated figure and details.

Assumptions for all of the above case stories:

- i. All case stories above are hypothetical and for illustrative purposes only.
- ii. All premiums have been paid in full.
- iii. The projected Net Cash Value, which includes the withdrawal amount (if any), is calculated using the assumed investment returns and is for illustrative purposes only. The actual amount(s) payable may be higher and lower than those illustrated.
- iv. The non-guaranteed Monthly Dividend¹ payout rate is determined under current assumed investment return and is non-guaranteed. The actual amount payable may change from time to time that the non-guaranteed Monthly Dividend¹ might be higher or lower that those illustrated in the benefit illustration. Under circumstances, the non-guaranteed Monthly Dividend¹ might become zero.
- v. For the scenarios of accumulating non-guaranteed Monthly Dividend¹ and interest (if any), you can leave the projected non-guaranteed Monthly Dividend¹ with the Company for interest accumulation at an interest rate which is not guaranteed. The assumed interest rate used for HSBC Bright Income for interest accumulation is 4.25% p.a. for USD. The actual interest rate may change from time to time at the Company's discretion.
- vi. The Special Bonus³ scale and investment returns are based on current bonus projection and therefore are not guaranteed. The actual amount of the Special Bonus³ is not guaranteed and is declared at the Company's discretion.
- vii. No Policy Loan has been taken out while the Policy is in force.
- viii. No Incapacity Protection Service has been exercised.
- ix. The underwriting conditions applicable to the changing of Life Insured in a real-life situation would depend on individual circumstances, to be assessed on a case-by-case basis.

Product summary

Premium payment period/ Policy term/ Issue Age²

Option	Premium payment period	Non-guaranteed Monthly Dividend ¹ payment start date	Policy term	Issue Age ²
1	3 years	Starting from Policy Year 4 (37 th Monthiversary)	To Age ² 99	15 days - Age ² 75
2		Starting from Policy Year 11 (121 st Monthiversary)		15 days - Age ² 70
3		Starting from Policy Year 16 (181 st Monthiversary)		15 days - Age ² 65
4	5 years	Starting from Policy Year 6 (61 st Monthiversary)		15 days - Age ² 70
5		Starting from Policy Year 11 (121 st Monthiversary)		15 days - Age ² 70
6		Starting from Policy Year 16 (181 st Monthiversary)		15 days - Age ² 65

The non-guaranteed Monthly Dividend¹ payment start date option is designated by you during application. Please note that this is a one-time decision. Once you have made your selection, and once the Policy is issued, it cannot be changed in the future.

Policy currency USD / HKD

Premium payment method

Aggregate premium, monthly or annually, through:

- Bank transfer; or
- Cheque/cashier order/demand draft (only for initial premium but not for subsequent premium payments); or
- Credit card

Notes:

- For the aggregate premium option, no withdrawal from the balance of the aggregate premium together with interests accumulated is allowed once paid except in the event of death or surrender.
- If you choose to pay your premiums monthly for a Policy Year, the Total Basic Plan Premium Paid⁴ for that Policy Year will be higher than if you pay annually.
- Aggregate premium only applies to 3-year premium payment period.

Minimum premium amount⁵ (per Policy)

- The minimum Policy Amount⁵ is set as USD25,000 / HKD200,000, i.e. the minimum amount for the basic plan.
- Minimum premium required per Policy of different premium payment periods and payment modes:

Premium payment period	Payment mode			
	Annual premium		Monthly premium	
	USD	HKD	USD	HKD
3 years	8,333	66,666	729	5,833
5 years	5,000	40,000	437	3,500

Remarks: The amount of total premium(s) as shown in this illustration may slightly differ from the total of the premiums payable in the Policy due to rounding differences.

Guaranteed Cash Value

Guaranteed Cash Value refers to the cash value of your Policy that accumulates over time during the policy term. It is calculated based on the Policy Amount⁵ at the relevant time.

Product summary

Net Cash Value

At any time, the amount equal to Guaranteed Cash Value plus Special Bonus³ (if any) and accumulated non-guaranteed Monthly Dividend¹ and interest (if any), less any Indebtedness¹⁰.

Monthly Dividend¹

The amount of Monthly Dividend¹ is non-guaranteed and will be determined by us on each Monthiversary at our absolute discretion from time to time without notice. If any Indebtedness¹⁰ exists at the time when the non-guaranteed Monthly Dividend¹ is paid, the non-guaranteed Monthly Dividend¹ will first be applied to offset such Indebtedness¹⁰.

Non-guaranteed Monthly Dividend¹ will be payable starting from the designated Monthiversary of the Policy Year as per your selected option during the application of the Policy. The payout will be payable until the Policy reaches maturity (Age² 99).

Premium payment period	Non-guaranteed Monthly Dividend ¹ payment start date	Projected non-guaranteed Monthly Dividend ¹ payout % on an annual basis	
		USD	HKD
3 years	Starting from Policy Year 4 (37 th Monthiversary)	4.6% of Policy Amount ⁵	3.8% of Policy Amount ⁵
	Starting from Policy Year 11 (121 st Monthiversary)	6.5% of Policy Amount ⁵	5.5% of Policy Amount ⁵
	Starting from Policy Year 16 (181 st Monthiversary)	8.2% of Policy Amount ⁵	7.2% of Policy Amount ⁵
5 years	Starting from Policy Year 6 (61 st Monthiversary)	5.0% of Policy Amount ⁵	4.0% of Policy Amount ⁵
	Starting from Policy Year 11 (121 st Monthiversary)	6.3% of Policy Amount ⁵	5.3% of Policy Amount ⁵
	Starting from Policy Year 16 (181 st Monthiversary)	7.9% of Policy Amount ⁵	6.9% of Policy Amount ⁵

If the Policy Amount⁵ is reduced in the event of partial surrender / Incapacity Protection Service / Policy Value Management Option is exercised, or if there is any Indebtedness¹⁰ on the Policy, the payable non-guaranteed Monthly Dividend¹ will be reduced proportionally.

Monthly Dividend¹ Payment

You may select one of the following options to receive your non-guaranteed Monthly Dividend¹:

Option 1: Dividend payout (default option)

The non-guaranteed Monthly Dividend¹ will be payable on a monthly basis in accordance with our payment procedures.

Option 2: Accumulation with interest

You can choose to accumulate the non-guaranteed Monthly Dividend¹ at such interest rate as we declare at our discretion from time to time. You may withdraw the accumulated non-guaranteed Monthly Dividend¹ and interest (if any) from the Policy in accordance with our payment procedures.

The default option, dividend payout, will be applied to the non-guaranteed Monthly Dividend¹ until “Accumulation with interest” is requested in writing in a form as prescribed by us and such newly selected option shall be effective only if accepted and recorded by us.

Product summary

Special Bonus³

The Special Bonus³ (if any) is non-guaranteed. It will be declared at the Company’s absolute discretion. The amount of any potential Special Bonus³ will be determined by the Company when it becomes payable.

The Special Bonus³ (if any) shall be paid when you fully or partially surrender or terminate the Policy, when it matures or lapses, in the event of the death of the Life Insured or upon payout as Incapacity Protection Service, or if this Policy terminates pursuant to the terms of any Supplementary Benefit. Upon exercising the Policy Value Management Option, a portion of the Guaranteed Cash Value plus Special Bonus³ (if any) and accumulated non-guaranteed Monthly Dividend¹ and interest (if any) will be allocated to the Policy Value Management Balance to accumulate with non-guaranteed interest.

The Company will update you the amount of the Special Bonus³ (if any) of each Policy Anniversary on the respective annual statement. Such amounts as shown on the annual statement(s) may be lower or higher than those illustrated on the earlier annual statement(s) issued. Under certain circumstances, the non-guaranteed benefits may be zero. Please refer to the section “Key risks – Non-guaranteed benefit” for the details of key risk factors.

Surrender benefit

Surrender benefit is the amount you will receive if you terminate your Policy or a portion thereof during the policy term. It is equivalent to:

- Guaranteed Cash Value;
- Plus Special Bonus³ (if any);
- Plus Policy Value Management Balance (if any);
- Plus accumulated non-guaranteed Monthly Dividend¹ and interest (if any);
- Less Indebtedness¹⁰ (if any)

In addition, if aggregate premium option is chosen, you will receive:

- The balance of aggregate premium together with interests accumulated after deduction of Surrender Charge as determined by us from time to time;

For the details of the Surrender Charge, please refer to policy provisions.

Partial surrender

You may request to partially surrender this Policy in lump sum by reducing the Policy Amount⁵.

To apply for it, you have to submit a written request in a form prescribed by the Company. If the request is approved by the Company, the Net Cash Value attributable to the reduced portion of the Policy Amount⁵, if any, will be payable to the Policyholder.

Upon the reduction of Policy Amount⁵, the Total Basic Plan Premium Paid⁴ under this Policy will be adjusted and reduced proportionally. Consequential adjustments will be made in the calculations of Guaranteed Cash Value, Special Bonus³ (if any), non-guaranteed Monthly Dividend¹ (if any), accumulated non-guaranteed Monthly Dividend¹ and interest (if any) , Death Benefit and the Protection Amount of Supplementary Benefits (if any) in accordance with the terms of this Policy. A Policy Endorsement with the revised Policy Schedule will be issued to the Policyholder upon the reduction of Policy Amount⁵ has taken effect.

Product summary

Among other requirements as stated in the policy provisions, a minimum Policy Amount⁵ of USD12,500 / HKD100,000 must be maintained after each withdrawal. The minimum Policy Amount⁵ requirement may subject to change at the Company’s discretion from time to time.

Surrender

You may surrender the Policy at any time for its Aggregate Cash Value as at the date such request is processed, by filing a written request with us in a form prescribed by the Company (subject to the terms of the Policy and the Company's requirement). Upon full surrender, the Company’s liability under this Policy shall be fully discharged.

Policy Value Management Option

After the Policy has been in force for 20 policy years or longer and if there is no Indebtedness¹⁰ outstanding and all premiums have been paid when due, you may apply to exercise this option to lock-in a portion of the Plan’s Net Cash Value. The amount you choose to lock-in is guaranteed upon exercising the Policy Value Management Option and will be allocated to the Policy Value Management Balance to accumulate with a non-guaranteed interest rate, which will be adjusted from time to time as determined by the Company.

To apply for this option, you need to submit a written request in a form prescribed by the Company.

The exercise of this option is subject to the following 2 minimum amount requirements which shall be determined by the Company and adjusted from time to time without prior notice to Policyholders:

- (i) The Net Cash Value to be allocated per transaction; and
- (ii) The remaining Policy Amount⁵ after the exercise of this option (a minimum of USD12,500 / HKD100,000). Such minimum amount requirements are determined by the Company from time to time without prior notice to Policyholder.

Upon exercising this option, the Policy Amount⁵ and Total Basic Plan Premium Paid⁴ under the Policy will be adjusted and reduced proportionally and consequential adjustments will be made in the calculations of Guaranteed Cash Value, Special Bonus³ (if any), non-guaranteed Monthly Dividend¹ (if any), accumulated non-guaranteed Monthly Dividend¹ and interest (if any) and Death Benefit. If the request is approved by the Company, a Policy Endorsement with the revised Policy Schedule will be issued to the Policyholder. Cancellation, termination or reversal will not be allowed after this option is exercised. No Policy Value Management Option can be withdrawn, reversed or changed once this option is exercised.

Should you have any queries on the non-guaranteed interest rate, please contact your Relationship Manager for more details.

Product summary

Policy Value Management Balance	<p>The amount of the accumulation of the proceeds from exercising the Policy Value Management Option which is allocated to the Policy to accumulate at such non-guaranteed interest rate(s) that are determined at the Company’s discretion from time to time, and less any previously withdrawn amounts. Such Policy Value Management Balance if any, can be withdrawn in cash by the Policyholder at any time before the Policy matures by submitting to us a written request in a form prescribed by the Company.</p>
Aggregate Cash Value	<p>An amount equal to Net Cash Value plus Policy Value Management Balance, if any.</p>
Death Benefit	<p>At the date of death of the Life Insured, the higher of (i) Total Basic Plan Premium Paid⁴ plus an amount of USD2,500 / HKD20,000 and (ii) Guaranteed Cash Value; and</p> <ul style="list-style-type: none">• Special Bonus³ (if any);• Accumulated non-guaranteed Monthly Dividend¹ and interest (if any);• Policy Value Management Balance (if any);• <u>Less</u> Indebtedness¹⁰ (if any); <p>If your Policy is paid by aggregate premium, the Death Benefit includes the balance of the aggregate premium and any interests accumulated to the balance of aggregate premium.</p>
Death Benefit Settlement Option	<p>Subject to the Company’s prevailing rules and conditions and any applicable laws, the Policyholder can choose one of the Death Benefit Settlement Options at the time of application or make the request after policy issuance. After the Life Insured passes away, the selected settlement option cannot be changed. Subject to the terms of the Policy, the beneficiary(ies) will receive the Death Benefit:</p> <p>Option 1: In a lump sum payment; or</p> <ul style="list-style-type: none">• Death Benefit will be paid in this option if the Policyholder does not select any settlement option. <p>Option 2: By annual instalments; or</p> <ul style="list-style-type: none">• Annual instalments will be paid to the beneficiary(ies) over the selected tenor: 10, 20 or 30 years. <p>Option 3: First payment in a lump sum followed by annual instalments; or</p> <ul style="list-style-type: none">• A designated percentage of the Death Benefit will be paid to the beneficiary as the first lump sum payment, with the remaining balance of Death Benefit to be paid annually one year after the lump sum payment. The annual instalments will continue over a period of 2 to 30 years, based on your selection.

Product summary

Option 4: Annual instalments until the designated age of the designated beneficiary followed by a lump sum payment of the remaining balance

- The annual instalments will be paid until one year before beneficiary reaches designated age and in an amount you specify. Thereafter, the remaining balance of the Death Benefit will be paid out as lump sum at the designated age.
- When you specify the annual instalment amount, you should take into consideration the projected total Death Benefit and your selected tenor. If the entire amount of the Death Benefit is paid out during the instalment tenor, there will not be any remaining amount of Death Benefit to be payable in a lump sum payment at the beneficiary's designated age.

Important notes for options 2, 3 and 4:

- Applicable to policies without any assignment.
- Remaining amount of Death Benefit, after the initial payment, will be left in the Company to accumulate at the non-guaranteed interest rate as determined by us, until the full amount of benefit has been paid to the beneficiary(ies).
- If no beneficiary(ies) has been designated by the Policyholder under the Policy, these options cannot be chosen.
- If the beneficiary(ies) passes away while he/she is receiving the Death Benefit in annual instalments, the remaining amount of the Death Benefit (or, if there is more than one beneficiary, the portion of the remaining amount of the Death Benefit attributable to that beneficiary) as at the beneficiary's death will be paid in a lump sum to the estate of the beneficiary(ies).

Important note for options 3 and 4:

- Option 3 and 4 are available only to the Policy with single beneficiary. If the beneficiary passes away before the Life Insured, the Death Benefit will be paid solely to the Policyholder or Policyholder's estate upon the death of the Life Insured.

Please refer to the policy provisions for the detailed terms and conditions applicable to the Death Benefit Settlement Option.

Should you have any queries on the non-guaranteed interest rate or Death Benefit Settlement Option, please contact your Relationship Manager for more details.

Maturity benefit

Guaranteed Cash Value plus a Special Bonus³ (if any)

- Plus Policy Value Management Balance (if any);
- Plus accumulated non-guaranteed Monthly Dividend¹ and interest (if any);
- Less Indebtedness¹⁰(if any).

will be paid when the Life Insured reaches the Age² of 99.

Product summary

Change of Life Insured	<p>You are entitled to the Change of Life Insured of your Policy for unlimited times after the first Policy Anniversary or after the end of the premium payment period provided all premiums are fully paid when due, whichever is later. Change of Life Insured is subject to evidence of insurability and our approval which is based on the underwriting conditions of the Life Insured. Any such request will be assessed on case-by-case basis and is at our discretion, with consideration of multiple factors, including but not limited to the change in underlying claim risk, change in policy term, latest economic outlook; and is at our discretion.</p> <p>Any Change of Life Insured may trigger consequential adjustments in the Policy Amount⁵, Guaranteed Cash Value, Special Bonus³ (if any), non-guaranteed Monthly Dividend¹ (if any), accumulated non-guaranteed Monthly Dividend¹ and interest (if any), Death Benefit and the Protection Amount of Supplementary Benefits (if any) at our discretion.</p> <p>The maturity date of the Policy will also be reset to Age² 99 of the new Life Insured. A new incontestability period will also apply.</p> <p>Any such request will be assessed on case-by-case basis and is at our discretion, with consideration of multiple factors, including but not limited to the change in underlying claim risk, change in policy term, latest economic outlook.</p>
Contingent Policyholder	<p>Subject to the terms of the Policy, Policyholder can designate a contingent Policyholder at any time for his/her Policy. The option of contingent Policyholder is only available for the Policy without any assignment.</p> <p>If a contingent Policyholder becomes the new Policyholder, he/she shall assume all the obligations and be entitled to exercise all the rights belonging to the Policyholder, under specified conditions and subject to the terms of the Policy.</p> <p>Please refer to the policy provisions of the contingent Policyholder for detailed terms and conditions as well as exclusions.</p>
Supplementary Benefits (no additional premiums required)	<p>Unemployment Benefit</p> <ul style="list-style-type: none">Unemployment Benefit is applicable to Policyholders Age² between 19 and 64 who is the holder of the Hong Kong Identity Card. The benefit will terminate when the Policyholder attains the Age² of 65 or all due premiums have been paid or the Policy is terminated (whichever is earlier). Such benefit is not applicable to aggregate premium policy. Please refer to the policy provisions of the supplementary benefits for detailed terms and conditions and exclusions.

Product summary

Additional Accidental Death Benefit

- Additional Accidental Death Benefit will be terminated when the Life Insured attains the Age² of 80 or payout of the benefit or the Policy is terminated (whichever is earlier) subject to a maximum benefit limit of USD3,000,000 or its equivalent per Life Insured across all Additional Accidental Death Benefit issued by us. Your Policy will be terminated once we pay this benefit. Please refer to the policy provisions of the supplementary benefits for detailed terms and conditions and exclusions.

Incapacity Protection Service

- While this Policy is in force, you may designate one person to be the designated person of the Incapacity Protection Service and may specify the designated percentage of Aggregate Cash Value that the designated person could withdraw, by submitting a written request to us in a form as prescribed by us and subject to our prevailing rules and the following conditions and without any policy administrative charges:
 - The proposed designated person must be Aged² 19 or above at the time of designation;
 - Satisfactory evidence, including but not limited to relationship proof and identification documents of the proposed designated person according to our prevailing administrative rules;
 - The irrevocable beneficiary(ies) (if any) must agree in writing to your request; and
 - The Company shall have the absolute right and discretion to: (i) determine whether to accept your request and (ii) impose any requirements and conditions (as Company deems appropriate).

For details, please refer to the Incapacity Protection Service flyer and policy provisions of Incapacity Protection Service.

Please refer to the detailed terms and conditions and policy provisions.

Supplementary Benefit – SilverGuard Protection (no additional premiums required)

Healthcare Booster

- If the Life Insured is diagnosed with any Designated Illness (Kidney Failure, Loss of Limb, Parkinson’s Disease, Severe Dementia or Stroke) by a Registered Medical Practitioner after the Waiting Period⁸, and the Life Insured has survived for no less than 14 days following the diagnosis of Designated Illness, Healthcare Booster will be payable on each Monthiversary for five years during the lifetime of the Life Insured upon the claim being approved by us.
- The Healthcare Booster will be payable on a monthly basis on each Monthiversary and is computed as 1.5% divided by 12 of the Policy Amount⁵, subject to the rounding adjustment. The payment of Healthcare Booster under this Supplementary Benefit is an additional benefit under the Basic Plan, and is subject to a maximum monthly benefit limit of USD4,000 or HKD32,000. For the avoidance of doubt, this maximum benefit limit applies collectively to all policies underwritten by us that include the Healthcare Booster insuring the same Life Insured.

Product summary

- Designated Illness does not include any Pre-existing Condition⁶ from which the Life Insured was suffering prior to the Issue Date, the Policy Date or the effective date of reinstatement, or the effective date of Change of Life Insured whichever is the latest.
- Upon Healthcare Booster being paid pursuant to the policy provisions, we shall be relieved from any further liability under such benefit. For the avoidance of doubt, this applies regardless of whether the Life Insured suffers from a different Designated Illness, or a relapse of the same Designated Illness, after payment of the Healthcare Booster is made.

Special Medical Token

- If the Life Insured is diagnosed with any Critical Illness (cancer, stroke or heart attack) by a Registered Medical Practitioner after the Issue Date, the Policy Date or the effective date of reinstatement, or the effective date of Change of Life Insured whichever is the latest, and the Life Insured has survived for no less than 14 days following the diagnosis of Critical Illness, you may elect to exercise the Special Medical Token.
- Critical Illness does not include any Pre-existing Condition⁶ from which the Life Insured was suffering prior to the Issue Date, the Policy Date or the effective date of reinstatement, or the effective date of Change of Life Insured whichever is the latest.
- If you elect to exercise this Special Medical Token, we will pay you an amount of Special Medical Token equal to the higher of:
 - (i) Total Basic Plan Premium Paid⁴; and
 - (ii) Guaranteed Cash Value;
 - Plus Special Bonus³ (if any);
 - Plus accumulated non-guaranteed Monthly Dividend¹ and interest (if any);
 - Plus Policy Value Management Balance (if any);
 - Less any Indebtedness¹⁰.
- If the Policyholder has paid an aggregate premium, the Special Medical Token shall be increased by the balance of the aggregate premium together with interests accumulated, if any, at the date of the claim for the Special Medical Token.
- The Special Medical Token can only be claimed once in respect of the Life Insured under this Policy.
- Once Special Medical Token has been paid, the Policy will be terminated.

Product summary

- In the event that a Policyholder claims Special Medical Token during the 5-year Healthcare Booster payment period, the Policy will be terminated upon payment of Special Medical Token and no remaining Healthcare Booster payment will be fulfilled.
- If there is other claim made under this Policy within 90 days of the Life Insured becoming aware that he/she is suffering from Critical Illness, the claim under Special Medical Token shall prevail and the Policy will be terminated.

Please refer to the policy provisions for the detailed terms and conditions applicable to the Healthcare Booster and Special Medical Token.

Non-forfeiture Options	<div>Option 1: Surrender<p>You may surrender this Policy at any time for its Aggregate Cash Value as at the date such request is processed, by filing a written request with us in a form prescribed by the Company (subject to the terms of the Policy and the Company's requirement). Upon full surrender, the Company’s liability under this Policy shall be fully discharged.</p></div> <div>Option 2: Automatic premium loan<p>If any premium under this Policy remains outstanding at the end of the day on which it was due and the Non-forfeiture Value¹¹ is greater than the amount of the relevant unpaid premium, you will automatically be deemed to have requested and obtained a Policy Loan equal to the amount of the unpaid premium on the due date of such premium and to have applied the Policy Loan to pay such premium. Interest will apply on such loan at a rate determined by the Company which may change from time to time.</p></div> <div><p>Please refer to policy provisions for details of Non-forfeiture Options.</p></div>
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The contents in this product brochure are for reference only. The product brochure (including the “Product summary”) is subject to the policy provisions. You should refer to the policy provisions for details.

Important notes

Cooling-off period	<p>The HSBC Bright Income Insurance Plan is a long-term life insurance plan with a savings element. Part of the premium pays for the insurance and related costs including, but not limited to, policy acquisition, maintenance and claims costs.</p> <p>If you are not satisfied with your Policy, you have a right to cancel it within the cooling-off period and obtain a refund of any premiums and levies paid. A written notice signed by you together with your Policy (if received) should be received by the office of HSBC Life (International) Limited at 18/F, Tower 1, HSBC Centre, 1 Sham Mong Road, Kowloon, Hong Kong within the cooling-off period (that is, a period of 21 calendar days immediately following either the day of delivery of the Policy or the day of delivery of the cooling-off notice to the Policyholder or the nominated representative, whichever is earlier).</p> <p>After the expiration of the cooling-off period, if you cancel the Policy before the end of the policy term, the projected Net Cash Value that you receive may be less than the total premium you have paid.</p>
Suicide	<p>If the Life Insured commits suicide, whether sane or insane, within one year of the Issue Date or from the effective date of reinstatement or the effective date of the last Change of Life Insured, whichever is later, our liability under Policyholder’s Policy will be limited to the refund of the amount of premiums Policyholder paid to us less any amount we paid to the beneficiary(ies) since the Policy Date. Please refer to policy provisions of the basic plan for detailed terms and conditions.</p>
Policy Loan	<p>You may apply for a Policy Loan provided that the amount borrowed (including any previous unpaid borrowed amount) does not exceed 90% of the Guaranteed Cash Value after Indebtedness¹⁰. You will be advised of the rate of interest determined by the Company which may change from time to time.</p> <p>Any partial surrender or upon exercising the Policy Value Management Option or upon payout as Incapacity Protection Service may reduce the Guaranteed Cash Value and Death Benefit of the Policy. When the Policy Loan with accrued interest exceeds the Guaranteed Cash Value, the Policy may lapse.</p> <p>Please be reminded that any Indebtedness¹⁰ on this Policy outstanding at the time of any payment under the Policy will be deducted from the amount otherwise payable. The Company’s claim for any Indebtedness¹⁰ shall be prior to any claim of the Policyholder or the beneficiary(ies) or the assignee(s) or other persons.</p>

Important notes

Tax reporting and financial crime	<p>We may from time to time request information from you regarding you and your Policy for the Company and other members of the HSBC Group to meet certain obligations to legal or regulatory bodies and government or tax authorities in Hong Kong and overseas. If you fail to provide to the Company information that is requested from you or if you present a financial crime risk to a member of the HSBC Group, such consequences as set out in your policy terms include that the Company may:</p> <ul style="list-style-type: none">• Take such actions as are necessary to enable it or a member of the HSBC Group to meet its obligations;• Be unable to provide new, or continue to provide all the services to you;• Be required to withhold payments or benefits that would otherwise be due to you or your Policy and permanently pay those over to tax authorities; and• Terminate your Policy. <p>Should any benefits or payments be withheld and/or the Policy be terminated by the Company, the amount you get back plus the total amount you have received before policy termination (if any) may be less than what you have paid. The Company recommends that you seek your own independent professional advice on your tax liabilities and tax position in relation to your Policy.</p>
Termination conditions	<p>We have the right to terminate the Policy under any of the following circumstances:</p> <ul style="list-style-type: none">• If you cannot make the overdue premium payment by the end of the grace period; or• The Policy Loan with accrued interest exceeds the Guaranteed Cash Value; or• We reasonably consider that by continuing the Policy or the relationship with you, we may break any laws or the Company, or a member of the HSBC Group, may be exposed to action censure from any authority; or• We have the right to terminate pursuant to the terms of any supplementary benefits. <p>Please refer to the policy provisions for detailed terms and conditions on termination.</p>

Important notes

Aggregate premium option	<p>The aggregate premium option allows you to pre-pay the required premiums. The balance of the aggregate premium after deducting the annual premium on the relevant premium due dates will be accumulated with interests at such interest rate which is not guaranteed and may change from time to time at our discretion. If the aggregate premium together with interests accumulated exceed the total premiums required under your Policy, any balance amount will be refunded to you as soon as all premiums due under your Policy have been settled. If the aggregate premium together with interests accumulated are not sufficient to cover the total premiums required under your Policy, you will then be requested to settle the premium shortfall upon receiving our written notification for the premiums due. Any failure to pay for the premium shortfall may result in lapsation of your Policy.</p> <p>Please refer to section “Key risks - Risk from surrender” for the details of key risk factors for aggregate premium.</p>
Applicable laws	<p>The laws governing the Policy are the laws of Bermuda. However, in the event of any dispute arising in the Hong Kong SAR, the non-exclusive jurisdiction of the Hong Kong SAR courts will apply.</p>
Eligibility	<p>The Plan is generally available to anyone who is between 15 days after birth and Age² 75, depending on the premium payment term and non-guaranteed Monthly Dividend¹ payment start date selected. The Plan is subject to the relevant requirements on nationality (country/region/territory) and/or addresses and/or residency of the Policyholder and/or the Life Insured as determined by the Company from time to time.</p>
Policy currency	<p>The Plan is available in USD and HKD. Please refer to section “Key risks - Policy currency risk” for the details of key risk factors.</p>
Missing payment of premium	<p>There is a 30-day grace period for premium payments that are due. If you cannot make the payment by the end of the grace period, an Automatic Premium Loan will be granted to cover the unpaid premium provided that the Non-forfeiture Value¹¹ is greater than the amount of the unpaid premium. Interest will apply on such loan at a rate determined by the Company which may change from time to time. When the Non-forfeiture Value¹¹ is not enough to cover the unpaid premium, the Policy will lapse and any Net Cash Value as at the first unpaid premium due date will be paid to the Policyholder.</p>

Key risks

Credit and insolvency risks	<p>HSBC Bright Income Insurance Plan is an insurance policy issued by us. You are subject to our credit risk because all your premiums paid become part of our assets. You do not have any rights or ownership over any of our assets. Your recourse is against the Company only.</p>
Non-guaranteed benefit	<p>The scale for calculating the non-guaranteed Monthly Dividend¹ (if any) and Special Bonus³ (if any) is not guaranteed and is determined by the Company from time to time. Any adjustment affecting the non-guaranteed Monthly Dividend¹ and Special Bonus³, which may include but is not limited to change of non-guaranteed Monthly Dividend¹ scale or Special Bonus³ scale, the future non-guaranteed Monthly Dividend¹ to be credited in your Policy may be adjusted accordingly. Whether the Special Bonus³ and non-guaranteed Monthly Dividend¹ is payable and the size of the Special Bonus³ and non-guaranteed Monthly Dividend¹ to be paid depend on how well the Company has performed with regard to investment returns on the assets supporting the policies as well as other factors including but not limited to claims, lapse experience, expenses and the long-term future performance outlook. The key risk factors are described below:</p> <ul style="list-style-type: none">• Investment risk factors: The investment performance of the assets supporting the policies could be affected by changes in interest rate and expectations of it (which affect both interest earnings and values of assets), fluctuations in prices of growth assets and various market risks including, but not limited to, currency risk, credit spread and default risk.• Claims factors: The actual experience of mortality and morbidity is uncertain which may lead to a higher-than-expected claim or living benefit payment and impact the overall performance of the product.• Persistency factors: The actual experience of policy surrender (full or partial), policy lapse and exercise of Policy Value Management Option are uncertain, and therefore it has impacts on both the current performance and future return of the portfolio of the policies.• Expense factors: The actual amount of any direct expenses (e.g. commission, underwriting, policy acquisition and maintenance expenses) and indirect expenses (e.g. general overhead costs) incurred and allocated to the group of policies may be higher than expected and may impact the overall product performance.

Key risks

- **Exposure to exchange rate movement and hedging factors:** Currency hedging may be used to manage currency exposure, taking into account hedging cost, and market factors that may drive currency exchange rate fluctuation. **Where the currency exposure is not fully hedged, movements in exchange rates will impact the return of the respective policies and overall performance of the product.**

The accumulation interest rate on Monthly Dividend¹ is not guaranteed and may be adjusted by the Company at its discretion from time to time. The non-guaranteed Monthly Dividend¹ payment under this plan is projected with the current assumed investment return in the insurance proposal and is non-guaranteed. **The actual amount payable may change from time to time that the non-guaranteed Monthly Dividend¹ payment may be higher or lower than those illustrated in the insurance proposal. Under certain circumstances, the non-guaranteed Monthly Dividend¹ may be zero (i.e. you may receive zero dividend payment in a month).**

The interests earned on the Policy Value Management Balance (where applicable) are determined based on an interest rate that is not guaranteed and may be adjusted by the Company at its discretion from time to time.

Risks from the delay or missing the payment of premiums due	Any delay in or missing of the payment of premiums due may lead to policy lapses and the amount, if any, you get back may be significantly less than what you have paid.
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Risk from surrender	If you surrender your Policy in the early years, the surrender proceeds to be received under the Policy may be significantly less than the premiums paid. For the Policy with aggregate premium payment mode option, a Surrender Charge to be determined at our discretion from time to time will be imposed on the balance of the aggregate premium together with interest accumulated upon policy surrender and it varies by the premium payment period you have chosen.
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Key risks

Liquidity risk	<p>This Policy is designed to be held for the entire policy term. Should you have liquidity needs for any unexpected events, you may apply for a Policy Loan or surrender the Policy in full or in part, subject to the respective policy terms, however, this may cause the Policy to lapse or to be terminated earlier than the original policy term, and the amount (if any) you get back may be less than the premiums paid.</p> <p>In the event that you exercise the Policy Value Management Option, the Aggregate Cash Value under the Policy (which is used in the calculation of the surrender value and death benefit under the Policy) at a future point in time may be lower or higher than it would have been if you had not chosen to exercise the option.</p>
Inflation risk	<p>Cost of living is likely to be higher in the future than it is today due to inflation, therefore you or your assigned beneficiary(ies) may receive less from the Policy in real terms in the future even if the Company meets all its contractual obligations.</p>
Policy currency risk	<p>You are exposed to exchange rate risks. If you choose (i) to set a foreign currency as your policy currency, or, (ii) to pay premiums or receive benefits in currencies other than the policy currency, the actual amount you paid or received will then be subject to the prevailing exchange rate determined by us between the policy currency and the local/payment currencies. You must take note that exchange rate fluctuations may affect your payment amounts including premium payments, levy payments and benefit payments.</p>

The contents in this product brochure are for reference only. The product brochure (including the “Product summary”) is subject to the policy provisions. You should refer to the policy provisions for details.

More about participating policy

We issue participating life insurance policies providing both guaranteed and non-guaranteed benefits. The guaranteed benefits may include the Death Benefit, Guaranteed Cash Value and other benefits that vary depending on your chosen plan. The non-guaranteed benefits comprise the policy dividends which allow Policyholders to share in the financial performance of the life insurance operation.

For HSBC Bright Income Insurance Plan, the policy dividends, if any, is in the form of:

Special Bonus³ which is declared upon early termination of the Policy due to, for example, death of Life Insured or surrender, the exercise of Incapacity Protection Service, the exercise of Policy Value Management Option, the exercise of Special Medical Token, or at policy maturity.

Non-guaranteed Monthly Dividend¹ which are declared by us on a monthly basis. Once declared, the amount of dividends for the month is guaranteed.

The Special Bonus³ and non-guaranteed Monthly Dividend¹ amount may change from time to time based on the performance over the life of the Policy before the time of declaration and prevailing investment market conditions. The actual amount will not be determined until it is payable.

Please refer to section “Product summary” of this brochure for more details.

What factors will affect your Special Bonus³ and non-guaranteed Monthly Dividend¹?

The Special Bonus³ and non-guaranteed Monthly Dividend¹, if any, are not guaranteed. The size of the Special Bonus³ and non-guaranteed Monthly Dividend¹ and whether it is payable depend on factors including but not limited to:

1. The investment performance of the assets and currency hedging instruments (if any) supporting the Policies;
2. Claims, lapses, and expenses experiences; and
3. The long-term expected future performance of investment and other experiences mentioned above.

If the performance over the long term is better than expected, the Special Bonus³ and non-guaranteed Monthly Dividend¹ paid would increase. If the performance is below expectation, the Special Bonus³ and non-guaranteed Monthly Dividend¹ paid would decrease.

Please refer to section “Key risks - Non-guaranteed benefit” of this brochure for more details.

What are the key benefits of participating policies?

The key feature of participating policies over other forms of insurance policies is that in addition to the guaranteed benefits, you will also benefit from an additional Special Bonus³ payment and higher non-guaranteed Monthly Dividend¹ if the 3 factors stated above are better than that required to support the guaranteed benefits. The better the performance, the greater the Special Bonus³, and non-guaranteed Monthly Dividend¹ and, conversely, the worse the performance, the lower the Special Bonus³ and non-guaranteed Monthly Dividend¹.

Both fixed income assets and growth assets may be invested in various currencies, majority with USD, for diversification. If the currency of the assets is different from the policy currency of the underlying policies, currency hedging may be used to manage the currency risk.

More about participating policy

Dividend philosophy

Establishing a risk-sharing mechanism

We have a clear interest in the performance of your participating policy as our participating business operates on the principle of sharing risks between you and ourselves to achieve a reasonable balance. We regularly review the level of Special Bonus³ and non-guaranteed Monthly Dividend¹ payable to you. Both the past actual performance and management’s expectation for the long-term future performance will be assessed against the assumed level. If variances arise, considerations will be taken for sharing these with you through adjusting Special Bonus³ and non-guaranteed Monthly Dividend¹ scales.

Fairness across Policyholder groups

To ensure fairness between Policyholders of participating products, we will carefully consider the experience (including investment performance) of various policy groups such as products, product generations, currencies and issue years so that each policy group will receive a fair return based mainly on its own performance. To balance the interest between you and us, a dedicated committee formed from a group of professionals will provide independent advice on managing the participating policies and determining the Special Bonus³ and non-guaranteed Monthly Dividend¹.

Stable long-term returns

When considering adjusting the Special Bonus³ and non-guaranteed Monthly Dividend¹ scales, we strive to maintain a more stable payout to you by smoothing, which means the Special Bonus³ and non-guaranteed Monthly Dividend¹ level will only be changed if the actual performance is significantly different from the assumed level over a period of time, or if management’s long-term future performance expectations change substantially.

We may also reduce the extent of smoothing or even stop smoothing the effects of the change in asset values for a time in the determination of the Special Bonus³ and non-guaranteed Monthly Dividend¹. We would do this to protect the interests of the remaining Policyholders. For example, we may reduce smoothing when payouts with smoothing are higher than payouts without smoothing.

Investment policy and strategy

We follow an asset strategy that:

- (i) Helps to ensure that we can meet the guaranteed benefits that we have committed to you;
- (ii) Delivers competitive long-term returns to you through Special Bonus³ and non-guaranteed Monthly Dividend¹; and
- (iii) Maintains an acceptable level of risk.

The assets supporting the participating policies consist of fixed income and growth assets. The fixed income assets predominantly include fixed income assets issued by corporate entities with good credit ratings (average A-rated or above) and long-term prospects. Growth assets, including equity-type investments and alternative investments such as property, private equity or hedge funds, as well as structured products including derivatives, are utilised to deliver returns that are more reflective of economic performance over the long term.

Our investment portfolios are well diversified across various types of assets, and are invested in varied geographical markets (mainly Asia, the United States and Europe), currencies (mainly USD) and industries. The assets are carefully managed and monitored according to our own acceptable level of risk.

More about participating policy

Target asset allocation

Asset type	Long-term allocation percentage
Fixed Income Assets (government bonds, corporate bonds and alternative credit)	30% - 50%
Growth Assets	50% - 70%

Note: there could be slight deviation from the above range due to market fluctuation.

We consider other factors when deciding the actual asset allocations, including, but not limited to:

- Current and expected future market conditions;
- Guaranteed and non-guaranteed benefits of the policies;
- The acceptable risk level of the policies;
- Expected economic growth after adjustment for inflation over a period of time; and
- Investment performance of the assets supporting the policies.

Subject to our investment policy, actual asset allocation could deviate from the above long-term target allocation from time to time.

For policies with the Policy Value Management Option exercised, the assets supporting the Policy Value Management Balance are 100% invested into fixed-income assets.

Accumulation interest rate

You can choose to receive your non-guaranteed Monthly Dividend¹ via dividend payout, or you may leave them with us to accumulate with interest (if any) subject to the relevant terms and conditions as specified in the policy provisions.

You can also choose to exercise the Policy Value Management Option to allocate a portion of the Net Cash Value to the Policy Value Management Balance (if any) to accumulate with interest (if any).

Interest rates are not guaranteed, and will be reviewed by us regularly with reference to the following factors:

- Portfolio yields of fixed income asset;
- Prevailing market conditions;
- Expectations of future fixed income asset yields;
- The cost associated with the provision of this interest accumulation service; and
- The likelihood and duration of Policyholders leaving their payment for accumulation.

More about participating policy

The Policy of determining the Special Bonus³ (if any), non-guaranteed Monthly Dividend¹ (if any) and accumulation of interest rates may be reviewed and adjusted by us from time to time.

For more updated information, please visit our website <https://www.hsbc.com.hk/insurance/info/>.

You may also visit the above website to refer our dividend history. The past or current performance of our business may not be a guide for future results.

Endnotes

1. The Monthly Dividend payout rate under HSBC Bright Income Insurance Plan is determined under current assumed investment return and is non-guaranteed. The actual amount payable may change from time to time such that the non-guaranteed Monthly Dividend might be higher or lower than those illustrated in the benefit illustration. Under circumstances, the non-guaranteed Monthly Dividend might become zero.
2. The Policy Anniversary at which the Policyholder or the Life Insured reaches the specified age based on age at next birthday.
3. The amount of Special Bonus is not guaranteed and the payment is subject to the Company’s discretion.
4. Total Basic Plan Premium Paid means the total amount of premiums for the Basic Plan paid by you and received by us, together with the premiums due for the Basic Plan that is not actually paid as of the date of death of the Life Insured, or the date this Policy terminates pursuant to the terms of any Supplementary Benefits, whichever is the earliest. The balance of the aggregate premium together with interests accumulated by the aggregate premium Policy will not be counted towards the Total Basic Plan Premium Paid unless such part of the balance of aggregate premium is actually due on that date.
5. Policy Amount is an amount used to determine the premiums payable under the Policy and your cash value, Special Bonuses³ and non-guaranteed Monthly Dividend¹ to be received under the basic plan of this Policy. It does not represent the amount of Death Benefit payable or cash value of your Policy.
6. For the purpose of the Healthcare Booster and Special Medical Token, “Pre-existing Condition” means any condition or illness:
 - which existed or was existing; or
 - where its cause existed or was existing; or
 - where the Life Insured had knowledge, signs or symptoms of the condition or illness; or
 - where any laboratory test or investigation showed the likely presence of the condition or illness; or
 - where the Life Insured has demonstrated signs or symptoms of cognitive impairment including but not limited to memory loss, difficulty with time relationships, unable to function independently either at work, home or in the community or is not fully capable of self-care.

prior to the Issue Date, the Policy Date, the effective date of last reinstatement, or the effective date of Change of Life Insured, whichever is the latest.

7. Exclusions for SilverGuard Protection (Healthcare Booster and Special Medical Token):

Healthcare Booster will not be payable in the following circumstances:

- Designated Illness is caused directly or indirectly by Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or infection by Human Immunodeficiency Virus (HIV);
- Designated Illness arises as a result of suicide, attempted suicide or intentionally self-inflicted injury, whether the Life Insured is sane or insane at the time of such injury, suicide or attempted suicide as the case may be;
- Any physical conditions for which no benefit is payable under the Waiting Period⁸;

Endnotes

- Designated Illness is caused directly or indirectly by the taking of drugs (except under the direction of a registered medical practitioner), poison or alcohol;
- Designated Illness is caused directly or indirectly by war or any act of war, declared or undeclared, riots, insurrection or civil commotion;
- Designated Illness is resulted from participation in any criminal event;
- All psychiatric related causes; or
- Reversible organic brain disorder.

Special Medical Token will not be payable in the following circumstances:

- Critical Illness is caused directly or indirectly by Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or infection by Human Immunodeficiency Virus (HIV);
- Critical Illness arises as a result of suicide, attempted suicide or intentionally self-inflicted injury, whether the Life Insured is sane or insane at the time of such injury, suicide or attempted suicide as the case may be;
- Critical Illness is caused directly or indirectly by the taking of drugs (except under the direction of a Registered Medical Practitioner), poison or alcohol;
- Critical Illness is caused directly or indirectly by war or any act of war, declared or undeclared, riots, insurrection or civil commotion; or
- Critical Illness is resulted from participation in any criminal event.

8. The following Waiting Period shall apply for claims for the Healthcare Booster:

No Healthcare Booster shall be payable if any physical condition, that results in a claim otherwise payable by the Company in respect of a Designated Illness is:

- diagnosed;
- treated;
- for which a Registered Medical Practitioner was consulted; or
- for which the existence or onset of signs or symptoms of any illness or disease were present,

from:

- the Policy Date or the Issue Date (whichever is latest) to the end of 3rd Policy Year (for a Policy with a premium payment term of 3 years) or the end of 5th Policy Year (for a Policy with a premium payment period of 5 years), provided that the Policy has been fully paid up; or
- If reinstatement of the Policy or Change of Life Insured has taken place, the Waiting Period will either be 3 years (for a Policy with a premium payment term of 3 years) or 5 years (for a Policy with a premium payment period of 5 years) starting from the date of last reinstatement of the Policy, or the effective date of Change of Life Insured (as the case may be).

Notwithstanding anything to the contrary under this Policy (including this Supplementary Benefit), the Waiting Period will still apply if the Designated Illness contracted is directly and solely caused by an accident.

Endnotes

9. Healthcare Booster will automatically terminate from the earliest of the following dates:
- upon the Healthcare Booster being paid for 5 years;

• the Life Insured reaches the Age² of 99; or

• on the date the Policy terminates, expires, lapses, or is surrendered.
10. Indebtedness means the sum of all outstanding Policy Loans or automatic premium loans advanced in accordance with the Policy, any accrued interest on such loans, and any outstanding premiums or payments under this Policy.
11. Non-forfeiture Value means the Guaranteed Cash Value less any Indebtedness¹⁰ calculated as at the date immediately preceding the due date of the relevant unpaid premium.

More information

Planning for your financial future is important. Let us review your current and future needs to help you decide if HSBC Bright Income Insurance Plan is the right product to help you fulfil your personal goals.

You can visit any HSBC branch to arrange for a financial planning review with us.

Go to www.hsbc.com.hk/insurance

Visit any HSBC branch



You can find more information about the product on HSBC’s website by scanning the QR code.

HSBC Bright Income Insurance Plan

HSBC Life (International) Limited

HSBC Life (International) Limited (“the Company”, “we” or “us”) is incorporated in Bermuda with limited liability, and is one of the HSBC Group’s insurance underwriting subsidiaries.

Hong Kong Special Administrative Region office

18/F, Tower 1, HSBC Centre, 1 Sham Mong Road, Kowloon, Hong Kong

The Company is authorised and regulated by the Insurance Authority (“IA”) to carry on long-term insurance business in the Hong Kong Special Administrative Region. The Hongkong and Shanghai Banking Corporation Limited (“HSBC”) is registered in accordance with the Insurance Ordinance (Cap. 41 of the Laws of Hong Kong) as an insurance agency of the Company for the distribution of life insurance products in the Hong Kong Special Administrative Region. HSBC Bright Income Insurance Plan is a product of the Company but not HSBC, underwritten by the Company and it is only intended for sale through HSBC in the Hong Kong Special Administrative Region.

In respect of an eligible dispute (as defined in the Terms of Reference for the Financial Dispute Resolution Centre in relation to the Financial Dispute Resolution Scheme) arising between HSBC and you out of the selling process or processing of the related transaction, HSBC is required to enter into a Financial Dispute Resolution Scheme process with you; however, any dispute over the contractual terms of the above insurance product should be resolved between the Company and you directly.

The Company accepts full responsibility for the accuracy of the information contained in the product brochure and confirms, having made all reasonable enquiries, that to the best of its knowledge and belief there are no other facts the omission of which would make any statement misleading. The information shown therein is intended as a general summary. Please refer to your insurance Policy for the detailed terms and conditions.

September 2025

HSBC Life (International) Limited is the proud winner of the following awards:









Issued by HSBC Life (International) Limited (Incorporated in Bermuda with limited liability)



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Incapacity Protection Service

Enhancing coverage for incapacitating medical conditions

Introduction

Confronting a serious illness or mental health challenge can be more than a medical journey - it's a financial vulnerability that could overwhelm you and your loved ones.

HSBC Life presents the **Incapacity Protection Service**, a forward-looking supplementary benefit designed to **provide you and your family a predetermined and dignified pathway** to financial support. This service allows you to proactively empower your immediate family member to access your policy's Aggregate Cash Value if you become physically or mentally incapacitated.

How does this service empower your family to care for you while you are diagnosed as incapacitated?

You as the Policyholder of our designated life insurance plans can enrol in the Incapacity Protection Service and appoint an **immediate family member as the Designated Person** for the service. This person can be your parent, spouse (including same-sex spouse), adult child or sibling. The Designated Person can withdraw a **Designated Percentage (10% - 50%)** of the Aggregate Cash Value predetermined by you ("**Incapacity Benefit**"), in the event you are diagnosed as an Incapacitated Person by a Registered Medical Practitioner, as a result of one of the following medical conditions:

• Apallic syndrome	• Major head trauma
• Coma	• Mental incapacity
• Loss of independent existence	• Paralysis

Key features



Quick access to cash for emergencies

Your Designated Person can promptly access the designated portion of Aggregate Cash Value for necessary medical or other expenses without complications.



Enjoy the flexibility

You can assign a different Designated Person to each of your designated life insurance plans. You can also reassign another Designated Person, or adjust the Designated Percentage whenever needed.



Maintain continuous coverage

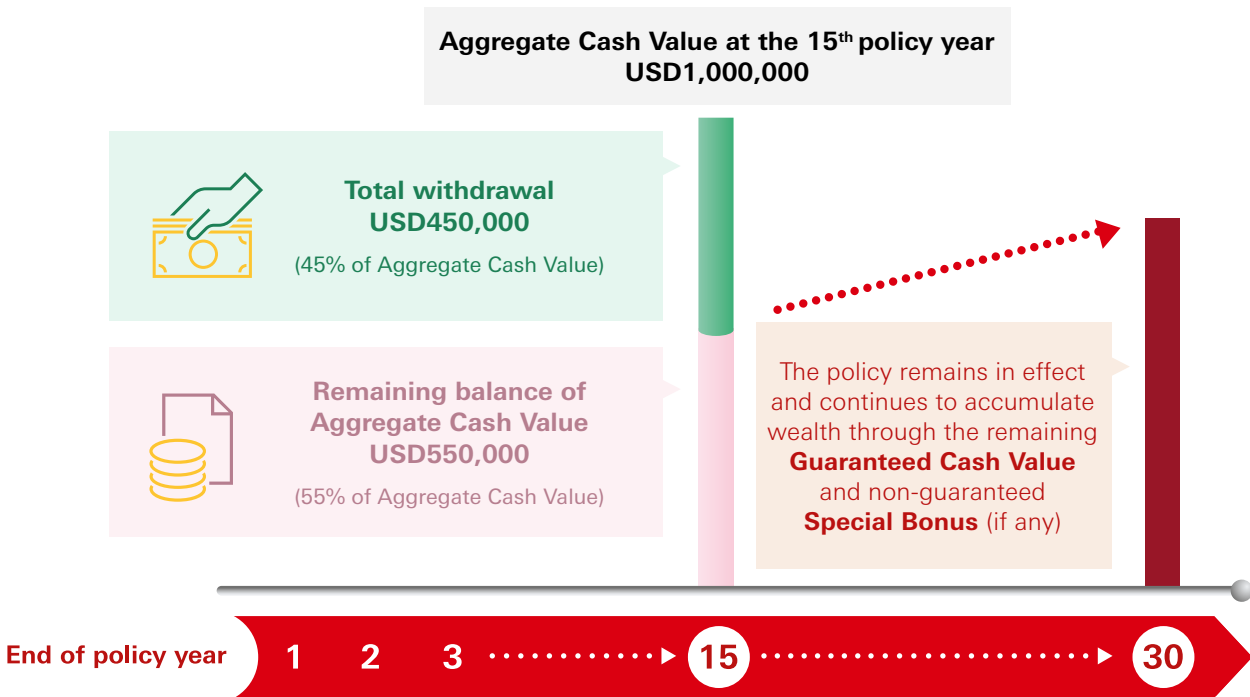
Even though the Incapacity Benefit has been paid, your designated life insurance plan will remain in effect to provide adjusted life protection and potential wealth accumulation.

Case study

Aggregate Cash Value withdrawal under the Incapacity Protection Service

Paul and Joey are a married couple with a child. As the family’s breadwinner, Paul aims to secure their financial future in case of any unfortunate events. He purchases an insurance product and enrolls in the Incapacity Protection Service with Joey appointed as the Designated Person. By such, Joey is empowered to withdraw the Designated Percentage of 45% of the policy’s Aggregate Cash Value as the Incapacity Benefit if Paul is diagnosed as an Incapacitated Person by a Registered Medical Practitioner.

In the 15th policy year, Paul falls into a coma and requires hospitalisation due to a car accident. As he needs long-term care, Joey applies to withdraw 45% of the Aggregate Cash Value through the Incapacity Protection Service to ease their financial burden. Upon receiving approval from HSBC Life, 45% of the Aggregate Cash Value is disbursed to Joey as the Incapacity Benefit. The policy remains in effect with an adjusted life protection after this withdrawal and continues to accumulate wealth.



What if Paul did not appoint Joey as the Designated Person under the Incapacity Protection Service?

Paul, as the Policyholder, is in a coma and unable to handle any policy-related matters. Joey may face challenges in stepping in to manage the policy or appointing someone to act on Paul’s behalf. The situation is complex and time-consuming, with no certainty that Joey will be able to assume responsibility for the policy or assisted by an appropriate representative.

For enrolment and more information

To enrol in the Incapacity Protection Service, please visit any HSBC branch or call HSBC Life Service Hotline at 2583 8000. For HSBC Premier Elite customers, please call VIP Hotline at 3663 5911. We are happy to explain how the Incapacity Protection Service can assist you.

Notes:

1. Incapacity Protection Service is applicable only to the designated life insurance plans with cash value (“Plan”). The scope of the Plans is determined by HSBC Life (International) Limited (“HSBC Life”, “the Company”, “our”or “us”) from time to time at the Company’s discretion.
2. The acceptance of any enrolment of or change of Designated Person under the Incapacity Protection Service is at our sole and absolute discretion, and subject to the relevant policy provisions. You may appoint or amend the Designated Person, or cancel the Incapacity Protection Service, provided that you are mentally sane at the time of making such requests.
3. The Designated Person must be an immediate family member being your parent, spouse (same-sex spouse included), adult child or sibling, and he/she has reached actual age 18 or above at the time of designation.
4. Incapacity Protection Service does not constitute an enduring power of attorney (“EPOA”) (applicable to the Hong Kong SAR), a guardianship order, or a committee order, and does not appoint the Designated Person as the Policyholder’s attorney or guardian or committee. In the event of a dispute between the Designated Person and any other person, including but not limited to the Policyholder’s guardian or committee, attorney and/or beneficiary(ies), the Company reserves the right to withhold the payment of the Incapacity Benefit until such dispute is resolved.
5. The designation of the Designated Person will be automatically revoked upon the occurrence of any of the following: (1) the Company’s acceptance of the change of policy ownership; (2) the Company is being notified that the Policyholder has created an EPOA (applicable to the Hong Kong SAR) covering the policy; (3) the Company has been notified that the Policyholder or the Designated Person died; (4) the Company has been notified that there is a guardian or committee appointed for the Policyholder under the Mental Health Ordinance (Cap.136 Laws of the Hong Kong SAR) (or if there is a guardian or committee appointed under similar laws in another jurisdiction); (5) the Company’s acceptance of a subsequent arrangement of policy assignment; (6) you designate a new Designated Person and it is approved by the Company; or (7) the application for exercising the Legacy/Policy Split Option (if any) is approved.
6. If the Policyholder holds more than one policy under the Plans with the Incapacity Protection Service, a different Designated Person can be designated under each individual policy.
7. The Incapacity Benefit is payable only if the Policyholder is diagnosed by a Registered Medical Practitioner to be an Incapacitated Person as a result of one of the following medical conditions:

Apallic syndrome – universal necrosis of the brain cortex with the brainstem intact. This diagnosis must be definitely confirmed by a Registered Medical Practitioner who is a neurologist. This condition is required be medically documented for at least 1 month.

Coma – a state of unconsciousness with no reaction to external stimuli or internal needs, which is associated with a permanent neurological deficit. The coma must persist for at least 96 hours and require intubation and mechanical ventilation to sustain life. The coma must be confirmed by a Registered Medical Practitioner who is a neurologist.

Loss of independent existence – inability to perform at least three of the Activities of Daily Living as defined in the Definitions section below without assistance for a continuous period of at least 6 months and leading to a permanent inability to perform the same. For the purpose of this definition, the word “permanent” shall mean beyond the hope of recovery with current medical knowledge and technology. The diagnosis of Loss of Independent Existence must be confirmed by a Registered Medical Practitioner.

Major head trauma – accidental head injuries resulting in residual brain damage to the extent that there is a permanent neurological deficit causing Significant Functional Impairment. “Significant Functional Impairment” means a Registered Medical Practitioner who is a neurologist has assessed the Policyholder as scoring 5 or less on the 8 point version of the Glasgow Outcome Scale of Head Injuries or equivalent levels of functional impairment on a similar scale which has been generally accepted in medical literature.

Mental incapacity – the diagnosis of mental incapacity must be confirmed by a Registered Medical Practitioner who is a specialist.

Paralysis – total and irreversible loss of use of two or more limbs through paralysis as a result of injury or disease. The paralysis must be supported by appropriate neurological evidence. A Registered Medical Practitioner who is a specialist must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

8. Before the Company pays the Incapacity Benefit under the Policy, the Company must receive written notice of the claim of the Incapacity Benefit and acceptable proof to our satisfaction, subject to the terms and conditions. The original supporting documents must be submitted to the Company.
9. The percentage of the Incapacity Benefit is ranged from 10% to 50% and in integer; the withdrawal amount equals to the Aggregate Cash Value multiplied by the Designated Percentage.
10. The Incapacity Benefit will be withdrawn in the following order:
 - (1) first, from the Policy Value Management Balance (if any); and
 - (2) if the Policy Value Management Balance is not sufficient, then the remaining amount of Incapacity Benefit will be withdrawn from the Guaranteed Cash Value, Special Bonus (if any) and accumulated non-guaranteed Monthly Dividend and interest (if any).

Any withdrawal from the Guaranteed Cash Value, Special Bonus (if any) and accumulated non-guaranteed Monthly Dividend and interest (if any) will automatically trigger reduction of Sum Insured/Policy Amount as if an application for partial surrender has been made. Partial surrender will reduce your future benefits including but not limited to the Guaranteed Cash Value, Special Bonus (if any), non-guaranteed Monthly Dividend (if any), accumulated non-guaranteed Monthly Dividend and interest (if any), Death Benefit and supplementary benefit (if any) of the basic plan (if applicable). The Sum Insured/Policy Amount after the reduction must meet a minimum amount of the remaining Sum Insured/Policy Amount of the Policy, which we set from time to time. When the withdrawal results in reaching of the minimum Sum Insured/Policy Amount, the actual amount of Incapacity Benefit withdrawable may be less than the amount calculated based on the percentage of Designated Percentage of Aggregate Cash Value as designated by you.

- The Policyholder shall remind the Designated Person that he/she shall inform the Company by providing us a written notice of the claim of the Incapacity Benefit and acceptable proof to our satisfaction within 90 days from the date the Policyholder is diagnosed as an Incapacitated Person.
- The Company shall not assume any duty or be responsible to verify, or be responsible for the validity or legality of any appointment of the Designated Person. The Company shall not assume or be regarded to assume any responsibility or liability in relation to any designation of Designated Person. Once the Incapacity Benefit is paid, the Company has no obligation to verify the conditions of payment for the Incapacity Benefit and have no responsibility for any mistaken or incorrect payment.
- To enrol for the Incapacity Protection Service, the Policyholder will be required to, among others, warrant and represent that the Designated Person is eligible to act in such role.
- The Company shall have the right to request for additional information or documents and/or impose further requirements for this enrolment, including but not limited to documents authenticating the identity and entry proofs (if applicable) of the Designated Person in the manner as determined by the Company at its sole and absolute discretion.
- Please refer to the policy provisions of the designated life insurance plans and the Incapacity Protection Service for details.

Definitions:

“Activities of Daily Living” are defined as below:

- **Washing** – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- **Dressing** – the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- **Transferring** – the ability to move from a bed to an upright chair or wheelchair and vice versa;
- **Toileting** – the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- **Feeding** – the ability to feed oneself once food has been prepared and made available.

“**Designated Percentage**” means a percentage of the Aggregate Cash Value as specified by the Policyholder, which must be a whole number percentage within a range to be determined by us from time to time.

“**Designated Person**” means the person designated by the Policyholder to receive the Incapacity Benefit under this supplementary benefit.

“**Incapacitated Person**” means a person who is incapable, by reason of physical and/or mental incapacity.

“**Incapacity Benefit**” means the benefit payable to the Designated Person pursuant to the terms and conditions of this supplementary benefit.

“**Registered Medical Practitioner**” means any Medical Practitioner duly qualified and legally registered as such under the Medical Registration Ordinance of the Hong Kong SAR or any amendment thereto, or otherwise authorised and entitled to practise western medicine in any other country/region as accepted by us in accordance with the laws of that country/region and who is other than the Life Insured or the Policyholder or the Contingent Policyholder* or a member of the Life Insured’s or the Policyholder’s or the Contingent Policyholder’s* immediate family.

*For the definition of “Registered Medical Practitioner”, the exclusion of the Contingent Policyholder and the Contingent Policyholder’s immediate family members are only applicable to HSBC Infinite Wealth Insurance Plan.

Disclaimer:

This leaflet contains general information only. It does not constitute any offer for any insurance product. For details of product feature, terms and conditions, please refer to the relevant product brochures, policy provisions and benefit illustrations of particular product(s).

All the designated life insurance products with Incapacity Protection Service are underwritten by the Company, which is authorised and regulated by the Insurance Authority of the Hong Kong SAR to carry on long-term insurance business in the Hong Kong SAR. The Company will be responsible for providing your insurance coverage and handling claims under your life insurance policy.

All the designated life insurance products with Incapacity Protection Service are the products of the Company but not the Hongkong and Shanghai Banking Corporation Limited (“HSBC”) and they are intended for sale in the Hong Kong SAR only. Your premiums paid will form part of the Company assets. Any such, Policyholders will be subject to the credit risk of the Company. Policyholders do not have rights or ownership over any of those assets. In respect of an eligible dispute (as defined in the Terms of Reference for the Financial Dispute Resolution Centre in relation to the Financial Dispute Resolution Scheme) arising between HSBC and you out of the selling process or processing of the related transaction, HSBC is required to enter into a Financial Dispute Resolution Scheme process with you; however, any dispute over the contractual terms of the above insurance products should be resolved between the Company and you directly.

September 2025



HSBC Bright Income Insurance Plan Value-added Services

Enjoy worry-free living with comprehensive assistance



HSBC Life (International) Limited (Incorporated in Bermuda with limited liability)


HSBC Life (International) Limited (“HSBC Life”, “the Company”, “our” or “us”) understands that planning for the future is often overshadowed by uncertainty. It is not just about maintaining financial resilience, it is also about prioritising your health and well-being.

In addition to the basic benefits offered by the HSBC Bright Income Insurance Plan (“HSBC Bright Income”, “the Plan”, or “the Policy”), this Value-added Services pack — **HomeCare 100** and **Worldwide Care Connect** — aims to support you in achieving a confident lifestyle and provide comprehensive assistance for your health and family needs. Both Services are provided by independent third party service providers.

○-----


HSBC Bright Income Insurance Plan — Value-added Services

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HomeCare 100
service provided by
Quality HealthCare Nursing Agency (“QHNA”) under Quality HealthCare Medical Services Limited (“QHMS”)

Complimentary 100-hour home nursing service available during times of vulnerability




For the Life Insured under the Policy who is unfortunately diagnosed with any of the 3 Critical Illnesses: cancer, stroke, or heart attack. This service is available after the Waiting Period, provided that the Life Insured survives at least 14 days following the diagnosis.



Worldwide Care Connect
service provided by
Europ Assistance Hong Kong Limited (“EAHK”)

Worldwide emergency and assistance services support the Life Insured when he/she is staying abroad



For the Life Insured under the Policy staying outside principal country or region of residence not more than 180 consecutive days after the cooling-off period of the Policy.

Remarks: “HomeCare 100” and “Worldwide Care Connect” (collectively the “Services”) are provided by independent third party service providers (“Service Providers”). HSBC Life is not the Service Provider, or its agent. HSBC Life makes no representation, warranty or undertaking as to the availability and quality of the Services, and shall not be responsible or liable for the Services provided by the Service Provider. Under no circumstances shall HSBC Life be responsible or liable for any act, omission or negligence in provision of the Services by the Service Provider. The general information provided for the Services is for reference only and shall not be considered as a medical treatment, diagnosis or recommendation. If you have any questions or enquiries, please seek advice from a registered medical practitioner. The Services are subject to change from time to time at HSBC Life’s sole discretion. HSBC Life reserves the right to amend, suspend or terminate any of the Services, including the Service Provider and any details or terms and conditions relating thereto, at any time without prior notice at its absolute discretion. In the event of dispute, HSBC Life reserves the right of final decision. For HomeCare 100, if you choose to upgrade to professional care service, you will need to settle the preferential top-up fee directly with the Service Provider. For details, please contact the Service Provider.

HomeCare 100 (provided by QHNA)



Rest easy knowing your needs are met

Provided by independent third party service provider, HomeCare 100 is a health service that provides essential rehabilitative support for the Life Insured diagnosed with any of the 3 Critical Illnesses: cancer, stroke, or heart attack. This applies after the Waiting Period as defined in the Terms and Conditions, provided the Life Insured survives for at least 14 days following the diagnosis of the Critical Illness. This service offers essential healthcare in the comfort of home, easing the burden on the Life Insured’s family and aiding in the Life Insured's recovery journey.

100-hour complimentary home nursing service or pay a preferential top-up fee to receive an upgraded professional care service

100-hour complimentary home nursing service

Essential rehabilitative care service offered by healthcare assistant or worker:



Providing personal hygiene care (e.g. oral care, shower, changing diaper)



Providing daily living and nutrition support



Assisting with mobility



Providing medical escort



Providing oral feeding



Conducting rehabilitation exercises

With a preferential top-up fee, you may upgrade from complimentary home nursing service to professional care service

If you need a more sophisticated care service, subject to the recommendation and assessment by QHNA, you may upgrade the complimentary home nursing service to professional care service at a preferential top-up fee (to be paid at your own cost). Delivered by a registered or enrolled nurse arranged by QHNA, this service includes professional care and specialised medical procedures such as:



Administering intravenous infusion



Administering naso-gastric tube feeding or medication



Changing naso-gastric tubes, urinary catheters, and urine bags

The arrangement of upgrading to professional care service, including the associated preferential top-up fee involved is subject to QHNA’s terms and conditions. Customers should call the QHNA hotline at +852 2975 2391 for details. HSBC Life does not provide any nursing services or medical advice or recommendations.

Remarks: Services under HomeCare 100 are delivered by QHNA and are subject to QHNA’s Terms and Conditions, and the Terms and Conditions in this leaflet.

Simple steps to activate HomeCare 100 (provided by QHNA)

- 1

Activate the service[#]

The Policyholder and Life Insured shall sign and submit the HomeCare 100 service activation form* together with the Life Insured’s diagnosis proof of Critical Illness which is required as supporting documentation to HSBC Life.

[#] An activation must be made within 90 days of the Life Insured becoming aware that he/she is suffering from the designated Critical Illness.
* The form can be downloaded from HSBC HK website, HSBC HK App or requested via HSBC Life service hotline at +852 2583 8000.
- 2

Service confirmation letter from HSBC Life

You will receive a service confirmation letter within 7 business days upon approval, via email and/or by post, subject to your preference.
- 3

Customer contacts QHNA

Call the QHNA hotline at +852 2975 2391 for booking[^].

[^] Your/Life Insured’s personal information collected by QHNA will be handled in accordance with QHNA’s own Data Privacy Notice. QHNA may not offer a level of protection for personal information or privacy policies equivalent to HSBC Life.
- 4

Advisory from QHNA

A free assessment and consultation will be arranged by a QHNA Care Advisor. The service arrangement can be discussed with QHNA to best assist the Life Insured. A personalised care plan may be suggested. There is an upgrade option of professional care service at a preferential top-up fee, subject to the recommendation of the QHNA Care Advisor.
- 5

Receive home nursing service or professional care service

A healthcare assistant or worker will be arranged by QHNA to provide home nursing service, or a registered or enrolled nurse will be arranged for the professional care service.






Worldwide Care Connect (provided by EAHK)


Spending your leisure time overseas with a peace of mind

Getting assistance in handling uncertainties, you can feel a sense of security and support for overseas stays not exceeding 180 consecutive days. Provided by independent third party service provider, Worldwide Care Connect offers international medical assistance and emergency support to the Life Insured, alleviating challenges that may arise during unforeseen events outside the principal country or region of residence of the Life Insured.

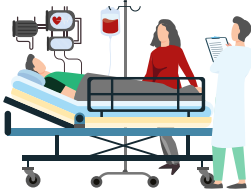
Emergency support for unexpected challenges

- 1


Medical evacuation and/or repatriation after treatment


If the Life Insured experiences a serious accident or illness requiring immediate care, and local medical facilities are insufficient, EAHK will arrange and pay for an emergency evacuation to the nearest facility capable of providing necessary care. If the EAHK physician consults with the local doctor, determines that treatment should continue at a medical facility in the principal country or region of residence of the Life Insured after stabilisation, EAHK will arrange and pay for one-way economy class transportation for the repatriation back to the principal country or region of residence of the Life Insured. The decision as to the necessity for a medical evacuation and/or repatriation after treatment and the means of transport shall be subject to EAHK's sole and absolute discretion.
- 2


Return of unattended dependent children


If the dependent children of the Life Insured are left without supervision due to the Life Insured's accident or illness, EAHK will arrange and pay for one-way economy class transportation to return them to their principal country or region of residence. Qualified attendants will be provided free of charge if needed.
- 3


Compassionate visit

If the Life Insured suffers from an accident or illness during the trip that requires hospital treatment expected to last more than 7 days, EAHK will arrange and pay for the below,

 - One economy class round-trip transportation for one companion to travel from their principal country or region of residence to the Life Insured's location.
 - Hotel accommodation costs for the companion (excluding drinks, meals, and other hotel expenses), up to a limit of USD1,000 per incident.
- 4


Compassionate return

If a close relative of Life Insured sustains an injury or illness in his/her principal country or region of residence resulting in death, EAHK will arrange and pay for one-way economy class transportation for the Life Insured to travel to the principal country or region of residence of that close relative.
- 5


Repatriation of mortal remains

In the unfortunate event of the Life Insured's passing overseas, EAHK will assist with all necessary formalities and cover transportation costs to return the mortal remains to a location chosen by the legal representative of the Life Insured.

Remarks: Services under Worldwide Care Connect are delivered by EAHK and are subject to EAHK’s terms and conditions, and the Terms and Conditions in this leaflet. The Life Insured or a representative on his/her behalf must contact the 24-hour EAHK Hotline for the arrangement of all listed services.

Assistance services that help navigate your needs

- 6

Medical service provider referral

If the Life Insured is in an unfamiliar overseas location, EAHK can provide names, addresses, phone numbers, and office hours of local physicians, hospitals, clinics, and dental facilities upon request.
- 7

Making doctor's appointments and getting medical advice

EAHK will assist the Life Insured in arranging appointments with general practitioners or specialists. If local facilities are unreachable or the Life Insured needs medical advice, Life Insured can pay at their own cost to receive telephone medical advice of general practitioners or specialists referred by EAHK.
- 8

Dispatching medication and equipment

Upon request from a local attending physician, EAHK will, while possible and legally permissible, dispatch essential medicines and/or medical equipment that are not locally available. Life insured will be responsible for the cost of the items dispatched and any shipping costs.
- 9

Legal service referral and coverage

EAHK will provide referrals for legal assistance if the Life Insured encounters overseas criminal and civil cases. Legal fees incurred will be covered up to a limit of USD3,900.

Simply call to receive the Worldwide Care Connect services

The Life Insured, or the representative can contact* the EAHK’s 24-hour Worldwide Care Connect hotline at +852 3128 0135, operating in Cantonese, Mandarin and English.

24-hour Worldwide Care Connect Hotline: +852 3128 0135

Required information*:

1. Name of the Life Insured
2. ID or passport number of the Life Insured
3. Policy number of the Policy
4. (Applicable to repatriation service only) The name, address and telephone number of the hospital or other medical facility where the Life Insured has been attended, as well as the name, address and phone number of the attending physician and, if necessary, the family doctor of the Life Insured.

* Please provide the required information for assistance at your best effort in a reasonable time (within 7 calendar days where possible) of the occurrence of the emergency.

* Life Insured’s / the representative’s personal information collected by EAHK will be handled in accordance with EAHK’s own Data Privacy Notice. EAHK may not offer a level of protection for personal information or privacy policies equivalent to HSBC Life.

Terms and Conditions (T&C)

General (applicable to both HomeCare 100 and Worldwide Care Connect):

- The value-added services specified in this leaflet, namely “HomeCare 100” and “Worldwide Care Connect” (“Services”) are provided by independent third-party service providers (“Service Provider(s)”). HSBC Life (International) Limited (“**HSBC Life**”, “**the Company**”, “**our**” or “**us**”) is not the provider of the Services. HSBC Life makes no representation, warranty or undertaking as to the availability and quality of the Services, and shall not be responsible or liable for the Services provided by the Service Providers. For any disputes in relation to the Services, please settle directly with the Service Providers. Under no circumstances shall HSBC Life be responsible or liable for any act, omission or negligence in provision of the Services by the Service Providers. The general information provided for the Services is for reference only and shall not be considered as a medical treatment, diagnosis or recommendation. If you have any questions or enquiries, please seek advice from a Registered Medical Practitioner. The Services are subject to change from time to time at HSBC Life's sole discretion. HSBC Life reserves the right to amend, suspend or terminate any of the Services, including the Service Providers and any details or terms and conditions relating thereto, at any time without prior notice at its absolute discretion. In the event of dispute, HSBC Life reserves the right of final decision. You may need to settle directly with the Service Providers for the Service (if applicable). For details, please contact the Service Provider.
- The Services, at all times, shall be subject to these terms and conditions as determined by the Company (“**Terms and Conditions**”) and the terms and conditions of the Service Providers.
- Life Insured of the Policy is eligible for the Services, provided that the in-force HSBC Bright Income (the “Policy”) is issued and he/she meets the requirements stated in these Terms and Conditions, and the terms and conditions of the respective Service Providers. If the change of the Life Insured is exercised, the former Life Insured will no longer be eligible for the Services. However, in HomeCare 100 which the Service can only be activated once per Policy, if the former Life Insured has activated HomeCare 100 and has been issued a HomeCare 100 service confirmation letter from HSBC Life, the new Life Insured will not be eligible for HomeCare 100.
- The Company is not responsible for and shall have no liability in respect of the use of personal data by the Service Providers.
- These terms and conditions are subject to prevailing regulatory requirements and are governed by and construed in accordance with the laws of the Hong Kong Special Administrative Region (“**Hong Kong SAR**”).

HomeCare 100 – Terms and Conditions:

- HomeCare 100 is provided by QHNA and is subject to QHNA’s terms and conditions. Please contact QHNA for details of its terms and conditions, the service scope, fees and service arrangements.
- If the Life Insured is diagnosed with any Critical Illness by a Registered Medical Practitioner after the Waiting Period (as defined below) and the Life Insured has survived for no less than fourteen (14) days following the diagnosis of Critical Illness, you may activate HomeCare 100. Critical Illness does not include any Pre-existing Condition as defined in this Terms and Conditions from which the Life Insured was suffering prior to the Issue Date, the Policy Date or the effective date of reinstatement, or the effective date of Change of Life Insured whichever is the latest. HomeCare 100 will not be activated in the following circumstances:
 - Critical Illness is caused directly or indirectly by Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or infection by Human Immunodeficiency Virus (HIV);
 - Critical Illness arises as a result of suicide, attempted suicide or intentionally self-inflicted injury, whether the Life Insured is sane or insane at the time of such injury, suicide or attempted suicide as the case may be;
 - Any physical conditions for which no benefit is payable under the Waiting Period;
 - Critical Illness is caused directly or indirectly by the taking of drugs (except under the direction of a Registered Medical Practitioner), poison or alcohol;
 - Critical Illness is caused directly or indirectly by war or any act of war, declared or undeclared, riots, insurrection or civil commotion; or
 - Critical Illness is resulted from participation in any criminal event.
- To apply for activation of HomeCare 100, the Policyholder and Life Insured shall sign and submit the HomeCare 100 service activation form to HSBC Life, together with the Life Insured’s diagnosis proof of Critical Illness by a Registered Medical Practitioner which is required as supporting documentation.

9. In the event of dispute related to the eligibility of HomeCare 100, the decision of the Company shall be final and conclusive. If there are any disputes on the Service, please contact and settle with the Service Provider directly.
10. Notice and Proof of an activation:
 - a. An activation must be made within ninety (90) days of the Life Insured becoming aware that he/she is suffering from designated Critical Illness and whilst this Policy (including this Service) are in force. If the activation is not made within the time specified, we will not be liable to pay any benefit under this Service unless it is shown, to our satisfaction, that it was not reasonably practicable to make such an activation, and that the activation was made as soon as reasonably practicable.
 - b. Proof of occurrence of the designated Critical Illness must be provided by the Life Insured or Policyholder in the form of medical report from the appropriate Registered Medical Practitioner as agreed by us, at his or her confirmatory result from medical investigations acceptable to us including but not limited to, clinical, radiological, histological, and laboratory evidence. We reserve the right to require the Life Insured to undergo an examination or other reasonable and appropriate tests to confirm the occurrence of the designated Critical Illness, in which the cost shall be furnished by the Life Insured / Policyholder.
 - c. If the Life Insured is diagnosed by the Registered Medical Practitioner in the Mainland China as suffering from a designated Critical Illness, medical evidence proof that is satisfactory to us must be provided by a Designated Mainland China Hospital.
11. Upon the approval of the activation of HomeCare 100 by the Company, service confirmation letter will be issued by the Company for the redemption of HomeCare 100 and will be sent to the Policyholder’s correspondence address or email address, whichever is applicable. The Policyholder’s correspondence address or email address in the Company’s record must be valid and up to date until the issuance of the service confirmation letter(s). The service confirmation letter(s) are not replaceable in the event of any loss or damage, or delivery failure (such as due to an invalid correspondence address). Please use the service confirmation letter(s) as proof of eligibility for and the redemption of HomeCare 100 from QHNA. Please refer to the instructions on the service confirmation letter to contact QHNA for service arrangement.
12. HomeCare 100 can be activated once only per policy. For the avoidance of doubt, HomeCare 100 cannot be withdrawn, reversed or changed once the service arrangement is activated.
13. The Services provided by QHNA are subject to QHNA’s terms and conditions, and you may need to pay for costs which are not covered by the Company under HomeCare 100. The Company will only be responsible for the expenses payable to QHNA associated with the 100-hour complimentary home nursing service and will not be responsible for any other expenses payable to QHNA or any third party including but not limited to any costs associated with any upgrade of the complimentary home nursing service to professional care service, emergency service arrangements, cancellation fees, additional fees for services provided in remote areas or the outlying islands of Hong Kong SAR, or any other services provided by QHNA. Customer is responsible for settling any additional expenses payable to QHNA or any third party directly.
14. The Company does not represent QHNA and QHMS which are an independent service provider. The Company does not bear any responsibility and shall have no liability in respect of the delivery of, or the quality of services, terms and conditions, services after redemption provided by QHNA and QHMS. The Company shall not be liable nor responsible for any loss, damages or costs which may be incurred directly or indirectly due to or arising from any services provided by QHNA and QHMS.
15. The Company reserves the right to replace or suspend HomeCare 100 with any alternative service from any Service Provider without prior notice. HomeCare 100 (or any alternative service) cannot be converted to cash, and their use is subject to these Terms and Conditions and those stipulated by QHNA and QHMS.

HomeCare 100 - Definitions:

“Critical Illnesses” mean one of the following:

- (i) Cancer
- Cancer is a malignant tumour, characterised by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissue. The cancer must be confirmed by histological evidence of malignancy on a pathology report. The term cancer includes leukemia, lymphoma, and Hodgkin’s disease.
- The following cancers are excluded:
- All tumours which are histologically described as benign, pre-malignant or dysplasia;
 - Any lesion described as carcinoma in-situ;
 - All skin cancers other than malignant Melanomas;
 - Cervical Intra-epithelial Neoplasia (CIN I, CIN II, or CIN III) or Squamous Intra-epithelial lesion;
 - Tumours of the ovary classified as T1aN0M0 or FIGO 1A;
 - Prostate cancers which are histologically described as TNM Classification T1a or T1b or are of another equivalent or lesser classification;
 - Chronic Lymphocytic Leukaemia less than RAI Stage 3;
 - Any tumour of the thyroid histologically classified as T1N0M0 or a lower stage according to the TNM Classification.
- (ii) Heart Attack
- Heart Attack is the death of a portion of the heart muscle (myocardium) as a result of inadequate blood supply, where all of the following criteria are met:
- A history of typical chest pain;
 - New characteristic ECG changes indicating acute myocardial infarction at the time of the relevant cardiac incident; and
 - Either
 - i. elevation of cardiac enzymes (CPK-MB) at levels above the generally accepted laboratory levels of normal, or
 - ii. troponins recorded at a level of Troponin I > 0.5 (zero point five) ng/ml or higher.
- (iii) Stroke
- A cerebrovascular incident resulting in irreversible death of brain tissue due to intra-cranial hemorrhage or due to embolism or due to thrombosis in an intra-cranial vessel. Subarachnoid hemorrhage is also covered under this definition. This event must result in neurological functional impairment with objective neurological abnormal signs on physical examination by a Registered Medical Practitioner who is a neurologist at least six (6) weeks after the event. The diagnosis must also be supported by findings on magnetic resonance imaging (MRI), computed tomography (CT) scan or cerebral spinal fluid examination and must be consistent with the diagnosis of a new stroke.
- The followings are excluded:
- Transient Ischaemic Attacks (TIA) with symptoms lasting less than twenty four (24) hours;
 - Brain damage due to an Accident or injury, infection, vasculitis, inflammatory disease or migraine;
 - Disorders of the blood vessels affecting the eye including infarction of the optic nerve or retina;
 - Ischaemic disorders of the vestibular system;
 - Asymptomatic silent stroke found on imaging.

“Designated Mainland China Hospital” means the list of Hospitals in the Mainland China as designated and updated by us from time to time at our own discretion without prior notice. The list of designated Hospitals in the Mainland China is available on HSBC HK website.

“Pre-existing Condition” means any condition or illness:

- which existed or was existing; or
- where its cause existed or was existing; or
- where the Life Insured had knowledge, signs or symptoms of the condition or illness; or
- where any laboratory test or investigation showed the likely presence of the condition or illness; or
- where the Life Insured has demonstrated signs or symptoms of cognitive impairment including but not limited to memory loss, difficulty with time relationships, unable to function independently either at work, home or in the community or is not fully capable of self-care.

prior to the Issue Date, the Policy Date, the effective date of last reinstatement of the Policy, or the effective date of Change of Life Insured whichever is the latest.

“Registered Medical Practitioner” means any Medical Practitioner duly qualified and legally registered as such under the Medical Registration Ordinance of the Hong Kong SAR or any amendment thereto, or otherwise authorised and entitled to practise western medicine in any other country/region as accepted by us in accordance with the laws of that country/region and who is other than the Life Insured or the Policyholder or a member of the Life Insured’s or the Policyholder’s immediate family.

“Waiting Period” means no HomeCare 100 shall be activated if any physical condition, that results in an activation of HomeCare 100 otherwise payable by the Company in respect of a designated Critical Illness is:

- (1) diagnosed;
- (2) treated;
- (3) for which a Registered Medical Practitioner was consulted; or
- (4) for which the existence or onset of signs or symptoms of any illness or disease were present,

from:

- (a) the Policy Date or the Issue Date (whichever is latest) to the ninety (90) days or
- (b) if reinstatement of the Policy or Change of Life Insured has taken place, the waiting period will either be the ninety (90) days date of last reinstatement of the Policy, or the effective date of Change of Life Insured (as the case may be).

For more information, please contact our HSBC Life Service Hotline at +852 2583 8000, visit any HSBC branch or make an appointment with one of our Insurance Advisors in Hong Kong.

Browse www.hsbc.com.hk/insurance

Quality HealthCare Nursing Agency Hotline: +852 2975 2391

24-hour Worldwide Care Connect Hotline: +852 3128 0135

Disclaimer:

HSBC Life (International) Limited is incorporated in Bermuda with limited liability (“HSBC Life”, “the Company”, “we” or “us”) and is authorised and regulated by the Insurance Authority of the Hong Kong SAR to carry on long-term insurance business in the Hong Kong SAR. The Hongkong and Shanghai Banking Corporation Limited (“HSBC”) is registered in accordance with the Insurance Ordinance (Cap. 41 of the Laws of Hong Kong Special Administrative Region) as an insurance agency of the Company for the distribution of life insurance products in the Hong Kong Special Administrative Region. Insurance products provided by HSBC Life are only intended for sale through HSBC in the Hong Kong Special Administrative Region.

In respect of an eligible dispute (as defined in the Terms of Reference for the Financial Dispute Resolution Centre in relation to the Financial Dispute Resolution Scheme) arising between HSBC and you out of the selling process or processing of the related transaction, HSBC is required to enter into a Financial Dispute Resolution Scheme process with you. However, any dispute over the contractual terms of insurance products should be resolved between the Company and you directly.

The Company and the third-party service providers accept full responsibility for the accuracy of the information contained in the leaflet and confirm, having made all reasonable enquiries, that to the best of its knowledge and belief there are no other facts the omission of which would make any statement misleading.

The mentioned Value-added Services are not a part of the product brochures, policy provisions or illustrations of any insurance plans issued by HSBC Life and does not entail or represent any insurance obligations or contractual liabilities undertaken by the Company. The information in this leaflet is for general information purposes only. This leaflet does not constitute any kind of advice or recommendations from HSBC or the Company. Information in this leaflet is subject to change without notice.

September 2025



终身人寿保险 汇越保险计划

投资财富 投入惬意生活



汇丰保险
HSBC Life

坐享潜在现金流 生活真正无忧

历经数十载的拼搏，能够安享无忧的退休生活，是每个人所向往的重要里程碑。为达成这个目标，尤其在当下面对寿命延长与生活成本上升的环境中，更需要周详的规划。因此，及早制定完善的财务规划至关重要，方能持续创富，让您真正放开怀抱，投入理想的退休或半退休生活。

汇越保险计划（「汇越」、「本计划」或「本保单」）创造潜在流动财富收入及提供医疗保障，让您活出更精彩的黄金岁月。此终身人寿储蓄计划不仅助您缔造丰裕的退休生活及长线财富累积，更守护您的资本，让财富得以世代传承。

配合灵活资产管理选项，以及概念崭新、市场首创*的「银龄守护」保障，支持您的医疗需求，让您真正退而无忧，专注享受您最珍视的美好时光。

汇越是一款具储蓄成分及非保证回报的长期分红寿险产品。保费的一部分用于支付保险及相关费用。本计划并不等同于或类似任何形式的银行存款、年金或延期年金。保单持有人不能透过本计划获享税务扣除。

* 市场首创产品特点为：(i) 健康守护入息及 (ii) 特别医疗权益的组合特点。本计划「市场首创」之表述是我们根据截至2025年8月对其他香港特别行政区的市场同业公开发售的同类长期分红保险计划比对后，对现有市场资讯的解读。



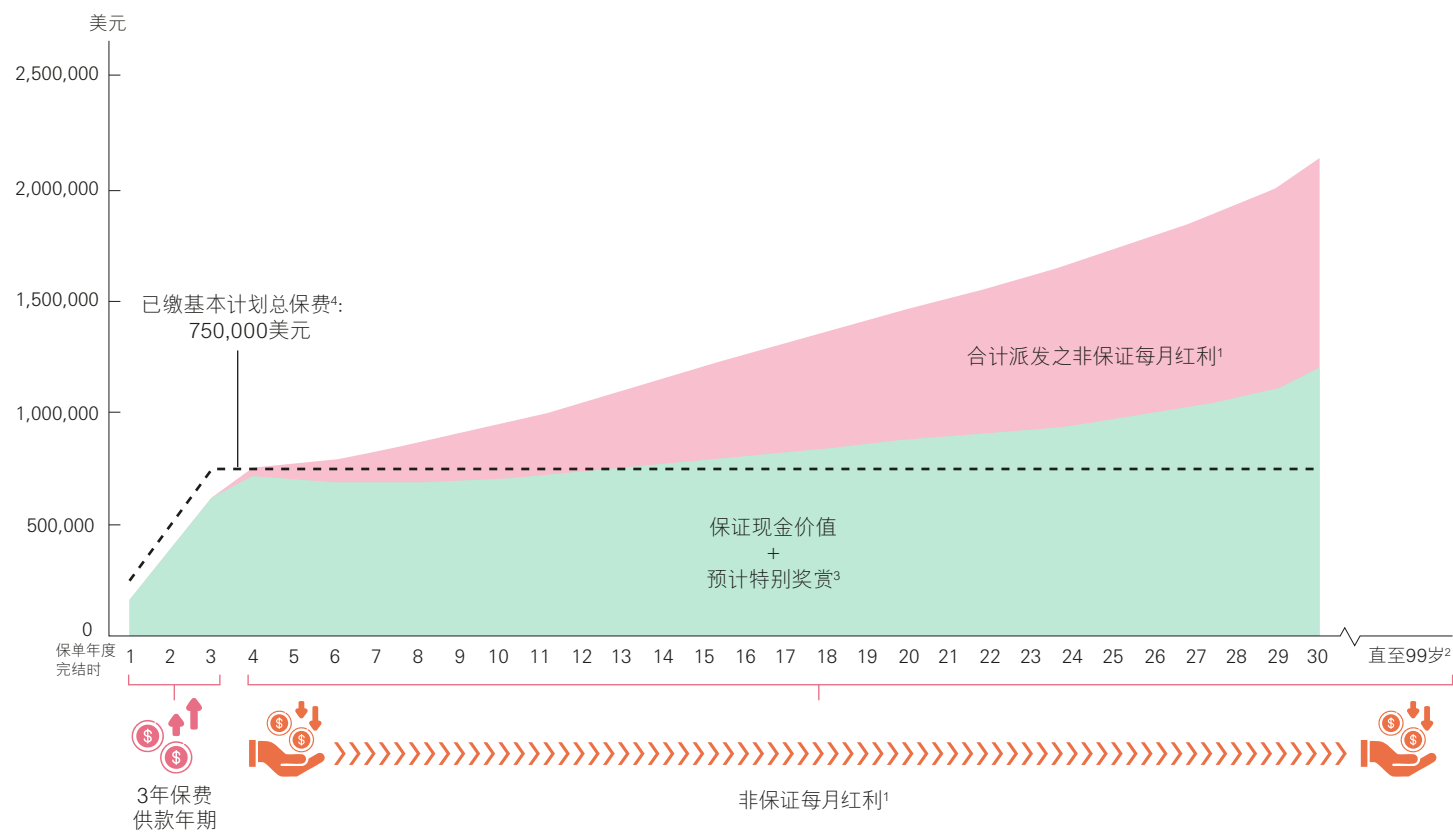
创造及累积财富 成就世代传承

终身派发非保证每月红利¹

透过汇越，您可以获派发非保证每月红利¹直至99岁²，满足财务需要之余并不会蚕食保单价值的保证部分。

合计派发之非保证每月红利¹连同保证现金价值及预计特别奖赏³说明

假设保费供款年期为3年（美元保单），
且非保证每月红利¹自第4个保单年度起开始派发



- 保证现金价值与特别奖赏³将随保单期递增，惟特别奖赏³为非保证金额。
- 每月红利¹的金额属非保证，并于保单期内按本公司的酌情权派发。

备注：若您选择累积非保证每月红利¹与利息，您可将非保证的预计每月红利¹积存于本公司以累积利息，累积息率并非保证。本公司目前假设用于利息累积的美元年利率为4.25%，港币年利率为3.5%，实际利率可随时由本公司酌情调整，并不会作出提前通知。

计划选项#	保费供款年期	派发非保证每月红利 ¹ 开始日期	非保证每月红利 ¹ *的年度预计派发率	
			美元	港币
1	3年	由第4个保单年度开始 (第37个月结日)	保单金额 ⁵ 的4.6%	保单金额 ⁵ 的3.8%
2		由第11个保单年度开始 (第121个月结日)	保单金额 ⁵ 的6.5%	保单金额 ⁵ 的5.5%
3		由第16个保单年度开始 (第181个月结日)	保单金额 ⁵ 的8.2%	保单金额 ⁵ 的7.2%
4	5年	由第6个保单年度开始 (第61个月结日)	保单金额 ⁵ 的5.0%	保单金额 ⁵ 的4.0%
5		由第11个保单年度开始 (第121个月结日)	保单金额 ⁵ 的6.3%	保单金额 ⁵ 的5.3%
6		由第16个保单年度开始 (第181个月结日)	保单金额 ⁵ 的7.9%	保单金额 ⁵ 的6.9%

非保证每月红利¹派发选项



选项一（预设支付方式）：发放红利

非保证每月红利¹将每月派发。



选项二：积存生息

您可选择积存非保证每月红利¹并获取非保证利息，非保证每月红利¹积存的非保证息率将由本公司不时厘订，并不会作出提前通知。您亦可在按照我们的程序下，于任何时候从保单提取积存的非保证每月红利¹及利息（如有）。

[#] 您须在申请时选定非保证每月红利¹派发开始日期。请注意，这是一次性决定，一旦确定且保单已签发后，将不能更改。
^{*} 本计划之非保证每月红利¹派发乃根据目前假设投资回报而定，属非保证性质。实际派发金额可随时变动，非保证每月红利¹可能高于或低于利益说明文件中所示数字，在某些情况下非保证每月红利¹甚至可能为零（即您可能在某月没有获得任何红利）。

透过更改投保人实现持续的财务保障



在第一个保单周年日之后或本保单于保费供款年期完结后全数缴清（以较迟者为准），您可随时灵活更改保单中的投保人，以配合您的遗产规划及财富传承目标。

非保证每月红利¹将持续派发予保单持有人，直至投保人年满99岁²。若更改新的投保人，红利派发亦会持续至新投保人年满99岁²，确保您的挚爱可持续受惠。此外，您亦可指定第二保单持有人，以确保若您不幸身故，保单仍能由您信任的人士妥善管理。



资产灵活增长

保单价值有可能透过以下计划特点随时间递增:



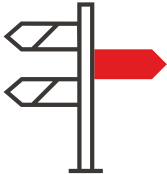
保证现金价值

此为保单期内持续递增的保证保单价值，为您提供保证回报，并为丰盛未来及财富传承奠下稳健根基。



特别奖赏³

此为非保证的保单价值，旨在提升您的整体回报。



保单价值管理权益

此选项让您可锁定本计划中的部分净现金价值，并调拨至保单价值管理收益结余，既可减低市场波动风险，同时以非保证息率积存利息。



本计划不仅为您提供稳健的财务保障与灵活资金运用，更配备全面的医疗保障，让您安枕无忧，享受丰盛退休生活。

一心关注您健康



立即打开, 内有更多贴心保障!

创新保障 专享更多关顾

市场首创*银龄守护

我们深信，无忧的退休或半退休生活不仅需财政稳健，更需让您心安无忧，尽情享受黄金岁月。为此，我们特别推出崭新保障——银龄守护，配合您与时俱进的健康需要。



轻松享有银龄守护 毋须额外步骤

毋须医疗检查⁺

毋须缴付额外费用

^{*} 市场首创产品特点为：(i) 健康守护入息及 (ii) 特别医疗权益的组合特点。本计划「市场首创」之表述是我们根据截至2025年8月对其他香港特别行政区的市场同业公开发售的同类长期分红保险计划比对后，对现有市场资讯的解读。

⁺ 全期总保费金额上限均以每名受保人计算，而批核中的「保证核保」或「简易核保」申请及已生效保单乃根据受保人之受保年龄或有所不同。该金额指「本公司」决定及计算下之「本计划」总保费金额。有关核保要求，请向汇丰分行查询。本公司保留权利根据受保人及 / 或保单持有人于投保时所提供之资料而决定是否接受有关之投保申请。详情请参阅计划摘要。

备注：健康守护入息及特别医疗权益对任何于已存在的状况⁶及不保事项⁷将不予支付。详情请参阅本保单之条款。

健康守护入息



当受保人确诊任何指定疾病[®]后, 即可每月获**额外保障, 金额相当于保单金额⁵的1.5%年利率**, 派发年期为5年 (或至保单终止时随即终止, 以较早者为准)。此项保障设有等候期[®], 与您的保费供款年期[®]相同。每位受保人于汇丰保险所有保单中的每月最高赔偿限额为4,000美元 / 港币32,000元 (以您的保单货币为准)。

保障范围包括以下指定疾病:

- 肾衰竭
- 丧失肢体
- 帕金森症
- 严重认知障碍
- 中风

有关指定疾病的定义及此附加保障的详情, 请参阅健康守护入息之保单条款。

特别医疗权益



为提供更大的财务灵活性及安心保障, 若受保人确诊以下任何三种危疾之一[®]: 癌症、中风或心脏病, 可选择在较早的保单年度**申请退还已缴保费及任何非保证保单价值** (如有) (根据下列之计算), 不設任何等候期。

特别医疗权益

已缴基本计划总保费^{4*}
或
保证现金价值
(以较高者为准)

+

特别奖赏³
(如有)

+

积存非保证
每月红利¹及利息
(如有)

+

保单价值管理
收益结余
(如有)

-

债项¹⁰

当特别医疗权益赔付后, 保单将会终止。有关危疾的定义, 请参阅特别医疗权益之保单条款。

⁵ 上述所示的健康守护入息利率为年利率。健康守护入息按保单金额⁵的0.125%按月支付, 并以舍入调整。且不可按年支付。
[®] 受保人经诊断患上指定疾病后存活不少于14天。
^{*} 已缴基本计划总保费⁴指您已支付并由本公司收到的基本计划保费总额, 加上截至受保人身故日或根据任何附加利益条款终止本保单之日 (以较早者为准) 时尚未缴纳的基本计划保费。合计保费的保单当中的合计保费金额结余及其累积利息将不会计算在已缴基本计划总保费⁴内, 除非及直至该部分的保费于该日期实际已到期。



从容面对未知 规划自信未来

灵活支付身故赔偿

根据本公司的通行规则和条件以及保单条款，本计划提供4种身故赔偿支付选项，让您可灵活决定如何于受保人身故后给予挚爱最适切的财政保障。身故赔偿将根据您所选的方式付予指定受益人。您可从以下4种支付赔偿选项中选择，部分选项将以每年定期方式全部或部分支付身故赔偿，为受益人逐步提供财政支持：



1. 一笔过全数付款；或



2. 分10、20或30年每年分期付款；或



3. 部分金额先以一笔过付款，剩余部分以您指定年期（分2至30年）分期支付；或



指定年龄前



於指定年龄

4. 每年分期付款，直至指定受益人达到您指定的年龄，以一笔过支付余额。



无忧后备管理服务

您可根据保单条款及本公司通行规则和条件, 指定一名直系亲属为无忧后备管理服务收款人。

若您经注册医生确诊以下任何一种医疗状况时, 您的指定直系亲属可代表您本人, 于保单一笔过提取部分款项 (现金价值总和的10%至50%) :

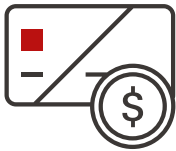


脑皮质坏死	严重头部创伤
昏迷	精神上无行为能力
不能独立生活	瘫痪

此安排让指定的直系亲属能即时为您提供财政支援, 例如可以应付突发医疗或长期护理开支, 同时让您的保单继续为您的未来提供保障。

详情请参阅无忧后备管理服务单张及其保单条款。

失业延缴保费保障



若保单持有人于65岁²前连续失业30日或以上, 缴付到期保费的宽限期可延长达365日, 而期间受保人仍然获享保单的全部保障。

额外意外死亡保障



若受保人在保单完结或80岁²前 (以较早者为准) 不幸因意外而导致死亡, 受益人除可取得身故赔偿外, 另可收取**额外已缴基本计划总保费⁴的30%**作为额外意外死亡保障赔偿。每位受保人名下之所有汇丰保险保单的额外意外死亡保障金额总上限为3,000,000美元或其他等值。

专设增值服务 安心感全面提升

当您步入退休或半退休生活, 我们深知您在此旅程中的独特需要。为此, 我们特别提供专属增值服务—「居家护理100」与「环球护联」—旨在为您提供所需支援与安心保障。



坚实支援 守护脆弱时刻



居家护理100 (由卓健医疗服务有限公司旗下卓健护理介绍所提供)



于增值服务单张的条款及细则下列明之等候期后, 若受保人不幸确诊患上以下任何3种危疾* 其中之一: 癌症、中风或心脏病, 由健康服务助理提供的**合共100小时免费居家护理服务**将启动, 助您安心踏上复康之路。依据卓健护理介绍所的评估和建议, 您亦可选择自费以特惠价升级至专业护理服务。

* 危疾不包括受保人在签发日期、保单日期、最近一次保单复效的生效日期或更改受保人的生效日期 (以较迟者为准) 前已知已存在的状况。受保人经诊断患上指定疾病后存活不少于14天。启动必须在受保人获悉患上指定危疾当日起计90日内提出。



随时随地照顾您所需



环球护联 (由国际救援 (香港) 有限公司提供)



保单受保人在本保单的冷静期后, 于主要居住国家或地区以外连续停留不超过180日的情况下, 均可享有以下24小时紧急支援及援助服务, 随时应对任何紧急情况。

紧急支援项目

- 医疗撤离及 / 或治疗后护送服务
- 护送随行受抚养子女返回居住地
- 亲友慰问探访
- 回程慰问亲友
- 遗体运送

援助服务

- 医疗服务机构转介
- 预约医生及医疗咨询
- 药物及医疗器材配送
- 法律服务转介及费用保障




24小时环球护联热线: +852 3128 0135

详情请参阅我们的增值服务单张与其条款及细则。

「居家护理100」和「环球护联」(统称为「服务」)由独立第三方服务供应商(「服务供应商」)提供。汇丰保险并非服务供应商或其代理人。汇丰保险不会就相关的服务的可用性及其质素作陈述、保证或承诺, 并且不会就服务供应商所提供的服务承担任何责任或义务。在任何情况下, 本公司均不会对服务供应商在提供服务时的作为、不作为或疏忽承担任何责任或义务。本服务所提供的一般资料仅供参考, 并不应被视为医疗治疗、诊断或建议。如有任何疑问或查询, 请向注册医生寻求意见。本公司可随时全权酌情更改本服务, 保留随时修改、暂停或终止任何本服务(包括服务供应商及任何相关详情或条款及细则)的绝对权利, 且毋须另行通知。如有任何争议, 本公司将保留最终决定权。在「居家护理100」中, 若您选择以特惠费用升级至专业护理服务, 您需直接与服务供应商结算有关服务费用。如需了解详情, 请联络服务供应商。

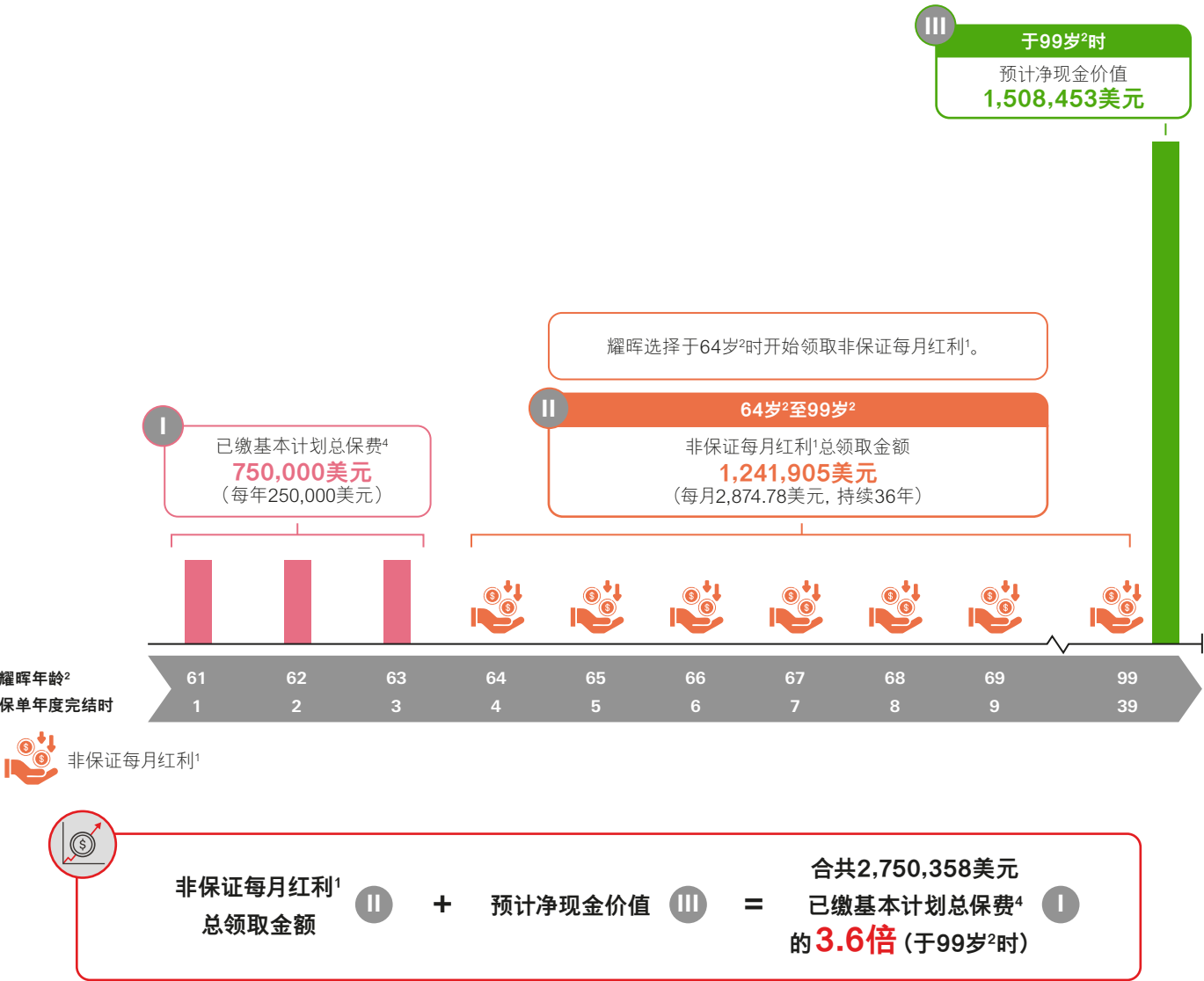
参考个案1

建立持续潜在财富 稳妥医疗保障



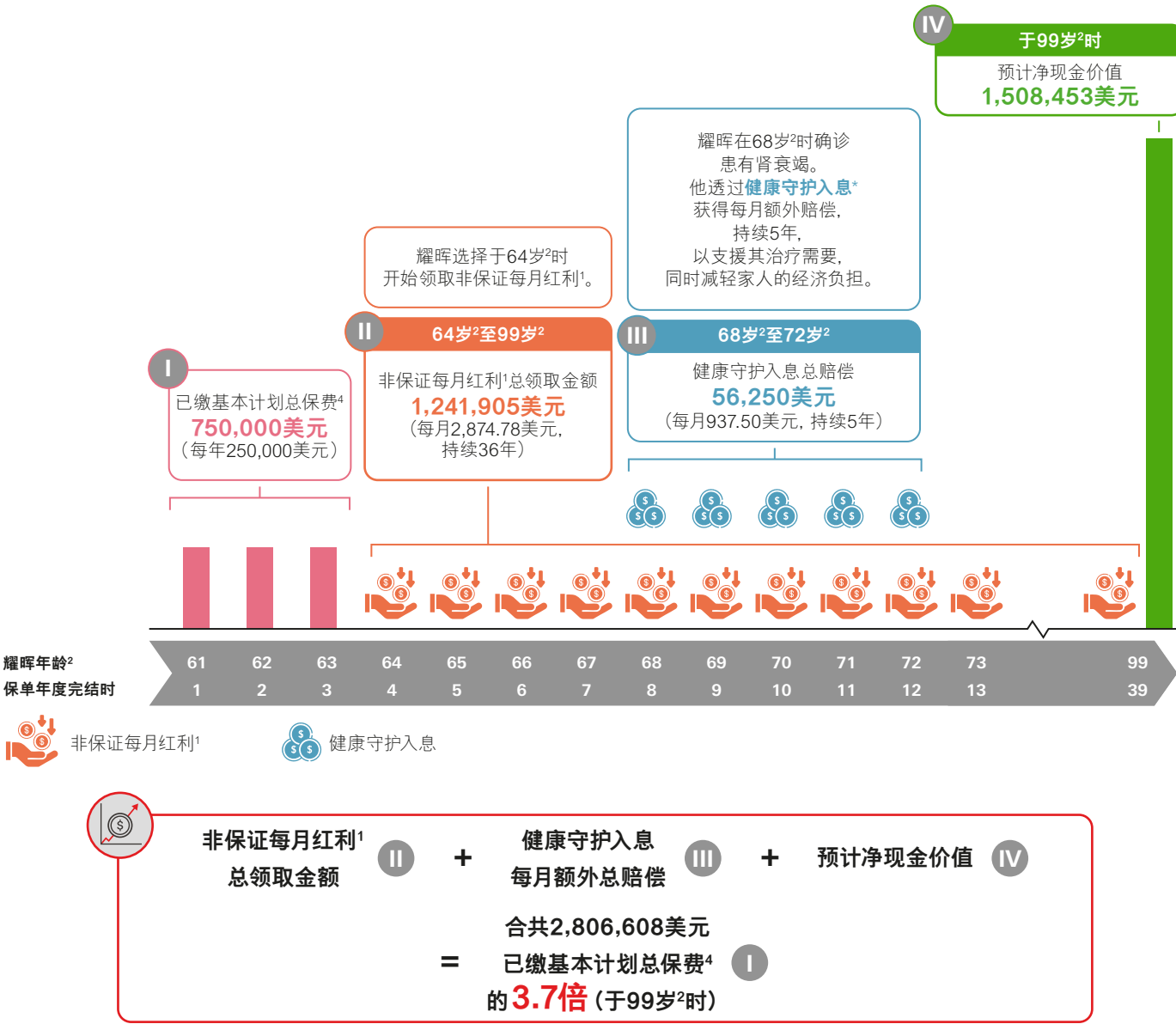
60岁²的耀晖已婚，希望在确保他与妻子具充足退休储备的同时，获得持续稳健的流动财富收入，并加强额外的医疗保障。

情况1：耀晖领取非保证每月红利¹并保持健康体魄



保单持有人及受保人	耀晖 (60岁 ²)	保费供款年期	3年
每年保费	250,000美元	已缴基本计划总保费 ⁴	750,000美元
非保证每月红利 ¹ 派发方式	发放红利		
派发非保证每月红利 ¹ 开始日期	由第4个保单年度开始 (第37个月结日)		
非保证每月红利 ¹ 的年度预计派发率	保单金额 ⁵ 的4.6%		
非保证每月红利 ¹	2,874.78美元		

情况2：耀晖领取非保证每月红利¹，并于68岁²时确诊患有肾衰竭



备注：以上显示数字及图表均以上述假设为基础，并经舍入调整。

参考个案2

为未来世代累积财富



45岁²的企业家澄文，与妻子合力照顾5岁²儿子家杰。他希望得到人寿保障的同时，亦可实现长期财富增值，并确保能灵活地将财富传承给下一代，以维持儿子的生活水平。



合计派发的非保证每月红利^{1*}



积存非保证每月红利¹及利息总额（如有）

保单持有人及受保人

第1代



澄文（45岁²）

- 澄文于45岁²时投保本计划，缴付每年保费333,333美元，保费供款年期为3年。
- 于第16个保单年度完结时，61岁²的澄文自该保单年度开始起积存非保证每月红利¹及利息，以支持他儿子的未来需要，确保他能享有更大的财务保障。
- 于第35个保单年度完结时，80岁²的澄文将保单持有人及受保人变更为其40岁²的儿子家杰。

保单年度完结时

保单签发

16

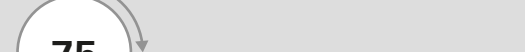


35

35



75



97



非保证每月红利¹金额

I 积存金额

II 合计派发的非保证
每月红利^{1*}

III 保证现金价值

IV 特别奖赏³

I + II + III + IV /
已缴基本计划总保费⁴



积存非保证每月红利¹及利息总额：
2,554,476美元
（从第16个保单年度开始至第35个保单年度完结时）

1,090,701美元

1,632,016美元

合共5,277,194美元
已缴基本计划总保费⁴的5.2倍



积存非保证每月红利¹及利息总额：
13,500,332美元
（从第1代至第75个保单年度完结时）



合计派发的非保证每月红利¹：
3,279,873美元
（从第35个保单年度完结时更改保单持有人及受保人后的首个月结日起至第75个保单年度完结时）

1,279,543美元

11,084,111美元

合共29,143,859美元
已缴基本计划总保费⁴的29.1倍



提取积存非保证每月红利¹及利息总额：
13,500,332美元



合计派发的非保证每月红利¹：
1,803,930美元
（从第75个保单年度完结时更改保单持有人及受保人后的首个月结日起至第97个保单年度完结时）

1,396,994美元

36,858,369美元

合共53,559,625美元
已缴基本计划总保费⁴的53.5倍

- 若选择累积非保证每月红利¹与利息，您可将非保证的预计每月红利¹积存于本公司以累积利息，累积息率并非保证。本公司目前假设用于利息累积的美元年利率为4.25%，实际利率可随时由本公司酌情调整。
- 以上显示数字及图表均以上述假设为基础，并经舍入调整。
^ 「合计派发的非保证每月红利¹」是指在保单有效期内支付给您的非保证每月红利¹总额，并不含有任何利息。此金额不应理解为保单期终止的总保单价值。

参考个案3

财务应变 自如应付突发情况



佩莹是一位40岁²的中产人士，她希望累积退休储备以支持她将来理想的微退休生活，同时建立保障，安心应对突如其来的现金流需要。

保单持有人及受保人	佩莹 (40岁 ²)	保费供款年期	5年
每年保费	30,000美元	已缴基本计划总保费 ⁴	150,000美元
非保证每月红利 ¹ 派发方式	积存非保证每月红利 ¹ 及利息		
派发非保证每月红利 ¹ 开始日期	由第6个保单年度开始 (第61个月结日)		
非保证每月红利 ¹ 的年度预计派发率	保单金额 ⁵ 的5%		
非保证每月红利 ¹	625.05美元		

佩莹在48岁²时确诊癌症，她行使**特别医疗权益**支付医疗开支，并在康复期间使用**居家护理100**接受居家护理。当特别医疗权益一旦被行使后，本保单将自动终止⁶。

于48岁²时
特别医疗权益⁷: **175,575美元** (已缴基本计划总保费⁴的**1.17倍**)

✓ 已缴基本计划总保费⁴
150,000美元
或
保证现金价值
126,957美元

+

积存非保证
每月红利¹及利息 (如有)
23,925美元

+

特别奖赏³
1,650美元

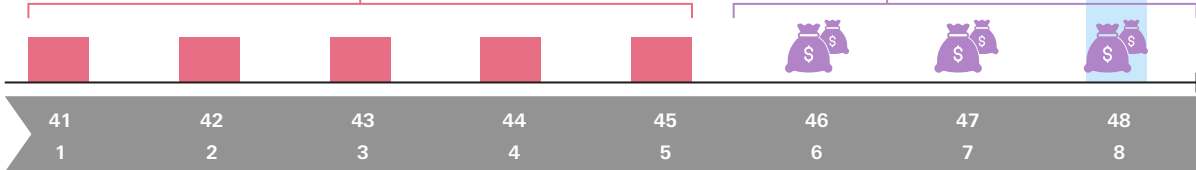
佩莹选择积存非保证
每月红利¹以获取利息。

46岁²至48岁²

积存非保证每月红利¹及
非保证利息 (如有)
23,925美元

已缴基本计划总保费⁴
150,000美元
(每年30,000美元)

佩莹年龄²
保单年度完结时



积存非保证每月红利¹及利息 (如有)

备注:
¹ 如保单持有人于健康守护入息的5年支付期间申请行使特别医疗权益，保单将于支付特别医疗权益后终止，余下之特别医疗权益将不予支付。
² 本公司将向您支付特别医疗权益，金额中相当于以下按索偿处理日期计算之较高者 (已缴基本计划总保费⁴或保证现金价值) 加上特别奖赏³ (如有)、积存非保证每月红利¹及利息 (如有) 及保单价值管理收益结余 (如有) 并扣除任何债项¹⁰。在这个参考个案中，第8个保单年度结束时的已缴基本计划总保费⁴为150,000美元，高于保证现金价值的126,957美元，因此将支付已缴基本计划总保费⁴。
³ 以上显示数字及图表均以上述假设为基础，并经舍入调整。

参考个案

有关上述所有参考个案的备注:

- 以上显示数字及图表均以上述假设为基础, 并经舍入调整。
- 所显示的过往、现时、预计及 / 或潜在利益及 / 或回报 (例如红利、奖赏、利息) 均非保证, 只供说明之用。未来实际利益及 / 或回报可能比现时所示利益及 / 或回报较高或较低。当前示例仅供说明之用, 并不代表实际派发金额及实际情况。有关详情及显示的数字, 请参阅您的利益说明文件所示数字。

有关上述所有参考个案的假设:

- i. 上述参考个案均为假设, 只供说明之用。
- ii. 所有保费均于到期前全数缴付。
- iii. 预计净现金价值包括提取总额 (如有), 其均以假设投资回报计算, 并仅供说明之用。实际所付总额可能高于或低于上述金额。
- iv. 非保证每月红利¹派息率乃根据目前假设投资回报而定, 属非保证性质。实际派发金额可随时变动, 非保证每月红利¹可能高于或低于利益说明文件中所示数字, 在某些情况下非保证每月红利¹甚至可能为零。
- v. 若选择积存非保证每月红利¹及利息, 您可将非保证的预计每月红利¹积存于本公司以累积利息 (如有), 累积息率并非保证。汇越目前假设用于利息累积的美元年利率为4.25%, 实际利率可随时由本公司酌情调整。
- vi. 特别奖赏³及投资回报根据现时红利推算, 因此并非保证。特别奖赏³实际金额并非保证, 并由本公司酌情派发。
- vii. 于本保单有效期间, 并无借取保单贷款。
- viii. 尚未行使无忧后备管理服务。
- ix. 实际情况中, 适用于更改受保人的投保条件各有不同, 须按每宗个案情况而个别评估。

计划摘要

保费供款年期 /
保单年期 / 投保年龄²

选项	保费 供款年期	派发非保证每月红利 ¹ 开始日期	保单年期	投保年龄 ²
1	3年	由第4个保单年度开始 (第37个月结日)	直至99岁 ²	15日至75岁 ²
2		由第11个保单年度开始 (第121个月结日)		15日至70岁 ²
3		由第16个保单年度开始 (第181个月结日)		15日至65岁 ²
4	5年	由第6个保单年度开始 (第61个月结日)		15日至70岁 ²
5		由第11个保单年度开始 (第121个月结日)		15日至70岁 ²
6		由第16个保单年度开始 (第181个月结日)		15日至65岁 ²

您须在申请时选定派发非保证每月红利¹开始日期的选项。请注意，这是一次性决定，一旦确定及保单签发后，将不能更改。

保单货币 美元 / 港币

缴付保费方式 合计保费金额、按月或按年透过以下方式缴付:

- 银行户口转账; 或
- 支票 / 本票 / 汇票 (只适用于缴付首次保费, 不适用于缴付往后保费); 或
- 信用卡

注:

- 如为合计保费金额保单, 除受保人身故或退保外, 合计保费金额结余及其累积利息一经缴付后, 将不可提取。
- 如果您选择按月缴付有关保单年度的保费, 已缴基本计划总保费⁴或该保单年度内须缴付的保费总额, 将会比选择按年缴付的为高。
- 合计保费只适用于3年保费供款年期。

最低保单金额⁵ • 最低的保单金额⁵设定为25,000美元 / 港币200,000元, 即基本计划的最低金额。

(每份保单) • 每份保单按不同保费供款年期及保费缴付方式之最低所需保费:

保费供款年期	缴付保费方式			
	年缴保费		月缴保费	
	美元	港币	美元	港币
3年	8,333	66,666	729	5,833
5年	5,000	40,000	437	3,500

备注: 由于需要将金额调整为整数, 上列保费总额或会与保单中应缴保费总额稍有出入。本说明中的其他数值均作舍入调整。

保证现金价值 保证现金价值是指在保单期内, 您的保单随时间积存的现金价值。此现金价值是按当时适用的保单金额⁵计算。

计划摘要

净现金价值

相等于在任何时候的保证现金价值加上特别奖赏³（如有）及累积非保证每月红利¹及利息（如有），扣除任何债项¹⁰之后的金额。

每月红利¹

每月红利¹的金额是非保证，并由本公司绝对酌情权下于每个月结日决定，毋须预先通知。如于派发非保证每月红利¹时有任何债项¹⁰，非保证每月红利¹将首先用以抵销该债项¹⁰。

非保证每月红利¹将根据您的选项，从指定的保单年度的月结日起开始派发。此派发将持续至保单期满（年满99岁²）。

保费供款年期	派发非保证每月红利 ¹ 开始日期	非保证每月红利 ¹ 年度预计派发率	
		美元	港币
3年	由第4个保单年度开始（第37个月结日）	保单金额 ⁵ 的4.6%	保单金额 ⁵ 的3.8%
	由第11个保单年度开始（第121个月结日）	保单金额 ⁵ 的6.5%	保单金额 ⁵ 的5.5%
	由第16个保单年度开始（第181个月结日）	保单金额 ⁵ 的8.2%	保单金额 ⁵ 的7.2%
5年	由第6个保单年度开始（第61个月结日）	保单金额 ⁵ 的5.0%	保单金额 ⁵ 的4.0%
	由第11个保单年度开始（第121个月结日）	保单金额 ⁵ 的6.3%	保单金额 ⁵ 的5.3%
	由第16个保单年度开始（第181个月结日）	保单金额 ⁵ 的7.9%	保单金额 ⁵ 的6.9%

若因部分退保 / 无忧后备管理服务 / 保单价值管理权益而导致保单金额⁵减少，或若保单上有任何债项¹⁰，应派发的非保证每月红利¹将按比例减少。

每月红利¹派发

您可选择以下方式收取非保证每月红利¹：

选项1: 发放红利（预设支付方式）

非保证每月红利¹将根据本公司的支付程序每月派发。

选项2: 积存生息

您亦可以于本公司积存非保证每月红利¹并获取利息，惟本公司将不时厘订非保证每月红利¹积存的息率。您可根据本公司的程序提取保单内积存非保证每月红利¹及利息（如有）。

预设支付方式「发放红利」将应用于非保证每月红利¹，直至您以本公司指定的表格提交书面要求申请「积存生息」的支付方式，而该新选择的方式只会于本公司接纳及纳入记录后，方可生效。

计划摘要

特别奖赏 ³	<p>特别奖赏³（如有）是非保证的及将由本公司拥有绝对酌情权下派发。任何潜在特别奖赏³的金额将在派发时由本公司决定。</p> <p>本公司将在您全数或部分退保、终止保单、本保单期满或失效，受保人身故、以无忧后备管理服务或根据任何附加利益条款终止本保单形式支付时，向您派发特别奖赏³（如有）。在行使保单价值管理权益后，部分的保证现金价值及特别奖赏³（如有）及积存非保证每月红利¹及利息（如有）将被调拨至保单价值管理收益结余以累积非保证利息。</p> <p>本公司将在相关的年结通知书上向您更新每个保单周年日的特别奖赏³金额（如有）。保单年结通知书上所显示的特别奖赏³金额可能比早前发出的保单年结通知书上所显示的金额较低或较高。在某些情况下，非保证利益可能为零。有关主要风险因素的详情，请参阅「主要风险—非保证利益」部分。</p>
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退保利益	<p>若您于保单期内终止保单或部分保单，您将可取得之退保利益金额相等于：</p> <ul style="list-style-type: none">• 保证现金价值；• <u>加上</u>特别奖赏³（如有）；• <u>加上</u>保单价值管理收益结余（如有）；• <u>加上</u>积存非保证每月红利¹及利息（如有）；• <u>减去</u>任何债项¹⁰（如有） <p>另外，如选择合计保费金额，您将可获：</p> <ul style="list-style-type: none">• 扣除退保费用后之合计保费金额结余及其累积利息，有关退保费用金额由本公司不时厘定； <p>有关退保费用之详情，请参阅保单条款。</p>
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部分退保	<p>您可要求一笔过调减本保单之保单金额⁵从而部分退保。</p> <p>如欲申请，您必须以本公司指定的表格提交书面要求。如有关要求获本公司批准，调减保单金额⁵部分中应占的净现金价值（如有）将退回予保单持有人。</p> <p>在调减保单金额⁵后，本保单的已缴基本计划总保费⁴将按比例调整及减少。在计算保证现金价值、特别奖赏³（如有）、非保证每月红利¹（如有）、积存非保证每月红利¹及利息（如有）、身故赔偿及附加保障的保障金额（如有）时，亦将根据本保单条款相应调整。保单批注及经修订的保单附表将在调减保单金额⁵生效时签发予保单持有人。</p> <p>除保单条款订明的其他要求外，每次进行提取后必须保持的最低保单金额⁵为12,500美元 / 港币100,000元。本公司可酌情不时更改最低保单金额⁵的要求。</p>
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计划摘要

退保

您可随时以本公司指定的表格提交书面退保申请, 要求退回相当于本公司处理有关指示当日之现金价值总和 (受保单之条款及本公司之要求约束)。保单全数退保后, 本公司将获全面解除对本保单的责任。

保单价值管理权益

在本保单已生效20个保单年度或以上后, 若没有未偿还的债项¹⁰, 而所有到期保费亦已缴付, 您将可申请行使此项权益以锁定本计划中的部分净现金价值。您选择锁定的金额在行使保单价值管理权益后是保证的, 并会被调拨至保单价值管理收益结余, 以非保证利率累积生息, 而该利率将由本公司不时厘定。

若申请行使此项权益, 您必须以本公司指定的表格提交书面指示。

行使此项权益需受下列两项最低限额要求所限制, 而有关的限额均由本公司不时厘定及调整, 并不会提前通知保单持有人:

(i) 每次调拨的净现金价值; 及

(ii) 此项权益行使后剩余的保单金额⁵ (最低为12,500美元 / 港币100,000元) 本公司会不时厘订上述的最低限额要求而不会提前通知保单持有人。

在行使此项权益后, 本保单的保单金额⁵及已缴基本计划总保费⁴将按比例调整和减少, 在计算保证现金价值、特别奖赏³ (如有)、非保证每月红利¹ (如有)、积存非保证每月红利¹及利息及身故赔偿时, 亦会进行相应的调整。如有关行使此项权益要求获本公司批准, 保单批注及经修订的保单附表将会签发予保单持有人。保单价值管理权益一经行使将不能撤回、逆转或更改。

如您对非保证利率有任何疑问, 请联络您的客户经理了解更多详情。

计划摘要

保单价值管理收益结余	指行使保单价值管理权益调拨入本保单下, 按本公司具绝对酌情权不时厘定的非保证利率积存生息, 并减去任何已提取之金额的累积金额。在保单期满前, 保单持有人可随时以书面填妥并提交本公司指定的表格, 以现金方式提取本保单下的保单价值管理收益结余 (如有)。
现金价值总和	相等于净现金价值加上保单价值管理收益结余 (如有) 的金额。
身故赔偿	<p>于受保人身故当日的以下较高的金额: (i)已缴基本计划总保费⁴加上2,500美元 / 港币20,000元及(ii)保证现金价值; 及</p> <ul style="list-style-type: none">• 特别奖赏³ (如有);• 积存非保证每月红利¹及利息 (如有);• 保单价值管理收益结余 (如有);• <u>减去</u>任何债项¹⁰ (如有)。 <p>如为合计保费金额保单, 身故赔偿会包括合计保费金额结余及其累积利息。</p>
身故赔偿支付选项	<p>根据本公司的通行规则和条件和任何适用法律, 保单持有人可于投保时或于保单签发后, 选择身故赔偿支付选项。当受保人离世后, 不可更改已选定的身故赔偿支付选项。基于保单条款, 受益人将以下列其中一种方式收取身故赔偿:</p> <p>选项1: 一笔过全数付款; 或</p> <ul style="list-style-type: none">• 若保单持有人未有选择任何身故赔偿支付选项, 身故赔偿将以此选项发放。 <p>选项2: 每年分期付款; 或</p> <ul style="list-style-type: none">• 每年分期付款将在选定的年期内付予受益人: 10年、20年或30年。 <p>选项3: 部分金额先以一笔过付款, 剩余部分以分期支付; 或</p> <ul style="list-style-type: none">• 身故赔偿的一个指定百分比将作为首次一笔过支付给受益人, 而身故赔偿的余额将在首次一笔过支付的一年后开始每年分期支付。根据您的选择, 每年付款的年期将持续2至30年。

计划摘要

选项4：每年分期付款，直至受益人达到保单持有人指定的年龄，余额以一笔过支付。

- 每年分期付款将支付直至受益人达到指定年龄的前一年，并按照您指定的金额支付。往后，身故赔偿的余额将于指定的年龄时以一笔过形式支付。
- 当您指定每年分期付款的金额时，应该考虑预计的身故赔偿总额和选定的年期。若身故赔偿已于分期支付期间全数完成支付，则不会再有任何剩余的身故赔偿金额于受益人的指定年龄时以一笔过形式支付。

选项2、3及4的重要事项：

- 只适用于没有任何转让权益的保单。
- 于首期身故赔偿金额被支付后的剩余金额将保留于本公司，以本公司不时厘定的非保证利率累积，直至全部金额已付予受益人。
- 如保单持有人未有于保单指定受益人，将不可选择这些选项。
- 若受益人于分期收取身故赔偿时死亡，则剩余身故赔偿金额（或者，若受益人超过一个，则应归于该身故受益人的部分身故赔偿剩余金额）将于受益人身故时一笔过付予受益人的遗产。

选项3及4的重要事项：

- 选项3和4仅适用于只有单一受益人的保单。如果受益人先于投保人死亡，身故赔偿将在投保人过世后仅支付予保单持有人或保单持有人的遗产。

有关详尽条款及细则，请参阅身故赔偿支付选项的相应条款。

如您对非保证利率或身故赔偿支付选项有任何疑问，请联络您的客户经理了解详情。

期满利益

当投保人年满99岁²时，将获派发保证现金价值加上特别奖赏³（如有）

- 加上保单价值管理收益结余（如有）；
- 加上积存非保证每月红利¹及利息（如有）；
- 减去任何债项¹⁰（如有）。

计划摘要

更改受保人

您可在保单下无限次更改受保人。更改受保人适用于第1个保单周年日后, 或于保费供款年期内缴清所有保费后作出 (以较后者为准)。更改受保人须提供可保证明, 并由本公司按受保人的投保条件而批核。对于任何有关申请, 本公司将按每宗个案情况而个别评估及酌情决定, 各种考虑因素包括但不限于潜在赔偿风险、更改保单年期及最新经济展望等。

任何更改受保人上的更改, 本公司可酌情决定之举均可能触发对保单金额⁵、保证现金价值、特别奖赏³ (如有)、非保证每月红利¹ (如有)、积存非保证每月红利¹及利息 (如有)、身故赔偿及附加保障的保障金额 (如有) 作出相应的调整, 并由本公司酌情决定。

保单的期满日将被重设至新受保人的99岁²。新的不可异议条款亦将同时适用。

对于任何有关申请, 本公司将按每宗个案情况而个别评估及酌情决定, 各种考虑因素包括但不限于潜在赔偿风险、更改保单年期及最新经济展望等。

第二保单持有人

根据保单条款, 保单持有人可以于任何时候为您的保单指定一名第二保单持有人。第二保单持有人选项只适用于没有任何权益转让的保单。

如第二保单持有人成为新保单持有人, 第二保单持有人须按指定条件及受保单条款, 履行保单持有人的所有责任, 并可行使保单持有人的所有权利。

有关详细条款、细则及不保事项, 请参阅第二保单持有人的相应保单条款。

附加保障
(毋须缴交额外保费)

失业延缴保费保障

- 失业延缴保费保障适用于年龄介乎19岁至64岁²并持有香港身份证的保单持有人。保障将于保单持有人年届65岁²或已缴清所有到期保费或保单终止时 (以较早者为准) 终止。该保障并不适用于合计保费金额保单。有关详细条款及细则以及不保事项, 请参阅附加保障之保单条款。

计划摘要

额外意外死亡保障

- 额外意外死亡保障将会于受保人年届80岁²或支付有关赔偿后或保单终止时（以较早者为准）终止，而每位受保人可享最高金额为3,000,000美元或其等值（适用于我们赔付的所有额外意外死亡保障）。当我们支付有关赔偿后，您的保单将会随即终止。有关详细条款及细则以及不保事项，请参阅附加保障之保单条款。

无忧后备管理服务

- 在本保单生效期间，在无需任何行政费用但须受本公司现行规则及下列条件约束下，您可以透过填妥并提交本公司指定的表格指定一名直系亲属为无忧后备管理服务的指定人士及订明可提取的现金价值总和的百分比：
 - 在申请选定指定人士时，该建议指定人士必须为19岁²或以上；
 - 必须根据我们当时生效的行政规则提供满意的建议指定人士证明，包括但不限于关系证明及身份证明文件；
 - 不可撤销受益人（如有）必须以书面同意您之申请；及
 - 本公司有绝对权利及酌情权：(i)保留对您申请之最终批核权利；及(ii)实施本公司认为适当的规则或限制。

有关详情，请参阅无忧后备管理服务单张及无忧后备管理服务之保单条款。

请参阅条款及细则及保单条款。

附加保障 – 银龄守护 (毋须缴交额外保费)

健康守护入息

- 若受保人于等候期⁸后经由注册医生诊断患有本附加保障中所列之任何一项指定疾病（肾衰竭、丧失肢体、帕金森症、严重认知障碍或中风），及受保人经诊断患上指定疾病后存活不少于14天，健康守护入息将于本公司批准索偿后，于受保人生存期间，连续五年于每个月结日支付。
- 健康守护入息将在月结日按月支付，计算为保单金额⁵的1.5%除以12，并含舍入调整。健康守护入息是基本计划下的额外保障，每月最高赔偿限额为4,000美元或港币32,000元。为免产生疑问，最高保障金额共同适用于本公司承保给同一受保人名下之所有包括健康守护入息的保单。

计划摘要

- 指定疾病不包括受保人在签发日期、保单日期、最近一次保单复效的生效日期或更改受保人的生效日期（以较迟者为准）前已知已存在的状况⁶。
- 根据保单条款支付健康守护入息后，本公司即获完全解除对此保障的任何进一步责任。为免产生疑问，无论受保人在支付健康守护入息后是否患上其他指定疾病，或同一指定疾病复发，此规定均为适用。

特别医疗权益

- 若受保人在签发日期、保单日期、最近一次保单复效的生效日期或更改受保人的生效日期（以较迟者为准）后经由注册医生诊断患有任何一项危疾（癌症、中风或心脏病），及受保人经诊断患上危疾后仍生存不少于14日，您可以选择行使特别医疗权益。
- 危疾不包括受保人在签发日期、保单日期、最近一次保单复效的生效日期或更改受保人的生效日期（以较迟者为准）前已知已存在的状况⁶。
- 如果您选择行使特别医疗权益，本公司将向您支付特别医疗权益，金额中相当于以下按索偿处理日期计算之较高者：
 - (i) 已缴基本计划总保费⁴；及
 - (ii) 保证现金价值
 - 加上特别奖赏³（如有）；
 - 加上积存非保证每月红利¹及利息（如有）；
 - 加上保单价值管理收益结余（如有）；
 - 扣除任何债项¹⁰
- 若保单持有人以合计保费金额形式缴交保费，保单持有人将获支付特别医疗权益、合计保费金额结余及其累积利息（如有）（截至特别医疗权益索偿处理日结算）。
- 本保单下的受保人仅可索偿一次特别医疗权益。
- 当特别医疗权益支付后，本保单将会终止。

计划摘要

- 如保单持有人在5年的健康守护入息期间索偿特别医疗权益，保单将在特别医疗权益后终止，且不会履行剩余的健康守护入息。
- 若受保人在得知其罹患危疾后90天内就本保单提出其他索偿，则以处理特别医疗权益的索偿为先，且本保单将予终止。

请参阅保单条款以了解适用于健康守护入息及特别医疗权益的详细条款及细则。

不能作废条款

选项 1: 退保

您可随时以书面填妥本公司指定的表格退保，要求退回相当于本公司处理相关指示当天之现金价值总和（受保单之条款及本公司之要求约束）。保单全数退保后，本公司将获全面解除本保单的责任。

选项2: 自动保费贷款

若您在保费到期日结束时有任何保费仍未缴付，只要不能作废的价值¹¹大于该笔未付保费的金额，您会被自动当作已在该保费到期日获得相等于未付保费金额的保单贷款，并已运用保单贷款支付该保费。有关贷款将按本公司不时厘定的息率计息。

如欲了解不能作废选择的详情，请参阅保单条款。

本产品册子所述内容只供参考之用。本产品册子包括「计划摘要」须受保单条款约束。有关详情，请参阅保单条款。

重要事项

冷静期	<p>汇越保险计划是一份具备储蓄成分的长期人寿保险计划，部分保费将用作支付保险有关费用，包括但不限于开立保单、售后服务及索偿之费用。</p> <p>如您对保单不满意，您有权透过发出书面通知取消保单及取回所有已缴交的保费及保费征费。如要取消，您必须于「冷静期」内（即是为紧接人寿保险保单或冷静期通知书交付予保单持有人或保单持有人的指定代表之日起计的21个历日的期间（以较早者为准），在该通知书上亲笔签署作实及退回保单（若已收取），并确保汇丰人寿保险（国际）有限公司设于香港九龙深旺道1号汇丰中心1座18楼的办事处直接收到该通知书及本保单。</p> <p>冷静期结束后，若您在保单年期完结之前取消保单，预计的净现金价值可能少于您已缴付的保费总额。</p>
自杀条款	<p>若受保人在签发日期或保单复效日期或更改受保人生效时（以较迟者为准）起计一年内自杀身亡，无论自杀时神志是否清醒，我们须向保单持有人之保单支付的身故赔偿，将只限于保单持有人自保单日期起已缴付给我们的保费金额，减去我们已向受益人支付的任何金额。有关详细条款及细则，请参阅基本计划之保单条款。</p>
保单贷款	<p>您可申请保单贷款，惟贷款额（包括任何未偿还的贷款）不得超过扣除债项¹⁰后之保证现金价值的90%。有关贷款息率可能不时变动并由本公司通知您。</p> <p>进行任何部分退保或行使保单价值管理权益或获得无忧后备管理服务后，可能会减少本保单的保证现金价值及身故赔偿。当保单贷款及应付利息超过保证现金价值时，本保单可能会失效。</p> <p>请注意本保单的任何债项¹⁰将从本保单所支付的款项中扣减。本公司对任何债项¹⁰的申索均优先于保单持有人或受益人或保单受让人或其他人的任何申索。</p>

重要事项

税务申报及金融罪行	<p>本公司可不时要求您提供关于您及您保单的相关资料，以履行本公司及其他汇丰集团成员对香港及外地之法律或监管机构及政府或税务机关负有的某些责任。若您未有向本公司提供其要求之资料或您对汇丰集团成员带来金融罪行风险，便会导致以下保单条款列出的后果，包括本公司可能：</p> <ul style="list-style-type: none">作出所需行动让本公司或汇丰集团成员符合其责任；未能向您提供新服务或继续提供所有服务；被要求扣起原本应缴付予您或您的保单的款项或利益，并把该等款项或利益永久支付予税务机关；及终止您的保单。 <p>如有任何利益或款项被扣起及/或保单被终止，您从保单获取之款项加上您在保单终止前从保单获取之款项总额（如有）可能会少于您已缴保费之总额。本公司建议您就税务责任及有关您保单的税务状况寻求独立专业意见。</p>
保单终止条款	<p>我们有权于以下任何情况之下终止保单：</p> <ul style="list-style-type: none">如果您未能在宽限期届满前缴付到期保费；或保单贷款加应付利息大于保证现金价值；或若本公司合理地认为继续维持本保单或与您的关系可能会使本公司违反任何法律，或任何权力机关可能对本公司或汇丰集团成员采取行动或提出谴责；或我们有权根据本保单及 / 或任何附加保障的条款终止本保单。 <p>有关终止条款的详细条款及细则，请参阅保单条款。</p>

重要事项

合计保费金额方式	<p>合计保费金额选项可让您预缴所需保费。于保费到期日扣除所需每年保费后的合计保费金额结余将积存生息，息率为非保证并会由本公司不时厘定。若合计保费金额及其累积利息超出本保单所需的总保费，本公司将于扣除所有于本保单下尚欠的保费后将余额退回。若合计保费金额及其累积利息不足以支付本保单所需的总保费，本公司将以书面要求您尽快缴付保费差额。本保单会因您未能支付保费差额而令保单失效。</p> <p>有关合计保费金额的详细内容，请参阅「主要风险—退保之风险」章节。</p>
适用法律	<p>规管保单的法律为百慕达法律。然而，如在香港特别行政区提出任何争议，则香港特别行政区法院的非专属司法管辖权将适用。</p>
申请资格	<p>本计划一般只供任何介乎出生15日后至75岁²的人士申请，并根据所选的保费供款年期和派发非保证每月红利¹的开始日期而定。本计划受本公司就保单持有人及 / 或受保人之国籍（国家 / 地区）及 / 或地址及 / 或居留国家或地区不时厘定的相关规定限制。</p>
保单货币	<p>本计划以美元及港币为货币单位。有关主要风险因素的详情，请参阅「主要风险—保单货币风险」部分。</p>
漏缴保费	<p>应缴保费有30日的宽限期。倘若您在宽限期完结时未能付款，而不能作废的价值¹¹大于未付保费金额，则本公司将授予一笔自动保费贷款，以支付到期保费。有关贷款将按本公司不时厘定的息率计息。如本保单的不能作废的价值¹¹不足以支付到期保费，将导致保单失效，保单持有人将会收到第一次未付保费到期日当天的任何净现金价值。</p>

主要风险

信贷风险及 无力偿债风险	汇越保险计划乃一份由本公司签发的保单，因此， 您受本公司的信贷风险所影响。 您支付的保费将成为本公司资产的一部分，您对任何该等资产均没有任何权利或拥有权。如追讨赔偿，您只可向本公司追索。
非保证利益	<p>计算非保证每月红利¹（如有）及特别奖赏³（如有）的分配并非保证，并会由本公司不时厘定。任何影响非保证每月红利¹及特别奖赏³之调整，其中可能包括但不限于更改非保证每月红利¹比例或特别奖赏³比例，本公司将据此调整未来存入保单之非保证每月红利¹金额。派发特别奖赏³及非保证每月红利¹与否以及特别奖赏³及非保证每月红利¹的金额多少，取决于本公司就保单资产之投资回报表现以及其他因素，包括但不限于赔偿、失效率、开支等及其长期表现之展望。主要风险因素进一步说明如下：</p> <ul style="list-style-type: none">• 投资风险因素—保单资产的投资表现受息率水平、其前景展望（此将影响利息收入及资产价值）、增长资产的价格波动及其他各种市场风险因素所影响，包括但不限于货币风险、信贷息差及违约风险。• 赔偿因素—实际死亡率及发病率并不确定，以致实际的身故赔偿或生活保障支付金额可能较预期为高，从而影响产品的整体表现。• 续保因素—实际退保率（全数或部分退保）、保单失效率及保单价值管理权益的行使率并不确定，保单组合现时的表现及未来回报因而会受影响。• 开支因素—已支出及被分配予此组保单的实际直接（如佣金、核保、开立保单及售后服务的费用）及间接开支（如一般经营成本）可能较预期为高，从而影响产品的整体表现。

主要风险

流动性风险	<p>本保单乃为保单持有人持有整个保单年期而设。如您因任何非预期事件而需要流动资金, 可以根据保单相关条款申请保单贷款或作全数或部分退保。但这样可能导致保单失效或保单较原有之保单期提早被终止, 而可取回的款项(如有)可能会少于您已缴付的保费。</p> <p>若您行使保单价值管理权益, 保单的现金价值总和(用作计算保单的退保价值和身故赔偿之用)在未来某个时间, 可能会较您不行使此权益的情况较低或较高。</p>
通胀风险	<p>由于通货膨胀的缘故, 将来的生活费很可能较今天的为高。因此, 即使本公司履行其所有合约义务, 您或您所指定的受益人将来从本保单收到的实质金额可能较低。</p>
保单货币风险	<p>您须承受汇率风险。如保险计划的(i)货币单位并非本地货币, 或(ii)如您选择以保单货币以外的其他货币支付保费或收取赔偿额, 您实际支付或收取的款额, 将因应本公司不时厘定的保单货币兑本地/缴付保费货币的汇率而改变。汇率之波动会对款额构成影响, 包括但不限于缴付保费、保费征费及支付的赔偿额。</p>

本产品册子所述内容只供参考之用。本产品册子(包括「计划摘要」)须受保单条款约束。有关详情, 请参阅保单条款。

有关分红保单

我们发出的分红人寿保单提供保证及非保证利益。保证利益可包括身故赔偿、保证现金价值及其他利益，视乎您所选择的保险计划而定。非保证利益由保单红利组成，让保单持有人分享人寿保险业务的财务表现。

汇越保险计划的保单红利（如有）将透过以下方式派发：

特别奖赏³是指于保单提早终止，例如因受保人身故、行使无忧后备管理服务、行使保单价值管理权益、行使特别医疗权益或保单期满时宣派。

非保证每月红利¹由我们每月宣派。一经宣派，该月红利的金额将获保证。

特别奖赏³及非保证每月红利¹的金额会视乎派发前整段保单期的表现，以及当时的市场情况而不时改变，实际金额于派发时才能确定。

有关详情，请参阅本册子内「计划摘要」部分。

特别奖赏³及非保证每月红利¹会受哪些因素影响？

特别奖赏³及非保证每月红利¹（如有）并非保证，特别奖赏³及非保证每月红利¹金额多少及是否派发取决于（包括但不限于以下因素）：

- 1. 保单资产的投资回报表现及对冲因素（如有）；
- 2. 赔偿、失效率及营运开支；及
- 3. 对投资的长期表现的预期以及上述其他因素。

若长远表现优于预期，特别奖赏³及非保证每月红利¹金额可能增加；若表现较预期低，则特别奖赏³及非保证每月红利¹金额可能会减少。

有关主要风险因素的详情，请参阅本小册子内「主要风险—非保证利益」部分。

分红保单有什么主要的优势？

分红保单相对其他形式的保单的主要特点在于您除了可获保证利益外，亦可于上述提及的3个因素优于支持保证利益所需的表现时，获取额外的特别奖赏³及更多的非保证每月红利¹。表现越佳，特别奖赏³及非保证每月红利¹会越多；反之，表现越差，特别奖赏³及非保证每月红利¹亦会减少。

固定收益资产及增长型资产可能分散投资于不同货币（主要为美元），借此分散风险。假如相关资产的结算货币与保单货币不同，我们可能以外汇对冲减低汇率波动的影响。

有关分红保单

保单红利的理念

建立共同承担风险的机制

我们对您的分红保单的表现有明确的利益，因为我们分红业务的运作遵从您我共同承担风险的原则，以合理地平衡我们的利益。我们会就派发给您的特别奖赏³及非保证每月红利¹水平进行定期检讨。过往的实际表现及管理层对未来长期表现的预期，将与预期水平比较作出评估。倘若出现差异，我们将考虑透过调整特别奖赏³及非保证每月红利¹分配，与您分享或分担盈亏。

公平对待各组保单持有人

为确保保单持有人之间的公平性，我们将慎重考虑不同保单组别（例如：产品、产品更替、货币及缮发年期）的经验（包括：投资表现），务求每组保单将获得最能反映其保单表现的公平回报。为平衡您与我们之间的利益，我们已成立一个由专业团队组成的专责委员会，负责就分红保单的管理和特别奖赏³及非保证每月红利¹的厘定提供独立意见。

长远稳定的回报

在考虑调整特别奖赏³及非保证每月红利¹分配的时候，我们会致力采取平稳策略，以维持较稳定的回报，即代表我们只会因应一段期间内实际与预期表现出现显著差幅，或管理层对长远表现的预期有重大的改变，才会作出调整。

我们也可能在一段时间内减低平稳策略的幅度，甚至完全停止采取稳定资产价值变化的平稳策略。我们将会为保障其余保单持有人的利益而采取上述行动。例如，当采取平稳策略时的奖赏金额较不采取平稳策略时的奖赏金额为高时，我们可能会减低该策略的幅度。

投资政策及策略

我们采取的资产策略为：

- (i) 有助确保我们可兑现向您承诺的保证利益；
- (ii) 透过特别奖赏³及非保证每月红利¹提供具竞争力的长远回报；及
- (iii) 维持可接受的风险水平

分红保单的资产由固定收益及增长资产组成。固定收益资产主要包括由具有良好信贷质素（平均评级为A级或以上）和长远发展前景的企业机构发行之固定收益资产。我们亦会利用增长资产，包括股票类投资及另类投资工具如房地产、私募股权或对冲基金，以及结构性产品包括衍生工具，以提供更能反映长远经济增长的回报。

我们会将投资组合适当地分散投资在不同类型的资产，并投资在不同地域市场（主要是亚洲、美国及欧洲）、货币（主要是美元）及行业。这些资产按照我们可接受的风险水平，慎重地进行管理及监察。

有关分红保单

目标资产分配

资产种类	长线目标分配比例 %
固定收益资产 (政府债券、企业债券及另类信贷投资)	30% - 50%
增长资产	50% - 70%

注: 实际的分配比例可能会因市场波动而与上述范围有些微偏差。

在决定实际分配时, 我们并会考虑(包括但不限于)下列各项因素:

- 当时的市场情况及对未来市况的预期;
- 保单的保证与非保证利益;
- 保单的可接受的风险水平;
- 在一段期间内, 经通胀调整的预期经济增长; 及
- 保单的资产的投资表现。

在遵守我们的投资政策的前提下, 实际资产配置可能会不时偏离上述长期目标分配比例。

就已行使保单价值管理权益的保单, 组成其保单价值管理收益结余的资产将会100%投资于固定收益资产中。

积存息率

您可选择发放红利以领取非保证每月红利¹, 或将该等金额交由我们积存生息(如有), 唯受保单条款的相关条款及细则约束。

您可选择行使保单价值管理权益, 以调拨部分净现金价值至保单价值管理收益结余(如有)以累积生息(如有)。

积存利息的息率并非保证的, 我们会参考下列因素作定期检讨:

- 投资组合内固定收入资产的孳息率;
- 当时的市况;
- 对固定收入资产孳息率的展望;
- 与此积存息率服务相关的成本; 及
- 保单持有人选择将该金额积存的时间及可能性。

有关分红保单

我们可能会不时检讨及调整用以厘定特别奖赏³（如有），非保证每月红利¹及积存息率的政策。

欲了解更多最新资讯, 请浏览本公司网站<https://www.hsbc.com.hk/insurance/info/>。

此网站亦提供了背景资料以助您了解我们以往的红利派发纪录作为参考。我们业务的过往表现或现时表现未必是未来表现的指标。

注

1. 汇越保险计划的每月红利派发率乃根据现行假设投资回报厘定，属非保证性质。实际派发金额可随时变动，非保证每月红利可能高于或低于利益说明文件中所示数字，在某些情况下非保证每月红利甚至可能为零。
2. 指当保单持有人或受保人的下一次生日为此年龄的保单周年日。
3. 特别奖赏的金额是非保证的，并按本公司的酌情权派发。
4. 已缴基本计划总保费指您已支付并由本公司收到的基本计划保费总额，加上截至受保人身故日或根据任何附加利益条款终止本保单之日（以较早者为准）时尚未缴纳的基本计划保费。合计保费的保单当中的合计保费金额结余及其累积利息将不会计算在内，除非及直至该部分的保费于该日期实际已到期。
5. 保单金额是用来决定基本计划内所需缴付的保费、现金价值、根据本保单基本计划内可收取之特别奖赏³和非保证每月红利¹。它并不代表身故赔偿金额或您保单内的现金价值。
6. 有关健康守护入息及特别医疗权益的「已存在的状况」指在签发日期、保单日期、最近一次保单复效的生效日期或更改受保人的生效日期之前（以较迟者为准）出现以下描述的任何状况或疾病：
 - 以前曾存在或一直存在；或
 - 致病因素以前存在或一直存在；或
 - 受保人知晓该状况或疾病及其病征或病状；或
 - 任何化验室的测试或调查显示可能有该状况或疾病的存在；或
 - 受保人出现认知障碍征兆或病征，其包括但不限于丧失记忆力、难以管理时间、不能够在工作场所、家居或社区独立活动或缺乏能力照顾自己。

注

7. 银龄守护（健康守护入息及特别医疗权益）之不保事项:

健康守护入息在下列情况下将不予支付:

- 因爱滋病 (AIDS)、爱滋病相关症候群 (ARC)、人类免疫缺乏病毒 (HIV) 感染直接或间接所致的指定疾病;
- 不论受保人在受伤、自杀或自杀未遂时是否神智清醒, 因自杀、自杀未遂或故意自残所致的指定疾病;
- 任何在等候期^a内不予支付赔偿的身体状况;
- 因服用药物 (经注册医生指引除外)、毒药或酒精直接或间接所致的指定疾病;
- 因战争或任何战争行为 (不论是否已宣告)、暴动、叛乱或内乱直接或间接所致的指定疾病;
- 因参与犯罪事件所致的指定疾病;
- 所有精神疾病相关成因; 或
- 可逆转之器质退化性脑病。

特别医疗权益在下列情况下将不予支付:

- 因爱滋病 (AIDS)、爱滋病相关症候群 (ARC)、人类免疫缺乏病毒 (HIV) 感染直接或间接所致的危疾;
- 不论受保人在受伤、自杀或自杀未遂时是否神智清醒, 因自杀、自杀未遂或故意自残所致的危疾;
- 因服用药物 (经注册医生指引除外)、毒药或酒精直接或间接所致的危疾;
- 因战争或任何战争行为 (不论是否已宣告)、暴动、叛乱或内乱直接或间接所致的危疾; 或
- 因参与犯罪事件所致的危疾。

8. 以下等候期适用于健康守护入息之索偿:

若出现任何下列身体状况, 并导致公司就指定疾病支付索偿, 健康守护入息将不予支付:

- 曾经接受诊断;
- 治疗;
- 咨询注册医生; 或
- 出现任何疾病的迹象或症状,

且该情况发生于:

- 保单日期或签发日期 (以较迟者为准) 至第3个保单年度末 (如保单的保费供款年期为3年) 或第5个保单年度末 (如保单的保费供款年期为5年), 前提是保单已全数缴付所有保费; 或
- 若有行使保单复效或更改受保人, 等候期将为保单最后一次复效日期或更改受保人的生效日期 (视情况而定) 开始的3年 (如保单的保费供款年期为3年) 或5年 (如保单的保费供款年期为5年)。

如果所患的指定疾病是直接及单独由意外引致的, 即使本保单 (包括本附加保障) 有任何相反规定, 等候期仍适用。

注

9. 健康守护入息将于以下日期（以较早者为准）随即终止：
- 健康守护入息赔付5年后；

• 投保人年满99岁²；或

• 当本保单终止、到期、失效或退保。
10. 债项指所有未偿还的保单贷款，或按照本保单借取的自动保费贷款，加上该等贷款的任何累计利息及任何未付之保费或款项。
11. 不能作废的价值指在有关未付保费之到期日前一天计算的保证现金价值扣除任何债项¹⁰后的金额。

更多资料

策划未来的理财方案，是人生的重要一步。我们乐意助您评估目前及未来的需要，让您进一步了解汇越保险计划如何助您实现个人目标。

欢迎莅临汇丰分行，以安排进行理财计划评估。

浏览 www.hsbc.com.hk/zh-cn/insurance/

亲临 任何一间汇丰分行



您可透过二维码
浏览产品的相关网页

汇越保险计划

汇丰人寿保险（国际）有限公司

HSBC Life (International) Limited 汇丰人寿保险（国际）有限公司（「本公司」或「我们」）是于百慕达注册成立之有限公司。本公司为汇丰集团旗下从事承保业务的附属公司之一。

香港特别行政区办事处

香港九龙深旺道1号汇丰中心1座18楼

本公司获保险业监管局（「保监局」）授权及受其监管，于香港特别行政区经营长期保险业务。

香港上海汇丰银行有限公司（「汇丰」）乃根据保险业条例（香港法例第41章）注册为本公司于香港特别行政区分销人寿保险之保险代理机构。汇越保险计划为本公司之产品而非汇丰之产品，由本公司所承保并只拟在香港特别行政区透过汇丰销售。

对于汇丰与您之间因销售过程或处理有关交易而产生的合资格争议（定义见金融纠纷调解计划的金融纠纷调解中心职权范围），汇丰须与您进行金融纠纷调解计划程序；此外，涉及上述保单条款及细则的任何纠纷，将直接由本公司与您共同解决。

本公司对本产品册子所刊载资料的准确性承担全部责任，并确认在作出一切合理查询后，尽其所知所信，本产品册子并无遗漏足以令其任何声明具误导成份的其他事实。本产品册子所刊载资料只属摘要。有关详尽条款及细则，请参阅您的保单。

2025年9月

汇丰人寿保险（国际）有限公司荣获以下奖项：





卓越大奖
香港保险经纪公司奖项 - 年度品牌保险公司



卓越大奖
香港银行保险奖项 - 年度银行保险公司



卓越大奖
香港银行保险奖项 - 年度银行保险学院



卓越大奖
香港银行保险奖项 - 年度银行保险公司体系结构



卓越大奖
香港保险经纪公司奖项 - 跨境保险服务 (内地香港)



卓越大奖
大海区域澳门保险经纪公司奖项 - 环境、社会及管治持续进展



卓越大奖
香港保险经纪公司奖项 - 整合营销策略 (产品/服务)



卓越大奖
香港保险经纪公司奖项 - 财富管理平台



卓越大奖
大海区域澳门保险经纪公司奖项 - 年度保险公司



卓越大奖
大海区域澳门保险经纪公司奖项 - 客户服务/顾客关系



卓越大奖
大海区域澳门保险经纪公司奖项 - 环境、社会及管治持续进展

由汇丰人寿保险（国际）有限公司（注册成立于百慕达之有限公司）刊发
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FSC® C158933

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无忧后备管理服务

提升对无行为能力医疗状况的保障

简介

若患上严重疾病或出现精神问题，受影响的不单是您的健康，还可能给您和您的家人带来沉重的财务负担。

汇丰保险推出具前瞻性的附加保障 — **无忧后备管理服务**，让您事先安排直系亲属在难以预料的情况下，因应您身体或精神状况而无行为能力时，提取您保单的部分现金价值总和，安渡难关。

当您被诊断为无行为能力时，这项服务如何为您和挚爱提供支援？

您作为我们指定人寿保险计划之保单持有人，可申请无忧后备管理服务并**指明一名直系亲属作为指定人士**。此指定人士可为父母、配偶（包括同性配偶）、成年子女或兄弟姊妹。如果您因下列任何一种医疗状况而被注册医生诊断为无行为能力的人，该名指定人士可以按您所订明的**指定百分比（10% - 50%）**，提取保单部分现金价值总和（「无行为能力保障」）：

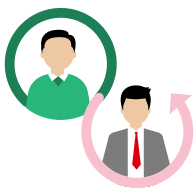
• 脑皮质坏死	• 严重头部创伤
• 昏迷	• 精神上无行为能力
• 不能独立生活	• 瘫痪

主要特点



快速获取现金作应急之用

您的指定人士无须经过复杂程序便可立即提取现金价值总和的指定部分，以应付必要的医疗或其他费用。



灵活自主

您可以为每份指定人寿保险计划委任不同的指定人士。您也可以在需要时重新委任其他指定人士或调整指定百分比。



提供持续保障

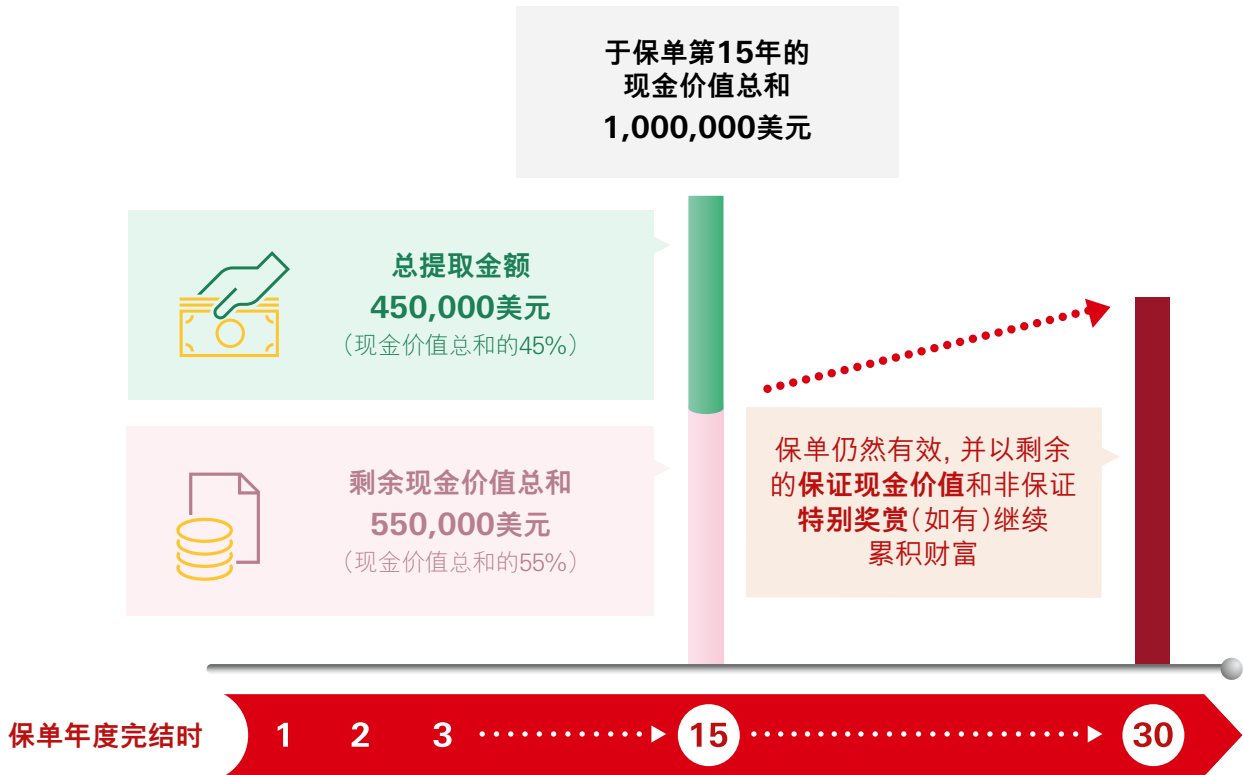
即使我们已支付无行为能力保障，您的指定人寿保险计划将仍然有效，继续提供已调整的人寿保障及财富累积潜力。

说明例子

根据「无忧后备管理服务」提取现金价值总和

Paul与Joey结婚后，育有一子。作为家庭经济支柱的Paul，希望未雨绸缪，在自己万一遭遇不幸时，能为他们的未来提供经济保障。他投保了一份包含无忧后备管理服务的保险产品，并指明Joey为无忧后备管理服务下的指定人士，因此若Paul经注册医生诊断为无行为能力的人，Joey可提取保单中 45% 指定百分比的现金价值总和作为无行为能力保障。

在保单第15年，Paul因车祸陷入昏迷并需要住院。由于Paul需要被长期照顾，Joey根据无忧后备管理服务申请提取45%的现金价值总和，以解燃眉之急。经汇丰保险批核后，Joey获支付45%的现金价值总和作为无行为能力保障。该金额被提取后，Paul的保单仍然有效并继续提供已调整的人寿保障及持续累积财富。



如果Paul没有指明Joey作为无忧后备管理服务的指定人士，情况会如何？

作为保单持有人的Paul目前处于昏迷状态，无法处理保单相关事宜。Joey可能会面临不少挑战，包括如何接管Paul的保单，或寻找适当人士代替Paul处理相关事务。这种情况可能相当复杂且耗时，而Joey也无法保证能顺利接手保单，或得到代表人士协助。

申请及了解更多资讯

如您有意申请无忧后备管理服务，请亲临汇丰分行或致电汇丰保险服务热线2583 8000。如您为汇丰卓越理财尊尚客户，请致电贵宾热线3663 5911。我们乐意讲解无忧后备管理服务如何能够帮助您。

备注:

1. 无忧后备管理服务只适用于具有现金值的指定人寿保险计划(「计划」)。汇丰人寿保险(国际)有限公司(「汇丰保险」、「本公司」或「我们」)将不时厘定所涵盖之计划及对此拥有酌情权。
2. 本公司对是否接纳有关无忧后备管理服务之申请或无忧后备管理服务下的指定人士之修改拥有绝对酌情权, 并受相关之保单条款所约束。阁下可委任或修改指定人士或取消无忧后备管理服务, 惟此等要求必须于阁下在神智正常的情况下提出。
3. 指定人士必须是您的直系亲属, 即您的父母、配偶(包括同性配偶)、成年子女或兄弟姊妹, 并且于委任当日之真实年龄为18岁或以上。
4. 无忧后备管理服务不构成持久授权书(适用于香港特别行政区)、监护令或受托监管令, 亦不是用以委任指定人士为保单持有人的受权人或监护人或受托监管人。若指定人士与任何其他人士之间发生争议, 包括但不限于与保单持有人的监护人或受托监管人、受权人及／或受益人之间有关争议, 本公司将保留拒绝支付无行为能力保障之权利, 直至该争议得到解决为止。
5. 指定人士的委任将在下列任何情况发生时自动撤销: (1)本公司接受保单所有权变更; (2)本公司获悉保单持有人已订立涵盖保单的持久授权书(适用于香港特别行政区); (3)本公司获悉保单持有人或指定人士身故的通知; (4)本公司获悉已根据《精神健康条例》(香港法例第136章)为保单持有人委任监护人或受托监管人(或在另一司法管辖区根据类似法律委任监护人或受托监管人); (5)本公司接受后续保单转让安排; (6)阁下委任新的指定人士并获本公司批准; 或(7)行使传承／保单分拆选项(如有)的申请获得批准。
6. 若保单持有人持有多于一份具有无忧后备管理服务之计划的保单, 保单持有人可于个别保单下委任不同的指定人士。
7. 无行为能力保障只会于保单持有人因下列任何一种医疗状况而被注册医生诊断为无行为能力的人时支付:

脑皮质坏死 – 指大脑皮质全面坏死而脑干完整无损之状况。诊断必须经由脑神经科专科注册医生证实, 并有最少1个月之医疗文件纪录证明。

昏迷 – 处于不省人事的状态, 对外界刺激或内在需要毫无反应, 并属永久性神经功能受损。昏迷必须持续至少96小时, 并需要使用插管和机械性呼吸的方法来维持生命。昏迷必须由脑神经科专科注册医生确认。

不能独立生活 – 在没有辅助下, 不能完成于以下定义部分界定的「日常生活活动」的其中最少3项活动, 并已持续最少6个月及导致永久不能完成有关活动。就此定义而言, 「永久」一词是指根据现时医学知识及技术, 已完全没有复原的希望。不能独立生活的诊断必须由注册医生确定。

严重头部创伤 – 因意外的头部受伤引致残余脑损伤, 导致永久性神经功能障碍并引发严重功能障碍。「严重功能障碍」是指脑神经科专科注册医生评估保单持有人在格拉斯哥昏迷指数或在医学文献中普遍接受的类似量表的8分版本中得分为5分或以下。

精神上无行为能力 – 精神上无行为能力的诊断必须由精神科专科注册医生确定。

瘫痪 – 由损伤或疾病导致瘫痪、从而引起最少两肢完全及永久丧失功能, 而且无法治愈。瘫痪必须以适当的脑神经学证据证明。专科注册医生必须认为瘫痪状态是永久性的, 没有康复的希望, 并且存在3个月以上。

8. 本公司就保单之无行为能力保障作出赔偿之前, 本公司必须根据条款及细则收到以书面方式提出无行为能力保障之索偿通知及令本公司满意及可接受的证明。相关证明文件之正本须递交给本公司。
9. 无忧后备管理服务赔偿的百分比须介乎10%至50%及为整数; 无能力行为保障的金额等于现金价值总和乘以指定百分比。
10. 无行为能力保障将按照以下次序提取金额:
 - (1) 首先从保单价值管理收益结余中提取(如有); 及
 - (2) 若保单价值管理收益结余不足, 则无行为能力保障中的余额金额将从保证现金价值、特别奖赏(如有)及积存非保证每月红利及利息(如有)中提取。

任何提取保证现金价值、特别奖赏(如有)及积存非保证每月红利及利息(如有)将自动调减投保额／保单金额的减少, 如同已申请部分退保一样。部分退保将减少阁下未来的保障, 包括但不限于基本计划(如适用)的保证现金价值、特别奖赏(如有)、非保证每月红利(如有)、积存非保证每月红利及利息(如有)、身故赔偿及附加保障(如有)。减少后的保额／保单金额必须符合我们不时设定的保单剩余额／保单金额的最低金额。当提取金额达到最低投保额／保单金额时, 实际可提取的无行为能力保障金额可能会少于阁下所指定的以现金价值总和的指定百分比计算的金额。

11. 保单持有人须提醒指定人士须在保单持有人被诊断为无行为能力的人后90日内向本公司以书面方式提出无行为能力保障之索偿通知及令本公司满意及可接受的证明。
12. 本公司没有责任或不会负责核实任何指定人士之委任有效性或合法性, 亦不就任何指定人士之委任有效性或合法性负责。本公司不会亦不应被认为会就任何指定人士的委任承担任何责任。当本公司支付无行为能力保障后, 我们将不会对核实无行为能力保障的支付状况有任何义务, 亦不会对任何错误或不正确的支付负责。
13. 如要申请无忧后备管理服务, 保单持有人须保证及声明包括但不限于指定人士具有资格处理此职责。
14. 本公司有权就此申请要求额外资料或文件及／或施加额外条件, 包括但不限于以本公司的绝对酌情权厘定的方式认证指定人士的身份及入境证明(如适用)。
15. 请参阅指定人寿保险计划及无忧后备管理服务之保单条款以获取详情。

定义：

「日常生活活动」之定义如下：

- **沐浴** – 以浸浴或淋浴方式自我清洗(包括能进入及离开浴缸或淋浴间)或以其他方式清洗达到满意的能力；
- **更衣** – 穿戴、脱下、固定与解开所有衣物及(如适当)任何配带的矫正器、义肢及其他外科手术器具的能力；
- **行动** – 从床移动到直立的椅子上或轮椅上的能力，反之亦然；
- **如厕** – 能自行如厕或能自我控制肛门及膀胱功能，以保持满意之个人卫生水平；
- **进食** – 自行进食预先准备妥当之食物的能力。

「指定百分比」指由保单持有人指定的现金价值总和的百分比，该百分比必须为完整数字及于我们不时厘定的可选范围内。

「指定人士」指就本附加保障下，由保单持有人指定的无行为能力保障之收款人士。

「无行为能力的人」指在身体及／或精神上丧失行为能力的人。

「无行为能力保障」指根据本附加保障的条款及细则应支付予指定人士的保障赔偿。

「注册医生」指任何根据香港特别行政区《医生注册条例》或任何修订条例而正式符合资格及合法注册的医生，或在本公司接受的任何其他国家／地区根据当地法律获授权执业的西医，而该等医生并非受保人或保单持有人本人或第二保单持有人*或其直系亲属。

*有关「注册医生」的定义，第二保单持有人或其直系亲属除外只适用于汇承世代保险计划。

免责声明：

本传单仅载列一般资讯。本传单不构成任何保险产品之要约。有关产品特点、条款及细则的详情，请参阅特定产品的相关产品册子、保单条款及保险计划建议书。

所有具有无忧后备管理服务的指定人寿保险产品均由本公司所承保，其获香港特别行政区保险业监管局授权及受其监管，于香港特别行政区经营长期保险业务。本公司将负责按人寿保单条款为您提供保险保障以及处理索偿申请。

所有具有无忧后备管理服务的指定人寿保险产品属本公司而非香港上海汇丰银行有限公司(「汇丰」)的产品，并只拟在香港特别行政区销售。您缴付的保费将成为本公司资产的一部分。因此，保单持有人将承受本公司的信贷风险。保单持有人对任何该等资产没有任何权利或拥有权。对于汇丰与您之间因销售过程或处理有关交易而产生的合资格争议(定义见金融纠纷调解计划的金融纠纷调解中心职权范围)，汇丰须与您进行金融纠纷调解计划程序；然而，涉及上述产品之保单条款及细则的任何纠纷，将直接由本公司与您共同解决。

2025年9月



汇越保险计划 增值服务

全面支援 乐享无忧



汇丰人寿保险（国际）有限公司（注册成立于百慕达之有限公司）

汇丰人寿保险（国际）有限公司（「汇丰保险」、「本公司」或「我们」）明白规划未来总伴随着各种未知。这不仅关乎维持财务稳健，更是健康与生活质素的优先考量。

汇越保险计划（「汇越」、「本计划」或「本保单」）提供基本保障之外，更特别设有「居家护理100」及「环球护联」增值服务，让您安心追求理想生活，同时为您和挚亲所需提供全面支援。两项服务均由独立第三方服务供应商提供。

汇越保险计划 — 增值服务



居家护理100

由卓健医疗服务有限公司（「卓健医疗」）旗下卓健护理介绍所（「卓健护理」）所提供的服务

100小时免费居家护理服务
让投保人渡过难关



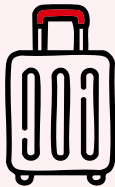
适用于本保单的投保人不幸于等候期后不幸确诊患上以下任何一种危疾其中之一：癌症、中风或心脏病，以及投保人经诊断患上指定危疾后存活不少于14天。



环球护联

由国际救援（香港）有限公司（「国际救援（香港）」）提供的服务

全球紧急援助服务
为投保人于海外停留时提供支援



适用于本保单的投保人在保单冷静期后，于主要居住国家或地区以外停留不多于连续180日的情况。

备注：「居家护理100」和「环球护联」（统称为「服务」）由独立第三方服务供应商（「服务供应商」）提供。汇丰保险并非服务供应商或其代理人。汇丰保险不会就相关的服务的可用性及其质素作陈述、保证或承诺，并且不会就服务供应商所提供的服务承担任何责任或义务。在任何情况下，本公司均不会对服务供应商在提供增值服务时的作为、不作为或疏忽承担任何责任或义务。本服务所提供的一般资料仅供参考，并不应被视为医疗治疗、诊断或建议。如有任何疑问或查询，请向注册医生寻求意见。本公司可随时全权酌情更改本服务，保留随时修改、暂停或终止任何本服务（包括服务供应商及任何相关详情或条款及细则）的绝对权力，且毋须另行通知。如有任何争议，本公司将保留最终决定权。在「居家护理100」中，若您选择以特惠费用升级至专业护理服务，您需直接与服务供应商结算有关服务费用。如需了解详情，请联络服务供应商。

居家护理100

(由卓健护理提供)

Quality卓健

HealthCare

Home Care 居家護理

安枕无忧，照顾您所需

当受保人于等候期后不幸确诊患上以下任何三种危疾其中之一：癌症、中风或心脏病，由独立第三方服务供应商提供的「居家护理100」将为受保人提供必需的康复支援，让受保人安坐家中即可获得专业医疗照顾，既减轻受保人家庭负担，亦有助受保人得到更好的康复。此项服务适用于条款及细则定义的等候期之后，以及受保人经诊断患上指定危疾后存活不少于14天。

100小时免费居家护理服务，或以特惠费用升级至专业护理服务

100小时免费居家护理服务

由健康服务助理或保健员提供必需的日常康复服务：



提供个人卫生护理
(例如口腔护理、洗澡、更换纸尿裤)



提供起居营养建议



协助行动



提供陪诊接送服务



提供喂食护理



进行康复运动

您可选择以特惠费用将免费居家护理服务升级至专业护理服务

如您需要更专业的护理服务，可以根据卓健护理的评估建议，以特惠费用将免费居家护理服务升级至专业护理服务（费用由您自行承担）。此服务由卓健护理安排的注册或登记护士提供，包括例如以下专业护理及专科医疗程序：



静脉注射



鼻胃管喂食或喂药



更换鼻胃喉、尿喉及尿袋

升级至专业护理服务及其所需的特惠费用受卓健护理条款及细则约束。有关详情，客户应致电卓健护理热线+852 2975 2391查询。汇丰保险并不会提供任何护理服务或医疗意见或建议。

备注：居家护理100涵盖的服务由卓健护理提供，并受其条款及细则及本单张之条款及细则约束。

简单几步，启动居家护理100服务（由卓健护理提供）

- 1

启动服务#

保单持有人及受保人需签署并提交居家护理100服务启动申请表*，并连同受保人确诊危疾之证明作为补充文件，递交予汇丰保险。

启动必须在受保人知悉患上指定危疾当日起计90日内提出。
* 启动申请表可以通过香港汇丰网站、香港汇丰流动理财应用程序下载，或致电汇丰保险服务热线+852 2583 8000索取。
- 2

汇丰保险发送服务确认信

审核通过后7个工作日内，您将经电邮及/或邮件（按您选择方式）收到服务确认信。
- 3

客户联络卓健护理

致电卓健护理热线+852 2975 2391预约^。

^ 您/受保人的个人资料由卓健护理收集后将根据卓健护理的资料私隐通知进行处理。卓健护理可能不会提供与汇丰保险相同水平的个人资料保护或隐私政策。
- 4

卓健护理顾问服务

卓健护理的护理顾问将安排免费评估及咨询，并与受保人商讨为受保人制定合适的个人化护理方案。您亦可根据卓健护理顾问建议，选择以特惠费用升级至专业护理服务。
- 5

尊享居家护理服务或专业护理服务

卓健护理将安排健康服务助理或保健员提供居家护理服务，或安排注册护士或登记护士提供专业护理服务。





环球护联（由国际救援（香港）提供）

安心享受于海外的闲暇时光

助您应对连续不多于180天的海外停留所发生不确认性的情况，让您安心得到援助。「环球护联」是由独立第三方服务供应商为投保人提供的国际医疗援助与紧急支援服务，保障投保人在主要居住国家或地区外遭遇突发情况时的医疗需求及紧急援助，让投保人从容应对海外行程中可能面临的各种挑战。

突发事故紧急支援

- 1

医疗撤离及／或治疗后护送服务

若投保人遭遇严重意外或急病需要即时治疗，而当地医疗设施不足，国际救援（香港）会安排并支付紧急医疗撤离至最就近并能提供适切治疗的医疗机构。若国际救援（香港）的医疗团队与当地主诊医生商议后，认为投保人情况稳定后需返回主要居住国家或地区继续治疗，国际救援（香港）将安排并支付单程经济客位的交通护送服务费用。有关医疗撤离及／或治疗后护送服务的必要性及交通方式以国际救援（香港）拥有绝对及最终决定。
- 2

护送随行受抚养子女返回居住地

若投保人因意外或疾病导致其受抚养子女无人监护，国际救援（香港）将安排并支付单程经济客位的交通，送其子女返回主要居住国家或地区。如有需要，将免费提供合资格陪同人员。
- 3

亲友慰问探访

若投保人在旅途中因意外或疾病需住院治疗超过7日，国际救援（香港）会安排并支付以下费用：

 - 一位陪同者从其主要居住国家或地区往返投保人所在地的经济客位来回的交通。
 - 该陪同者的酒店住宿费用（不包括饮品、膳食及其他酒店消费），每宗事故上限为1,000美元。
- 4

回程慰问亲友

若投保人的近亲于其主要居住国家或地区因伤病身故，国际救援（香港）将会安排并支付投保人前往近亲的主要居住国家或地区的单程经济客位的交通。
- 5

遗体运送

若投保人不幸海外身故，国际救援（香港）将协助办理所有必需手续，并支付遗体运送费用，将遗体送返由投保人的法定代表人指定之地点。

备注：环球护联服务由国际救援（香港）提供，并受其条款及细则及本单张之条款及细则约束。保单受保人或其代表须致电国际救援（香港）24小时热线安排所有列明的服务安排。

支援服务，助您轻松应对需求

- 6



医疗服务机构转介

如受保人身处陌生的海外地区，国际救援（香港）可应要求提供当地医生、医院、诊所及牙科设施的名称、地址、电话号码及办公时间的资料。
- 7



预约医生及医疗咨询

国际救援（香港）将协助受保人安排与普通科医生或专科医生的预约。如无法联络当地医疗设施，或受保人需要医疗建议，受保人可自行承担费用，获取由国际救援（香港）转介的普通科医生或专科医生的电话医疗咨询。
- 8



药物及医疗器材配送

根据当地主诊医生的要求，在可能且法律允许的情况下，国际救援（香港）会安排运送当地缺乏的必需药物及/或医疗设备。受保人需自行承担已发送物品的费用及任何运费。
- 9



法律服务转介与费用保障

如受保人于海外遇上刑事或民事案件，国际救援（香港）可提供法律援助转介服务。相关法律费用可获不超于3,900美元的保障。

简单致电，即可获取环球护联服务

受保人或其代表可致电*国际救援（香港）24小时环球护联热线 +852 3128 0135，支援粤语、普通话和英语。



24小时环球护联热线：+852 3128 0135

所需资料：

1. 受保人姓名
2. 受保人身份证或护照号码
3. 本保单之保单号码
4. （适用于治疗后护送服务）受保人所接受治疗之医院或其医疗机构之名称、地址及联络电话，以及主诊医生（及如有需要，受保人之家庭医生）之姓名、地址及联络电话

* 请于紧急事故发生后，尽可能在合理时间内（在可行的情况下于7个日历日内）提供所需资料以便获得协助。

* 受保人／其代表的个人资料由国际救援（香港）收集后将根据国际救援（香港）的资料私隐通知进行处理。国际救援（香港）可能不会提供与汇丰保险相同水平的个人资料保护或隐私政策。

条款及细则

一般条款 (适用于居家护理100及环球护联):

1. 此单张之指定的增值服务, 即「居家护理100」和「环球护联」(「服务」)由独立的第三方服务供应商(「服务供应商」)提供。汇丰人寿保险(国际)有限公司(「**汇丰保险**」、「**本公司**」或「**我们**」)并非服务的提供者。汇丰保险不会就相关的服务的可用性及其质素作陈述、保证或承诺, 并且不会就服务供应商所提供的服务承担任何责任或义务。如对于服务有任何争议, 请直接联络服务供应商。在任何情况下, 本公司均不会对服务供应商在提供服务时的作为、不作为或疏忽承担任何责任或义务。本服务所提供的一般资料仅供参考, 并不应被视为医疗治疗、诊断或建议。如有任何疑问或查询, 请向注册医生寻求意见。本公司可随时全权酌情更改本服务, 保留随时修改、暂停或终止任何本服务(包括服务供应商及任何相关详情或条款及细则)的权利, 且毋须另行通知。如有任何争议, 本公司将保留最终决定权。您可能需要直接与服务供应商结算服务费用(如适用)。如需了解详情, 请联络服务供应商。
2. 服务在任何时候均须遵循由本公司确定的条款及细则(「**条款及细则**」)及服务供应商的条款及细则。
3. 生效中的汇越保险计划(「**保单**」)的受保人如于保单发出后并符合条款及细则及服务供应商之条款及细则中所述的要求, 即可享有服务资格。若行使更改受保人, 前受保人将不再享有服务资格。然而, 每份保单仅能启动一次居家护理100服务, 如果前受保人已启动居家护理100并已收到汇丰保险所发出的居家护理100服务确认信, 新受保人将不会享有居家护理100的资格。
4. 本公司不会对服务供应商使用个人资料负责, 并不承担任何法律责任。
5. 本条款及细则符合现行监管条例要求, 并受香港特别行政区(「**香港特区**」)法律管辖及依其解释。

居家护理100 — 条款及细则:

6. 居家护理100由卓健护理提供, 并受卓健护理的条款及细则约束。请联系卓健护理以了解其条款及细则、服务范围、费用及服务安排的详细信息。
7. 若受保人于等候期后(详见定义)经由注册医生诊断患有危疾, 及受保人经诊断患上指定危疾后存活不少于十四(14)天, 保单持有人可启动居家护理100。危疾不包括受保人在签发日期、保单日期、最近一次保单复效的生效日期或更改受保人的生效日期(以较迟者为准)前已知条款及细则定义已存在的状况。居家护理100在下列情况下将不予启动:
 - 因爱滋病(AIDS)、爱滋病相关症候群(ARC)、人类免疫缺乏病毒(HIV)感染直接或间接所致的危疾;
 - 不论受保人在受伤、自杀或自杀未遂时是否神智清醒, 因自杀、自杀未遂或故意自残所致的危疾;
 - 任何在等候期内不予支付赔偿的身体状况;
 - 因服用药物(经注册医生指引除外)、毒药或酒精直接或间接所致的危疾;
 - 因战争或任何战争行为(不论是否已宣告)、暴动、叛乱或内乱直接或间接所致的危疾; 或
 - 因参与犯罪事件所致的危疾。
8. 若需要申请启动居家护理100, 保单持有人和受保人需签署并提交居家护理100服务启动表格至汇丰保险, 并附上由注册医生提供的受保人危疾诊断证明作为支持文件。

9. 如对于享用居家护理100服务的资格有任何争议，本公司拥有最终决定权。如对于服务有任何争议，请直接联络服务供应商。
10. 启动通知和证明

a. 启动必须在受保人获悉患上危疾当日起计九十（90）日内，并在本保单（包括本增值服务）生效时提出。除非向本公司提出在规定时间内无法合理可行地提出启动服务之证明，并已在合理的情况下尽早提出启动，否则，本公司无须就逾期启动而支付本服务。

b. 受保人或保单持有人就有关危疾而递交的诊断证明，必须以医疗报告方式并由本公司所同意之有关注册医生提供及由本公司可接受之医学调查确认，其包括但不限于临床的、应用放射学的、组织学的及化验的证明。本公司保留权利要求受保人进行检查或其他合理和适当的检测以确定受保人患上有关危疾，当中的费用将会由受保人/保单持有人承担。

c. 若受保人在中国内地经注册医生诊断证实患上危疾，必须提供令本公司满意的及由指定中国内地医院提供的医疗证明文件。
11. 本公司会于成功批核居家护理100启动申请后发出服务确认信并寄送至保单持有人的通讯地址或电邮地址（视乎适用情况而定）。直至服务确认信发出前，保单持有人在本公司登记的通讯地址或电邮地址必须为有效并且保持更新。该服务确认信不可于任何损失或损坏，或因交付失败（例如通讯地址无效）的情况下更换。请以服务确认信作资格证明并于卓健护理兑换居家护理100。请参阅服务确认信上的指示，联系卓健护理以安排服务。
12. 每份保单只可启动一次居家护理100。为免生疑问，居家护理100于服务启动后不能取消、推翻或更改。
13. 由卓健护理提供的服务将受其条款及细则约束，您或需缴付居家护理100而本公司并不涵盖的费用。本公司仅负责缴付予卓健护理的100小时免费居家护理服务费用。本公司将不负责缴付予卓健护理或任何第三方的其他费用，包括但不限于任何由免费居家护理服务升级至专业护理服务的特惠费用、紧急服务安排、取消费用、在香港偏远地区或离岛提供服务的额外费用或由卓健护理提供的其他任何服务费用。客户有责任向卓健护理或任何第三方支付清任何额外费用。
14. 本公司并不代表属于独立服务供应商的卓健医疗及卓健护理。本公司不会就卓健医疗及卓健护理提供的服务或质素、条款及细则、兑换后的服务承担任何责任。对于卓健护理及卓健医疗提供的任何服务直接或间接造成的损失、损害或费用，本公司概不承担任何法律责任或其他责任。
15. 本公司保留权利以任何服务提供者的替代服务取代或暂停居家护理100，并毋须事先通知。居家护理100（或任何替代服务）不可兑换成现金，其使用受卓健医疗及卓健护理所规定的条款及细则约束。

居家护理100 — 定义：

「**危疾**」指下列其中一项：

(i) 癌症

指恶性肿瘤，特征为恶性细胞失控的生长及扩散，侵蚀和破坏人体的正常组织。癌症必须经过病理报告中关于恶性程度的组织学证据来确定。癌症一词包括白血病、淋巴瘤和霍杰金氏病。

保障范围不包括以下癌症种类：

- 在组织学上描述为良性、癌前病变或细胞病变的所有肿瘤；
- 任何描述为原位癌的病变；
- 除恶性黑素瘤以外的所有皮肤癌；
- 子宫颈上皮内癌变（CIN I、CIN II或CIN III）或鳞状上皮内病变；
- 等级为T1aN0M0或FIGO 1A的卵巢肿瘤；
- 在组织学上按TNM分期中描述为T1a或T1b级或其他相当等级或更低等级的前列腺癌；
- 低于RAI第三（3）阶段的慢性淋巴细胞白血病。
- 在组织学上按照TNM 分期为T1N0M0 或以下级别的甲状腺肿瘤。

(ii) 心脏病

指因心脏供血不足而引致部份心肌坏死，并必须具备下列所有特征：

- 典型胸口痛的病史；
- 在有关心脏事故期间，心肌梗塞特有的新的心电图变化；及
- 以下其一：
 - (i) 心脏酵素（CPK-MB）上升，并高于正常实验室普遍接受的水平； 或
 - (ii) 肌钙蛋白I的水平高于0.5ng/ml或更高

(iii) 中风

指一种由颅内出血、脑栓塞或颅内血管血栓引起不可逆转之脑组织死天而导致的脑血管病症，此定义也包括蛛网膜下出血。该病症必须导致神经功能受损，并经由脑神经科专科注册医生在病发后的检查中客观地观察到神经异常表现，并需持续至少六（6）周。诊断须由磁力共振扫描、电脑断层扫描、或脑脊髓液检查测出与新一次中风相符的结果支持。

以下情况不包括在内：

- 短暂性脑缺血发作（TIA），其症状持续少于二十四（24）小时；
- 因意外受伤、感染、血管炎、炎症或偏头痛引起的脑部受损；
- 影响眼部的血管疾病，包括视觉神经或视网膜梗塞；
- 前庭系统缺血疾病；
- 通过影像检查发现的无症状中风。

「**指定中国内地医院**」指由本公司不时自行酌情指定及更新而不需事先通知的位于中国内地之医院名单。指定中国内地的医院名单可以在香港汇丰网站上查阅。

「**已存在的状况**」指在签发日期、保单日期、最近一次保单复效的生效日期或更改投保人的生效日期之前（以较迟者为准）出现以下描述的任何状况或疾病：

- 以前曾存在或一直存在；或
- 致病因素以前存在或一直存在；或
- 投保人知晓该状况或疾病及其病征或病状；或
- 任何化验室的测试或调查显示可能有该状况或疾病的存在；或
- 投保人出现认知障碍征兆或病征，其包括但不限于丧失记忆力、难以管理时间、不能够在工作场所、家居或社区独立活动或缺乏能力照顾自己。

「**注册医生**」指任何根据香港特区《医生注册条例》或任何修订条例而正式符合资格及合法注册的医生，或在本公司接受的任何其他国家／地区根据当地法律获授权执业的西医，而该等医生并非投保人或保单持有人本人或其直系亲属。

「**等候期**」指若出现任何下列身体状况，并导致公司就指定危疾启动居家护理100，居家护理100将不予启动：

- (1) 曾经接受诊断；
 - (2) 治疗；
 - (3) 咨询注册医生；或
 - (4) 出现任何疾病的迹象或症状，
- 且该情况发生于：
- (a) 保单日期或签发日期（以较迟者为准）至第九十（90）日或
 - (b) 若有行使保单复效或更改投保人，等候期将为保单最后一次复效日期或更改投保人的生效日期（视情况而定）开始起的九十（90）日。

如需了解详情，请致电汇丰保险服务热线+852 2583 8000，亦可亲临任何汇丰分行，或与我们于香港的保险顾问预约面谈。

浏览 www.hsbc.com.hk/zh-cn/insurance/

卓健护理介绍所热线： +852 2975 2391

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对于汇丰与您之间因销售过程或处理有关交易而产生的合资格争议（定义见于金融纠纷调解计划的金融纠纷调解中心职权范围），汇丰须与您进行金融纠纷调解计划程序；此外, 有关保险产品的保单条款及细则的任何纠纷, 将直接由本公司与您共同解决。

本公司及第三方服务供应商对本单张所刊载资料的准确性承担全部责任, 并确认在作出一切合理查询后, 尽其所知所信, 本单张并无遗漏足以令其任何声明具误导成份的其他事实。

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2025年9月

