



Policy Number 保單編號：

Policy Service Application Form II (Insurance Broker Version) 保單服務申請書 II (保險經紀版本)

Important note:

1. This form is to be completed by the Owner/Trustee/Collateral Assignee in BLOCK LETTERS and signed with the signature same as recorded in the policy file.
2. If your application is submitted through your Financial Consultant, please state his/her consultant code, name and contact number.
3. **Please submit a copy of the identification document of the Owner, unless submitted before, together with this form.**
4. For any changes on your identification information, please complete and submit the "Policy Service Application Form I" or "Supplement - For Corporate Owner" to apply for the information change. We shall treat the relevant customer information unchanged from our latest record unless we receive your notice on the change of the information.
5. We reserve the right to ask for additional identification documents where necessary.
6. Please tick in the box to indicate the change(s) you want to apply.
7. Please do not sign on blank form.
8. The original of this form and supporting documents submitted will not be returned.

重要事項：

1. 此申請書應由持有人/信託人/抵押轉讓受讓人以正楷填寫及簽名，簽名式樣須與保單上的記錄相符。
2. 如此申請書經理財顧問遞交，請註明理財顧問編號、姓名及聯絡號碼。
3. **如在此之前未有遞交身份證明文件，請隨此申請書一併遞交持有人的身份證明文件副本。**
4. 如閣下的身分識別資料有所更改，請填寫並提交「保單服務申請書 I」或「資料補充 - 持有人為公司團體專用」以辦理有關資料更改手續。倘若本公司未有收到閣下之申請，有關的資料將視作與本公司最近之記錄維持不變。
5. 本公司有權因應需要要求持有人遞交其他文件。
6. 請於方格內以「✓」來表示所申請的更改項目。
7. 請勿在空白申請書上簽署。
8. 所遞交之正本申請書及所需文件將不獲退還。

 "The Company"
"本公司"或"貴公司":

 AXA China Region Insurance
Company (Bermuda) Limited
(Incorporated in Bermuda with
limited liability)
安盛保險(百慕達)有限公司
(於百慕達註冊成立的有限公司) /
AXA China Region Insurance
Company Limited
安盛金融有限公司


NAVIGATOR
Insurance Brokers Ltd.

 Tel (852) 2530 2530 Unit 8E Golden Sun Centre
Fax (852) 2530 2535 59-67 Bonham Strand West
crew@navigator-insurance.com Sheung Wan, Hong Kong
www.navigator-insurance.com

Personal Details of Insured/Owner/Trustee/Collateral Assignee 被保人/持有人/信託人/抵押轉讓受讓人個人資料

	Insured 被保人	Owner (Leave blank if Owner is the Insured) 持有人 (如持有人為被保人則無須填寫)																														
Name 姓名																																
Name of Trustee/Collateral Assignee (if any) 信託人/抵押轉讓受讓人姓名 (如有)	Not Applicable 不適用																															
Name of Employer 僱主名稱																																
Office Address 辦事處地址	<table border="1"> <tr> <td>Room/Flat 室/單位</td> <td>Floor 層數</td> <td>Block 座</td> </tr> <tr> <td colspan="3">Name of Building/Estate 大廈或屋邨名稱</td> </tr> <tr> <td colspan="3">Street No. & Name 街道名稱及號碼</td> </tr> <tr> <td colspan="3">City/District 城市/地區</td> </tr> <tr> <td>Postal Code 郵寄代號</td> <td colspan="2">Country 國家</td> </tr> </table>	Room/Flat 室/單位	Floor 層數	Block 座	Name of Building/Estate 大廈或屋邨名稱			Street No. & Name 街道名稱及號碼			City/District 城市/地區			Postal Code 郵寄代號	Country 國家		<table border="1"> <tr> <td>Room/Flat 室/單位</td> <td>Floor 層數</td> <td>Block 座</td> </tr> <tr> <td colspan="3">Name of Building/Estate 大廈或屋邨名稱</td> </tr> <tr> <td colspan="3">Street No. & Name 街道名稱及號碼</td> </tr> <tr> <td colspan="3">City/District 城市/地區</td> </tr> <tr> <td>Postal Code 郵寄代號</td> <td colspan="2">Country 國家</td> </tr> </table>	Room/Flat 室/單位	Floor 層數	Block 座	Name of Building/Estate 大廈或屋邨名稱			Street No. & Name 街道名稱及號碼			City/District 城市/地區			Postal Code 郵寄代號	Country 國家	
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Office Contact Number 辦公室聯絡號碼																																
Employer's Business Nature 僱主業務性質																																
Occupation 職業	<table border="1"> <tr> <td>Title 職位</td> <td>Main Duties 主要職務</td> </tr> </table>	Title 職位	Main Duties 主要職務	<table border="1"> <tr> <td>Title 職位</td> <td>Main Duties 主要職務</td> </tr> </table>	Title 職位	Main Duties 主要職務																										
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Education 教育程度	<input type="checkbox"/> Primary or below 小學或以下 <input type="checkbox"/> Tertiary or above 大專或以上 <input type="checkbox"/> Secondary/Advanced Level 中學/預科	<input type="checkbox"/> Primary or below 小學或以下 <input type="checkbox"/> Tertiary or above 大專或以上 <input type="checkbox"/> Secondary/Advanced Level 中學/預科																														
Current Monthly Income (HK\$) 現時每月收入 (港幣)																																

1. Coverage Changes 保障更改

Note 注意：

- Please complete Sections 6-9.
請填寫第六至九部份。
- To comply with the requirements set out by the Hong Kong Federation of Insurers under the "Initiative on Financial Needs Analysis", please complete and submit a "Client Needs Analysis" (if applicable) together with this form to apply for coverage changes.
為符合香港保險業聯會於《財務需要分析》中訂明要求，請隨此申請書一併填妥及遞交「客戶需求分析」(如適用)，以申請更改保障。
- Please contact your Financial Consultant or call our Customer Service Hotline at (852) 2802 2812 to enquire if a "Client Needs Analysis" is required for your application and obtain the form.
請聯絡您的理財顧問或致電本公司的客戶服務熱線 (852) 2802 2812，查詢您的申請是否需要遞交「客戶需求分析」並索取該表格。
- If the "Client Needs Analysis" is required but not duly completed, it will be resulted in the Company's inability to accept or process your application.
如您的申請需要遞交「客戶需求分析」，但該表格未有恰當地填妥，本公司將不能接受或處理您的申請。

<input type="checkbox"/> Change of plan 更改計劃			
Change from 由 _____ to 改為 _____			
<input type="checkbox"/> Increase Sum Insured/Protection Amount/Notional Amount of Basic Plan (in policy currency) 提高基本計劃保額/保障金額/名義金額 (保單貨幣)			
Increase to 提高為 \$ _____			
<input type="checkbox"/> Change of Supplementary Benefit (Please state the details below) 更改附加契約 (請於下列填寫有關的更改)			
Supplement Name 附加契約名稱	Addition 新增	Increase/Upgrade 加大/提高	Sum Insured/Protection Amount after addition/increase (in policy currency) 新增/提高後之保額/保障金額 (保單貨幣)
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

2. Policy Reinstatement 保單復效

Note 注意：

Please complete Sections 6-10.
請填寫第六至十部份。

<input type="checkbox"/> In accordance with policy provision 根據保單條款
<input type="checkbox"/> By forwarding (Redating) the Policy Date 移前 (更改) 保單生效日期

3. Removal/Reduction of Occupational Rating 剔除/減低職業額外風險

Note 注意：

Current occupation details must be provided on "Personal Details of Insured/Owner/Trustee/Collateral Assignee".
必須於「被保人/持有人/信託人/抵押轉讓受讓人個人資料」提供新工作資料。

<input type="checkbox"/> New Job started on 轉職/就職開始於 _____ (YYYY年/MM月/DD日)
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4. Term Policy Conversion 定期保險轉換

Note 注意：

- Please also complete "Insurance Application Form".
請同時填寫「保險投保書」。
- Please note that any cancellation right in respect of a policy and right to refund of premium as a result of such cancellation is not applicable to any non-investment-linked policy issued from term conversion. When a new policy is issued, the sum insured converted will be reduced from the sum insured of the relevant term basic policy/term supplement accordingly. If the remaining sum insured of the term basic policy/term supplement is below the prevailing minimum issue limit of the basic plan/supplement as may be determined by the Company from time to time or if the whole amount of the sum insured of the term basic policy/term supplement is converted, the relevant term basic policy/term supplement shall be terminated and cease to be in effect upon the issue of the new policy and any premium paid in respect of the term basic policy/term supplement shall not be refunded.
請注意有關保單上的任何取消投保權益及因該取消投保而可獲發還保費的權益不適用於任何由定期保險轉換所發出的非投資連繫式保單。當新保單發後，已轉換的保額將從有關的定期保險/定期附加保險的保額中減除。如剩餘的定期保險/定期附加保險保額低於當時有關基本計劃/附加契約按本公司可能不時釐定的保額下限，或如定期保險/定期附加保險的保額已經全數轉換，則有關的定期保險保單/定期附加保險契約將於新保單發時終止及不再有效，而任何有關的定期保險保單/定期附加保險已繳之保費亦將不獲發還。

<input type="checkbox"/> Term Basic Conversion 定期保險轉換	<input type="checkbox"/> Term Supplement Conversion 定期附加保險轉換
Sum Insured to be converted (In policy currency) 轉換的保額 (保單貨幣) : _____	
Handling of remaining balance of Sum Insured after Conversion (If applicable) 轉換後剩餘保額處理方法 (如適用)	
<input type="checkbox"/> Cancel 取消	
<input type="checkbox"/> Keep in Policy 保留於保單	
<input type="checkbox"/> Other Requests 其他要求 _____	
New Policy No. (to be completed by Company) 新保單編號 (由公司填寫) : _____	

5. Other Service Request

其他更改

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6. Personal Statement – Habit, Lifestyle and Insurance Information

個人聲明 – 個人生活習慣及保險資料

The “you” and “your” under this section shall refer to Insured in this application. If Applicant’s Waiver of Premium is applied, the “you” and “your” shall refer to both the Owner and the Insured unless otherwise stated.
 此部份所提及的「您」及「您的」，乃指有關此投保申請的被保人。如同時申請申請人之豁免保費，除非另有說明，否則「您」及「您的」乃指持有人及被保人。

	Insured 被保人		Owner 持有人	
	Yes 有	No 否	Yes 有	No 否
a. Have you ever been declined, postponed, or accepted with an increased premium or an exclusion applied in any Life, Critical Illness, Medical or Disability insurance application, reinstatement or renewal due to health/medical reasons? If Yes, please complete Section 9. 您曾否因健康 / 醫療理由於投保或要求復效或續保人壽、嚴重疾病、醫療或傷病保險時被拒絕、延期、增加保費或附加不保事項？如有，請填妥第九部份。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are you presently receiving a disability benefit or incapable for work or have you ever made a claim for disability, accident, medical care or critical illness and/or other benefits? If Yes, please complete Section 9. 您現在是否正接受傷病保障或是否喪失工作能力，又或曾否申請有關傷病、意外、醫療、嚴重疾病及 / 或其他保障的索償？如有，請填妥第九部份。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you smoked or used any tobacco or smokeless tobacco products within the past 12 months? If Yes, please complete average daily consumption and number of years. 您有否在過去十二個月內吸煙、吸食任何煙草或無煙的煙草產品？如有，請註明每天平均消耗量及吸煙年期。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	pcs/day 支 / 每天	smoking years 吸煙年期	pcs/day 支 / 每天	smoking years 吸煙年期
d. Have you ever taken habit forming drugs or narcotics, or been treated or counselled for a drug or alcohol problem? If Yes, please complete Section 9. 您曾否服用成癮性藥物或麻醉劑，或因藥物或飲酒問題而接受治療或輔導？如有，請填妥第九部份。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Do you participate or intend to participate in any hazardous activities related to your occupation or recreation such as diving, mountaineering, skydiving, parachuting, hang gliding, motor sports or aviation (excluding flying as a passenger on a regular scheduled airline)? If yes, please complete the appropriate questionnaire/Personal Statement. 您有否參與或打算參與任何與工作或娛樂有關之危險性活動？例如：潛水、爬山、花式跳傘、跳傘、懸掛滑翔飛行、賽車或飛行（以乘客身份乘搭商業性之民航客機除外）。如有，請填妥有關問卷 / 個人聲明。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Have you resided outside the city/country of the provided Residential Address for more than 6 months during the last 12 months? If Yes, please complete the country and city. 您曾否於過去十二個月內在所提供之住宅地址的國家 / 城市以外居留超過六個月？如有，請註明國家及城市。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Country and City 國家及城市		Country and City 國家及城市	

g. Insurance in force and amount (including currently applied for) on Insured. Please complete the table below if applicable.
 被保人所有現行生效 (包括在申請中) 之保險保障。如適用，請於下列表格內註明。

Insurance Company Name 承保公司名稱	Sum Insured/Protection Amount/Notional Amount/Benefit (HK\$) 保額 / 保障金額 / 名義金額 / 保障 (港幣)					Date of Issuance (YYYY/MM) 簽發日期 (年/月)
	Life Insurance 人壽保險	Disability Income 傷病入息保障	Critical Illness Insurance 嚴重疾病保險	Personal Accident 個人意外	Hospital Cash/Income 住院現金 / 入息	

7. Personal Statement – Body Build

個人聲明 – 體格

	Insured 被保人	Owner 持有人
a. Height 身高	_____ m 米 _____ ft 呎 _____ in 吋	_____ m 米 _____ ft 呎 _____ in 吋
b. Weight 體重	_____ kg 公斤 _____ lb 磅	_____ kg 公斤 _____ lb 磅
c.	Have you lost more than 10lbs/5kg in the last 12 months? 過去十二個月內，您的體重有否減少超過十磅 / 五公斤？ <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, reason: 有 否 如有，請註明原因： _____	Have you lost more than 10lbs/5kg in the last 12 months? 過去十二個月內，您的體重有否減少超過十磅 / 五公斤？ <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, reason: 有 否 如有，請註明原因： _____

8. Personal Statement – Health Information

個人聲明 – 健康狀況

If any of the answers to questions a–d in this section is/are “Yes”, please provide the details in Section 9.
若此部份之問題 a 至 d 題中任何一題之答案為「有」，請於第九部份註明詳情。

	Insured 被保人		Owner 持有人	
	Yes 有	No 否	Yes 有	No 否
a. Have you ever had or been told you had the following conditions that required medical advice or treatment or been referred to a specialist doctor? 您曾否患有或被告知患有下列任何一種狀況而需要接受醫療諮詢或治療，或被轉介諮詢專科醫生？				
i. Chest pain, high blood pressure, heart attack, stroke, high cholesterol, congenital conditions, anaemia, or any heart/blood/vascular diseases. 胸痛、高血壓、心臟病發作、中風、高膽固醇、先天性疾病、貧血或任何心臟/血液/血管之疾病。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Cancer (including melanoma), lump/polyp/cyst/growth of any kind. 癌症 (包括黑色素瘤)，腫塊/瘰肉/囊腫/任何其他贅生物。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Diabetes, thyroid diseases, metabolic diseases or endocrine diseases. 糖尿病、甲狀腺疾病、代謝疾病或內分泌疾病。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Hepatitis B or C (including Hepatitis carrier), HIV infection, liver diseases, gallbladder diseases, or any gastrointestinal diseases (including gastric/duodenal ulcer, ulcerative colitis). 乙型肝炎或丙型肝炎 (包括肝炎帶菌)、愛滋病病毒感染、肝臟疾病、膽囊疾病、或任何腸胃系統疾病 (包括胃/十二指腸潰瘍、潰瘍性結腸炎)。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Kidney diseases, nephritis, diseases of the genitourinary system (including the bladder and prostate), breast diseases, or any reproductive organ diseases (including the ovaries and uterus). 腎病、腎炎、泌尿生殖系統疾病 (包括膀胱和前列腺)、乳房疾病，或任何生殖器官之疾病 (包括卵巢及子宮)。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vi. Any musculoskeletal diseases (including joint/bone diseases, arthritis) or any auto-immune diseases (including lupus). 任何肌肉骨骼疾病 (包括關節/骨節疾病、關節炎) 或任何自身免疫之疾病 (包括狼瘡)。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vii. Eyes/ears/nose/throat diseases, or any respiratory diseases (including asthma, tuberculosis, emphysema). 眼睛/耳朵/鼻/咽喉之疾病、或任何呼吸系統疾病 (包括哮喘、肺結核、肺氣腫)。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
viii. Epilepsy, head/brain injury, paralysis, alcohol/drug dependency, psychiatric diseases or other neurological diseases. 腦癇症、頭/腦傷害、癱瘓、酒精/藥物依賴、精神異常之疾病或其他神經疾病。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. In the last 5 years, have you received medical treatment or been prescribed medication for any condition which has lasted longer than 7 days (other than for minor conditions such as cold or flu)? 過去五年內，您曾否因任何狀況而接受醫療治療或被處方用藥持續超過七天 (輕微狀況如傷風或感冒除外)？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are you currently receiving any medical treatment or intend seeking or have been advised by a registered physician to seek medical treatment for any health conditions or waiting the results of any medical tests/investigations? 您目前是否正接受任何醫療治療、或正打算尋求或曾否因健康狀況被註冊醫生建議尋求醫療治療、或是否正等候任何醫療測試/檢驗結果？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Only for female applicant: Are you currently pregnant? 只適用於女性申請人： 您現在是否懷孕？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Has your biological mother, father, or any sister or brother been diagnosed prior to age 60 with any of the following? 您的親生父母、兄弟姊妹是否於六十歲前被診斷患有以下疾病？ · Cancer, heart disease, stroke, diabetes, Huntington’s disease, polycystic kidney disease, Multiple Sclerosis, Alzheimer’s disease or any other inherited conditions. If Yes, please complete the table below with exact nature of the illness e.g. breast cancer, colon cancer or heart attack etc. 癌症、心臟疾病、中風、糖尿病、亨廷頓舞蹈症、多囊性腎病、多發性硬化症、亞爾茲默氏病或其他任何遺傳疾病。如有，請於下列表格內說明疾病性質，例如乳癌、大腸癌或心臟病發作等。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Insured 被保人			Owner 持有人		
Relative 親屬	Diagnosis/Condition 診斷/狀況	Onset Age 病發年齡	Relative 親屬	Diagnosis/Condition 診斷/狀況	Onset Age 病發年齡

9. Personal Statement – Supplementary Details

個人聲明 – 詳情補充

	Q. No. 題號	Diagnosis/Condition Details 診斷/狀況詳情	Onset Date 病發日期	Last Symptom Date 最後病徵日期	Degree of Recovery 痊癒程度	Investigation/Treatment 檢驗/治療		Doctor/Clinic/ Hospital Name 醫生/診所/醫院名稱
						Date 日期	Details 詳情	
Insured 被保人								
Owner 持有人								

10. Personal Statement – Terminal Illness**個人健康聲明 — 末期疾病**

	Insured 被保人	
	Yes 有	No 否
Had the insured ever been hospitalized for observation, operation or medical treatment, or been advised to undergo treatment or investigation for cardiovascular or circulatory disease, stroke, any kind of tumour or cancer, disorder of the liver, kidneys or nervous system in the past 5 years? If yes, please provide details including dates, diagnosis, duration, treatment, result, names and addresses of all attending physicians. 在過去五年內，被保人曾否任何腫瘤或癌症、心臟血管及循環系統、中風、肝、腎或神經系統的疾病而接受或被建議接受住院觀察、外科手術或治療？若有，請提供詳情，包括日期、診斷結果、持續時間、治療方法、治療結果、主診醫生姓名及地址。	<input type="checkbox"/>	<input type="checkbox"/>

11. Declarations and Agreement**聲明及協議**

I HEREBY CONFIRM that I am not acting on behalf of any other person for this policy change / service application unless otherwise expressly indicated in this application form or any other documents provided to the Company for this application.

I HEREBY DECLARE that I understand that the Company may deduct any outstanding amount applicable from the payout and/or sum received by the Company under the Policy according to the applicable statutory and/or regulatory requirement(s), including levy collected by the Insurance Authority.

I ACKNOWLEDGE that the terms, “Insured”, “Owner”, “Policy Anniversary”, “Policy Date” and “Issue Date” mentioned in the forms, letters and any communication means shall bear the same meaning as “Insured Person”, “Policy Holder”, “Renewal Date”, “Policy Effective Date” and “Policy Issuance Date” stated in the terms and benefits of the relevant certified plan under the Voluntary Health Insurance Scheme (“VHIS”) respectively.

I HEREBY DECLARE AND AGREE on behalf of myself and other persons referred to in this application and in the relevant policy contract(s) (hereinafter referred to as “Relevant Persons”, “We”, “Our” or “Us”) (for the avoidance of doubt, the expressions “Relevant Persons”, “We”, “Our” or “Us” include myself and such other persons) that

- (1) my policy shall be changed in accordance with the particulars set in this application;
- (2) the application(s) shall only take effect provided all of the following conditions are met: (i) any required payment for the application(s) is paid in full; (ii) the application(s) is / are approved by the Company at the Company’s office (as defined in the policy contract of the above policy) during the lifetime of the person(s) insured by the above policy;
- (3) the application(s) shall be effective from the date of this request unless a later date is specifically indicated, but only if the change is provided by the policy or is allowed by the Company under the policy;
- (4) the Incontestability Provision and Suicide Exclusion Provision in the policy shall apply upon reinstatement, changes or addition of sum insured/protection amount/notional amount or supplements and the period of time specified in the said provisions shall run from the date of approval of this application by the Company;
- (5) the application(s) as indicated above is/are based on my own judgement and I have not relied on any advice provided by Financial Consultant;
- (6) in the case of an investment-linked plan, I fully understand that investment in investment-linked plan involves risks. Value of units in investment options may rise or fall. The benefits payable under such plan are, depending on the policy features, in whole or in part, linked to the performance of the investment options in my investment option allocation instruction;
- (7) all information, statements and answers to all questions whether or not written by my own hand are to the best of my knowledge and belief complete and true;
- (8) all statements and answers to such questions, together with this application, shall form the basis for policy change / service and become a part of the policy;
- (9) the Company is not bound by any statement which I may have made to any person if not written or printed here.

I HEREBY AUTHORISE on behalf of the Relevant Persons

- (1) any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organization, institution or person, that has any records or knowledge of me/the Relevant Persons and/or who has attended or may hereafter attend to me/the Relevant Persons to disclose such information to the Company as the Company may request;
- (2) the Company or any of its appointed medical examiners, paramedical examiners or laboratories to perform the necessary medical assessment and tests to evaluate the health status of myself/the Relevant Persons in relation to this application and any claim arising therefrom.
- (3) the Company to give either the Hong Kong Federation of Insurers or other parties, as required for proper administration of the Code of Practice for Life Insurance Replacement, a copy of the Customer Protection Declaration and any related records or information.

This authorisation shall bind the successors and assignees of the Relevant Persons and remains valid notwithstanding death or incapacity. A photocopy of this authorisation shall be as valid as the original.

If We fail to provide any information requested in this application, it may result in the Company’s inability to accept or process this application.

I HEREBY DECLARE AND AGREE that I have the full authority from and consent of the Relevant Persons to make the above declarations, agreements and authorisations.

本人謹此確認本人並沒有代表任何其他人士提出此保單更改/服務申請；如在此申請書或就此申請提交的任何其他文件上另有註明則除外。

本人謹此聲明本人明白貴公司或會從保單的給付金額及/或貴公司為保單所收金額中，根據適用法定及/或規管要求扣除任何逾期金額，包括保險業監管局收取的徵費。

本人確認於表格、信件及任何通訊方式上所述的「被保人」、「持有人」、「保單週年日」、「保單日期」和「發出日期」一詞與自願醫保計劃(“VHIS”)下相關認可產品的條款及保障內所列的「受保人」、「保單持有人」、「續保日」、「保單生效日」和「保單簽發日」各自具有其相同意義。

本人謹此代表本人及其他在此申請書上及有關的保單合約內提及之人士(下稱「相關人士」或「我們」)(為免存疑,「相關人士」或「我們」指包括本人及此申請書提及之其他人士)聲明及同意

- (1) 本人之保單依照本申請書之選擇作出更改；
- (2) 申請需符合下列條件後方可生效：(i) 繳清所有申請所需之款項；(ii) 申請是於上述保單被保人在生之情況下經貴公司在公司辦事處(根據上述保單合約內之定義)批核；
- (3) 更改之要求由申請日期生效，除非特別指定一較遲日期，但該更改必須是保單內列為可更改事項或經貴公司許可；
- (4) 保單內之不得異議條款及自殺豁免條款將應用於所有復效、更改或增加保額/保障金額/名義金額或附加保險之申請，但條款內指定之時限將由公司批核日期起計；
- (5) 上述之申請是基於本人之個人判斷，並沒有依賴任何理財顧問所提供的意見；
- (6) 如投資連繫式壽險計劃，本人完全明白投資在投資連繫式壽險計劃涉及風險，投資選擇單位價值可升亦可跌，投資連繫式壽險計劃的全部或部分可支付利益將視乎保單的特點與本人之投資選擇分配指示中所揀選之投資選擇的表現連繫；
- (7) 上述一切陳述及問題的所有答案，不論是否本人親手所寫，就本人所知所言，均為事實之全部並確實無訛；
- (8) 上述問題的所有答案(如適用)及此申請書，將成為更改保單的根據，並作為保單一部份；
- (9) 本人對任何人所作出的任何聲明，如沒有在此申請書上填寫或印出，貴公司不須受其約束。

本人謹此代表相關人士授權

- (1) 任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構、或其他組織、機構或人士，凡知道或持有任何有關本人/相關人士之記錄，及/或曾診驗或可能將會診驗本人/相關人士者，均可應貴公司要求將該等資料提供給貴公司；
- (2) 貴公司或任何其指定之驗身醫生、醫療人員或化驗所，可就此申請或任何與此有關之賠償申請替本人/相關人士進行所需之醫療評估及測試，作為審核本人/相關人士之健康狀況；
- (3) 貴公司於有需要時，向香港保險業聯會或其他執行壽險轉保守則的機構，提供客戶保障聲明書副本，以及其他有關紀錄或資料；

此授權對相關人士之繼承人及受讓人具有約束力；即使相關人士死亡或無行為能力時，此授權仍具效力。此授權書的影印本與正本均有同等效力。

如我們不能提供任何此申請所需的資料，貴公司或不能接受或處理此申請。

本人謹此聲明及同意已獲相關人士授權及同意本人作出以上聲明、協議及授權。

NAVIGATOR
Insurance Brokers Ltd.

Tel (852) 2530 2530 Unit 8E Golden Sun Centre
Fax (852) 2530 2535 59-67 Bonham Strand West
crew@navigator-insurance.com Sheung Wan, Hong Kong
www.navigator-insurance.com

12. Personal Information Collection Statement 收集個人資料的聲明

Please visit our website (www.axa.com.hk > Customer Service > Downloads > Life Insurance > Personal Information Collection Statement) and read carefully the details of the Personal Information Collection Statement ("PICS") which can also be made available upon request.

For our policy on using your personal data for marketing purposes, please see the section below "Use and provision of personal data in direct marketing".

Use and provision of personal data in direct marketing: The Company intends to:

(1) use your name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company from time to time for direct marketing; (2) conduct direct marketing (including but not limited to providing reward, loyalty or privileges programmes) in relation to the following classes of products and services that the Company, our affiliates, our co-branding partners and our business partners may offer: (a) insurance, banking, provident fund or scheme, financial services, securities and related products and services; (b) products and services on health, wellness and medical, food and beverage, sporting activities and membership, entertainment, spa and similar relaxation activities, travel and transportation, household, apparel, education, social networking, media and high-end consumer products; (3) the above products and services may be provided by the Company and/or: (a) any of our affiliates; (b) third party financial institutions; (c) the business partners or co-branding partners of the Company and/or affiliates providing the products and services set out in (2) above; (d) third party reward, loyalty or privileges programme providers supporting the Company or any of the above listed entities; (4) in addition to marketing the above products and services, the Company also intends to provide the data described in (1) above to all or any of the persons described in (3) above for use by them in marketing those products and services, and the Company requires your written consent (which includes an indication of no objection) for that purpose.

Before using your personal data for the purposes and providing to the transferees set out above, the Company must obtain your written consent, and only after having obtained such written consent, may use and provide your personal data for any promotional or marketing purpose.

You may in future withdraw your consent to the use and provision of your personal data for direct marketing.

Important: If you do not agree to the use and provision of your personal data for direct marketing as set out in the section "Use and provision of personal data in direct marketing", please indicate your request by ticking the box below. Once your opt-out instruction is recorded, we will not use your personal data for direct marketing.

I/WE ACKNOWLEDGE AND CONFIRM that I/We have read and understood the Personal Information Collection Statement ("PICS"). I/We confirm that I/We have been advised to read carefully the PICS, and I/We have read it carefully its effect and impact in respect of my/Our personal data collected or held by the Company (whether contained in this application or otherwise). Based on the foregoing, I/We hereby give my/Our acknowledgement and agree to the use and transfer of my/Our personal data by the Company in accordance with the PICS, including the use and provision of my/Our personal data for the purpose of direct marketing.

I/We do not agree with the use and provision of my/Our personal data for direct marketing purposes as set out above in the **Personal Information Collection Statement** (see "Use and provision of personal data in direct marketing") and do not wish to receive any promotional and direct marketing materials.

請登入本公司網頁 (www.axa.com.hk > 客戶服務 > 下載區 > 人壽保險 > 收集個人資料聲明) 下載或向本公司索取收集個人資料的聲明 ("該聲明"), 並細閱《該聲明》的詳細資料。

如欲了解本公司為促銷目的使用閣下的個人資料的政策, 請參閱下文 "在直接促銷中使用及將其個人資料提供予其他人士" 部份。

在直接促銷中使用及將其個人資料提供予其他人士: 本公司有意:

(1) 使用本公司不時持有的閣下的姓名、聯絡資料、產品及服務的組合資料、交易模式及行為、財政背景及人口統計數據以進行直接促銷; (2) 就本公司, 安盛關聯方, 本公司合作品牌夥伴及商業合作夥伴可能提供關於下列類別的服務及產品而進行直接促銷 (包括但不限於提供獎賞、客戶或會員或優惠計劃): (a) 保險、銀行、公積金或公積金計劃、金融服務、證券和相關產品及服務; (b) 健康、保健及醫療、餐飲、體育運動及會員服務、娛樂、健身浴或類似的休閒活動、旅遊及交通、家居、服裝、教育、社交網絡、媒體的產品及服務及高級消費類產品; (3) 以上服務及產品將會由本公司及/或以下機構提供: (a) 任何安盛關聯方; (b) 第三方金融機構; (c) 提供上文(2)所列之服務及產品之本公司及/或安盛關聯方的商業合作夥伴或合作品牌夥伴; (d) 向本公司或任何以上所列機構提供支援的第三方獎賞、客戶或會員或優惠計劃提供者; (4) 除由本公司促銷上述服務及產品外, 本公司亦有意將上文(1)段部份所述的資料提供予上文(3)段部份所述的全部或任何人士, 以供該等人士在促銷該等服務及產品中使用, 而本公司為此目的須獲得客戶書面同意 (包括表示不反對)。

在使用閣下的個人資料作上文所述的目的或提供予上文所述的人士之前, 本公司須獲得閣下的書面同意, 及只在獲得閣下的書面同意後方可使用閣下的個人資料及提供予其他人士作任何推廣及促銷用途。

閣下日後可撤回閣下給予本公司有關使用閣下的個人資料及提供予其他人士作任何促銷用途的同意。

重要通知: 如閣下不同意根據 "收集個人資料的聲明" 使用和轉移閣下的個人資料作直接促銷用途 (參閱 "在直接促銷中使用及將其個人資料提供予其他人士" 部份), 請在下列方格內加上剔號 ("✓")。當閣下拒絕直接促銷的指示被紀錄後, 本公司將不會使用閣下的個人資料作為直接促銷用途。

本人/我們確認本人/我們已閱讀並明白收集個人資料的聲明《該聲明》。本人/我們確認本人/我們已被通知本人/我們須詳細閱讀《該聲明》, 而本人/我們已詳細閱讀《該聲明》對貴公司所收集或持有之本人/我們的個人資料的影響 (不論是否此表格所載或從其他途徑所取得)。根據以上所述, 本人/我們特此確認並同意貴公司根據《該聲明》使用及轉移本人/我們的個人資料, 包括在直接促銷中使用及將本人/我們個人資料提供予其他人士。

本人/我們不同意貴公司根據 "收集個人資料的聲明" 使用和轉移本人/我們的個人資料作直接促銷用途 (參閱 "在直接促銷中使用及將其個人資料提供予其他人士" 部份) 及並不願意接收任何貴公司的推廣及直接促銷的材料。

13. Commission Disclosure Declaration 佣金披露聲明

I/We understand, acknowledge and agree that, as a result of my/Our application for change/reinstatement in relation to the policy issued/to be reinstated by the Company, the Company will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where I/We am/are a body corporate, the authorised person who signs on my/Our behalf further confirms to the Company that he or she is authorised to do so.

I/We further understand that the above agreement is necessary for the Company to proceed with the application.

本人/我們明白、確知及同意, 貴公司會就本人/我們就貴公司已簽發/復效的保單所申請的保單更改/保單復效, 於保單有效期內 (包括續保期) 向負責安排有關保單的獲授權保險經紀支付佣金。假如本人/我們為法人團體, 代表本人/我們簽署的獲授權人員並向貴公司確認他/她已獲法人團體授權簽署。

本人/我們亦明白貴公司必須取得本人/我們以上的同意, 才可以處理有關申請。

IMPORTANT NOTE 注意: PLEASE DO NOT SIGN ON BLANK FORM 請勿在空白表格上簽署

Signature of Insured (If aged 18 or above) 被保人簽署 (如十八歲或以上)	Signature of Owner / Trustee / Collateral Assignee / Irrevocable Beneficiary 持有人/信託人/抵押轉讓受讓人/不可更換受益人簽署
Signature of Witness/Financial Consultant 見證人/理財顧問簽署	Sign Date (YYYY/MM/DD) 簽署日期 (年/月/日)
Full Name of Witness/Financial Consultant 見證人/理財顧問之姓名	

Financial Consultant Details 理財顧問資料

Name 姓名	
Code 編號	Contact Number 聯絡號碼