



MACUADD

Policy Number 保單號碼

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Change of Customer Information 更改客戶資料

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

1. HSBC Life (International) Limited is referred to as the "Company" or "HSBC Life" in this document. 滙豐人壽(國際)有限公司在此文件中稱為「本公司」或「滙豐保險」。
2. Please put a '✓' in the appropriate box(es) and complete in BLOCK LETTERS. 請在適當方格內加上✓號，並用正楷填寫。
3. Please enclose the copy of identification document as supporting, if applicable. 請附上身份證明文件副本以作證明(如適用)。
4. To comply with the Foreign Account Tax Compliance Act (FATCA) regulations issued by the United States Department of the Treasury and Internal Revenue Service (IRS), we are required to establish the status of Policyholder and connected person (including entities/companies) that is entitled to access the contract's value or change a beneficiary under the contract. If there is any update in information concerning these parties, you are required to provide the supporting documents. 為符合由美國財政部和國稅局(IRS)發出的海外賬戶稅務合規法案(FATCA)的規定，我們需要向保單持有人及關連人士(包括機構或公司)在保單上有權獲得保險合約的現金價值或更改受益人以作識別及分類。若該等人士有任何資料更新，閣下需按要求提供相關核實證明。

1. **Change or correction of personal details (Please enclose ID Card/Passport/Birth Certificate copy in support)**
更改或更正客戶資料(請附上身份證/護照/出生證明副本以作證明)

(This change will be applied to ALL my life insurance policy(ies) underwritten by HSBC Life (International) Limited.) (此更改將適用於本人由滙豐人壽保險(國際)有限公司承保之所有人壽保險保單。)

(a) Insured 受保人 (b) Policyholder 保單持有人 (c) Sole Proprietor^o 獨資經營公司持有人資料^o (d) Payor 付款人 (e) Contingent Policyholder 第二保單持有人

Name 姓名/Full Name of Trust, Corporation or Partnership 信託、公司或合夥名稱 _____

Former Name/Alias (Surname first) 前用姓名/別名(先填寫姓氏) _____

Trading As Name(s) (if different from the Full Name) 營業名稱(如與全名不同) _____

ID Type & No. 身份證明文件類別及號碼 _____

GIIN No. 全球中間機構識別碼 _____

Date of Birth/Incorporation 出生/公司成立日期 _____

Place of Birth/Registration 出生/公司登記地區 _____

Nationality (Country/Region) 1* 國籍(國家/地區) 1* _____

Nationality (Country/Region) 2*(please complete if different from Nationality 1) 國籍(國家/地區) 2*(若與國籍 1 不同請填寫此欄) _____

Nationality (Country/Region) 3*(please complete if different from Nationality 1 and 2) 國籍(國家/地區) 3*(若與國籍(國家/地區) 1 及 2 不同請填寫此欄) _____

US Tax ID (where applicable) 美國稅務編號(如適用) _____

Local Tax ID (where applicable and optional)# 地方稅務編號(如適用及非必要填寫)# _____

Country/Region of Local Tax ID (where applicable and optional)# 地方稅務編號之國家/地區(如適用及非必要填寫)# _____

Employment Status 職業狀況

Self-Employed 自僱 Full-time Employed 全職 Part-time Employed 兼職 Not Currently Employed 非在職

Student 學生 Housewife 主婦 Retired 退休

Industry (where applicable) 行業(如適用) _____

Occupation (where applicable) 職業(如適用) _____

Job Title (where applicable) 職位(如適用) _____

Employment Start Date (where applicable) 任職日期(如適用)(MM月/YYYY年) _____

Name of Employer / Business & Address (where applicable) 僱主/公司名稱及地址(如適用) _____

Monthly Salary (MOP) (where applicable) 月薪(澳門幣)(如適用)

below 5,000 以下 (0) 5,000 – 9,999 (1) 10,000 – 14,999 (2) 15,000 – 19,999 (3)

20,000 – 29,999 (4) 30,000 – 49,999 (5) 50,000 – 69,999 (6) 70,000 – 99,999 (7)

100,000 – 199,999 (8) 200,000 or above 或以上 (9)

^o Applicable when Policyholder is a Sole Proprietor 適用於保單持有人為獨資經營公司持有人

Any country/region other than US 美國以外之國家/地區

* Please state all your current Nationality(ies) (Country/Region) if you have any revision. In addition, nationality (country/region) proof is required if the change of nationality (country/region) applied by non-permanent Macau resident. 如修正任何國籍(國家/地區)資料，請填寫閣下現在的所有國籍(國家/地區)。此外，如非澳門永久居民申請修正國籍(國家/地區)資料，請附上國籍(國家/地區)證明。

2. Change of Telephone No./E-mail Address 更改電話號碼/電子郵寄地址

(This change will be applied to ALL my life insurance policy(ies) underwritten by HSBC Life (International) Limited.) (此更改將適用於本人由滙豐人壽保險(國際)有限公司承保之所有人壽保險保單。)

Telephone No. 電話號碼

(Please provide at least one telephone no. with its country/region. Country/Region code is not necessary) (請最少提供一個聯絡電話及其所屬國家/地區。唯無須提供國家/區域編號)

Home 住宅

Macau SAR 澳門特別行政區 US 美國 1- China 中國 86- Other Countries/Regions 其他國家/地區 _____

Telephone no. 聯絡電話 _____

Work 工作

Macau SAR 澳門特別行政區 US 美國 1- China 中國 86- Other Countries/Regions 其他國家/地區 _____

Telephone no. 聯絡電話 _____

Mobile 手提電話

Macau SAR 澳門特別行政區 US 美國 1- China 中國 86- Other Countries/Regions 其他國家/地區 _____

Telephone no. 聯絡電話 _____

E-mail Address 電子郵寄地址 _____

3. Change or correction of Address 更改或更正地址

I would like to apply the change or correction of Address/Contact Number to ALL my life insurance policy(ies) underwritten by HSBC Life (International) Limited 本人擬申請更改或更正本人由滙豐人壽保險(國際)有限公司承保之所有人壽保險保單之地址/聯絡號碼。

Note 註: Please choose your change request option by inserting tick '✓' in the applicable box above. If no option is chosen, this change will be applied to this life insurance policy only. 請在以上適用的空格內劃上✓號選擇所需的更改類別。如未選擇,此更改將只限此人壽保險保單。

Address 地址

Address in English 英文地址

Address Type 地址類別

- | | | |
|---|--|---|
| <input type="checkbox"/> All types of address
全部地址 | <input type="checkbox"/> Business
公司 | <input type="checkbox"/> Correspondence
通訊 |
| <input type="checkbox"/> Registered Office
註冊辦事處 | <input type="checkbox"/> Residential
住宅 | <input type="checkbox"/> Permanent
永久 |

Address Details 地址資料

(Please complete in English except the address is in mainland China 除中國內地地址外,請以英文填寫。)

Room/Flat/Floor/Block
室/樓/座

Room 室 Flat 室 _____ Floor 樓 _____ Block 座 _____

Name of Building 大廈名稱

Name of Estate 屋邨名稱

Number and Name of Street/Road
門牌號數及街道名稱

District 地區

For Overseas Address Only
只適用於海外地址

Country/Region and Postal Code
國家/地區及郵區編號

If country/region of new address is not the same as nationality (country/region) or existing address, please provide reason 如新地址所屬之國家/地區與閣下之國籍(國家/地區)或現時地址不同,請說明原因: _____

4. Change of Signature of Policyholder 更改保單持有人簽署

New Signature of Policyholder 保單持有人新簽署



5. Assign/Change of Contingent Policyholder (Applicable to HSBC Wealth Goal Insurance Plan II and HSBC Paramount Global Life Insurance Plan only) 指定／更改第二保單持有人(只適用於滙豐保險計劃II及滙豐環球壽險計劃)

Termination of Contingent Policyholder 終止第二保單持有人

Designation of Contingent Policyholder for juvenile policies (not applicable to policies with Life Insured who has attained 18 years of age) 為兒童保單指定第二保單持有人(不適用於受保人已年滿18歲或以上的保單)

DETAILS OF DESIGNATION OF CONTINGENT POLICYHOLDER 為兒童保單指定第二保單持有人資料

Name (in English) 姓名(英文)	
Name (in Chinese) 姓名(中文)	
ID Type & No. 身份證明文件類別及號碼	
Date of birth 出生日期 (DD日/MM月/YYYY年)	
Relationship with the Policyholder 與保單持有人的關係	
Contact number (optional) 聯絡電話(選填)	
Address (optional) 地址(選填)	

Remarks 備註：

- Contingent Policyholder must be an immediate family member of Policyholder (including spouse, parent, children and sibling who aged 18 years old or above). 第二保單持有人必須為保單持有人的直系親屬(包括18歲或以上的配偶、父母、子女或兄弟姊妹)。
- Only one Contingent Policyholder can be named under each policy. If there is an existing Contingent Policyholder under the policy, the existing Contingent Policyholder will automatically be revoked. Same Contingent Policyholder can be appointed in more than one policy. 每張保單下只可指定一名第二保單持有人。如保單下已有一位現有的第二保單持有人，則該現有第二保單持有人將自動被撤銷。該人士可作多於一份保單的第二保單持有人。
- Designation or change of Contingent Policyholder is only available for policies without assignment and when the Policyholder is still alive. 指定／更改第二保單持有人選項只適用於未有權益轉讓之保單及保單持有人仍在世時。
- The Policyholder shall remind the Contingent Policyholder that he/she shall inform HSBC Life (International) Limited ("the Company") immediately of the death of the Policyholder and provide satisfactory evidence to the Company within 90 days immediately after we received the notification about the death of the Policyholder. 保單持有人須提示第二保單持有人須在保單持有人身故後立即通知滙豐人壽保險(國際)有限公司(「本公司」)，並於通知後90日內向本公司提供認可之證明。
- Contingent Policyholder may have legal, accounting and/or tax consequences as a result of transferring policy ownership. Before signing below signifying consent to designate the Contingent Policyholder, the Policyholder shall remind the Contingent Policyholder that he/she should carefully study the terms of the policy and make his/her own independent assessment on his/her ability to meet premium payment obligations and other obligations under the policy. The Company shall neither be responsible nor liable to provide any legal, accounting and/or tax advice. The Policyholder and Contingent Policyholder should consult their own independent legal, accounting and/or tax advisors as appropriate. 第二保單持有人可能於轉移保單擁有權時涉及重要的法律、會計及／或稅務後果。保單持有人須於簽署表示同意指定第二保單持有人前，提示第二保單持有人須仔細閱讀保單內之條款和條件，以及自行獨立評估其履行保單支付保費以及其他保單責任之能力。本公司並無責任及概不負責提供任何法律、會計及／或稅務意見。保單持有人及第二保單持有人應於作出此指定前先行諮詢獨立法律、會計及／或稅務顧問之意見。
- By signing and submitting this form to the Company, the Policyholder warrants and represents that the Contingent Policyholder is eligible to act in such role. The Company shall not assume any duty or be responsible to verify or be responsible for the validity or legality of any designation of Contingent Policyholder. The Company shall not assume or be regarded to assume any responsibility or liability in relation to any designation of Contingent Policyholder. 在簽署並提交本申請書予本公司時，保單持有人保證及聲明第二保單持有人具有資格處理此職責。本公司不會承擔任何責任或不會負責核實任何第二保單持有人之有效性或合法性，或就任何第二保單持有人之有效性或合法性負責。本公司不會亦不應被認為會就任何第二保單持有人的指定承擔任何責任。
- The acceptance of the request for designation of Contingent Policyholder is at the Company's sole and absolute discretion and subject to terms and conditions as the Company shall determine from time to time. 本公司會按不時訂定的條款及細則，全權酌情決定是否接受任何指定第二保單持有人的申請。

6. Update Occupation Details for Policyholder (For personal policyholder) 更新保單持有人職業資料(適用於個人保單持有人)

If there is no update, please insert tick '✓' in the box 如無任何轉變，請在空格內劃上✓號

Employment Status 職業狀況

- Self-Employed 自僱 Full-time Employed 全職 Part-time Employed 兼職 Not Currently Employed 非在職
 Student 學生 Housewife 主婦 Retired 退休

Industry (where applicable) 行業(如適用) _____

Occupation (where applicable) 職業(如適用) _____

Job Title (where applicable) 職位(如適用) _____

Employment Start Date (where applicable) 任職日期(如適用)(MM月/YYYY年) _____

Name of Employer / Business & Address (where applicable) 僱主/公司名稱及地址(如適用) _____

Monthly Salary (MOP) (where applicable) 月薪(澳門幣)(如適用)




- below 5,000 以下 (0) 5,000 – 9,999 (1) 10,000 – 14,999 (2) 15,000 – 19,999 (3)
 20,000 – 29,999 (4) 30,000 – 49,999 (5) 50,000 – 69,999 (6) 70,000 – 99,999 (7)
 100,000 – 199,999 (8) 200,000 or above 或以上 (9)

Business Nature (For corporate policyholder) 業務性質(適用於公司保單持有人) _____

Main source of income (For both personal and corporate policyholder) 主要收入來源(適用於個人及公司保單持有人)

- Salary 薪金 Saving 儲蓄 Donation 捐獻
 Inheritance 遺產 Business Income 生意收入 From Business Owner 由生意持有人提供
 Return on Investment 投資回報 Sales Proceed 銷售收入 Fee and Commission Income 酬金及佣金收入
 Others, please state 其他，請註明： _____

By signing below, I/we acknowledge and expressly agree that HSBC may collect, process, use, store, disclose and transfer any personal data (including any sensitive data) about me/us that HSBC currently or subsequently hold for the purposes as set out in the Personal Information Collection Statement which can either be found inserted on my/our policy, by visiting www.hsbc.com.mo (Insurance > Important Information) or by requesting a copy at my local branch. I/we also acknowledge and expressly agree that the personal data (including any sensitive data) about me/us may be transferred to place outside Macau. 本人(等)在下方簽署即知悉及明確同意滙豐可按本表格內列出的用途收集、處理、使用、儲存、披露及轉移滙豐現時或其後持有本人(等)的全部個人資料(包括敏感資料)，《個人資料收集聲明》以於本人(等)保單內列載，並瀏覽 www.hsbc.com.mo (保險 > 重要資訊) 或可前往各滙豐分行索取副本為準。本人(等)亦知悉及明確同意本人(等)的個人資料(包括敏感資料)可能被轉移到澳門以外的地區。

Signature of Policyholder 保單持有人簽署	Signature of Life Insured 受保人簽署	Signature of Assignee/ Irrevocable Beneficiary (if any) 承讓人/不可撤換受益人簽署(如適用)	Date 日期
			

Important Note: Please return the original of this form, duly completed and signed, to HSBC Life (International) Limited of 1/F Edf. Comercial Si Toi, 619 Avenida da Praia Grande, Macau. Please note that we will only process your request upon actual receipt of this "original form".

重要事項：請填妥及簽署此申請表(表格)"正本"後並寄回滙豐人壽保險(國際)有限公司，地址：澳門南灣大馬路619號時代商業中心1字樓，當收到此申請表(表格)"正本"，我們將盡快辦理閣下之申請。

For HSBC Use

<input type="checkbox"/> Client's ID copy attached	Staff Name and ID:	Servicing Staff AMCM No.	Branch Code and Chop
<input type="checkbox"/> Client's original ID sighted	Contact No.:	Servicing Staff RI No.	