



MACUBEN

Policy Number 保單號碼

--	--	--	--	--	--	--	--

Change of Beneficiary 更改受益人

Name of Policyholder in English 保單持有人英文姓名	
NOTE 注意： <ol style="list-style-type: none"> 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 enclose Identification copy in support, if necessary. 請附上身份證明文件副本以作證明(如適用)。 3. 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。 4. Please provide all required information, sign and return the application to us as soon as possible. If the said information is missing, the application will not be complied with. 請提供所需資料，並於簽妥後儘快遞交申請。若有關資料遺漏，此申請將不獲接納。 5. Such change shall be considered effective upon verification by HSBC Life (International) Limited ("HSBC"). 有關更改由滙豐人壽保險(國際)有限公司核實之日起生效。 	

Change of Beneficiary 更改受益人 I hereby apply the change of Beneficiary to my following life insurance policy(ies) underwritten by HSBC Life (International) Limited 本人擬申請更改本人由滙豐人壽保險(國際)有限公司承保之人壽保險保單之受益人：							
<input type="checkbox"/> All my life insurance policy(ies) underwritten by HSBC Life (International) Limited 所有本人由滙豐人壽保險(國際)有限公司承保之人壽保險保單							
<input type="checkbox"/> This life insurance policy and my other life insurance policy(ies) underwritten by HSBC Life (International) Limited. Please specify the policy number(s) here 此人壽保險保單及本人其他由滙豐人壽保險(國際)有限公司承保之人壽保險保單，請在此列出有關的保單號碼：							
_____ _____							
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。							
I appoint the following person(s) as Beneficiary of the Policy. This nomination supersedes all prior nominations. 本人指定下列人士為保單受益人。此項提名取代一切以往的提名紀錄。							
Details of Beneficiaries 受益人資料							
Details of Primary Beneficiaries 基本受益人資料							
Name 姓名	ID Type & No. 身份證明文件類別及號碼	Relationship to the Life Insured 與受保人關係	Minor beneficiary of age below 18* 十八歲以下未成年受益人*	Trustee Details 受託人資料		Contact Telephone No. and/or Email Address (Optional) 聯絡電話及/或電郵地址(非必要填寫)	Percentage of Entitlement 領取利益之百分比
				Trustee Name (In English) 受託人姓名(請以英文填寫)	Trustee ID Type & No. 受託人身份證明文件類別及號碼		
			<input type="checkbox"/> Yes 是				
			<input type="checkbox"/> Yes 是				
			<input type="checkbox"/> Yes 是				
			<input type="checkbox"/> Yes 是				
			<input type="checkbox"/> Yes 是				
Total 總計							100%

Details of Secondary Beneficiaries 次位受益人資料

- If there is no primary beneficiary(ies) living at the time of the Life Insured's death, the secondary beneficiary(ies) will be taken as the beneficiary(ies) of this policy. 如受保人身故時所有基本受益人已離世，此保單的受益人將為次位受益人。

Name 姓名	ID Type & No. 身份證明文件類別及號碼	Relationship to the Life Insured 與受保人關係	Minor beneficiary of age below 18* 十八歲以下未成年受益人*	Trustee Details 受託人資料		Contact Telephone No. and/or Email Address (Optional) 聯絡電話及/或電郵地址 (非必要填寫)	Percentage of Entitlement 領取利益之百分比
				Trustee Name (In English) 受託人姓名 (請以英文填寫)	Trustee ID Type & No. 受託人身份證明文件類別及號碼		
			<input type="checkbox"/> Yes 是				
			<input type="checkbox"/> Yes 是				
			<input type="checkbox"/> Yes 是				
			<input type="checkbox"/> Yes 是				
			<input type="checkbox"/> Yes 是				
Total 總計							100%

Please state the reason if beneficiary is a charity organization: 如受益人為慈善機構，請列明原因：_____

- * Note 註: If the beneficiary(ies) is/are at her/his minority upon the death of the Life Insured of this policy, the above designated trustee(s) will be taken as the trustee(s) for the beneficiary(ies). 如保單內的受保人身故時受益人仍未成年，以上指定的受託人將會成為受益人的受託人。

If you would like to appoint the above person(s) as Irrevocable Beneficiary, please submit along with the respective document ID copy with signature and states "Irrevocable Beneficiary".

若閣下指定上述人士為不可撤換受益人，請一併遞交其附簽署的身份證明文件副本，及註明「不可撤換受益人」。

I appoint the following person as Dementia Benefit Recipient of the Policy. This nomination supersedes all prior nominations. 本人指定下列人士為認知障礙保障收益人。此項提名取代一切以往的提名紀錄。

Name 姓名	ID Type & No. 身份證明文件類別及號碼	Relationship to the Proposed Insured 與受保人關係	Telephone No. 聯絡電話	Percentage of Entitlement 領取利益之百分比
				100%

- Tick ("✓") this box if you want the Dementia Benefit Recipient to receive basic plan Monthly Annuity Payment when the Proposed Insured is diagnosed with Severe Dementia. "Cash out" has to be selected as the payment option of the Monthly Annuity Payment. 如閣下希望於受保人被診斷患有認知障礙時將基本計劃每月年金金額支付予認知障礙保障收益人，請在此方格內加上剔號("✓")。年金金額支付方式須為“現金提取”。

Notes 註:

- The Dementia Benefit Recipient must be the Policyholder or one of the Primary Beneficiaries. If not, the Policyholder will be taken as the Dementia Benefit Recipient. 認知障礙保障收益人須為保單持有人或其中一位基本受益人。如為其他，則保單持有人將被視為認知障礙保障收益人。
- If the Dementia Benefit Recipient is different from the policyholder, and in case he/she passes away during the Monthly Dementia Income payout period, the benefit payout will be payable to the policyholder. 如認知障礙保障收益人與保單持有人不同，而其於每月認知障礙入息賠付期間不幸逝世，此保障金額將支付予保單持有人。

Change of nomination for Charitable Giving Benefit 更改指定慈善團體

I request to change the charity or charities nominated for the Policy to the following:

本人要求更改保單內的指定慈善團體如下：



* Notes 注意事項:

- If nominating multiple charities and you have not specified the share on each of them, then we shall assume in equal shares;
 - You should only nominate an internationally recognised and accredited charitable body or foundation.
- [1] 如指定多個慈善團體而閣下並沒有註明分配比例，本公司將假定平均分配予各受益慈善團體；
- [2] 閣下必須指定國際承認及認可的慈善團體或基金。

Declarations 聲明

I/We have obtained the consent of all relevant persons (including but not limited to the beneficiary(ies), regarding transfer of personal data to HSBC Life, for its collection, use and disclosure of personal data in accordance with the Personal Information Collection Statement. 本人(等)已取得所有相關人士(包括但不限於受益人)的同意, 將個人資料轉移至滙豐保險, 以供滙豐保險根據個人資料收集聲明收集、使用及披露個人資料。

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 Assignee/Existing Irrevocable Beneficiary (if any) 承讓人/現有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.	