滙豐保險
HSBC Life

MACUFTX

# Change of Life Insured – HSBC Bright Income Insurance Plan/HSBC Eminent Goal Multi-Currency Insurance Plan/HSBC Wealth Goal HSBC Wealth Goal Insurance Plan II/ HSBC Wealth Goal Insurance Plan III/HSBC Flourish Income Annuity Plan

# 更改受保人 – 滙越保險計劃／滙圖多元貨幣保險計劃／滙溢保險計劃II／滙溢保險計劃III／滙豐裕達年金計劃

**Important Note 重要提示：**

1. Your request will be processed within approximate 7 working days upon receipt of the form.
   本公司將在收到申請表後大約七個工作天內處理您的申請。
2. Any changes should be initialed by the Policyholder.
   任何答案如有更改，敬請保單持有人在旁簽署。
3. This application is subject to an underwriting process based on total premiums per proposed Insured. Total premiums refers to total premiums of all application(s) and inforce policy(ies), (excluding policy(ies) that are fully paid up after end of the premium payment period) for the following plans: RetireEnrich Protection Plus, RetireIncome Annuity Plan, HSBC Wealth Goal Insurance Plan, HSBC Wealth Goal Insurance Plan II, HSBC Wealth Goal Insurance Plan III, HSBC Ultra Wealth Goal Insurance Plan, HSBC Jubilee Wealth Insurance Plan, HSBC Eminent Goal Multi-Currency Insurance Plan, EarlyIncome Annuity Plan, HSBC EarlyIncome Deferred Annuity Plan, Income Goal Insurance Plan, Income Goal Insurance Plan II, HSBC Income Goal Deferred Annuity Plan, HSBC Flourish Income Annuity Plan and HSBC Bright Income Insurance Plan.
   本申請將根據每位受保人的保費總額而進行核保。每位受保人的保費總額包括下列計劃所有申請及生效保單(但不包括保費繳付期完結後已全數繳清的保單)：「聚全保」、「退休收入年金計劃」、「滙溢保險計劃」、「滙溢保險計劃II」、「滙溢保險計劃III」、「滙溢尊尚保險計劃」、「滙禧保險計劃」、「滙圖多元貨幣保險計劃」、「盈達年金計劃」、「滙豐盈達延期年金計劃」、「聚富入息保險計劃」、「聚富入息保險計劃II」、「滙豐聚富入息延期年金計劃」、「滙豐裕達年金計劃」及「滙越保險計劃」。
4. This change request is only applicable to certain policies. Please refer to your Policy's term and conditions.
   此更改只適用於指定保單，請檢閱保單條款及細則。
5. HSBC Life (International) Limited, Macau Branch is referred to as the "Company" or "HSBC Life" in this document.
   滙豐人壽保險(國際)有限公司澳門分公司在此文件中稱為「本公司」或「滙豐保險」。

**Please return the form and relevant documents via the channel listed below. 請透過以下途徑遞交表格及相關文件。**

- *Submit to our Wealth Planning Specialist 遞交至本公司的財富策劃顧問*
- *Mail to 1/F Edf. Comercial Si Toi, 619 Avenida da Praia Grande, Macau 郵寄至澳門南灣大馬路619號時代商業中心1字樓*

**Please complete this form in English BLOCK LETTERS and put a ✓ in the appropriate box(es) 請用英文正楷填寫，並在適當方格內加上✓號**

**Policy Information 保單資料**

| | |
|---|---|
| Policy Number 保單號碼 | |
| Full Name of Policyholder in English 保單持有人英文全名 | Surname 姓氏 / Given Name 名字 / Other 其他 (For Company Policyholder) (適用於公司保單持有人) |

**A. Details of the New Insured 新受保人個人資料**

| | | | | | |
|---|---|---|---|---|---|
| 1. | Surname 姓氏<br>Given Name(s) 名字<br>Any other known by name (Family Name first) (where applicable) 別名（先填寫姓氏）(如適用) | | | ☐ Mr 先生<br>☐ Mrs 太太<br>☐ Ms 女士<br>☐ Others 其他 _____ | |
| 2. | Chinese Name (If any) 中文姓名（如有） | 3. | ID Type & No. 身份證明文件類別及號碼<br>☐ ID Card/Birth Cert No. 身份證／出生證明書號碼 _____<br>☐ Passport No./Others 護照號碼／其他 _____<br>Place of Issue 簽發地點 _____ | | |
| 4. | Date of Birth 出生日期 (DD 日／MM 月／YYYY 年) | 5. | 性別 Gender ☐ Male 男 ☐ Female 女 | 6. | Place of Birth 出生地區 |

Remarks 備註：

1. If you would like to change policy ownership, please complete together with "Transfer of Policy Ownership" signed by Policyholder. The form is available at https://www.hsbc.com.mo/help/forms-and-downloads/. 如果您希望提出更改保單權益，請連同保單持有人簽署的「保單權益轉讓」一併填寫。相關的保單服務表格可 https://www.hsbc.com.mo/help/forms-and-downloads/獲取。
2. (For HSBC Bright Income Insurance Plan only) Once the Healthcare Booster benefit has been claimed, if there is a change of life insured during the 5-year benefit period, the Healthcare Booster benefit will be terminated on the effective date of the change of life insured. (只適用於滙越保險計劃)一旦已申領健康入息守護，如於5年受益期內更改受保人，每月健康守護入息賠款將於受保人變更生效之日終止。

| | | | |
|---|---|---|---|
| 7. | Nationality (Country/Region) 國籍（國家／地區）<br>(please complete Nationality 2 and/or 3 if different from Nationality 1 and/or 2 若與國籍 1 及／或 2 不同，請填寫國籍 2 及／或 3) | | |
| | Nationality 1 國籍 1 | Nationality 2 國籍 2 | Nationality 3 國籍 3 |
| 8. | Correspondence Address 通訊地址<br>For Overseas Address Only<br>只適用於海外地址<br>Postal Code 郵區編號：_____ | | |
| | Permanent Address 永久住址 ☐ Same as correspondence address 與通訊地址相同 | | |
| | Residential Address 住宅地址 ☐ Same as correspondence address 與通訊地址相同 ☐ Same as permanent address 與永久地址相同 | | |
| 9. | Telephone No. 聯絡電話號碼 (Please provide at least one telephone no. with its Country/Region Code, Area Code (if any) and country/region 請提供最少一個聯絡電話號碼，包括國家／區域編號及地區編號（如適用）及所屬國家／地區） | | |
| | **Telephone No. 電話號碼** | | |
| | ☐ Home 住宅 | Telephone No. 電話號碼：_____<br>☐ Macau SAR 澳門特別行政區 (+853) ☐ US 美國 (+1) ☐ China 中國 (+86)<br>☐ Other countries/regions 其他國家／地區 _____ | |
| | ☐ Work 工作 | Telephone No. 電話號碼：_____<br>☐ Macau SAR 澳門特別行政區 (+853) ☐ US 美國 (+1) ☐ China 中國 (+86)<br>☐ Other countries/regions 其他國家／地區 _____ | |
| | ☐ Mobile 手提電話 | Telephone No. 電話號碼：_____<br>☐ Macau SAR 澳門特別行政區 (+853) ☐ US 美國 (+1) ☐ China 中國 (+86)<br>☐ Other countries/regions 其他國家／地區 _____ | |
| 10. | Email Address 電郵地址<br>_____ | | |
| 11. | Relationship to Existing Policyholder 與現時保單持有人關係 | | |

## B. Declarations and Authorisations 聲明及授權書

I/We understand and agree that the request for Change of Life Insured which requires evidence of insurability shall consist of Part A and shall not take effect unless all of the following conditions are met: (1) any required payment in respect of the application is paid in full; (2) the application is approved by HSBC Life (International) Limited, Macau Branch (the "Company") in its absolute discretion during the lifetime and continued insurability of the New Life Insured(s); (3) in respect of Change of Life Insured which takes effect pursuant to this request, the terms and conditions of the Policy which have the headings "Incontestability" and "Suicide" shall apply as if the date of issue of the Policy and the Policy Effective Date were the effective date of such Change of Life Insured; (4) acceptance of the request for change shall be confirmed by the Company in writing or endorsement on the photo copy of this change request. 本人(等)明白及同意需提交更改受保人申請，需要填寫第一部分，並必須符合下列條款，否則該申請不能生效：(1)申請之應繳費用必須收妥。(2)申請必須在新受保人在生及健康時核準。(3)此更改受保人之申請經公司核準後，保單內「不得異議」及「自殺」條款的保單發出日及保單生效日將以此申請書批準日起計算。(4)公司將以書面或批單形式通知此申請被接納。

I/We hereby declare that all answers to the questions are, to be best of my knowledge and belief, complete and true, whether written by own hand or not, and I agree that they are, with the following agreements, to be considered as the basis of the proposed Change of Life Insured shall not take effect until this application has been duly approved by the Company during the lifetime and continued insurability of the person insured by the said policy, and any required premium has been paid. 本人(等)聲明，以上提供之資料(不論是否親筆填寫)皆完全屬實及真確無訛，並清楚明白這些答案將成為此申請轉換新受保人之依據。此更改受保人之申請必須經公司核準及在受保人在生及健康時收妥所需保費始能生效。

I further authorise any physician, hospital, clinic, insurance company or other organisation or person that has any records or knowledge of me or my health to disclose to HSBC Life (International) Limited or its representative. A photo copy of this authorisation shall be as valid as the original. 本人授權任何知道本人健康情況及據所知任何紀錄之醫生、醫院、診所、保險公司或其他機構或人士向滙豐人壽保險(國際)有限公司或其代表提供本人之有關資料。本授權書的影印本與正本具有同等效力。

I/We agree that you may collect, use, store and disclose all personal data about me/us that you currently or subsequently hold for the purposes as set out in the Personal Information Collection Statement included in my insurance policy application form or else I can request a copy from HSBC Life by calling the HSBC Life Service Hotline on (853) 2821 6133. 本人(等)同意貴公司可以根據本人保單申請表內列載的收集個人資料聲明之用途，允許貴公司收集，使用，儲存，披露本人(等)目前或隨後持有的所有個人資料。本人可致電滙豐保險服務熱線(853) 2821 6133向滙豐保險索取相關之副本。

By signing below, I/we acknowledge and expressly agree that HSBC may collect, process, use, 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 this form, all better referred in the Personal Information Collection Statement inserted on my/our policy. 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保險可按本表格內列出的用途收集、處理、使用、披露及轉移滙豐保險現時或其後持有本人(等)的全部個人資料(包括敏感資)，情以於本人(等)保單內列載的《收集個人資料聲明》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。

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。

**Signature 簽署**

| Signature of Policyholder<br>保單持有人簽署 | Signature of New Insured<br>(If other than the Policyholder)<br>新受保人簽署(若與保單持有人不同) | Signature of Irrevocable Beneficiary (if any)<br>不可撤換受益人簽署(如適用) | Signature of Assignee<br>(with company chop, if any)<br>承讓人簽署(附上公司蓋章，如適用) |
|---|---|---|---|
| _____ | _____ | _____ | _____ |
| Name 姓名：_____ | Name 姓名：_____ | Name 姓名：_____ | Name 姓名：_____ |
| Date 日期：_____ | Date 日期：_____ | Date 日期：_____ | Date 日期：_____ |
| Signed at (city, country/region)<br>於(城市、國家／地區)簽署<br>_____ | | | |

***For Internal Use***

| ☐ Client's ID copy attached<br>☐ Client's original ID sighted | Staff Name and ID: | Contact No.: | AMCM No. |
|---|---|---|---|