



MACUBIL

Policy Number 保單號碼

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## Change of Premium Instruction 更改繳付保費指示

Name of Policyholder in English 保單持有人英文姓名	
NOTE 注意： <ol style="list-style-type: none"> <li>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」。</li> <li>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。</li> <li>3. 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)。</li> <li>4. If the premium payments are paid in currencies other than the policy currency(ies), the premium payments would be subject to change according to the prevailing exchange rate of policy currency(ies) to payment currency(ies) to be determined by the Company from time to time; likewise any payments settled in currencies other than the policy currency(ies) would be subject to change according to the prevailing exchange rate of policy currency(ies) to payment currency(ies) to be determined by the Company from time to time. The fluctuation in exchange rates may have impact on the amount of payments including but not limited to premium payments and benefit payments. By choosing the plans denominated in currencies other than local currency, you are subject to exchange rate risks. Exchange rate fluctuates from time to time. You may suffer a loss of your benefit values and the subsequent premium payments (if any) may be higher than your initial premium payment as a result of the exchange rate fluctuations. 請注意如繳付保費的貨幣不是保單貨幣，該保費可能會受本公司不時釐定的保單貨幣對繳付保費貨幣的匯率而改變。同樣，如任何款項的貨幣不是以保單貨幣支付，該款項將會受本公司不時釐定當時保單貨幣對支付貨幣的匯率而改變。匯率之波動會對款項構成影響，包括但不限於繳付保費及利益支付款項。選擇非本地貨幣結算的保單，您須承受匯率風險。匯率會不時波動，您可能因匯率之波動而損失部分的利益價值及繳交往後保費(如有)可能會比繳交首次保費金額為高。</li> <li>5. 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。</li> <li>6. If total premium payment of this policy is equal to or greater than USD120,000/MOP960,000 (or other currency equivalent) per year, The payor must be one of the following designated persons or legal person which include the Life Insured, Policyholder, Life Insured's/Policyholder's parent, legal spouse, sibling, children and legal guardian, etc. 如保單繳付之每年保費相等或多於美元120,000/澳門幣960,000(或等值貨幣)，付款人必須為以下指定人士或法人之一，包括受保人、保單持有人、受保人/保單持有人之父母、合法配偶、兄弟姊妹、子女及法定監護人等。</li> </ol>	
<input type="checkbox"/> <b>1. Change of Payment Method 更改繳付保費方式<sup>^</sup></b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Monthly autopay from HSBC bank account* 每月由滙豐銀行戶口自動轉賬*</li> <li><input type="checkbox"/> Monthly autopay from VISA/Master credit card** 每月由信用卡自動轉賬**</li> <li><input type="checkbox"/> Annual autopay from bank account* (effective on policy anniversary) 每年由銀行戶口自動轉賬*(於保單周年日生效)</li> <li><input type="checkbox"/> Annual autopay from VISA/Master credit card** (effective on policy anniversary) 每年由信用卡自動轉賬**(於保單周年日生效)</li> <li><input type="checkbox"/> Annual premium notice (effective on policy anniversary) 每年郵寄賬單(於保單周年日生效)</li> <li><input type="checkbox"/> Annual Standing Instruction (Applicable to USD currency policy only) 每年常行指示(只適用於美元貨幣的保單)</li> <li><input type="checkbox"/> Monthly Standing Instruction (Applicable to USD currency policy only) 每月常行指示(只適用於美元貨幣的保單)</li> </ul> <p>* To apply for direct debit, please complete Direct Debit Authorization section below. Premium will be collected in MOP. 申請自動轉賬，請填寫以下之直接付款授權書。保費將以澳門幣收取。</p> <p>** Not applicable to Investment Linked Insurance Plan. 不適用於投資相連壽險計劃。</p> <p><sup>^</sup> Payment Method varies subject to plans. Please refer to Policy's termst and conditions for details. 繳付保費方式因保險計劃各有不同，詳情請檢閱保單條款及細則。</p>	

**2. Change of Direct Debit Account 更改自動轉賬賬戶**

I/We authorise HSBC Life (International) Limited to initiate deductions from my/our HSBC account, or to debit my/our credit card account, as specified below, for the premium due. 本人/我等授權滙豐人壽保險(國際)有限公司在本人/我等的滙豐戶口或在本人/我等的信用卡戶口內, 直接轉賬支付保費。

<input type="checkbox"/>	Bank Name 銀行名稱 <b>The Hongkong and Shanghai Banking Corporation Limited</b> 香港上海滙豐銀行有限公司	Branch No. 分行編號	Account No. 賬戶號碼
<input type="checkbox"/>	Credit Card Account no. *# <sup>o</sup> 信用卡號碼 *# <sup>o</sup>	Expiry Date 到期日 : MM 月/YY 年	

Signature of Account Holder  
戶口持有人簽署

Relationship to Policyholder  
(if not Policyholder) 與保單  
持有人關係 (如非保單持有人)

Signature of Joint Account Holder  
聯名戶口持有人簽署

→  (S.V.)

→  (S.V.)

Name in English  
英文姓名 : \_\_\_\_\_

Name in English  
英文姓名 : \_\_\_\_\_

ID Type & No.  
身份證明文件類別及號碼 : \_\_\_\_\_

ID Type & No.  
身份證明文件類別及號碼 : \_\_\_\_\_

Date  
日期 : \_\_\_\_\_

Date  
日期 : \_\_\_\_\_

- \* Premium and levy will be collected in MOP. 保費及保費徵費將以澳門幣收取。
- # Not applicable to Investment Linked Insurance Plan. 不適用於投資相連壽險計劃。
- o Union pay Dual Currency Credit card is not applicable. 銀聯雙幣信用卡並不適用。

**3. Change of Premium Payor 更改保費付款人**

**For Personal Customer Payor (If other than Policyholder or Proposed Insured) 適用於付款人為個人客戶 (如與保單持有人或受保人不同)**

Personal and Employment Details of Payor 付款人的個人及職業資料	Premium Payor 保費付款人
Surname 姓氏	
Given Name(s) 名字	
Former Name/Alias (Surname first)(where applicable) 前用姓名/別名 (先填寫姓氏) (如適用)	
Relationship between the payor and the Policyholder 付款人與保單持有人之關係	
Macau ID Card No. If non-permanent Macau ID card holder or non-Macau resident, please provide Passport No. and issuing country/region with entry proof 澳門身份證號碼。如非持有澳門永久居民身份證或非澳門居民, 請提供護照號碼、簽發國家/地區及入境證明	
Gender 性別	<input type="radio"/> Male 男 <input type="radio"/> Female 女
<b>The following section is mandatory if the annual premium is equal to or greater than USD120,000 per policy</b> 如每張保單繳付之每年保費相等或多於美元 120,000, 必須填寫以下部分	
Date of Birth 出生日期 (DD 日 / MM 月 / YYYY 年)	
Nationality (Country/Region) 1 國籍 (國家/地區) 1	
Nationality (Country/Region) 2 (where applicable) 國籍 (國家/地區) 2 (如適用)	
Nationality (Country/Region) 3 (where applicable) 國籍 (國家/地區) 3 (如適用)	
Residential Address 住宅地址	
Residential Address Country/Region and Postal Code 住宅地址國家/地區及郵區編碼	

- \* Please submit the following Required Identification Documentation: 請提交以下所需驗證文件 :
  - Certified copy of Macau ID Card. For non-permanent Macau ID cardholders, a certified copy of Macau ID Card and also Passport showing identification number, photograph and legible signature. For non-Macau residents, a certified copy of Passport with entry proof to Macau on the date of signing initial Application Form. Mainland Chinese nationals or residents are also required to provide certified copy of PRC ID/passport/travel permit. 澳門身份證核證副本。如非澳門永久居民身份證持有人, 請提交澳門身份證及顯示證件號碼、持有人照片和清晰簽署的護照核證副本。如非澳門居民, 請提交護照核證副本及與投保申請表簽署日期有關之入境證明, 如中國籍人士或中國居民, 亦須提交中國居民身份證/護照/通行證核證副本。

**For non-Personal Payor<sup>^</sup> 適用於付款人為非個人<sup>^</sup>**

Details of Payor 付款人資料	Premium Payor 保費付款人
Company Registered Name 公司註冊名稱	
Trading As Name(s) (if different from the Company Registered Name) 營業名稱 (如與公司註冊名稱不同)	
Company Registered Name in Chinese (if any) 公司中文註冊名稱 (如有)	
Relationship between the payor and the Policyholder 付款人與保單持有人之關係	
Registered Office Address in Country/Region of Incorporation 註冊公司地址 (於註冊國家/地區)	
Registration/Incorporation Document 登記/註冊文件	Certification of Incorporation 公司註冊證書 Number 號碼 _____  Business Registration Certificate 商業登記證 Number 號碼 _____  Other 其他 Number 號碼 _____
Date of Registration 登記日期 (DD 日 / MM 月 / YYYY 年)	
Country/Region of Registration 註冊國家/地區	
Regulated in an Equivalent Country/Region/ Listing in an Exchange 受監管機構監管/在交易所上市	<input type="radio"/> Yes 是 <input type="radio"/> No 否
Name of Regulator/Exchange (where applicable) 監管機構/交易所名稱 (如適用)	
Nature of Business/Industry 商業/行業性質	
Country/Region where Major Business is Carried out 主要業務所在地	

<sup>^</sup> Please submit the following Required Identification Documentation: 請提交以下所需驗證文件:

- Certified copy of Certificate of Incorporation 公司註冊證書核證副本
- Certified copy of Macau Business Registration Certificate (for company not registered in Macau, then a certified copy of equivalent business registration document if applicable) 商業登記證核證副本 (或澳門以外註冊公司的相應商業登記文件核證副本, 如適用)
- Certified copy of Company Search dated within 6 months on the Policyholder (for company not registered in Macau, then certified copy of Certificate of Incumbency dated within 6 months) 六個月內的公司查冊紀錄 (若公司為澳門以外註冊公司, 請提交六個月內發出的董事/股東職權證明書核證副本)
- Certified copy of Company Memorandum & Articles of Association 公司組織章程大綱及細則核證副本

**4. Suspension/Re-activation of Premium Collection\*\* 暫停/恢復定期保費\*\***

Suspend with effect from (DD/MM/YY) 暫停之生效日期(日/月/年) \_\_\_\_\_

Re-activate with effect from (DD/MM/YY) 恢復之生效日期(日/月/年) \_\_\_\_\_

Please note that during the suspension of premium collection/premium holiday period, applicable policy charges will continue to be deducted from the cash value balance under your policy as long as the policy is in force. The cash value of your policy may be significantly reduced as a result of the premium suspension/premium holiday. Your policy may automatically lapse if the total cash value of your policy is not sufficient to cover the relevant policy charges. Moreover, your entitlement to bonus(es) (if any) may also be affected. If you suspend the premium collection/take a premium holiday, the cash value accumulated and bonuses (if any) under your policy will be lower than they would otherwise be. You may suffer a substantial loss of your investment as a result. 請注意, 於暫停保費/保費緩繳期間, 若保單仍然生效, 保單的有關費用會繼續從閣下保單現金價值結餘中扣除。閣下保單的現金價值或會因暫停保費/保費緩繳而大幅減少。若保單的現金價值總額不足支付有關的保單費用, 閣下的保單可能會因而自動失效。此外, 閣下所獲享的花紅/獎賞(如有)會因而受影響。若閣下暫停保費/行使保費緩繳, 閣下的保單所累積的現金價值及花紅/獎賞(如有)可低於原本應有的價值, 最終可能令閣下的投資蒙受重大虧損。

\* For WealthInvest Insurance Plan, premium holiday is not allowed during Initial Payment Period. In addition, you will lose your entitlement to the "Guaranteed Coverage" privilege once you have taken premium holiday, and this privilege cannot be resumed even if you resume the premium payment afterwards. Please note that, as a result of losing the "Guaranteed Coverage" privilege, your policy will lapse automatically if the policy cash value is negative and you could lose all your premiums paid and benefits. Please refer to the respective terms of your policy for details. 保費緩繳期不適用於財富投資保險計劃之最初供款期。此外, 閣下會因曾行使保費緩繳期而失去享有「保證保障」權益。即使閣下在其後恢復繳交保費, 「保證保障」權益也不能復效。請注意, 如失去「保證保障」權益, 若閣下的保單現金價值為負數, 保單會自動失效, 而閣下可能會失去全部供款及利益。有關詳情請查閱閣下保單相關條款。

**Declarations 聲明**

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 at my local HSBC Branch. 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。本人可蒞臨滙豐各分行索取相關之副本。

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可按本表格內列出的用途收集、處理、使用、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)，詳情以於本人(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。

Signature of Policyholder  
保單持有人簽署

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.	