



MACUOWN

Policy Number 保單號碼

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PICS 2021May

Transfer of Policy Ownership 保單權益轉讓

Name of Policyholder in English 保單持有人英文姓名	
<p>NOTE 注意：</p> <ol style="list-style-type: none"> 1. 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」。 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. Your request is subjected to the approval by Our Company. If the request is approved, it will be recorded and duplicate copy of this form will form part of the policy. 閣下之申請需經本公司審批，如閣下之申請獲批准，有關申請將被紀錄，且此表副本將成為本保單的一部分。 4. Any changes should be initiated by new Policyholder. 任何答案如有更改，敬請新保單持有人在旁簽署。 5. The Payor's Benefit on the existing owner (if any) will be terminated upon the Transfer of Policy Ownership. Please complete Change of Policy Benefit Form to add the Payor's Benefit to the new owner. 在保單權益轉讓後，現時之付款人供款保障(如適用)將失效。請新保單持有人填妥更改保單保障，重新申請附加付款人供款保障於保單內。 6. 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。匯率之波動會對款額構成影響，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。 7. HSBC has explained the product features to you including potential liquidity, time horizon, any currency implications, fees & charges and ongoing charges related to the product(s) where applicable. 滙豐已向閣下解釋產品特性，包括有關流動性、年期和任何貨幣的潛在影響、收費及產品的經常費用。 8. This form must be completed together with applicable "Tax Residency Self-Certification Form(s)" signed by new Policyholder. 此表格必須連同由新保單持有人簽署之適用「稅務居民自我證明表格」一併遞交。 	

FOR OFFICE USE ONLY (Applicable to NEW Policyholder)

- WPB USP (for personal customer)
 CMB USP (for corporate customer/sole proprietor)

(Applicable when Policyholder is a company)

Primary SIC Code (where applicable) _____	Secondary SIC Code (where applicable) _____	Tertiary SIC Code (where applicable) _____
Primary SIC Code % (where applicable) _____	Secondary SIC Code % (where applicable) _____	Tertiary SIC Code % (where applicable) _____
CIN No. (in 11 digits) _____ Policyholder RR <input type="checkbox"/> S <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> N/A		

HSBC Life (International) Limited
滙豐人壽保險(國際)有限公司

Incorporated in Bermuda with limited liability

於百慕達註冊成立之有限公司

Macau SAR Branch Office Address:

1/F Edf. Comercial Si Toi, 619 Avenida da Praia Grande, Macau

澳門特別行政區分公司辦事處地址：

澳門南灣大馬路619號時代商業中心1字樓

Details of the New Policyholder (For personal Policyholder) 新保單持有人資料(適用於個人保單持有人)

1. Name 姓名									
2. Chinese Name 中文姓名									
3. Former Name/Alias (where applicable)* 前用姓名/別名(如適用)*									
4. Salutation 稱謂	<input type="checkbox"/> Mr 先生 <input type="checkbox"/> Mrs 太太 <input type="checkbox"/> Miss 小姐 <input type="checkbox"/> Ms 女士								
5. Identity Document Type & No. (Please provide certified copy) 身份證明文件及號碼(請提供核證副本)	<table border="0"> <tr> <td>Macau Permanent Identity Card 永久性澳門居民身份證</td> <td><input type="text"/></td> <td>Non-Permanent Macau Identity Card 非永久性澳門居民身份證</td> <td><input type="text"/></td> </tr> <tr> <td>Passport 護照 (Please state the Country/Region 請註明國家/地區)</td> <td><input type="text"/></td> <td>Other Identity Document 其他身份證明文件 No. 號碼</td> <td><input type="text"/></td> </tr> </table>	Macau Permanent Identity Card 永久性澳門居民身份證	<input type="text"/>	Non-Permanent Macau Identity Card 非永久性澳門居民身份證	<input type="text"/>	Passport 護照 (Please state the Country/Region 請註明國家/地區)	<input type="text"/>	Other Identity Document 其他身份證明文件 No. 號碼	<input type="text"/>
Macau Permanent Identity Card 永久性澳門居民身份證	<input type="text"/>	Non-Permanent Macau Identity Card 非永久性澳門居民身份證	<input type="text"/>						
Passport 護照 (Please state the Country/Region 請註明國家/地區)	<input type="text"/>	Other Identity Document 其他身份證明文件 No. 號碼	<input type="text"/>						
6. Nationality (Country/Region) 1 國籍(國家/地區) 1 Nationality (Country/Region) 2 (please complete if different from Nationality (Country/Region) 1) 國籍(國家/地區) 2 (若與國籍(國家/地區) 1 不同請填寫此欄) Nationality (Country/Region) 3 (please complete if different from Nationality (Country/Region) 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)	 								
7. Date of Birth 出生日期	Day 日 _____ Month 月 _____ Year 年 _____								
8. Place of Birth 出生地區									
9. Relationship to Existing Policyholder 與現時保單持有人關係									
10. Relationship to the Insured 與受保人關係									
11. Reason(s) of Changing Policy Ownership (Given by existing policyholder) 保單權益轉讓原因 (須由現有保單持有人填寫)	<input type="checkbox"/> Gift 饋贈 <input type="checkbox"/> Inheritance 遺產 <input type="checkbox"/> Employee Benefit 員工福利 <input type="checkbox"/> Wealth Management 財富管理 <input type="checkbox"/> Others, please state 其他, 請註明: _____								
12. Anticipated Level and Nature of Activities of Policy 預計與保單相關的活動情況及性質	<p>Apart from fulfilling the relevant policy obligation, (e.g. paying the required premium and levy) and obtaining the relevant policy benefits (e.g. Dividend, Cash Bonus, Monthly Income, Guaranteed Education Fund, Monthly Pocket Money etc), if there are other anticipated activities (e.g. policy loan, transfer of policy ownership, reduction of sum insured etc), please specify details (e.g. nature, frequency and amount etc) 除履行有關保單的責任(如繳付所需保費及保費徵費)及獲取有關保單的利益(如獲派發紅利、現金獎賞、每月入息、保證教育基金、每月零用錢等)之外, 如預計另有其他的活動(如保單貸款、保單權益轉讓、退減保額等), 請列出詳情(如性質、次數及金額等):</p> <p>_____</p>								
13. Employment Status 職業狀況	<input type="checkbox"/> Self-Employed 自僱 <input type="checkbox"/> Full-time Employed 全職 <input type="checkbox"/> Part-time Employed 兼職 <input type="checkbox"/> Not Currently Employed 非在職 <input type="checkbox"/> Housewife 主婦 <input type="checkbox"/> Retired 退休 <input type="checkbox"/> Student 學生 Anticipated course end date 預計課程完成日期 (MM/YYYY) _____								
14. Industry 行業									
15. Occupation 職業									
16. Job Title 職位									
17. Employment Start Date 任職日期(MM月/YYYY年)									
18. Name of Employer/Business 僱主/公司名稱									
19. Address of Employer/Business 僱主/公司地址									
20. Monthly Salary (MOP) 月薪(澳門元)	<input type="checkbox"/> below 5,000 以下 (0) <input type="checkbox"/> 5,000 – 9,999 (1) <input type="checkbox"/> 10,000 – 14,999 (2) <input type="checkbox"/> 15,000 – 19,999 (3) <input type="checkbox"/> 20,000 – 29,999 (4) <input type="checkbox"/> 30,000 – 49,999 (5) <input type="checkbox"/> 50,000 – 69,999 (6) <input type="checkbox"/> 70,000 – 99,999 (7) <input type="checkbox"/> 100,000 – 199,999 (8) <input type="checkbox"/> 200,000 or above 或以上 (9)								
21. Main source of income 主要收入來源	<input type="checkbox"/> Business Income 生意收入 <input type="checkbox"/> Inheritance 遺產 <input type="checkbox"/> Return on Investment 投資回報 <input type="checkbox"/> Salary 薪金 <input type="checkbox"/> Saving 儲蓄 <input type="checkbox"/> Others, please state 其他, 請註明: _____								

22. Address in English 英文地址

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。)

Correspondence Address 通訊地址	Flat / Room 室 _____ Floor 樓 _____ Block / Tower 座數 _____ Building / Estate 大廈/屋苑名稱 _____ Street / Road 街道號數及名稱 _____ District 區域 _____ Country/Region 國家/地區 _____ Postal Code (For Overseas Address Only) 郵區編號(只適用於海外地址) _____
Permanent Address 永久住址 (if different from Correspondence Address 如與通訊地址不同)	<input type="radio"/> Same as Correspondence Address 與通訊地址相同 Flat / Room 室 _____ Floor 樓 _____ Block / Tower 座數 _____ Building / Estate 大廈/屋苑名稱 _____ Street / Road 街道號數及名稱 _____ District 區域 _____ Country/Region 國家/地區 _____ Postal Code (For Overseas Address Only) 郵區編號(只適用於海外地址) _____
Residential Address 住宅地址 (if different from Correspondence and Permanent Address 如與通訊及永久住址不同)	<input type="radio"/> Same as Correspondence Address 與通訊地址相同 <input type="radio"/> Same as Permanent Address 與永久住址相同 Flat / Room 室 _____ Floor 樓 _____ Block / Tower 座數 _____ Building / Estate 大廈/屋苑名稱 _____ Street / Road 街道號數及名稱 _____ District 區域 _____ Country/Region 國家/地區 _____ Postal Code (For Overseas Address Only) 郵區編號(只適用於海外地址) _____
Previous Address 前居住地址 (please complete if residing in Current Residential Address less than 1 year 若於現有住宅地址居住少於1年 請填寫此欄)	Flat / Room 室 _____ Floor 樓 _____ Block / Tower 座數 _____ Building / Estate 大廈/屋苑名稱 _____ Street / Road 街道號數及名稱 _____ District 區域 _____ Country/Region 國家/地區 _____ Postal Code (For Overseas Address Only) 郵區編號(只適用於海外地址) _____

23. E-mail address (optional) 電郵地址(非必要填寫)	
24. Telephone No. (Please provide at least one telephone no. with its country/region.) 聯絡電話(請最少提供一個聯絡電話及其所屬國家/地區。)	Home 住宅 <input type="checkbox"/> Macau SAR 澳門特別行政區 853- <input type="checkbox"/> US 美國 1- <input type="checkbox"/> China 中國 86- <input type="checkbox"/> Other Countries/Regions 其他國家/地區 _____ Telephone no. 聯絡電話 _____ Work 工作 <input type="checkbox"/> Macau SAR 澳門特別行政區 853- <input type="checkbox"/> US 美國 1- <input type="checkbox"/> China 中國 86- <input type="checkbox"/> Other Countries/Regions 其他國家/地區 _____ Telephone no. 聯絡電話 _____ Mobile 手提電話 <input type="checkbox"/> Macau SAR 澳門特別行政區 853- <input type="checkbox"/> US 美國 1- <input type="checkbox"/> China 中國 86- <input type="checkbox"/> Other Countries/Regions 其他國家/地區 _____ Telephone no. 聯絡電話 _____
25. US Tax ID (where applicable) 美國稅務編號(如適用)	
26. Local Tax ID (where applicable and optional)# 地方稅務編號(如適用及非必要填寫)#	
27. 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)	

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

Details of the New Policyholder (For corporate Policyholder) 新保單持有人資料(適用於公司保單持有人)

28. Full Name 全名	
29. Registered Name in Chinese 中文註冊名稱	
30. Trading As Name(s) (if different from the Full Name) 營業名稱(如與全名不同)	
31(a) Regulated Financial Institution 受監管金融機構 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If yes, name of regulatory body 如是, 監管機構名稱 _____ Listing on stock exchange 上市公司 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If yes, Name(s) of stock exchange 交易所名稱 _____	
31(b) Does the company has capability to issue bearer share? 公司是否能夠發行不記名股票? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If yes, is there any bearer share issued? 如是, 是否已發行不記名股票? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
31(c) Is this company 此公司是一間: <input type="checkbox"/> Operating Company 實體業務公司 <input type="checkbox"/> Non-Operating Company 非實體業務公司 For non-operating company, please state the purpose of the use of such company type 若非實體業務公司, 請提供使用此公司種類之理由 <input type="checkbox"/> Succession planning 繼承計劃 <input type="checkbox"/> Estate planning 遺產計劃 <input type="checkbox"/> Tax planning 稅務計劃 <input type="checkbox"/> Others, please specify 其他, 請註明 _____	
31(d) Are any of the intermediate owners of the company capable of issuing bearer shares? 公司的中介控股公司是否能夠發行不記名股票? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If yes, is there any bearer share issued? 如是, 是否已發行不記名股票? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 Does the customer generate more than 20% of their revenue / purchases / investment in at least one country / region? 貴公司是否擁有多於20%業務收益/採購/投資的所有相關國家/地區? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If yes, please state the country/region 如有, 請註明相關國家/地區 _____	
31(e) Name of the Company's Ultimate Parent Company (if applicable) 母公司的名稱(如適用) _____ Country/Region of Incorporation of the Company's Ultimate Parent (if applicable) 母公司的註冊國家/地區(如適用) _____	
32. Identity Document Type & No. (Please provide copy) 身份證明文件及號碼(請提供副本)	<p>For corporations registered in Macau SAR 適用於在澳門特別行政區註冊成立的公司</p> <p>Business Registration Certificate No. 商業登記證號碼 <input type="text"/></p> <p style="text-align: center;">AND</p> <p>Certificate of Incorporation No. 公司註冊證書號碼 <input type="text"/> GIIN No. (where applicable) 全球中間機構識別碼(如適用) <input type="text"/></p> <p>For corporations registered outside Macau SAR 適用於在澳門特別行政區以外註冊成立的公司</p> <p>Certificate of Incorporation No. 公司註冊證書號碼 <input type="text"/> Country/Region of Registration 登記國家/地區 <input type="text"/></p> <p>Country/Region of Incorporation 成立國家/地區 <input type="text"/> GIIN No. (where applicable) 全球中間機構識別碼(如適用) <input type="text"/></p> <p>Remarks: For corporations registered outside Macau SAR, please provide copy of Certificate of Incumbency issued within the last 6 months. 如屬於澳門特別行政區以外註冊成立的公司, 請提六個月內的董事職權證明書核證副本。</p>
33. Date of Incorporation 註冊日期	Day 日 _____ Month 月 _____ Year 年 _____
34. Place of Incorporation 註冊地	
35. The Business' estimated Liquid Assets 估計流動商業資產總值	<input type="checkbox"/> Less than or equal to MOP 500,000 少於澳門元 500,000 <input type="checkbox"/> MOP 1,000,001 to MOP 5,000,000 澳門元 1,000,001 至澳門元 5,000,000 <input type="checkbox"/> MOP 500,001 to MOP 1,000,000 澳門元 500,001 至澳門元 1,000,000 <input type="checkbox"/> MOP 5,000,000 or above 澳門元 5,000,000 或以上
36. Annual Business Revenue 全年總收入	Amounts (MOP) 金額(澳門元) _____

37. How many employees are there in your Company? 閣下現任公司的僱員人數?							
38. Relationship to Existing Policyholder 與現時保單持有人關係							
39. Relationship to the Insured 與受保人關係							
40. Reason(s) of Changing Policy Ownership (Given by existing policyholder) 保單權益轉讓原因 (須由現有保單持有人填寫)	<input type="checkbox"/> Gift 饋贈 <input type="checkbox"/> Inheritance 遺產 <input type="checkbox"/> Wealth Management 財富管理 <input type="checkbox"/> Keyman Protection 要員保險 <input type="checkbox"/> Employee Benefit 員工福利 <input type="checkbox"/> Company Restructure 公司結構調整 <input type="checkbox"/> Others, please state 其他，請註明：_____						
41. Anticipated Level and Nature of Activities of Policy 預計與保單相關的活動情況及性質	<p>Apart from fulfilling the relevant policy obligation, (e.g. paying the required premium and levy) and obtaining the relevant policy benefits (e.g. Dividend, Cash Bonus, Monthly Income, Guaranteed Education Fund, Monthly Pocket Money etc), if there are other anticipated activities (e.g. policy loan, transfer of policy ownership, reduction of sum insured etc), please specify details (e.g. nature, frequency and amount etc) 除履行有關保單的責任(如繳付所需保費及保費徵費)及獲取有關保單的利益(如獲派發紅利、現金獎賞、每月入息、保證教育基金、每月零用錢等)之外，如預計另有其他的活動(如保單貸款、保單權益轉讓、退減保額等)，請列出詳情(如性質、次數及金額等)：</p> <p>_____</p>						
42. Industry 行業	<p>Industry 行業 _____</p> <p>Any change in industry in the past 5 years? If yes, please provide previous industry: 在過去五年(貴公司)有否作出行業轉變? 如有，請提供轉變前行業：_____</p> <p>Region of operation/trade 營運/貿易地區 _____</p> <p>Funding source 資金來源</p> <table border="0"> <tr> <td><input type="checkbox"/> Business Income 生意收入</td> <td><input type="checkbox"/> Donation 捐獻</td> </tr> <tr> <td><input type="checkbox"/> From Business Owner 由生意持有人提供</td> <td><input type="checkbox"/> Fee and Commission Income 酬金及佣金收入</td> </tr> <tr> <td><input type="checkbox"/> Return on Investment 投資回報</td> <td><input type="checkbox"/> Sales Proceed 銷售收入</td> </tr> </table> <p><input type="checkbox"/> Others, please state 其他，請註明：_____</p> <p>Country/Region where the wealth is generated 獲得財富的國家/地區 _____</p> <p>Business relationship with HSBC Life (International) Limited, Macau Branch 與滙豐人壽保險(國際)有限公司澳門分公司的商業關係</p> <p><input type="checkbox"/> Yes, please state 有，請註明：_____</p> <p><input type="checkbox"/> No 無</p>	<input type="checkbox"/> Business Income 生意收入	<input type="checkbox"/> Donation 捐獻	<input type="checkbox"/> From Business Owner 由生意持有人提供	<input type="checkbox"/> Fee and Commission Income 酬金及佣金收入	<input type="checkbox"/> Return on Investment 投資回報	<input type="checkbox"/> Sales Proceed 銷售收入
<input type="checkbox"/> Business Income 生意收入	<input type="checkbox"/> Donation 捐獻						
<input type="checkbox"/> From Business Owner 由生意持有人提供	<input type="checkbox"/> Fee and Commission Income 酬金及佣金收入						
<input type="checkbox"/> Return on Investment 投資回報	<input type="checkbox"/> Sales Proceed 銷售收入						
43. Key Customer Type(s) 主要客戶類別	<table border="0"> <tr> <td><input type="checkbox"/> Individuals 個人</td> <td><input type="checkbox"/> Business 企業</td> <td><input type="checkbox"/> Governments/Public Sector 政府/公營機構</td> </tr> <tr> <td><input type="checkbox"/> Banks and other Financial Institutions 銀行及其他金融機構</td> <td><input type="checkbox"/> Non-Profit Organisations 非營利組織</td> <td></td> </tr> </table> <p><input type="checkbox"/> Other (please specify): 其他(請註明)：_____</p>	<input type="checkbox"/> Individuals 個人	<input type="checkbox"/> Business 企業	<input type="checkbox"/> Governments/Public Sector 政府/公營機構	<input type="checkbox"/> Banks and other Financial Institutions 銀行及其他金融機構	<input type="checkbox"/> Non-Profit Organisations 非營利組織	
<input type="checkbox"/> Individuals 個人	<input type="checkbox"/> Business 企業	<input type="checkbox"/> Governments/Public Sector 政府/公營機構					
<input type="checkbox"/> Banks and other Financial Institutions 銀行及其他金融機構	<input type="checkbox"/> Non-Profit Organisations 非營利組織						

44. Address in English 英文地址

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。)

Correspondence Address 通訊地址	Flat / Room 室 _____ Floor 樓 _____ Block / Tower 座數 _____ Name of Building 大廈名稱 _____ Number and Name of Street/Road 門牌號數及街道名稱 _____ District 區域 _____ Country/Region 國家/地區 _____ Postal Code (For Overseas Address Only) 郵區編號(只適用於海外地址) _____
Business Address 公司地址	<input type="radio"/> Same as Correspondence Address 與通訊地址相同 Block / Tower 座數 _____ Flat / Room 室 _____ Floor 樓 _____ Name of Building 大廈名稱 _____ Number and Name of Street/Road 門牌號數及街道名稱 _____ District 區域 _____ Country/Region 國家/地區 _____ Postal Code (For Overseas Address Only) 郵區編號(只適用於海外地址) _____
Registered Office Address 註冊辦事處地址	<input type="radio"/> Same as Correspondence Address 與通訊地址相同 <input type="radio"/> Same as Business Address 與公司地址相同 Flat / Room 室 _____ Floor 樓 _____ Block / Tower 座數 _____ Name of Building 大廈名稱 _____ Number and Name of Street/Road 門牌號數及街道名稱 _____ District 區域 _____ Country/Region 國家/地區 _____ Postal Code (For Overseas Address Only) 郵區編號(只適用於海外地址) _____

45. E-mail address (optional)
電郵地址(非必要填寫)

46. Telephone No. (Please provide at least one telephone no. with its country/region.)
聯絡電話(請最少提供一個聯絡電話及其所屬國家/地區。)

Work 工作
 Macau SAR 澳門特別行政區 853- 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 853- US 美國 1- China 中國 86-
 Other Countries/Regions 其他國家/地區 _____
 Telephone no. 聯絡電話 _____

Details of Beneficiaries 受益人資料

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 the New Beneficiary(ies) (To be completed by New Policyholder) 新受益人資料 (由新保單持有人填寫)							
Details of Primary Beneficiaries 基本受益人資料 (If it is left blank, the Policyholder will be taken as the beneficiary. 如沒有填寫，受益人為保單持有人。)							
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 (for minor beneficiary(ies) of age below 18)* 受託人資料 (如受益人為十八歲以下未成年受益人)*		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							
<ul style="list-style-type: none"> 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 (for minor beneficiary(ies) of age below 18)* 受託人資料 (如受益人為十八歲以下未成年受益人)*		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」。(If a minor is nominated as an irrevocable beneficiary, a parent or legal guardian must sign on his or her behalf and provide relationship proof and ID copy. 若被指定的不可撤換受益人為未成年人，受益人父母或法定監護人必需代表受益人簽署及提供關係證明及身份證明文件副本。)

1

HOW WE COLLECT AND STORE YOUR DATA

We collect your data

- when you interact with us, apply for and use our products and services
- visit our websites (please see the “Privacy and Security” section of www.hsbc.com.mo and refer to “Use of cookies policy” for details of how we use cookies)
- from other people and companies, including other HSBC group companies

We may store your data locally or overseas, including in the cloud. We apply our global data standards and policies wherever your data is stored.

We’re responsible for keeping your data safe in compliance with the Macau Special Administrative Region (‘**Macau**’) Macau law.

You can access your data

You can request access to the data we store about you. We may charge a fee for this.

You can also ask us to

- correct or update your data
- explain our data policies and practices

2

WHAT WE USE YOUR DATA FOR

We use your data

- to send you direct marketing if you’ve consented to it
- to consider applications for, offer, provide and manage products and services

For example: (i) insurance, annuities, pensions and health and wellness products and services; (ii) educational materials; (iii) products and services relating to campaigns and promotions which you have signed up to

- to design and improve our products, services and marketing
- to help us and other HSBC group companies comply with laws, regulations and requirements, including our internal policies, in or outside Macau
- to detect, investigate and prevent financial crimes
- for the other purposes set out in section B

You control your marketing preferences

You control whether you receive marketing from us.

You can change this at any time by contacting us.

3

WHO WE SHARE YOUR DATA WITH

We share your data with

- other HSBC group companies
- third parties who help us to provide services to you or who act for us
- third parties who you consent to us sharing your data with
- local or overseas law enforcement agencies, industry bodies, regulators or authorities
- the other third parties set out in section C

We may share your data locally or overseas.

You can contact us

The Data Protection Officer
HSBC Life (International) Limited,
Macau Branch, 1/F Edf. Comercial
Si Toi, 619 Avenida da Praia Grande,
Macau

A Collect and store

We may collect

- biometric, medical and health/lifestyle data such as your heart rate, BMI and steps count
- your geographic data and location data based on your mobile or other electronic device
- data from people who act for you or who you deal with through our services
- data from public sources, aggregators and other sources available to us
- data from policyholders or members of our insurance policies of which you benefit from or are insured by

If you don't give us data then we may be unable to provide products or services.

We may also generate data about you

- by combining information that we and other HSBC group companies have collected about you
- based on the analysis of your interactions with us and information which we have collected about you
- through the use of cookies and similar technology when you access our website or apps.

B Use

We use your data to

- handle and take care of claims
- help us to comply with requirements or requests that we or the HSBC group have or receive such as legal or regulatory in or outside Macau. Sometimes we may have to comply and other times we may choose to voluntarily comply
- conduct identity, medical or credit checks
- create and maintain the credit and risk related models of the HSBC group (such as underwriting models, health and wellness models and models/algorithms for data analytics and artificial intelligence)
- manage our business, including exercising our legal rights
- determine, pay or collect money owed to you or to us
- provide personalised advertising to you on third party websites (this may involve us aggregating your data with data of others)
- other uses relating to the above or to which you have consented

If you provide data about others

If you provide data to us about another person, you should tell that person how we will collect, use and share their data as explained here. This is because we assume that they have given us, through you, the necessary consent for us to collect, use and share their data as explained.

C Share

We share your data with

- local or overseas bodies or authorities such as legal, regulatory, law enforcement, government and tax and any partnerships between law enforcement and the financial sector
- any person who is a party to a transaction (or a potential transaction) buying interest or assuming risk in an insurance policy, such as reinsurers
- payment recipients, beneficiaries or any person who act for our customer or you, or anyone whose data is provided for receiving benefits under an insurance policy or otherwise
- hospitals, clinics, medical practitioners, laboratories, technicians, loss adjustors, risk intelligence providers, legal advisers or private investigators who act for us
- any third party who we may transfer our business, policies or assets to so it can evaluate our business and use your data after any transfer
- partners and providers of reward, co-branding or loyalty programmes, charities or non-profit organisations
- social media advertising partners (who can check if you have or use our products and services and send our adverts to you and advertise to people who have a similar profile to you)

We may share your anonymised data with other parties not listed above. If we do this you won't be identifiable from this data.

D Direct Marketing

This is when we use your data to send you details about financial, insurance, pensions, annuities or related products, services and offers (such as health and wellness) and promotional campaigns provided or hosted by us or our co-branding, rewards or loyalty programme partners, charities or other third party financial institutions and service providers.

We may use data such as your demographics, the products and services that you're interested in, transaction behaviour, portfolio information, location data, social media data, analytics, health and wellness data and information from third parties when we market to you.

We don't give your data to others for them to market their products and services to you. If we ever wanted to do this, we'd get your separate consent.

This document will apply for as long as we store your data. If we use your data for a new purpose, we'll get your consent.

By signing below, I/we acknowledge and expressly agree that HSBC may collect, process, use and disclose all personal data (including any sensitive data) about me/us that HSBC currently or subsequently hold for the purposes as set out in this form. I/we also acknowledge and expressly agree that the personal data (including any sensitive data) about me/us may be shared to third parties as set out in this form, as well as be transferred to outside of Macau.

1

我們如何收集及儲存您的資料

我們收集您資料的途徑包括

- 您與我們互動，向我們申請及使用我們的產品和服務
- 您瀏覽我們網站(有關我們如何使用「cookies」的詳情，請參閱我們網站 www.hsbc.com.mo 進入「私隱與保安」閱覽「Use of cookies 政策」)
- 其他人士及公司(包括其他滙豐集團旗下公司)

我們可能將您的資料儲存於本地或海外，包括雲端。無論您的資料儲存於何處，均受我們的環球資料標準及政策約束。

我們有責任根據澳門特別行政區(「澳門」)法律保護您的資料安全。

2

我們如何使用您的資料

我們將您的資料用於

- 經您同意後向您發送直接促銷資料
- 考慮申請、為您推薦、提供及管理產品與服務
例如：(i) 保險、年金、退休金、健康與保健產品及服務；(ii) 教育材料；(iii) 關於您已報名參與之活動及推廣的產品與服務
- 設計及改進我們的產品、服務及市場推廣活動
- 幫助我們及其他滙豐集團旗下公司遵守澳門或其以外的國家或地區的法律、法規和要求，包括我們的內部政策
- 偵測、調查及預防金融罪案
- B 部分所列的其他目的

3

我們與誰披露您的資料

我們與下列人士披露您的資料

- 其他滙豐集團旗下公司
 - 幫助我們向您提供服務或代表我們行事的第三方
 - 您同意我們與之披露您資料的第三方
 - 本地或海外執法機構、行業組織、監管機構或權力機關
 - C 部分所列的其他第三方
- 我們可能在本地或海外披露您的資料。

您可查閱自己的資料

您可要求查閱我們所儲存有關您的資料。我們可能就向您收取費用。

您可要求我們

- 改正或更新您的資料
- 說明我們的資料政策及慣例

您可控制自己的市場推廣偏好

您可控制您會否從我們收取市場推廣資料。

您可隨時聯絡我們對此作出更改。

您可聯絡我們

資料保護主任
滙豐人壽保險(國際)有限公司
澳門分公司
澳門南灣大馬路 619 號
時代商業中心 1 字樓

A 收集及儲存

我們或會

- 收集生物辨識、醫療及健康／生活模式資料，例如您的心跳率、身高體重指數及步數統計
- 基於您的流動或其他電子裝置收集您的地域及位置資料
- 從代表您的人士或您透過我們服務與之往來的人士收集資料
- 從公開渠道、資料整合機構及其他我們接觸得到的渠道收集資料
- 從您受益或受保於我們的保險下的保單持有人或保單成員收集資料

若您不向我們提供資料，我們可能無法提供產品或服務。

我們亦可能透過以下途徑衍生有關您的資料

- 整合我們及其他滙豐集團旗下公司收集的有關您的資料
- 分析您與我們的互動及我們已收集得來有關您的資料
- 於您瀏覽我們網站或應用程式時使用 cookies 或類似技術

B 使用

我們將您的資料用於

- 處理及安排索償
- 幫助我們遵守包括澳門或其以外的地區或國家的法律或監管機構對我們或滙豐集團現有或所收到的相關監管規定或要求。這些監管規定或要求可能是我們必須遵從或選擇自願遵從的
- 進行身份審查、身體檢查或信用審查
- 設立及維持滙豐集團的信貸及風險相關準則(例如承保準則、健康及保健準則，以及用於資料分析及人工智能的準則／算法)
- 管理我們業務，包括行使我們的法律權利
- 釐定、支付或收取欠您或欠我們的款項
- 於第三方網站上為您提供個人化廣告(這可能涉及我們將您與他人的資料進行整合)
- 與上述用途相關或經您同意的其他用途

若您提供他人的資料

若您向我們提供有關其他人士的資料，您應按此所述，告知該人士我們將如何收集、使用和披露其資料。我們將假設該人士已經透過您，同意我們如上所述收集、使用和披露其資料。

C 披露

我們與下列人士披露您的資料

- 本地或海外的法律、監管、執法、政府和稅務等機構或權力機關，以及執法機構與金融業界之間的任何合作夥伴
- 交易(或潛在交易)下收購保單權益或承擔保單風險的一方，例如再承保人
- 收款人、受益人或任何為我們的客戶或您行事的人；或任何為收取保單賠償或為其他目的而資料被提供的人
- 代表或為我們提供服務的醫院、診所、醫生、化驗所、技術員、理賠員、風險情報提供機構、法律顧問或私家偵探
- 我們可能轉讓業務、保單或資產的任何第三方，以便其評估我們的業務及在轉讓後使用您的資料
- 獎賞、合作品牌或忠誠計劃的合作夥伴及供應商，以及慈善或非牟利機構
- 社交媒體廣告合作夥伴(可查看您是否擁有或使用我們的產品及服務，並向您及與您個人資料相似的人士發送我們的廣告)

我們可能與上文並未列出的其他人士披露您的匿名資料。在此情況下，有關資料將無法識別出您的身分。

D 直接促銷

指我們使用您的資料向您發送由我們或我們的合作品牌、獎賞或忠誠計劃合作夥伴、慈善機構或其他第三方金融機構及服務供應商所提供或舉辦的金融、保險、退休金、年金或相關產品、服務和優惠詳情(例如健康與保健)及推廣活動的詳細資料。

向您進行市場推廣時，我們或會使用您的資料，例如人口統計資料、您感興趣的產品及服務、交易行為、投資組合資料、位置資料、社交媒體資料、分析、健康及保健資料和來自第三方的資料。

我們不會向他人提供您的資料，以使其向您推廣產品及服務。如有此意，我們會另行徵求您的同意。

本文件於我們儲存您的資料期間適用。若我們將您的資料用於新用途，則會徵求您的同意。

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、使用及披露於現時或其後持有本人(等)的全部個人資料(包括敏感資料)。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)可能按本表格所列分享予第三方，以及被轉移到澳門以外的地區。

Declarations by Existing Policyholder/ Irrevocable Beneficiary (if any) 現時保單持有人及不可撤換受益人(如適用)的聲明書

Rights, claim and interests in and obligations of the Policy 保單的權利、賠償金、利益及責任

Tick (“✓”) this box to confirm that I/We agree and understand to transfer all of the rights, claim and interests in and obligations (including but not limited to policy loan and payment of premiums and levy(ies)) under the above policy to the New Policyholder stated above. I/We also understand that this transfer of ownership will automatically revoke the existing revocable beneficiary designation and terminate the existing Payor’s Benefit (if any) on the Policy. 在此方格內加上剔號(“✓”),即確定本人(等)同意及明白上述保單的權利、賠償金、利益及責任(包括但不限於保單貸款及繳付保費及保費徵費)將轉讓予上述新的保單持有人。本人(等)亦明白轉讓擁有權將自動撤銷現時指定的可撤換受益人及終止保單之供款保障(如適用)。

By signing below, I/we agree that the Company may use and disclose all personal data about me/us that the Company currently or subsequently hold for the purposes as set out in the Notice relating to Personal Data (Privacy) which accompanies this form. 本人(等)在下方簽署即同意貴公司可按本表格隨附的關於個人資料(私隱)的通知內列出的用途使用及披露貴公司現時或其後持有有關本人(等)的全部個人資料。

By signing below, I/we acknowledge and expressly agree that HSBC Life (International) Limited, Macau Branch may collect, process, use, disclose and transfer any personal data (including any sensitive data) about me/us that HSBC Life (International) Limited, Macau Branch 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人壽保險(國際)有限公司澳門分公司可按本表格內列出的用途收集、處理、使用、披露及轉移滙豐人壽保險(國際)有限公司澳門分公司現時或其後持有有關本人(等)的全部個人資料(包括敏感資料),詳情以參閱於本人(等)保單內列載的《收集個人資料聲明》。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 Existing Policyholder
現時保單持有人簽署

Signature of Irrevocable Beneficiary (if any)
不可撤換受益人簽署(如適用)

Signature of Witness
見證人簽署

Date
日期

Name 姓名:

Name 姓名:

Name 姓名:

Declarations by the New Policyholder 新保單持有人的聲明書

For personal customer 適用於個人客戶:

I/We, hereby confirm that I am/we are the ultimate beneficial owner(s) of the policy and can exercise ultimate effective control over it. Should there be any change in the ultimate beneficial ownership or control under the policy while it is in force, I/we shall inform HSBC Life (International) Limited, Macau Branch immediately and provide such relevant information as it may require for the purpose of identifying the ultimate beneficial owner(s) of the policy. 本人(等)現確認本人(等)是保單的最終實益擁有人,並可以對保單享有最終有效控制權。如保單的最終實益擁有人或控制權在保單生效期間有任何變動,本人(等)將立即通知滙豐人壽保險(國際)有限公司澳門分公司及提供其所需的資料,作為對保單的最終實益擁有人進行身份核實。

For corporate customer 適用於公司客戶:

1. I/We, the authorised person(s) of the new Policyholder (hereinafter referred as “the Policyholder”), hereby confirm that all the principal shareholder(s)* of the Policyholder is/are the ultimate beneficial owner(s) of the Policyholder and can exercise ultimate effective control over the Policyholder. Should there be any change in the beneficial ownership or control of the Policyholder while the policy is in force, I/we shall inform HSBC Life (International) Limited, Macau Branch immediately and provide such relevant information as it may require for the purpose of identifying the ultimate principal beneficial owner(s) of the Policyholder. 本人(等),為新保單持有人(以下簡稱「保單持有人」)之授權人,現確認保單持有人的所有主要股東*是保單持有人的最終實益擁有人,並可以對保單持有人享有最終有效控制權。如保單持有人的最終實益擁有人或控制權在保單生效期間有任何變動,本人(等)將立即通知滙豐人壽保險(國際)有限公司澳門分公司及提供其所需的資料,作為對保單持有人的最終主要實益擁有人進行身份核實。

* “principal shareholder” refers to an individual entitled to exercise or control the exercise of 10% or more of the voting rights of the Policyholder. “主要股東”指可行使或控制行使10%或以上保單持有人的投票權之人士。

2. I confirm I have been duly authorised by the Policyholder for the purposes of agreeing and settling the terms of the policy on its behalf. I also confirm that having read and understood the policy terms (the “Terms”) and, after due consideration of the Terms and full discussion of the issues involved, I agree and certify in my capacity as a Director, Officer or Duly Authorised Signatory of the Policyholder that: 本人確認已獲得保單持有人授權代為同意及處理此保單。作為董事、專員或保單持有人之授權簽名人,我確認已閱讀及明白有關保單內之條款(「有關條款」),並於適當考慮有關條款及充分商議後同意如下:

(a) the Policyholder applies for the Policy subject to the Terms; 申請有關保單的保單持有人受有關條款約束;

(b) I, _____ [Full name of the authorised person] in the capacity as Director or Officer or Authorised Signatory# of Macau ID No./ Passport No. _____ have been authorised to complete and sign this form for and on behalf of the Policyholder, and the relevant written authority (eg board resolution, mandate or documents of similar nature) is enclosed;
本人 _____ (授權人全名)(「授權人」)澳門身份證號碼/護照號碼 _____ 謹以董事/專員/保單持有人之授權簽名人之身份確認已獲授權代表保單持有人填寫及簽署此表;並附上有關書面授權書(如董事會議決案、授權書或類似性質文件);

(c) I have been authorised, on behalf of the Policyholder, to operate the policy. 本人已獲授權代表保單持有人處理有關保單。

Strike as Appropriate. 請刪去不適用者。

By signing below I am/we are indicating that I am/we are comfortable for the HSBC Life (International) Limited, Macau Branch to contact me for direct marketing purposes unless otherwise indicated below. 本人(等)下列簽署表明本人(等)樂意讓滙豐人壽保險(國際)有限公司澳門分公司為直接促銷目的聯絡本人,除下列另行表明。

Intention of opt-out from use of personal data in direct marketing 選擇拒絕在直接促銷中使用個人資料的意向

Tick (“✓”) this box if you do not wish HSBC Life (International) Limited, Macau Branch (“the Company”) to use your personal data in direct marketing. 如閣下不希望滙豐人壽保險(國際)有限公司澳門分公司(「本公司」)在直接促銷中使用閣下的個人資料,請在此方格內加上剔號(“✓”)。

Tick (“✓”) this box if you do not wish the Company to provide your personal data to HSBC Group companies* for their use in direct marketing. 如閣下不希望本公司將閣下的個人資料提供予滙豐集團公司*,以供其在直接促銷中使用,請在此方格內加上剔號(“✓”)。

The above represents your present choice whether or not to receive direct marketing contact or information and replaces any prior choice communicated by you to the Company. 以上代表閣下目前就是否希望收到直接促銷聯繫或資訊的選擇,並取代閣下先前向本公司傳達的任何選擇。

Please note that your above choice applies to the direct marketing of the classes of products, services and/or subjects as set out in the Company’s Notice to Customers relating to Personal Data (Privacy) attached to this form. Please also refer to the Notice on the kinds of personal data which may be used in direct marketing and the classes of persons to which your personal data may be provided from them to use in direct marketing. 請注意閣下以上的選擇適用於就本表格隨附之本公司“關於個人資料(私隱)致客戶的通知”中所列出的產品、服務及/或標的類別的直接促銷。閣下亦可參閱該通知以得知在直接促銷中可使用的個人資料的種類,以及閣下的個人資料可提供予什麼類別的人士以供該等人士在直接促銷中使用。

* In this opt out, the term “HSBC Group companies” means HSBC Holdings plc and its group companies, where “group companies” has the same meaning given to it under the Companies Ordinance of Macau SAR.

* 於本選擇拒絕促銷中,「滙豐集團公司」指滙豐控股有限公司及其集團公司,而「集團公司」具有澳門特區公司條例所定義的相同意思。

By signing below, I/we agree that the Company may use and disclose all personal data about me/us that the Company currently or subsequently hold for the purposes as set out in the Notice relating to Personal Data (Privacy) which accompanies this form. 本人(等)在下方簽署即同意貴公司可按本表格隨附的關於個人資料(私隱)的通知內列出的用途使用及披露貴公司現時或其後持有有關本人(等)的全部個人資料。

I/We agree that HSBC Life (International) Limited, Macau Branch may, in connection with this Application, obtain my/our Common Reporting Standard (CRS) related information retained by The Hongkong and Shanghai Banking Corporation Limited (if applicable). If any of the CRS information is not up-to-date, I/we will provide HSBC Life (International) Limited, Macau Branch with the updated information and if required, complete a new self-certification form. I/We hereby give consent to HSBC Life (International) Limited, Macau Branch and The Hongkong and Shanghai Banking Corporation Limited to share between themselves my/our CRS related information. 本人(等)同意滙豐人壽保險(國際)有限公司澳門分公司有權向香港上海滙豐銀行有限公司索取本人(等)之「共同匯報標準」有關資料為本申請用途(如適用)。表格上之「共同匯報標準」資料如有任何變更,本人(等)會提供已適當更新的資料予滙豐人壽保險(國際)有限公司澳門分公司,如有需要,本人(等)將填寫一份新自我證明表格。本人(等)同意滙豐人壽保險(國際)有限公司澳門分公司及香港上海滙豐銀行有限公司共同使用本人(等)之「共同匯報標準」有關資料。

Transfer of Policy Ownership 保單權益轉讓

Declarations by the New Policyholder (cont'd) 新保單持有人的聲明書(續)

I/we agree that if I/we am/are a customer(s) of The Hongkong and Shanghai Banking Corporation Limited (the "Bank"), HSBC Life (International) Limited, Macau Branch may share this form with the Bank for the purpose of updating certain of my/our information retained by the relevant business line(s) of the Bank.* 本人(等)同意如本人(等)為香港上海滙豐銀行有限公司(「滙豐」)之客戶，滙豐人壽保險(國際)有限公司澳門分公司可向滙豐提供此表格以更新滙豐之相關業務所儲存有關本人(等)的特定資料。

Rights, claim and interests in and obligations of the Policy 保單的權利、賠償金、利益及責任

Tick ("✓") this box to confirm that I/We agree and understand that all of the rights, claim and interests in and obligations (including but not limited to policy loan and payment of premiums and levy(ies)) under the above policy will transfer to you. 在此方格內加上剔號("✓")，即確定本人(等)同意及明白上述保單的權利、賠償金、利益及責任(包括但不限於保單貸款及繳付保費及保費徵費)將轉讓予閣下。

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。

Please note that the objective(s) and need(s) of New Policyholder to above policy may not be the same as the Existing Policyholder. The New Policyholder is asked to make his/her own assessment on the ability to meet the premium payment obligations. Please consult your own independent legal and/or tax advisors prior to making any request. Any change will not be effective until it is accepted and recorded by the Company. Once accepted and recorded, the change will take effect as of the date you signed the request, subject to any payment we made or action we took before recording the change. If this change takes effect, New Policyholder shall assume all the obligations are bounded by and subject to the terms and conditions of the Policy. 請注意，新保單持有人對上述保單的目標及需要或與現時保單持有人不同。新保單持有人須自行評估履行保單供款責任之能力。此保單權益轉讓，有可能涉及稅務及/或其他影響，請閣下在作出任何申請前自行諮詢獨立法律顧問/稅務顧問。保單權益轉讓須經本公司接納及記錄方可生效。一經接納及記錄，轉移擁有權自簽署申請書的當日起生效，但登記轉移前本公司已繳付的任何款項或已作出的行動，應予確認。在轉移擁有權生效的日期後，新保單持有人需承擔所有保單條款約束的責任及受保單條款和條件約束。

Signature of New Policyholder (if the policy is held by Limited Company/ Partnership/ Sole Proprietorship, its authorized signatories should sign and chop here)
新保單持有人簽署(如保單由有限公司/合夥/獨資經營持有，須由公司授權人員在此簽署及蓋章)

Signature of Assignee/Irrevocable Beneficiary (if any)
承讓人/不可撤換受益人簽署(如適用)

Signature of Witness
見證人簽署

Date
日期

Name 姓名：

Name 姓名：

Name 姓名：

Important Note: Please return the original of this form, duly completed and signed, to HSBC Life (International) Limited, Macau Branch 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)有限公司澳門分公司，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"，我們方會辦理閣下之申請。

For HSBC Use

<input type="checkbox"/> Client's ID copy attached <input type="checkbox"/> Client's original ID sighted For new Policyholder <input type="checkbox"/> Bank customer (address proof is not required) <input type="checkbox"/> Non bank customer (address proof is required)	Staff Name and ID:	Servicing Staff IA No.	Branch Code and Chop
	Contact No.:	Servicing Staff RI No.	

INSTRUCTIONS
CRS Individual Self Certification Form(CRS-I) (For Life Insurance)
Please read these instructions before completing this form

指示
個人稅務居民自證證明表格(CRS-I)(人壽保險適用)
請在填寫本表格前細閱以下指示

Why are we asking you to complete this form?

To help protect the integrity of tax systems, governments around the world are introducing a new information-gathering and reporting requirement for financial institutions. This is known as the Common Reporting Standard (the “CRS”).

Under the CRS, we are required to determine where you are “tax resident” (this will usually be where you are liable to pay income taxes). If you are a tax resident outside the jurisdiction where your account is held, we may need to give the national tax authority this information, along with information relating to your accounts. That may then be shared between different jurisdictions’ tax authorities.

Completing this form will ensure that we hold accurate and up-to-date information about your tax residency.

If your circumstances change and any of the information provided in this form becomes incorrect, please let us know immediately and provide an updated self-certification.

為何我們要求您填寫本表格？

為維護稅制完整，全球各地政府現正推出適用於金融機構的資料收集及匯報新規例，名為金融帳戶信息報送和盡職調查的統一標準(簡稱「CRS」)。

根據 CRS 規定，我們必須確定您的「稅務居住地」(這通常是您有義務繳納薪俸稅的國家／地區)。若您的稅務居住地有別於所持帳戶的司法管轄區，我們可能需要將此情況及您的有關帳戶資料告知國家稅務機關，該等機關隨後或會將相關資料傳送給不同國家／地區的稅務機關。

填妥本表格可確保我們持有您正確及最新的稅務居住地資料。

如您的情況有變，導致本表格內的任何資料不再正確，請立即告知我們，並提交一份已更新的自證證明表格。

Who should complete the CRS Individual Self Certification Form?

Individual customers should complete this form. Sole trader customers should also complete this form with the owner's information.

If you need to self-certify on behalf of an entity (which includes businesses, trusts and partnerships) complete a “CRS Entity Self-Certification Form” (CRS-E). Similarly, if you are a controlling person of an entity, complete a “CRS Controlling Persons Self-Certification Form” (CRSCP). You can find these forms at:
www.crs.hsbc.com/en/rbwm/macau.

For joint account holders, each individual will need to complete a separate form.

Even if you have already provided information in relation to the United States Government’s Foreign Account Tax Compliance Act (“FATCA”), you may still need to provide additional information for the CRS as this is a separate regulation.

If you are completing this form on behalf of someone else, please ensure that you let them know that you have done so and tell us in what capacity you are signing in Part 3. For example, you might be completing this form as a custodian or nominee of an account holder, who is a minor.

誰需填寫個人稅務居民自證證明表格？

個人客戶須填寫本表格。獨資業務客戶亦須以擁有人的資料填寫本表格。

如您需代表實體(包括企業、信託和合夥)作自證證明，請填寫「實體稅務居民自證證明表格」(CRS-E)。同樣地，如您是實體的控權人，請填寫「控權人稅務居民自證證明表格」(CRS-CP)。這些表格載於 www.crs.hsbc.com/en/rbwm/macau。

每名聯名帳戶持有人須分別填寫一份表格。

即使您已就美國政府《外國帳戶稅務合規法案》(簡稱「**FATCA**」)提供所需的資料，您仍可能需就 CRS 提供額外資料，因為兩者為獨立的規例。

如您代表他人填寫本表格，請確保他們知悉此事，並在表格的第 3 部說明您以何種身份簽署本表格。例如：您可能以帳戶的託管人或代名人身份、根據授權書以受權人身份或以未成年帳戶持有人的法定監護人身份填寫本表格。

Where to go for further information?

If you have any questions about this form or these instructions, please visit www.crs.hsbc.com/en/rbwm/macau, contact your Relationship Manager, visit a branch, or call us on (853) 2821 6133.

The Organisation for Economic Co-operation and Development (“OECD”) has developed the rules to be used by all governments participating in the CRS and these can be found on the OECD’s Automatic Exchange of Information (“AEOI”) website, www.oecd.org/tax/automaticexchange/.

If you have any questions on how to define your tax residency status, please visit the OECD website, <http://www.oecd.org/tax/automaticexchange/>, or speak to your tax advisor as we are not allowed to give tax advice.

如何獲取更多資訊？

如對本表格或上述指示有任何疑問，請瀏覽 www.crs.hsbc.com/en/rbwm/macau，亦可聯絡您的客戶經理、親臨任何分行或致電 (853) 2821 6133 查詢。

經濟合作與發展組織(簡稱「經合組織」)已制訂規則，供參與 CRS 的所有政府使用，並載於經合組織的自動交換資料(簡稱「AEOI」)網站 www.oecd.org/tax/automatic-exchange/。

如您對判定您的稅務居民身份有任何疑問，請瀏覽經合組織網站 www.oecd.org/tax/automatic-exchange/ 或諮詢您的稅務顧問。請恕我們不能提供稅務意見。

Individual Tax Residency Self-Certification Form
個人稅務居民自證證明表格

1	Identification of Individual Account Holder 個人帳戶持有人的身份識辨資料		
Mr. 先生 <input type="checkbox"/>	<input type="checkbox"/>		
Mrs. 太太 <input type="checkbox"/>	<input type="checkbox"/>		
Ms 女士 <input type="checkbox"/>	<input type="checkbox"/>	Family Name or Surname(s) 姓氏	First or Given Name 名字
Miss 小姐 <input type="checkbox"/>	<input type="checkbox"/>		Middle Name(s) 中間名
Date of Birth 出生日期	____/____/____ (dd 日 / mm 月 / yyyy 年)	Place of Birth 出生地區	Country/Region 國家/地區
2	Address of Individual Account Holder 個人帳戶持有人的地址資料		
2.1	Current Residence Address 現時住址		
Line 1 (e.g. Suite, Floor, Building, Street, District) 第1行(例如：室、樓層、大廈、街道、地區)			
Line 2 (e.g. City, Province, State) 第2行(例如：城市、省、州)			
Country/Region 國家/地區		Postal Code/ZIP Code 郵政編碼/郵遞區號碼	
2.2	Mailing Address (please only complete if different to the address shown in Section 2.1) 通訊地址(如通訊地址與上述(2.1)住址不同，填寫此欄)		
Line 1 (e.g. Suite, Floor, Building, Street, District) 第1行(例如：室、樓層、大廈、街道、地區)			
Line 2 (e.g. City, Province, State) 第2行(例如：城市、省、州)			
Country/Region 國家/地區		Postal Code/ZIP Code 郵政編碼/郵遞區號碼	
3	Jurisdiction of Residence for Tax Purposes and related Taxpayer Identification Number or equivalent number ("TIN") (See Appendix) 稅務居民司法管轄區及稅務編號或具有等同功能的識辨編號(以下簡稱「稅務編號」)(詳閱附件)		
Please complete the following table indicating (i) where the Account Holder is tax resident and (ii) the Account Holder's TIN for each jurisdiction indicated. 提供以下資料，列明(i)帳戶持有人的稅務居民司法管轄區及(ii)該司法管轄區發給帳戶持有人的稅務編號。			
<i>If the Account Holder is a tax resident in more than five jurisdictions, please use a separate sheet.</i> 如帳戶持有人的稅務居民司法管轄區多於5個，請使用另外的紙張填寫。			
<i>If the Account Holder is a tax resident in Macau SAR, TIN is the taxpayer identification number or Macau SAR Identity Card Number.</i> 如帳戶持有人在澳門特別行政區有納稅義務，稅務編號是其納稅人編號或澳門特別行政區身分證編號。			
If a TIN is unavailable, please provide the appropriate reason: 如沒有提供稅務編號，必須填寫合適的理由：			
Reason A - The jurisdiction where the Account Holder is liable to pay tax does not issue TINs to its residents 理由A - 帳戶持有人有義務繳稅的司法管轄區並沒有向其居民發出稅務編號。			
Reason B - The Account Holder is otherwise unable to obtain a TIN or equivalent number. (Please explain why the Account Holder is unable to obtain a TIN in the below table if you have selected this reason) 理由B - 帳戶持有人不能取得稅務編號或具有等同功能的識辨編號。(如選取這一理由，請解釋您不能取得稅務編號的原因。)			
Reason C - No TIN is required. (Note. Only select this reason if the authorities of the jurisdiction of tax residence entered below do not require the TIN to be disclosed) 理由C - 帳戶持有人毋須提供稅務編號。(僅當填寫的稅務居民的司法管轄區的機關不需要您披露稅務編號時，方可選取這一理由。)			
Jurisdiction of tax residence 稅務居民司法管轄區	TIN 稅務編號	If no TIN available, enter Reason A, B or C 如沒有提供稅務編號，填寫理由A、B或C	Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above. 如選取理由B，解釋您不能取得稅務編號的原因
(1)			
(2)			
(3)			
(4)			
(5)			

Declarations and Signature 聲明及簽署

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with HSBC Life (International) Limited, Macau Branch setting out how HSBC Life (International) Limited, Macau Branch may use and share the information supplied by me, a copy of which is hereto enclosed and forms an integral part of this declaration.

本人知悉，本人所提供的資料被規範帳戶持有人與滙豐人壽保險(國際)有限公司澳門分行的條款及條件內的全部條文所涵蓋，闡述了滙豐人壽保險(國際)有限公司澳門分行能夠如何使用和分享本人所提供的信息，其副本將附在其中，並形成這個聲明的組成部分。

I acknowledge and agree that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) is collected by the HSBC Life (International) Limited, Macau Branch and may be reported to Macau Financial Services Bureau and exchanged with tax authorities of another jurisdiction or jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

本人知悉及同意，滙豐人壽保險(國際)有限公司澳門分行可收集本表格所載資料及與帳戶持有人及任何須報送帳戶有關的資料，並且根據政府間的協議，把該等資料向澳門特別行政區政府財政局申報及與其它司法管轄區的稅務機關或帳戶持有人的稅務居住地的稅務機關進行交換，從而交換金融帳戶信息。

I certify that I am the Account Holder (or am authorised to sign for the Account Holder) of all the account(s) to which this form relates.

本人證明，就有關本表格所指的所有帳戶，本人是帳戶持有人(或本人獲帳戶持有人授權代其簽署)。

I certify that where I have provided information regarding any other person (such as a Controlling Person or other Reportable Person to which this form relates) that I will, within 30 days of signing this form, notify those persons that I have provided such information to HSBC Life (International) Limited, Macau Branch and that such information may be provided to the tax authorities of the country/region in which the account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the person may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

本人證明，在本人提交有關本表格所關乎的任何人士(例如控制人或其他須報送人)的信息時，本人將在簽署本表格後30天內通知相關人士本人已向滙豐人壽保險(國際)有限公司澳門分行經提供此信息，並且根據政府間的協議，此類信息將可能被提交給帳戶所在的國家/地區的稅務機關，及與其它司法管轄區的稅務機關或帳戶持有人的稅務居住地的稅務機關進行交換，從而交換金融帳戶信息。

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

本人聲明就本人所知所信，本表格內所填報的所有資料和聲明均屬真實、正確和完備。

I undertake to advise HSBC Life (International) Limited, Macau Branch of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect, and to provide HSBC Life (International) Limited, Macau Branch with a suitably updated self-certification form within 30 days of such change in circumstances.

本人承諾，如情況有所改變，以致影響本表格第1部所述的個人的稅務居民身份，或引致本表格所載的資料不正確，本人會通知滙豐人壽保險(國際)有限公司澳門分行，並會在情況發生改變後30日內，向滙豐人壽保險(國際)有限公司澳門分行提交一份已適當更新的自證證明表格。

Signature
簽署

Print name
姓名

Date
日期

_____/_____/_____

Note: If you are not the Account Holder, please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attach a certified copy of the power of attorney.
(如你不是帳戶持有人，請說明你的身份。如果你是以受權人身份簽署本表格，須隨附該授權書的鑑證本。)

The power of attorney must be in a form satisfactory to HSBC Life (International) Limited, Macau Branch. Please note that any existing Letter of Delegation provided by to HSBC Life (International) Limited, Macau Branch and signed by an account holder will not give the authority to the appointed attorney(s) to sign this form on behalf of the relevant account holder.

授權書必須採用滙豐人壽保險(國際)有限公司澳門分行滿意的形式。請注意，由滙豐人壽保險(國際)有限公司澳門分行提供及經帳戶持有人簽署的任何現有授權書(Letter of Delegation) 將不會授權委任的代理人代表有關的帳戶持有人簽署本表格。

Capacity
身份

Appendix – Definitions

附件 – 定義

Note: These are selected definitions provided to assist you with the completion of this form. Further details can be found within the Chief Executive's Order No. 211/2017 published in the official Gazette bo.io.gov.mo/bo/i/2017/26/despce.asp#211 (only available in Chinese and Portuguese). The OECD website also contains information about the CRS at www.oecd.org/tax/automatic-exchange/.

下列的定義可幫助您填寫本表格。詳細細節可瀏覽在澳門公報上公佈的《第211/2017號行政長官批示》bo.io.gov.mo/bo/i/2017/26/despce_cn.asp#211 (只提供中文及葡文版本)。有關CRS的信息可瀏覽經合組織自動交換財務帳戶資料網站www.oecd.org/tax/automatic-exchange/ (只提供英文版本)。

“Account Holder” The term “Account Holder” means the person listed or identified as the holder of a Financial Account. A person, other than a Financial Institution, holding a Financial Account for the benefit of another person as an agent, a custodian, a nominee, a signatory, an investment advisor, an intermediary, or as a legal guardian, is not treated as the Account Holder. In these circumstances, that other person is the Account Holder. For example, in the case of a parent/child relationship where the parent is acting as a legal guardian, the child is regarded as the Account Holder. With respect to a jointly held account, each joint holder is treated as an Account Holder.

「帳戶持有人」是指由擁有帳戶的金融機構列示或識別為金融帳戶持有人的人。持有金融帳戶的人(而非金融機構)為了另一人的利益或受另一人委託，作為代理人、託管人、被任命人、簽字人、投資顧問、中介或法定監護人並不被視為帳戶持有人，而該另一人才被視為帳戶持有人。以一個家長與子女開立的帳戶為例，如帳戶以家長為子女的法定監護人名義開立，子女會被視為帳戶持有人。聯名帳戶內的每個持有人都被視為帳戶持有人。

“Controlling Person” This is a natural person who exercises control over an entity. Where an entity Account Holder is treated as a Passive Non-Financial Entity (“NFE”) then a Financial Institution must determine whether such Controlling Persons are Reportable Persons. This definition corresponds to the term “beneficial owner” as described in Recommendation 10 of the Financial Action Task Force Recommendations (as adopted in February 2012). If the account is maintained for an entity of which the individual is a Controlling Person, then the “Controlling Person Tax Residency Self-Certification Form” should be completed instead of this form.

「控權人」指對該實體實施控制的自然人。如果某一實體帳戶持有人被視為消極非金融實體，則金融機構必須確認該控權人是否屬須報送人。而確認的條件，可視該控權人是否符合打擊洗黑錢財務行動特別組織(2012年2月通過)所發佈的建議10和建議10的解釋性說明中所述。如該實體的賬戶是由控權人來管理，則該控權人應填寫“控權人稅務居民自證證明表格”而非本表格。

“Entity” The term “Entity” means a legal person or a legal arrangement, such as a corporation, organisation, partnership, trust or foundation.

「實體」一詞指法人或法律架構，例如：公司、組織、合夥、信託或基金會。

“Financial Account” A Financial Account is an account maintained by a Financial Institution and includes: Depository Accounts; Custodial Accounts; Equity and debt interest in certain Investment Entities; Cash Value Insurance Contracts; and Annuity Contracts.

「金融帳戶」是於金融機構建立的帳戶，包括：存款帳戶；託管帳戶；某些投資實體的股權或債權權益；具有現金價值的保險合；和年金合同。

“Participating Jurisdiction” A Participating Jurisdiction means a jurisdiction with which an agreement is in place pursuant to which it will provide the information required on the automatic exchange of financial account information set out in the Common Reporting Standard.

「參與司法管轄區」是指根據已有的協定及CRS的規定而提供自動交換金融帳戶信息的司法管轄區。

“Reportable Account” The term “Reportable Account” means an account held by one or more Reportable Persons or by a Passive NFE with one or more Controlling Persons that is a Reportable Person.

「須報送帳戶」是指由一個或多個作為須報送人所持有的帳戶，或由消極非金融實體所持有的帳戶而該實體擁有一個或多個作為須報送人的控制人。

“Reportable Jurisdiction” A Reportable Jurisdiction is a jurisdiction with which an obligation to provide financial account information is in place.

「須報送信息的司法管轄區」是指根據已有的協定而有義務提供CRS報送信息的司法管轄區。

“Reportable Person” A Reportable Person is defined as an individual who is tax resident in a Reportable Jurisdiction under the tax laws of that jurisdiction. Dual resident individuals may rely on the tiebreaker rules contained in tax conventions (if applicable) to solve cases of double residence for purposes of determining their residence for tax purposes.

「須報送人」是指根據須報送信息的司法管轄區的稅務法律，被定義為擁有該區稅務居民身份之個體。具有雙重居留身份的個體可按照稅務協議(如適用)中所制定的規則，決定該雙重居留者應適用之稅務居民身份。

“TIN” (including “functional equivalent”) The term “TIN” means Taxpayer Identification Number or a functional equivalent in the absence of a TIN. A TIN is a unique combination of letters or numbers assigned by a jurisdiction to an individual or an Entity and used to identify the individual or Entity for the purposes of administering the tax laws of such jurisdiction. Further details of acceptable TINs can be found at the following link OECD automatic exchange of information portal: www.oecd.org/tax/automatic-exchange/

「稅務編號」(包括具有等同功能的識辨編號) — 詞指納稅人的識辨編號或具有等同功能的識辨編號(如無納稅人的識辨編號)。稅務編號是司法管轄區向個人或實體分配獨有的字母與數字組合，用於識別個人或實體的身份，以便實施該司法管轄區的稅務法律。有關可接受的稅務編號的更多詳細資訊刊載於經濟合作與發展組織的自動交換資料網站：<http://www.oecd.org/tax/automaticexchange/crs-implementation-and-assistance/>。