



MACUASS

Policy Number 保單號碼

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## Assignment of Policy as Collateral Security 權益轉讓作為抵押擔保

Name of Policyholder in English 保單持有人英文姓名	
Name of Life Insured in English 受保人英文姓名	
<b>NOTES 注意事項：</b> <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. Any changes should be initialed by the Policyholder and Irrevocable Beneficiary (if any). 任何答案如有更改，請保單持有人及不可撤換受益人(如適用)在旁簽署。</li> <li>3. 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。</li> <li>4. The HSBC has explained the product features to you including potential liquidity, time horizon, any currency implications, fees &amp; 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。</li> <li>5. <b>This form must be completed together with applicable "Tax Residency Self-Certification Form(s)" signed by Assignee.</b> 此表格必須連同由承讓人簽署之適用「稅務居民自我證明表格」一併遞交。</li> </ol>	

<b>Important Notes 重要事項</b> If the above policy is assigned to the Assignee as collateral 倘若閣下把保單作抵押以向承讓人申請貸款： A. You will be subject to interest rate risk, which may increase the cost of serving the loan and the risk of default in repaying the loan. 閣下將會承受利率風險，該風險可能增加償還貸款的成本和增加未能償還貸款的風險。 B. You may lose the life coverage and other benefits under your policy upon any default or failure to repay under the relevant assignment or loan agreement. The Assignee may exercise the right to surrender the policy on your behalf. 當閣下在相關權益轉讓或貸款協議之下觸發違約或未能償還貸款時，閣下將可能損失人壽保險保障及在保單內的其他利益，受讓人可代表閣下行使保單退保的權利。 C. You may face the risk of policy information and personal data being released to the Assignee. 閣下可能面臨保單資料及個人資料被交予受讓人的風險。 For details, please refer to section "Terms and Conditions" on P.4 of this form. 詳情請細閱此表格的第四頁之「條款及細則」部分。
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<b>FOR OFFICE USE ONLY (Applicable to Assignee)</b>
<input type="checkbox"/> WPB/CMB USP

**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

<b>Details of the Assignee 承讓人資料</b>	
Name (Surname first) / Full Name (if Non-Individual) 姓名(姓氏先行)/全名(如非個人)	
Chinese Name/Registered Name in Chinese (if Non-Individual) 中文姓名/中文註冊名稱(如非個人)	
Former Name/Alias (Surname first) (where applicable) 前用姓名/別名(先填寫姓氏)(如適用)	
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
Trading As Name(s) (if different from the Full Name (Non-Individual)) 營業名稱(如與全名不同)(非個人)	
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"/> Correspondence 通訊 <input type="checkbox"/> Residential 住宅 <input type="checkbox"/> Permanent 永久
Address Details 地址資料	<i>(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。)</i>
Room/Flat/Floor/Block 室/樓/座	<input type="checkbox"/> Room 室 <input type="checkbox"/> 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： _____	
Previous Address <i>(please complete if residing in Current Residential Address less than 1 years)</i> 前居住地址 <i>(若於現有住宅地址居住少於1年請填寫此欄)</i>	
Room/Flat/Floor/Block 室/樓/座	<input type="checkbox"/> Room 室 <input type="checkbox"/> 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	_____
Telephone No. 聯絡電話 (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/地區號碼)	
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 Country Name 其他國家 _____ 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 Country Name 其他國家 _____ 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 Country Name 其他國家 _____ 聯絡電話 Telephone no. _____	
Reason/Purpose of Assignment 此權益轉讓之原因/用意：	

<b>Assignee Details (For Non-HSBC Group entities) 承讓人資料(如非滙豐集團成員之公司)</b>																							
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"/> Salary 薪金 <input type="checkbox"/> Saving 儲蓄 <input type="checkbox"/> Donation 捐獻 <input type="checkbox"/> Inheritance 遺產 <input type="checkbox"/> Business Income 生意收入 <input type="checkbox"/> From Business Owner 由生意持有人提供 <input type="checkbox"/> Return on Investment 投資回報 <input type="checkbox"/> Sales Proceed 銷售收入 <input type="checkbox"/> Fee and Commission Income 酬金及佣金收入 <input type="checkbox"/> Others, please state 其他, 請註明: _____																						
Industry 行業																							
Occupation 職業																							
Job Title 職位																							
Identity Document Type & No. (Please provide certified copy) 身份證明文件及號碼(請提供核證副本)	For personal Assignee 適用於個人承讓人 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Macau Permanent Identity Card 永久性澳門居民身份證</td> <td style="width:25%;"></td> <td style="width:25%;">Non-Permanent Macau Identity Card 非永久性澳門居民身份證</td> <td style="width:25%;"></td> </tr> <tr> <td>Passport 護照 (Please state the Country/Region 請註明國家/地區)</td> <td></td> <td>Other Identity Document 其他身份證明文件 No. 號碼</td> <td></td> </tr> </table> For corporations assignee registered in Macau SAR 適用於在澳門特別行政區註冊成立的公司承讓人 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Business Registration Certificable No. 商業登記證號碼</td> <td style="width:50%;"></td> </tr> </table> <p style="text-align:center;">And</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Certificate of Incorporation No. 公司註冊證書號碼</td> <td style="width:50%;"></td> </tr> </table> For corporations assignee registered outside Macau SAR 適用於在澳門特別行政區以外註冊成立的公司承讓人 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Certificate of Incorporation No. 公司註冊證書號碼</td> <td style="width:25%;"></td> <td style="width:25%;">Country/Region of Registration 登記國家/地區</td> <td style="width:25%;"></td> </tr> <tr> <td>Country/Region of Registration 登記國家/地區</td> <td></td> <td>GIIN No. (where applicable) 全球中間機構識別碼 (如適用)</td> <td></td> </tr> </table>			Macau Permanent Identity Card 永久性澳門居民身份證		Non-Permanent Macau Identity Card 非永久性澳門居民身份證		Passport 護照 (Please state the Country/Region 請註明國家/地區)		Other Identity Document 其他身份證明文件 No. 號碼		Business Registration Certificable No. 商業登記證號碼		Certificate of Incorporation No. 公司註冊證書號碼		Certificate of Incorporation No. 公司註冊證書號碼		Country/Region of Registration 登記國家/地區		Country/Region of Registration 登記國家/地區		GIIN No. (where applicable) 全球中間機構識別碼 (如適用)	
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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)																							
Date of Birth / Date of Incorporation 出生日期/註冊日期																							
Place of Birth / Place of Incorporation 出生地點/註冊地																							
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)																							

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

**Terms and Conditions 條件及細則**

In consideration of the Assignee providing a loan to the Policyholder, the above Policy, together with all rights and interest in it, is assigned to the Assignee as collateral security on the following terms: 由於承讓人向保單持有人提供借款，上述的保單連同所有有關的權利及利益，將根據以下的條款轉讓予承讓人作抵押擔保：

- i) If permitted by the Policy, the Assignee may 倘若保單許可，承讓人可
  - (a) collect the death benefit payable on the death of the Insured; 領取受保人死亡後應付的死亡賠償；
  - (b) surrender the Policy and collect the surrender value; 申請即時退保，並領取退保金額；
  - (c) take out a Policy loan; 進行保單貸款；
  - (d) receive dividends payable on the Policy (if applicable); 收取保單應付的紅利(如適用)；
  - (e) exercise any non-forfeiture options; and 行使任何不能作廢的選擇權；及
  - (f) exercise the Policy Value Management Option (applicable to HSBC Wealth Goal Insurance Plan, HSBC Family Goal Insurance Plan and HSBC Health Goal Insurance Plan only). 行使保單價值管理權益(只適用於滙豐保險計劃、滙盛人生保險計劃及滙康保險計劃)。
- ii) The Policyholder reserves the right to collect any disability benefit that does not reduce the Sum Insured, and to designate and change the beneficiary. 保單持有人保留領取任何不減低保額的傷殘賠償之權利，並可指定及更改受益人。
- iii) The Assignee agrees that if the Policyholder repays the loan (together with the prescribed interest) to the Assignee, the Assignee will reassign the Policy to the Policyholder. 承讓人同意倘若保單持有人向其償還借款(連同規定的利息款額)，承讓人會將保單轉歸保單持有人。
- iv) The Assignee agrees that if any proceeds it receives from the policy exceed the amount of the loan (together with prescribed interest), it will pay the balance of the proceeds to the beneficiary named by the Policyholder. 承讓人同意倘若從保單所獲的得益超過貸款(連同規定利息)總額，承讓人會將超出的得益款額付予保單持有人所指定的受益人。
- v) The Assignor authorizes the Insurance Company to disclose to the Assignee as the Assignee may reasonably request from time to time the cash value of the Policy and any change thereof which may adversely affect the right of the Assignee under the Policy. 轉讓人授權本公司，在承讓人不時合理要求下，向承讓人披露此保單之現金價值及任何可能對承讓人於此保單下之權利有不利影響的更改。
- vi) The Assignor authorizes the Insurance Company to disclose to the Assignee: 轉讓人授權保險公司向承讓人披露：
  - (a) the cash value of the Policy and any decrease thereof; and 此保單之現金價值及其任何減少；及
  - (b) personal data of the Assignor for the purpose of linking, retrieving or otherwise processing records relating to the Assignor held by the Assignee. 轉讓人的個人資料，目的為聯繫、檢索或以其他程序處理由承讓人持有有關轉讓人的紀錄。

**Declarations 聲明**

I have read and fully understood the Important Notes and Terms and Conditions as shown on pages 1 and 4 of this form before making this assignment of policy as collateral security request. 本人在申請此權益轉讓作為抵押擔保前，已細閱及完全明白在本表格第 1 頁的重要事項和第 4 頁條件及細則。

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 have read and fully understand the Notice relating to the Personal Data (Privacy) and I irrevocably and expressly consent the processing, transferring and disclosing of my personal data in accordance with the said Notice. 本人已細閱及清楚明白關於個人資料的通知。本人同意(及表示不會撤回該同意)按照上述通知將本人的個人資料作出處理、轉移及披露。

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

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

Name 姓名:  
Signature of Assignee 承讓人簽署Name 姓名:  
Signature of Witness 見證人簽署**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.	