



MACUFTX

Policy Number 保單號碼

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Change of Policy Benefit 更改保單保障

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	
NOTE 注意： <ol style="list-style-type: none"> 1. HSBC Life (International) Limited is referred to as the "Company" or "HSBC Life" in this document. 滙豐人壽(國際)有限公司在此文件中稱為「本公司」或「滙豐保險」。 2. Please 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. If the insured is under age 18 on the date this application is signed, the Policyholder must answer questions on behalf of the insured. 如受保人於簽署此申請表時未達18歲者，需由保單持有人代為作答。 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。 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。 	

Part I 第一部分 Request for Policy Change 更改保單資料 (No underwriting approval needed 無需經過核保)														
1. <input type="checkbox"/> Change term period of Term Protection Plan/Benefit 更改定期壽險計劃/保障之年期	New term 新年期 _____	years (from effective date of change) 年(由更改生效日起計)												
2. <input type="checkbox"/> Change of Loan Amount/Mortgage Term 更改貸款金額/按揭年期 (Apply to MPP only. 只適用於樂安居供樓保障計劃。)	<input type="checkbox"/> Reduction of Loan Amount (Apply to early partial repayment only not including regular instalments) 減低貸款金額(只適用於提前部分還款, 不包括每期之供款) Partial Repayment Amount 部分還款額 MOP 澳門幣 _____ (Please submit partial repayment receipt or other supporting proof 請遞交部分還款收據或其他可證明部分還款金額之文件) <input type="checkbox"/> Change of Mortgage Term (Subject to the expiry age of 65 for insurance cover) 更改按揭年期(壽險保障年期不得超過65歲之保障終止年齡) Last Instalment Date 最後還款日期 _____ (Please submit the new Repayment Schedule 請遞交新的按揭還款表)													
3. <input type="checkbox"/> Basic Plan 基本計劃	<input type="checkbox"/> Reduce Sum Insured/Notional Amount/ Protection Amount/Policy Amount/ Monthly Guaranteed Annuity Payment 更改保額/名義金額/保障額/ 保單金額/每月保證年金金額 <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 15%; text-align: center;">Reduce 減少</th> <th style="width: 15%; text-align: center;">New Amount 新保額</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Basic Plan 基本計劃</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Yearly Renewable Term Benefit 續年定期壽險保障</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td><input type="checkbox"/> Term Protection Benefit 定期壽險保障</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> </tbody> </table> <p>* Notes 注意事項:</p> <p>[1] New Sum Insured/Notional Amount/Protection Amount/Policy Amount/Monthly Guaranteed Annuity Payment is subject to maximum and minimum requirements. 新保額/名義金額/保障額/保單金額/每月保證年金金額不得超越保障計劃之最高及最低限制。</p> <p>[2] Reduction in Sum Insured is subject to (i) a minimum remaining Sum Insured less total claims paid under the Early Stage Critical Illness Benefit (if applicable) of USD500,000 (or policy currency equivalent) being maintained under the policy; (ii) a surrender charge deductible from Account Value. Reduction in Sum Insured may reduce the Account Value and Death Benefit of your Policy. 減少投保額須符合下列要求: (i) 扣除所有已支付之早期嚴重疾病賠償款項(如適用)後, 最低剩餘投保額為500,000美元(或保單貨幣的同等價值); (ii) 須從賬戶價值中收取退保費用。減少投保額或會使閣下的保單賬戶價值與身故賠償相應調低。</p> <p>[3] Reduction in specified Sum Insured can only be made after the first policy anniversary. 閣下可以在首個保單周年日後, 減少投保額。</p> <p>[4] For reduction of Sum Insured/Notional Amount/Policy Amount/Monthly Guaranteed Annuity Payment, the cash value/surrender value (if applicable)/special bonus (if applicable) and death benefit/critical illness benefit (if applicable) of the policy will be reduced accordingly. A full review of your existing policy is/are recommended before you make this decision. 若減少保額/名義金額/保單金額/每月保證年金金額, 保單的現金價值/退保價值(如適用)/特別獎賞(如適用)及身故死亡賠償/嚴重疾病保障(如適用)將會相應調低。故我們建議閣下於提出此申請前作出全面之復審。</p>			Reduce 減少	New Amount 新保額	<input type="checkbox"/> Basic Plan 基本計劃	<input type="checkbox"/>	_____	<input type="checkbox"/> Yearly Renewable Term Benefit 續年定期壽險保障	<input type="checkbox"/>	_____	<input type="checkbox"/> Term Protection Benefit 定期壽險保障	<input type="checkbox"/>	_____
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4. <input type="checkbox"/> Supplementary Benefits 附加保障	<input type="checkbox"/> Amount 保額 _____ _____ <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;"></th> <th style="width: 33%; text-align: center;"><input type="checkbox"/> Deletion of Supplementary Benefits^c 取消附加保障^c</th> <th style="width: 33%; text-align: center;"><input type="checkbox"/> Deletion of Joint Life Insured 取消聯名受保人</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table> <p>^c Deletion of Major Illness Benefit will be accompanied by deletion of Female Benefit applied/added on or after Nov 2001 if such is attached to the policy. 刪除嚴重疾病保障會自動刪除2001年11月以後簽發或附加於保單之女性保障。</p>			<input type="checkbox"/> Deletion of Supplementary Benefits ^c 取消附加保障 ^c	<input type="checkbox"/> Deletion of Joint Life Insured 取消聯名受保人	_____	_____	_____	_____	_____	_____			
	<input type="checkbox"/> Deletion of Supplementary Benefits ^c 取消附加保障 ^c	<input type="checkbox"/> Deletion of Joint Life Insured 取消聯名受保人												
_____	_____	_____												
_____	_____	_____												
5. <input type="checkbox"/> Exercise of Policy Value Management Option (Apply to WGIP2, FGIP, HGIP only) 行使保單價值管理權益(只適用於滙溢保險計劃II、滙盛人生保險計劃、滙康保險計劃) Policy has to be in force for 20 policy years or more with all premiums paid when due and no indebtedness under the policy. No cancellation/termination/reversal is allowed once this Option is exercised. 保單必須已生效20年或以上, 並且所有保費均已在到期時全數繳付及保單沒有任何債項。保單價值管理權益一經行使將不能取消/終止/逆轉。	<input type="checkbox"/> Allocate Net Cash Value [^] to the Policy Value Management Balance 調撥淨現金價值 [^] 至保單價值管理收益結餘 allocation amount (in policy currency)* 調撥金額(以保單貨幣計算)* _____ ⁺ When exercising this Policy Value Management Option, the allocation amount is subject to minimum amount requirements on (i) the Net Cash Value [^] to be allocated per transaction; and (ii) the Notional Amount after the exercise of this option. Such minimum amount requirements are determined by the Company from time to time without prior notice to policyholder. The actual allocation amount that has been transferred to the Policy Value Management Balance as a result of exercising this option may be less than the requested allocation amount. Please refer to the Policy Provisions for details. 當行使保單價值管理權益時, 調撥金額的最低限額要求須符合對(i) 每次調撥的淨現金價值 [^] ; 及(ii) 該權益行使後之名義金額。其最低限額會由本公司不時釐訂並不會提前通知保單持有人。行使該權益後轉移到保單價值管理收益結餘的實際調撥金額可能少於要求的調撥金額。詳情請參閱相關保單條款。 [^] Net Cash Value means at any time, an amount equal to Guaranteed Cash Value plus Special Bonus, if any. 淨現金價值指在任何時間相等於保證現金價值加上特別獎賞(如有)後的金額。													

Part II 第二部分 Request for Policy Change 更改保單資料 (subject to underwriting approval 須經過核保)

Please complete Part III & IV of this form and a "Financial Planning Report/Financial Needs Analysis" at an HSBC branch.
保單持有人須填寫此申請表的第三及第四部分及於滙豐分行完成「個人理財計劃/財務需要分析表格」。

<p>6. <input type="checkbox"/> Basic Plan 基本計劃</p>	<table border="0"> <tr> <td><input type="checkbox"/></td> <td>Add Sum Insured/Notional Amount/ Protection Amount/Policy Amount/ Monthly Guaranteed Annuity Payment 更改保額/名義金額/保障額/ 保單金額/每月保證年金金額</td> <td>Add 增加</td> <td>New Amount 新保額</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Basic Plan 基本計劃</td> <td><input type="checkbox"/></td> <td>_____</td> </tr> </table> <p>* Notes 注意事項:</p> <p>[1] New Sum Insured/Notional Amount/Protection Amount/Policy Amount/Monthly Guaranteed Annuity Payment is subject to maximum and minimum requirements. 新保額/名義金額/保障額/保單金額/每月保證年金金額不得超越保障計劃之最高及最低限制。</p> <p>[2] Any increase in Sum Insured is subject to underwriting approval. You should therefore complete a full Application Form and may be required to undergo medical examinations or medical tests depending on the amount of increment. 增加投保額須經過核保，閣下應填寫完整申請表及根據增加的投保額進行醫療驗身或醫療檢驗。</p> <p>[3] Increase in the Sum Insured is subject to a minimum amount pursuant to the Policy terms. An increase in Sum Insured may also require you to pay an additional premium and levy. Please read your Policy's terms and conditions and consult your licensed intermediary for details. 增加投保額須受到保單有關最低款額的條款規限。增加投保額或須閣下繳交一筆額外的保費及保費徵費，詳情請細閱保單條款及細則，並向閣下的持牌中介人查詢。</p> <p>[4] No increase in the Sum Insured is allowed for policies denominated in CNY. 增加投保額不適用於保單貨幣為人民幣。</p>	<input type="checkbox"/>	Add Sum Insured/Notional Amount/ Protection Amount/Policy Amount/ Monthly Guaranteed Annuity Payment 更改保額/名義金額/保障額/ 保單金額/每月保證年金金額	Add 增加	New Amount 新保額	<input type="checkbox"/>	Basic Plan 基本計劃	<input type="checkbox"/>	_____	
<input type="checkbox"/>	Add Sum Insured/Notional Amount/ Protection Amount/Policy Amount/ Monthly Guaranteed Annuity Payment 更改保額/名義金額/保障額/ 保單金額/每月保證年金金額	Add 增加	New Amount 新保額							
<input type="checkbox"/>	Basic Plan 基本計劃	<input type="checkbox"/>	_____							
<p>7. <input type="checkbox"/> Supplementary Benefits 附加保障</p>	<table border="0"> <tr> <td><input type="checkbox"/></td> <td>Addition of Supplementary Benefits^a 增加附加保障^b</td> <td>Amount 保額</td> </tr> <tr> <td></td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td>_____</td> <td>_____</td> </tr> </table> <p>b. Not applicable to Major Illness Benefit (to age 65). 不適用於嚴重疾病保障(至65歲)。 Addition of Female Benefit will result in simultaneous addition of Major Illness Benefit if the latter was not attached to the policy. 如嚴重疾病保障未曾附加於保單上，於附加女性保障時，嚴重疾病保障會自動附加於保單。</p> <p><input type="checkbox"/> ** Addition of Payor's Benefit 申請付款人供款保障 Relationship to Life Insured: <input type="checkbox"/> Father 父親 <input type="checkbox"/> Mother 母親 <input type="checkbox"/> Other 其他 _____ 與受保人之關係:</p> <p><input type="checkbox"/> ** Addition of Joint Life Insured (applicable for MPP only) 申請增加聯名受保人(只適用於樂安居供樓保障計劃) Applicant Status: <input type="checkbox"/> Home Loan Applicant 樓宇貸款申請人 <input type="checkbox"/> Existing Home Loan Customer 現有樓宇貸款客戶 <input type="checkbox"/> Guarantor 擔保人 申請人身份:</p> <p>** Please complete item (i) to (viii). 請填寫以下(i)至(viii)項。</p> <p>(i) <input type="checkbox"/> Mr 先生 <input type="checkbox"/> Mrs 太太 <input type="checkbox"/> Miss 小姐 <input type="checkbox"/> Ms 女士</p> <p>(ii) Name in English (Surname first) 英文姓名(先填寫姓氏) (iii) Chinese Name 中文姓名</p>	<input type="checkbox"/>	Addition of Supplementary Benefits ^a 增加附加保障 ^b	Amount 保額		_____	_____		_____	_____
<input type="checkbox"/>	Addition of Supplementary Benefits ^a 增加附加保障 ^b	Amount 保額								
	_____	_____								
	_____	_____								

Part II 第二部分 Request for Policy Change (cont'd) 更改保單資料 (subject to underwriting approval 須經過核保) (續)	
	(iv) Former Name/Alias (Surname first) (where applicable) [†] 前用姓名／別名(先填寫姓氏)(如適用) [†] [†] Applicable when Policyholder is an Individual 適用於保單持有人為個人
	(v) Date of Birth 出生日期 (DD 日/MM 月/YYYY 年)
	(vi) ID Type & No. 身份證明文件類別及號碼
	(vii) Marital Status 婚姻狀況 <input type="checkbox"/> Single 未婚 <input type="checkbox"/> Married 已婚 <input type="checkbox"/> Widowed 鰥寡 <input type="checkbox"/> Divorced 離婚
	(viii) 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) _____ [^] Not applicable to Corporate customer. Under the addition of the Payor's Benefit and the Payor is not the Policyholder, Nationalities (Country/Region) 2 and 3 are optional. Otherwise, please state all your current Nationality(ies) (Country/Region) if you have any revision. In addition, nationality (country/region) proof is required if the change of nationality (Country/Region) applied by nonpermanent Macau resident. 不適用於公司客戶。如申請付款人供款保障及付款人並非保單持有人，國籍(國家/地區) 2 及 3 為非必要填寫資料。否則，如修正任何國籍(國家/地區) 資料，請填寫閣下現在的所有國籍(國家/地區)。此外，如非澳門永久居民申請修正國籍(國家/地區) 資料，請附上國籍(國家/地區) 證明。
8. <input type="checkbox"/> Loading Removal/Reduction 刪除／減低額外保費 (All medical exam fees will be borne by the applicant 所有驗身及醫生報告費用由申請人支付)	<input type="checkbox"/> Occupational rating (Please complete Part III) 職業理由(請填寫第三部分) <input type="checkbox"/> Medical rating (Please complete Part III & IV) 健康理由(請填寫第三及第四部分) <input type="checkbox"/> Residential rating (Please provide address proof, if changed) 居住地區理由(請提供地址證明，如已搬遷)

Part III 第三部分		
A. Occupational Details 職業資料		
Life Insured 受保人		
9. Employer's Name & Address 僱主名稱及地址		
10. Occupation 職業	11. Industry 行業	12. Job Activities 職責範圍
13. Work Environment 工作環境 <input type="checkbox"/> Indoor work 戶內工作 <input type="checkbox"/> Outdoor work 戶外工作 <input type="checkbox"/> Indoor & Outdoor work 戶內及戶外工作	14. Does your work involve working at height? 有否參予高空工作? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 max. height 最高達 _____ <input type="checkbox"/> ft 呎 / <input type="checkbox"/> m 米	
15. Place of work 工作地區 <input type="checkbox"/> In Macau SAR 澳門特別行政區境內 <input type="checkbox"/> Outside Macau SAR (Please specify country/region, duration and frequency) 澳門特別行政區境外(請註明國家/地區，逗留時間及頻密程度) _____	16. Date of Employment 入職日期 _____ Year 年 _____ Month 月	
Policyholder/Payor/Joint Life Insured 保單持有人／付款人／聯名受保人		
17. 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"/> Student 學生 <input type="checkbox"/> Housewife 主婦 <input type="checkbox"/> Retired 退休		
18. Industry (where applicable)* 行業(如適用)*	19. Occupation (where applicable)* 職業(如適用)*	
20. Job Title (where applicable)* 職位(如適用)*		
21. Name of Employer / Business & Address (where applicable)* 僱主／公司名稱及地址(如適用)*		
22. Monthly Salary (MOP) (where applicable)* 月薪(澳門幣)(如適用)* <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)		
23. Main source of income 主要收入來源 <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： _____		

Part III (cont'd) 第三部分 (續)	
A. Occupational Details (cont'd) 職業資料(續)	
24. Work Environment 工作環境 <input type="checkbox"/> Indoor work 戶內工作 <input type="checkbox"/> Outdoor work 戶外工作 <input type="checkbox"/> Indoor & Outdoor work 戶內及戶外工作	25. Does your work involve working at height? 有否參予高空工作? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 max. height 最高達 _____ <input type="checkbox"/> ft 呎/ <input type="checkbox"/> m 米
26. Place of work 工作地區 <input type="checkbox"/> In Macau SAR 澳門特別行政區境內 <input type="checkbox"/> Outside Macau SAR (Please specify country/region, duration and frequency) 澳門特別行政區境外(請註明國家/地區, 逗留時間及頻密程度) _____	27. Date of Employment 入職日期 _____ Year 年 _____ Month 月
* Applicable when Policyholder is an Individual 適用於保單持有人為個人	
B. Personal Details 個人資料	
28. Please provide current country/region of residence. 請說明現時居住國家/地區。 (a) Life Insured 受保人 _____ (b) Policyholder/Payor/Joint Life Insured 保單持有人/付款人/聯名受保人 _____	
29. Are you now covered by any hospital cash or life insurance policy (excluding group life insurance)? If the answer is "Yes", please give information below. 現時閣下是否受保於任何住院現金或人壽保險單(團體保險除外)? 若答「是」, 請提供以下資料。 Name of Insurance Company Year Issued Amount of Life Insurance (MOP) Amount of Hospital Cash Benefit (MOP per day) 投保公司名稱 簽發年份 人壽保險金額(澳門幣) 住院現金保障金額(每日以澳門幣計算) _____ _____ _____	(a) Life Insured 受保人 Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>
30. Is there any other application for insurance on your life now pending? If the answer is "Yes", please give details. 閣下有否申請其他人壽保險而仍在審核中? 若答「是」, 請述詳情。 _____	(b) Policyholder/Payor/Joint Life Insured 保單持有人/付款人/聯名受保人 Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>
31. Has any proposal or application for life or accident or health insurance on you or reinstatement of such insurance ever been declined/postponed/accepted at other than normal terms? If the answer is "Yes", please give the reason and the name of the company. 閣下在過去投保壽險、意外保險、醫療保險或要求恢復此類保險效力時, 曾否被拒/延遲受保/更改受保條款? 若答「是」, 請說明原因及公司名稱。 _____	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>
32. Do you engage or expect to engage in any hazardous activities, such as automobile or motorcycle racing, skin or scuba diving, sky diving, professional sports or flying other than as a fare-paying passenger? If the answer is "Yes", please state activity and frequency below: 閣下曾否或計劃參與任何危險活動, 例如賽車、潛水、跳傘、職業性體育運動或從事飛行活動(以乘客身份購票者除外)? 若答「是」, 請在下面詳細列明活動種類及活動頻率: _____	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>

Part IV 第四部分 Health Declaration 健康狀況聲明書								
		Height (ft/cm) 體高(英尺/厘米)		Weight (lb/kg) 體重(磅/公斤)				
33. (a) Life Insured 受保人								
(b) Policyholder/Payor/Joint Life Insured 保單持有人/付款人/聯名受保人								
				(a) Life Insured 受保人		(b) Policyholder/ Payor/Joint Life Insured 保單持有人 /付款人/ 聯名受保人		
				Yes 是	No 否	Yes 是		No 否
34. Are you a Smoker (excluding cigar users)? 閣下是否吸煙者(不包括吸食雪茄者)?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35. Have you ever taken or used any addictive drugs? And, have you, in the past 12 months, smoked cigarettes or frequently taken alcoholic drink(s)? If the answer is "Yes", please state average consumption (such as quantity per day or week) and type. 閣下曾否吸食或使用任何成癮藥物? 此外, 在過去12個月內曾否吸煙或經常性地飲酒? 若答「是」, 請說明平均數量(如每日或每星期的份量)及種類。				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36. Have any of your parents, brothers or sisters whether dead or living EVER SUFFERED from (a) heart disease, (b) stroke, (c) cancer, (d) kidney disease, (e) diabetes, (f) high blood pressure, (g) mental disorder, (h) coronary artery disease, (i) epilepsy, (j) tuberculosis, (k) any hereditary disease or (l) liver disease? If the answer is "Yes", please state details of which relative(s), the diagnosis, the onset age and current health condition. 閣下的父母、兄弟或姊妹無論在生或已死亡曾否患有(a)心臟病、(b)中風、(c)癌症、(d)腎病、(e)糖尿病、(f)血壓高、(g)精神病、(h)冠狀動脈疾病、(i)癲癇症、(j)結核病、(k)任何遺傳病或(l)肝病? 若答「是」, 請詳述那位親人、病症、發病年齡及現時健康情況。				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37. Have you ever had or been told that you had or been treated for cancer, tumour, diabetes, asthma, stroke, heart trouble (including murmur), high blood pressure, rheumatic fever, systemic lupus erythematosus, lung disease, liver disease, hepatitis B/C carrier, kidney disease, mental disorder, blood disease, blood spitting, passing blood per rectum, epilepsy, or any disease, abnormality or discomfort of the brain, eyes, ears (including hearing impairment), genito-urinary system, musculo-skeletal system, digestive system, respiratory system or nervous system? 閣下曾否患有或被告知患有或被治療癌症、腫瘤、糖尿病、哮喘、中風、心臟毛病(包括心臟雜音)、血壓高、風濕熱、紅斑狼瘡、肺病、肝病、乙/丙型肝炎帶菌者、腎病、精神病、血科疾病、咳血、便血、癲癇或任何腦部、眼部、耳部(包括聽覺受損)、生殖泌尿系統、肌肉骨骼系統、消化系統、呼吸系統或神經系統的疾病、不正常或不適?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38. Have you ever consulted any medical adviser about, or been tested for (including self-initiated oral fluid test), or been recommended to undergo a test for Human Immunodeficiency Virus, AIDS-related Complex or AIDS or is there anything about your life-style which could expose you to the risk of AIDS? 閣下曾否接受過與後天性失去免疫能力病症、愛滋病有關病症或愛滋病諮詢醫療顧問、接受測試(包括自發性的口液檢驗)或被推薦接受測試、或有任何生活方式可能導致愛滋病?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39. Have you, in the past five years, (a) consulted your physician or medical adviser, or (b) had any operations, hospital care, medical tests (including mammogram, pap smear, ultrasound or biopsies), X-ray, medical treatment or any other treatment or examination not mentioned above (excluding consultations for minor complaints, such as flu, cold, as well as pre-employment medical examination which did not lead to any further investigation or treatment)? 在過去五年, 閣下曾否(a)就診或(b)接受手術、入院療養、X光檢驗、內科治療、體格檢驗(包括乳房X光、子宮頸細胞塗片檢驗、超聲波或活體檢視)或以上未提及的治療(普通病症如傷風、感冒及受聘前的健康檢查而不需要額外檢驗和治療者除外)?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40. Do you have any other acquired or congenital deformity, bodily injury or disorder not mentioned above? 閣下有否其他上述未有提及的先天或後天缺陷、身體損傷或不適?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
41. For females only 只適用於女性								
a. Are you now pregnant? If the answer is "Yes", please state for how many months. 閣下現在是否懷孕? 若答「是」, 請述已懷孕月數。				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Have you ever had complications of pregnancy during gestation in the past 10 years including current pregnancy, if applicable (eg. ectopic pregnancy, abortion, disseminated intravascular coagulation, gestational diabetes, hypertension, protein in urine etc.)? 在過去十年包括此次懷孕(如適用), 閣下曾否在妊娠期間患有併發症(例如: 宮外孕、流產、瀰漫性血管內凝血、妊娠糖尿病、血壓高或蛋白尿等)?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
42. If the answer to questions 36 - 41 is "Yes", please complete the following: 若問題36至41答案為「是」, 請填寫下列有關資料:								
Question No. 題號	Diagnosis 診斷結果	Duration of illness or injury 疾病或受傷的持續時間	Type of Treatment received 曾接受之治療	Physician and Hospital 主診醫生及醫護機構		Last Follow Up Date 最後診治日期	Results 結果	
	Date 日期			Name 姓名	Address 地址			
Any Additional Information 其他附加資料								

For application of (i) unscheduled/irregular premium, (ii) add supplementary benefits, (iii) increase sum insured or (iv) switch of life insured (if additional premium is required) only

只適用於 (i) 增加非定期保費，(ii) 增加附加保障，(iii) 增加保額，或 (iv) 更改受保人 (如需繳付額外保費) 之申請

Part V 第五部分 Companion/Second Frontline Staff Arrangement 客戶同伴／第二位銀行前線職員安排				
Companion/ Second Frontline Staff Arrangement 客戶同伴／第二位 銀行前線職員安排	I understand that I am advised to have a companion (a friend or a relative) and a second frontline staff to attend this sales meeting. 本人明白貴行的建議，可考慮邀請一位同伴(朋友或親友)及第二位銀行前線職員一同參與此銷售會面。			
Companion Arrangement 客戶同伴安排	<input type="checkbox"/> I have companion (a friend or a relative) to attend this meeting to facilitate my better understanding of the advice given to me. 本人有一位同伴(朋友或親友)一同參與此銷售會面以助本人了解滙豐對本人提供的意見。 <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Name of Companion 同伴的姓名</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Relationship 關係</div>			
	<input type="checkbox"/> I declare that I do not need the companion arrangement due to the reason below: 由於以下的原因，本人聲明本人並不需要同伴安排： Reason 原因 _____			
Arrangement of Second Frontline Staff 第二位銀行 前線職員安排	<input type="checkbox"/> I agree to have a second frontline staff to attend this meeting. 本人同意邀請第二位銀行前線職員一同參與此銷售會面。 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Staff Name 職員姓名</td> <td style="width: 33%;">Title 職位</td> <td style="width: 33%;">Staff Initial 職員簡簽</td> </tr> </table>	Staff Name 職員姓名	Title 職位	Staff Initial 職員簡簽
	Staff Name 職員姓名	Title 職位	Staff Initial 職員簡簽	
<input type="checkbox"/> I declare that I do not need this arrangement. 本人聲明本人並不需要此安排。				
<div style="border: 1px solid black; padding: 5px; display: inline-block;">Initial of Policyholder 保單持有人簡簽</div>				

Part VI 第六部分 Reflection Period 考慮期
I have been advised on _____ (DD/MM/YYYY) to take at least one business day to reflect before applying the product(s) discussed. 貴行曾於 _____ (日 / 月 / 年) 建議本人在申請已討論的產品前可用不少於一個營業日的時間去考慮。 <input type="checkbox"/> I decided to take at least one business day to reflect before the application. 本人決定在申請前用不少於一個營業日的時間去考慮。 <input type="checkbox"/> I decided to take less than one business day to reflect before the application. 本人決定在申請前用少於一個營業日的時間去考慮。 Reason 原因 _____ <input type="checkbox"/> I decided that I do not need a reflection period before the application. 本人決定在申請前不需要考慮期。 Reason 原因 _____
<div style="border: 1px solid black; padding: 5px; display: inline-block;">Initial of Policyholder 保單持有人簡簽</div>

Part VII 第七部分 Declarations and Authorisations 聲明及授權書

I understand that I am advised to 本人明白貴行的建議：

- (i) set aside at least 6 months personal/household expenses as liquid assets for unforeseeable emergency personal or family needs when considering the amount of funds available for achieving my financial goals and consider to diversify my investment and allocate the amount of fund across different products; 當本人考慮投放於理財目標的金額時，應先預留六個月個人/家庭開支金額作流動資產，以應付突如其來的個人或家庭開支，並可考慮分散投資，將金額分配於不同產品上；
- (ii) if I am aged 65 or above, invest into lower risk products with capital protection and less into products where the capital is at risk, maintain a higher proportion of assets in deposit based accounts, and reserve more personal/household expenses as liquid assets for unforeseeable emergency personal or family needs; 如本人是65歲或以上，應投資於風險較低的保本產品，減少投資於本金有風險的產品，將資產的較多部分存放在存款戶口，及預留更多個人/家庭開支金額作流動資產，以應付突如其來的個人或家庭開支；
- (iii) Seek independent professional tax advice whenever necessary, including but not limited to any tax implications on: (a) the value of my estate, and (b) any other tax issues. e.g. those related to non-Macau citizen; 如在必要時諮詢專業的稅務意見，包括但不限於：(a) 遺產價值，及(b)其他稅務問題，例如：非澳門公民身份；
- (iv) if I have or anticipate changes in circumstances impacting time horizon, invest less, invest into lower risk products with capital protection, maintain an accessible source of funds, and maintain a higher proportion of assets in deposit based accounts; 如本人的情況有變化或預計有變化而影響本人的投資年期，應減少投資，投資於風險較低的保本產品，維持充足的可動用的資金，及將資產的較多部分存放在存款戶口；
- (v) if I have limited means or no regular source of income, invest less and maintain a higher proportion of assets in deposit based accounts; 如本人資產有限或沒有固定收入來源，應減少投資，將資產的較多部分存放在存款戶口；
- (vi) if I have recently received unexpected windfall, deposit the money into a flexible savings account whilst I decide on what I want to achieve, and seek advice from trusted family, friends and professionals prior to committing to longer term products and services. 如本人最近收到意外之財，應在決定怎樣利用該筆款項前將款項存入靈活的儲蓄戶口，在投資於較長年期的產品前向信任的家人、朋友或專業人士諮詢。

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。

By signing below, I/we agree that HSBC may use and disclose all personal data about me/us that HSBC 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)在下方簽署即同意滙豐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滙豐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 Life Insured 受保人簽署 _____ Name 姓名： Date 日期：	Signature of Policyholder (if other than Insured) 保單持有人簽署(若非受保人) _____ Name 姓名： Date 日期：
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Signature of Payor/Joint Life Insured 付款人簽署/聯名受保人 _____ Name 姓名： Date 日期：	_____ Date 日期：
--	-------------------

Signature of Irrevocable Beneficiary (if any) 不可撤換受益人簽署(如適用) _____ Name 姓名： Date 日期：	_____ Date 日期：
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Signature of Assignee (with company chop, if any) 承讓人簽署(附上公司蓋章，如適用) _____ Name 姓名： Date 日期：	_____ Date 日期：
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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」後，我們方會辦理閣下之申請*。

* For change of Basic Plan/Supplementary Benefits (except for reduction of Sum Insured/Notional Amount/Protection Amount/Policy Amount/Monthly Guaranteed Annuity Payment and deletion of supplementary benefits), the Policyholder is required to complete a "Financial Planning Report/Financial Needs Analysis" at an HSBC branch. Please visit an HSBC branch to conduct the "Financial Planning Report/Financial Needs Analysis" and submit it together with this form.
 如更改基本計劃/附加保障(除減低保額/名義金額/保障額/保單金額/每月保證年金金額及取消附加保障外)，保單持有人須於滙豐分行完成「個人理財計劃/財務需要分析表格」。請親臨滙豐分行完成「個人理財計劃/財務需要分析表格」並連同此表格一起遞交。

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.	

MAC034