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BENEFICIARY DESIGNATION FORM FOR LIFE INSURANCE POLICY
人壽保單受益人委任表格

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IMPORTANT INFORMATION

Please complete in ENGLISH and BLOCK CAPITALS.

The Chinese text is for reference only. If there is any conflict between the meaning of the words or terms of the English and Chinese text of this form, the English version shall prevail.

If you make a mistake completing this form, simply cross out the error, note the correct details and initial each correction.

The Policy of Insurance is issued or assumed by Transamerica Life (Bermuda) Ltd. ("Transamerica Life Bermuda").

The witness of this form cannot be a named beneficiary or an existing beneficiary.

請以英文正楷填寫。

中文譯本僅供參考用途。如中文譯本與英文原文有歧義，概以英文原文為準。

如表格內所填寫的資料有任何錯誤，請予以修正並在旁邊簡簽作實。

保險單由全美人壽（百慕達）有限公司（「本公司」）發出或承擔責任。

指名受益人或現有受益人將不能成為此表格之見證人。

Insured's Name 投保人姓名		Policy Number 保單號碼	
Policy Owner's Name 保單持有人姓名			

This Beneficiary Designation cancels all prior Beneficiary Designations and settlement agreements for the policy, identified by the number above, herein called the 'Policy'. Please see instructions, special provisions and sample Beneficiary Designations before completing this form. The Policy's Death Benefit shall be paid in one sum to the designated beneficiary(ies), unless otherwise requested.
此項受益人委任撤銷所有先前之受益人委任和有關上述號碼所指保單（以下稱「保單」）之理賠安排協議。於填寫此表格前，請參閱指示、特別條文和受益人委任範本。除另有要求外，保單之死亡賠償應以一次付款之方式支付予（各）指定受益人。

Primary Beneficiary(ies): If more than one beneficiary is named, payment will be made in equal shares to the surviving beneficiaries, unless otherwise indicated. Please use percentages (percentages must total 100%).
(各)基本受益人：除非註明受益比例，否則如超過一個受益人，金額將平均分配予在世受益人。請以百分比列明分配比例（所有百分比合計必須等於100%）

Your beneficiary may be changed at any time unless you specifically direct us otherwise. If you are interested in making a beneficiary designation that cannot be changed, you can designate an irrevocable beneficiary. Once an irrevocable beneficiary designation has been made, it cannot be changed without the irrevocable beneficiary's written consent.
除非閣下向本公司作出特別指示，否則可隨時更改受益人。如閣下想委任受益人身份轉為不可更改的話，閣下可以指定其成為不可撤換受益人。當設定不可撤換受益人後，必須得到該受益人的書面同意才可更改。

Full Name as shown on ID Card/Passport 與身份證或護照上姓名相同	ID Number or Passport Number 身份證/護照號碼	Relationship to Insured 與投保人關係	Allocated Share 受益比例(%)
If the beneficiary is a Trust, please provide the date of the Trust 如受益人為信託，請提供信托日期		(dd/mm/yyyy 日/ 月/ 年)	
Remarks 附註：			

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中文譯本僅供參考用途。如中文譯本與英文原文有歧義，概以英文原文為準。

Contingent Beneficiary(ies): Receives proceeds at the death of the Insured only if all of the Primary Beneficiaries predecease the Insured.
(各) 後備受益人：只在所有基本受益人均先於投保人身故之情況下，方會於投保人死亡時收到所得款項。

Full Name as shown on ID Card/Passport 與身份證或護照上姓名相同	ID Number or Passport Number 身份證/護照號碼	Relationship to Insured 與投保人關係	Allocated Share 受益比例(%)

☑ Select the box that applies
請選擇合適空格

Signatures
簽署

Signature of Policy Owner
保單持有人簽署

Signed at 簽署地點	(City, Country 城市，國家)	Date 日期	(dd/mm/yyyy 日/月/年)
Name 姓名		Phone Number 電話號碼	
ID Number 身份證明文件號碼		Signature (include Title, if Corporation or Trust) 簽署（如屬公司或信託，請加上職銜）	

Type 類別
- ☐ HKID 香港身份證
- ☐ Passport 護照
- ☐ Business Registration 商業登記
- ☐ Certificate of Incorporation 公司註冊團體成立證明書
- ☐ Other 其他 _____

X

Signature of Witness to Policy Owner
保單持有人之見證人簽署

Signed at 簽署地點	(City, Country 城市，國家)	Date 日期	(dd/mm/yyyy 日/月/年)
Name 姓名			
ID Number 身份證明文件號碼		Signature 簽署	

Type 類別
- ☐ HKID 香港身份證
- ☐ Passport 護照
- ☐ Other 其他 _____

X

Address 地址	

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☑ Select the box that applies
請選擇合適空格

Signatures (Continued)
簽署（續）

Signature of Irrevocable Beneficiary (if applicable)
不可撤銷受益人簽署（如適用）

Signed at 簽署地點	（City, Country 城市，國家）	Date 日期	(dd/mm/yyyy 日/ 月/ 年)
Name 姓名		Phone Number 電話號碼	
ID Number 身份證明文件號碼		Signature (include Title, if Corporation or Trust) 簽署（如屬公司或信託，請加上職銜）	
Type 類別 ☐ HKID 香港身份證 ☐ Passport 護照 ☐ Business Registration 商業登記 ☐ Certificate of Incorporation 公司註冊團體成立證明書 ☐ Other 其他 _____		X	

Signature of Witness to Irrevocable Beneficiary (if applicable)
不可撤銷受益人之見證人簽署（如適用）

Signed at 簽署地點	（City, Country 城市，國家）	Date 日期	(dd/mm/yyyy 日/ 月/ 年)
Name 姓名			
ID Number 身份證明文件號碼		Signature 簽署	
Type 類別 ☐ HKID 香港身份證 ☐ Passport 護照 ☐ Other 其他 _____		X	
Address 地址			

Signature of Collateral Assignee (if any)
抵押受讓人簽署（如有）

Signed at 簽署地點	（City, Country 城市，國家）	Date 日期	(dd/mm/yyyy 日/ 月/ 年)
Name 姓名		Phone Number 電話號碼	
ID Number 身份證明文件號碼		Signature (include Title, if Corporation or Trust) 簽署（如屬公司或信託，請加上職銜）	
Type 類別 ☐ HKID 香港身份證 ☐ Passport 護照 ☐ Business Registration 商業登記 ☐ Certificate of Incorporation 公司註冊團體成立證明書 ☐ Other 其他 _____		X	

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☑ Select the box that applies
請選擇合適空格

Signatures (Continued)
簽署（續）

Signature of Witness to Collateral Assignee (if applicable)
抵押受讓人之見證人簽署（如適用）

Signed at 簽署地點	（City, Country 城市，國家）	Date 日期	(dd/mm/yyyy 日/ 月/ 年)
Name 姓名			
ID Number 身份證明文件號碼		Signature 簽署	
Type 類別 ☐ HKID 香港身份證 ☐ Passport 護照 ☐ Other 其他 _____		X	
Address 地址			

For internal use 只供內部使用

The Beneficiary Designation has been recorded by Transamerica Life Bermuda's Branch Office. Transamerica Life Bermuda assumes no legal responsibility for the sufficiency or validity of the Beneficiary Designation.
此受益人委任已由本公司之分行辦事處記錄在案。對於受益人委任是否充份或有效，本公司不會承擔任何法律責任。

Date recorded 記錄日期	(dd/mm/yyyy 日/ 月/ 年)	by 負責人	

Special Provisions 特別條文

If any trust is named beneficiary, Transamerica Life Bermuda shall not be responsible for the disposition by the trustee of any proceeds paid to such trustee.
倘指名受益人為任何信託，有關受託人如何處理付給該受託人之任何所得款項，本公司概不負責。

Payment of proceeds to any beneficiary is subject to the interest of any assignee, whether collateral or otherwise.
向任何受益人支付之所得款項須受任何受讓人權益規限，無論是抵押或其他形式。

Living children designated as beneficiaries must be named specifically whenever unborn children of the Insured are designated as beneficiaries. Any payment to a minor beneficiary shall be made to the legally appointed guardian of a minor, unless otherwise permitted by law.
每當投保人之未出生子女被指定為受益人時，均必須明確指名被指定為受益人之在世子女。除非在法律上另有許可，否則任何給予未成年受益人之款項應付予依法委任之未成年人士監護人。

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