

LIFE INSURANCE APPLICATION FORM

人壽保險申請書

☐ Medical 體檢 ☐ Non-medical 免體檢

☒ Select the box that applies
請選擇合適空格

IMPORTANT INFORMATION 重要資料

Life Insurance Application Form for Transamerica Life (Bermuda) Ltd. ("Transamerica Life Bermuda")

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 Application Form, the English version shall prevail.

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

To help you provide full details, the "Supplementary Information Section" of this Application Form provides more space.

Help us to process your Application by answering all questions fully and accurately to the best of your knowledge.

Failure to disclose all material facts may lead to cancellation of the insurance cover and/or non-acceptance of future claims. A material fact is one which is likely to influence the assessment or acceptance of this Application. If you are in any doubt whether a fact is material, it should be disclosed. You are advised to keep a record of all information you supply to us in connection with this Application.

If after completion of this Application and before the policy is issued there is a change in your health, occupation, country of residence or you take up hazardous sports or activities, we require written confirmation immediately before cover starts.

Should you already have insurance cover with us, please confirm your policy number (if known): _____

全美人壽 (百慕達) 有限公司 (「本公司」) 人壽保險申請書。

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。

如申請書內所披露資料有任何錯誤，請予以修正並在旁邊簡簽作實。

為了協助閣下提供完整資料，閣下可於申請書「補充資料部分」補充資料。

請根據閣下所知事實之全部準確回答所有問題，以便我們處理閣下之投保申請。

任何漏報或誤報重要事實或會構成壽險保障無效及/或索償被拒。重要事實指可能影響本公司評估或接納此申請的事項。如未能確定事實是否重要，應先予以披露。建議閣下保留因應此申請書向本公司提供的所有資料紀錄。

填妥此申請書後並於保單繕發前，若閣下的健康狀況、職業或居住國家有任何更改或閣下參與危險運動或活動，必須立即於保單生效前以書面通知。

若閣下曾向本公司投保，請提供保單號碼：_____

NAVIGATOR
Insurance Brokers Ltd.

Unit 8E, Golden Sun Centre, 223 Wing Lok St, Sheung Wan, Hong Kong
Tel : +852 2530 2530 | Fax : +852 2530 2535
Email : crew@navigator-insurance.com | www.navigator-insurance.com

INSURANCE INTERMEDIARY SECTION 保險中介人部分

☒ Select the box that applies
請選擇合適空格

Private Bank account holder? 私人銀行帳戶持有人?	☐ Yes 是	☐ No 否
If yes, please provide the name of the Private Bank 如是，請提供私人銀行名稱		
Office ID Number 分行編號		
Producer Name 營業員姓名		
Producer ID Number 營業員編號		
Authorised Signature 授權簽署	X	
Contact 聯絡	Name 姓名	Unit 8E, Golden Sun Centre, 223 Wing Lok St, Sheung Wan, Hong Kong Tel : +852 2530 2530 Fax : +852 2530 2535
	Phone 電話	Email : crew@navigator-insurance.com www.navigator-insurance.com
	Administrative Staff Name 文書職員姓名	Email 電郵
Note for the Intermediary: The initial illustration provided as part of this application should be on Standard Risk Class. The Proposed Insured/Proposed Owner should be made aware that the final Risk Class will be confirmed on completion of the underwriting assessment. Preferred or Select Risk Class will require supporting routine medical evidence. 中介人須知： 建議書的初算風險類別應設定為標準風險類別。準受保人/準保單持有人應注意最終風險類別將在核保評估完成後確定。優選風險類別或優標風險類別須符合指定體檢要求。		

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TLB 057/HKB APP 1213

Section 1 第一部		Proposed Insured Details 準受保人資料		Select the box that applies 請選擇合適空格
Name 姓名 (As shown on HKID/Passport 與香港身份證或護照上姓名相同)	☐ Mr 先生 ☐ Mrs 太太 ☐ Ms 女士 ☐ Dr 博士			
	Given Name(s) 名字			
	Surname 姓氏			
Age Last Birthday 年齡		Date of Birth 出生日期	(dd/mm/yyyy) (日/月/年)	
Gender 性別	☐ Male 男 ☐ Female 女		Nationality 國籍	
Country of Residence (where you reside for >183 days per annum) 居住國家 (每年居住183日以上)				
If more than one Country of Residence, please provide details of Country, City and duration 如居住國家多於一個，請列明居住國家、城市及於該國家逗留時間				
HKID Number 香港身份證號碼				
Passport Number 護照號碼				
Country of Issue 簽發國家		Date of Expiry 有效日期	(dd/mm/yyyy) (日/月/年)	
Current Residential Address 居住地址	Number/Street/Building 室/街道/大廈			
	City 城市		Province 省份	
	Country 國家		Postal Code 郵政編號	
Have you lived at this address for less than 3 years? 閣下是否於上址居住不足三年?		☐ Yes 是 ☐ No 否		
If "Yes" please complete your previous address details: 如是，請提供過往住址資料：				
Previous Residential Address 過往居住地址	Number/Street/Building 室/街道/大廈			
	City 城市		Province 省份	
	Country 國家		Postal Code 郵政編號	
Contact Telephone Number 聯絡電話		Mobile 手提電話		
Email 電郵				

Section 1 第一部		Proposed Insured Details (Continued) 準受保人資料 (續)		Select the box that applies 請選擇合適空格
Occupation 職業		Occupation Industry 行業		
Employer's Name 僱主名稱				
Annual Earned Income 年薪	USD 美元	Date of Employment 受僱日期	(dd/mm/yyyy) _ _ _ _ _ _ _ _ _ _ (日/月/年)	
Employer's Address 僱主地址	Number/Street/Building 室/街道/大廈			
	City 城市		Province 省份	
	Country 國家		Postal Code 郵政編號	
Please provide a copy of your HKID/Passport (as stated) and proof of residential address. For residents of a country other than Hong Kong please provide supporting documentation of proof of entry. 請提供與申請書中填寫相同的香港身份證/護照及住址證明副本。非香港居民，請提供入境證明。				

2.1 If the Proposed Policy Owner is an INDIVIDUAL
如準保單持有人為「個人」

Name 姓名 (As shown on HKID/Passport 與香港身份證或護照上姓名相同)	☐ Mr 先生 ☐ Mrs 太太 ☐ Ms 女士 ☐ Dr 博士		
	Given Name(s) 名字		
	Surname 姓氏		
Age Last Birthday 年齡		Date of Birth 出生日期	(dd/mm/yyyy) (日/月/年)
Gender 性別	☐ Male 男 ☐ Female 女	Nationality 國籍	
Country of Residence (where you reside for >183 days per annum) 居住國家 (每年居住183日以上)			
If more than one Country of Residence, please provide details of Country, City and duration 如居住國家多於一個，請列明居住國家、城市及於該國家逗留時間			
HKID Number 香港身份證號碼			
Passport Number 護照號碼			
Country of Issue 簽發國家		Date of Expiry 有效日期	(dd/mm/yyyy) (日/月/年)
Current Residential Address 居住地址	Number/Street/Building 室/街道/大廈		
	City 城市	Province 省份	
	Country 國家	Postal Code 郵政編號	
Relationship to the Proposed Insured 與準受保人關係			

2.2 If the Proposed Policy Owner is an ENTITY (Please select)

如準保單持有人為「法人團體」：(請選擇合適空格)

☐ Corporate 公司				☐ Partnership 合夥業務				☐ Trust Dated 信託（日期）				(dd/mm/yyyy) (日/月/年)				☐ Other 其他			
Full Name 公司名稱																			
Telephone Number 電話																			
Entity ID 登記號碼												Country of Domicile 註冊國家							
Current Business Address 營業地址				Number/Street/Building 室/街道/大廈															
				City 城市								Province 省份							
				Country 國家								Postal Code 郵政編號							
Relationship to the Proposed Insured 與準受保人關係																			

Correspondence and Billing Address

通訊及帳單地址

All correspondence, including but not limited to, Notices of Premium Due and Lapse Notices will be sent to the Proposed Owner's residence or business address as indicated above, unless an alternative address is provided.

除非註明其他通訊地址，否則所有通訊（包括但不限於保費到期通知及保單失效通知）將寄往準保單持有人上述住址或營業地址。

☐ Alternative address 其他通訊地址

Number/Street/Building 室/ 街道/ 大廈			
City 城市		Province 省份	
Country 國家		Postal Code 郵政編號	

Full Name as shown on HKID/ Passport: Given/Surname 與香港身份證或護照上姓名相同	HKID Number or Passport Number 香港身份證/ 護照號碼	Relationship to Proposed Insured 與準受保人關係	Allocated Share 受益比例 (%)

If more than one beneficiary is named, payment will be made in equal shares to the surviving beneficiaries, unless otherwise indicated.

If no beneficiary is named, beneficiary is defaulted to the Proposed Owner or their estate.

If other than immediate family member, provide insurable interest in the "Remarks" section below.

Any policy issued based upon this Application will be subject to Bermuda Law. 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.

除非註明受益比例，否則如超過一名受益人，金額將平均分配予在世受益人。

如沒有指定受益人，受益人自動設定為準保單持有人或其法定繼承人。

如受益人非直系親屬，請於「附註」部分詳述可保利益。

根據此申請書繕發的保單將會受百慕達法律約束。除非閣下向本公司作出特別指示，否則可隨時更改受益人。假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。

If the beneficiary is a Trust please provide the date of the Trust 如受益人為信託，請提供信託日期		(dd/mm/yyyy) (日/月/年)
Remarks: 附註：		

- ☐ Term life products 定期壽險產品 → complete section 4.1 請填寫第 4.1 部
- ☐ Universal life products 萬用壽險產品 → complete section 4.2 請填寫第 4.2 部

4.1 Term life products 定期壽險產品

Plan Type 計劃類型	☐ Trendsetter SM Super 10 ☐ Trendsetter SM Super 20 ☐ Trendsetter SM Super 30
	☐ Trendsetter SM ROP 30 AND Automatic Premium Loan Option: ☐ Effective ☐ Not Effective 及自動墊繳保費貸款選項: 生效 不生效
	Face Amount Applied For 投保保額: USD _____ 美元
	Additional Rider Benefits 額外附加契約保障 ☐ Term Conversion Rider 定期壽險轉換附加契約 ☐ Waiver of Premium Rider 豁免保費附加契約 ☐ Accident Indemnity Rider 意外賠償附加契約: USD _____ 美元
Premium Frequency 保費繳付週期	☐ Annual ☐ Semi-annual ☐ Quarterly ☐ Monthly 每年 每半年 每季 每月
Payment Mode 繳付方式	First Premium Payment: ☐ Bank draft ☐ Bank transfer ☐ Cheque ☐ Credit Card 首次供款: 銀行本票 銀行轉帳 支票 信用卡 Please complete the Credit Card Authorisation Form as applicable. 請填寫信用卡授權表格 (如適用)。
	Note: Credit card payments are limited to USD50,000 total premium per application. 註: 信用卡付款每宗申請以保費 50,000 美元為限。
	Regular Premiums: ☐ Bank Direct Debit/Auto-pay ☐ Cheque ☐ Bank transfer 定期供款: 銀行自動轉帳 支票 銀行轉帳 Monthly premiums must be paid by bank autopay: Please complete the Direct Debit Authorisation Form. 若選擇月供保費，則必須以銀行自動轉帳方式支付：請填寫自動轉帳授權表格

4.2 Universal life products 萬用壽險產品

Plan Type 計劃類型	☐ Universal Life Automatic Premium Loan Option: 自動墊繳保費貸款選項：	☐ Universal Life Plus Effective 生效	☐ Not Effective 不生效
	Face Amount Applied For: 投保保額：USD _____ 美元		
	Additional Rider Benefits: 額外附加契約保障： ☐ Surrender Penalty Deferral Endorsement 延遲退保收費批註		
Premium Frequency 保費繳付週期	☐ Single Premium: 整付保費： USD _____ 美元 OR 或		
	☐ Regular Premiums 定期供款： ☐ Annual 每年 ☐ Semi-annual 每半年 ☐ Quarterly 每季 ☐ Monthly 每月		
	Planned Periodic Premium (per year) 每年預設定期保費 USD _____ 美元 for _____ years 年		
	Planned Initial Lump Sum 預設首次一次性供款 USD _____ 美元		
Payment Mode 繳付方式	First Premium Payment: 首次供款： ☐ Bank draft 銀行本票 ☐ Bank transfer 銀行轉帳 ☐ Cheque 支票 ☐ Credit Card 信用卡		
	Please complete the Credit Card Authorisation Form as applicable. 請填寫信用卡授權表格（如適用）。		
	Note: Credit card payments are limited to USD50,000 total premium per application. 註：信用卡付款每宗申請以保費 50,000 美元為限。		
	Regular Premiums: 定期供款： ☐ Bank Direct Debit/Auto-pay 銀行自動轉帳 ☐ Cheque 支票 ☐ Bank transfer 銀行轉帳		
Monthly premiums must be paid by bank autopay: Please complete the Direct Debit Authorisation Form. 若選擇月供保費，則必須以銀行自動轉帳方式支付： 請填寫自動轉帳授權表格			
Note: The Hong Kong Federation of Insurers (HKFI) requires completion of a Financial Needs Analysis Form if one of the following criteria is met: - the face amount is HKD 2,000,000 and above; or - the annualised premium is HKD20,000 and above; or - the single premium is HKD 200,000 and above. 註： 香港保險業聯會規定在以下情況下必須填寫財務分析表格： - 保額為 2,000,000 港元或以上；或 - 年度化保費為 20,000 港元或以上；或 - 整付保費為 200,000 港元或以上。			

Section 5 第五部

Backdate to Save Age 追溯上一個生日年齡

☒ Select the box that applies
請選擇合適空格

If you request your application to be backdated according to the "Save Age" option please tick this box
如閣下要求追溯計算保費年齡為閣下「上一個生日年齡」，請選此項。

☐

Please complete the Request to Backdate Policy to "Save Age" Form.
請填寫追溯保單生效日至「上一個生日年齡」申請表格。

Section 6 第六部

Insurance Details 保險詳情

☒ Select the box that applies
請選擇合適空格

- 6.1 Have you ever had any life insurance policy declined, rated, modified, postponed or cancelled that you have applied for? ☐ Yes 是 ☐ No 否

If Yes, please provide details in the "Supplementary Information Section" of this form.

閣下是否曾被其他公司拒絕承保、增收額外保費、更改保障權益、延期受保或取消任何壽險保險？

如是，請於「補充資料部分」詳述。

- 6.2 Do you have any applications for life insurance in force or pending with any other companies? ☐ Yes 是 ☐ No 否

If Yes, please provide details below:

閣下是否在其他公司有任何有效或待批人壽保險申請？

如是，請詳述：

Insurance Company Name 保險公司名稱	Life Insurance Amount USD 壽險保額（美元）	Issue Year/ Pending 繕發年度/待批	Business or Personal Ownership 商業或個人保單

- 6.3 Total Amount of Accidental Death Insurance in place and applied for
已生效及待批之意外死亡保險總保額 USD_____ 美元

- 6.4 Total Amount of Waiver of Premium Insurance in place and applied for
已生效及待批之豁免保費保險總額 USD_____ 美元

- 6.5 Total coverage including this application intended
擬申請總投保保額（包括此申請書） USD_____ 美元

- 6.6 Is this Application to replace or intended to replace any policy or policies with Transamerica Life Bermuda or any other company? ☐ Yes 是 ☐ No 否

Please complete **Section 16 Replacement Declaration**.

此申請書會否取代或打算取代本公司或其他公司的任何現有壽險保單？

請填寫**第十六部「轉保聲明」**。

- 6.7 Do you have any un-discharged bankruptcy? ☐ Yes 是 ☐ No 否

If Yes, please provide details in the "Supplementary Information Section" of this form.

閣下是否仍有未撤銷的破產令？

如是，請於「補充資料部分」詳述。

Section 7 第七部

Occupation and Pursuit Activities 職業及風險活動

☒ Select the box that applies
請選擇合適空格

- 7.1 Does your occupation involve working underwater, underground, with explosives, or outdoors over 40 feet? ☐ Yes 是 ☐ No 否
閣下的職業是否涉及水底、地底、使用爆炸品或40呎以上戶外環境工作？
- 7.2 Do you engage in flying other than as a fare paying passenger, motor racing, and/or mountaineering? ☐ Yes 是 ☐ No 否
閣下是否以非付費乘客的身份參與飛行、賽車及/或攀山？
- 7.3 Do you engage in skiing and/or diving professionally, for financial reward or other than for holidays? ☐ Yes 是 ☐ No 否
閣下是否以職業身份滑雪及/或潛水，以獲得獎金，或因為休閒以外的原因參予上述活動？

If Yes, please provide details in the "Supplementary Information Section". Completion of additional questionnaires may be necessary.
如是，請於「補充資料部分」詳述。閣下或會被要求填寫有關問卷。

Section 8 第八部

Travel and Residency 旅遊及居住地

☒ Select the box that applies
請選擇合適空格

- 8.1 Do you intend to travel internationally or reside in a different country to your current residence, for a total duration of more than 30 days in any year? ☐ Yes 是 ☐ No 否
If Yes, please provide details below:
閣下是否打算到海外旅遊或到現時居住地以外國家居住年計30日以上？
如是，請提供以下資料：

Destination (City/Country) 目的地 (城市/國家)	Frequency of Visit(s) 到訪次數	Duration of Visit(s) 逗留時間	Purpose of visit 到訪目的

Note: You do not have to disclose travel to Australia, Canada, China, Hong Kong SAR, Japan, Macau SAR, Northern Europe, New Zealand, Republic of South Korea, South East Asia, Taiwan, U.S.A, Western Europe.

註：如目的地為澳洲、加拿大、中國、香港特別行政區、日本、澳門特別行政區、北歐、新西蘭、南韓、東南亞、台灣、美國及西歐，則毋須披露。

NON-MEDICAL CASE ONLY – YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION IF A ROUTINE PARAMEDICAL/MEDICAL EXAMINATION IS REQUIRED)**只適用於免體檢—如接受體檢，則毋須填寫此部分。**

If you answer “Yes” to any of the questions in this Section 9, please state in the “Supplementary Information Section” the following information: the date of, and diagnosis of the medical condition; past/current and future known treatment; and details of the frequency and severity of symptoms including the date of the last episode. If available, please enclose any medical reports or test results with your Application. You may be required to complete further medical questionnaires, examinations or reports if we require more information. All information will be treated in strict confidence.

We rely on the information that you provide in this Application Form when we decide whether or not to accept your Application, and whether or not we need to apply special conditions to your cover. **Failure to disclose all material facts may lead to cancellation of the insurance cover and/or non-acceptance of future claims. A material fact is one which is likely to influence the assessment or acceptance of this Application. If you are in any doubt whether a fact is material, it should be disclosed.** Please therefore take the greatest care to ensure that this Application Form is completed fully and accurately.

If, after completing your Application Form and before you receive our written acceptance, any changes occur in the facts contained in the form, such as a change in your state of health you must tell us in writing about the change, and we reserve the right to decline or accept your application or to accept your Application Form with special terms.

第九部如有任何答案為「是」，請於「補充資料部分」提供以下資料：疾病的診斷名稱及診斷日期；過去／現在及已知將會接受的治療；以及發病頻率及嚴重程度，包括上次發病日期。請隨申請書附上任何醫療報告或檢驗結果（如有）。閣下或會被要求填寫醫療問卷、接受體檢或提交報告。所有資料將會保密處理。

本公司根據閣下於本申請書所提供的資料決定是否接納閣下的申請，或者是否需要附加特別條款。任何漏報或誤報重要事實或會構成壽險保障無效及／或索償被拒。重要事實指可能影響本公司評估或接納此申請的事項。如未能確定事實是否重要，應先予以披露。因此，請根據閣下所知事實之全部回答問題，以確保資料準確完整。

填寫申請書後並獲本公司書面接納前，申請書所載事實如有任何變更（例如健康狀況），必須以書面形式知會本公司，本公司保留權利拒絕或接納閣下的申請，或以附加特別條款方式接納申請。

Health Declaration 健康聲明：

If the answer is "Yes" to any of the following health questions, please provide details in the "Supplementary Information Section" of this form.

如以下任何問題的答案為「是」，請於「補充資料部分」詳述。

Height: _____ cm 厘米 OR 或 _____ ft 呎 _____ in 吋 Weight: _____ kg 公斤 OR 或 _____ pounds 磅
 身高： _____ cm 厘米 OR 或 _____ ft 呎 _____ in 吋 體重： _____ kg 公斤 OR 或 _____ pounds 磅

- 9.1 Are you a smoker or have you ever consumed any form of tobacco within the last 12 months? ☐ Yes 是 ☐ No 否

(A smoker is someone who smokes cigarettes or cigars / uses a pipe or other tobacco product/uses nicotine replacements)

If "Yes" please provide details of the type and daily consumption.

閣下是否吸煙人士或過去12個月曾否使用任何形式的煙草產品？

(吸煙人士指吸食香煙或雪茄/ 使用煙斗或其他煙草產品/ 使用尼古丁替代品的人士)

如是，請列明煙草類別及每日吸食量。

- 9.2 Do you drink in excess of (male) 25 units and (female) 15 units of alcohol per week? ☐ Yes 是 ☐ No 否

If "Yes" please provide details of the type and consumption.

閣下是否每周飲用酒精飲品多於25個單位（男性）或15個單位（女性）？

如是，請列明酒精飲品類別及每日飲用量。

Note:

One pint of beer (5% Alcohol Blood Value "ABV") contains around three units;

One standard (175ml) glass of wine (12% ABV) contains around two units.

One measure (25ml) of a spirit (around 40% ABV) contains one unit.

註：

一品脫啤酒（酒精含量5%）約為三個單位；

一標準杯葡萄酒（175毫升，酒精含量12%）約為兩個單位；

一杯烈酒（25毫升，酒精含量約40%）為一個單位。

- 9.3 Have you in the last 5 years ever undergone any surgical procedure, been an out-patient or treated in a hospital, clinic, sanatorium, nursing home or other medical institution; or suffered from any other medical conditions where you were off work for more than one consecutive week; and/or received more than 10 total days course of treatment? ☐ Yes 是 ☐ No 否

過去五年閣下是否曾於醫院、診所、療養院、護養院或其他醫療機構接受任何手術、門診治療或住院治療？閣下是否曾因其他症狀連續休假一周或以上及/ 或接受總共十日以上的治療？

- 9.4 Have you ever been tested positive for HIV, Hepatitis B or Hepatitis C? ☐ Yes 是 ☐ No 否

閣下是否曾對愛滋病毒、乙型肝炎或丙型肝炎測試呈陽性反應？

- 9.5 Are you currently taking any kind of medication (other than fertility/birth control); or is any treatment or tests currently being performed or planned, or any day or in-patient hospitalisation or surgical procedure scheduled? ☐ Yes 是 ☐ No 否

閣下是否正在服食任何藥物（避孕藥除外）；正接受或擬接受任何治療、或檢查或預定住院或於日間治療中心接受或計劃接受治療或手術？

Within the last 3 years have or you ever suffered from, or been diagnosed with:

You do not need to disclose matters related to common colds, vaccinations, hayfever, uncomplicated fractures, tonsillitis, or appendectomy.

過去三年內，閣下曾否患上或確診以下症狀：

如為常見感冒、疫苗接種、花粉症、簡單骨折、扁桃腺炎或盲腸（闌尾）切除手術，則毋須披露。

9.6	Asthma, bronchitis, tuberculosis, pneumonia or any other respiratory condition? 哮喘、支氣管炎、結核疾病、肺炎或其他呼吸系統疾病？	☐ Yes 是	☐ No 否
9.7	Anxiety, depression, psychological, psychiatric, or other mental condition? 焦慮症、抑鬱症、心理疾病、精神疾病或其他精神狀況？	☐ Yes 是	☐ No 否
9.8	Blood disorders, anaemia, haemophilia, thalassaemia or other abnormal blood tests? 血液系統疾病、貧血、血友病、地中海貧血或其他血液測試結果異常？	☐ Yes 是	☐ No 否
9.9	Digestive disorders including stomach, colon, rectum, hernia or any other bowel problems? 消化系統疾病，包括胃、結腸、直腸、疝或任何其他腸道疾病？	☐ Yes 是	☐ No 否
9.10	Disorders of the kidneys, spleen, liver, pancreas, bladder, prostate, renal or recurrent urinary conditions? 腎臟、脾臟、肝臟、胰臟、膀胱或前列腺疾病、腎病或復發性尿道疾病？	☐ Yes 是	☐ No 否
9.11	Epilepsy, multiple sclerosis or other neurological condition? 癲癇、多發性硬化症或其他神經系統疾病？	☐ Yes 是	☐ No 否
9.12	Higher than normal blood pressure and/or cholesterol levels? 血壓及/或膽固醇偏高？	☐ Yes 是	☐ No 否
9.13	Rheumatism, gout, arthritis or disease of the bone, spine, joint, muscles or skin disorders? 類風濕、痛風、關節炎或骨、脊椎、關節、肌肉或皮膚疾病？	☐ Yes 是	☐ No 否
9.14	Cyst, polyp or other abnormal growth reported as benign? 囊腫、瘻肉或其他異常良性增生？	☐ Yes 是	☐ No 否

Have you ever suffered from, or been diagnosed with, hospitalised for, received treatment, tests or investigations for:

閣下曾否因患上或確診以下疾病，或因為以下疾病而需住院或接受治療、測試或其他檢查：

9.15	Alcohol or drug addiction or abuse? 酒精或藥物成癮、酗酒或濫用藥物？	☐ Yes 是	☐ No 否
9.16	Cancer, leukaemia, lymphoma, or any other malignant tumour? 癌症、白血病、淋巴瘤或任何其他惡性腫瘤？	☐ Yes 是	☐ No 否
9.17	Diabetes, thyroid disorders or weight management problems? 糖尿病、甲狀腺疾病或體重失衡？	☐ Yes 是	☐ No 否
9.18	Stroke, heart or circulatory vascular conditions? 中風、心臟病或循環系統疾病？	☐ Yes 是	☐ No 否
9.19	Any physical impairment, congenital or hereditary disorder, disability, recurrent illness, major injury or medical condition requiring treatment, not already noted above? 任何身體殘障、先天性或遺傳性疾病、傷殘、復發性疾病、嚴重受傷或需要治療但上文並無列出的症狀？	☐ Yes 是	☐ No 否

Females only:

只適用於女性：

9.20	Have you ever suffered from any breast or gynaecological disorders, requiring medical treatment, surgery or investigations other than for routine contraception, fertility treatment or uncomplicated births? 除手術或一般避孕、生育治療或正常生育以外的檢查，閣下曾否患上任何乳房或婦科疾病而需接受治療、手術或檢查？	☐ Yes 是	☐ No 否
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請提供熟悉閣下既往病歷的醫生資料：

Medical Practitioner's Details 醫生資料	Name 姓名	
	Address 地址	
	Telephone Number 電話	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
	Date of last attendance and reason 上次求診日期及原因	

- I hereby confirm that I do not have a regular doctor or medical practitioner.
- Within the past 12 months, I have not consulted any doctor or medical practitioner, received treatment or undergone any investigations.
- I am not awaiting any medical consultations, investigations or treatment, or experiencing symptoms that might cause me to seek medical treatment in the near future.

如無固定醫生，請簡簽此部分並確認：

- 本人謹此確認本人並無固定醫生。
- 過去 12 個月本人未曾向任何醫生求診、接受治療或進行任何檢查。
- 本人並無輪候任何診治、檢查或治療，或因其他徵狀需於短期內接受治療。

上述陳述於此申請書簽署日期皆屬準確完整。

Please initial簡簽: X

補充資料部分：

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

感謝閣下提供上述資料。

To be completed for Applications for Face Amounts of USD1,000,001 and above (non-Private Bank/Retail Bank Clients) and USD5,000,001 and above (Private Bank Clients).

只適用於保額達 1,000,001 美元或以上 (非私人銀行/零售銀行客戶) 及 5,000,001 美元或以上 (私人銀行客戶) 之申請。

Purpose of Insurance 投保目的

- ☐ Personal Protection of Dependents 受養人士個人保障 → Please complete Part 1 請填寫甲部
- ☐ Personal Wealth and Legacy planning 個人財產及遺產策劃 → Please complete Part 1 請填寫甲部
- ☐ Business Covers 商業保障 → Please complete Part 1 and Part 2 請填寫甲部及乙部

Part 1 甲部 Personal 個人

11.1 Number of Dependents:

受養人士數目: _____

11.2 Income Details 收入詳情

EARNED INCOME USD 薪酬收入 (美元)			UNEARNED INCOME USD 非薪酬收入 (美元)		
	Current Year 本年度	Last Year 上一年度		Current Year 本年度	Last Year 上一年度
Annual earned income 年薪			Investment: dividends, bonds, interest, etc 投資: 股息、債券、利息等		
Bonuses 花紅			Real estate income (net) 物業收入 (淨額)		
Other earned income 其他薪酬			Other business income (drawings, etc) 其他業務收入 (如提取)		
			Other unearned income 其他收入		
TOTAL EARNED 薪酬總額			TOTAL UNEARNED INCOME 非薪酬收入總額		
TOTAL ANNUAL INCOME 年度總收入 USD: _____ 美元					

11.3 Net Worth 淨值

ASSETS USD 資產 (美元)			LIABILITIES USD 負債 (美元)		
	Current Year 本年度	Last Year 上一年度		Current Year 本年度	Last Year 上一年度
Cash 現金			Personal loans 個人貸款		
Residential property 住宅物業			Residential mortgage(s) 住宅按揭		
Investment property 投資物業			Investment property mortgage(s) 投資物業按揭		
Business shareholding 公司持股			Business loans/ security 商業貸款/ 抵押		
Bonds/Equity and other investments held 債券/ 股票及持有的其他投資			Other 其他		
Other 其他					
TOTAL ASSETS 總資產			TOTAL LIABILITIES 總負債		
TOTAL NET WORTH 淨值總額 USD: _____ 美元					

11.4 Real Estate 物業

** Please list all real estate in which you have all/part ownership, please specify the percentage owned.

** 請列出所有由閣下完全 / 部份擁有業權的物業及業權百分比：

Address** 地址**	Date of Purchase 購買日期 (dd/mm/yyyy 日 / 月 / 年)	Purchase Price USD 購入價格 (美元)	Mortgage USD 按揭金額 (美元)	Current Value USD 現值 (美元)

Part 2 乙部 Business 商務

For Business Covers: Please also complete the following

如為商業保障，請填寫以下部分

11.5 Name of Company

公司名稱

Company Shares Owned

持有公司股權

_____ %

Purpose of Insurance 投保目的

- ☐ Keyman 要員 → please complete the Keyman Questionnaire 請填寫要員保障問卷
- ☐ Business Partnership 合夥業務 → please complete the Partnership Protection Questionnaire and provide the partnership agreement 請填寫合夥業務保障問卷及提供合夥業務協議
- ☐ Commercial Loan Cover 商務貸款保障 → please complete the Commercial Loan Questionnaire and provide the credit agreement 請填寫商業貸款保障問卷及提供信貸協議

11.6 Please confirm the names, date of birth and business position of additional proposed insureds (if applicable)

請列明其他準受保人的姓名、出生日期及職位（如適用）

Name 姓名	Date of birth 出生日期 (dd/mm/yyyy 日/月/年)	Position 職位

11.7 Financial Reporting 財務匯報

USD 美元	Current year estimate 本年度估計	Last reported 上一年度申報
Turnover 營業額		
Gross Profit 毛利		
Net Profit before Tax and Interest 除稅及利息前淨利潤		
Net Current Assets 流動資產淨值		

Please attach the last two years Financial Statements (if available) to support the application.
請附上過去兩年的財務報表（如有）。

Section 12 第十二部**Governing Law 監管法律**

The governing law of the policy applied for will be the laws of Bermuda and all parties agree to comply with all the laws and regulations applicable under it.

本保單受百慕達法律約束而所有當事人同意遵守所有適用的法例及規例。

Section 13 第十三部**U.S. Tax Information 美國稅務資料**

The Proposed Insured and the Proposed Owner each represents and warrants that he/she is not a U.S. person for U.S. federal income tax purposes, and the Proposed Owner is not acting on behalf of a U.S. person: A U.S. person is either a resident or citizen of the U.S. or an entity organised in the U.S. A false statement or misrepresentation by a U.S. person could lead to penalties under U.S. law. If your tax status changes and you become a U.S. person you will notify us within 30 days.

準受保人及準保單持有人表明及保證其不是應課稅的美國人，準保單持有人亦非任何應課稅美國人的代表。美國人乃指美國居民、美國公民或在美國成立的法人團體。偽造或不實陳述會導致該人士受到美國法律制裁。如閣下的稅務狀況有改變且閣下已成為美國人，請於30日內通知本公司。

Section 14 第十四部**Cancellation Rights and Refund of Premiums
取消投保及退還保費**

You have the right to cancel and obtain a refund of any premium(s) paid by giving written notice. Such notice must be signed by you and received directly by Transamerica Life (Bermuda) Ltd., Hong Kong Branch Office, at 58/F One Island East, 18 Westlands Road, Island East, Hong Kong within 21 days after the delivery of the policy or issue of a Cooling-off Rights Notice to you or your representative, whichever is earlier. The policy will be cancelled, voided from the beginning, and any premium paid will be refunded. No refund shall be made if a claim has been paid on the policy.

閣下有權以書面通知要求取消投保，並取回任何已付保費。閣下須於書面通知上簽名，並於保單交付閣下或閣下的代表後或《冷靜期權利通知書》發予閣下或閣下的代表後21日內（以較早者為準），將其直接送達全美人壽（百慕達）有限公司香港分行，地址為香港港島東華蘭路18號港島東中心58樓。保單將會被取消，即保單從未生效，本公司亦會向閣下退回所有已付保費。若閣下已獲得保單索償，則不會獲發還已付保費。

Section 15 第十五部**Payment of Commission to Authorised Insurance Brokers
向獲授權保險經紀支付佣金**

You understand, acknowledge and agree that, as a result of your purchasing and taking up the policy to be issued by Transamerica Life Bermuda, Transamerica Life Bermuda will pay the authorised insurance broker commission for arranging the said policy and during the continuance of the policy including renewals. If you are a body corporate, the authorised person who signs on behalf of you further confirms to Transamerica Life Bermuda that he or she is authorised to do so.

You further understand that the above agreement is necessary for Transamerica Life Bermuda to proceed with the application.

閣下明白、確認及同意本公司於保單有效期內（包括續保期），就閣下所購買及接受本公司所簽發的保單而向負責安排有關保單的獲授權保險經紀支付佣金。如為法人團體，代表閣下簽署的獲授權人員須向本公司確認其已獲法人團體授權以代表閣下簽署。

閣下亦明白本公司必須取得上述同意，方可處理有關申請。

Signature of the Proposed Owner 準保單持有人簽署	X
Date 日期	(dd/mm/yyyy) (日/月/年)

NAVIGATOR
Insurance Brokers Ltd.

Unit 8E, Golden Sun Centre, 223 Wing Lok St, Sheung Wan, Hong Kong
Tel : +852 2530 2530 | Fax : +852 2530 2535
Email : crew@navigator-insurance.com | www.navigator-insurance.com

To be completed in all applications.
所有申請必須填寫。

- a) **Have you replaced**** in the past 12 months any or a substantial part of your existing life insurance policy(ies) with this Application?
閣下是否於過去 12 個月內以上述投保申請書取代閣下任何現有壽險保單，或取代任何現有壽險保單內大部分的壽險成分？**
- ☐ Yes (Please complete a Customer Protection Declaration Form)
是 (請填寫客戶保障聲明書)
- ☐ No (Please answer question “b” below)
否 (請回答下列問題 b)
- b) **Do you intend to replace** in the next 12 months any or a substantial part of your existing life insurance policy(ies) with this Application?
閣下是否打算於未來 12 個月內以上述投保申請書取代閣下任何現有壽險保單，或取代任何現有壽險保單內大部分的壽險成分？
- ☐ Yes (Please complete a Customer Protection Declaration Form)
是 (請填寫客戶保障聲明書)
- ☐ No (Please read carefully and sign the Declaration below)
否 (請細閱及簽署以下聲明)

I realise if I answer “No” to both questions above but indeed,

- i) this Application has replaced any or substantial part of my existing life insurance policy(ies) in the past 12 months; or
ii) my current intention to replace any or a substantial part of my existing life insurance policy(ies) within the next 12 months by this Application, I may jeopardise my future right of redress if I find later that I have been disadvantaged because of such a replacement.

I hereby authorise the Insurer of the new life insurance policy to give the Insurance Agents Registration Board, the Hong Kong Confederation of Insurance Brokers, the Professional Insurance Brokers Association Limited, the Insurance Authority (“IA”), the Hong Kong Federation of Insurers, the insurer(s) of the life insurance policy(ies) that is/are being or has/have been replaced (if Applicable) or other parties, as required for proper administration/implementation/execution of Code of Practice for Life Insurance Replacement and the Minimum Requirements for insurance brokers as specified by the IA under the Insurance Companies Ordinance, a copy of this Replacement Declaration and any related records for information

本人知道如果本人就上述兩條問題都選擇「否」，而事實上：

- i) 上述的投保申請書卻於過去 12 個月內，取代本人任何現有壽險保單或取代任何現有壽險保單內大部分的壽險成分；或者
ii) 本人現正打算於未來 12 個月內，以上述的投保申請書取代本人任何現有壽險保單或取代任何現有壽險保單內大部分的壽險成分，
即使日後發現因是次轉保導致本人蒙受損失，本人或會因此有損日後的追討權利。

本人現授權新壽險保單的保險公司向保險代理登記委員會、香港保險顧問聯會、香港專業保險經紀協會、保險業監督（「保監」）、香港保險業聯會、所有已被取代或將會被取代的現有壽險保單的保險公司（如適用者），或為了有效管理／執行／履行《壽險轉保守則》及保監根據《保險公司條例守則》指明的適用於保險經紀的「最低限度規定」所需的其他機構，提供本「轉保聲明」的副本，以及任何有關紀錄或資料。

Signature of the **Proposed Owner**
準保單持有人簽署

X

Date
日期

(dd/mm/yyyy)
(日/月/年)

Notes: * The agent/broker must explain this Replacement Declaration to the Proposed Owner before the latter signs it, but this Replacement Declaration does not form part of the Application for the new life insurance policy.

** Any transaction involving the purchase of life insurance is construed as a Replacement if (i) any existing life insurance policy (ies) or a substantial part of the sum insured of its/their basic life coverage has been/have been/will be terminated or (ii) a substantial part of the guaranteed cash value of the existing life insurance policy (ies) was reduced/will be reduced including where a policy loan was/will be taken out against a substantial part of the guaranteed cash value. Existing life insurance policy(ies) includes all types of traditional life, annuity and other non-traditional policies of the Proposed Owner, which has/have been terminated within 12 months before or will be terminated within 12 months after the new life insurance policy's issue date. Termination include(s) lapse, surrender, converted to reduced paid-up or extended-term insurance under the non-forfeiture provision of the existing life insurance policy (ies). “A substantial part” means “50% or above”. However, converting term life insurance to whole life insurance (or some forms or permanent life insurance under policy provisions of the existing life insurance policy (ies) is not construed as a Replacement.

註： * 在準保單持有人簽署本「轉保聲明」之前，保險代理／經紀必須向申請人解釋「轉保聲明」的內容。但本「轉保聲明」並不構成新壽險保單的投保申請書其中一部分。

** 任何購買壽險的交易，如涉及 (i) 任何現有壽險保單或其基本壽險保障額的大部分保額已被終止或將被終止，或 (ii) 現有壽險保單內大部分的保證現金價值已被減少／將被減少，包括：大部分的保證現金價值已被提取／將被提取作為保單借貸，均會被視為「轉保」。現有壽險保單包括在新壽險保單生效日前後的 12 個月內，準保單持有人已經終止或將會終止的任何壽險保單。壽險保單包括所有類型的傳統壽險、年金及其他非傳統壽險保單。終止保單包括：讓保單失效、退保、或根據現有壽險保單的不能作廢條款，將保單轉為減額繳清／展期保單。「大部分」指「50% 或以上」。若根據現有壽險保單的保單條款，將定期壽險保單轉為終身壽險保單（或某些形式的長期壽險保單），則不會被視為「轉保」。

Transamerica Life (Bermuda) Ltd. ("Transamerica Life Bermuda") is committed to complying with the Personal Data Privacy Ordinance (Cap.486 of the Laws of Hong Kong) ("PDPO") in relation to the collection, use, transfer, retention and storage of your personal data.

The personal data collected by Transamerica Life Bermuda on this Application Form, any supplementary forms, as part of your insurance application or elsewhere from time to time may be used for the following purposes:

Purpose:

- a) processing, evaluating and underwriting your insurance application, any subsequent insurance applications or forms and any alterations, variations, cancellations, surrenders or renewals of your insurance policy;
- b) administering your insurance policy and providing services, including access to and maintenance of any online platform in relation to your insurance policy;
- c) investigating, processing and paying any claims under your insurance policy;
- d) invoicing and collecting premiums and outstanding amounts from you;
- e) performing any functions and activities related to insurance products and/or services, market research, customer surveys and analysis;
- f) arranging reinsurance;
- g) other ancillary purposes which are directly related to the above purposes; and
- h) complying with any local or foreign regulators, governmental bodies, or industry recognized bodies (whether within or outside Hong Kong) that is assumed by or imposed on Transamerica Life Bermuda or any members of Transamerica Life Bermuda by reason of its financial, commercial, business or other interests or activities in or related to the jurisdiction of the relevant local or foreign regulators, governmental bodies, or industry recognised bodies

Transferees:

The personal data collected by Transamerica Life Bermuda will be kept confidential; however subject to any applicable law, Transamerica Life Bermuda may disclose your personal data for the above purposes to the following classes of transferees (whether in Hong Kong or elsewhere):

- a) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist us to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
- b) in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- c) in the event of default, debt collectors and recovery agents;
- d) insurance reference bureaus or credit reference bureaus;
- e) reinsurers and reinsurance brokers;
- f) your insurance broker (if you have one);
- g) Transamerica Life Bermuda's legal and professional advisors;
- h) Transamerica Life Bermuda's related companies;
- i) the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members;
- j) the Insurance Claims Complaints Bureau and similar industry bodies; and
- k) government agencies and authorities as required or permitted by law.

Transamerica Life Bermuda may also use and disclose your personal data otherwise with your consent.

Use and provision of personal data in direct marketing:

With your consent, Transamerica Life Bermuda may use your contact details (name, address, email and telephone number), details on the insurance products you purchased (including policy details), your transaction pattern and behaviour, financial background and demographic information to contact you, by mail, email, telephone or SMS, with direct marketing communications regarding financial and insurance products Transamerica Life Bermuda may offer from time to time as well as information on reward or loyalty programmes. Please tick the box below if you do not consent to receive such direct marketing communications from Transamerica Life Bermuda.

☐ I do not consent to receiving marketing communications from Transamerica Life Bermuda.

With your consent, Transamerica Life Bermuda may provide your personal details to another company for direct marketing. Transamerica Life Bermuda may provide your contact details (name, address, email and telephone number), details on the insurance products you purchased (including policy details), your transaction pattern and behaviour, financial background and demographic information to Transamerica Life Bermuda's related companies, who may, by mail, email, telephone or SMS, send you direct marketing communications regarding financial and insurance products offered by the related companies as well as reward or loyalty programmes. Please tick the box below if you do not consent to Transamerica Life Bermuda providing your personal data to their related companies and/or do not wish to receive direct marketing communications from those related companies.

☐ I do not consent to receiving marketing communications from Transamerica Life Bermuda's related companies.

Access and correction of personal data:

It is mandatory to provide all of the personal data requested on the Application Form. Failure to provide all the personal data requested on this Application Form may mean that Transamerica Life Bermuda are unable to process your application.

You may seek access to and request correction of any personal data Transamerica Life Bermuda hold's about you by sending a written request to: The Compliance Officer, Transamerica Life (Bermuda) Ltd., Hong Kong Branch Office, 58/F One Island East, 18 Westlands Road, Island East, Hong Kong.

A reasonable fee may be charged to offset Transamerica Life Bermuda's administrative and actual costs incurred in complying with your data access requests.

全美人壽 (百慕達) 有限公司 (「本公司」) 在收集、使用、轉移、保留及儲存閣下的個人資料時，致力遵守香港法例第486條《個人資料私隱條例》(「私隱條例」)。

本公司於本申請書、任何補充表格、申請過程中或不時從其他地方收集的個人資料或會用作以下用途：

用途：

- a) 處理、評估及核保閣下的保險申請、任何其後的保險申請或表格，以及保單的任何修改、變更、註銷、退保或續保；
- b) 管理閣下的保單及執行保單的行政工作包括連接及維持與閣下保單相關服務的任何網上平台；
- c) 調查、處理及支付保單下的任何有關索償；
- d) 發出繳交保費通知及向閣下收取保費及欠款；
- e) 進行與保險產品及/或服務有關的功能及活動、市場研究、顧客調查及分析；
- f) 安排再保險；
- g) 與上述用途直接相關的其他附帶用途；及
- h) 符合本公司或本公司任何成員公司因於任何司法管轄區擁有金融、商業、業務或其他利益或進行活動或與該司法管轄區有關的本地或海外監管機構，政府部門或業界認可團體，而須承擔或被施加的任何本地或海外監管機構、政府部門或業界認可團體 (不論是否位於香港) 之規定。

受讓人：

本公司會將收集到的個人資料保密，惟在任何適用法例的規限下，本公司可能就上述用途向以下類別的受讓人 (不論是否位於香港) 披露閣下的個人資料：

- a) 為本公司提供行政、通訊、電腦、付款、保安或其他服務以達成上述用途之第三方代理人、承辦商及顧問 (包括醫療服務供應商、緊急支援服務供應商、電訊促銷商、郵寄公司、資訊科技服務供應商及數據處理商)；
- b) 於索償的情況下，則為理賠調查員、索償調查員及醫療顧問；
- c) 於欠款的情況下，則為追討欠款的收數公司或索償代理；
- d) 保險資料服務公司及信貸資料服務公司；
- e) 再保險商及再保險經紀；
- f) 閣下的保險經紀 (如有)；
- g) 本公司之法律及專業顧問；
- h) 本公司之相關公司；
- i) 香港保險業聯會 (或類似的保險公司組織) 及其成員；
- j) 保險索償投訴局及類似的保險業機構；及
- k) 法例規定或許可的政府機構或機關。

本公司亦可能在取得閣下的同意後使用及披露閣下的個人資料。

於直接促銷中使用及提供個人資料：

本公司取得閣下的同意後，將可使用閣下的聯絡資料 (姓名、地址、電郵及電話號碼)、所購買保險產品的資料 (包括保單詳情)、交易模式及行為、財務背景及人口資料，透過郵件、電郵、電話或短訊與閣下聯絡，提供本公司可能不時提供的金融及保險產品之直接促銷資料，以及有關獎賞或長期客戶計劃的資料。如閣下不欲收取本公司的直接促銷資料，請於以下方格填上剔號。

☐ 本人不同意收取全美人壽 (百慕達) 有限公司的促銷資料。

本公司取得閣下的同意後，可以向其他公司提供閣下的個人資料作直接促銷用途。本公司可提供閣下的聯絡資料 (姓名、地址、電郵及電話號碼)、所購買保險產品的資料 (包括保單詳情)、交易模式及行為、財務背景及人口資料予相關公司，讓其可能透過郵件、電郵、電話或短訊與閣下聯絡，提供相關公司的金融及保險產品之直接促銷資料，以及有關獎賞或長期客戶計劃的資料。如閣下不希望本公司將閣下的個人資料提供予相關公司及/或不欲收取該等公司的直接促銷資料，請於以下方格填上剔號。

☐ 本人不同意收取全美人壽 (百慕達) 有限公司相關公司的促銷資料。

查閱及修改個人資料：

閣下必須提供申請書內要求的所有個人資料，否則本公司將無法處理閣下的申請。

如欲查閱及修改本公司持有有關閣下的個人資料，請致函至香港港島東華蘭路18號港島東中心58樓全美人壽 (百慕達) 有限公司香港分行合規主任。

本公司或會向閣下收取合理費用，以抵銷查閱資料時衍生的行政費用及實際開支。

I, THE PROPOSED INSURED AND I THE PROPOSED OWNER (IF DIFFERENT) HEREBY ACKNOWLEDGE, AGREE AND DECLARE AS FOLLOWS:

1. that the statements, answers and requests given in this Application Form and any supplementary forms relating to my insurance application are complete, true and correct to the best of my knowledge and belief;
2. that any omissions or misstatements in this Application Form and any supplementary application forms relating to my insurance application could cause an otherwise valid claim to be denied under any policy issued from this Application;
3. this Application Form, any supplementary forms, the medical examinations, medical reports and tests shall be the basis of my Application and for any policy issued on this Application;
4. except as provided in the relevant conditional receipt (if issued with the same Proposed Insured as on this Application), life insurance coverage on this Application shall not take effect until after all of the following conditions have been met:
 - a) the Application Form, any supplementary forms, the medical examinations, tests, screenings and questionnaires required by Transamerica Life Bermuda are completed and received at Transamerica Life Bermuda's Branch Office in satisfactory condition;
 - b) Transamerica Life Bermuda has communicated to the Proposed Owner that the policy has been approved for issue, and has received the Proposed Owner's written consent at its Branch Office;
 - c) Transamerica Life Bermuda has received the premium as set out in the application at its Branch Office during the lifetime of and while the Proposed Insured is in good health; and
 - d) all the statements and answers given in this Application are true, complete and have not changed as of the date of Transamerica Life Bermuda's receipt of the premiums as set out in the Application, at its Branch Office;
5. that the personal information provided by me whether relating to me or other persons named herein and held by Transamerica Life Bermuda (whether obtained herein or otherwise obtained) may be held, used, disclosed, released and transferred by Transamerica Life Bermuda to parties and for the purpose mentioned in the Personal Information Collection Statement in Section 17. In relation to the usage of the personal information stated in the Personal Information Collection Statement above, I, the Proposed Insured, and I the Proposed Owner (if different) confirm that the Declaration, Consent and Authorisation herein shall be treated as the prescribed consent obtained separately for each and every single use of personal information covered by the Personal Information Collection Statement by producing a copy of this Declaration, Consent and Authorisation to obtain information;
6. I/we have not had any discussions with any distributor, broker or producer nor have I/We received or signed any insurance-related documentation (including marketing materials, illustrations or applications) regarding life insurance or Transamerica Life Bermuda insurance products except while I/We have been in Hong Kong;
7. I/we understand that the laws related to life insurance products, including tax and estate laws, vary by country. I/We understand and acknowledge that Transamerica Life Bermuda does not provide tax or legal advice and Applicants are encouraged to consult with their own tax and/or legal counsel regarding the purchase of life insurance products;
8. we may obtain a copy of this Declaration, Authorisation and Consent; and
9. a photocopy of this Declaration, Authorisation and Consent shall be as valid as an original.

I, THE PROPOSED INSURED HEREBY:

1. give my irrevocable written consent to the Proposed Owner purchasing a life insurance policy on my life from Transamerica Life Bermuda;
2. consent and authorize:
 - a) any registered medical physician, medical practitioner, medical care provider, hospital, clinic, medical laboratory, government organisation or any other medical or medical related facility that has record or knowledge of my health and medical history or treatments to provide such information about me (including diagnosis, examination and test results, medical reports, treatments and prognosis) with respect to any of my physical or mental conditions and/or treatments to Transamerica Life Bermuda (or its legal representatives); and
 - b) Transamerica Life Bermuda to disclose such medical or other information about me which has been provided to Transamerica Life Bermuda or which Transamerica Life Bermuda develops during its evaluation of any application for life insurance to: (i) its reinsurers; (ii) any other insurance company that I may designate; (iii) me; (iv) my insurance broker, when that broker is seeking insurance coverage through Transamerica Life Bermuda on my behalf; (v) any medical professional that I may designate; and (vi) any person or entity entitled to receive such information by law.

I the Proposed Insured, and I, the Proposed Owner (if different), declare and agree this Declaration, Consent and Authorisation shall bind my successors and assignees.

本人，即準受保人及本人，即準保單持有人（如非準受保人）謹此確認、同意及聲明下列各項：

1. 就本人所知及所信，此申請書及與本人保險申請有關的任何補充表格內提供之聲明、答案及要求皆準確完整；
2. 此申請書及與本人保險申請有關的任何補充表格內之任何遺漏或錯誤陳述可能令根據此申請書繕發保單作出的有效索償被拒；
3. 此申請書、任何補充表格、醫療檢查、醫療報告及測試結果將成為本申請書及根據此申請書繕發保單的依據；
4. 除相關附條件收據（如繕發予此申請書之同一準受保人）所載者外，此申請書之人壽保險保障只會於符合以下所有條件後方會生效：
 - a) 全美人壽（百慕達）有限公司（“貴公司”）分行收訖以其滿意的方式填妥的申請書、任何補充表格、醫療檢查、測試、篩查結果及問卷；
 - b) 貴公司通知準保單持有人保單獲批准繕發，且分行收到準保單持有人的書面同意；
 - c) 在貴公司分行收到申請書所列保費時，準受保人仍然健在及健康良好；及
 - d) 在貴公司分行收到申請書所列保費當日，申請書內的聲明及答案皆準確完整且未有更改。

Section 18 第十八部

Declaration, Consent and Authorisation (Continued)

聲明、同意及授權書 (續)

5. 本人提供並由貴公司持有有關本人或本申請書所載其他人士之個人資料 (不論從本申請書取得或以其他方式取得) 可由貴公司持有、使用、披露、發表及轉移予第十七部「個人資料收集聲明」所述之人士及用途。在使用「個人資料收集聲明」中提及的個人資料時, 本人, 即準受保人及本人, 即準保單持有人 (如非準受保人) 確認在每次使用在「個人資料收集聲明」中提及的個人資料時, 貴公司可透過此「聲明、同意及授權書」的影印本被當作每次獨立使用的「訂明同意」以取得資料。
6. 本人/ 吾等並未與任何分銷商、經紀或營業員於香港以外地區進行任何討論, 亦無收取或簽署有關人壽保險或貴公司保險產品之任何文件 (包括市場推廣資料、建議書或申請書);
7. 本人/ 吾等明白各國有關壽險產品的法例各異, 包括稅務及遺產法例。本人/ 吾等明白及確認貴公司並無提供稅務或法律意見, 而申請人應就購買壽險產品自行諮詢稅務及/ 或法律顧問之意見;
8. 吾等可取得本「聲明、同意及授權書」副本; 及
9. 本聲明、同意及授權書之影印本與正本具同等效力。

本人, 即準受保人, 謹此:

1. 向準保單持有人發出不可撤回的書面同意, 為本人向貴公司購買壽險保單;
2. 同意及授權:
- a) 擁有本人健康及病歷或治療紀錄或資料之任何註冊醫生、醫護人員、醫療服務供應商、醫院、診所、醫學實驗室、政府組織或任何其他醫療或醫療相關組織, 可向貴公司 (或其法定代表) 提供有關本人身體或精神狀況及/ 或治療之資料 (包括診斷、檢查及測試結果、醫療報告、治療及疾病預防); 及
- b) 貴公司可將評估壽險申請時獲得或發現有關本人之醫療或其他資料, 披露予: (i) 其再保險商; (ii) 本人可能指定之任何其他保險公司; (iii) 本人; (iv) 本人之保險經紀 (如經紀代表本人向貴公司申請保險); (v) 本人可能指定之任何專業醫療人員; 及 (vi) 根據法例有權收取該等資料之任何人士或法人團體。

本人, 即準受保人及準保單持有人 (如非準受保人) 聲明及同意此「聲明、同意及授權書」對本人的繼承人及權益轉讓人具約束力。

Note: If information is to be released by a person or facility in the U.S., the Authorisation for Release and Disclosure of Health Related Information form must be completed and attached.

註: 如資料須由美國的人士或機構提供, 必須填寫及附上發表及披露健康相關資料授權書。

Section 19 第十九部

Authorised Signatures 授權簽署

Signature of the Proposed Insured 準受保人簽署				Signature of the Proposed Owner (if different than Proposed Insured) 準保單持有人簽署 (如非準受保人)			
X				X			
Date 日期	(dd/mm/yyyy 日/月/年)	Place 地點	Country 國家	Date 日期	(dd/mm/yyyy)	Place 地點	Country 國家
Signature of Witness to Proposed Insured 準受保人之見證人簽署				Signature of Witness to Proposed Owner 準保單持有人之見證人簽署			
X				X			
Name				Name			
Date 日期	(dd/mm/yyyy 日/月/年)	Place 地點	Country 國家	Date 日期	(dd/mm/yyyy 日/月/年)	Place 地點	Country 國家

If the Proposed Owner is an Entity, please complete the following
如準保單持有人為法人團體, 請提供以下資料

Entity Title 法人團體名稱	Company Chop 公司印章
Full Name 全名	

Instructions for Conditional Receipt

DO NOT ACCEPT MONEY OR COMPLETE THE CONDITIONAL RECEIPT IF:

1. The Proposed Insured has been treated for or experienced, within the last 12 months, any disorders of the heart, stroke, or other vascular disease, cancer, or HIV infection; and/or
2. the Proposed Insured is over the age of 75; and/or
3. the amount applied for under the attached Application exceeds USD1,000,000.

IF THE PROPOSED INSURED IS NOT DISQUALIFIED BY ONE OR MORE OF THE FACTORS LISTED IN 1-3 ABOVE, YOU MAY COLLECT MONEY AT THE TIME THE APPLICATION FORM IS COMPLETED.

Make all cheques payable to "Transamerica Life (Bermuda) Ltd. " Do not designate any other payee and do not leave the payee space blank, otherwise the Conditional Receipt will not become effective. The amount of payment taken with the Application must be at least equal to the amount of the full first premium for the mode of payment selected in the Application.

附條件收據須知

如遇以下情況，請勿收取保費或填寫附條件收據：

1. 於過去12個月內，準受保人曾患上任何心臟疾病、中風、其他血管疾病、癌症或愛滋病感染，或曾接受有關治療；及/或
2. 準受保人年齡75歲以上；及/或
3. 隨申請書所申請之投保保額超過1,000,000美元。

若準受保人並沒有因為以上 (1) 至 (3) 任何一種情況而不符合暫保資格，閣下可在填寫申請書時一併收取保費。

支票抬頭請寫上「全美人壽（百慕達）有限公司」。請勿填寫其他收款人或於收款人欄留空，否則附條件收據將無效。連同申請書一併繳付之款項最少必須相等於以申請書所選繳付方式所需之首次保費全額。

Submit this completed and signed original with the Application and payment

PLEASE READ CAREFULLY

Received from, _____ the sum of USD _____ for the

Life Insurance Application dated []/[]/[], with _____ as the Proposed Insured.

This Conditional Receipt ("Receipt") cannot become valid unless all blanks are completed above, your cheque, draft, or authorised withdrawal is made payable to "Transamerica Life (Bermuda) Ltd.", this Receipt is signed by a duly authorised insurance representative or other Transamerica Life Bermuda authorised representative, and you signify that you understand the conditions and limitations of this Receipt and have had them explained to you by signing the Acknowledgement below.

This Receipt does not provide any conditional insurance until after all other conditions and requirements specified are met, and is strictly limited in scope and amount as set forth below.

CONDITIONS TO CONDITIONAL COVERAGE UNDER THIS RECEIPT:

Conditional insurance, under the terms of the policy applied for, may become effective as of the date of completing the Application Form, or the date requested in the Application, whichever is the latest (the "Effective Date"), but only after all the following conditions to conditional coverage have been met:-

1. The payment made with the Application must be received at Transamerica Life Bermuda's Branch Office within the lifetime of the Proposed Insured and honoured on first presentation for payment;
2. The Application Form, and all medical examinations, tests, screenings and questionnaires required by Transamerica Life Bermuda are completed and received at Transamerica Life Bermuda's Branch Office;
3. As of the Effective Date, all statements and answers given in the Application Form must be true and complete; and
4. Transamerica Life Bermuda is satisfied that, at the time of completing the Application Form, the person to be covered was insurable under Transamerica Life Bermuda's rules for insurance on the Plan.

60-DAY LIMIT OF CONDITIONAL COVERAGE:

If Transamerica Life Bermuda does not approve and accept the Application for insurance within 60 days of the date you signed the Application Form, any conditional coverage hereunder will terminate and Transamerica Life Bermuda's liability will be limited to returning any payment you have made. Transamerica Life Bermuda has the right to terminate conditional coverage at any time prior to 60 days by mailing a refund of the payment made.

DOLLAR LIMITS OF CONDITIONAL COVERAGE:

The aggregate amount of conditional coverage provided under this Receipt, if any, and any other conditional receipt issued by Transamerica Life Bermuda on each person to be covered shall be limited to the lesser of the amount(s) applied for or USD1,000,000 of life insurance if the Proposed Insured is age 16-65 and is insurable as a standard class of risk, USD400,000 of life insurance if the Proposed Insured is age 66-75 and is insurable as a standard class of risk, or USD100,000 for all other rating classes of risk if the Proposed insured is age 16-75. There is no conditional coverage for riders or any additional benefits, if any, for which you have applied.

IF CONDITIONS ARE NOT MET OR DEATH OCCURS FROM SUICIDE, THERE IS NO COVERAGE UNDER THIS RECEIPT.

If one or more of this Receipt's conditions have not been met exactly, or if the Proposed Insured dies by suicide or intentional self-inflicted injury, while sane or insane, Transamerica Life Bermuda will not be liable under the Receipt except to return any payment made with the Application. If the Proposed Insured should die before completing all medical examinations, tests, screenings, and questionnaires required by Transamerica Life Bermuda or would not be insurable under Transamerica Life Bermuda's rules, then Transamerica Life Bermuda will not be liable under this Receipt except to return any payment made with the Application.

Except as provided in this Conditional Receipt, no coverage under the policy you are applying for will become effective unless and until all conditions of coverage set forth in the Application have been met completely.

請將已填妥及簽署的附條件收據正本連同申請書及付款一併遞交。

請細閱

於 | | | | | 簽定，並以 | 為準受保人的人壽保險申請書，

收到_____的_____美元。

除非閣下已填妥上述各欄，而支票、本票或授權提款書抬頭請寫上「全美人壽（百慕達）有限公司」，且收據由正式授權保險公司代表或本公司其他獲授權代表簽署，及閣下已簽署以下確認書表明上述授權代表已說明附條件收據內之條款及限制及閣下已明白條款內容，否則收據無效。

收據只有在所有特定條件及要求滿足之後，才會提供任何附條件保障，並且附條件保障受下列範圍及金額限制。

此收據下附條件保障條款：

根據所申請的保單條款，附條件保險可能於填妥申請書當日或申請書指定日期之較遲者生效（「生效日期」），惟以下所有條件必須符合：

1. 連同申請書一併繳付之款項必須在準受保人在世時交予本公司分行並兌現首次付款；
2. 本公司分行收訖已填妥的申請書及所需的醫療檢查、測試、篩查及問卷；
3. 申請書內的所有聲明及答案於保單生效日皆準確完整；及
4. 本公司認為準受保人於填寫申請書時符合本公司規定受保資格。

60日附條件保障期限：

若在閣下簽署申請書後60日內，本公司未接受閣下投保申請，此收據內的附條件保障將會終止。本公司的責任只限於退還已繳款項。本公司有權通過寄回已繳付款而在60日期限前隨時終止附條件保障。

附條件保障的金額限制：

根據此收據（如有）及由本公司發出其他附條件收據提供的附條件保障為每位受保人申請書申請保額或總額上限為1,000,000美元壽險保障（如準受保人年齡介乎16至65歲並屬標準風險類別），或400,000美元壽險保障（如準受保人年齡介乎66至75歲並屬標準風險類別），或100,000美元壽險保障（如準受保人年齡介乎16至75歲，並屬附加保費保費風險類別）之較小者。閣下所申請的附加契約並沒有條件保障或任何額外保障（如有）。

若不符合條款或準受保人自殺身故，將不提供附條件保障。

若無法完全符合此收據一個或以上的條件，或若準受保人自殺身故或蓄意自殘（不論神志是否清醒），本公司只會退還申請時已繳款項，而概不承擔此收據下的其他責任。若準受保人在完成本公司規定的所有醫療檢查、測試、篩查及問卷前身故，或不符合本公司規定受保資格，本公司只會退還申請時已繳款項，一概不承擔此收據下的其他責任。

除此附條件收據訂明者外，在完全符合申請書所列保障條件前，閣下所申請的保單保障仍未生效。

Authorised Signatures 授權簽署

Signature of the Insurance Representative or other Transamerica Life Bermuda Authorised Representative 保險公司代表或本公司其他獲授權代表簽署		X	
Date 日期	 (dd/mm/yyyy 日/月/年)	Place 地點	Country 國家

Acknowledgement of Terms, Conditions, and Limitations of Conditional Receipt**附條件收據條款、細則及限制確認書**

I have read the foregoing Receipt issued by Transamerica Life (Bermuda) Ltd ("Transamerica Life Bermuda"). The insurance representative has fully explained to me all the terms, conditions, and limitations of the Receipt, and I understand them.

I also understand neither the insurance representative, any person who has signed this Receipt, nor the medical examiner is authorised to accept risks to determine insurability, to make or modify policies, or to waive any of Transamerica Life Bermuda's rights or requirements.

本人已細閱全美人壽（百慕達）有限公司發出上述附條件收據。保險公司代表已向本人說明附條件收據的所有條款、細則及限制，而本人亦明白有關條款、細則及限制。

本人亦明白保險公司代表、簽署此附條件收據的任何人士或醫生並無獲授權承受釐定投保資格、訂立或修訂保單或豁免全美人壽（百慕達）有限公司的任何權利或要求。

Authorised Signatures 授權簽署

Signature of Proposed Owner 準保單持有人簽署		X	
Date 日期	 (dd/mm/yyyy 日/月/年)	Place 地點	Country 國家

NAVIGATOR
Insurance Brokers Ltd.

Unit 8E, Golden Sun Centre, 223 Wing Lok St, Sheung Wan, Hong Kong
Tel : +852 2530 2530 | Fax : +852 2530 2535
Email : crew@navigator-insurance.com | www.navigator-insurance.com

If Proposed Owner is a Trust, the Trustee(s) must sign as Owner. Give full name and date of Trust below. If the Proposed Owner is a corporation, an authorised officer, other than the Proposed Insured must sign as Owner. Give full corporate title and full name of corporation below.

如準保單持有人為信託，受託人必須以保單持有人的身份簽署此確認書，並在下方填寫信託全名及日期。如準保單持有人為公司，獲授權職員（準受保人除外）必須以保單持有人身份簽署此確認書，並在下方填寫其職銜及公司全名。

You should retain a copy of this Receipt and Acknowledgement. If you do not hear from Transamerica Life Bermuda regarding the proposed insurance within 60 days, notify Transamerica Life Bermuda at it's Branch Office, 58/F One Island East, 18 Westlands Road, Island East, Hong Kong, Tel: (852) 2506 0311, Fax: (852) 2506 1455, Attention: New Business Dept., giving your full name, date of birth, insurance representative name, date and amount of this Receipt.

閣下應保留此附條件收據及確認書副本。如閣下在 60 日內未收到本公司任何有關保險申請的回覆，請致函至香港港島東華蘭路 18 號港島東中心 58 樓本公司香港分行新造業務部（電話：(852) 2506 0311，傳真：(852) 2506 1455），並列明閣下的全名、出生日期、保險公司代表姓名，以及此附條件收據的日期及金額。

此收據下附條件保障條款：

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3. 申請書內的所有聲明及答案於保單生效日皆準確完整；及
4. 本公司認為準受保人於填寫申請書時符合本公司規定受保資格。

60日附條件保障期限：

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附條件保障的金額限制：

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Authorised Signatures 授權簽署

Signature of the Insurance Representative or other Transamerica Life Bermuda Authorised Representative 保險公司代表或本公司其他獲授權代表簽署		X	
Date 日期	 (dd/mm/yyyy 日/月/年)	Place 地點	Country 國家

Acknowledgement of Terms, Conditions, and Limitations of Conditional Receipt**附條件收據條款、細則及限制確認書**

I have read the foregoing Receipt issued by Transamerica Life (Bermuda) Ltd ("Transamerica Life Bermuda"). The insurance representative has fully explained to me all the terms, conditions, and limitations of the Receipt, and I understand them.

I also understand neither the insurance representative, any person who has signed this Receipt, nor the medical examiner is authorised to accept risks to determine insurability, to make or modify policies, or to waive any of Transamerica Life Bermuda's rights or requirements.

本人已細閱全美人壽（百慕達）有限公司發出上述附條件收據。保險公司代表已向本人說明附條件收據的所有條款、細則及限制，而本人亦明白有關條款、細則及限制。

本人亦明白保險公司代表、簽署此附條件收據的任何人士或醫生並無獲授權承受釐定投保資格、訂立或修訂保單或豁免全美人壽（百慕達）有限公司的任何權利或要求。

Authorised Signatures 授權簽署

Signature of the Proposed Owner 準保單持有人簽署		X	
Date 日期	 (dd/mm/yyyy 日/月/年)	Place 地點	Country 國家

If Proposed Owner is a Trust, the Trustee(s) must sign as Owner. Give full name and date of Trust below. If the Proposed Owner is a corporation, an authorised officer, other than the Proposed Insured must sign as Owner. Give full corporate title and full name of corporation below.

如準保單持有人為信託，受託人必須以保單持有人的身份簽署此確認書，並在下方填寫信託全名及日期。如準保單持有人為公司，獲授權職員（準受保人除外）必須以保單持有人身份簽署此確認書，並在下方填寫其職銜及公司全名。

You should retain a copy of this Receipt and Acknowledgement. If you do not hear from Transamerica Life Bermuda regarding the proposed insurance within 60 days, notify Transamerica Life Bermuda at its Branch Office, 58/F One Island East, 18 Westlands Road, Island East, Hong Kong, Tel: (852) 2506 0311, Fax: (852) 2506 1455, Attention: New Business Dept., giving your full name, date of birth, insurance representative name, date and amount of this Receipt.

閣下應保留此附條件收據及確認書副本。如閣下在 60 日內未收到本公司任何有關保險申請的回覆，請致函至香港港島東華蘭路 18 號港島東中心 58 樓本公司香港分行新造業務部（電話：(852) 2506 0311，傳真：(852) 2506 1455），並列明閣下的全名、出生日期、保險公司代表姓名，以及此附條件收據的日期及金額。

Report by Insurance Intermediary (NOT PART OF THE APPLICATION)
由保險中介人填寫（並非申請書一部分）

☒ Select the box that applies
請選擇合適空格

Report by Agency 由代理填寫

General Agent/Insurance Intermediary Name 總代理／保險中介人名稱	
Office ID 分行編號	
Administrative Staff Name 文書職員姓名	
Producer Name 營業員姓名	
Producer ID 營業員編號	
Share (%) 百分比 (%)	
Insurance Intermediary/ Broker Registration No. 保險中介人／經紀註冊編號 (HKFI / PIBA / CIB No. 香港保險業聯會／香港專業 保險經紀協會／香港保險顧問聯會編號)	

Authorised Intermediary's Statement
獲授權中介人陳述

1. What is the purpose for insurance? 投保此壽險保單有何目的？	
2. How long have you known the Proposed Insured? 與準受保人認識的年期：	
3. Proposed Insured is 準受保人的婚姻狀況 ☐ Single 單身 ☐ Married 已婚 ☐ Divorced 離婚 ☐ Widowed 喪偶	
4. To the best of your knowledge, does the Proposed Insured have any existing life insurance policies? 就閣下所知，準受保人目前有其他壽險保單嗎？	☐ Yes 是 ☐ No 否
5. To the best of your knowledge, could replacement be involved? 閣下所知，此保單會涉及轉保嗎？	☐ Yes 是 ☐ No 否
6. Name of referring bank (if applicable) 轉介銀行名稱（如適用）：	

Authorised Intermediary's Declaration

I declare and confirm that I provided all documentation relating to the application (including marketing materials, illustrations or policy-related documents) and conducted the entire solicitation and sales process leading to the signing of the Application by me within Hong Kong.

I have personally seen the Proposed Insured / Owner and explained the terms of the insurance to him/her and have verified the HKID / Passport No. of the Proposed Insured / Owner.

I declare that all the answers provided to me by the Proposed Insured / Owner is accurately declared in the Application. I have not withheld any other information which may influence the acceptance of this Application by Transamerica Life Bermuda.

獲授權中介人聲明

本人謹此確認本人提供與申請相關的所有文件 (包括推廣資料、建議書或保單相關文件) 及促成是次申請的所有保險銷售過程均在香港境內進行。

本人親身與準受保人/ 準保單持有人會面並解釋保險條款及核實其香港身份證/ 護照號碼。

本人聲明準受保人/ 準保單持有人向本人提供的答案已如實被紀錄於申請書上。本人並無保留可能影響公司接納此申請書的任何其他資料。

Authorised Signatures 授權簽署

Signature of Authorised Producer 獲授權之營業員簽署		X	
Date 日期	(dd/mm/yyyy)		