TRANSAMERICA LIFE BERMUDA LTD

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DECLARATION OF CONTINUED GOOD HEALTH APPLICATION AMENDMENT
持續良好健康聲明申請修訂表格

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

Proposed Insured 準受保人	Given Name 名字
	Surname 姓氏
Date of Birth 出生日期	(dd/mm/yyyy) (日/月/年)
Proposed Owner (if different) 準保單持有人(如與準受保人不同)	
Producer Name 營業員姓名	
Producer ID 營業員編號	

The Application for Policy Number
保單號碼

is amended as:
的申請修改如下

Foreign Account Tax Compliance Act

The Proposed Owner and Proposed Insured (if different) understand that Transamerica Life (Bermuda) Ltd. ("Transamerica Life Bermuda") is required to comply with certain obligations under the U.S. Foreign Account Tax Compliance Act ("FATCA") which requires financial institutions to ascertain the United States tax paying status of policy owners, payees and assignees ("Tax Status").

The Proposed Owner and Proposed Insured (if different) understand that Transamerica Life Bermuda may, from time to time, directly or indirectly, be required to make certain disclosures under FATCA as well as to other tax and regulatory authorities with regard to local and international tax legislation and regulations, including but not limited to enforcement, compliance and exchange of tax information under certain exchange agreements and treaties ("Tax Requirements"). The Proposed Owner and Proposed Insured (if different) consent to Transamerica Life Bermuda making any such disclosures.

The Proposed Owner and Proposed Insured (if different) agree to provide information from time to time, as Transamerica Life Bermuda may require, to meet the aforementioned legal and regulatory obligations. The information includes, but is not limited to, completion of U.S. tax forms and the provision of written statements and certifications.

The Proposed Owner and Proposed Insured (if different) further agree and undertake to ensure that any successor policy owner, assignee or payee will also provide this information when requested.

The Proposed Owner and Proposed Insured (if different) agree to notify Transamerica Life Bermuda within 30 days should a change of circumstances result in a change of Tax Status or a change in residence which affects the Tax Status.

The Proposed Owner and Proposed Insured (if different) agree that Transamerica Life Bermuda may share the aforementioned information to any relevant government or tax authority as required by FATCA. This may involve a transfer of information outside the Proposed Owner's and/or and Proposed Insured's country of residence and/or the country in which the application was made to the United States Inland Revenue Service or other relevant government or tax authority.

The Proposed Owner and Proposed Insured (if different) agree that Transamerica Life Bermuda may withhold any payment due to the Proposed Owner and/or Proposed Insured (or any successive policy owner, assignee or payee) and remit the withheld amount either directly or indirectly to the relevant taxation authority under the applicable Tax Requirements.

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I, the Proposed Insured, certify and declare that on the date of this Application Amendment and at all time since the date of the Application Form:

1. there has not been any change in my health due to injury or sickness;
2. I have not received any medical attention, consultation or examination;
3. I have not suffered from any medical condition for which I have not sought medical attention; and
4. I am not waiting for any scheduled medical consultation or examination.

This supplementary form shall be part of the Application for the Policy.

本人，即準受保人，證明及聲明於本申請修訂日期及申請書日期後任何時間：

1. 本人的健康並未因受傷或不適而有所改變；
2. 本人並無接受任何醫療護理、會診或檢查；
3. 本人並無患上任何症狀而尚未求診；及
4. 本人並無輪候任何已預約的醫療診斷或檢查。

本補充表格將構成保單申請書的一部分。

Note: 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.

註： 任何漏報或誤報重要事實或會構成保險保障無效及／或索償被拒。重要事實指可能影響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。

I confirm that the above information and declaration is true and correct.

本人謹此確認上述資料及聲明準確完整。

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 姓名				Name 姓名			
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

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