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Application No.: ___ ___ ___ – ___ ___ ___ ___ ___ ___ ___

**PDF Form Version**

# Insurance Application Form (Insurance Broker Version)

| Financial Consultant's Code | Financial Consultant's Name |
|---|---|
| 1.<br>2. | 1.<br>2. |

**Important Notes:**

- You have to disclose fully and truthfully in this application ALL material facts, which shall form the basis of our contract; otherwise the policy issued may be void or voidable. If in doubt whether a fact is material, please disclose it below. In case the space provided is insufficient, please indicate the section and question number, and provide the details in a separate supplement to application form.
- Please complete this application form in Block Letters and put a "✔" in the appropriate box(es) or delete as appropriate.
- This form is also applicable for investment-linked assurance scheme with sum insured.
- The original of this form and supporting documents submitted will not be returned.
- This form is also available in Chinese/ 本申請書有中文版本供選擇。

## A1. Personal Details of Proposed Insured/Proposed Owner

| | Proposed Insured | Proposed Owner (Leave blank if Proposed Owner is the Proposed Insured) |
|---|---|---|
| 1. Name (as shown on H.K.I.D. Card/ Passport/Birth Certificate) | In English Surname<br>Given Name<br>In Chinese (If applicable) | In English Surname<br>Given Name<br>In Chinese (If applicable) |
| 2. Sex | ☐ Male ☐ Female | ☐ Male ☐ Female |
| 3. Date of Birth | YYYY MM DD | YYYY MM DD |
| 4. Place of Birth | Country City/Town | Country City/Town |
| 5. Nationality | | |
| 6. H.K.I.D. Card/Passport/ Birth Certificate/Business Registration No. (Please attach copy) | ☐ HK Permanent Resident: H.K.I.D. Card/Birth Certificate No.*<br>☐ Non-HK Permanent Resident: H.K.I.D. Card No.@ (if any)<br>Passport No./Birth Certificate No.* | ☐ HK Permanent Resident: H.K.I.D. Card No.<br>☐ Non-HK Permanent Resident: H.K.I.D. Card No.@ (if any)<br>Passport No.<br>☐ Corporate Customer#: Business Registration No. |
| 7. Relationship to Proposed Insured | Not Applicable | ☐ Spouse ☐ Parent ☐ Others |
| 8. Name of Employer | | |
| 9. Office Address<br>**Note:** If the address is located in the Mainland China, please complete Section J of this form. | Room/Flat Floor Block<br>Name of Building/Estate<br>Street No. & Name<br>City/District<br>Postal Code Country | Room/Flat Floor Block<br>Name of Building/Estate<br>Street No. & Name<br>City/District<br>Postal Code Country |
| 10. Employer's Business Nature | | |
| 11. Occupation | Title Main Duties | Title Main Duties |
| 12. Current Monthly Income (HK$) | | |

**Notes:**
* If Proposed Insured's Age is Below 18.
@ For Non-HK Permanent Resident, please submit nationality proof.
# For corporate entity as Proposed Owner, please complete and submit "Supplement to Application – for Corporate Proposed Owner" together with this application form.

Signature of Proposed Owner

| A1. Personal Details (Cont'd) | Proposed Insured | Proposed Owner |
|---|---|---|
| 13. Education | ☐ Primary or below ☐ Secondary/Advanced Level ☐ Tertiary or above | ☐ Primary or below ☐ Secondary/Advanced Level ☐ Tertiary or above |
| 14a. Residential Address<br>**Note:**<br>i. Please attach address proof issued within 3 months from the date of submission.<br>ii. Please complete the address in English if residing in Hong Kong: address in Mainland China or Taiwan please complete in English or Chinese.<br>iii. If the address is located in the Mainland China, please complete Section J of this form. | Room/Flat / Floor / Block<br>Name of Building/Estate<br>Street No. & Name<br>City/District<br>Postal Code / Country | Room/Flat / Floor / Block<br>Name of Building/Estate<br>Street No. & Name<br>City/District<br>Postal Code / Country |
| 14b. Have you resided outside the country/city of the provided Residential Address for more than 6 months during the last 12 months? | ☐ Yes (Please provide the country and city):<br>☐ No | ☐ Yes (Please provide the country and city):<br>☐ No |
| 15. Permanent Address (Leave blank if same as Residential Address & see Note ii. in Item 14a)<br>**Note:** If the address is located in the Mainland China, please complete Section J of this form. | | |
| 16. Correspondence Address of Proposed Owner (Leave blank if same as Residential Address & see Note ii. in Item 14a)<br>**Note:** If the address is located in the Mainland China, please complete Section J of this form. | Room/Flat / Floor / Block / Name of Building/Estate<br>Street No. & Name / City/District / Postal Code / Country | |
| 17. Contact No.<br>Country Code<br>Hong Kong: 852<br>China: 86<br>Others: Please specify | Mobile: (Country Code)<br>Residence: (Country Code) ( Area Code )<br>Office: (Country Code) ( Area Code ) | Mobile: (Country Code)<br>Residence: (Country Code) ( Area Code )<br>Office: (Country Code) ( Area Code ) |
| 18. Email Address | | |

To reduce paper use and provide you with a better digital experience, if you have provided your mobile number or email address on this form, you will automatically be enrolled in "ePolicy Service" and "eStatement/eAdvice Service". You will not receive paper copies of relevant documents for this policy.

After your policy is issued, an email/SMS will be sent to you. You will be able to register for Emma by AXA to enjoy "ePolicy" and "eStatement/eAdvice" services via the app or portal. Please activate or login to your account to view and download your policy documents anytime online. For details, please visit www.axa.com.hk/en/emma-by-axa.

If you would like to receive paper copies of relevant documents, please mark "✓" in the applicable box(es) below:

☐ **Policy contract** – I request to receive a paper copy of my policy contract

☐ **Statement/Advice** – I do not wish to enroll to eStatement/eAdvice Service and request to receive paper copies of my policy statements/advices

Terms and conditions of "ePolicy Service" and "eStatement/eAdvice Service" apply, please refer to section F of this form. You may also refer to our website www.axa.com.hk for the latest terms and conditions for "eStatement/eAdvice Service". AXA reserves the right to revise the relevant terms and conditions from time to time.

19. Self-Certification of Tax Residency (Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS))

Tax regulations require the Company to collect information about the tax residence(s) of our customers. Depending on your tax residence, the Company may be obliged to pass on information on this form and information related to the policy to the relevant tax authorities. If you have any questions about how to determine your tax residency status you should consult your tax adviser.

Please note that it may be an offence under the laws of the jurisdiction(s) where the Company is regulated, for a person who makes a statement that is misleading, false or incorrect in a particular material, and such person may be liable to penalties.

19a. **FATCA Declaration of U.S. Tax Residency**

**[Applicable to individual as Proposed Owner]**

Is Proposed Owner a US citizen or US tax resident? ☐ Yes ☐ No

If Yes, please submit "Supplement – Tax Residency Self-Certification for Individual".

If No, you must notify us if you become a US citizen or US tax resident immediately (and in any event within 30 days of you becoming a US citizen or US tax resident).

**[Applicable to non-individual as Proposed Owner]**

Is Proposed Owner an entity or trust? ☐ Yes ☐ No

If Yes, please submit "Supplement – Tax Residency Self-Certification for Non-Individual", and provide (a) IRS Form W-8 (for Entities) if you are a non-US entity or trust; or (b) IRS Form W-9 if you are a US entity or trust.

For information on the definition of US citizen, US tax resident, US entity or US trust, please refer to US Internal Revenue Service website www.irs.gov. If you are in any doubt, you should consult your personal professional adviser.

Please declare all your other tax residency in the following section 19b.

Signature of Proposed Owner

## A1. Personal Details (Cont'd)

19b. **CRS Declaration of Non-U.S. Tax Residency (Including Hong Kong and/or Macau)**

Regulations based on the Organisation for Economic Co-operation and Development ("OECD") CRS require financial institutions to collect and report certain required information based on an account holder's tax residence. Each jurisdiction has its own rules for defining tax residence. In general, tax residence is the country in which you live. Special circumstances (such as studying abroad, working overseas, or extended travel) may cause you to be resident elsewhere or resident in more than one country at the same time (multiple residency). The country(ies)/jurisdiction(s) in which you pay income tax are likely to be your country(ies)/jurisdiction(s) of tax residence. For more information on tax residence, please consult your tax adviser or the information at the following OECD Automatic Exchange of Financial Account Information ("AEOI") link: http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/

The Company must comply with the following requirements of the Inland Revenue Ordinance to facilitate the Inland Revenue Department of Hong Kong automatically exchanging certain financial account information as provided for thereunder:

(i) to identify certain accounts as "non-excluded financial accounts" ("NEFAs"); (ii) to identify the jurisdiction(s) in which NEFA-holding individuals and certain NEFA-holding entities reside for tax purposes; (iii) to determine the status of certain NEFA-holding entities as "passive NFEs" and identify the jurisdiction(s) in which their "controlling persons" reside for tax purposes; (iv) to collect certain information on NEFAs ("Required Information"); and (v) to furnish certain Required Information to the Inland Revenue Department of Hong Kong (collectively, the "AEOI requirements").

The Proposed Owner agrees to comply with requests made by the Company to comply with the AEOI requirements.

**[Applicable to individual as Proposed Owner]**

Please indicate your country/jurisdiction of tax residence (please list all countries of tax residence, including Hong Kong and/or Macau, and associated taxpayer identification numbers ("TIN")). Please refer to the OECD AEOI Portal for more information on tax residency and TIN.

If a TIN is unavailable, please provide the appropriate reason A or B where indicated below:

Reason A – The country/jurisdiction where you are resident in does not issue TINs to its residents
Reason B – You are unable to obtain a TIN or equivalent number.

| | Country/Jurisdiction of Tax Residence | TIN or equivalent number (Please write "N/A" if TIN is not available) | If no TIN is available, enter Reason A or B |
|---|---|---|---|
| 1.* | | | ☐ Reason A ☐ Reason B |
| 2. | | | ☐ Reason A ☐ Reason B |
| 3. | | | ☐ Reason A ☐ Reason B |
| 4. | | | ☐ Reason A ☐ Reason B |

* Please put "NIL" in the first box if you have no Tax Residency other than U.S.

Please explain in the following boxes why you are unable to obtain a TIN if you selected **Reason B** above.

1.
2.
3.
4.

I/We undertake to advise the Company and provide a duly updated "Supplement – Tax Residency Self-Certification for Individual" within 30 days of the occurrence of any change in circumstance which causes any of the information contained in this form to be incorrect.

**[Applicable to non-individual as Proposed Owner]**

Please complete and submit "Supplement – Tax Residency Self-Certification for Non-Individual".

## A2. Source of Funds & Supplementary Question

20. Are you acting on behalf of another person in connection with this insurance application? ☐ Yes ☐ No
If Yes, please submit "Supplement to Application – Declaration of Acting on Behalf of Another Person in Connection with Insurance Application/Policy Service".

21. What are your sources of funds for insurance premiums? (Tick one or more)

☐ Salary Income/Bonus ☐ Rental Income ☐ Accumulated Savings ☐ Investment return/ongoing investment income

☐ Pension Fund/Ongoing pension Income & previous occupation ☐ Loan ☐ Business earning

☐ Others (If financially depends on others, please provide relationship, occupation & title)

22. What is your rationale for purchasing insurance policy in Hong Kong? (Applicable to non-H.K.I.D. card holder only)

☐ Product Variety ☐ Risk Diversification ☐ Others (Please specify):

## A3. Beneficiary Details

23. Death proceeds of this policy shall be payable to beneficiaries in equal shares unless specified otherwise. If no beneficiary is designated, the death proceeds shall be payable according to the policy contracts of your policy.

| Beneficiary Name | H.K.I.D. Card/Passport No. | Relationship to Proposed Insured | Share (%) |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | **TOTAL:** | **100%** |

Signature of Proposed Owner

## B1. Details of Plan

| | | |
|---|---|---|
| 24. Policy Contract Language ☐ English ☐ Chinese | 25. ☐ Term Conversion Policy No.: | 26. ☐ Replacement of Healthpak Plan (For Smart Start) Policy No.: |
| 27. Policy Currency | ☐ USD ☐ HKD ☐ Others (Please specify): | |
| 28. Payment Mode | ☐ Monthly (must pay via autopay) ☐ Semi-Annual ☐ Annual ☐ Single Premium | |
| 29. Renewal Premium Payment Method (For non-autopay, direct billing will be assigned) | ☐ Autopay by Bank Account (Please complete Direct Debit Authorisation) ☐ Autopay by ICBC AXA Credit Card (Please complete ICBC AXA Credit Card Payment Authorisation) | |
| 30. Basic Plan | Annuity Start Age (For annuity product): _____ | 31. Sum Insured/ Protection Amount/ Notional Amount |

| Benefit Type | Supplement | Sum Insured/ Protection Amount |
|---|---|---|
| 32a. Waiver of Premium | ☐ Waiver of Premium (On Basic Plan & Term Supplement)<br>☐ Applicant's Waiver of Premium at Death up to insured's Age 18<br>☐ Applicant's Waiver of Premium at Death up to insured's Age 21<br>☐ Applicant's Waiver of Premium at Death or Disability up to insured's Age 18<br>☐ Applicant's Waiver of Premium at Death or Disability up to insured's Age 21 | |
| 32b. Accident Benefit | ☐ Extra CARE | |
| | ☐ Accident Protector | |
| | ☐ Child Accident Protector Plan 1 ☐ Child Accident Protector Plan 2 | |
| | ☐ Fortune Guard Accident Protector (For Fortune Guard Life Insurance only)<br>(Premium payment term: ☐ 10 years ☐ 15 years ☐ 20 years ☐ To age 85)<br>☐ Ever Care Accident Protector<br>(Premium payment term: ☐ 10 years ☐ 15 years ☐ 20 years ☐ To age 85) | |
| | ☐ Accident Protector First (1st) Year Free Supplement | |
| | ☐ Accident Protector First 3 Years Free Supplement | |
| 32c. Critical Illness | ☐ HealthVital II Multiple Benefit Supplement ☐ HealthVital II Multiple Benefit (Enhancer) Supplement<br>(Premium payment term: ☐ 10 years ☐ 15 years ☐ 20 years ☐ 25 years ☐ To age 85)<br>☐ Multiple Benefit III Supplement ☐ Multiple Benefit III (Enhancer) Supplement<br>(Premium payment term: ☐ 20 years ☐ 25 years ☐ To age 85) | |
| | ☐ HealthVital II Early Stage Major Illness Benefit Supplement<br>(Premium payment term: ☐ 10 years ☐ 15 years ☐ 20 years ☐ 25 years ☐ To age 85)<br>☐ Early Stage Major Illness Benefit III Supplement<br>(Premium payment term: ☐ 10 years ☐ 15 years ☐ 20 years ☐ 25 years ☐ To age 85) | |
| | ☐ Smart Living Insurance II (On Basic Plan) ☐ Living Insurance Plus II (On Basic Plan) | |
| | ☐ Extra Living Insurance II ☐ Smart Lady | |
| | ☐ Living Insurance Plus II (On Term) | |
| 32d. Term | ☐ Smart Elite Term Supplement/Smart Term Supplement<br>(Renewal Period: ☐ Yearly ☐ 5 years ☐ 10 years ☐ To age 75) | |
| | ☐ Smart Elite 10-Year Term First (1st) Year Free Supplement/<br>Smart 10-Year Term First (1st) Year Free Supplement | |
| 32e. Medical | ☐ AXA WiseGuard Medical Insurance Plan | |
| | ☐ Smart Start Medical Insurance ☐ With Supplementary Major Medical Coverage | |
| | ☐ Smart Medicare ☐ Regular ☐ Superior ☐ Premier<br>☐ With Supplementary Major Medical Coverage | |
| | ☐ AXA WiseGuard Pro Medical Insurance Plan ☐ Regular ☐ Enhance ☐ Premier ☐ Noble<br>Deductible: ☐ HKD 0/ USD 0 ☐ HKD 20,000/ USD 2,500 ☐ HKD 50,000/ USD 6,250 | |
| | ☐ Smart Medimoney ☐ Economy ☐ Regular ☐ Superior ☐ Premier | |
| | ☐ Cancer Therapy Insurance II ☐ Regular ☐ Superior | |
| | ☐ Cancer and Stroke Therapy Insurance ☐ Regular ☐ Superior | |
| | ☐ Pink Medical Insurance Plan | |
| | ☐ CareForAll Hospital Cash Plan ☐ CareForAll Hospital Cash – First Year $1 Supplement | |
| 32f. Disability Benefit | ☐ Disability Income Protection ☐ Disability Income Protection Plus<br>Max Benefit Period: ☐ 2 Years ☐ 5 Years ☐ Age 65<br>Waiting Period: ☐ 30 days ☐ 60 days ☐ 90 days ☐ 180 days | |
| 32g. Long-term Care | ☐ Lifelong Care Partner Insurance Supplement | |
| 32h. Others | | |

Signature of Proposed Owner

## B1. Details of Plan (Cont'd)

| | |
|---|---|
| 33a. Dividend Option (If applicable) | ☐ Cash ☐ Reduce Premium (Please submit Premium Offset Supplementary Illustration) ☐ Accumulated ☐ Paid-up Addition |
| 33b. Annuity Payment Option (If applicable) | ☐ Cash ☐ Accumulate |

## B2. Details of Investment-Linked Assurance Scheme (If Applicable)

34. Death Benefit Option (If applicable) ☐ Level Death Benefit ☐ Increasing Death Benefit ☐ Others

35. ☐ Lump Sum Premium (In policy currency) $ ☐ Top-up Premium (per payment mode) (In policy currency) $

36. Investment Option Allocation Instruction

Please refer to Investment Options Leaflet of the relevant plan for the full list of investment options currently available for the investment-linked assurance scheme applying for. You can choose up to a maximum of 10 investment options. Allocation shall be at least 10% for each investment option chosen.

| Investment Option | Allocation % |
|---|---|
| | % |
| | % |
| | % |
| | % |
| | % |
| | % |
| | % |
| | % |
| | % |
| | % |
| **TOTAL** | **100%** |

## C1. Personal Statement: Other Insurance Information

37. Insurance in force and amount (including currently applied for) on Proposed Insured. Please complete the table below if applicable.

| Insurance Company Name | Sum Insured/Protection Amount/Notional Amount/Benefit (HK$) | | | | | Date of Issuance (YYYY/MM) |
|---|---|---|---|---|---|---|
| | Life Insurance (Including Lifetime Annuity) | Disability Income | Critical Illness Insurance | Personal Accident | Hospital Cash/Income | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

**Attention: Please read the below statement carefully before completing the sections C2 and C3.**

**Statement for Collection of Information**

*(i) This questionnaire collects health-related information solely for the purpose of underwriting which is a process for the Company to evaluate the health risk of the applicants and decide the application results. The underwriting process that the Company adopts should be fair and reasonable, and the Company should explain the application results if requested by the customers.*

*(ii) As the applicant, you are required to provide the Company with complete and accurate information requested in this questionnaire to the best of your knowledge and belief. Based on the information provided, the Company may have follow-up questions or enquiries that require you to provide further information for underwriting purpose.*

*(iii) If there are any changes to or updates of the information provided in this questionnaire after the time of submission of this application and before you receive the Policy, you are required to notify the Company in a timely manner.*

*(iv) Even after an insurance policy has been issued upon successful application, the insurance coverage for you may be affected or the policy may be terminated, voided or rescinded, or claims may be repudiated by the Company, if you have not provided the Company with complete and accurate information to the best of your knowledge and belief according to (ii), or if you have not notified the Company on any changes to or updates of the information in time according to (iii).*

*NHK2LIFB23*

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Signature of Proposed Owner

## C2. Personal Statement: Health-Related Information (Part I)

(For Individual Indemnity Hospital Insurance Plans, please complete the Information in C3 - Personal Statement: Health-Related Information (Part II). For all other products including Cancer Therapy series and Cancer And Stroke Therapy series please complete the information in C2 and C3.)

The "you" and "your" under this section shall refer to Proposed Insured in this application. If Applicant's Waiver of Premium is applied, Proposed Owner is also required to complete this section.

If your answer to any of the questions 38, 39, or 41, 42 below is "Yes", please complete the Supplementary Health Information form. Any disclosures made to questions 38-43 below, will not be used in the assessment of any Individual Indemnity Hospital Insurance Plans.

| General Information | Proposed Insured | | Proposed Owner | |
|---|---|---|---|---|
| | Yes | No | Yes | No |
| 38. Have you ever been declined, postponed, or accepted with an increased premium or an exclusion applied in any Life, Critical Illness, Medical or Disability insurance application, reinstatement or renewal due to health/ medical reasons? | ☐ | ☐ | ☐ | ☐ |
| 39. Have you ever taken habit forming drugs or narcotics, or been treated or counselled for a drug or alcohol problem? | ☐ | ☐ | ☐ | ☐ |
| 40. Do you participate or intend to participate in any hazardous activities such as diving, mountaineering, skydiving, parachuting, hang gliding, motor sports or aviation (excluding flying as a passenger on a regular scheduled airline)? If Yes, please complete the appropriate questionnaire/Personal Statement. | ☐ | ☐ | ☐ | ☐ |

**Health Information**

| **Applicant(s) are not required to disclose information regarding the medical conditions or treatments below – Cold/flu/sore throat, gastroenteritis/food poisoning (fully recovered), indigestions (no investigations required), acne, muscle sprained (fully recovered), thrush, routine scan/blood test for pregnancy (normal result), routine cervical smear (normal result), routine health check (normal result), preventive vaccination, Hormonal Replacement Therapy (menopause), infertility treatment or uncomplicated pregnancy, myopia/ hyperopia/astigmatism/presbyopia.** | Proposed Insured | | Proposed Owner | |
|---|---|---|---|---|
| | Yes | No | Yes | No |
| 41. Do you currently have or have you ever been diagnosed with any of the following diseases or medical conditions? | | | | |
| a. Cancer or carcinoma in situ (CIS), tumour, melanoma, cyst, nodule, polyp, lump or growth of any kind | ☐ | ☐ | ☐ | ☐ |
| b. Heart disease including chest pain, angina, heart rhythm disorder or structural heart abnormalities | ☐ | ☐ | ☐ | ☐ |
| c. Stroke including transient ischemic attack (TIA) or cerebral aneurysm/subarachnoid haemorrhage | ☐ | ☐ | ☐ | ☐ |
| d. Hypertension/high blood pressure | ☐ | ☐ | ☐ | ☐ |
| e. Thyroid disorders including hypothyroidism or hyperthyroidism | ☐ | ☐ | ☐ | ☐ |
| f. Diabetes mellitus, impaired glucose tolerance or diseases of the kidney, genitourinary system (including bladder or prostate) or the reproductive organs | ☐ | ☐ | ☐ | ☐ |
| g. Prolapsed intervertebral disc, degenerative spine conditions, arthritis or other joint disorders | ☐ | ☐ | ☐ | ☐ |
| h. Medical conditions requiring a medical device or prosthesis to be implanted within the body | ☐ | ☐ | ☐ | ☐ |
| i. Congenital conditions (medical, physical or mental abnormalities that existed at the time of or before birth) | ☐ | ☐ | ☐ | ☐ |
| j. Physical defects, impairments, deformities, and/or conditions affecting mobility, sight, speech and/or hearing | ☐ | ☐ | ☐ | ☐ |
| k. Mental health conditions (such as depression, anxiety disorders, schizophrenia, eating disorders or bipolar disorders) | ☐ | ☐ | ☐ | ☐ |
| l. Hypercholesterolemia or hyperlipidaemia (elevated cholesterol) | ☐ | ☐ | ☐ | ☐ |
| m. Human immunodeficiency virus ("HIV") infection, liver disorders (example Hepatitis B or Hepatitis C (including tested positive), fatty liver or cirrhosis of liver) | ☐ | ☐ | ☐ | ☐ |
| n. Multiple sclerosis or neurological disorders (example Alzheimer's disease, Epilepsy) | ☐ | ☐ | ☐ | ☐ |
| o. Respiratory diseases, blood or vascular disorders, auto-immune diseases (example Myasthenia gravis), sleep disorders (example Obstructive sleep apnoea) | ☐ | ☐ | ☐ | ☐ |
| p. Gallbladder or any gastrointestinal diseases (including gastric/duodenal ulcer, ulcerative colitis) | ☐ | ☐ | ☐ | ☐ |
| 42. **Only for juvenile applicant (under age 18):** Have you ever been diagnosed with or had signs or symptoms of physical, mental or neurodevelopment problems such as Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorder (ASD) and/or developmental delay? | ☐ | ☐ | ☐ | ☐ |
| 43. Has your biological mother, father, or any sister or brother been diagnosed prior to age 60 with any of the following? | ☐ | ☐ | ☐ | ☐ |
| • Cancer, heart disease, stroke, diabetes, Huntington's disease, polycystic kidney disease, multiple sclerosis, Alzheimer's disease or any other inherited conditions. If Yes, please complete the table below with exact nature of the illness e.g. breast cancer, colon cancer or heart attack etc. | ☐ I am adopted | | ☐ I am adopted | |

| Proposed Insured | | | Proposed Owner | | |
|---|---|---|---|---|---|
| Relative | Diagnosis/Condition | Onset Age | Relative | Diagnosis/Condition | Onset Age |
| | | | | | |
| | | | | | |
| | | | | | |

Signature of Proposed Owner

## C3. Personal Statement: Health-Related Information (Part II)

(Please complete for ALL Individual Indemnity Hospital Insurance Plans PLUS all other insurance products where applicable)

The "you" and "your" under this section shall refer to Proposed Insured in this application. If Applicant's Waiver of Premium is applied, Proposed Owner is also required to complete this section.

If your answer to any of the questions 46 - 51 below is "Yes", please complete the Supplementary Health Information form.

**General Information**

| 44. | Proposed Insured | Proposed Owner |
|---|---|---|
| a. Height | cm Or ft in | cm Or ft in |
| b. Weight | kg Or lbs | kg Or lbs |

| | Proposed Insured | | Proposed Owner | |
|---|---|---|---|---|
| | Yes | No | Yes | No |
| 45. Do you smoke or have you smoked in the last 12 months?<br>For the purpose of this question, the meaning of "smoking" includes but is not limited to cigarettes, cigars, tobacco pipes, chewing tobacco and the use of nicotine replacement products (such as e-cigarettes).<br>If "Yes", please provide types of tobacco product, frequency and quantity of consumption. | ☐ | ☐ | ☐ | ☐ |
| a. Cigarettes | ☐ pcs/day | | ☐ pcs/day | |
| b. Others (Please specify): | ☐ pcs/day | | ☐ pcs/day | |

**Health Information**

| **Applicant(s) are not required to disclose information regarding the medical conditions or treatments below – Cold/flu/sore throat, gastroenteritis/food poisoning (fully recovered), indigestions (no investigations required), acne, muscle sprained (fully recovered), thrush, routine scan/blood test for pregnancy (normal result), routine cervical smear (normal result), routine health check (normal result), preventive vaccination, Hormonal Replacement Therapy (menopause), infertility treatment or uncomplicated pregnancy, myopia/ hyperopia/astigmatism/presbyopia.** | Proposed Insured | | Proposed Owner | |
|---|---|---|---|---|
| | Yes | No | Yes | No |
| 46. In the last 5 years, have you ever had or been advised to have any regular or ongoing (such as monthly, every 2 months, half-yearly, annually) follow-up consultations or medical care with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any disease or medical condition? | ☐ | ☐ | ☐ | ☐ |
| 47. In the last 5 years, have you been advised by your doctor to take any medications (such as to be taken daily/once per week/as needed as directed by doctor) for a continuous period of more than 1 month? | ☐ | ☐ | ☐ | ☐ |
| 48. In the last 5 years, have you been admitted into a hospital? | ☐ | ☐ | ☐ | ☐ |
| 49. In the last 5 years, have you undergone a surgical procedure (including endoscopy or biopsy) without being admitted into a hospital? | ☐ | ☐ | ☐ | ☐ |
| 50. In the last 5 years, have you ever had or been advised to undergo investigations (such as blood or urine test, ECG, X-ray, ultrasound, CT scan, MRI, PET scan, HIV test, Hepatitis B test, Hepatitis C test)?<br>If the answer is "Yes", do your investigation result(s) include the followings? | ☐ | ☐ | ☐ | ☐ |
| a. Normal test result is advised | ☐ | ☐ | ☐ | ☐ |
| b. Abnormal test result is advised | ☐ | ☐ | ☐ | ☐ |
| c. You are still awaiting test/test result | ☐ | ☐ | ☐ | ☐ |
| d. Test result is inconclusive or uncertain (retesting or follow up test is required) | ☐ | ☐ | ☐ | ☐ |
| e. Medical advice has been sought or treatment is required for the test result (such as liver cyst/brain cyst/ joint degeneration or calcification/lung or breast or thyroid calcification discovered on imaging test, that may not require immediate treatment) | ☐ | ☐ | ☐ | ☐ |
| 51. Do you have any other medical conditions or sign and symptom (such as lump, headache, persistent coughing, chest pain or epigastric pain) that you are seeking or intend to seek medical advice? | ☐ | ☐ | ☐ | ☐ |
| 52. **[For children aged 2 or below only]** Was the insured child born before 37th week of pregnancy and/or born with body weight less than 2.5 kg (5.51 lbs)?<br>If the answer is "Yes", please provide body weight at birth: | ☐ | ☐ | | |
| a. more than 2.50 kg/5.51 lbs | ☐ | | | |
| b. 1.51 - 2.50 kg/3.32 - 5.51 lbs | ☐ | | | |
| c. 1.00 - 1.50 kg/2.20 - 3.31 lbs | ☐ | | | |
| d. less than 1.00 kg/2.20 lbs | ☐ | | | |

## D. Remarks or Special Requests

☐ Date back Policy Date to a day before Birthday with a maximum of 6 months. If the day falls on 29th to 31st, 28th will be assigned.
(Date back Policy Date is not applicable to some products, e.g. Investment-Linked Assurance Scheme, Medical products and Disability Income applied as basic plan, any application with Medical products under the Voluntary Health Insurance Scheme, etc. Details refer to Product Handbook)

☐ Others:

## E. Replacement Declaration

In order to fund the purchase of your new life and/or medical insurance policy, are you using, or do you intend to use some or all of the funds arising from your existing life and/or medical insurance policy, or any savings made by reducing the premium payable under your existing life and/or medical insurance policy?

For example, such funds or savings may arise from:

a) surrendering/partially surrendering your existing life and/or medical insurance policy to obtain its surrender value
b) taking out a policy loan (including automatic premium loan) from your existing life and/or medical insurance policy
c) withdrawing policy values from your existing life and/or medical insurance policy (e.g. cash out dividends or redeem fund units etc.)
d) lapsation of your existing life and/or medical insurance policy (e.g. by non-payment of premium)
e) exercising the right to a premium holiday under your existing life and/or medical insurance policy

☐ Yes ☐ Not yet decided ☐ No *Please check one appropriate box only*

**Warning: Please answer the above question carefully. Making changes on your existing life and/or medical insurance policy may not be in your best interest. Your licensed insurance intermediary must explain to you the financial implications, insurability implications and claims eligibility implications of such changes. For this purpose, your licensed insurance intermediary may require certain information on your existing life and/or medical insurance policy. You may need to approach the insurer of your existing life and/or medical insurance policy to obtain accurate and up to date information on your existing policy.**

**Please also sign and submit the "Important Facts Statement – Policy Replacement" as appropriate, and your licensed insurance intermediary must explain the relevant to you.**

**IMPORTANT: PLEASE DO NOT SIGN ON BLANK FORM**

| | |
|---|---|
| Signature of Proposed Owner | Date Signed in Hong Kong (YYYY/MM/DD) |
| Signature of Financial Consultant | Date Signed in Hong Kong (YYYY/MM/DD) |
| Full Name of Financial Consultant | Type of License and License No. |

## F. Declaration and Authorisation

"The Company": AXA China Region Insurance Company (Bermuda) Limited (Incorporated in Bermuda with limited liability)/AXA China Region Insurance Company Limited

I HEREBY CONFIRM that I am not acting on behalf of any other person for this insurance application unless otherwise expressly indicated in this application form or any other documents provided to the Company for this application.

I HEREBY DECLARE AND AGREE on behalf of myself and other persons referred to in this application (hereinafter referred to as "Relevant Persons", "We", "Our" or "Us") (for the avoidance of doubt, the expressions "Relevant Persons", "We", "Our" or "Us" include myself and such other persons) that

1. all statements and answers to all questions whether or not written by my own hand are to the best of my knowledge and belief complete and true;
2. all answers to such questions, together with this application, shall form the basis and become a part of the policy;
3. I have read and fully understood the relevant offering/promotional documents, including but not limited to (where applicable) Principal Brochure (in the case of an investment-linked plan), proposal (including the illustration document), product leaflet and promotional leaflet for the plan(s) and/or additional benefit(s) applied for in this application form;
4. where I have provided the personal data of other persons (including but not limited to the beneficiary) ("**Such Other Persons**") to the Company in this application form or in any ways provided to the Company for or relating to this application, or for or relating to the future services in connection with this application, (a) I have obtained the personal data from Such Other Persons lawfully; (b) I have notified Such Other Persons of the Company's Privacy Policy# and the relevant data collection document (being this application form or any other documents provided to the Company for this application) and obtained all necessary consent from Such Other Persons for the data processing (including provision of personal data to the Company) as set out in the Company's Privacy Policy#; (c) I will assist the Company to obtain all necessary consent from Such Other Persons if the processing of personal data of Such Other Persons goes beyond the original scope of consent provided by them; (d) I acknowledge and understand that a minor is a person under 14 (in Mainland China) or 18 years old (in Hong Kong) under applicable data protection law, and I am (or I have been authorised by) the guardian of Such Other Person who is a minor, or I have been authorised by Such Other Person who is not a minor (e.g. individuals aged 14-17 years old located in Mainland China) to give necessary consent on his/her behalf; and (e) I have taken reasonably practicable measures to ensure that the personal data I provide to the Company is accurate and complete;
5. in the case of an investment-linked plan, my investment option allocation instruction is based on my own judgment and I have not relied on any advice provided by the financial consultant or other person acting on behalf of the Company. I fully understand that investment in investment-linked plan involves risks. Value of units in investment options may rise or fall. The benefits payable under such plan are, depending on the policy features, in whole or in part, linked to the performance of the investment options in my investment option allocation instruction;
6. I confirm that neither the financial consultant nor anyone else acting on behalf of the Company has provided me with any investment advice in connection with any investment-linked plan or discussed with me or provided me with any information concerning any of the securities or other assets underlying any investment-linked plan other than to provide me with factual information about the securities or other assets upon which the value of particular investment options is based;
7. I understand and accept that I have to reimburse the fees as charged by medical service providers if I apply to obtain the results of any Medical Examination Report/Laboratory Tests;
8. I shall disclose to the Company any change in health and/or medical consultation and/or material facts of all Relevant Person(s) that occur after signing this application form but before the policy is issued;
9. the policy shall not become effective until it is issued with initial premium paid in full, the Relevant Person(s) being still living, and all applicable requirements being met;
10. the Company is not bound by and is not required to rely on any statement which I may have made to any person if not written or printed here.

# The Privacy policy is available here: https://www.axa.com.hk/en/legal

If We fail to provide any information requested in this application, it may result in the Company's inability to accept or process this application.

I HEREBY REPRESENT, WARRANT AND CERTIFY on behalf of the Relevant Persons that

1. (i) all funds to be invested in the policy have been or will be declared to relevant tax authorities in the jurisdiction of my/Our habitual residence for the purposes of taxation and/or any other jurisdictions as necessary or appropriate in accordance with applicable laws and regulations, and (ii) none of the funds derive, directly or indirectly, from illegal activities or sources and/or tax evasion;
2. the AXA Group and the Company have a longstanding policy of cooperating with tax and other governmental authorities to combat money laundering, tax evasion or other illegal activities. In cases where I am/We are not a tax resident of the jurisdiction in which this policy is issued (a "Cross-Border Transaction") the AXA Group may, in accordance with applicable laws and regulations, disclose to the pertinent tax and/or other governmental authorities the identity of myself/ourselves and certain information concerning the policy that is the subject of this application and I/We hereby consent and agree that the Company may, in its discretion, make such disclosure;
3. in the event of a violation of the foregoing representation and warranty, I/We hereby jointly and severally expressly acknowledge and agree that the Company shall, to the fullest extent permitted by applicable law and regulation, have the right to (i) terminate the policy immediately, (ii) notwithstanding the actual date of termination pursuant to clause (i) of this paragraph, impose the maximum surrender and any other charges imposable on me/Us under the policy, as if the policy had been surrendered immediately after issuance, (iii) notify relevant governmental authorities and furnish all information deemed necessary or appropriate in the entire discretion of the Company concerning any of Us and/or the policy; and (iv) if deemed appropriate after consultation with governmental authorities and legal counsel, either (a) refund to me premiums and other amounts paid to the Company through the date of such termination less applicable surrender and other charges in accordance with clause (ii) of this paragraph

Signature of Proposed Owner

(the "Refund Amount"), or (b) if requested or required to do so by competent governmental authorities, freeze or pay over to relevant governmental authorities all or a portion of the Refund Amount or take such other actions as competent governmental authorities may request or require.

I HEREBY AUTHORISE on behalf of the Relevant Persons

1. any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organization, institution or person, that has any records or knowledge of me/the Relevant Persons and/or who has attended or may hereafter attend to me/the Relevant Persons to disclose such information to the Company as the Company may request;
2. the Company or any of its appointed medical examiners, paramedical examiners or laboratories to perform the necessary medical assessment and tests to evaluate the health status of myself/the Relevant Persons in relation to this application and any claim arising therefrom.
3. the Company to give either the Insurance Authority or other parties, as required for relevant records or information.

This authorisation shall bind the successors and assignees of the Relevant Persons and remains valid notwithstanding death or incapacity. A photocopy of this authorisation shall be as valid as the original.

**Terms and Conditions of "ePolicy Service" and "eStatement/eAdvice Service" (if applicable)**

I acknowledge and agree that:

1. In respect of policy document for which I have subscribed for the "ePolicy Service", paper copies will no longer be provided to me by AXA China Region Insurance Company Limited or AXA China Region Insurance Company (Bermuda) Limited (collectively "AXA"). Only electronic copies of policy document ("ePolicy") will be provided and shall be available on my Emma by AXA account. I understand and accept that I am required to activate my Emma by AXA account to get the ePolicy.
2. In respect of any document type ("Specified Document") for which I have subscribed for the "eStatement/eAdvice Service", paper copies of such document will no longer be provided to me by AXA for relevant policy unless AXA receives my written instruction to resume the delivery of such paper copies. Only electronic copies ("eStatements/eAdvices") of the Specified Documents will be provided and such eStatements/eAdvices shall be available on my Emma by AXA account.
3. A notification email and/or SMS (if I have provided a mobile phone number) eAlert (as defined in paragraph 6 below) will be sent to my designated email address and/or mobile phone number (if I have provided a mobile phone number) when a new ePolicy or eStatement/eAdvice is available for viewing on my Emma by AXA account. I should promptly check my ePolicy or eStatement/eAdvice. Should the ePolicy or eStatement/eAdvice not be available for viewing, I should promptly contact AXA.
4. Latest version of ePolicy will be retained and available on my Emma by AXA account and old version of ePolicy will be replaced. Each eStatement/eAdvice will be retained on my Emma by AXA account for **3 years** from the issue date. All eStatements/eAdvices will be deleted automatically after the said retention period. I may save an electronic copy of the ePolicy or eStatements/eAdvices in my own computer storage or print a hard copy of the ePolicy or eStatements/eAdvices for my future reference. I may be required to pay a reasonable charge for obtaining a hard copy of any Specified Document that is no longer available for access and downloading through my Emma by AXA account.
5. Appropriate computer equipment and software, internet access and a specific email address provided and designated by me are required for viewing **ePolicy or eStatements/eAdvices**. I will need Adobe Acrobat Reader installed in my computer to view the PDF (Portable Document File) file of ePolicy or eStatements/eAdvices. I am recommended to upgrade the Adobe Acrobat Reader to the latest version from time to time to view my ePolicy or eStatements/eAdvices.
6. I understand and accept that email (and SMS (if applicable)) will be the only notice (i.e. the "eAlert") that ePolicy or eStatements/eAdvices have been posted on my Emma by AXA account, and I should check my designated email address (and SMS (if applicable)) regularly for such notice. I am obliged to provide a valid and up-to-date email address (and mobile phone number (if applicable)) that has sufficient capacity at all relevant times to receive an eAlert, and inform AXA as soon as practicable upon a change in my designated e-mail address (and mobile phone number (if applicable)) or termination or suspension of my electronic communication devices or services.
7. I understand and accept that should I want to cancel the eStatement/eAdvice Service and resume receiving paper copies of the Specified Documents, I have to give written instruction to AXA not less than **fifteen working days** before the intended cancellation.
8. I understand and accept that internet and email services (and SMS (if applicable)) may be subject to certain IT risks and disruption.
9. I understand and accept that I may incur additional costs (e.g. internet service and mobile telephone service costs) for using the ePolicy Service or eStatement/eAdvice Service.
10. I will need to promptly review any ePolicy or eStatements/eAdvices posted on my Emma by AXA account upon receiving an eAlert from AXA to ensure that any errors are detected and reported to AXA as soon as practicable.
11. AXA has the discretion from time to time to modify, restrict, withdraw, cancel, suspend or discontinue the ePolicy Service or eStatement/eAdvice Service without giving any reason and I understand that by using the ePolicy Service or eStatement/eAdvice Service after any modification has been effected, I shall be deemed to have agreed to such modification.
12. I understand and accept that AXA reserves the right to add to, delete and/or vary any of these Terms and Conditions upon notice to me using such means of notification as AXA shall deem appropriate. By continuing to use the eStatement/eAdvice Service from the date upon which any changes to these Terms and Conditions are to take effect (as specified in AXA's notice), I shall be deemed to have agreed to such changes. If I do not agree to any change(s), I must cancel or terminate the eStatement/eAdvice Service prior to the date upon which such change(s) are to take effect.

I HEREBY DECLARE that I understand that the Company may deduct any outstanding amount applicable from the payout and/or sum received by the Company under the Policy according to the applicable statutory and/or regulatory requirement(s), including levy collected by the Insurance Authority.

I ACKNOWLEDGE that the terms, "Insured", "Owner", "Policy Anniversary", "Policy Date" and "Issue Date" mentioned in the forms, letters and any communication means shall bear the same meaning as "Insured Person", "Policy Holder", "Renewal Date", "Policy Effective Date" and "Policy Issuance Date" stated in the terms and benefits of the relevant certified plan under the Voluntary Health Insurance Scheme ("**VHIS**") respectively.

I HEREBY DECLARE AND AGREE that I have the full authority from and consent of the Relevant Persons to make the above declarations, agreements and authorisations.

**Important Notes:**

1. For an investment-linked assurance scheme, this application form should only be issued in conjunction with the Principal Brochure and the proposal (including illustration document) of the plan that you are applying for.
2. The Proposed Insured shall be deemed to be the Proposed Owner unless otherwise indicated in this application form.
3. This form is only for use in Hong Kong Special Administrative Region.
4. Please visit www.axa.com.hk or contact the Company for the latest version of the "eStatement/eAdvice Service" introduction.

## G. Appointment of Broker Declaration

I/We acknowledge and agree that the insurance broker through whom this application is submitted is appointed and authorized as my/Our insurance broker regarding the new policy (the "Policy"). The Company is authorized to release from time to time information pertaining to me/Us as actual or proposed owner/insured and/or the Policy to the insurance broker. This appointment and authorization shall remain in effect unless I/We write to the Company to revoke the same, in which event the Company shall give effect to the written revocation within 30 days after its actual receipt of the same. This rule equally applies to future replacement broker(s), if any, appointed by me/Us.

## H. Personal Information Collection Statement

The Company recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) (**"PDPO"**). Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorised or accidental access, erasure or other use.

Please note that if you do not provide us with your personal data, we may not be able to provide the information, products or services you need or process your request.

**Purpose:** From time to time it is necessary for the Company to collect your personal data (including credit information and claims history) which may be used, stored, processed, transferred, disclosed or shared by us for purposes (**"Purposes"**), including:

1. offering, providing and marketing to you the products/services of the Company, other companies of the AXA Group (**"our affiliates"**) or our business partners (see **"Use and provision of personal data in direct marketing"** below), and administering, maintaining, managing and operating such products/services;
2. processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates;
3. providing subsequent services to you, including but not limited to administering the policies issued;
4. any purposes in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims;
5. detecting and preventing fraud (whether or not relating to the products/services provided by the Company and/or our affiliates);
6. evaluating your financial needs;
7. designing products/services for customers;



Signature of Proposed Owner

8. conducting market research for statistical or other purposes;
9. matching any data held which relates to you from time to time for any of the purposes listed herein;
10. making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;
11. conducting identity and/or credit checks and/or debt collection;
12. complying with the laws of any applicable jurisdiction;
13. carrying out other services in connection with the operation of the Company's business; and
14. other purposes directly relating to any of the above.

**Transfer of personal data:** Personal data will be kept confidential but, subject to the provisions of any applicable law, may be provided to:

1. any of our affiliates, any person associated with the Company, any reinsurance company, claims investigation company, your broker, industry association or federation, fund management company or financial institution in Hong Kong or elsewhere and in this regard you consent to the transfer of your data outside of Hong Kong;
2. any person (including private investigators) in connection with any claims made by or against or otherwise involving you in respect of any products/ services provided by the Company and/or our affiliates;
3. any agent, contractor or third party who provides administrative, technology or other services (including direct marketing services) to the Company and/or our affiliates in Hong Kong or elsewhere and who has a duty of confidentiality to the same;
4. credit reference agencies or, in the event of default, debt collection agencies;
5. any actual or proposed assignee, transferee, participant or sub-participant of our rights or business;
6. any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere; and
7. the following persons who may collect and use the data only as reasonably necessary to carry out any of the purposes described in paragraphs nos. 2, 3, 4 and 5 of the Purposes specified above: insurance adjusters, agents and brokers, employers, health care professionals, hospitals, accountants, financial advisors, solicitors, organisations that consolidate claims and underwriting information for the insurance industry, fraud prevention organisations, other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check data provided against existing data.

For our policy on using your personal data for marketing purposes, please see the section below **"Use and provision of personal data in direct marketing"**.

Transfer of your personal data will only be made for one or more of the Purposes specified above.

**Use and provision of personal data in direct marketing:** The Company intends to:

1. use your name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company from time to time for direct marketing;
2. conduct direct marketing (including but not limited to providing reward, loyalty or privileges programmes) in relation to the following classes of products and services that the Company, our affiliates, our co-branding partners and our business partners may offer:
   a) insurance, banking, provident fund or scheme, financial services, securities and related products and services;
   b) products and services on health, wellness and medical, food and beverage, sporting activities and membership, entertainment, spa and similar relaxation activities, travel and transportation, household, apparel, education, social networking, media and high-end consumer products;
3. the above products and services may be provided by the Company and/or:
   a) any of our affiliates;
   b) third party financial institutions;
   c) the business partners or co-branding partners of the Company and/or affiliates providing the products and services set out in (2) above;
   d) third party reward, loyalty or privileges programme providers supporting the Company or any of the above listed entities;
4. in addition to marketing the above products and services, the Company also intends to provide the data described in (1) above to all or any of the persons described in (3) above for use by them in marketing those products and services, and the Company requires your written consent (which includes an indication of no objection) for that purpose.

Before using your personal data for the purposes and providing to the transferees set out above, the Company must obtain your written consent, and only after having obtained such written consent, may use and provide your personal data for any promotional or marketing purpose.

You may in future withdraw your consent to the use and provision of your personal data for direct marketing.

If you wish to withdraw your consent, please inform us in writing to the address in the section on **"Access and correction of personal data"**. The Company shall, without charge to you, ensure that you are not included in future direct marketing activities.

**Access and correction of personal data:** Under the PDPO, you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it.

Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to:

Data Privacy Officer
AXA China Region Insurance Company Limited
Suite 2001, 20/F, Tower Two, Times Square, 1 Matheson Street, Causeway Bay, Hong Kong

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

I/WE ACKNOWLEDGE AND CONFIRM that I/We have read and understood the Personal Information Collection Statement (**"PICS"**). I/We confirm that I/We have been advised to read carefully the PICS, and I/We have read it carefully its effect and impact in respect of my/Our personal data collected or held by the Company (whether contained in this application or otherwise). Based on the foregoing, I/We hereby give my/Our acknowledgement and agree to the use and transfer of my/Our personal data by the Company in accordance with the PICS, including the use and provision of my/Our personal data for the purpose of direct marketing.

*[Important: If you do not agree to the use and provision of your personal data for direct marketing as set out in the section **"Use and provision of personal data in direct marketing"**, please tick the box below and we will not use your personal data for direct marketing.]*

☐ I/We do not agree with the use and provision of my/Our personal data for direct marketing purposes as set out above in the **Personal Information Collection Statement** (see **"Use and provision of personal data in direct marketing"**) and do not wish to receive any promotional and direct marketing materials.

## I. Commission Disclosure Declaration

I/We understand, acknowledge and agree that, as a result of my/Our purchasing and taking up the policy to be issued by the Company, the Company will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where I/We am/are a body corporate, the authorised person who signs on my/Our behalf further confirms to the Company that he or she is authorised to do so.
I/We further understand that the above agreement is necessary for the Company to proceed with the application.

Signature of Proposed Owner

## J. Consents to Data Processing Pursuant to AXA Privacy Policy (Applicable to individual signatory(ies) with any declared address in the Mainland China only)

Please sign below to ACKNOWLEDGE and CONFIRM you agree to the following statements and grant **each** of the separate consents below. If you do not agree to grant any one of the consents below, the Company and/or other companies of the AXA Group may not be able to provide the information, products or services you need or process your request.

- I/We have read and consent to the Privacy Policy[#]; and
- I/We agree to the processing and/or management of my/Our personal data, sensitive personal data, and that of minors under my/Our guardianship (if applicable) outside of Mainland China as prescribed in the Privacy Policy.

In the case that the Proposed Insured is aged below 18, I/We grant **each** of the above separate consents on behalf of the Proposed Insured as his/her guardian or authorised person (as the case may be).

[#] The Privacy policy is available here: https://www.axa.com.hk/en/legal

| | |
|---|---|
| Signature of Proposed Insured (If aged 18 or above)/ the Guardian or authorised person of Proposed Insured (If Proposed Insured is aged below 18) | Signature of Proposed Owner (If other than Proposed Insured) |

## K. Cancellation Right and Refund of Premium and Levy

**I understand that I have the right to cancel this new policy and obtain a refund of any premium(s) (in the case of an investment-linked assurance schemes policy and/or single premium policy (if applicable), less any market value adjustment (if applicable)) and any levy paid by returning the policy (if applicable) by giving a written notice to the Company. I understand that to exercise this right, the notice of cancellation must be signed by me and received directly by the Customer Service of the Company at Suite 2001, 20/F, Tower Two, Times Square, 1 Matheson Street, Causeway Bay, Hong Kong within the Cooling-off Period. I understand that the Cooling-off Period is the period of 21 calendar days immediately following either the day of delivery of the policy or the Notice of Policy Issuance to me or my nominated representative (whichever is the earlier). I understand that the Notice of Policy Issuance is a notice that will be sent to me or my nominated representative by the Company to notify me of the Cooling-off Period around the time the policy is delivered.**

**The Cancellation Right and Refund of Premium do not apply to any non-investment-linked policy issued from term conversion.**

## L. Signature

**IMPORTANT: PLEASE DO NOT SIGN ON BLANK FORM**

| | |
|---|---|
| Signature of Proposed Insured (If aged 18 or above) | Signature of Proposed Owner (If other than Proposed Insured) |
| Signature of Financial Consultant as Witness | Date Signed in Hong Kong (YYYY/MM/DD) |
| Full Name of Financial Consultant as Witness | |

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## Questions for Proposed Insured and Proposed Owner

| Application number | | Proposed Insured | Proposed Owner |
|---|---|---|---|
| 1. How long have you known him/her? | | Years | Years |
| 2. If he/she is not gainfully employed, please state details of supporter's insurance coverage. (Amount and name of Insurance company) | | | |
| 3. Initial Premium submitted with this application | HK$ | by | ☐ Cash ☐ Cheque ☐ Credit Card ☐ Others |
| 4. What is the purpose of Insurance? | ☐ Family Protection ☐ Keyman Insurance ☐ Mortgage Redemption ☐ Employee Benefit ☐ Others (please specify): | | |
| 5. Underwriting notification language (If unspecified, the underwriting notification language will be CHINESE by default) | ☐ English ☐ Chinese | | |

# Mandatory Checklist for Insurance Application Form (For Financial Consultants) – For Priority Processing

When you submit the application, please put "✔"in tick box after checking to ensure applicable items are fully completed.

| ✔ | Compulsory | | | |
|---|---|---|---|---|
| | **SPECIAL ATTENTION is Required for the Following:** | **Section No.** | **Q. No.** | **Specific Details Required** |
| ☐ | Employment & Occupation Information | A1 | 8-11 | • Full name of employer must be completed<br>• Employer's office address must be completed<br>• Nature of employer's business must be stated<br>• Occupation Title & Main Duties must be completed |
| ☐ | Current Monthly Income (HK$) | A1 | 12 | • Monthly Income must be completed |
| ☐ | Education | A1 | 13 | • Education must be completed |
| ☐ | Residential Address | A1 | 14 | • Residential Address must be completed<br>• Residential Address must match with the supporting Address Proof |
| ☐ | Self-Certification of Tax Residency (FATCA and CRS) | A1 | 19 | • Must complete both 19a and 19b |
| ☐ | Plan Name/Plan Code/Sum Insured/Protection Amount/Notional Amount | B1 | 30-32 | • Must match Proposal Illustration |
| ☐ | Other Insurance Information | C1 | 37 | • Provide details if applicable |
| ☐ | Personal Statement – Health-Related Information (Part I) | C2 | 38-43 | • This part is **NOT** applicable to **Individual Indemnity Hospital Insurance Plans** (Except Cancer Therapy Insurance series and Cancer And Stroke Therapy Insurance series)<br>• All questions must be completed with "✔" in either the 'Yes' or 'No' box<br>• Full details to any 'Yes' answers must be completed in the "Supplement to Application – Supplementary Health Information" form for medical condition Information |
| ☐ | Personal Statement – Health-Related Information (Part II) | C3 | 44-52 | • All questions must be completed with "✔" in either the 'Yes' or 'No' box<br>• Height & weight must be completed<br>• Full details to any 'Yes' answers must be completed in the Q45 for relevant smoking habit information or/and "Supplement to Application – Supplementary Health Information" form for medical condition Information |
| ☐ | Consents to Data Processing Pursuant to AXA Privacy Policy (Applicable to individual signatory(ies) with any declared address in the Mainland China only) | J | — | • Fully Signed by Owner/Insured (if any declared address is in the Mainland China) |
| ☐ | Application Form Sign Date & Signature | L | — | • Fully Signed & Dated by Owner/Insured & Financial Consultant |

## Other Documents Required to Complete the Application (If Applicable)

- Residential Address Proof (Owner) – Issued within 3 months from the date of submission – Verified by Financial Consultant
- Copy of Birth Certificate if Child under age 18 years – Verified by Financial Consultant
- Section of "Term Policy Conversion" under "Policy Service Application Form II"– For Term Conversion
  Remarks: Please also submit "Supplement to Application for Term Conversion to Major Illness Insurance/Critical Illness Insurance" if Term Conversion to HealthVital II/HealthSelect II/LoveAssure/LoveAssure Plus
- Important Facts Statement – Policy Replacement
- Client Needs Analysis (CNA)
- Proposal/Illustration Summary Forms – Signed & Dated
- Direct Debit Authorisation – Payment mode monthly/Payment by Autopay for Renewal Premium
- Large Amount Supplement – Sum Insured > HKD12,000,000/
  Annual Premium > HKD500,000/Single Premium > HKD3,000,000

**Additional Requirements For Investment Linked Assurance Scheme (ILAS) – Fully Completed Signed & Dated**

- Important Facts Statement and Applicant's Declarations (IFS and AD)

**Additional Requirements For Non-Hong Kong Residents**

- Copy of Passport & Copy of Entry Proof – Verified by Financial Consultant
- Copy of Passport & Copy of Entry Proof of MCV – Face-to-face verification by authorized staff/via Mobile Electronic MCV Verification
- Declaration of Insurance – Fully Completed, Signed & Dated

**Other Applicable to Mainland Chinese Visitors Only (additional to above) – Fully Completed Signed and Dated:**

- 重要資料聲明書 – 內地人士在港投購人身 / 壽險保單 (MCV-IFS)

## Financial Consultant's Declaration

I HEREBY CERTIFY that I have personally asked all the questions (including all health questions in case of a non-medical application) on the application form, verified the identity of the Proposed Insured and Proposed Owner against their original identification documents, and witnessed their signatures on the application.

| | | | |
|---|---|---|---|
| Name of Financial Consultant | Signature of Financial Consultant | Contact Number | Date (YYYY/MM/DD) |
| Name of Financial Consultant's Manager | Signature of Financial Consultant's Manager | Contact Number | Date (YYYY/MM/DD) |

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Policy Number 保單編號：

☐ New Application 新生意　☐ Existing Policy 現有保單

# Important Facts Statement – Policy Replacement
# 重要資料聲明書 – 轉保

"The Company"
"本公司" 或 "貴公司"：
AXA China Region Insurance Company (Bermuda) Limited (Incorporated in Bermuda with limited liability)
安盛保險 (百慕達) 有限公司 (於百慕達註冊成立的有限公司) /
AXA China Region Insurance Company Limited
安盛金融有限公司 /
AXA Wealth Management (HK) Limited
安盛財富管理 (香港) 有限公司

**Important Notes:**
1. This form is to be filled in BLOCK LETTERS and signed by the Proposed Owner/Owner, please ensure the signature matches with the one provided in the policy file.
2. Please read carefully before signing.
3. Please do not sign on blank form.
4. The original of this form and supporting documents submitted will not be returned.

**重要事項：**
1. 此聲明書應由建議持有人/持有人以正楷填寫及簽名，簽名式樣須與保單上的記錄相符。
2. 請先行詳細閱讀方可簽署。
3. 請勿在空白聲明書上簽署。
4. 所遞交之正本申請書及所需文件將不獲退還。

Full Name of Proposed Owner/Owner:
建議持有人/持有人姓名：

This "Important Facts Statement – Policy Replacement" ("IFS-PR") aims to help you understand the factors to be considered and the risks involved in replacing your existing life insurance policy with a new life insurance policy. Your licensed insurance intermediary should explain to you the implications and associated risks involved in replacing your existing life insurance policy.

If you do not understand any of the following paragraphs or the advice or information provided to you by your licensed insurance intermediary is different from the information in this IFS-PR, please **do not sign** this IFS-PR and **do not proceed** with replacing your existing Life Policy.

此《重要資料聲明書—轉保》(《聲明書》) 旨在協助您了解以新的人壽保險保單取代現有人壽保險保單所需要考慮的因素及相關風險。您的持牌保險中介人必須向您解釋取代現有人壽保險保單的影響及相關風險。

若您並非完全明白下文任何段落之內容，或您的持牌保險中介人向您提供的意見或資料與本《聲明書》所載的資料有差異，則您**請勿簽署**本《聲明書》，以及**不應取代**現有人壽保險保單。

**SOME IMPORTANT FACTS YOU SHOULD KNOW**
**Please read carefully before signing.**
**Your insurance intermediary shall explain the content to you.**
**您應知道之重要事項**
**於您簽署前請務必細閱。**
**您的保險中介人必須向您詳細解釋的內容。**

## Financial Implications 財務影響

(1) **Informed Decision** – Life insurance policies usually lasts for a long period of time. If you surrender/take out policy loan from/withdraw policy values from/suspend or stop paying premium/reduce the premium payable on your existing life insurance policy, particularly during the early years of the policy period, you will usually suffer loss, including by way of having to pay charges. You should carefully compare your existing life insurance policy against the new life insurance policy you intend to purchase, and assess whether replacing your existing life insurance policy is in your best interests before you make a final decision.
**知情的決定** – 人壽保險保單通常具較長年期。若您退保/從現有人壽保險保單中提取保單抵押貸款/提取保單價值/暫停或終止支付保費/減少應付保費，您通常會蒙受損失 (尤其是在保單早年的時期)，包括因需要支付收費而蒙受損失。您應仔細比較現有人壽保險保單與擬購買的新的人壽保險保單，並在作出最終決定前評估取代現有人壽保險保單是否最為符合您之最佳利益。

(2) **Difference between cash value from Surrender/Lapse and total premium paid under your existing Life Policy** – The cash value that you may receive from surrendering your existing life insurance policy or allowing your existing life insurance policy to lapse, may be less than your total premium paid. This means that you may suffer a loss. Further, you may incur surrender charges if you surrender your existing life insurance policy or allow it to lapse.
**您現有人壽保險保單的退保/失效所得的現金價值與已支付的總保費之差額** – 就現有人壽保險保單退保或允許其失效所得的現金價值可能會少於您已支付的總保費，即您可能會蒙受損失。此外，您或需承擔因退保或允許保單失效而衍生的退保費用。

(3) **Policy Loan Interest** – The issuing insurer of your existing life insurance policy may charge you interest starting from the loan drawdown date. You should carefully review your regular statements to understand the opening and ending loan balance as well as the interest amount charged in the relevant period. Your existing life insurance policy may be terminated if the accumulated loan amount (and interest) exceeds a specified level of the account value/cash value of your existing life insurance policy.
**保單貸款的利息** – 發出您現有人壽保險保單的保險公司可能會自您提取保單貸款當日起收取利息。您應該仔細檢閱定期報表，以了解於有關時期的期初和期末貸款餘額，以及該期間收取的利息金額。如果累計貸款金額 (及利息) 超出現有人壽保險保單的賬戶價值/現金價值的指定水平，則您的現有人壽保險保單可能會被終止。

(4) **Withdrawal/Partial Surrender Charges** – You may be subject to withdrawal charges or partial surrender charges within a prescribed period before the end of the policy term of your existing life insurance policy. For the new life insurance policy you intended to purchase, you may be subject to other early surrender/withdrawal charges within a prescribed period before the end of the term of the new life insurance policy.
**提取保單款項/部分退保費用** – 若您於現有人壽保險保單的保單有效期前的訂明期限內，提取保單價值或部分退保，您或需支付相關費用。就您打算購買的新的人壽保險保單而言，您或需於新的人壽保險保單的保單有效期前的訂明期限內，支付其他提前退保/提取保單價值的費用。

(5) **Policy Set-up Cost and Remuneration for licensed insurance intermediaries** – If you purchase a new life insurance policy, a substantial part of the initial premium may be used to pay for policy administration costs incurred by insurers and remuneration for the licensed insurance intermediaries. As a result, you may incur additional cost for replacing your existing life insurance policy.
**開立保單費用及持牌保險中介人的酬勞** – 若您購買新的人壽保險保單，大部分最初所支付的保費可能會用於繳付保險公司的保單行政費及持牌保險中介人的酬勞。因此，您可能需要為取代現有人壽保險保單而承擔額外開支。

(6) **Higher Premium** – You may have to pay higher premium under the new life insurance policy in view of the difference in age, changes of health conditions, occupation, lifestyle/habit, and recreational activities (as compared with when you purchased your existing life insurance policy).
**較高的保費** – 因您的年齡增長，及健康狀況、職業、生活方式/習慣及所參與的康樂活動有所改變（與您購買現有人壽保險保單時相比），您或需為新的人壽保險保單支付較高的保費。

(7) **Loss of Financial Benefit under the existing life insurance policy** – You may lose the financial benefit accumulated over the years (e.g. loyalty bonus or dividends) or to which you may be entitled (e.g. terminal bonus or dividends) under the existing life insurance policy.
**現有人壽保險保單下財務利益的損失** – 您或會損失現有人壽保險保單多年來累積的財務利益（例如：長期客戶獎賞或紅利）或損失有權從現有人壽保險保單獲得的財務利益（例如：終期紅利或保單紅利）。

(8) **Financial Benefits under the New Life Insurance Policy Not Guaranteed** – The illustrated benefits of a new life insurance policy may NOT be guaranteed and whether they can be achieved depend on the performance of the issuing insurer of the new life insurance policy. If the new life insurance policy is an investment-linked assurance scheme policy, the illustrated benefits are based on assumed rates of return only.
**新的人壽保險保單的財務利益並非保證** – 新的人壽保險保單的說明所述利益可能並非屬保證利益，並會受發出新的人壽保險保單的保險公司的表現所影響。若新的人壽保險保單為投資相連壽險計劃保單，則其說明所述利益的計算只基於假設回報率。

## Insurability Implications 受保資格的影響

(9) **Changes in Coverage** – If you purchase a new life insurance policy and use it to replace an existing life insurance policy, some benefits, which are the policy features of the existing life insurance policy, may not be covered under the new life insurance policy due to changes in age, health conditions, occupation, lifestyle/habit or recreational activities. Also, riders/supplementary benefits under your existing life insurance policy may not be available under the new life insurance policy.
**保障範圍的轉變** – 若您購買新的人壽保險保單，並以其取代現有人壽保險保單，則現有人壽保險保單的部分保障，可能會因您年齡、健康狀況、職業、生活方式/習慣及參與的康樂活動有所轉變，而不包括在新的人壽保險保單的受保範圍內。此外，新的人壽保險保單可能並不會包括您現有人壽保險保單的附加保障利益。

## Claims Eligibility Implications 索償資格的影響

(10) Benefits under the existing life insurance policy will no longer be payable to you if you surrender the policy or allow it to lapse. Besides, you may need to start a new waiting period in respect of certain benefits (e.g. medical, critical illness, suicide or incontestability) under the terms and conditions of the new life insurance policy.
若您就現有人壽保險保單退保或允許其失效，則現有人壽保險保單將不再為您提供保障。此外，視乎新的人壽保險保單的條款及細則，某些保障的等候期或需重新計算（例如：醫療、危疾、自殺或不可爭議的情況）。

## Declaration 聲明

**By the Insurance Intermediary 保險中介人聲明**

I declare that I have discussed and explained the implications and associated risks (including the above listed items) to the Applicant/Proposer regarding his/her decision to replace his/her existing life insurance policy with a new life insurance policy. I further declare that I have not made any inaccurate or misleading statements or comparisons, or withheld any information which may affect the decision of the Applicant/Proposer.
本人聲明，本人已經與申請人/投保人討論並解釋申請人/投保人就以新的人壽保險保單取代現有人壽保險保單的決定對其的影響及相關風險（包括上述各項）；本人亦聲明，本人並無作出任何不準確或誤導的陳述或比較，或隱瞞任何可能影響申請人/投保人的決定的資料。

| | |
|---|---|
| Signature of the Licensed Insurance Intermediary<br>持牌保險中介人簽署 | Full Name of the Licensed Insurance Intermediary<br>持牌保險中介人姓名 |
| Type of License and Licensed No.<br>牌照類別及牌照號碼 | Date (YYYY/MM/DD)<br>日期（年/月/日） |

**By the Proposed Owner/Owner 建議持有人/持有人聲明：**

I understand the content of the above listed items (1) – (10).
本人明白上述 (1) – (10) 各項之內容。

**Warning: you must read all items carefully and check that the licensed insurance intermediary has explained all the information on this IFS-PR before you sign this IFS-PR.**
**忠告：您必須細閱所有項目，以及確保在簽署本《聲明書》前，持牌保險中介人已經向您解釋本《聲明書》上所有資料。**

| | | |
|---|---|---|
| Signature of the Proposed Owner/Owner<br>建議持有人/持有人簽署 | Full Name of the Proposed Owner/Owner<br>建議持有人/持有人姓名 | Date (YYYY/MM/DD)<br>日期（年/月/日） |

安盛

PDF 表格版本

投保書編號：

# 保險投保書（保險經紀版本）

| 理財顧問編號 | 理財顧問姓名 |
|---|---|
| 1.<br>2. | 1.<br>2. |

**重要事項：**

- 您必須在此投保書上充分及如實地填報一切有關的重要事實，因為您與本公司之合約將以這些事實為根據，否則所出之保單將告無效或可被視為無效。如您不清楚某一事實是否重要，也請將此事實在下面說明。如所提供之空位不敷應用，請於申請補充表格上列明題號及詳情。
- 請以正楷填寫此投保書，及在適當方格內加上「✔」號或刪去不適用者。
- 此表格亦適用於設有投保額之投資連繫式壽險產品。
- 所遞交之正本申請書及所需文件將不獲退還。
- 本投保書有英文版本供選擇 /This form is also available in English.

## A1. 建議被保人 / 建議持有人個人資料

| | 建議被保人 | 建議持有人<br>（如建議持有人為建議被保人則無須填寫） |
|---|---|---|
| 1. 姓名<br>（香港身份證 / 護照 / 出生證明書上的姓名） | 英文姓名<br>姓<br>名<br>中文姓名 | 英文姓名<br>姓<br>名<br>中文姓名 |
| 2. 性別 | ☐ 男性 ☐ 女性 | ☐ 男性 ☐ 女性 |
| 3. 出生日期 | 年 月 日 | 年 月 日 |
| 4. 出生地 | 國家 城市 / 城鎮 | 國家 城市 / 城鎮 |
| 5. 國籍 | | |
| 6. 香港身份證 / 護照 / 出生證明書 / 商業登記號碼<br>（請遞交副本）<br><br>**註：**<br>* 如建議被保人年齡為 18 歲以下。<br>@ 如為非香港永久居民，請遞交國籍證明。<br># 如建議持有人為公司團體，需連同本投保書同時填交「投保 / 保單服務申請資料補充 - 建議持有人為公司團體專用」。 | ☐ 香港永久居民：<br>香港身份證 / 出生證明書號碼 *<br><br>☐ 非香港永久居民：<br>香港身份證號碼 @（如有）<br><br>護照號碼 / 出生證明書號碼 * | ☐ 香港永久居民：<br>香港身份證號碼<br><br>☐ 非香港永久居民：<br>香港身份證號碼 @（如有）<br><br>護照號碼<br><br>☐ 公司團體客戶 #：商業登記號碼 |
| 7. 與建議被保人之關係 | 不適用 | ☐ 配偶 ☐ 父母 ☐ 其他 |
| 8. 僱主名稱 | | |
| 9. 辦事處地址<br>**註：**如地址位於中國大陸，請完成本表格的第 J 部份。 | 室 / 單位 層數 座<br>大廈或屋邨名稱<br>街道名稱及號碼<br>城市 / 地區<br>郵寄代號 國家 | 室 / 單位 層數 座<br>大廈或屋邨名稱<br>街道名稱及號碼<br>城市 / 地區<br>郵寄代號 國家 |
| 10. 僱主業務性質 | | |
| 11. 職業 | 職位 主要職務 | 職位 主要職務 |
| 12. 現時每月收入（港幣） | | |

建議持有人簽署 _____

| A1. 個人資料（續） | 建議被保人 | 建議持有人 |
|---|---|---|
| 13. 教育程度 | ☐ 小學或以下 ☐ 中學/預科 ☐ 大專或以上 | ☐ 小學或以下 ☐ 中學/預科 ☐ 大專或以上 |
| 14a. 住宅地址<br><br>**註：**<br>i. 請遞交於申請遞交日期3個月內發出之地址證明。<br>ii. 如居住在香港，請以英文填寫地址；中國內地或台灣地址可以英文或中文填寫。<br>iii. 如地址位於中國大陸，請完成本表格的第J部份。 | 室/單位 ／ 層數 ／ 座<br>大廈或屋邨名稱<br>街道名稱及號碼<br>城市/地區<br>郵寄代號 ／ 國家 | 室/單位 ／ 層數 ／ 座<br>大廈或屋邨名稱<br>街道名稱及號碼<br>城市/地區<br>郵寄代號 ／ 國家 |
| 14b. 您曾否於過去十二個月內在所提供之住宅地址的國家/城市以外居留超過六個月？ | ☐ 有 （請註明國家及城市）：<br>☐ 否 | ☐ 有 （請註明國家及城市）：<br>☐ 否 |
| 15. 永久地址<br>（如與上述住宅地址相同則無須填寫及見14a. 題註ii.）<br>**註：**如地址位於中國大陸，請完成本表格的第J部份。 | | |
| 16. 建議持有人之通訊地址<br>（如與上述住宅地址相同則無須填寫及見14a. 題註ii.）<br>**註：**如地址位於中國大陸，請完成本表格的第J部份。 | 室/單位 ／ 層數 ／ 座 ／ 大廈或屋邨名稱<br>街道名稱及號碼 ／ 城市/地區 ／ 郵寄代號 ／ 國家 | |
| 17. 聯絡號碼<br><br>國家編號<br>香港：852<br>中國：86<br>其他：請註明 | 流動電話：（國家編號）<br>住宅：（國家編號）（地區編號）<br>辦事處：（國家編號）（地區編號） | 流動電話：（國家編號）<br>住宅：（國家編號）（地區編號）<br>辦事處：（國家編號）（地區編號） |
| 18. 電郵地址 | | |

為了減少用紙及為您提供更好的數碼體驗，如您在此表格上提供了流動電話號碼或電郵地址，您將自動採用「電子保單服務」及「電子通知書服務」。您將不會收到相關的紙本文件。

當您的保單簽發後，我們將向您發送電子郵件/短訊。請透過Emma by AXA（應用程式及網上平台）啟動您的帳戶，以隨時查閱及下載「電子保單」及/或「電子通知書」。詳情請瀏覽 www.axa.com.hk/zh/emma-by-axa。

如您希望收到相關的紙本文件，請在下面適當的空格內填上✓號

☐ **保單合約** – 我要求收取我的「保單合約」之紙本版本

☐ **保單文件** – 我不希望採用「電子通知書服務」，並要求只收取我的保單文件之紙本版本

請注意此服務受「電子保單服務」及「電子通知書服務」的條款及細則約束。請參閱此表格的第F部分或本公司網頁 www.axa.com.hk 內的「電子通知書服務」條款及細則。AXA安盛有權不時修訂有關的條款及細則。

**19. 稅務居民身份自我證明（海外帳戶稅收合規法案(FATCA)及共同匯報標準(CRS)）**

稅法規定本公司收集顧客之稅務居民身份的資料。根據您的稅務居民身份，本公司可能需要將這張表格的資料以及和此保單有關的信息申報給相關稅務機構。如果您對如何確定您的稅務居民身份有任何疑問，請諮詢您的稅務顧問。

根據本公司所屬的司法管轄區的法律，如任何人作出自我證明時，在要項上作出明知屬具誤導性、虛假或不正確的陳述，便可能觸犯當地法律。該人士可能因此而負上法律責任。

19a. **根據FATCA的美國稅務居民身份聲明**

**[適用於建議持有人為個人]**

建議持有人是否美國公民或美國稅務居民？ ☐ 是 ☐ 否

如是，請同時填交「資料補充 — 稅務居民身份自我證明（個人）」。

如否，但若您成為美國公民或美國稅務居民，請立即（且在任何情形下須於您成為美國公民或美國稅務居民的三十日內）通知本公司。

**[適用於建議持有人為非個人]**

建議持有人是否實體或信託？ ☐ 是 ☐ 否

如是，請同時填交「資料補充 — 稅務居民身份自我證明（非個人）」及 (a) IRS W-8 表格（用於實體）如您為非美國實體或信託；或 (b) IRS W-9 表格如您為美國實體或信託。

有關美國公民、美國稅務居民、美國實體或美國信託之定義，詳情請瀏覽美國國稅局網站 www.irs.gov。如有任何疑問，應諮詢您的個人專業顧問。

請在下一部分19b申報您的所有其他稅務居民身份。

建議持有人簽署 _____

## A1. 個人資料(續)

19b. **根據CRS的非美國稅務居民身份聲明(包括香港及/或澳門)**

根據經濟合作與發展組織(「經合組織」"OECD")的CRS規定,財務機構須根據帳戶持有人的稅務居民身份收集及申報若干所需資料。每個司法管轄區均按其本身的規則釐定稅務居民的定義。一般來說,稅務居民身份是依您居住的國家所定。若干特殊情況(包括出國留學、在海外工作或長期旅行)可能導致您成為其他地方的居民或同時成為超過一個國家的居民(多重居住地)。你繳納稅款的國家/司法管轄區很可能就是你的稅務居民身份的國家/司法管轄區。有關稅務居民身份的其他詳情,請諮詢您的稅務顧問,或瀏覽下列經合組織有關自動交換資料的網頁鏈結 http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/

本公司須遵從《稅務條例》的以下要求以協助香港稅務局進行自動交換若干財務帳戶資料:

(i) 識辨若干帳戶為非豁除財務帳戶;(ii) 識辨非豁除財務帳戶持有人及若干非豁除財務帳戶持有實體所屬之稅務居民司法管轄區;(iii) 釐定若干非豁除財務帳戶持有實體的身份為被動非財務實體,及識辨該些實體的控權人的稅務居民司法管轄區;(iv) 收集非豁除財務帳戶的若干資料(「所需資料」);及(v) 提交若干「所需資料」給香港稅務局(以上合共稱為「自動交換資料要求」)。

建議持有人同意遵從本公司提出的需求以符合「自動交換資料要求」。

**[適用於建議持有人為個人]**

請註明您的稅務居住國/稅務居民司法管轄區(請列出所有稅務居民身份(包括香港及/或澳門在內)及相關的稅務編號)。有關更多稅務居民身份和稅務編號的相關資料,請參閱經合組織有關自動交換資料的網站。

如沒法提供稅務編號,請提供以下其中一個適當的理由,甲或乙:

理由 甲 — 居留國家/司法管轄區並沒有向其居民發出稅務編號
理由 乙 — 您不能取得稅務編號或具有同等功能的編號

| | 稅務居住國/稅務居民司法管轄區 | 稅務編號或具有同等功能的編號(如沒有,請填寫「不適用」) | 若沒有提供稅務編號,請剔選理由 甲 或 乙 |
|---|---|---|---|
| 1.* | | | ☐ 理由 甲 ☐ 理由 乙 |
| 2. | | | ☐ 理由 甲 ☐ 理由 乙 |
| 3. | | | ☐ 理由 甲 ☐ 理由 乙 |
| 4. | | | ☐ 理由 甲 ☐ 理由 乙 |

* 如果您並無美國以外的稅務居民身份,請在第一空格中填寫「無」

如選擇**理由乙**,請在下列空格中解釋您不能取得稅務編號的原因。

1.
2.
3.
4.

本人/我們承諾,如情況有所改變,以致本表格所載的資料不正確,本人/我們會通知貴公司,並會在情況發生改變後三十日內,向貴公司提交一份已適當更新的「資料補充 — 稅務居民身份自我證明(個人)」表格。

**[適用於建議持有人為非個人]**

請填交「資料補充 — 稅務居民身份自我證明(非個人)」。

## A2. 個人資金來源聲明及附加問題

20. 您是否代表其他人士提出此投保申請? ☐ 是 ☐ 否

如是,請同時填交「投保/保單服務申請資料補充 – 代表其他人士提出申請之聲明」。

21. 您支付保費的資金來源為:(可選多於一項)

☐ 薪金收入/獎金花紅 ☐ 租金收入 ☐ 累積儲蓄 ☐ 投資回報/持續投資收入

☐ 退休金/持續退休金收入及退休前職業: ☐ 貸款 ☐ 生意盈利

☐ 其他: (如經濟需要他人資助,請提供與建議持有人關係、其職業及職位)

22. 您在香港投保的原因是:(只適用於非香港身份證持有人)

☐ 產品種類 ☐ 風險分散 ☐ 其他(請註明):

## A3. 受益人資料

23. 如分配比率未有註明,保單的身故賠償將平均支付予每名受益人。如未有指定受益人,身故賠償將根據您的保單合約支付。

| 受益人姓名 | 香港身份證/護照號碼 | 與建議被保人之關係 | 分配比率(%) |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | **總共:** | **100%** |

建議持有人簽署 _____

## B1. 計劃詳情

| | | |
|---|---|---|
| 24. 保單合約語言<br>☐ 英文 ☐ 中文 | 25. ☐ 由定期保險轉換<br>保單編號： | 26. ☐ 取代「更安心」醫療保險（適用於智輕鬆）<br>保單編號： |
| 27. 保單貨幣 | ☐ 美金 ☐ 港幣 ☐ 其他（請註明）： | |
| 28. 繳費方式 | ☐ 月繳（必須申請自動轉帳） ☐ 半年繳 ☐ 年繳 ☐ 一筆過繳付保費 | |
| 29. 續期保費繳付方法<br>（如非自動轉帳，將會使用郵寄帳單） | ☐ 銀行自動轉帳（請填寫直接付款授權書）<br>☐ ICBC AXA安盛信用卡自動轉帳（請填寫ICBC AXA安盛信用卡付款授權書） | |
| 30. 基本計劃<br>年金開始年齡（適用於年金產品）：_____ | | 31. 保額/保障金額/名義金額 |

| 保障種類 | 附加契約 | 保額/保障金額 |
|---|---|---|
| 32a. 豁免保費 | ☐ 豁免保費（附加於基本計劃及定期保險附加契約）<br>☐ 因申請人身故而豁免保費至被保人年滿18歲<br>☐ 因申請人身故而豁免保費至被保人年滿21歲<br>☐ 因申請人身故或傷殘而豁免保費至被保人年滿18歲<br>☐ 因申請人身故或傷殘而豁免保費至被保人年滿21歲 | |
| 32b. 意外 | ☐ 倍關懷意外保險 | |
| | ☐ 意外保險 | |
| | ☐ 兒童意外保障計劃1 ☐ 兒童意外保障計劃2 | |
| | ☐「享未來」意外保險（只可附加於「享未來」人壽保障）<br>（保費繳付期： ☐ 10年 ☐ 15年 ☐ 20年 ☐ 至85歲）<br>☐「倍為您」意外保險<br>（保費繳付期： ☐ 10年 ☐ 15年 ☐ 20年 ☐ 至85歲） | |
| | ☐ 意外保險首年免繳附加契約 | |
| | ☐ 意外保險首3年免繳附加契約 | |
| 32c. 危疾 | ☐ 康采II多重保障附加契約 ☐ 康采II多重保障（加強版）附加契約<br>（保費繳付期： ☐ 10年 ☐ 15年 ☐ 20年 ☐ 25年 ☐ 至85歲）<br>☐ 多重保障III附加契約 ☐ 多重保障III（加強版）附加契約<br>（保費繳付期： ☐ 20年 ☐ 25年 ☐ 至85歲） | |
| | ☐ 康采II早期嚴重疾病保障附加契約<br>（保費繳付期： ☐ 10年 ☐ 15年 ☐ 20年 ☐ 25年 ☐ 至85歲）<br>☐ 早期嚴重疾病保障III附加契約<br>（保費繳付期： ☐ 10年 ☐ 15年 ☐ 20年 ☐ 25年 ☐ 至85歲） | |
| | ☐ 真智康寧保險II（附加於基本計劃） ☐ 金裝康寧保險II（附加於基本計劃） | |
| | ☐ 金裝康愉保險II ☐ 智倩女性保障 | |
| | ☐ 金裝康寧保險II（附加於定期保險） | |
| 32d. 定期保險 | ☐ 真智精選定期保險附加契約/真智定期保險附加契約<br>（續保年期： ☐ 每年 ☐ 5年 ☐ 10年 ☐ 至75歲） | |
| | ☐「十年續保真智精選定期保險首年免繳附加契約」/「十年續保真智定期保險首年免繳附加契約」 | |
| 32e. 醫療 | ☐ AXA安盛守慧醫療保障 | |
| | ☐ 智輕鬆醫療保障 ☐ 額外醫療附加保障 | |
| | ☐ 真智安心醫療保障 ☐ 標準 ☐ 特級 ☐ 至尊<br>☐ 額外醫療附加保障 | |
| | ☐ AXA安盛智尊守慧醫療保障<br>☐ 標準 ☐ 卓越 ☐ 優尚 ☐ 尊貴<br>自付費： ☐ 港元0/美元0 ☐ 港元20,000/美元2,500 ☐ 港元50,000/美元6,250 | |
| | ☐ 真智住院現金保障 ☐ 經濟 ☐ 標準 ☐ 特級 ☐ 至尊 | |
| | ☐ 癌症治療保障II ☐ 標準 ☐ 特級 | |
| | ☐ 癌症及中風治療保障 ☐ 標準 ☐ 特級 | |
| | ☐ 紅粉醫療保障 | |
| | ☐ 盛滿愛住院現金保障 ☐ 盛滿愛住院現金保障 —首年一元附加契約 | |
| 32f. 傷病 | ☐ 傷病入息保障 ☐ 傷病入息特級保障<br>最長保險賠償期： ☐ 2年 ☐ 5年 ☐ 65歲<br>等候期： ☐ 30日 ☐ 60日 ☐ 90日 ☐ 180日 | |
| 32g. 長期護理 | ☐「愛護一生」終身保障附加契約 | |
| 32h. 其他 | | |

建議持有人簽署 _____

## B1. 計劃詳情(續)

| | |
|---|---|
| 33a. 紅利分派方式 (如適用) | ☐ 現金 ☐ 抵繳保費 (請遞交抵繳保費補充說明) ☐ 積存 ☐ 紅利繳清保險 |
| 33b. 年金支付選項 (如適用) | ☐ 現金給付 ☐ 積存 |

## B2. 投資連繫式壽險計劃詳情(如適用)

34. 身故賠償選項(如適用) ☐ 固定身故賠償 ☐ 遞增身故賠償 ☐ 其他

35. ☐ 一筆過投資保費(按保單貨幣) $ ☐ 額外投資保費 (以每次繳費方式計) (按保單貨幣) $

36. 投資選擇分配指示

就所選投資連繫式壽險計劃現時可供選擇的投資選擇,請參閱有關計劃的投資選擇簡介。您可揀選最多10項投資選擇。所揀選的每項投資選擇最少分配為10%。

| 投資選擇 | 分配百分比 |
|---|---|
| | % |
| | % |
| | % |
| | % |
| | % |
| | % |
| | % |
| | % |
| | % |
| | % |
| **總共** | **100%** |

## C1. 個人聲明:其他保險資料

37. 建議被保人所有現行生效(包括在申請中)之保險保障。如適用,請於下列表格內註明。

| 承保公司名稱 | 保額/保障金額/名義金額/保障(港幣) | | | | | 簽發日期 (年/月) |
|---|---|---|---|---|---|---|
| | 人壽保險 (包括終身年金) | 傷病入息保障 | 嚴重疾病保險 | 個人意外 | 住院現金/入息 | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

**注意:在完成C2及C3部份前,請細閱以下聲明。**

**資料收集聲明**

*(i) 此問卷收集與健康相關的資料僅作為核保之用途,而核保是本公司評估申請人之健康風險及決定申請結果的程序。本公司採用的核保程序應為公平合理,並會因應客戶要求解釋申請結果。*

*(ii) 作為申請人,閣下需要盡其所知所信,按本問卷中要求向本公司提供完整及準確的資料。本公司根據閣下提供的資料,可能會提出跟進問題或查詢而需要閣下進一步提供資料以作核保之用。*

*(iii) 若閣下在提交本申請表後至閣下收到保單前的期間就本問卷中提供的資料有任何改變或更新,閣下需要及早通知本公司。*

*(iv) 即使已成功投保並獲簽發保單,若閣下未按(ii)所述盡其所知所信向本公司提供完整及準確的資料,或未按(iii)所述就資料的任何改變或更新而及早通知本公司,閣下的保險保障可能會受到影響,本公司亦可能因此終止、作廢或撤銷有關保單,或拒絕賠償。*

## C2. 個人聲明:健康相關資料(第一部份)

(個人償款住院保險產品請完成C3 - 個人聲明:健康相關資料(第二部份)。其他產品包括癌症治療系列、癌症及中風治療系列請完成C2及C3部份)

此部份所提及的「您」及「您的」,乃指有關此投保申請的建議被保人。如同時申請申請人之豁免保費,建議持有人亦必須完成此部份。

若38、39或41 、42題中任何一題之答案為「是」,請於「健康資料補充」表格中註明詳情。在38-43問題中披露的任何資料,都不會作為核保個人償款住院保險產品之用途。

| 基本資料 | 建議被保人 | | 建議持有人 | |
|---|---|---|---|---|
| | 是 | 否 | 是 | 否 |
| 38. 您是否曾因健康/醫療理由於投保或要求復效或續保人壽、嚴重疾病、醫療或傷病保險時被拒絕、延期、增加保費或附加不保事項? | ☐ | ☐ | ☐ | ☐ |
| 39. 您是否曾服用成癮性藥物或麻醉劑,或因藥物或飲酒問題而接受治療或輔導? | ☐ | ☐ | ☐ | ☐ |
| 40. 您是否有參與或打算參與任何危險性活動?例如:潛水、爬山、花式跳傘、跳傘、懸掛滑翔飛行、賽車或飛行(以乘客身份乘搭商業性之民航客機除外)。如有,請填妥有關問卷/個人聲明。 | ☐ | ☐ | ☐ | ☐ |

**健康資料**

| **申請人無需披露以下健康狀況或治療 –<br>傷風/感冒/喉嚨痛、腸胃炎/食物中毒(已痊癒)、消化不良(無需檢查)、痤瘡、肌肉扭傷(已痊癒)、鵝口瘡、常規產前掃描/血液檢驗(檢驗結果正常)、常規子宮頸細胞塗片檢驗(檢驗結果正常)、常規健康檢查(檢查結果正常)、預防疫苗、荷爾蒙補充治療(更年期)、不育治療或胎兒生長情況正常的懷孕、近視/遠視/散光/老花。** | 建議被保人 | | 建議持有人 | |
|---|---|---|---|---|
| | 是 | 否 | 是 | 否 |
| 41. 您目前是否患有或曾被確診患有下列疾病或健康狀況? | | | | |
| a. 癌症或原位癌、腫瘤、黑色素瘤、囊腫、結節、瘜肉、腫塊或任何其他贅生物 | ☐ | ☐ | ☐ | ☐ |
| b. 心臟疾病包括胸痛、心絞痛、心律失常或心臟結構異常 | ☐ | ☐ | ☐ | ☐ |
| c. 中風包括短暫性腦缺血(俗稱「小中風」)或腦動脈瘤/蜘蛛網膜下腔出血 | ☐ | ☐ | ☐ | ☐ |
| d. 高血壓 | ☐ | ☐ | ☐ | ☐ |
| e. 甲狀腺疾病,包括甲狀腺功能減退或甲狀腺功能亢進(甲亢) | ☐ | ☐ | ☐ | ☐ |
| f. 糖尿病、葡萄糖耐量異常、腎病、泌尿生殖系統(包括膀胱或前列腺)或生殖器官之疾病 | ☐ | ☐ | ☐ | ☐ |
| g. 椎間盤突出、脊椎退化性疾病、關節炎或其他關節疾病 | ☐ | ☐ | ☐ | ☐ |
| h. 需要植入醫療儀器或義肢的疾病或健康狀況 | ☐ | ☐ | ☐ | ☐ |
| i. 先天性疾病(指於出生時或之前已存在的醫學、生理或精神上的異常) | ☐ | ☐ | ☐ | ☐ |
| j. 身體缺陷、不健全、畸形,及/或影響活動能力、視力、說話能力及/或聽力的狀況 | ☐ | ☐ | ☐ | ☐ |
| k. 精神健康狀況(例如抑鬱、焦慮、精神分裂、飲食失調或躁狂抑鬱症) | ☐ | ☐ | ☐ | ☐ |
| l. 高膽固醇症或高血脂症 | ☐ | ☐ | ☐ | ☐ |
| m. 人體免疫力缺乏病毒(愛滋病病毒)感染、肝臟疾病(例如乙型肝炎或丙型肝炎(包括測試呈陽性反應)、脂肪肝或肝硬化) | ☐ | ☐ | ☐ | ☐ |
| n. 多發性硬化症或神經系統疾病(例如亞茲海默氏症、腦癇症) | ☐ | ☐ | ☐ | ☐ |
| o. 呼吸系統疾病、血液或血管之疾病、自身免疫性疾病(例如重症肌無力症)、睡眠障礙(例如阻塞性睡眠窒息症) | ☐ | ☐ | ☐ | ☐ |
| p. 膽囊疾病、或任何腸胃疾病(包括胃/十二指腸潰瘍、潰瘍性結腸炎) | ☐ | ☐ | ☐ | ☐ |
| 42. **只適用於少年申請人(18歲以下人士):**您是否曾被確診身體、精神發展問題或神經發展障礙,例如專注力不足/過度活躍症、自閉症譜系障礙、發展遲緩,或有相關病徵或症狀出現? | ☐ | ☐ | ☐ | ☐ |
| 43. 您的親生父母、兄弟姊妹是否於六十歲前被診斷患有以下疾病? | ☐ | ☐ | ☐ | ☐ |
| • 癌症、心臟疾病、中風、糖尿病、亨丁頓舞蹈症、多囊性腎病、多發性硬化症、亞茲海默氏症或其他任何遺傳疾病。如有,請於下列表格內說明疾病性質,例如乳癌、大腸癌或心臟病發作等。 | ☐ 本人為領養的 | | ☐ 本人為領養的 | |

| 建議被保人 | | | 建議持有人 | | |
|---|---|---|---|---|---|
| 親屬 | 診斷/狀況 | 病發年齡 | 親屬 | 診斷/狀況 | 病發年齡 |
| | | | | | |
| | | | | | |
| | | | | | |

建議持有人簽署 _____

## C3. 個人聲明:健康相關資料(第二部份)

(所有個人償款住院保險產品及其他適用之保險產品請完成此部份)

此部份所提及的「您」及「您的」,乃指有關此投保申請的建議被保人。如同時申請申請人之豁免保費,建議持有人亦必須完成此部份。

若46至51題中任何一題之答案為「是」,請於「健康資料補充」表格中註明詳情。

**基本資料**

| 44. | 建議被保人 | 建議持有人 |
|---|---|---|
| a. 身高 | 厘米 或 呎 吋 | 厘米 或 呎 吋 |
| b. 體重 | 公斤 或 磅 | 公斤 或 磅 |

| | 建議被保人 | | 建議持有人 | |
|---|---|---|---|---|
| | 是 | 否 | 是 | 否 |
| 45. 您有沒有吸煙或在過去十二個月內曾否吸煙?<br>「吸煙」在此問題的含義包括但不限於香煙、雪茄、煙斗、嚼煙及使用尼古丁補充劑產品(例如電子煙)。<br>如有,請註明煙草產品種類、頻密度及吸食份量。 | ☐ | ☐ | ☐ | ☐ |
| a. 香煙 | ☐ 支/每天 | | ☐ 支/每天 | |
| b. 其他(請註明): | ☐ 支/每天 | | ☐ 支/每天 | |

**健康資料**

| **申請人無需披露以下健康狀況或治療 –<br>傷風/感冒/喉嚨痛、腸胃炎/食物中毒(已痊癒)、消化不良(無需檢查)、痤瘡、肌肉扭傷(已痊癒)、鵝口瘡、常規產前掃描/血液檢驗(檢驗結果正常)、常規子宮頸細胞塗片檢驗(檢驗結果正常)、常規健康檢查(檢查結果正常)、預防疫苗、荷爾蒙補充治療(更年期)、不育治療或胎兒生長情況正常的懷孕、近視/遠視/散光/老花。** | 建議被保人 | | 建議持有人 | |
|---|---|---|---|---|
| | 是 | 否 | 是 | 否 |
| 46. 在過去五年內,您是否曾經或被建議定期或持續(例如每月、每兩個月、每半年、每年)為任何疾病或健康狀況接受專業醫護人員(例如專科醫生、物理治療師、精神科醫生)的跟進診治或醫療護理? | ☐ | ☐ | ☐ | ☐ |
| 47. 在過去五年內,您是否曾被醫生建議定期(例如按醫生指示每日/每週一次/有需要時)服用為期超過一個月的處方藥物? | ☐ | ☐ | ☐ | ☐ |
| 48. 在過去五年內,您是否曾入住醫院? | ☐ | ☐ | ☐ | ☐ |
| 49. 在過去五年內,您是否曾在非住院情況下接受外科程序(包括內窺鏡檢查或活組織化驗)? | ☐ | ☐ | ☐ | ☐ |
| 50. 在過去五年內,您是否曾接受或曾被建議接受檢查(例如驗血、驗尿、心電圖、X光、超聲波、電腦掃描、磁力共振、正電子掃描、愛滋病測試、乙型肝炎測試、丙型肝炎測試)?<br>如果答案屬「是」,您的檢查結果是否包括下列情況? | ☐ | ☐ | ☐ | ☐ |
| a. 檢驗結果正常 | ☐ | ☐ | ☐ | ☐ |
| b. 檢驗結果異常 | ☐ | ☐ | ☐ | ☐ |
| c. 您正等候檢驗或檢驗結果 | ☐ | ☐ | ☐ | ☐ |
| d. 檢驗結果為無定論或不確定(需要重新或進一步檢驗) | ☐ | ☐ | ☐ | ☐ |
| e. 就檢驗結果已尋求醫療意見或需要接受治療(例如一些未必需要即時治療的情況如肝囊腫/腦囊腫/關節退化或鈣化/於成像檢測中發現肺部或乳房或甲狀腺出現鈣化) | ☐ | ☐ | ☐ | ☐ |
| 51. 您是否有任何其他健康狀況或病徵及症狀(例如腫塊、頭痛、持續咳嗽、胸痛或上腹痛)而正在或打算尋求醫療意見? | ☐ | ☐ | ☐ | ☐ |
| 52. **[只適用於兩歲或以下之受保兒童]**受保兒童是否於懷孕第37週前出生,及/或出生時體重少於2.5公斤(5.51磅)?<br>如答案屬「是」,請提供出生時之體重: | ☐ | ☐ | | |
| a. 多於2.50公斤/5.51磅 | ☐ | | | |
| b. 1.51 - 2.50公斤/3.32 - 5.51磅 | ☐ | | | |
| c. 1.00 - 1.50公斤/2.20 - 3.31磅 | ☐ | | | |
| d. 少於1.00公斤/2.20磅 | ☐ | | | |

## D. 附註或特別要求

☐ 追溯保單生效日期至建議被保人生日的前一天,惟不得超過6個月。如該日為29日至31日,將轉為28日。(追溯保單生效日期不適用於部份產品,例如投資連繫式壽險計劃、醫療保險基本計劃及傷病入息保障基本計劃、任何投保自願醫保計劃下相關認可產品之保單等。詳情請參閱產品手冊)

☐ 其他:

## E. 轉保聲明

您是否使用或打算使用現有人壽及/或醫療保險保單的部分或全部資金，或使用或打算使用通過減少現有人壽及/或醫療保險保單的應付保費而節省的金額，以資助您購買新的人壽及/或醫療保險保單？

例如，此等資金或金額可能來自：

a) 就您現有人壽及/或醫療保險保單作出退保/部分退保的安排，以獲得其退保價值
b) 從您現有人壽及/或醫療保險保單中提取保單貸款(包自動保費貸款)
c) 從您現有人壽及/或醫療保險保單中提取保單價值(例如：套現紅利或贖回基金單位等)
d) 容許您現有人壽及/或醫療保險保單失效(例如：終止支付保費)
e) 行使您現有人壽及/或醫療保險保單中「保費假期」的權利

☐ 是 ☐ 尚未決定 ☐ 否 *請在適當的方格內填上剔號(只可選擇一項)*

**忠告：請小心回答上述問題。就現有人壽及/或醫療保險保單作出變更未必符合您的最佳利益。您的持牌保險中介人必須向您解釋有關變更對您的財務、受保資格及索償資格所構成的影響。因此，您的持牌保險中介人可能會向您索取您現有人壽及/或醫療保險保單的某些資料。您可能需要聯絡現有人壽及/或醫療保險保單的保險公司並向其索取有關現有人壽及/或醫療保險保單準確及最新的資料。**

**請同時簽署及提交《重要資料聲明書 — 轉保》(如適用)，您的持牌保險中介人必須向您解釋相關資料。**

**注意：請勿在空白表格上簽署**

| | |
|---|---|
| 建議持有人簽署 | 在香港簽署日期(年/月/日) |
| 理財顧問簽署 | 在香港簽署日期(年/月/日) |
| 理財顧問姓名 | 牌照類別及牌照號碼 |

## F. 聲明及授權

"本公司"、"貴公司"或"AXA安盛"：安盛保險(百慕達)有限公司(於百慕達註冊成立的有限公司)/安盛金融有限公司
本人謹此確認本人並沒有代表任何其他人士提出此投保申請；如在此投保書或就此申請提交的任何其他文件上另有註明則除外。
本人謹此代表本人及其他在此投保書提及之人士(下稱「相關人士」或「我們」)(為免存疑，「相關人士」或「我們」指包括本人及此投保書提及之其他人士)聲明及同意

1. 上述一切陳述及問題的所有答案，不論是否本人親手所寫，就本人所知所信，均為事實全部並確實無訛；
2. 上述問題的所有答案及此投保書，將成為發出保單的根據，並作為保單的一部份；
3. 本人已細閱並明白於本投保書上所申請的計劃及/或附加保障之相關銷售/推廣文件，包括但不限於(如適用)主要銷售刊物(如投資連繫式壽險計劃)、建議書(包括說明文件)、產品單張及宣傳單張之內容；
4. 就本人在本申請表中或以任何方式，為本申請或與之相關，或為本申請有關未來服務或與之相關而向AXA安盛提供其他人士(包括但不限於受益人)(**"該等其他人士"**)的個人資料，(a) 本人已合法地從該等其他人士取得個人資料；(b) 本人已通知該等其他人士AXA安盛的私隱政策#及有關資料收集文件(即本申請表或為本申請而向AXA安盛提供的任何其他文件)，並取得該等其他人士對AXA安盛私隱政策#所述的資料處理(包括向AXA安盛提供個人資料)的一切必要同意；(c) 如對該等其他人士的個人資料的處理超出了該等其他人士原先提供的同意範圍，本人將協助AXA安盛取得該等其他人士的一切必要同意；(d) 本人確認並理解，根據適用的保障資料法律，未成年人是指未滿14歲(在中國大陸)或未滿18歲(在香港)的人士，以及本人是未成年的該等其他人士的監護人(或本人已獲未成年的該等其他人士的監護人授權)，或本人已獲非未成年的該等其他人士(例如，身處中國大陸的14-17歲的個別人士)的授權，可代表他/她作出必要的同意；及 (e) 本人已採取合理可行的措施，確保本人向AXA安盛提供的個人資料是準確和完整的；
5. 如投資連繫式壽險計劃，本人之投資選擇分配是基於本人之個人判斷，並沒有依賴理財顧問或其他代表貴公司人士所提供的意見。本人完全明白投資在投資連繫式壽險計劃涉及風險，投資選擇單位價值可升亦可跌，投資連繫式壽險計劃的全部或部分可支付利益將視乎保單的特點與本人之投資選擇分配指示中所揀選之投資選擇的表現連繫；
6. 本人確認除關於影響個別投資選擇價值之證券或其他資產的真實資料外，理財顧問或任何代表貴公司之人士並無向本人就任何投資連繫式壽險計劃提供任何投資意見，或跟本人討論或提供任何有關投資連繫式壽險計劃旗下任何證券或其他資產的任何資料；
7. 本人明白並同意，如本人申請獲取有關體格檢驗/化驗所測試報告的結論，本人必須向本公司補償由醫生/化驗所收取的費用；
8. 本人會向貴公司申報，自簽署此投保書至保單簽發期間，有關任何一位相關人士之醫療診治及/或健康上及/或重要事實之轉變；
9. 保單必須於相關人士在生期間簽發及繳清首期保費，以及符合所有規定後，方能生效；
10. 本人對任何人所作出的任何聲明，如沒有在此投保書上填寫或印出，貴公司不須受其約束。

# 在此取得私隱政策：https://www.axa.com.hk/zh/legal

如我們不能提供任何此投保申請所需的資料，貴公司或不能接受或處理此申請。
本人謹此代表相關人士陳述、保證及證明

1. (i) 所有將會投資在保單內的資金已經或將會向本人/我們以稅務為目的之慣常居所之管轄區的有關稅務機關作出申報及/或向任何其他根據適用的法律及規例而必需或適當之管轄區的有關稅務機關作出申報，及 (ii) 沒有任何資金是從非法活動或來源及/或逃稅直接或間接得來；
2. AXA安盛集團及本公司有長期政策與稅務及其他政府機關合作打擊清洗黑錢、逃稅或其他非法活動。當本人/我們並非本保單發出地之管轄區的稅務居民(「跨境交易」)，AXA安盛集團可根據適用的法律及規例，向相關的稅務及/或其他政府機構披露本人/我們的身份及某些有關本投保申請之保單的資料。本人/我們謹此准許並同意本公司可根據其酌情權作出該等披露；
3. 如有違反上述陳述及保證，本人/我們現共同及個別以明示方式確認及同意，在適用法律及規例所允許的最大限度下，貴公司有權(i)立即終止保單；(ii)不論根據本段落第(i)條而終止保單的實際日期，向本人/我們徵收相當於保單在發出後即時被退保而根據保單可徵收的最高退保費



建議持有人簽署 _____

用及任何其他費用;(iii)通知有關政府機關及向其提供所有根據貴公司全權酌情決定認為有需要或適當有關任何相關人士及/或保單的資料;及(iv)如在諮詢政府機關及法律顧問後認為合適,(a)向本人退還直至終止日期已支付予貴公司的保費及其他數額,但扣減根據本段落第(ii)條適用之退保費用及其他費用(「退款數額」),或(b)因應主管政府機關要求或需要,凍結或向有關政府機關繳交全部或部分的退款數額,或應主管政府機關的要求或需要,採取其他行動。

本人謹此代表相關人士授權

1. 任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構、或其他組織、機構或人士,凡知道或持有任何有關本人/相關人士之記錄,及/或曾診驗或可能將會診驗本人/相關人士者,均可應貴公司要求將該等資料提供給貴公司;
2. 貴公司或任何其指定之驗身醫生、醫療人員或化驗所,可就此申請或任何與此有關之賠償申請替本人/相關人士進行所需之醫療評估及測試,作為審核本人/相關人士之健康狀況;
3. 貴公司於有需要時,向保險業監管局或其他機構提供相關紀錄或資料。

此授權對相關人士之繼承人及受讓人具有約束力;即使相關人士死亡或無行為能力時,此授權仍具效力。此授權書的影印本與正本均有同等效力。

**「電子保單服務」及「電子通知書服務」之條款及細則(如適用)**

本人確認並同意:

1. 若本人已為保單文件申請使用「電子保單服務」,安盛金融有限公司或安盛保險(百慕達)有限公司(同稱為"AXA 安盛")將不會再就相關保單向本人提供該等文件的印刷本。AXA 安盛只會提供保單文件的電子版本(「電子保單」),而該電子保單可於本人的Emma by AXA戶口查閱。本人明白並同意,本人須啟動Emma by AXA戶口以查閱電子保單。
2. 若本人已為任何文件類型(「指定文件」)申請使用「電子通知書服務」,AXA安盛將不會再就相關保單向本人提供該等文件的印刷本,直至AXA安盛接獲本人的書面指示要求恢復收取該等印刷本。AXA安盛只會提供指定文件的電子版本(「電子文件」),而該等電子文件可於本人的Emma by AXA戶口查閱。
3. 當本人的Emma by AXA戶口設有新的電子保單或電子文件可供查閱,AXA安盛將會傳送電郵通知及/或短訊(若本人已提供手機號碼)電子提示(如下文第6段所定義)至本人所指定的電郵地址及/或手機號碼(若本人已提供手機號碼)。本人應迅速查收該電子保單或電子文件。若該電子保單或電子文件無法查閱,本人應迅速與AXA安盛聯繫。
4. 只有最新版本的電子保單會在本人的Emma by AXA戶口可供查閱,而舊版本的電子保單將會被取代。每份電子文件從發出日起計,只會在本人的Emma by AXA戶口保留**3年**。在上述保留期屆滿後,所有電子文件將會自動刪除。本人可將電子保單或電子文件的電子副本儲存在本人的電腦或列印作日後參考。若本人需要索取任何不能再在本人的Emma by AXA戶口查閱及下載的指定文件的列印本,本人可能需要支付合理費用。
5. 本人需要具備適當的電腦設備和軟件、互聯網連接及由本人提供及指定的特定電郵地址,方可查閱**電子保單或電子文件**。本人需要在電腦安裝Adobe Acrobat Reader才可查閱電子保單或電子文件的PDF(可移植文檔文件)檔案。AXA安盛建議本人不時升級Adobe Acrobat Reader至最新版本以便查閱電子保單或電子文件。
6. 本人明白並同意,AXA安盛只會透過電郵(及短訊(如適用))方式,通知本人在本人的Emma by AXA戶口上刊載了電子保單或電子文件(「電子提示」),因此本人應定期在本人所指定的電郵地址(及短訊(如適用))查閱上述通知。本人有義務提供一個有效、最新並在所有相關時間具備充足容量的電郵地址(及手機號碼(如適用))接收電子提示,並在更改本人所指定的電郵地址(及手機號碼(如適用))之後,或終止或暫停本人的電子通訊設備或服務後,在切實可行的範圍內盡快通知AXA安盛有關上述變更。
7. 本人明白並同意,若本人希望取消電子通知書服務並恢復接收指定文件的印刷本,本人須預先向AXA安盛提供不少於**十五個工作天**的書面指示。
8. 本人明白並同意,互聯網及電郵服務(及短訊(如適用))可能承受若干資訊科技風險及受到干擾。
9. 本人明白並同意,本人使用電子保單服務或電子通知書服務可能會引致額外費用(如互聯網服務及手機服務費)。
10. 本人須在接獲AXA安盛發出的電子提示後迅速檢閱本人的Emma by AXA戶口所刊載的任何電子文件,以確保能察覺到任何錯處,並在切實可行的範圍內盡快向AXA安盛報告。
11. AXA安盛可酌情不時修改、限制、撤銷、取消、暫停或終止電子保單服務或電子通知書服務,而毋須給予任何理由,同時本人明白若本人在任何修改生效後使用電子保單服務或電子通知書服務,即本人被視為已同意該等修改。
12. 本人明白並同意AXA安盛保留權利可透過AXA安盛視為合適的方法向本人發出通知,藉以增加、刪除及/或更改本條款及細則任何內容。如本人在本條款及細則修訂生效當日(在AXA安盛的通知中指定)起繼續使用電子通知書服務,本人將被視為已同意此等修定。若本人不接受任何修訂,則必須於此(此等)修訂生效當日之前取消或終止電子通知書服務。

本人謹此聲明本人明白貴公司或會從保單的給付金額及/或貴公司為保單所收金額中,根據適用法定及/或規管要求扣除任何逾期金額,包括保險業監管局收取的徵費。

本人確認於表格、信件及任何通訊方式上所述的「被保人」、「持有人」、「保單週年日」、「保單日期」和「發出日期」一詞與自願醫保計劃("**VHIS**")下相關認可產品的條款及保障內所列的「受保人」、「保單持有人」、「續保日」、「保單生效日」和「保單簽發日」各自具有其相同意義。

本人謹此聲明及同意已獲相關人士授權及同意本人作出以上聲明、協議及授權。

**注意事項:**

1. 如投保投資連繫式壽險計劃,此投保書必須連同您所申請的計劃的主要銷售刊物及建議書(包括說明文件)一併發出。
2. 如此申請上未有註明,建議被保人將被視為建議持有人。
3. 此表格只適合於香港特別行政區使用。
4. 請瀏覽www.axa.com.hk以索取最新版本之「電子通知書服務」簡介。

## G. 經紀委任聲明

本人/我們確知及同意,就本人/我們現申請的新保單("保單")而言,委任及授權向貴公司呈交本投保申請的保險經紀為本人/我們的保險經紀。貴公司獲授權不時向該保險經紀提供有關本人/我們作為保單實質或建議持有人/被保人及/或保單的資料。此委任及授權將持續有效,除非本人/我們以書面通知貴公司取消此委任,屆時貴公司將在確實收到取消通知書後的30天內執行取消指示。此規則對本人/我們將來委任的替代經紀(如有)同樣適用。

## H. 收集個人資料的聲明

本公司明白其就《個人資料(私隱)條例》(香港法例第486章)(**"條例"**)收集、持有、處理、使用和/或轉移個人資料所負有的責任。本公司僅將為合法和相關的目的收集個人資料,並將採取一切切實可行的步驟,確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟,確保個人資料的安全性,及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

敬請注意,如果閣下不向本公司提供閣下的個人資料,我們可能無法提供閣下所需的資料、產品或服務,或無法處理閣下的要求。



建議持有人簽署 _____

**目的：**本公司不時有必要收集閣下的個人資料(包括信用資料和以往申索紀錄)，並可能因下列各項目的(**"有關目的"**)而供本公司使用、存儲、處理、轉移、披露或共享該等個人資料：

1. 向閣下推介、提供和營銷本公司、安盛集團的其他公司(**"安盛關聯方"**)或本公司的商業合作夥伴(參閱下文**"在直接促銷中使用及將其個人資料提供予其他人士"**部份)之產品/服務，以及提供、維持、管理和操作該等產品/服務；
2. 處理和評估閣下就本公司及安盛關聯方所提供之產品/服務提出的任何申請或要求；
3. 向閣下提供後續服務，包括但不限於執行/管理已發出的保單；
4. 與就本公司和/或安盛關聯方提供的任何產品/服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何目的，包括索賠調查；
5. 偵測和防止欺詐行為(無論是否與就由本公司及/或安盛關聯方提供的產品/服務有關)；
6. 評估閣下的財務需求；
7. 為客戶設計產品/服務；
8. 為統計或其他目的進行市場研究；
9. 不時就本條款所列的任何目的核對所持有的與閣下有關的任何資料；
10. 作出任何適用法律、規則、規例、實務守則或指引所要求的披露或協助在香港或香港以外其他地方的警方或其他政府或監管機構執法及進行調查；
11. 進行身份和/或信用核查和/或債務追收；
12. 遵守任何適用的司法管轄區的法律；
13. 開展與本公司業務經營有關的其他服務；及
14. 與上述任何目的直接有關的其他目的。

**個人資料的轉移：**個人資料將予以保密，但在遵守任何適用法律條文的前提下，可提供給：

1. 位於香港或香港以外其他地方的任何安盛關聯方、本公司的任何相關聯人士、任何再保險公司、索賠調查公司、閣下之保險經紀、行業協會或聯會、基金管理公司或金融機構，以及就此方面而言，閣下同意將閣下的資料轉移至香港境外；
2. 與就本公司和/或安盛關聯方提供的任何產品/服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何人士(包括私家偵探)；
3. 在香港或香港以外其他地方向本公司和/或安盛關聯方提供行政，技術或其他服務(包括直接促銷服務)並對個人資料負有保密義務的任何代理、承包商或第三方；
4. 信貸資料機構或(在出現拖欠還款的情況下)追討欠款公司；
5. 本公司權利或業務的任何實際或建議的承讓人、受讓方、參與者或次參與者；
6. 在香港或香港以外其他地方的任何政府部門或其他適當的政府或監管機關；及
7. 在有合理需要履行任何上述有關目的段落2, 3, 4及5之情況下，以下人士：保險理算人、代理和經紀、僱主、醫護專業人士、醫院、會計師、財務顧問、律師、整合保險業申訴和承保資料的組織、防欺詐組織、其他保險公司(無論是直接地，或是通過防欺詐組織或本段中指名的其他人士)、警察、和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊(及其運營者)。

如欲了解本公司為促銷目的使用閣下的個人資料的政策，請參閱下文**"在直接促銷中使用及將其個人資料提供予其他人士"**部份。

閣下的個人資料將僅為上文中規定的一個或多個有關目的而被轉移。

**在直接促銷中使用及將其個人資料提供予其他人士：**

本公司有意：

1. 使用本公司不時持有的閣下的姓名、聯絡資料、產品及服務的組合資料、交易模式及行為、財政背景及人口統計數據以進行直接促銷；
2. 就本公司，安盛關聯方，本公司合作品牌夥伴及商業合作夥伴可能提供關於下列類別的服務及產品而進行直接促銷(包括但不限於提供獎賞、客戶或會員或優惠計劃)：
   a) 保險、銀行、公積金或公積金計劃、金融服務、證券和相關產品及服務；
   b) 健康、保健及醫療、餐飲、體育運動及會員服務、娛樂、健身浴或類似的休閒活動、旅遊及交通、家居、服裝、教育、社交網絡、媒體的產品及服務及高級消費類產品；
3. 以上服務及產品將會由本公司及/或以下機構提供：
   a) 任何安盛關聯方；
   b) 第三方金融機構；
   c) 提供上文2.所列之服務及產品之本公司及/或安盛關聯方的商業合作夥伴或合作品牌夥伴；
   d) 向本公司或任何以上所列機構提供支援的第三方獎賞、客戶或會員或優惠計劃提供者；
4. 除由本公司促銷上述服務及產品外，本公司亦有意將上文1.段部份所述的資料提供予上文3.段部份所述的全部或任何人士，以供該等人士在促銷該等服務及產品中使用，而本公司為此目的須獲得客戶書面同意(包括表示不反對)。

在使用閣下的個人資料作上文所述的目的或提供予上文所述的人士之前，本公司須獲得閣下的書面同意，及只在獲得閣下的書面同意後方可使用閣下的個人資料及提供予其他人士作任何推廣及促銷用途。

閣下日後可撤回閣下給予本公司有關使用閣下的個人資料及提供予其他人士作任何促銷用途的同意。

閣下如欲撤回閣下給予本公司的同意，請發信至下文**"個人資料的查閱和更正"**部份所列的地址通知本公司。本公司會在不收取任何費用的情況下確保不會將閣下納入日後的直接促銷活動中。

**個人資料的查閱和更正：**根據條例，閣下有權查明本公司是否持有閣下的個人資料，獲取該資料的副本，以及更正任何不準確的資料。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。

查閱和更正的要求，或有關獲取政策、常規及本公司所持的資料種類的資料，均應以書面形式發送至：

個人資料保護主任
安盛金融有限公司
香港銅鑼灣勿地臣街1號時代廣場2座20樓2001室

本公司可能會向閣下收取合理的費用，以抵銷本公司為執行閣下的資料查閱要求而引致的行政和實際費用。

本人/我們確認本人/我們已閱讀並明白收集個人資料的聲明**《該聲明》**。本人/我們確認本人/我們已被通知本人/我們須詳細閱讀《該聲明》，而本人/我們已詳細閱讀《該聲明》對貴公司所收集或持有之本人/我們的個人資料的影響(不論是否此表格所載或從其他途徑所取得)。根據以上所述，本人/我們特此確認並同意貴公司根據《該聲明》使用及轉移本人/我們的個人資料，包括在直接促銷中使用及將本人/我們的個人資料提供予其他人士。

*[重要通知：如閣下不同意根據**"收集個人資料的聲明"**使用和轉移閣下的個人資料作直接促銷用途(參閱**"在直接促銷中使用及將其個人資料提供予其他人士"**部份)，請在下列方格內 □ 加上剔號("✔")，本公司將不會使用閣下的個人資料作為直接促銷用途。]*

☐ 本人/我們不同意貴公司根據**"收集個人資料的聲明"**使用和轉移本人/我們的個人資料作直接促銷用途(參閱**"在直接促銷中使用及將其個人資料提供予其他人士"**部份)及並不願意接收任何貴公司的推廣及直接促銷的材料。

建議持有人簽署 _____

## I. 佣金披露聲明

本人/我們明白、確知及同意，貴公司會就本人/我們購買及接受貴公司簽發的保單，於保單有效期內(包括續保期)向負責安排有關保單的獲授權保險經紀支付佣金。假如本人/我們為法人團體，代表本人/我們簽署的獲授權人員並向貴公司確認他/她已獲法人團體授權簽署。
本人/我們亦明白貴公司必須取得本人/我們以上的同意，才可以處理有關申請。

## J. 同意根據AXA安盛的私隱政策進行資料處理(只適用於任何申報地址位於中國大陸的個人簽署)

請在下方簽署，以確悉及確認您同意以下聲明，並對下列**每一項**作出單獨同意。如果您不同意對下列任何一項作出同意，AXA安盛及/或AXA安盛集團的其他公司可能無法提供您所需的資料、產品或服務或處理您的請求。

- 本人/我們已經閱讀並同意私隱政策[#]；及
- 本人/我們同意本人/我們的個人資料、敏感個人資料及由本人/我們監護的未成年人(如適用)之敏感個人資料依照私隱政策於中國大陸境外處理及/或管理。

若建議被保人未滿18歲，本人/我們以其監護人或獲授權人(視情況而定)的身份，代表建議被保人對上述**每一項**作出單獨同意。

[#] 在此取得私隱政策：https://www.axa.com.hk/zh/legal

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|---|---|
| 建議被保人簽署(如十八歲或以上)/<br>建議被保人的監護人或獲授權人簽署(如建議被保人未滿十八歲) | 建議持有人簽署(如非建議被保人) |

## K. 取消保單權益及發還保費及徵費

**本人明白本人有權以書面通知要求貴公司取消保單並獲退還所有已繳保費(如投資連繫式壽險保單及/或整付保費保單(如適用)，則取回經扣除市值調整後(如適用)之已繳付保費)及已繳徵費。本人明白為行使這項權利，本人必須親自簽署該申請信及退回保單(如適用)，並由貴公司之客戶服務(地址：香港銅鑼灣勿地臣街1號時代廣場2座20樓2001室)於冷靜期內直接收到。本人明白冷靜期為緊接保單或保單簽發通知書交付予本人或本人的指定代表之日起計的21個曆日的期間(以較早者為準)。本人明白保單簽發通知書是由貴公司在交付保單時致予本人或本人的指定代表的一份通知書，以就冷靜期一事通知本人。**

**取消保單權益及發還保費並不適用於任何由定期保險轉換所繕發的非投資連繫式保單。**

## L. 簽署

**注意：請勿在空白表格上簽署**

| | |
|---|---|
| 建議被保人簽署(如十八歲或以上) | 建議持有人簽署(如非建議被保人) |
| 理財顧問為見證人之簽署 | 在香港簽署日期(年/月/日) |
| 理財顧問為見證人之姓名 | |

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## 有關建議被保人及建議持有人

| 投保書編號 | | 建議被保人 | 建議持有人 |
|---|---|---|---|
| 1. 您與他/她認識多久？ | | 年 | 年 |
| 2. 如他/她非受僱人士，請註明經濟支持者之投保情況(保額及保險公司名稱) | | | |
| 3. 連同此投保申請一併繳付之首期保費 | 港幣 | 付款方法 | ☐現金 ☐支票 ☐信用卡 ☐其他 |
| 4. 投保目的？ | ☐家庭保障 ☐要員保險 ☐樓宇按揭保障 ☐僱員福利 ☐其他(請註明)： | | |
| 5. 核保通知書語言(如未有註明，核保通知書將以中文發出) ☐英文 ☐中文 | | | |

# 保險投保書核對清單(供理財顧問使用) – 必須填寫方可獲優先處理

請於遞交申請書前檢查及確保已填妥，並在方格內加上「✔」號。

| ✔ | 必須核對 | | | |
|---|---|---|---|---|
| **請留意以下重要事項：** | | **部份編號** | **題號** | **須填寫之具體詳情** |
| ☐ | 僱主及職業資料 | A1 | 8-11 | • 必須填寫僱主的名稱<br>• 必須填寫辦事處地址<br>• 必須註明僱主業務性質<br>• 必須填寫職位及主要職務 |
| ☐ | 現時每月收入(港幣) | A1 | 12 | • 必須填寫每月收入 |
| ☐ | 教育程度 | A1 | 13 | • 必須填寫教育程度 |
| ☐ | 住宅地址 | A1 | 14 | • 必須填寫住宅地址<br>• 住宅地址必須與地址證明上之地址相同 |
| ☐ | 稅務居民身份自我證明(海外帳戶稅收合規法案(FATCA)及共同匯報標準(CRS)) | A1 | 19 | • 必須完成19a及19b |
| ☐ | 計劃名稱/計劃編號/保額/保障金額/名義金額 | B1 | 30-32 | • 必須與建議書之利益說明上的資料吻合 |
| ☐ | 其他保險資料 | C1 | 37 | • 如適用，請提供詳情 |
| ☐ | 個人聲明 – 健康相關資料(第一部份) | C2 | 38-43 | • 第一部份**不適用**於**個人償款住院保險產品**(癌症治療保障系列及癌症及中風治療保障系列除外)<br>• 必須回答所有問題並在「是」或「否」之方格加上「✔」號<br>• 如任何題號的答案為「是」，必須在「投保/保單服務申請資料補充 – 健康資料補充」表格中提供健康狀況詳情 |
| ☐ | 個人聲明 – 健康相關資料(第二部份) | C3 | 44-52 | • 必須回答所有問題並在「是」或「否」之方格加上「✔」號<br>• 必須填寫身高及體重<br>• 如任何題號的答案為「是」，必須在第45題提供相關的吸煙習慣詳情及/或在「投保/保單服務申請資料補充 - 健康資料補充」表格中提供健康狀況詳情 |
| ☐ | 同意根據AXA安盛的私隱政策進行資料處理(只適用於任何申報地址位於中國大陸的個人簽署) | J | – | • 由被保人/持有人簽署(如任何申報地址位於中國大陸) |
| ☐ | 投保書簽署日期及簽署 | L | – | • 由被保人/持有人及理財顧問簽署及註明簽署日期 |

**其他申請所需文件(如適用)**

- 住宅地址證明(持有人) – 於申請遞交日期3個月內發出 – 由理財顧問證實已檢視正本
- 出世紙副本(如年齡為18歲以下) – 由理財顧問證實已檢視正本
- 保單服務申請書II之「定期保險轉換」部份 – 適用於定期保險轉換申請
  註：若定期保險轉換至「康采 II」/「康諾 II」/「摯愛保危疾保障」/「摯愛保危疾保障(升級版)」，請同時遞交「由定期保險轉換至嚴重疾病保障/危疾保障之補充申請」。
- 重要資料聲明書 – 轉保
- 客戶需求分析(CNA)
- 建議書/利益說明 – 簽署並註明簽署日期
- 直接付款授權書 – 適用於續期保費繳付方法為月繳/銀行自動轉帳
- 大額附表 – 投保額 > HKD12,000,000/
  年度化之保費 > HKD500,000/整付保費 > HKD3,000,000

**適用於投資連繫式壽險計劃投保申請 – 妥善填寫、簽署並註明簽署日期**

- 重要資料聲明書及申請人聲明書(IFS及AD)

**適用於非香港居民之申請**

- 護照副本及入境證明文件副本 – 由理財顧問證實已檢視正本
- 中國內地訪港旅客之護照副本及入境證明文件副本 – 由授權之職員接見及證實已檢視正本/經流動內地訪港旅客(MCV)電子驗證
- 投保申請聲明書 – 妥善填寫、簽署並註明簽署日期

**只適用於中國內地訪港旅客(除上述文件外) – 妥善填寫、簽署並註明簽署日期：**

- 重要資料聲明書 – 內地人士在港投購人身/壽險保單(MCV-IFS)

## 理財顧問聲明

本人謹此證實本人已親自提問本投保書上所有問題(如投保申請在豁免驗身範圍內，則包括所有健康聲明問題)，檢視建議被保人及建議持有人之身份證明文件以確認其身份，及見證建議被保人及建議持有人簽署此投保書。

| | | | |
|---|---|---|---|
| 理財顧問姓名 | 理財顧問簽署 | 聯絡號碼 | 日期(年/月/日) |
| 理財顧問之經理姓名 | 理財顧問之經理簽署 | 聯絡號碼 | 日期(年/月/日) |

本頁為空白頁

安盛

Policy Number 保單編號：

☐ New Application 新生意　☐ Existing Policy 現有保單

# Important Facts Statement – Policy Replacement
# 重要資料聲明書 – 轉保

"The Company"
"本公司" 或 "貴公司"：
AXA China Region Insurance Company (Bermuda) Limited (Incorporated in Bermuda with limited liability)
安盛保險 (百慕達) 有限公司 (於百慕達註冊成立的有限公司) /
AXA China Region Insurance Company Limited
安盛金融有限公司 /
AXA Wealth Management (HK) Limited
安盛財富管理 (香港) 有限公司

**Important Notes:**
1. This form is to be filled in BLOCK LETTERS and signed by the Proposed Owner/Owner, please ensure the signature matches with the one provided in the policy file.
2. Please read carefully before signing.
3. Please do not sign on blank form.
4. The original of this form and supporting documents submitted will not be returned.

**重要事項：**
1. 此聲明書應由建議持有人/持有人以正楷填寫及簽名，簽名式樣須與保單上的記錄相符。
2. 請先行詳細閱讀方可簽署。
3. 請勿在空白聲明書上簽署。
4. 所遞交之正本申請書及所需文件將不獲退還。

Full Name of Proposed Owner/Owner:
建議持有人/持有人姓名：

This "Important Facts Statement – Policy Replacement" ("IFS-PR") aims to help you understand the factors to be considered and the risks involved in replacing your existing life insurance policy with a new life insurance policy. Your licensed insurance intermediary should explain to you the implications and associated risks involved in replacing your existing life insurance policy.

If you do not understand any of the following paragraphs or the advice or information provided to you by your licensed insurance intermediary is different from the information in this IFS-PR, please **do not sign** this IFS-PR and **do not proceed** with replacing your existing Life Policy.

此《重要資料聲明書—轉保》(《聲明書》) 旨在協助您了解以新的人壽保險保單取代現有人壽保險保單所需要考慮的因素及相關風險。您的持牌保險中介人必須向您解釋取代現有人壽保險保單的影響及相關風險。

若您並非完全明白下文任何段落之內容，或您的持牌保險中介人向您提供的意見或資料與本《聲明書》所載的資料有差異，則您**請勿簽署**本《聲明書》，以及**不應取代**現有人壽保險保單。

**SOME IMPORTANT FACTS YOU SHOULD KNOW**
**Please read carefully before signing.**
**Your insurance intermediary shall explain the content to you.**
**您應知道之重要事項**
**於您簽署前請務必細閱。**
**您的保險中介人必須向您詳細解釋的內容。**

## Financial Implications 財務影響

(1) **Informed Decision** – Life insurance policies usually lasts for a long period of time. If you surrender/take out policy loan from/withdraw policy values from/suspend or stop paying premium/reduce the premium payable on your existing life insurance policy, particularly during the early years of the policy period, you will usually suffer loss, including by way of having to pay charges. You should carefully compare your existing life insurance policy against the new life insurance policy you intend to purchase, and assess whether replacing your existing life insurance policy is in your best interests before you make a final decision.
**知情的決定** – 人壽保險保單通常具較長年期。若您退保/從現有人壽保險保單中提取保單抵押貸款/提取保單價值/暫停或終止支付保費/減少應付保費，您通常會蒙受損失 (尤其是在保單早年的時期)，包括因需要支付收費而蒙受損失。您應仔細比較現有人壽保險保單與擬購買的新的人壽保險保單，並在作出最終決定前評估取代現有人壽保險保單是否最為符合您之最佳利益。

(2) **Difference between cash value from Surrender/Lapse and total premium paid under your existing Life Policy** – The cash value that you may receive from surrendering your existing life insurance policy or allowing your existing life insurance policy to lapse, may be less than your total premium paid. This means that you may suffer a loss. Further, you may incur surrender charges if you surrender your existing life insurance policy or allow it to lapse.
**您現有人壽保險保單的退保/失效所得的現金價值與已支付的總保費之差額** – 就現有人壽保險保單退保或允許其失效所得的現金價值可能會少於您已支付的總保費，即您可能會蒙受損失。此外，您或需承擔因退保或允許保單失效而衍生的退保費用。

(3) **Policy Loan Interest** – The issuing insurer of your existing life insurance policy may charge you interest starting from the loan drawdown date. You should carefully review your regular statements to understand the opening and ending loan balance as well as the interest amount charged in the relevant period. Your existing life insurance policy may be terminated if the accumulated loan amount (and interest) exceeds a specified level of the account value/cash value of your existing life insurance policy.
**保單貸款的利息** – 發出您現有人壽保險保單的保險公司可能會自您提取保單貸款當日起收取利息。您應該仔細檢閱定期報表，以了解於有關時期的期初和期末貸款餘額，以及該期間收取的利息金額。如果累計貸款金額 (及利息) 超出現有人壽保險保單的賬戶價值/現金價值的指定水平，則您的現有人壽保險保單可能會被終止。

(4) **Withdrawal/Partial Surrender Charges** – You may be subject to withdrawal charges or partial surrender charges within a prescribed period before the end of the policy term of your existing life insurance policy. For the new life insurance policy you intended to purchase, you may be subject to other early surrender/withdrawal charges within a prescribed period before the end of the term of the new life insurance policy.
**提取保單款項/部分退保費用** – 若您於現有人壽保險保單的保單有效期前的訂明期限內，提取保單價值或部分退保，您或需支付相關費用。就您打算購買的新的人壽保險保單而言，您或需於新的人壽保險保單的保單有效期前的訂明期限內，支付其他提前退保/提取保單價值的費用。

(5) **Policy Set-up Cost and Remuneration for licensed insurance intermediaries** – If you purchase a new life insurance policy, a substantial part of the initial premium may be used to pay for policy administration costs incurred by insurers and remuneration for the licensed insurance intermediaries. As a result, you may incur additional cost for replacing your existing life insurance policy.
**開立保單費用及持牌保險中介人的酬勞** – 若您購買新的人壽保險保單，大部分最初所支付的保費可能會用於繳付保險公司的保單行政費及持牌保險中介人的酬勞。因此，您可能需要為取代現有人壽保險保單而承擔額外開支。

(6) **Higher Premium** – You may have to pay higher premium under the new life insurance policy in view of the difference in age, changes of health conditions, occupation, lifestyle/habit, and recreational activities (as compared with when you purchased your existing life insurance policy).
**較高的保費** – 因您的年齡增長，及健康狀況、職業、生活方式/習慣及所參與的康樂活動有所改變（與您購買現有人壽保險保單時相比），您或需為新的人壽保險保單支付較高的保費。

(7) **Loss of Financial Benefit under the existing life insurance policy** – You may lose the financial benefit accumulated over the years (e.g. loyalty bonus or dividends) or to which you may be entitled (e.g. terminal bonus or dividends) under the existing life insurance policy.
**現有人壽保險保單下財務利益的損失** – 您或會損失現有人壽保險保單多年來累積的財務利益（例如：長期客戶獎賞或紅利）或損失有權從現有人壽保險保單獲得的財務利益（例如：終期紅利或保單紅利）。

(8) **Financial Benefits under the New Life Insurance Policy Not Guaranteed** – The illustrated benefits of a new life insurance policy may NOT be guaranteed and whether they can be achieved depend on the performance of the issuing insurer of the new life insurance policy. If the new life insurance policy is an investment-linked assurance scheme policy, the illustrated benefits are based on assumed rates of return only.
**新的人壽保險保單的財務利益並非保證** – 新的人壽保險保單的說明所述利益可能並非屬保證利益，並會受發出新的人壽保險保單的保險公司的表現所影響。若新的人壽保險保單為投資相連壽險計劃保單，則其說明所述利益的計算只基於假設回報率。

## Insurability Implications 受保資格的影響

(9) **Changes in Coverage** – If you purchase a new life insurance policy and use it to replace an existing life insurance policy, some benefits, which are the policy features of the existing life insurance policy, may not be covered under the new life insurance policy due to changes in age, health conditions, occupation, lifestyle/habit or recreational activities. Also, riders/supplementary benefits under your existing life insurance policy may not be available under the new life insurance policy.
**保障範圍的轉變** – 若您購買新的人壽保險保單，並以其取代現有人壽保險保單，則現有人壽保險保單的部分保障，可能會因您年齡、健康狀況、職業、生活方式/習慣及參與的康樂活動有所轉變，而不包括在新的人壽保險保單的受保範圍內。此外，新的人壽保險保單可能並不會包括您現有人壽保險保單的附加保障利益。

## Claims Eligibility Implications 索償資格的影響

(10) Benefits under the existing life insurance policy will no longer be payable to you if you surrender the policy or allow it to lapse. Besides, you may need to start a new waiting period in respect of certain benefits (e.g. medical, critical illness, suicide or incontestability) under the terms and conditions of the new life insurance policy.
若您就現有人壽保險保單退保或允許其失效，則現有人壽保險保單將不再為您提供保障。此外，視乎新的人壽保險保單的條款及細則，某些保障的等候期或需重新計算（例如：醫療、危疾、自殺或不可爭議的情況）。

## Declaration 聲明

**By the Insurance Intermediary 保險中介人聲明**

I declare that I have discussed and explained the implications and associated risks (including the above listed items) to the Applicant/Proposer regarding his/her decision to replace his/her existing life insurance policy with a new life insurance policy. I further declare that I have not made any inaccurate or misleading statements or comparisons, or withheld any information which may affect the decision of the Applicant/Proposer.
本人聲明，本人已經與申請人/投保人討論並解釋申請人/投保人就以新的人壽保險保單取代現有人壽保險保單的決定對其的影響及相關風險（包括上述各項）；本人亦聲明，本人並無作出任何不準確或誤導的陳述或比較，或隱瞞任何可能影響申請人/投保人的決定的資料。

| | |
|---|---|
| Signature of the Licensed Insurance Intermediary<br>持牌保險中介人簽署 | Full Name of the Licensed Insurance Intermediary<br>持牌保險中介人姓名 |
| Type of License and Licensed No.<br>牌照類別及牌照號碼 | Date (YYYY/MM/DD)<br>日期（年/月/日） |

**By the Proposed Owner/Owner 建議持有人/持有人聲明：**

I understand the content of the above listed items (1) – (10).
本人明白上述 (1) – (10) 各項之內容。

**Warning: you must read all items carefully and check that the licensed insurance intermediary has explained all the information on this IFS-PR before you sign this IFS-PR.**
**忠告：您必須細閱所有項目，以及確保在簽署本《聲明書》前，持牌保險中介人已經向您解釋本《聲明書》上所有資料。**

| | | |
|---|---|---|
| Signature of the Proposed Owner/Owner<br>建議持有人/持有人簽署 | Full Name of the Proposed Owner/Owner<br>建議持有人/持有人姓名 | Date (YYYY/MM/DD)<br>日期（年/月/日） |