

# LIFE INSURANCE APPLICATION FORM

## 人壽保險申請書

Medical 體檢  Non-Medical 免體檢

Select the box that applies  
請選擇合適空格

### IMPORTANT INFORMATION

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

Please complete in ENGLISH and BLOCK CAPITALS.

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

In case of error(s) during your form completion, simply cross it out, mark the correct detail(s) next to it and initial.

Capitalised terms in this form have the same meaning as defined in the policy.

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

To ensure your application is processed smoothly and without delay, please answer all questions fully and accurately to the best of your knowledge.

If the proposed insured/policy owner is an individual, please provide certified copies of each of the proposed insured/proposed policy owner's ID card/ passport. For residents of a country/region other than Hong Kong, please provide supporting documentation of proof of entry.

TLB has a new online customer portal, "myTLB", where policy owners can access information relating to their insurance policies at any time and anywhere. After registering on myTLB, you will be able to view and download copies of your policy documents and/or correspondences, including but not limited to, premium notices and annual statements electronically. As part of our sustainability efforts, TLB will cease to provide hard copies to policy owners who have a myTLB account. If you have a myTLB account but would still prefer to receive hard copies, you may inform us by sending us a written request.

If you have other in force policy(ies) with TLB and have registered your myTLB account, this policy will be added to your myTLB account automatically once it is issued.

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

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

Should you already have insurance cover with us, please provide the policy number (if known): \_\_\_\_\_

### 重要資料

全美人壽（百慕達）有限公司（「全美人壽百慕達」）人壽保險申請書。

請以英文正楷填寫。

中文譯本僅供參考用途。如中文譯本與英文原文有歧義，概以英文原文為準。

如申請書內所披露資料有任何錯誤，請劃掉錯誤部分並於旁邊更正及簡簽確認。

本表格所用的大寫詞彙，與保單定義者具相同涵義。

為了協助閣下提供完整資料，閣下可於申請書「補充資料部分」補充資料。

請根據閣下所知事實之全部準確回答所有問題，以確保閣下的申請能順利、及時地處理。

如準受保人或準保單持有人為個人，請提供所有與申請書中所填寫相同的身份證/護照核證副本。非香港居民，請提供入境證明。

全美人壽百慕達推出全新網上客戶服務網站「myTLB」，方便保單持有人隨時隨地查閱與保單相關的資訊。只要於myTLB完成登記，閣下便可於網上查閱和下載保單文件及／或信件，包括（但不限於）電子保費通知書及年結單。為配合本公司的可持續發展政策，我們將不會向已設立myTLB帳戶的保單持有人提供印刷版文件。若閣下已開設myTLB帳戶，但仍然希望收取印刷版文件，請向本公司提出書面申請。

若閣下擁有其他由全美人壽百慕達續發的現行保單，並已登記設立myTLB帳戶，本保單將於續發後自動加入閣下的myTLB帳戶。

**任何漏報或誤報重要事實或會構成壽險保障無效及/或未來索償被拒。重要事實指可能影響全美人壽百慕達評估或接納此申請的事項。如未能確定事實是否重要，應先予以披露。**建議閣下保留因應此申請書向全美人壽百慕達提供的所有資料紀錄。

填妥此申請書後並於保單續發前，若閣下的健康狀況、職業或居住國家/地區有任何更改或閣下參與危險運動或活動，閣下必須立即於保單生效前以書面通知全美人壽百慕達。

若閣下曾向全美人壽百慕達投保，請提供保單號碼: \_\_\_\_\_

### FOR INTERNAL USE 只供內部使用

Policy Number 保單號碼	
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Full Name 姓名 (As shown on ID Card/ Passport 與身份證或護照上姓名相同)	<input type="checkbox"/> Mr 先生 <input type="checkbox"/> Mrs 太太 <input type="checkbox"/> Ms 女士 <input type="checkbox"/> Other 其他			
	Given Name(s) 名字		Surname 姓氏	
Alias Name (if any) 別名(如有)	(1)		(2)	
Age Last Birthday 上一個生日年齡			Date of Birth 出生日期	(dd/mm/yyyy) (日/月/年)
Gender 性別	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女		Place of Birth 出生地點	
Country/Region of Residence (where you reside for >183 days per annum) 居住/地區國家 (每年居住183日以上)				
If more than one Country/Region of Residence, please provide details of Country/Region, City and Duration 如居住國家/地區多於一個, 請列明居住國家/地區、城市及於該國家逗留時間				
Identification Details 身份識別資料	ID Number 身份證號碼			
	Passport Number 護照號碼		Nationality 國籍	
	Place of Issue 簽發地點		Date of Expiry 有效日期	(dd/mm/yyyy) (日/月/年)
If more than one nationality, please provide details: 如國籍多於一個, 請列明:				
Other Nationality 其他國籍 and 及 Passport Number 護照號碼	Passport Number 護照號碼		Nationality 國籍	
	Place of Issue 簽發地點		Date of Expiry 有效日期	(dd/mm/yyyy) (日/月/年)
Residential Address 居住地址	Number/Street/Building 室/街道/大廈			
	City 城市		State/Province 州/省份	
	Country/Region 國家/地區		Postal Code 郵政編號	
<input type="checkbox"/> Please "✓" if it is a permanent address. 如為永久地址, 請加上 "✓"號。				
Have you lived in this Country/Region for less than 3 years? 閣下是否於上述國家/地區居住不足三年?			<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
If yes, please complete your previous address details 如是, 請提供過往住址資料:				
Previous Residential Address 過往居住地址	Number/Street/Building 室/街道/大廈			
	City 城市		State/Province 州/省份	
	Country/Region 國家/地區		Postal Code 郵政編號	
<input type="checkbox"/> Please "✓" if this was a permanent address. 如為永久地址, 請加上 "✓"號。				
Phone Number 電話號碼				
Mobile 手提電話				
Email 電郵			Company Website 公司網址	
Occupation Title 職級			Occupation Industry 行業	

Employer's Name (please also provide Chinese name, if any) 僱主名稱 (請另提供中文名稱, 如有)			
Annual Earned Income 年薪	USD 美元	Date of Employment 受僱日期	(dd/mm/yyyy) (日/月/年)
Employer's Address 僱主地址	Number/Street/Building 室/街道/大廈		
	City 城市	State/ Province 州/省份	
	Country/ Region 國家/地區	Postal Code 郵政編號	

Please provide certified copies of each of your ID card/passport (as stated). For residents of a country/region other than Hong Kong, please provide supporting documentation of proof of entry.

請提供所有與申請書中填寫相同的身份證或護照核證副本。對於非香港居民，請提供入境證明。

### 1.1 Proposed insured details - other information 準受保人資料 - 其他資料

1.1.1 Do you have any undischarged bankruptcy or have you ever been charged or convicted of a criminal offence?  Yes 是  No 否  
閣下是否仍有未撤銷的破產令，或曾被控以刑事罪行或被定罪？  
If Yes, please provide details in the "Supplementary Information Section" of this form.  
如是，請於「補充資料部分」詳述。

1.1.2 Are you a Politically Exposed Person ("PEP")\* or related to a PEP\*?  Yes 是  No 否  
閣下是否「政治人物」\*或與「政治人物」\*有關連？

\*A Politically Exposed Person (PEP) means an individual who is or has been entrusted with a prominent public function. It also extends to the individual's immediate family members and close associates.

「政治人物」(PEP) 指被委以重要公共職能的人士。這也包括他的直系親屬和密切聯繫人。

PEP includes but not limited to head of government, minister and deputy minister, member of parliament, senior member of judiciary, political party and military official, senior government official including Permanent Secretary and senior executive of government owned corporation.

PEP 包括但不限於政府首長、部長和副部長、議會成員、高級司法機構、政黨和軍事官員、高級政府官員（包括常務秘書）及國有企業高級行政人員。

Immediate family members of PEP includes a spouse, a partner, a parent or child and a spouse or partner of a child.

PEP 的直系親屬包括配偶、伴侶、父母或子女、及子女的配偶或伴侶。

Close associate of PEP is one who has close business relationship with a PEP including an individual who has joint beneficial ownership of a legal entity or legal arrangement with a PEP.

PEP 的密切聯繫人指與 PEP 有密切業務關係、包括與 PEP 共同擁有法律實體或法律安排的個人。

### 1.2 If the proposed insured is a minor 如準受保人為未成年人

#### Parental/Guardian Consent 父母/監護人同意書

I consent to a Opus One Indexed Universal Life policy being issued over the life of the minor.  
我同意為未成年人投保 Opus One Indexed Universal Life 保單。

Name of Parent or Legal  
Guardian 父母或法定監護人姓名：

Relationship to the Proposed  
Insured 與準受保人的關係

Parent 父母  
 Legal Guardian 法定監護人

#### Note:

Please provide documents showing proof of adoption or legal guardianship.

Please complete Section 2 - proposed policy owner details.

註：請提供收養或法定監護的證明文件。請完成第2部分 - 準保單持有人詳細資料。

2.1 If the proposed policy owner is an INDIVIDUAL  
如準保單持有人為「個人」

Full Name 姓名 (As shown on ID Card/ Passport 與身份證或護照上姓名相同)		<input type="checkbox"/> Mr 先生 <input type="checkbox"/> Mrs 太太 <input type="checkbox"/> Ms 女士 <input type="checkbox"/> Other 其他			
		Given Name(s) 名字		Surname 姓氏	
Alias Name (if any) 別名 (如有)		(1)		(2)	
Age Last Birthday 年齡				Date of Birth 出生日期	(dd/mm/yyyy) (日/月/年)
Gender 性別		<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女		Place of Birth 出生地點	
Country/Region of Residence (where you reside for >183 days per annum) 居住國家/地區 (每年居住183日以上)					
If more than one Country/Region of Residence, please provide details of Country/Region, City and Duration 如居住/地區國家多於一個, 請列明居住國家/地區、城市及於該國家逗留時間					
Identification Details 身份識別資料	ID Number 身份證號碼				
	Passport Number 護照號碼			Nationality 國籍	
	Place of Issue 簽發地點			Date of Expiry 有效日期	(dd/mm/yyyy) (日/月/年)
If more than one nationality, please provide details: 如國籍多於一個, 請列明:					
Other Nationality 其他國籍 and 及 Passport Number 護照號碼	Passport Number 護照號碼			Nationality 國籍	
	Place of Issue 簽發地點			Date of Expiry 有效日期	(dd/mm/yyyy) (日/月/年)
Residential Address 居住地址	Number/Street/Building 室/街道/大廈				
	City 城市			State/Province 州/省份	
	Country/Region 國家/地區			Postal Code 郵政編號	
	<input type="checkbox"/> Please "✓" if it is a permanent address. 如為永久地址, 請加上 "✓" 號。				
Phone Number 電話號碼					
Mobile 手提電話					
Email 電郵				Company Website 公司網址	
Occupation Title 職級				Occupation Industry 行業	
Employer's Name (please also provide Chinese name, if any) 僱主名稱 (請另提供中文名稱, 如有)					
Annual Earned Income 年薪		USD 美元	Date of Employment 受僱日期		(dd/mm/yyyy) (日/月/年)
Relationship to the Proposed Insured 與準受保人關係					

## 2.2 Proposed policy owner details - other information

## 準保單持有人資料 - 其他資料

2.2.1 Do you have any un-discharged bankruptcy or have you ever been charged or convicted of a criminal offence?  
閣下是否仍有未撤銷的破產令，或曾被控以刑事罪行或被定罪？  Yes 是  No 否  
If yes, please provide details in the "Supplementary Information Section" of this form.  
如是，請於「補充資料部分」詳述。

2.2.2 Are you a Politically Exposed Person ("PEP")\* or related to a PEP\*?  
閣下是否「政治人物」\*或與「政治人物」\*有關連？  Yes 是  No 否

\*A Politically Exposed Person (PEP) means an individual who is or has been entrusted with a prominent public function. It also extends to the individual's immediate family members and close associates.

「政治人物」(PEP)指被委以重要公共職能的人士。這也包括他的直系親屬和密切聯繫人。

PEP includes but not limited to head of government, minister and deputy minister, member of parliament, senior member of judiciary, political party and military official, senior government official including Permanent Secretary and senior executive of government owned corporation.

PEP 包括但不限於政府首長、部長和副部長、議會成員、高級司法機構、政黨和軍事官員、高級政府官員（包括常務秘書）及國有企業高級行政人員。

Immediate family members of PEP includes a spouse, a partner, a parent or child and a spouse or partner of a child.

PEP 的直系親屬包括配偶、伴侶、父母或子女、及子女的配偶或伴侶。

Close associate of PEP is one who has close business relationship with a PEP including an individual who has joint beneficial ownership of a legal entity or legal arrangement with a PEP.

PEP的密切聯繫人指與PEP有密切業務關係、包括與PEP共同擁有法律實體或法律安排的個人。

## 2.3 If the proposed policy owner is an ENTITY

## 如準保單持有人為「法人團體」

<input type="checkbox"/> Corporate 公司	<input type="checkbox"/> Trust dated 信託(日期) _____ (dd/mm/yyyy) (日/月/年)	<input type="checkbox"/> Other 其他
Full Name 公司名稱		
Entity ID Number 登記號碼	Entity ID No.	Place of Incorporation 註冊地點
	<input type="checkbox"/> Certificate of Incorporation 公司註冊證明書  <input type="checkbox"/> Business Registration 商業登記證	City, Country 城市, 國家
Date of Incorporation 註冊成立日期	(dd/mm/yyyy) (日/月/年)	Business Nature 業務性質
Registered Office Address 註冊辦公室地址	Number/Street/Building 室/街道/大廈	
	City 城市	State/ Province 州/ 省份
	Country/ Region 國家/ 地區	Postal Code 郵政編號
Current Business Address (if different from registered office address) 現時營業地址 (如與註冊辦公室地址不同)	Number/Street/Building 室/街道/大廈	
	City 城市	State/ Province 州/ 省份
	Country/ Region 國家/ 地區	Postal Code 郵政編號

## 2.3 If the proposed policy owner is an ENTITY (Continued)

如準保單持有人為「法人團體」(續)

Phone Number 電話號碼	
Email 電郵	
Relationship to the Proposed Insured 與準受保人關係	

 Select the box that applies  
請選擇合適空格

All correspondence, including but not limited to, notices of premium due and lapse notices will be sent to the proposed policy owner's residential address or business address as indicated above, unless an alternative address is provided.

**The company is not responsible for any loss or damages arising from these instructions concerning correspondence and communications (whether by regular mail, courier or electronic transmission). The company reserves the right to send correspondence directly to the policy owner when required.**

除非註明其他通訊地址，否則所有通訊（包括但不限於保費到期通知及保單失效通知）將寄往準保單持有人上述住址或營業地址。本公司不會對因這些相關信函和通訊（無論是透過普通郵件、快遞或電子傳輸）的指示而產生的任何損失或損害負責。本公司保留在需要時直接向保單持有人發送信函的權利。

- Please send all correspondence to the following alternative address.  
請將所有通訊寄往以下的其他通訊地址。

Number/Street/Building  
室/街道/大廈

City  
城市

State/ Province  
州/ 省份

Country/ Region  
國家/ 地區

Postal Code  
郵政編號

## IMPORTANT NOTES 重要資料

- Primary Beneficiary(ies)** : If more than one primary beneficiary is named, payment will be made to the surviving beneficiary(ies) in equal shares, unless otherwise indicated by you. Please use percentages if the death benefit is to be paid in different proportions (percentages must total 100%).
- Contingent Beneficiary(ies)** : Unless otherwise designated by the proposed policy owner, payment of the death benefit will be made to the contingent beneficiary(ies), if any, if all the primary beneficiaries predecease the proposed insured.
- The beneficiary may be altered or revoked at any time unless you specifically direct us otherwise. Any alteration or revocation of a beneficiary designation will only be effective if made while the proposed insured is living and the policy is in force and to the extent permitted by law.
- If no beneficiary is named, the beneficiary shall be the proposed policy owner.
- If you would like to make a beneficiary designation that cannot be altered or revoked, you can designate an irrevocable beneficiary. Once an irrevocable beneficiary designation has been made, it cannot be altered or revoked without the irrevocable beneficiary's written consent.
- Any payment to a minor beneficiary will be made to the parent or legally appointed guardian of the minor, or a person standing in loco parentis to the minor.
- For any policy to be assigned as collateral security, you may only name the proposed policy owner's estate as the beneficiary prior to the assignment of the policy.
- 基本受益人** : 除非註明受益比例，否則如超過一名基本受益人，賠償金額將平均分配予在世受益人。如身故賠償以不同比例分配，請以百份比註明（百份比總額必須是100%）。
- 後備受益人** : 除非準保單持有人另有指明，否則若所有基本受益人均先於準受保人身故，身故賠償將支付予後備受益人（如有）。
- 除非閣下另有指示，閣下可隨時更改或撤銷受益人。更改或撤銷受益人必須在準受保人在世及保單生效的情況下，以及法例許可的範圍內方會生效。
- 如沒有填寫受益人，受益人為準保單持有人。
- 假如閣下想委任受益人身份轉為不可更改或撤銷的話，閣下可以指定其成為不可撤換受益人。當設定不可撤換受益人後，必須得到該受益人的書面同意才可更改或撤銷。
- 任何支付予未成年受益人之款項，將支付予該未成年受益人之父母、合法指定的監護人或代替父母地位者。
- 如閣下打算將保單權益轉讓以作為抵押，在轉讓保單權益之前，閣下只能指定準保單持有人的遺產繼承人為受益人。

**Primary Beneficiary(ies):** receive death benefit upon death of the proposed insured in the proportions set out below.

**基本受益人:** 在準受保人身故時按下列比例收取身故賠償。

Full Name of Person, Partnership, Corporation, Trust or Company 姓名或合夥/企業/信託或公司名稱 (Alias name (if any) shall be indicated in this field. 別名 (如有) 應在此欄中列明。)	ID Number or Passport Number/ Business Registration Number 身份證/護照/ 商業登記號碼	Age (if below 18) 年齡 (如18歲以下)	Relationship to the Proposed Insured 與準受保人關係	Country/ Region of Residence (generally where you reside for >183 days per annum) 居住國家/ 地區 (通常每年居住183日以上)	Allocated Share (%) 受益比例 (%)

If the beneficiary is a trustee, please provide the following:

如受益人為信託，請於以下提供:

Name(s) of the Trustee(s) 信託人姓名	Name of the Trust 信託名稱
Date of the Trust Deed 信託協議日期 (dd/mm/yyyy) (日/月/年)	Remark 附註

**Contingent Beneficiary(ies):** if all of the primary beneficiaries listed above predecease the proposed insured, the contingent beneficiary(ies) will receive the death benefit upon the death of the proposed insured in the proportions set out below.

**後備受益人:** 如上述所有基本受益人均先於準受保人身故，後備受益人將在準受保人身故時按下列比例收取身故賠償。

Full Name of Person, Partnership, Corporation, Trust or Company 姓名或合夥/企業/信託或公司名稱 (Alias name (if any) shall be indicated in this field. 別名 (如有) 應在此欄中列明。)	ID Number or Passport Number/ Business Registration Number 身份證/護照/ 商業登記號碼	Age (if below 18) 年齡 (如18歲以下)	Relationship to the Proposed Insured 與準受保人關係	Country/ Region of Residence (generally where you reside for >183 days per annum) 居住國家/ 地區 (通常每年居住183日以上)	Allocated Share (%) 受益比例 (%)

For irrevocable beneficiary, please provide signature specimen below:

如為不可撤換受益人，請於以下空位提供簽名樣本:

Signature 簽署		Signature 簽署		Signature 簽署	
Name 姓名		Name 姓名		Name 姓名	

**Foreign Account Tax Compliance Act & Common Reporting Standard**  
**外國帳戶稅務合規法案》及《共同匯報標準》**

**Section 5 第五部**

Select the box that applies  
 請選擇合適空格

Foreign Account Tax Compliance Act & Common Reporting Standard

(Optional for Trendsetter Ultra Term Life Product)

《外國帳戶稅務合規法案》及《共同匯報標準》

(如申請 Trendsetter Ultra Term Life 產品，可選填此部分)

**Section 5.1 - TAX RESIDENCY SELF-CERTIFICATION - To be completed by proposed policy owner if he/she is an individual. For proposed policy owner that is an entity, please complete a separate form.**

**第5.1部 — 稅務居民自我證明 — 由準保單持有人填寫（如為個人）。如準保單持有人為法人團體，請填寫另一份表格。**

- This self-certification is to be completed by proposed owners who are individuals for the purpose of the United States ("U.S.") Foreign Account Tax Compliance Act and the Hong Kong Inland Revenue Ordinance (Cap.112). The data collected may be transmitted by TLB to relevant tax authority(ies) in Hong Kong or other jurisdiction(s). 此部分須由個人準保單持有人填寫，目的為配合美國《海外帳戶納稅法案》及香港《稅務條例》（第112章）提交的自我證明。全美人壽百慕達或需將收集所得的資料交給香港或其他稅務管轄區的稅務當局。

- All parts of this section must be completed (unless not applicable or otherwise specified). If space provided is insufficient, continue in "Supplementary Information Section". 本部分的所有部分必須填寫（除非不適用或另有註明）。如提供的空間不足，請在「補充資料部分」繼續填寫。

- TLB does not offer tax or legal advice and will not be liable for any errors contained in this section. Should you require further assistance in completing this section, you should contact a qualified tax advisor. 全美人壽百慕達不提供稅務或法律意見，亦不會對本部分所載的任何錯誤承擔責任。如您在填寫本部分時需要進一步協助，請諮詢合資格的稅務顧問。

**Section 5.2 - Jurisdiction of Residence and Taxpayer Identification Number ("TIN") or its Functional Equivalent ("TIN")**

**第5.2部 — 居留司法管轄區及稅務編號或具有同等功能的識辨編號（「稅務編號」）**

Completing the following table indicating a) the jurisdiction or residence (including Hong Kong) where the policy owner is resident for tax purposes and b) the policy owner's TIN for each jurisdiction indicated. Indicate all (not restricted to five) jurisdictions of residence.

提供以下資料，列明 a) 保單持有人的居留司法管轄區，亦即賬戶持有人的稅務管轄區（包括香港在內）及 b) 該居留司法管轄區發給保單持有人的稅務編號。列出所有（不限於 5 個）居留司法管轄區。If the account holder is a tax resident of Hong Kong, the TIN is the Hong Kong Identity Card Number. 如賬戶持有人是香港稅務居民，稅務編號是其香港身份證號碼。

If a TIN is unavailable, provide the appropriate reason A), B) or C) :

如沒有提供稅務編號，必須填寫合適的理由 A), B) 或 C) :

Reason A - The jurisdiction where the policy owner is a resident for tax purposes does not issue TINs to its residents.

理由 A) - 保單持有人的居留司法管轄區並沒有向其居民發出稅務編號。

Reason B - The policy owner is unable to obtain a TIN. Explain why the policy owner is unable to obtain a TIN if you have selected this reason.

理由 B) - 保單持有人不能取得稅務編號。如選取這一理由，解釋保單持有人不能取得稅務編號的原因。

Reason C - TIN is not required. Select this reason only if the authorities of the jurisdiction of residence do not require the TIN to be disclosed.

理由 C) - 保單持有人毋須提供稅務編號。居留司法管轄區的主管機關不需要保單持有人披露稅務編號。

Jurisdiction/Country of Residence 居留司法管轄區/ 國家	Taxpayer Identification Number (TIN) 稅務編號	If TIN is not available, please tick Reason A, B or C 如沒有提供稅務編號，填寫理由A，B或C	If Reason B is selected, please explain why the policy owner is unable to obtain TIN 如選取理由B，解釋帳戶持有人不能取得稅務編號的原因
(1)		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
(2)		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
(3)		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
(4)		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
(5)		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	

I confirm that I am not a tax resident of any jurisdiction(s)/country(ies) other than the one(s) that I have declared above. I also agree to provide additional information and assistance to TLB for it to comply with relevant tax regulations. 本人確認本人並非上述申報司法管轄區/國家以外任何司法管轄區/國家的稅務居民。本人亦同意向全美人壽百慕達提供其他資料及協助，以遵守相關稅務規例。

## Section 5.3 - Declarations and Acknowledgement

## Hong Kong Inland Revenue Ordinance

I/We understand that Transamerica Life Bermuda is required to comply with the following requirements of the Inland Revenue Ordinance (Cap.112) to facilitate the Inland Revenue Department ("IRD") automatically exchanging certain financial account information as provided for thereunder:

- a) to identify certain accounts as non-excluded "financial accounts" ("NEFAs");
- b) to identify the jurisdiction(s) in which NEFA-holding individuals and certain NEFA-holding entities reside for tax purposes;
- c) 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;
- d) to collect certain information on NEFAs ("Required Information"); and
- e) to furnish certain Required Information to the IRD (collectively, the "AEOI requirements").

The account holder(s) agree(s) to comply with requests made by the Transamerica Life Bermuda to comply with the AEOI requirements.

I/We acknowledge and agree that a) the information contained in this form is collected and may be kept by Transamerica Life Bermuda for the purpose of automatic exchange of financial account information, and b) such information and information regarding the account holder and any reportable account(s) may be reported by Transamerica Life Bermuda to the Inland Revenue Department of the Government of the Hong Kong Special Administrative Region and exchanged with the tax authorities of another jurisdiction or jurisdictions in which the account holder may be resident for tax purposes, pursuant to the legal provisions for exchange of financial account information provided under the Inland Revenue Ordinance (Cap.112).

I/We undertake to advise Transamerica Life Bermuda of any change in circumstances which affects the tax residency status of the individual identified in Section 1 of this form or causes the information contained herein to become incorrect, and to provide Transamerica Life Bermuda with a suitably updated self-certification form within 30 days of such change in circumstances.

## 香港《稅務條例》

本人／吾等明白全美人壽百慕達須遵守《稅務條例》(第112章)的以下規定，以協助稅務局自動交換根據該條例提供的若干財務賬戶資料：

- a) 以識別若干賬戶為不獲豁免財務賬戶(「不獲豁免財務賬戶」)；
- b) 就稅務用途識別持有不獲豁免財務賬戶的個人及若干持有不獲豁免財務賬戶的實體所在的司法管轄區；
- c) 釐定若干持有不獲豁免財務賬戶實體的狀態為「被動非財務實體」，並就稅務用途識別其「控權人」所在的司法管轄區；
- d) 收集不獲豁免財務賬戶的若干資料(「必要資料」)；及
- e) 向稅務局提供若干必要資料(統稱「自動交換財務賬戶資料規定」)。

賬戶持有人同意遵守全美人壽百慕達的要求，以遵守自動交換財務賬戶資料規定。

本人／吾等知悉及同意，全美人壽百慕達可根據香港《稅務條例》(第112章)有關交換財務賬戶資料的法律條文，

- a) 收集本表格所載資料並可備存作自動交換財務賬戶資料用途及
- b) 把該等資料和關於賬戶持有人及任何須申報賬戶的資料向香港特別行政區政府稅務局申報，從而把資料轉交到賬戶持有人的居留司法管轄區的稅務當局。

本人／吾等承諾，如情況有所改變，以致影響本表格第一部所述的個人稅務居民身分，或引致本表格所載的資料不正確，本人會通知全美人壽百慕達，並會在情況發生改變後30日內，向全美人壽百慕達提交一份已適當更新的自我證明表格。

## Foreign Account Tax Compliance Act

I/We understand that Transamerica Life Bermuda is required to comply with certain obligations under the U.S. Foreign Account Tax Compliance Act ("FATCA") which requires financial institutions to ascertain the United States tax paying status of policy owners and assignees ("Tax Status"). I/We understand that Transamerica Life Bermuda may, from time to time, directly or indirectly, be required to make certain disclosures under FATCA as well as to other tax and regulatory authorities with regard to local and international tax legislation and regulations, including but not limited to enforcement, compliance and exchange of tax information under certain exchange agreements and treaties ("Tax Requirements"). I/We consent to Transamerica Life Bermuda making any such disclosures. I/We agree to provide information from time to time, as Transamerica Life Bermuda may require, to meet the aforementioned legal and regulatory obligations. The information includes, but is not limited to, completion of U.S. tax forms and the provision of written statements and certifications. I/We further agree and undertake to ensure that any successor policy owner or payee will also provide this information when requested. I/We agree to notify Transamerica Life Bermuda within 30 days should a change of circumstances result in a change of Tax Status or a change in residence which affects the Tax Status. I/We agree that Transamerica Life Bermuda may share the aforementioned information to any relevant government or tax authority as required by FATCA or any other law or regulation. This may involve a transfer of information outside my/our country/region of residence and/or the country/region in which the application was made to the United States Inland Revenue Service or other relevant government or tax authority. I/We agree that Transamerica Life Bermuda may withhold any payment due to the policy owner (or any successive policy owner or payee) and remit the withheld amount either directly or indirectly to the relevant taxation authority under the applicable Tax Requirements.

Foreign Account Tax  
Compliance Act &  
Common Reporting  
Standard

(Optional for Trendsetter  
Ultra Term Life Product)

《外國帳戶稅務合規法  
案》及《共同匯報標準》

(如申請 Trendsetter  
Ultra Term Life 產品，可  
選填此部分)

Foreign Account Tax Compliance Act & Common Reporting Standard (continued)

《外國帳戶稅務合規法案》及《共同匯報標準》 (續)

Section 5 第五部

Select the box that applies  
請選擇合適空格

美國海外賬戶納稅法案

本人／吾等明白全美人壽百慕達須遵守美國《海外賬戶納稅法案》（「稅務規定」）下的若干責任。稅務規定要求金融機構確定保單持有人及權益轉讓人在美國的稅務狀況（「稅務狀況」）。

本人／吾等明白全美人壽百慕達或須不時直接或間接根據稅務規定以及根據本地及國際稅務法例及規例向其他稅務及監管部門作出若干披露，有關法例及規例包括（但不限於）在若干交換協議及契約下強制執行、遵守及交換稅務資料（「稅務要求」）。

本人／吾等同意全美人壽百慕達作出任何相關披露。

本人／吾等同意按全美人壽百慕達要求，不時提供資料以履行上述法律及監管責任。資料包括（但不限於）填寫美國報稅表及提供書面陳述及證明。

本人／吾等進一步同意及承諾確保任何保單持有人之繼承人或收款人亦會應要求提供有關資料。

本人／吾等同意倘情況有變以致稅務狀況改變，或居住地改變以致影響稅務狀況，將於三十日內通知全美人壽百慕達。

本人／吾等同意全美人壽百慕達或會根據稅務規定或其他法例或規例的要求向相關政府或稅務部門呈交上述資料。當中可能涉及移交資料至本人／吾等居住國家／地區以外之地方及／或須向美國國家稅務局移交資料的國家／地區或其他相關政府或稅務部門。

本人／吾等同意全美人壽百慕達可能根據適用的稅務要求保留任何應支付予保單持有人（或任何保單持有人之繼承人或收款人）的款項，並將款項直接或間接匯至相關稅務部門。

I agree to provide information from time to time, as TLB may require, to meet the aforementioned legal and regulatory obligations. The information includes, but is not limited to, completion of U.S. tax forms and the provision of written statements and certifications.

本人同意按照全美人壽百慕達要求不時提供資料，以符合上述法定及合規責任。提供的資料包括（但不限於）填寫美國稅務表格，以及提供書面聲明和證明。

I further agree and undertake to ensure that any successor policyowner or payee will also provide this information when requested.

本人亦同意及承諾確保任何後續保單持有人或收款人亦會應全美人壽百慕達的要求提供有關資料。

I agree that TLB may share the aforementioned information to any relevant government or tax authority as required by FATCA or any other law or regulation. This may involve a transfer of information outside my/our country/region of residence and/or the country/region in which the application was made to the United States Inland Revenue Service or other relevant government or tax authority.

本人同意全美人壽百慕達可能會按照《海外賬戶納稅法案》或任何其他法律或規例的要求，將上述資料分享予任何相關政府或稅務機構，當中可能涉及將資料轉移至本人／吾等居住國家／地區及／或提交申請的國家／地區以外的美國國稅局或其他相關政府或稅務機構。

I agree that TLB may withhold any payment due to the policy owner (or any successive policy owner or payee) and remit the withheld amount either directly or indirectly to the relevant taxation authority under the applicable Tax Requirements.

本人同意全美人壽百慕達可以按照適用稅務規定，預扣應付予保單持有人（或任何後續保單持有人或收款人）的任何款項，並將預扣款項直接或間接匯款至相關稅務機構。

I confirm that I have read, understood, and agree to the declarations stated above.

本人確認已閱讀、理解並同意上述聲明內容。

Foreign Account Tax Compliance Act & Common Reporting Standard

(Optional for Trendsetter Ultra Term Life Product)

《外國帳戶稅務合規法案》及《共同匯報標準》

(如申請 Trendsetter Ultra Term Life 產品，可選填此部分)

United States Persons  
美國人士

Please complete if the proposed insured and/or proposed policy owner is/are a United States ("U.S.") person (please refer to "U.S. Persons Guidelines").

如準受保人及／或準保單持有人為美國人士（請參閱「美國人士指引」），請填寫以下部分。

I/We confirm that I/we, or (if different) the proposed insured am/are:

本人／吾等確認本人／吾等，或（如不同）準受保人為：

A U.S. citizen (holding a U.S. passport) 美國公民（持有美國護照）

A U.S. Green Card Holder 美國綠卡持有人

A U.S. person for federal income tax purposes and/or acting on behalf of a U.S. person 符合美國聯邦所得稅規定的「美國納稅人」身份，及／或代表美國納稅人行事

I/We understand TLB will only consider applications from U.S. Persons (as defined for FATCA and Common Reporting Standard purposes) and/or on the life of a U.S. citizen residing outside of the U.S. I/We have completed the "U.S. Person Declaration Form", which I/we acknowledge and agree shall form part of this application.

本人／吾等明白全美人壽百慕達只會考慮來自美國人士（按《海外賬戶納稅法案》及《共同匯報標準》定義）及／或居住在美國境外的美國公民之申請。本人／吾等已填妥「美國人士聲明書」，並知悉及同意該聲明書為本申請書的一部分。

I/We confirm that I/we have read the "U.S. Persons Guidelines". I/We understand that TLB does not provide tax or legal advice, and I/we am/are responsible for my/our tax obligations.

本人／吾等確認已細閱「美國人士指引」。本人／吾等明白全美人壽百慕達不會提供稅務或法律意見，而本人／吾等必須對自己的稅務責任負責。

Please provide information on your Tax Residency & Taxpayer Identification Number "TIN" in section 5.2. If U.S. indicia (e.g. birth place, U.S. address etc) is identified, but U.S. is not reported as jurisdiction/country of residence in section 5.2, please submit a Form W-8BEN.

若有顯示美國指標（例如出生地為美國、美國地址等）而未列明美國為稅務居民所屬司法管轄區／國家，請提交一份 W-8BEN 表格。

Sum Assured Applied For 投保保額	USD _____ 美元
Payment Mode 繳付方法	<p>First Premium Payment: <input type="checkbox"/> Bank Draft <input type="checkbox"/> Bank Transfer <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card 首次供款: 銀行本票 銀行轉帳 支票 信用卡</p> <p>Please complete the Credit Card Authorisation Form as applicable. (minimum amount USD:50,000) 請填寫信用卡授權表格 (如適用)。(以美元50,000為限)</p> <p>Regular Premiums: <input type="checkbox"/> Bank Direct Debit/Auto-pay <input type="checkbox"/> Cheque <input type="checkbox"/> Bank Transfer 定期供款: 銀行自動轉帳 支票 銀行轉帳</p> <p><b>Monthly premiums must be paid by bank auto-pay</b>: Please complete Direct Debit Authorisation Form. <b>若選擇月供保費，則必須以銀行自動轉帳方式支付</b>: 請填寫自動轉帳授權表格。</p>
Source of Funds 資金來源	<p>You may select more than one 可選擇多項</p> <p><input type="checkbox"/> Employment/ Trade Income 薪酬/貿易收入</p> <p><input type="checkbox"/> Sales of Property 物業買賣</p> <p><input type="checkbox"/> Savings 儲蓄</p> <p><input type="checkbox"/> Investment/Rental Income 投資/租金收入</p> <p><input type="checkbox"/> Maturity of Surrender of Policy or Sales of Investments 退保/或投資買賣</p> <p><input type="checkbox"/> Inheritance 遺產</p> <p><input type="checkbox"/> Premium Financing -&gt; please complete Important Facts Statement - Premium Financing 保費融資-&gt; 請填寫重要資料聲明書 - 保費融資</p> <p><input type="checkbox"/> Other 其他 (please specify 請註明: _____ )</p>
Source of Wealth 財富來源	<p>You may select more than one 可選擇多項</p> <p><input type="checkbox"/> Employment/ Trade Income 薪酬/貿易收入</p> <p><input type="checkbox"/> Sales of Property 物業買賣</p> <p><input type="checkbox"/> Savings 儲蓄</p> <p><input type="checkbox"/> Investment/Rental Income 投資/租金收入</p> <p><input type="checkbox"/> Maturity of Surrender or Policy or Sales of Investments 期滿/退保/或投資買賣</p> <p><input type="checkbox"/> Inheritance 遺產</p> <p><input type="checkbox"/> Other 其他 (please specify 請註明: _____ )</p>
Will there be any premium financing for the policy? 會否於此保單申請任何保單融資?	<p><input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否</p> <p>If "Yes", please confirm which bank is providing the premium financing: 如是，請提供保單融資的銀行名稱: _____</p>
Product Type 產品類型	<p><b>Trendsetter Ultra Term Life -&gt; complete section 7.1 請填第7.1部</b></p> <p><b>Universal Life Alpha Pro or Universal Life Alpha Pro Century -&gt; complete section 7.2a 請填第7.2a</b></p> <p><b>Opus One Indexed Universal Life -&gt; complete section 7.2b 請填第7.2b部</b></p>

## 7.1 Term Life product 定期壽險

Plan Type 計劃類型	<input type="checkbox"/> Trendsetter Ultra
	Policy Term 保單年期 <input type="checkbox"/> Terms up to age 80 保單年期直至受保人80歲 Number of protection years (minimum 5 years) 保障年期 (必須至少為5年): _____ <input type="checkbox"/> Term to age 90 (only for issue age 40-65) 保單年期直至受保人90歲 (只限投保年齡40至65歲) <input type="checkbox"/> Term to age 100 (only for issue age 40-65) 保單年期直至受保人100歲 (只限投保年齡40至65歲)
	Additional Rider Benefits 額外附加契約保障 <input type="checkbox"/> Accidental Death Benefit 意外身故保障 <input type="checkbox"/> Total and Permanent Disability Benefit 完全及永久傷殘保障: USD _____ 美元 <input type="checkbox"/> Waiver of Premium Benefit 豁免保費保障
Premium Frequency 保費繳付週期	<input type="checkbox"/> Annual 每年 <input type="checkbox"/> Semi-annual 每半年 <input type="checkbox"/> Quarterly 每季 <input type="checkbox"/> Monthly 每月

## 7.2a Universal Life products 萬用壽險產品

Plan Type 計劃類型	<input type="checkbox"/> Universal Life Alpha Pro <input type="checkbox"/> Universal Life Alpha Pro Century <input type="checkbox"/> Others 其他: _____
Premium Frequency 保費繳付週期	<input type="checkbox"/> Single Premium 整付保費: USD _____ 美元 OR 或 <input type="checkbox"/> Regular Premiums 定期供款: <input type="checkbox"/> Annual 每年 <input type="checkbox"/> Semi-annual 每半年 <input type="checkbox"/> Quarterly 每季 <input type="checkbox"/> Monthly 每月 Planned Premium Payment (per year) USD _____ 美元 for _____ years 年 每年預設保費 Planned Initial Lump Sum USD _____ 美元 預設首次一次性供款
<p><b>Note:</b> Payment of different amounts and/or different periodic premiums will affect the values and benefits of the policy. Any premium amount not shown above will be subject to certain limitations as described in the policy contract and will be subject to TLB's approval.</p> <p><b>註:</b> 繳付金額及/或跟預設定期保費與此申請書所列不同將會影響保單價值及保單保障。任何未有註明在本申請書內之保費將受保單合約所約束，並必須經全美人壽百慕達審批。</p>	

**Note:** The Hong Kong Insurance Authority requires completion of a Financial Needs Analysis form for all universal life applications.

**註:** 保險業監管局規定所有萬用壽險產品之申請必須填寫財務需要分析表格。

## 7.2b Indexed Universal Life product 指數型萬用壽險

Plan Type 計劃類型	<input type="checkbox"/> Opus One Indexed Universal Life						
Future Insurability Option 預留保障選項	<input type="checkbox"/> Future Insurability Option 預留保障選項 (only available for full medical applications and subject to pre-approval by TLB's underwriting team) (只適用於全面體檢的申請，並須獲全美人壽百慕達核保部事先批准)						
Premium Frequency 保費繳付週期	<input type="checkbox"/> Single Premium 整付保費: USD _____ 美元  OR 或 <input type="checkbox"/> Planned Premiums 預設供款: <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><input type="checkbox"/> Annual 每年</td> <td style="text-align: center;"><input type="checkbox"/> Semi-annual 每半年</td> <td style="text-align: center;"><input type="checkbox"/> Quarterly 每季</td> <td style="text-align: center;"><input type="checkbox"/> Monthly 每月</td> </tr> </table> Planned Premium Payment (per year) USD _____ 美元 for _____ years 年 每年預設保費  Planned Initial Lump Sum USD _____ 美元 預設首次一次性供款			<input type="checkbox"/> Annual 每年	<input type="checkbox"/> Semi-annual 每半年	<input type="checkbox"/> Quarterly 每季	<input type="checkbox"/> Monthly 每月
<input type="checkbox"/> Annual 每年	<input type="checkbox"/> Semi-annual 每半年	<input type="checkbox"/> Quarterly 每季	<input type="checkbox"/> Monthly 每月				
Premium Allocation 保費分配	I wish to allocate net premium(s) as per the following: (please complete in whole percentage) 本人希望按以下方式分配淨保費：(請以整數百分比填寫)						
		Opus One Indexed Universal Life	Apply DCA as per the option below-> complete Dollar Cost Averaging (DCA) if selected->於下列選項採用平均成本法->如選擇此項，請填寫平均成本法(DCA)部分				
	Fixed Account 固定戶口	%	N/A 不適用				
	Global Index Account 環球指數戶口	%	<input type="checkbox"/>				
	S&P 500 Index Account 標普500指數戶口	%	<input type="checkbox"/>				
	Nasdaq-100 Index Account 納斯達克100 指數戶口	%	<input type="checkbox"/>				
	VC Uncapped Index Account VC無上限指數戶口	%	<input type="checkbox"/>				
	Total 總計	100%					
	This premium allocation instruction will only apply to future premium payments (and not funds already allocated to any accounts of the policy) until a written request on new allocation instruction is approved by us. Please note a Lock-in Date applies in respect of the funds allocated to the Index Account. Please refer to the Product Summary materials. 此保費分配指示只適用於未來收到的保費繳款(不適用於已分配至保單中任何戶口的資金)，直至全美人壽百慕達批准新的書面分配指示為止。請注意，分配至指數戶口的資金設有鎖定日期。請參閱產品摘要文件。						

## 7.2b Indexed Universal Life product (Continued) 指數型萬用壽險 (續)

I wish to transfer funds to Index Account via DCA. 本人希望透過平均成本法將資金轉入指數戶口

Option 1. Specific amount to be transferred to the selected sub-account(s) of Index Account

選項1 將特定金額轉入指數戶口所選的子戶口

Monthly Amount每月金額: USD \_\_\_\_\_ 美元 (in whole dollar amount整數金額)

Number of transfers 轉帳次數(optional可選): \_\_\_\_\_ (minimum 2 months最少 2 個月)

If the number of transfers is not specified, the DCA will continue until we receive further notice from you.

若未註明轉帳次數，平均成本法將持續進行，直到我們收到您進一步的書面通知為止。

By stating the number of transfers in the above, I/we acknowledge that my/our DCA option instruction will be deemed completed after the number of transfers indicated above have been made, and no DCA Option will be applied to any future funds until I/we have provided written instructions for a new DCA Option to be set up.

在上方註明轉帳次數即表示本人／吾等確認，當完成上述所列的轉帳次數後，本人／吾等的平均成本法選項將被視為已完成，並且在本人／吾等另行提供書面指示以設立新的平均成本法選項前，將不會再對任何未來資金應用平均成本法選項。

Option 2. Spread the Net Premium and/or any other amounts designated by you to the Index Account monthly over 12 instalments, the DCA will continue until we receive further written notice from you.

選項2 將淨保費及／或閣下指定的其他金額分12期按月分配至指數戶口，平均成本法將持續執行，直至我們收到閣下進一步的書面通知為止。

Dollar Cost Averaging  
(DCA)  
平均成本法(DCA)

Please note the following regarding the DCA option offered by TLB for this product:

1. DCA option allows you to transfer funds to the Index Account at monthly instalments, minimum 2 monthly instalments and until your further notice. DCA does not assure a profit nor protect against a loss in a declining market.
2. A segment will be created on the 15th of each calendar month. If the DCA instruction provided in this form is approved before the Lock-in Date, the corresponding fund will be transferred to the designated sub-account(s) of the Index Account on the 15th of the same month to create a segment. Otherwise, the fund transfer and segment creation will take place on the 15th of the following calendar month.
3. The specified amount (Net Premium) in Option 1 above is the whole dollar amount to be transferred from the Fixed Account to the Index Account for each scheduled DCA monthly transfer.
4. For Option 1, if the remaining balance for DCA is less than the scheduled monthly amount, the remaining balance will still be transferred for that instalment.
5. For Option 2, the monthly DCA transfer amount is the total of each fund transfer by DCA on the transfer date divided by remaining number of instalments.
6. Selection or change of the DCA option will not affect premium allocation of your policy and change in premium allocation will not affect the DCA option.
7. You may change or cancel your DCA instructions by sending us a written request. Your instructions will take effect from the next Segment Start Date following approval of your written request.
8. Your DCA instructions will only take effect during the period specified by you. If you wish to apply for DCA upon completion of your current instructions, you must submit another written request.

對於全美人壽百慕達為此產品提供的平均成本法選項，請注意以下要點：

1. 平均成本法選項容許您以每月分期方式將資金轉移至指數戶口（最少2個月），直至您作出進一步通知為止。平均成本法不能保證獲利，亦不能避免在市場下跌時引致損失。
2. 每個曆月的15日將設立一個分段。若本表格中的平均成本法指示於該分段鎖定日期前獲得批准，相關資金將於當月的15日轉入所選的指數戶口子戶口設立分段。否則，資金轉入及分段設立將於下一個曆月的15日進行。
3. 上述選項1的指定金額（淨保費）指每月按照指示採用平均成本法從固定戶口轉移入指數戶口的整數金額。
4. 對於選項1，若用於平均成本法的剩餘金額少於每月轉移金額，該剩餘金額仍會於該期全數轉入。
5. 對於選項2，每月採用平均成本法轉帳的金額，為轉帳當天所有採用平均成本法轉帳的總額除以剩餘期數所得之金額。
6. 選擇或更改平均成本法選項不會影響您保單的保費分配，更改保費分配亦不會影響平均成本法選項。
7. 閣下可透過書面申請更改或取消平均成本法指示。閣下的指示將於書面申請獲批後的下一個分段開始日期起生效。
8. 閣下的平均成本法指示只會於閣下指定的期間內生效。如閣下希望在現行指示完成後繼續使用平均成本法，閣下必須再次提交書面申請。

## 7.2b Indexed Universal Life product (Continued) 指數型萬用壽險 (續)

Matured Segment  
Proceeds Handling  
到期分段收益指示

- Reinvest to a new Segment 重新投資至新分段
- Reallocate Segment proceeds upon maturity as follows 於分段到期時，按以下方式重新分配分段收益：

	Opus One Indexed Universal Life
Fixed Account (DCA Portion) 固定戶口 (平均成本法部分)	%
Fixed Account (Non-DCA Portion) 固定戶口 (非平均成本法部分)	%
Global Index Account 環球指數戶口	%
S&P 500 Index Account 標普500指數戶口	%
Nasdaq-100 Index Account 納斯達克100 指數戶口	%
VC Uncapped Index Account VC無上限指數戶口	%
Total 總計	100%

If this section is not completed, the matured Segment proceeds associated with each of the sub-accounts of the Index Account will be automatically reinvested 100% into a new Segment under each of the sub-accounts of the Index Account respectively. These allocations may be updated over time as required. Please refer to the Product Summary materials.

如未填寫本部分，與指數戶口之各子戶口相關的到期分段收益將100%自動重新投資至該指數戶口的各子戶口下的新分段。此等分配安排可按需要作出更新。詳情請參閱產品摘要文件。

Death Benefit  
Payment Option  
身故賠償額支付選項

- Option 1: In lump Sum (default)  
選項 1: 一次性支付 (預設選擇)
- Option 2: In Instalments (annual payment & via bank transfer) Instalment Period \_\_\_\_\_ Years  
選項 2: 等值分期支付 (每年支付，並透過銀行轉帳) 等值分期付款年期: \_\_\_\_\_ 年
- Option 3: Lump Sum  25% or  50% and Instalment Period \_\_\_\_\_ Years  
選項 3: 一次性支付 25% or 50% 及等值分期付款 \_\_\_\_\_ 年

- The maximum instalment duration is 20 years. 最長等值分期付款期間為 20 年。
- Option 2 & 3 is subject to a minimum instalment amount of USD100,000.00 and maximum of 5 beneficiaries are allowed. 選項2與選項3須符合最低等值分期金額為 100,000 美元的條件，且最多僅可指定 5 位受益人。
- The first death benefit payment will be made upon the death claim approval and subsequent death benefit payments will be paid on a yearly basis on each anniversary of death claim approval via bank transfer until the death benefit payable has been fully paid. 首筆身故賠償將會在身故索賠獲批後支付，其後的身故賠償將於每個身故索賠獲批日期的周年日以銀行轉帳方式支付，直至悉數支付身故賠償額為止。
- Instalments payable to a deceased beneficiary shall continue to be paid to the estate of such beneficiary in instalments. 應付予已故受益人的等值分期款項會繼續以等值分期方式支付予該受益人的遺產繼承人。
- Interest may be payable on the instalments at a non-guaranteed rate to be declared by us from time to time. 等值分期付款可能會依我們不時公布的非保證利率支付利息。

**Note:** After assessment of the application, the company may offer alternative terms, which may result in an increase or decrease in premium or decrease in sum assured.

- Payment of different amounts and/or different periodic premiums will affect the values and benefits of the policy;
- The values that appear in the illustration signed as part of this application may change;
- Any premium amount not shown above will be subject to certain limitations as described in the policy contract and will be subject to TLB's approval.

**PLEASE DO NOT PAY ANY PREMIUM WITH THIS APPLICATION**

在評估申請後，本公司可能會提供替代條款，這可能導致保費增加或減少，或保障金額減少。

- 不同金額及/或不同繳費週期的保費將影響保單的價值及利益；
- 作為本申請一部分所簽署的銷售說明文件中所列的價值可能會有所變動；
- 任何未於上文列明的保費金額將受保單合約所述的特定限制約束，並須經全美人壽百慕達批准。

請勿隨本申請繳交任何保費。

## Section 8 第八部

## Backdate to Save Age 追溯上一個生日年齡

 Select the box that applies  
請選擇合適空格

You may request your policy to have a different policy effective date in order to "save age". Please tick the box at the end of this section if you wish to do so. Please note that any such request is subject to our approval at TLB's sole discretion, and may not be approved or processed in the event your first premium payment was made prior to the proposed insured's next birthday."

Changing the policy effective date to "save age" means that each of the regular premium payments you make on the policy will be lower in dollar amounts than if you did not change the policy effective date to "save age". It also means that part of your first premium payment will be for a period of time during which insurance coverage will not be in effect. The period during which insurance coverage will not be in effect will depend on a number of factors, such as:

- the length of time the policy needs to be back-dated in order to qualify for the younger insurance age;
- the time it takes TLB to process your application, which includes how quickly you respond to any requests for information from TLB; and
- how quickly you are able to obtain delivery of the policy and make the first premium payment, which in most cases are when coverage commences.

Do you request to have a different policy effective date to save age? If so, please tick the box.

閣下可以要求更改保單生效日期至「上一個生日年齡」。如閣下有意做出此要求，請在本節末段的方格內填上別號。請注意，有關申請須經全美人壽百慕達全權酌情審批。如閣下的首期保費繳付日期早於準擬受保人之下一個生日，該申請可能不獲接納或處理。

更改保單生效日期至「上一個生日年齡」會令閣下就保單支付的每筆定期保費（以美元計）低於未有作出此選項的情況，亦代表首次供款的一部分會涵蓋保障尚未生效的期間，有關期間將會取決於多項因素，例如：

- 保單需要追溯計算日期以符合較年輕投保年齡的時間；
- 全美人壽百慕達處理閣下申請所需的時間，包括閣下回應全美人壽百慕達索取資料要求的迅速程度；及
- 閣下獲交付保單及作出首次供款（在大部分情況下為保障開始之時）的時間。

閣下是否希望更改保單生效日期至「上一個生日年齡」？如是，請在此方格填上別號。

**Section 9 to Section 13 - To be completed by the Proposed Insured  
(or parent/guardian to complete Proposed Insured's information if proposed insured is a minor)  
第九部至第十三部 - 由準受保人填寫(或父母/監護人填寫準受保人之資料如準受保人為未成年人)**

## Section 9 第九部

## Insurance Details 保險詳情

 Select the box that applies  
請選擇合適空格

- 9.1 Have you ever had any life insurance policy declined, rated, modified, postponed or cancelled that you have applied for?  Yes 是  No 否  
If yes, please provide details in the "Supplementary Information Section" of this form.  
閣下是否曾被其他公司拒絕承保、增收額外保費、更改保障權益、延期受保或取消任何人壽保險？如是，請於「補充資料部分」詳述。

- 9.2 Do you have any applications for life insurance in force or pending with any other companies?  Yes 是  No 否  
If yes, please provide details below:  
閣下是否在其他公司有任何有效或待批人壽保險申請？如有，請詳述。

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

- 9.3 Total Life Insurance coverage intended including this application, in force and concurrent.  
包括此申請在內、仍然生效及其他待批之申請之人壽保險總保障額。 USD \_\_\_\_\_ 美元
- 9.4 Total Amount of Accidental Death Insurance in place and applied for  
已生效及待批之意外死亡保險總保額 USD \_\_\_\_\_ 美元
- 9.5 Total Amount of Waiver of Premium Insurance in place and applied for  
已生效及待批之豁免保費保險總額 USD \_\_\_\_\_ 美元
- 9.6 Total Amount of Total and Permanent Disability Insurance in place and applied for  
已生效及待批之完全及永久傷殘保險總額 USD \_\_\_\_\_ 美元
- 9.7 Is this application to replace or intended to replace any policy or policies with TLB or any other company?  Yes 是  No 否  
Please complete **Section 18 Policy Replacement**.  
此申請書會否取代或打算取代全美人壽百慕達或其他公司的任何現有壽險保單？請填寫第十八部「轉保」。

## Section 10 第十部

## Occupation and Pursuit Activities 職業及風險活動

 Select the box that applies  
請選擇合適空格

- 10.1 Does your occupation involve working underwater, underground, with explosives, or outdoors over 40 feet?  
閣下的職業是否涉及水底、地底、使用爆炸品或40呎以上戶外環境工作？  Yes 是  No 否
- 10.2 Do you engage in flying other than as a fare paying passenger, motor racing, and/or mountaineering?  
閣下是否以非付費乘客的身份參與飛行、賽車及／或攀山？  Yes 是  No 否
- 10.3 Do you engage in skiing and/or diving professionally, for financial reward or other than for holidays?  
閣下是否在假日休閒以外或在獲得獎金的情況下，以職業身份參與滑雪及／或潛水活動？  Yes 是  No 否

If yes, please provide details in the "Supplementary Information Section" and complete the related questionnaire(s).  
如是，請於「補充資料部分」詳述並填寫有關問卷。

## Section 11 第十一部

## Travel and Residency 旅遊及居住地

 Select the box that applies  
請選擇合適空格

- 11.1 Do you intend to travel internationally or reside in a different country/region to your current residence, for a total duration of more than 30 days in any year?  
閣下是否打算到海外旅遊或到現時居住地以外國家 / 地區居住年計30日以上? 如是，請提供以下資料。  
If yes, please provide details below:

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

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

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

**YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION IF A ROUTINE TRANSAMERICA LIFE BERMUDA PARAMEDICAL/MEDICAL EXAMINATION IS CURRENTLY BEING ARRANGED FOR THIS APPLICATION.**

只適用於免體檢—如正在安排接受體檢，則毋須填寫此部分。

If you answer "Yes" to any of the questions in this Section 12, please state in the "Supplementary Information Section" the following information: the date of, and diagnosis of the medical condition; past/current and future known treatment; and details of the frequency and severity of symptoms including the date of the last episode. If available, please enclose any medical reports or test results with your application. You may be required to complete further medical questionnaires, examinations or reports if we require more information. All information will be treated in strict confidence.

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

**After completing your application form and before any policy can be issued, if any changes occur in the facts you provided in this form, you must tell us in writing about the change, and we reserve the right to decline, or to accept your application with special terms.**

第十二部如有任何答案為「是」，請於「補充資料部分」提供以下資料：疾病的診斷名稱及診斷日期；過去/現在及已知將會接受的治療；以及發病頻率及嚴重程度，包括上次發病日期。請隨本申請書附上任何醫療報告或檢驗結果（如有）。閣下或會被要求填寫醫療問卷、接受體檢或提交報告。所有資料將會保密處理。

全美人壽百慕達根據閣下於本申請書所提供的資料決定是否接納閣下的申請，或者是否需要附加特別條款。任何漏報或誤報重要事實或會構成壽險保障無效及/或未來索償被拒。重要事實指可能影響全美人壽百慕達評估或接納此申請的事項。如未能確定事實是否重要，應先予以披露。因此，請閣下盡所知事實之全部回答問題，以確保資料準確完整及提供所有所需的證明文件。

填寫申請書後並於保單繕發前，申請書所載事實如有任何變更，閣下必須以書面形式知會全美人壽百慕達，全美人壽百慕達保留權利拒絕或接納閣下的申請，或以附加特別條款方式接納申請。

#### Family Questions 家庭問題

Has any member of your immediate family (parents, brothers or sisters) ever been diagnosed with heart disease, stroke or Transient Ischemic Attack (TIA), cancer, diabetes, Parkinson's disease, Huntington's disease, Polycystic Kidney Disease (PKD), Alzheimer's disease, or any other hereditary disease or disorder?  Yes 有  No 否

If "Yes", please provide full details with exact nature of the illness.

閣下的直系親屬（父母、兄弟或姊妹）中是否有人曾被診斷患有心臟病、中風或暫時性腦缺血發作(TIA)、癌症、糖尿病、柏金遜症、亨丁頓舞蹈症、多囊性腎病(PKD)、認知障礙症或任何其他遺傳病。

如答案為「有」，請提供詳細資料，包括疾病的確切性質。

Living 健在			Deceased 已故		
	Age 年齡	Present Health 目前健康狀況		Age 年齡	Cause of Death 身故原因
Father 父親			Father 父親		
Mother 母親			Mother 母親		
Siblings 兄弟姊妹			Siblings 兄弟姊妹		

**Health Declaration 健康聲明:** If the answer is "Yes" to any of the following health questions, please provide details in the "Supplementary Information Section" of this form. 如以下任何問題的答案為「是」，請於「補充資料部分」詳述。

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

- 12.1 Are you a smoker or have you ever consumed any form of tobacco within the last 12 months?  
(A smoker is someone who smokes cigarettes or cigars/uses a pipe or other tobacco product/uses nicotine replacements)  
If "Yes" please provide details of the type and daily consumption.  
閣下是否吸煙人士或過去12個月曾否使用任何形式的煙草產品?  
(吸煙人士指吸食香煙或雪茄/使用煙斗或其他煙草產品/使用尼古丁替代品的人士)  
如是, 請列明煙草類別及每日吸食量。  Yes 是  No 否
- 12.2 Do you drink in excess of (male) 25 units and (female) 15 units of alcohol per week?  
If "Yes" please provide details of the type and consumption  
閣下是否每周飲用酒精飲品多於25個單位 (男性) 或15個單位 (女性)?  
如是, 請列明酒精飲品類別及飲用量。  

Note 註:

One pint of beer (5% Alcohol Blood Value "ABV") contains around three units;  
One standard (175ml) glass of wine (12% ABV) contains around two units.  
One measure (25ml) of a spirit (around 40% ABV) contains one unit.  
—品脫啤酒 (酒精含量5%) 約為三個單位;  
—標準杯葡萄酒 (175毫升, 酒精含量12%) 約為兩個單位;  
—杯烈酒 (25毫升, 酒精含量約40%) 為一個單位。

 Yes 是  No 否
- 12.3 Have you in the last 5 years ever undergone any surgical procedure, been an out-patient or treated in a hospital, clinic, sanatorium, nursing home or other medical institution; or suffered from any other medical conditions where you were off work for more than one consecutive week; and/or received more than 10 total days course of treatment?  
過去五年閣下是否曾於醫院、診所、療養院、護養院或其他醫療機構接受任何手術、門診治療或住院治療; 或是否曾因其他症狀連續休假一周或以上及/或接受總共十日以上的治療?  Yes 是  No 否
- 12.4 Have you ever been tested positive for HIV, Hepatitis B or Hepatitis C?  
閣下是否曾對愛滋病病毒、乙型肝炎或丙型肝炎測試呈陽性反應?  Yes 是  No 否
- 12.5 Are you currently taking any kind of medication (other than fertility/birth control); or is any treatment or tests currently being performed or planned, or any day or in-patient hospitalisation or surgical procedure scheduled?  
閣下是否正在服食任何藥物 (避孕藥除外); 正接受或擬接受任何治療、或檢查或預定住院或於日間治療中心接受或計劃接受治療或手術?  Yes 是  No 否

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

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

**過去三年內, 閣下曾否患上或確診以下症狀:**

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

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

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

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

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

Females only :

只適用於女性：

12.20	Have you ever suffered from any breast or gynaecological disorders, requiring medical treatment, surgery or investigations other than for routine contraception, fertility treatment or uncomplicated births? 除手術或一般避孕、生育治療或正常生育以外的檢查，閣下曾否患上任何乳房或婦科疾病而需接受治療、手術或檢查？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
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13.1 Please give details of the doctor who is most familiar with your medical history:

請提供熟悉閣下既往病歷的醫生資料：

Medical Practitioner's Details 醫生資料	Name 姓名	
	Address 地址	
	Phone Number 電話號碼	
	Date of Last Attendance, Reason and Result 上次求診日期、原因及結果	

13.2 If you do not have a regular doctor, please sign this section whereby you confirm the following:

如無固定醫生，請簽署此部分並確認：

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

The above statements are correct as of the signed date of this application.

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

上述陳述於此申請書簽署日期皆屬準確完整。

Signature of proposed insured:

準受保人簽署：

X

**Supplementary Information Section:**

**補充資料部分:**

Thank you for your cooperation in providing this information.

感謝閣下提供上述資料。

For business insurance applications, please skip this section and complete the Business Insurance Supplementary Questionnaire.

To be completed for personal applications for sum assured of USD3,000,001 and above (non-private bank/retail bank clients) and USD5,000,001 and above (private bank clients). Note: please convert all amounts to USD.

如屬商業保險申請，請填寫商業保險補充問卷，而無須填寫此部份。

適用於保額達3,000,001美元或以上（非私人銀行客戶/零售銀行客戶）及5,000,001美元或以上（私人銀行客戶）之個人申請。

註：請將所有金額兌換成美元。

### Personal Information 個人資料

14.1 Number of Dependents 受養人士數目: \_\_\_\_\_

#### 14.2 Income Details 收入詳情

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

#### 14.3 Net Worth (please state individual net worth) 淨值 (請列明個人淨值)

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

## Section 14 第十四部

## Personal Financial Statement (Continued) 個人財務 (續)

## 14.4 Real Estate 物業

\*\* Please list all properties of which you are a full or partial owner. If you are a partial owner of a property, please specify the percentage of ownership for that particular property.

\*\* 請列出所有由閣下擁有全部/部份業權的物業及業權。如屬部份業權，請列明擁有業權的百分比。

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

## Section 15 第十五部

## Governing Law 監管法律

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

本保單受百慕達法律約束而所有當事人同意遵守所有適用的法例及規例。

## Section 16 第十六部

## Cancellation Rights and Refund of Premiums 取消投保及退還保費

You have the right to cancel and obtain a refund of any premium(s) paid by giving written notice. Such notice must be signed by you and received directly by Transamerica Life (Bermuda) Ltd., Hong Kong Branch Office, at Suites 5802-11, 58/F One Island East, Taikoo Place, 18 Westlands Road, Quarry Bay, Hong Kong within 21 days after the delivery of the policy or issue of a Cooling-off Rights Notice\* to you or your financial representative, whichever is earlier. The policy will be cancelled, voided from the beginning, and any premium paid will be refunded. No refund shall be made if a claim has been paid on the policy.

\*Cooling-off Rights Notice is a notice that will be sent to you or your financial representative to notify you of your rights during the Cooling-off Period around the time the policy is delivered.

閣下有權以書面通知要求取消投保，並取回任何已付保費。閣下須於書面通知上簽名，並於保單交付閣下或閣下的財務代表後或《冷靜期權利通知》\* 發予閣下或閣下的財務代表後21日內（以較早者為準），將其直接送達全美人壽（百慕達）有限公司香港分行，地址為香港鰂魚涌太古坊華蘭路18號港島東中心58樓5802-11室。保單將會被取消，即保單從未生效，全美人壽百慕達亦會向閣下退回所有已付保費。若閣下已獲得保單索償，則不會獲發還已付保費。

\*冷靜期權利通知是發予閣下或閣下的財務代表的通知書，並約在保單送達時發出以告知閣下在該冷靜期內的權利。

## Section 17 第十七部

## Payment of Commission to Authorised Insurance Brokers 向獲授權保險經紀支付佣金

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

You further understand that the above agreement is necessary for TLB to proceed with the application.

閣下明白、確認及同意全美人壽百慕達於保單有效期內（包括續保期），就閣下所購買及接受全美人壽百慕達所繕發的保單而向負責安排有關保單的獲授權保險經紀支付佣金。如為法人團體，代表閣下簽署的獲授權人員須向全美人壽百慕達確認其已獲法人團體授權以代表閣下簽署。

閣下亦明白全美人壽百慕達必須取得上述同意，方可處理有關申請。

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

In order to fund the purchase of your new life insurance policy, are you using, or do you intend to use some or all of the funds arising from your existing life insurance policy, or any savings made by reducing the premium payable under your existing life insurance policy? For example, such funds or savings may arise from:

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

閣下是否使用或打算使用現有人壽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保險保單的應付保費而節省的金額，以資助閣下購買新的人壽保險保單？例如，此等資金或金額可能來自：

- 就閣下現有人壽保險保單作出退保/部分退保的安排，以獲得其退保價值
- 從閣下現有人壽保險保單中提取保單貸款 (包括自動保費貸款)
- 從閣下現有人壽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)
- 容許閣下現有人壽保險保單失效 (例如:終止支付保費)
- 行使閣下現有人壽保險保單中「保費假期」的權利

 Yes 是

 Not yet decided 尚未決定

 No 否

*Please check one appropriate box only  
請在適當的方格內填上剔號 (只可選擇一項)*

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

**If your answer is "Yes" or "Not yet decided", your financial representative must explain the "Important Facts Statement – Policy Replacement" to you.**

忠告：請小心回答上述問題。就現有人壽保險保單作出變更未必符合閣下的最佳利益。閣下的財務代表必須向閣下解釋有關變更對閣下的財務、受保資格及索償資格所構成的影響。因此，閣下的財務代表可能會向閣下索取閣下現有人壽保險保單的某些資料。閣下可能需要聯絡現有人壽保險保單的保險公司並向其索取有關現有人壽保險保單準確及最新的資料。

若閣下的回答為「是」或「尚未決定」，閣下的財務代表必須向閣下解釋《重要資料聲明書—轉保》。

Signature of the <b>Proposed Policy Owner</b> 準保單持有人簽署		X	
Date 日期		(dd/mm/yyyy) (日/月/年)	
Signature of the Financial Representative 財務代表簽署		X	
Full name of Financial Representative 財務代表姓名	Type of License and License No. 牌照類別及牌照號碼		
Date 日期	(dd/mm/yyyy) (日/月/年)		

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

### Collection

From time to time, it will be necessary for customers or other persons to supply TLB with personal data in connection with the establishment or continuation of business relationship, or provision of products or services. Failure to supply such data may result in TLB being unable to establish or continue the business relationship, or provide you with our products and services.

### Purpose

The personal data collected by TLB on this form, any supplementary forms or documents received as part of this insurance application, any claims documentation or any other personal data collected during the course of other dealings with TLB may be used or disclosed from time to time for the following purposes:

- a) processing, evaluating and underwriting this insurance application, any subsequent insurance applications or forms and any alterations, variations, cancellations, surrenders, assignments, reinstatement or renewals of this insurance policy;
- b) administering this insurance policy, providing services, communicating with you and managing your account including access to and maintenance of any online platform in relation to this insurance policy by your financial representative and its related entities;
- c) conducting credit checks and ensuring ongoing credit worthiness;
- d) conducting medical or health reference checks;
- e) investigating, defending, analysing, processing and paying any claims under this insurance policy or an insurance policy under which any moneys may be payable to you or other persons entitled under such insurance policy;
- f) invoicing and collecting premiums and outstanding amounts from you;
- g) performing any functions and activities related to insurance products and/or services, market research, customer surveys and analysis or obtaining legal and professional advice;
- h) resolving complaints, conducting internal training and customer service quality assessment;
- i) arranging reinsurance;
- j) conducting and compiling statistics to study and evaluate behavior, preferences and interests, develop new products, improve our services, identify trends, plan and execute business transactions;
- k) exercising any rights TLB may have in connection with the provision to you of products/or services from time to time;
- l) marketing and promoting products and services to you via corporate events, telephone calls, SMS, digital communications or messaging, fax, mail and electronic mail, where specifically or deemed consented to or where it is permissible under applicable laws or regulations;
- m) processing and handling requests for data access or correction;
- n) verifying your identity and confirming any information you provide in relation to this insurance policy;
- o) conducting compliance, monitoring and audit reviews;
- p) other ancillary purposes which are directly related to and serve to fulfill the above purposes; and
- q) complying with the requirements under any laws and regulations, codes, guidelines, court order and requests from any local or foreign regulators, governmental bodies, or industry recognised bodies (whether within or outside Hong Kong) that is assumed by or imposed on TLB or any related companies of TLB including TLB's ultimate parent company, and any companies which are directly or indirectly held or controlled by such ultimate parent company (the "related companies") by reason of its financial, commercial, business or other interests or activities in or related to the jurisdiction of the relevant local or foreign regulators, governmental bodies, or industry recognised bodies.

It is TLB's policy not to keep personal data for longer than is necessary for the fulfillment of the purpose for which that data is or is to be used.

### Transferees

The personal data collected by TLB will be kept confidential but subject to any applicable laws, TLB may disclose your personal data for the above purposes to the following classes of transferees (whether in Hong Kong or elsewhere) ("transferees"):

- a) third party agents, contractors, assignees and advisors who provide administrative, communications, computer, payment, risk intelligence services, security or other services which assist us to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, storage facility providers, IT service providers and data processors);
- b) any service provider that TLB collaborate with to provide its insurance products and services;
- c) in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- d) in the event of default, debt collectors and recovery agents;
- e) insurance reference bureaus or credit reference bureaus;
- f) reinsurers and reinsurance brokers;
- g) any financial representative which services this insurance policy (including your insurance broker (if you have one), and its successors or assigns);
- h) the owner of the policy (if different from the insured);
- i) TLB's legal and professional advisors;
- j) TLB's related companies;
- k) any actual or proposed assignee, transferee, participant or sub-participant of our rights or business;
- l) the Hong Kong Federation of Insurers (or any similar association of insurance companies whether within or outside of Hong Kong) and its members;
- m) the Insurance Complaints Bureau and similar industry bodies; and
- n) government agencies and authorities as required or permitted by law.

TLB may also use and disclose your personal data otherwise with your prior consent to the relevant use or disclosure as permitted under applicable law.

**Transfer of data outside Hong Kong**

In connection with the purposes outlined above, TLB may transfer your personal data outside Hong Kong to any of the classes of transferees set out above. Such transferees may be situated in jurisdictions including but not limited to Singapore, Bermuda, United States, Netherlands, Switzerland and/or the United Kingdom where there may or may not be in place data protection laws which are substantially similar to, or serve the same purposes as, the PDPO. That means your personal data may or may not be protected to the same standard as is required in Hong Kong.

Please indicate your consent to the transfer of your data outside Hong Kong by ticking the box below. Failure to provide your consent will result in TLB being unable to establish or continue the business relationship, or provide you with our products and services.

I/We consent to the transfer of my/our personal data outside Hong Kong.

**Financial and insurance products and services**

With your consent, TLB may use or provide your name and contact details (address, email and telephone number), details on the insurance products purchased (including policy details), your transaction pattern and behaviour, financial background and demographic information to its related companies and/or other third party financial institutions and insurance providers within or outside of Hong Kong ("financial institutions and insurance providers") to send you communications regarding financial and insurance products that may be offered by TLB, its related companies and/or financial institutions and insurance providers from time to time by mail, email, telephone, SMS, digital communications or messaging or other forms of communications.

I/We do not consent to receiving communications relating to financial and insurance products and services as described above.

If at any time you wish to withdraw your consent to receiving communications related to the financial and insurance products and services, please notify us by sending a written request to our Data Protection Officer (refer to the section headed "Access to and correction of personal data" below for contact details). TLB will, without charge to you, ensure that you are not included in any such future communications that may be offered by TLB, its related companies, program providers and/or financial institutions and insurance providers from time to time.

**Access to and correction of personal data**

It is mandatory to provide all of the personal data requested in this application form. Failure to provide all the personal data requested in this application form may mean that TLB is unable to process this application.

You may seek access to and request correction of any personal data TLB holds about you by sending a written request to: The Data Protection Officer, Transamerica Life (Bermuda) Ltd., Hong Kong Branch Office, Suites 5802-11, 58/F., One Island East, Taikoo Place, 18 Westlands Road, Quarry Bay, Hong Kong.

A reasonable fee may be charged to offset any administrative and actual costs incurred by us in complying with your data access requests.

全美人壽 (百慕達) 有限公司 (「全美人壽百慕達」) 在收集、使用、轉移、保留及儲存閣下的個人資料時，致力遵守香港法例第486章《個人資料(私隱)條例》(「私隱條例」)，以及任何如適用的司法管轄區的強制性個人資料保障法例。

**收集資料**

客戶或其他人士需要不時向全美人壽百慕達提供個人資料，以便全美人壽百慕達建立或維持與閣下的業務關係或向閣下提供產品或服務，否則全美人壽百慕達可能無法建立或維持有關業務關係或提供所需的產品及服務。

**用途**

全美人壽百慕達於此表格、任何補充表格或申請過程中的文件、或索償文件或不時與全美人壽百慕達其他交易所收集的個人資料供使用或披露作以下用途：

- 處理、評估及核保此保險申請、任何其後的保險申請或表格，以及保單的任何修改、變更、註銷、退保權益轉讓、復效或續保；
- 管理此保單、執行保單的行政工作、與閣下通訊及管理閣下帳戶，包括經閣下的保險經紀及相關人士連接及維持與此保單相關服務的任何網上平台；
- 進行信用審查及確保持續的信用程度；
- 進行醫療或健康核查；
- 調查、辯解、分析、處理及支付保單下的任何有關索償或閣下可能取得任何款項的保單項下或在該保單下有權收取款項之人士的任何賠償；
- 發出繳交保費通知及向閣下收取保費及欠款；
- 進行與保險產品及/或服務有關的功能及活動、市場研究、顧客調查及分析或諮詢法律及專業意見；
- 處理投訴、進行內部培訓及客戶服務質素評核；
- 安排再保險；
- 以研究及評估行為、喜好及興趣、研發新產品、改善服務、識別趨勢、策劃及執行業務交易、進行統計及編製統計數據；
- 不時行使全美人壽百慕達可能向閣下提供產品及/或服務而擁有的任何權利；
- 在明確或被視為同意，又或在適用法例或法規許可的情況下，通過企業活動、電話、短訊、數碼通訊或信息、傳真、郵件和電子郵件向閣下推廣及宣傳產品及服務；
- 處理查閱或修改資料的申請；
- 核實閣下的身份並確認閣下就此保單提供的任何資料；
- 執行合規、監督和審計查核；
- 上述用途直接相關及可達到上述用途的其他附帶用途；及
- 符合全美人壽百慕達或全美人壽百慕達任何相關公司包括全美人壽百慕達的最終母公司，以及該最終母公司直接或間接持有或控制的任何公司(「相關公司」)因於任何司法管轄區擁有金融、商業、業務或其他利益或進行活動或與該司法管轄區有關的本地或海外監管機構，政府部門或業界認可團體，而須承擔或被施加的任何本地或海外監管機構、政府部門或業界認可團體(不論是否位於香港)的任何法例及規例、守則、指引、法庭命令及要求之規定。

根據全美人壽百慕達的政策，個人資料的保存時間不會超過使用相關資料有關的目的而所需的時間。

**受讓人**

全美人壽百慕達會將收集到的個人資料保密，惟在任何適用法例的規限下，全美人壽百慕達可能就上述用途向以下類別的受讓人（不論是否位於香港）（「受讓人」）披露閣下的個人資料：

- a) 為全美人壽百慕達提供行政、通訊、電腦、付款、風險情報服務、保安或其他服務以達成上述用途之第三方代理人、承辦商、權益轉讓人及顧問（包括醫療服務供應商、緊急支援服務供應商、電訊促銷商、郵寄公司、儲存服務供應商、商資訊科技服務供應商及數據處理商）；
- b) 與全美人壽百慕達合作提供保險產品及服務的任何服務供應商；
- c) 於索償的情況下，則為理賠調查員、索償調查員及醫療顧問；
- d) 於欠款的情況下，則為追討欠款的收數公司或索償代理；
- e) 保險資料服務公司及信貸資料服務公司；
- f) 再保險商及再保險經紀；
- g) 為提供此保單服務的任何保險中介人（包括閣下的保險經紀（如有）及其承繼人或受讓人）；
- h) 保單持有人（如非受保人）；
- i) 全美人壽百慕達之法律及專業顧問；
- j) 全美人壽百慕達之相關公司；
- k) 本公司權利或業務的任何實際或建議權益轉讓人、受讓人、參與者或附屬參與者；
- l) 香港保險業聯會（或類似的保險公司組織不論於香港境內或境外）及其成員；
- m) 保險投訴局及類似的保險業機構；及
- n) 法例規定或許可的政府機構或機關。

全美人壽百慕達在適用法例的許可下，於取得閣下的事先同意後，亦可能使用及披露閣下的個人資料。

**轉移數據至香港境外**

為達到上述用途，全美人壽百慕達會將閣下的個人資料轉移予香港境外的上述任何類別受讓人。該等受讓人可能身處不同的司法管轄區，包括（但不限於）新加坡、百慕達、美國、荷蘭、瑞士及/或英國，當地未或未必設有與私隱條例大致相似或用途一致的個人資料保障法例，因此閣下的個人資料未或未必得到與香港法定水平相若的保障。

如閣下同意將個人資料轉移至香港境外，請於以下方格填上別號，否則全美人壽百慕達將會無法建立或維持與閣下的業務關係，或向閣下提供所需的产品及服務。

本人/吾等同意將個人資料轉移至香港境外。

**金融及保險產品和服務**

經閣下同意後，全美人壽百慕達可以使用或向其相關公司和/或香港境內或境外的第三方金融及保險供應商（「金融及保險供應商」）提供閣下的姓名及聯絡資料（地址、電郵及電話號碼）、所購買保險產品的資料（包括保單詳情）、交易模式及行為、財務背景及人口資料，以透過郵件、電郵、電話、短訊、數碼通訊或信息或其他通訊方式，向閣下發送全美人壽百慕達、其相關公司及/或金融及保險供應商可能不時提供的金融及保險產品之資料。

本人/吾等不同意收取與以上所陳述的相關金融及保險產品和服務的訊息。

如閣下在任何時候希望撤回同意收取金融及保險產品和服務的訊息，請向全美人壽百慕達的資料保障主任發送書面要求（聯絡資料請參考下文「查閱及修改個人資料」部分）。全美人壽百慕達將會確保閣下日後不會收取有關全美人壽百慕達、其相關公司、計劃供應商及/或金融及保險供應商可能不時提供的金融及保險產品及服務之資料，而且不會就此收取任何費用。

**查閱及修改個人資料**

閣下必須提供申請書內要求的所有個人資料，否則全美人壽百慕達將無法處理此申請。

如欲查閱及修改全美人壽百慕達持有有關閣下的個人資料，請致函至香港鰂魚涌太古坊華蘭路18號港島東中心58樓5802-11室全美人壽（百慕達）有限公司香港分行資料保障主任。

全美人壽百慕達或會向閣下收取合理費用，以抵銷查閱資料時衍生的行政費用及實際開支。

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

1. that the statements, answers and requests given in this application form and any supplementary forms relating to my/our insurance application are complete, true and correct to the best of my/our knowledge and belief;
2. that any omissions or misstatements in this application form and any supplementary application forms relating to my/our insurance application could cause an otherwise valid claim to be denied under any policy issued from this application;
3. this application form, any supplementary forms, the medical examinations, medical reports and tests shall be the basis of my/our application and for any policy issued on this application;
4. life insurance coverage on this application shall not take effect until after all of the following conditions have been met:
  - a) the application form, any supplementary forms, the medical examinations, tests, screenings, due diligence documents and questionnaires required by TLB are completed and received at TLB's branch office in satisfactory condition;
  - b) TLB has communicated to the proposed policy owner that the policy has been approved for issue;
  - c) TLB has received the premium as set out in the application at its branch office during the lifetime of and while the proposed insured is in good health; and
  - d) all the statements and answers given in this application are true, complete and have not changed as of the date of TLB's receipt of the premiums as set out in the application, at its branch office;
5. that I/we am/are not a resident of U.S. or Bermuda. I/We understand and agree that if my/our tax status change and/or the above declaration is no longer true, I/we agree to notify the authorised representative named below within thirty (30) calendar days;
6. that the personal information provided by me/us whether relating to me/us or other persons named herein and held by TLB (whether obtained herein or otherwise obtained) may be held, used, disclosed and transferred by TLB in accordance with the Personal Information Collection Statement in Section 17 and/or TLB's Privacy Policy on its website (<https://www.transamericalifebermuda.com/en/site-info/privacy-policy/>), including for the purpose of complying with any applicable laws or regulations. I/we also confirm that this Declaration, Consent and Authorisation shall be treated as the prescribed consent obtained from me/us with respect to every single use, disclosure and transfer of my/our personal information in accordance with the Personal Information Collection Statement above and/or TLB's Privacy Policy including for the purpose of complying with any applicable laws or regulations;
7. I have read and understood the Privacy Addendum in compliance with the China Personal Information Protection Law (China PIPL) which is attached to TLB's Privacy Policy and available at: [https://www.transamericalifebermuda.com/TLB\\_Privacy\\_Addendum\\_for\\_mainland\\_China\\_ENG.pdf](https://www.transamericalifebermuda.com/TLB_Privacy_Addendum_for_mainland_China_ENG.pdf). I understand that it applies to me/us if I am/we are located in Mainland China, and if it so applies, I/we agree that TLB can process my/our personal information as set out in the Privacy Addendum.
8. I/We understand and agree that TLB is entitled (i) not to accept or process this application; (ii) to withhold payments to me/us (or any successor owner, assignee or payee), and/or freeze the assets under any policy issued on this application; (iii) to suspend or terminate any such policy; and/or (iv) to take any action necessary for it or any of its affiliates to meet its compliance obligations in any jurisdiction, where:
  - a) any person connected, or deemed by TLB to be connected, with this application or any policy issued on this application is found to be a Prohibited Person;
  - b) I/we fail to promptly respond to any reasonable request from TLB for information relating to any Prohibited Person; or
  - c) I/we fail to promptly inform TLB of any changes to the information previously provided to TLB relating to any Prohibited Person.For the purposes of this paragraph, "Prohibited Person" shall mean a person or entity who is subject to any law, regulation, sanction, restriction or decision administered by any regulatory authority in any jurisdiction, which have the effect of prohibiting TLB or any of its affiliates from providing insurance coverage, transacting business with or otherwise offering any economic benefits under the relevant policy.
9. I/We understand that the laws related to life insurance products, including tax and estate laws, vary by country/region. I/We understand and acknowledge that TLB does not provide tax or legal advice and applicants are encouraged to consult with their own tax and/or legal counsel regarding the purchase of life insurance products;
10. I/We may obtain a copy of this Declaration, Authorisation and Consent; and
11. a photocopy of this Declaration, Authorisation and Consent shall be as valid as an original.
12. I/We consent to receive my/our policy documents and/or customer service communication electronically (via email, SMS, myTLB or otherwise) instead of hard copies by post where available, and agree that I/we will promptly notify TLB of any change to my/our contact details.

**I, THE PROPOSED INSURED HEREBY:**

1. give my irrevocable written consent to the proposed policy owner purchasing a life insurance policy on my life from TLB;
2. consent and authorise:
  - a) any registered medical physician, medical practitioner, medical care provider, hospital, clinic, medical laboratory, government organisation or any other medical or medical related facility that has record or knowledge of my health and medical history or treatments to provide such information about me (including diagnosis, examination and test results, medical reports, treatments and prognosis) with respect to any of my physical or mental conditions and/or treatments to TLB (or its legal representatives); and

- b) TLB to disclose such medical or other information about me which has been provided to TLB or which TLB develops during its evaluation of any application for life insurance to: (i) its reinsurers; (ii) any other insurance company that I may designate; (iii) me; (iv) the proposed policy owner (if different from the proposed insured); (v) my insurance broker, when that broker is seeking insurance coverage through TLB on my behalf; (vi) any medical professional that I may designate; and (vii) any person or entity entitled to receive such information by law.

I, the proposed insured, and I, the proposed policy owner (if different), declare and agree this Declaration, Consent and Authorisation shall bind my successors and assigns.

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

1. 盡本人/吾等所知及所信，此申請書及與本人/吾等保險申請有關的任何補充表格內提供之聲明、答案及要求皆準確完整；
2. 此申請書及與本人/吾等保險申請有關的任何補充表格內之任何遺漏或錯誤陳述可能令根據此申請書繕發保單作出的有效索償被拒；
3. 此申請書、任何補充表格、醫療檢查、醫療報告及測試結果將成為本申請書及根據此申請書繕發保單的依據；
4. 此申請書之人壽保險保障只會於符合以下所有條件後方會生效：
  - a) 全美人壽（百慕達）有限公司（「全美人壽百慕達」）分行收訖以其滿意的方式填妥的申請書、任何補充表格、醫療檢查、測試、篩查結果及問卷；
  - b) 全美人壽百慕達通知準保單持有人保單獲批准繕發；
  - c) 在全美人壽百慕達分行收到申請書所列保費時，準受保人仍然健在及健康良好；及
  - d) 在全美人壽百慕達分行收到申請書所列保費當日，申請書內的所有聲明及答案皆準確完整且未有更改。
5. 本人/吾等並非美國或百慕達的居民。本人/吾等明白並同意，如本人/吾等的稅務居民身份有所變更及/或上述聲明不再屬實，本人/吾等同意於三十（30）個曆日內通知下方所列的授權代表。
6. 全美人壽百慕達可根據第十七部「個人資料收集聲明」和/或全美人壽百慕達網站(<https://www.transamericalifebermuda.com/tc/site-info/privacy-policy/>)內的私隱政策(包括用於遵循任何適合法例或規例)持有、使用、披露及轉移本人/吾等所提供並由全美人壽百慕達持有有關本人/吾等或本申請書所載其他人士之個人資料(不論有關資料是從本申請書或以其他方式取得)。本人/吾等亦確認全美人壽百慕達在每次根據個人資料收集聲明和/或私隱政策(包括用於遵循任何適合法例或規例)使用、披露或轉移本人/吾等的個人資料時，本聲明、同意及授權書將被當作本人/吾等的「訂明同意」；
7. 本人已細閱及明白符合中國<個人信息保護法>的私隱政策附錄，該附錄隨附於全美人壽百慕達的私隱政策，並可透過以下連結查閱：[https://www.transamericalifebermuda.com/TLB\\_Privacy\\_Addendum\\_for\\_mainland\\_China\\_TC.pdf](https://www.transamericalifebermuda.com/TLB_Privacy_Addendum_for_mainland_China_TC.pdf)。本人明白若本人/吾等身處中國內地，將會受私隱政策附錄約束，在此情況下，本人/吾等同意全美人壽百慕達可以按照私隱政策附錄載列的方式，處理本人/吾等的個人資料。
8. 本人/吾等明白及同意全美人壽百慕達有權就以下情況(i) 拒絕接納或處理此申請；(ii) 預扣支付予本人/吾等(或任何承繼保單持有人、受讓人或收款人)的款項及/或凍結就此申請繕發的任何保單內的資產；(iii) 暫停或終止該保單；及/或(iv) 採取任何適當行動使全美人壽百慕達或其任何聯屬人士或實體符合任何司法管轄區的合規責任：
  - a) 與此申請或根據此申請繕發的任何保單有關或被全美人壽百慕達視為有關的任何人士被發現為受禁制人士；
  - b) 本人/吾等未能就全美人壽百慕達的合理要求，及時提供有關任何受禁制人士的資料；或
  - c) 本人/吾等未能就之前提供有關任何受禁制人士的資料之變動及時通知全美人壽百慕達。
 就本段而言，「受禁制人士」指受限於任何司法管轄區的任何監管機構所實施的任何法律、規例、制裁、限制或決定規管的任何人士或實體，而有關法律、規例、制裁、限制或決定禁止全美人壽百慕達或其任何聯屬人士或實體根據相關保單提供保險保障、進行業務往來或以其他方式提供任何經濟利益。
9. 本人/吾等明白各國/地區有關壽險產品的法例各異，包括稅務及遺產法例。本人/吾等明白及確認全美人壽百慕達並無提供稅務或法律意見，而申請人應就購買壽險產品自行諮詢稅務及/或法律顧問之意見；
10. 本人/吾等可取得本「聲明、同意及授權書」副本；及
11. 本聲明、同意及授權書之影印本與正本具同等效力。
12. 本人/吾等同意以電子方式(透過電郵、短訊、myTLB或其他方式)收取保單文件及/或客戶服務通訊，以取代郵寄的印刷版文件(如適用)，並同意本人/吾等的聯絡資料如有任何變動，將會儘快通知全美人壽百慕達。

**本人，即準受保人，謹此：**

1. 向準保單持有人發出不可撤回的書面同意，為本人向全美人壽百慕達購買壽險保單；
2. 同意及授權：
  - a) 擁有本人健康及病歷或治療紀錄或資料之任何註冊醫生、醫護人員、醫療服務供應商、醫院、診所、醫學實驗室、政府組織或任何其他醫療或醫療相關組織，可向全美人壽百慕達(或其法定代表人)提供有關本人身體或精神狀況及/或治療之資料(包括診斷、檢查及測試結果、醫療報告、治療及疾病預防)；及
  - b) 全美人壽百慕達可將評估壽險申請時獲得或發現有關本人之醫療或其他資料，披露予：(i) 其再保險商；(ii) 本人可能指定之任何其他保險公司；(iii) 本人；(iv) 準保單持有人(如非準受保人)；(v) 本人之保險經紀(如經紀代表本人向全美人壽百慕達申請保險)；(vi) 本人可能指定之任何專業醫療人員；及(vii) 根據法例有權收取該等資料之任何人士或法人團體。

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

## Section 21 第二十一部

## Payor Details 付款人資料

 Select the box that applies  
請選擇合適空格

We may accept third party payment from the spouse, child or parents of a proposed policy owner/proposed insured, or from a company account if the proposed policy owner/proposed insured is a director or shareholder of that company, and provided that we are satisfied with any explanation and due diligence checks regarding such third party payment. 本公司可能接納來自準保單持有人/準受保人配偶、子女或父母或公司帳戶（如準保單持有人/準受保人為該公司之董事或股東）的第三方付款，惟本公司必須信納有關第三方付款的解釋及盡職審查結果。

If the payor is not the proposed insured or the proposed policy owner, please provide the following details:

如付款人並非準受保人或準保單持有人，請提供以下資料：

Name of Payor/Joint Account Holder 付款人/聯名戶口持有人姓名：\_\_\_\_\_

Relationship between payor/joint account holder and proposed policy owner/proposed insured 付款人/聯名戶口持有人與準保單持有人/準受保人的關係：

- my spouse 配偶     
  my child (age 18+) 子女 (18歲或以上)     
  my parents 父母     
  the company of which I am the director or shareholder 本人為董事或股東的公司

Source of Funds 資金來源：

(You may select more than one 可選擇多項)

- Employment/ Trade Income 薪酬/ 貿易收入  
 Sales of Property 物業買賣  
 Savings 儲蓄  
 Investment/Rental Income 投資/租金收入  
 Maturity of Surrender of Policy or Sales of Investments 退保/或投資買賣  
 Inheritance 遺產  
 Other (please specify) 其他 (請註明) : \_\_\_\_\_

Source of Wealth 財富來源：

(You may select more than one 可選擇多項)

- Employment/ Trade Income 薪酬/ 貿易收入  
 Sales of Property 物業買賣  
 Savings 儲蓄  
 Investment/Rental Income 投資/租金收入  
 Maturity of Surrender of Policy or Sales of Investments 退保/或投資買賣  
 Inheritance 遺產  
 Other (please specify) 其他 (請註明) : \_\_\_\_\_

Reason for making third party payment 第三方付款的原因：\_\_\_\_\_

We reserve the right to request additional information or supporting documents 本公司保留權利索取額外資料或證明文件。

## Section 22 第二十二部

## Authorised Signatures 授權簽署

Signature of the Proposed Insured (or parent/guardian if the Proposed Insured is a minor) 準受保人簽署 (或父母/監護人如投保人為未成年人)				Signature of the Proposed Policy Owner (if different than proposed insured) 準保單持有人簽署 (如非準受保人)			
X				X			
Name 姓名				Name 姓名			
Date 日期	(dd/mm/yyyy)(日/月/年)	Place 地點	Country/region 國家/地區	Date 日期	(dd/mm/yyyy)(日/月/年)	Place 地點	Country/region 國家/地區

If the proposed policy owner is an Entity, please complete the following.

如準保單持有人為法人團體，請提供以下資料。

Entity Name 法人團體名稱		Company Chop 公司印章
Full name and Signature of Authorised Person 獲授權人員之全名及簽署		
Place 地點	Country/region 國家/地區	

Signature of Financial Representative (Witness) 財務代表 (見證人) 簽署
X

## Report by Insurance Intermediary (NOT PART OF THE APPLICATION)

由保險中介人填寫 (並非申請書一部分)

 Select the box that applies  
請選擇合適空格

General Agent/Insurance Intermediary Name 總代理/保險中介人名稱			
Office ID 分行編號		Administrative Staff Name (if applicable) 文書職員姓名 (如適用)	
Producer ID Name 營業員姓名		Producer ID Number 營業員編號	
Share (%) 百分比(%)	(100% if not specified)	Insurance Intermediary/Broker Registration No. 保險中介人/經紀註冊編號	

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

1. What is the purpose for insurance? 投保此壽險保單有何目的?	
2. How long have you known the proposed insured? 與準受保人認識的年期?	
3. Proposed insured is 準受保人的婚姻狀況 <input type="checkbox"/> Single 單身 <input type="checkbox"/> Married 已婚 <input type="checkbox"/> Divorced 離婚 <input type="checkbox"/> Widowed 喪偶	
4. To the best of your knowledge, does the proposed insured have any existing life insurance policies? 就閣下所知，準受保人目前有其他壽險保單嗎？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
5. To the best of your knowledge, could replacement be involved? 閣下所知，此保單會涉及轉保嗎？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
6a. Is the client referred by private bank/family office/external asset manager? 客戶是否由私人銀行/家族辦公室/外部資產管理人轉介？ If yes, please provide its name: 如是，請提供其名稱: _____	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
6b. Is the client a private bank account holder? 客戶是否私人銀行戶口持有人？ If yes, please provide the name of the private bank: 如是，請提供私人銀行名稱: _____	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否

## Note for the Intermediary 中介人須知

The initial illustration provided as part of this application should be on standard risk class. The proposed insured/proposed policy owner should be made aware that the final risk class will be confirmed on completion of the underwriting assessment. Certain risk class will require supporting medical evidence.

建議書的初算風險類別應設定為標準風險類別。準受保人/準保單持有人應注意最終風險類別將在核保評估完成後確定。其個別風險類別須符合指定體檢要求。

## Authorised Intermediary's Declaration 獲授權中介人聲明

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

I have personally seen the proposed insured/proposed policy owner and explained the terms of the insurance to him/her and have verified his/her ID card/ passport number.

I declare that all the answers provided to me by the proposed insured and proposed policy owner (if different) are accurately declared in the application. I have not withheld any other information which may influence the acceptance of this application by TLB.

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

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

本人聲明準受保人/準保單持有人 (如非準保單持有人) 向本人提供的答案已如實被記錄於申請書上。本人並無保留可能影響全美人壽百慕達接納此申請書的任何其他資料。

## Authorised Signatures 授權簽署

Signature of Authorised Producer 獲授權之營業員簽署			
Date 日期	(dd/mm/yyyy) (日/月/年)	Place 地點	Country / region 國家 / 地區

X