


Change of Beneficiary (For Vital Care VHIS Flexi Plan and HSBC VHIS Standard Plan)
更改受益人 (適用於愛•護航自願醫保靈活計劃及滙豐自願醫保標準計劃)
Important Note 重要提示：

- Please provide all required information, sign and return the application to us as soon as possible. If the said information is missing, the application will not be processed. 請提供所需資料，並於簽妥後盡快遞交申請。若有關資料遺漏，此申請將不獲接納。
- Such change will not be effective until issuing written confirmation to you by HSBC Life (International) Limited ("HSBC Life"). 由本公司向您發出書面確認前，有關更改不會生效。
- To comply with the Foreign Account Tax Compliance Act (FATCA) regulations issued by the United States Department of the Treasury and Internal Revenue Service (IRS), we are required to establish the status of Policyholder and connected person (including entities/companies) that is entitled to access the contract's value or change a beneficiary under the contract. If there is any update in information concerning these parties, you are required to provide the supporting documents. 為符合由美國財政部和國稅局(IRS)發出的海外賬戶稅務合規法案(FATCA)的規定，我們需要向保單持有人及關連人士(包括機構或公司)在保單上有權獲得保險合約的現金價值或更改受益人以作識別及分類。若該等人士有任何資料更新，您需按要提供相關核實證明。
- HSBC Life (International) Limited is referred as the "Company" or "HSBC Life" in this document. 滙豐人壽(國際)有限公司在此文件中張被稱為「本公司」或「滙豐保險」。

Please submit the form and relevant documents to one of the available channels below. 請將表格和相關文件用以下其中一種方式遞交。

- Submit to any **Hang Seng Bank Branch** 於任何恒生銀行分行遞交
- Mail to 18/F, Tower 1, HSBC Centre, 1 Sham Mong Road, Kowloon, Hong Kong 郵寄至香港九龍深旺道1號滙豐中心1座18樓

Please complete this form in English **BLOCK LETTERS** and put a **✓** in the appropriate box(es) 請用英文正楷填寫，並在適當方格內加上✓號

Policy Information 保單資料

Policy Number 保單號碼		
Full Name of Policyholder in English 保單持有人英文全名	Surname 姓氏	Given Name 名字
	Other 其他 (For Company Policyholder) (適用於公司保單持有人)	

Change of Beneficiary 更改受益人

I/We hereby apply the change of beneficiary to my following life insurance policy(ies) underwritten by HSBC Life (International) Limited 本人(等)擬申請更改本人由滙豐人壽保險(國際)有限公司承保之人壽保險保單之受益人：

Please choose your change request option by inserting tick '✓' in the applicable box below. If no option is chosen, this change will be applied to the above-mentioned insurance policy only. 請在以下適用的空格內劃上✓號選擇所需的更改類別。如未選擇，此更改將只限上述人壽保險保單。

You need to obtain the approval of any assignee before designating any beneficiary or making any changes regarding the designation of any beneficiary. 在指定受益人或對受益人進行任何更改之前，您需要獲得承讓人的批准。

- All my life insurance policy(ies) underwritten by HSBC Life (International) Limited 所有本人由滙豐人壽保險(國際)有限公司承保之人壽保險保單
- The above-mentioned insurance policy and my other life insurance policy(ies) underwritten by HSBC Life (International) Limited. Please specify the policy number(s) here 此人壽保險保單及本人其他由滙豐人壽保險(國際)有限公司承保之人壽保險保單，請在下方列出有關的保單號碼：

- (1) _____ (3) _____ (5) _____
- (2) _____ (4) _____ (6) _____

I/We appoint the following person(s) as beneficiary of the Policy(ies). This nomination supersedes all prior nominations. 本人(等)指定下列人士為保單受益人。此項提名取代一切以往的提名紀錄。

If you would like to appoint the below person(s) as Irrevocable beneficiary, please submit along with the respective document ID copy with signature and states "Irrevocable beneficiary". 若您指定下列人士為不可撤換受益人，請一併遞交其附簽署的身份證明文件副本，及註明「不可撤換受益人」。

It is mandatory required to obtain the prior approval of any irrevocable beneficiary before any proposed change of beneficiary, and signature of the Irrevocable beneficiary (if applicable) is required on this form. 在任何提議更改受益人之前，必須獲得不可撤換受益人的批准及在此表格上簽署(如適用)。

Details of Beneficiary(ies) 受益人資料

If there is no primary beneficiary(ies) living at the time of the life insured's death, the secondary beneficiary (ies) may be considered the beneficiary of this policy, subject to the procedures and requirements of relevant law and HSBC Life (International) Limited. The total sum of share for primary beneficiary(ies) must be 100%; and the total sum of share for secondary beneficiary(ies), if any, must be 100%. 若受保人身故時並無基本受益人在世，根據相關法律及滙豐人壽保險(國際)有限公司的程序及要求，次位受益人或可被視為本保單的受益人。基本受益人及次位受益人(如有)的分配百分比總和必須各自為100%。

If you do not specify the type of beneficiary, then it shall be deemed that you agree that all shares are to be allocated to the primary beneficiary(ies) without further notification. 如您沒有選擇受益人類別，則視為您同意以以下受益人為基本受益人分配，而不作另行通知。

Type of Beneficiary 受益人類別		Name of beneficiary (Surname first) 受益人姓名(姓氏先行)	Relationship to life insured 與受保人關係	Beneficiary ID/Passport no. 受益人身份證/護照號碼	Minor beneficiary of age below 18* 十八歲以下未成年受益人	Name of Trustee (if any) 信託人姓名(如有)	Trustee ID/Passport no. 信託人身份證/護照號碼	Share (%) 分配(百分比)
Primary 基本	Secondary 次位							
<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Yes 是			
<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Yes 是			
<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Yes 是			
<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Yes 是			

* Note 註：If the beneficiary(ies) is/are at her/his minority upon the death of the Life Insured of this Policy, the above designated trustee(s) will be taken as the trustee(s) for the beneficiary(ies). 如保單內的受保人身故時受益人仍未成年，以上指定的受託人將會成為受益人的受託人。

Declaration and Authorisation 聲明及授權書

I/We acknowledge and agree only a restricted scope of services for my life insurance policy can and shall be provided to me during any time when I am located in the United States, either temporarily or permanently, when giving out any instruction for such services to HSBC Life (International) Limited. 本人(等)確認及同意當本人短暫或永久身處在美國期間發出的任何人壽保險保單指示，滙豐人壽保險(國際)有限公司只能提供有限的服務。

By signing below, I/We confirm the above application and agree that the Company may use and disclose all personal data about me/us the beneficiary(s) that the Company currently or subsequently hold for the purposes as set out in the Data Privacy Notice (which may otherwise be referred to as "Personal Information Collection Statement") that HSBC Life has most recently notified me of, and I/We understand I/we can scan the QR code below for review or I/We can request a copy through the HSBC Life Service Hotline: (852) 2583 8000. 本人(等)在下方簽署即確認上述申請，並同意貴公司可跟據本表格內有關資料私隱通知(也可稱為「個人資料收集聲明」)內列出的用途，使用及披露現時或其後持有有關本人(等)的所有個人資料。本人明白可以透過掃描下方的二維碼瀏覽該通知書，或可致電滙豐人壽保險服務熱線：(852) 2583 8000 索取該通知書的副本。

PICS 2020Jun (English)

個人資料收集聲明(中文)



I/We have obtained the consent of all relevant persons (including but not limited to the beneficiary(ies), regarding transfer of personal data to HSBC Life, for its collection, use and disclosure of personal data in accordance with the Personal Information Collection Statement. 本人(等)已取得所有相關人士(包括但不限於受益人)的同意，將個人資料轉移至滙豐保險，以供滙豐保險根據個人資料收集聲明收集、使用及披露個人資料。

I/We understand and agree that by submitting this form, the Policyholder is required to provide the Company relevant personal data of relevant data subjects from time to time to enable the Company to consider whether to provide the Policyholder with any products and services. Failure to do so may result in the Company's inability to provide such products/services. I/We authorize the Company to use and share personal data of data subjects who have or may have interests in any insurance on this form with Hang Seng Bank for the purposes of (i) Hang Seng Bank's exercise of its rights and/or obligations as a distributor of the Company for this insurance product; (ii) fulfilling any legal, regulatory, industrial or compliance requirements and obligations applicable to Hang Seng Bank and or any members of the HSBC Group Member (as the case may be); (iii) fulfilling requirements under Hang Seng Bank internal policies and procedures, standards and practices, or the preparation and maintenance of accounts, financial reporting or audit of any Hang Seng Bank Group Member; and (iv) Hang Seng Bank's own use in accordance with its own data privacy notice as a data user under the Personal Data (Privacy) Ordinance (Cap.486) upon the expiry or termination of Hang Seng Bank's sole distributorship of this insurance product for the Company. 本人(等)明白並同意，保單持有人須不時向本公司提供相關資料當事人的相關個人資料，以便本公司考慮是否向保單持有人提供任何產品和服務。如未能提供有關資料，可能會導致本公司無法提供該等產品/服務。本人(等)授權本公司就以下目的使用及與恒生銀行分享對此表格上擁有或可能擁有任何保險產品之權益的資料當事人的個人資料：(i) 恒生銀行作為公司此保險產品的分銷商行使其權利及或履行其義務；(ii) 履行適用於恒生銀行及/或任何滙豐集團成員(視情況而定)的任何法律、監管、行業或合規要求和義務；(iii) 履行恒生銀行內部政策和程序、標準和慣例下的要求，或編製和維持任何恒生銀行集團成員的賬目、財務報告或審計；及(iv) 在恒生銀行作為此保險產品的公司獨家分銷商期滿或終止後，恒生銀行作為《個人資料(私隱)條例》(第486章)下的資料使用者按其自身資料私隱通知作本身用途。

The Policyholder acknowledges and agrees that the Company may from time to time use personal data received in accordance with the Data Privacy Notice attached. The Policyholder agrees to: (a) procure the Data Privacy Notice to be delivered to relevant data subjects, including but not limited to the insured person of relevant insurance policy and anyone who have or may have interest in this insurance product; (b) obtain from the said relevant parties' consent for Hang Seng Bank to use their data in accordance with the Data Privacy Notice and in accordance with the above; and ensure that Policyholder data, including personal data of the said relevant parties provided to the Company is accurate and up-to-date, and any authorization and consents provided by the Policyholder shall be deemed to be obtained from the said relevant data subjects accordingly. 保單持有人確認並同意本公司可不時使用根據隨附的資料私隱通知收到的個人資料。保單持有人同意：(a) 向相關資料當事人(包括但不限於相關保單的受保人及任何擁有或可能擁有任何保險產品權益的人士)提供資料私隱通知；(b) 獲取上述相關人士同意銀行根據資料私隱通知及上述內容使用其資料；並確保提供予公司的保單持有人資料(包括上述相關人士的個人資料)準確及最新，而保單持有人提供的任何授權及同意應被視為已相應地從上述相關資料當事人處獲得。

Signature 簽署Signature of Policyholder
保單持有人簽署Signature of Irrevocable Beneficiary (if any)
不可撤換受益人簽署(如適用)Signature of Assignee
(with company chop, if any)
承讓人簽署(附上公司蓋章，如適用)

Date 日期：_____

Date 日期：_____

Date 日期：_____

Signed at (city, country/region)
於(城市、國家/地區)簽署**For Bank Use**CIN No. (in 11 digits) _____ Policyholder RR S H M L N/A Client's ID copy attached

Staff Name and ID:

Servicing Staff IA No.

Branch Code and Chop

 Client's original ID sighted

Contact No.:

Servicing Staff RI No.