



## Change of Voluntary Health Insurance Plan Policy Benefit (For Vital Care VHIS Flexi Plan and HSBC VHIS Standard Plan)

### 更改自願醫保計劃保單保障 (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：

- We will process your request within approximately 5 working days upon receipt of the form.  
本公司將在收到申請表後大約五個工作天內處理您的申請。

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

<b>Policy Information 保單資料</b>	
Policy number 保單號碼	
Name of Policyholder in English 保單持有人英文姓名	

#### Notes 注意事項：

- HSBC Life (International) Limited is referred to as the "Company" or "HSBC Life" in this document. 滙豐人壽(國際)有限公司在此文件中稱為「本公司」或「滙豐保險」。
- If the payments are paid in currencies other than the policy currencies/currency of levy cap i.e. HKD as provided by the Insurance Authority, the payments would be subject to change according to the prevailing exchange rate of policy currencies/HKD to payment currencies to be determined by the Company from time to time. Likewise any payments settled in currencies other than the policy currencies/currency of levy cap i.e. HKD, the payments would be subject to the change according to the prevailing exchange rate of policy currencies/HKD to payment currencies to be determined by the Company from time to time. The fluctuation in exchange rates may have impact on the amount of payments including but not limited to premium payments, levy payments and benefit payments. By choosing the plans denominated in currencies other than local currency, you are subject to the exchange rate risks. Exchange rate fluctuates from time to time. You may suffer a loss of your benefit values and the subsequent premium payments and/or levy payments (if any) may be higher than your initial premium payment as a result of the exchange rate fluctuations. 如繳付款項貨幣有別於保單貨幣或保險業監管局訂定徵費上限的貨幣(即港幣)，該款項可能會受本公司不時釐定的保單貨幣/港幣對繳付款項貨幣的匯率而改變。同樣，如任何款項的貨幣不是以保單貨幣或保險業監管局訂定徵費上限的貨幣(即港幣)支付，該款項將會受本公司不時釐定的保單貨幣對支付貨幣/港幣的匯率而改變。匯率之波動會對款額構成影響，包括但不限於以繳付保費，保費徵費及利益支付款項。選擇非本地貨幣結算的保單，閣下須承受匯率風險。匯率會不時波動，閣下可能因匯率之波動而損失部分的利益價值及繳交往後保費及/或保費徵費(如有)可能會比繳交首次保費及保費徵費金額為高。

#### Part I 第一部分 Policy Change 更改保單

<input type="checkbox"/> Change policy benefit of plan 更改保單保障計劃	Plan Name 計劃名稱： Standard Plan 標準計劃
<input type="checkbox"/> Change policy benefit level 更改保單保障級別	Please choose Plan Level and Deductible Amount below 請於下列選擇計劃級別及自付費  Plan Level: <input type="checkbox"/> Bronze 銅級 <input type="checkbox"/> Silver 銀級 計劃級別: <input type="checkbox"/> Gold 金級 <input type="checkbox"/> Diamond 鑽石  Deductible Amount: <input type="checkbox"/> HKD0 <input type="checkbox"/> HKD16,000 自付費: <input type="checkbox"/> HKD50,000 <input type="checkbox"/> HKD100,000

#### Part II 第二部分 Family Discount 家庭折扣

Policyholder is entitled to a 10% premium discount if policyholder have any "Family Member(s)" currently insured under Vital Care VHIS Flexi Plan; or policyholder and policyholder's Family Member(s) successfully apply for Vital Care VHIS Flexi Plan at the same time. 如保單持有人的「家庭成員」現已受保於「愛•護航自願醫保靈活計劃」；或保單持有人與保單持有人的「家庭成員」同時成功投保「愛•護航自願醫保靈活計劃」，均可獲享10%保費折扣。

Do you have any Family Member who is currently applying to be insured or already insured under Vital Care VHIS Flexi Plan? 您是否有任何家庭成員現正投保或現已受保於愛•護航自願醫保靈活計劃？

- Yes 是  
 No 不是

Notes 注意事項：To enjoy the Family Discount, policyholder are required to provide details of your "Family Member(s)" for verification purposes. Please refer to the "Family Discount Endorsement" of the Terms and Benefits of Vital Care VHIS Flexi Plan for details. 如欲享有家庭折扣，保單持有人須提供家庭成員的資料以作核實。詳情請參閱愛•護航自願醫保靈活計劃的條款及保障中的「家庭折扣批註」。

Name of Insured Family Member in English 受保家庭成員英文姓名	ID type and No. of Insured Family Member 受保家庭成員的身份證明文件類別及號碼	Insured Family Member's relationship to proposed policyholder (受保家庭成員與準保單持有人之關係)
	<input type="checkbox"/> HKID Card No./Birth Cert No. 香港身份證/出生證明書號碼	<input type="checkbox"/> Self 自己 <input type="checkbox"/> Parent/Parent in-law 父母/岳父母
	<input type="checkbox"/> Passport No./Others 護照號碼/其他	<input type="checkbox"/> Spouse/Partner 配偶/伴侶 <input type="checkbox"/> Grandchild (外)孫子女
		<input type="checkbox"/> Child 子女 <input type="checkbox"/> Grandparent/Grandparent in-law (外)祖父母/(外)祖岳父母
		<input type="checkbox"/> Sibling/Sibling of spouse 兄弟姐妹/配偶之兄弟姐妹

Purpose of Collecting Health Details 收集健康資料之目的

- (i) This questionnaire collects health-related information solely for the purpose of underwriting which is a process for the Company to evaluate the health risk of the applicants and decide the application results. The underwriting process that the Company adopts should be fair and reasonable, and the Company should explain the application results if requested by the customers. 此問卷收集與健康相關的資料僅作為核保之用途，而核保是本公司評估申請人之健康風險及決定申請結果的程序。本公司採用的核保程序應為公平合理，並會因應客戶要求解釋申請結果。
- (ii) As the applicant, you are required to provide the Company with complete and accurate information requested in this questionnaire to the best of your knowledge and belief. Based on the information provided, the Company may have follow-up questions or enquiries that require you to provide further information for underwriting purpose. 作為申請人，閣下需要盡其所知所信，按本問卷中要求向本公司提供完整及準確的資料。本公司根據閣下提供的資料，可能會提出跟進問題或查詢而需要閣下進一步提供資料以作核保之用。
- (iii) If there are any changes to or updates of the information provided in this questionnaire after the time of submission of this application and before you receive the Policy, you are required to notify the Company in a timely manner. 若閣下在提交本申請表後至閣下收到保單前的期間就本問卷中提供的資料有任何改變或更新，閣下需要及早通知本公司。
- (iv) Even after an insurance policy has been issued upon successful application, the insurance coverage for you may be affected or the policy may be terminated, voided or rescinded, or claims may be repudiated by the Company, if you have not provided the Company with complete and accurate information to the best of your knowledge and belief according to (ii), or if you have not notified the Company on any changes to or updates of the information in time according to (iii). 即使已成功投保並獲簽發保單，若閣下未按(ii)所述盡其所知所信向本公司提供完整及準確的資料，或未按(iii)所述就資料的任何改變或更新而及早通知本公司，閣下的保險保障可能會受到影響，本公司亦可能因此終止、作廢或撤銷有關保單，或拒絕賠償。

Notes 注意事項：

- The below questions do not require you to disclose information regarding the medical conditions or treatments below 無需於下列問題披露以下健康狀況或治療 -  
 Cold / flu / sore throat, gastroenteritis / food poisoning (fully recovered), indigestions (no investigations required), acne, muscle sprained (fully recovered), thrush, routine scan / blood test for pregnancy (normal result), routine cervical smear (normal result), routine health check (normal result), preventive vaccination, Hormonal Replacement Therapy (menopause), infertility treatment or uncomplicated pregnancy, myopia / hyperopia / astigmatism / presbyopia. 傷風/感冒/喉嚨痛、腸胃炎/食物中毒(已痊癒)、消化不良(無需檢查)、癩瘡、肌肉扭傷(已痊癒)、鵝口瘡、常規產前掃描/血液檢驗(檢驗結果正常)、常規子宮頸細胞塗片檢驗(檢驗結果正常)、常規健康檢查(檢查結果正常)、預防疫苗、荷爾蒙補充治療(更年期)、不育治療或胎兒生長情況正常的懷孕、近視/遠視/散光/老花。
- The Company will only accept applications of Vital Care VHIS Flexi Plan and HSBC VHIS Standard Plan if all diseases / medical conditions are answered as "No" in question 1. 本公司只接受問題1內所有疾病或健康狀況回答為「否」之愛。護航自願醫保靈活計劃及滙豐自願醫保標準計劃申請。

	Life Insured 受保人	
	Yes 是	No 否
1. Have you ever been diagnosed with any of the following diseases or medical conditions? 您是否曾被確診下列疾病或健康狀況?		
• Cancer or carcinoma in situ 癌症或原位癌	<input type="checkbox"/>	<input type="checkbox"/>
• Brain tumor 腦部腫瘤	<input type="checkbox"/>	<input type="checkbox"/>
• Heart disease 心臟疾病	<input type="checkbox"/>	<input type="checkbox"/>
• Stroke (including transient ischemic attack (TIA)) 中風(包括短暫性腦缺血，俗稱「小中風」)	<input type="checkbox"/>	<input type="checkbox"/>
• Kidney disease 腎病	<input type="checkbox"/>	<input type="checkbox"/>
• Human immunodeficiency virus ("HIV") infection 人體免疫力缺乏病毒(愛滋病病毒)感染	<input type="checkbox"/>	<input type="checkbox"/>
• Congenital conditions (medical, physical or mental abnormalities that existed at the time of or before birth) 先天性疾病(指於出生時或之前已存在的醫學、生理或精神上的異常)	<input type="checkbox"/>	<input type="checkbox"/>
• Liver disorder (hepatitis C (including tested positive) or cirrhosis of liver only) 肝臟疾病(僅限於丙型肝炎(包括測試呈陽性反應)或肝硬化)	<input type="checkbox"/>	<input type="checkbox"/>
• Multiple sclerosis 多發性硬化症	<input type="checkbox"/>	<input type="checkbox"/>
2. In the last 4 years, have you ever had or been advised to have any regular or ongoing (such as monthly, every 2 months, half-yearly, annually) follow-up consultations or medical care with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any disease or medical condition? 在過去四年內，您是否曾經或被建議定期或持續(例如每月、每兩個月、每半年、每年)為任何疾病或健康狀況接受專業醫護人員(例如專科醫生、物理治療師、精神科醫生)的跟進診治或醫療護理?	<input type="checkbox"/>	<input type="checkbox"/>
3. In the last 4 years, have you been advised by your doctor to take any medications (such as to be taken daily / once per week / as needed as directed by doctor) for a continuous period of more than one (1) month? 在過去四年內，您是否曾被醫生建議定期(例如按醫生指示每日/每週一次/有需要時)服用為期超過一個月的處方藥物?	<input type="checkbox"/>	<input type="checkbox"/>
4. In the last 4 years, have you been admitted into a hospital? 在過去四年內，您是否曾入住醫院?	<input type="checkbox"/>	<input type="checkbox"/>
5. In the last 4 years, have you undergone a surgical procedure (including endoscopy or biopsy) without being admitted into a hospital? 在過去四年內，您是否曾在非住院情況下接受外科程序(包括內窺鏡檢查或活組織化驗)?	<input type="checkbox"/>	<input type="checkbox"/>
6. In the last 4 years, have you ever had or been advised to undergo investigations (such as blood or urine test, ECG, X-Ray, ultrasound, CT scan, MRI, PET scan, HIV test, Hepatitis B test, Hepatitis C test)? 在過去四年內，您是否曾接受或曾被建議接受檢查(例如驗血、驗尿、心电图、X光、超聲波、電腦掃描、磁力共振、正電子掃描、愛滋病測試、乙型肝炎測試、丙型肝炎測試)?	<input type="checkbox"/>	<input type="checkbox"/>
If the answer is "Yes", do your investigation result(s) include the followings? 如果答案屬「是」，您的檢查結果是否包括下列情況?		
(a) Normal test result is advised 檢驗結果正常	<input type="checkbox"/>	
(b) Abnormal test result is advised 檢驗結果異常	<input type="checkbox"/>	
(c) You are still awaiting test / test result 您正等候檢驗或檢驗結果	<input type="checkbox"/>	
(d) Test result is inconclusive or uncertain (retesting or follow up test is required) 檢驗結果為無定論或不確定(需要重新或進一步檢驗)	<input type="checkbox"/>	
(e) Medical advice has been sought or treatment is required for the test result (such as liver cyst / brain cyst / joint degeneration or calcification / lung or breast or thyroid calcification discovered on imaging test, that may not require immediate treatment) 就檢驗結果已尋求醫療意見或需要接受治療(例如一些未必需要即時治療的情況如肝囊腫/腦囊腫/關節退化或鈣化/於成像檢測中發現肺部或乳房或甲狀腺出現鈣化)	<input type="checkbox"/>	
7. Apart from anything you have already disclosed in Questions 1 – 6, do you have any of the following conditions? 除了在第1至6項問題中已披露的資料外，您是否有下列情況?	<input type="checkbox"/>	<input type="checkbox"/>
- Other medical conditions or sign and symptom (such as lump, headache, persistent coughing, chest pain or epigastric pain) that you are seeking or intend to seek medical advice 其他健康狀況或病徵及症狀(例如腫塊、頭痛、持續咳嗽、胸痛或上腹痛)而正在或打算尋求醫療意見		

**Part III 第三部分 Health Details of Insured (cont'd) 受保人健康資料(續)**

		Yes 是	No 否
<p>8. <b>[For insured child aged 6 or below only]</b> Was the insured child born before 37th week of pregnancy and / or born with body weight less than 2.5 kg (5.5 lbs)? <b>[只適用於六歲或以下之受保兒童]</b> 受保兒童是否於懷孕第37週前出生，及/或出生時體重少於2.5公斤(5.5磅)?</p> <p>If the answer is "Yes", please also answer the following questions: 如果答案屬「是」，請同時回答以下問題：</p> <p>At which week of pregnancy was the insured child born? 受保兒童在孕期哪一週出生？</p> <p>(a) more than 37 weeks 多於37週</p> <p>(b) 32 to 37 weeks 32至37週</p> <p>(c) 28 to 31 weeks 28至31週</p> <p>(d) less than 28 weeks 少於28週</p> <p>Body weight at birth 出生時體重</p> <p>(a) more than 2.50 kg/5.51 lbs 多於2.50公斤/5.51磅</p> <p>(b) 1.51 - 2.50 kg/3.32 - 5.51 lbs 1.51 – 2.50公斤/3.32 – 5.51磅</p> <p>(c) 1.00 - 1.50 kg/2.20 - 3.31 lbs 1.00 – 1.50公斤/2.20 – 3.31磅</p> <p>(d) less than 1.00 kg/2.20 lbs 少於1.00公斤/2.20磅</p>		<input type="checkbox"/>	<input type="checkbox"/>
<p><b>Notes 注意事項：</b></p> <ul style="list-style-type: none"> <li>• <b>Please complete this section only if any of your answer is "Yes" to questions above (2 – 7).</b> 若問題2至7其中一題答案為「是」，請填寫下列有關資料。</li> <li>• <b>In case the space provided is insufficient, please indicate the section and question number, and provide details as a separate supplement to application form.</b> 如所提供之空位不敷應用，請提供有關資料於補充表格上，並列明題號及詳情。</li> <li>• <b>Please provide information as detailed as possible (e.g. provide year and month if exact date could not be recalled) for the sake of fair assessment in underwriting.</b> 請盡量提供齊全資料(例如在未能回憶確實日期的情況下提供年份及月份)以便作出公平核保決定。</li> </ul>			
<p><b>Medical Conditions</b> 傷病</p>			
9. Disease / medical condition / sign and symptom 疾病/健康狀況/病徵及症狀			
10. Date of first occurrence of sign and symptom 首次出現病徵及症狀的日期			
11. (a) Treatment / investigations / tests / scans that have been performed 已進行的治療/檢查/測試/掃描			
(b) Date of such treatment / investigation / tests / scan 有關治療/檢查/測試/掃描日期			
12. Present condition (such as whether fully recovered, follow up action / medication / next follow up action / medication / next follow up date) 現況(例如是否已完全康復、有否跟進/服用跟進藥物/下次覆診日期)			
13. Date of last follow-up medical consultation / treatment 最後覆診/治療日期			
14. What was the outcome of the treatment (e.g. ongoing, or complete recovery, or in remission, or likely to relapse)? 治療結果如何(如病況持續、完全康復、處於緩解期或可能復發)			
15. Name of Hospital (if applicable) 醫院名稱(如適用)			

**I understand that I am advised to 本人明白貴行的建議：**

I understand and agree that the request for Change or Addition which requires evidence of insurability shall consist of Parts I, II, III (where applicable) and shall not take effect unless all of the following conditions are met: (1) any required payment in respect of the application is paid in full; (2) the application is approved by HSBC Life (International) Limited in its absolute discretion during the lifetime and continued insurability of the Life Insured(s); (3) in respect of any reinstatement or increase in insurance which takes effect pursuant to this request, the terms and conditions of the Policy which have the headings "Incontestability" and "Suicide" shall apply as if the date of issue of the Policy and the Policy Effective Date were the effective date of such reinstatement or increase; (4) acceptance of the request for change shall be confirmed by the company in writing or endorsement on the photo copy of this change request. 本人明白及同意需提交可保健康證明之更改或增加保障申請，需要填寫第一、二、三部分(如適用)，並必須符合下列條款，否則該申請不能生效：(1)申請之應繳費用必須收妥。(2)申請必須在受保人在生及健康時核准。(3)此復保或增加保障之申請經公司核准後，保單內「不得異議」及「自殺」條款的保單發出日及保單生效日將以此申請書批准日起計算。(4)公司將以書面或批單形式通知此申請被接納。

I hereby declare that all answers to the questions are, to be best of my knowledge and belief, complete and true, whether written by own hand or not, and I agree that they are, with the following agreements, to be considered as the basis of the proposed Change or Addition, and such Change or Addition shall not take effect until this application has been duly approved by the Company during the lifetime and continued insurability of the person insured by the said policy, and any required premium has been paid. 本人聲明，以上提供之資料(不論是否親筆填寫)皆完全屬實及真確無訛，並清楚明白這些答案將成為此申請更改/增加保障之依據。此更改/增加保障之申請必須經公司核准及在受保人在生及健康時收妥所需保費始能生效。

I further authorise any physician, hospital, clinic, insurance company or other organisation or person that has any records or knowledge of me or my health to disclose to HSBC Life (International) Limited or its representative. A photo copy of this authorisation shall be as valid as the original. 本人授權任何知道本人健康情況及據所知任何紀錄之醫生、醫院、診所、保險公司或其他機構或人士向滙豐人壽保險(國際)有限公司或其代表提供本人之有關資料。本授權書的影印本與正本具有同等效力。

I/We understand and agree that: (i) a prescribed levy will be imposed on this policy by the Insurance Authority ("IA") pursuant to section 134 of the Insurance Ordinance (Cap. 41) and it is my/our statutory duty to pay such prescribed levy required for this policy to the IA through HSBC Life (International) Limited ("the Company"); (ii) such levy payment should be made together with the premium payment to the Company for direct remittance to the IA within the remittance period as prescribed by the IA; (iii) subject to the applicable levy cap, the amount of levy payable for each premium payment is the amount of the premium multiplied by the applicable levy rate as prescribed by the IA from time to time; (iv) the policy date or the policy anniversary date is used to determine which levy rate is applicable for calculating the levy payable in a particular policy year. All subsequent premiums to be paid will also be subject to the applicable levy rate and levy cap; and (v) if I/We choose to make the payment by direct debit or credit card, the Company will debit the amount of my/our initial and/or regular premium required together with the applicable levy as prescribed by the IA from time to time, and therefore sufficient funds will be maintained in my/our bank/credit card account to pay the subsequent premiums and levy. 本人(等)明白並同意：(i)根據《保險業條例》(第41章)第134條，保險業監管局(「保監局」)將按此保險單收取訂明保費徵費及本人(等)有法定責任透過滙豐人壽保險(國際)有限公司(「貴公司」)繳付訂明保費徵費予保監局；(ii)此保費徵費應與保費一同繳付予貴公司，並再由貴公司於保監局指明的轉付期內直接轉付予保監局；(iii)需繳付的保費徵費是保單的每期保費金額與適用的徵費率之相乘，但受限於保監局不時訂明的適用徵費上限；(iv)保單日期或保單周年日用於決定使用那個適用的徵費率以計算該保單年度應繳付的保費徵費，往後需繳付的保費亦會根據訂明的適用徵費率及徵費上限收取保費徵費；(v)若本人(等)選擇以自動轉賬或信用卡付款，貴公司將從本人(等)的指定戶口收取首期及/或應付的定期保費及保監局不時訂明的適用保費徵費。本人(等)並同意會於本人(等)指定銀行/信用卡戶口維持足夠結餘以繳付往後保費及保費徵費。

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，或編制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此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。

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，並同意貴公司可根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 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。

**Signature 簽署**

**Signature of Life Insured**  
受保人簽署

**Signature of Policyholder  
(if other than Insured)**  
保單持有人簽署 (若非受保人)

**Signature of Irrevocable Beneficiary (if any)**  
不可撤換受益人簽署 (如適用)

Name 姓名: \_\_\_\_\_

Name 姓名: \_\_\_\_\_

Name 姓名: \_\_\_\_\_

Date 日期: \_\_\_\_\_

Date 日期: \_\_\_\_\_

Date 日期: \_\_\_\_\_

**For Bank Use**

<input type="checkbox"/> Client's ID copy attached	Staff Name and ID:	Servicing Staff IA No.	Branch Code and Chop
<input type="checkbox"/> Client's original ID sighted	Contact No.:	Servicing Staff RI No.	
<input type="checkbox"/> Other discount			