



Generali Life (Hong Kong) Limited

Assicurazioni Generali S.p.A.  
Hong Kong Branch

21/F, Cityplaza One, 1111 King's Road  
Taikoo Shing, Hong Kong  
T +852 2521 0707  
F +852 2521 8018  
info@generali.com.hk  
generali.com.hk

忠意人壽(香港)有限公司

忠意保險有限公司 香港分行

香港英皇道 1111 號  
太古城中心一期 21 樓  
電話 + 852 2521 0707  
傳真 + 852 2521 8018  
info@generali.com.hk  
generali.com.hk



### Assignment of Policy as Collateral Security / Release of Assignment Form

### 轉讓作為抵押擔保 / 取消權益轉讓申請表

Private & Confidential 私人及機密

Policy Number  
保單號碼

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

<b>Name of Policyholder / Assignor</b> 保單持有人 / 轉讓人姓名	<b>Name of Insured</b> 受保人姓名	
<b>Important Note:</b> 重要事項:	This form is furnished by Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A. Hong Kong Branch (whichever applicable) ("the Company") as a matter of courtesy and the Company assumes no responsibility for the validity or legality of the assignment. 此申請表由忠意人壽(香港)有限公司 / 忠意保險有限公司 香港分行(如適用)(「本公司」) 誠意提供, 本公司對該權益轉讓之有效性或合法性均不負責任何責任。	
<b>Part I – Assignment of Policy as Collateral Security 第一部分 – 權益轉讓作為抵押擔保</b>		
<b>Name of Assignee</b> 承讓人姓名:	<b>Address of Assignee in English</b> 承讓人之英文地址:	
<b>Loan Amount</b> 借款金額: _____ (IN HKD 以港幣為準)		
<b>Interest rate risk – The interest rate on the collateral assignment facilities may increase or decrease. The increase in facilities' interest rate could increase the cost of serving the facilities and the risk of default in repaying the facilities. Interest rate/ crediting interest rate of the policy could increase or decrease subject to any guaranteed minimum levels according to policy provisions. Any change in the facilities' interest rate and/or policy interest rate/crediting interest rate could bring a negative or positive impact on the financial soundness of your collateral assignment facilities. In a pessimistic scenario, you could suffer financial loss when such change happens. 利率風險 - 抵押轉讓貸款之利率可升可跌, 而貸款利率上調可增加貸款成本及違約風險。保單利率 / 派息率在不低于保單合約所列之最低保證水平的前提下, 亦為可升可跌。任何貸款利率及 / 或保單利率 / 派息率之改變可為閣下之抵押轉讓貸款之財務穩健帶來負面或正面影響。在悲觀的情況下, 閣下可能因此類變動而蒙受財政損失。 In consideration of the Assignee providing a loan to the Policyholder / Assignor, the above Policy, together with ALL RIGHTS AND INTEREST in it, is assigned to the Policyowner / Assignee on the following terms: 由於承讓人向保單持有人 / 轉讓人提供借款, 上述的保單連同所有有關的權利及利益, 將根據以下的條款轉讓予承讓人作抵押:</b>		
1.	<b>If permitted by the Policy, the Assignee may 倘若保單許可, 承讓人可</b>	
a.	collect the death benefit payable on the death of the Insured; and 領取受保人死亡後應付的死亡賠償; 及	
b.	surrender the Policy and collect the surrender value; and 申請即時退保, 並領取退保金額; 及	
c.	take out a Policy loan; and 進行保單貸款; 及	
d.	receive dividends payable on the Policy; and 收取保單應付的紅利; 及	
e.	exercise any non-forfeiture options. 行使任何不能作廢的選擇權。	
2.	Policyholder / Assignor reserves the right to collect any disability benefit that does not reduce the Sum Insured. 保單持有人 / 轉讓人保留領取任何不減低保額的傷殘賠償之權利。	
3.	The Assignee agrees that if the Policyholder / Assignor repays the loan (together with the prescribed interest) to the Assignee, the Assignee will reassign the Policy to the Policyholder / Assignor. 承讓人同意倘若保單持有人 / 轉讓人向其償還借款(連同規定的利息款額), 承讓人會將保單轉歸保單持有人 / 轉讓人。	
4.	The Assignee agrees that if any proceeds it receives from the policy exceed the amount of the loan (together with prescribed interest), it will pay the balance of the proceeds to the beneficiary named by the Policyholder / Assignor. 承讓人同意倘若從保單所獲的得益超過貸款(連同規定利息)總額, 承讓人會將超出的得益款額付予保單持有人 / 轉讓人所指定的受益人。	
5.	The Policyholder / Assignor authorizes the Company to disclose to the Assignee as the Assignee may reasonably request from time to time the value of the Policy and any change thereof which may adversely affect the right of the Assignee under the Policy. 保單持有人 / 轉讓人授權, 在承讓人不時合理要求下, 向承讓人披露此保單的價值及任何可能對承讓人於此保單下之權利有不利影響的更改。	
6.	The Policyholder / Assignor authorizes the Company to disclose to the Assignee 保單持有人 / 轉讓人授權本公司向承讓人披露:	
a.	the value of the Policy and any decrease thereof; and 此保單的價值及其任何減少; 及	
b.	personal data of the Policyholder / Assignor for the purpose of linking, retrieving or otherwise processing records relating to the Policyholder / Assignor held by the Assignee. 保單持有人 / 轉讓人的個人資料, 目的為聯繫、檢索或以其他程序處理由承讓人持有有關保單持有人 / 轉讓人的紀錄。	
I / We acknowledge that I / we have been provided with a copy of the Personal Information Collection Statement (the "Statement") issued by Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A. Hong Kong Branch (whichever applicable) (the "Company"). I / We confirm that I / we have read and understood the Statement. I / We agree that the Company may collect, use, store, disclose, transfer and otherwise process my / our personal data in accordance with the terms of the Statement. I / We further confirm that I / we have obtained the express consent of the life insureds and any other relevant individuals (where applicable) for providing their personal data to the Company for the purposes stated in the Statement and for allowing the Company to collect, use, store, disclose, transfer and otherwise process such personal data in accordance with the terms of the Statement. 本人 / 我們確認, 本人 / 我們已獲提供一份由忠意人壽(香港)有限公司 / 忠意保險有限公司香港分行(如適用)(「貴公司」)發出的收集個人資料聲明(「該聲明」)。本人 / 我們確認已經閱讀並且明白該聲明。本人 / 我們同意貴公司依照該聲明的條款收集、使用、儲存、披露、轉移及以其他方式處理本人 / 我們的個人資料。本人 / 我們進一步確認, 本人 / 我們已獲得受保人和任何其他有關人士(如適用)的明示同意, 可以按照該聲明所述的用途將他們的個人資料提供給貴公司, 並允許貴公司可依照該聲明的條款收集、使用、儲存、披露、轉移及以其他方式處理該等個人資料。		
<b>Date (dd / mm / yyyy)</b> 日期(日 / 月 / 年)	<b>Signature of Witness</b> 見證人簽署 (Name 姓名: _____)	<b>Signature of Policyholder/ Assignor</b> 保單持有人 / 轉讓人簽署
<b>Date (dd / mm / yyyy)</b> 日期(日 / 月 / 年)	<b>Signature of Witness</b> 見證人簽署 (Name 姓名: _____)	<b>Signature of Assignee</b> 承讓人簽署 If corporation is completing form-corporate officer(s) must indicate title with Company Chop 如簽署人代表公司簽署, 請列明職銜及加上公司蓋印

## 海外帳戶稅收合規法案聲明 Foreign Account Tax Compliance Act Statement

Under the U.S. Foreign Account Tax Compliance Act ("FATCA"), a foreign financial institution ("FFI") is required to report to the U.S. Internal Revenue Service ("IRS") certain information on U.S. persons that hold accounts with that FFI outside the U.S. and to obtain their consent to the FFI passing that information to the IRS. An FFI which does not sign or agree to comply with the requirements of an agreement with the IRS ("FFI Agreement") in respect of FATCA and / or who is not otherwise exempt from doing so (referred to as a "nonparticipating FFI") will face a 30% withholding tax ("FATCA Withholding Tax") on all "withholdable payments" (as defined under FATCA) derived from U.S. sources (initially including dividends, interest and certain derivative payments).

在美國的《海外帳戶稅收合規法案》(“《合規法案》”)下，海外金融機構須就美國人於海外金融機構之非美國境內之帳戶，向美國國稅局匯報有關資料及取得客戶同意海外金融機構可向美國國稅局匯報有關資料。海外金融機構如未有簽署或同意遵守《合規法案》下的協議(即“《海外金融機構協議》”)有關之要求，及/或未曾獲得相關豁免遵守相關要求(以上海外金融機構統稱為“《不參與合規法案之海外金融機構》”)，其所有源自美國的付款中可預扣款項(在合規法案中已闡明)將被徵收百分之三十之預扣稅(“《合規法案預扣稅》”) (初步包括紅利、利息及一些衍生款項)。

The U.S. and Hong Kong have agreed an inter-governmental agreement ("IGA") to facilitate compliance by FFIs in Hong Kong with FATCA and which creates a framework for Hong Kong FFIs to rely on streamlined due diligence procedures to (i) identify U.S. indicia, (ii) seek consent for disclosure from its U.S. policyholders and (iii) report relevant tax information of those policyholders to the IRS.

美國政府與香港政府已簽訂(“《跨政府協議》”)促使香港的海外金融機構遵守合規法案，及提供一個框架讓香港的海外金融機構能有效率的進行盡職審查以(i) 識別美國身份標記，(ii) 徵求美國保單持有人同意披露及(iii) 向美國國稅局匯報美國保單持有人相關稅務資料。

FATCA applies to Generali Life (Hong Kong) Limited/ Assicurazioni Generali S.p.A. Hong Kong Branch (whichever applicable) (the "**Company**"), and this Policy. The **Company** is a participating FFI and committed to complying with FATCA. To do so, the **Company** requires you to:

合規法案適用於相等之港幣將以忠意人壽(香港)有限公司/忠意保險有限公司香港分行(如適用)(「**本公司**」)及此保單。**本公司**是一間參與合規法案之海外金融機構，及致力遵守合規法案。因此，**本公司**需要閣下:

- (i) provide to the **Company** certain information including, as applicable, your U.S. identification details (e.g. name, address, the U.S. federal taxpayer identifying numbers, etc); and  
提供相關資料予**本公司**，如適用，包括閣下的美國身份證明資料(如姓名、地址、美國聯邦納稅人識別號碼等)；及
- (ii) consent to the **Company** reporting this information and your account information (such as account balances, interest and dividend income and withdrawals) to the IRS.  
同意**本公司**向美國國稅局匯報此資料及閣下之帳戶資料(如帳戶結存、利息、紅利收入及提款)。

If you fail to comply with these obligations (being a "Non-Compliant Accountholder"), the **Company** is required to report "aggregate information" of account balances, payment amounts and the number of non-consenting U.S. accounts to IRS.

如閣下未能遵從以上要求(即為“《不遵從合規法案之戶口持有人》”)，**本公司**須向美國國稅局匯報帳戶結存、款項及不同意披露的美國帳戶數目之綜合資料。

The **Company** could, in certain circumstances, be required to impose FATCA Withholding Tax on payments made to, or which it makes from, your Policy. Currently the only circumstances in the **Company** may be required to do so are:

本公司，在某些情況下，可能被要求在閣下保單付款中徵收合規法案預扣稅。現時本公司只會在以下情況徵收合規法案預扣稅:

- (i) if the Inland Revenue Department of Hong Kong fails to exchange information with the IRS under IGA (and the relevant tax information exchange agreement between Hong Kong and the U.S.), in which case the **Company** may be required to deduct and withhold FATCA Withholding Tax on withholdable payments made to your Policy and remit this to the IRS; and  
若香港稅務局未能與美國國稅局就跨政府協議(及有關香港與美國之間的稅務資料交換協定)交換資料，**本公司**可能需要從閣下保單的可預扣款項中扣除及預扣合規法案之預扣稅及匯出予美國國稅局；及
- (ii) if you are (or any other account holder is) a nonparticipating FFI, in which case the **Company** may be required to deduct and withhold FATCA Withholding Tax on withholdable payments made to your Policy and remit this to the IRS.  
如閣下(或任何一位帳戶持有人)是不參與合規法案之金融機構，**本公司**可能需要從閣下保單的可預扣款項中扣除及預扣合規法案之預扣稅及匯出予美國國稅局。

You should seek independent professional advice on the impact FATCA may have on you or your policy.

有關合規法案對閣下及閣下保單之影響，請諮詢獨立之專業意見。

If the Assignee is an individual, please complete the declaration below and provide the information requested. If the Assignee is an entity (including but not limited to a trust or a company), such entity does not need to complete the declaration below but must complete a separate form "FATCA Self-Certification for Entities" or Form W-8BENE or Form W-8IMY.

如果承讓人為個人，請填妥以下聲明以及提供所須的資料。如果承讓人為機構(包括但不限於信託或公司)，該機構則不須填寫下列聲明，但其必須填妥另一份「海外帳戶稅收合規法案公司客戶聲明書」或「W-8BENE表格」或「W-8IMY表格」。

### Declaration 聲明

Please declare whether you are a U.S. resident for tax purposes\* or not by ticking below check box.

請閣下在下方加上「✓」號以聲明閣下是否美國稅務居民\*。

- I/We declare that I am/ we are not a U.S. resident for tax purposes \*at the time of signing this declaration.

本人/我們聲明於簽署本聲明時並非美國稅務居民\*。

- I/We declare I am/ we are a U.S. resident for tax purposes\* at the time of signing this declaration.

本人/我們聲明於簽署本聲明時是美國稅務居民\*。

I / We acknowledge that the **Company** may transfer any required information to the Tax Authorities in or outside Hong Kong to comply with FATCA obligations and waive all rights I / we have, if any, to prohibit or restrict such disclosure.

本人 / 我們確認貴公司可將所需資料轉移到香港境內及境外地區之稅務機關以遵守合規法案的責任，如適用時，本人 / 我們願意放棄所有禁止或限制該披露之權利。

U.S. Taxpayer Identification Number (TIN):

美國納稅人識別號碼：

--	--	--	--	--	--	--	--	--	--

\* A U.S. resident for tax purposes includes but is not limited to any individual who is a U.S. citizen or U.S. resident alien (such as a "Green Card" holder).

\* 美國稅務居民包括但不限於任何具有美國公民或美國居住外國人(如「綠卡持有人」)身份的個人。

Note: In case of discrepancies between the English and Chinese versions of this Section, the English version shall prevail.

附註：本部分之英文及中文版本之間如有任何歧義，概以英文版本為準。

## Automatic Exchange of Information 自動交換資料

Under the laws, regulations and international agreements for the implementation of automatic exchange of financial account information ("AEOI"), financial institutions are required to identify account holders (including certain policyholders and beneficiaries) and controlling persons of certain entity policyholders who are reportable foreign tax residents and report their information (including but not limited to their name, address, jurisdiction(s) of tax residence, tax identification number in that jurisdiction(s), account balance and income information) to the local tax authority where the financial institution operates. The local tax authority will provide this information to the tax authority of the reportable foreign tax resident's country of tax residence on a regular, annual basis. The information provided to the **Company** will be used for the purpose of AEOI. This information and other information regarding the account holder may be transmitted by the **Company** to the Hong Kong Inland Revenue Department ("IRD") or any other relevant domestic or foreign tax authority for transfer to the tax authority of another jurisdiction. Please browse the IRD website for guidance on AEOI in Hong Kong: [http://www.ird.gov.hk/eng/tax/dta\\_aeoi.htm](http://www.ird.gov.hk/eng/tax/dta_aeoi.htm).

根據實施的自動交換財務帳戶資料（「自動交換資料」）的法律、法規及國際協定，財務機構須辨別具有須申報外國稅務居民身份的帳戶持有人（包括某些帳戶持有人及保單受益人）和某些機構保單持有人的控權人，並向財務機構營運當地的稅務部門申報其稅務資料（包括但不限於姓名、地址、稅務居住地、該稅務居住地的稅務編號、帳戶結餘及收入資料）。當地稅務部門將每年定期把上述資料交予須申報外國稅務居民所屬稅務居住地的相關稅務部門。本公司會將收集的稅務資料用於自動交換資料。這些資料以及其他關於帳戶持有人的資料可能會被傳遞給香港稅務局或其他本地或海外稅務部門用於轉交其他司法管轄區的稅務部門。有關香港實施自動交換資料的指南，請瀏覽香港稅務局網站：[http://www.ird.gov.hk/chi/tax/dta\\_aeoi.htm](http://www.ird.gov.hk/chi/tax/dta_aeoi.htm)。

The information required in this Part and the information regarding your name, residence address and date of birth constitute a self-certification for AEOI purposes. It is an offence under section 80(2E) of the Inland Revenue Ordinance if any person, in making a self-certification, makes a statement that is misleading, false or incorrect in a material particular and knows, or is reckless as to whether, the statement is misleading, false or incorrect in a material particular.

在本部分中收集的資料、關於閣下姓名和住址之資料和出生日期，將共同組成用於自動交換資料的自我證明。根據《稅務條例》第80(2E)條，如任何人在作出自我證明時，在明知一項陳述在要項上屬具誤導性、虛假或不正確，或罔顧一項陳述是否在要項上屬具誤導性、虛假或不正確下，作出該項陳述，即屬犯罪。

You must report all changes in your tax residence status to the **Company** within 30 days of that change.

閣下必須在閣下的稅務居民身份發生任何變動後的30日內，向本公司申報該等變動。

You should seek independent professional advice on the impact AEOI may have on you or your Policy.

閣下應就自動交換資料對閣下保單造成的影響，諮詢獨立的專業意見。

If the Assignee is an individual, please complete the declaration below and provide the information requested. If the Assignee is an entity (including but not limited to a trust or a company), such entity does not need to complete the declaration below but must complete separate forms titled "Entity Tax Residency Self-Certification Form" which shall form part of this application form.

如果承讓人為個人，請填妥以下聲明以及提供所須的資料。如果承讓人為機構（包括但不限於信託或公司），該機構則不須填寫下列聲明，但其必須填妥另一份「實體稅務居民身分自我證明表格」；填妥後該表格會構成本申請表的一部分。

### Declaration 聲明

Please declare your jurisdiction of tax residence for tax purposes by ticking below check box.

請在下方適當空格內加上「✓」號，以申報閣下的稅務居住地。

I/We declare that I am / we are Hong Kong resident(s) for tax purposes and that I am / we are not resident(s) for tax purposes of any jurisdiction other than Hong Kong at the time of signing this declaration.

本人 / 我們謹此聲明，在簽署本聲明時，本人 / 我們是香港的稅務居民，而且本人 / 我們並非任何香港以外司法管轄區的稅務居民。

I/We declare I am / we are resident(s) for tax purposes of a jurisdiction other than Hong Kong at the time of signing this declaration.

本人 / 我們謹此聲明，在簽署本聲明時，本人 / 我們是在香港以外的司法管轄區的稅務居民身份。

Jurisdiction of Residence 稅務居住地	Taxpayer Identification Number (TIN) 稅務編號	Enter Reason A, B or C if no TIN is available 如沒有提供稅務編號，填寫理由 A、B 或 C	* Explain why the account holder is unable to obtain a TIN if you have selected Reason B 如選擇理由 B，請提供帳戶持有人不能取得稅務編號的原因
		<input type="checkbox"/> A <input type="checkbox"/> B * <input type="checkbox"/> C	
		<input type="checkbox"/> A <input type="checkbox"/> B * <input type="checkbox"/> C	
		<input type="checkbox"/> A <input type="checkbox"/> B * <input type="checkbox"/> C	
		<input type="checkbox"/> A <input type="checkbox"/> B * <input type="checkbox"/> C	
		<input type="checkbox"/> A <input type="checkbox"/> B * <input type="checkbox"/> C	

#### Note 註:

If you are a resident for tax purposes of any jurisdiction other than Hong Kong, then you must complete the above table indicating (a) your jurisdiction of residence where you are a resident for tax purposes and (b) your TIN for each jurisdiction indicated. Indicate all (not restricted to five) jurisdictions of residence. If space provided is insufficient, continue on additional sheet(s).

如果閣下是香港以外司法管轄區的稅務居民，閣下須填妥上列表格，列明（一）閣下所屬的稅務居住地；以及（二）閣下所屬各稅務居住地的稅務編號。請列明閣下所屬的全部（而不限于五個）稅務居住地。如果表格中的空格不敷應用，請另紙填寫。

If this form is completed by more than one Policyholder, and one or more of the Policyholders is a resident for tax purposes of any jurisdiction other than Hong Kong, then each of the Policyholders must complete a separate "Individual Tax Residency Self-Certification Form".

如果本表格由多於一名保單持有人填寫，而且其中一個或多個保單持有人是任何香港以外司法管轄區的稅務居民，則各保單持有人均須各自填妥另一份「個人稅務居民身分自我證明表格」。

If a TIN is unavailable, please 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：

- Reason A – The jurisdiction where the account holder is a resident for tax purposes does not issue TINs to its residents.
- Reason B – The account holder is unable to obtain a TIN. Explain why the account holder is unable to obtain a TIN if you have selected this reason.
- 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 A – 帳戶持有人的稅務居住地並沒有向其居民發出稅務編號。
- 理由 B – 帳戶持有人不能取得稅務編號。如選取這一理由，請提供帳戶持有人不能取得稅務編號的原因。
- 理由 C – 帳戶持有人毋須提供稅務編號。稅務居住地的主管機關不需要帳戶持有人披露稅務編號。

I / We acknowledge that the **Company** may transfer any required information to the IRD, and the IRD may exchange this information with tax authorities outside Hong Kong, and waive all rights I / we have, if any, to prohibit or restrict such disclosure.

本人 / 我們確認，貴公司可向香港稅務局轉交本表格所載資料，香港稅務局又可將這些將資料交換至香港以外的稅務部門；本人 / 我們放棄任何本人 / 我們所擁有的關於禁止或限制上述資料披露之全部權利（如有）。

I / We undertake to advise the **Company** of any change in circumstances which affects the tax residence status of the Policyholder(s) or causes the information contained herein to become incorrect, and to provide the **Company** with a suitably updated form within 30 days of such change in circumstances.

本人 / 我們承諾，如情況發生改變以致影響的本人 / 我們的稅務居民身份，或導致本表格所載的資料變得不正確，本人會通知貴公司，並會在情況發生改變後三十日內，向貴公司提交一份已適當更新的自我證明書。

Note: In case of discrepancies between the English and Chinese versions of this Section, the English version shall prevail.

附註：本部分之英文及中文版本之間如有任何歧義，概以英文版本為準。

□ Part II – Release of Assignment 第二部分 – 取消轉讓權益

Name of Assignee 承讓人姓名 :

Address of Assignee in English 承讓人之英文地址 :

For value received, the assignee hereby releases all rights and interests in the above policy to the Policyholder / Assignor. 有關貸款金額已償還，承讓人同意將上述保單之權利及利益歸還給保單持有人/轉讓人。

I / We acknowledge that I / we have been provided with a copy of the Personal Information Collection Statement (the "Statement") issued by Generali Life (Hong Kong) Limited/ Assicurazioni Generali S.p.A. Hong Kong Branch (whichever applicable) (the "Company"). I / We confirm that I / we have read and understood the Statement. I / We agree that the Company may collect, use, store, disclose, transfer and otherwise process my / our personal data in accordance with the terms of the Statement. I / We further confirm that I / we have obtained the express consent of the life insureds and any other relevant individuals (where applicable) for providing their personal data to the Company for the purposes stated in the Statement and for allowing the Company to collect, use, store, disclose, transfer and otherwise process such personal data in accordance with the terms of the Statement.

本人 / 我們確認，本人 / 我們已獲提供一份由忠意人壽(香港)有限公司 / 忠意保險有限公司香港分行(如適用) (「貴公司」) 發出的收集個人資料聲明 (「該聲明」)。本人 / 我們確認已經閱讀並且明白該聲明。本人 / 我們同意貴公司依照該聲明的條款收集、使用、儲存、披露、轉移及以其他方式處理本人 / 我們的個人資料。本人 / 我們進一步確認，本人 / 我們已獲得受保人和任何其他有關人士 (如適用的話) 的明示同意，可以按照該聲明所述的用途將他們的個人資料提供給貴公司，並允許貴公司可依照該聲明的條款收集、使用、儲存、披露、轉移及以其他方式處理該等個人資料。

Date (dd / mm / yyyy) 日期 (日 / 月 / 年)

Signature of Witness 見證人簽署 (Name 姓名 : )

Signature of Policyholder/ Assignor 保單持有人/轉讓人簽署

Date (dd / mm / yyyy) 日期 (日 / 月 / 年)

Signature of Witness 見證人簽署 (Name 姓名 : )

Signature of Assignee 承讓人簽署 If corporation is completing form-corporate officer(s) must indicate title with Company Chop 如簽署人代表公司簽署，請列明職銜及加上公司蓋印

In case of discrepancies between English and Chinese version, the English version shall prevail. 若英文及中文版本之間如有任何歧義，概以英文版本為準。

For Office Use Only 本公司專用

Record by the Company: 由本公司紀錄及存檔: (Date 日期: dd 日 / mm 月 / yyyy 年)

Table with 8 columns: Assignment, Yes / No, PTD, Signature Verified, YES / NO, Input, Checked / Approved

Personal Information Collection 收集個人資料聲明

a) From time to time, it is necessary for you to supply Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A. Hong Kong Branch (where applicable) (the "Company") with data about yourself(ves), policyholder(s), life insured(s), beneficiary(ies), claimant(s), and/ or other relevant individuals (the "Personal Data") in connection with the provision of insurance and/ or related products and services to you, the processing of claims under insurance policies issued and/ or arranged by the Company, and/ or the processing of any or all other requests, enquiries and complaints from you.

閣下須不時向忠意人壽 (香港) 有限公司 / 忠意保險有限公司香港分行 (如適用) (「本公司」) 提供關於閣下自己、保單持有人、受保人、受益人、索償人及/或其他有關人士的資料 (「個人資料」)，以讓本公司為閣下提供保險及/或相關產品與服務，處理經由本公司發出及/或安排的保單之下的索償事宜，及/或處理閣下提出的任何或所有其他要求、查詢和投訴。

b) Provision of the Personal Data to the Company by you is voluntary. However, failure to supply the Personal Data may result in the Company being unable to provide insurance and/ or related products and services to you, process claims under insurance policies issued and/ or arranged by the Company, and/ or process any or all other requests, enquiries, or complaints from you.

閣下是自願向本公司提供個人資料的。然而，若閣下未能提供個人資料，可能導致本公司不能夠為閣下提供保險及/或相關產品與服務，處理經由本公司發出及/或安排的保單之下的索償事宜，及/或處理閣下提出的任何或所有其他要求、查詢和投訴。

c) The purposes for which the Personal Data may be used are as follows: (i) processing your insurance application, arranging and executing insurance contract, and managing your account with the Company; (ii) customer services and other related activities; (iii) conducting data matching procedures; (iv) designing insurance and/ or related products and services for customers' use; (v) marketing insurance and/ or other related products and services of the Company and/ or its parent company and group companies (hereinafter referred to as the "Group Entities"); (vi) direct marketing of insurance and/ or other related products and services subject to your prior prescribed consent (if any), and you can exercise the right of opt-out by notifying the Company at any time; (vii) statistical or actuarial research of the Company, its Group Entities, insurance industry associations or federations, governments and/ or regulatory entities; (viii) complying with the requirements under any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the Company and/ or its Group Entities are expected to comply with, including, without limitation, performing due diligence on customers and making disclosures of the relevant information; and (ix) fulfilling any other purposes directly relating to (i) to (viii) above.

個人資料可被用於以下用途: (i) 處理閣下的保險申請，安排並執行保險合約，並管理閣下在本公司的賬戶; (ii) 客戶服務及其他相關活動; (iii) 進行資料核對程序; (iv) 設計保險及/或相關產品與服務供客戶使用; (v) 推銷本公司及/或本母公司及本集團的公司 (下文合稱為「集團實體」) 的保險及/或相關產品與服務; (vi) 就閣下事前訂明的允許 (如有) 約束之下，直接促銷保險及/或其他相關產品與服務，而閣下可在任何時間知會本公司以行使撤回允許的權利; (vii) 本公司、本集團實體、保險業協會或聯會、政府部門及/或監管機構的統計或精算研究; (viii) 遵從任何法律、規則、規例、守則、指引、法院命令、合規政策和程序的規定，以及本公司及/或本集團實體應遵守的任何其他有關規定，包括但不限於對客戶進行盡職審查及披露有關資料; 及 (ix) 實現與上述 (i) 至 (viii) 直接有關的任何其他用途。

d) The Personal Data held by the Company shall be kept confidential, but the Company may provide the Personal Data to the following parties (whether within or outside the Hong Kong Special Administrative Region) for the purposes set out in paragraph (c) above, without prior notification to you and/ or any other relevant individuals to whom the Personal Data is related: (i) intermediaries, claims service providers, reinsurers, banks and credit-card companies, health and medical organizations, business partners, and/ or any other relevant parties, as appropriate, who provide administrative, telecommunication, computer, payment, marketing, investigation, advisory and/ or other services to the Company in connection with the operation of its business; (ii) relevant insurance industry associations or federations, and/ or members of such industry associations or federations; (iii) overseas locations, as appropriate, of the Company and/ or its Group Entities; (iv) persons to whom the Company and/ or its Group Entities are under an obligation to make disclosure under the requirements as mentioned in (c) (viii); (v) any court, government or regulatory entity (including, without limitation, tax authority, insurance authority, etc.) under any laws binding on the Company and/ or its Group Entities; (vi) lawful successors or assigns of the Company; and (vii) persons who owe a duty of confidentiality to the Company and/ or its Group Entities.

由本公司持有的個人資料將受到保密，但本公司可依據以上 (c) 段所列的用途向以下各方 (不論在香港特別行政區境內還是境外) 提供個人資料，事前無須知會閣下及/或該等個人資料所涉及的任何其他有關人士: (i) 與本公司的業務營運相關的中介人、索償服務提供商、共同保險公司、再保險公司、銀行及信用卡公司、健康及醫療機構、業務夥伴及/或任何其他有關各方，以適用者為準，向本公司提供行政、電訊、電腦、付款、推銷、調查、諮詢及/或其他服務; (ii) 相關的保險業協會或聯會，及/或該等協會或聯會的成員; (iii) 本公司及/或本集團實體的海外辦事處，以適用者為準; (iv) 根據上述(c) (viii)的規定，本公司及/或本集團實體負有義務須向其作出披露的人士; (v); 根據任何法律約束之下，本公司及/或本集團實體須向其提供資料的任何法院、政府部門或監管機構 (包括但不限於稅務局、保險業監管機構等); (vi) 本公司的合法繼承人或受讓人; 及 (vii) 對本公司及/或本集團實體負有保密責任的人士。

- e) The **Company** may verify any or all of the **Personal Data** by using information collected and released or transferred by relevant insurance industry associations or federations, and/ or members of such industry associations or federations.  
本公司可使用由相關的保險業協會或聯會及／或該等協會或聯會的成員所收集及發放或轉移的資料，來核實任何或所有**個人資料**。
- f) In accordance with the Personal Data (Privacy) Ordinance: (i) any individual has the right to: A) check whether the **Company** holds data about him/ her and, if so, obtain a copy of such data; B) require the **Company** to correct any data relating to him/ her that is inaccurate; and C) ascertain the **Company's** policies and practices in relation to data and to be informed of the kind of data held by the **Company**; and (ii) the **Company** has the right to charge a reasonable fee for the processing of any data access request.  
根據《個人資料（私隱）條例》：(i) 任何人士均有權：A) 查詢本公司有沒有持有其資料，如有的話，可取得一份該等資料；B) 要求本公司改正其任何不正確的個人資料；及 C) 查明關於本公司的個人資料政策和處事常規，並可獲通知有關本公司所持個人資料的種類；及 (ii) 本公司有權就處理任何查閱個人資料的要求之下收取合理的費用。
- g) The person to whom requests for access to data and/ or correction of data and/ or for information regarding policies and practices and kinds of data held are to be addressed as follows: Personal Data Protection Officer, Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A. Hong Kong Branch (where applicable), 21/F, Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong.  
如欲查閱及／或改正個人資料及／或查詢關於本公司的政策和處事常規及所持個人資料的種類，請向以下人員提出要求：個人資料保護主任，忠意人壽（香港）有限公司 或 忠意保險有限公司香港分行（如適用），香港英皇道 1111 號太古城中心一期 21 樓。

Note: In case of discrepancies between the English and Chinese versions of this Personal Information Collection Statement, the English version shall prevail.  
附註：本收集個人資料聲明的英文及中文版本之間如有任何歧義，概以英文版本為準。