

Part III 第三部分 – Policy Servicing 保單服務

<input type="checkbox"/> 1.	Removal / Reduction of Loading / Exclusion 刪除 / 減免額外保費 / 不保事項 <input type="checkbox"/> Exclusion 不保事項 _____ <input type="checkbox"/> Loading 額外保費 _____ Please complete Part V and submit the relevant medical evidence. 請填妥第五部分及提供相關之健康資料證明文件。
<input type="checkbox"/> 2.	Re-declaration of Health 重新申報健康資料 Please complete Part V and submit the relevant medical evidence. 請填妥第五部分及提供相關之健康資料證明文件。
<input type="checkbox"/> 3.	Change of Smoking Status 更改吸煙狀況 Please complete Part V Question 10. 請填妥第五部分問題10。
<input type="checkbox"/> 4.	Reinstatement 保單復保 1. If Policy overdue between 3 to 6 months from last Premium Due Date, please complete Part IV. 由上一個保費到期日計起, 如保單逾期為3個月至6個月之間, 請填妥第四部分。 2. If Policy overdue over 6 months from last Premium Due Date, please complete Part V and submit the relevant medical evidence. 由上一個保費到期日計起, 如保單逾期超過6個月以上, 請填妥第五部分及提供相關之健康資料證明文件。
<input type="checkbox"/> 5.	Change of Legacy Planning Option 更改傳承權益 <input type="checkbox"/> Change of Insured 更改受保人 This change request is only applicable to certain products. Please refer to your Policy contract regarding to the terms and conditions for Change of Life Insured. 此更改只適用於指定之產品。請參閱閣下之保單合約有關更改受保人之條款及細則。 The New Insured is required to complete Part IV and "Request for Policy Change Form - Non Financial" (Part I "Change of Personal Information") and please submit it with the following documents: 新受保人需填寫第四部份及「更改保單申請書 - 非財務」(第一部分「更改個人資料」) 並請連同以下文件一併遞交： - Copy of Identity document 身份證明副本 Please state the relationship between the Policyholder and the New Insured 請列明保單持有人與新受保人之關係： _____ <input type="checkbox"/> Policy Continuation 保單延續
<input type="checkbox"/> 6.	Exercise of Guaranteed Convertibility Option 行使保證轉換權益
<input type="checkbox"/> 7.	Other Instructions 其他指示

Part IV 第四部分 – Health Information (Applicable to simplified underwriting) 健康資料 (適用於簡易核保)

Have you been hospitalized for a total of more than 30 days in the past 12 months? Or have you been advised by a physician that you are suffering from a terminal illness? Or are you currently under palliative or intensive care? 閣下在過去 12 個月內曾否住院共超過 30 天? 或閣下曾否被醫生通知患上任何末期疾病? 或現正在進行舒緩和深切治療?	Insured 受保人	
	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否

Part V 第五部分 – Medical Evidence 健康資料

In this section, "You" or "Your" refers to the Insured. 在此部分中, 「閣下」乃指受保人

1.	Have you been diagnosed for heart, lung, liver, kidney, urinary system, pancreas or circulatory disorder, high blood pressure, stroke, diabetes mellitus, diseases of the blood, infectious diseases (including hepatitis and/or HIV infection and/or AIDS), endocrine, nutritional and metabolic diseases, diseases of eye or ear, diseases of digestive system, diseases of the skin, disorder of bones, joints, spine or muscles and connective tissue, mental or nervous disorder, cancer and/or abnormal and uncontrolled cell growth in any part of the body that becomes malignant, brain disorder, and have been treated or advised by a physician to taking a treatment for more than 30 days? 閣下是否曾患有心臟、肺、肝、腎、泌尿系統、胰臟或血液循環障礙疾病、高血壓、中風、糖尿病、血液疾病、傳染性疾病(包括肝炎及/或人類免疫缺乏病毒感染及/或愛滋病)、內分泌系統、營養失調及新陳代謝疾病、眼睛或耳的疾病、消化系統疾病、皮膚疾病、骨骼疾病、關節疾病、脊椎骨疾病或肌肉及結締組織疾病、精神病或神經系統疾病、癌症及/或不正常及不受控制的細胞生長而導致身體任何部位的惡性擴散疾病、腦部疾病, 及被醫生治療或建議治療超過 30 天?	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
2.	Has any application for or reinstatement of life, critical illness, accident, disability or health insurance on your life ever been declined, postponed, rated or in any way modified? 閣下是否曾於申請或申請復效任何人壽、危疾、意外、傷殘或醫療保險時被拒受保、延遲受保、增加保費或修改受保條款?	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
3.	In the past 2 years, have you ever had been diagnosed or do you have any signs or symptoms of illness or disease not mentioned above which you have been treated, investigated or sought medical advice? 在過去的 2 年內, 閣下曾否患有上文並未提及的病徵或症狀而接受過治療、檢查或諮詢醫療建議?	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
4.	Occupation 職業 _____ Exact Duty 確實職務 _____ Average Monthly Income 平均每月收入 _____ (In HKD 以港幣計算)		
5.	Do you have any existing insurance policy or pending insurance application on your life? If "Yes", please provide details below. 閣下現時是否已有或正在申請任何保險, 如答「是」, 請提供以下資料。	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否

Name of Insurance Company 保險公司名稱	Name of Policyowner 保單持有人姓名	Nature of Insurance Cover 保障類別	Insurance Amount (Currency) 保障額 (貨幣)	保單續發年 / 正在申請 Issue Year / Pending

6. Has any application for or reinstatement of life, critical illness, accident, disability or health insurance on your life ever been declined, postponed, rated or in any way modified? If "Yes", please provide details in Supplementary Information Section.
閣下是否曾於申請或申請復效任何人壽、危疾、意外、傷殘或醫療保險時被拒絕受保、延遲受保、增加保費或修改受保條款？如答「是」，請在補充資料部分提供相關資料。
7. Have you ever had any disability benefit and / or claimed payment for any sickness, accident or injury from any sources?
閣下曾否獲得傷殘保障及因疾病、意外或受傷而取得賠償？

Travel and Residency 旅遊及居住地

8. Do you travel or reside outside Hong Kong for more than 6 months in past and next year? If "Yes", please provide details below.
閣下是否在過往及未來一年在香港以外的地方居住超過6個月？如答「是」，請在以下部份提供資料。

Country 國家 / City 城市	Frequency 次數	Duration of Each Visit 每次逗留時間	Reason 原因

9. Height 身高: _____ cm 厘米 Weight 體重: _____ kg 公斤
Birth Weight 出生體重: _____ kg 公斤 (For under age 2 only 只適用於2歲以下)
Has your weight changed for more than 5 kgs in the past year? If "Yes", please provide reason in Supplementary Information Section.
過去一年內，閣下體重曾否有5公斤以上增減？如答「是」，請在補充資料部分提供相關原因。

10. Have you smoked any tobacco products within the past 12 months? If "Yes", please provide details below.
閣下在過去12個月內曾否吸食煙草製品？如答「是」，請在以下部份提供資料。
- Type of tobacco products 煙草製品種類: _____
Average daily consumption (unit) 每日平均數量(單位): _____
Duration of Smoking 吸食年數: _____
If quit, please state when and for what reason? 如已戒掉煙草製品，請說明原因及日期。
Date Ceased 停止日期: _____ / _____ / _____ (dd 日 / mm 月 / yyyy 年)
Reason 原因: _____

11. Do you take soft drugs narcotics or alcohol? If "Yes", please provide details below.
閣下是否服食任何成癮藥物、吸毒或飲酒？如答「是」，請在以下部份提供資料。
- Type 類別: _____ Average weekly 每星期平均份量: _____

12. Are you now taking any medication, having injection or on a special diet?
閣下現時是否服食或注射任何藥物或需要特別飲食限制？

13. Do you have any consultation within the past 12 months? If "Yes", please provide details below.
閣下在過去12個月曾否求診？如答「是」，請在以下部份提供資料。
- Consultation Date 求診日期 _____ / _____ / _____ (dd 日 / mm 月 / yyyy 年)
Reason 原因：
 Common cold / flu - recovered 傷風 / 感冒 – 已復原 Routine checkup - normal results 例行檢查 – 結果正常
 Other 其他: _____
Result 結果: _____
Name of doctor / clinic / hospital 醫生 / 診所 / 醫院名稱: _____
Address of the clinic / hospital 診所 / 醫院地址: _____

14. Have your natural parents or siblings ever had diabetes, cancer, high blood pressure, heart problems, mental disease, multiple sclerosis, muscular dystrophy, stroke, haemochromatosis, Huntington disease (huntington's chorea), kidney disease (polycystic kidney disease), liver disease (hepatitis) or any other hereditary disease(s) before the age of 60? If "Yes", please provide the family medical history in the Supplementary Information Section.
閣下的親生父母或兄弟姊妹有否於60歲前患有糖尿病、癌症、高血壓、心臟疾病、精神病、多發性硬化症、肌肉萎縮症、中風、血色素沉著症、亨廷頓舞蹈病、腎病(多囊腎症)、肝病(肝炎)或其他遺傳病？如答「是」，請在補充資料部分提供家庭病史。

15.	As far as you know have you ever had and / or been treated for and / or been told you had any of the following diseases or disturbances: 就閣下所知曾否患有及 / 或接受治療及 / 或被告知患有以下任何疾病或機能失調：		
a	Chest pain, palpitation, high blood pressure, rheumatic fever, heart murmur, heart attack, shortness of breath, poor circulation or other disorder of the heart? 胸痛、心悸、高血壓、風濕性熱、心雜音、心臟病、呼吸困難、血液循環不良或其他心臟疾病？	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
b	Lungs or respiratory disorder, disease of nose or throat, blood spitting, persistent hoarseness or cough, bronchitis, pleurisy, asthma, emphysema or tuberculosis? 肺或呼吸器官疾病、鼻或喉之疾病、吐血、持久沙啞或咳嗽、支氣管炎、胸膜炎、哮喘、肺氣腫或肺結核？	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
c	Jaundice, hepatitis B / C carrier, ulcer, colitis, gallstones, diverticulitis, recurrent indigestion, hernia or other disorder of the oesophagus, stomach, pancreas, intestines, rectum, anus, liver or gallbladder? 黃膽病、乙 / 丙型肝炎帶菌、潰瘍、結腸炎、膽石、憩室炎、經常消化不良、疝氣或其他食道、胃、胰臟、腸、直腸、肛門、肝或膽的疾病？	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
d	Sugar, albumin, blood or pus in urine; stone or other disorder of kidney, bladder, prostate or reproductive organs? 尿中有糖、蛋白、血或膿；腎、膀胱、前列腺或生殖器官結石或其他疾病？	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
e	Disorder of eye or ear, dizziness, convulsion, epilepsy, seizure, headaches, speech defect, paralysis or stroke; mental or nervous disorder? 眼或耳的疾病、暈眩、痙攣、癲癇、抽搐、頭痛、語言缺陷、癱瘓或中風、精神病或神經系統疾病？	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
f	Diabetics, thyroid or other endocrine (glandular) disorder? 糖尿、甲狀腺或其他內分泌系統（腺系統）的疾病？	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
g	Deformity, lameness or amputation; disorder of the spine, back, neck, joints, muscles, bone, nerves including neuritis, sciatica, or autoimmune disease (e.g. any form of arthritis, rheumatoid arthritis, gout, systemic lupus erythematosus (SLE) or any other connective tissues disease etc.)? 畸形、跛或斷肢、脊椎骨、背部、頸、關節、肌肉、骨、神經系統的疾病包括神經炎、坐骨神經痛或自體免疫疾病（如：各種關節炎、風濕性關節炎、痛風、全身性紅斑狼瘡或其他結締組織疾病等）？	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
h	Cancer, tumour, cyst or disorder of the skin or lymph gland? 癌症、腫瘤、囊腫或皮膚或淋巴腺的疾病？	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
i	Congenital disorder, allergies, anaemia, leukemia or other disorder of blood? 先天性的疾病、敏感、貧血、白血病或其他與血有關的疾病？	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
j	Venereal disease or have you received any medical advice, counseling, treatment in connection with AIDS, AIDS related complex or condition and / or have you had any blood test for the HIV virus? 性病或閣下是否曾接受愛滋病、與愛滋病有關之併發症或其綜合群徵的任何醫療建議、輔導或治療，及 / 或你曾否接受愛滋病毒的血液測試？	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
16.	During the past 5 years, has the Insured been treated by a doctor or specialist for more than two weeks or been confined in a hospital for any length of time, or required any investigations or special tests i.e. electrocardiogram, X-ray, special blood test, MRI, CT scan or biopsy? 在過去5年，受保人曾否接受醫生或專科醫生之多於兩星期的治療或曾否住院（不論住院日數）或接受任何檢查或特別測試（如：心電圖、X光、特別血液測驗、磁力共振、電腦掃描或抽組織化驗）？		
17.	Have you ever had any illness, injury, operation, medical advice or hospital treatment not mentioned above or are you expecting to be hospitalized or to undergo any surgical operation? 閣下曾否患有上文並未提及或預期接受留院或手術的疾病、受傷、手術、醫療建議或留院治療？		
18.	For Female only 只適用於女性：		
a	Have you ever had and / or been treated for and / or been told you had any disorder of the breast or reproductive organs including abnormal smear tests or abnormal bleeding or menstrual irregularity or any complications during pregnancy or delivery? 閣下曾否患有及 / 或接受治療及 / 或被告知患有任何乳房或生殖器官疾病包括不正常塗片檢驗或異常出血或月經不調或於懷孕或生產期間所引致之任何併發症？	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
b	Are you now pregnant? 現在是否懷孕? If yes, please state the expected date of delivery 如是，請說明預產期 / / (dd 日 / mm 月 / yyyy 年)	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否

Other Insurability Information 其他可保資料

19.	Do you participate in, or intend to participate in any hazardous sports including, but not limited to, scuba diving, parachuting, racing other than on foot or flying other than as a fare-paying passenger on a regularly scheduled airline? If "Yes", please complete appropriate questionnaire. 閣下曾否參與或意圖參與任何危險性運動包括但不限制於潛水、跳傘、非跑步的賽事或並非以購票乘客身份乘搭有固定班次之民航客機之飛行活動？如答「是」，請填寫相關問卷。	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
20.	Does your job nature involve working at height over 30 feet, working underground, handling explosives, working underwater or armed with weapons (exclude police forces)? If "Yes", please provide details in Supplementary Information Section. 閣下從事的工作性質是否涉及高空作業超過30英尺、地下作業、處理爆炸物、水底作業、或攜帶武器（警察除外）？如答「是」，請在補充資料部分提供相關資料。	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否

Supplementary Information section for each "Yes" answer from question 3 to 4, 9, 11 to 17, please identify the question number and give full details here.

補充資料部份如第 3 至 4、9、11 至 17 題的答案「是」，請在此註明題號及列出詳情。

- 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.
閣下須要不時向忠意人壽（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、受益人、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.
閣下向**本公司**提供的個人資料全屬自願。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) administering your insurance application, arranging and executing insurance contracts and / or related products and services, and managing your account with the **Company**; (ii) processing (including, but not limited to, investigating, analyzing, assessing and adjudicating) and / or settlement of claims under insurance policies issued and / or arranged by the **Company**; (iii) exercising rights of subrogation(if applicable); (iv) collection of amounts outstanding (if any) from customers; (v) arranging coinsurance and / or reinsurance in respect of the insurance policies issued and / or arranged by the **Company**; (vi) communicating with customers via telephone, mail, e-mail, facsimile and other communication means; (vii) providing customer services (including, but not limited to, processing enquiries and complaints) and other related activities; (viii) conducting data matching procedures; (ix) designing insurance and / or related products and services for customers' use; (x) marketing insurance and / or other related products and services of the **Company** and / or its affiliated companies (which includes, but are not limited to, its group companies, parent company, trust companies of the **Company**'s parent company) (hereinafter referred to as the **Group Entities**); (xi) statistical or actuarial research of the **Company**, its **Group Entities**, insurance industry associations or federations, government departments, regulatory or other recognized bodies; (xii) 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 (xiii) fulfilling any other purposes directly relating to (i) to (xii) 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或相關產品與服務，並管理閣下在**本公司**的賬戶；(ii) 處理（包括但不限於調查、分析、評估和裁定）及/或理賠經由**本公司**發出及/或安排的保單之下的索償事宜；(iii) 行使代位權（如適用）；(iv) 向客戶追收尚欠金額（如有）；(v) 經由**本公司**發出及/或安排的保單之下籌劃共同保險及/或再保險；(vi) 透過電話、郵件、電郵、傳真及其他通訊方式與客戶聯絡；(vii) 提供客戶服務（包括但不限於處理查詢和投訴）及其他相關活動；(viii) 進行資料核對程序；(ix) 設計保險及/或相關產品與服務供客戶使用；(x) 推銷**本公司**及/或**本公司**的關聯公司（包括但不限於本集團的公司、母公司、本母公司的信託公司）（下文合稱為「**集團實體**」）的保險及/或其他相關產品與服務；(xi) **本公司**、**集團實體**、保險業協會或聯會、政府部門、監管或其他認可機構的統計或精算研究；(xii) 為遵從任何法律、規則、守則、指引、法院命令、合規政策和程序的規定，或**本公司**及/或**集團實體**應要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 (xiii) 實現與上述(i)至(xii)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 provider, reinsurers, banks and credit-card companies, health and medical organizations, professional advisers, contractors, 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 or branches, 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 of as mentioned in (c) (ii); (v) any court, government departments, regulatory or other recognized bodies (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) 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、專業顧問、承包商、業務夥伴及/或任何以適用於向**本公司**提供行政、電訊、電腦、付款、推銷、調查、諮詢及/或其他與業務營運相關服務的有關各方；(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/或以適用的**集團實體**海外辦事處或分行；(iv) 根據上述(c) (ii)的規定，**本公司**及/或**集團實體**負有義務須向其作出披露的人士；(v) 任何根據法律約束之下，**本公司**及/或**集團實體**須向其提供資料的任何法院、政府部門、監管或其他認可機構（包括但不限於稅務局、保險業監管局等）；(vi) **本公司**的合法繼承人或受讓人；及 (vii) 對**本公司**及/或**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 (Cap 486)*: (i) any individual has the right to: (A) check whether the **Company** holds **Personal Data** about him / her and, if so, obtain a copy of such data; (B) require the **Company** to correct any **Personal Data** relating to him / her that is inaccurate; and (C) ascertain the **Company**'s policies and practices in relation to **Personal Data** and to be informed of the kind of **Personal 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.
根據第 486 章《個人資料（私隱）條例》：(i) 任何人士均有權：(A) 查詢**本公司**有沒有持有其個人資料，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 **Personal Data** and / or correction of **Personal Data** and / or for information regarding policies and practices and kinds of **Personal 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, 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） 香港太古城英皇道1111號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。

Version: PICS_202207

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 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**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，請諮詢獨立的專業意見。

If the Policyholder is an individual, please complete the declaration below and provide the information requested. If the Policyholder 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.

如果保單持有人為個人，請填妥以下聲明以及提供所須的資料。如果保單持有人為機構（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：

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* 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。

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.

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。

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 Policyholder is an individual, please complete the declaration below and provide the information requested. If the Policyholder 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.

如果保單持有人為個人，請填妥以下聲明以及提供所須的資料。如果保單持有人為機構（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（而不限於五個）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再正確，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 VIII 第九部分 – Declaration and Authorization 聲明及授權

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 / 我們同意忠意可依照**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。

I / We acknowledge that I / we have been provided with a copy of the notice on Foreign Account Tax Compliance Act (“**FATCA**”) and Automatic Exchange of Financial Account Information (“**AEOI**”) issued by the **Company**. I / We confirm that I / we have read and understood the notice on **FATCA** and **AEOI**. I / We understand that a false statement or misrepresentation of tax status by a U.S. resident for tax purposes (as defined in Part VI) may result in penalty under relevant law and regulations. If my / our tax status change and I/we become a U.S. person or a resident for tax purposes in any jurisdiction not previously reported to the **Company**, I/we must notify the **Company** no later than thirty (30) days.

本人 / 我們確認，本人 / 我們已獲提供一份由**貴公司**發出有關《海外帳戶稅收合規法案》(《**合規法案**》)及自動交換財務帳戶資料(《**自動交換資料**》)的通知。本人 / 我們確認已經閱讀並且明白該《**合規法案**》及《**自動交換資料**》通知。本人 / 我們明白，根據有關的法律，任何美國稅務居民 (定義於第六部分) 就其稅務狀況作出虛假或失實陳述，可能會受到刑罰。若本人 / 我們的稅務狀況有更改，或成為美國人士，或者成為任何本人 / 我們未曾就其向**貴公司**進行申報的司法管轄區之稅務居民，本人 / 我們會於三十日內通知**貴公司**。

I / We hereby declare and agree that all statements and information provided in this Policy Services Request Form are to the best of my / our knowledge and belief complete and true, and all such statements and information shall form the basis and become a part of the policy, and understand that if any such statement or information is incomplete or untrue, the coverage provided under the policy may be void. I / We hereby declare that no information (whether or not is covered by this Policy Services Request Form) which may influence the **Company's** assessment and acceptance of this application has been withheld and understand that if / we am / are uncertain as to whether or not a particular information is material, the information should be disclosed.

本人 / 我們在此聲明及同意，此更改保單合約內容申請書內所提供之一切陳述及資料，就本人 / 我們所知所信，均為事實之全部並確實無訛，及一切該等陳述及資料，將成為更改保單的根據，並作為保單一部分，並且明白若資料錯誤或不詳盡，可能導致保單之保障無效。本人 / 我們在此聲明，並無隱瞞任何足以影響**貴公司**衡量應否接受此申請之事實 (不論是否已包括在此更改保單合約內容申請書) 及假如未能確定某些資料是否重要，則應將有關事實予以披露。

I / We authorize the **Company** or any of its appointed medical examiners or laboratories to perform the necessary medical assessment and tests to evaluate the health status of myself / ourselves in relation to this application and any claim therefrom. If I / we fail to provide any information requested in this Policy Services Request Form, it may result in the **Company's** inability to process this application. I / We authorize any medical attendant, hospital, clinic, insurance company or other organization, institution or person, who / which has any records or knowledge of my / us or my / our health, to divulge to the **Company** or its authorized representatives or any reinsurers or any tribunal any information he or she or it may have with regard to me / us for the purpose of evaluating this application and any claim arising from the policy. A faxed or photographic copy of this authorization shall be as valid as the original.

本人 / 我們授權**貴公司**或任何其委任之體檢醫生或化驗所，替本人 / 我們進行所需之醫療評估及測試，並對本人 / 我們之健康狀況進行審核及評估，作為處理本申請及其後與之有關的賠償事宜。如本人 / 我們不能提供任何此更改保單合約內容申請書所需的資料，**貴公司**可能因此不能處理此更改保單之申請。本人 / 我們謹此授權任何註冊西醫、醫院、診所、保險公司及機構、其他組織或人士，凡知道或擁有有關本人 / 我們或本人 / 我們健康狀況之資料者，均可將該等資料提供給**貴公司**或其授權代表或再保險公司或仲裁機構以作評核本保險申請及其後與保單有關的賠償事宜之用。此授權文件之傳真或影印本皆與正本同樣有效。

I / We, the Policyholder, hereby request that this policy be changed in accordance with the above particulars with the understanding and agreement that a copy of this request shall be attached to and formed part of the said policy.

本人 / 我們，作為保單持有人，在此要求保單按照上述細則更改，本人 / 我們明白及同意此申請表之副本將附於此保單合約內，且成為上述保單合約的一部份。

This request is not valid until it is recorded as received by the **Company** and it is finally confirmed as accepted by the **Company** by way of Endorsement or letter.

此申請須由**貴公司**確實接收及存檔，並經批准及發出批註或確認信後方為有效。

***** Please DO NOT sign on BLANK form 請勿在空白表格上簽署 *****

_____ X Date (dd / mm / yyyy) 日期 (日/月/年)	_____ X Signature of Insured 受保人簽署	_____ X Signature of Policyholder (If other than the Insured) 保單持有人簽署 (如非受保人)
Assignee hereby consents to the above request(s) for change applied by the Policyholder. 承讓人特此同意保單持有人以上變更請求之申請。		
_____ X Signature of Assignee (if any) 承讓人簽署 (如適用) If signed by company authorized signatory(ies), please indicate his/her title with Company Chop 如由公司獲授權簽署人士簽署，請列明其職銜及加上公司蓋印	_____ X Signature of Irrevocable Beneficiary (if any) 不可撤換受益人簽署 (如適用)	_____ X Signature of Witness 見證人簽署 (Name 姓名: _____)

For Office Use Only 公司專用

Assignment	Yes / No	Irrevocable Beneficiary	Yes / No	Signature Verified	Yes / No	Input	Checked / Approved
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