



BQ001

更改保單權益人申請表 Application for Change of Policyowner

保單編號 Policy Number	權益人姓名 Name of Policyowner	受保人/年金領取人姓名 Name of Life Insured/Annuitant
保險中介人編號 Insurance Intermediary Code	保險中介人姓名 Name of Insurance Intermediary	營業區 (如適用) Agency (if applicable)

重要事項 Important Notes

- 當您填寫此表格前，請閱畢此表格附上的個人資料收集聲明（「本聲明」）。透過填妥及交回此表格，即表示您同意本聲明的內容。
Before you complete this form, please read the Personal Information Collection Statement ("Statement") as stated in this form. By completing and returning this form, you are agreeing to the Statement.
- 您提供給立橋人壽的任何個人資料如有變更（如姓名、國籍、稅務居住地、地址、身份證明文件類型及號碼、職業，或商業客戶的商業註冊/成立資料/股權結構等），請立即通知我們作出更改。倘若我們沒有收到您通知，即表示您毋須更新個人資料。
If there is any change of your personal information (e.g. name, nationality, tax residence, address, identity document type and number, occupation, business registration/ incorporation/ ownership structure of corporate customer etc.), please notify Well Link Life for changes immediately. We shall assume no change in your data from our latest record unless we receive a notice from you.
- 請使用黑色/藍色筆以正楷填寫本申請表。本申請表內任何修改應在旁加簽或重新填寫一份。不可使用塗改液。
Please complete this application in BLOCK LETTERS in black/blue pen. Any corrections made should be signed /initialed by the form signatory or you should complete a new form. Corrective liquid should not be used.

第一部份 - 新保單權益人資料 Part 1 - Information of the new Policyowner				
中文姓名 Name in Chinese				
英文姓名 Name in English	姓 Surname		名 Given Name	
英文名稱 (如保單權益人為實體) Name in English (for Entity)				
與受保人/年金領取人關係 Relationship to the Life Insured/ Annuitant				
更改保單權益人的原因 Reason for Ownership Change				
住宅地址 Residential Address 如新保單權益人為實體，請填寫業務地址 If the new Policyowner is an entity, please state the Business Address	室 Flat/Room	樓 Floor	座 Block	
	大廈/屋苑名稱 Building/Estate			
	街道名稱及號碼 No. & Name of Street/Road			
	地區/城市 District/City		<input type="checkbox"/> 香港 Hong Kong <input type="checkbox"/> 九龍 Kowloon <input type="checkbox"/> 新界 N.T.	
	省 Province	國家 Country	郵政編號 Postal Code	
通訊地址 (若與住宅地址/實體業務地址不同) Correspondence Address (if different from Residential Address/Entity Business Address)	室 Flat/Room	樓 Floor	座 Block	
	大廈/屋苑名稱 Building/Estate			
	街道名稱及號碼 No. & Name of Street/Road			
	地區/城市 District/City		<input type="checkbox"/> 香港 Hong Kong <input type="checkbox"/> 九龍 Kowloon <input type="checkbox"/> 新界 N.T.	
	省 Province	國家 Country	郵政編號 Postal Code	
電郵地址 Email Address				
聯絡電話 Contact Phone Number(s)	手提電話 Mobile	____ - ____ - ____ 國家 Country 地區 Area 電話號碼 Tel No.	辦公室 Office	____ - ____ - ____ 國家 Country 地區 Area 電話號碼 Tel No.
	住宅 Residence	____ - ____ - ____ 國家 Country 地區 Area 電話號碼 Tel No.	其他 Others	____ - ____ - ____ 國家 Country 地區 Area 電話號碼 Tel No.

如新保單權益人為個人客戶，請填寫此部份及第三部份（須遞交新保單權益人的身份證明文件核實副本）
Please complete this section and Part 3 if the new policyowner is an individual customer (must provide certified true copy of identity document of the new Policyowner)

身份證明文件號碼 Identity Document Number				
性別 Gender	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	出生日期 Date of Birth	_____年 Year _____月 Month _____日 Date	
出生地 Place of Birth		國籍 Nationality		
職業及確實職務 Occupation & Exact Job Duties	職業 Occupation			
	確實職務 Exact Job Duties			
	行業/業務性質 Industry/ Business Nature			
	僱主名稱（全名） Full Name of Employer			
	公司地址 Office Address			
資金來源 / 財富來源 Source of Fund/ Wealth	資金來源（可選多於一項） Source of Fund (tick one or more)	<input type="checkbox"/> 薪金 Salary <input type="checkbox"/> 投資收益 Investment earnings <input type="checkbox"/> 佣金 Commission <input type="checkbox"/> 其他（請說明） Others (please specify): _____		
	全年淨收入 Net Annual Income	港幣 HKD	淨資產 Net Asset	港幣 HKD
	財富來源（可選多於一項） Source of Wealth (tick one or more)	<input type="checkbox"/> 儲蓄 Savings <input type="checkbox"/> 出售資產 Sale of asset <input type="checkbox"/> 退休金 Retirement fund	<input type="checkbox"/> 累積收入 Cumulative income <input type="checkbox"/> 遺產繼承或世襲財產 Inherited estate or asset <input type="checkbox"/> 其他（請說明） Others (please specify): _____	

如新保單權益人為實體，請填寫此部份及實體稅務居民身份自我證明表格
Please complete this section and Entity Tax Residency Self-Certification Form if the new Policyowner is an entity

商業登記證/公司註冊證號碼 Business Registration/ Incorporation No.				
行業及業務類型 Industry & Business Nature				
註冊地點 Place of Incorporation		註冊日期 Date of Incorporation	_____年 Year _____月 Month _____日 Date	
註冊地址 Registered Address	室 Flat/Room	樓 Floor	座 Block	
	大廈/屋苑名稱 Building/Estate			
	街道名稱及號碼 No. & Name of Street/Road			
	地區/城市 District/City		<input type="checkbox"/> 香港 Hong Kong <input type="checkbox"/> 九龍 Kowloon <input type="checkbox"/> 新界 N.T.	
	省 Province	國家 Country	郵政編號 Postal Code	
資金來源 / 財富來源 Source of Fund/ Wealth	資金來源（可選多於一項） Source of Fund (tick one or more)	<input type="checkbox"/> 業務收益 Business income <input type="checkbox"/> 投資收益 Investment earnings <input type="checkbox"/> 其他（請說明） Others (please specify): _____		
	全年淨收入 Net Annual Income	港幣 HKD	全年淨盈餘 Net Annual Profit	港幣 HKD
	財富來源（可選多於一項） Source of Wealth (tick one or more)	<input type="checkbox"/> 業務盈餘 Business Profit <input type="checkbox"/> 其他（請說明） Others (please specify): _____	<input type="checkbox"/> 出售資產 Sale of asset	

請提供實體內所有實益擁有人（如有）的下列資料 Please provide following information of **ALL** beneficial owner(s), if any:
 按現行的「打擊洗錢及恐怖分子資金籌集條例」，實益擁有人包括但不限於以下身份：股東、合夥人、董事、獲授權簽字人、最終控制人或任何人持有或控制25%以上投票權或股份或於實體的管理上可行使最終的控制。 Pursuant to the Anti-Money Laundering and Counter-Terrorist Financing Ordinance, beneficial owner includes but not limited to: Shareholder, Partner, Director, Authorized Signatory, Ultimate Controller or any individual who owns or controls more than 25% voting rights or share capital or exercises ultimate control over the management of the entity, .

實益擁有人姓名 Name of Beneficial Owner	身份 Role	身份證明文件號碼 Identity Document No.	國籍 Nationality	職業及行業 Occupation and Industry

須遞交所有實益擁有人的身份證明文件核實副本，每位實益擁有人須個別填妥稅務居民身份自我證明表格。
 Please provide certified true copy of identity document along with the completed Tax Residency Self-Certification Form of each beneficial owner in the above-mentioned entity.

**第二部份 - 釐清第三者權益
 Part 2 - Identification of Third Party Interest**

新保單權益人是否代表其他人（不限於受託人、代名人或代理人但此保單的受保人/年金領取人除外）的名義行事而持有此保單？
 Is the new Policyowner acting on behalf of others (without limitation as trustee, nominee or agent but excluding the Life Insured/Annuitant) in making this application for this insurance policy?

否 No 是 Yes

若是，請提供以下資料 If yes, please provide the following information:

詳述原因 Reason(s) in details			
該名人士姓名 Name of that Person			
與新保單權益人關係 Relationship to the new Policyowner	行業 / 業務性質 Industry / Nature of Business		
身份證明文件號碼 Identity Document No.	國籍 Nationality		

請遞交該名人士的身份證明文件核實副本和有法律效力/ 權力行事的證明文件，並填妥個人稅務居民身份自我證明表格。
 Please submit certified true copy of the identification document of that Person, the documentary proof of the legal capacity / authority in so acting and complete the Individual Tax Residency Self-Certification Form.

**第三部份 - 個人稅務居住地自我證明
 Part 3 - Individual Tax Residence Self-Certification**

重要提示 IMPORTANT NOTE

這是帳戶持有人(下稱「您」)向立橋人壽保險有限公司(下簡稱「立橋人壽」)提供的自我證明表格。我們可根據 i) 美國「海外賬戶稅收合規法案」(“FATCA”)把您的資料提交予美國國稅局；及 / 或 ii) 2016年6月30日刊憲並生效的《2016年稅務(修訂)(第3號)條例》及其後的相關修訂條例，把收集所得的資料交給香港政府稅務局(「稅務局」)，稅務局會將資料轉交到另一居留司法管轄區的稅務局。需提交的資料為您於立橋人壽的保單記錄及本表格收集所得的資料，當中包括姓名、地址、出生日期、出生地、居留司法管轄區、稅務編號及保單資料(包括保單號碼及保單價值資料)等。您同意放棄任何您所擁有的關於禁止或限制上述資料披露之全部權利(如有)。This is a self-certification to provide by an account holder (“you”) to Well Link Life Insurance Company Limited (referred to as “Well Link Life”). Your information may be transmitted by the Company to i) the U.S. Internal Revenue Service in accordance with United States Government’s Foreign Account Tax Compliance Act (“FATCA”); and/or ii) to the Inland Revenue Department of Hong Kong (“IRD”) in accordance with the Inland Revenue (Amendment) (No. 3) Ordinance 2016 and the subsequent relevant amendment ordinance for transfer to the tax authority of another jurisdiction(s). Transmitted data would be your policy information recorded with Well Link Life and the information collected from this form, which includes your name, address, date and place of birth, jurisdiction of residence, taxpayer identification number (TIN) and policy information (including policy number and policy account value information) etc. You agree that you waive all rights you have, if any, to prohibit or restrict such disclosure.

如果保單權益人為個人，請填妥以下聲明及提供所須資料。如果保單權益人為機構(包括但不限於信託或公司)，該機構不須填寫下列聲明，但必須填妥另一份「實體稅務居民身份自我證明表格」；填妥後該表格會構成本申請表的一部份。

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

如您的稅務居民身份有所改變，請於改變後30日內重新填寫自我證明表格並交回立橋人壽。立橋人壽將以您最新簽署的自我證明表格為準。此表格中所載資料只會於立橋人壽完成相關內部處理及審核程序後方能生效。

When there is any change of your tax residency, please complete self-certification form again and submit the same to Well Link Life within 30 days upon your change of tax residency. The latest self-certification form signed by you shall prevail. The information of the self-certification form shall be effective only after the completion of the relevant internal processing and clearance procedures by Well Link Life.

立橋人壽無法提供稅務建議及/ 或稅務居民身份的定義。如您有任何稅務相關或稅務居民身份問題，請向專業法律及/ 或稅務顧問尋求建議。
 Well Link Life is unable to provide tax advice and/ or the definition for the tax residency. If you have any questions on tax matters or tax residency, please seek advice from professional legal and/ or tax advisor(s).

居留司法管轄區及稅務編號或具有等同功能的識別編號（以下簡稱「稅務編號」）聲明**Jurisdiction of Residence and Taxpayer Identification Number or its Functional Equivalent ("TIN") Declaration**

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、居留司法管轄區、該居留司法管轄區的稅務編號、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居留司法管轄區的相關稅務部門。立橋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。

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 Well Link will be used for the purpose of AEOI. This information and other information regarding the account holder may be transmitted by the Well Link 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.

在本部分中收集的資料，和在本表格中關於您的姓名、出生日期和住址的資料，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。

The information required in this section and the information regarding your name, residence address and date of birth in this application form 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.

有關自動交換資料的相關資訊，可瀏覽香港稅務局網頁。您亦可於經濟合作與發展組織 ("OECD") 專頁，了解相關國家發佈的稅務居民身份規定，和可獲接受的稅務編號 ("TIN") 格式。

For information in relation to AEOI, please visit the Hong Kong Inland Revenue Department AEOI portal. You may also visit the Organisation of Economic Co-operation and Development ("OECD") AEOI website for tax residency rules and acceptable TIN issued by the relevant jurisdictions.

香港稅務局「自動交換財務帳戶資料」專頁 / Hong Kong Inland Revenue Department AEOI Portal: http://www.ird.gov.hk/eng/tax/dta_aeoi.htm

OECD「自動交換財務帳戶資料」網頁 / OECD AEOI Website: <http://www.oecd.org/tax/automatic-exchange/>

請在下方適當空格內加上「✓」號，以申報您的稅務居住地。

Please declare your jurisdiction of residence for tax purposes by ticking the appropriate check boxes below.

於簽署本聲明時，您是否香港稅務居民？

是 Yes 否 No

Are you a Hong Kong resident for tax purposes at the time of signing this declaration?

於簽署本聲明時，您是否在香港或美國以外居留司法管轄區的稅務居民？

是 Yes 否 No

Are you a resident for tax purposes of any jurisdiction other than Hong Kong or U.S. at the time of signing this declaration?

如是，請提供詳細資料：

If yes, please provide detailed information:

居留司法管轄區 Jurisdiction of Residence	稅務編號 TIN	如沒有提供稅務編號，填寫理由 A、B 或 C Enter Reason A, B or C if no TIN is available	* 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 Explain why the account holder is unable to obtain a TIN if you have selected Reason B
		<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	

註 Note

i) 如果您是香港以外司法管轄區的稅務居民，您須填妥於上列表格及列明您所屬的全部（而不限於五個）居留司法管轄區。如果表格中的空格不敷應用，請另紙填寫。

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

ii) 如沒有提供稅務編號，必須填寫合適的理由：

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

理由 A - 帳戶持有人的居留司法管轄區並沒有向其居民發出稅務編號。

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

理由 B - 帳戶持有人不能取得稅務編號。如選取這一理由，解釋帳戶持有人不能取得稅務編號的原因。

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.

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

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.

第四部份 - 保險業監管局（「保監局」）收取的徵費

Part 4 – Collection of Levy by the Insurance Authority (“IA”)

由2018年1月1日起，保單權益人必須向保監局繳付保單的保費徵費。保監局將透過保險公司向保單權益人收取徵費。如保單權益人未能依時繳交徵費，即屬違法，可被罰款最高港幣五千元。徵費需於繳交保費時同時繳交。

From 1 January 2018 onwards, a levy on insurance premiums for insurance policies will be payable to IA by policyowner. IA will collect the levy from policyowner through insurance companies. Policyowner shall commit an offence and be liable to a pecuniary penalty up to HK\$5,000 for failure to timely pay the levy. Levy must be paid when the premium is paid.

有見及此，儘管載於本表格、保單條款或立橋人壽保險有限公司（下稱「立橋人壽」）之間其他任何協議所包含的任何內容，您同意立橋人壽在需要時提供以下協助，使立橋人壽能夠就您透過此保單適當地及相關地根據以下條款，收取任何應向保監局繳付的未繳徵費：

In this connection, notwithstanding anything contained in this form, policy provision or any other agreements between Well Link Life Insurance Company Limited (referred to as “Well Link Life”), you agree and consent with the following assistance as may be necessary to enable Well Link Life to collect any outstanding levy payable to IA in respect of this policy to the extent applicable and relevant, subject to the terms hereof:

- 如您選擇以信用卡或銀行戶口作自動轉賬繳付續期保費，您亦同意授權同時以自動轉賬形式扣除相關徵費；及
if you choose to use autopay through credit card or bank account for renewal premium payment, you authorize Well Link Life to deduct the levy by autopay; and
- 您授權立橋人壽從保單預繳保費戶口及/或備用保費帳戶中扣除相關所需的徵費；及
you authorize Well Link Life to deduct the levy from Premium Deposit Account (“PDA”) and/ or Future Premium Deposit (“FPD”) of the policy; and
- 您授權立橋人壽可於保單的任何續期保費以自動保費貸款形式扣除時，同時以自動保費貸款形式扣除相關徵費，該扣除的徵費將成為自動保費貸款的一部份並將按保單條款計算利息；及
you authorize Well Link Life to deduct the levy by Automatic Premium Loan (“APL”) if any renewal premium of the policy is being paid by APL and such levy shall be part of APL on which interest shall be charged in accordance with the policy provisions; and
- 您同意如預繳任何保費，將同時就預繳保費預付徵費；及
you agree the prepayment of levy on prepaid premiums if you pre-pay any premium; and
- 如您所繳付的金額不足以扣除保費及徵費，您同意立橋人壽先扣除保費；及
in case the payment you pay to Well Link Life is insufficient to pay for both premium and levy, you authorize Well Link Life to settle the premium first; and
- 任何逾期徵費都需您的同意及授權，立橋人壽方能扣除；如您沒有指定繳付何期的逾期徵費，立橋人壽會先扣除最前期的逾期徵費。

Well Link Life can only deduct any outstanding levy from your payment with your consent and authorization; in case the payment you pay to Well Link Life is to settle outstanding levy without specifying which period, you authorize Well Link Life to first settle the oldest outstanding levy.

如您要撤回對上述(a)至(f)條的同意，您必需要在有關付款到期前三十天內以書面通知立橋人壽。

If you wish to withdraw your consent to terms (a) to (f) above, you must give notice to Well Link Life in writing within 30 days prior to the due date of the relevant payments.

第五部份 - 直銷及使用相關個人資料

Part 5 - Direct Marketing and Use of Relevant Personal Data

若您不欲立橋人壽使用您的姓名、聯絡資料（包括但不限於電話號碼、電郵地址、聯絡地址、服務及產品組合、財務及背景資料）（「相關個人資料」）經以下渠道作直銷推廣，請以“✓”號選擇適用渠道：

If you do not wish Well Link Life to use your name and contact details (including but not limited to telephone number, email address, postal address, services and products portfolio, financial and demographic data) (“Relevant Personal Data”) in direct marketing via the following channel(s), please mark “✓” to select the channel(s):

- 專人致電 Personal Call 電子郵件 Email 短訊 SMS 郵件 Mail

如您沒有在以上任何方格內以“✓”號顯示您的選擇，即代表您並不拒絕立橋人壽任何形式的直銷推廣。

If you return this Form without ticking any of the above boxes, it means that you do not wish to opt-out from any form of Well Link Life’s direct marketing.

為改善及提供更全面的服務予我們的客戶，立橋人壽可能會將您的相關個人資料提供予立橋集團、其成員及其聯營公司或商業合作夥伴作其包括但不限於保險、銀行、金融務、證券、資產管理、健康、保健及醫療等及相關服務和產品的直銷推廣。

To improve and provide more comprehensive services to our customers, Well Link Life may provide your Relevant Personal Data to Well Link Group and Our associates and business partners for their use in direct marketing of related products and services, including but not limited to insurance, banking, financial, securities, assets management, health, wellness and medical and so forth.

若您不欲立橋人壽提供您的相關個人資料予立橋集團及其他成員經以下渠道作直銷推廣用途，請您在有關渠道的方格上以“✓”號表示：

If you do not wish Well Link Life to provide your Relevant Personal Data to Well Link Group and other members for direct marketing purposes via the following channel(s), please tick “✓” on the related box(es).

- 專人致電 Personal Call 電子郵件 Email 短訊 SMS 郵件 Mail

以上代表您現在對是否接收直銷推廣資料，以及對立橋人壽擬將您相關個人資料提供予立橋集團及其他成員作其直銷推廣的選擇，亦取代任何您之前已告知立橋人壽的選擇。請注意，您以上的選擇適用於根據立橋人壽的「個人資料收集聲明」上所指的產品、服務及/或指定類別的直銷推廣。請您參考該聲明上以得知在直銷推廣上可使用的相關個人資料的種類，以及您的相關個人資料可提供予甚麼類別的人士以供該等人士在直銷推廣中使用。

The above represents your present choice regarding whether or not to receive direct marketing materials and Well Link Life’s intended provision of your Relevant Personal Data to Well Link Group and other members for their use in direct marketing. This replaces any choice communicated by you to Well Link Life prior to this form. Please note that your above choice applies to the direct marketing of the classes of products, services and/or subjects as set out in the Personal Information Collection Statement of Well Link Life. Please also refer to the Statement on the kind of Relevant Personal Data which may be used in direct marketing and the classes of persons to which your Relevant Personal Data may be provided for them to use in direct marketing.

第六部份 - 聲明及授權

Part 6 - Declaration & Authorization

我們，作為原保單權益人及新保單權益人，謹此聲明並同意：

We, the original Policyowner and the new Policyowner, hereby declare and agree that:

1. 我們謹此要求本保單的保單權益人依照本申請表的選擇作出更改，並明白及同意此申請將不會生效直至 (i) 所有有關文件及款項（如需要）收妥及 (ii) 此項申請是經立橋人壽批核後方可作實。
We hereby request that the Policyowner of this policy be changed in accordance with the particulars set out in this application and we understand and agree that the request for change(s) shall not take effect until (i) any required documents and payments (if need) are submitted in full and (ii) the application is duly approved by Well Link Life.
2. 我們謹此代表我們、受保人/年金領取人及其他在此申請表提及的人士（「相關人士」）聲明及同意，上述一切資料，不論是否我們親手所寫，就我們所知所信，均為事實之全部並確實無訛。
We hereby declare and agree on behalf of ourselves and the Life Insured/Annuitant and other Persons referred to in this application (“Relevant Persons”) that all information in this application whether or not written by our own hand are to the best of our knowledge and belief complete and true.
3. 如我們、受保人/年金領取人及相關人士不能提供任何此申請表所須的資料，立橋人壽可能因此不能接受此申請。
If we, the Life Insured/Annuitant and Relevant Persons fail to provide any information requested in this application, it may result in Well Link Life's inability to accept this application.
4. 原保單權益人現將上述保單轄下的所有權利、賠償、利益及責任轉予新保單權益人，並明白投保人保障附加保障（如適用）將於完成更改保單權益人時自動終止。
The original Policyowner transfers all rights, claim and interests in and obligations under the above policy to the new Policyowner, and understands that Payor Benefit (if any) will automatically terminate following the completion of the change of ownership.
5. 原保單權益人及新保單權益人清楚明白，在完成更改保單權益人後，倘新保單權益人於保單期滿前身故，此保單將成為其遺產一部份而依照其遺產管理書或遺囑認證書（如有）處理。
The original Policyowner and the new Policyowner clearly understand that after completion of the change of ownership, this policy would be regarded as part of the new Policyowner's Estate and be managed in accordance with the Letters of Administration or Probate (if any) of the new Policyowner in case of his/her death prior to the maturity of the policy.
6. 我們確認，我們已獲提供一份由立橋人壽發出的收集個人資料聲明（「本聲明」）。我們確認已經閱讀並且明白本聲明。我們同意立橋人壽可依照本聲明的條款收集、使用、儲存、處理、披露、轉移及以其他方式分用我們的個人資料。我們進一步確認，我們已獲得受保人/年金領取人和任何其他有關人士（如適用的話）的明示同意，可以按照本聲明所述的用途將他們的個人資料提供給立橋人壽，並允許立橋人壽可依照本聲明的條款收集、使用、儲存、處理、披露、轉移及以其他方式分用該等個人資料。
We acknowledge that we have been provided with a copy of the Personal Information Collection Statement (the “Statement”) issued by Well Link Life. We confirm that we have read and understood the Statement. We agree that Well Link Life may collect, use, store, process, disclose, transfer and otherwise share our personal data in accordance with the terms of the Statement. We further confirm that we have obtained the express consent of the Life Insured/Annuitant and any other relevant individuals (where applicable) for providing their personal data to Well Link Life for the purposes stated in the Statement and for allowing Well Link Life to collect, use, store, process, disclose, transfer and otherwise share such personal data in accordance with the terms of the Statement.
7. 我們聲明及同意已獲相關人士授權及同意我們作出上述聲明、協議及授權。
We declare and agree that we have the full authority from and consent of the Relevant Persons to make the above declarations, agreements and authorizations.

簽署日期 _____ 年 _____ 月 _____ 日
Signed on: _____ Year _____ Month _____ Day

原保單權益人簽署（簽署須與我們的存案相符）
Signature of original Policyowner (must correspond to that in our records)

新保單權益人簽署
Signature of new Policyowner

受保人/年金領取人簽署（若與保單權益人不同）
Signature of Life Insured/Annuitant (if other than Policyowner)

受讓人簽署（如適用）
Signature of Assignee (if applicable)

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

個人資料收集聲明(「本聲明」)

立橋人壽保險有限公司(以下統稱為「我們」或「我們的」)為立橋集團成員;團隊並不時加添新的聯營及附屬公司成員(統稱為「我們集團」或「立橋集團」)。我們明白其根據香港特別行政區個人資料(私隱)條例(第486章)(「私隱條例」)收集、持有、處理、使用、轉移、披露和/或共享該等個人資料所負有的責任,本聲明亦就此而制定。

收集個人資料目的

您須不時向我們提供關於您自己、保單權益人、受保人、索償人及/或其他有關人士的資料,以便我們能向您提供保險產品和服務。向我們提交您的資料是自願性的,然而,若您未能提供有關資料,可能導致我們不能為您或繼續為您提供保險及/或相關產品與服務。

我們可能向您收集、使用、儲存、處理、轉移、披露或分用您的個人資料,以達到下列目的(包括但不限於):

1. 確保您及您的電腦能以最有效方式瀏覽我們的網站內容;
2. 確保我們能與您溝通,處理查詢,並驗證您的身份;
3. 確定您可能符合資格投保的保險計劃,並提供報價;
4. 為您處理評核向我們提出的投保申請,管理並進行調整、取消、更新保單、續保或附加批註;
5. 協助我們簽發、管理及處理您的保單、籌劃共同保險及/或再保險、執行付款指令、處理續保通知及相關服務;
6. 協助我們評核及處理索償申請、調查及結清索償、以及偵測和防止欺詐行為(無論是否與該索償申請的保單有關);
7. 行使代位權(如適用)或追收尚欠金額(如有);
8. 不時就本條款所列的任何目的核對所持有的與您有關的任何資料;
9. 為統計或其他目的進行市場研究,以改善我們的產品和服務及為您設計產品/服務;
10. 按保單條文履行我們與您之間的合約義務,及我們為向您提供任何產品或服務而牽涉的其他目的;
11. 推廣、管理、經營及促銷我們及立橋集團的保險產品及服務;
12. 就您事前訂明的同意(如有)約束之下,直接促銷下列「直銷」段落所述的產品、服務及其他標的,而您可在任何時間知會我們以行使撤回同意的權利;
13. 在您自願的情況下,讓您參與我們的互動服務;
14. 遵守任何義務、要求、政策、程序、措施或安排與我們及立橋集團分享資料;
15. 遵守任何適用法律、規則、規例、實務守則或指引所要求與我們及立橋集團分享資料、或披露個人資料以協助在香港或以外其他地方的警方或監管機構調查、或遵守與其他任何政府或監管機構協議、執法及進行制裁、預防或調查洗黑錢、恐怖主義融資、欺詐或其他非法活動;及
16. 其他在收集個人資料時或之前列明之目的。

個人資料轉讓

所有收集得來的個人資料將予以保密,但我們可能會按香港境內外的個別情況,把您的個人資料(包括信用資料和索償歷史)披露及轉讓至或由:

- 向我們提供技術或其他服務包括直接營銷服務、任何提供付款、數據處理、網站託管、與業務營運,和/或其他服務予我們之代理、承辦商或第三者和任何為我們提供保單管理和保險服務的供應商,包括但不限於保險中介人、財務顧問、為保險公司承保的分保公司、僱主、理賠師、索償調查公司、律師、會計師、醫護組織或專業人士、醫院、其他保險公司(無論是直接地、或是通過防欺詐組織或本段中指名的其他人士)、金融機構和信用卡公司、信貸資料評級機構、追收債務機構等,不論在香港或其他地方,並有同等的保密義務;
- 相關的保險業協會/聯會及其成員、整合保險業索償及承保資料組織、防欺詐組織及保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊(及其營運者);
- 立橋集團成員、聯營公司和商業合作夥伴;
- 精算或研究機構;

- 政府、司法機構、執法機構、監管機構、稅務局或任何根據法例和/或監管責任而需作出披露的人士;和
- 其他在收集個人資料時列明的轉讓人士

以上情況適用於香港境內或境外的。假如我們需要把您的個人資料轉讓至香港境外地區,我們會確保受讓者擁有至少相當於我們的政策、程序、合適的安全伺服器及其他措施,以保障您的個人資料,而轉讓必須符合上述目的。

直銷

我們可能會不時使用、披露或提供您的姓名、聯絡資料、和個人資料(包括服務及產品組合、交易模式和行為、財務及背景資料)(「相關個人資料」),讓立橋集團的成員及我們的聯營公司和商業合作夥伴(無論有獲利與否)可以使用相關個人資料,為您提供與以下產品和服務進行直接促銷(包括但不於提供獎賞、客戶或會員或優惠計劃):

- 保險、銀行、金融、證券、資產管理和相關產品及服務;
- 健康、保健及醫療、餐飲、體育運動及會員服務、健身或類似的休閒活動、旅遊及交通、社交網絡、媒體的產品及服務。

我們及立橋集團有意向您送交推廣訊息或資料,及根據上述段落使用包括披露或提供您的相關個人資料,如沒有您的同意(包括不反對的表示),我們不會使用。您亦可以行使權利,撤回先前同意我們使用和/或披露相關個人資料,和/或向第三方提供相關個人資料作直銷用途的決定,假如您選擇行使該權利,我們要確保停止使用或提供相關個人資料作直銷用途,但作續保通知及相關服務則例外。如您不同意我們擬對您相關個人資料的使用、披露或提供,您可於任何時間致函給我們,以行使您不同意或撤回您同意此項安排的權利。

查閱個人資料

按照「私隱條例」規定,您有權查閱及更正我們所持有的個人資料。我們會盡快處理您提出的查閱及更正個人資料要求,但在某些情況下,我們可能會收取合理的費用,以抵銷我們為執行您的資料查閱要求而引致的行政和實際費用。如果我們未能為您提供資料,我們需提供拒絕理由,並提供所憑藉的法律理據。

若您要行使有關權利,或您對我們的私隱政策及個人資料收集聲明有任何疑問,請以書面方式郵寄至:個人資料保護主任(客戶服務),立橋人壽保險有限公司,香港上環干諾道中168-200號信德中心招商局大廈11樓1116-1118室。

資料保安

我們採取切實可行的步驟,確保我們所持有的個人資料受到保護,收集的個人資料亦儲存於安全伺服器內,並在合約或法律訂明的必要保留期限內(以較遲者為準),保留、維護、控制、保護您的個人資料,所有涉及付款交易及收集個人資料的網頁亦使用嚴格的保安程序。

保留權利

我們保留全權及絕對酌情權隨時更改或修改本聲明及私隱政策,以確保本聲明及私隱政策配合我們未來發展、行業發展趨勢和/或任何法律或監管規定的變動。

Personal Information Collection Statement ("Statement")

Well Link Life Insurance Company Limited (referred to hereinafter as "We", "Us", "Our") is a member of Well Link Group with associated, affiliated and subsidiary members companies as added from time to time (referred to hereinafter as "Our Group" or "Well Link Group"). We recognize Our responsibilities in relation to collection, holding, processing, use, transfer, disclose and/or share of personal data under the Personal Data (Privacy) Ordinance (Chapter 486 of the laws of Hong Kong) (the "PDPO") and this Statement is made accordingly.

Purpose of Collection

From time to time, it is necessary for you to supply Us personal information about yourself, policyowner, life insured, beneficiary and/or other relevant individuals in connection with our provision of products and services. Provision of the personal information to Us by you is voluntary. However, failure to supply such information may result in Us not being able to process your case and/or provide you or continue to provide you with insurance products and services you have applied for.

We may also collect, use, store, process, transfer, disclose or share your personal data for purposes including but not limited to:

1. ensuring that content from Our website is presented in the most effective manner for you and for your computer;
2. enabling Us to communicate with you, respond to your queries and to verify your identity;
3. identifying policies of insurance issued by Us for which you may be eligible and to provide you with quotes;
4. assessing, processing any application for policies of insurance that you make and administering and carrying out variations, cancellations, endorsements or renewals of insurance products as the case may be;
5. assisting in the issuance, administration, processing, arranging coinsurance and/or reinsurance of your insurance policies, payment instruction, policy renewal notice and relating services;
6. assessing and processing claims application, investigating and claims settling, detecting and preventing fraud (whether or not relating to the policy issued in respect of the claims application);
7. exercising rights of subrogation (if applicable) and collection of amounts outstanding (if any);
8. matching any data held which relates to you from time to time for purposes as listed here;
9. conducting market research for statistical or other purposes to allow Us to improve our products and services for you and designing products/services for You;
10. carrying out Our obligations arising from any contracts entered into between you and Us and other purposes in connection with the provision of any of Our products or services to you;
11. promoting, managing, conducting and marketing the insurance products and services of Well Link Life Insurance Company Limited and Our Group;
12. direct marketing of products, services and other subjects as described under the heading "Direct Marketing" below subject to your prior prescribed consent (if any), and you can exercise the right of opt-out by notifying Us at any time;
13. allowing you to participate in interactive features of Our service, when you choose to do so;
14. complying with any obligations, requirements, policies, procedures, measures or arrangements for sharing data and information within Us and Our Group;
15. using or making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purpose, investigations by police or other government or regulatory authorities or bodies in Hong Kong or elsewhere and complying with the laws of any applicable jurisdiction in sanctions or prevention or detection of money laundering, terrorist financing, fraud or other unlawful activities within or outside Hong Kong; and
16. other purposes notified to you on or before the time of collection or use.

Data Transfer

Personal data held by Us will be kept confidential but We may, for the purposes set out above, disclose and transfer your personal data (including credit information and claims history) to or from:

- any agent, contractor or third party who provides technology or other services to Us including direct marketing services, payment, data processing, website hosting, administrative and/or other services to us in connection with company's operations and provision of policy administration and insurance services, including but not limited to insurance intermediaries, financial advisors, reinsurers, employers, loss adjusters, claims investigations companies, lawyers, accountants, healthcare entities or professionals, hospitals, other insurance companies (whether directly or through fraud prevention organization or other persons named in this paragraph), financial institutions and credit card companies, credit reference agencies and debt collection agencies etc. in Hong Kong or elsewhere and who has a duty of confidentiality to the same;

- related insurance industry associations/federations and their members, organizations that consolidate claims and underwriting information for the insurance industry, fraud prevention organizations and databases or registers (and their operators) used by the insurance industry to analyze and check information provided against existing information;
- any member of the Well Link Group, Our associates and business partners;
- organizations conducting actuarial or research studies;
- government, judicial, law enforcement, tax authority or competent regulatory bodies or any person to whom we are under a legal and/or regulatory obligation to make disclosure; and
- other persons as notified to you on or before the time of collection or use,

in each case both within and outside of Hong Kong. Where We transfer your personal data outside of Hong Kong We will ensure that the recipient of your personal data has in place policies, procedures, suitably secure servers and other measures at least equivalent to Our own.

Direct Marketing

We may, from time to time, use, disclose or provide your name, contact details and personal data (including services and products portfolio, transaction pattern and behavior, financial and demographic data) ("Relevant Personal Data") to members of Well Link Group and Our associates and business partners (whether for gain or not) for their use for the purposes of conducting direct marketing (including but not limited to providing reward, loyalty or privileged programs) in relation to the following classes of products and services that We, Our Group and Our associates or business partners may offer:

- Insurance, banking, financial, securities, assets management and related product and services;
- Products and services in relation to health, wellness and medical, food and beverage, sporting activities and membership, fitness or similar leisure activities, travel and transportation, social networking and media.

We and Well Link Group intend to send you marketing communications or material and use, disclose or provide your Relevant Personal Data in accordance with the paragraphs above for direct marketing purpose and we cannot do so without your consent (which includes an indication of no objection). You may exercise your right to withdraw your consent to the use and/ or the disclosure or provision of your Relevant Personal Data by Us to a third party for direct marketing purposes, and if you choose to exercise such right, We shall cease to use and disclose or provide your personal data for direct marketing purposes, save and except for the purpose of Policy renewal and related services. If you do not agree to Our intended use, disclosure or provision of your Relevant Personal Data, you may write to Us to opt out from or withdraw your consent to direct marketing at any time.

Access Requests

You have the right in accordance with the PDPO to request access to and correct your personal data held by Us. Your request to provide information will be dealt with in a reasonable time and We may recover from you Our reasonable cost for processing your request and supplying the information to you. If We do not provide you with access, We will provide you with reasons for the refusal and inform you of any legal exceptions relied upon.

If you wish to access or correct your personal data held by Us, or if you have any questions, comments and requests regarding this Statement and Our Privacy Policy Statement, please submit your request in writing and address to: Data Protection Officer of Customer Service, Well Link Life Insurance Company Limited, Units 16-18, 11/F., China Merchants Tower, Shun Tak Centre, 168-200 Connaught Road Central, Sheung Wan, Hong Kong.

Security

All information you provide to Us is stored on Our secure servers and, are maintained, controlled, protected and retained for either the period of Our business relationship or, for the requisite retention periods as stipulated in any contractual arrangements or applicable laws (whichever is later). Any payment transactions and all pages that require personal information will be processed in secured way.

Reservation of Rights

We reserve Our rights to vary or amend this Statement and Our Privacy Policy Statement at any time and at Our sole and absolute discretion to ensure the consistency with Our future developments, industry trends and/or any changes in legal or regulatory requirements.