

絕對轉讓申請書
Absolute Assignment Form



保單編號 Policy No.	保單持有人姓名 Name of Policyholder(s)	受保人姓名 Name of Life Assured(s)
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絕對轉讓 Absolute Assignment

(i) 重要聲明 Important Declaration:
 上述保單持有人(「轉讓人」) [*以下述新保單持有人(「受讓人」)向轉讓人支付一筆款項為代價/藉饋贈方式]，僅此將上述保單之所有權利、利益、保障(包括退保價值、貸款額、紅利及獎賞如適用)絕對轉讓予受讓人，並撤銷原有收取上述受保人身故之賠償款項(「身故賠償」)的指定受益人，以致身故賠償款項將支付予受讓人所指定的新受益人(「新受益人」)。
 The above named policyholder(s) ("Assignor"), [*in consideration of the new policyholder mentioned herein below (the "Assignee") making a payment to the Assignor / by way of gift], hereby absolutely transfers and assigns all the rights, interests and benefits under the above policy (including any applicable surrender values, loan values, dividend and/or bonuses under the above policy), to the Assignee, and revokes any beneficiary designation previously made in respect of the proceeds ("death proceeds") payable upon the death of the above named Life Assured such that any proceeds will be paid to the new beneficiary ("new beneficiary") which is designated by the Assignee.
 轉讓人及受讓人特此聲明由受讓人或新受益人(視乎情況而定)所簽署的收據將完全解除 Aviva 在上述保單下就該收據所關於的一切責任及義務。
 The Assignor and Assignee further declare that a receipt signed by the Assignee or the new beneficiary (as the case may be) shall fully discharge Aviva Life Insurance Company Limited from all its liabilities and obligations under the above policy in respect of which the receipt is given.

*刪掉不適用者 delete as appropriate

(ii) 新保單持有人資料 Details of New Policyholder:

英文姓名 English Name: _____ 中文姓名 Chinese Name: _____
 (姓 Surname) (名 Given Name)

出生日期 Date of Birth: _____ 香港身份證 / 護照 / 其他 HKID / Passport / Other: _____

與受保人關係 Relationship to the Life Assured: _____ 住宅 / 聯絡電話 Residential / Contact Telephone Number: _____

住址 Residential Address: _____

通訊地址 Correspondence Address: _____

(ii) 新保單持有人提名受益人 Beneficiary Nomination of New Policyholder:
 請填妥下列之受益人提名。假若沒有提名受益人，受益人將會設定為遺產繼承人。Please complete the Beneficiary Nomination as below table. If there is no beneficiary nominated, the beneficiary will be defaulted as Own Estate.

受益人姓名(先填寫姓氏) Full Name of Beneficiary (Surname first)	身份證/護照號碼 ID/ Passport No	與受保人關係 Relationship to the Life Assured	佔保單賠償分配之百分比 (%) Share of Policy Proceeds (%)

聲明及授權 Declaration & Authorisation

本人 / 吾等明白星展銀行(香港)有限公司(星展集團成員)(「銀行」)為 Aviva 的保險代理，本人 / 吾等同意所有由銀行不時發出予客戶的有關資料政策、通知及其他關於客戶資料的其他通訊均適用。客戶可向銀行分行索取該等資料，或瀏覽銀行網頁(www.dbs.com/hk)。本人 / 吾等亦同意所有 Aviva 收集或持有(包括 Aviva 得自其他來源、或因客戶與 Aviva 的關係而獲得)有關本人 / 吾等的資料(包括個人資料) ("資料")，Aviva 可使用作(i)處理本人 / 吾等的申請及提供其稍後的服務、其他金融產品及服務(包括款項處理、理賠、轉讓處理、調查及 / 或理賬)；(ii)直銷推廣，及與本人 / 吾等聯絡；(iii) 遵守適用的法律和法規及採取任何可能不利於客戶利益的行動(例如拒絕任何申請或採取法律行動)(以下統稱為「用途」)。

本人 / 吾等亦同意 Aviva 可就用途而(a)向其他組織、機構或人仕引證或收集有關本人 / 吾等的資料；(b)轉移資料至香港特別行政區以外任何地區，包括新加坡；及(c)將資料比較或核對(以下稱統為「進一步用途」)；及因用途與進一步用途而透露資料給予 Aviva 有關人士 / 機構或任何被選定的第三者(在本港或海外的)，包括再保險公司、本人 / 吾等的經紀、賠償調查公司、情報資訊服務提供商及有關的行業 / 聯會。

本人 / 吾等明白本人 / 吾等有權查閱 Aviva 所持有有關本人的個人資料及要求改正有關個人資料。有關要求必須以書面形式通知 Aviva 顧客服務部客戶中心經理，地址為香港太古城英皇道1111號太古中心第一期1701室。本人 / 吾等明白如本人 / 吾等欲拒絕接收由 Aviva 發出的直銷推廣刊物，有關要求亦必須以書面形式通知 Aviva (地址同上)。

I / We, the undersigned, understand that DBS Bank (Hong Kong) Limited (a member of the DBS Group) ("the Bank") is acting as an insurance agent of Aviva. I/We agree that the applicable data policies, notices and other communications to customers concerning their personal information from time to time issued by the Bank shall apply. Copies are available from its website (www.dbs.com/hk). I/We agree that all information relating to me/us (including personal information) collected or held by Aviva (including those obtained by Aviva from any other sources or that arises from my/ our relationship with Aviva ("the Data") may be used by Aviva for the purposes of (i) processing of my/our application and the provision of subsequent services for this and other financial products and services (including payment/claim/ assignment processing, investigation, and/or account collection); (ii) direct marketing and to communicate with me/us, (iii) complying with the applicable laws and regulations and taking any actions that may be adverse to my / our interest (e.g. declining any application or taking legal actions) (collectively, the "Purposes").

I / We further agree that Aviva may, for the Purposes, (a) verify and collect information about me/us from other organisations, institutions or other persons; (b) transfer the Data outside the Hong Kong SAR including to Singapore; and (c) compare or matching the Data (collectively, "Further Uses") and for the Purposes and Further Uses, disclose the Data to individuals / organisations associated with Aviva or any selected third party (within or outside of Hong Kong), including reinsurance company, my/our broker, claims investigating companies, intelligent information provider, and industry / federations.

I / We understand that I / We have the right to obtain access to and to request correction of my / our personal information held by Aviva . Request must be made in writing to the Contact Centre Manager of Customer Services Department of Aviva at Suite 1701, Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong. I / We also understand that if I / we do not wish to receive direct marketing materials from Aviva in the future, request must be made in writing to Aviva at the same address.

Signed, sealed and delivered by the following parties

原有保單持有人(轉讓人) / *受保人簽署(如適用) Signature of Original Policyholder(s) (Assignor) / * Life Assured (if applicable) 姓名 Name: 日期 Date:	不可撤換受益人簽署 Signature of Irrevocable Beneficiary 姓名 Name: 日期 Date:	新保單持有人(受讓人)簽署 Signature of New Policyholder (Assignee) 姓名 Name: 日期 Date:	見證人簽署 Signature of Witness to all signatories 姓名 Name: 日期 Date:
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* 滿 18 歲或以上人士必須簽署。Signature is required for the person whose age is 18 or above.