保單服務申請書
Request For Policy Services Change Form

* P O L C H G *

AVIVA

請在適當方格內加上「√」號， 並以正楷填寫。Please put a '√' in the appropriate box and complete in BLOCK LETTERS

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)

☐ 1 更改繳費期 Change of Payment Mode

☐ 年繳 Annual ☐ 半年繳 Half-yearly * ☐ 季繳 Quarterly * ☐ 月繳 Monthly

* 季繳及半年繳選擇只適用於部份計劃，詳情請參閱有關計劃之主要銷售冊子或保單條款及細則。Half-yearly mode and Quarterly mode are only applicable to certain plans, please refer to principal brochure or policy terms and conditions for details.

注意 Note:

1. 如以季繳及月繳模式繳費，需提交直接付款授權書。 For Quarterly and Monthly payment mode, please submit Direct Debit Authorisation Form.
2. 更改繳費期將於下一個合適的保費到期日生效 。Change of Payment Mode will be effective on the next appropriate Premium due date.

☐ 2 更改紅利分派方式 Change of Dividend Option *

☐ 積存生息 Dividend Accumulation ☐ 提取現金 Cash Withdrawal

* 只適用於部份計劃，詳情請參閱有關計劃之主要銷售冊子或保單條款及細則。Only applicable to certain plans, please refer to principal brochure or policy terms and conditions for details.

☐ 3 減低保障額 / 刪除附加保障 Reduce of Sum Assured / Delete of Supplementary Benefit

☐ **3.1** 減低基本保障額 Reduce of Basic Sum Assured 新保障額 (根據保單貨幣) New Sum Assured (in Contract Currency) _____

☐ **3.2** 刪除附加保障 / 減低附加保障保障額 Delete of Supplementary Benefit / Reduce of Supplementary Benefit Sum Assured

附加保障 Supplementary Benefit	刪除 Delete	減低保障額 Reduce Sum Assured	新保障額 (根據保單貨幣) New Sum Assured (in Contract Currency)
	☐	☐	
	☐	☐	

☐ 4 更改現金息票分派方式及登記銀行戶口 Change of Coupon Option / Income Payout Benefit & Nominate Bank Account for Policy Payment

☐ **4.1** 更改現金息票分派方式 Change of Coupon Options/Income Payout Benefit *(只適用於個別計劃/Only applicable to particular plan)*

☐ 選擇 1 Option 1: 直接存入銀行賬戶 Direct Credit to bank account
(請填寫 4.2 登記銀行戶口 Please complete 4.2 Nomination of Bank Account for Policy Payment)

☐ 選擇 2 Option 2: 以港元支票發放 Issue via cheque in Hong Kong Dollars

☐ 選擇 3 Option 3: 透過 Aviva Life Insurance Company Limited 根據當時適用但並不保證的利率存息
To deposit the Coupon Payment/Income Payout with Aviva Life Insurance Company Limited at the prevailing non-guaranteed interest rate.

注意 Note: 上述分派方式或戶口資料如有任何更改，請於息票發放日最少三星期前以書面通知本公司。Please inform the Company immediately or at least 3 weeks prior to payment date in event of any change on the above coupon option or bank account information.

☐ **4.2** 登記銀行戶口 Nominate Bank Account for Policy Payment

銀行及分行名稱
Bank Name and Branch: _____

銀行地址 Bank Address: _____ 環球銀行財務電訊協會編號 Swift Code: _____

賬戶持有人姓名 (銀行賬戶所紀錄之名稱)
Name of Account Holder(s) (As recorded on Bank Account): _____

賬戶持有人香港身份證/護照號碼 / 其他
Account Holder(s) HKID / Passport No. / Others: _____

銀行編號 Bank Code ☐☐☐ 分行編號 Branch Code ☐☐☐ 賬戶號碼 Account No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

注意 Note:

1. 上述登記將取代閣下之前的登記 (如有)。The above nomination will replace your previous record (if any).
2. 請遞交銀行戶口簿或月結單副本。Please submit copy(ies) of Bank book / statement for Payment by Direct Credit.
3. 敬請注意，銀行或其代理可能向閣下徵收其他有關的銀行費用。Please note you may incur other bank charges imposed by your bank or its agents.
4. 上述銀行賬戶持有人必須爲保單持有人或受讓人。The above nominated bank account's account holder must be the Policyholder or Assignee.
5. 如使用海外戶口必須填寫銀行地址及環球銀行財務電訊協會編號。Please provide bank address and swift code if oversea bank account is used.

☐ 5 補發保單副本 Request for Duplicate Policy

本人 / 吾等在此聲明保單正本已經遺失 / 毀壞，沒有其他人因轉讓或按揭而對此保單作出任何索償或享有任何權益。本人 / 吾等謹此申請補發保單副本並隨函附上所需費用港元 200 元正。本人 / 吾等並同意在此副本補發後，保單正本及任何之前發出之保單副本將終止成爲此保單的保單文件。I/ We DECLARE that the original policy contract has been lost / destroyed, no other person has any claim or interest in this policy by virtue of any assignment or mortgage. I/ We hereby apply for a duplicate of the policy contract and enclose payment of HKD200 for the relative charges. I/ We also agree that the original policy contract and any previously issued duplicated policy contract shall cease to be the policy contract of this policy upon the issuance of the duplicated policy contract.

聲明及授權

本人 / 吾等明白星展銀行(香港)有限公司(星展集團成員)("銀行 ")爲 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 的關係而所獲得) 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 / 或理賠）；(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）(以下統稱爲 "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(以下稱統爲 "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，地址爲香港太古城英皇道 1111 號太古城中心第一期 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)。

如本人/吾等/及所有受保人不能提供任何此申請書所需的資料，貴公司可能因此不能接受此服務申請。

本人/吾等謹此要求本人/吾等之保單依照本申請書之選擇作出更改，本人/吾等代表本人/吾等/及所有受保人明白並同意：(1) 要求更改或增加保額或投資金額時所需之可保證明將包括本申請書及健康狀況聲明，並需符合下列條件方可生效：(a) 繳清所有申請所需之款項；(b) 該申請是於受保人在生及仍可受保之情況下經貴公司批核；(c) 該申請必須附合保單條款及細則之內容。(2) 本申請書及所需之可保證明將成爲保單更改之根據，並成爲保單之一部份，如有特別註明者除外。

DECLARATION AND AUTHORISATION

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.

If I/ We/ and all Covered Person(s) fail to provide any information requested in this application, it may result in the Company's inability to accept this service application.

I/ We hereby request that my/ our policy shall be changed in accordance with the particulars set out in this application and I/ We understand and agree on behalf of myself/ ourselves/ and all Covered Person(s) that: (1) The request for change or addition of sum assured or investment which requires evidence of insurability shall consist of this application and the Health Declaration and shall not take effect unless all of the following conditions are met: (a) any required payment for the application is paid in full, (b) the application is approved by the Company at its Head Office during the lifetime and continued insurability of the persons insured by the policy, (c) the application must fulfill the policy terms & conditions. (2) This application and the evidence of insurability of the Life Assured(s) if required by the Company shall be the basis for change in the policy and will form part of the policy unless otherwise specified.

見證人簽署 Signature of Witness	保單持有人簽署 Signature of Policyholder(s)	*受保人簽署 (如非保單持有人) *Signature of Life Assured(s) (If other than Policyholder)	受讓人/不可撤換受益人簽署 Signature of Assignee/ Irrevocable Beneficiary
姓名 Name:	姓名 Name:	姓名 Name:	姓名 Name:
日期 Date:	日期 Date:	日期 Date:	日期 Date:

*滿 18 歲或以上之人士必須簽署。Signature is required for the person whose age is 18 or above.