

指定受益人申請書 Beneficiary Nomination Form



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)
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在現行防止洗黑錢及恐怖分子資金籌集之法律及 / 或監管要求下，所有金融機構應確保為執行客戶盡職審查而取得的有關客戶文件及資料能反映現況及仍屬相關。因此，如閣下的個人資料有任何更新，請立刻通知本公司。此外，如閣下未曾提交閣下最新的身分證明文件副本予本公司，請於遞交此保單服務申請時一併附上。
Under current legal and / or regulatory requirements on the prevention of money laundering and terrorist financing, all financial institutions should ensure the documents, data and information relating to the customer that have been obtained by the financial institution for carrying out customer due diligence are up-to-date and relevant. Therefore, please inform us immediately of any change in your personal details and **SUBMIT A COPY OF YOUR MOST UPDATED IDENTIFICATION DOCUMENT TO US TOGETHER WITH THIS POLICY SERVICE REQUEST** unless the same has been submitted before.

指定受益人 Nomination of Beneficiary

本人 / 吾等現撤銷上述保單之前所指定的受益人及委託的信託人(如有)，並指定下列人士為新受益人。
I / We hereby revoke all previous designation of beneficiary(ies) and appointment of trustee(s), if any, under the above policy(ies) and hereby designate the person(s) named below as new beneficiary(ies).

受益人英文全名(先填寫姓氏) Full Name of Beneficiary in English (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 (%)

* 百分比之總數必須相等於100%。The percentage share must be equal to 100%.

注意 Note:

身故賠償將平分(或根據指定的百分比)分配予受保人身故後尚生存的受益人(如有)。
Death Benefit shall be paid in equal shares (or in unequal shares if so specified) to the beneficiaries, if any, surviving upon the death of the Life Assured.

個人資料收集聲明書 Personal Information Collection Statement

- 本個人資料收集聲明書(「聲明書」)是按照(i)由香港個人資料私隱專員公署所發出的指引;和(ii)《個人資料(私隱)條例》(第486章)(《個人資料(私隱)條例》)及其修訂條例而編寫的。「個人資料」是指《個人資料(私隱)條例》所界定的個人資料。本聲明書列出向個別資料當事人收集個人資料的原因、個人資料將會被使用的方式、該等個人資料可能轉移予何種類別的人士及個別資料當事人在《個人資料(私隱)條例》下所享有的權利。
- 就本聲明書的目的而言，「Aviva」及「本公司」指 Aviva Life Insurance Company Limited，而「Aviva Group」指 Aviva Life Insurance Company Limited 及其控股公司、分公司、附屬公司、代表處及聯屬公司(不論該公司位於何地)。聯屬公司包括 Aviva Life Insurance Company Limited 的控股公司之分公司、附屬公司、代表處及聯屬公司(不論該公司位於何地)。
- 閣下可自願提供在申請表上或本公司進行正常業務運作中所要求的個人資料。如閣下未能提供所要求的資料，Aviva 可能會因缺乏所需資料而無法評估 / 處理閣下的申請，以及無法向閣下提供保險和相關的服務、產品和設施。如閣下拒絕給予上述明確的同意，本公司亦可能被要求向相關監管機構匯報保單項下的價值和付款金額或保留保單項下的部分或所有利益。在特定情況下(包括香港稅務局(「稅務局」)未能就美國國稅局對拒絕披露資料帳戶)的資料提出的要求作出回應，本公司可能終止保單。

收集資料之目的

- 閣下須不時就向閣下提供保險及 / 或相關服務及產品、處理 Aviva 發出的保單索償事宜、處理閣下提出的任何及所有要求、查詢及投訴及 / 或為遵守在香港境內或境外的監管或其他機關頒佈的任何法律、發出的指引或要求(包括但不限於《稅務條例》第112章(IRO)、根據香港特別行政區(「香港」)與美國之間的跨政府協議(Intergovernmental Agreement, 下稱"IGA")執行美國《海外帳戶納稅法案》(Foreign Account Tax Compliance Act, 下稱" FATCA")、香港與美國在2014年3月25日簽署的《稅務資訊交換協議》及經濟合作暨發展組織(OECD)作出的規定(包括關於其為履行其共同匯報標準(Common Reporting Standard, 下稱"CRS")的主管當局協定(Competent Authority Agreement, 下稱"CAA")相關的監管機制)、香港所簽訂並不時修改的稅務事宜自動交換財務帳戶資料、適用的稅務資料交換協定及全面性避免雙重課稅協定)而向 Aviva 提供個人資料。該要求的資料可能包括姓名、住址、稅務所在地法域、稅務編號(如有)、出生日期及出生點。向閣下收集的資料也將用作以下用途(在本第4段詳列的所有用途將統稱為「有關用途」):
 - 處理閣下的保險、金融或財富管理產品或服務的申請及核實相關的資格;
 - 管理閣下與本公司之間的賬戶(包括理賬);
 - 轉讓處理;
 - 設計、提供及安排保險、金融產品或相關服務;
 - 處理任何信貸、醫療、抵押及承保檢查及保險索償;
 - 處理付款指示;
 - 統計和研究;
 - 為閣下提供本公司及 Aviva Group 內其他公司之保險、金融服務或相關財富管理產品的推廣資料;
 - 為推廣以下服務或產品: i) 獎賞、年資或優惠計劃及相關服務及產品; ii) 為慈善及 / 或非牟利用途的捐款及捐贈;
 - 進行保單檢閱及需求分析;
 - 為執行客戶盡職審查及打擊洗錢的篩查而搜集情報資料;
 - 符合根據任何本地或外國法律、法例或法規或任何本地或外國的法律、監管、政府、稅務、執法機關或其他機構發出或出具的指引或指導，或 Aviva 及 / 或 Aviva Group 內的公司所承擔的或對其施加的、與本地或外國的法律、監管、政府、稅務、執法機關或其他機構、或金融中介人、或金融服務供應商之自我監管或行業組織或協會之間的任何現有或將來之契約或其他承諾(包括但不限於 IRO、IGA、FATCA、CAA 和 CRS)項下之任何披露規定;
 - 與閣下聯絡;及
 - 達致任何其他有關以上第(a)至(m)項之目的。

轉移個人資料

5. 閣下於此保單申請時所提供之個人資料或會被轉移至香港境內或境外：

- a. 其他 Aviva Group 內的公司；
- b. 任何進行保險及 / 或再保險有關業務之公司；
- c. 任何與 Aviva 有代理人或經紀合約的保險中介人；
- d. 任何保險索償調查人員；
- e. 理賠師；
- f. 財務機構夥伴；
- g. 第三方管理人；
- h. 專業諮詢顧問；
- i. 任何不時存在之保險業協會及聯會；
- j. 任何提供保險及 / 或再保險相關業務之其他服務供應商；
- k. 任何向 Aviva 提供行政、電訊、電腦、付款、印刷、贖回或其他服務之代理、聯屬公司、承包商或第三方服務供應商，而所提供之服務乃與 Aviva 之業務經營有關；
- l. 任何信貸資料服務機構；
- m. 任何收賬代理；
- n. 調查機構 / 人員；
- o. 根據有關 Aviva 或其任何聯屬公司或商業夥伴之任何法律規定，Aviva 有責任向其披露資料之任何人士及法團實體；
- p. 由於上文第 4(i)段所述之 Aviva 及 / 或 Aviva Group 內的公司之披露要求所引起或與之有關之任何本地或外國政府及司法機構、法律、監管、政府、稅務、執法機關或其他機構、或金融中介人、或金融服務供應商之自我監管或行業組織或協會；
- q. 醫療賬單審查公司；及
- r. 情報資訊服務供應商。

6. 在有關影響到 Aviva 全部或大部份業務的控制權、管治、結構及 / 或管理的交易時，或在必須符合適用法律或法規的要求下，可轉移閣下的個人資料。

查閱資料

7. 閣下有權提出在《個人資料（私隱）條例》下所享有有關查閱或更改由本公司所持有閣下之個人資料的要求。閣下可將有關要求遞交至：

顧客服務部客戶中心經理
Aviva Life Insurance Company Limited
香港九龍灣宏遠街 1 號「一號九龍」30 樓

執行《個人資料（私隱）條例》

8. 本聲明書不會限制閣下在《個人資料（私隱）條例》下所享有的權利。

1. This Personal Information Collection Statement ("PICS") is made in accordance with the (i) guidelines issued by the Privacy Commissioner for personal data; and (ii) Personal Data (Privacy) Ordinance (Cap. 486) ("PDPO") together with amendments thereto. "Personal Data" means personal data as defined in the PDPO. The PICS sets out the purposes for which Personal Data of individual data subjects will be used following collection, the manner in which Personal Data will be used, the classes of persons to which Personal Data may be transferred and rights of individual data subjects under the PDPO.
2. For the purposes of this PICS, "Aviva", "we", "us" and "our" mean Aviva Life Insurance Company Limited and "Aviva Group" means Aviva Life Insurance Company Limited and its holding companies, branches, subsidiaries, representative offices and affiliates, wherever situated. Affiliates include branches, subsidiaries, representative offices and affiliates of Aviva Life Insurance Company Limited's holding companies, wherever situated.
3. It is voluntary for you to provide the Personal Data requested in the application form and in the ordinary course of our business relationship. However, if you fail to do so, we may not be able to assess / process your application and provide you with the insurance and related services and products and facilities due to lack of information. We may also be required to report to applicable regulatory authority(ies) the values and payment amounts under the insurance policy or withhold some or all benefits under the insurance policy if you refuse to give the said express consent, and in specific circumstances (including where the Hong Kong Inland Revenue Department ("IRD") fails to respond to requests from the U.S. Internal Revenue Service ("IRS") for information about non-consenting U.S. accounts) we may terminate the policy.

Purposes of Collection

4. From time to time, it is necessary for you to supply Aviva with 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 by Aviva, the processing of other requests, enquiries and complaints from you, and / or compliance with any laws, guidelines or requests issued by regulatory or other authorities within or outside of Hong Kong (including but not limited to the Inland Revenue Ordinance (Cap. 112) ("IRO") implementation of U.S. Foreign Account Tax Compliance Act ("FATCA") pursuant to the intergovernmental agreement between Hong Kong Special Administrative Region ("Hong Kong") and the U.S. ("IGA"), the tax information exchange agreement that Hong Kong signed with the U.S. on 25 March 2014, and the provisions issued by the Organization for Economic Co-operation and Development ("OECD"), including the regulatory scheme relating to its Competent Authority Agreement ("CAA") to implement its Common Reporting Standard ("CRS"), Automatic Exchange of Financial Account Information and applicable tax information exchange agreements and comprehensive avoidance of double taxation agreement to which Hong Kong is a party) as amended from time to time. Such required information may include name, address, jurisdiction of tax residence, taxpayer identification number (if any), date of birth and place of birth. The information collected from you will also be used for the following purposes (all purposes particularized in this paragraph 4 shall collectively be referred to as the "Purposes"):
 - a. processing your application and verifying your eligibility for insurance, financial or wealth management products or services;
 - b. managing your account with us (including account collection);
 - c. assignment processing;
 - d. designing, providing and arranging of insurance / financial products or related services;
 - e. processing of any credit, medical, security and underwriting checks and insurance claims;
 - f. processing payment instructions;
 - g. statistics and research;
 - h. providing you with promotional materials relating to our insurance or financial services or related wealth management products, and those of other companies within the Aviva Group;
 - i. marketing the following services / products: i) reward, loyalty or privileges programmes and related services and products; ii) donations and contributions for charitable and / or non-profit making purposes;
 - j. performing policy review and needs analysis;
 - k. information intelligence including customer due diligence and anti-money laundering screening;

- l. meeting any disclosure requirements pursuant to any local or foreign law, legislation or regulations or any guidelines or guidance given or issued by any local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or any present or future contractual or other commitment with a local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or financial intermediary, or self-regulatory or industry bodies or associations of financial services providers assumed by or imposed on Aviva and / or companies within the Aviva Group, including without limitation, the IRO, IGA, FATCA, CAA and CRS;
- m. communication with you; and
- n. fulfilling any other purposes directly related to (a) to (m) above.

Transfer of Personal Data

5. The data that you have supplied in this insurance application for the Purposes may be transferred within or outside of Hong Kong to:
 - a. other companies within the Aviva Group;
 - b. any companies carrying on insurance and / or reinsurance related business;
 - c. any insurance intermediaries who have an agency or brokerage agreement with Aviva;
 - d. any insurance claim investigators;
 - e. loss adjusters;
 - f. partnering financial institutions;
 - g. third party administrators;
 - h. professional advisors;
 - i. any associations and federations of the insurance industry that exist from time to time;
 - j. any other service providers providing insurance and / or reinsurance related business;
 - k. any agents, affiliates, contractors or third party service providers who provides administrative, telecommunications, computer, payment, printing, redemption or other services to Aviva in relation to the operation of the business of Aviva;
 - l. any credit reference agencies;
 - m. any debt collection agencies;
 - n. researchers;
 - o. any persons and corporate entities to whom Aviva is obliged to disclose under the requirement of any law relating to Aviva or any of its affiliates or business partners;
 - p. any local or foreign governmental and judicial bodies, legal, regulatory, governmental, tax, law enforcement or other authorities, or financial intermediary, or self-regulatory or industry bodies or associations of financial services providers arising out of or in connection with the disclosure requirements of Aviva and / or companies within the Aviva Group as mentioned in paragraph 4(l) above;
 - q. medical bill review companies; and
 - r. information intelligence provider(s).
6. Aviva may transfer your Personal Data in connection with a transaction with another company which affects the control, governance, structure and / or management of all or a substantial part of its business, or if required to satisfy applicable legal or regulatory requirements.

Access to data

7. You have a right under the PDPO to make a data access or correction request concerning your Personal Data held by us. You may make such request by writing to:

**Att. Contact Centre Manager of the Customer Services Department
Aviva Life Insurance Company Limited
30/F, One Kowloon, 1 Wang Yuen Street, Kowloon Bay, Hong Kong**

Application of the PDPO

8. Nothing in this PICS shall limit your rights under the PDPO.

聲明及授權 Declaration & Authorisation

本人 / 吾等同意就上述個人資料收集聲明書內之收集目的、使用及轉移本人 / 吾等之個人資料，包括由 Aviva Life Insurance Company Limited (「Aviva」) 為符合 (所有均為目前生效及不時經修訂和補充的) 根據 IGA 執行 FATCA 的所有要求、香港與美國在 2014 年 3 月 25 日簽署的《稅務資訊交換協議》、《稅務條例》(香港法例第 112 章) (IRO) 有關自動交換財務帳戶資料的法律條文，及經濟合作暨發展組織出具之規定 (包括為履行其共同報告標準(CRS) 之主管機關協議(CAA))，並為符合任何相關的本地或外國法律、監管、政府、稅務、執法機關或其他機構規定的所有其他匯報職責、要求和查詢之目的在香港境內或境外轉移本人 / 吾等之個人資料。本人 / 吾等進一步同意，如有任何影響本人 / 吾等已向 Aviva 提供之任何文件或資料的情況變更，本人 / 吾等應在 30 天內通知 Aviva 有關變更。此外，本人 / 吾等承諾根據法律 (或其適用性或解釋) 的任何變更提供任何所需的額外資料、表格、披露、證明或文件。

於本表格內或任何由本人 / 吾等提供的其他文件上所提供保單持有人 (如公司保單持有人，則包括其主要股東 (即有權行使或控制行使公司 10%或以上投票權的人)、最終實益擁有人、公司董事及所有獲授權簽署人的任何變動或此等人士個人資料之更新)、受保人或受益人 (包括直接或間接對保單擁有法定或實益權益的) 的個人資料如有任何更新，本人 / 吾等承諾即時以書面通知 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為保單更改之根據，並成為保單之一部份，如有特別註明者除外。

I / We hereby agree and consent to the collection, use and transfer of my / our Personal Data for the Purposes as further set out in the Personal Information Collection Statement above including the transfer of my / our Personal Data within or outside of Hong Kong by Aviva Life Insurance Company Limited ("Aviva") for the purposes of complying with all requirements for the implementation of FATCA under the IGA, the tax information exchange agreement that Hong Kong signed with the U.S. on 25 March 2014, the legal provisions for Automatic Exchange of Financial Account Information provided under the Inland Revenue Ordinance (Cap. 112) ("IRO"), provisions issued by the Organisation for Economic Co-operation and Development, including a Competent Authority Agreement to implement its Common Reporting Standard, and with all other reporting duties, requests and inquiries from any relevant local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, all as currently in force and as amended and supplemented from time to time. I / We further agree that in the event of any change of circumstances affecting any of the documentation or information that I / we have provided to Aviva, I / we shall inform Aviva of the change(s) within 30 days. In addition, I / we undertake to provide any additional information, form, disclosure, certification or documentation required pursuant to any change in law, or the application or interpretation thereof.

I / We covenant to inform Aviva immediately in writing at the above mentioned address of any update in the personal details of Policyholder (in case of a corporate

指定受益人申請書
Beneficiary Nomination Form



Policyholder, including any change of its principal shareholders (persons entitled to exercise or control the exercise of 10% or more of the voting rights of a company), ultimate beneficial owners, directors, and all authorised signatories; or their personal data), Insured; and Beneficiary (including those having legal or beneficial interest in the policy directly or indirectly) as provided in this form and any other supporting documents provided by us.

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 姓名 Name 日期 (日/月/年) Date (DD/MM/YYYY)	保單持有人簽署 Signature of Policyholder(s) 姓名 Name 日期 (日/月/年) Date (DD/MM/YYYY)	*受保人簽署 (如非保單持有人) *Signature of Life Assured(s) (If other than Policyholder(s)) 姓名 Name 日期 (日/月/年) Date (DD/MM/YYYY)	受讓人 / 不可撤換受益人簽署 (如適用) Signature of Assignee / Irrevocable Beneficiary (if applicable) 姓名 Name 日期 (日/月/年) Date (DD/MM/YYYY)

*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.

注意: Note:

所有簽名必須有一位見證人。見證人必須為非受益人的第三者。

All signatures must be witnessed by one witness. The witness must be an individual third party who is not a beneficiary.