



保單捐贈及更改保單受益人申請表 Policy Donation and Beneficiary Appointment Form



保單持有人姓名 Name of Policyholder	受保人姓名 Name of Insured	保單號碼 Policy No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

保險中介人資料 Insurance Intermediary's Information	
保險中介人姓名 Name of Insurance Intermediary <input type="text"/>	
保險中介人編號 Insurance Intermediary's Code <input type="text"/>	聯絡電話 Contact No. <input type="text"/>

重要須知 Important Notes
<ol style="list-style-type: none"> 本表格只適用於保單捐贈及更改保單受益人。This form is only applicable for policy donation and beneficiary appointment. 本表格中所用之「本公司」或「貴公司」之表述指中國人壽保險（海外）股份有限公司。The expression "the Company" used in this form refers to China Life Insurance (Overseas) Company Limited. 請以正楷填寫本表格，任何資料如有更改，保單持有人必須在更改的地方簽署作實。Please complete this form in BLOCK LETTERS. All amendments should be endorsed by the Policyholder in full signature. 保單持有人之簽署必須與本公司之記錄相符。The signature of the Policyholder must correspond with the Company's record. 保險中介人或銀行職員收到此表格並不代表本公司亦已收受。Receipt of this form by Insurance Intermediary or Bank Staff does not constitute receipt by the Company. 本公司有權隨時更新此申請表，並接受或拒絕未符合本公司要求的申請表。請登入本公司網站 www.chinalife.com.mo 瀏覽及下載最新版本。The Company has the right to update this form from time to time and to accept or to reject the form if the Company's requirements are not fulfilled. Please visit our website www.chinalife.com.mo to view and download the latest version of the form. 如申請未能符合本公司的有關規定，本公司有權拒絕有關申請。The Company shall have right to reject the application if the application fails to fulfill Company's requirement(s).

第一部份 更改受益人注意事項 Part 1 Important Notes of Change of Beneficiary(ies)
<ol style="list-style-type: none"> 下方表格提供指定基本受益人及次位受益人。次位受益人須於所有基本受益人身故後才適用。 The table below provides designation of Primary Beneficiary(ies) and Secondary Beneficiary(ies). The designation of the Secondary Beneficiary(ies) shall apply only if all Primary Beneficiary(ies) is/are deceased. 除保單持有人參與本表格第三部份所述的保單捐贈計劃外，下方表格中相同類別的受益人(基本或次位)的分配比率加起來必須為 100%。本公司將按下述的分配比率支付身故賠償予下述的受益人。如因保單持有人沒有指定向每名受益人支付身故賠償的分配比率，或所有的分配比率加起來不足 100%，則本公司有權將身故賠償按本公司認為適當的比例支付。 Unless the Policyholder participates in the Policy Donation Scheme under Part 3 of this form, the percentage(s) among the same class of Beneficiary(ies) (Primary or Secondary) in the table below should add up to 100%. The Company shall pay the death benefit to the Beneficiary(ies) according to the percentage(s) as specified below. If the Policyholder has not specified any percentage of the death benefit to be paid to each Beneficiary, or if all percentage(s) so specified add up to a figure less than 100%, the Company shall have discretion to pay the death benefit in such proportion(s) as the Company shall deem appropriate. 根據受益人的身份及/或類別，保單持有人所需要提交的證明文件亦會不同，詳情請與本公司/保險中介人聯絡。 The identification documents required to be submitted may differ according to the identify and/or the nature of the Beneficiary(ies). Please contact the Company/the insurance intermediary for details. 如受益人為團體/公司，請提供該團體/公司的公司編號或商業登記號碼。 If the designated beneficiary is an organization/company, please provide the company or business registration number. 請遞交指定受益人身份證明文件的認證副本。Please submit Certified Copy of identity document of designated beneficiary (ies). 保單持有人謹此聲明，受益人年滿十八歲前，下述的信託人將被委任為以信託人身份代表受益人根據下述的分配比率收取身故賠償金額。請提供下述的信託人的身份證明文件副本。 The Policyholder hereby declares that, before the Beneficiary(ies) attain the age of 18, the Trustee(s) designated below shall be appointed as trustee(s) to receive on behalf of the Beneficiary(ies) the death benefit according to the percentage(s) as specified below. Please provide copy of the identification documents of the Trustee(s) designated below. 保單持有人/受保人/不可撤換受益人/受讓人(如適用)之簽署必須與本公司之紀錄相同。

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- The signature(s) of the Policyholder / Insured / Irrevocable Beneficiary / Assignee (if applicable) must be the same as the Company's record.
8. 保險中介人或銀行職員收到本表格並不代表本公司亦已收到。本公司對本表格的有效性擁有最終決定權。
Receipt of this form by the insurance intermediary or bank staff does not constitute receipt by the Company. The final decision on the validity of this form rests with the Company.

第二部份 更改受益人 Part2 Change of Beneficiary(ies)

1. 更改受益人資料 Information of Beneficiary(ies)

請在適當的空格內填上 Please tick the relevant box(es)

受益人類別 Beneficiary Class		受益人 全名 Full Name of Beneficiary	受益人的身份證號碼/ 護照號碼/公司註冊 編號/商業登記號碼 Beneficiary's Identity Card No./Passport No./Company Registration No./Business Registration No.	性別 Gender	與受保人 關係 Relationship to Insured	受益人的 出生日期 (年/月/日) Date of Birth of the Beneficiary (YY/MM/DD)	分配比 率%(共) Share% (Total)
基本 Primary	次位 Secondary						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						

2. 委任未成年受益人的信託人 Designation of Trustee of Minor Beneficiary

保單持有人謹此聲明，在以下受益人年滿十八歲前，下列指定人士將被委任為信託人，代表該受益人根據保單內的身故賠償百分比領取賠償金額。

The Policyholder hereby declares that before the beneficiary stated below attains age 18, the following assignee shall be appointed as trustee to receive death proceeds on behalf of the aforesaid under the percentage proportion stated in the policy.

保單內未成年之受益人姓名 Name of Minor Beneficiary(ies) under the Policy

信託人全名 Full Name of Trustee

身份證明文件 / 護照號碼 Identity Document / Passport No. (須提供副本 Please provide a copy)

與受益人關係 Relationship with Beneficiary (ies) (如非家庭成員，請注明原因 Please provide a reason if non-family member)

3. 其他指示 Other Instructions

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第三部份 保單捐贈 Part 3 Policy Donation

重要事項 Important Notes :

- 保單捐贈計劃是保單持有人可把指定百分比的身故賠償支付予指定的慈善機構/慈善信託，作為捐贈。
Under the Policy Donation Scheme, the Policyholder may specify a proportion of the death benefit to be paid to the designated Charitable Institution(s) / Charitable Trust(s) as a charitable donation.
- 慈善機構/慈善信託的名稱必須與慈善機構/慈善信託名單中的名稱一致，並請提供該慈善機構/慈善信託的公司註冊編號及/或商業登記號碼（如適用）
The name of the Charitable Institution / Charitable Trust should match the name as shown on the List of Charitable Institutions and Trusts. Please also provide the Company Registration Number and/or the Business Registration Number (if applicable) of the Charitable Institution / Charitable Trust.
- 如保單持有人選擇參與保單捐贈計劃，本公司將按保單持有人要求，於支付身故賠償予受益人前，按下述的保單捐贈指定百分比支付身故賠償予下述的慈善機構/慈善信託。
If the Policyholder chooses to participate in the Policy Donation Scheme, the Company shall act in accordance with the request of the Policyholder to pay the death benefit to the Charitable Institution(s) / Charitable Trust(s) according to the specified policy donation percentage(s) as mentioned below before paying the death benefit to the Beneficiary(ies).
- 下述的保單捐贈指定百分比與本表格第二部份所示的受益人的分配比率加起來必須為 100%。如因保單持有人沒有指定保單捐贈指定百分比，或下述的保單捐贈指定百分比與本表格第二部份所示的受益人的分配比率加起來不足 100%，則本公司有權將身故賠償按本公司認為適當的比例支付。
The specified policy donation percentage(s) as mentioned below and the percentage(s) payable to the Beneficiary(ies) as specified under Part 2 of this form must add up to 100%. If the Policyholder has not designated any policy donation percentage, or if the specified policy donation percentage(s) as mentioned below and the percentage(s) payable to the Beneficiary(ies) as specified under Part 2 of this form add up to a figure less than 100%, the Company shall have discretion to pay the death benefit in such proportion(s) as the Company shall deem appropriate.
- 如本表格第二部份所示的第一受益人及第二受益人在受保人去世前死亡，本公司於支付身故賠償時，仍按下述的保單捐贈指定百分比支付身故賠償予下述的慈善機構/慈善信託。原於本表格第二部份所示的受益人的分配比率，本公司將按該分配比率支付身故賠償予保單持有人；如保單持有人同時為受保人，則本公司將按該分配比率支付身故賠償予保單持有人的遺產。
If the Primary Beneficiary(ies) and the Secondary Beneficiary(ies) as specified under Part 2 of this form do not survive the Insured, the Company shall still pay the death benefit to the Charitable Institution(s) / Charitable Trust(s) according to the specified policy donation percentage(s) as mentioned below. The percentage(s) originally payable to the Beneficiary(ies) as specified under Part 2 of this form shall be paid to the Policyholder; or if the Policyholder and the Insured is the same person, the percentage(s) originally payable to the Beneficiary(ies) as specified under Part 2 of this form shall be paid to the estate of the Policyholder.
- 於本公司支付身故賠償時，若下述的慈善機構/慈善信託已清盤、結業或被凍結資產，或法律不容許支付予該慈善機構/慈善信託，下述的保單捐贈指定百分比將平均分配予本表格第二部份所示的受益人。
At the time when the death benefit is paid by the Company, if such Charitable Institution(s) / Charitable Trust(s) have been wound up, closed or have its assets frozen, or if payment to such Charitable Institution(s) / Charitable Trust(s) is prohibited by the law, the specified policy donation percentage(s) as mentioned below shall be paid to the Beneficiary(ies) specified under Part 2 of this form in equal shares.
- 保單持有人/受保人/不可撤換受益人/受讓人(如適用)之簽署必須與本公司之紀錄相同。
The signature(s) of the Policyholder / Insured / Irrevocable Beneficiary / Assignee (if applicable) must be the same as the Company's record.
- 保險中介人或銀行職員收到本表格並不代表本公司亦已收到，本公司對本表格的有效性擁有最終決定權。
Receipt of this form by the insurance intermediary or bank staff does not constitute receipt by the Company. The final decision on the validity of this form rests with the Company.

慈善機構/慈善信託登記名稱 Charitable Institution/ Organization	註冊編號 Registration Number	保單捐贈指定百分比 Donation Percentage

第四部份 客戶確認符合《海外帳戶稅收合規法案》和其他適用法律

Part 4 Customer acknowledgement regarding compliance with Foreign Account Tax Compliance Act and other Applicable Laws

閣下認知中國人壽保險(海外)股份有限公司(下稱“本公司”)須遵從、遵守或履行法律、法規、命令、指引、守則和包括《海外帳戶稅收合規法案》適用規定的要求，或任何公眾、司法、稅務、政府和/或其他監管機構等協定的要求，包括但不限於美國國稅局(以下簡稱「監管機構」)在不同的司法管轄區不時頒布及修訂的協定(以下簡稱「適用規定」)在這方面，閣下同意本公司可以在任何時候完全酌情採取任何相關行動包括但不限於向任何監管機構透露閣下的個人資料，以確保本公司遵行適用規定。

You acknowledge that China Life Insurance (Overseas) Co. Ltd (hereinafter called “the Company”) shall be obliged to comply with, observe or fulfill the requirements of the laws, regulations, orders, guidelines, codes, and requirements including the applicable requirements under the Foreign Account Tax Compliance Act of or agreements with any public, judicial, taxation, governmental and/or other regulatory authorities, including without limitation, the Internal

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Revenue Service of the United States of America (the "Authorities" and each an "Authority") in various jurisdictions as promulgated and amended from time to time (the "Applicable Requirements"). In this connection, you agree that the Company may at any time take any relevant actions as may be determined by the Company in its sole and absolute discretion which including but not limited to disclose your particulars to any Authority for the purpose of ensuring the Company's compliance or adherence with the Applicable Requirements.

客戶同意向第三方披露資料

Customer consent to disclose information to third parties

閣下同意 本公司可能將根據適用規定的要求，向任何監管機關披露閣下的個人資料或任何資料。此等披露可以由本公司直接或通過中國人壽保險（集團）公司或中國人壽保險（集團）公司的其他成員進行。基於前述的原因，以及儘管在本表格或我們之間的任何其他協議所載的任何內容，本公司可能需要閣下向本公司提供進一步資料，以便向任何監管機關透露，而閣下必須在合理要求的時間(由提出申請或知會變更資料的 90 日期天)內，向本公司提供相關的資料。

You agree that the Company may disclose your particulars or any information to any Authority in connection or adherence with the Applicable Requirements. Such disclosure may be effected directly or sent through any of the Company's Head Office(s) or other affiliates of the China Life Insurance (Group) Company. For the You agree that the Company may disclose your particulars or any information to any Authority in connection or adherence with the Applicable Requirements. Such disclosure may be effected directly or sent through any of the Company's Head Office(s) or other affiliates of the China Life Insurance (Group) Company. For the purposes of the foregoing and notwithstanding anything contained in this form or any other agreements between us, the Company may need you to provide the Company with further information as may be required for disclosure to any Authority and you shall provide the same to the Company's within such time as may be reasonably required (Within 90 calendar days from the date of the application or information change).

更新客戶有關國籍、稅務狀況的資料及其他資料

Updating of customer information about nationality, tax status and others

儘管載於本表格或我們之間任何其他協議所包含的任何內容，閣下同意向本公司提供協助，使本公司能夠就閣下或閣下向本公司購買的保險計劃，遵行適用規定下的義務。

Notwithstanding anything contained in this form or any other agreements between us, you agree to provide the Company with such assistance as may be necessary to enable the Company to comply with the Company's obligations under all Applicable Requirements concerning you or your policies with the Company.

就閣下任何在申請時或其他時間向本公司提供的任何資料，閣下同意及時(30 日期天之內)向本公司提供更新資料。尤其重要的是閣下立即通知本公司下列的更新：若閣下是個人，閣下的個人身份號碼、地址、電話、國籍、稅務狀況或稅籍所在地的變動；閣下擁有多於一個國家的稅籍；若閣下是法團法人或任何其他類型的實體，閣下的註冊地址、業務營運地址、主要股東、法定及實際受益人或管理人（擁有或控制 10% 以上股份或所有權或管理權的人士）稅務狀況、稅籍所在地的變動，或若閣下擁有多於一個國家的稅籍。若發生這些變動，或任何其他資料顯示發生了變動，本公司可能會要求閣下提供額外文件或資料。此等資料和文件包括但不限於正式完成及 / 或簽署（並且如有需要，由公證人作出公證）的稅務申報或表格。

You agree to update the Company in a timely manner (within 30 calendar days) of any change of any of the details previously provided to the Company whether at time of application or at any other times. In particular, it is very important that you notify the Company immediately if, where you are an individual, your personal identification numbers, addresses, telephone numbers, nationality, tax status or tax residency changes or if you become tax resident in more than one country, or, where you are a corporation or any other type of entity, your registered address, address of your place of business, substantial shareholders, legal and beneficial owners or controllers (who own or control more than 10% of your shares or ownership interest or control), tax status, tax residency changes or if you become tax resident in more than one country. If any of these changes occurs or if any other information comes to light concerning such changes, the Company may need to request additional documents or information from you. Such information and documents include but are not limited to duly completed and/or executed (and, if necessary, notarized) tax declarations or forms.

如果閣下未能及時向本公司提供資料或文件，或閣下所提供所需的資料或文件並非最新、準確或完整，為確定本公司持續遵從適用規定，閣下同意本公司可以完全酌情決定隨時採取任何相關行動以確保本公司遵從適用法律及法規的要求。

If you do not provide the Company with the information or documents requested in a timely manner or if any information or documents provided are not up-to-date, accurate or complete you agree that the Company may take any relevant actions at any time as may be determined by the Company in its sole and absolute discretion to be required to ensure compliance with the applicable Laws and Regulations on the part of Company.

第五部份 個人資料收集聲明 Part 5 Personal Information Collection Statement

本人/我們確認已閱讀及明白「中國人壽保險（海外）股份有限公司」的收集個人資料聲明。有關最新版本的收集個人資料聲明，可於 www.chinalife.com.mo 下載或向中國人壽保險（海外）股份有限公司索取。I/We confirm that I/we have read and understood the Personal Information Collection Statement ("PICS") of China Life Insurance (Overseas) Company Limited. For the latest version of the PICS, it can be downloaded from www.chinalife.com.mo or is made available upon request.

第六部份 聲明及承諾 Part 6 Declarations and Undertaking

1. 本人/我們謹此聲明所有在本表格內及隨本表格提交的相關文件內所提供之資料及所作出的陳述，就本人/我們所知及所信，乃準確無誤、真實及為事實之全部。該等資料及陳述將作為 貴公司批准本人/我們的以上申請之根據並構成本表格所述保單（「本保單」）之一部份。
2. 本人/我們謹此聲明及同意本人/我們的以上申請須符合下列條件，方可生效：
 - (i) 以上申請是於本保單的受保人在生並仍然符合受保條件之情況下經 貴公司批核；
 - (ii) 本保單之利益為保單持有人合法所擁有及未有被轉讓或以其他方式轉移予除 貴公司以外之任何其他方；及
 - (iii) 本人/我們在香港或其他地方沒有被宣判破產、或作為任何破產或類似法律程序、或任何接管或類似命令之目標，而且在香港或其他地方沒有由本人/我們提起、或針對本人/我們提起之待決或已提起之任何破產或無力償債之法律程序。
3. 本人/我們謹此確認及承諾本保單以前曾指定之受益人均完全知悉，及如需要獲取其同意，已同意本表格的內容。
4. 本人/我們謹此同意及承諾就 貴公司因以上申請而招致的任何索償、損失、責任、賠償及所有相關的費用及開支(包括法律費用)作全數彌償。
5. 本人/我們明白及同意本表格之申請經 貴公司接納及批准後，所有本保單以前曾指定之慈善機構/慈善信託/受益人/信託人將會被撤銷。
6. 本人/我們明白及同意本表格的中、英文版本如有任何抵觸或不一致之處，概以中文版本為準。

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- I/We hereby declare that all information given and representations made in this form and in the related documents submitted together with this form are, to the best of my/our knowledge and belief, accurate, true and complete. Such information and representations shall form the basis for the approval by the Company of my/our above request and shall form part of the policy specified in this form (the "Policy").
 - I/ We hereby declare and agree that my/our above request shall only take effect provided that all the following conditions are met:
 - The above request is approved by the Company during the lifetime and continued insurability of the Insured of the Policy;
 - The Policyholder is legally entitled to the benefits under the Policy which have not been assigned or otherwise transferred to any party other than the Company; and
 - I/We am/are not adjudged bankrupt, or made the subject of any bankruptcy or similar proceedings, or of any receiving or similar order, in Hong Kong or elsewhere, and there are no bankruptcy or insolvency proceedings that are pending or have been instituted by or against me/us in Hong Kong or elsewhere.
 - I/We hereby confirm and undertake that all Beneficiary(ies) previously designated under the Policy is/are fully aware of and if consent is required, has/have consented to the contents of this form.
 - I/We hereby agree and undertake to indemnify the Company in full and hold the Company harmless from any claims, losses, liabilities, damages and all related costs and expenses (including legal fees) arising from or in connection with my/our above request.
 - I/We understand and agree that all previous designations of Charitable Institution(s) / Charitable Trust(s) / Beneficiary(ies) / Trustee(s) under the Policy shall be revoked once the application under this form is accepted and approved by the Company.
- I/We understand and agree that if there is any discrepancy or inconsistency between the English version and the Chinese version of this form, the Chinese version shall prevail.

第七部份 簽署 Part 7 Signature

- 此表格必須於保單持有人簽署日起計30天內交至本公司辦理手續。This form must be received by the Company within 30 days from the sign date of Policyholder.
- 若保單持有人或受保人以圖章蓋印簽署，必須有一位見證人，見證人必須為年滿18歲或以上的第三者。見證人之個人資料只會用於處理本申請及確認本申請表簽署人的身份之用。If the Policyholder or Insured uses a signature chop, a witness is required. The witness must be an individual third party aged 18 or above. The personal particulars of the witness will only be used for the purpose of verification and confirmation of the identity of the signatory of this form.
- 請勿在空白表格上簽署。Please DO NOT sign on BLANK form.

	保單持有人 Policyholder			現有受保人(倘非保單 持有人及 18 歲或以上) 後補受保人(18 歲或以上) Existing Insured (if different from the Policyholder & aged 18 or above)			不可撤換受益人 (如適用) Irrevocable Beneficiary (if applicable)			抵押轉讓之承讓人 (如適用) Signature of Collateral Assignee(if applicable)			見證人 Witness					
簽署或公司印鑑 Signature and/or Company Chop																		
姓名 Name	/			/			/			/			/					
身份證明文件號碼 Identity Document No.	/			/			/			/			/					
日期 Date	年Year	月Month	日Day	年Year	月Month	日Day	年Year	月Month	日Day	年Year	月Month	日Day	年Year	月Month	日Day	年Year	月Month	日Day