



## 指定/更改/終止後補受保人申請表 Request for Designation / Change / Termination of Contingent Insured 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

分行/中介人編號/註冊編號

Branch/ Intermediary Code/ Registration Code

聯絡電話

Contact No.

### 重要須知 IMPORTANT NOTES

1. 本表格只適用於有後補受保人安排之保單。This form is only applicable for the Policy with the arrangement of Contingent Insured.
2. 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.
3. 只接受正本申請表格及本表格應由保單持有人以正楷填寫及簽名，簽名式樣須與本公司的記錄相符。保單持有人亦必須於此表格內任何曾修改的地方簽署作實。Only original form is accepted and this form is to be completed by the Policyholder in BLOCK LETTERS and signed with the signature correspond with the Company's record. Any amendments in this form must be countersigned by the Policyholder in full signature.
4. 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妥。Receipt of this form by Insurance Intermediary or Bank Staff does not constitute receipt by the Company.
5. 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](http://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](http://www.chinalife.com.mo) to view and download the latest version of the form.
6. 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 the Company's requirement(s).

### 第一部份 指定/更改/終止後補受保人注意事項 Part 1 Important Notes of Designation / Change / Termination of Contingent Insured

1. 根據保單條款指定的保單年度起，於現有受保人在世期間及本保單有效期內，保單持有人可以填妥及提交本公司指定表格申請指定最多兩名後補受保人及其後補受保人的次序（適用於多於一名後補受保人），並須經本司確認及發出的批註作實後方為有效。有關批註只確認於本保單內指定後補受保人的申請。後補受保人只會在以下情況下成為新受保人。At any time during the lifetime of the current Insured and while the Policy is in force, Policyholder may designate two Contingent Insured(s) and the sequence of Contingent Insured(s) (applicable to more than one Contingent Insured) by completing and submitting to the Company in the Company's prescribed application form. It is not valid until the request is confirmed by the Company by issuance of endorsement. The issuance of the endorsement only serves the purpose of acknowledging the designation of the Contingent Insured for the Policy. The Contingent Insured will only become the New Insured when :
  - 1.1 現有受保人於保單有效期內身故，而在本公司記錄內已有獲批准之後補受保人；及 The current Insured dies while the Policy is in force and there is an approved Contingent Insured in the Company's record ; and
  - 1.2 本公司於受保人身故後 90 日內收到有關後補受保人之相關文件並符合本公司的相關行政程序及要求，並須經本公司確認及發出的批註作實後方為有效。本公司會根據本公司所記錄之次序安排第一後補受保人成為本保單的受保人。若因任何原因導致本公司無法安排第一後補受保人及/或第二後補受保人(如有)成為本保單的受保人，或本公司在於受保人身故後 90 日內沒有收到後補受保人的相關文件，本公司將支付身故賠償及意外身故保障（如適用）予受益人（如有）或保單持有人的遺產，保單將會隨即終止。The related documents of the Contingent Insured have been received by the Company within 90 days upon the death of the Insured and fulfill the Company's related administrative procedures and requirements. The change is not valid until the request is confirmed by the Company by issuance of endorsement. The Company will arrange the Contingent Insured who is first in line according the sequence of Contingent Insured in the Company's record to become the New Insured of the Policy. If the Company is not able to arrange the first Contingent Insure and/or second Contingent Insured (if any) to be the New Insured of the Policy due to any reasons, or the Company fails to receive the related documents of Contingent Insured within 90 days upon the death of the Insured, the Company will pay the death benefit and the accidental death benefit (if applicable) to the Beneficiary(ies) (if any) or the estate of the Policyholder. The Policy shall then terminate.
2. 每次只可有一名後補受保人成為本保單的新受保人。Only one Contingent Insured will become the New Insured of the Policy each time.
3. 保單持有人、現有受保人、不可撤換的受益人（如有）及承讓人（如有）必須於申請表上簽署。The Policyholder, the current Insured, the irrevocable beneficiary (if any) and the collateral assignee (if any) must sign the application form.

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**第一部份 指定/更改/終止後補受保人注意事項(續) Part 1 Important Notes of Designation / Change / Termination of Contingent Insured (Continued)**

- 第一後補受保人成為新受保人時，保單內的第二後補受保人（如有）會仍然於後補受保人之列，但保單持有人有權可隨時更改後補受保人的名單及次序。When the first Contingent Insured becomes the New Insured, the second Contingent Insured (if any) in the policy will still be on the Contingent Insured list, but the Policyholder has the right to change the list and sequence of the Contingent Insured at anytime.
- 若終止所有已指定的後補受保人及指定/更改後補受保人的申請同時發生，會先處理終止所有已指定的後補受保人的申請，然後才處理指定/更改後補受保人的申請。If the applications of termination of all designated Contingent Insured and change of Contingent Insured happen at the same time, the termination of all designated Contingent Insured will be processed prior to the designation / change of Contingent Insured.
- 若轉換保單持有人及後補受保人成為新受保人的申請同時發生，會先處理後補受保人成為新受保人的申請，然後才處理轉換保單持有人的申請。If the applications of change of the Policyholder and the Contingent Insured to be New Insured happen at the same time, the change of the Contingent Insured to be the New Insured will be processed prior to the change of Policyholder.
- 當後補受保人早於現有受保人身故，或本公司接受 i)此更改/終止後補受保人的申請後，或 ii)轉換保單持有人後，或 iii)後補受保人的書面確認表示不願意成為保單的受保人後，或 iv)保單抵押轉讓申請後，於本保單較早前所有被指定的後補受保人將會同時被自動撤銷，不作另行通知。If a Contingent Insured fails to survive the current Insured, or upon the Company's acceptance of i) the change/termination of the designated Contingent Insured, or ii) the change of Policyholder, or iii) the Contingent Insured's written confirmation for unwilling to be the Policy's Insured, or iv) application of collateral assignment, then any previous designated Contingent Insured(s) of the Policy will be revoked at the same time without further notice.
- 保單持有人須提示後補受保人有關將他/她指定為後補受保人、申請成為新受保人的程序、條件及條款。Policyholder shall remind the Contingent Insured his/her designation, and the procedures, terms and conditions to apply the Contingent Insured to be the New Insured.
- 本公司沒有責任或不會負責核實任何後補受保人之有效性或合法性，或就任何後補受保人之有效性或合法性負責。本公司不會亦不應被認為會就任何後補受保人的指定承擔任何責任。The Company shall not assume any duty or be responsible to verify or be responsible for the validity or legality of any designation of Contingent Insured. The Company shall not assume or be regarded to assume any responsibility or liability in relation to any designation of Contingent Insured.

**第二部份 指定/更改/終止後補受保人資料 Part 2 Designation / Change / Termination of Contingent Insured**

- 指定/更改後補受保人（請填寫第三部份） Designation / Change of Contingent Insured (Please complete Part 3)
- 終止所有已指定的後補受保人 Termination of ALL designated Contingent Insured

**第三部份 後補受保人資料 Part 3 Details of Contingent Insured****1) 第一後補受保人 First Contingent Insured**

中文姓名 Name in Chinese	英文姓名 Name in English	性別 Gender	出生日期 <sup>1</sup> Date of Birth <sup>1</sup>			身份證明文件號碼 Identity Document No.
			年 Year	月 Month	日 Day	
		<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female				
現有保單持有人是後補受保人以下親屬 <sup>2</sup> The Current Policyholder is the following relative of Contingent Insured <sup>2</sup>	<input type="checkbox"/> 本人 Self <input type="checkbox"/> 配偶 Spouse <input type="checkbox"/> 子女 Children <input type="checkbox"/> 父母 Parents <input type="checkbox"/> 監護人 Guardian <input type="checkbox"/> 祖父母/外祖父母 Grandparents <input type="checkbox"/> 孫/外孫 Grandchildren <input type="checkbox"/> 商業保險 Commercial insurance					

**2) 第二後補受保人 Second Contingent Insured**

中文姓名 Name in Chinese	英文姓名 Name in English	性別 Gender	出生日期 <sup>1</sup> Date of Birth <sup>1</sup>			身份證明文件號碼 Identity Document No.
			年 Year	月 Month	日 Day	
		<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female				
現有保單持有人是後補受保人以下親屬 <sup>2</sup> The Current Policyholder is the following relative of Contingent Insured <sup>2</sup>	<input type="checkbox"/> 本人 Self <input type="checkbox"/> 配偶 Spouse <input type="checkbox"/> 子女 Children <input type="checkbox"/> 父母 Parents <input type="checkbox"/> 監護人 Guardian <input type="checkbox"/> 祖父母/外祖父母 Grandparents <input type="checkbox"/> 孫/外孫 Grandchildren <input type="checkbox"/> 商業保險 Commercial insurance					

**備註Notes:**

- 在本公司收到申請時，後補受保人之年齡不可超過 (i) 保單條款訂明的年齡要求及 (ii) 現有受保人之已屆年齡，以較低者為準。When the Company receives the written request, the age of the Contingent Insured(s) cannot be above (i) the age requirements stipulated in the policy provision and (ii) attained age of the current Insured, whichever is lower.
- 保單持有人與後補受保人須存在本公司滿意之可保權益，現時只接受上面所列之關係。There must have insurable interest satisfactory to the Company between the Policyholder and the Contingent Insured(s), currently only the above-mentioned relationships will be accepted.

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**第四部份 個人資料收集聲明 Part 4 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](http://www.chinalife.com.mo) 下載或向本公司索取。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](http://www.chinalife.com.mo) or is made available upon request.

**第五部份 聲明 Part 5 Declarations**

本人/我們僅此確認已閱讀及明白以上申請內的所有內容、條款及條件並同意受該等內容、條款及條件約束。本人/我們僅此同意作出以上協議及聲明。I/We hereby confirm that I/we have read and understood all the content, terms and conditions of the above request, and agree to be bound by those content, terms and conditions. I/We hereby agree to make the above agreements and declarations.

**第六部份 簽署 Part 6 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) Current Insured (if different from the Policyholder & aged 18 or above)			不可撤換受益人 (如適用) Irrevocable Beneficiary (if applicable)			受讓人 (如適用) Assignee (if applicable)			見證人 (如適用) Witness (if applicable)		
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