



保單編號 Policy No.

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## 更改持有人及受保人資料/職業/簽名申請表 REQUEST FOR CHANGE OF POLICYHOLDER / INSURED PERSONAL INFORMATION / OCCUPATION / SIGNATURE



7312003301

保單持有人姓名 Name of Policyholder

受保人姓名(選填) Name of Insured (Optional)

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### 保險中介人資料 INSURANCE INTERMEDIARY INFORMATION

保險中介人姓名 Name of Insurance Intermediary

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保險中介人代碼 Insurance Intermediary Code

聯絡電話 Contact No.

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### 重要須知 IMPORTANT NOTE

- 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位置簽署作實。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紀錄相同。The signature of the Policyholder/Insured must match 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也已收到。Receipt of this form by Insurance Intermediary or Bank Staff does not constitute receipt by the Company
- 如有任何查詢，請與閣下的保險中介人聯絡或致電本公司客戶服務熱線(853) 2859 5519 查詢。澳門新口岸宋玉生廣場 263 號中土大廈 22 樓 A、B、K-P 座。If you have any queries, please feel free to contact your insurance intermediary or our Customer Service Hotline at (853)2859 5519 for details. Completed form(s) and required document(s) should be sent to China Life Insurance (Overseas) Co. Alameda Dr. Carlos D' Assumpção No.263, 22 /A,B,K-P Edif China Civil Plaza.
- 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.
- 如中英文版本有任何抵觸或不符之處，概以中文本為準。In case of discrepancies between the English and Chinese versions, the Chinese version shall apply and prevail.
- 如提供的身份證明文件/護照與閣下的保單記錄不符或稅務地區有轉變時，請務必填寫「自我證明」部份。如保單持有人為實體，請另外填寫自我證明表格 - 實體 (保單服務適用)。If the provided identity document / passport does not match the policy record or your tax residence is changed, please fill in PART "SELF-CERTIFICATION". If the Policyholder is an entity, please fill in the Self-Certification Form - Entity (For Policy Service Use).

### 更改資料(只需填寫更改項目) INFORMATION OF CHANGE REQUEST(Please fill in those item(s) which need(s) amendment)

#### A. 更改個人資料 CHANGE OF PERSONAL INFORMATION

- 如申請更改身份證明文件類別及號碼 / 出生日期 / 國籍，請連同下列相關文件一併遞交：For change of Identity Document Type and No. /Date of Birth / Nationality, please submit together with the following document(s):
  - 澳門身份證/護照 / 身份資料證明的認證副本(適用於澳門及非中國內地客戶)。Certified Copy of Macau ID / Passport / Personal Data (applicable to Macau and non-PRC customers only).
  - 中國居民身份證/旅遊證件 / 完整戶口簿，及公證書的前後複印認證副本，(適用於中國內地客戶)。Certified Copy back and forth of PRC ID Card / Travel Document / full set of Household Register, AND Notary Certificate (applicable to PRC customers only).
- 如申請更改姓名，請連同下列相關文件一併遞交：For change of name, please submit together with the following documents:
  - 澳門身份證/護照，及結婚證書的認證副本- 如因結婚而更改姓名(適用於澳門及非中國內地客戶)。Certified Copy of Macau ID / Passport, AND Marriage Certificate if change of name is due to marriage (applicable to Macau and non-PRC customers only).
  - 中國居民身份證/旅遊證件 / 完整戶口簿，及公證書的前後複印認證副本，(適用於中國內地客戶)。Certified Copy back and forth of PRC ID Card / Travel Document / full set of Household Register, AND Notary Certificate (applicable to PRC customers only).
  - 外國護照前後複印認證副本，連同封面及已更新客戶資料內頁。Certified copies of the front and back of the foreign passport, together with the cover and the inner page of the updated customer information.
- 如申請更改組織機構資料，所需提交的證明文件會因應組織機構註冊類別而不同，詳情請與本公司 / 保險中介人聯絡。Identity document(s) required to be submitted for change of entity particulars varies according to entity type. Please contact the Company /Insurance Intermediary for details

以下更改部份適用於：Changes below apply on:

 保單持有人 Policyholder

 受保人 Insured

1 更改姓名 Change of Name

中文 Chinese

英文 English

2 更改性別 Change of Gender

 男 Male

 女 Female

更改出生國家 Change of Country of Birth

更改婚姻狀況 Change of

 未婚 Single

 已婚 Married

更改出生日期 Change of Date of Birth

Marital Status

 其他 Others

年 Year

月 Month

日 Day

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**A. 更改個人資料(續) CHANGE OF PERSONAL INFORMATION (Continued)**

**3 更改國籍(或地區)/公司註冊地 Change of Nationality (or District) /Place of Incorporation**

澳門 Macau  中國 China  台灣 Taiwan  香港 Hong Kong  美國 United States  其他 Other (請註明 please specify) \_\_\_\_\_

**4 更改身份證明文件類別及號碼 Change of Identity Documents Type and No.**

澳門永久居民 Macau Permanent Resident 澳門身份證號碼 Hong Kong Identity Card No.: \_\_\_\_\_

非澳門永久居民 Non-Macau Permanent Resident 身份證/護照號碼 Identity Card/Passport No.: \_\_\_\_\_

簽發國家 Issue Country: \_\_\_\_\_

組織機構(公司客戶) Entity (Corporate Client) 商業登記/公司註冊號碼 Business Registration / Company Registration No.: \_\_\_\_\_

**5 更改簽名 Change of Signature**

保單持有人之新簽名 New Signature of Policyholder

受保人之新簽名 New Signature of Insured

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**6 更改職業 Change of Occupation**

以下更改部份適用於:  保單持有人 Policyholder  受保人 Insured

現時職業及職位(包括兼職)Current Occupation & Title (including Part-time job) \_\_\_\_\_

業務性質(包括兼職)Nature of Business (including Part-time job) \_\_\_\_\_

入職日期 Date of Employment 年 Year 月 Month 日 Day 工作範圍 (包括兼職) Job Duties (including Part-time job) \_\_\_\_\_

高空作業: Work at Height:  是(請註明最高高度/米)Yes (please specify maximum height /m) \_\_\_\_\_  否 No

重型機械操作: Heavy Machinery Operation:  是(請註明最高高度/米)Yes (please specify maximum height /m) \_\_\_\_\_  否 No

公司名稱及地址 Company Name & Address \_\_\_\_\_

**B. 聲明及授權 DECLARATION AND AUTHORIZATION**

本人/我們現申請辦理上述之更改事項,謹此聲明並確認所有提供之資料及細節是準確無誤、真實及為事實之全部,並且是盡本人/我們所知及所信而作答的。本人/我們並同意此等更改事項或服務必須符合下列所有條件及經 貴公司批准,方能生效:

- 所有需要之款項及文件提交予 貴公司並完整無缺。
- 此項申請在受保人在生並仍然符合受保條件時,經 貴公司接納及批准。
- 在此申請表及 貴公司所須之其他文件上填報之一切資料及申報,將成為此保單之一部份(除非另有其他指示)
- 本人/我們提供符合 貴公司要求之有效證明文件(例如:身分證明及地址證明)予貴公司,讓 貴公司能按照於「預防及打擊透過保險活動清洗黑錢及資助恐怖主義的操作指引」所載,對本人/我們、保單之最終實益擁有人(如有)及本人/我們之授權簽署人士(如適用)進行客戶盡職審查。

I/We hereby request the above change(s) be effected and declare that all statement, information and particulars given herein are accurate, true and complete and are given to the best of my/our knowledge and belief and no material information has been withheld in relation to this request. I/We agree that such change(s) or service(s) will not take effect unless all of the following conditions are met and approved by the Company.

- All required payment and complete supporting documents have been submitted to the Company.
- The request is accepted and approved by the Company during the lifetime and continued insurability of the Insured.
- The information and statement made in this request and in other documents as required by the Company shall form the basis for this policy alteration request and form a part of the policy(ies) unless otherwise specified.

I/We provide valid documentation proofs (such as identity document and address proof) to the satisfaction of the Company for the Company to conduct due diligence on myself/ourselves, the ultimate beneficial owner of the policy (if any) and my/our authorized signatory(ies) (if applicable) pursuant to the "Guidelines on Prevention and Combating Money Laundering and Financing of Terrorism in Insurance" Ordinance.

**C. 有關《外國帳戶稅務合規法》的聲明 DECLARATION RELATING TO FOREIGN ACCOUNT TAX COMPLIANCE ACT**

本人 / 吾等謹此聲明、同意及承認:

- 中國人壽保險(海外)股份有限公司(下稱“貴公司”)及 / 或任何其附屬機構須遵從法律、法規、命令、指引、守則和包括《外國帳戶稅務合規法》適用規定的要求,或任何公眾、司法、稅務、政府和/或其他監管機構協定的要求,包括但不限於美國國家稅務局(以下簡稱“監管機構”)在不同司法管轄區不時頒布及修訂的協定(以下簡稱“適用規定”)。
- 就美國聯邦薪俸稅之有關事項而言,本人 / 吾等並非美國稅務居民(即美國綠卡持有人或滿足實則居住測試),及並不代表美國人行事。本人 / 吾等明白貴公司相信此陳述是真實的,並以此為依據及代為行事。倘若此陳述是不正確 / 虛假的,貴公司保留權利並有權取消保單。任何依據此陳述而續發的保單可視作無效。(註:美國公民或居民必須填寫 IRS 之 W-9 表格,而上以上之有關條款並不適用。)
- 就本人 / 吾等任何在申請時或其他時間向貴公司提供的任何資料,尤其是對於本人 / 吾等的國籍、地址、電話、稅務狀況或稅籍所在地的變動,或若本人 / 吾等擁有多於一個國家的稅籍,本人 / 吾等同意在三十天內書面通知公司。若發生這些變動,或若任何其他資料顯示發生了變動,貴公司可能會要求本人 / 吾等提供某些文件或資料,包括正式填妥及 / 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。
- 本人 / 吾等同意 貴公司可能將根據適用規定的要求,向任何監管機關披露本人 / 吾等的個人資料或任何資料。此等披露可以由貴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貴公司之間的任何其他協議所載的任何內容,貴公司可能需要本人 / 吾等向貴公司提供進一步資料,以便向任何監管機關透露,而本人 / 吾等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,向貴公司提供相關的資料。
- 如本人 / 吾等未能及時向貴公司提供資料或文件,或本人 / 吾等所提供所需的資料或文件並非最新、準確或完整,為確定貴公司持續遵從適用規定,本人 / 吾等同意貴公司可以完全酌情決定隨時採取任何相關行動以確保貴公司遵從適用法律及法規的要求。

**C. 有關《外國帳戶稅務合規法》的聲明(續)DECLARATION RELATING TO FOREIGN ACCOUNT TAX COMPLIANCE ACT(Continued)**

I/We hereby declare, agree and acknowledge that:

- China Life Insurance (Overseas) Co. Ltd (hereinafter called "the Company") and/or its affiliates are obliged to comply with 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 but not limited to the Internal 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").
- I / we represent that I am / we are not a U.S. tax resident (i.e. U.S. Green Card holder or individual who meets the substantial presence test) for purposes of U.S. federal income tax and that I am /we are not acting for, or on behalf of, a U.S. person. I / We understand that the Company, believing this statement to be true, will rely on it and act on it. In the event this statement is incorrect / false, the Company reserves the right and shall be entitled to cancel the policy. Any policy issued may accordingly be considered void. (Note: This Clause is not applicable to U.S. citizens or residents, who must complete IRS Form W- 9.)
- I/We agree to notify the Company in writing within 30 days if there is any change of any of the details previously provided to the Company whether at time of application or at any other times, in particular, my/our nationality, address, place of incorporation, tax status or tax residency changes or if I/we 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 certain documents or information from me/us, including duly completed and/or executed (and, if necessary, notarized) tax declarations or forms.
- I/We agree that the Company may disclose my/our 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 I/we to provide the Company with further information as may be required for disclosure to any Authority and I/we 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).
- If I/we 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 I/we 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.

為遵循 FATCA 及相關的本地法規，本人/我們同意貴公司提供本人/我們的個人資料予美國或相關的本地司法、稅務或其他監管機構，以確保貴公司遵行 FATCA 或適用規定。 Pursuant to FATCA or other applicable local laws, I / we hereby consent to the Company to report my/our personal data to the U.S. or other applicable local judicial, regulatory or tax authorities where necessary in order to comply with FATCA or other applicable local laws.

**D. 個人資料收集聲明 PERSONAL INFORMATION COLLECTION STATEMENT**

本人/我們確認已閱讀及明白中國人壽(海外)股份有限公司的收集個人資料聲明("本聲明")。有關最新版本的收集 [www.chinalife.com.mo](http://www.chinalife.com.mo) 下載或向中國人壽(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](http://www.chinalife.com.mo) or is made available upon request.

**E. 自我證明(個人保單持有人的身份識辨資料) SELF-CERTIFICATION (IDENTIFICATION OF INDIVIDUAL POLICYHOLDER)**

- 這是由保單持有人向中國人壽保險(海外)股份有限公司(本公司)提供的自我證明表格，以作自動交換財務帳戶資料用途。本公司可把收集所得的資料交給財政局，財政局會將資料轉交到另一稅務管轄區的稅務當局。 This is a self-certification form provided by a Policyholder to China Life Insurance (Overseas) Company Limited (the Company) for the purpose of automatic exchange of financial account information. The data collected may be transmitted by the Company to the Finance Services Bureau for transfer to the tax authority of another jurisdiction.
- 如保單持有人的稅務居民身份有所改變，應盡快將所有變更通知本公司。 A Policyholder should report all changes in his/her tax residency status to the Company.
- 除不適用或特別註明外，必須填寫以下所有的部份。如這份表格上的空位不夠應用，可另紙填寫。在欄/部標有星號(\*)的項目為本公司須向稅務局申報的資料。 Below all of the forms must be completed (unless not applicable or otherwise specified). If space provided is insufficient, continue on additional sheet(s). Information in fields/parts marked with an asterisk (\*) are required to be reported by the Company to the Inland Revenue Department. -
- 對於聯名帳戶或多人聯名帳戶，每名個人帳戶持有人須分別填寫一份表格 For joint or multiple account holders, complete a separate form for each individual account holder
- 對於聯名帳戶或多人聯名帳戶，每名實體帳戶持有人須分別填寫一份表格(For joint or multiple account holders, complete a separate form for each entity account holder.
- 保單持有人在我們保單記錄的姓名、身份證明文件號碼、出生日期、出生國家/地、住址、通訊地址(如適用)將被視為閣下的自我證明一部份。 Policyholder's Name, Identification Document Number, Date of Birth, Country/Place of Birth, Residential Address, and Correspondence Address (if applicable) of our policy records will be considered as your Self-Certification.

居留司法管轄區及稅務編號或具有等同功能的識辨編號(以下簡稱「稅務編號」)

**Jurisdiction of residence and taxpayer identification number of its functional equivalent ("TIN")**

提供以下資料，列明(a)保單持有人的居留司法管轄區，亦即保單持有人的稅務管轄區(澳門包括在內)及(b)該居留司法管轄區發給保單持有人的稅務編號。列出所有(不限於5個)居留司法管轄區。如保單持有人是澳門稅務居民，稅務編號是其澳門身份證號碼。如沒有提供稅務編號，必須填寫合適的理由： Complete the following table indicating (a) the jurisdiction of residence (including Macau) where the Policyholder is a **resident for tax purposes** and (b) the Policyholder's TIN for each jurisdiction indicated. Indicate **all** (not restricted to five) jurisdictions of residence. If the Policyholder is a tax resident of Macau, the TIN is the Macau Identity Card Number. If a TIN is unavailable, provide the appropriate reason A, B or C:

<b>理由 A Reason A</b>	保單持有人的居留司法管轄區並沒有向其居民發出稅務編號。 The jurisdiction where the Policyholder is a resident for tax purposes does not issue TINs to its residents.
<b>理由 B Reason B</b>	保單持有人不能取得稅務編號。如選取這一理由，解釋保單持有人不能取得稅務編號的原因。 The Policyholder is unable to obtain a TIN. Explain why the Policyholder is unable to obtain a TIN if you have selected this reason.
<b>理由 C Reason C</b>	保單持有人毋須提供稅務編號。居留司法管轄區的主管機關不需要保單持有人披露稅務編號。 TIN is not required. Select this reason only if the authorities of the jurisdiction of residence do not require the TIN to be disclosed.

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**F. 自我證明(個人保單持有人的身份識辨資料)(續) SELF-CERTIFICATION (IDENTIFICATION OF INDIVIDUAL POLICYHOLDER) (Continued)**

居留司法管轄區 Jurisdiction of Residence	稅務編號 TIN	如沒有提供稅務編號，填寫理由 A、B 或 C. Enter Reason A, B or C if no TIN is available	如選取理由 B，解釋保單持有人不能取得稅務編號的原因 Explain why the Policyholder is unable to obtain a TIN if you have selected Reason B
1.			
2.			
3.			
4.			
5.			

**聲明 Declaration**

本人知悉及同意，財務機構可根據第 5/2017 號法律《稅務信息交換法律制度》有關交換財務帳戶資料的法律條文，(a)收集本表格所載資料並可備存作自動交換財務帳戶資料用途及(b)把該等資料和關於保單持有人及任何須申報帳戶的資料向澳門特別行政區政府稅務局申報，從而把資料轉交到保單持有人的居留司法管轄區的稅務當局。

本人承諾，如情況有所改變，以致影響本表格所述的個人的稅務居民身份，或引致本表格所載的資料不正確，本人會通知中國人壽保險(海外)股份有限公司，並會在情況發生改變後 30 日內，向中國人壽保險(海外)股份有限公司提交一份已適當更新的自我證明表格。

本人聲明就本人所知所信，本表格內所填報的所有資料和聲明均屬真實、正確和完備。

I acknowledge and agree that (a) the information contained in this form is collected and may be kept by the financial institution for the purpose of automatic exchange of financial account information, and (b) such information and information regarding the Policyholder and any reportable account(s) may be reported by the financial institution to the Inland Revenue Department of the Government of the Macau Special Administrative Region and exchanged with the tax authorities of another jurisdiction or jurisdictions in which the Policyholder may be resident for tax purposes, pursuant to the legal provisions for exchange of financial account information provided under the Law no. 5/2017 《Exchange of Information Law》.

I undertake to advise China Life Insurance (Overseas) Company Limited of any change in circumstances which affects the tax residency status of the individual identified in this form or causes the information contained herein to become incorrect, and to provide China Life Insurance (Overseas) Company Limited with a suitably updated self-certification form within 30 days of such change in circumstances.

I declare that the information given and statements made in this form are, to the best of my knowledge and belief, true, correct and complete.

**G. 聲明及簽署(請勿在空白表格上簽署) DECLARATIONS & SIGNATURE (Please DO NOT sign on BLANK form)**

1. 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 date of its signing

2. 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 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.

本人/我們僅此確認已閱讀及明白以上申請的所有條款及條件，並同意受該等條款及條件約束。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 terms and conditions of the above request, and agree to be bound by those terms and conditions. I/We hereby agree to make the above agreements and declarations.

簽署或公司印鑑 Signature and/or Company Chop	保單持有人 Policyholder			受保人簽署 (倘非保單持有人及18歲或上) Signature of Insured (if different from the Policyholder & aged 18 or above)			抵押轉讓之承讓人 (如適用) Signature of Collateral Assignee (if applicable)			見證人及身份證/護照號碼 Witness & I.D. Card / Passport No.		
	年 Year	月 Month	日 Day	年 Year	月 Month	日 Day	年 Year	月 Month	日 Day	年 Year	月 Month	日 Day