



**中國人壽保險(海外)股份有限公司澳門分公司**  
**CHINA LIFE INSURANCE (OVERSEAS) CO., LTD. MACAU BRANCH**

**China Life Macau Branch Defined Contribution Retirement Scheme**

**中國人壽澳門分公司界定供款退休計劃**

**Report on Change in Beneficiary**

**更改受益人通知書**

To: China Life Insurance (Overseas) Co., Ltd. Macau Branch

致: 中國人壽保險(海外)股份有限公司澳門分公司

Type of Member 成員類別 :  Employee 僱員  Individual Participant 個別人士

Scheme Account No. 計劃帳戶編號 : \_\_\_\_\_ Member No. 成員編號 : \_\_\_\_\_

Name in English 英文姓名 : \_\_\_\_\_ Name in Chinese 中文姓名 : \_\_\_\_\_

Name of Employer (if applicable) 僱主名稱 (如適用) : \_\_\_\_\_

Effective Date of Change 更改生效日期 : \_\_\_\_\_ (dd/日) \_\_\_\_\_ (mm/月) \_\_\_\_\_ (yyyy/年)

**Nomination 指定受益人**

Beneficiary 受益人(1) : \_\_\_\_\_ Percentage of Benefit 佔利益百分比 : \_\_\_\_\_ %  
 Relationship 關係 : \_\_\_\_\_ ID Card No./ Passport No. 身份證/護照號碼 : \_\_\_\_\_  
 Address 地址 : \_\_\_\_\_

Beneficiary 受益人(2) : \_\_\_\_\_ Percentage of Benefit 佔利益百分比 : \_\_\_\_\_ %  
 Relationship 關係 : \_\_\_\_\_ ID Card No./ Passport No. 身份證/護照號碼 : \_\_\_\_\_  
 Address 地址 : \_\_\_\_\_

Beneficiary 受益人(3) : \_\_\_\_\_ Percentage of Benefit 佔利益百分比 : \_\_\_\_\_ %  
 Relationship 關係 : \_\_\_\_\_ ID Card No./ Passport No. 身份證/護照號碼 : \_\_\_\_\_  
 Address 地址 : \_\_\_\_\_

Beneficiary 受益人(4) : \_\_\_\_\_ Percentage of Benefit 佔利益百分比 : \_\_\_\_\_ %  
 Relationship 關係 : \_\_\_\_\_ ID Card No./ Passport No. 身份證/護照號碼 : \_\_\_\_\_  
 Address 地址 : \_\_\_\_\_

- Percentage indicated must be in round numbers with no decimals and must add up to 100% in total. 百分比必須以整數填寫及所有受益人佔利益百分比總計必須為百分之一百。
- I hereby nominate the aforesaid Beneficiary to receive the lump sum death benefit payable under the terms of China Life Macau Branch Defined Contribution Retirement Scheme. 本人現指定上述受益人可按中國人壽澳門分公司界定供款退休計劃之條文收取身故利益。
- I hereby declare that this Nomination supercedes all others of earlier date. 本人現聲明此指定取代以往所作的任何指定。
- I also understand that the aforesaid address and the Beneficiary can be changed by written notices recorded by China Life Insurance (Overseas) Co., Ltd. Macau Branch. 本人同時明白更改上述之地址和受益人, 必須要中國人壽保險(海外)股份有限公司澳門分公司收妥書面通知方可辦理。

Member Signature 成員簽署 : \_\_\_\_\_ Employer Signature (if applicable) 僱主簽署 (如適用) : \_\_\_\_\_

Date 日期 : \_\_\_\_\_

**NOTE**

- (i) Please complete the changed information only 只需填寫有更改的資料
  - (ii) This form can be photocopied for future use. 本表格可複製備將來之用
  - (iii) Please attach the ID Card copy of beneficiary 請附上受益人身份證副本
- \*Please delete the inappropriate 請劃去不適用者

For Official Use Only 公司專用			
Input by:		Checked by:	
Date of input:		Date of checking	