AIA
REQUEST FOR CHANGE FORM / SUBSEQUENT APPLICATION FOR PERSONAL ACCIDENT CONTRACT
更改保單申請表 / 人身意外保險申請表

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You can also contact your Financial Planner to submit requests digitally through iChange.
我們為環境保護盡一分力！您可以使用手機應用程式AIA Connect或聯絡您的財務策劃顧問透過iChange電子方式遞交保單服務申請！
Download AIA Connect by scanning the QR code or contact your Financial planner now!
立即掃描二維碼下載AIA Connect或與您的財務策劃顧問聯絡！

Policy Number 保單號碼	Name of Insured 受保人姓名	Name of Owner 持有人姓名
B630980367	Li Wai Ling	Li Wai Ling
Area Code 區域編號	**Agency / Broker Name 營業員組別 / 經紀名稱**	**Agent / Broker Code 營業員號碼 / 經紀號碼**
8Y	C-A-LL	H1690
Agency Code 營業員組別編號	**Agent / TR's Name 營業員 / 業務代表姓名**	**Agent / TR's Tel. No. 營業員 / 業務代表聯絡電話**
8480	Ho KAR LEE	63837307

PART A 甲部 PLEASE USE A SEPARATE FORM FOR EACH POLICY NUMBER 每一份保單請填寫一份申請表

Please tick the appropriate box 請在適當的空格內劃上「X」號

☐ **Change Mode of Payment 更改付款形式**

☐ Annually 年繳 ☐ Semi-annually 半年繳 ☐ Quarterly 季繳

If client changes the mode of payment as non-monthly mode payment, the existing autopay account will be maintain unchanged, subject to the payment by direct debit of bank account or company designated credit card# account.

Please visit aia.com.hk > Customer Support > Premium Payment Channels > By Autopay for details.

Please submit Direct Debit Authorization Form to Cashier if registration for new autopay account is needed.

若客戶更改付款形式為非月繳保費付款，客戶現有之自動轉賬為銀行戶口或公司指定之銀行信用咭#戶口將會被保留。

請參閱aia.com.hk > 客戶支援 > 保費繳付方式 > 自動轉賬內的資料。

如須重新登記自動轉賬戶口，請遞交直接付款授權書予繳費處。

☐ Monthly 月繳

* Payment must be via direct debit arrangement. 月繳保費必須經由自動轉賬繳交。
* Submit Direct Debit Authorization Form to Cashier. 請遞交直接付款授權書予繳費處。

Please tick the "Cancel Autopay" box below if autopay cancellation is needed. 欲取消自動轉賬，請一併勾選下方「取消自動轉賬」指示。

☐ **Cancel Autopay 取消自動轉賬**

The request must be submitted to us at least seven working days prior to the debit date. 申請需於扣數日最少七個工作天之前交予我們。

☐ **Cancel Installment Plan Auto-renewal 取消分期計劃之自動續期**

- Premium collection via autopay / Installment Plan Auto-renewal will be stopped only after your request is accepted and completed successfully by the Company. 自動轉賬繳費 / 分期計劃之自動續期只會當公司收到及接受申請後取消。
- Any premium and levy (for Hong Kong policies) paid prior to the Company's receipt and approval of the request will not be refunded. 任何於公司收到及接受申請前已繳交的保費與保費徵費（香港保單適用）將不會退還。

☐ **Cancel Premium Holiday 取消「暫停繳費」**

Only applicable to the following plans 只適用於下列計劃

- AIA Asset Accumulator 友邦「財庫之選」投資計劃
- AIG Capital Saver by AIA AIG 資本匯聚友邦投資計劃
- Treasure Advantage 卓智投資計劃
- AIA Asset Accumulator (EDB) 友邦「財庫之選」投資計劃（卓越保障）
- Treasure Accumulator 卓薈之選
- Treasure Advantage (Enhanced Protection) Series 卓智投資計劃（卓越保障）

☐ **Term Conversion 轉換定期壽險為永久或儲蓄壽險**

(Please send this form to U&I Dept. with the application form of new policy for approval. 請連同此表格與新單要保書交予核保部批核)。

Converted Plan Name 轉換計劃名稱

Converted Sum Assured / Principal Amount^ 轉換保額 / 基本金額^

*Remaining Sum Assured / Principal Amount^ *剩餘保額 / 基本金額^

CIR on Term Converted Sum Assured / Principal Amount^
危疾定期壽險附加契約轉換保額 / 基本金額^

*Remaining Sum Assured / Principal Amount^ *剩餘保額 / 基本金額^

New Policy Number 新單號碼

#New Plan #新壽險計劃

* The remaining sum assured / principal amount^, if any, should not be less than the minimum sum assured / principal amount^ required by the Company, otherwise, all remaining sum assured / principal amount^ and its attachable supplementary contract(s) will be deleted automatically. 剩餘保額 / 基本金額^（如有）不可少於公司要求的最低保額 / 基本金額^，否則所有剩餘保額 / 基本金額^及其附加契約將會自動取消。

^ can also be expressed as Principal Sum / Principal Amount / Face Amount in accordance with your Basic Plan Contract. For any medical and accident coverage, this can be defined as Benefit Amount. 視乎閣下的基本計劃契約而定，亦可表達為主要保額 / 基本金額 / 基本保額。醫療及個人意外保障則可定義為利益金額。

In the event of conversion from Term plan to any AIA Vitality Power Up Coverage Series Insurance Plan, the initial AIA Vitality Power Up Coverage amount will be 10% of the Initial Sum Assured of the New Plan (unless otherwise specified). Please check with us before making any conversion request. 若轉換定期保險至AIA Vitality健康程式保障增值系列之保險計劃，最初的AIA Vitality健康程式保障增值額將為新計劃的原有保額的10%（除非另有規定）請在申請轉換前與我們聯繫。

(Applicable to Macau Policy Only) You are required to submit the signed Customer Declaration for Policy Replacement together with the application form of new policy.
（只適用於澳門保單）您必須將已簽署的《人壽保險客戶轉保聲明書》連同新單投保申請書一併提交。

☐ **Change Autopay Cycle for Monthly Premium 更改月繳保費自動轉賬之週期**

◯ First cycle 月初轉賬 ◯ Second cycle 月中轉賬

Change of autopay cycle will not be accepted for Wealth FlexiProtector. 更改自動轉賬週期並不適用於財富萬用保。

☐ **Non-Forfeiture Option (N.F.O) 既有現金價值條款選擇**

☐ Extended Term Insurance 延期定期保險 ☐ Reduced Paid Up Insurance 減額付清保險

☒ **Others 其他**

申請紙本合約

The Company reserves the right to accept or reject "OTHERS" requests in this box. Any request/s to backdate this form or any document will be automatically rejected.
於「其他」一欄內的申請，本公司保留接受或拒絕之權利，而在此表格或任何文件內要求提早生效日期之申請，均一概不會受理。

☐ **Correction of Personal Particular 更改個人資料** (ID copy / Deedpoll is required) 請提交身份證 / 改名契副本

◯ Insured 受保人 ◯ Owner 持有人

Name 姓名

Date of birth 出生日期 MM月 DD日 YYYY年

ID / Passport No. 身份證或護照號碼

Nationality 國籍

Sex 性別

Upon the insured or policyowner's submission of a request for change of personal particulars to us, we will correspondingly update your personal data in respect of all your other policies. 受保人或持有人遞交申請更改個人資料時，其所有相關保單的個人資料將會相應地更新。
Please note that the pending memo and correspondences (if any), will be delivered to you via your respective servicing agent(s) of your policies. 請注意，待決通知書及信件（如有）將會經由閣下保單之個別服務營業員轉交給你。

PART B 乙部 (Health Certificate is required except for reduction of sum assured / principal amount^ or deletion of rider(s). 除減低保額 / 基本保額^及取消附加契約外，請提交健康證明書)

^ can also be expressed as Principal Sum / Principal Amount / Face Amount in accordance with your Basic Plan Contract. For any medical and accident coverage, this can be defined as Benefit Amount. 視乎閣下的基本計劃契約而定，亦可表達為主要保額 / 基本金額/基本保額。醫療及個人意外保障則可定義為利益金額。

☐ **Reinstatement 復效**

☐ Redating 重訂保單日期 ☐ Reinstate Agent 申請復效營業員

☐ **Reinstatement – Outpatient Basic Declaration 復效－加倍關心門診保障聲明**

I hereby declare that I / the Insured do not require any regular treatment or long term medication and I / the Insured did not suffer from any continuing medical condition for which I / the Insured attended a doctor for more than three times a year.
本人謹聲明本人 / 受保人不需定期或長期接受任何治療或服用藥物及未曾因個別持續病患而於一年內向醫生求診多過三次。

☐ **Re-activate AIA Vitality Membership 重新啟動「AIA Vitality 健康程式」會籍**

(Please pay AIA Vitality annual membership fee. If AIA Vitality Membership is re-activated within 12 months, policy will be entitled to the AIA Vitality Insurance premium discount. 請繳付「AIA Vitality 健康程式」會籍年費。如在1年內重新啟動「AIA Vitality 健康程式」會籍，便可享有「AIA Vitality 健康程式」保費折扣。)
AIA Vitality Membership No.「AIA Vitality 健康程式」會員編號

☐ **Reduce Basic Sum Assured / Principal Amount^ to 減少保額 / 基本金額^至**

Please note that the revised Sum Assured/Principal Amount^ are subject to the Company's requirements.
請注意，申請完成後的保額 / 基本金額^ 需符合公司之要求。
^ can also be expressed as Principal Sum / Principal Amount / Face Amount in accordance with your Basic Plan Contract. For any medical and accident coverage, this can be defined as Benefit Amount.
^ 視乎閣下的基本計劃契約而定，亦可表達為主要保額 / 基本金額 / 基本保額。醫療及個人意外保障則可定義為利益金額。
(Applicable to AIA Assemble basic plan only) Once the Initial Sum Assured of the Life Cover is reduced, the Initial Sum Assured of all Respective Covers of your AIA Assemble policy will be proportionately reduced. The Initial Sum Assured of the Life Cover and all Respective Covers must meet the Company's minimum Initial Sum Assured requirements.
(只適用於「自在自選」危疾保基本計劃) 當人壽保障類別的原有保額減少，您的「自在自選」危疾保保單下所有相應保障類別的原有保額均會按比例減少。人壽保障類別及所有相應保障類別的原有保額均需符合本公司的最低原有保額之要求。

☐ **Deletion of Supplementary Contract 取消附加契約**

☐ **Remove / Reduce Medical Rating / Exclusion 刪除或減少因健康所附加的額外保費 / 不保事項**

☐ Medical Rating 額外保費 ☐ Exclusion 不保事項 ☐ Smoker Rating 吸煙者保費

Upon receipt of submission for remove / reduce medical rating / exclusion / SR, we will update your medical rating / exclusion / SR for all of your policies with the company. Please note that the pending memo and correspondences (if any), will be delivered to you via your respective servicing agent(s) of your policies. 申請刪除或減少因健康所附加的額外保費 / 不保事項 / 吸煙申請時，其所有於本公司保單的附加保費 / 不保事項 / 吸煙申請將會被同時更新。請注意，待決通知書及信件（如有）將會經由閣下保單之服務營業員轉交給你。

☐ **Change of Occupation Rating / Change of Occupation 轉職 / 或因轉職而調整保費**

☐ Insured 受保人 ☐ Owner 持有人

New Occupation 現職

since 任職日

Daily Job Duty 日常職務

Employer's Name and Address 僱主姓名及地址

Upon receipt of submission for change of occupation / change of occupation rating from the insured or policyowner, we will update your occupation record / rating for all of your policies with the Company. Please note that the pending memo and correspondences (if any), will be delivered to you via your respective servicing agent(s) of your policies.受保人或持有人更新職業或因轉職而調整保費時，其所有於本公司保單的職業紀錄 / 保費將會被同時更新。請注意，待決通知書及信件（如有）將會經由閣下保單之服務營業員轉交給你。

DECLARATION & AUTHORIZATION:

Terms and Conditions of Part A & Part B: This request is NOT valid until (1) it is recorded as received by AIA. (the "Company") during the life time of BOTH the Insured and the Owner and (2) it is finally confirmed as accepted by the Company by way of Endorsement or letter. Receipt of this form by AIA Financial Planner or your broker does not constitute recorded receipt by the Company. The final decision on the validity of this form rests with the Company. I / We hereby irrevocably authorize: The Company to enter into arrangements with Panel Network Providers to provide specified medical services to me / us (if and as applicable).

Request: I / We request that this Policy be changed according to the above particulars. I / We understand and agree that a copy of this request will be attached to and form a part of the said Policy. Where this request relates to change of beneficiary in respect of this Policy, I / we confirm that my / our previously nominated beneficiary or beneficiaries (other than the estate of insured), is / are fully aware of and has / have not objected to the contents of this "Request for Change" form.

No Third Party Rights: I / We understand and agree that a person who is not a party to this Policy (including but not limited to the Insured or the Beneficiary) has no right to enforce any of the terms of this Policy.

Important Note: Payment does not guarantee immediate approval of the application or at all. The reinstatement / addition of rider / change of plan / increasing sum assured / removal of exclusion / removal of medical rating, whichever is applicable, will only become effective when we receive the relevant documents and any required amount, including but not limited to the health certificate and full premium, as well as any outstanding levy amount due and overdue (for Hong Kong policies), and provided that we accept and approve the satisfactory proof of the insured's current health condition and other necessary requirements are met to our satisfaction. We reserve the right to withhold, refuse and / or reject any application. Effective on 1 January 2018, levy is payable on each premium for both new and in-force Hong Kong policies pursuant to the Insurance (Levy) Order and the Insurance (Levy) Regulation, which includes both regular and top-up premiums. Different levy rates apply, which are dependent upon the policy date or the policy anniversary date. The prescribed levy shall be subject to change from time to time.
The policy owner is required to pay to us the prescribed levy along with the premium. Any failure to do so may result in a breach of the Insurance (Levy) Regulation under which the Insurance Authority may impose on the policy owner concerned a pecuniary penalty not exceeding HK$5,000 and take legal proceedings to recover any outstanding levy and penalty as a civil debt.

聲明及同意：

甲部及乙部之條款：此申請表需於(1)受保人及持有人生存期間獲友邦（即「貴公司」）收到並存檔及(2)最終經貴公司以批註或確認信批准方為有效，而友邦財務策劃顧問或您的經紀收到的申請表並不代表貴公司亦已收到。本人 / 我們茲授權：貴公司為本人 / 我們安排醫療網絡組織之服務提供者進行指定之醫療服務（如適用）。

申請：本人 / 我們在此要求保單按照上述細則更改，本人 / 我們並明白及同意申請表之副本將附於本保單契約內，且構成保單契約之一部份。如更改受益人，本人 / 我們確認本人 / 我們之前為此保單所委任之任何受益人（受保人之遺產除外）均完全知悉此「更改保單申請表」上之內容，而且並無就此申請提出反對。

沒有第三者權利：本人 / 我們明白及同意非保單合約一方（包括但不限於受保人及受益人）沒有權利執行任何保單條款。

重要事項：已付款並不保證申請獲即時批核。有關之復效 / 增加附加契約 / 更改基本保險計劃 / 增加保額 / 刪除不保事項 / 刪除額外保費（以適用者為準）申請，將於本公司收妥相關文件及所需金額，包括但不限於健康證明書，全數保費，及任何到期及逾期而未繳清之保費徵費（香港保單適用），並獲本公司接納及批准受保人的健康現況證明，及其他所需要求後，方為正式生效。本公司保留權利擱置，拒絕及 / 或駁回任何申請。保費徵費將於二零一八年一月一日實行。根據《保險業（徵費）令》及《保險業（徵費）規例》，保費徵費是基於新的保單和有效保單的保費收取的，這包括定期保費和額外投資保費。根據保單日期及保單週年日，將會收取不同的徵費率。規定的保費徵費會不時作出調整。保單持有人必須將規定的保費徵費連同保費一同繳付給本公司。如申請人沒有繳付保費徵費和保費，申請人將會被視為違反《保險業「徵費」規例》，保險業監管局（保監局）將有可能向申請人收取不多於港幣五千元的罰款，並會採取法律行動以民事債項為基礎追收未償付的保費徵費及罰款。

PERSONAL DATA COLLECTION AND USE

I / We confirm that I / we have read and understood the AIA Personal Information Collection Statement ("AIA PIC").

I / We declare and agree that any personal information and other information relating to me / us or my / our policy(ies) or investments contained in this application or collected, obtained, compiled or held by the Company by any means from time to time may be collected and utilised in accordance with the AIA PIC. I / We acknowledge and consent to the transfer of my / our personal data outside Hong Kong (for policies issued in Hong Kong) or Macau (for policies issued in Macau), as the case may be, for the purposes and to the types of transferee as set out in the AIA PIC .

The updated version of AIA PIC is available for download from its website: www.aia.com.hk, and is made available upon request.

個人資料收集及使用

本人 / 我們確認本人 / 我們已閱讀及明白AIA個人資料收集聲明（「AIA個人資料收集聲明」）。

本人 / 我們聲明及同意在本申請所載或貴公司不時以任何方法收集所得、編製或持有的任何個人資料及關於本人 / 我們或本人 / 我們的保單或投資的其他資料，可根據AIA個人資料收集聲明收集及使用。本人 / 我們知悉及同意就AIA個人資料收集聲明所述目的視乎情況轉讓本人 / 我們的個人資料至香港（如保單在香港繕發）或澳門（如保單在澳門繕發）境外予AIA個人資料收集聲明所載的資料承讓人。

AIA個人資料收集聲明的最新版本可於以下網址下載：www.aia.com.hk，及可向貴公司索取。

Personal Information Protection Law of The People's Republic of China ("China PIPL")

A Privacy Addendum in compliance with the China PIPL is available at: www.aia.com.hk (Privacy Statement), and is made available upon request. It is applicable to you if you are located in Mainland China.

中華人民共和國個人信息保護法（「個人信息保護法」）

遵照個人信息保護法的私隱附錄可於以下網站下載：www.aia.com.hk（私隱權保護政策）。您亦可向我們索取。如您位於中國內地，此私隱附錄則適用於您。

I have read and understood the Privacy Addendum and agree that the AIA group of companies can process my personal information as set out in the Privacy Addendum.

我已閱讀及明白私隱附錄，並同意友邦保險集團可按照私隱附錄處理我的個人信息。

By signing below, I / we represent that I am / we are not a U.S. person 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 in which case the Company shall notify me / us and repay any premiums and levy (for Hong Kong policies) less reasonable charges and policy withdrawals / loans.

Note: A false statement or misrepresentation of tax status by a U.S. person could lead to penalties under U.S. law. If your tax status changes and you become a U.S. citizen or resident, you must notify us within 30 days. (This Clause is not applicable to U.S. citizens or residents, who must complete IRS Form W- 9.).

於下方簽署作實，本人 / 我們聲明，就美國聯邦薪俸稅之有關事項而言，本人 / 我們並非美國人，及並不代表美國人行事。本人 / 我們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。任何依據此陳述而繕發的保單可視作無效。在這情況下，貴公司將通知我 / 我們償還扣除合理的費用及保單提 / 貸款後的保費與保費徵費（香港保單適用）。

備註：根據美國法律，任何美國人就其稅務狀況有虛假或失實陳述，將會受到刑罰。若閣下的稅務狀況有更改，並且成為美國公民或居民，請於三十日內通知本公司。（美國公民或居民必須填寫IRS之W-9表格，而以上之有關條款並不適用。）

I / We acknowledge and irrevocably agree that the information contained in this form and information regarding the Applicant(s) and any Reportable Account(s)* may be provided to the tax authorities of the country / jurisdiction in which this account(s) is / are maintained and exchanged with tax authorities of another country / jurisdiction or countries / jurisdictions in which the Applicant(s) may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

*** "Reportable Account"** has the meanings ascribed to it under the "Common Standard on Reporting and Due Diligence for Financial Account Information" promulgated by the Organisation for Economic Cooperation and Development.

For individual applicant(s) - I / We certify that I am / we are the Applicant(s) (or am authorized to sign for the Applicant(s)) of all the account(s) to which this form relates.

For corporate applicant(s) - I certify that I am authorized to sign for the Applicant in respect of all the account(s) to which this form relates

- I / We declare that all statements made in this declaration are, to the best of my / our knowledge and belief, correct and complete.
- I / We undertake to advise the Company within 30 days of any change in circumstances which affects the tax residency status of the party / parties identified as Applicant of this form or causes the information contained herein to become incorrect or incomplete, and to provide the Company with a suitably updated self-certification and Declaration within 30 days of such change in circumstances.
- I / We agree to indemnify the Company against any loss, claim and action in connection with any false, misleading or incomplete information of my / our nationality, residence and / or tax status.

本人 / 我們知悉並完全同意這表格內，所有資料及有關申請人之個人資料，和任何須申報帳戶*，將有可能提供予管理該帳戶的國家 / 司法管轄區之稅務機關，及轉交予其他國家 / 司法管轄區之稅務機關或申請人所屬之國家 / 司法管轄區為根據跨政府協議所訂之財務帳戶資料交換要求的國家 / 司法管轄區。

*"須申報帳戶"之定義請參考經濟合作與發展組織頒佈的"共同申報準則及財務帳戶資料之盡職調查"

由個人作申請人 - 本人 / 我們在此聲明，本人 / 我們是本申請書相關之全部帳戶的申請人(或獲申請人授權簽署)。

由公司作申請人 - 本人在此聲明，本人是獲申請人授權簽署本申請書相關的全部帳戶。

- 本人 / 我們聲明一切在這份聲明之條款是基於本人 / 我們的據知及所信，並且是正確及完整的。
- 本人 / 我們承諾，如有任何改動會影響認定為申請人之一方 / 多方之稅務居民狀況內容，或導致其所載資料失實或不完整，本人 / 我們將於有關改動發生後30日內通知貴公司，並在該變動發生後30日內，向貴公司提交最新的自我證明書。
- 本人 / 我們同意賠償貴公司就本人 / 我們的國籍、居住及 / 或稅務狀況有關資料之虛報、誤導或不完整所導致的任何損失，索償及訴訟。

Signature of Owner / Trustee
持有人 / 信託人簽名

On 於 MM月 DD日 YYYY年

Signature of Assignee (if applicable)
受讓人簽名（如適用）

On 於 MM月 DD日 YYYY年

PLEASE SIGN & RETURN IMMEDIATELY BUT NO LATER THAN 14 DAYS 請簽署後即時但不遲於14天內遞交
PLEASE DO NOT SIGN ON BLANK FORM 請勿在空白表格上簽署

"AIA" shall refer to AIA International Limited (Incorporated in Bermuda with limited liability), AIA Company Limited (Incorporated in Hong Kong with limited liability) or AIA Everest Life Company Limited (Incorporated in Hong Kong with limited liability), as the case may be, depending on the issuing company of the relevant insurance policies this form / request / correspondence is subject to.

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