婚姻伴侶/ 民事伴侶作為申請人聲明 (OPUAIFA69)
Declaration for Married Partner / Civil Partner as Applicant (OPUAIFA69)

AIA International Limited
(Incorporated in Bermuda with limited liability)

Declaration for Married Partner / Civil Partner as Applicant
婚姻伴侶 / 民事伴侶作為申請人聲明

Policy Number 保單號碼	Name of Proposed Insured / Insured 準受保人 / 受保人姓名	I.D. Card Number / Passport Number 身份證號碼 / 護照號碼
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
Operation 營運部 VIP ☐	Agent / Broker's Name 營業員 / 經紀姓名	Agent / Broker's Tel. No 營業員 / 經紀聯絡電話

P5012019

I / We, _____ [Name of Applicant] and _____ [Name of Proposed Insured], hereby declare and confirm that the _____ [Name of Applicant] and the life insured _____ [Name of Proposed Insured], are legally married elsewhere (or legally recognized civil partnership elsewhere) and rely upon each other for financial support. I / We hereby waive all my / our rights to contest against or raise any issue with AIA International Limited on insurable interest and insurability.

This Declaration is true, accurate and complete. If I state anything which I know to be false or do not believe to be true, this could impact on the validity of the policy which may become null and void.

本人 _____ [申請人姓名] 及 _____ [準受保人姓名] 在此聲明並確認 _____ [申請人姓名] 和 _____ [準受保人姓名] 於其他地方具有合法婚姻關係（或於其他地方獲得法律認可的民事伴侶關係）及財政經濟上彼此互相支援。本人在此放棄本人就有關可保權益及可保性向友邦保險(國際)有限公司提出任何爭辯或質疑的所有權利。

本聲明的內容均屬真實、準確及完整。如本人作出任何本人認為是虛假或不相信為真實的陳述，這可能會影響保單的效力並可能導致保單失效。

Date日期（MM月/DD日/YYYY年）

(Please do not sign on blank form 請勿在空白表格上簽署)
Signature of Proposed Insured / Insured
準受保人 / 受保人簽署

Signature of Agent(s) / Broker(s) as Witness
營業員 / 經紀（即見證人）簽署

(Please do not sign on blank form 請勿在空白表格上簽署)
Signature of the Applicant / Owner,
if other than the Proposed Insured / Insured
申請人 / 持有人簽署，倘非準受保人 / 受保人

委任同居固定伴侶/ 男女朋友作為受益人聲明 (OPUAIFA70)

Declaration for Designating Cohabiting Domestic Partner / Boyfriend / Girlfriend As Beneficiary (OPUAIFA70)

AIA International Limited
(Incorporated in Bermuda with limited liability)

Declaration for Designating Cohabiting Domestic Partner / Boyfriend / Girlfriend As Beneficiary
委任同居固定伴侶 / 男女朋友作為受益人聲明

Policy Number 保單號碼	Name of Proposed Insured / Insured 準受保人 / 受保人姓名	I.D. Card Number / Passport Number 身份證號碼 / 護照號碼
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
Operation 營運部 VIP ☐	Agent / Broker's Name 營業員 / 經紀姓名	Agent / Broker's Tel. No 營業員 / 經紀聯絡電話

P5022012

I, _____ (Applicant), declare as follows:

1. The Policy Beneficiary who I designate in this application is my (domestic partner[1] / boyfriend[2] / girlfriend[2]) and we have supported each other financially during our relationship.
2. The Policy Beneficiary has an interest in the life and continued survival of the Life Insured as of the date of this declaration, i.e. the Policy Beneficiary would suffer financial hardship and sustain other forms of loss upon the Life Insured's death.
3. Taking out this policy is beneficial to me and I wish that the Policy Beneficiary could receive the insurance proceeds because the Life Insured's death would bring financial loss and hardship to the Policy Beneficiary.
4. I understand the contents of this Declaration and they are true, accurate and complete.

Note:
[1] A domestic partner, in respect of the life insured and Policy Beneficiary under the policy, refers to a person (whether of the same or opposite gender) who has been in a continuous relationship and reside at the same residence for a continuous period of not less than 6 calendar months with the applicant-life insured under the policy, during which period, neither the applicant-life insured nor his/her domestic partner were or are still married to or partnered with any other person. Furthermore, the applicant-life insured and the domestic partner have been publicly represented in a committed relationship for a minimum period of 6 months at the date of notifying AIA International Limited.
[2] A boyfriend / girlfriend, in respect of the life insured and policy beneficiary under the policy, refers to a person who has been in a continuous relationship of 6 months with the applicant-life insured under the policy, during which period, neither the applicant-life insured nor his girlfriend/her boyfriend were or are still married to or partnered with any other person. Furthermore, the applicant-life insured and the boyfriend / girlfriend have been publicly represented in a committed relationship for a minimum period of 6 months at the date of notifying AIA International Limited.

本人，_____［申請人］，作出以下聲明：

1. 本人所指定的保單受益人是本人的（同居伴侶[1] / 男女朋友[2]）及在此關係期間在經濟上彼此互相支援。
2. 於本聲明之日，準受保人之離世會為保單受益人帶來財政經濟上的困難及其他形式的損失，因此，準受保人的生命及生存對保單受益人有利益。
3. 鑑於準受保人身故後會為保單受益人帶來財務經濟上的損失或困難，本人投此保單所得的賠償金額對本人有利益而本人希望保單受益人將會獲得此保單之身故賠償。
4. 本人明白本聲明的內容均屬真實、準確及完整。

備註：
[1] 就準受保人和保單受益人而言，同居伴侶被定義為與申請人 / 準受保人至少已連續6個月保持持續關係的人（不論相同或不同之性別），在該段關係存續期間，申請人 / 準受保人及其同居伴侶均未曾或仍然沒有與其他人有婚姻關係或有伴侶關係，申請人 / 準受保人的同居伴侶須在通知友邦保險(國際)有限公司之日與申請人 / 準受保人已經至少保持6個月的公開承諾關係。
[2] 就準受保人和保單受益人而言，男女朋友被定義為與申請人 / 準受保人至少已連續6個月保持持續關係的人，在該段關係存續期間，申請人 / 準受保人及其男女朋友均未曾或仍然沒有與其他人有婚姻關係或有伴侶關係，申請人 / 準受保人的男女朋友須在通知友邦保險(國際)有限公司之日與申請人 / 準受保人已經至少保持6個月的公開承諾關係。

Date日期（MM月/DD日/YYYY年）

(Please do not sign on blank form 請勿在空白表格上簽署)
Signature of Proposed Insured / Insured
準受保人 / 受保人簽署

Signature of Agent(s) / Broker(s) as Witness
營業員 / 經紀（即見證人）簽署

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Signature of the Applicant / Owner,
if other than the Proposed Insured / Insured
申請人 / 持有人簽署，倘非準受保人 / 受保人