AIA International Limited
(Incorporated in Bermuda with limited liability)

LIFE AND PERSONAL ACCIDENT INSURANCE APPLICATION FORM
壽險及人身意外保險投保申請書

☐ Medical 驗身 ☐ Non-Medical 不驗身

Policy Number 保單號碼	Agent Code 1 營業員號碼	Agent Code 2 營業員號碼	Area / Agency Code 區域 / 營業員組別編號
B 1 1 1 1 1 1 1 1 1	A 1 1 1 1 1	A 1 1 1 1 1	Agency Name 營業員組別名稱
2 2 2 2 2 2 2 2 2	B 2 2 2 2 2	B 2 2 2 2 2	Agent Name 1 營業員姓名
3 3 3 3 3 3 3 3 3	C 3 3 3 3 3	C 3 3 3 3 3	Agent Name 2 營業員姓名
4 4 4 4 4 4 4 4 4	D 4 4 4 4 4	D 4 4 4 4 4	Agent's Mobile No. 營業員手提電話號碼
5 5 5 5 5 5 5 5 5	E 5 5 5 5 5	E 5 5 5 5 5	
6 6 6 6 6 6 6 6 6	6 6 6 6 6	6 6 6 6 6	
7 7 7 7 7 7 7 7 7	7 7 7 7 7	7 7 7 7 7	
8 8 8 8 8 8 8 8 8	8 8 8 8 8	8 8 8 8 8	
9 9 9 9 9 9 9 9 9	9 9 9 9 9	9 9 9 9 9	
0 0 0 0 0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	

* P 3 2 8 0 0 6 1 *

IMPORTANT NOTES 重要指示

- You have to disclose in this application ALL material facts, which shall form the basis of our contract, otherwise the policy issued may be void or voidable at the option of AIA International Limited (the "Company"). If you are in doubt whether a fact is material, please disclose it on the application.
- You are suggested to pay premium and levy by electronic payment platform.
- You are strongly advised not to pay premium and levy in cash. All cash payment should only be made directly to the Company.
- Application with Applicant other than Proposed Insured needs to complete question 1-20 only. If Applicant applies for Payor's Benefit or Critical Illness Payor's Benefit, please complete all questions on Applicant.

- 您必須在此申請書上填報一切有關之事實，因為您與友邦保險(國際)有限公司（"公司"）之合約將以這些事實為根據，否則本公司有權將所繕發之保單宣告無效。如您不清楚某一項是否重要，也請將其事實在此申請書上說明。
- 建議您使用電子繳費平台繳付保費及保費徵費。
- 請盡量避免以現金繳付保費及保費徵費。如繳付現金保費及保費徵費，請親臨本公司直接辦理。
- 當申請人並非準受保人，申請人亦須填寫問題1-20。若同時申請付款人利益或危疾付款人利益保障，須填寫所有關於申請人之問題。

PERSONAL DETAILS 個人資料：	Proposed Insured 準受保人	Applicant 申請人 (when the Applicant is not the Proposed Insured 倘申請人非準受保人)**
1. Name in English 英文姓名： (As shown on ID card / Passport, use BLOCK letters) （以身份證 / 護照為準，請用英文正楷書寫）：	Last name 姓氏 _____ Given name 名字 _____	Last name 姓氏 _____ Given name 名字 _____
2. Name in Chinese 中文姓名：		
3. Relationship to Proposed Insured 與準受保人之關係：		
4. Sex 性別：	☐ Male 男性 ☐ Female 女性	☐ Male 男性 ☐ Female 女性
5. ID Card No. / Passport No. 身份證號碼 / 護照號碼： (For Corporate Applicant, please provide Business Registration / Certificate of Incorporation No. 企業客戶請填寫商業登記 / 公司註冊證書號碼) (Please submit a copy of the ID Card / Passport with this application) (請將有關身份證 / 護照之副本與本申請書一同遞交)	☐ Hong Kong Permanent Resident 香港永久居民 HKID / Birth Cert. No. 香港身份證 / 出世紙號碼 _____ ☐ Non-Hong Kong Permanent Resident 非香港永久居民 ☐ ID Card No. 身份證號碼 _____ Expiry Date 有效期至 MM月 __ DD日 __ YYYY年	☐ Hong Kong Permanent Resident 香港永久居民 HKID / Business Registration / Certificate of Incorporation No. 香港身份證 / 商業登記 / 公司註冊證書號碼 _____ ☐ Non-Hong Kong Permanent Resident 非香港永久居民 ☐ ID Card No. 身份證號碼 _____ Expiry Date 有效期至 MM月 __ DD日 __ YYYY年
	Is the policyowner holding a valid People Republic of China Identity Card? (If yes, please complete an Important Facts Statement for Mainland Policyholders) 保單持有人是否持有有效中華人民共和國身份證（如是，請即填寫重要資料聲明書－內地人士在港投購人身 / 壽險保單） ☐ YES 是 ☐ NO 否	
	☐ Passport No. 護照號碼 _____ Expiry Date 有效期至 MM月 __ DD日 __ YYYY年	☐ Passport No. 護照號碼 _____ Expiry Date 有效期至 MM月 __ DD日 __ YYYY年
6. Date of Birth 出生日期：	MM月 __ DD日 __ YYYY年	MM月 __ DD日 __ YYYY年
7. Marital Status 婚姻狀況：	☐ Single 未婚 ☐ Married 已婚 ☐ Widowed 鰥寡 ☐ Divorced 離婚	☐ Single 未婚 ☐ Married 已婚 ☐ Widowed 鰥寡 ☐ Divorced 離婚

** For Juvenile Application, Applicant means Original Trustee / Owner
兒童之投保申請書，申請人即原有信託人 / 持有人

8. Applicant's Tax Residence 申請人稅務居住地:
I hereby declare that, to the best of my knowledge and belief, I am (please tick one):
以本人據知及所信，在此聲明本人(請選一項)：

☐ (1) a tax resident of Hong Kong **only** **只是**香港的稅務居民

☐ (2) a tax resident of Hong Kong and also some other jurisdictions or countries 是香港及其他司法管轄區或國家的稅務居民

☐ (3) **not a** tax resident of Hong Kong, but instead a tax resident of some other jurisdictions or countries **不是**香港的稅務居民，而是其他司法管轄區或國家的稅務居民

If a ☑is put in tick box (2) or (3) above, please provide the following information of each and every country of the tax residence:
如上述選擇為(2)或(3)，請根據各個稅務居住地填寫以下資料：

	Country / Jurisdiction of tax residence 稅務居住國家 / 司法管轄區	Tax Identification Number (TIN) 稅務編號	If no TIN available, please enter Reason (A, B or C) 如未能提供稅務編號，請註明原因（A，B 或 C）	If you selected Reason B, please explain why you are unable to obtain a TIN 倘若閣下選擇原因 B，請在下列說明為何閣下未能取得稅務編號
1				
2				
3				

Reason A – The country / jurisdiction where the Applicant is resident does not issue TINs to its residents
原因 A – 申請人所屬之國家 / 司法管轄區沒有為其居民設立稅務編號
Reason B – The Applicant is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the above table if you have selected this reason)
原因 B – 申請人未能獲得稅務編號或有同等功能的編號（若選擇本原因，請於上表說明為何閣下未能取得稅務編號）
Reason C – No TIN is required (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)
原因 C – 不需要稅務編號（備註：倘若閣下所屬之司法管轄區的相關本地法律並不需要收集稅務編號，方可選擇這個原因）

Important Note 注意事項：
The Company is required by the Inland Revenue Ordinance (Cap. 112) to conduct due diligence on the Applicant with respect to his / her / their tax residence, collect the required information and furnish a return to the Inland Revenue Department. If there is any uncertainty about tax residency status, it is suggested that the Applicant shall disclose the information in the above table and consult also your own tax advisor. 本公司是根據稅務條例（第112章）就申請人之稅務居住地進行盡職調查，並收集所需資料及提供給稅務局。如申請人對稅務居住地有任何疑問，請於上述表格內表述並徵詢您的稅務顧問。

9. (a) Citizenship (if other than Hong Kong SAR) 公民身份（若非香港特別行政區）：		
(b) Nationality 國籍：		
U.S. Citizens or Residents, please provide U.S. Social Security Number (SSN) 美國公民或居民請填寫美國社會保障號碼：		

Please submit a copy of Applicant's residential address proof (registered office and business address for Corporate Applicant) issued within 3 months such as utilities bills or mobile phone statements. 請提供申請人最近三個月內之住宅地址的證明文件副本（企業客戶的註冊辦事處及業務地址），例如公共費用賬單或流動電話結單。

10. Residential Address 住宅地址： Registered office address for Corporate Applicant 企業客戶的註冊辦事處地址	Flat / Room 室：____ Floor 樓數：____ Block 座數：____ Building / Estate Name 大廈 / 屋邨名稱： No. & Name of Street / Lot No. 街道名稱及號數 / 地段號數： District / Country 地區 / 國家：	Flat / Room 室：____ Floor 樓數：____ Block 座數：____ Building / Estate Name 大廈 / 屋邨名稱： No. & Name of Street / Lot No. 街道名稱及號數 / 地段號數： District / Country 地區 / 國家：
11. Applicant's Correspondence Address 申請人聯絡地址： (Complete when different from that of question 10 若與第10項所述資料不同者，請填寫此欄)		
12. Applicant's Contact Information 申請人聯絡資料： * Mobile number and email address must be completed. 必須填寫手提電話號碼及電郵地址。 1. SMS and email notification will be sent to you when your policy contract is available in AIA+ mobile app / web version. 當您的保單合約已上載至AIA+手機應用程式 / 網頁版，我們將會透過手機短訊及電郵通知閣下。 2. If you have registered for iContract, you can log in to AIA+ mobile app / web version to view or download the softcopy of the policy contract. 如閣下已登記接收電子保單合約，您可透過登入AIA+手機應用程式 / 網頁版閱覽或下載您的電子保單合約副本。 If you are unable to provide the information, please give explanation in **Question 27**. 倘若閣下未能提供有關資料，請在**第27項**說明。	**Hong Kong Telephone Numbers 香港電話號碼：** Mobile 手提*：____ Office 公司：____ Home 住宅：____ U.S. Telephone Number 美國電話號碼：____	**Other Countries Telephone Number 其他國家電話號碼：** ☐ Mobile 手提* ☐ Fixed Line 固網 (____) – (____) – ____ Country Code 國家號碼 Area Code 地區號碼 ☐ Apply for Internet Service "AIA e-Advice" 申請「友邦電子通知書」網上服務 Email Address 電郵地址*：____
13. Name of Employer 僱主名稱：		
14. Business Address 辦事處地址：		

15(a) Occupation 職業：		
15(b) Occupation Type 職業類別：	☐ Employed 就業 ☐ Self-Employed 自僱人士 ☐ Unemployed 非就業	☐ Employed 就業 ☐ Self-Employed 自僱人士 ☐ Unemployed 非就業
15(c) Designation 職銜：		
16. Business Nature 業務性質：		

17. **For application of Term Basic product(s) only:** 只適用於投保定期壽險基本計劃：

Does Insured and / or Applicant currently subject to any Bankruptcy Order or Individual Voluntary Arrangement (IVA) with any creditors?
準受保人及 / 或申請人現時有否受制於任何債權人之破產令或個人自願安排債務重組?

☐ No 否

☐ Yes, Insured / Applicant* is / are under Bankruptcy Order
是，準受保人及 / 或申請人* 受制於破產令

☐ Yes, Insured / Applicant* is / are under Individual Voluntary Agreement (IVA)
是，準受保人及 / 或申請人*受制於個人自願安排債務重組

*Please delete the inapplicable 請刪去不適用者

18. What is your average monthly income from all sources in the past 24 months? 在過去二十四個月裡，您從所有收入來源所得的每月平均收入為？

Proposed Insured 準受保人：HK$ 港幣 _____ / Month 月 | Applicant 申請人： HK$ 港幣 _____ / Month 月

19. If you have not completed a FNA form, please provide the following information: 若您未有填寫財務需要分析表格，請提供以下資料：

(a) Applicant's average monthly expenses in the past 24 months 申請人在過去二十四個月裡的每月平均開支：

HK$ 港幣 _____ / Month 月

(b) Applicant's Education Level 申請人教育程度：

☐ Primary or below 小學或以下 ☐ Secondary 中學
☐ Tertiary or above 大專或以上

(c) Applicant's Current Accumulated Amount of Net Liquid Assets*
申請人現時累積的淨流動資產*：

HKD 港幣 _____

(d) What percentage of your monthly disposable income from all sources (including income from liquid assets) would you be able and willing to use to pay for the insurance premium (excluding your existing insurance policy(ies)) throughout the entire term of the insurance policy? (tick one)
在整個保單期內，閣下能夠及願意繳付的保費（不包括閣下現有的其他保單）佔透過所有收入來源（包括流動資產收入）獲得的每月可動用收入的比率為？（請選一項）

☐ ≤10% ☐ 11%-20% ☐ 21%-40%
☐ 41%-60% ☐ 61%-80% ☐ 81%-100%

(e) What percentage of your net liquid assets* would you able and willing to use to pay for the insurance premium (excluding your existing insurance policy(ies)) throughout the entire term of the insurance policy? (tick one)
在整個保單期內，閣下能夠及願意繳付的保費（不包括閣下現有的其他保單）佔淨流動資產*比率為？（請選一項）

☐ ≤10% ☐ 11%-20% ☐ 21%-40%
☐ 41%-60% ☐ 61%-80% ☐ 81%-100%

* Note: Net liquid assets = Liquid assets - Current liabilities
* 註：淨流動資產 = 流動資產 - 流動負債

20. Does the application of the policy meet your objective of preparation for health care needs? 此保單申請是否迎合您的醫療需要作準備的目標?

☐ No 否 –
☐ Yes 是 –

☐ a. The product meets my insurance objective of providing protection against loss of income during hospital confinement, and it is a medical insurance product with hospital income protection. 產品迎合為我住院時提供入息保障的保險目標，而此產品為醫療保險產品並提供住院入息保障

☐ b. The product meets my insurance objective of providing protection against increasing expenses for medical and healthcare services, and it is a medical insurance product with hospitalization expense reimbursement benefit and / or outpatient benefit. 產品迎合為我提供保障以應付日益增長的醫療費用的目標，而此產品為醫療保險產品並提供住院費用實報實銷保障及 / 或門診保障

☐ c. The product meets my insurance objective of providing health protection/critical illness protection for future healthcare services and it offers Lump Sum Payment upon claims of health protection /Critical Illness. 產品迎合為我提供健康保障 / 危疾保障以應付將來的健康服務的目標，此產品提供健康保障 / 危疾保障一筆過賠償

DETAILS OF INSURANCE APPLIED FOR 保險投保申請資料：

21. Currency 貨幣： ☐ US$ 美元 ☐ HK$ 港元 ☐ Others (please specify) 其他（請註明）：_____

22. Mode of Payment 繳費方式：

☐ Annually 年繳 ☐ Semi-Annually 半年繳 ☐ Quarterly 季繳 ☐ Monthly 月繳 * ☐ Single Premium 整付保費

☐ Please mark the box if you wish to apply autopay to pay premium for non-monthly mode of payment.*
若閣下欲申請自動轉賬繳交非月繳保費，請在方格上註明 。*

* Direct Debit Authorization Form or Credit Card Deduction Form must be completed and sent to the Cashier Office of the Company. (Monthly mode autopay via bank account or Credit Card Account. Non-monthly mode autopay via bank account or company designated Credit Card# Account) 請填妥直接付款授權書或信用卡扣付表格並交回本公司繳費處。(月繳保費可選擇經由銀行戶口或信用卡戶口，非月繳保費可選擇經由銀行戶口或公司指定之銀行信用卡#戶口)

Please visit www.aia.com.hk > Customer Support > Payment Options > By Autopay for details. # 請參閱 www.aia.com.hk > 客戶支援 > 繳付方式 > 自動轉賬內的資料。
For monthly payment, Applicant is required to pay for the initial 3 months premium and levy. 月繳者必須預繳首3個月之保費及保費徵費。

23. Plan Name 計劃名稱

Sum Assured / Principal Amount / Guaranteed Monthly Income / Others
保額 / 基本金額 / 保證每月入息 / 其他

Supplementary / Optional Benefits (where applicable)
附加 / 可附加保障（如適用）

Sum Assured / Principal Amount / Others 保額 / 基本金額 / 其他

☐ Apply for AIA Vitality Series version (if applicable) for selected plans or supplementary / optional benefits*
為已選的計劃或附加 / 可附加保障申請「AIA 健康程式」系列版本（如適用）*

* If the Proposed Insured does not have an in-force AIA Vitality Membership, the Proposed Insured must submit the《 Individual AIA Vitality Membership Application Form 》and the required membership fee together with this application.
如準受保人並未持有一個有效的「AIA Vitality 健康程式」會籍資格，準受保人必須隨本申請書一併遞交《個人「AIA Vitality 健康程式」會籍申請表》及所需會費。

24. If dividends are not to be retained with the Company, please indicate your desired option by checking one of the boxes below (if applicable):
如紅利不積存在本公司，請選擇下列其中一項處理方法（如適用）：

☐ To be paid in cash 現金支付 ☐ To reduce premium 扣除保費 ☐ To purchase Paid-Up Addition 購買付清保險

25. Personal Accident Insurance - PAC Select 自選人身意外保

Basic Benefit 基本保障	Sum Assured / Principal Amount 保額 / 基本金額			
	Adult 成人			Juvenile 兒童
Accidental Death & Dismemberment (ADD) * 意外死亡及斷肢*	☐ US$ 美元 120,000 or / 或 HK$ 港元 1,000,000	☐ US$ 美元 80,000 or / 或 HK$ 港元 600,000	☐ US$ 美元 50,000 or / 或 HK$ 港元 400,000	☐ US$ 美元 30,000 or / 或 HK$ 港元 240,000
	Other Sum Assured / Principal Amount 其他保額 / 基本金額 $ _____			
Optional Benefits 可附加保障惠益 Please specify the Sum Assured / Principal Amount below 請於下方填寫保額 / 基本金額				
Accidental Medical Expenses Reimbursement (AMR) 意外醫療賠償 $ _____	Daily Hospital Income (DHI) 每日住院現金 (Not applicable to juvenile 不適用於兒童) $ _____			

*The ADD benefit is guaranteed issue when the Proposed Insured has declared no physical impairment in the health declaration section and his / her occupation is within class 1 to 4. In case the Proposed Insured changes his / her occupation or job duty or pursuits, you and / or the Proposed Insured shall immediately notify the Company in writing.
意外死亡及斷肢保障之保證受保只適用於準受保人在健康部份聲明沒有任何身體殘缺聲明及其職業等級為1至4之內。如準受保人之職業、職責或其他消遣有任何改變，則您及 / 或準受保人須即時以書面通知本公司有關轉變。Note (for section 26): Life Non-forfeiture Provisions will apply. 注意（適用於第26條）：壽險保單之「既有現金價值條款」同時適用。

26. Investment Linked / Universal Life / Variable Universal Life Plan 投資 / 萬用 / 投資萬用壽險計劃：

(a) ☐ Annual Basic Premium 每年基本保費 _____

☐ Premium Payment Period 繳交保費年期 _____ years 年

☐ Single Premium 整付保費 _____

☐ FlexiMoney Contribution 靈活錢供款 _____

b) ☐ Annual Regular Investment 每年定期投資

Amount 金額 _____

(c) ☐ Lump Sum Investment 整付投資 / Dollar Cost Averaging Monthly Contribution 每月平均成本投資

Amount 金額 _____

Code 代號	Investment Allocation 投資分配
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
Total 共	**100%**

Code 代號	Investment Allocation 投資分配
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
Total 共	**100%**

Code 代號	Investment Allocation 投資分配
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
Total 共	**100%**

Amount of premium paid with this application 連同此申請書付上 _____ for 作為 _____ months initial deposit. 個月的保費按金。

27. Special Request 特別要求：

☐ English Contract 英文合約

☐ Policy Date Effective From 保單生效日期

___ ___ ___
MM月 DD日 YYYY年

☐ Coverage Conversion / Transfer 計劃轉換 / 轉移：From policy no. 來自保單號碼

_____

☐ Physical Copy of Policy Contract 紙本保單合約

- Please tick the box if you wish to receive physical copy of Policy Contract. Unless herein specified, iContract will be preselected if applicable.
  如選擇接收紙本保單合約，請在空格內劃上✓。如未有註明，我們將會為閣下預設接收電子保單合約（如適用）。
- "AIA e-Advice" will be preselected and processed subsequently if you wish to receive iContract.
  如接收電子保單合約，我們會同時為閣下預設及辦理「友邦電子通知書」網上服務。
- Valid mobile number and email address are required for iContract. Otherwise, physical copy of Policy Contract will be provided.
  如接收電子保單合約，請提供有效的手提電話號碼及電郵地址。如未能提供，我們將會為閣下提供紙本保單合約。

☐ Others 其他：

_____

e-BankIn 電子入賬服務：
To apply for e-BankIn to transfer policy benefits to a designated bank account, please submit "Request for Application / Change of e-BankIn" form.
如申請「電子入賬服務」將保單利益轉入指定之銀行戶口，請提交「電子入賬服務」申請 / 更改表。

28. PRODUCT SELECTION DECLARATION 產品選擇聲明：

Insurance Knowledge and Experience Declaration 保險知識及經驗聲明：

- I / We have received the product brochure(s) of the product I / we selected. 本人 / 我們曾收取本人 / 我們所選擇產品之產品小冊子。
- I / We have sufficient knowledge and experience to fully understand and accept the product features, benefits, fees and charges (where applicable), surrender penalties (if any) and its associated risks and key exclusions. 本人 / 我們具有足夠認知及經驗作出充分之理解及接受產品特色、利益、費用及收費（如適用）、退保費用（如有）及與產品相關連的風險及主要不受保事項。

I / We hereby declare and agree that 本人 / 我們現聲明並同意：

(A) ☐ Having considered the advice and recommendation of the intermediary (if applicable), the product(s) and the insurance amount I / we selected are suitable for me / us as they meet my / our priority of needs and provide me / us with extra protection / coverage. And, I / we can afford and anticipate to pay the required premiums continuously if necessary.
本人 / 我們已考慮中介人的意見及建議（如適用），並確認本人 / 我們所選擇的產品及保險金額適合本人 / 我們，蓋因有關產品符合本人 / 我們需要之重要性排序及為本人 / 我們提供了額外保障。本人 / 我們能夠負擔及預計會繼續支付所選擇產品的保費（如需要）。

(B) ☐ Despite the fact that the intermediary has explained to me / us that my / our final selected product(s) is not suitable for me / us with reference to my/our disclosed information during suitability assessment, I / we confirm that it is my / our decision to proceed with the application due to the reason below. Besides, I / we can afford and anticipate to pay the required premiums continuously if necessary.
儘管中介人已根據在合適性評估中本人 / 我們所透露的資料向本人 / 我們解釋最終選購的保險產品並不適合本人需要，然而基於下述原因，本人 / 我們確認這是本人 / 我們的意圖及意願繼續進行此投保申請。同時，本人 / 我們能夠負擔及預計會繼續支付所選擇產品的保費（如需要）

- ☐ (a) My / Our own preference 本人 / 我們因自身喜好所作出的決定
- ☐ (b) My / Our decision after going through suitability assessment process 本人 / 我們經合適性評估後所作出的決定
- ☐ (c) My / Our decision as my family member(s)/ friend(s) has purchased the same product(s) 本人 / 我們因親友購買了同一產品所作出的決定
- ☐ (d) I / we agree with intermediary's recommendation to purchase the said product(s) though it is mismatched with my / our disclosed information during suitability assessment process 本人 / 我們贊同中介人的建議而選購此產品，縱使此產品與本人 / 我們在財務需要分析所透露的資料不相符
- ☐ (e) Others, please specify:
  其他，請詳述：_____

29. Beneficiary Information 受益人資料^

Name in English 英文姓名	Name in Chinese 中文姓名	Share(%) 百分比	Relationship to Proposed Insured 與準受保人之關係	Sex 性別	Date of Birth (MM-DD-YYYY) 出生日期 （月-日-年）	ID Card No. / Passport No. 身份證號碼 / 護照號碼

Own Estate 遺產繼承人 (If there is no beneficiary designated above, the policy proceeds will be paid to the Owner if the Owner is alive, otherwise to the successor to the Owner's Estate. 如上述並沒有委任受益人，而保單持有人尚存，保單利益將歸屬保單持有人，否則保單利益將歸屬保單持有人遺產的繼承人。)

If more than one beneficiary is designated, all policy proceeds will be paid to each beneficiary in equal share unless herein specified.
如受益人超過一人，除非在此列明各分配比例，否則保單內之利益將平均分配給各受益人。
^(Not applicable to juvenile trust policy application 不適用於兒童信託保單之投保申請)

Important Note 注意事項：

Unless prohibited by any assignment or any other lawful act / restriction, the Applicant (and the subsequent Owner, if applicable), hereby reserves the right, during the lifetime of the Proposed Insured and without the consent of any beneficiary or trustee, by written notice to the Company in its prescribed form to:
除因任何轉讓或任何其他合法行事 / 限制而受到禁止外，申請人（及其後之持有人，若適用）可保留權利於準受保人在生期間及無須獲得任何受益人或信託人之同意，以本公司的指定表格向我們遞交書面通知，要求：

(a) Change and revoke the appointment of any beneficiary and substitute his / her own name or any other name therefor; and
更改及撤銷對任何受益人的委任，並以其個人姓名或任何其他姓名取代；及

(b) Appoint a trustee to receive the proceeds for the beneficiary, and change or revoke any prior trustee designation or appointment.
委任信託人代受益人接收賠償，以及更換已指派之信託人或撤銷該項指派。

The Company is not responsible for the validity of any appointment or revocation and for any subsequent written notice of a change of beneficiary received by it pending the issue of endorsement. 對於任何委任或撤銷的有效性以及其後本公司收訖而正待簽發批註更改任何受益人的書面通知，本公司不負任何責任。

30. Contingent Trustee / Owner Information 第二信託人 / 持有人資料 (For Juvenile Application Only 只適用於兒童之投保申請)

Name in English 英文姓名	Name in Chinese 中文姓名	Relationship to Proposed Insured 與準受保人之關係	Sex 性別	Date of Birth (MM-DD-YYYY) 出生日期（月-日-年）	ID Card No. / Passport No. 身份證號碼 / 護照號碼

STATEMENT FOR COLLECTION OF INFORMATION 資料收集聲明

(i) This questionnaire collects health-related information solely for the purpose of underwriting which is a process for the Company to evaluate the health risk of the applicants and decide the application results. The underwriting process that the Company adopts should be fair and reasonable, and the Company should explain the application results if requested by the customers.
此問卷收集與健康相關的資料僅作為核保之用途，而核保是本公司評估申請人之健康風險及決定申請結果的程序。本公司採用的核保程序應為公平合理，並會因應客戶要求解釋申請結果。

(ii) As the applicant, you are required to provide the Company with complete and accurate information requested in this questionnaire to the best of your knowledge and belief. Based on the information provided, the Company may have follow-up questions or enquiries that require you to provide further information for underwriting purpose.
作為申請人，閣下需要盡其所知所信，按本問卷中要求向本公司提供完整及準確的資料。本公司根據閣下提供的資料，可能會提出跟進問題或查詢而需要閣下進一步提供資料以作核保之用。

(iii) If there are any changes to or updates of the information provided in this questionnaire after the time of submission of this application and before you receive the Policy, you are required to notify the Company in a timely manner.
若閣下在提交本申請表後至閣下收到保單前的期間就本問卷中提供的資料有任何改變或更新，閣下需要及早通知本公司。

(iv) Even after an insurance policy has been issued upon successful application, the insurance coverage for you may be affected or the policy may be terminated, voided or rescinded, or claims may be repudiated by the Company, if you have not provided the Company with complete and accurate information to the best of your knowledge and belief according to (ii), or if you have not notified the Company on any changes to or updates of the information in time according to (iii).
即使已成功投保並獲簽發保單，若閣下未按（ii）所述盡其所知所信向本公司提供完整及準確的資料，或未按（iii）所述就資料的任何改變或更新而及早通知本公司，閣下的保險保障可能會受到影響，本公司亦可能因此終止、作廢或撤銷有關保單，或拒絕賠償。

For Medical products (including VHIS and non-VHIS basic plans or riders) 醫療產品（包括自願醫保及非自願醫保之基本計劃或附加契約）：

Non-medical cases or Medical cases: Complete Miscellaneous Information, Part A－General Information and Part B－Health Information
不驗身或驗身之申請書：請填寫雜項資料，甲部－基本資料及乙部－健康資料

For other non-medical products (for example: Life, Critical illness, Cancer etc.) 其他非醫療產品（例如人壽、危疾、癌症等）：

Non-medical cases or Medical cases: Complete Miscellaneous Information, Part A－General Information, Part B－Health Information and Part C－Supplementary Health Information
不驗身或驗身之申請書：請填寫雜項資料，甲部－基本資料、乙部－健康資料及丙部－附加健康資料

* Note: If Applicant applies for Payor's Benefit or Critical Illness Payor's Benefit, please complete all questions on Applicant.
請注意：若同時申請付款人利益或危疾付款人利益保障，須填寫所有關於申請人之問題。

MISCELLANEOUS INFORMATION 雜項資料：

Applicable to Simplified and Full Underwriting Application 適用於簡易核保及正常核保投保申請

		Proposed Insured 準受保人		*Applicant *申請人	
		YES 是	NO 否	YES 是	NO 否
31.	In the past 12 months, did you reside outside of your residential country or region for more than 6 months? 在過去12個月內，您是否在居住地以外的國家或地區逗留多於六個月？ If "YES", please state details below: 倘「是」，請提供詳細資料：	☐	☐	☐	☐
32.	Do you have any existing insurance and / or concurrent application for insurance on your life? (exclude policy in AIA International Limited) 您現時是否已有或正在申請任何保險（不包括友邦保險(國際)有限公司之保單）？ Remark: This question is only applicable for the coverage of Life, Critical illness, Hospital Income, Accidental Death and Accident Indemnity, no disclosure is required for other coverage 備註：此問題僅適用於壽險，危疾，住院入息，意外死亡及意外賠償的保障類別，其他保障類別無需在此披露	☐	☐	☐	☐
33.	Have you ever been declined, postponed or accepted on modified terms for life, critical illness, medical health, disability or accident insurance? 您是否曾在申請壽險、危疾、醫療、傷殘或意外保險時被拒絕受保、擱置受保、須繳付額外保費或修改合約條款？ If "YES", please provide details: 倘「是」，請提供詳情：	☐	☐	☐	☐

31.

	Country(ies) / region(s) 國家 / 地區	Reason(s) of stay 逗留原因	Duration 逗留時間
Proposed Insured 準受保人			
Applicant 申請人			

32.

	Company 承保公司	Policy Currency 保單貨幣	Life 壽險	Hospital Income 住院入息	Critical Illness 危疾保險	Accident Indemnity 意外賠償	Accidental Death 意外死亡	Year of Policy Issue 保單繕發年份
Proposed Insured 準受保人								
Applicant 申請人								

33.

	Application date (year) 申請日期（年份）	Type of insurance 保險種類	Final decision and the reason of the decision 核保結果及其原因
Proposed Insured 準受保人			
Applicant 申請人			

PART A－GENERAL INFORMATION 甲部－基本資料

Proposed Insured 準受保人：		Applicant 申請人：	
34. Height 身高： feet / inches 呎/ 吋 ☐ centimetres (cm) / 厘米 ☐	Weight 體重： pounds (lbs) / 磅 ☐ kilogrammes (kg) / 公斤 ☐	Height 身高： feet / inches 呎/ 吋 ☐ centimetres (cm) / 厘米 ☐	Weight 體重： pounds (lbs) / 磅 ☐ kilogrammes (kg) / 公斤 ☐

35. **Smoking habit 吸煙習慣**

Do you smoke or have you smoked in the last 12 months?
您有沒有吸煙或在過去12個月內曾否吸煙？

For the purpose of this question, the meaning of "smoking" includes but is not limited to cigarettes, cigars, tobacco pipes, chewing tobacco and the use of nicotine replacement products (such as e-cigarettes)
「吸煙」在此問題的含義包括但不限於香煙、雪茄、煙斗、嚼煙及使用尼古丁補充劑產品（例如電子煙）

	Type of tobacco product 煙草產品種類	Quantity of consumption 吸食份量
Proposed Insured 準受保人		
Applicant 申請人		

36. **Alcohol consumption 飲酒**

In the last 12 months, on average do you drink alcoholic beverage for more than 3 times in a week?
在過去12個月內，您是否平均每週飲用酒精飲品超過3次？

If "Yes", please provide additional information:
若「是」，請提供更多資料：

	Type of alcoholic beverage 酒精飲品種類	Quantity of consumption 飲用份量
Proposed Insured 準受保人		
Applicant 申請人		

37. **Taking of drugs not prescribed by doctors 服用未經醫生處方之藥物**

In the last 5 years, have you used any drugs (excluding dietary supplements) which are not prescribed by doctors (including habit-forming or recreational drugs such as cocaine, ecstasy, heroin, methadone, anabolic steroids) for a continuous period of more than 1 month?
在過去5年內，您曾否持續超過1個月使用未經醫生處方之藥物（包括成癮性或消遣性藥物，例如可卡因、興奮劑、海洛英、美沙酮、同化性類固醇；惟不包括營養補充品）？

If "Yes", please provide additional information:
若「是」，請提供更多資料：

	Type of drugs 藥物種類	Duration, frequency and quantity of consumption 用藥持續時間、頻密度及份量
Proposed Insured 準受保人		
Applicant 申請人		

38. Have you engaged in the following activities within the last 12 months or will you engage/ intend to engage in the following activities within the next 12 months?
您曾否在過去12個月內或會否在未來12個月內參與以下活動？

a) any hazardous sports or activities (such as diving, motor racing, mountaineering or rock climbing, parachuting, sky diving, hang gliding)
任何危險性運動或活動（例如：潛水、賽車、攀山或攀石、跳傘、高空跳傘、懸掛滑翔飛行）？

b) flying activities other than as a fare-paying passenger of a licensed air service operating within recognised scheduled routes.
飛行活動（不包括以付費乘客身份乘搭由商業性民航客機提供並獲認可的定期航班服務）

If "Yes", please provide additional information or complete a separate supplementary questionnaire.
若「是」，請提供更多資料或另外填寫有關之問卷。

		Proposed Insured 準受保人		*Applicant *申請人	
		YES 是	NO 否	YES 是	NO 否
35		☐	☐	☐	☐
36		☐	☐	☐	☐
37		☐	☐	☐	☐
38					
	(a)	☐	☐	☐	☐
	(b)	☐	☐	☐	☐

PART B－HEALTH INFORMATION 乙部－健康資料

Note for applicant(s): Questions of Part B do not require the applicant(s) to disclose information regarding the medical conditions or treatments below – Cold / flu / sore throat, gastroenteritis / food poisoning (fully recovered), indigestions (no investigations required), acne, muscle sprained (fully recovered), thrush, routine scan / blood test for pregnancy (normal result), routine cervical smear (normal result), routine health check (normal result), preventive vaccination, Hormonal Replacement Therapy (menopause), infertility treatment or uncomplicated pregnancy, myopia / hyperopia / astigmatism / presbyopia.

申請人須知：無需於乙部問題披露以下健康狀況或治療 —

傷風 / 感冒 / 喉嚨痛、腸胃炎 / 食物中毒（已痊癒）、消化不良（無需檢查）、痤瘡、肌肉扭傷（已痊癒）、鵝口瘡、常規產前掃描 / 血液檢驗（檢驗結果正常）、常規子宮頸細胞塗片檢驗（檢驗結果正常）、常規健康檢查（檢查結果正常）、預防疫苗、荷爾蒙補充治療（更年期）、不育治療或胎兒生長情況正常的懷孕、近視 / 遠視 / 散光 / 老花。

		Proposed Insured 準受保人		*Applicant *申請人	
	39	YES 是	NO 否	YES 是	NO 否
39. Have you ever been diagnosed with any of the following diseases or medical conditions? 您是否曾被確診下列疾病或健康狀況？					
(a) Cancer or carcinoma in situ 癌症或原位癌	(a)	☐	☐	☐	☐
(b) Brain tumor 腦部腫瘤	(b)	☐	☐	☐	☐
(c) Heart disease 心臟疾病	(c)	☐	☐	☐	☐
(d) Stroke (including transient ischemic attack (TIA)) 中風（包括短暫性腦缺血， 俗稱「小中風」）	(d)	☐	☐	☐	☐
(e) Hypertension 高血壓	(e)	☐	☐	☐	☐
(f) Diabetes mellitus or impaired glucose tolerance 糖尿病或葡萄糖耐量異常	(f)	☐	☐	☐	☐
(g) Kidney disease 腎病	(g)	☐	☐	☐	☐
(h) Prolapsed intervertebral disc or degenerative spine conditions 椎間盤突出或脊椎退化性疾病	(h)	☐	☐	☐	☐
(i) Diseases or medical conditions requiring a medical device or prosthesis to be implanted within the body 需要植入醫療儀器或義肢的疾病或健康狀況	(i)	☐	☐	☐	☐
(j) Human immunodeficiency virus (“HIV”) infection 人體免疫力缺乏病毒（愛滋病病毒）感染	(j)	☐	☐	☐	☐
(k) Congenital conditions (medical, physical or mental abnormalities that existed at the time of or before birth) 先天性疾病（指於出生時或之前已存在的醫學、生理或精神上的異常）	(k)	☐	☐	☐	☐
(l) Physical defects, impairments, deformities, and/or conditions affecting mobility, sight, speech or hearing 身體缺陷、不健全、畸形，及 / 或影響活動能力、視力、說話能力或聽力的狀況	(l)	☐	☐	☐	☐
(m) Mental health conditions (such as depression, anxiety, schizophrenia, eating disorders or bipolar disorders) 精神健康狀況（例如抑鬱、焦慮、精神分裂、飲食失調或躁狂抑鬱症）	(m)	☐	☐	☐	☐
(n) Hypercholesterolemia or Hyperlipidemia 高膽固醇症或高血脂症	(n)	☐	☐	☐	☐
(o) Liver disorder (such as hepatitis B or hepatitis C (including tested positive), fatty liver or cirrhosis of liver) 肝臟疾病（例如乙型或丙型肝炎（包括測試呈陽性反應）、脂肪肝或肝硬化）	(o)	☐	☐	☐	☐
(p) Multiple sclerosis 多發性硬化症	(p)	☐	☐	☐	☐
40. Do you currently have any of the following diseases or medical conditions? 您目前是否患有下列疾病或健康狀況？	40				
(a) Hernia 疝氣（俗稱「小腸氣」）	(a)	☐	☐	☐	☐
(b) Breast lesion (tumour / mass / lump / cyst / nodule / growth) 乳房病變（腫瘤 / 硬塊 / 腫塊 / 囊腫 / 結節 / 增生）	(b)	☐	☐	☐	☐
(c) Uterine or ovarian lesion (tumour / mass / lump / cyst / polyp / nodule / growth) 子宮或卵巢病變（腫瘤 / 硬塊 / 腫塊 / 囊腫 / 瘜肉 / 結節 / 增生）	(c)	☐	☐	☐	☐
(d) Benign prostatic hypertrophy 良性前列腺肥大	(d)	☐	☐	☐	☐
(e) Gall bladder stone or urinary stone (renal stone, ureteric stones or urinary bladder stone) 膽結石或泌尿道結石（腎結石、輸尿管結石或膀胱結石）	(e)	☐	☐	☐	☐
(f) Cataract, glaucoma or retinopathy 白內障、青光眼或視網膜病變	(f)	☐	☐	☐	☐
(g) Arthritis or other joint disorder 關節炎或其他關節疾病	(g)	☐	☐	☐	☐
41. In the last 5 years, have you ever had or been advised to have any regular or ongoing (such as monthly, every 2 months, half-yearly, annually) follow-up consultations or medical care with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any disease or medical condition? 在過去5年內，您是否曾經或被建議定期或持續（例如每月、每兩個月、每半年、每年）為任何疾病或健康狀況接受專業醫護人員（例如專科醫生、物理治療師、精神科醫生）的跟進診治或醫療護理？	41	☐	☐	☐	☐
42. In the last 5 years, have you been advised by your doctor to take any medications (such as to be taken daily / once per week / as needed as directed by doctor) for a continuous period of more than one month? 在過去5年內，您是否曾被醫生建議定期（例如按醫生指示每日 / 每週一次 / 有需要時）服用為期超過1個月的處方藥物？	42	☐	☐	☐	☐
43. In the last 5 years, have you been admitted into a hospital? 在過去5年內，您是否曾入住醫院？	43	☐	☐	☐	☐
44. In the last 5 years, have you undergone a surgical procedure (including endoscopy or biopsy) without being admitted into a hospital? 在過去5年內，您是否曾在非住院情況下接受外科程序（包括內窺鏡檢查或活組織化驗）？	44	☐	☐	☐	☐

		Proposed Insured 準受保人		*Applicant *申請人	
		YES 是	NO 否	YES 是	NO 否
45. In the last 5 years, have you ever had or been advised to undergo investigations (such as blood or urine test, ECG, X-ray, ultrasound, CT scan, MRI, PET scan, HIV test, Hepatitis B test, Hepatitis C test)? 在過去5年內，您是否曾接受或曾被建議接受檢查（例如驗血、驗尿、心電圖、X光、超聲波、電腦掃描、磁力共振、正電子掃描、愛滋病測試、乙型肝炎測試、丙型肝炎測試）？	45	☐	☐	☐	☐
If the answer is "Yes", do your investigation result(s) include the followings？如果答案屬「是」，您的檢查結果是否包括下列情況？					
(a) Normal test result is advised 檢驗結果正常	(a)	☐	☐	☐	☐
(b) Abnormal test result is advised 檢驗結果異常	(b)	☐	☐	☐	☐
(c) You are still awaiting test / test result 您正等候檢驗或檢驗結果	(c)	☐	☐	☐	☐
(d) Test result is inconclusive or uncertain (retesting or follow up test is required) 檢驗結果為無定論或不確定（需要重新或進一步檢驗）	(d)	☐	☐	☐	☐
(e) Medical advice has been sought or treatment is required for the test result (such as liver cyst / brain cyst / joint degeneration or calcification / lung or breast or thyroid calcification discovered on imaging test, that may not require immediate treatment) 就檢驗結果已尋求醫療意見或需要接受治療（例如一些未必需要即時治療的情況如肝囊腫 / 腦囊腫 / 關節退化或鈣化 / 於成像檢測中發現肺部或乳房或甲狀腺出現鈣化）	(e)	☐	☐	☐	☐
46. Apart from anything you have already disclosed, do you have any of the following conditions? 除了您已披露的資料外，您是否有下列情況?	46				
(a) Abnormal bleeding (such as vaginal bleeding, rectal bleeding, nose bleeding or coughing up of blood) for at least one month 不正常出血（例如陰道出血、便血、流鼻血或咳血）至少一個月	(a)	☐	☐	☐	☐
(b) In the last 1 year, you had or have been required to have follow-up consultation with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any medical condition or sign and symptom 在過去1年內，您有任何健康狀況或病徵及症狀曾經接受或需要接受專業醫護人員（例如專科醫生、物理治療師、精神科醫生）的跟進診治	(b)	☐	☐	☐	☐
(c) Other medical conditions or sign and symptom (such as lump, headache, persistent coughing, chest pain or epigastric pain) that you are seeking or intend to seek medical advice 其他健康狀況或病徵及症狀（例如腫塊、頭痛、持續咳嗽、胸痛或上腹痛）而正在或打算尋求醫療意見	(c)	☐	☐	☐	☐
47. **[For insured children aged 6 or below only 只適用於六歲或以下之受保兒童]** Was the insured child born before 37th week of pregnancy and / or born with body weight less than 2.5 kg (5.5 lbs)? 受保兒童是否於懷孕第37週前出生，及 / 或出生時體重少於2.5公斤（5.5磅）？	47	☐	☐	☐	☐
If "Yes", please provide additional information: 若「是」，請提供更多資料：					

At which week of pregnancy was the insured child born? 受保兒童在孕期哪一週出生？	Body weight at birth 出生時體重
☐ More than 37 weeks 多於37週	☐ More than 2.5kg (5.51lbs) 多於2.5公斤（5.51磅）
☐ 32－37 weeks 32－37週	☐ 1.5－2.5kg (3.31－5.51lbs) 1.5－2.5公斤（3.31－5.51磅）
☐ 28－31 weeks 28－31週	☐ 0.751－1.499kg (1.651－3.3lbs) 0.751－1.499公斤（1.651－3.3磅）
☐ Less than 28 weeks 少於28週	☐ Less than or equal to 0.75kg (1.65lbs) 等於或少於0.75kg（1.65磅）

48. At your best knowledge, have any of your parents or siblings by blood been diagnosed with any of the following diseases or medical conditions at or before age 60: 就您所知，您的親生父母或兄弟姊妹曾否於六十歲或以前被確診下列疾病或健康狀況：	48				
(a) Cancer 癌症	(a)	☐	☐	☐	☐
(b) Coronary heart disease 冠心病	(b)	☐	☐	☐	☐
(c) Diabetes mellitus 糖尿病	(c)	☐	☐	☐	☐
(d) Motor neuron disease 運動神經元疾病	(d)	☐	☐	☐	☐
(e) Multiple sclerosis 多發性硬化症	(e)	☐	☐	☐	☐
(f) Stroke 中風	(f)	☐	☐	☐	☐
(g) Parkinson's disease 柏金遜症	(g)	☐	☐	☐	☐
(h) Hereditary diseases - including cystic fibrosis, familial adenomatous polyposis, Alzheimer's disease, familial cardiomyopathy, inherited blood disorders (hemophilia, thalassemia, sickle cell disease), muscular dystrophy, polycystic kidney disease or Huntington's disease. 遺傳病 - 包括囊性纖維化、家族性大腸腺息肉病、亞茲海默氏症、家族性心肌病、遺傳性血病（血友病、地中海貧血、鐮刀型貧血）、肌肉萎縮症、多囊性腎病或亨丁頓舞蹈症。	(h)	☐	☐	☐	☐

If the answer to any of the questions of Q48 is "Yes", please provide additional information:
若第48項任何一項問題之答案為「是」，請提供更多資料：

	Which disease? 哪種疾病？	Which family member? 哪個親屬？	Onset age of disease 病發年齡
Proposed Insured 準受保人			☐ age at or below 39（39歲或以下） ☐ age 40-49（40-49歲） ☐ age 50-59（50-59歲） ☐ age 60（60歲）
Applicant 申請人			☐ age at or below 39（39歲或以下） ☐ age 40-49（40-49歲） ☐ age 50-59（50-59歲） ☐ age 60（60歲）

PART C－SUPPLEMENTARY HEALTH INFORMATION: 丙部－附加健康資料:		Proposed Insured 準受保人		*Applicant *申請人	
49. Have you ever had: 您是否曾患有：	49	YES 是	NO 否	YES 是	NO 否
(a) Any tumour, mass, cyst, nodule, polyp, lump, growth, or abnormal swelling? 任何腫瘤，硬塊，囊腫，結節，息肉，腫塊，增生或不正常腫脹？	(a)	☐	☐	☐	☐
(b) Blood disorder, such as anaemia 血液問題，例如貧血	(b)	☐	☐	☐	☐
(c) Sleep disordered breathing (including Obstructive Sleep Apnoea)? (For Applicant and / or Proposed Insured age 16 or above only) 睡眠呼吸障礙（包括睡眠窒息症）（只適用於申請人及 / 或十六歲或以上之準受保人）	(c)	☐	☐	☐	☐
(d) Spinal or joint disorder (including back pain, neck pain, fractures or gout) 脊椎或關節疾病（包括背痛、頸痛、骨折或痛風）	(d)	☐	☐	☐	☐
(e) Thyroid disorders 甲狀腺疾病	(e)	☐	☐	☐	☐
(f) Eye, ear, nose or throat disorders (Do not disclose for allergic rhinitis, astigmatism, short sightedness, long sightedness or presbyopia) 眼睛，耳朵、鼻或咽喉疾病（鼻敏感、散光、近視、遠視或老花無需在此申報）	(f)	☐	☐	☐	☐
(g) Nervous system disorder, such as: seizure or epilepsy 神經系統疾病, 例如：抽搐或癲癇	(g)	☐	☐	☐	☐
(h) Respiratory disease such as: asthma, bronchitis, tuberculosis (Do not disclose for influenza, coughs and colds that lasted for less than 7 days) 呼吸系統疾病, 例如: 哮喘、支氣管炎、肺結核（流感、咳嗽及感冒持續少於七天者無需在此申報）	(h)	☐	☐	☐	☐
(i) Stomach or intestinal disease, such as gastritis, haemorrhoid 胃部或腸臟疾病，例如：胃炎，痔瘡	(i)	☐	☐	☐	☐
(j) Skin disorder 皮膚問題	(j)	☐	☐	☐	☐
(k) Female disorder, such as: menstrual disorder, abnormal pap smear (For female age 16 or above only) 女性疾病，例如：月經問題、異常柏氏抹片（只適用於十六歲或以上之女性）	(k)	☐	☐	☐	☐
(l) Prostate disorders (For male age 41 or above only) 前列腺疾病（只適用於四十一歲或以上之男性）	(l)	☐	☐	☐	☐
50. **For juvenile Proposed Insured age 17 or below and apply for specific product(s) only:** **只適用於十七歲或以下之準受保兒童及投保指定之計劃：**	50				
(i) Has the proposed insured had or been told to have or received treatment for, any physical or developmental impairments or abnormalities or premature birth, sight, hearing or speech impairments? 準受保人是否曾患有，或被告知患有或因下列問題接受治療，包括發育障礙、身體缺陷、又或早產，或視覺、聽覺或語言障礙？	(i)	☐	☐	☐	☐
(ii) Has the proposed insured's regular physicians identified any delay in the proposed insured's developmental milestones? 準受保人的主診醫生是否曾表示準受保人有任何發育延遲？	(ii)	☐	☐	☐	☐
(iii) Is any of the siblings of the proposed insured suffered from any birth defect/congenital disorders, developmental disorders, genetic disorders, intellectual impairments or autism? 準受保人的兄弟姐妹是否患有任何先天缺陷、發育障礙、遺傳性疾病，智力障礙或自閉症？	(iii)	☐	☐	☐	☐

If the answer to any of the questions 39-46 and 49-50 is "Yes", please provide additional information as applicable－
若第39至46項及第49至50項任何一項問題之答案為「是」者，請在適用的問題提供更多資料－

Question 題號				
Disease / medical condition 疾病 / 健康狀況				
(a) Investigations that have been performed 已進行的檢查 (b) Date of such investigation 有關檢查日期				
(a) Treatment that has been performed 已進行的治療 (b) Date of such treatment 有關治療日期				
Date of last follow-up 最後覆診日期				
Present condition 現況				
Name of doctor and name of Hospital, where applicable 醫生姓名及醫院名稱 （如適用）				

Remarks: Please provide information as detailed as possible (e.g. provide year and month if exact date could not be recalled) for the sake of fair assessment in underwriting.
備註：請盡量提供齊全資料（例如在未能回憶確實日期的情況下提供年份及月份）以便作出公平核保決定。

POLICY REPLACEMENT 轉保

51. In order to fund the purchase of your new life insurance policy, are you using, or do you intend to use some or all of the funds arising from your existing life insurance policy, or any savings made by reducing the premium payable under your existing life insurance policy? For example, such funds or savings may arise from:
閣下是否使用或打算使用現有人壽保險保單的部分或全部資金，或使用或打算使用通過減少現有人壽保險保單的應付保費而節省的金額，以資助 閣下購買新的人壽保險保單？例如，此等資金或金額可能來自：

a) surrendering / partially surrendering your existing life insurance policy to obtain its surrender value
就閣下現有人壽保險保單作出退保/部分退保的安排，以獲得其退保價值

b) taking out a policy loan (including automatic premium loan) from your existing life insurance policy
從閣下現有人壽保險保單中提取保單貸款（包括自動保費貸款）

c) withdrawing policy values from your existing life insurance policy (e.g. cash out dividends or redeem fund units etc.)
從閣下現有人壽保險保單中提取保單價值（例如：套現紅利或贖回基金單位等）

d) lapsation of your existing life insurance policy (e.g. by non-payment of premium)
容許閣下現有人壽保險保單失效（例如：終止支付保費）

e) exercising the right to a premium holiday under your existing life insurance policy
行使閣下現有人壽保險保單中「保費假期」的權利

f) assigning rights and interest of your existing life insurance policy to a lending institution as security for premium financing loan or other credit facilities advanced (e.g. premium financing)
就閣下現有人壽保險保單作出權益轉讓予貸款機構，作為抵押保費貸款（例如：保費融資）

☐ Yes 是 ☐ Not yet decided 尚未決定 ☐ No 否

Please check one appropriate box only
請在適當的方格內填上剔號（只可選擇一項）

Warning: Please answer the above question carefully. Making changes on your existing life insurance policy may not be in your best interest. Your licensed insurance intermediary must explain to you the financial implications, insurability implications and claims eligibility implications of such changes. For this purpose, your licensed insurance intermediary may require certain information on your existing life insurance policy. You may need to approach the insurer of your existing life insurance policy to obtain accurate and up to date information on your existing policy.
忠告：請小心回答上述問題。就現有人壽保險保單作出變更未必符合閣下的最佳利益。閣下的持牌保險中介人必須向閣下解釋有關變更對閣下的財務、受保資格及索償資格所構成的影響。因此，閣下的持牌保險中介人可能會向 閣下索取 閣下現有人壽保險保單的某些資料。閣下可能需要聯絡現有人壽保險保單的保險公司並向其索取有關現有人壽保險保單準確及最新的資料。

If your answer is "Yes" or "Not yet decided", your licensed insurance intermediary must explain the "Important Facts Statement – Policy Replacement" to you.
若閣下的回答為「是」或「尚未決定」，閣下的持牌保險中介人必須向 閣下解釋《重要資料聲明書－轉保》

Signature of the Applicant/Proposer
申請人 / 投保人簽署

Date 日期：(MM月/ DD日/ YYYY年)

Signature of Licensed Insurance Intermediary
持牌保險中介人簽署

Date 日期：(MM月/ DD日/ YYYY年)

Full name of Licensed Insurance Intermediary
持牌保險中介人姓名

Type of License and License No.
牌照類別及牌照號碼

DECLARATION :

I / We hereby declare and agree that:

(a) No information or representation made or given by or to any person shall be binding on the Company unless it is in writing and is presented and approved by the Company.

(b) I / We understand that any policy issued hereunder is based on the principle of utmost good faith. All written information submitted by me / us in this application form and in the Company issued questionnaires or other documents submitted by me / us in connection with this application and statements and answers made to the Company's medical examiners are true, complete and correct. In respect of any information or answers that I / we did not provide personally, I / we have checked their contents to ensure that they are true, correct and complete. I / We further understand that the Company, believing them to be such, will rely and act on them, otherwise any policy issued hereunder may be void or any claims filed under the policy may be repudiated.

(c) The agent has explained to me / us the sort of material facts which ought to be disclosed by me / us in this application and it is my / our responsibilities to disclose all material facts in application. I / We have been advised by the agent that non-disclosure of material facts or provision of incorrect information to the Company may result in the insurance policy being invalidated or avoided or claims being repudiated by the Company. Before I / we sign or make any declaration which needs to be made by the me / us in respect of this application, I / we have been explained the declaration and given an opportunity by the agent to review it.

(d) All information and documents provided by me / us (as defined under (b)) together with the relevant policy issued shall constitute the entire contract between myself / ourselves and the Company.

(e) Any payment made in connection to this application does not guarantee immediate approval of the coverage applied. The insurance coverage applied for shall only take effect where the relevant policies have been issued and delivered to me / us and the first premium and levy duly paid during my / our life time and good health.

(f) If this application is for a juvenile trust policy with "Ownership and Trust Provisions", I consent to act as Trustee in respect of the policy to be issued subject to the following terms and conditions:

- All benefits payable under the proposed policy shall belong to the Proposed Insured who shall constitute the irrevocable beneficiary and shall be paid through me while the Proposed Insured is under 18 years of age.
- I shall, until the Proposed Insured attains 18 years of age, have the right to exercise every option, benefit and privilege under the proposed policy in my capacity as Trustee.
- Upon reaching the age of 18, the Proposed Insured shall become the new Owner of the policy and all my rights, entitlements and powers shall automatically cease.

(g) A person who is not a party to the policy (including but not limited to the insured or the beneficiary) has no right to enforce any of the terms of the policy.

(h) * By purchasing this policy and 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 and 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 the Applicant is a body corporate) If the tax status of Applicant's shareholder(s) who is/are holding more than 10% of the Applicant shares / voting rights changes and become(s) a U.S. citizen(s) / U.S. resident(s) / U.S. entity(ies), you must notify us within 30 days of such change in circumstances
(If the Applicant is a natural person) If the Applicant's tax status changes and he/she becomes a U.S. citizen or resident, you must notify us within 30 days of such change in circumstances.
(Clause (h) above is not applicable to U.S. citizens or residents, who must complete IRS Form W-9.)

(i) I / We confirm and acknowledge that:

- I / We shall be responsible for observing and complying with any applicable law, regulatory policy and / or other statutory requirement of the country of my / our citizenship, residence or domicile.
- If in doubt, I / we shall consult independent professional advisers concerning possible tax, legal or regulatory consequences of purchasing, holding, withdrawing, redeeming or otherwise disposing the policy issued or exercising any rights of the policy. The Company has not provided any advice to me / us around tax or a person's citizenship status.
- I / We may be required to redeem, surrender or withdraw from the policy if the Company becomes aware that the policy issued is owned directly or beneficially by any person in breach of any applicable law, regulatory policy and / or other statutory requirement of any country.
- Should I / we be compelled by any applicable law or authority to redeem, surrender or withdraw from the policy, I / we shall bear any costs or loss incurred as a result of such redemption, surrender or withdrawal.
- The Company shall be entitled to, insofar as necessary and to the extent permitted by laws, furnish the relevant governmental authorities, regulator(s), court(s), tribunal(s), administrative board(s) and / or law enforcement bodies (both local and overseas) with any of my / our personal data and other information relating to my / our policy(ies) or investments contained in this application or otherwise. The Company may also answer any question and / or inquiry from the said governmental authorities, regulator(s), court(s), tribunal(s), administrative board(s) and / or law enforcement bodies, and as it sees appropriate, make any report at its own initiative in order to comply with the relevant laws, regulations and code(s) of practice / conduct. I / We understand that the Company will not be able to sell any insurance product to me / us and provide any service if I / we refuse to give the said express consent.

(j) 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 Inland Revenue Ordinance (Cap. 112).**

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.

(k) By purchasing this policy, I / we confirm that I am / we are acting solely on my / our own behalf and not acting on behalf of others in respect of the policy to be issued. In the event that I am / we are acting on behalf of another person, without limitation, as trustee, nominee or agent, I / we agree to provide any documentation including but not limited to any copies of identification documents of the principal / beneficial owner and any documentary proof of my / our legal capacity and authority in so acting.

(l) Any bonuses, dividends or other non-guaranteed benefits projected in any Sales Illustration(s) shown to me / us by the agent or the Company prior to or at the time of the signing of this application form are subject to change and are not guaranteed by the agent or the Company.

(m) Where this application is for an investment-linked / variable universal life insurance policy:

- I / We have received, read and agreed to comply with the relevant product materials (including the Product Brochure, Illustration Document and the Investment Options Brochure) (to the extent relevant) and I/ We understand the investment risks, product features and policy fees & charges involved in selecting the plan. I/ We understand that apart from the relevant product materials, I/ we should also read, and I/ we agree to comply with, the offering document of the underlying fund of each respective investment option (including any dealing restrictions) before making any investment decision. I/We irrevocably waive any claim or demand that I /we have or may have against the Company in connection with any dealing restrictions set forth by the underlying fund(s) of the investment option(s). If I / we apply for any single premium paying product(s), I / we understand that I / we may suffer a loss if I / we terminate the policy early. If I / we apply for any regular premium-paying product(s), I / we intend to pay premium throughout the premium payment period. I / We also understand that I / we may suffer a loss if I / we reduce the premium or terminate the policy before such premium payment period ends.
- I / We have evaluated the level of risk of the investment option(s) myself / ourselves and have selected the investment option(s) for the purposes of the policy based on my / our own judgement and personal needs.
- I / We confirm that, for the purpose of subscribing to share(s) / unit(s) of investment option(s) which are linked to underlying investment(s) managed by HSBC, I am / we are not Canadian resident(s) and I am / we are not acquiring share(s) / unit(s) on behalf of or for the benefit of Canadian resident(s) nor do I / we intend to transfer such share(s) / unit(s) to any person who is a Canadian resident. I / We agree to notify the Company immediately if I / we become aware that any of the foregoing representations is no longer accurate and complete in all respects.
- I / We acknowledge and agree that the "AIA e-Invest", the internet service for submitting instructions for change of investment allocation and switching request under the policy, will be enabled upon the issuance of the policy, and that, before using this service, I / we must read, understand and agree to be bound by the "Terms and Conditions for use of AIA+ " which is available at https://www.aia.com.hk/aia-plus/en/tnc.
- I / We acknowledge and understand that my / our original signed and submitted "Financial Needs Analysis" ("FNA") and "Risk Profile Questionnaire" ("RPQ") forms are available for inspection. I / We may exercise my / our right to access the respective document by submitting a written request to the Customer Service Centre of AIA International Limited at 12/F, AIA Tower, 183 Electric Road, North Point, Hong Kong.

(n) I / We confirm and agree that the Company will not provide a physical copy of the policy contract. I / We agree that to view or download the softcopy of the policy contract via AIA+, I / we will be subject to and bound by the "Terms and Conditions for use of AIA+" which is available at https://www.aia.com.hk/aia-plus/en/tnc.

(o) I / We confirm and agree that I / we will access AIA+ for copies of my/our correspondence, and this access is subject to the "Terms and Conditions for use of AIA+" which is available at https://www.aia.com.hk/aia-plus/en/tnc.

(p) I / We understand and agree that premium refund offers as stated in the promotion leaflets (if any), form part of the policy contract. Such materials can be viewed / downloaded from AIA website (www.aia.com.hk) or websites of selected bank partners and distributors and / or electronic notification (including but not limited to email and SMS) from AIA or obtained through my / our financial planners / technical representative.

(q) By signing this application below, I / we confirm that the agent or any representative of the Company has solicited insurance business from me / us in Hong Kong S.A.R. and that the signing of this application form has taken place in Hong Kong S.A.R.

(r) I / We understand that in underwriting my / our application or any counter proposal by the Company in the future, the Company may not be able to offer the product / plan applied by me/ us without premium adjustment or certain exclusions. In this connection, the Company may call and approach me / us to follow up the application or policy, and any revised policy terms will be stated in the endorsement(s) attached to the Policy Contract.

(s) I / We confirm and understand that I am / we are required to provide valid documentation proofs (such as identity card and address proof) to the satisfaction of the Company for it to conduct due diligence from time to time on myself / ourselves, the Proposed Insured, the ultimate beneficial owner of this policy (if any) and my / our authorized signatory(ies) (if any) pursuant to the Anti-Money Laundering and Counter-Terrorist Financing (Financial Institutions) Ordinance Cap 615 (and / or other applicable legislation). If I / we fail or refuse to do so, or if the due diligence cannot be completed within a reasonable time for any reason, the Company shall have the right to disprove the application and / or terminate the policy and / or the business relationship with me / us. In the event that the Company has to terminate the policy and / or its business relationship with me / us on this ground, it shall be entitled to deduct such applicable fees and charges. I / We also confirm and agree that in such event the Company shall not be liable to me / us for any loss, damage, reimbursement and / or compensation whatsoever caused by or in connection with the termination of the policy and / or the business relationship.

(t) (If the Applicant is a legal person)
I / We undertake to advise the Company forthwith upon (i) any change to the Applicant (such as name, registered address and ownership structure); or (ii) any change to the Applicant's shareholder(s)'s holding of more than 10% (applicable to shareholder(s) who is / are U.S. citizen(s) / U.S. resident(s) / U.S. entity(ies)) / more than 25% (applicable to shareholder(s) who is / are not U.S. citizen(s) nor U.S. resident(s)) of "the Applicant's shares / voting rights or the personal particulars of the shareholder(s); or (iii) any change to the Applicant's director(s) / authorized signatory(ies) or the personal particulars of the director(s); and to provide documentary proof(s) of such change to the satisfaction of the Company forthwith upon its request.
(If the Applicant is a natural person)
I / We undertake to advise the Company forthwith upon any change or update of the personal particulars / the identification information of the Applicant; and to provide documentary proof(s) of such change or update to the satisfaction of the Company upon its request.

(u) The following information is available at the Company's website for my / our reference:

- Dividend / bonus history (fulfillment ratio): https://www.aia.com.hk/en/fulfillment-ratio.html
- Dividend and Bonus Philosophy: http://www.aia.com.hk/en/dividend-philosophy.html
- Historical Crediting Interest Rates: https://www.aia.com.hk/en/crediting-interest-rate.html (the historical crediting interest rates shown on the website are before any relevant policy charges (e.g. cost of insurance, policy administration fees, etc))
- Crediting Interest Rate Philosophy: http://www.aia.com.hk/en/crediting-interest-rate-philosophy.html

(v) The terms and conditions governing the one-time passcode authentication services can be found at:
https://www.aia.com.hk/en/customer-corner/ichange/gio/otp-tac.html?from=customer-otp.html

聲明 :

本人 / 我們現聲明並同意:

(a) 除以書面形式及經貴公司發表和批准外，任何其他人士所發表或收到的資料或陳述，貴公司毋須負責。

(b) 本人 / 我們明白任何依據此投保申請書而繕發的保單是以最高誠信原則為基礎。所有由本人 / 我們填寫在此投保申請書上及由公司發出的問卷內的資料或由本人 / 我們就此投保申請書遞交的其他文件及向公司的醫生的陳述及回答均屬真實、完整及正確。任何並非由本人 / 我們提供的資料或回答，本人 / 我們已檢視其內容以確保其均屬真實、正確及完整。本人 / 我們亦明白公司相信本人/我們的陳述及回答均屬真實、正確及完整，並依據此作出相關的決定，否則任何依據此而繕發的保單可能無效或任何就該保單提出的索償可能遭拒絕。

(c) 營業員已向本人 / 我們解釋本人 / 我們應在此投保申請披露重要事實的種類，及本人 / 我們有責任就此投保申請的披露所有重要事實。營業員已提醒本人 / 我們不披露重要事實或向貴公司提供不正確資料可能會導致保單失效或以致無效或索償遭貴公司拒絕。在本人/我們簽署或就此投保申請所需而作出任何聲明前，營業員已向本人 / 我們解釋有關聲明及讓本人 / 我們有機會進行檢視。

(d) 本人 / 我們提供的任何資料及文件（如(b)所界定的）及有關之保單，將成為本人 / 我們與貴公司之間所簽署合約之全部。

(e) 與本申請書有關的任何付款，並不保證此申請可即時生效。而所申請之保障將會在保單發出及已繳清首期保費及保費徵費後，並於本人 / 我們身體健康之情況下遞交至本人我們，方為生效。

(f) 若此申請書用於有「權益及信託條款」之兒童信託保單，本人同意成為此保單之信託人，並遵守以下各項條款:
- 準受保人乃此保單之不可更改受益人，此保單賦予之所有利益均歸其所有，唯於準受保人年滿18歲以前，保單所有利益由本人代收。
- 作為此保單的信託人，本人在準受保人年滿18歲以前，有權行使及享有信託人應有之選擇權、利益及特權。
- 準受保人年滿18歲後，會成為新的保單持有人，而保單賦予本人之所有權利，亦會自動終止。

(g) 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。

(h) * 就有關購買此保單並於下方簽署作實，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，貴公司將通知本人 / 我們償還扣除合理的費用及保單提款 / 貸款後的保費及保費徵費。

* 備註：根據美國法律，任何美國人就其稅務狀況作出虛假或失實陳述將會受到刑罰。

（如申請人為法人）若擁有申請人10%以上的股本或投票權的股東之稅務狀況有更改，並且成為美國公民 / 美國居民 / 美國機構，請於該變動發生後三十日內通知本公司。

（如申請人為自然人）若申請人的稅務狀況有更改，並且成為美國公民或居民，請於該變動發生後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(h)一欄內之有關條款並不適用。）

(i) 本人 / 我們確認及知悉：
- 本人 / 我們將有責任遵守就本人 / 我們為公民或居民或作為住所的國家之有關法律、監管政策及 / 或其他法例要求。
- 本人 / 我們如有疑問，本人 / 我們將徵詢獨立專業顧問有關購買、持有、提款、贖回或以其他方式處置所發保單或行使保單內的權利可能引致的稅務、法律或法規上的後果。貴公司沒有就有關本人 / 我們之稅務或個人之公民身份提供任何意見。
- 如貴公司發現所發保單因由任何人士直接或實益擁有而違反任何國家之適用法例、監管政策及 / 或其他法例要求，本人 / 我們可被要求贖回或退保該保單或被要求作出提款。
- 如本人 / 我們被有關法例或監管機構強制贖回或退保該保單或作出提款，本人 / 我們願意承擔因此而引致的費用或損失。
- 貴公司有權，就如需要並在法律許可的範圍內，提供有關本人 / 我們的個人資料和其他有關本人 / 我們的保單或於本申請書上所載之投資或以其他方式刊載的其他資料予政府部門、監管機構、法院、法庭、行政委員會及 / 或執法機構（包括本地及海外）。貴公司也會就上述政府部門、監管機構、法院、法庭、行政委員會及 / 或執法機構所提出之任何問題及 / 或查詢作出回答，及在適當的情況下，會主動提供報告，以符合有關法律，法規和守則 / 行為。我 / 我們明白， 如果我 / 我們拒絕給予上述之明示同意予貴公司，貴公司將無法出售任何保險產品，及提供任何服務給我 / 我們。

(j) 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”之定義請參考稅務條例（第112章）**

<u>由個人作申請人</u>
- 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）。

<u>由公司作申請人</u>
- 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。

(k) 藉購買此保單，本人 / 我們確認本人 / 我們是僅以按本人 / 我們的名義行事，並不是代表他人購買此保單。倘若本人 / 我們是代表他人行事，不論作為信託人、代名人或代理人，本人/我們同意提供任何文件，包括但不限於任何委託人/ 實益擁有人的身份證明文件副本及任何授予本人/我們具法律身份和授權的證明文件。

(l) 無論是於簽署此投保申請書之前或簽署此投保申請書時，經由貴公司或其營業員給與本人 / 我們之銷售說明書內所顯示的預計分紅、紅利或其他非保證利益均可改變， 貴公司或其營業員並無對以上的利益作出任何保證。

(m) 若此申請書適用於投資連繫 / 投資萬用壽險保單：
- 本人 / 我們確認已收取、閱讀及同意遵守有關產品資料（包括產品小冊子、銷售說明書及投資選擇資料冊）(在相關範圍內)，本人 / 我們亦明白選擇計劃所涉及的投資風險、產品特色、保單費用及收費。本人 / 我們明白除有關產品資料外，本人 / 我們亦應在進行任何投資決定前閱讀及同意遵守有關投資選擇之相應連繫基金的銷售文件（包括任何交易限制）。本人 / 我們不可撤回地放棄本人 / 我們就有關投資選擇之相應連繫基金所訂明的任何交易限制而向本公司進行索償或追究的權利。如本人 / 我們申請之產品是繳交整付保費，本人 / 我們明白若本人 / 我們提早終止保單，本人 / 我們可能會蒙受損失。如本人 / 我們申請之產品是繳交定期保費，本人 / 我們欲於整個繳交保費年期內持續繳付所需之保費直至該繳交保費年期完結，並明白若本人 / 我們於該繳交保費年期完結前減低保費或終止保單，本人 / 我們可能會蒙受損失。
- 本人 / 我們亦已評估各投資選擇之風險水平及依據本人 / 我們的判斷和個人需要而作出此保單之投資選擇。
- 本人 / 我們證實就認購與匯豐旗下連繫投資相連的投資選擇之股份 / 單位而言，本人 / 我們並非加拿大居民，亦沒有為任何加拿大居民或其利益而購買股份 / 單位，本人 / 我們無意轉換有關股份 / 單位以作購買給予加拿大居民。本人 / 我們同意於本人 / 我們發覺以上之陳述聲明不再屬實及完整時通知貴公司。
- 本人 / 我們明白並同意「友邦投資易」網上服務將在保單生效後啟用，以便提交此保單之更改投資分配及調配申請指示，以及本人 / 我們在使用此服務前必須閱讀、明白及同意受「AIA+使用條款及細則」約束，有關條款及細則之詳情，可於https://www.aia.com.hk/aia-plus/zh-hk/tnc參閱。
- 本人 / 我們確認及明白已簽署並提供的「財務需要分析」及「風險承擔能力問卷」正本可供查閱。本人 / 我們可行使權利以書面形式向貴公司位於香港北角電器道一百八十三號友邦廣場十二樓之友邦保險(國際)有限公司客戶服務中心索取相關之文件。

(n) 本人 / 我們確認並同意貴公司不會提供此保單之紙本保單合約。本人 / 我們同意若本人 / 我們透過AIA+閱覽或下載電子保單合約，即代表本人 / 我們會受「AIA+使用條款及細則」約束，有關條款及細則之詳情，可於https://www.aia.com.hk/aia-plus/zh-hk/tnc參閱。

(o) 本人 / 我們確認並同意本人 / 我們會透過AIA+閱覽本人 / 我們的通知書函件副本，而此閱覽會受「AIA+使用條款及細則」約束，有關條款及細則之詳情，可於https://www.aia.com.hk/aia-plus/zh-hk/tnc參閱。

(p) 本人 / 我們清楚明白及同意列明於宣傳資料的保費回贈推廣（如有）亦會構成保單合約之一部分，有關資料之詳情，可登入友邦網頁(www.aia.com.hk)或特選銀行合作夥伴或分銷售商渠道之網頁及 / 或由友邦發出或透過財務策劃顧問或持牌業務代表索取之電子通訊（包括但不限於電郵及短訊）。

(q) 就簽署此投保申請書，本人 / 我們確認貴公司的保險營業員或其代表是在香港特別行政區向本人 / 我們推銷保險業務，而此申請書亦是在香港特別行政區簽署。

(r) 本人 / 我們明白在核保本人 / 我們的申請時或於日後任何由貴公司提出的保單內容建議，貴公司或未能按照本人 / 我們原本的投保申請批核保單而不作出保費調整或不保事項。就此，貴公司或會以電話聯絡本人 / 我們跟進有關之申請或保單，而被調整之條款將列於保單批註上。

(s) 本人 / 我們確認及明白必須提供符合貴公司要求之有效文件（如身份證及地址證明）予貴公司，讓貴公司能按照於「打擊洗錢及恐怖分子資金籌集（金融機構）條例」第615章所載及 / 或其它有關法律之要求，不時對本人 / 我們、準受保人、保單之最終實益擁有人（如有）及所有於這保險申請之授權簽署人士（如適用）進行客戶盡職審查。如本人 / 我們未符合此要求，或因任何理由客戶盡職審查未能在合理時間內完成，貴公司有權不批核上述申請及 / 或終止此保單及 / 或與本人 / 我們的業務關係。

如貴公司因此需要終止此保單及 / 或與本人 / 我們的業務關係，貴公司有權扣除適當的費用及收費。

本人 / 我們亦確認並同意， 在這情況下， 貴公司不需向本人 / 我們承擔任何因終止此保單及 / 或業務關係而招致之損失，損害，報銷和 / 或補償。

(t) （如申請人為法人）

本人 / 我們保證會立刻通知貴公司任何有關(i)申請人的更改（如名字、註冊地址及擁有權架構）；或(ii)擁有申請人10%以上（股東為美國公民 / 美國居民 / 美國機構適用）/ 25%以上（股東為非美國公民或非美國居民適用）的股本或投票權的股東的更改或其個人資料的更改；或(iii)申請人的董事 / 授權簽署人士的更改或其個人資料的更改，及保證如貴公司提出要求，會立刻向貴公司提交與該更改有關及令其滿意的文件証明。

（如申請人為自然人）

本人 / 我們保證會立刻通知貴公司任何有關申請人個人資料或其身份證明資料的更改或更新，及保證如貴公司提出要求，會立刻向貴公司提交與該更改或更新有關及令其滿意的文件証明。

(u) 本人 / 我們可於貴公司的網址瀏覽以下資料:
- 過往派發紅利 / 分紅的資料（分紅實現率）：https://www.aia.com.hk/zh-hk/fulfillment-ratio.html
- 紅利理念：http://www.aia.com.hk/zh-hk/dividend-philosophy.html
- 過往派息率：http://www.aia.com.hk/zh-hk/crediting-interest-rate.html（網址上所顯示的過往派息率並未扣除相關保單收費（如保險費用、保單行政費用等））
- 派息率理念：http://www.aia.com.hk/zh-hk/crediting-interest-rate-philosophy.html

(v) 有關一次性密碼驗證服務的條款及細則，請參閱以下網頁：
https://www.aia.com.hk/zh-hk/customer-corner/ichange/gio/otp-tac.html?from=customer-otp.html

AUTHORIZATION :

I / We, hereby irrevocably authorize

(a) The Company to enter into arrangements with Panel Network Providers to provide specified medical services to me / us (if and as applicable).

(b) Any organization, institution or individual that has any record or knowledge of my / the Proposed Insured's health and medical history or any treatment or advice and that has been or may hereafter be consulted to disclose to the Company such information. This authorization shall bind my / the Proposed Insured's successors and assigns and remain valid notwithstanding my / the Proposed Insured's death or incapacity in so far as legally possible. A photocopy of this authorization shall be as valid as the original.

(c) The Company or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests to underwrite and evaluate my / the Proposed Insured's health status in relation to this application and any claim arising therefrom. These tests may include, but are not limited to, tests for cholesterol and related blood lipids, diabetes, liver or kidney disorders, acquired immunodeficiency syndrome (AIDS), infection by any human immunodeficiency virus (HIV), immune disorders or the presence of medications, drugs, nicotine or their metabolites.

(d) The Company to access and use my / the Proposed Insured's information in the Company's record to verify my / the Proposed Insured's information provided in this application.

授權 :

本人 / 我們茲授權

(a) 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）。

(b) 任何知悉或擁有本人 / 準受保人之健康狀況及病歷或任何治療或諮詢紀錄及曾為或將為本人 / 準受保人診治之機構、組織或人士，向貴公司透露有關資料，不得撤回。即使本人 / 準受保人死亡或喪失能力，此授權書仍然存有法律效力，而本人 / 準受保人之繼承人及轉讓人亦會受此授權書約束。此授權書之正本與副本同屬有效。

(c) 貴公司或任何其認可之驗身醫生或化驗所，替本人 / 準受保人進行所需之醫療評估及測試，並對本人 / 準受保人之健康狀況進行審核及評估，作為處理本申請及其後與之有關的賠償事宜不得撤回。此等化驗會包括，但並不限於膽固醇及有關之血脂肪、糖尿病、肝或腎功能失常、愛滋病或感染人體免疫力缺乏病毒、免疫系統失常或體內藥物、毒品、尼古丁及其代產物之含量等化驗。

(d) 貴公司存取和使用本人 / 準受保人在貴公司記錄中的資料來驗證本人 / 準受保人在此申請中提供的資料。

PERSONAL DATA COLLECTION AND USE

I / We confirm that I / We have read, understood and agreed to the Personal Information Collection Statement of AIA International Limited (Hong Kong Branch) ("AIAHK") (the "PICS").

I / We declare and agree that any personal data and other information relating to me / us or my / our policy(ies) or investment(s) contained in this application or collected, obtained, compiled or held by AIAHK by any means from time to time may be collected and utilized in accordance with the PICS. I / We acknowledge and consent to the transfer of my / our personal data to parties within or outside Hong Kong for the purposes as set out in the PICS. The updated version of the PICS which complies with the relevant rules and regulations is available for download : https://www.aia.com.hk/content/dam/hk-wise/pdf/privacy-statement/AIAHK-PICS-English.pdf, and is also available upon request.

(For existing customers of AIA Everest Life Company Limited (formerly known as "BEA Life Limited") ("AIA Everest") only) The Company is the administrator of the insurance policies of AIA Everest. I / We agree and consent that the Company may have access to my / our personal data maintained by AIA Everest and use such data for this application.

個人資料收集及使用

我 / 我們確認我 / 我們已閱讀、明白及同意友邦保險(國際)有限公司（香港分行）（「友邦香港」）的個人資料收集聲明（「該聲明」）。

我 / 我們聲明及同意在本申請所載或友邦香港不時以任何方法收集、獲得、編製或持有的任何關於我 / 我們的個人資料及關於我 / 我們的保單或投資的其他資料，可根據該聲明收集及使用。

我 / 我們知悉及同意就該聲明所述目的轉移我 / 我們的個人資料至香港境內或境外各方。

該聲明符合相關守則及法規的最新版本可於此下載：

https://www.aia.com.hk/content/dam/hk-wise/pdf/privacy-statement/AIAHK-PICS-Traditional-Chinese.pdf，及可向友邦香港索取。

（只適用於友邦雋峰人壽有限公司（前稱「東亞人壽保險有限公司」）（「友邦雋峰」）之現有客戶）

貴公司為友邦雋峰之保單管理人。本人 / 我們同意貴公司可查閱友邦雋峰保存本人 / 我們的個人資料及使用有關資料作本申請之用途。

COLLECTION OF LEVY ON INSURANCE PREMIUMS FROM APPLICANT BY THE INSURANCE AUTHORITY

Effective on 1 January 2018, levy is payable on each premium for both new and in-force 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 Applicant 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 Applicant concerned a pecuniary penalty not exceeding HK$5,000 and take legal proceedings to recover any outstanding levy and penalty as a civil debt. For details, please visit our website: www.aia.com.hk.

保險業監管局（保監局）向申請人收取保費徵費

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。

申請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。

詳情請參閱 www.aia.com.hk。

DIRECT PROMOTIONAL AND MARKETING MATERIALS

In order to provide you with the latest news, offers and promotions, and to conduct direct marketing activities (including AIA Club Alta events, offers and membership information, if applicable), AIA International Limited (Hong Kong Branch) ("AIAHK") may use your personal data according to AIAHK's Personal Information Collection Statement (the "PICS") and provide your personal data to third parties (whether within or outside of AIA Group) as set out in paragraph 3(iii) of the PICS but AIAHK cannot use and / or provide your personal data for such purpose without your consent. Please tick "✓" in the box(es) below if you do not agree your personal data is to be used for direct marketing purpose.

[ ] I do not agree to AIAHK's use of my personal data for direct marketing purpose as set out in paragraph 3 of the PICS.

[ ] I do not agree to AIAHK's provision of my personal data to persons / providers / third parties described in paragraph 3(iii) of the PICS for their direct marketing purpose as set out in paragraph 3 of the PICS.

宣傳及市場推廣資料

為向你提供最新的資訊、優惠和推廣及進行直接促銷活動（包括友邦峻宇會的活動、禮遇及會員資訊（如適用）），友邦保險(國際)有限公司（香港分行）（「友邦香港」）可根據友邦香港的個人資料收集聲明（「該聲明」）使用你的個人資料，及根據該聲明第3(iii)段向第三方（不論是否屬於友邦集團）提供你的個人資料。然而，未經你同意，友邦香港不可為此目的使用及 / 或提供你的個人資料。如你不同意你的個人資料用作直接促銷用途，請在以下[ ]欄位劃上"✓"。

[ ]我不同意友邦香港根據該聲明第3段將我的個人資料用於直接促銷用途。

[ ]我不同意友邦香港提供我的個人資料予該聲明第3(iii)段所述的人士 / 供應商 / 第三方，以用於該聲明第3段所述的直接促銷用途。

CANCELLATION RIGHT AND REFUND OF PREMIUM(S) AND LEVY WITHIN COOLING-OFF PERIOD

I understand that I have the right to cancel the policy and obtain a refund of any premium(s) and any levy paid (less any market value adjustment of the Investment Linked Insurance Policy) by giving written notice to AIA International Limited. I understand that to exercise this right, such notice of cancellation must be signed by me and received directly by the Customer Service Centre of AIA International Limited at 12/F, AIA Tower, 183 Electric Road, North Point, Hong Kong within the Cooling-off Period. I understand that the Cooling-off Period is the period of 21 calendar days immediately following either the day of delivery (excluding such day) of the policy or the Cooling-off Notice to me or my nominated representative, whichever is the earlier. If the last day of such twenty-one (21) calendar day period is not a working day (i.e. a day other than (i) a public holiday; (ii) a Saturday; or (iii) a gale warning day or black rainstorm warning day), such period shall include the next working day. I understand that the Cooling-off Notice is a notice that will be sent to me or my nominated representative by AIA International Limited to notify me of the Cooling-off Period around the time the policy is delivered.

冷靜期內撤銷保單及退還保費及保費徵費的權利

本人明白，本人有權以書面通知要求友邦保險（國際）有限公司撤銷此保單並取回（投資連繫壽險保單將會退還經扣除市值調整金額後的已繳保費及已繳保費徵費）所有已繳保費及已繳保費徵費。本人明白為行使這項權利，有關書面通知必須由本人簽署，並確保由在香港北角電氣道一百八十三號友邦廣場十二樓之友邦保險(國際)有限公司客戶服務中心於冷靜期內直接收到。本人明白冷靜期為緊接保單或冷靜期通知書交付予本人或本人的指定代表之日起計的21個曆日的期間（不計交付當天及以較早者為準）。如第二十一(21)個曆日當天並非工作天（則除(i)公眾假期；(ii)星期六；或(iii)烈風警告日或黑色暴雨警告日以外的日子），則該時期將包括隨後的工作天的一天在內。本人明白冷靜期通知書是由友邦保險(國際)有限公司在交付保單時致予本人或本人的指定代表的一份通知書，以就冷靜期一事通知本人。

Signed at 簽署於 Hong Kong SAR 香港特別行政區 (Place 地點) ____ (MM月) – ____ (DD日) – ____ (YYYY年)

I / We confirm and declare that the whole solicitation process of this application was done in Hong Kong SAR and this form was signed by the Proposed Insured / Applicant and witnessed by me / us in Hong Kong SAR.
本人 / 我們確認及聲稱有關此投保申請之整個銷售過程均在香港特別行政區內進行。而此申請書是由準受保人 / 申請人在香港特別行政區簽署及以本人 / 我們為見證。
I / We also confirm that Customer Due Diligence measures (including but not limited having sight of all original identification documents of the applicant and life insured) have been, and will continue to be carried out in accordance with company rules and applicable legislative regulatory requirements including but not limited to Anti-Money Laundering and Counter-Financing of Terrorism Ordinance.
本人 / 我們確認已進行並將會繼續完成客戶盡職審查（包括但不限於查看所有申請人及準受保人身分識別文件的正本），以符合公司指引及適用法律 / 法規要求，包括但不限於打擊洗錢及恐怖分子資金籌集條例。

Signature of the Agent(s) as Witness
營業員（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 Proposed Insured 準受保人簽署
(whose age is 18 or above 18歲或以上人士必須簽署)

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

Download our AIA+ mobile app to manage your policy!
下載AIA+手機應用程式以便輕鬆管理您的保單！