

Life Insurance Application Form

人壽保險投保書

Policy Number

保單號碼

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Campaign Code

優惠代碼

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☐ Medical 驗身 ☐ Non-Medical 非驗身 ☐ Pre-Underwriting Case 已預審核個案

☐ Coverage Conversion 計劃轉換 (From policy no. 來自保單號碼: _____)

Company Name of
Insurance Intermediary
中介人公司名稱

Generali
Intermediary Code
忠意中介人號碼

Private & Confidential 私人及機密

IMPORTANT NOTE: (1) Please ensure that you disclose all material facts in this Application Form to the best of your knowledge, which shall form the basis of contract, otherwise the issued policy may be void. If you are in doubt whether a fact is material, please disclose it on the Application Form. This Application Form must be completed and signed in the Hong Kong Special Administrative Region. (2) Please complete this application form in **BLOCK LETTERS** in **BLACK/BLUE PEN**. Any corrections made should be signed /initialed by the form signatory or you should complete a new form. **Corrective fluid or erasable pen should not be used.**

重要指示: (1) 請閣下確定能盡己所知於此投保書上提供所有重要資料, 此重要資料將成為合約之根據。否則, 所繕發之保單將告無效。若閣下不清楚某事實是否為重要資料, 應在投保書上披露該等資料。此投保書必須填妥及於香港特別行政區簽署。(2) 請使用黑色 / 藍色筆以英文正楷填寫本投保書。本投保書內任何修改應在旁加簽或重新填寫一份。不可使用塗改液或可擦筆。

Part I(A) 第一部分 (甲) – Personal Details 個人資料

	Proposed Insured Particulars 準受保人資料	Proposed Policyholder Particulars 準保單持有人資料 (if other than Proposed Insured 如非準受保人)
1. Name in English and Chinese 英文及中文姓名 <small>(as shown on ID card / Passport) (以身份證 / 護照為準)</small>	Surname 姓 _____ Given Name 名 _____ Name in Chinese (if applicable) 中文姓名 (如適用) _____	Surname 姓 _____ Given Name 名 _____ Name in Chinese (if applicable) 中文姓名 (如適用) _____
2. Gender 性別	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
3. Date of Birth 出生日期	DD 日 / MM 月 / YYYY 年	DD 日 / MM 月 / YYYY 年
4. Country of Birth 出生國家	<input type="checkbox"/> Hong Kong 香港 <input type="checkbox"/> China 中國 <input type="checkbox"/> Others 其他: _____	<input type="checkbox"/> Hong Kong 香港 <input type="checkbox"/> China 中國 <input type="checkbox"/> Others 其他: _____
5. ID Card / Passport / Business Registration No. 身份證 / 護照 / 商業登記號碼 <small>(Please attach a verified copy of the identity document. (請附上身份證明文件之核實副本)</small>	ID Card No. 身份證號碼 _____ Passport No. 護照號碼 _____	ID Card No. 身份證號碼 / Passport No. 護照號碼 _____ Business Registration No. 商業登記號碼 (For Corporate Client 適用於企業客戶) _____
6. Nationality 國籍		
7. Marital Status 婚姻狀況	<input type="checkbox"/> Single 單身 <input type="checkbox"/> Married 已婚	<input type="checkbox"/> Single 單身 <input type="checkbox"/> Married 已婚
8. Relationship with Proposed Insured 與準受保人關係	Not Applicable 不適用	
9. Occupation 職業	<input type="checkbox"/> Housewife 家庭主婦 <input type="checkbox"/> Others (please specify) Student 學生 其他 (請註明) <input type="checkbox"/> Retiree 退休人士 <input type="checkbox"/> Unemployed 待業 _____	<input type="checkbox"/> Housewife 家庭主婦 <input type="checkbox"/> Others (please specify) Student 學生 其他 (請註明) <input type="checkbox"/> Retiree 退休人士 <input type="checkbox"/> Unemployed 待業 _____
10. Name of Employer 僱主名稱		
11. Business Nature 業務性質		

	Proposed Insured Particulars 準受保人資料	Proposed Policyholder Particulars 準保單持有人資料 (if other than Proposed Insured 如非準受保人)
12. Job Details 工作職務	Exact Duty 確實職務: _____ Manual Work Involved 牽涉體力勞動? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 Work at Height 高空工作? <input type="checkbox"/> Yes 是 Maximum Height 最高_____m 米 <input type="checkbox"/> No 否 Average Monthly Income (HK\$): 平均每月收入 (港幣) _____	Exact Duty 確實職務: _____ Manual Work Involved 牽涉體力勞動? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 Work at Height 高空工作? <input type="checkbox"/> Yes 是 Maximum Height 最高_____m 米 <input type="checkbox"/> No 否 Average Monthly Income (HK\$): 平均每月收入 (港幣) _____
13. Business Address 辦事處地址	Room / Flat 室 Floor 樓 Block 座 _____ Building / Estate 大廈 / 屋苑名稱 _____ Street / Road 街道名稱 _____ District 地區 / Postal Code 郵政編號 _____ <input type="checkbox"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界 <input type="checkbox"/> Others 其他 City 城市 _____ Country 國家 _____	Room / Flat 室 Floor 樓 Block 座 _____ Building / Estate 大廈 / 屋苑名稱 _____ Street / Road 街道名稱 _____ District 地區 / Postal Code 郵政編號 _____ <input type="checkbox"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界 <input type="checkbox"/> Others 其他 City 城市 _____ Country 國家 _____
14. Residential Address 住宅地址	Room / Flat 室 Floor 樓 Block 座 _____ Building / Estate 大廈 / 屋苑名稱 _____ Street / Road 街道名稱 _____ District 地區 / Postal Code 郵政編號 _____ <input type="checkbox"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界 <input type="checkbox"/> Others 其他 City 城市 _____ Country 國家 _____	Room / Flat 室 Floor 樓 Block 座 _____ Building / Estate 大廈 / 屋苑名稱 _____ Street / Road 街道名稱 _____ District 地區 / Postal Code 郵政編號 _____ <input type="checkbox"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界 <input type="checkbox"/> Others 其他 City 城市 _____ Country 國家 _____
15. Contact Telephone No. 聯絡電話號碼	Home 住宅 (_____) _____ (Country 國家 / City 城市 _____) Office 公司 (_____) _____ (Country 國家 / City 城市 _____) Mobile 手提 (_____) _____ (Country 國家 / City 城市 _____)	Home 住宅 (_____) _____ (Country 國家 / City 城市 _____) Office 公司 (_____) _____ (Country 國家 / City 城市 _____) Mobile 手提 (_____) _____ (Country 國家 / City 城市 _____)
Part I(B) 第一部分 (乙) – Policy Details 保單資料 (Only Proposed Policyholder's information is required 只需提供保單持有人的資料)		
16. Correspondence Address 通訊地址 (If differ from Proposed Policyholder's Residential address) (如與準保單持有人的住宅地址不同)	Room / Flat 室 Floor 樓 Block 座 _____ Building / Estate 大廈 / 屋苑名稱 _____ Street / Road 街道名稱 _____ <input type="checkbox"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界 <input type="checkbox"/> Others 其他 City 城市 _____ Country 國家 _____	Building / Estate 大廈 / 屋苑名稱 _____ District 地區 / Postal Code 郵政編號 _____
17. E-mail Address 電郵地址 (For first time set up of the Online Services Portal) (用作首次登入網上服務平台)	_____ @ _____ Note: Providing an email address will mean you have chosen to receive email versions of our correspondence and notices (instead of paper version through postal delivery) once we have processed your application, unless you indicate to us otherwise by ticking the box below. 備註: 提供電郵地址即表示您會於我們處理您的申請後, 選擇以電子郵件方式接收我們的信函及通知書 (而非紙本郵遞), 除非您勾選以下方格向我們另行指示。 <input type="checkbox"/> I still prefer to receive correspondence and notices by post. I understand I will have to give you further notice if I change my mind in the future. 本人仍希望以紙本郵寄方式接收信函及通知書。本人明白, 如本人將來改變主意, 本人將需要進一步通知公司。	

Part II 第二部分 – Details of Insurance Plan 投保計劃詳情

18. Basic Plan 基本計劃	Policy Currency 保單貨幣	Sum Assured / Notional Amount or Premium 投保額 / 名義金額或保費
i. _____	<input type="checkbox"/> HKD 港幣 <input type="checkbox"/> USD 美金 <input type="checkbox"/> Others 其他 _____	_____
ii. _____	<input type="checkbox"/> HKD 港幣 <input type="checkbox"/> USD 美金 <input type="checkbox"/> Others 其他 _____	_____
19. Supplementary Benefit 附加保障 (If applicable) (如適用)	<input type="checkbox"/> Waiver of Premium Benefit 保費豁免保障 <input type="checkbox"/> Payor's Benefit / Extended Love Benefit 付款人保障 / 延續愛保障 <input type="checkbox"/> Elderly Illness Benefit 長者疾病保障 (Sum Assured 投保額 _____) <input type="checkbox"/> Disability Guard Benefit 傷伴同行保障 <input type="checkbox"/> Others 其他 _____	
20. Annual Dividend / Annuity / Monthly Income Payment Option 週年紅利支付 / 年金金額 / 每月入息支付方式 (Subject to the option(s) provided for the product) (視乎產品所提供之選擇)	<p>(i) Annual Dividend Option 週年紅利支付方式</p> <input type="checkbox"/> Cash Payment 支取現金 <input type="checkbox"/> Accumulate with interest 積存生息	
	<p>(ii) Monthly Annuity Payment 每月年金金額</p> <input type="checkbox"/> Accumulate with interest 積存生息 <input type="checkbox"/> Cash Payment 支取現金 <input type="checkbox"/> By HKD Cheque 港幣支票 <input type="checkbox"/> By USD Cheque 美金支票 <i>If not indicated, the payment will be made on HK currency. 若未有註明指示，款項將以港幣結發。</i> <input type="checkbox"/> Credit to Proposed Policyholder's local bank Hong Kong currency account 存入至準保單持有人本地銀行之港幣戶口 <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div style="text-align: center;"> Bank No. 銀行編號 </div> <div style="text-align: center;"> Branch No. 分行編號 </div> <div style="text-align: center;"> Account No. to be debited 銀行賬戶之號碼 </div> </div> <p>If no option is selected, please follow the terms and conditions set out in policy provisions. 若未有選擇，請根據保單條款內所載的條款及條件。(If applicable) (如適用)</p>	
21. Legacy Planning Option 傳承權益 (If applicable) (如適用)	<input type="checkbox"/> Policy Continuation 保單延續	
22. Annuity / Income Period Start Age 年金 / 入息期開始年齡 (If applicable) (如適用)	<i>If not indicated, the start age shall be referred to the illustrative document. 若未有指明，請參考說明文件內的開始年齡。</i>	
23. Premium Payment Mode 保費繳付方式	<input type="checkbox"/> Monthly 月繳 Note : At least initial 3 month premiums and levy are required for monthly payment mode. 注意事項：月繳者必須繳付至少首 3 個月之保費及保費徵費。 <input type="checkbox"/> Quarterly 季繳 <input type="checkbox"/> Single Pay 整付 <input type="checkbox"/> Semi-annual 半年繳 <input type="checkbox"/> Annual 年繳 <input type="checkbox"/> Prepayment (for Annual Payment Mode only) 預繳 (只限年繳付款)	
24. Policy Currency 保單貨幣	<input type="checkbox"/> HKD 港幣 <input type="checkbox"/> USD 美金 <input type="checkbox"/> Others 其他 _____	
25. Initial Premium Payment Method 首期保費繳付方式 (Subject to the option(s) provided for the product) (視乎產品所提供之選擇)	<input type="checkbox"/> Cheque 支票 <input type="checkbox"/> Bank Draft 本票 <i>Please submit bank draft receipt 請提供本票收據</i> <input type="checkbox"/> Credit Card Autopay 信用卡自動轉賬 <i>Please complete Credit Card Payment Authorization Form 請填妥信用卡付款授權書</i> <input type="checkbox"/> Swipe Credit Card 信用卡刷卡 <input type="checkbox"/> Bank In 銀行存款 <i>Please submit Bank-in-slip with policy number and name of Proposed Policyholder stated in "Remarks" field 請提供已於「備註」內列明保單號碼及準保單持有人之姓名的銀行入數紙</i> <input type="checkbox"/> Others 其他 _____	
26. Renewal Premium Payment Method 續期保費繳付方式 (Subject to the option(s) provided for the product) (視乎產品所提供之選擇)	<input type="checkbox"/> *Bank Autopay *銀行自動轉賬 <i>Please complete Direct Debit Authorization Form 請填妥直接付款授權書</i> <input type="checkbox"/> Direct Billing 郵寄賬單 <i>(Applicable for non-monthly payment mode only 只適用於非月繳保費)</i> <input type="checkbox"/> Others 其他 _____ <p><i>* Not Applicable if Premium Deposit Fund (PDF) is applied 不適用如申請保費預存賬戶</i> <i>If no option is selected, direct billing will be taken as the default method for non-monthly payment mode.</i> 若未有選擇，非月繳保費將被設定為使用郵寄賬單方式</p>	
Initial Payment Tips 首期繳費貼士： 1) By cheque / Bank Draft, payable to "Generali Life (Hong Kong) Limited" 支票 / 本票，抬頭為「忠意人壽（香港）有限公司」 2) By Direct Deposit to Generali's account: Citibank A/C (花旗銀行戶口) : 006-391-62520091 (HKD 港幣) / 006-391-62520113 (USD 美元) 直接存入「忠意人壽」戶口： HSBC A/C (匯豐銀行戶口) : 004-848-739330-292 (HKD 港幣) / 004-848-739330-274 (USD 美元) 3) By Visa / Master Credit Card Autopay, please complete Credit Card Payment Authorization Form 由 Visa / 萬事達信用卡直接轉賬，請填妥信用卡付款授權書。 4) By Swipe Card for Visa / Master / America Express Credit Card, please provide copy of front side's Credit Card 使用 Visa / 萬事達 / 美國運通信用卡刷卡，請遞交信用卡正面副本		

Part III 第三部分 – Beneficiary Information 受益人資料

27. If this section is left blank, all benefits under this policy shall be paid towards the Proposed Policyholder if the Proposed Policyholder is alive, otherwise to the Proposed Policyholder's estate.
如留空此部分，所有保險權益將支付予準保單持有人，若準保單持有人尚存；否則全數將撥作準保單持有人的遺產處理。
- The Percentage of Share should be in whole number and the total percentage should equal 100%.
分配比例之百分比必須為整數及總數相等於 100%。
- If not specified, all beneficiaries designated are Primary Beneficiaries. Secondary Beneficiary, if any, shall be entitled to the policy proceeds only if all Primary Beneficiaries cannot survive the death of the Proposed Insured.
如未有特別指明，則所有指定的收益人均為基本受益人。次位受益人（如有）只有在所有基本受益人都無法於準受保人去世時尚生存，才可收到保險收益。
- If more than one beneficiary is designated, all policy proceeds will be made in equal share to the surviving beneficiaries, unless herein specified.
如受益人超過一人，除非在此列明各分配比例，否則所有保險收益將平均分配予各在生之受益人。
- For corporate entity beneficiary, please specify the entity type (e.g. Sole Proprietorship, Partnership, Limited Company or Trustee Company) in Supplementary Information Section.
若為公司實體的受益人，請在補充資料部分指明公司實體之類型（例如，獨資企業，合夥企業，有限公司或受託人公司）。

Primary 基本	Secondary 次位	English / Chinese Name of Beneficiary 受益人英文 / 中文姓名	Relationship with Proposed Insured 與準受保人 關係	Gender 性別	ID Card / Passport No. 身份證 / 護照號碼	Date of Birth (DD/MM/YYYY) 出生日期 (日/月/年)	Country of Birth 出生國家	Country of Residence 居住國家	Tax Residence 稅務居住地	Share (Total 100%) 分配比例 (%) (合共百分之 百)
<input type="checkbox"/>	<input type="checkbox"/>	Surname 姓 _____ Given Name 名 _____								
<input type="checkbox"/>	<input type="checkbox"/>	Surname 姓 _____ Given Name 名 _____								
<input type="checkbox"/>	<input type="checkbox"/>	Surname 姓 _____ Given Name 名 _____								

Part IV 第四部分 – Insurability Information 可保資料

Proposed Insured's Insurance Coverage 準受保人保障範圍						Proposed Insured 準受保人	
						Yes 是	No 否
28.	Does the <u>Proposed Insured</u> has any existing insurance policy or pending insurance application on your life? If "Yes", please provide details below. <u>準受保人</u> 現時是否已有或正在申請任何保險，如答「是」，請提供以下資料。					<input type="checkbox"/>	<input type="checkbox"/>
	Name of Insurance Company 保險公司名稱	Issued Year 簽發年份	Sum Assured (Currency) 保障額 (貨幣)				
			Life 人壽	Critical Illness 危疾	Accidental Death 意外死亡	Hospital Income 住院入息	
			Currency 貨幣 _____	Currency 貨幣 _____	Currency 貨幣 _____	Currency 貨幣 _____	
			Currency 貨幣 _____	Currency 貨幣 _____	Currency 貨幣 _____	Currency 貨幣 _____	
			Currency 貨幣 _____	Currency 貨幣 _____	Currency 貨幣 _____	Currency 貨幣 _____	
* If Payor's Benefit / Extended Love Benefit is applied for, Proposed Policyholder (if different from Proposed Insured) should also complete this section. 如申請付款人保障 / 延續愛保障，準保單持有人 (如非準受保人) 必須同時回答此部份。						Proposed Insured 準受保人	
						Yes 是	No 否
						* Proposed Policyholder * 準保單持有人	
						Yes 是	No 否
29.	Do you travel or reside <u>outside Hong Kong</u> for more than 6 months in past and next year? If "Yes", please provide details below. 閣下是否在過往及未來一年在 <u>香港以外</u> 的地方居住超過六個月？如答「是」，請在以下部份提供資料。					<input type="checkbox"/>	<input type="checkbox"/>
	a	Country/ City 國家 / 城市					
	b	Duration of Each Visit 每次逗留時間					
	c	Reason 原因					
30.	Has any application for or reinstatement of life, critical illness, accident, disability or health insurance on your life ever been declined, postponed, rated or in any way modified? If "Yes", please provide details in Supplementary Information Section. 閣下是否曾於申請或申請復效任何人壽、危疾、意外、傷殘或醫療保險時被拒絕受保、延遲受保、增加保費或修改受保條款？如答「是」，請在補充資料部分提供相關資料。					<input type="checkbox"/>	<input type="checkbox"/>

* If Payor's Benefit / Extended Love Benefit is applied for, Proposed Policyholder (if different from Proposed Insured) should also complete this section. 如申請付款人保障 / 延續愛保障，準保單持有人 (如非準受保人) 必須同時回答此部份。		Proposed Insured 準受保人		* Proposed Policyholder * 準保單持有人	
		Yes 是	No 否	Yes 是	No 否
31.	Have you ever had any disability benefit and / or claimed payment for any sickness, accident or injury from any sources? 閣下曾否獲得傷殘保障及 / 或因疾病、意外或受傷而取得賠償？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32.	Do you participate in, or intend to participate in any hazardous sports including, but not limited to, scuba diving, parachuting, racing other than on foot or flying other than as a fare-paying passenger on a regularly scheduled airline? If "Yes", please complete appropriate questionnaire. 閣下曾否參與或意圖參與任何危險性運動包括但不限於潛水、跳傘、非跑步的賽事或並非以購票乘客身份乘搭有固定班次之民航客機之飛行活動？如答「是」，請填寫相關問卷。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part V 第五部分 – Health Information (Applicable to simplified health questionnaire) 健康資料 (適用於簡易健康問卷)		Proposed Insured 準受保人		* Proposed Policy Owner * 準保單持有人	
* If Payor's Benefit / Extended Love Benefit is applied for, Proposed Policyholder (if different from Proposed Insured) should also complete this section. 如申請付款人保障 / 延續愛保障，準保單持有人 (如非準受保人) 必須同時回答此部份。		Yes 是		No 否	
33.	Have you been diagnosed for heart, lung, liver, kidney, urinary system, pancreas or circulatory disorder, high blood pressure, stroke, diabetes mellitus, diseases of the blood, infectious diseases (including hepatitis and/or HIV infection and/or AIDS), endocrine, nutritional and metabolic diseases, diseases of eye or ear, diseases of digestive system, diseases of the skin, disorder of bones, joints, spine or muscles and connective tissue, mental or nervous disorder, cancer and/or abnormal and uncontrolled cell growth in any part of the body that becomes malignant, brain disorder, and have been treated or advised by a physician to taking a treatment for more than 30 days? 閣下是否曾患有心臟、肺、肝、腎、泌尿系統、胰臟或血液循環障礙疾病、高血壓、中風、糖尿病、血液疾病、傳染性疾病 (包括肝炎及 / 或人類免疫缺乏病毒感染及 / 或愛滋病)、內分泌系統、營養失調及新陳代謝疾病、眼睛或耳的疾病、消化系統疾病、皮膚疾病、骨骼疾病、關節疾病、脊椎骨疾病或肌肉及結締組織疾病、精神病或神經系統疾病、癌症及 / 或不正常及不受控制的細胞生長而引致身體任何部位的惡性擴散疾病、腦部疾病，及被醫士治療或建議治療超過 30 天？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.	In the past 2 years, have you ever had been diagnosed or do you have any signs or symptoms of illness or disease not mentioned above which you have been treated, investigated or sought medical advice? 在過去的 2 年內，閣下曾否患有上文並未提及的病徵或症狀而接受過治療、檢查或諮詢醫療建議？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part VI 第六部分 – Health Information (Applicable to full underwriting / non-medical case) 健康資料 (適用於全面核保 / 非驗身之申請書)					
35.	Proposed Insured 準受保人		* Proposed Policyholder 準保單持有人		
(i) Height 身高: _____ cm 厘米 Weight 體重: _____ kg 公斤		(i) Height 身高: _____ cm 厘米 Weight 體重: _____ kg 公斤			
(ii) Has your weight changed for more than 5 kgs in the past year? If yes, please provide reason in below. 過去一年內，閣下體重曾否有 5 公斤以上增減？如答「是」，請在以下提供原因。					
<input type="checkbox"/> Yes 是, Reason 原因 _____ <input type="checkbox"/> No 否		<input type="checkbox"/> Yes 是, Reason 原因 _____ <input type="checkbox"/> No 否			
* If Payor's Benefit / Extended Love Benefit is applied for, Proposed Policyholder (if different from Proposed Insured) should also complete this section. 如申請付款人保障 / 延續愛保障，準保單持有人 (如非準受保人) 必須同時回答此部份。		Proposed Insured 準受保人		* Proposed Policy Owner * 準保單持有人	
		Yes 是		No 否	
36.	Have you ever smoked cigarette(s) within the past 12 months? If "Yes", please provide details below. 閣下在過去十二個月內曾否吸煙？如答「是」，請在以下部份提供資料。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a	Average Daily Consumption 每日平均數量	pieces 支		pieces 支	
b	Duration of Smoking 吸煙年數				
37.	Do you take soft drugs narcotics or alcohol? If "Yes", please provide details below. 閣下是否吸食任何成癮藥物、吸毒或飲酒？如答「是」，請在以下部份提供資料。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a	Type 種類				
b	Average Weekly Consumption 每星期平均分量				
38.	Are you now taking any medication, having injection or on a special diet? 閣下現時是否服食或注射任何藥物或需要特別飲食限制？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39.	Have your natural parents or siblings ever had diabetes, cancer, high blood pressure, heart problems, mental disease, multiple sclerosis, muscular dystrophy, stroke, haemochromatosis, Huntington disease (huntington's chorea), kidney disease (polycystic kidney disease), liver disease (hepatitis) or any other hereditary disease(s) before the age of 60? If "Yes", please provide the family medical history in the Supplementary Information Section. 閣下的親生父母或兄弟姊妹有否於 60 歲前患有糖尿病、癌症、高血壓、心臟疾病、精神病、多發性硬化症、肌肉萎縮症、中風、血色素沉著症、亨廷頓舞蹈病、腎病 (多囊腎症)、肝病 (肝炎) 或其他遺傳病？如答「是」，請在補充資料部分提供家庭病史。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* If Payor's Benefit / Extended Love Benefit is applied for, Proposed Policyholder (if different from Proposed Insured) should also complete this section. 如申請付款人保障 / 延續愛保障，準保單持有人 (如非準受保人) 必須同時回答此部份。		Proposed Insured 準受保人		* Proposed Policyholder * 準保單持有人	
		Yes 是	No 否	Yes 是	No 否
40.	As far as you know have you ever had and / or been treated for and / or been told you had any of the following diseases or disturbances: 就閣下所知曾否患有及 / 或接受治療及 / 或被告知患有以下任何疾病或機能失調：				
a	Chest pain, palpitation, high blood pressure, rheumatic fever, heart murmur, heart attack, shortness of breath, poor circulation or other disorder of the heart? 胸痛、心悸、高血壓、風濕性熱、心雜音、心臟病、呼吸困難、血液循環不良或其他心臟疾病？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Lungs or respiratory disorder, disease of nose or throat, blood spitting, persistent hoarseness or cough, bronchitis, pleurisy, asthma, emphysema or tuberculosis? 肺或呼吸器官疾病、鼻或喉之疾病、吐血、持久沙啞或咳嗽、支氣管炎、胸膜炎、哮喘、肺氣腫或肺結核？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Jaundice, hepatitis B / C carrier, ulcer, colitis, gallstones, diverticulitis, recurrent indigestion, hernia or other disorder of the oesophagus, stomach, pancreas, intestines, rectum, anus, liver or gallbladder? 黃膽病、乙 / 丙型肝炎帶菌、潰瘍、結腸炎、膽石、憩室炎、經常消化不良、疝氣或其他食道、胃、胰臟、腸、直腸、肛門、肝或膽的疾病？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Sugar, albumin, blood or pus in urine; stone or other disorder of kidney, bladder, prostate or reproductive organs? 尿中有糖、蛋白、血或膿；腎、膀胱、前列腺或生殖器官結石或其他疾病？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Disorder of eye or ear, dizziness, convulsion, epilepsy, seizure, headaches, speech defect, paralysis or stroke; mental or nervous disorder? 眼或耳的疾病、暈眩、癲癇、抽搐、頭痛、語言缺陷、癱瘓或中風、精神病或神經系統疾病？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	Diabetics, thyroid or other endocrine (glandular) disorder? 糖尿、甲狀腺或其他內分泌系統（腺系統）的疾病？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g	Deformity, lameness or amputation; disorder of the spine, back, neck, joints, muscles, bone, nerves including neuritis, sciatica, or autoimmune disease (e.g. any form of arthritis, rheumatoid arthritis, gout, systemic lupus erythematosus (SLE) or any other connective tissues disease etc.)? 畸形、跛或斷肢、脊椎骨、背部、頸、關節、肌肉、骨、神經系統的疾病包括神經炎、坐骨神經痛或自體免疫疾病（如：各種關節炎、風濕性關節炎、痛風、全身性紅斑狼瘡或其他結締組織疾病等）？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h	Cancer, tumour, cyst or disorder of the skin or lymph gland? 癌症、腫瘤、囊腫或皮膚或淋巴腺的疾病？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i	Congenital disorder, allergies, anaemia, leukemia or other disorder of blood? 先天性的疾病、敏感、貧血、白血病或其他與血有關的疾病？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j	Venereal disease or have you received any medical advice, counseling, treatment in connection with AIDS, AIDS related complex or condition and / or have you had any blood test for the HIV virus? 性病或閣下是否曾接受愛滋病、與愛滋病有關之併發症或其綜合群徵的任何醫療建議、輔導或治療，及 / 或你曾否接受愛滋病毒的血液測試？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41.	In the past 5 years, do you plan to attend, or are you currently attending or have attended any hospital, clinic or doctor for: 過去 5 年內，閣下是否打算或現在、或曾經在任何醫院、診所、醫生接受：				
a	Any investigation(s) or diagnostic test(s) such as ECG, X-ray, MRI, CT scan, ultrasound, urine, special blood test or physical checkup? 任何檢查或診斷檢驗，如心電圖、X 光、磁力共振、電腦掃描、超聲波、尿液、特別血液測試及健康檢查？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Any illness, injury, operation, medical advice or hospital treatment not mentioned above? 以上並未有提及的任何疾病、受傷、手術、醫療建議或留院治療？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42.	For Female age 12 or above only 只適用於十二歲或以上之女性				
a	Have you ever had and / or been treated for and / or been told you had any disorder of the breast or reproductive organs including abnormal smear tests or abnormal bleeding or menstrual irregularity or any complications during pregnancy or delivery? 閣下曾否患有及 / 或接受治療及 / 或被告知患有任何乳房或生殖器官疾病包括不正常塗片檢驗或異常出血或月經不調或於懷孕或生產期間所引致之任何併發症？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Are you now pregnant? If yes, please state the expected date of delivery. 現在是否懷孕？如是，請說明預產期。 DD 日 / MM 月 / YYYY 年	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43.	For Juvenile age 17 or below only 只適用於十七歲或以下之未成年人士		Proposed Insured 準受保人		
			Yes 是	No 否	
a	Was your birth premature or postmature? Any special care needed after birth? 準受保人是否早產或過期出生？出生後曾否接受特別護理？		<input type="checkbox"/>	<input type="checkbox"/>	
b	Has the <u>Proposed Insured</u> had any physical defects or shown any sign of slow physical or mental development? 準受保人是否有身體缺陷、生理上或心智發育緩慢的跡象？		<input type="checkbox"/>	<input type="checkbox"/>	

44.	* Mother of Proposed Insured should complete this section together if applying for Unborn Baby Benefit 如申請未來之寶保障，準受保人之母親必須同時回答此部份。		*Mother of Proposed Insured * 準受保人之母親	
			Yes 是	No 否
	a	Have you ever had past history of miscarriage or any complications during pregnancy (including hypertension and proteinuria) or babies with congenital heart disease or haemophilia, or have you ever been diagnosed, or had any indication or symptoms of cancer, stroke, heart disease (including coronary artery disease, cardiomyopathy, and heart valve disease), any history of high blood pressure prior to pregnancy, diabetes, hyperthyroidism or hypothyroidism, chronic nephritis or renal failure, chronic hepatitis (including hepatitis B and C) or depression? 閣下是否曾經有過流產或懷孕期間所引致之任何併發症的病歷（包括高血壓和蛋白尿）或胎兒有先天性心臟病或血友病，或閣下是否曾經被診斷過或有任何癌症、中風、心臟病（包括冠狀動脈疾病、心肌病和心臟瓣膜疾病）的徵兆或病徵，或曾有懷孕前高血壓、糖尿病、甲狀腺功能亢進或甲狀腺功能減退、慢性腎炎或腎功能衰竭、慢性肝炎（包括乙型和丙型肝炎）或抑鬱症的病歷？	<input type="checkbox"/>	<input type="checkbox"/>
	b	Have you consumed any tobacco product after your pregnancy is confirmed (e.g. by home pregnancy kit, or doctor's diagnosis)? 閣下是否在確實懷孕後（例如：家用驗孕棒或醫生的診斷）吸食過任何煙草製品？	<input type="checkbox"/>	<input type="checkbox"/>
c	Have you had, or been advised by your attending doctor of any abnormal findings in your prenatal test reports (including but not limited to ultrasound, ECG, blood tests, genetic test, urine test), or had either of the following conditions in the present pregnancy: 閣下曾否被主治醫生通知在產前檢查報告中（包括但不限於超聲波、心電圖、血液檢查、基因檢查、尿液檢查）發現任何異常結果，或於現時懷孕期間有以下任何一種情況：			
	i	Rubella or Measles Infection 德國麻疹或麻疹感染	<input type="checkbox"/>	<input type="checkbox"/>
	ii	Gestation period less than 22nd week 懷孕期少於 22 週	<input type="checkbox"/>	<input type="checkbox"/>
	iii	Carrying more than 2 fetus 懷有兩個以上的胎兒	<input type="checkbox"/>	<input type="checkbox"/>
			If "no", please specify number of fetus 如答「否」，請列明胎兒數目 _____	
Part VII 第七部分 – Health Information (Applicable to simplified underwriting) 健康資料 (適用於簡易核保)			Proposed Insured 準受保人	
			Yes 是	No 否
45.	Have you been hospitalized for a total of more than 30 days in the past 12 months? Or have you been advised by a physician that you are suffering from a terminal illness? Or are you currently under palliative or intensive care? 閣下在過去 12 個月內曾否住院共超過 30 天？或閣下曾否被醫生通知患上任何末期疾病？或現正在進行舒緩或深切治療？		<input type="checkbox"/>	<input type="checkbox"/>

If applicable, for each "Yes" answer from question 30 to 34 and 38 to 45, please identify the question number and give full details (including exact diagnosis, treatment received, last consultation date, current condition, etc) here. If space given is insufficient, please complete a "Supplementary Form".

如適用，若第 30 至 34 題及 38 至 45 題的答案「是」，請在此註明問題號及列出詳情（包括確實診斷、所接受治療、最後就診日期、現時狀況等）。如下列之空位不足夠使用，請填寫「補充表格」。

Question No. 問題號	Details 詳情

Part VIII 第八部分 – Special Instructions 特別指示 (If applicable 如適用)

☐ Backdating to 1 day before proposed insured's birthday 提前保單日期至準受保人的生日日期的前一天

☐ Others 其他：_____

Part IX 第九部分 – Identification of Third Party Interest 釐清第三者權益 (Compulsory to complete 必須填寫)

Is Proposed Policyholder acting on behalf of others (without limitation as trustee, nominee or agent) in making this application for insurance policy? 準保單持有人是否代表其他人 (但不限於受託人, 代名人或代理人) 的名義行事而申請此保單?

☐ No 否 ☐ Yes 是 (If yes, please provide details of the beneficial owner / principal in below and the documentary proof of the legal capacity / authority in so acting.)
(若答「是」, 請在以下提供實益擁有人 / 負責人之詳細資料和有法律效力 / 權力行事之證明文件。)

Name 姓名

ID Card No. 身份證號碼 / Passport No. 護照號碼

Part X 第十部分 – Replacement Declaration 轉保聲明

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

☐ Yes 是

☐ Not yet decide 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》。

X

Signature of Proposed Policyholder
準保單持有人簽署

Date (dd / mm / yyyy)
日期 (日 / 月 / 年)

X

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

Date (dd / mm / yyyy)
日期 (日 / 月 / 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

Part XI 第十一部分 – Personal Information Collection Statement 收集個人資料聲明

- a) From time to time, it is necessary for you to supply Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A. Hong Kong Branch (where applicable) (the "**Company**") with data about yourself(ves), policyholder(s), life insured(s), beneficiary(ies), claimant(s), and / or other relevant individuals (the "**Personal Data**") in connection with the provision of insurance and / or related products and services to you, the processing of claims under insurance policies issued and / or arranged by the **Company**, and / or the processing of any or all other requests, enquiries and complaints from you.
閣下須要不時向忠意人壽（香港）有限公司／忠意保險有限公司香港分行（如適用）（「**本公司**」）提供關於閣下自己、保單持有人、受保人、受益人、索償人及／或其他有關人士的資料（「**個人資料**」），以讓本公司為閣下提供保險及／或相關產品與服務，處理經由本公司發出及／或安排的保單之下的索償事宜，及／或處理閣下提出的任何或所有其他要求、查詢和投訴。
- b) Provision of the **Personal Data** to the **Company** by you is voluntary. However, failure to supply the **Personal Data** may result in the **Company** being unable to provide insurance and / or related products and services to you, process claims under insurance policies issued and / or arranged by the **Company**, and / or process any or all other requests, enquiries, or complaints from you.
閣下向本公司提供的**個人資料**全屬自願。然而，若閣下未能提供**個人資料**，可能導致本公司不能夠為閣下提供保險及／或相關產品與服務，處理經由本公司發出及／或安排的保單之下的索償事宜，及／或處理閣下提出的任何或所有其他要求、查詢和投訴。
- c) The purposes for which the **Personal Data** may be used are as follows:
個人資料可被用於以下用途：
- i) administering your insurance application, arranging and executing insurance contracts and / or related products and services, and managing your account with the **Company**;
處理閣下的保險申請，安排並執行保險合約或相關產品與服務，並管理閣下在本公司的賬戶；
 - ii) processing (including, but not limited to, investigating, analyzing, assessing and adjudicating) and / or settlement of claims under insurance policies issued and / or arranged by the **Company**;
處理（包括但不限於調查、分析、評估和裁定）及／或理賠經由本公司發出及／或安排的保單之下的索償事宜；
 - iii) exercising rights of subrogation (if applicable);
行使代位權（如適用）；
 - iv) collection of amounts outstanding (if any) from customers;
向客戶追收尚欠金額（如有）；
 - v) arranging coinsurance and / or reinsurance in respect of the insurance policies issued and / or arranged by the **Company**;
經由本公司發出及／或安排的保單之下籌劃共同保險及／或再保險；
 - vi) communicating with customers via telephone, mail, e-mail, facsimile and other communication means;
透過電話、郵件、電郵、傳真及其他通訊方式與客戶聯絡；
 - vii) providing customer services (including, but not limited to, processing enquiries and complaints) and other related activities;
提供客戶服務（包括但不限於處理查詢和投訴）及其他相關活動；
 - viii) conducting data matching procedures;
進行資料核對程序；
 - ix) designing insurance and / or related products and services for customers' use;
設計保險及／或相關產品與服務供客戶使用；
 - x) marketing insurance and / or other related products and services of the **Company** and / or its affiliated companies (which includes, but are not limited to, its group companies, parent company, trust companies of the Company's parent company) (hereinafter referred to as the "**Group Entities**");
推銷本公司及／或本公司的關聯公司（包括但不限於本集團的公司、母公司、本母公司的信託公司）（下文合稱為「**集團實體**」）的保險及／或其他相關產品與服務；
 - xi) statistical or actuarial research of the **Company**, its **Group Entities**, insurance industry associations or federations, government departments, regulatory or other recognized bodies;
本公司、**集團實體**、保險業協會或聯會、政府部門、監管或其他認可機構的統計或精算研究；
 - xii) complying with the requirements under any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the **Company** and / or its **Group Entities** are expected to comply with, including, without limitation, performing due diligence on customers and making disclosures of the relevant information; and
為遵從任何法律、規則、規例、守則、指引、法院命令、合規政策和程序的規定，或本公司及／或**集團實體**應要遵守的任何其他有關規定，包括但不限於對客戶進行盡職審查及披露有關資料；及
 - xiii) fulfilling any other purposes directly relating to (i) to (xii) above.
實現與上述 (i) 至 (xii) 直接有關的任何其他用途。
- d) The **Personal Data** held by the **Company** shall be kept confidential, but the **Company** may provide the **Personal Data** to the following parties (whether within or outside the Hong Kong Special Administrative Region) for the purposes set out in paragraph (c) above, without prior notification to you and/or any other relevant individuals to whom the **Personal Data** is related:
由本公司持有的**個人資料**將受到保密，但本公司可依據以上 (c) 段所列的用途向以下各方（不論在香港特別行政區境內還是境外）提供**個人資料**，事前無須知會閣下及／或該等**個人資料**所涉及的任何其他有關人士：
- i) intermediaries, claims service provider, coinsurers, reinsurers, banks and credit-card companies, health and medical organizations, professional advisers, contractors, business partners, and / or any other relevant parties, as appropriate, who provide administrative, telecommunication, computer, payment, marketing, investigation, advisory and / or other services to the **Company** in connection with the operation of its business;
中介人、索償服務提供商、共同保險公司、再保險公司、銀行及信用卡公司、健康及醫療機構、專業顧問、承包商、業務夥伴及／或任何以適用於向本公司提供行政、電訊、電腦、付款、推銷、調查、諮詢及／或其他與業務營運相關服務的有關各方；
 - ii) relevant insurance industry associations or federations, and / or members of such industry associations or federations;
相關的保險業協會或聯會，及／或該等協會或聯會的成員；
 - iii) overseas locations or branches, as appropriate, of the **Company** and / or its **Group Entities**;
本公司及／或以適用的**集團實體**海外辦事處或分行；
 - iv) persons to whom the **Company** and / or its **Group Entities** are under an obligation to make disclosure under the requirements of as mentioned in (c) (xii);
根據上述 (c) (xii) 的規定，本公司及／或**集團實體**負有義務須向其作出披露的人士；
 - v) any court, government departments, regulatory or other recognized bodies (including, without limitation, tax authority, insurance authority, etc.) under any laws binding on the **Company** and / or its **Group Entities**;
任何根據法律約束之下，本公司及／或**集團實體**須向其提供資料的任何法院、政府部門、監管或其他認可機構（包括但不限於稅務局、保險業監管局等）；
 - vi) lawful successors or assigns of the **Company**; and
本公司的合法繼承人或受讓人；及
 - vii) persons who owe a duty of confidentiality to the **Company** and / or its **Group Entities**.
對本公司及／或**集團實體**負有保密責任的人士。

- e. The **Company** may verify any or all of the **Personal Data** by using information collected and released or transferred by relevant insurance industry associations or federations, and / or members of such industry associations or federations.
本公司可使用由相關的保險業協會或聯會及 / 或該等協會或聯會的成員所收集及發放或轉移的資料，來核實任何或所有個人資料。
- f. In accordance with the *Personal Data (Privacy) Ordinance (Cap 486)*:
根據第 486 章《個人資料（私隱）條例》：
- i) any individual has the right to:
任何人士均有權：
 - A) check whether the **Company** holds **Personal Data** about him / her and, if so, obtain a copy of such data;
查詢本公司有沒有持有其個人資料，如有的話，可取得一份該等資料；
 - B) require the **Company** to correct any **Personal Data** relating to him / her that is inaccurate; and
要求本公司改正其任何不正確的個人資料；及
 - C) ascertain the **Company's** policies and practices in relation to **Personal Data** and to be informed of the kind of **Personal Data** held by the **Company**; and
查明關於本公司的個人資料政策和處事常規，並可獲通知有關本公司所持個人資料的種類；及
 - ii) the **Company** has the right to charge a reasonable fee for the processing of any data access request.
本公司有權就處理任何查閱個人資料的要求之下收取合理的費用。
- g. The person to whom requests for access to **Personal Data** and / or correction of **Personal Data** and / or for information regarding policies and practices and kinds of **Personal Data** held are to be addressed as follows:
如欲查閱及 / 或改正個人資料及 / 或查詢關於本公司的政策和處事常規及所持個人資料的種類，請向以下人員提出要求：

Personal Data Protection Office 個人資料保護主任
Generali Life (Hong Kong) Limited 忠意人壽（香港）有限公司
21/F, 1111 King's Road, Taikoo Shing, Hong Kong 香港太古城英皇道 1111 號 21 樓

Note: In case of discrepancies between the English and Chinese versions of this Personal Information Collection Statement, the English version shall prevail.
附註：本收集個人資料聲明的英文及中文版本之間如有任何歧義，概以英文版本為準。

Part XII 第十二部分 – Use and Provision of Personal Data in Direct Marketing 使用及提供個人資料作直接促銷

(This section forms part of the Personal Information Collection Statement.)
(本節條文是組成「收集個人資料聲明」的一部分。)

Provision of consent in this Section by you is voluntary and it will not affect your application.
閣下在本節中提供的允許是自願的，並不會影響閣下的申請。

- 1) The **Personal Data**, including but not limited to, name, contact details, other products and services portfolio information, transaction pattern and behavior, financial background and demographic information, etc., may be used by the **Company** and its parent company and group companies (hereinafter referred to as the "**Group Entities**") and / or third parties selected by the **Company** for direct marketing the following classes of products and services:
個人資料，包括但不限於，姓名、聯絡的詳細資料、其他產品及服務組合資料、交易模式及行為、財務背景及人口統計資料等可被用作於本公司及本母公司及本集團的公司（下文合稱為「集團實體」）及 / 或由本公司所選定的第三方用於直接促銷以下類別的產品與服務：
- a. Insurance related products and services;
保險相關產品與服務；
 - b. Discounts, promotions, rewards, loyalty or privileges programmes and related products and services on health, wellness, medical, hospitality and accommodation, and lifestyle and entertainment; and
折扣、推廣、獎賞、客戶忠誠或優惠計劃及其相關推廣活動；健康、保健、醫療、住院和家居、生活和娛樂及其相關產品與服務；及
 - c. Donations and contributions for charitable and / or non-profit making purposes.
為慈善及 / 或非牟利用途的捐款和捐贈。

For the avoidance of doubt, whether you consent to receive marketing communications on the classes of products and services described in this paragraph, the **Company** may still communicate with you regarding the administration, features and renewal of your insurance policy:
為免生疑問，無論閣下是否同意接收有關本段所述產品和服務類別的推廣資訊，本公司仍可能就閣下保單的行政、保障和續保與你進行溝通。

- 2) The **Personal Data** may also be provided to and used by the **Group Entities** and third party service providers selected by the **Company** for the purpose set out in paragraph (1) above, including, without limitation, call centres.
就以上（1）段所述的用途，個人資料亦可被提供予本集團實體及本公司所選定的第三方服務提供商使用，包括但不限於電話服務中心。
- 3) The **Company** requires your consent (which includes an indication of no objection) to the use of **Personal Data** for the purpose set out in this section. If you do not wish the **Company** to use or provide to other parties the **Personal Data** for the purpose of direct marketing, you may exercise the opt-out right below or by notifying the **Company** at any time thereafter.
本公司須獲閣下允許（包括表示不反對）本公司可按照本節條文所述的用途使用個人資料。若閣下不希望本公司使用或向第三方提供個人資料作直接促銷用途，閣下可於下方行使退出權利或於日後任何時間知會本公司。

Please tick ("✓") the boxes below if you do not agree with the following use(s) of the **Personal Data** in direct marketing.
如閣下不同意個人資料用作下列直接促銷用途，請在以下方格內加上剔號 ("✓"):

- ☐ I / We do not consent to the provision of the **Personal Data** to the third parties as described herein for the purpose of direct marketing.
本人／我們不允許貴公司向本文所述的第三方提供個人資料作直接促銷用途。
- ☐ I / We do not consent to the use of the **Personal Data** by the **Company** for the purpose of direct marketing.
本人／我們不允許貴公司使用個人資料作直接促銷用途。

(If you do not tick the boxes but sign the Form / document, you will be regarded as having indicated you have no objection (i.e. you consent) to the use or transfer to third parties of the **Personal Data** for the purpose of direct marketing by the **Company**.)
(若閣下沒有在方格內加上剔號但簽署本表格／文件，閣下會被視之為不反對（即閣下允許）本公司使用或向第三方提供個人資料作直接促銷用途。)

Note: In case of discrepancies between the English and Chinese versions of this Personal Information Collection Statement, the English version shall prevail.
附註：本收集個人資料聲明的英文及中文版本之間如有任何歧義，概以英文版本為準。

Part XIII 第十三部分 – Foreign Account Tax Compliance Act 海外賬戶稅收合規法案

Under the U.S. Foreign Account Tax Compliance Act ("FATCA"), a foreign financial institution ("FFI") is required to report to the U.S. Internal Revenue Service ("IRS") certain information on U.S. persons that hold accounts with that FFI outside the U.S. and to obtain their consent to the FFI passing that information to the IRS. An FFI which does not sign or agree to comply with the requirements of an agreement with the IRS ("FFI Agreement") in respect of FATCA and/or who is not otherwise exempt from doing so (referred to as a "nonparticipating FFI") will face a 30% withholding tax ("FATCA Withholding Tax") on all "withholdable payments" (as defined under FATCA) derived from U.S. sources (initially including dividends, interest and certain derivative payments).

在美國的《海外賬戶稅收合規法案》(“《合規法案》”)下，海外金融機構須就美國人於海外金融機構之非美國境內之賬戶，向美國國稅局匯報有關資料及取得客戶同意海外金融機構可向美國國稅局匯報有關資料。海外金融機構如未有簽署或同意遵守《合規法案》下的協議(即“《海外金融機構協議》”)有關之要求，及/或未曾獲得相關豁免遵守相關要求(以上海外金融機構統稱為“《不參與合規法案之海外金融機構》”)，其所有源自美國的付款中可預扣款項(在合規法案中已闡明)將被徵收百分之三十之預扣稅(“《合規法案預扣稅》”)(初步包括紅利、利息及一些衍生款項)。

The U.S. and Hong Kong have agreed an inter-governmental agreement ("IGA") to facilitate compliance by FFIs in Hong Kong with FATCA and which creates a framework for Hong Kong FFIs to rely on streamlined due diligence procedures to (i) identify U.S. indicia, (ii) seek consent for disclosure from its U.S. policyholders and (iii) report relevant tax information of those policyholders to the IRS.

美國政府與香港政府已簽訂(“《跨政府協議》”)促使香港的海外金融機構遵守合規法案，及提供一個框架讓香港的海外金融機構能有效率的進行盡職審查以(i)識別美國身份標記，(ii)徵求美國保單持有人同意披露及(iii)向美國國稅局匯報美國保單持有人相關稅務資料。

FATCA applies to **Generali Life (Hong Kong) Limited** (hereinafter "**Generali**"), and this Policy. **Generali** is a participating FFI and committed to complying with FATCA. To do so, **Generali** requires you to:

合規法案適用於忠意人壽(香港)有限公司(下稱「忠意人壽」)及此保單。忠意人壽是一間參與合規法案之海外金融機構，及致力遵守合規法案。因此，忠意人壽需要閣下：

- (i) provide to **Generali** certain information including, as applicable, your U.S. identification details (e.g. name, address, the U.S. federal taxpayer identifying numbers, etc); and
提供相關資料予忠意人壽，如適用，包括閣下的美國身份證明資料(如姓名、地址、美國聯邦納稅人識別號碼等)；及
- (ii) consent to **Generali** reporting this information and your account information (such as account balances, interest and dividend income and withdrawals) to the IRS.
同意忠意人壽向美國國稅局匯報此資料及閣下之賬戶資料，(如賬戶結存、利息、紅利收入及提款。)

If you fail to comply with these obligations (being a "Non-Compliant Accountholder"), **Generali** is required to report "aggregate information" of account balances, payment amounts and number of non-consenting U.S. accounts to IRS.

如閣下未能遵從以上要求(即為“《不遵從合規法案之戶口持有人》”)，忠意人壽須向美國國稅局匯報賬戶結存、款項及不同意披露的美國賬戶數目之綜合資料。

Generali could, in certain circumstances, be required to impose FATCA Withholding Tax on payments made to, or which it makes from, your Policy. Currently the only circumstances in **Generali** may be required to do so are:

忠意人壽，在某些情況下，可能被要求在閣下保單付款中徵收合規法案預扣稅。現時忠意人壽只會在以下情況徵收合規法案預扣稅：

- (i) if the Inland Revenue Department of Hong Kong fails to exchange information with the IRS under IGA (and the relevant tax information exchange agreement between Hong Kong and the U.S.), in which case **Generali** may be required to deduct and withhold FATCA Withholding Tax on withholdable payments made to your Policy and remit this to the IRS; and
若香港稅務局未能與美國國稅局就跨政府協議(及有關香港與美國之間的稅務資料交換協定)交換資料，忠意人壽可能需要從閣下保單的可預扣款項中扣除及預扣合規法案之預扣稅及匯出予美國國稅局；及
- (ii) if you are (or any other account holder is) a nonparticipating FFI, in which case **Generali Life (Hong Kong) Limited** may be required to deduct and withhold FATCA Withholding Tax on withholdable payments made to your Policy and remit this to the IRS.
如閣下(或任何一位賬戶持有人)是不參與合規法案之金融機構，忠意人壽(香港)有限公司可能需要從閣下保單的可預扣款項中扣除及預扣合規法案之預扣稅及匯出予美國國稅局。

You should seek independent professional advice on the impact FATCA may have on you or your Policy.

有關合規法案對閣下及閣下保單之影響，請諮詢獨立的專業意見。

If the Proposed Policyholder is an individual, please complete the declaration below and provide the information requested. If the Proposed Policyholder is an entity (including but not limited to a trust or a company), such entity does not need to complete the declaration below but must complete a separate form "FATCA Self-Certification for Entities" or Form W-8BENE or Form W-8IMY.

如果準保單持有人為個人，請填妥以下聲明以及提供所須的資料。如果準保單持有人為機構(包括但不限於信託或公司)，該機構則不須填寫下列聲明，但其必須填妥另一份「海外賬戶稅收合規法案公司客戶聲明書」或「W-8BENE表格」或「W-8IMY表格」。

Declaration 聲明

Please declare whether you are a U.S. resident for tax purposes* or not by ticking below check box.

請閣下在下方加上「✓」號以聲明閣下是否美國稅務居民*。

☐ I/ We declare that I am / we are not a U.S. resident for tax purposes *at the time of signing this declaration.
本人 / 我們聲明於簽署本聲明時並非美國稅務居民*。

☐ I/ We declare I am / we are a U.S. resident for tax purposes* at the time of signing this declaration.
本人 / 我們聲明於簽署本聲明時是美國稅務居民*。

I/ We acknowledge that **Generali** may transfer any required information to the Tax Authorities in or outside Hong Kong to comply with FATCA obligations and waive all rights I/we have, if any, to prohibit or restrict such disclosure.

本人 / 我們確認忠意人壽可將所需資料轉移到香港境內及境外地區之稅務機關以遵守合規法案的責任，如適用時，本人 / 我們願意放棄所有禁止或限制該披露之權利。

U.S. Taxpayer Identification Number (TIN):

美國納稅人識別號碼：

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* A U.S. resident for tax purposes includes but is not limited to any individual who is a U.S. citizen or U.S. resident alien (such as a "Green Card" holder).

* 美國稅務居民包括但下限於任何具有美國公民或美國居住外國人(如「綠卡持有人」)身份的個人。

Note: In case of discrepancies between the English and Chinese versions of this Section, the English version shall prevail.

附註：本部分之英文及中文版本之間如有任何歧義，概以英文版本為準。

Part XIV 第十四部分 – Automatic Exchange of Information 自動交換資料

Under the laws, regulations and international agreements for the implementation of automatic exchange of financial account information ("AEOI"), financial institutions are required to identify account holders (including certain policyholders and beneficiaries) and controlling persons of certain entity policyholders who are reportable foreign tax residents and report their information (including but not limited to their name, address, jurisdiction(s) of tax residence, tax identification number in that jurisdiction(s), account balance and income information) to the local tax authority where the financial institution operates. The local tax authority will provide this information to the tax authority of the reportable foreign tax resident's country of tax residence on a regular, annual basis. The information provided to **Generali** will be used for the purpose of AEOI. This information and other information regarding the account holder may be transmitted by **Generali** to the Hong Kong Inland Revenue Department ("IRD") or any other relevant domestic or foreign tax authority for transfer to the tax authority of another jurisdiction. Please browse the IRD website for guidance on AEOI in Hong Kong: http://www.ird.gov.hk/eng/tax/dta_aeoi.htm.

根據實施的自動交換財務賬戶資料(「自動交換資料」)的法律、法規及國際協定,財務機構須辨別具有須申報外國稅務居民身份的賬戶持有人(包括某些賬戶持有人及保單受益人)和某些機構保單持有人的控權人,並向財務機構營運當地的稅務部門申報其稅務資料(包括但不限於姓名、地址、稅務居住地、該稅務居住地的稅務編號、賬戶結餘及收入資料)。當地稅務部門將每年定期把上述資料交予須申報外國稅務居民所屬稅務居住地的相關稅務部門。**忠意人壽**會將收集的稅務資料用於自動交換資料。這些資料以及其他關於賬戶持有人的資料可能會被傳遞給香港稅務局或其他本地或海外稅務部門用於轉交其他司法管轄區的稅務部門。有關香港實施自動交換資料的指南,請瀏覽香港稅務局網站:http://www.ird.gov.hk/chi/tax/dta_aeoi.htm。

The information required in this Part and the information regarding your name, residence address and date of birth in Part I constitute a self-certification for AEOI purposes. It is an offence under section 80(2E) of the Inland Revenue Ordinance if any person, in making a self-certification, makes a statement that is misleading, false or incorrect in a material particular and knows, or is reckless as to whether, the statement is misleading, false or incorrect in a material particular.

在本部分中收集的資料、關於閣下姓名和住址之資料和在第一部分中的出生日期,將共同組成用於自動交換資料的自我證明。根據《稅務條例》第80(2E)條,如任何人在作出自我證明時,在明知一項陳述在要項上屬具誤導性、虛假或不正確,或罔顧一項陳述是否在要項上屬具誤導性、虛假或不正確下,作出該項陳述,即屬犯罪。

You must report all changes in your tax residence status to **Generali** within 30 days of that change.

閣下必須在閣下的稅務居民身份發生任何變動後的30日內,向**忠意人壽**申報該等變動。

You should seek independent professional advice on the impact AEOI may have on you or your Policy.

閣下應就自動交換資料對閣下保單造成的影響,諮詢獨立的專業意見。

If the Proposed Policyholder is an individual, please complete the declaration below and provide the information requested. If the Proposed Policyholder is an entity (including but not limited to a trust or a company), such entity does not need to complete the declaration below but must complete separate forms titled "Entity Tax Residency Self-Certification Form" which shall form part of this application form.

如果準保單持有人為個人,請填妥以下聲明以及提供所須的資料。如果準保單持有人為機構(包括但不限於信託或公司),該機構則不須填寫下列聲明,但其必須填妥另一份「實體稅務居民身分自我證明表格」;填妥後該表格會構成本投保書的一部分。

Declaration 聲明

Please declare your jurisdiction of tax residence for tax purposes by ticking below check box.

請在下方適當空格內加上「✓」號,以申報閣下的稅務居住地。

☐ I/ We declare that I am / we are Hong Kong resident(s) for tax purposes and that I am / we are not resident(s) for tax purposes of any jurisdiction other than Hong Kong at the time of signing this declaration.

本人/我們謹此聲明,在簽署本聲明時,本人/我們是香港的稅務居民,而且本人/我們並非任何香港以外司法管轄區的稅務居民。

☐ I/ We declare I am / we are resident(s) for tax purposes of a jurisdiction other than Hong Kong at the time of signing this declaration.

本人/我們謹此聲明,在簽署本聲明時,本人/我們是在香港以外的司法管轄區的稅務居民身份。

Jurisdiction of Residence 稅務居住地	Taxpayer Identification Number (TIN) 稅務編號	Enter Reason A, B or C if no TIN is available 如沒有提供稅務編號, 填寫理由 A、B 或 C	Explain why the account holder is unable to obtain a TIN if you have selected Reason B 如選擇理由 B,請提供賬戶持有人 不能取得稅務編號的原因
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	

Note 附註

If you are a resident for tax purposes of any jurisdiction other than Hong Kong, then you must complete the above table indicating (a) your jurisdiction of residence where you are a **resident for tax purposes** and (b) your TIN for each jurisdiction indicated. Include all (not restricted to five) jurisdictions of residence. If space provided is insufficient, continue on additional sheet(s).

如果閣下是香港以外司法管轄區的稅務居民,閣下須填妥上列表格,列明(一)閣下所屬的稅務居住地;以及(二)閣下所屬各稅務居住地的稅務編號。請列明閣下所屬的全部(而不限於五個)稅務居住地。如果表格中的空格不敷應用,請另紙填寫。

If this form is completed by more than one Proposed Policyholder, and one or more of the Proposed Policyholders is a resident for tax purposes of any jurisdiction other than Hong Kong, then each of the Proposed Policyholders must complete a separate "Individual Tax Residency Self-Certification Form".

如果本表格由多於一名準保單持有人填寫,而且其中一個或多個準保單持有人是任何香港以外司法管轄區的稅務居民,則各準保單持有人均須各自填妥另一份「個人稅務居民身分自我證明表格」。

If a TIN is unavailable, please provide the appropriate reason A, B or C:

Reason A – The jurisdiction where the account holder is a resident for tax purposes does not issue TINs to its residents.

Reason B – The account holder is unable to obtain a TIN. Explain why the account holder is unable to obtain a TIN if you have selected this reason.

Reason C – TIN is not required. Select this reason only if the authorities of the jurisdiction of residence do not require the TIN to be disclosed.

如沒有提供稅務編號,必須填寫合適的理由:

理由 A – 賬戶持有人的稅務居住地並沒有向其居民發出稅務編號。

理由 B – 賬戶持有人不能取得稅務編號。如選取這一理由,請提供賬戶持有人不能取得稅務編號的原因。

理由 C – 賬戶持有人毋須提供稅務編號。稅務居住地的主管機關不需要賬戶持有人披露稅務編號。

I/We acknowledge that **Generali** may transfer any required information to the IRD, and the IRD may exchange this information with tax authorities outside Hong Kong, and waive all rights I/we have, if any, to prohibit or restrict such disclosure.

本人/我們確認,**忠意人壽**可向香港稅務局轉交本表格所載資料,香港稅務局又可能將這些資料交換至香港以外的稅務部門;本人/我們放棄任何本人/我們所擁有的關於禁止或限制上述資料披露之全部權利(如有)。

I/We undertake to advise **Generali** of any change in circumstances which affects the tax residence status of the Proposed Policyholder(s) or causes the information contained herein to become incorrect, and to provide **Generali** with a suitably updated form within 30 days of such change in circumstances.

本人/我們承諾,如情況發生改變以致影響的本人/我們的稅務居民身份,或導致本表格所載的資料變得不正確,本人會通知**忠意人壽**,並會在情況發生改變後三十日內,向**忠意人壽**提交一份已適當更新的自我證明書。

Note: In case of discrepancies between the English and Chinese versions of this Section, the English version shall prevail

附註:本部分之英文及中文版本之間如有任何歧義,概以英文版本為準。

Part XV 第十五部分 – Declaration and Authorization (FNA) 聲明及授權 (財務需要分析表格)

(This section is to be completed by the customer upon signing the licensed insurance intermediary's Financial Needs Analysis form.)
(此部份由客戶完成持牌保險中介人的財務需要分析表格後填寫)

By signing this section, you consent to Generali Life (Hong Kong) Limited ("Generali") in using the personal data provided in the Financial Needs Analysis. 經簽署本部份，閣下同意忠意人壽 (香港) 有限公司 ("忠意人壽") 使用閣下在財務需要分析裡所提供的個人資料。

The provision of your consent is voluntary. However, the failure to provide your consent may result in Generali unable to provide insurance to you and process your insurance application.

閣下的允許同意是自願的。然而，若未能取得閣下的同意，可能導致忠意人壽不能夠為閣下提供保險及處理閣下的保險申請。

Declaration 聲明

- 1) I / We agree that Generali may collect, use, store, disclose, transfer and otherwise process my / our personal data given in the Financial Needs Analysis form ("FNA Form") of the licensed insurance intermediary specified below and during the Financial Needs Analysis ("FNA") in accordance with the terms of Generali's Personal Information Collection Statement ("Statement"). I / We further confirm that I / we have obtained the express consent of the life insureds and any other relevant individuals (where applicable) for providing their personal data given in the FNA Form and during the FNA to Generali for the purposes stated in the Statement and for allowing Generali to collect, use, store, disclose, transfer and otherwise process whichever such personal data in accordance with the terms of the Statement.

本人 / 我們同意忠意人壽可依照忠意人壽的收集個人資料聲明 ("該聲明") 的條款來收集、使用、儲存、披露、轉移及以其他方式處理本人 / 我們於下述指定的持牌保險中介人之財務需要分析表格 ("該表格") 內及在財務需要分析 ("該分析") 裡所提供的個人資料。本人 / 我們進一步確認，本人 / 我們已獲得受保人和任何其他有關人士 (如適用) 的明示同意，可以按照該聲明所述的用途將該表格內及該分析裡所提及到他們的個人資料提供給忠意人壽，並允許忠意人壽可依照該聲明的條款收集、使用、儲存、披露、轉移及任何以其他方式處理該等個人資料。

Company Name of Insurance Intermediary :

中介人公司名稱 :

FNA Form signed by me / us on :

本人 / 我們簽署該表格於 : _____ (dd 日 / mm 月 / yyyy 年)

- 2) I / We confirm that all statements and information given in the FNA Form and during the FNA are complete and true to the best of my / our knowledge and belief. I / We understand that any insufficient, incomplete or inaccurate information given may affect the results of the analysis of my / our needs and render Generali unable to process my / our insurance application.

本人 / 我們確認該表格內及該分析裡所提供之一切陳述及資料，就本人 / 我們所知所信，均為事實之全部並確實無訛。本人 / 我們明白如提供之資料不足夠、不準確或不完整，將會影響本人 / 我們之財務需要分析結果，及可導致忠意人壽不能處理本人 / 我們之保險申請。

- 3) I / We agree that I am / we are required to inform Generali if there is any substantial change of information given in the FNA Form and during the FNA before my / our insurance policy is issued.

本人 / 我們同意如果該表格內及該分析裡所提供的資料在保單未簽發前有重大改變，本人 / 我們必須通知忠意人壽。

- 4) I / We agree that I / we shall supply the relevant documents and further information and evidence to support the information given upon Generali's request for the purposes of assessing my / our financial needs and making the judgement on accepting my / our insurance application.

本人 / 我們同意就忠意人壽的要求，本人 / 我們將提供相關的文件及進一步的資料以證明，用作評估本人 / 我們之財務需要及判斷是否接受本人 / 我們的保險申請。

Part XVI 第十六部分 – Declaration and Authorization 聲明及授權

- 1) I / We acknowledge that I / we have been provided with a copy of the Personal Information Collection Statement (the "Statement") issued by Generali Life (Hong Kong) Limited ("Generali"). I / We confirm that I / we have read and understood the Statement. I / We agree that Generali may collect, use, store, disclose, transfer and otherwise process my / our personal data in accordance with the terms of the Statement. I / We further confirm that I / we have obtained the express consent of the life insureds and any other relevant individuals (where applicable) for providing their personal data to Generali for the purposes stated in the Statement and for allowing Generali to collect, use, store, disclose, transfer and otherwise process such personal data in accordance with the terms of the Statement.

本人 / 我們確認，本人 / 我們已獲提供一份由忠意人壽 (香港) 有限公司 ("忠意人壽") 發出的收集個人資料聲明 ("該聲明")。本人 / 我們確認已經閱讀並且明白該聲明。本人 / 我們同意忠意人壽可依照該聲明的條款收集、使用、儲存、披露、轉移及以其他方式處理本人 / 我們的個人資料。本人 / 我們進一步確認，本人 / 我們已獲得受保人和任何其他有關人士 (如適用的話) 的明示同意，可以按照該聲明所述的用途將他們的個人資料提供給忠意人壽，並允許忠意人壽可依照該聲明的條款收集、使用、儲存、披露、轉移及以其他方式處理該等個人資料。

- 2) I / We acknowledge that I / we have been provided with a copy of the notice on Foreign Account Tax Compliance Act ("FATCA") and Automatic Exchange of Financial Account Information ("AEOI") issued by Generali. I / We confirm that I / we have read and understood the notice on FATCA and AEOI. I / We understand that a false statement or misrepresentation of tax status by a U.S. resident for tax purposes (as defined in Part XIII) may result in penalty under relevant law and regulations. If my / our tax status change and I / we become a U.S. person or a resident for tax purposes in any jurisdiction not previously reported to Generali, I / we must notify Generali no later than thirty (30) days.

本人 / 我們確認，本人 / 我們已獲提供一份由忠意人壽發出有關《海外賬戶稅收合規法案》 ("《合規法案》") 及自動交換財務賬戶資料 (《自動交換資料》) 的通知。本人 / 我們確認已經閱讀並且明白該《合規法案》及《自動交換資料》通知。本人 / 我們明白，根據有關的法律，任何美國稅務居民 (定義於第十三部分) 就其稅務狀況作出虛假或失實陳述，可能會受到刑罰。若本人 / 我們的稅務狀況有更改，或成為美國人士，或者成為任何本人 / 我們未曾就其向忠意人壽進行申報的司法管轄區之稅務居民，本人 / 我們會於三十日內通知忠意人壽。

- 3) I / We hereby declare and agree that all statements and information provided in this Application Form are to the best of my / our knowledge and belief complete and true, and all such statements and information shall form the basis and become a part of the policy, and understand that if any such statement or information is incomplete or untrue, the coverage provided under the policy may be void. I / We hereby declare that no information (whether or not it is covered by the questions in this application) which may influence Generali's assessment and acceptance of application has been withheld and understand that if I am / we are uncertain as to whether or not a particular information is material, the information should be disclosed.

本人 / 我們在此聲明及同意，此投保書內所提供之一切陳述及資料，就本人 / 我們所知所信，均為事實之全部並確實無訛，及一切該等陳述及資料，將成為發出保單的根據，並作為保單一部份，並且明白若資料錯誤或不詳盡，可能導致保單之保障無效。本人 / 我們在此聲明，並無隱瞞任何足以影響忠意人壽衡量應否接受此投保書的事實 (不論是否已包括在此投保書的問題內) 及假如未能確定某些資料是否重要，則應將有關事實予以披露。

- 4) I / We agree to disclose to Generali any change in the Proposed Insured's health, insurability or other material facts between signing this application and my / our receipt of the policy.

本人 / 我們同意在簽署此投保書後至收取保單前，若準受保人身體健康狀況，可保資料或其他重要資料有任何改變時，本人 / 我們會向忠意人壽如實披露。

Part XVI 第十六部分 – Declaration and Authorization (Continued) 聲明及授權 (續)

- 5) I / We confirm and acknowledge that :
本人 / 我們同意和確認 :
- i) I / We shall be responsible for observing and complying with all applicable laws and regulations of any relevant jurisdiction ;
本人 / 我們將有責任遵守任何有關司法管轄區之所有適用法律和法規之要求 ;
- ii) If necessary, I / We shall consult independent professional advisers concerning financial, tax, legal or regulatory consequences of purchasing, holding, withdrawing, redeeming, disposing or exercising any rights of this policy. **Generali** has not provided any advice to me / us in respect of the taxation or citizenship ;
如有需要, 本人 / 我們將徵詢獨立專業顧問有關購買、持有、撤銷、贖回或以其他方式處置所發保單或行使保單任何權利可能引致的財務、稅務、法律或法規上的後果。忠意人壽沒有就有關本人 / 我們之稅務或公民身份提供任何意見 ;
- iii) Should I / we be compelled by any applicable laws and regulations of any jurisdiction to redeem, surrender or withdraw from the policy, I / We shall bear any costs, loss or liability incurred as a result of such redemption, surrender or withdrawal;
若本人 / 我們被任何司法管轄區之適用法律和法規要求贖回、退保或撤銷該保單, 本人 / 我們願意承擔因此而引致的任何費用、損失或責任 ;
- iv) **Generali** shall be entitled to, to the extent permitted by laws, submit or report any of my / our Personal Data and other information relating to this policy / application to the relevant governmental authorities, regulator(s), court(s), tribunal(s), administrative board(s) and/or law enforcement bodies (both local and overseas) (collectively known as "relevant authorities"). **Generali** shall also be entitled to reply to any inquiry from the relevant authorities in order to comply with all applicable laws and regulations of any relevant jurisdiction. I / We understand and acknowledge that **Generali** will not be able to provide any insurance or related product and service to me / us if I / we refuse to give the said express consent.
忠意人壽有權, 在法律許可的範圍內, 提交或報告有關本人 / 我們的個人資料和其他有關本保單或申請的資料予有關政府部門、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) (統稱為「有關機構」)。忠意人壽也有權就上述有關機構所提出之任何查詢作出回覆, 以符合任何司法管轄區適用之法律和法規要求。本人 / 我們明白和確認, 如果本人 / 我們拒絕給予上述事項之明示同意予忠意人壽, 忠意人壽將無法提供任何保險或相關產品和服務予本人 / 我們。
- 6) I / We authorize **Generali** or any of its appointed medical examiners or laboratories to perform the necessary medical assessment and tests to evaluate the health status of myself / ourselves in relation to this application and any claim arising therefrom. If I / we fail to provide any information requested in this Application Form, it may result in **Generali's** inability to process this application. I / We authorize any medical attendant, hospital, clinic, insurance company or other organization, institution or person, who / which has any records or knowledge of me / us or my / our health, to divulge to **Generali** or its authorized representatives or any reinsurers or any tribunal any information he or she or it may have with regard to me / us or the purpose of evaluating this application and any claim arising from the policy. A faxed or photographic copy of this authorization shall be as valid as the original.
本人 / 我們授權忠意人壽或任何其委任之體檢醫生或化驗所, 替本人 / 我們進行所需之醫療評估及測試, 並對本人 / 我們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。如本人 / 我們不能提供任何此投保書所需的資料, 忠意人壽可能因此不能處理此投保申請。本人 / 我們謹此授權任何註冊西醫、醫院、診所、保險公司及機構、其他組織或人士, 凡知道或擁有有關本人 / 我們或本人 / 我們健康狀況之資料者, 均可將該等資料提供給忠意人壽或其授權代表或再保險公司或仲裁機構以作評核本保險申請及其後與保單有關的賠償事宜之用。此授權文件之傳真或影印本皆與正本同樣有效。

Part XVII 第十七部分 – Cancellation Rights and Refund of Premium(s) and Levy* within Cooling-off Period 冷靜期內取消保單的權利及退還保費與保費徵費 *

I, proposed policyholder, understand that I have the right to cancel the policy and obtain a refund of any premium(s) paid and any levy* paid (without any interest) by giving a written notice to Generali Life (Hong Kong) Limited. I understand that to exercise this right, the notice of cancellation must be signed by me, together with the policy and received directly by Generali Life (Hong Kong) Limited at 21/F, 1111 King's Road, Taikoo Shing, Hong Kong within the Cooling-off Period. No refund of premium and levy can be made if a claim payment has been made prior to my request for cancellation. I understand that the Cooling-off Period is the period of **21 calendar days** immediately following either the day of delivery of the policy or the Cooling-off Notice to me or my nominated representative (whichever is the earlier). For the avoidance of doubt, the day of delivery of the life insurance policy or the Cooling-off Notice is not included for the calculation of the 21 calendar day period. However, if the last day of the 21 calendar day period is not a working day, the 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 Generali Life (Hong Kong) Limited to notify me of the Cooling-off Period around the time the policy is delivered.

本人作為準保單持有人, 明白本人有權以書面通知要求忠意人壽 (香港) 有限公司取消保單並獲退還所有已繳保費及已繳保費徵費* (但不附帶任何利息)。本人明白為行使這項權利, 該取消保單的通知必須由本人簽署並連同保單由忠意人壽 (香港) 有限公司在香港太古城英皇道 1111 號 21 樓於冷靜期內直接收到。如果本人曾經因索償而獲得賠償, 則不會獲發還保費與保費徵費。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 (以較早者為準)。為免生疑問, 交付人壽保險保單或冷靜期通知書當天並不包括在計算 21 個曆日的期間內。然而, 若第 21 個曆日當天並非工作天, 則冷靜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忠意人壽 (香港) 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。

(For policy under broker channel only) I agree to nominate and authorize the insurance broker of this policy as the nominated representative to receive this policy. Otherwise, my nominated representative is (Name / Correspondence Address / Contact Number)

(僅適用於保險經紀銷售的保單) 本人同意並授權本保單的保險經紀為指定代表接收本保單。否則, 本人的指定代表為 (姓名 / 通訊地址 / 聯繫電話)

* Effective from 1 January 2018, the Insurance Authority collects levy on insurance premiums from policyholders through insurance companies.

由 2018 年 1 月 1 日開始, 保險業監管局透過保險公司向保單持有人收取保費徵費。

I / We understand, acknowledge and agree that, as a result of me / us purchasing and taking up the policy to be issued by Generali, Generali will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where I am / we are a body corporate, the authorized person who signs on behalf of me / us further confirms to Generali that he or she is authorized to do so.

本人 / 我們明白、確知及同意, 忠意人壽會就本人 / 我們購買及接受忠意人壽所簽發的保單, 於保單有效期內 (包括續保期), 向負責安排有關保單的獲授權保險經紀支付佣金。假如本人 / 我們為法人團體, 代表本人 / 我們簽署的獲授權人員須向忠意人壽確認他 / 她已獲法人團體授權簽署。

I / We further understand that the above agreement is necessary for Generali to proceed with the application.

本人 / 我們亦明白忠意人壽必須取得本人 / 我們以上同意, 才可以處理有關申請。

I / We agree that this application will be subject to the approval of **Generali**.

本人 / 我們在此同意, 此投保申請需經忠意人壽審批。

***** Please DO NOT sign on BLANK form 請勿在空白表格上簽署 *****

X

Signature of Proposed Insured (If Age 18 or above)
準受保人簽署 (如十八歲或以上)

X

Signature of Witness 見證人簽署

Name 姓名: (_____)

X

Signature of Proposed Policyholder (If other than Proposed Insured)
準保單持有人簽署 (如非準受保人)

Hong Kong S.A.R.
香港特別行政區

Date (dd / mm / yyyy)
日期 (日 / 月 / 年)

Signed at
簽署地

Insurance Intermediary's Report 保險中介人報告 (This is not part of application form 此非投保書部份)

a	What is the purpose for purchasing this insurance coverage? 投保目的？	
b	How do you know the Proposed Insured & Proposed Policyholder? 你如何認識準受保人和準保單持有人？	
c	How long have you known the Proposed Insured & Proposed Policyholder? 你已認識了準受保人和準保單持有人多久？	
d	Does the Proposed Insured have any physical defect, or is the Proposed Insured ill or has the Proposed Insured consulted any physician? 準受保人有否任何身體缺陷，患病或向任何醫生求診？	<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 If yes, please give details 如答是，請提供詳情。
e	What is the education level of Proposed Policyholder? 準保單持有人的教育水平？	<input type="checkbox"/> Primary or below 小學或以下 <input type="checkbox"/> Secondary 中學 <input type="checkbox"/> Tertiary or above 大專或以上
f	Post-sale call is to be conducted as per regulatory requirement. As such, in order to contact the client successfully, please select the preferred timeslot for calling for our reference. 售後跟進電話乃按監管的要求而進行。為成功聯絡客戶，請選擇合適致電時段。	<input type="checkbox"/> Monday to Friday morning 星期一至五上午 <input type="checkbox"/> Monday to Friday afternoon 星期一至五下午 <input type="checkbox"/> All the above timeslots 以上之所有時段
g	Any additional information? 任何附加資料？	<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 If yes, please give details 如答是，請提供詳情。
h	What document(s) is/are enclosed with the application? 申請時附有那些文件？	<input type="checkbox"/> A completed Application Form 已填妥之申請書 <input type="checkbox"/> Financial Needs Analysis Form 財務需要分析表格 <input type="checkbox"/> Financial Questionnaire 財務問卷 <input type="checkbox"/> Important Facts Statement – Policy Replacement 重要資料聲明書 — 轉保 <input type="checkbox"/> Pre-UW Documents (Case No. _____) 預先審核文件 文件編號
		<input type="checkbox"/> Important Facts Statement for Mainland Policyholders 內地投保人重要資料聲明書 <input type="checkbox"/> A signed illustrative document 已簽署之說明文件 <input type="checkbox"/> Certified true copy of Proposed Policyholder's valid identity document(s) 準保單持有人之有效身份證明文件核實副本 <input type="checkbox"/> Supplementary Form 補充表格 <input type="checkbox"/> Others 其他 _____

I hereby declare that I have personally met the Proposed Insured and the Proposed Policyholder and advised on this application. I further confirm that I have verified the identity of the Proposed Insured and the Proposed Policyholder.

本人謹此聲明本人親身面見準受保人及準保單持有人及給予此保單的意見。此外，本人亦已查閱準受保人及準保單持有人的身份證明文件以核實其身份。

I confirm that I have explained to the Proposed Policyholder the contents of his / her declaration under "Declaration and Authorization" in a language of the Proposed Policyholder's choice. I also confirm that he / she is, in my opinion, respectable and trustworthy and that the provision of my services may be extended to him / her. Consequently, I would have no hesitation in recommending him/ her to Generali Life (Hong Kong) Limited as a client.

本人確認本人已採用準保單持有人選擇之語言向其完整地解釋「聲明及授權」部份其聲明的內容。本人亦確認按本人意見他 / 她均具有良好名聲及值得信任以至本人樂意向他 / 她提供服務。因此本人將毫不猶豫地推薦他 / 她作為客戶予忠意人壽（香港）有限公司。

I enclose the application and the related documents duly completed in original or certified form, and confirm that the signature(s) contained in the application and the related documents are signed by the Proposed Insured and the Proposed Policyholder.

本人附上已填妥之申請書及有關文件之正本或核證本，並確認此申請書及有關文件上之署名乃準受保人及準保單持有人所簽署。

Company Name of Insurance Intermediary
中介人公司名稱

Name of Insurance Intermediary
保險中介人姓名

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

Contact Telephone No. of Insurance Intermediary
保險中介人之電話號碼

Date (dd / mm / yyyy)
日期（日 / 月 / 年）

X
Signature of Insurance Intermediary with Company Chop (if any)
保險中介人簽署連同公司印章（如有）

21/F, 1111 King's Road,
Taikoo Shing, Hong Kong
T +852 2521 0707
F +852 2521 8018
info@generalali.com.hk
generalali.com.hk

香港太古城英皇道 1111 號 21 樓
電話 +852 2521 0707
傳真 +852 2521 8018
info@generalali.com.hk
generalali.com.hk



CREDIT CARD PAYMENT AUTHORIZATION FORM

(For Initial Premium Payment Only)

信用卡付款授權書 (只適用於繳付首期保費)

Please fill in the appropriate boxes and in English (Block Letters) 請填寫適當方格及用英文正楷填寫

I / We acknowledge that I / we have been provided with a copy of the Personal Information Collection Statement (the "Statement") issued by Generali Life (Hong Kong) Limited ("Generali"). I / We confirm that I / we have read and understood the Statement. I / We agree that Generali may collect, use, store, disclose, transfer and otherwise process my / our personal data in accordance with the terms of the Statement. I / We further confirm that I / we have obtained the express consent of the life insureds and any other relevant individuals (where applicable) for providing their personal data to Generali for the purposes stated in the Statement and for allowing Generali to collect, use, store, disclose, transfer and otherwise process such personal data in accordance with the terms of the Statement.

本人 / 我們確認，本人 / 我們已獲提供一份由忠意人壽（香港）有限公司（「忠意人壽」）發出的收集個人資料聲明（「該聲明」）。本人 / 我們確認已經閱讀並且明白該聲明。本人 / 我們同意忠意人壽可依照該聲明的條款收集、使用、儲存、披露、轉移及以其他方式處理本人 / 我們的個人資料。本人 / 我們進一步確認，本人 / 我們已獲得受保人和任何其他有關人士（如適用的話）的明示同意，可以按照該聲明所述的用途將他們的個人資料提供給忠意人壽，並允許忠意人壽可依照該聲明的條款收集、使用、儲存、披露、轉移及以其他方式處理該等個人資料。

I authorize Generali Life (Hong Kong) Limited to debit my credit card account stated as below in respect of the payment of premium, fees and/or charges (if any) and levy* on insurance premium under this application / policy until my further written notice.

本人授權忠意人壽（香港）有限公司由本人下列指定之信用卡賬戶扣除此投保申請 / 保單之應繳保費、費用及 / 或收費（如有）及保費徵費*，直至另行通知。

I understand at least 2 working days' written notice in advance is required for termination of this payment instruction.

本人明白如需取消此付款指示，必須於最少兩個工作天前以書面提出。

* Effective from 1 January 2018, the Insurance Authority collects levy on insurance premiums from policyholders through insurance companies.
由 2018 年 1 月 1 日開始，保險業監管局透過保險公司向保單持有人收取保費徵費。

Details are as follows:-
詳細資料如下：

Name of Card Issuer 發卡銀行名稱	Country of Issue 發卡國家	Type of Credit Card 信用卡類別 <input type="checkbox"/> VISA <input type="checkbox"/> Master 萬事達卡
Credit Card Number 信用卡賬戶號碼 		
Credit Card Expiry Date 信用卡到期日 _____ (month 月) / _____ (year 年)		Date (dd / mm / yyyy) 日期 (日 / 月 / 年)
Name of Cardholder (in English) 持卡人英文姓名	Signature of Cardholder 持卡人簽名	

(As shown on your Credit Card 必須與閣下信用卡上的資料相同)

DIRECT DEBIT AUTHORIZATION FORM

(For Renewal Premium Payment Only)

直接付款授權書 (只適用於繳付續期保費)

Name of party to be credited (The Beneficiary) 收款之一方 (受益人)	Bank No. 銀行編號	Branch No. 分行編號	Account No. to be credited 收款賬戶之號碼
Generali Life (Hong Kong) Limited	0 0 4	8 4 8	7 3 9 3 3 0 2 9 2

I / We acknowledge that I / we have been provided with a copy of the Personal Information Collection Statement (the "Statement") issued by Generali Life (Hong Kong) Limited ("Generali"). I / We confirm that I / we have read and understood the Statement. I / We agree that Generali may collect, use, store, disclose, transfer and otherwise process my / our personal data in accordance with the terms of the Statement. I / We further confirm that I / we have obtained the express consent of the life insureds and any other relevant individuals (where applicable) for providing their personal data to Generali for the purposes stated in the Statement and for allowing Generali to collect, use, store, disclose, transfer and otherwise process such personal data in accordance with the terms of the Statement.

本人 / 我們確認，本人 / 我們已獲提供一份由忠意人壽 (香港) 有限公司 (「忠意人壽」) 發出的收集個人資料聲明 (「該聲明」)。本人 / 我們確認已經閱讀並且明白該聲明。本人 / 我們同意忠意人壽可依照該聲明的條款收集、使用、儲存、披露、轉移及以其他方式處理本人 / 我們的個人資料。本人 / 我們進一步確認，本人 / 我們已獲得受保人和任何其他有關人士 (如適用的話) 的明示同意，可以依照該聲明所述的用途將他們的個人資料提供給忠意人壽，並允許忠意人壽可依照該聲明的條款收集、使用、儲存、披露、轉移及以其他方式處理該等個人資料。

I / We hereby authorize my / our below named Bank to effect transfer from my / our account in respect of the payment of premium, fees and/or charges (if any) and levy* on insurance premium under this application / policy to the above named beneficiary in accordance with such instructions as my / our Bank may receive from the beneficiary from time to time.

本人 / 吾等現授權本人 / 吾等之下述銀行，自本人 / 吾等之賬戶內轉賬以支付有關此投保申請 / 保單之應繳保費、費用及 / 或收費 (如有) 及保費徵費*予上述受益人，(根據受益人不時給予本人 / 吾等銀行之指示) 自本人 / 吾等之賬戶內轉賬予上述受益人。

I / We agree that my / our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me / us. 本人 / 吾等同意本人 / 吾等之銀行毋須證實該等轉賬通知是否已交予本人 / 吾等。

I / We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my / our account which may arise as a result of any such transfer(s). 如因該等轉賬而令本人 / 吾等之賬戶出現透支 (或令現時之透支增加)，本人 / 吾等願共同及各別承擔全部責任。

I / We agree that should there be insufficient funds in my / our account to meet any transfer hereby authorized, my / our Bank shall be entitled, at its discretion, not to effect such transfer in which event the Bank may make the usual charge and that it may cancel this authorization at any time on one week's written notice. 本人 / 吾等同意本人 / 吾等之賬戶如無足夠款項支付該授權轉賬，本人 / 吾等之銀行有權不予轉賬，且銀行可收取慣常之收費，並可隨時以一星期書面通知取消本授權書。

This authorization shall have effect until further notice. 本授權書將繼續生效直至另行通知為止。

I / We agree that any notice of cancellation or variation of this authorization which I / we may give to my / our Bank shall be given at least two working days prior to the date on which such cancellation / variation is to take effect.

本人 / 吾等同意，本人 / 吾等取消或更改本授權書之任何通知，須於取消 / 更改生效日最少兩個工作天之前交予本人 / 吾等之銀行。

* Effective from 1 January 2018, the Insurance Authority collects levy on insurance premiums from policyholders through insurance companies. 由 2018 年 1 月 1 日開始，保險業監管局透過保險公司向保單持有人收取保費徵費。

Bank Name and Branch 銀行及分行之名稱	
Bank No. 銀行編號	Branch No. 分行編號
Account No. to be debited 銀行賬戶之號碼	
Policy Number (Debtor Reference) 保單號碼 (付款人編號)	Policyholder's name 保單持有人姓名
English name of bank account holder(s) 銀行賬戶持有人英文姓名	English name of other bank account holder (Joint account) ^ 其他銀行賬戶持有人英文姓名 (聯名戶口) ^
ID Number (must correspond with Bank record) 證件號碼 (必須與銀行賬戶檔案相同)	ID Number (must correspond with Bank record) 證件號碼 (必須與銀行賬戶檔案相同)
ID Type 證件類別 <input type="checkbox"/> HKID 香港身份證 <input type="checkbox"/> Passport 護照 <input type="checkbox"/> Business Registration 商業登記證 <input type="checkbox"/> Certificate of Incorporation 公司註冊證明書 <input type="checkbox"/> Others 其他 _____	ID Type 證件類別 <input type="checkbox"/> HKID 香港身份證 <input type="checkbox"/> Passport 護照 <input type="checkbox"/> Business Registration 商業登記證 <input type="checkbox"/> Certificate of Incorporation 公司註冊證明書 <input type="checkbox"/> Others 其他 _____
Signature(s) of bank account holder(s) 銀行賬戶持有人簽名 (Signature(s) must agree with Bank record 簽名必須與銀行記錄相符)	Signature(s) of bank account holder(s) 銀行賬戶持有人簽名 (Signature(s) must agree with Bank record 簽名必須與銀行記錄相符)
Date (dd / mm / yyyy) 日期 (日 / 月 / 年)	Date (dd / mm / yyyy) 日期 (日 / 月 / 年)
FOR BANK USE ONLY 銀行專用	Signature Verified

^ For joint account holders: If only one account holder signs on this form, it is assumed that the direct debit of the mentioned bank account can be authorized by either one of the account holders. 適用於聯名帳戶：如只有其中一位帳戶持有人簽署，我們假設以上銀行帳戶只須其中一位帳戶持有人簽署便可授權直接付款。

