Fubon Life 富邦人壽

僅供保險中介人填寫 For Insurance Intermediary Use Only	
Receiving Bank Branch / Broker	
Receipt Date	

人壽保險絕對轉讓書 Life Insurance Absolute Assignment Form

請在適當方格內加上「✓」號，並以正楷填寫。Please put a "✓"in the appropriate box and complete in BLOCK LETTERS.

保單編號 Policy Number	保單持有人姓名 Name of Policyowner	受保人姓名 Name of Insured Person

重要事項 Important Notes:

1. 富邦人壽保險（香港）有限公司（「富邦人壽」）為便利起見提供此表格，富邦人壽不會就保單轉讓之有效性、合法性或足夠性承擔任何責任。富邦人壽建議保單持有人就保單轉讓內容及影響尋求獨立法律和稅務意見。
2. 新保單持有人 / 承讓人必須遞交下列文件之核實副本：(a) 身份證明文件及 (b) 非香港永久性居民之國籍證明（例如：護照）。
3. 若新保單持有人 / 承讓人為中華人民共和國居民身份證持有人，新保單持有人 / 承讓人需簽署並遞交「重要資料聲明書 - 內地人士在港投購人身 / 壽險保單」。若本絕對轉讓書是於保單簽發日一年內簽署，「重要資料聲明書 – 內地人士在港投購人身 / 壽險保單」需在香港簽署，並請遞交入境證明。
4. 如保單現由法團信託持有，該信託之財產授予人必須簽署此表格 (如與新保單持有人不同)。如有需要，富邦人壽有權要求相關文件作核實之用。
5. 根據指定計劃的保單條款，保單持有人的保費豁免保障 / 保費支付人保障會在此絕對轉讓生效時將予以自動附加 / 終止。
6. 繼任持有人及後續受保人在此絕對轉讓生效時將自動撤銷。
7. 當保單持有人被更改，保單分拆選項及靈活延續選項將會在行使前被自動撤銷。

1. This form is furnished by Fubon Life Insurance (Hong Kong) Company Limited ("Fubon Life") as a matter of courtesy. Fubon Life shall not assume any responsibility for the validity, legality or sufficiency of the policy assignment. The Policyowner is recommended to seek independent legal and tax advice in relation to the contents and effect of the policy assignment.
2. For the new Policyowner / Assignee, please submit certified true copy of: (a) identification document and (b) proof of nationality for non-Hong Kong permanent resident (e.g. passport).
3. If new Policyowner / Assignee is a holder of PRC Resident Identity Card, the new Policyowner / Assignee has to sign and submit Important Facts Statement for Mainland Policyholders (IFS-MP). If this Life Insurance Absolute Assignment Form is signed within one year from the issue date of the policy, the IFS-MP has to be signed in Hong Kong and entry proof is required.
4. If the Policy is held by Corporate Trustee, signature of the Settlor of the Trust is required (if different from the new Policyowner). Fubon Life may request document for verification if deemed necessary.
5. Entitlement of Waiver of Premium / Payor Benefit on Policyowner shall be added / terminated automatically when this absolute assignment becomes effective subject to Policy Provisions of particular plan.
6. The Successor Owner and Contingent Insured Person shall be revoked automatically when this absolute assignment becomes effective.
7. The Policy Split Option and the Flexi Continuation Option shall be revoked automatically before it is exercised when the Policyowner is changed.

人壽保險絕對轉讓之原因 Reason for Life Insurance Absolute Assignment

請詳述更改保單持有人之原因 Please provide the reason in detail for Policy Ownership Change

1 新保單持有人個人資料 New Policyowner Personal Information

英文姓名（須與身份證 / 護照相同） Name in English (as shown on ID Card / Passport)	中文姓名（須與身份證 / 護照相同） Name in Chinese (as shown on ID Card / Passport)
新保單持有人 與 原保單持有人 的關係 Relationship between New Policyowner and Existing Policyowner	
新保單持有人 與 受保人 的關係 Relationship between New Policyowner and Insured Person(s)	受保人姓名 Name of Insured Person _____ 關係 Relationship _____ 如有多於一位受保人： If more than one insured person: 受保人姓名 Name of Insured Person _____ 關係 Relationship _____

保單編號 Policy Number

1 新保單持有人個人資料（續）New Policyowner Personal Information (continue)

身份證明文件號碼 Identification Number

國籍 Nationality

身份證明文件類別 Identification Document Type

☐ 香港身份證 HKID Card ☐ 護照 Passport

☐ 其他 Others（請註明 Please specify）

身份證明文件到期日 Identification Document Expiry Date

☐ 永久 Permanent

日 Date 月 Month 年 Year

出生日期 Date of Birth

日 Date 月 Month 年 Year

出生地點 Place of Birth

城市 City 省 Province 國家 Country

性別 Gender

☐ 男 Male ☐ 女 Female

婚姻狀況 Marital Status

☐ 未婚 Single ☐ 已婚 Married

☐ 其他 Others

手機電話號碼 Mobile Telephone No.

國家地區編碼 Country Code - 電話號碼 Telephone Number

住宅電話號碼 Residential Telephone No.

國家地區編碼 Country Code - 電話號碼 Telephone Number

電郵地址 Email Address

公司電話號碼 Office Telephone No.

國家地區編碼 Country Code - 電話號碼 Telephone Number

住宅地址（恕不接受郵政信箱）Residential Address (P.O. Box is not accepted)

通訊地址 Correspondence Address （如與住宅地址不同 if different from the above）

代表其他人士提出此更改？Acting on Behalf of Another Person in Making this change?

☐ 否 No ☐ 是，請提供詳情 Yes, please provide details _____

通訊使用語言(如沒有指明，將以中文為通訊使用語言。)

Preferred Language for Correspondence （If not specified, language of correspondence will be in Chinese.）

☐ 中文 Chinese ☐ 英文 English

保單編號 Policy Number

2 新保單持有人職業資料 New Policyowner Occupation Information

職業 Occupation	職位 Position
☐ 自僱 Self-employed ☐ 受僱 Employed	
主要工作職務 Major Job Duty	
公司名稱 Company Name	業務性質 Nature of Business
公司地址 Company Address	

3 付款人及資金來源 Payor and Source of Funds

請指定更改保單持有人後之付款人 Please identify Payor after Change of Policy Ownership

如有需要更改自動轉帳之戶口，請填寫直接付款授權書以重新設立直接付款授權。
Should you need to change the direct debit account, please complete Direct Debit Authorization form for new setup.

☐ 保費已繳清，不適用 Not applicable as fully paid

☐ 新保單持有人 New Policyowner ☐ 信託委託人 Trust Settlor

☐ 受保人或其他合資格第三者付款人 Life Insured or other eligible third party payor

請註明 Please specify: _____

注意 Note:
- 請連同此申請一併遞交「第三者付款聲明書」 Please submit "Third Party Payment Declaration Form" with this application;
- 往後每一繳款或首次設立直接付款授權均需遞交「第三者付款聲明書」 "Third Party Payment Declaration Form" is also required for every payment in future or when first time setup of Direct Debit Authorization

支付保費的資金來源
Source of Funds for Insurance Premium

☐ 保費已繳清，不適用 Not applicable as fully paid

☐ 薪金 Salary
請提供過去十二個月內總收入 Please provide the aggregate amount in the past 12 months:

港元 HKD _____

☐ 儲蓄 Savings
☐ 遺產 Inheritance
☐ 退休金 / 公積金 Retirement/Provident Fund
☐ 投資收入 Investment Income
☐ 租金收入 Rental Income
☐ 其他 Others (請詳述 Please specify) _____

(Our Company reserves the right to ask for additional documents and income / asset proof on new owner.
本公司保留權利要求新持有人遞交額外的文件及收入 / 資產證明。)

保單編號 Policy Number

4 受益人資料 Beneficiary Information

重要事項 Important Note:

1. 如未有註明任何受益人，保單的受益人會保持不變。If no beneficiary is specified in this section, the beneficiary(ies) will remain unchanged.
2. 如使用此表格申請更改受益人，相關保單的身故賠償支付方式 / 選項將定為預設選項，並以一筆過支付 (或稱「整筆支付」)。如需選擇其他身故賠償支付方式 / 選項，請填寫「更改受益人及身故賠償支付方式 / 選項申請書」。If you request to change the Beneficiary(ies) by submitting this form, the Death Benefit Payout / Settlement Option for the relevant policy(ies) will be set by default and pay in a Lump Sum (or namely "Lump Sum Death Benefit"). If you wish to designate other Death Benefit Payout / Settlement Options, please complete the "Change of Beneficiary & Death Benefit Payout / Settlement Option Form".

	受益人中文姓名 Beneficiary's Name in Chinese	受益人英文姓名 Beneficiary's Name in English	身份證 / 護照號碼 ID Card / Passport No.
1.			
	受保人 Insured Person	與受保人關係 Relationship to Insured Person	分配比率 Share (%) [1] [2] [3] (合共 Total 100%)
	(i)		
	(ii)		
2.	受益人中文姓名 Beneficiary's Name in Chinese	受益人英文姓名 Beneficiary's Name in English	身份證 / 護照號碼 ID Card / Passport No.
	受保人 Insured Person	與受保人關係 Relationship to Insured Person	分配比率 Share (%) [1] [2] [3] (合共 Total 100%)
	(i)		
	(ii)		
3.	受益人中文姓名 Beneficiary's Name in Chinese	受益人英文姓名 Beneficiary's Name in English	身份證 / 護照號碼 ID Card / Passport No.
	受保人 Insured Person	與受保人關係 Relationship to Insured Person	分配比率 Share (%) [1] [2] [3] (合共 Total 100%)
	(i)		
	(ii)		
4.	受益人中文姓名 Beneficiary's Name in Chinese	受益人英文姓名 Beneficiary's Name in English	身份證 / 護照號碼 ID Card / Passport No.
	受保人 Insured Person	與受保人關係 Relationship to Insured Person	分配比率 Share (%) [1] [2] [3] (合共 Total 100%)
	(i)		
	(ii)		

備註 Remarks:

1. 若受益人超過一人，而並無註明分配比例，身故賠償款項將平均分配給受益人。If more than one beneficiary is designated, all Death Benefit proceeds will be shared equally unless otherwise specified.
2. 百分比之總和必須相等於 100%。The sum of percentage share must be equal to 100%.
3. 每名受益人的分配比率最少為 10%，並必需為整數。The percentage share of each beneficiary is subject to a minimum of 10% and must be an integer.

保單編號 Policy Number

5 新保單持有人稅務居民身份 Tax Residency Status of New Policyowner

1. 這是新保單持有人根據自動交換財務帳戶資料以及美國《海外帳戶稅收合規法案》的規定，向富邦人壽保險（香港）有限公司（以下簡稱為「本公司」）提供的自我證明表格。本公司可把收集所得的資料交給香港特別行政區稅務局或者其他相關的本地或海外稅務機關，用於轉交給另一稅務管轄區之稅務機關。本公司亦可將收集所得的資料交給美國國稅局。本公司可能須按照美國《海外帳戶稅收合規法案》的要求，對部分保單款項代扣預扣稅。
2. 如新保單持有人的稅務居民身份有所改變，應在變更發生後三十天內將所有變更通知本公司。
3. 關於本表格中所用詞彙的定義，以及自動交換財務帳戶資料的指引詳情，請見稅務局網頁：http://www.ird.gov.hk/chi/tax/dta_aeoi.htm
4. 香港特別行政區與美國關於在香港實施《海外帳戶稅收合規法案》的協議，請見：https://home.treasury.gov/system/files/131/FATCA-Agreement-Hong-Kong-11-13-2014.pdf

1. This is a self-certification provided by the New Policyowner to Fubon Life Insurance (Hong Kong) Company Limited (the "Company") for the purpose of automatic exchange of financial account information ("AEOI") and the U.S. Foreign Account Tax Compliance Act ("FATCA"). The data collected may be transmitted by the Company to the Inland Revenue Department of the government of the HKSAR ("IRD") or any other relevant domestic or foreign tax authority for transfer to the tax authority of another jurisdiction. The data collected may be transmitted by the Company to the U.S. Internal Revenue Service ("IRS"). The Company may be required under FATCA to impose withholding tax on certain policy payments.
2. The New Policyowner must report all changes in his/her tax residency status to the Company within 30 days of that change.
3. Please see the IRD website for the definitions of the terms used in this form and further guidance on AEOI in Hong Kong: http://www.ird.gov.hk/eng/tax/dta_aeoi.htm
4. Please see the agreement between Hong Kong and the United States for the implementation of FATCA in Hong Kong: https://home.treasury.gov/system/files/131/FATCA-Agreement-Hong-Kong-11-13-2014.pdf

請填妥下列第1至3題，並列明（1）新保單持有人作為稅務居民所屬的居留司法管轄區（包括香港）及（2）該司法管轄區給予新保單持有人的稅務編號。請列出閣下所屬的所有居留司法管轄區。

Please complete the following question 1 to 3, indicating (1) the jurisdiction of residence (including Hong Kong) where the New Policyowner is a resident for tax purposes and (2) the New Policyowner's Taxpayer Identification Number (TIN) for each jurisdiction indicated. Please indicate all jurisdictions of residence.

i) 如新保單持有人是實體（包括信託和公司），請填寫「自我證明表格 - 實體」的表格。
If the New Policyowner is an entity (including a trust or company), please complete "Self-Certification Form - Entity".

ii) 如新保單持有人是美國公民、美國永久居民（即「綠卡持有人」）或根據《美國稅務法典》作為美國稅務居民，稅務編號是其美國社會福利保障號碼及請遞交相關美國稅務表格。
If the New Policyowner is a U.S. citizen, U.S. permanent resident (i.e. "Green Card" holder) or otherwise U.S. tax resident under the U.S. <Internal Revenue Code>, the TIN is the U.S. social security number and please submit relevant U.S. tax status form(s).

iii) 如新保單持有人是香港稅務居民，稅務編號是其香港身份證號碼。
If the New Policyowner is a tax resident of Hong Kong, the TIN is the Hong Kong Identity Card Number.

iv) 如新保單持有人是中國內地稅務居民，稅務編號是其中國身份證號碼。
If the New Policyowner is a tax resident of China, the TIN is the China Identity Card Number.

v) 如沒有提供稅務編號，必須填寫下列 A、B 或 C 任何一個合適的理由：
If a TIN is unavailable, please provide the appropriate reason as below either A, B or C:

理由 Reason A - 新保單持有人的司法管轄區並沒有向其稅務居民發出稅務編號。
The jurisdiction where the New Policyowner is a resident for tax purposes does not issue TIN(s) to its residents.

理由 Reason B - 新保單持有人不能取得稅務編號。如選取這一理由，請提供保單持有人不能取得稅務編號的原因。
The New Policyowner is unable to obtain a TIN. Please explain why the New Policyowner is unable to obtain a TIN if this reason is selected.

理由 Reason C - 新保單持有人毋須提供稅務編號。因居留司法管轄區的主管機關不需要新保單持有人披露稅務編號。
TIN is not required. Select this reason only if the authorities of the jurisdiction of residence do not require the TIN to be disclosed.

保單編號 Policy Number

5 新保單持有人稅務居民身份（續）Tax Residency Status of New Policyowner (continue)

請填妥此部份所有題目 Please complete all questions in this section

1. 您是否香港稅務居民？Are you a Hong Kong tax resident?

☐ 是Yes	(1) 居留司法管轄區 Jurisdiction of Residence	(2) 稅務編號 TIN
	香港 Hong Kong	與香港身份證號碼相同 Same as Hong Kong Identity Card Number
☐ 否No		

2. 您是否美國公民或美國稅務居民? Are you a US citizen or US tax resident?

☐ 是 Yes（請填妥並遞交相關美國稅務表格。Please complete and submit relevant U.S. tax status form(s).）
☐ 否 No

3. 您是否其他司法管轄區的稅務居民？ Are you a resident for tax purpose of any other jurisdiction?

	(1) 居留司法管轄區 Jurisdiction of Residence	(2) 稅務編號 TIN	如沒有提供稅務編號，請填寫理由 A、B 或 C Please state Reason A, B or C if no TIN is available	如選擇理由B，請提供新保單持有人不能取得稅務編號的原因 Please explain why the New Policyowner is unable to obtain a TIN if Reason B is selected
☐ 是Yes				
☐ 否 No				

同意使用個人資料作直接促銷 CONSENT FOR USE OF PERSONAL DATA FOR DIRECT MARKETING

本人 / 我們已閱讀、了解及同意本表格隨附的個人資料收集聲明。除本人 / 我們於下文提出任何反對外，本人 / 我們確認本人 / 我們同意個人資料收集聲明第4段所載項目下在直接促銷時擬使用本人 / 我們的個人資料。

I/We have read, understand and agree to the Personal Information Collection Statement attached hereto ("PICS"). I/We further confirm my/our consent to the intended use of my/our personal data in the direct marketing under paragraph 4 of the PICS subject to any objection as indicated by me/us below.

重要提示：「直接促銷」用途可包括向您發出特別優惠、優惠券或禮品。
Important note: "Direct marketing" may include sending you offers of special discounts, coupons or gift items.

本人 / 我們反對富邦人壽使用本人 / /我們之個人資料以下列渠道作直接促銷用途:
I/We object to Fubon Life using my/our personal data in direct marketing by the following channels:

☐ 短訊或電郵 SMS / Email ☐ 郵件 Mail ☐ 電話 Phone

保單編號 Policy Number

聲明及授權 DECLARATION AND AUTHORIZATION

1. 本人 / 吾等，作為保單持有人，在此要求富邦人壽保險（香港）有限公司（「富邦人壽」）按照前述資料更改上述保單。
2. 本人 / 吾等明白及同意此申請須由富邦人壽確實接收及存檔，並經批准及發出批註或確認信後方為有效。
3. 本人 / 吾等同意提供符合富邦人壽要求之有效文件（例如：身份證明及地址證明）予富邦人壽，讓富邦人壽能按照香港法例第 615 章《打擊洗錢及恐怖分子資金籌集條例》所載，對本人/吾等、保單之實益擁有人（如有）及本人 / 吾等之授權簽署人士（如適用）進行客戶盡職審查。
4. 本人 / 吾等在此申請書上所填報的資料均屬完整、真實及準確，作為保單的根據及保單的一部份。
5. 本人 / 吾等已閱讀、了解及同意於此申請書附上之《個人資料收集聲明》。本人 / 吾等明白，本人 / 吾等有權隨時要求富邦人壽提供其《私隱政策聲明》，列載富邦人壽處理個人資料的私隱政策及實務。
6. 本人 / 吾等明白，由於富邦人壽在相關法律、監管、政府、稅務、執法或其他機關、自我監管機構、行業組織或協會（不論是香港境內或境外）所在的司法管轄區內和相關司法管轄區具有各種金融、商業、業務或其他權益或進行活動，以致富邦人壽可能使用所持有本人 / 吾等之個人資料，以履行其向香港境內或境外有關的法律、監管、政府、稅務、執法或其他機關、或金融服務供應商之自我監管機構、行業組織或協會於現在和未來所作出或被加諸的合約性或其他性質的任何承諾。本人 / 吾等於此申請書作出的一切同意、豁免和確認乃不可撤銷的，並同意若因富邦人壽採取此申請允許採取的任何行動而導致本人 / 吾等（或相關的索償人或收款人）需承擔任何費用或蒙受任何損失，富邦人壽概不負責。
7. 本人 / 吾等知悉及同意，富邦人壽可根據《稅務條例》（第 112 章）有關交換財務帳戶資料的法律條文，（a）收集本表格所載資料並可備存作自動交換財務帳戶資料用途及（b）把該等資料和關於保單持有人及任何須申報帳戶的資料向香港特別行政區政府稅務局申報，從而把資料轉交到保單持有人作為稅務居民所屬的稅務管轄區之稅務機關。
8. 本人 / 吾等已閱讀、了解及同意於此申請書附上之《外國稅務申報及預扣義務》。本人 / 吾等承諾，如情況有所改變，以致影響稅務居民身分，或引致本表格所載的資料不正確，本人 / 吾等會通知富邦人壽，並會在情況發生改變後 30 日內，向富邦人壽提交一份已適當更新的自我證明表格。

1. I/We, the Policyowner, hereby request Fubon Life Insurance (Hong Kong) Company Limited ("Fubon Life") to change the captioned policy in accordance with the aforementioned particulars.
2. I/We understand and agree that this request shall be completed and become effective when it is recorded as received and confirmed as accepted by Fubon Life by way of Endorsement or letter.
3. I/We agree to provide any documents (such as identity document and address proof) as requested by Fubon Life for Fubon Life to conduct due diligence on me/us, the beneficial owner of the Policy (if any), and my/our authorized signatory(ies) (if applicable) pursuant to the Anti-Money Laundering and Counter Terrorist Financing Ordinance, Cap.615 of the Laws of Hong Kong.
4. All information disclosed in this form is complete, true and accurate and will form the basis and become part of the policy.
5. I/We have read, understand and agree to the Personal Information Collection Statement attached hereto. I/We understand that I am/we are entitled to request Fubon Life at any time for the Privacy Policy Statement setting out Fubon Life's privacy policies and practices in relation to the personal data Fubon Life handles.
6. I/We understand that my/our personal information held by Fubon Life may be used for any present or future contractual or other commitment with any legal, regulatory, governmental, tax, law enforcement or other authorities (whether within or outside Hong Kong), or self-regulatory or industry bodies or associations of financial services providers that is assumed by or imposed on Fubon Life by reason of its financial, commercial, business or other interests or activities in or related to the jurisdiction of the relevant legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations (whether within or outside Hong Kong). My/Our agreement and waiver and confirmations given in this form are irrevocable, and that Fubon Life shall not be liable for any costs or loss that I/we (or the relevant claimant or payee) may incur because of Fubon Life taking any of the actions permitted in this form.
7. I/We acknowledge and agree that (a) the information contained in this form is collected and may be kept by Fubon Life for the purpose of automatic exchange of financial account information, and (b) such information and information regarding the Policyowner and any reportable account(s) may be reported by Fubon Life to the Inland Revenue Department of the Government of the Hong Kong Special Administrative Region and exchanged with the tax authorities of jurisdictions in which the Policyowner may be resident for tax purposes pursuant to the legal provisions for exchange of financial account information provided under the Inland Revenue Ordinance (Cap.112).
8. I/We have read, understand and agree to the Foreign Tax Reporting and Withholding Obligations attached hereto. I/We undertake to advise Fubon Life of any change in circumstances which affects the tax residency status identified or causes the information contained herein to become incorrect, and to provide Fubon Life with a suitably updated Self-Certification Form within 30 days of such change in circumstances.

現有保單持有人簽署 Signature of Existing Policyowner	新保單持有人簽署 Signature of New Policyowner	見證人簽署 Signature of Witness
日 Day / 月 Month / 年 Year	日 Day / 月 Month / 年 Year	日 Day / 月 Month / 年 Year

不可撤換受益人 / 承讓人簽署（如適用） Signature of Irrevocable Beneficiary / Assignee (if applicable)	信託財產授予人簽署（如適用） Signature of Trust Settlor (if applicable)
日 Day / 月 Month / 年 Year	日 Day / 月 Month / 年 Year

請於簽署此表格後 30 天內交回本公司處理。Please return to us within 30 days after signing this form.

Fubon Life 富邦人壽

個人資料收集聲明 PERSONAL INFORMATION COLLECTION STATEMENT

收集

1. 富邦人壽保險（香港）有限公司（「**富邦人壽**」）有需要不時就建立或繼續與客戶的業務關係或向客戶提供產品或服務，而取得其客戶（定義見下文）的**個人資料**（定義見《個人資料（私隱）條例》（「**條例**」））。「**客戶**」指**資料當事人**（定義見條例），並包括現有及未來的保單持有人、受保人、受益人及指定或有權根據保單收取款項及／或其他利益的其他人士。客戶未能提供此類個人資料，可能導致富邦人壽無法建立或繼續業務關係，或提供產品或服務。

目的

2. 富邦人壽可根據客戶與富邦人壽的關係之性質，使用客戶的個人資料作下列目的：
   (a) 處理、評核、評估及確定保險申請或產品及／或服務要求；
   (b) 執行、處理及評核保單、保險索賠、醫療及核保以及反洗錢檢查；
   (c) 憑藉客戶與富邦人壽之間的任何業務或合約關係，處理付款指示及收取保費，以及確定、收集及追回欠付客戶或富邦人壽的任何債務；
   (d) 驗證客戶身份、取得保險的資格及所收集資料的準確度，及進行信用評估、信貸評分模型或統計或行為分析，以及持續客戶盡職調查；
   (e) 為客戶提供有關保單的保單服務，包括執行及處理保單、醫療及核保檢查、索賠請求、付款指示，收取保費、資料配對及與客戶溝通；
   (f) 執行保單審查及需求分析、了解客戶的財務狀況及評估富邦人壽所承擔的風險；
   (g) 履行有關產品及／或服務的任何職責及活動，包括營銷、審核、報告、設計、研究、分析、再保險、一般網上服務及維護、與其他服務；
   (h) 為客戶研究及／或設計產品及／或服務，及宣傳、改進及改良產品及／或服務；
   (i) 進行統計及精算研究、客戶細分及分析以及維護客戶檔案，並開發核保及／或索賠數據庫以偵測詐騙行為（可能導致不利客戶利益的任何行為）；
   (j) 開展核對程序(定義見條例，但廣泛而言包括對資料當事人兩套或更多套的資料進行比對，以採取不利於資料當事人的行動，例如拒絕申請)；
   (k) 告知或通知客戶富邦人壽的公司資料，包括富邦人壽行政／營運流程／程序、私隱政策聲明及／或個人資料收集聲明的變更；
   (l) 行使富邦人壽在提供產品及／或服務方面可能擁有的任何權利及／或履行其在提供產品及／或服務方面可能擁有的任何責任；
   (m) 遵守對富邦人壽具有約束力或適用於富邦人壽的任何本地或外國法律、監管、政府、司法或稅務機構（不論在香港境內或境外）施加的任何合約承諾、法定責任、法規、披露或其他規定；及
   (n) 與任何上述目的直接相關的其他目的。

承讓人

3. 客戶的個人資料可因上述第2段所載的任何目的轉移予以下人士及／或實體（不論在香港境內或境外）：
   (a) 富邦人壽的母公司、聯屬公司、附屬公司及相關公司；
   (b) 保險中介人士或機構；
   (c) 再保險公司；
   (d) 聯合推廣／聯合品牌／合作銀行及／或金融機構；
   (e) 有關任何產品及／或服務而由客戶提出或向客戶提出或客戶以其他方式涉及其中的任何申索的相關醫療專家及／或醫生；
   (f) 第三方執行人員、索賠調查公司、理賠員、醫療賬單審查公司、風險情報供應商及專業顧問；
   (g) 為支持富邦人壽的業務運作而提供行政、電訊、電腦、支付、列印、贖回及獎勵、研究、收取保費、債務托收、信貸資料、資料處理、資訊科技、託管、郵寄、系統安全、醫療服務、緊急援助服務、醫療服務供應商、客戶服務及其他服務的第三方服務供應商；
   (h) 行業協會及聯會以及其會員保險公司，以及整合索賠、核保及其他資料、偵測詐騙活動、處理或促進資料共享及保險業發展的中介人／機構、專業顧問及組織；及
   (i) 規管富邦人壽及其母公司、聯屬公司、附屬公司及有關公司的本地及海外監管機構及政府機構、執法機構、稅務機關、法院及司法機構。

在直接促銷時使用個人資料

4. 富邦人壽擬不時使用客戶的個人資料，為下列產品及服務進行**直接促銷**（定義見條例）：
   (a) 保險、投資基金、財富管理以及其他金融產品及服務；及
   (b) 獎勵、忠誠或特權計劃以及相關產品及服務。

   在進行此類直接促銷時，只會使用下列種類的客戶個人資料：
   (i) 姓名、性別、出生日期、部分身份證或護照號碼；
   (ii) 聯絡資料（包括住宅及通訊地址、電話號碼及電郵地址）；及
   (iii) 有關客戶已購買或申請的產品及／或服務的資料，包括購買或申請產品及／或服務的分銷渠道（包括其個人顧問或中介機構）。

   除非富邦人壽已收到客戶同意作擬定用途，否則富邦人壽不會使用上述個人資料。

查閱及更正的權利

5. 根據條例，資料當事人有權：
   (a) 要求查閱其個人資料；
   (b) 要求更正其任何不準確的個人資料；
   (c) 確定**資料使用者**（定義見條例）在個人資料方面的政策及實務；
   (d) 獲告知資料使用者所持有的個人資料種類；
   (e) 獲告知資料使用者持有的個人資料是為或將會為甚麼主要目的而使用；及
   (f) 通過下文所載渠道以書面提出查閱資料要求及改正資料要求。

   根據條例的條文，富邦人壽有權就處理任何查閱資料要求收取合理費用。有關要求可經書面形式提交予富邦人壽的客戶服務部，地址為富邦人壽保險（香港）有限公司 ー 香港太古城太古灣道12號7樓701–705室。

COLLECTION

1. From time to time, it is necessary for Fubon Life Insurance (Hong Kong) Company Limited ("**Fubon Life**") to obtain **personal data** (as defined under Personal Data (Privacy) Ordinance ("**Ordinance**")) of its Customers (as defined below) in connection with the establishment or continuation of business relationship with, or provision of products or services to the Customers. "**Customers**" means **data subjects** (as defined under the Ordinance) and includes existing and prospective insurance policyowners, insured persons, beneficiaries and other persons designated or entitled to receive moneys and/or other benefits under an insurance policy. Failure by the Customers to supply such personal data may result in Fubon Life being unable to establish or continue the business relationship, or provide the products or services.

個人資料收集聲明（續）PERSONAL INFORMATION COLLECTION STATEMENT (CONTINUE)

PURPOSES

2. Fubon Life may, depending on the nature of his or her relationship with Fubon Life, use the personal data of a Customer for the following purpose(s):
   (a) processing, assessing, evaluating and determining insurance application or request for products and/or services;
   (b) administering, processing, and assessing insurance policies, insurance claims, medical and underwriting and anti-money laundering checks;
   (c) processing payment instructions and collecting premiums, and determining, collecting and recovering any amount of indebtedness owing to a Customer or to Fubon Life by virtue of any business or contractual relationship between the Customer and Fubon Life;
   (d) verifying a Customer's identity, eligibility for insurance and accuracy of the information collected, and conducting credit assessment, credit scoring models or statistical or behaviour analysis, and on-going customer due diligence;
   (e) providing policy service(s) to a Customer related to the insurance policy including administering and processing the insurance policy, medical and underwriting checks, claims request, payment instructions, premiums collection, data matching, and communicating with the Customer;
   (f) performing policy review and needs analysis, understanding a Customer's financial situation and assessing the risks that Fubon Life is assuming;
   (g) performing any functions and activities related to products and/or services including marketing, audit, reporting, designing, research, analysis, reinsurance, general servicing and maintenance of online, and other services;
   (h) researching and/or designing products and/or services for customers and promoting, improving and furthering the products and/or services;
   (i) conducting statistical and actuarial research, customers segmentation and analysis and maintaining customers profile, and developing underwriting and/or claims database for detection of fraud (which may result to any actions adverse to the Customer's interests);
   (j) conducting matching procedure (as defined in the Ordinance, but broadly includes comparison of two or more sets of the data subject's data, for purposes of taking actions adverse to the interests of the data subject, such as declining an application);
   (k) informing or notifying Customers of Fubon Life's corporate information including changes to Fubon Life's administration/operation processes/procedures, privacy policy statement and/or personal information collection statement;
   (l) exercising any rights and/or performing any obligations Fubon Life may have in connection with the provision of products and/or services;
   (m) complying with any contractual commitments, statutory obligations, regulations, disclosure or other requirements imposed by any local or foreign legal, regulatory, governmental, judicial or tax authorities (whether within or outside Hong Kong) binding on or applicable to Fubon Life; and
   (n) other purposes directly related to any of the above purposes.

TRANSFEREES

3. Personal data of a Customer may be transferred to the following persons and/or entities (whether within or outside of Hong Kong) for any of the purposes set out in paragraph 2 above:
   (a) Fubon Life's parent, affiliates, subsidiaries and related companies;
   (b) insurance intermediaries;
   (c) reinsurance companies;
   (d) joint promotion / co-branding / partnering banking and/or financial institutions;
   (e) relevant medical specialist and/or medical practitioner in connection with any claims made by or against or otherwise involving Customers in respect of any products and/or services;
   (f) third party administrators, claims investigation company, loss adjusters, medical bill review companies, risk intelligence providers and professional advisors;
   (g) third party service providers that provide administrative, telecommunications, computer, payment, printing, redemption and reward, research, premium collection, debt collection, credit reference, data processing, information technology, hosting, mailing, system security, medical services, emergency assistance services, medical service providers, customer services, and other services in support of Fubon Life's business operation;
   (h) industry associations and federations and their member insurance companies, and intermediaries, professional advisors, and organizations that consolidate claims, underwriting and other information, detect fraudulent activities, and handle or facilitate the sharing of information and development of insurance industry; and
   (i) domestic and foreign regulators and government agencies, law enforcement agencies, tax authorities, courts and judicial bodies that Fubon Life and its parent, affiliates, subsidiaries and related companies are subject to.

USE OF PERSONAL DATA IN DIRECT MARKETING

4. Fubon Life intends to use, from time to time, a Customer's personal data in **direct marketing** (as defined under the Ordinance) of the following products and services:
   (a) insurance, investment funds, wealth management services, and other financial products and services; and
   (b) reward, loyalty or privileges programmes and related products and services

   Only the following kinds of personal data of the Customer may be used in such direct marketing:
   (i) name, gender, date of birth, part of identity card or passport number;
   (ii) contact information (including residential and correspondence addresses, phone number and email address); and
   (iii) information about the products and/or services the Customer has purchased or applied for, including the distribution channels (including their individual advisors or intermediaries) through which the products and/or services were purchased or applied for.

   Fubon Life will not so use the said personal data unless it has received the Customer's consent to the intended use.

ACCESS AND CORRECTION RIGHTS

5. Under the Ordinance, a data subject has the right to:
   (a) request access to his or her personal data;
   (b) request correction of any of his or her personal data which is inaccurate;
   (c) ascertain the policies and practices of a **data user** (as defined under the Ordinance) in relation to personal data;
   (d) be informed of the kind of personal data held by the data user;
   (e) be informed of the main purposes for which personal data held by the data user are or are to be used; and
   (f) make data access request and data correction request in writing through the channel set out below.

   In accordance with the provisions of the Ordinance, Fubon Life has the right to charge a reasonable fee for processing any data access request. Request may be made in writing to the Customer Services Department of Fubon Life at Fubon Life Insurance (Hong Kong) Company Limited, Suites 701-705, 7/F, 12 Taikoo Wan Road, Taikoo Shing, Hong Kong.

Fubon Life 富邦人壽

外國稅務申報及預扣義務 FOREIGN TAX REPORTING AND WITHHOLDING OBLIGATIONS

1. 本人 / 吾等確知富邦人壽保險（香港）有限公司（「富邦人壽」）須不時遵從本地及外國法律、條約、規例、指引、規則、實務指引、守則及 / 或政府相互協議、以及外國政府或稅務機關（「機關」）訂立的協議所頒布的多樣稅務申報及預扣款項責任，包括但不限於美國《海外帳戶稅收合規法案》、針對自動交換財務帳戶資料的香港法例及法規，以及因實施美國《海外帳戶稅收合規法案》和自動交換財務帳戶資料而達成的政府相互協議所加諸的責任（「適用規定」）。
2. 客戶同意向第三方披露資料 / 放棄資料的私隱權 - 本人 / 吾等不可撤回地同意富邦人壽可向任何機關披露本人 / 吾等、任何索償人、承讓人及受益人之個人資料、保單資料、以及該等資料的任何更新及詳情，以確保富邦人壽符合及遵從適用規定。
3. 更新客戶有關國籍、稅務狀況及其他資料 - 本人 / 吾等不可撤回地同意按富邦人壽所要求的時間及形式，向富邦人壽提供本人 / 吾等、任何索償人、承讓人及受益人之個人資料，以及該等資料的任何更新及詳情，以確保富邦人壽符合及遵從適用規定。如本人 / 吾等稅務居民身份有所改變，本人 / 吾等將迅速並於改變發生 30 天內通知富邦人壽。如本人 / 吾等、任何索償人、承讓人及受益人未有提供最新、正確無誤及完整的個人資料，和所需已簽妥及公証（如需要）的稅務聲明或表格，富邦人壽為着確保符合及遵從適用規定，富邦人壽可按有關機關要求，自根據本保單應給付的任何款項之中扣除或預扣有關款項及 / 或支付予有關機關，及 / 或將任何上述個人資料及 / 或保單資料提供給有關機關。
4. 可予以呈報的個人資料包括但不限於以下資料 -（a）如本人 / 吾等為個人，包括本人 / 吾等的全名、出生日期、出生地點、住址、郵寄地址、稅務編號、社會福利保障號碼、所有國籍、居留地、稅務居留地等資料；（b）如本人 / 吾等為公司實體，包括公司全名、成立或組成地點、註冊地址、經營地址、郵寄地址、稅務編號、以及公司各主要股東及控制人的稅務居留地、稅務編號、註冊地址、經營地址或（如適用）住址等資料。

1. I/We acknowledge that Fubon Life Insurance (Hong Kong) Company Limited ("Fubon Life") may from time to time be subject to various tax reporting and withholding obligations ("Applicable Requirements") imposed by domestic and foreign laws, treaty, regulations, guidance, rules, codes of practices, guidelines and/or intergovernmental agreements and agreements with foreign governments or tax authorities ("Authorities") including but not limited to obligations under the U.S. Foreign Account Tax Compliance Act ("FATCA"), the Hong Kong laws and regulations regarding Automatic Exchange of Information ("AEOI"), and intergovernmental agreements for the implementation of FATCA and AEOI.
2. Customer consent to disclose information to third parties/waiver of data privacy rights – I/We irrevocably agree Fubon Life to disclose personal particulars of myself/ourselves, any claimant, assignee and beneficiary together with policy information and any update of such information to any Authorities for the purpose of ensuring Fubon Life's compliance or adherence with the Applicable Requirements.
3. Updating of customer information about nationality, tax status and others – I/We irrevocably agree to provide with Fubon Life personal particulars of myself/ourselves, any claimant, assignee and beneficiary and update of such information within such time and in such manner as Fubon Life requires with a view of ensuring Fubon Life's compliance or adherence with the Applicable Requirements. I/We will notify Fubon Life promptly of any change in my/our tax residence status within 30 days of that change. In the event of failure to provide updated, correct and complete personal particulars and required tax declarations or forms duly executed and notarized (if required) by me/us or claimant, assignee and beneficiary, Fubon Life may, for the purpose of ensuring Fubon Life's compliance or adherence with the Applicable Requirements, deduct or withhold such amount payable under the policy and/or pay the same to the Authorities, and/or provide any of the aforesaid personal particulars and policy information to the Authorities as the Authorities may require.
4. The personal particulars that may be reported include but not limited to the following – (a) Where I am/we are an individual(s), including my/our full name(s), date(s) of birth, place(s) of birth, residential address(es), mailing address(es), taxpayer identification number(s), social security number(s), citizenship(s), residency(ies), and tax residency(ies); (b) Where I am/we are a corporate(s), including its full name(s), its place(s) of incorporation or formation, registered address(es), address(es) of place of business, mailing address(es), taxpayer identification number(s), as well as tax residency(ies), taxpayer identification number(s), registered address(es), address(es) of place of business or (if applicable) residential address(es) of each of its substantial shareholders and controlling persons.