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	

轉換受保人申請書 Change of Insured Person Application 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換受保人之有效性、合法性或足夠性承擔任何責任。富邦人壽建議保單持有人／ 受保人／準受保人就保單轉換受保人內容及影響尋求獨立法律和稅務意見。
2. 準受保人必須遞交下列文件之核實副本：(a) 身份證明文件／(b) 非香港永久性居民之國籍證明（例如：護照）及 (c) 關係證明文件。
3. 準受保人／被轉換的現行受保人／保單持有人／承讓人／不可撤換受益人（如適用）必須簽署此表格，以其簽名必須與富邦人壽的最近存檔紀錄相符（如有）。
4. 申請更改受保人不會更改有關保單持有人及付款形式。如果保單持有人向富邦人壽同時提交轉換受保人和更換保單持有人之申請，富邦人壽將優先處理轉換受保人之申請，然後才處理更換保單持有人之申請。
5. 根據可適用計劃的保單條款，保單持有人的保費豁免保障／保費支付人保障會在此轉換受保人生效時將予以自動附加／終止。
6. 有關轉換受保人獲富邦人壽批准後，
   i. 保單的名義金額、保證現金價值、保單日期和保單年度將維持不變。於指定計劃下，保單期滿日將更新為新受保人一百三十八（138）歲當日或緊隨其後的保單週年日，詳情可參閱保單條款；
   ii. 此保單之可爭議期及自殺不獲受保期將由更改生效日起重新計算；
   iii. 本保單下所有與現行受保人相關的索償和保障均立即終止
   iv. 原有指定受益人包括不可撤換受益人（如有）將因應轉換受保人而被撤銷。保單的身故賠償款項將支付予保單持有人或保單持有人之遺產（視屬何情況而定）。如需指定新受益人，請填寫此表格第三部份 - 受益人資料。
7. 此項申請須根據富邦人壽或以批註書更改的保單條款審批。除非該等更改/修改已於任何批註書內另有清楚列明，該保單條款下的所有條款和條件將維持不變。有關此保單條款的定義、條款及條件，請參閱保單契約。於本部分下的轉換受保人須於富邦人壽審批後方能生效。
8. 在符合富邦人壽當時的通行規則及政策的情況下，提交予富邦人壽之轉換受保人之申請需符合以下的條件，包括但不限於：
   i. 後續受保人或準受保人於申請成為新受保人時之上次生日之年齡及後續受保人與首名受保人相距之年歲需受限於保單條款內所列之要求；及
   ii. 準受保人需符合富邦人壽適用之核保要求；及
   iii. 準受保人和在當其時之保單持有人必須擁有可保權益；及
   iv. 準受保人在世
9. 申請轉換受保人或受保單年期限制，詳情可參閱保單條款。
10. 如保單已設立多於 1 位後續受保人（適用於指定計劃，詳情可參閱保單條款），當其中一位後續受保人獲我們核准成為新受保人，另一位後續受保人將被撤銷。

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 change of Insured Person option. The Policyowner / Insured Person / Proposed Insured Person is/are recommended to seek independent legal and tax advice in relation to the contents and effect of the change of Insured Person option.
2. For the Proposed Insured Person, please submit certified true copy of: (a) identification document / (b) proof of nationality for non-Hong Kong permanent resident (e.g. passport) and (c) relationship proof.
3. This form must be signed by the Proposed Insured Person / the existing Insured Person being changed / Policyowner / Assignee / irrevocable beneficiary (if applicable) and the signature must be corresponded with the Fubon Life's latest available record (if any).
4. Any request for change of Insured Person does not change the Policyowner or the method of payment under the Policy. However, if the requests to change the Insured Person and the Policyowner are submitted at the same time to the Fubon Life, the Fubon Life will proceed with the request to change the Insured Person before the request to change the Policyowner.
5. Entitlement of Waiver of Premium / Payor Benefit on Policyowner shall be added / terminated automatically when this change of Insured Person option becomes effective subject to Policy Provisions of applicable plan.
6. Upon the Fubon Life's approval of the change of Insured Person;
   i. The Nominated Amount, Guaranteed Cash Value, Policy Date and Policy Year shall remain the same. For designated plans, the Maturity Date will be updated to the Policy Anniversary on or immediately following the new Insured Person's one hundred and thirty-eighth (138th) birthday. Please refer to Policy Provisions for details.
   ii. The calculation of Contestability Period and Suicide Exclusion Period under the Policy Provisions shall begin anew form the effective date of this change.
   iii. All claims and benefits in respect of the previous Insured Person under this Policy shall be terminated.
   iv. The existing Beneficiary, including irrevocable beneficiary (if any) shall be revoked when the Insured Person is changed. Any death proceeds payable upon the death of the Insured Person will be paid to the Policyowner or the Policyowner's own estate (depends on the condition). If designation required, please complete Part 3 - Beneficiary Information of this Form.
7. This request is subject to the Fubon Life's approval according to the Policy Provisions of the Policy, which may be amended by the Fubon Life by way of Endorsement. Except as expressly provided for in any Endorsement, all the terms and conditions of the Policy Provisions shall remain unchanged. Please refer to the Policy contract for the specific definitions, terms and conditions. The change of Insured Person herein shall be effective upon the Fubon Life's approval.
8. Request to change the Insured Person may be considered by Fubon Life provided that it fulfills and satisfies Fubon Life's prevailing rules and policies in effect from time to time, including but not limited to:
   i. the age requirement of Contingent Insured Person or Proposed Insured Person on his/her last birthday as at the date of the application and the age difference between the Contingent Insured Person and the Initial Insured Person are subject to the Policy Provisions; and
   ii. the Proposed Insured Person shall satisfy Fubon Life's underwriting requirements applicable; and
   iii. the Policyowner, for the time being, should have insurable interests with the Proposed Insured Person; and
   iv. the request to change the Insured Person should be submitted while Proposed Insured Person is alive.

保單編號 Policy Number

重要事項（續）Important Notes (continue)

9. The change of Insured Person may be subject to policy year limitation, please refer to Policy Provisions for details.
10. If multiple Contingent Insured Persons are appointed (applicable to designated plans, please refer to Policy Provision for details) and one Contingent Insured Person is approved by Fubon Life to become the new Insured Person, the other Contingent Insured Person shall be revoked.

1. 準受保人資料 Proposed Insured Person Information

備註 Remark
更改受保人後，原有的受益人包括不可撤換受益人(如有) 將被撤銷。如需指定新的受益人，請完成第三部份 – 受益人資料。
Existing Beneficiary(ies), including irrevocable beneficiary (if any) shall be revoked after Insured Person is changed. Should new Beneficiary be designated, please complete Section 3 – Beneficiary 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)		與保單持有人的關係 Relationship with Policyowner	
與繼任持有人的關係（如適用） Relationship with Successor Owner (if applicable)		與第二繼任持有人的關係（如適用） Relationship with 2nd Successor Owner (if applicable)	
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（請註明） Others (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 _____
住宅地址（恕不接受郵政信箱） Residential Address (P.O. Box is not accepted)			

職業 Occupation	☐ 自僱 Self-employed ☐ 受僱 Employed	職位 Position		每月收入（港元） Monthly Income (HKD)	
主要工作職務 Major Job Duty				兼職職務（如有） Part Time Job Duty (if any)	
公司名稱 Company Name				業務性質 Nature of Business	
公司地址 Company Address					

保單編號 Policy Number

2 簡易健康問題 Simplified Health Questions

請回答以下題 1 至 2* (如適用) : Please answer questions 1-2* (if applicable)

適用於總保費#超過 2,500,000 美元 For Total Premium# exceed USD2,500,000		是 Yes	否 No
1.	(a) 準受保人曾否於過去六十日內(i)接受任何註冊醫生治療疑似愛滋病、心臟病發、中風、癌症或診斷性檢查及(ii)留院超過七日？ Has the Proposed Insured within the past 60 days been (i) treated by any registered physician for any suspected AIDS, heart attack, stroke or cancer or received diagnostic tests and (ii) hospitalized for more than 7 days?	☐	☐
	(b) 準受保人曾否被註冊醫生告知患上任何末期疾病? Has the Proposed Insured ever been advised by a registered physician that the Proposed Insured has any terminal illness?	☐	☐
額外問題2適用於總保費#超過5,000,000美元至該同類人壽產品之個人保障限額 Additional Question 2 applicable when Total Premium# exceed USD5,000,000 to Per Life Limit of the same type of all insurance products			
2.	(a) 準受保人曾否被診斷出患有癌症、心臟疾病、中風、糖尿病、HIV感染或愛滋病？ Has the Proposed Insured ever been diagnosed with cancer, heart diseases, stroke, diabetes, HIV or AIDS?	☐	☐
	(b) 在過去的一年中，準受保人是否被診斷出患有任何疾病並需要（i）連續14天或以上服藥，或（ii）在醫院或診所進行任何外科手術，或 （iii）準受保人是否進行過任何測試或調查並得出異常結果或正等待結果？ In the past year, has the Proposed Insured been diagnosed with any medical condition(s) that require the Proposed Insured (i) to take medication for more than 14 consecutive days, or (ii) to have any surgical operation at a hospital or clinic, or (iii) has the Proposed Insured had any tests or investigation with abnormal results or awaiting results?	☐	☐

備註

Remarks

* 按保單的承保要求，準受保人可能需要填寫一份身體狀況聲明及自費進行身體檢查 / 檢驗。

Subject to the underwriting requirement applicable to the Policy, the Proposed Insured Person may be required to complete a health declaration and to undergo medical examination / tests at own cost.

總保費為每位準受保人於同類人壽產品^之所有保單的年度保費（折扣前金額）乘以保費繳付期及整付保費（折扣前金額）之總和，包括已生效保單及現正申請中的保單。

Total Premium refers to the combined sum of the Annual Regular Premium (before applying any discounts) multiplied by the Premium Payment Term, as well as the Single Premium Amount (before applying any discounts) for insurance policies in respect of the same type of all insurance products^ for each Proposed Insured, including inforce policies and pending concurrent applications.

^ 由富邦人壽指定及不時修訂。

as determined and revised by Fubon Life from time to time.

保單編號 Policy Number

3 受益人資料 Beneficiary Information

重要事項 Important Note:

1. 更改受保人後，如未有註明任何受益人，保單的身故賠償款項將支付予保單持有人或其遺產 (以適用者為準)。If no beneficiary is designated after change of Insured Person, Death Benefit proceeds for this Policy shall be paid to the Policyowner or his/her estate (whichever is applicable).
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".

1.	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%)
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%)
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%)
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%)

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 no beneficiary is designated after change of Insured Person, Death Benefit proceeds for this Policy shall be paid to the Policyowner or his/her estate (whichever is applicable). 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 minimum percentage share of each beneficiary is 10% and must be integer.

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 / 我們已閱讀、了解及同意此於申請書附上之《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 / 吾等承諾，吾等已閱讀、了解及同意此於申請書附上之《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 are 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.

保單持有人簽署 Signature of Policyowner	不可撤換受益人 / 承讓人簽署（如適用） Signature of Irrevocable Beneficiary / Assignee (if applicable)
日 Day / 月 Month / 年 Year	日 Day / 月 Month / 年 Year
現行在生受保人簽署（如 18 歲或以上及與保單持有人不同） Signature of Existing Alive Insured Person (If aged 18 or above and different from the Policyowner)	準受保人簽署（如18歲或以上及與保單持有人不同） Signature of Proposed Insured Person (If aged 18 or above and different from the Policyowner)
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.

PA/CHGLP/20260401

PPA0150

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.