Fubon Life 富邦人壽 香港

聲明及授權 DECLARATION & AUTHORIZATION

本人作為建議保單持有人/及準受保人（如適用），聲明並同意：

1. 本人就此申請所披露的資料均屬完整、真實、準確及無誤導性，包括經過合理查詢後與準受保人有關的所有資料（如建議保單持有人非準受保人），作為簽發保單的根據及保單的一部分。
2. 建議保單持有人及準受保人持有香港居民身份。以申請日起計，分別於過去十二個月內及未來十二個月居於香港至少一百八十三日。建議保單持有人及準受保人於電話銷售時及作出此申請時身在香港。
3. 此申請所申請的保單的保險保障，必須在接納此申請及發出保單，並且在準受保人在生及健康時，富邦人壽保險（香港）有限公司（「香港富邦人壽」）收妥所需的首期保費後始能生效。
4. 若準受保人的健康狀況或任何在保單申請中提供的資料於提出此申請後直至本人收到保單前出現任何重大變更，本人必須通知香港富邦人壽該變更詳情。假如未披露之事實或資料內容足以影響香港富邦人壽衡量及應否接納此申請，香港富邦人壽有權終止所簽發的保單或就此修訂而重新簽發保單。
5. 本人確認**產品單張**、**手術表**及《**重要資料聲明書——轉保**》已供本人細閱及本人明白電話銷售中所提及之產品特點，保障範圍及產品主要風險。
6. 本人明白及確知，香港富邦人壽及保險中介人在相互或與客戶的交往中可能涉及利益衝突，而保險中介人可透過聯繫具直接利益的任何方而代表客戶於提供服務或交易中直接及／或間接獲取利益。
7. 本人已閱讀、理解並同意個人資料收集聲明，並將個人資料收集聲明提供給準受保人，取得準受保人的同意以收集及向香港富邦人壽提供其個人資料（如建議保單持有人非準受保人）。本人明白，由於香港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，以致香港富邦人壽可能使用所持有之個人資料，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。本人於此申請作出的一切同意、豁免和確認乃不可撤銷的，並同意若因香港富邦人壽採取此申請允許採取的任何行動而導致本人（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，香港富邦人壽概不負責。
8. 本人知悉及同意，香港富邦人壽可根據《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）把該等資料和關於建議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，從而把資料轉交到建議保單持有人作為稅務居民所屬的稅務管轄區之稅務機關。
9. 本人承諾，如情況有所改變，以致影響稅務居民身份，或引致本表格所載的資料不正確，本人會通知香港富邦人壽，並會在情況發生改變後30日內，向香港富邦人壽提交一份已適當更新的自我證明表格。
10. 本人明白任何未經使用的保費在保單繕發後將保留於保單內而不獲得利息。
11. 本人同意為其或已取得準受保人（如建議保單持有人非準受保人）的授權:
    (a) **索取醫療資料：**任何醫生、醫院、診所、保險公司、政府機構、化驗所、醫療相關組織、或其他機構及人士，將現在或其後存錄有關本人之任何記錄、資訊或資料（包括但不限於健康及病歷、住院、醫療建議、治療、診斷及疾病預防、檢查及測試結果），披露、發放或轉移予香港富邦人壽或其代表，作為評估及處理此申請、復效、索償、及提供其後保單服務之用；及
    (b) **進行醫療評估及測試：**香港富邦人壽及任何其指定之醫生、醫療人員或化驗所因此投保申請、復效及索償而進行所需之醫療評估及測試，從而核保及評核本人之健康狀況。
12. **授權書有效性**：此授權對本人之繼承人、承讓人、遺產執行人及管理人具約束力，不管本人死亡或喪失行為能力依然生效。此授權書的影印本視為與正本具有同等的效力。
13. 本人同意透過電子方式接收冷靜期通知書和保單文件，除非本人另有要求。

I, the Proposed Policyowner / and the Proposed Insured (if applicable), declare and agree that:

1. All information disclosed for this application is complete, true and accurate and not misleading, including all information relating to Proposed Insured after making reasonable inquiry (if the Proposed Policyowner is not the Proposed Insured), which will form the basis and become part of the policy issued.
2. The Proposed Policyowner and the Prosposed Insured are Hong Kong residents, have resided and will reside in Hong Kong for at least 183 calendar days in the last and next 12 months respectively from the application date. The Proposed Policyowner and the Proposed Insured are physically in Hong Kong at the time of having the selling call(s) and making this application.
3. The insurance coverage provided under the insurance policy in this application shall not commence until the policy has been approved for issuance and that Fubon Life Insurance (Hong Kong) Company Limited ("Fubon Life Hong Kong") has received the initial premium during the lifetime of the Proposed Insured and while the Proposed Insured is in good health.
4. In the event of any material change in the health of Proposed Insured, or in any of the information provided for this application occurring after making this application and before I receive the policy, I shall be obliged to inform Fubon Life Hong Kong of such change details. In case of failure to disclose a material fact or accurate information which may influence the assessment and acceptance of this application by Fubon Life Hong Kong, Fubon Life Hong Kong shall be entitled to cancel the policy issued or re-issue the policy with modifications.
5. I acknowledge that the **Product Factsheet**, **Schedule of Surgical Procedures** and **"Important Facts Statement–Policy Replacement"** have been provided to me for my perusal and I understood the product features, coverage exclusion and key product risks during the selling call(s).
6. I understand and acknowledge that Fubon Life Hong Kong and insurance intermediary may encounter conflicts of interest in their dealings either with each other or with customers, and that the insurance intermediary may have direct and/or indirect interest in the outcome of service provided to, or a transaction carried out on behalf of a customer due to an association with the party that directly benefits.
7. I have read, understand and agree to the Personal Information Collection Statement ("PICS") and made the PICS available to the Proposed Insured. I have obtained the consent from the Proposed Insured to collect and provide his/her personal information to Fubon Life Hong Kong (if the Proposed Policyowner is not the Proposed Insured). I/We understand that the personal information held by Fubon Life Hong Kong 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 Hong Kong 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 agreement and waiver and confirmations given in this application are irrevocable, and that Fubon Life Hong Kong shall not be liable for any costs or loss that I/we (or the relevant claimant or payee) may incur because of Fubon Life Hong Kong taking any of the actions permitted in this application.

聲明及授權（續）DECLARATION & AUTHORIZATION (CONTINUE)

8. I acknowledge and agree that (a) the information contained in this form is collected and may be kept by Fubon Life Hong Kong for the purpose of automatic exchange of financial account information, and (b) such information and information regarding the Proposed Policyowner and any reportable account(s) may be reported by Fubon Life Hong Kong 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 Proposed 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).
9. I/We undertake to advise Fubon Life Hong Kong 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 Hong Kong with a suitably updated Self-Certification Form within 30 days of such change in circumstances.
10. I understand that any unused premium will be left in the policy without interest after policy issue.
11. I authorize on behalf of myself / have procured the authorization from the Proposed Insured (if the Proposed Policyowner is not the Proposed Insured):
    (a) **Obtain Medical Information:** any doctor, hospital, clinic, insurance company, government, laboratory, medical-related facilities, any organization and person who at present and/or in future have any records, knowledge or information (including without limitation health/medical history and hospitalization, advice, treatment, diagnosis and prognosis, examination and test results) of me to disclose, release or transfer such information to Fubon Life Hong Kong or its representatives for the purpose of assessing and processing this application, reinstatement, claims and providing subsequent policy services; and
    (b) **Conduct Medical Examination:** Fubon Life Hong Kong and any of its appointed doctors, medical examiners or laboratories to perform the necessary medical assessments and tests to underwrite and evaluate the health status of myself in relation to this application, reinstatement and claims arising therefrom.
12. **Validity:** This authorization shall be binding on my successor, assignees, executors and administrators and shall remain valid notwithstanding my death or incapacity. A photocopy of this authorization shall be deemed to be valid as the original.
13. I agree to receive the Cooling-off Notice and the policy document by electronic means unless otherwise requested.

信用卡持有人聲明 DECLARATION MADE BY THE CARDHOLDER

1. 信用卡持有人為建議保單持有人。
2. 本人(建議保單持有人)現授權收款人 - 富邦人壽保險（香港）有限公司 (「香港富邦人壽」) 經由發卡銀行，根據收款人不時給予發卡銀行之指示自本人之信用卡內轉賬予上述收款人。此授權書於該信用卡續領後，仍然生效，直至本人以書面另行通知為止。
3. 如金額涉及兌換率，有關兌換率將以香港富邦人壽公佈為準並可作不時修定。因兌換率可隨時變動，本人同意香港富邦人壽不需負任何因兌換率變動而致之損失。
4. 本人明白並同意以信用卡繳款而其後有發生退款，該退款將直接退回予該信用卡帳戶內。
5. 本授權將維持有效並繼續生效直至另行通知為止。

1. Cardholder is the Proposed Policyowner.
2. I, Proposed Policyowner, hereby authorize the card issung bank to effect transfers from the credit card to the named Payee, Fubon Life Insurance (Hong Kong) Company Limited (“Fubon Life Hong Kong”) in accordance with such instructions as the card issuing bank may receive from the above named Payee from time to time. This authorization is valid even after the renewal of the credit card until written statement to the contrary.
3. If the amount involves currency exchange, the relevant exchange rate will be subject to the Fubon Life Hong Kong’s announcement and revision from time to time. Because of possible fluctuation in the exchange rate, I agree not to hold Fubon Life Hong Kong responsible for any loss caused by fluctuation in the exchange rate.
4. I understand and agree that the payment is made by credit card and when there is subsequently a refund, such refund will be directly credited to such credit card account.
5. This authorization shall remain valid and continue to have effect until further notice.