



Change of Premium Instruction (For Vital Care VHIS Flexi Plan and HSBC VHIS Standard Plan)

更改繳付保費指示 (適用於愛•護航自願醫保靈活計劃及滙豐自願醫保標準計劃)

Important Note 重要提示：

- Your request will be processed within approximate 5 working days upon receipt of the form. 本公司將在收到申請表後大約五個工作天內處理您的申請。
- HSBC Life (International) Limited is referred as the "Company" or "HSBC Life" in this document. 滙豐人壽(國際)有限公司在此文件中張被稱為「本公司」或「滙豐保險」。
- To comply with the Foreign Account Tax Compliance Act (FATCA) regulations issued by the United States Department of the Treasury and Internal Revenue Service (IRS), we are required to establish the status of Policyholder and connected person (including entities/companies) that is entitled to access the contract's value or change a beneficiary under the contract. If there is any update in information concerning these parties, you are required to provide the supporting documents. 為符合由美國財政部和國稅局(IRS)發出的海外賬戶稅務合規法案(FATCA)的規定，我們需要向保單持有人及關連人士(包括機構或公司)在保單上有權獲得保險合約的現金價值或更改受益人以作識別及分類。若該等人士有任何資料更新，閣下需按要提供相關核實證明。
- The payor must be one of the following designated persons or legal person which include the Life Insured, Policyholder, Life Insured's/Policyholder's parent, legal spouse, sibling, children, grandparent and legal guardian, etc. 付款人必須為以下指定人士或法人之一，包括受保人、保單持有人、受保人/保單持有人之父母、合法配偶、兄弟姊妹、子女、祖父母/外祖父母及法定監護人等。

Please submit the form and relevant documents to one of the available channels below. 請將表格和相關文件用以下其中一種方式遞交。

- Submit to any **Hang Seng Bank Branch** 於任何恒生銀行分行遞交
- Mail to 18/F, Tower 1, HSBC Centre, 1 Sham Mong Road, Kowloon, Hong Kong 郵寄至香港九龍深旺道1號滙豐中心1座18樓

Please complete this form in English BLOCK LETTERS and put a ✓ in the appropriate box(es) 請用英文正格填寫，並在適當方格內加上✓號

Policy Information 保單資料

Policy number 保單號碼

Name of Policyholder in English
保單持有人英文姓名

1. Change of Payment Method 更改繳付保費方式[^]

- | | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> Monthly 每月 | <input type="checkbox"/> Autopay from bank account*
每月由銀行戶口自動轉賬* | <input type="checkbox"/> Autopay from VISA/Master/JCB credit card*
由信用卡/萬事達卡/JCB 信用卡自動轉賬* |
| <input type="checkbox"/> Annual 每年 | <input type="checkbox"/> Autopay from bank account* (effective on policy anniversary) 自動轉賬* (於保單周年日生效) | <input type="checkbox"/> Autopay from VISA/Master/JCB credit card* (effective on policy anniversary) 由信用卡/萬事達卡/JCB 信用卡自動轉賬* (於保單周年日生效) |
| | <input type="checkbox"/> Premium notice (effective on policy anniversary) 郵寄賬單(於保單周年日生效) | |
| <input type="checkbox"/> Other 其他 | <input type="checkbox"/> Shortfall or Direct Credit Claim Payment 收取索償超出賠償額的欠款或直接存入賠償款項 | |

* To apply for direct debit, please complete Direct Debit Authorization section below. Premium and levy will be debited from the below-mentioned account in account currency (i.e. HKD or Policy Currency). Premium and levy will be debited in HKD for credit card payment. 申請自動轉賬，請填寫以下之直接付款授權書。保費及保費徵費均將於下述戶口以賬戶貨幣(即港幣或保單貨幣)扣除。如選擇以信用卡繳費，將以港幣扣除保費及保費徵費。

[^] Payment Method varies subject to plans. Please refer to Policy's terms and conditions for details. 繳付保費方式因保險計劃各有不同，詳情請檢閱保單條款及細則。

2. Change of Direct Debit Account

I/We authorise HSBC Life (International) Limited to initiate deductions from my/our account[^], or to debit my credit card*, as specified below, for the premium and levy due. 本人/我等授權滙豐人壽保險(國際)有限公司在本人/我等的戶口[^]或在本人的信用卡內*, 直接轉賬支付保費及保費徵費。

OR 或	<input type="checkbox"/> Bank Name 銀行名稱	Bank No. 銀行編號	Branch No. 分行編號	Account No. 賬戶號碼	Account Currency [^] 賬戶貨幣 [^]
	For Integrated Account, if the debit is from the HKD Current account, please write the last 3 digits of the bank Account No. with 001. 如支賬戶口為綜合理財戶口內之港幣往來戶口, 請將賬戶號碼最後3個數字寫為001。				<input type="checkbox"/> HKD 港幣 <input type="checkbox"/> Policy Currency (Applicable to Non-HKD Policy only) 保單貨幣(只適用於非港幣保單)

<input type="checkbox"/>	Bank Name 銀行名稱	Credit Card No. * ^o 信用卡號碼 * ^o
		Expiry Date 到期日: MM月/YY年

Signature of Account Holder
戶口持有人簽署

Relationship to Policyholder
(if not Policyholder) 與保單
持有人關係(如非保單持有人)

Signature of Joint Account Holder
聯名戶口持有人簽署

→ (S.V.)

→ (S.V.)

Name in English
英文姓名: _____

Name in English
英文姓名: _____

ID Type & No.
身份證明文件類別及號碼: _____

ID Type & No.
身份證明文件類別及號碼: _____

Date
日期: _____

Date
日期: _____

* Premium and levy will be debited in HKD for credit card payment. 如選擇以信用卡繳費, 將以港幣扣除保費及保費徵費。

^o UnionPay/American Express Credit Card are not applicable. 銀聯/美國運通信用卡並不適用。

[^] Premium and levy will be debited from the above-mentioned account in account currency (i.e. HKD or Policy Currency). 保費及保費徵費均將於上述戶口以賬戶貨幣(即港幣或保單貨幣)扣除。

3. Change of Premium Payor 更改保費付款人

For Personal Customer Payor (If other than Policyholder or Proposed Insured) 適用於付款人為個人客戶(如與保單持有人或受保人不同)

Personal Details of Payor 付款人的個人資料	Premium Payor 保費付款人
Surname 姓氏	
Given Name(s) 名字	
Any other known by name (where applicable) 別名(如適用)	
Relationship between the payor and the Policyholder 付款人與保單持有人之關係	Gender 性別 <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
HKID Card No. If non-permanent HKID card holder or non-HK resident, please provide Passport No. and issuing country/region 香港身份證號碼。如非持有香港永久居民身份證或非香港居民, 請提供護照號碼、簽發國家/地區	<input type="checkbox"/> HKID Card No. 香港身份證號碼: _____ <input type="checkbox"/> Passport No. 護照號碼: _____
The following section is mandatory if the annual premium is equal to or greater than USD120,000 per policy 如每張保單繳付之每年保費相等或多於美元 120,000, 必須填寫以下部分	
Date of Birth 出生日期 (DD日/MM月/YYYY年)	
Nationality (Country/Region) 1 國籍(國家/地區) 1	
Nationality (Country/Region) 2 (where applicable) 國籍(國家/地區) 2 (如適用)	
Nationality (Country/Region) 3 (where applicable) 國籍(國家/地區) 3 (如適用)	
Residential Address 住宅地址	
Residential Address Country/Region and Postal Code 住宅地址國家/地區及郵區編碼	

* Please submit the following Required Identification Documentation: 請提交以下所需驗證文件:

- Certified copy of HKID Card. For non-permanent HKID cardholders, a certified copy of HKID Card and also Passport showing identification number, photograph and legible signature. For non-HK residents, a certified copy of Passport. Mainland Chinese nationals or residents are also required to provide certified copy of PRC ID/passport/travel permit. 香港身份證核證副本。如香港非永久居民身份證持有人, 請提交香港身份證及顯示證件號碼、持有人照片和清晰簽署的護照核證副本。如非香港居民, 請提交護照核證副本, 如中國籍人士或中國居民, 亦須提交中國居民身份證/護照/通行證核證副本。

INH102R1 (0824)HA

Declaration and Authorisation 聲明及授權書

I acknowledge and agree only a restricted scope of services for my life Insurance policy can and shall be provided to me during any time when I am located in the United States, either temporarily or permanently, when giving out any Instruction for such services to HSBC Life (International) Limited. 本人確認及同意當本人短暫或永久身處在美國期間發出的任何人壽保險保單指示，滙豐人壽保險(國際)有限公司只能提供有限的服務。

I/We understand and agree that by submitting this form, the Policyholder is required to provide the Company relevant personal data of relevant data subjects from time to time to enable the Company to consider whether to provide the Policyholder with any products and services. Failure to do so may result in the Company's inability to provide such products/services. I/We authorize the Company to use and share personal data of data subjects who have or may have interests in any insurance on this form with Hang Seng Bank for the purposes of (i) Hang Seng Bank's exercise of its rights and/or obligations as a distributor of the Company for this insurance product; (ii) fulfilling any legal, regulatory, industrial or compliance requirements and obligations applicable to Hang Seng Bank and or any members of the HSBC Group Member (as the case may be); (iii) fulfilling requirements under Hang Seng Bank internal policies and procedures, standards and practices, or the preparation and maintenance of accounts, financial reporting or audit of any Hang Seng Bank Group Member; and (iv) Hang Seng Bank's own use in accordance with its own data privacy notice as a data user under the Personal Data (Privacy) Ordinance (Cap.486) upon the expiry or termination of Hang Seng Bank's sole distributorship of this insurance product for the Company. 本人(等)明白並同意，保單持有人須不時向本公司提供相關資料當事人的相關個人資料，以便本公司考慮是否向保單持有人提供任何產品和服務。如未能提供有關資料，可能會導致本公司無法提供該等產品/服務。本人(等)授權本公司就以下目的使用及與恒生銀行分享對此表格上擁有或可能擁有任何保險產品之權益的資料當事人的個人資料：(i) 恒生銀行作為公司此保險產品的分銷商行使其權利及或履行其義務；(ii) 履行適用於恒生銀行及/或任何滙豐集團成員(視情況而定)的任何法律、監管、行業或合規要求和義務；(iii) 履行恒生銀行內部政策和程序、標準和慣例下的要求，或編制和維持任何恒生銀行集團成員的賬目、財務報告或審計；及(iv) 在恒生銀行作為此保險產品的公司獨家分銷期滿或終止後，恒生銀行作為《個人資料(私隱)條例》(第486章)下的資料使用者按其自身資料私隱通知作本身用途。

The Policyholder acknowledges and agrees that the Company may from time to time use personal data received in accordance with the Data Privacy Notice attached. The Policyholder agrees to: (a) procure the Data Privacy Notice to be delivered to relevant data subjects, including but not limited to the insured person of relevant insurance policy and anyone who have or may have interest in this insurance product; (b) obtain from the said relevant parties' consent for Hang Seng Bank to use their data in accordance with the Data Privacy Notice and in accordance with the above; and ensure that Policyholder data, including personal data of the said relevant parties provided to the Company is accurate and up-to-date, and any authorization and consents provided by the Policyholder shall be deemed to be obtained from the said relevant data subjects accordingly. 保單持有人確認並同意本公司可不時使用根據隨附的資料私隱通知收到的個人資料。保單持有人同意：(a) 向相關資料當事人(包括但不限於相關保單的受保人及任何擁有或可能擁有此保險產品權益的人士)提供資料私隱通知；(b) 獲取上述相關人士同意銀行根據資料私隱通知及上述內容使用其資料；並確保提供予公司的保單持有人資料(包括上述相關人士的個人資料)準確及最新，而保單持有人提供的任何授權及同意應被視為已相應地從上述相關資料當事人處獲得。

By signing below, I/We confirm the above application and agree that the Company may use and disclose all personal data about me/us the beneficiary(s) that the Company currently or subsequently hold for the purposes as set out in the Data Privacy Notice (which may otherwise be referred to as "Personal Information Collection Statement") that HSBC Life has most recently notified me of, and I/We understand I/we can scan the QR code below for review or I/We can request a copy through the HSBC Life Service Hotline: (852) 2583 8000. 本人(等)在下方簽署即確認上述申請，並同意貴公司可根據本表格內有關資料私隱通知(也可稱為「個人資料收集聲明」)內列出的用途，使用及披露現時或其後持有有關本人(等)的所有個人資料。本人明白可以透過掃描下方的二維碼瀏覽該通知書，或可致電滙豐人壽保險服務熱線：(852) 2583 8000 索取該通知書的副本。

PICS 2020Jun (English)

個人資料收集聲明(中文)

**Signature 簽署**Signature of Policyholder
保單持有人簽署Date
日期**For Bank Use**

<input type="checkbox"/> Client's ID copy attached	Staff Name and ID:	Servicing Staff IA No.	Branch Code and Chop
<input type="checkbox"/> Client's original ID sighted	Contact No.:	Servicing Staff RI No.	