

PHOENIXPOWER LIFE INSURANCE PLAN APPLICATION FORM



HASEAP3

(Applicable to juvenile and Proposed Insured at the insurance age of 18 or above)

To: Hang Seng Insurance Company Limited

NOTE:

1. If the Proposed Insured is under the insurance age of 18, this application form should be answered and signed by the Proposed Policyholder.
2. Any changes should be signed or initialed by the Proposed Insured and/or Proposed Policyholder.
3. The application for this product is subject to the relevant requirements on nationality, residency and/or addresses of the Proposed Policyholder and/or Proposed Life Insured as determined by the Company from time to time.
4. Please use BLACK PEN (Permanent Ink) to complete this application form and do not use corrective fluid.
5. Please ✓ the appropriate box and complete in BLOCK LETTERS.
6. If you are uncertain as to whether or not any particular information is material, these facts should be disclosed.
7. Effective from 1 January 2018, the Insurance Authority ("IA") will impose a prescribed levy on this insurance policy pursuant to section 134 of the Insurance Ordinance (Cap. 41). Such levy payment should be made together with the premium payment to Hang Seng Insurance Company Limited for direct remittance to the IA within the remittance period as specified by the IA. Subject to the applicable levy cap, the amount of levy payable for each premium payment is the amount of premium multiplied by the applicable levy rate as prescribed by IA. For further information, please visit our website <https://bank.hangseng.com/1/2/insurance/ia-levy>.
8. The original copy of application form would not be returned at any circumstances.
9. Please DO NOT sign on BLANK form.

A. PERSONAL DETAILS	PROPOSED INSURED (PROPOSED POLICYHOLDER)	PROPOSED POLICYHOLDER (IF OTHER THAN PROPOSED INSURED)
1. Name in English (Surname First)/Company Registered Name (If Proposed Policyholder is a company)	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
2. Chinese Name		
3. Other Known By Name (if any)^		
4. Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
5. Identity Document (please provide copies of the identity documents)	<input type="checkbox"/> Permanent HKID/Macau ID <input type="checkbox"/> Non-permanent HKID/Macau ID (Please provide nationality proof document) <input type="checkbox"/> Passport (Country/Territory _____) <input type="checkbox"/> Other Identity Document No. _____	<input type="checkbox"/> Permanent HKID/Macau ID <input type="checkbox"/> Non-permanent HKID/Macau ID (Please provide nationality proof document) <input type="checkbox"/> Passport (Country/Territory _____) <input type="checkbox"/> Other Identity Document <input type="checkbox"/> Business Registration Certificate (If Policyholder is a company) <input type="checkbox"/> Certificate of Incorporation (If Policyholder is a company) No. _____
6. Date of Birth	Day _____ Month _____ Year _____	Day _____ Month _____ Year _____
7. Place of Birth		
8. Relationship to the Proposed Insured		<input type="checkbox"/> Parent (Only applicable to Juvenile as Proposed Insured) <input type="checkbox"/> Spouse (Only applicable to Proposed Insured at the insurance age of 18 or above) <input type="checkbox"/> Others _____
9. Nationality 1		
10.Nationality 2* (please complete if different from Nationality 1)		
11.Nationality 3* (please complete if different from Nationality 1 and 2)		
12.Occupation	Position _____ Industry _____	Position _____ Industry _____ Usual place to work address _____

FOR BANK USE ONLY														
<input type="checkbox"/> Bank Customer <input type="checkbox"/> Non-Bank Customer			Transactor			Name			Telephone No.			Mandatory for All Channels		
Campaign Code			Transactor Branch Code <input type="checkbox"/> BBD-A 0386 <input type="checkbox"/> BBD-B 0299 <input type="checkbox"/> BBD-C 0250 <input type="checkbox"/> BBD-D 0309 <input type="checkbox"/> BBD-E 0319 <input type="checkbox"/> BBD-F 0316									<input type="checkbox"/> CDS Checking Completed <input type="checkbox"/> High R <input type="checkbox"/> USP <input type="checkbox"/> Sole Proprietor		
CBS Code <input type="checkbox"/> Staff (T) <input type="checkbox"/> General (V)			<input type="checkbox"/> BBC 0399 <input type="checkbox"/> DSD 0393 <input type="checkbox"/> ISD/GBS 0267 <input type="checkbox"/> ISD/BBB 0398 <input type="checkbox"/> ISD/CBA 0388 <input type="checkbox"/> Others									<input type="checkbox"/> VC1 <input type="checkbox"/> VC2 <input type="checkbox"/> VC3 <input type="checkbox"/> VC4 <input type="checkbox"/> VC5 <input type="checkbox"/> VC6 <input type="checkbox"/> VC7 <input type="checkbox"/> NRI <input type="checkbox"/> VC9 <input type="checkbox"/> VC10 <input type="checkbox"/> VC11 <input type="checkbox"/> VC12 <input type="checkbox"/> VC13		
<input type="checkbox"/> Prestige/Private Banking (P) A/C #			Facilitator Branch Code <input type="checkbox"/> BBD-A 0386 <input type="checkbox"/> BBD-B 0299 <input type="checkbox"/> BBD-C 0250 <input type="checkbox"/> BBD-D 0309 <input type="checkbox"/> BBD-E 0319 <input type="checkbox"/> BBD-F 0316											
<input type="checkbox"/> Corporate A/C No. C(0) L(1)			<input type="checkbox"/> BBC 0399 <input type="checkbox"/> DSD 0393 <input type="checkbox"/> ISD/GBS 0267 <input type="checkbox"/> ISD/BBB 0398 <input type="checkbox"/> ISD/CBA 0388 <input type="checkbox"/> Others											
			Facilitator Name			Facilitator Staff ID						<input type="checkbox"/> Premium Financing		
			Referrer Staff ID			(For Quasi only)								
FOR CORPORATE CHANNEL ONLY														
Primary SIC Code					Secondary SIC Code					Tertiary SIC Code				
Primary SIC Code %					Secondary SIC Code %					Tertiary SIC Code %				



恒生保險
HANG SENG INSURANCE

A. PERSONAL DETAILS (cont'd)	PROPOSED INSURED (PROPOSED POLICYHOLDER)	PROPOSED POLICYHOLDER (IF OTHER THAN PROPOSED INSURED)
13. Correspondence Address	Flat/Room _____ Floor _____ Block _____ Building/Estate _____ Street/Road _____ District _____ Country/Territory _____	Flat/Room _____ Floor _____ Block _____ Building/Estate _____ Street/Road _____ District _____ Country/Territory _____
14. Residential Address (please provide details if not the same as Correspondence Address) /Registered Office Address (if Proposed Policyholder is a company)	Flat/Room _____ Floor _____ Block _____ Building/Estate _____ Street/Road _____ District _____ Country/Territory _____	Flat/Room _____ Floor _____ Block _____ Building/Estate _____ Street/Road _____ District _____ Country/Territory _____
15. Previous Address* (please complete if residing in Residential Address less than 12 months)	Flat/Room _____ Floor _____ Block _____ Building/Estate _____ Street/Road _____ District _____ Country/Territory _____	Flat/Room _____ Floor _____ Block _____ Building/Estate _____ Street/Road _____ District _____ Country/Territory _____
16. Permanent Address (please provide details if not the same as Residential Address) /Business Address (please provide details if Proposed Policyholder is a company and not the same as Registered Office Address)	Flat/Room _____ Floor _____ Block _____ Building/Estate _____ Street/Road _____ District _____ Country/Territory _____	Flat/Room _____ Floor _____ Block _____ Building/Estate _____ Street/Road _____ District _____ Country/Territory _____
17. Telephone no. (Please provide at least one telephone no. with its Country/Territory. For overseas telephone no., except HK/US/China no., please fill in area code in front of the telephone no. and omit any space and/or symbols.)	Home <input type="checkbox"/> HK <input type="checkbox"/> US 1 <input type="checkbox"/> China 86 <input type="checkbox"/> Other Country/Territory Name _____ Telephone no. _____ Work <input type="checkbox"/> HK <input type="checkbox"/> US 1 <input type="checkbox"/> China 86 <input type="checkbox"/> Other Country/Territory Name _____ Telephone no. _____ Mobile <input type="checkbox"/> HK <input type="checkbox"/> US 1 <input type="checkbox"/> China 86 <input type="checkbox"/> Other Country/Territory Name _____ Telephone no. _____	Home <input type="checkbox"/> HK <input type="checkbox"/> US 1 <input type="checkbox"/> China 86 <input type="checkbox"/> Other Country/Territory Name _____ Telephone no. _____ Work <input type="checkbox"/> HK <input type="checkbox"/> US 1 <input type="checkbox"/> China 86 <input type="checkbox"/> Other Country/Territory Name _____ Telephone no. _____ Mobile <input type="checkbox"/> HK <input type="checkbox"/> US 1 <input type="checkbox"/> China 86 <input type="checkbox"/> Other Country/Territory Name _____ Telephone no. _____
18. E-mail Address (Optional)		
19. US Tax ID (where applicable)		
20. Local Tax ID (where applicable)#		
21. Jurisdiction of Local Tax ID (where applicable)#		

* Item must be filled by Proposed Policyholder.

Any Country/Territory other than US.

^ Not applicable if Proposed Insured is different from Proposed Policyholder.

B. COMPANY INFORMATION (ONLY APPLICABLE IF POLICYHOLDER IS A COMPANY)			
Global Intermediary Identification Number (GIIN)			
Country/Territory of Incorporation		Country/Territory of Registration	
Nature of Business/Industry			

C. POLICY DETAILS

<p>Designated Policy Date</p> <p><input type="checkbox"/> Defer Policy Date to (maximum deferral is 1 month)</p> <p>_____ Day _____ Month _____ Year</p> <p><input type="checkbox"/> Others (Please specify) _____</p> <p>Note: If not specified, Application Sign Date will be the Policy Date; if premium payment mode is monthly and underwriting process is over 2 months, Policy Date will depend on the underwriting decision date.</p>	<p>Underwriting Letter send to</p> <p><input type="checkbox"/> Sales Agent</p> <p><input type="checkbox"/> Policyholder</p>	<p>Policy send to</p> <p><input type="checkbox"/> Sales Agent*</p> <p><input type="checkbox"/> Policyholder (by mail)</p>
<p>* Please be aware that if the Policyholder does not collect the policy or has not made other arrangement on policy collection with the relevant staff within 9 days from the issue date of the policy, the policy will then be delivered by courier to the correspondence address as provided in this application form to let the Policyholder review it as soon as possible.</p>		

D. DETAILS OF INSURANCE COVERAGE

PhoenixPower Life Insurance Plan[†] <input type="checkbox"/> Single Premium (VRX) <input type="checkbox"/> 3-Year Payment (VR3) <input type="checkbox"/> 5-Year Payment (VR5)	Policy Amount
	CNY _____
	Single Premium Amount
	CNY _____
	Modal Premium Amount
	CNY _____

Note:

1. Since the Policy Currency for this Plan is in CNY, the Guaranteed Cash Value, Policy Dividends, Modal Premium/Single Premium Amount and any interest will be recorded in CNY.
2. Payments from the Company will be made to you in either CNY or HKD at the Company's discretion. When the payments are settled in CNY, you are subject to exchange rate risks when converting the payments to local currency. When the payments are settled in HKD, the Company will apply a market-based prevailing exchange rates as determined by the Company to convert the payments from CNY to HKD. Therefore, there is a risk that you could lose a substantial portion of your policy benefit value in HKD, if CNY depreciates substantially against the HKD at the time of settlement.

[#] The Company reserves the right to accept or reject the application for this Plan at its own discretion. If the application is rejected, the Company will refund the initial payment in original amount and in the same currency it was paid.

E. POLICY LOAN, ASSIGNMENT AND OTHER REQUESTS

Please specify whether you intend to make certain requests or take certain actions with the policy such as applying for policy loan, reduction of sum insured, policy assignment etc. (including amount and frequency).

F. DETAILS OF BENEFICIARIES (IF IT IS BLANK, THE BENEFICIARY WILL BE THE PROPOSED POLICYHOLDER. PLEASE TALK TO YOUR ADVISER BEFORE MAKING A NOMINATION IN THIS SECTION.)

Name (in English)	Identity Document Type & No.	Gender	Relationship to Proposed Insured	Minor beneficiary of age below 18	Guardian/Trustee Details (for minor beneficiary(ies) of age below 18)*		% Share^	
					Guardian/Trustee Name (in English)	Guardian/Trustee ID Type & No.		
				<input type="checkbox"/> Yes				
				<input type="checkbox"/> Yes				
				<input type="checkbox"/> Yes				
							Total	100%

Note:

- * If the beneficiary(ies) is/are at her/his minority upon the death of the Proposed Life Insured of this policy, the above designated trustee(s) will be taken as the trustee(s) for the beneficiary(ies) to receive any payments under the policy.

- ^a If more than one beneficiary is designated, all policy proceeds will be shared equally unless otherwise stated.

Purpose of designated beneficiary

- ☐ Immediate family member/partner
- ☐ Maintain beneficiaries' living standard
- ☐ Contribute to society
- ☐ Purpose of this insurance is Key Person/Business Loan Protection/Partnership
- ☐ Other, please specify

G.DETAILS OF MENTAL INCAPACITY BENEFIT RECIPIENT ("RECIPIENT") (APPLICABLE TO MENTAL INCAPACITY BENEFIT PLUS)

Name (In English)	Identity Document Type & No.	Gender	Age 18 or above?	Relationship to Proposed Insured	Designated Percentage (%)^
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Note:

1. Policyholder can designate the Recipient at policy inception and the Designated Percentage of Mental Incapacity Benefit, and add/change/revoke the Recipient and change the Designated Percentage after policy in-force whilst the Recipient must be aged 18 or above at the time of designation. The Mental Incapacity Benefit is paid only if the Recipient has been designated.
 2. Acceptable relationships include the Proposed Insured's parent, child, sibling, spouse, fiancée/fiance and legal guardian. For relationships including the Proposed Insured's grandchild, grandparent, step child, step parent, step brother, step sister, cohabiting partner or non-cohabiting partner, please complete Form IL512 or IL513 (where applicable).
 3. This application is not an enduring power of attorney and does not appoint the Recipient as the Life Insured's attorney or guardian.
- ^ Designated Percentage could be 10% to 100% without decimal place.

H.DEATH BENEFIT SETTLEMENT INSTRUCTION

☒ Death Benefit payout in Lump Sum (Default Option) ☐ Death Benefit payout in monthly instalments*

*If you wish to apply for this option, you must submit to us a written request in a form as prescribed by us.

I. SIMPLE HEALTH DECLARATION (ONLY APPLICABLE FOR LIFE INSURED WITH TOTAL PREMIUM PAID ON PHOENIXPOWER OVER USD 2M/CNY 12.8M)

	Yes	No
Have you in the past 10 years been told you had any mental disorder, epilepsy, stroke, heart disorder, liver diseases (include Hepatitis B/C carrier), hypertension, respiratory system diseases (exclude allergic rhinitis), blood disorder, gastro-intestinal disorder, reproductive system disorder, urinary system disorder, musculoskeletal system disorder, HIV infection, sexually transmitted diseases, neurological disorder, any tumor/abnormal tissue growth/cancer, diabetes, endocrine disorder that required medical consultation, treatment, operations, follow up or hospital confinement?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please provide the details and investigation report(s) if any.

Date and Onset Age	Type of Treatment Received	Reason	Diagnosis	Duration of Illness or Injury	Last Follow Up Date	Results	Physician & Hospital	
							Name	Address

J. DETAILS OF CONTINGENT OWNER

If the Policyholder dies while this Policy is in force, the Contingent Owner shall become the new Policyholder subject to satisfaction of Customer Due Diligence and other requirements under applicable laws and regulations. If the Contingent Owner applies to become the new Policyholder within 1 year from the policy issue date, the new Policyholder must have adequate insurable interest with the Life Insured.

1. Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Others _____		
2. Name in English (Surname First)	3. Chinese Name (if any)		
4. Other Known By Name in English (Surname First) (where applicable)	5. Other Known By Name in Chinese (where applicable)		
6. Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female		
7. Identity Document (please provide copies of the identity documents)	<input type="checkbox"/> Permanent HKID/Macau ID <input type="checkbox"/> Non-permanent HKID/Macau ID (Please provide nationality proof document) <input type="checkbox"/> Passport (Country/Territory _____) <input type="checkbox"/> Other Identity Document No. _____		
8. Date of Birth	Day _____ Month _____ Year _____		
9. Relationship with the Proposed Life Insured	10. Relationship with the Proposed Policyholder		
11. Correspondence Address	Flat/Room _____ Floor _____ Block _____ Building/Estate _____ Street/Road _____ District _____ Country/Territory _____ Postal Code _____		
12. Telephone No. (Please provide at least one telephone no. with its Country/Territory. For overseas telephone no., except HK/US/China no., please fill in area code in front of the telephone no. and omit any space and/or symbols.)	Home <input type="checkbox"/> HK <input type="checkbox"/> US 1 <input type="checkbox"/> China 86 <input type="checkbox"/> Other Country/Territory Name _____ Telephone No. _____ Work <input type="checkbox"/> HK <input type="checkbox"/> US 1 <input type="checkbox"/> China 86 <input type="checkbox"/> Other Country/Territory Name _____ Telephone No. _____ Mobile <input type="checkbox"/> HK <input type="checkbox"/> US 1 <input type="checkbox"/> China 86 <input type="checkbox"/> Other Country/Territory Name _____ Telephone No. _____ (Please provide a valid mobile number, we may send you important message via SMS)		

K. PREMIUM AND LEVY PAYMENT MODE (NOT APPLICABLE TO SINGLE PREMIUM POLICY)

☐ Monthly (Autopay) (Please complete Section O) ☐ Annually (Please complete Section O, otherwise direct billing will be arranged)

Note:

If autopay is chosen, the relevant date of direct debit will be determined in accordance with Policy Date.

If autopay by Bank Account is chosen, and the Policy Date is between 2nd and 15th day, the date of direct debit will be set on the 15th day of each month/same month each year. If the Policy Date is on 1st day, or between 16th and 31st day, then it will be set on the 1st day of each month/same month each year.

L. INITIAL PREMIUM AND LEVY AMOUNT

Initial Premium of this application(a)

☐ CNY _____

Initial Levy Amount of this application (b):

☐ CNY _____

"Total Initial Premium and Levy Payment of this application (c) = (a)+(b):

☐ CNY _____

For monthly payment mode, the premium discount will be used to pay for the (part of the 3rd month's premium/3rd month's premium and part of the 4th month's premium/3rd and 4th months' premium)* upon receipt of first two months' premium.

*Please delete where inappropriate.

Note:

1. If the initial premium and levy amount is paid in HKD, such amount stated in this form is based on the market-based prevailing exchange rate upon application. The actual premium and levy payable amount, which is based on the market-based prevailing exchange rate on the date the application is processed, may therefore be higher or lower than the initial premium and levy amount stated in this form due to the exchange rate difference. Policyholder shall be obliged to pay the shortfall or be refunded of the excess for any such difference in accordance with the Company's prevailing policy.

2. Any required refund of the initial premium and levy will be paid in original amount in the same currency the initial premium and levy was paid.

M.INITIAL PREMIUM AND LEVY PAYMENT METHOD

Name of party to be credited (The Payee)	Bank No.			Branch No.			Account No. to be credited									
Hang Seng Insurance Company Limited	0	2	4	7	7	3	5	5	6	5	8	4	0	0	2	(HKD)
	0	2	4	7	7	3	5	5	6	5	8	4	2	3	9	(CNY)

- ☐ A copy of pay-in slip is attached
- ☐ A cheque/bank draft is enclosed Bank _____ Cheque No. _____
- ☐ A Credit Card Payment Authorisation Form for Insurance Initial Premium and Levy is enclosed (Please complete Form IL254)(Not applicable to single premium policy)
- ☐ By upfront credit card payment and a copy of credit card pay-slip is attached (Maximum 5 credit cards are accepted for one application) (Not applicable to single premium policy)
- ☐ Authorization Form for Direct Debit Payment (IL408) for Insurance Initial Premium and Levy is enclosed (Please complete Form IL408)

Note:

If payment is made by cheque in CNY, only cheque issued in Hong Kong SAR will be accepted.

Where a refund on credit card payment is payable, the refund is made via the credit card account.

If currency conversion is needed for any refund, prevailing exchange rate as determined by Hang Seng Insurance Company Limited on the refund settlement date will be applied.

N. INITIAL PREMIUM AND LEVY PAYMENT BY THIRD-PARTY

If the initial premium and levy is not paid by Proposed Policyholder, please provide the following information:

Name of Account/Credit Card Holder	Hong Kong Identity Card or Other Identity Document No.	Relationship with the Proposed Insured or Proposed Policyholder	Purpose of Payment for Proposed Policyholder
1.			<input type="checkbox"/> Immediate family members/partners <input type="checkbox"/> Financial management by family members <input type="checkbox"/> Work overseas/always out-of-town <input type="checkbox"/> Company's financial arrangement/taxation arrangement <input type="checkbox"/> Other, please specify _____
Direct debit payment allows up to 2 account holders; upfront credit card payment with sales slip(s) allows up to 5 credit card holders:			
2.			<input type="checkbox"/> Immediate family members/partners <input type="checkbox"/> Financial management by family members <input type="checkbox"/> Work overseas/always out-of-town <input type="checkbox"/> Company's financial arrangement/taxation arrangement <input type="checkbox"/> Other, please specify _____
3.			<input type="checkbox"/> Immediate family members/partners <input type="checkbox"/> Financial management by family members <input type="checkbox"/> Work overseas/always out-of-town <input type="checkbox"/> Company's financial arrangement/taxation arrangement <input type="checkbox"/> Other, please specify _____
4.			<input type="checkbox"/> Immediate family members/partners <input type="checkbox"/> Financial management by family members <input type="checkbox"/> Work overseas/always out-of-town <input type="checkbox"/> Company's financial arrangement/taxation arrangement <input type="checkbox"/> Other, please specify _____
5.			<input type="checkbox"/> Immediate family members/partners <input type="checkbox"/> Financial management by family members <input type="checkbox"/> Work overseas/always out-of-town <input type="checkbox"/> Company's financial arrangement/taxation arrangement <input type="checkbox"/> Other, please specify _____

Note: Acceptable relationships include the Proposed Insured's/Policyholder's parent, spouse, sibling, children, legal guardian and employer.

O. SUBSEQUENT PREMIUM AND LEVY PAYMENT

If choose autopay by Bank Account, please complete Section O(i).

If choose autopay Hang Seng Credit Card, please complete Section O(ii).

Subject to the applicable levy cap, the amount of levy payable for each premium payment is the amount of premium multiplied by the applicable levy rate as prescribed by IA. All subsequent premiums to be paid will also be subject to the applicable levy rate and cap. Please arrange sufficient funds/ credit limit in the designated bank account or credit card account from time to time for the settlement of the due premiums together with the applicable levy required.

(i) DIRECT DEBIT AUTHORISATION (ONLY APPLICABLE TO HONG KONG DOLLAR ACCOUNT/POLICY CURRENCY ACCOUNT)

Please complete and return this form to the party to be credited

Name of party to be credited (The Payee)	Bank No.			Branch No.			Account No. to be credited									
Hang Seng Insurance Company Limited	0	2	4	7	7	3	5	5	6	5	8	4	0	0	2	(HKD)
	0	2	4	7	7	3	5	5	6	5	8	4	2	3	9	(CNY)

I/We hereby authorise my/our below named Bank to effect transfers from my/our account to that of the above named Payee in accordance with such instructions as my/our Bank may receive from the Payee from time to time.

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.

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).

I/We confirm that my/our signature(s) on this application form is/are the same as that/those for the operation of my/our Savings/Current Account to be debited for the transfer.

I/We agree to notify the above-named Payee of any change of bank account or cancellation of payment method and further agree that should there be insufficient funds in my/our Bank account to meet any transfer hereby authorized, the Bank shall be entitled, at its discretion, not to effect such transfer in which event the Bank may make the usual service charge to be paid by me/us.



This authorization shall have effect until further notice.

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 10 working days prior to the date on which such cancellation/variation is to take effect and at the same time such notice shall be given to the Payee.

Please debit from my ☐ Hong Kong Dollar Account ☐ ^Account in policy currency

^If the debit account is NOT HKD, please provide Hang Seng Bank US Dollar account or Hang Seng Bank CNY account no. If provided Account is a sub-account under an Integrated Account of Hang Seng Bank, please provide the integrated account number (i.e. the last 3 digits of account number should be 882/888/883) of your account. In addition, the currency of the account to debit and credit the payment must be the same with policy currency.

Bank Name and Branch	Bank No.	Branch No.	Account No.

Name as recorded on Statement/Passbook Please provide joint account holder's name (if applicable) Name (in English) (1)*	Signature of Account Holder(s) (1) 
(2)* (*Must match with Bank's record) Identity Document No.	(2) 

If Account Holder is other than the Proposed Insured or Policyholder, please state relationship between the Account Holder and the Proposed Insured or the Policyholder: _____

Note: Acceptable relationships include the Proposed Insured's/Policyholder's parent, spouse, sibling, children, legal guardian and employer.

O. SUBSEQUENT PREMIUM AND LEVY PAYMENT (cont'd)

(ii) HANG SENG CREDIT CARD DIRECT DEBIT AUTHORISATION

Please complete and return this form to the party to be credited

Name of party to be credited (The Payee)	Bank No.			Branch No.			Account No. to be credited								
Hang Seng Insurance Company Limited	0	2	4	7	7	3	5	5	6	5	8	4	0	0	2

I hereby authorize Hang Seng Bank Limited to effect transfer of the subsequent premium and levy required from my credit card account to the account of the above-named Payee in accordance with such instructions as Hang Seng Bank Limited may receive from the Payee from time to time.

I agree that Hang Seng Bank Limited shall not be obliged to ascertain whether or not notice of any such transfer has been given to me.

I agree to notify the above-named Payee of any change of bank account or cancellation of payment method and further agree that should there be insufficient credit amount in my credit card account to meet any transfer hereby authorized, Hang Seng Bank Limited shall be entitled, at its discretion, not to effect such transfer in which event the Hang Seng Bank Limited may make the usual service charge to be paid by me.

This authorization shall have effect until further notice.

I agree that any notice of cancellation or variation of this authorization which I may give to Hang Seng Bank Limited shall be given at least 10 working days prior to the date on which such cancellation/variation is to take effect and at the same time such notice shall be given to the Payee.

Hang Seng Credit Card Account No. (VISA/MASTER CARD/JCB/CUP)																			Card Expiry Date	/	MM/YY
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	---------------------	---	-------

Cardholder's Name in English*	Cardholder's Telephone Number	Signature of Cardholder
 	 	 X S.V.
(*Must match with Bank's record)		

If Cardholder is other than the Proposed Insured or Policyholder, please provide the below information:

Relationship between Cardholder and the Proposed Insured or the Policyholder: _____

Hong Kong Identity Card or Other Identity Document (Please specify) No. of Cardholder: _____

Note: Acceptable relationships include the Proposed Insured's/Policyholder's parent, spouse, sibling, children, legal guardian and employer.

P. PERSONAL INFORMATION COLLECTION STATEMENT**Notice to Customers and Other Individuals relating to the Personal Data (Privacy) Ordinance (the "Ordinance")**

1. From time to time, it is necessary for individuals to supply Hang Seng Insurance Company Limited ("the Company") with data in connection with the provision, maintenance and administration of insurance or other financial products and services by the Company or compliance with any laws, guidelines or request issued by regulatory or other authorities. Failure to supply such data promptly may result in the Company being unable to provide or continue to provide products and services. It is also the case that data are collected from (i) data subjects in the ordinary course of the continuation of the relationship, (ii) a person acting on behalf of the data subjects whose data are provided, and (iii) other sources available to the Company. Data may also be generated or combined with other information available to the Company or any member of the HSBC Group ("HSBC Group" means HSBC Holdings plc, its affiliates, subsidiaries, associated entities and any of their branches and offices (together or individually) and "member of the HSBC Group" has the same meaning). The purposes for which data may be used are as follows:
 - 1.1. processing, assessing and/or approving applications for and any alterations, variations, cancellation, renewals and reinstatements of any insurance, or other financial products and services, provident fund scheme or related products or services;
 - 1.2. verifying and conducting any eligibility, identity, medical and/or underwriting in connection with provision of products and/or services;
 - 1.3. offering, providing, maintaining, reviewing, administering and evaluating products and/or services including processing any claims or investigation or analysis of such claims;
 - 1.4. sales or marketing of products, services and other subjects (subject to further details in paragraph 4 below);
 - 1.5. exercising any right of subrogation, if applicable;
 - 1.6. enabling an actual or proposed assignee or transferee of the Company, or participant or sub-participant of the Company's rights to evaluate and/or undertake due diligence in relation to the transaction intended to be the subject of the assignment, transfer, participation or sub-participation;
 - 1.7. meeting the obligations, requirements and arrangements, whether compulsory or voluntary, of the Company or any member of the HSBC Group to comply with or in connection with:
 - (a) any law, regulation, judgment, court order, voluntary code, sanctions regime, within or outside the Hong Kong Special Administrative Region ("Hong Kong") existing currently or in the future ("Laws") (e.g. the Inland Revenue Ordinance and its provisions including those concerning automatic exchange of financial account information); or
 - (b) any guidelines, guidance or requests given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies* or associations of financial services providers within or outside Hong Kong existing currently or in the future and any international guidance, internal policies or procedures (e.g. guidelines or guidance given or issued by the Inland Revenue Department including those concerning automatic exchange of financial account information); or
 - (c) any present or future contractual or other commitment with local or foreign legal, regulatory, judicial, administrative, public or law enforcement body, or governmental, tax, revenue, monetary, securities or futures exchange, court, central bank or other authorities, or self-regulatory or industry bodies* or associations of financial service providers or any of their agents with jurisdiction over all or any part of the HSBC Group (together the "Authorities" and each an "Authority") that is assumed by, imposed on, or applicable to the Company or any member of the HSBC Group; or
 - (d) any agreement or treaty between Authorities;

* including any association, federation or similar organisation of insurance companies ("Federation")

 - 1.8. complying with any obligations, requirements, policies, procedures, measures or arrangements for sharing data and information within the HSBC Group and/or any other use of data and information in accordance with any programmes for compliance with sanctions or prevention or detection of money laundering, terrorist financing or other unlawful activities;
 - 1.9. conducting any action to meet obligations of the Company or any member of the HSBC Group to comply with Laws or international guidance or regulatory requests relating to or in connection with the detection, investigation and prevention of money laundering, terrorist financing, bribery, corruption, tax evasion, fraud, evasion of economic or trade sanctions and/or any acts or attempts to circumvent or violate any Laws relating to these matters;
 - 1.10. meeting obligations of the Company or any member of the HSBC Group to comply with any demand or request from Authorities;
 - 1.11. exercising any rights the Company or a member of the HSBC Group may have in connection with the products or services provided to a customer; and
 - 1.12. matching any data held by the Company or a member of the HSBC Group relating to a data subject from time to time for any of the purposes listed in this paragraph 1.
2. Data held by the Company relating to an individual will be kept confidential but may be provided to the following parties (whether within or outside Hong Kong) for the purposes set out in the paragraph 1 above except that any transfer of data to another party for sales and marketing purpose will be subject to paragraph 4 below:
 - 2.1. any member of the HSBC Group;
 - 2.2. any agents, contractors, sub-contractors, service providers, reinsurers or associates of the HSBC Group (including their employees, directors, officers, agents, contractors, service providers and professional advisers);
 - 2.3. any third party service provider who provides administrative, telecommunications, computer, payment or securities clearing or other services to the Company in connection with the operation of its businesses (including their employees, directors and officers);
 - 2.4. hospitals, clinics, medical practitioners, laboratories, technicians, loss adjusters, legal advisers or private investigators that may be engaged by the Company or on behalf of the Company;
 - 2.5. any actual or proposed assignee or transferee of the Company, or participant or sub-participant of the Company's rights;
 - 2.6. any Authorities;
 - 2.7. any person under a duty of confidentiality to the Company including a member of the HSBC Group which has undertaken to keep such information confidential;
 - 2.8. any other person in the context of the sale or transfer by the Company or any member of the HSBC Group of all or part of its business or portfolio of products, policies or other assets or any proposed or confirmed transaction relating to such a sale or transfer;
 - 2.9. third party financial institutions, insurers, banks, credit card companies, securities and investment services providers;
 - 2.10. third party reward, loyalty, privileges programme providers or merchants;
 - 2.11. charitable or non-profit making organisations;
 - 2.12. any external service providers (including but not limited to mailing houses, telecommunication companies, telemarketing and direct sales agents, call centres, data processing companies and information technology companies) that the Company engages for the purposes set out in paragraph 1.4;
 - 2.13. any Federation that exists or is formed from time to time or any of its members for any of the above or related purposes set out in paragraph 1.4;
 - 2.14. any person to or with whom the Company or any member of the HSBC Group is under an obligation or required or expected to make disclosure or use data for the purposes set out in paragraph 1.7, 1.8, 1.9 or 1.10 above;
 - 2.15. any persons acting on behalf of an individual whose data are provided, payment recipients, beneficiaries, account nominees, intermediary, correspondent and agent banks, clearing houses, clearing or settlement systems, market counterparties, upstream withholding agents, swap or trade repositories, stock exchanges, companies in which the customer has an interest in securities (where such securities are held by the Company or any member of the HSBC Group) or persons acting on behalf of the customer or the individual whose data is provided for the purposes of receiving benefits under an insurance policy; and
 - 2.16. any party to a transaction or potential transaction acquiring interest in, or assuming or bearing risk in, or in connection with an insurance policy including, without limitation, reinsurers.

Such information or data may be transferred to a place outside Hong Kong.

- 3. The Company may obtain access to and/or verify the data with the information collected by the Federation from the insurance industry.
- 4. The Company intends to use personal data in relation to a data subject in direct marketing and the Company requires the data subject's consent (which includes an indication of no objection) for that purpose. In this connection, please note that:
 - 4.1. the name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company from time to time may be used by the Company in direct marketing;
 - 4.2. the following classes of products, services and subjects may be marketed:
 - (a) insurance, banking, credit card, financial, provident fund scheme and related products and services;
 - (b) reward, loyalty or privileges programmes and related products and services; and
 - (c) donations and contributions for charitable and/or non-profit making purposes;
 - 4.3. the above products, services and subjects may be provided or (in the case of donations and contributions) solicited by the Company and/or:
 - (a) members of the HSBC Group;
 - (b) third party financial institutions, insurers, banks, credit card companies, securities and investment services providers;
 - (c) third party reward, loyalty, privileges programme providers or merchants;
 - (d) charitable or non-profit making organisations;
 - 4.4. in addition to marketing the above products, services and subjects itself, the Company also intends to provide the data described in paragraph 4.1 above to other Hang Seng Bank Group companies for use by them in marketing those products, services and subjects, and the Company requires the data subject's written consent (which includes an indication of no objection) for that purpose.

If a data subject does not wish the Company to use or provide his data to other Hang Seng Bank Group companies for use in direct marketing as described above, the data subject may exercise his opt-out right by notifying the Company.

- 5. A data subject has the right to request access to and correction of any of his data held by the Company. The Company has the right to charge a reasonable fee for the processing of any data access request in accordance with the terms of the Ordinance. Requests for access to data or correction of data or for information regarding policies and practices or kinds of data held can be made in writing to the Data Protection Officer, Hang Seng Insurance Company Limited, 83 Des Voeux Road Central, Hong Kong. Fax: (852) 2868 4042.

June 2014 (Updated in December 2016)

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

Q. DECLARATION AND AUTHORISATION

1. All the statements and answers in this application together with those given in any medical examination, questionnaires and amendments are full, complete and true and shall form the basis and become part of the policy issued. I/We acknowledge if any of the statements and answers given in this application are inaccurate or any material facts* have not been disclosed or my/our identity verification cannot be completed within a reasonable time as determined by Hang Seng Insurance Company Limited (during which Hang Seng Insurance Company Limited shall have the sole discretion to suspend or defer any transactions under the policy), Hang Seng Insurance Company Limited shall be entitled to cancel, terminate or suspend the policy or where Hang Seng Insurance Company Limited consider it appropriate, to re-issue the policy with modifications even after the policy has been issued.

* Note: If you are in doubt as to whether or not particular information or facts are material, they should be disclosed.

2. I/We understand that the insurance applied for herein shall not take effect until the policy date and the relevant policy or policies is/are issued and the initial premium is paid in full during the Proposed Insured's lifetime and in good health.
3. In the event of conflicts arising in respect of the information provided by the Hang Seng Insurance Company Limited in this application and any policy issued, it is hereby noted and agreed that the policy will be considered final.
4. I/We shall disclose to Hang Seng Insurance Company Limited any change in Proposed Insured's health or insurability after signing the application until I/We receive the policy.
5. I/We acknowledge that the policy terms (a copy of which will be sent to me/us) will govern the policy and they include terms relating to the potential withholding of payments from me/us and the withholding of services in certain circumstances, and termination of the policy by Hang Seng Insurance Company Limited where Hang Seng Insurance Company Limited is required to do so pursuant to law, regulation, other obligations or HSBC Group's requirements assumed by Hang Seng Insurance Company Limited or if Hang Seng Insurance Company Limited may be exposed to action from an authority.
- If I/We do not agree to the policy terms then I/we acknowledge my/our rights of cancellation set out in Section M below.
6. By signing below, I/we agree that Hang Seng Insurance Company Limited may use and disclose all personal data about me/us that Hang Seng Insurance Company Limited currently or subsequently holds for the purposes as set out in the Notice to Customer and Other Individuals relating to the Personal Data (Privacy) Ordinance which accompanies this application form.

7. Applicable for personal customer:

I/We, hereby confirm that I am/we are the ultimate beneficial owner(s) of the policy and can exercise ultimate effective control over it. Should there be any change in the ultimate beneficial ownership or control under the policy while it is in force, I/we shall inform Hang Seng Insurance Company Limited immediately and provide such relevant information as it may require for the purpose of identifying the ultimate beneficial owner(s) of the policy.

Applicable for corporate customer:

I/We, the authorised person(s) of the policyholder, hereby confirm that all the principal shareholder(s)* of the policyholder is/are the ultimate beneficial owner(s) of the policyholder and can exercise ultimate effective control over the policyholder. Should there be any change in the beneficial ownership or control of the policyholder while the policy is in force, I/we shall inform Hang Seng Insurance Company Limited immediately and provide such relevant information as it may require for the purpose of identifying the ultimate principal beneficial owner(s) of the policyholder.

*"principal shareholder" refers to an individual entitled to exercise or control the exercise of 10% or more of the voting rights of the policyholder.

8. I/We understand that the Insurance Authority ("IA") will impose a prescribed levy on this insurance policy pursuant to section 134 of the Insurance Ordinance (Cap. 41). Such levy payment should be made together with the premium payment to Hang Seng Insurance Company Limited for direct remittance to the IA within the remittance period as specified by the IA. Subject to the applicable levy cap, the amount of levy payable for each premium payment is the amount of premium multiplied by the applicable levy rate as prescribed by IA. All subsequent premiums to be paid will also be subject to the applicable levy rate and cap. I/We understand that it is the statutory duty of the policyholder to pay the prescribed levy to IA through Hang Seng Insurance Company Limited. IA may impose on the policyholder concerned a pecuniary penalty not exceeding HK\$5,000 for non-payment of levy.
9. I/We confirm and acknowledge that the Contingent Owner has consented to his/her designation and for and Hang Seng Insurance Company Limited (the "Company") to use and disclose his/her personal data provided in this application for the purposes as set out in the Notice relating to Personal Data (Privacy) Ordinance. I/We agree that I/we shall inform the Company of any changes in the details of the Contingent Owner. I/We understand that once the Contingent Owner becomes the new Policyholder, any beneficiary(ies) Mental Incapacity Benefit Recipient on the record will be automatically revoked.

I, the Proposed Insured, authorize any person or organisation that has records of or information regarding my personal data and my health to provide such records or information to Hang Seng Insurance Company Limited or its representative, as required for its consideration of this application or for the purposes of any insurance provided pursuant to this application. This authorisation shall irrevocably bind my successors and assignees and remain valid, notwithstanding my death or incapacity and a copy of this authorisation shall be as effective and valid as the original.

Authorisation by authorised signatory (For corporate policyholder only):

1. My/Our company/partnership authorises Hang Seng Bank Limited or its subsidiaries that has information regarding my/our company/partnership banking facilities or financial situation to provide such information to Hang Seng Insurance Company Limited or its representative, as required for its consideration of this application.
2. I refer to the policy terms (the "Terms") pursuant to which Hang Seng Insurance Company Limited ("Hang Seng Insurance") would make available to policyholder the insurance covers as described in the life insurance policy, if this application for the policy is accepted by "Hang Seng Insurance". I confirm I have been duly authorised by the policyholder for the purposes of agreeing and settling the terms of the policy on its behalf. I also confirm that having read and understood the Terms and, after due consideration of the Terms and full discussion of the issues involved, I agree and certify in my capacity as a Director, Officer or Duly Authorised Signatory of the Policyholder that:
- (a) the Policyholder applies for the policy subject to the Terms;
- (b) I, _____ [Full name of the authorised person] in the capacity as Director/Officer/Authorised Signatory* of HKID No./Passport No. _____ have been authorised to complete and sign the application form for and on behalf of the Policyholder, and the relevant written authority (eg board resolution, mandate or documents of similar nature) is enclosed;
- (c) I have been authorised, on behalf of the Policyholder, to operate the Policy.

* Strike as appropriate

R. USE OF PERSONAL DATA IN DIRECT MARKETING

Hang Seng Insurance Company Limited ("the Company") may use your personal data in direct marketing, and may also provide your personal data to other members of the Hang Seng Bank Group (but not other third parties) for their use in direct marketing. Please check ("✓") the relevant box to indicate your marketing preferences below.

I give instruction as specified below:

- | | Agree | Not agree |
|--|--------------------------|--------------------------|
| i. The Company to use my personal data in direct marketing. | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. The Company provide my personal data to any other members of the Hang Seng Bank Group for their use in direct marketing. | <input type="checkbox"/> | <input type="checkbox"/> |

Your choice above to tick or not to tick any of the box(es) represents your present choice whether or not to receive direct marketing contact or information which shall become effective from the date the Company completes processing this application. This replaces any choice or request regarding direct marketing communicated by you to the Company prior to this application, even if this application that has been received by the Company, is withdrawn by you from the Company or rejected by the Company for whatever reason.

Note:

Your above choice applies to the direct marketing of the classes of products, services and/or subjects as set out in the Notice to Customer and Other Individuals relating to the Personal Data (Privacy) Ordinance (the "Notice") in this application form. Please also refer to the Notice on the kinds of personal data which may be used in direct marketing and the classes of persons to which your personal data may be provided for them to use in direct marketing.

If you choose multi instructions or not to provide any instruction in i., the Company will not change your existing marketing preferences and you consent to the Company relying on your existing marketing preferences when using your personal data for use in direct marketing. If you are not existing customer of the Company, it will be treated as "Not agree".

If you choose multi instructions or not to provide any instruction in ii., the Company will not change your existing marketing preferences and you consent to the Company relying on your existing marketing preferences when providing your personal data to other members of the Hang Seng Bank Group for their use in direct marketing. If you are not existing customer of the Company, it will be treated as "Not agree".

S. OPT-OUT FROM USE OF HANG SENG INSURANCE E-STATEMENT

Hang Seng Insurance Company Limited ("the Company") is dedicated to conserving natural resources as well as providing simple, convenient and secured policy services to customers. You can view and download your Insurance e-Statement(s) issued by the Company by default in your Hang Seng Bank's Hang Seng Personal e-Banking.

By confirming below, I am/we are indicating that I am/we are comfortable for the Company to provide Insurance e-Statement(s) to me/us instead of insurance paper statement(s).

You should check ("✓") [= Opt out] this box ☐ if you wish to receive insurance paper statement(s).

Notes:

You are required to register Hang Seng Bank's Hang Seng Personal e-Banking if you wish to opt-in and receive Insurance e-Statement(s).

Your choice above to tick or not to tick any of the box represents your present choice whether or not to receive insurance paper statement(s) and replaces any prior choice communicated by you to the Company, which shall become effective from the date the Company completes processing this application. Your selection will be applied to all insurance policies under the same policy holder. Your insurance statement(s) will be retained as e-Statement for 24 months from issue date. Variation for individual insurance policy will not be allowed.

Terms and Conditions ("T&C") apply to your use of the Hang Seng Insurance e-Statement Service ("Service"). By using the Service, you agree to be bound by these T&C. Please read the T&C carefully at <https://www.hangseng.com/content/dam/hase/hsic/esTC.pdf>

Hang Seng Insurance e-Statement service is not available for all insurance policies purchased from the Company's broker channel or the insurance policies of selected refundable types of products and investment-linked assurance plans purchased from all channels, you will receive the relevant Insurance Policy Annual Statement or Policy Statement (where applicable) by post.

T. CANCELLATION RIGHTS AND REFUND OF PREMIUM(S) WITHIN COOLING-OFF PERIOD

I, the Policyholder, understand that I have the right to cancel the policy and obtain a refund of any premium(s) paid (less any market value adjustment for investment-linked or non-linked single payment/single premium policy) by returning the policy surrender form to Hang Seng Insurance Company Limited. I understand that to exercise the right, the policy surrender form must be signed by me and returned by mail to Hang Seng Insurance Company Limited at 18/F, Tower 1, HSBC Centre, 1 Sham Mong Road, Kowloon, Hong Kong or returned to any Hang Seng Bank branches (except MTR station outlets)^ within the Cooling-off Period. 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/my nominated representative (whichever is earlier.) I understand that the Cooling-off Notice is a notice that will be sent to me or my nominated representative to notify me of the Cooling-off Period around the time the policy is delivered.

I understand that if the Policy is acquired through the use of premium financing, my right to cancel the Policy within the cooling-off period may be assigned to the lender, and therefore any cancellation request may be subject to the lender's consent. Even if I have cancelled the Policy within cooling-off period, I may be obligated to repay the loan principal, early repayment penalty (if applicable), interest and other administrative fee accrued under the premium financing facility.

Note:

^ Only applicable to personal customer.

* If the last day of the period does not fall on a working day, the period will include the next working day.

U. SIGNATURE(S) 《Please DO NOT sign on BLANK form》

X

Signature of Proposed Insured

(If the Proposed Policyholder is other than myself, then I hereby irrecoverably give my written consent to the purchase by proposed policyholder of a life insurance policy on my life)

Date Signed (DD/MM/YYYY)

Signed at (city, country/territory)

X

Signature of Proposed Policyholder

(if other than the Proposed Insured/If the policy is held by a company/partnership/sole proprietorship, its authorised signatories should sign and chop here)

Date Signed (DD/MM/YYYY)

Signed at (city, country/territory)

X

Signature of the Licensed Intermediary

Name of Licensed Intermediary

Date Signed (DD/MM/YYYY)

V. REFUND OF PAYMENT BEFORE POLICY ISSUE

If the Proposed Insured dies before the Policy is issued, we shall refund any payment paid to the Policyholder under this application in the same currency and amount as the payment paid.

CUSTOMER DECLARATION FOR APPLICATION FOR PHOENIXPOWER LIFE INSURANCE PLAN

To: Hang Seng Bank Limited("Hang Seng Bank") and Hang Seng Insurance Company Limited ("Hang Seng Insurance" or "Company")

In relation to my application for the PhoenixPower Life Insurance Plan ("this Plan") of "Hang Seng Insurance", I understand the following:

Main Declaration Items	Details of Declaration
Plan applied being a life insurance plan & its important options (e.g. Modal Premium Payment, Premium Payment Term)	<ol style="list-style-type: none"> 1. This Plan is a life insurance plan with savings element. It is NOT a bank savings plan with free life insurance coverage. My monthly, annual or single contribution is a payment of premium but NOT a placement of savings deposit with a bank. 2. I confirm that I have read and understood the contents of the sales documents of this Plan and understand that there are different options of Premium Payment Terms (including single premium, 3 years or 5 years) available for selection under this Plan. I have made my own independent decision in applying for this Plan and determining the Premium Payment Term. It does not create any liability to "Hang Seng Bank" and "Hang Seng Insurance". I confirm that I am and shall be able to pay the total premium for the whole Premium Payment Terms under this Plan.
Premium Payment Mode & Payment Matters	<ol style="list-style-type: none"> 3. I confirm that it is my own independent decision in determining the total premium payment amount and the premium payment mode (i.e. monthly, annual or single premium), and I understand that for the same amount of Policy Amount, the total premium payable under single payment mode will be less than that payable under the annual payment mode; and the total premium payable under the annual payment mode will be less than that payable under the monthly payment mode. I also understand that different premium payment modes may have an impact on the benefit calculation in the event of any claim and the calculation of the total cash value upon policy surrender. 4. I understand that the premium of this Plan is calculated and recorded in Policy Currency. 5. I understand that choosing the plan denominated in currencies other than local currency, I am subject to exchange rate risks. Exchange rate fluctuates from time to time. Upon the currency conversion, I may suffer a loss of my benefit values and the subsequent premium payments (if any) may be higher than my initial premium payment as a result of the exchange rate fluctuations. I have considered the aforesaid exchange risk factors, conversion arrangement and the potential loss associated before I made decision on applying this plan. 6. I confirm that I have received a copy of the Deposit Form for "Hang Seng Insurance" Life Insurance Premium issued by "Hang Seng Bank", and that the amount paid is the same as the initial premium that I have to pay for applying this Plan. (This clause is only applicable for customers who have already applied via branches of "Hang Seng Bank" and have paid the initial premium by cash or account transfer on the date of application.)
Special Dividend and other Policy Benefits	<ol style="list-style-type: none"> 7. I understand that all Policy Benefits of this Plan (including Cash Value, Death Benefit and Special Dividend etc) <u>will be calculated and recorded in Policy Currency.</u> 8. I understand that the Special Dividend is a non-guaranteed amount to be declared by "Hang Seng Insurance" at its absolute discretion. Special Dividend (if any) will be payable upon occurrence of the earliest of the followings: (1) the death of the Life Insured (in accordance to policy terms) or (2) the full/partial surrender of the policy or (3) the lapsation or termination of policy or (4) the payment of Mental Incapacity Benefit. 9. I understand that the Special Dividend declared by "Hang Seng Insurance" is NOT guaranteed and are shown for my reference only. The Company will inform me the updated value of the Special Dividend regularly through annual statements. During the policy term, the value of the Special Dividend as shown in the annual statement(s) may be higher or lower than the one shown in the previous annual statement(s) since the value of the Special Dividend depends on how well the Company has performed with regard to investment returns on the assets supporting the policies under this Plan, as well as other factors including but not limited to claims, persistency, expenses, and the long term future performance outlook. 10. I understand that if I exercise the Policy Value Management Option, a portion of the Guaranteed Cash Value plus a corresponding portion of Special Dividend (if any) will be allocated to the Policy Value Management Balance, which will accumulate at a non-guaranteed interest rate to be determined by "Hang Seng Insurance" from time to time at the Company's absolute discretion. 11. I understand that upon the partial surrender of the policy, a portion of the Special Dividend (if any) attributable to the reduced portion of the Policy Amount will be declared and such amount, if any, will be payable as part of the partial surrender payment.

Main Declaration Items	Details of Declaration																																															
Important Issues relating to Policy Coverage (e.g. Death Benefit and Mental Incapacity Benefit Plus)	12. I understand that Death Benefit will be calculated as follows as at the date of death of the Life Insured: the higher of: (i) Total Premiums Paid multiplied by the Applicable Percentage at time of death as set out in the table below; or (ii) Guaranteed Cash Value plus Special Dividend (if any), plus Policy Value Management Balance (if any) and less Indebtedness (if any). "Total Premiums Paid" refers to the total amount of premiums of the policy due and paid for the Basic Plan.																																															
	<table><tr><th rowspan="2">When death of Life Insured occurs</th><th colspan="3">Applicable Percentage</th></tr><tr><th>Single Premium</th><th>3-Year Payment</th><th>5-Year Payment</th></tr><tr><td>Before the 1st Policy Anniversary</td><td>100%</td><td>100%</td><td>100%</td></tr><tr><td>From the 1st Policy Anniversary till the day immediately preceding the 2nd Policy Anniversary</td><td>100%</td><td>100%</td><td>100%</td></tr><tr><td>From the 2nd Policy Anniversary till the day immediately preceding the 3rd Policy Anniversary</td><td>105%</td><td>105%</td><td>105%</td></tr><tr><td>From the 3rd Policy Anniversary till the day immediately preceding the 4th Policy Anniversary</td><td>110%</td><td>110%</td><td>110%</td></tr><tr><td>From the 4th Policy Anniversary till the day immediately preceding the 5th Policy Anniversary</td><td>115%</td><td>115%</td><td>115%</td></tr><tr><td>From the 5th Policy Anniversary till the day immediately preceding the 6th Policy Anniversary</td><td>120%</td><td>120%</td><td>120%</td></tr><tr><td>From the 6th Policy Anniversary till the day immediately preceding the 7th Policy Anniversary</td><td>125%</td><td>125%</td><td>125%</td></tr><tr><td>From the 7th Policy Anniversary till the day immediately preceding the 8th Policy Anniversary</td><td>140%</td><td>140%</td><td>140%</td></tr><tr><td>From the 8th Policy Anniversary till the day immediately preceding the 9th Policy Anniversary</td><td>165%</td><td>165%</td><td>165%</td></tr><tr><td>From the 9th Policy Anniversary and onwards</td><td>200%</td><td>200%</td><td>200%</td></tr></table>	When death of Life Insured occurs	Applicable Percentage			Single Premium	3-Year Payment	5-Year Payment	Before the 1st Policy Anniversary	100%	100%	100%	From the 1st Policy Anniversary till the day immediately preceding the 2nd Policy Anniversary	100%	100%	100%	From the 2nd Policy Anniversary till the day immediately preceding the 3rd Policy Anniversary	105%	105%	105%	From the 3rd Policy Anniversary till the day immediately preceding the 4th Policy Anniversary	110%	110%	110%	From the 4th Policy Anniversary till the day immediately preceding the 5th Policy Anniversary	115%	115%	115%	From the 5th Policy Anniversary till the day immediately preceding the 6th Policy Anniversary	120%	120%	120%	From the 6th Policy Anniversary till the day immediately preceding the 7th Policy Anniversary	125%	125%	125%	From the 7th Policy Anniversary till the day immediately preceding the 8th Policy Anniversary	140%	140%	140%	From the 8th Policy Anniversary till the day immediately preceding the 9th Policy Anniversary	165%	165%	165%	From the 9th Policy Anniversary and onwards	200%	200%	200%
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	From the 8th Policy Anniversary till the day immediately preceding the 9th Policy Anniversary	165%	165%	165%																																												
From the 9th Policy Anniversary and onwards	200%	200%	200%																																													
13. I understand that subject to prevailing rules of "Hang Seng Insurance", I may elect in writing that all or part of the Death Benefit will be paid by monthly instalments to the Beneficiary(ies). Any such payment instruction must be made while the Life Insured is alive and will not be effective until it is approved and recorded by "Hang Seng Insurance" and is subject to its requirements on minimum instalment amounts as determined by "Hang Seng Insurance" from time to time. The same payment instruction applies to all Beneficiary(ies). "Hang Seng Insurance" will hold the remaining balance of any unpaid Death Benefit at a non-guaranteed interest rate determined by us at its sole discretion until the full amount of the Death Benefit has been paid to the Beneficiary(ies). The accumulated interest (if any) will be paid to the Beneficiary(ies) in the last instalment.																																																
14. I understand that if the Life Insured is diagnosed as a Mentally Incapacitated Person who is incapable, by reason of mental incapacity, of managing and administering their property and affairs, subject to the terms of the Policy, a Mental Incapacity Benefit will be made to a Mental Incapacity Benefit Recipient (hereafter refer to "Recipient"). The Mental Incapacity Benefit amount equals to:																																																
<table><tr><td>Designated Percentage of Mental Incapacity Benefit</td><td>X</td><td>(a) Guaranteed Cash Value (if any), plus (b) Special Dividend (if any), plus (c) Policy Value Management Balance (if any), as at the date of claim approval of this Supplementary Benefit</td></tr></table>	Designated Percentage of Mental Incapacity Benefit	X	(a) Guaranteed Cash Value (if any), plus (b) Special Dividend (if any), plus (c) Policy Value Management Balance (if any), as at the date of claim approval of this Supplementary Benefit																																													
Designated Percentage of Mental Incapacity Benefit	X	(a) Guaranteed Cash Value (if any), plus (b) Special Dividend (if any), plus (c) Policy Value Management Balance (if any), as at the date of claim approval of this Supplementary Benefit																																														
	Any Indebtedness shall be deducted from the Mental Incapacity Benefit at the time of payment.																																															

Main Declaration Items	Details of Declaration
	<p>15. I understand that I can designate the Recipient and decide the Designated Percentage of Mental Incapacity Benefit at policy inception, and add/change/revoke the Recipient and change the Designated Percentage after policy in-force whilst <u>the Recipient must be aged 18 or above at the time of designation</u>. If Recipient is nominated, the Designated Percentage of Mental Incapacity Benefit ranging from 10% to 100% must be provided. The Mental Incapacity Benefit is paid only if the Recipient has been designated.</p> <p>16. I understand that the Mental Incapacity Benefit will only be paid once and this Supplementary Benefit will be ceased automatically upon payment.</p> <p>17. I understand that if the Designated Percentage of Mental Incapacity Benefit is 100%, upon payment of the Mental Incapacity Benefit, the Policy which includes the Basic Plan and all Supplementary Benefits (if any) will be terminated and the Company will be fully discharged from all further liability.</p> <p>18. If the Designated Percentage of Mental Incapacity Benefit is less than 100%, upon the payment of Mental Incapacity Benefit, the Total Premiums Paid, Policy Amount, Guaranteed Cash Value, Special Dividend (if any) and subsequent premium (if any) under this Policy will be adjusted and reduced proportionally and the Death Benefit will be adjusted accordingly. The Company will issue the revised Policy Schedule to the Policyholder.</p> <p>19. I understand that the claim form must be co-signed by the Recipient and the Policyholder/ assignee if the Policyholder and the Insured are not the same person or the Policy is assigned.</p> <p>20. In case (i) there is a guardian or committee appointed under the Mental Health Ordinance (Cap.136 Laws of Hong Kong SAR) (or if there is a guardian or committee appointed under similar laws in another jurisdiction) or an enduring power of attorney covering this Policy; and/or (ii) the Policyholder is not the Life Insured; and/or (iii) this Policy has been assigned pursuant to policy provision, we will only make payment of this Supplementary Benefit to the designated Recipient with the consent of the guardian or committee or attorney (as applicable in (i)); and/or the Policyholder (as applicable in (ii)); and/or the assignee (as applicable in (iii)), as the case may be.</p> <p>21. I understand that in case there is a dispute or in the Company's reasonable belief, there is a dispute between the Recipient and any other person, including but not limited to the Policyholder, Life Insured's guardian or committee, attorney, Beneficiary(ies) or assignee, "Hang Seng Insurance" reserve the right to withhold payment until such dispute is resolved.</p> <p>22. I understand that a transfer of ownership or a Change of Life Insured will automatically revoke the existing Recipient. The Recipient and the Designated Percentage of Mental Incapacity Benefit can be designated again thereafter.</p> <p>23. I understand that upon Change of Life Insured, the Applicable Percentage of Total Premiums Paid for the Basic Plan in calculating the Death Benefit will be reset to 100% for twenty-four (24) months from the effective date of Change of Life Insured and thereafter, will revert to the original Applicable Percentage.</p> <p>24. I understand that this application is not an enduring power of attorney and does not appoint the Recipient as the Life Insured's attorney or guardian.</p> <p>25. I understand and acknowledge the Agent's explanation on objective, type, benefit period, payment period and premiums payable of medical/critical illness plan and riders (if applicable). I have also read and received the relevant information from the Product Brochure.</p>

Main Declaration Items	Details of Declaration
Rights of Cooling-off, Policy Surrender and Partial Surrender Issues	<p>26. I understand that I have the right to cancel my application or policy and obtain a refund of any premium(s) paid (less any market value adjustment for investment-linked or non-linked single payment/single premium policy) by returning the policy surrender form to "Hang Seng Insurance". To exercise this right, the policy surrender form must be signed by me and returned by mail to "Hang Seng Insurance" at 18/F, Tower 1, HSBC Centre, 1 Sham Mong Road, Kowloon, Hong Kong or returned to any Hang Seng Bank branches (except MTR station outlets)[^] within the Cooling-off Period. 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/my nominated representative (whichever is earlier.) The Cooling-off Notice is a notice that will be sent to me or my nominated representative to notify me of the Cooling-off Period around the time the policy is delivered.</p> <p>Note:</p> <p>[^] Only applicable to personal customer.</p> <p>* If the last day of the period does not fall on a working day, the period will include the next working day.</p> <p>27. If I surrender the policy after the expiry of the Cooling-off Period and anytime after the policy is effective, the surrender value may be less than the total premiums paid. I understand that the projected total cash value upon policy surrender includes Guaranteed Cash Value and <u>Non-Guaranteed</u> Special Dividend (if any) and Policy Value Management Balance (if any); details of the projected total cash value upon policy surrender are set out in the illustration Summary of my chosen plan for reference.</p> <p>28. I understand that reduction of Policy Amount after the expiry of the Cooling-off period and anytime after the policy is effective is equivalent to partial surrender, "Hang Seng Insurance" will calculate the amount to be refunded with reference to the total cash value (if any) of the policy at that time in proportion to the reduced part of the Policy Amount. I also understand that the amount refunded may be less than the premium paid of the reduced portion. Further, I will not be refunded any premium and levy paid for policy surrender or partial surrender.</p> <p>29. I understand that if the Policy is acquired through the use of premium financing, my right to cancel the Policy within the cooling-off period may be assigned to the lender, and therefore any cancellation request may be subject to the lender's consent. Even if I have cancelled the Policy within cooling-off period, I may be obligated to repay the loan principal, early repayment penalty (if applicable), interest and other administrative fee accrued under the premium financing facility.</p>
Tax Reporting and Financial Crime	<p>30. I understand that "Hang Seng Bank", "Hang Seng Insurance" and other members of the HSBC Group have certain obligations to Hong Kong and foreign legal or regulatory bodies and government or tax authorities, and are bound by HSBC Group's requirements, regarding me and my policy and "Hang Seng Insurance" may from time to time request consent and information from me in relation to these obligations and requirements.</p> <p>There are consequences, which will be set out in the policy terms, if I fail to provide to "Hang Seng Insurance" consent or information that it requests or if I present a financial crime risk to a member of the HSBC Group. Such consequences include that "Hang Seng Insurance" may:</p> <ul style="list-style-type: none"> • take such actions as are necessary to enable it or a member of the HSBC Group to meet these obligations and requirements; • be unable to provide new, or continue to provide all of the services to me; • be required to withhold payments or benefits that would otherwise be due to me or the policy and permanently pay those over to tax authorities; and • terminate my policy. <p>I understand that the amount I get back from the policy in the event of benefits or payments withholding and/or policy termination by "Hang Seng Insurance" as mentioned above plus the total amount that I have received from the policy (if any) before policy termination may be less than the total amount of the premium(s) I have paid.</p> <p>I confirm that no tax or legal advice are provided by "Hang Seng Bank" in relation to this Customer Declaration and my insurance application.</p>

Main Declaration Items	Details of Declaration
Other Matters	<p>31. I understand that "Hang Seng Bank" is an insurance agent authorized by "Hang Seng Insurance" and the product is a product of "Hang Seng Insurance" but not "Hang Seng Bank".</p> <p>32. I understand that this Plan is underwritten by "Hang Seng Insurance". I have to pay premium to "Hang Seng Insurance" for my application for this Plan. The premium includes various fees and charges such as insurance cost (e.g. cost of death benefit determined formulated according to the mortality rate that is affected by sex and age of the insured person) and policy administration charges, etc. I also understand that "Hang Seng Insurance" will pay commissions and sales incentives to "Hang Seng Bank" for marketing this Plan. The current remuneration system that "Hang Seng Bank" adopts is a measurement of the staff's overall performance instead of focusing on sales production only.</p> <p>33. I understand that the premium that I pay will become parts of the asset owned by "Hang Seng Insurance", and the life insurance plans of "Hang Seng Insurance" involve policy benefits such as claims settlements, surrender values and maturity proceeds payable to the policyholders or beneficiaries by "Hang Seng Insurance". I should bear the credit risk associated with "Hang Seng Insurance" (i.e. the risk that "Hang Seng Insurance" may not be able to deliver its obligations bound by the policies (including the payment of policy benefits) due to financial difficulties).</p> <p>34. I understand that this policy is designed to be held for a long term period. If I have liquidity needs for any unexpected events, I may apply a policy loan or surrender the policy in full or in part subject to the respective policy terms, however this may cause the policy to lapse or to be terminated earlier than the original policy term, and the amount (if any) I get back may be significantly less than the premiums paid.</p> <p>35. I have read and received the Product Brochure/Product Factsheet, Illustration and Notes on Participating Policy (if applicable) of the Plan. I understand and acknowledge that Agent has clearly explained the Plan's product features, fees, related risks, consequences of early termination of the policy, accumulation interest rates (if applicable), procedures for making claims and terminating policies, exclusions (e.g. pre-existing conditions etc) and relevant key information to me based on the Product Brochure/Product Factsheet, Illustration and Notes on Participating Policy (if applicable) of the Plan.</p> <p>36. I understand that the Insurance Authority ("IA") will impose a prescribed levy on my policy. I understand the amount of levy payable for each premium payment is the amount of premium multiplied by the applicable levy rate, and such levy payment should be made together with the premium payment to "Hang Seng Insurance" for direct remittance to the "IA". All subsequent premiums to be paid will be also subject to the prescribed levy collection. I understand that it is my statutory duty to pay the prescribed levy to "IA" through "Hang Seng Insurance". "IA" may impose on me a pecuniary penalty not exceeding HK\$5,000 for non-payment of levy.</p> <p>37. This Customer Declaration does not contain the full terms of the policy and the full terms can be found in the policy document.</p>

Name of the Policyholder

Signature of the Policyholder

Date (D/M/Y)

X

Important Declaration

1. I confirm that it is my own independent decision in applying this life insurance plan, it is not a pre-condition for opening a Hang Seng Bank account/applying banking services, or link with the chance of success or processing time of opening of bank accounts/applying banking services.
2. Insurance agent has completed respective financial needs analysis form and medical insurance needs assessment form with me before I confirm to apply for the life insurance and medical insurance applications.
3. I truly understand that the life insurance and medical insurance applications that I concurrently applied for are independent insurance product.
4. I confirm that both life insurance and medical insurance applications meet my insurance needs and such multiple applications are on my own wish and independent decision.
5. I confirm that this application(s) is/are not related to any premium discount offered or not being induced to offer free life insurance/ medical insurance product (if applicable).

Signature of the Policyholder

X

I (the Agent) confirm that I have explained the contents of the above Customer Declaration and provided the Terms of Business Letter to the Policyholder.

In case the Policyholder is a Vulnerable Customer, I confirm that I have arranged the Policyholder to sign the Supplementary Customer Declaration for Vulnerable Customer to Apply for Life Insurance Plan.

Name of Agent

Signature of Agent

Date (D/M/Y)

X**For Designated Witnessing Officer Use**Stamp with Name & Signature Number
of Designated Witnessing OfficerSignature of Designated Witnessing
Officer

Date (D/M/Y)

X



Policy Replacement Declaration Form

Information of New Life Insurance Policy:

Name of Insurer of this Application: _____

Application / Proposal Number: _____

Name of Applicant / Proposer: _____

Section A – Existing Policy(ies) Replaced¹ by this new life insurance policy

1. Existing Policy(ies)² replaced and issued by Hang Seng Insurance Company Limited

Existing Policy Number	Plan Name	Policy Issue Date (D / M / Y)	Policy Status

¹ Please refer to Explanatory Note for the definition of Policy Replacement & Section C (e.g. the examples for the funds or savings to fund the purchase of new life insurance policy) for details.

² Please refer to "Potential Replacement & Life Insurance Policies Details" for details and only a part of Hang Seng Insurance policy(ies) with potential replacement event in the past 12 months was listed. If customer uses some or all of the funds arising from the existing life insurance policy, or any savings made by reducing the premium payable from the following conditions (a)-(f), to fund the purchase of a new life insurance policy, regardless of the time of occurrence and the involved amount, it is treated as policy replacement.

- a) surrendering/partially surrendering your existing life insurance policy to obtain its surrender value
- b) taking out a policy loan (including automatic premium loan) from your existing life insurance policy
- c) withdrawing policy values from your existing life insurance policy (e.g. cash out dividends, withdrawal of accumulated annuity or redeem fund units etc.)
- d) lapsation of your existing life insurance policy (e.g. by non-payment of premium)
- e) exercising the right to a premium holiday under your existing life insurance policy
- f) using your existing life insurance policy as a collateral to obtain loan facility

Please put a "✓" if appropriate

☐ The Licensed Technical Representative explained "Potential Replacement Events & Life Insurance Policies Details"^A for the Hang Seng Insurance policies with potential replacement event in the past 12 months and inquired of me whether I have any other Hang Seng Insurance policies not listing on "Potential Replacement Events & Life Insurance Policies Details" to use some or all of the value to fund the purchase of new insurance policy.

^A"Potential Replacement Events & Life Insurance Policies Details" applicable to the customers of Wealth Personal Banking, Commercial Banking and Private Banking

2. Existing Policy(ies)³ replaced and issued by other insurance company(ies)

Insurance Company Name	Existing Policy Number	Plan Name	Policy Issue Date (D / M / Y)	Policy Status

³ Please complete this section by customer declaration and refer to Explanatory Note for the definition of Policy Replacement & Section C (e.g. the examples for the funds or savings to fund the purchase of new life insurance policy) for details.

Section B – Existing Policy(ies) To Be Replaced¹ by this new life insurance policy

1. Existing Policy(ies)⁴ to be replaced and issued by Hang Seng Insurance Company Limited

Existing Policy Number	Plan Name	Policy Issue Date (D / M / Y)

¹ Please refer to Explanatory Note for the definition of Policy Replacement & Section C (e.g. the examples for the funds or savings to fund the purchase of new life insurance policy) for details.

⁴ Details refers to "Potential Replacement Events & Life Insurance Policies Details"[^] and provide information of policies which you intend to use some or all of the value to fund the purchase of new insurance policy, according to Section C and Explanatory Note.

[^]"Potential Replacement Events & Life Insurance Policies Details" applicable to the customers of Wealth Personal Banking, Commercial Banking and Private Banking

2. Existing Policy(ies)³ to be replaced and issued by other insurance company(ies)

Insurance Company Name	Existing Policy Number	Plan Name	Policy Issue Date (D / M / Y)

³ Please complete this section by customer declaration and refer to Explanatory Note for the definition of Policy Replacement & Section C (e.g. the examples for the funds or savings to fund the purchase of new life insurance policy) for details.

Section C – Signature & Declaration

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:

- a) surrendering / partially surrendering your existing life insurance policy to obtain its surrender value
- b) taking out a policy loan (including automatic premium loan) from your existing life insurance policy
- c) withdrawing policy values from your existing life insurance policy (e.g. cash out dividends, withdrawal of accumulated annuity or redeem fund units etc.)
- d) lapsation of your existing life insurance policy (e.g. by non-payment of premium)
- e) exercising the right to a premium holiday under your existing life insurance policy
- f) using your existing life insurance policy as a collateral to obtain loan facility

☐ Yes

☐ Not yet decided[#]

☐ No[#] (If answer "No", please provide reason)

Reason :

Please check **ONE** appropriate box only

Additional papers may be used wherever the spaces provided in the Form are insufficient. However, Licensed Technical Representative/Licensed Insurance Broker and applicant/proposer must sign on all the papers that are used.

[#] Please refer to "Potential Replacement Events & Life Insurance Policies Details"^A for the policy(ies) with potential replacement event in past 12 months and Existing policy(ies) issued by Hang Seng Insurance Company Limited

^A"Potential Replacement Events & Life Insurance Policies Details" applicable to the customers of Wealth Personal Banking, Commercial Banking and Private Banking

Warning: Please answer the above question carefully. Making changes on your existing life insurance policy may not be in your best interest. Your Licensed Technical Representative/Licensed Insurance Broker **must explain to you the financial implications, insurability implications and claims eligibility implications of such changes.** For this purpose, your Licensed Technical Representative/Licensed Insurance Broker 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.

If your answer is "Yes", your Licensed Technical Representative/Licensed Insurance Broker must explain the "Important Facts Statement - Policy Replacement" and Supplementary Information on "Important Fact Statement - Policy Replacement" to you. If your answer is "Not yet decided", your Licensed Technical Representative/Licensed Insurance Broker must explain the "Important Facts Statement - Policy Replacement" to you.

When you answer "No", however, if you change your mind in the future, you should be aware of the financial implications, insurability implications and claims eligibility implications of such changes and please refer to "Important Facts Statement - Policy Replacement" if necessary. Examples of implication are including but not limited to the following:

- a) You may suffer losses, especially you may have to pay the policy set-up cost twice which is usually two years premiums or 10% of single premium of the basic life insurance policy to be replaced.
- b) Some coverage may be denied or a higher premium may be charged due to changes in lifestyles, health conditions and occupations etc.
- c) Your new life insurance policy may restart the period in the "suicide clause" and the "contestability period".

X

Signature of the Applicant / Proposer

Date

(D / M / Y)

X

Signature of Licensed Technical Representative / Licensed Insurance Broker

Date

(D / M / Y)

Full name of Licensed Technical Representative / Licensed Insurance Broker

License No.

Explanatory Notes to Policy Replacement Declaration Form

Policy Replacement Definition: The purchase of a life insurance policy is a policy replacement if at the time of the application date for the new life insurance policy,

- (a) the customer has or had another life insurance policy (or other life insurance policies) (collectively "existing life insurance policy");
- (b) the policy holder(s) of the existing life insurance policy and the life insurance policy being purchased is (are) the same; and
- (c) in order to fund the purchase of the new life insurance policy, the customer is using, or intends to use, some or all of the total cash value of the existing life insurance policy or any savings made or to be made as a result of reducing the premium payable under the existing life insurance policy, by means of the following:
 - (i) reducing the total cash value or sum insured of the existing life insurance policy, by the customer exercising (or having exercised) a right under the policy (e.g. withdrawal, surrender) or by automatic operation of the terms and conditions under the policy (e.g. lapse, reduced paid-up insurance, extended term insurance); or
 - (ii) by the customer taking out (or having taken out) a policy loan from the existing life insurance policy (whether at the customer's request or by automatic operation of the policy terms and conditions); or
 - (iii) by the customer suspending premium payment or ceasing to pay premium under the existing life insurance policy.