



## Change of Customer Information (For Vital Care VHIS Flexi Plan and HSBC VHIS Standard Plan)

### 更改客戶資料 (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被稱為「本公司」或「滙豐保險」。
- Please enclose Identification copy in support, if necessary. 請附上身份證明文件副本以作證明(如適用)。
- 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，閣下需按要求提供相關核實證明。

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) 請用英文正楷填寫，並在適當方格內加上✓號

#### Policy Information 保單資料

Name of Policyholder in English 保單持有人英文姓名	
Policy number 保單號碼	

#### 1. Change or correction of personal details (Please enclose ID Card/Passport/Birth Certificate copy in support) 更改或更正客戶資料(請附上身份證/護照/出生證明副本以作證明)

(This change will be applied to ALL my life insurance policy(ies) underwritten by HSBC Life (International) Limited.)  
(此更改將適用於本人由滙豐人壽保險(國際)有限公司承保之所有人壽保險保單。)

<input type="checkbox"/> (a) Insured 受保人	<input type="checkbox"/> (b) Policyholder 保單持有人	<input type="checkbox"/> (c) Payor 付款人
<input type="checkbox"/> Name 姓名/Full Name of Trust, Corporation or Partnership 信託、公司或合夥名稱 _____ <input type="checkbox"/> Former Name/Alias (Surname first) 前用姓名/別名(先填寫姓氏) _____ <input type="checkbox"/> Trading As Name(s) (if different from the Full Name) 營業名稱(如與全名不同) _____ <input type="checkbox"/> ID Type & No. 身份證明文件類別及號碼 _____ <input type="checkbox"/> GIIN No. 全球中間機構識別碼 _____ <input type="checkbox"/> Date of Birth/Incorporation 出生/公司成立日期 _____ <input type="checkbox"/> Place of Birth 出生地區 _____ <input type="checkbox"/> Nationality (Country/Region) 1* 國籍(國家/地區) 1* _____ <input type="checkbox"/> Nationality (Country/Region) 2*(please complete if different from Nationality 1) 國籍(國家/地區) 2*(若與國籍 1 不同請填寫此欄) _____ <input type="checkbox"/> Nationality (Country/Region) 3*(please complete if different from Nationality 1 and 2) 國籍(國家/地區) 3*(若與國籍(國家/地區) 1 及 2 不同請填寫此欄) _____ <input type="checkbox"/> US Tax ID (where applicable) 美國稅務編號(如適用) _____ <input type="checkbox"/> Local Tax ID (where applicable and optional)* 地方稅務編號(如適用及非必要填寫)* _____ <input type="checkbox"/> Country/Region of Local Tax ID (where applicable and optional)* 地方稅務編號之國家/地區(如適用及非必要填寫)* _____ <input type="checkbox"/> Employment Status 職業狀況 <input type="checkbox"/> Self-Employed 自僱 <input type="checkbox"/> Full-time Employed 全職 <input type="checkbox"/> Part-time Employed 兼職 <input type="checkbox"/> Not Currently Employed 非在職 <input type="checkbox"/> Student 學生 <input type="checkbox"/> Housewife 主婦 <input type="checkbox"/> Retired 退休		

Industry (where applicable) 行業(如適用) \_\_\_\_\_

Occupation (where applicable) 職業(如適用) \_\_\_\_\_

Job Title (where applicable) 職位(如適用) \_\_\_\_\_

Employment Start Date (where applicable) 任職日期(如適用)(MM月/YYYY年) \_\_\_\_\_

Name of Employer / Business & Address (where applicable) 僱主/公司名稱及地址(如適用) \_\_\_\_\_

Monthly Salary (HKD) (where applicable) 月薪(港幣)(如適用)

below 5,000 以下 (0)       5,000 – 9,999 (1)       10,000 – 14,999 (2)       15,000 – 19,999 (3)

20,000 – 29,999 (4)       30,000 – 49,999 (5)       50,000 – 69,999 (6)       70,000 – 99,999 (7)

100,000 – 199,999 (8)       200,000 or above 或以上 (9)

Remarks 備註：

# Any country/region other than US 美國以外之國家/地區

\* Please state all your current Nationality(ies) (Country/Region) if you have any revision. In addition, nationality (country/region) proof is required if the change of nationality (country/region) applied by non-permanent Hong Kong resident. 如修正任何國籍(國家/地區)資料，請填寫閣下現在的所有國籍(國家/地區)。此外，如香港非永久居民申請修正國籍(國家/地區)資料，請附上國籍(國家/地區)證明。

**2. Change of Contact Information 更改聯絡資料**

Note 註：Please choose your change request option by inserting tick “✓” in the applicable box below. If no option is chosen, this change will be applied to this life insurance policy only. 請在以下適用的空格內劃上「✓」號選擇所需的更改類別。如未選擇，此更改將只限此人壽保險保單。

I would like to apply the change or correction of Address/Contact Number to ALL my life insurance policy(ies) underwritten by HSBC Life (International) Limited 本人擬申請更改或更正本人由滙豐人壽保險(國際)有限公司承保之所有人壽保險保單之地址/聯絡號碼。

**Telephone No. 電話號碼**

Home 住宅      Telephone No. 電話號碼：\_\_\_\_\_

Hong Kong SAR 香港特別行政區 (+852)     US 美國 (+1)     China 中國 (+86)

Other Countries/Regions 其他國家/地區 \_\_\_\_\_

Work 工作      Telephone No. 電話號碼：\_\_\_\_\_

Hong Kong SAR 香港特別行政區 (+852)     US 美國 (+1)     China 中國 (+86)

Other Countries/Regions 其他國家/地區 \_\_\_\_\_

Mobile 手提電話      Telephone No. 電話號碼：\_\_\_\_\_

Hong Kong SAR 香港特別行政區 (+852)     US 美國 (+1)     China 中國 (+86)

Other Countries/Regions 其他國家/地區 \_\_\_\_\_

**E-mail Address 電郵地址** \_\_\_\_\_

**Address 地址**

Address Type 地址類別

All types of address 全部地址       Correspondence 通訊       Residential 住宅

Permanent 永久       Business 公司       Registered Office 註冊辦事處

**Address Details 地址資料**

(Please complete in English except the address is in mainland China 除中國內地地址外，請以英文填寫。)

Room/Flat/Floor/Block 室/樓/座

Room     Flat 室 \_\_\_\_\_      Floor 樓 \_\_\_\_\_      Block 座 \_\_\_\_\_

Name of Building 大廈名稱 \_\_\_\_\_

Name of Estate 屋邨名稱 \_\_\_\_\_

Number and Name of Street/Road 門牌號數及街道名稱 \_\_\_\_\_

District 地區

Hong Kong 香港     Kowloon 九龍     New Territories 新界

**For Overseas Address Only**

只適用於海外地址

Country/Region and Postal Code

國家/地區及郵區編號 \_\_\_\_\_

If country/region of new address is not the same as nationality (country/region) or existing address, please provide reason 如新地址所屬之國家/地區與閣下之國籍(國家/地區)或現時地址不同，請說明原因： \_\_\_\_\_

3. Change of Signature of Policyholder 更改保單持有人簽署

New Signature of Policyholder 保單持有人新簽署



4. Update Occupation Details for Policyholder (For personal policyholder) 更新保單持有人職業資料 (適用於個人保單持有人)

Employment Status 職業狀況

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Self-Employed 自僱 | <input type="checkbox"/> Full-time Employed 全職 | <input type="checkbox"/> Part-time Employed 兼職 | <input type="checkbox"/> Not Currently Employed 非在職 |
| <input type="checkbox"/> Student 學生       | <input type="checkbox"/> Housewife 主婦          | <input type="checkbox"/> Retired 退休            |   |

Industry (where applicable) 行業 (如適用) \_\_\_\_\_

Occupation (where applicable) 職業 (如適用) \_\_\_\_\_ Contact number (optional) 聯絡電話 (選填) \_\_\_\_\_

Employment Start Date (where applicable) 任職日期 (如適用) (MM 月 / YYYY 年) \_\_\_\_\_

Name of Employer / Business & Address (where applicable) 僱主 / 公司名稱及地址 (如適用) \_\_\_\_\_

Monthly Salary (HKD) (where applicable) 月薪 (港幣) (如適用)

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> below 5,000 以下 (0)    | <input type="checkbox"/> 5,000 – 9,999 (1)        | <input type="checkbox"/> 10,000 – 14,999 (2) | <input type="checkbox"/> 15,000 – 19,999 (3) |
| <input type="checkbox"/> 20,000 – 29,999 (4)   | <input type="checkbox"/> 30,000 – 49,999 (5)      | <input type="checkbox"/> 50,000 – 69,999 (6) | <input type="checkbox"/> 70,000 – 99,999 (7) |
| <input type="checkbox"/> 100,000 – 199,999 (8) | <input type="checkbox"/> 200,000 or above 或以上 (9) |  |  |

Business Nature (For corporate policyholder) 業務性質 (適用於公司保單持有人) \_\_\_\_\_

Main source of income (For both personal and corporate policyholder) 主要收入來源 (適用於個人及公司保單持有人)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Salary 薪金                          | <input type="checkbox"/> Saving 儲蓄            | <input type="checkbox"/> Donation 捐獻                       |
| <input type="checkbox"/> Inheritance 遺產                     | <input type="checkbox"/> Business Income 生意收入 | <input type="checkbox"/> From Business Owner 由生意持有人提供      |
| <input type="checkbox"/> Return on Investment 投資回報          | <input type="checkbox"/> Sales Proceed 銷售收入   | <input type="checkbox"/> Fee and Commission Income 酬金及佣金收入 |
| <input type="checkbox"/> Others, please state 其他，請註明： _____ |   |  |

**Important Notice 重要事項**

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商期滿或終止後，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。

**Declaration and Authorisation 聲明及授權書**

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，並同意貴公司可跟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Signature of Irrevocable Beneficiary (if any)  
不可撤換受益人簽署(如適用)Signature of Assignee  
(with company chop, if any)  
承讓人簽署(附上公司蓋章，如適用)

Date 日期：\_\_\_\_\_

Date 日期：\_\_\_\_\_

Date 日期：\_\_\_\_\_

Signed at (city, country/region)  
於(城市、國家/地區)簽署**For Bank Use** Client's ID copy attached

Staff Name and ID:

Servicing Staff IA No.

Branch Code and Chop

 Client's original ID sighted

Contact No.:

Servicing Staff RI No.