



BQ001

更改保單申請表 (保障) Application for Change in Policy (Coverage)

保單編號 Policy Number	權益人姓名 Name of Policyowner	受保人/年金領取人姓名 Name of Life Insured/Annuitant
保險中介人編號 Insurance Intermediary Code	保險中介人姓名 Name of Insurance Intermediary	營業區 (如適用) Agency (if applicable)

重要事項 Important Notes

- 當您填寫此表格前，請閱畢此表格附上的個人資料收集聲明（「本聲明」）。透過填妥及交回此表格，即表示您同意本聲明的內容。
Before you complete this form, please read the Personal Information Collection Statement ("Statement") as stated in this form. By completing and returning this form, you are agreeing to the Statement.
- 您提供給立橋人壽的任何個人資料如有變更（如姓名、國籍、稅務居住地、地址、身份證明文件類型及號碼、職業，或商業客戶的商業註冊/成立資料/ 股權結構等），請立即通知我們作出更改。倘我們沒有收到您通知，即表示您毋須更新個人資料。
If there is any change of your personal information (e.g. name, nationality, tax residence, address, identity document type and number, occupation, business registration/ incorporation/ ownership structure of corporate customer etc.), please notify Well Link Life for changes immediately. We shall assume no change in your data from our latest record unless we receive a notice from you.

請在下列適用空格內加上“✓”號。Please input a “✓” in the box(es) below for applicable change(s).

1. 增加/減低* 投保額或年繳保費 / 計劃升級/降低* Increase/Reduce* Sum Insured or Annual Premium / Plan Upgrade/Downgrade*	<input type="checkbox"/>	2. 新增/刪除* 附加利益保障 Add/Delete* Supplementary Benefits	<input type="checkbox"/>	3. 復效 Reinstatement	<input type="checkbox"/>
4. 申報健康資料 Declaration of Health	<input type="checkbox"/>	5. 保單貸款 Policy Loan	<input type="checkbox"/>	6. 取消保單 Cancellation of Policy	<input type="checkbox"/>
7. 保單利益提取 Withdrawal	<input type="checkbox"/>	8. 保單提取選擇 Policy Payment Option	<input type="checkbox"/>	9. 職業變更 Change of Occupation	<input type="checkbox"/>
10. 持續合適性重檢 Review of Continuity of Suitability	<input type="checkbox"/>	11. 其他 Others	<input type="checkbox"/>		

*將不適用刪去 Delete if not applicable

第一至二部份: 增加 / 減低投保額或年繳保費; 計劃升級 / 降低; 新增 / 刪除附加利益保障

Part 1 to 2: Increase/ Reduce Sum Insured or Annual Premium; Plan Upgrade / Downgrade; Add/ Delete Supplementary Benefits

更改投保額/年繳保費/計劃/附加利益保障 Change of Sum Insured/ Annual Premium / Plan / Supplementary Benefits	基本計劃/ 附加利益保障 Basic Plan/ Supplementary Benefits	新增/升級 Add/ Upgrade	刪除/降低 Delete/ Downgrade	增加 Increase	減低 Reduce	新投保額 / 計劃 New Sum Insured or Annual Premium / Plan
如增加投保額、計劃升級或新增附加利益保障，請同時填寫第四部份 Please also complete Part 4 for Increase in Sum Insured, Plan Upgrade or Addition of Supplementary Benefits		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

需要分析 – 適用於申請增加任何投保額或年繳保費、新增附加利益保障及/ 或提升保障計劃

Needs Analysis – applicable for any increase in Sum Insured or Annual Premium, addition of supplementary benefits and/ or upgrade of benefits

如您於過去 12 個月內曾遞交財務需要分析表格而下列聲明適用，請於下列空格內加上“✓”號。否則，請您填寫及遞交一份新的財務需要分析表格。

If suitability assessment and/or Financial Needs Analysis (FNA) has been done in the past 12 months with below declaration applicable to your situation, please input a “✓” in the below box. Otherwise, please complete and submit a new FNA form.

- 本人聲明在過去12個月內曾遞交財務需要分析表格且所填報的資料至今沒有任何重大改變，包括需要、風險及可承擔能力等亦無錯配。

I declare that suitability assessment and/or FNA has/have been conducted in the past 12 months from the date of signing of this form and there is no substantial change of information and mismatch of needs, risks and affordability etc. provided therein .

第三部份: 復效保單 Part 3: Reinstatement

- 簡易復效保單** - 本人聲明自保單失效至今，本人的健康及職業並無改變。

(只適用於自最終保費到期日起計失效不足三個月的保單，而期間受保人及保單權益人 (如有投保人保障附加保障) 的健康及職業並無改變，於立橋人壽亦沒有任何理賠記錄)

Simplified Reinstatement - I declare that there has been no change in my health and occupation since the lapsation of the Policy. (Only applicable to policy lapsed for less than 3 months from the last premium due date and there is no change of health and occupation of the Life Insured and Policyowner (if Payor Benefit is applied) without any claim history in Well Link Life).

- 復效保單** - 請同時填寫第四部份

Reinstatement – please also complete Part 4.

一併已繳付復效所需的保費及相關的徵費為

Required premium and related levy payment paid with this reinstatement application is: _____.

第四部份甲項 – 健康資料 (此部份健康問題不適用於自願醫保計劃, 自願醫保計劃請填寫另一份獨立健康問卷; 如有投保人保障附加保障, 保單權益人亦必須申報健康資料) Part 4 Section A – Health Information (This section of health questions is not applicable to VHIS. For VHIS, please complete a separate health questionnaire. If Payor Benefit is applied, Policyowner has to declare health information)				保單權益人 Policyowner		受保人 Life Insured					
				是 Yes	否 No	是 Yes	否 No				
1	保單權益人 Policyowner	身高 Height	厘米 cm	體重 Weight	公斤 kgs						
	受保人 Life Insured	身高 Height	厘米 cm	體重 Weight	公斤 kgs	出生體重 Birth Weight	公斤 (只適用於 2 歲以下) kgs (For under age 2 only)				
	過去一年內, 您的體重曾否有 5 公斤以上的增減? 如答「是」, 請提供詳情及原因。 Has your weight changed for more than 5 kgs in the past year? If "Yes", please provide details and reason.							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 增加 Gain		總體重改變 Total weight change		公斤 kgs	原因 Reason					
	<input type="checkbox"/> 減少 Loss										
2	您過去十二個月內曾否吸食煙草製品或電子煙 (或相類產品)? 如答「是」, 請在以下部份提供資料。 Have you smoked any tobacco products or electronic cigarettes (or similar forms) within the past 12 months? If "Yes", please provide details below.							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	種類 Type	每日平均數量(單位) Average daily consumption (unit)			吸煙年數 Duration of Smoking						
	如已戒掉煙草製品, 請說明原因及日期。 If quit, please state when and for what reason.										
	停止日期 Date Ceased	原因 Reason									
		年 YYYY	月 MM	日 DD							
3	您在過去十二個月內曾否求診? 如答「是」, 請在以下部份提供資料。 Do you have any consultation within the past 12 months? If "Yes", please provide details below.							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	最後求診日期 Last Consultation Date										
		年 YYYY	月 MM	日 DD							
	原因 Reason	<input type="checkbox"/> 傷風 / 感冒 – 已復原 Common cold / flu – recovered									
		<input type="checkbox"/> 例行檢查 – 結果正常 Routine checkup – normal results									
		<input type="checkbox"/> 其他 Others									
4	您是否服用任何成癮藥物、吸毒或飲酒? 如答「是」, 請在以下部份提供資料。 Do you take soft drugs narcotics or alcohol? If "Yes", please provide details below.							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	類別 Type:	每星期平均份量 Average weekly:									
5	您現時是否服用或注射任何藥物或需要特別飲食限制? Are you now taking any medication, having injection or on a special diet?							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	類別 Type:	原因 Reason:									
6	您的直系親屬有否於60歲前患有有血液疾病、心臟病、多囊性腎病、中風、糖尿病、高血壓、癌症、愛滋病或遺傳性疾? 如答「是」, 請在以下部份提供資料。 Have any of your immediate family members ever had blood disease, heart disease, polycystic kidney disease, stroke, diabetes, hypertension, cancer, AIDS or known hereditary disease before the age of 60? If "Yes", please provide details below.							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	直系親屬關係 Relationship of Family Member	病發日期 Onset Date	患上疾病種類 Type of Disease	現時年齡 / 身故時年齡 Current Age / Age at Death							
7	您有否就下列各項相關的疾病或問題而曾出現病徵、接受檢驗、診斷、輔導或治療: Have you ever had any symptoms, investigation, medical advice, counselling or treatment in connection with diseases or disorders of the following:										
a.	與肌肉及骨骼系統或皮膚有關的疾病, 如: 關節炎、風濕病、痛風、坐骨神經痛, 或其他骨骼或脊椎的問題? The musculoskeletal system or skin, e.g. arthritis, rheumatism, gout, sciatica or any disorder of the bones or spine?							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	與神經系統、精神或與腦相關的疾病, 眼或耳的疾病, 如: 癱瘓、精神緊張、失明、失聰、暈眩或癲癇? The nervous system, psychiatric or brain function disorder, or impairment of the eyes or ears, e.g. paralysis, anxiety states, blindness, deafness, giddiness or epilepsy?							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	與循環系統、心臟或血液有關的疾病, 如: 心跳不正常、心雜音、胸部不適、血壓不正常、中風或貧血? The circulatory system, heart or blood, e.g. palpitation, murmur, chest discomfort, raised blood pressure, stroke or anaemia?							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	與呼吸系統或內分泌系統有關的疾病, 如: 哮喘、支氣管炎、肺氣腫、糖尿病或甲狀腺腫脹? The respiratory system or endocrine system, e.g. asthma, bronchitis, emphysema, diabetes or goitre?							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	與消化系統、泌尿系統、乳房或生殖系統有關的疾病, 如: 潰瘍、肝炎 (包括乙型肝炎帶菌者), 或其他腸胃、肝、腎或膀胱的問題? The digestive system, urinary system, breast or reproductive system, e.g. ulcer, hepatitis (including hepatitis B carrier), other disorders of the stomach, liver, bowels, kidneys or bladder?							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	腺腫大、腫瘤、癌、瘤或其他惡性病變? Enlarged glands, tumours, cancer, growth or other malignancy?							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	傳染病 (性病)、愛滋病、愛滋病相關複合症或任何其他與愛滋病相關的疾病? Sexually transmitted diseases, AIDS, AIDS related Complex or any other AIDS related condition?							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	在過去五年內, 您曾否有以下的情況而未有在上述提及: Apart from what have been mentioned above, did you in the last 5 years have the following condition:										
a.	遇上意外或患有疾病, 以致需要接受醫療或藥物治療超過十四天以上? Any accident or illness necessitating you being under medication or drugs for more than 14 days?							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

第四部份甲項 – 健康資料 (續) Part 4 Section A – Health Information (Continued)		保單權益人 Policyowner		受保人 Life Insured	
		是 Yes	否 No	是 Yes	否 No
b.	在醫院或診所接受任何外科手術? Undergone any surgical operation at a hospital or clinic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	接受過任何檢驗 (包括X光、心電圖、驗血、活體檢視、超聲波、乳房X光或子宮頸細胞塗片檢查等)? Undergone any investigations (including X-rays, ECGs, blood tests, biopsies, ultrasound, mammogram or PAP smears, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	只適用於女性 For Female only:				
a.	您曾否患有婦科疾病, 如: 月經方面的疾患, 盆腔炎或子宮頸或乳房的疾患? Have you experienced any gynaecological problems, such as menstrual disorders, pelvic inflammatory diseases or disorders of the cervix or breast?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	您現在是否懷孕? 若「是」, 請說明您的預產期。 Are you now pregnant? If "Yes", please state expected delivery date _____ / _____ / _____ 年 YYYY 月 MM 日 DD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	您曾否在懷孕或分娩期間出現併發症 (如宮外孕、糖尿病、高血壓、蛋白尿)? Have you ever suffered from complications during pregnancy or delivery (e.g. ectopic pregnancy, diabetes, hypertension, protein in urine)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

補充資料部份 - 以上問題 7 至 9 中任何一條的答案為「是」, 請於此詳述。如下列空格不敷使用, 可填寫於補充資料表格或相關問卷。

Supplementary Information Section - If any answer to questions 7 to 9 above is "Yes", please give details here. If space below is not enough, please use Supplementary Form or related questionnaires.

題目 號碼 Qn No.	保單權益人 或受保人 Policyowner or Life Insured	患病日期及診斷結果 Onset date and Diagnosis	歷時、發病次數及病情 Duration, Number of attacks and Severity	曾接受治療或檢查 種類及其結果 Type of Treatment or Investigation received and their Results	主診醫生或醫院名稱及 地址 Name and Address of Physician or Hospital	最後診治日期 Last Consultation Date	康復程度* Degree of Recovery*

* U = 正接受治療 Under treatment O = 間中復發 Occasional attack F = 痊癒 Fully recovered

第四部份乙項 – 其他投保資料 Part 4 Section B – Other Insurance Details

(此部份不適用於自願醫保計劃; 如有投保人保障附加保障, 保單權益人亦必須申報投保資料)

(This section is not applicable to VHIS. If Payor Benefit is applied, Policyowner has to declare insurance details)

第四部份乙項 – 其他投保資料 Part 4 Section B – Other Insurance Details		保單權益人 Policyowner		受保人 Life Insured													
		是 Yes	否 No	是 Yes	否 No												
1	您是否在過去及未來一年在香港以外的地方居住超過六個月? 如答「是」, 請提供詳細資料。 Do you travel or reside outside Hong Kong for more than 6 months in past and next year? If "Yes", please provide details.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
	<table border="1"> <thead> <tr> <th>國家/城市 Country / City</th> <th>次數 Frequency</th> <th>每次逗留時間 Duration of Each Visit</th> <th>原因 Reason</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	國家/城市 Country / City	次數 Frequency	每次逗留時間 Duration of Each Visit	原因 Reason												
國家/城市 Country / City	次數 Frequency	每次逗留時間 Duration of Each Visit	原因 Reason														
2	您現時是否已有或正在申請任何保險? 如答「是」, 請提供詳細資料。 Do you have any existing insurance policy or pending insurance application on your life? If "Yes" please provide details.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
	<table border="1"> <thead> <tr> <th>保險公司名稱 Name of Insurance Company</th> <th>保障類型 Type of Benefits</th> <th>保障金額 (貨幣) Coverage Amount (Currency)</th> <th>保單狀況 Policy Status</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	保險公司名稱 Name of Insurance Company	保障類型 Type of Benefits	保障金額 (貨幣) Coverage Amount (Currency)	保單狀況 Policy Status												
保險公司名稱 Name of Insurance Company	保障類型 Type of Benefits	保障金額 (貨幣) Coverage Amount (Currency)	保單狀況 Policy Status														
3	您曾否被任何公司拒絕或延期受保、徵收額外保費或附加任何除外條款 (包括人壽及生存保障)? 若「是」, 請詳述。 Has any proposal for assurance (including life & living benefits) on your life to this or any company been declined, deferred, or accepted at special rates or with exclusions? If "Yes", please give details.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
	<table border="1"> <thead> <tr> <th>保險公司名稱 Name of Insurance Company</th> <th>申請日期 Application Date</th> <th>保障類型 Type of Benefits</th> <th>原因 Reason</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	保險公司名稱 Name of Insurance Company	申請日期 Application Date	保障類型 Type of Benefits	原因 Reason												
保險公司名稱 Name of Insurance Company	申請日期 Application Date	保障類型 Type of Benefits	原因 Reason														
4	您曾否參與或意圖參與任何危險性運動, 包括但不限制於潛水、跳傘、非跑步的賽事或並非以購票乘客身份乘搭有固定班次的民航機的飛行活動? 如答「是」, 請提供活動資料並填寫相關問卷。 Do you participate in, or intend to participate in any hazardous sports, including but not limited to scuba diving, parachuting, racing other than on foot or flying other than as a fare-paying passenger on a regularly scheduled airline? If "Yes", please provide activity information and complete appropriate questionnaire.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
	類別 Type: _____ 參與頻次 Frequency: _____																

第八部份：保單提取選擇（續） Part 8: Policy Payment Option (Continued)**請注意 Notes**

- 戶口必須為保單權益人單獨持有。The account must be an account solely owned by the Policyowner.
- 如保單已作抵押性轉讓，相關款項將以支票付予受讓人。
If the policy has been collaterally assigned, any relevant payments will be made to the Assignee by cheque.
- 此轉賬戶口將用作發放上述申請及上述保單日後所有保單給付金額 [包括但不限於提取保單價值（包括紅利）、保單貸款、各類保單退款（包括按相關規定的徵費，如有）、年金支付（若年金領取人為保單權益人）、退保、及賠償費（身故賠償除外）等。]
Payment for the above application and all future policy proceeds [including but not limited to withdrawal of policy values (including dividend), policy loan, any kind of payment refund (including any levy according to the relevant requirements), annuity payment (if annuitant is the Policyowner), surrender and claims payment (except for death benefit) etc.] of the above policy will be released via this bank account.
- 如無明確及有效的轉賬指示，以上款項會按立橋人壽的現有記錄（如有）發放。
Unless clear and valid transfer instruction is provided, payment for the above items will be made according to the current payment instruction (if any) as per Well Link Life's record.
- 如未能成功轉賬 / 戶口並非保單權益人單獨持有的賬戶 / 銀行戶口資料不全或有錯漏，款項將以保單貨幣支票發出而不作另行通知。Payment will be made by policy currency cheque if the transfer is unsuccessful / the bank account is not solely owned by the policyowner / account details is incomplete or incorrect.
- 相等之港幣將以立橋人壽保險有限公司於簽發支票時所釐定之貨幣兌換率計算，而有關之貨幣兌換率將不時轉變。The HKD equivalent will be based on the currency exchange rate determined by Well Link Life Insurance Company Limited at the time of payment issuance and it can be changed from time to time

第九部份：職業變更 Part 9: Change of Occupation

適用於 Applicable to:	<input type="checkbox"/> 保單權益人 Policyowner	<input type="checkbox"/> 受保人 Life Insured
現職 Current Occupation	任職日期 Employment Date	
日常職務 Daily Job Duties	牽涉體力勞動 Manual Work Involved?	<input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes
	高空工作 Work at height?	<input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes
	若是，請提供高度 If yes, please provide the height _____	
公司名稱及地址 Employer's Name and Address		

**受保人或保單權益人更新職業或因轉職而調整保費時，其所有於立橋人壽保單的職業紀錄/ 保費（如適用）將會被同時更新。
Upon receipt of submission for change of occupation / change of occupation rating (if applicable) from the Life Insured or Policyowner, we will update your occupation record/rating (if applicable) for all your policies with Well Link Life.**

第十部份：持續合適性重檢 [只適用於醫療保險保單]**Part 10: Review of the Continuity of Suitability [Applicable for Medical Insurance Policy(ies) only]**

我，作為保單權益人，確認保險中介人已與我進行持續合適重檢，並於重檢後：

I, the Policyowner, confirm that the review of continued suitability has been conducted with me by the Insurance Intermediary and after the review:

持續合適性並沒有更改

There is no change of continued suitability

持續合適性有所更改，理由如下（如已完成新的財務需要分析表格並連同此表格一併遞交，則無需填寫以下部份）：

There is/are change(s) of continued suitability with reasons below (the following part is not required to be completed if a new Financial Needs Analysis Form has completed for reviewing the continued suitability and submitted together with this form):

請在此提供影響持續合適性的改變，及保險中介人所提供的建議及解釋。

Please provide here the change(s) which affects the continued suitability, and recommendation(s) and explanation(s) provided by the Insurance Intermediary.

第十一部分：其他更改 Part 11: Others

其他更改（請說明）

Other Changes (Please specify)

第十二部份：保險業監管局（「保監局」）收取的徵費 Part 12 – Collection of Levy by the Insurance Authority (“IA”)

由2018年1月1日起，保單權益人必須向保監局繳付保單的保費徵費。保監局將透過保險公司向保單權益人收取徵費。如保單權益人未能依時繳交徵費，即屬違法，可被罰款最高港幣五千元。徵費需於繳交保費時同時繳交。

From 1 January 2018 onwards, a levy on insurance premiums for insurance policies will be payable to IA by policyowner. IA will collect the levy from policyowner through insurance companies. Policyowner shall commit an offence and be liable to a pecuniary penalty up to HK\$5,000 for failure to timely pay the levy. Levy must be paid when the premium is paid.

有見及此，儘管載於本表格、保單條款或立橋人壽保險有限公司(下稱「立橋人壽」)之間其他任何協議所包含的任何內容，您同意立橋人壽在需要時提供以下協助，使立橋人壽能夠就您透過此保單適當地及相關地根據以下條款，收取任何應向保監局繳付的未繳徵費：

In this connection, notwithstanding anything contained in this form, policy provision or any other agreements between Well Link Life Insurance Company Limited (referred to as “Well Link Life”), you agree and consent with the following assistance as may be necessary to enable Well Link Life to collect any outstanding levy payable to IA in respect of this policy to the extent applicable and relevant, subject to the terms hereof:

- 如您選擇以信用卡或銀行戶口作自動轉賬繳付續期保費，您亦同意授權同時以自動轉賬形式扣除相關徵費；及
if you choose to use autopay through credit card or bank account for renewal premium payment, you authorize Well Link Life to deduct the levy by autopay; and
- 您授權立橋人壽從保單預繳保費戶口及/或備用保費帳戶中扣除相關所需的徵費；及
you authorize Well Link Life to deduct the levy from Premium Deposit Account (“PDA”) and/ or Future Premium Deposit (“FPD”) of the policy; and
- 您授權立橋人壽可於保單的任何續期保費以自動保費貸款形式扣除時，同時以自動保費貸款形式扣除相關徵費，該扣除的徵費將成為自動保費貸款的一部份並將按保單條款計算利息；及
you authorize Well Link Life to deduct the levy by Automatic Premium Loan (“APL”) if any renewal premium of the policy is being paid by APL and such levy shall be part of APL on which interest shall be charged in accordance with the policy provisions; and
- 您同意如預繳任何保費，將同時就預繳保費預付徵費；及
you agree the prepayment of levy on prepaid premiums if you pre-pay any premium; and
- 如您所繳付的金額不足以扣除保費及徵費，您同意立橋人壽先扣除保費；及
in case the payment you pay to Well Link Life is insufficient to pay for both premium and levy, you authorize Well Link Life to settle the premium first; and
- 任何逾期徵費都需您的同意及授權，立橋人壽方能扣除；如您沒有指定繳付何期的逾期徵費，立橋人壽會先扣除最前期的逾期徵費。
Well Link Life can only deduct any outstanding levy from your payment with your consent and authorization; in case the payment you pay to Well Link Life is to settle outstanding levy without specifying which period, you authorize Well Link Life to first settle the oldest outstanding levy.

如您要撤回對上述(a)至(f)條的同意，您必需要在有關付款到期前三十天內以書面通知立橋人壽。

If you wish to withdraw your consent to terms (a) to (f) above, you must give notice to Well Link Life in writing within 30 days prior to the due date of the relevant payments.

第十三部份：聲明及授權 Part 13: Declaration & Authorization

- 本人謹此要求本人的保單依照本申請表的選擇作出更改，並明白及同意此申請將不會生效直至 (i) 所有有關文件及款項（如需要）收妥及 (ii) 此項申請是經立橋人壽批核後方可作實。
I hereby request that my policy be changed in accordance with the particulars set out in this application and I understand and agree that the request for change(s) shall not take effect until (i) any required documents and payments (if need) are submitted in full and (ii) the application is duly approved by Well Link Life.
- 本人謹此代表本人、受保人/年金領取人及其他在此申請表提及的人士（「相關人士」）聲明及同意，上述一切資料，不論是否本人親手所寫，就本人所知所信，均為事實之全部並確實無訛。
I hereby declare and agree on behalf of myself and the Life Insured/Annuitant and other Persons referred to in this application (“Relevant Persons”) that all information in this application whether or not written by my own hand are to the best of my knowledge and belief complete and true.
- 如本人或受保人/年金領取人不能提供任何此申請表所須的資料，立橋人壽可能因此不能接受此保單更改申請。
If I or the Life Insured/Annuitant fail to provide any information requested in this application, it may result in Well Link Life’s inability to accept this application.
- 本人確認，本人已獲提供一份由立橋人壽發出的收集個人資料聲明（「本聲明」）。本人確認已經閱讀並且明白本聲明。本人同意立橋人壽可依照本聲明的條款收集、使用、儲存、處理、披露、轉移及以其他方式分用本人的個人資料。本人進一步確認，本人已獲得受保人/年金領取人和任何其他有關人士（如適用的話）的明示同意，可以按照本聲明所述的用途將他們的個人資料提供給立橋人壽，並允許立橋人壽可依照本聲明的條款收集、使用、儲存、處理、披露、轉移及以其他方式分用該等個人資料。
I acknowledge that I have been provided with a copy of the Personal Information Collection Statement (the “Statement”) issued by Well Link Life. I confirm that I have read and understood the Statement. I agree that Well Link Life may collect, use, store, process, disclose, transfer and otherwise share my/ our personal data in accordance with the terms of the Statement. I further confirm that I have obtained the express consent of the Life Insured/Annuitant and any other relevant individuals (where applicable) for providing their personal data to Well Link Life for the purposes stated in the Statement and for allowing Well Link Life to collect, use, store, process, disclose, transfer and otherwise share such personal data in accordance with the terms of the Statement.
- 本人聲明及同意已獲相關人士授權及同意本人作出上述聲明、協議及授權。
I declare and agree that I have the full authority from and consent of the Relevant Persons to make the above declarations, agreements and authorizations.

簽署日期 _____ 年 _____ 月 _____ 日
Signed on: _____ Year _____ Month _____ Day

保單權益人簽署（簽署須與我們的存案相符）
Signature of Policyowner (must correspond to that in our records)

受讓人簽署（如適用）
Signature of Assignee (if applicable)

受保人/年金領取人簽署（若與保單權益人不同）
Signature of Life Insured/Annuitant (if other than Policyowner)

見證人簽署（姓名：_____）
Signature of Witness (Name：_____)

個人資料收集聲明(「本聲明」)

立橋人壽保險有限公司(以下統稱為「我們」或「我們的」)為立橋集團成員;團隊並不時加添新的聯營及附屬公司成員(統稱為「我們集團」或「立橋集團」)。我們明白其根據香港特別行政區個人資料(私隱)條例(第486章)(「私隱條例」)收集、持有、處理、使用、轉移、披露和/或共享該等個人資料所負有的責任,本聲明亦就此而制定。

收集個人資料目的

您須不時向我們提供關於您自己、保單權益人、受保人、索償人及/或其他有關人士的資料,以便我們能向您提供保險產品和服務。向我們提交您的資料是自願性的,然而,若您未能提供有關資料,可能導致我們不能為您或繼續為您提供保險及/或相關產品與服務。

我們可能向您收集、使用、儲存、處理、轉讓、披露或分用您的個人資料,以達到下列目的(包括但不限於):

1. 確保您及您的電腦能以最有效方式瀏覽我們的網站內容;
2. 確保我們能與您溝通,處理查詢,並驗證您的身份;
3. 確定您可能符合資格投保的保險計劃,並提供報價;
4. 為您處理評核向我們提出的投保申請,管理並進行調整、取消、更新保單、續保或附加批註;
5. 協助我們簽發、管理及處理您的保單、籌劃共同保險及/或再保險、執行付款指令、處理續保通知及相關服務;
6. 協助我們評核及處理索償申請、調查及結清索償、以及偵測和防止欺詐行為(無論是否與該索償申請的保單有關);
7. 行使代位權(如適用)或追收尚欠金額(如有);
8. 不時就本條款所列的任何目的核對所持有的與您有關的任何資料;
9. 為統計或其他目的進行市場研究,以改善我們的產品和服務及為您設計產品/服務;
10. 按保單條文履行我們與您之間的合約義務,及我們為向您提供任何產品或服務而牽涉的其他目的;
11. 推廣、管理、經營及促銷我們及立橋集團的保險產品及服務;
12. 就您事前訂明的同意(如有)約束之下,直接促銷下列「直銷」段落所述的產品、服務及其他標的,而您可在任何時間知會我們以行使撤回同意的權利;
13. 在您自願的情況下,讓您參與我們的互動服務;
14. 遵守任何義務、要求、政策、程序、措施或安排與我們及立橋集團分享資料;
15. 遵守任何適用法律、規則、規例、實務守則或指引所要求與我們及立橋集團分享資料、或披露個人資料以協助在香港或以外其他地方的警方或監管機構調查、或遵守與其他任何政府或監管機構協議、執法及進行制裁、預防或調查洗黑錢、恐怖主義融資、欺詐或其他非法活動;及
16. 其他在收集個人資料時或之前列明之目的。

個人資料轉讓

所有收集得來的個人資料將予以保密,但我們可能會按香港境內外的個別情況,把您的個人資料(包括信用資料和索償歷史)披露及轉讓至或由:

- 向我們提供技術或其他服務包括直接營銷服務、任何提供付款、數據處理、網站託管、與業務營運,和/或其他服務予我們之代理、承辦商或第三者和任何為我們提供保單管理和保險服務的服務供應商,包括但不限於保險中介人、財務顧問、為保險公司承保的分保公司、僱主、理賠師、索償調查公司、律師、會計師、醫護組織或專業人士、醫院、其他保險公司(無論是直接地、或是通過防欺詐組織或本段中指名的其他人士)、金融機構和信用卡公司、信貸資料評級機構、追收債務機構等,不論在香港或其他地方,並有同等的保密義務;

- 相關的保險業協會/聯會及其成員、整合保險業索償及承保資料組織、防欺詐組織及保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊(及其營運者);
- 立橋集團成員、聯營公司和商業合作夥伴;
- 精算或研究機構;
- 政府、司法機構、執法機構、監管機構、稅務局或任何根據法例和/或監管責任而需作出披露的人士;和
- 其他在收集個人資料時列明的轉讓人士

以上情況適用於香港境內或境外的。假如我們需要把您的個人資料轉讓至香港境外地區,我們會確保受讓者擁有至少相當於我們的政策、程序、合適的安全伺服器及其他措施,以保障您的個人資料,而轉讓必須符合上述目的。

直銷

我們可能會不時使用、披露或提供您的姓名、聯絡資料、和個人資料(包括服務及產品組合、交易模式和行為、財務及背景資料)(「相關個人資料」),讓立橋集團的成員及我們的聯營公司和商業合作夥伴(無論有獲利與否)可以使用相關個人資料,為您提供與以下產品和服務進行直接促銷(包括但不於提供獎賞、客戶或會員或優惠計劃):

- 保險、銀行、金融、證券、資產管理和相關產品及服務;
- 健康、保健及醫療、餐飲、體育運動及會員服務、健身或類似的休閒活動、旅遊及交通、社交網絡、媒體的產品及服務。

我們及立橋集團有意向您送交推廣訊息或資料,及根據上述段落使用包括披露或提供您的相關個人資料,如沒有您的同意(包括不反對的表示),我們不會使用。您亦可以行使權利,撤回先前同意我們使用和/或披露相關個人資料,和/或向第三方提供相關個人資料作直銷用途的決定,假如您選擇行使該權利,我們要確保停止使用或提供相關個人資料作直銷用途,但作續保通知及相關服務則例外。如您不同意我們擬對您相關個人資料的使用、披露或提供,您可於任何時間致函給我們,以行使您不同意或撤回您同意此項安排的權利。

查閱個人資料

按照「私隱條例」規定,您有權查閱及更正我們所持有的個人資料。我們會盡快處理您提出的查閱及更正個人資料要求,但在某些情況下,我們可能會收取合理的費用,以抵銷我們為執行您的資料查閱要求而引致的行政和實際費用。如果我們未能為您提供資料,我們需提供拒絕理由,並提供所憑藉的法律理據。

若您要行使有關權利,或您對我們的私隱政策及個人資料收集聲明有任何疑問,請以書面方式郵寄至:個人資料保護主任(客戶服務),立橋人壽保險有限公司,香港上環干諾道中168-200號信德中心招商局大廈11樓1116-1118室。

資料保安

我們採取切實可行的步驟,確保我們所持有的個人資料受到保護,收集的個人資料亦儲存於安全伺服器內,並在合約或法律訂明的必要保留期限內(以較遲者為準),保留、維護、控制、保護您的個人資料,所有涉及付款交易及收集個人資料的網頁亦使用嚴格的保安程序。

保留權利

我們保留全權及絕對酌情權隨時更改或修改本聲明及私隱政策,以確保本聲明及私隱政策配合我們未來發展、行業發展趨勢和/或任何法律或監管規定的變動。

Personal Information Collection Statement ("Statement")

Well Link Life Insurance Company Limited (referred to hereinafter as "We", "Us", "Our") is a member of Well Link Group with associated, affiliated and subsidiary members companies as added from time to time (referred to hereinafter as "Our Group" or "Well Link Group"). We recognize Our responsibilities in relation to collection, holding, processing, use, transfer, disclose and/or share of personal data under the Personal Data (Privacy) Ordinance (Chapter 486 of the laws of Hong Kong) (the "PDPO") and this Statement is made accordingly.

Purpose of Collection

From time to time, it is necessary for you to supply Us personal information about yourself, policyowner, life insured, beneficiary and/or other relevant individuals in connection with our provision of products and services. Provision of the personal information to Us by you is voluntary. However, failure to supply such information may result in Us not being able to process your case and/or provide you or continue to provide you with insurance products and services you have applied for.

We may also collect, use, store, process, transfer, disclose or share your personal data for purposes including but not limited to:

1. ensuring that content from Our website is presented in the most effective manner for you and for your computer;
2. enabling Us to communicate with you, respond to your queries and to verify your identity;
3. identifying policies of insurance issued by Us for which you may be eligible and to provide you with quotes;
4. assessing, processing any application for policies of insurance that you make and administering and carrying out variations, cancellations, endorsements or renewals of insurance products as the case may be;
5. assisting in the issuance, administration, processing, arranging coinsurance and/or reinsurance of your insurance policies, payment instruction, policy renewal notice and relating services;
6. assessing and processing claims application, investigating and claims settling, detecting and preventing fraud (whether or not relating to the policy issued in respect of the claims application);
7. exercising rights of subrogation (if applicable) and collection of amounts outstanding (if any);
8. matching any data held which relates to you from time to time for purposes as listed here;
9. conducting market research for statistical or other purposes to allow Us to improve our products and services for you and designing products/services for You;
10. carrying out Our obligations arising from any contracts entered into between you and Us and other purposes in connection with the provision of any of Our products or services to you;
11. promoting, managing, conducting and marketing the insurance products and services of Well Link Life Insurance Company Limited and Our Group;
12. direct marketing of products, services and other subjects as described under the heading "Direct Marketing" below subject to your prior prescribed consent (if any), and you can exercise the right of opt-out by notifying Us at any time;
13. allowing you to participate in interactive features of Our service, when you choose to do so;
14. complying with any obligations, requirements, policies, procedures, measures or arrangements for sharing data and information within Us and Our Group;
15. using or making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purpose, investigations by police or other government or regulatory authorities or bodies in Hong Kong or elsewhere and complying with the laws of any applicable jurisdiction in sanctions or prevention or detection of money laundering, terrorist financing, fraud or other unlawful activities within or outside Hong Kong; and
16. other purposes notified to you on or before the time of collection or use.

Data Transfer

Personal data held by Us will be kept confidential but We may, for the purposes set out above, disclose and transfer your personal data (including credit information and claims history) to or from:

- any agent, contractor or third party who provides technology or other services to Us including direct marketing services, payment, data processing, website hosting, administrative and/or other services to us in connection with company's operations and provision of policy administration and insurance services, including but not limited to insurance intermediaries, financial advisors, reinsurers, employers, loss adjusters, claims investigations companies, lawyers, accountants, healthcare entities or professionals, hospitals, other insurance companies (whether directly or through fraud prevention organization or

other persons named in this paragraph), financial institutions and credit card companies, credit reference agencies and debt collection agencies etc. in Hong Kong or elsewhere and who has a duty of confidentiality to the same;

- related insurance industry associations/federations and their members, organizations that consolidate claims and underwriting information for the insurance industry, fraud prevention organizations and databases or registers (and their operators) used by the insurance industry to analyze and check information provided against existing information;
- any member of the Well Link Group, Our associates and business partners;
- organizations conducting actuarial or research studies;
- government, judicial, law enforcement, tax authority or competent regulatory bodies or any person to whom we are under a legal and/or regulatory obligation to make disclosure; and
- other persons as notified to you on or before the time of collection or use,

in each case both within and outside of Hong Kong. Where We transfer your personal data outside of Hong Kong We will ensure that the recipient of your personal data has in place policies, procedures, suitably secure servers and other measures at least equivalent to Our own.

Direct Marketing

We may, from time to time, use, disclose or provide your name, contact details and personal data (including services and products portfolio, transaction pattern and behavior, financial and demographic data) ("Relevant Personal Data") to members of Well Link Group and Our associates and business partners (whether for gain or not) for their use for the purposes of conducting direct marketing (including but not limited to providing reward, loyalty or privileged programs) in relation to the following classes of products and services that We, Our Group and Our associates or business partners may offer:

- Insurance, banking, financial, securities, assets management and related product and services;
- Products and services in relation to health, wellness and medical, food and beverage, sporting activities and membership, fitness or similar leisure activities, travel and transportation, social networking and media.

We and Well Link Group intend to send you marketing communications or material and use, disclose or provide your Relevant Personal Data in accordance with the paragraphs above for direct marketing purpose and we cannot do so without your consent (which includes an indication of no objection). You may exercise your right to withdraw your consent to the use and/ or the disclosure or provision of your Relevant Personal Data by Us to a third party for direct marketing purposes, and if you choose to exercise such right, We shall cease to use and disclose or provide your personal data for direct marketing purposes, save and except for the purpose of Policy renewal and related services. If you do not agree to Our intended use, disclosure or provision of your Relevant Personal Data, you may write to Us to opt out from or withdraw your consent to direct marketing at any time.

Access Requests

You have the right in accordance with the PDPO to request access to and correct your personal data held by Us. Your request to provide information will be dealt with in a reasonable time and We may recover from you Our reasonable cost for processing your request and supplying the information to you. If We do not provide you with access, We will provide you with reasons for the refusal and inform you of any legal exceptions relied upon.

If you wish to access or correct your personal data held by Us, or if you have any questions, comments and requests regarding this Statement and Our Privacy Policy Statement, please submit your request in writing and address to: Data Protection Officer of Customer Service, Well Link Life Insurance Company Limited, Units 16-18, 11/F., China Merchants Tower, Shun Tak Centre, 168-200 Connaught Road Central, Sheung Wan, Hong Kong.

Security

All information you provide to Us is stored on Our secure servers and, are maintained, controlled, protected and retained for either the period of Our business relationship or, for the requisite retention periods as stipulated in any contractual arrangements or applicable laws (whichever is later). Any payment transactions and all pages that require personal information will be processed in secured way.

Reservation of Rights

We reserve Our rights to vary or amend this Statement and Our Privacy Policy Statement at any time and at Our sole and absolute discretion to ensure the consistency with Our future developments, industry trends and/or any changes in legal or regulatory requirements.