



BQ001

## 更改保單申請表 (一般) Application for Change in Policy (General)

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。倘若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.
- 請使用黑色/藍色筆以正楷填寫本申請表。本申請表內任何修改應在旁加簽或重新填寫一份。不可使用塗改液。  
Please complete this application in BLOCK LETTERS in black/blue pen. Any corrections made should be signed /initialed by the form signatory or you should complete a new form. Corrective liquid should not be used.

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. 更改聯絡資訊 Change of Contact Information	<input type="checkbox"/>	2. 更改繳費方式 Change of Payment Mode	<input type="checkbox"/>	3. 更改保費繳付方法 Change of Payment Method	<input type="checkbox"/>	4. 更改給付方式 Change of Options	<input type="checkbox"/>
5. 更改客戶資料 Change of Personal Particulars	<input type="checkbox"/>	6. 更改收款戶口資料 Change of Account Information	<input type="checkbox"/>	7. 更改受益人 Change of Beneficiary	<input type="checkbox"/>	8. 重發保單合約 Duplicate Policy	<input type="checkbox"/>
9. 更改首選通訊方法 Change of Preferred Communication Method	<input type="checkbox"/>	10. 變更簽名 Change of Signature	<input type="checkbox"/>	11. 實益擁有人 / 控權人 Beneficial Owner / Controlling Person	<input type="checkbox"/>	12. 其他 Others	<input type="checkbox"/>

### 第一部份: 更改聯絡資訊 Part 1: Change of Contact Information

更改適用於 Change applicable to:

保單權益人 Policyowner

受保人 / 年金領取人 Life Insured / Annuitant

只有上述所選擇的保單 only to the above policy

所有本人為保單權益人/ 受保人/ 年金領取人的生效保單 all inforce policy(ies) with myself as Policyowner/ Life Insured/ Annuitant

注意: 如沒有於空格內加上“✓”號, 則只有此表格上所述保單的聯絡資料會被更改。  
Note: If not specified by a “✓” in the box, only the above policy in this form will be updated.

### 住宅地址 Residential address

室 Flat/Rm	樓 Floor	座 Block	大廈/屋苑名稱 Building/Estate
街道名稱及號碼 No. & Name of Street/Road			地區/城市 District/City <input type="checkbox"/> 香港 Hong Kong <input type="checkbox"/> 九龍 Kowloon <input type="checkbox"/> 新界 N.T.
省 Province		國家 Country	郵政編號 Postal Code

如通訊地址與住宅地址相同, 請於空格內加上“✓”號。  
Please input a “✓” in the box if correspondence address is the same as residential address.

### 通訊地址 (只適用於保單權益人) Correspondence address (for Policyowner only)

室 Flat/Room	樓 Floor	座 Block	大廈/屋苑名稱 Building/Estate
街道名稱及號碼 No. & Name of Street/Road			地區/城市 District/City <input type="checkbox"/> 香港 Hong Kong <input type="checkbox"/> 九龍 Kowloon <input type="checkbox"/> 新界 N.T.
省 Province		國家 Country	郵政編號 Postal Code

### 電子郵箱 Email address \_\_\_\_\_

### 聯絡電話 Contact Phone Number(s)

手提電話 Mobile	_____ - _____ - _____	辦公室 Office	_____ - _____ - _____
	國家 Country 地區 Area 電話號碼 Tel No.		國家 Country 地區 Area 電話號碼 Tel No.
住宅 Residence	_____ - _____ - _____	其他 Others	_____ - _____ - _____
	國家 Country 地區 Area 電話號碼 Tel No.		國家 Country 地區 Area 電話號碼 Tel No.

**第二部份: 更改繳費方式 Part 2: Change of Payment Mode**

月繳 (必須為自動轉賬) Monthly (must be paid via Autopay)  年繳 Annually

**請注意 Please note**

- 須為上述保單可接受的繳費方式。  
Requested payment mode must be applicable to the above-mentioned policy.
- 更改繳費方式或需預先繳付保費差額, 詳情請向您的保險顧問查詢。  
Advance payment of premium difference may be required for change of payment mode. Please contact your insurance consultant for details.

**第三部份: 更改保費繳付方法 Part 3: Change of Payment Method**

自動轉賬 Autopay  按賬單繳付 Direct Billing

**請注意 Please note**

- 須為上述保單可接受的保費繳付方法。  
Requested payment method must be applicable to the above-mentioned policy.
- 如選擇自動轉賬, 請一併遞交直接付款授權書。  
If Autopay is selected, please submit the Direct Debit Authorization Form.

**第四部份: 更改給付方式 Part 4: Change of Options**

更改紅利給付方式 Change of Dividend Options

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 積存生息<br>Accumulations | <input type="checkbox"/> 經銀行戶口收取 (請填寫第六部份)<br>Payment via account (complete Part 6) | <input type="checkbox"/> 支票 (香港支付)<br>Cheque (drawn in Hong Kong)                |
|  |   | <input type="checkbox"/> 港幣 HKD <input type="checkbox"/> 保單貨幣<br>Policy Currency |

更改領取年金給付方式 Change of Options to Receive the Annuity

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 積存生息<br>Accumulations | <input type="checkbox"/> 經銀行戶口收取 (請填寫第六部份)<br>Payment via account (complete Part 6) | <input type="checkbox"/> 支票 (香港支付)<br>Cheque (drawn in Hong Kong)                |
|  |   | <input type="checkbox"/> 港幣 HKD <input type="checkbox"/> 保單貨幣<br>Policy Currency |

更改領取可支取保證現金給付方式 Change of Options to Receive the Guaranteed Cash Coupon

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 積存生息<br>Accumulations | <input type="checkbox"/> 經銀行戶口收取 (請填寫第六部份)<br>Payment via account (complete Part 6) | <input type="checkbox"/> 支票 (香港支付)<br>Cheque (drawn in Hong Kong)                |
|  |   | <input type="checkbox"/> 港幣 HKD <input type="checkbox"/> 保單貨幣<br>Policy Currency |

更改身故賠償支付選項 (只適用於享裕一生壽險計劃)

Change of Settlement Option for Death Benefit (only applicable to Well Save Whole Life Insurance Plan)

- 全數一筆過支付身故賠償 Full death benefit in lump sum
- 身故賠償分期支付 (以分期方式支付的應付身故賠償金額必須相等於或超過 50,000 美元)  
Death benefit in regular installments (The amount of the Death Benefit to be paid by installments must be equal to or more than USD50,000)
- 選項一: 全數身故賠償金額以分期方式支付  
Option 1: Full death benefit amount to be paid by installments
- |                     |                                      |   |
|---------------------|--------------------------------------|---|
| 支付模式 Payment Mode   | <input type="checkbox"/> 每年 Annually | <input type="checkbox"/> 每月 Monthly                                     |
| 支付年期 Payment Period | <input type="checkbox"/> 10 年 Years  | <input type="checkbox"/> 20 年 Years <input type="checkbox"/> 30 年 Years |
- 選項二: 身故賠償金額 \_\_\_\_\_ (最少 10,000 美元及必須為整數) 以一筆過支付, 餘額以下列分期方式支付:  
Option 1: Lump sum death benefit of \_\_\_\_\_ (at least USD10,000 and must be integer) and the remaining balance to be paid by regular installments as below:
- |                     |                                      |   |
|---------------------|--------------------------------------|---|
| 支付模式 Payment Mode   | <input type="checkbox"/> 每年 Annually | <input type="checkbox"/> 每月 Monthly                                     |
| 支付年期 Payment Period | <input type="checkbox"/> 10 年 Years  | <input type="checkbox"/> 20 年 Years <input type="checkbox"/> 30 年 Years |

**第五部份: 更改客戶資料 Part 5: Change of Personal Particulars**

更改受保人/年金領取人個人資料 Change of Personal Particulars of the Life Insured / Annuitant

更改保單權益人個人資料 (若更改的資料會影響稅務居民身份, 請填寫個人或實體稅務居民身份自我證明表格)

Change of Personal Particulars of the Policyowner (if the change will affect the tax residency, please complete Individual or Entity Tax Residency Self-Certification Form)

中文姓名 Name in Chinese			
英文姓名 Name in English	姓 Surname	名 Given Name	
英文名稱 (如為實體) Name in English (for Entity)			
身份證明文件 Identity Type		證明文件號碼 Identity No.	
國籍 / 註冊地點 Nationality / Place of Incorporation		出生地 Place of Birth	

**請注意 Notes**

- 請遞交相關證明文件, 例如身份證及改名契的核實副本  
Please provide certified true copy of the relevant supporting document(s) e.g., HKID and deed poll
- 有關資料於立橋人壽的其他保單將會被同時更新  
The information will be updated for all your policies with Well Link Life.



**第八部份: 重發保單合約 Part 8: Duplicate Policy**

- 要求重發保單合約 (需繳付行政費用港幣\$200)  
Reissue duplicate policy (An administration fee of HKD200 is required)

**第九部份: 更改首選通訊方法 Part 9: Change of Preferred Communication Method**

更改首選通訊方法為以下選項 Change of Preferred Communication Method to below option(s):

- 電子郵件 Email       短信 SMS       信件 Correspondence Letter

**第十部份: 變更簽署 Part 10: Change of Signature**

適用於 Applicable to:

- 保單權益人 Policyowner       受保人 / 年金領取人 Life Insured / Annuitant

新簽署式樣  
New Signature Specimen

**第十一部分: 實益擁有人 / 控權人 Part 11: Beneficial Owner / Controlling Person**

如新增或更改實益擁有人現有資料, 請填寫此部份並遞交 1. 實益擁有人附照片的身份證明文件副本及 2. 如保單為個人持有, 由實益擁有人填妥的【個人稅務居民身份自我證明表格】。請注意, 是次遞交的資料將會完全取代保單上現有已申報的相關資料。  
For adding or updating information of Beneficial Owner, please complete this section and submit along with (1) a copy of identity document (with photo) of the beneficial owner and (2) if the policyowner is an individual, the "Individual Tax Residency Self-Certificate Form" duly completed by the beneficial owner. Please note that the information submitted for this request will supersede related information currently declared for this policy.

新增 Addition	更新資料 Update of information	刪除 Deletion	實益擁有人 姓名 Name of Beneficial Owner		身份證明文件 Identity Document Type	身份證 / 護照號碼 ID Card / Passport No.
			英文姓名 In English	中文姓名 In Chinese		
<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"/>				

如新增或更改機構持有的保單的控權人現有資料, 請填寫並遞交 1.【實體稅務居民身份自我證明表格】及 2.【控權人稅務居民身份自我證明表格】(如適用)。請注意, 於有關表格上提供的資料將會完全取代保單上現有已申報的相關資料。  
For adding or updating information of Controlling Person of an entity policyowner, please complete and submit 1."Entity Tax Residency Self-Certification Form" and 2."Controlling Person Tax Residency Self-Certificate Form" (if applicable). Please note that the information submitted for this request will supersede related information currently declared for this policy.

**第十二部份: 其他更改 Part 12: Others**

其他更改 (請說明)  
Other Changes (Please specify)

### 第十三部份：保險業監管局（「保監局」）收取的徵費 Part 13 – 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日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.

### 第十四部份：直銷及使用相關個人資料 Part 14: Direct Marketing and Use of Relevant Personal Data

若您不欲立橋人壽使用您的姓名、聯絡資料（包括但不限於電話號碼、電郵地址、聯絡地址、服務及產品組合、財務及背景資料）（「相關個人資料」）經以下渠道作直銷推廣，請以“✓”號選擇適用渠道：

If you do not wish Well Link Life to use your name and contact details (including but not limited to telephone number, email address, postal address, services and products portfolio, financial and demographic data) (“Relevant Personal Data”) in direct marketing via the following channel(s), please mark “✓” to select the channel(s):

專人致電 Personal Call       電子郵件 Email  短訊 SMS       郵件 Mail

如您沒有在以上任何方格內以“✓”號顯示您的選擇，即代表您並不拒絕立橋人壽任何形式的直銷推廣。

If you return this Form without ticking any of the above boxes, it means that you do not wish to opt-out from any form of Well Link Life’s direct marketing.

為改善及提供更全面的服務予我們的客戶，立橋人壽可能會將您的相關個人資料提供予立橋集團、其成員及其聯營公司或商業合作夥伴作其包括但不限於保險、銀行、金融、證券、資產管理、健康、保健及醫療等及相關服務和產品的直銷推廣。

To improve and provide more comprehensive services to our customers, Well Link Life may provide your Relevant Personal Data to Well Link Group and Our associates and business partners for their use in direct marketing of related products and services, including but not limited to insurance, banking, financial, securities, assets management, health, wellness and medical and so forth.

若您不欲立橋人壽提供您的相關個人資料予立橋集團及其他成員經以下渠道作直銷推廣用途，請您在有關渠道的方格上以“✓”號表示：

If you do not wish Well Link Life to provide your Relevant Personal Data to Well Link Group and other members for direct marketing purposes via the following channel(s), please tick “✓” on the related box(es).

專人致電 Personal Call       電子郵件 Email       短訊 SMS       郵件 Mail

以上代表您現在對是否接收直銷推廣資料，以及對立橋人壽擬將您相關個人資料提供予立橋集團及其他成員作其直銷推廣的選擇，亦取代任何您之前已告知立橋人壽的選擇。請注意，您以上的選擇適用於根據立橋人壽的「個人資料收集聲明」上所指的產品、服務及/或指定類別的直銷推廣。請您參考該聲明上以得知在直銷推廣上可使用的相關個人資料的種類，以及您的相關個人資料可提供予甚麼類別的人士以供該等人士在直銷推廣中使用。

The above represents your present choice regarding whether or not to receive direct marketing materials and Well Link Life’s intended provision of your Relevant Personal Data to Well Link Group and other members for their use in direct marketing. This replaces any choice communicated by you to Well Link Life prior to this form. Please note that your above choice applies to the direct marketing of the classes of products, services and/or subjects as set out in the Personal Information Collection Statement of Well Link Life. Please also refer to the Statement on the kind of Relevant Personal Data which may be used in direct marketing and the classes of persons to which your Relevant Personal Data may be provided for them to use in direct marketing.

**第十五部份：聲明及授權 Part 15: Declaration & Authorization**

1. 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.
2. 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.
3. 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.
4. 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 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.
5. 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)

\_\_\_\_\_  
不可撤換受益人簽署（如適用）  
(姓名: \_\_\_\_\_ )  
Signature of Irrevocable Beneficiary (if applicable)  
(Name : \_\_\_\_\_ )

\_\_\_\_\_  
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、轉移、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.