

Policy Services Request Form
更改保單合約內容申請書



Please fill in block letters 請以英文正楷填寫

For services not covered by this form (e.g. change of policy ownership), please contact your advisor/our customer service centre.

若要求的服務並不包括在此表格內 (例如: 更改保單權益人), 請與閣下的顧問 / 本公司的客戶服務中心聯絡。

Please darken the appropriate circle 請將適當圖圈填滿

Correct method 正確方法: ●

Form sections including PART A: SERVICE ITEMS (Personal Information, Life Insured, Policy Owner), 1. Change Sum Insured of Basic Plan and Change of Riders, 2. Conversion, 2.1-2.5, 2.6, 2.7-2.9, 2.10 Beneficiary Information, 3. Reinstatement, 4. Add Booster Premium.



5. Change of Payment Option 更改付款方式

5.1 Change of payment mode 更改繳付方式

- Yearly 年繳 Half-Yearly 半年繳 Monthly 月繳

5.2 Change of payment method / autopay day 更改繳付方法 / 自動轉賬日

- Cash / Cheque 現金 / 支票 (not applicable to monthly payment mode 不適用於月繳繳付方式)
- Autopay 自動轉賬 (please submit the corresponding autopay authorization form 請遞交相關的自動轉賬授權表格)
- 3rd of each month 3 號 18th of each month 18 號 25th of each month 25 號

(Only for investment-Linked insurance plan 只適用於投資相連計劃)

(Autopay will be arranged on the 3rd of each month if no autopay day is selected 如沒有選擇自動轉賬日期, 其轉賬日會安排於 3 號)

6. Withdrawal of Policy Value 保單價值提款申請

Since Policy Loan bears interest, it is your benefit to withdraw value from other policy sources like coupon or dividend. Please submit a copy of valid identification document of the Policy Owner (front and back) together with this form. 由於保單貸款需要繳付利息, 請考慮先提取其他保單價值, 如現金票券、紅利等。請隨此申請書一併遞交保單權益人之有效身份證明文件副本 (包括身份證的正反面)。

6.1 Type of Value 價值種類 (US\$ 美元 / MOP\$ 澳門幣 / HK\$ 港幣)

Type of Value 價值種類	Withdraw Amount 提款額	Type of Value 價值種類	Withdraw Amount 提款額
<input type="radio"/> Dividend 紅利		<input type="radio"/> All Premium Deposit Fund 所有保費儲備基金	ALL 全部
<input type="radio"/> Cash Coupon 現金票券		<input type="radio"/> Guaranteed Monthly Annuity (only applicable to deposit option) 保證每月年金 (只適用於積存生息方式)	
<input type="radio"/> Policy Loan (current loan interest rate is 7% per annum, please see Declaration 5 for details) 貸款 (現行年利率為7%, 詳情請看第五點聲明)		<input type="radio"/> Extra Monthly Annuity (only applicable to deposit option) 額外每月年金 (只適用於積存生息方式)	
<input type="radio"/> Universal Life 萬用壽險			

6.2 Payment Instruction 付款指示

Payment Instruction 付款指示	Policy No.: 保單號碼	Amount 金額
<input type="radio"/> Issue Cheque 以支票形式 <input type="radio"/> Hong Kong Dollar Cheque 發出港幣支票 <input type="radio"/> Macau Pataca (MOP) Cheque 發出澳門幣支票	<input type="radio"/> Pay Premium 繳付保費	
<input type="radio"/> Delivered through Advisor 由理財顧問交予本人 <input type="radio"/> Posted to correspondence address 寄往本人之通訊地址 (Not applicable for cash cheque 不適用於現金支票)	<input type="radio"/> Loan Repayment 償還貸款	

Others 其他 (Please specify in details 請詳細說明)

7. Policy Holiday / Premium Holiday 保單假期 / 保費假期

(Please note that change will be effective on Next Premium Due Date 請注意有關更改於下個保費到期日生效)

- Apply 申請 Release 取消

Notes 備註

- The credit balance of the Policy Account will use to pay the Basic Premium, the premiums of any riders attached hereto and all relevant charges. Please refer to Policy Provisions for detail. 本公司會從保單戶口內扣除本保單的基本計劃保費, 附約保費 (如適用) 及所有相關費用。詳情請參閱保單條款。
- When the value of Policy Account reaches zero, this Policy shall automatically be terminated. 當保單戶口的結存到達零時, 此保單將自動失效。
- When the policy is exercising premium holiday, the levy for any rider attached to the policy will be deducted from the value of Policy Account. 如保單行使保費假期, 本公司會於保單價值內扣除任何保單附約的徵費。
- Notes 1 to 3 may not applicable for certain Saving Products, please refer to relevant Policy Provisions for details of Premium Holiday. 備註1至3可能不適用於某些儲蓄產品, 有關保費假期之詳情請參閱相關保單條款。

8. Change of Correspondence Address / Telephone no. / E-mail Address 更改通訊地址 / 電話號碼 / 電郵地址

The following correspondence address applies to 以下新通訊地址將適用於：

- ALL policies under my ownership 本人作為保單權益人之所有保單 Only the policy (ies) indicated in Part A of this form. 此申請書甲部所提供之保單

Notes: Correspondence address for all policies under the same policyowner will be updated if it is not specified above.

備註：如沒有於上述作出指示，保單權益人名下所有保單之通訊地址均會一併更改。

Correspondence Address 通訊地址

Flat / Room 室 Floor 樓 Block 座

Building 大廈 / Estate 屋

Street / Road 街道名稱

District / Area 地區

Others, please specify 其他，請說明 _____

Please provide residential address* / permanent address (if different from correspondence address) 請提供住宅地址* / 永久地址 (如跟通訊地址不同)

* Please provide recent 3 months address proof (e.g. bank statement, utilities bill) for residential address change request. 如要更改住宅地址，請提供最近三個月住址證明，例如銀行月結單、公用服務收費單。

Residential Address 住宅地址* / Permanent Address 永久地址

Telephone Number 電話號碼

Country Name 國家名稱 Residential 住宅

Country Name 國家名稱 Business 辦公室

Country Name 國家名稱 Mobile 流動電話

E-mail Address 電郵地址

9. Change of Beneficiary 更改保單受益人 (All previous Beneficiary(ies) will be automatically revoked)(所有以前曾指定之受益人將自動被撤銷)

9.1 Name 姓名	9.2 ID Card No. / Business Registration No. 身份證號碼 / 商業登記證號碼	9.3 Relationship with Life Insured 與被保人關係	9.4 Gender 性別	9.5 Date of Birth 出生日期	9.6 Nationality 國籍	9.7 Percentage of Share 百分率	9.8 Trustee (Please state the Trustee Name, Relationship with insured & ID no. if age of Beneficiary is below 18. 托管人 (如受益人少於十八歲，請填寫托管人姓名，與被保人關係及身份證號碼)

10. Others Services 其他服務

10.1 Change Dividend Option 更改紅利分派方式 Cash 現金 Deposit 積存生息 Paid Up Addition 購買付清附加保險

10.2 Change Coupon Option 更改票券分派方式 Cash 現金 Deposit 積存生息

10.3 Reduce Paid Up Application 減額付清保險申請 (All Policy Riders will be terminated and the Reduce Paid Up Application cannot be revoked. 所有保單附約將被終止及減額付清保險申請將不能還原。)

10.4 Review Loading / Exclusion 減免附加保費 / 不保事項 (Please complete PART B. You will be required to pay all associated charges if any Medical Examination is needed. 請填寫乙部。如須進行驗身，相關費用將由閣下承擔。)

10.5 Change of Occupation Class 更改職業類別 (Please complete PART B. 請填寫乙部)

When 更改職業的日期 _____

10.6 Change of Smoking Habit 更改吸煙嗜好

Change to Smoker 更改為吸煙者

When 開始吸煙日期 _____

Change to Non-Smoker 更改為非吸煙者 (Please complete PART B. 請填寫乙部。)

10.7 Duplicate Policy 複印保單 (Fee: MOP\$100 費用：澳門幣 100元)

Delivered through Advisor 由理財顧問交予本人 Posted to correspondence address 寄往本人之通訊地址

10.8 Others 其他

PART B: PERSONAL PARTICULARS 乙部：個人資料

1. Occupation Details (For Life Insured) 職業 (適用於被保人)

Please state your Occupation Title, Exact Job Duties, Nature of Business and if business travelling is required
請說明閣下之現職、職務範圍、業務性質及是否需要到外地公幹，請述詳情

2. Other Details (For Life Insured) 其他壽險及傷殘保險 (適用於被保人)

Do you have in force or are you now applying for any life or disability insurance with any company and do you have any life or disability insurance held or applied for by you ever been declined, postponed or modified in anyway? If yes, please give details below. 閣下是否擁有或正向保險公司投保人壽或傷殘保障？是否曾被保險公司拒保、延遲受保或更改受保條件？若是，請填寫詳情

Yes 是 No 否

3. Education Details (For Policy Owner) 教育程度 (適用於保單權益人)

Policy Owner education level? 保單權益人教育程度？

Primary or below 小學或以下 Secondary / Matriculation 中學 / 預科 Vocational Training / Technical Institute / Business Institute 職業訓練 / 工業學院 / 商業學院 Post-secondary / University or above 大學 / 大學或以上

4. Income Source Details (For Policy Owner) 收入來源 (適用於保單權益人)

Is the source of income regular? 閣下的收入來源是固定？

Yes 是 No 否

5. Personal Habit Details 個人之嗜好

Life Insured 被保人

Policy Owner 保單權益人

A. Have you smoked any cigarettes within the past 12 months (Excluding cigars and pipes)? (If "No", please complete 5B)
閣下過去十二個月內曾否吸煙 (不包括雪茄及煙斗)？(若「否」，請回答 5B)

Yes 是 No 否

Yes 是 No 否

Note: Any misrepresentation or non-disclosure of smoking habit will render the policy void in case of claims, whether the claims is
備註：如遇賠償，而本人在填寫此份申請書時曾就吸煙習慣作出誤導或隱瞞者，則不論最終導致賠償之疾病是否因吸煙而起，均會導致保單失效。

If "Yes", state no. of cigarettes per day
若「是」，每日 支

If "Yes", state no. of cigarettes per day
若「是」，每日 支

B. Have you ever smoked any cigarettes (Excluding cigars and pipes) in the past? If "Yes", please specify: 閣下曾否吸煙 (不包括雪茄及煙斗)？若「是」，請具體說明：

(1) your consumption in the past 過去吸用數量

Yes 是 No 否

Yes 是 No 否

(2) when 停止吸用的日期 _____ and 及

(3) for what reason of stop smoking 原因 _____

C. Do you drink alcohol or do you have a drug taking habit? If "Yes", please specify:
閣下是否有飲用酒精飲品或服用藥物的習慣？若「是」，請填寫詳情：

Yes 是 No 否

Yes 是 No 否

(1) daily quantity 數量 (2) kinds of consumption 類別 _____

D. Do you, or are you likely to, engage in hazardous pursuits (such as motor racing or scuba diving, etc.) or fly other than as a fare-paying passenger? (If "Yes", please complete appropriate questionnaire.)
閣下是否有或計劃參與任何危險活動 (如賽車或配備水肺潛水等) 或非以購票乘客身份從事飛行活動？(若「是」，請填寫有關問卷。)

Yes 是 No 否

Yes 是 No 否

6. Personal Health Statement 健康狀況聲明

(For non-medical cases only 祇適用於不驗身投保)

Life Insured 被保人

Policy Owner 保單權益人

A. Please state your height and weight.
請填寫閣下的身高及體重

/
cm 厘米 Ft 呎 In. 吋
 /
Kg. 公斤 lb. 磅

/
cm 厘米 Ft 呎 In. 吋
 /
Kg. 公斤 lb. 磅

B. Do you have any weight gain or loss of more than 5 kg or 11 lb in the past year? (If "Yes", please state the weight gain or lose in kg or lb with reason in the Supplementary Information.)
閣下在過去一年體重有否增加或減少超過五公斤或十一磅？(若「是」，請於下列補充資料部分說明過去一年體重增加或減少之公斤或磅數及原因。)

Yes 是 No 否

Yes 是 No 否

C. Have you ever had, or been told you had or been treated for:
閣下是否曾患有或獲悉患有下列疾病、或曾因而接受治療：

i. Diseases of the heart, blood or circulatory system such as rheumatic fever, high blood pressure, haemophilia or anaemia?
與心臟、血液或循環系統有關的疾病，如風濕性心臟病、高血壓、血友病或貧血？

Yes 是 No 否

Yes 是 No 否

ii. Diseases of the eye, glandular, digestive or kidneys systems such as ulcer, diabetes, bladder, kidney or liver diseases or diseases of the thyroid gland? (If Hepatitis B carriers, please also specify)
與眼睛、腺體、消化系統或腎臟有關的疾病，如潰瘍、糖尿病、膀胱疾病、腎病、肝病或甲狀腺疾病？(若為乙型肝炎帶菌者，請註明)

Yes 是 No 否

Yes 是 No 否

iii. Diseases of the respiratory system such as asthma, bronchitis or tuberculosis?
呼吸系統疾病如哮喘、支氣管炎或肺結核？

Yes 是 No 否

Yes 是 No 否

iv. Diseases of the musculo-skeletal system such as arthritis, paralysis, gout, back disorder, deformity, amputation or severe injury?
與肌肉或骨骼有關的疾病，如關節炎、癱瘓、痛風、背部疾病、畸形、肢體被切除或嚴重受傷？

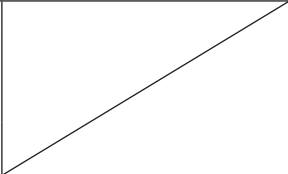
Yes 是 No 否

Yes 是 No 否

v. Diseases of nervous system such as mental diseases, stroke, multiple sclerosis, tremor, giddiness or other mental impairments?
神經系統疾病，如精神病、中風、多種硬化症、震顫、暈眩或精神不正常？

Yes 是 No 否

Yes 是 No 否

<input type="radio"/> 6. Personal Health Statement (Continued) 健康狀況聲明 (續) (For non-medical cases only 祇適用於不驗身投保)		Life Insured 被保人	Policy Owner 保單權益人	
C. vi. Cancer, tumour or any sexually transmitted disease, HIV infection, Acquired Immunodeficiency Syndrome (AIDS) or AIDS-related complex? 癌症、腫瘤、任何透過性接觸傳染的疾病、HIV 感染、後天免疫能力缺乏症 (愛滋病) 或愛滋病併發症？		<input type="radio"/> Yes 是 <input type="radio"/> No 否	<input type="radio"/> Yes 是 <input type="radio"/> No 否	
vii. Any other disease not mentioned above which require investigation, treatment or hospitalization for more than seven days? 上述疾病以外之任何其它疾病，而需要接受檢查、治療或住院超過七日？		<input type="radio"/> Yes 是 <input type="radio"/> No 否	<input type="radio"/> Yes 是 <input type="radio"/> No 否	
D. Have you ever 閣下曾否				
i. had any check-up, consultation, treatment, operation or diagnostic test (such as ECG, X-Ray, Barium Meal, AIDS Test, Mammogram, pap smear or Cancer Marker Blood Test); been so recommended; had a blood transfusion or been refused as a blood donor? 閣下曾否接受或被建議進行任何檢查、診治、手術或檢驗 (如心電圖、X光、鏡餐、愛滋病檢驗、乳房X光、子宮頸抹片檢驗、癌病血液測試)，或曾接受輸血或有意捐血而不獲接納？		<input type="radio"/> Yes 是 <input type="radio"/> No 否	<input type="radio"/> Yes 是 <input type="radio"/> No 否	
ii. Or are you currently receiving medical treatment or under medical care of any kind? 閣下是否正接受任何藥物治療或醫療護理？		<input type="radio"/> Yes 是 <input type="radio"/> No 否	<input type="radio"/> Yes 是 <input type="radio"/> No 否	
E. (For Insured with age 0 to 17 only) (祇適用於 0 至 17 歲之被保人)				
i. Do the parents of the insured own any life insurance policy? (If "Yes", please state their type of insurance, currency and coverage amount in the Supplementary Information.) 被保兒童之父母是否擁有任何人壽保險？(若「是」，請於下列補充資料部分說明已生效人壽保障之保險類別、貨幣及保障額。)		<input type="radio"/> Yes 是 <input type="radio"/> No 否		
ii. Please state the weight at birth. (For the Life To Be Insured aged under 24 months only) 請填寫出生時的體重。(祇適用於 24 個月大以下的被保人)		<input type="text"/> / <input type="text"/> Kg. 公斤 lb. 磅		
F. (Female Only) (祇適用於女性被保人)				
i. Have you ever had, or have been told to have any disease/disorder of the cervix, uterus, fallopian tubes, vagina, ovaries or the breast? Have you ever had had complications during or as a result of your pregnancy such as high blood sugar, high blood pressure or other complications? 閣下曾否患有、被告知患有任何子宮頸、子宮、輸卵管、陰道、卵巢或乳房之疾病 / 失調？及曾否在妊娠期間或因懷孕而導致併發症、例如高血糖、高血壓或其他併發症？		<input type="radio"/> Yes 是 <input type="radio"/> No 否	<input type="radio"/> Yes 是 <input type="radio"/> No 否	
ii. Are you now pregnant? (If "Yes", please state the estimated date of childbirth.) 閣下現在是否懷有身孕？(若「是」，請註明預產期。)		<input type="radio"/> Yes 是 <input type="radio"/> No 否	<input type="radio"/> Yes 是 <input type="radio"/> No 否	
Supplementary Information 補充資料： For any "Yes" answer, please state dates, diagnosis, duration, results, stage of recovery, name and address of all attending physicians. 若上述任何項目之答案為「是」者，請註明日期、診斷、患病時間、測試結果或是否已痊癒，與及所有醫生的姓名和地址				
		Life Insured 被保人	Policy Owner 保單權益人	
G. Family Health History 親屬健康狀況 Has any of your parents or brother or sister ever had diabetes, breast, cervical, ovarian, colon or other cancer, high blood pressure, heart problems, stroke, muscular dystrophy, Huntington's disease, polycystic kidney or any other hereditary diseases? (If "Yes", please complete the table below in details.) 如閣下父母或其中一位兄弟 / 姊妹曾否或現在正患上糖尿病、乳癌、子宮頸癌、卵巢癌、腸癌或其他癌病，高血壓、心臟病、中風、肌肉萎縮症、亨廷頓氏癱瘓症、多囊腎病、或任何其他遺傳病？(若「是」，請填寫下列親屬健康狀況及詳細加以說明。)		<input type="radio"/> Yes 是 <input type="radio"/> No 否	<input type="radio"/> Yes 是 <input type="radio"/> No 否	
Relationship 親屬關係	Age of Onset 獲悉患病年齡	Type of Disease 疾病名稱	Current Health 目前健康狀況	In the unfortunate case of death, please specify (1) Cause of Death & (2) Age of Death 若不幸身故，請具體說明 (1) 身故原因及 (2) 身故年齡
Father 父親				
Mother 母親				
Brother(s) / Sister(s) 兄弟 / 姊妹				
<input type="radio"/> 7. Occupation & Income Details (For Disability Income Only) 職業及入息詳情 (祇適用於入息保障附約)		Life Insured 被保人		
A. Are you self-employed? If "Yes", do you work at home? Please state no. of employee. 閣下是否自僱？若「是」，閣下是否在家中工作？請註明僱員人數。		Yes 是	No 否	
		<input type="radio"/>	<input type="radio"/>	
B. Please state your annual (a) earned income (b) commission/allowance (c) unearned income. 請註明閣下在過去一年之				
		(a) 薪金 \$ _____ (b) 佣金 / 津貼 \$ _____ (c) 其他收入 \$ _____		

Declaration relating to Foreign Account Tax Compliance Act

I/We declare that I/we have examined relevant information on this form and this section and to the best of my/our knowledge and belief it is true, correct and complete. I/We hereby declare, agree and acknowledge that

1. The Company and/or its affiliates are obliged to comply with the requirements of the laws, regulations, orders, guidelines, codes, and requirements including the applicable requirements under the Foreign Account Tax Compliance Act of or agreements with any public, judicial, taxation, governmental and/or other regulatory authorities, including the Internal Revenue Service of the United States of America (the "Authorities" and each an "Authority") in various jurisdictions as promulgated and amended from time to time (the "Applicable Requirements").

2. **The answer below is true and accurate.**

If you are an individual, are you, or are you acting for and on behalf of, a United States person, being a U.S. citizen, U.S. resident for U.S. federal income tax purposes or U.S. Resident Alien (i.e. a so-called U.S. green card holder), whether or not you reside outside of the U.S.? If you are a body corporate[#], (a) are you a partnership or corporation organized in the United States or under the laws of the United States or any State, or (b) do you have any beneficial owner(s) holding a 10% or more direct or indirect interest in you who is a U.S. citizen, resident or U.S. entity?

Yes (and I/we hereby provide the Company with my/our IRS Form W-9)

No

[#] If you are a trust, (a) would a court within the United States have authority under applicable law to render orders or judgments concerning substantially all issues regarding administration of the trust, and (b) do one or more U.S. persons have the authority to control all substantial decisions of the trust or an estate of a decedent that is a citizen or resident of the United States?

3. I/We agree to notify the Company in writing within 30 days if there is any change of any of the details previously provided to the Company whether at time of application or at any other times, in particular, my/our nationality/place of incorporation, tax status or tax residency changes or if I/we become tax resident in more than one country. If any of these changes occurs or if any other information comes to light concerning such changes, the Company may need to request certain documents or information from me/us, including duly completed and/or executed (and, if necessary, notarized) tax declarations or forms.

4. I/We agree that the Company may disclose my/our particulars or any information to any Authority (in or outside Macau) in connection or adherence with the Applicable Requirements. For the purposes of the foregoing and notwithstanding anything contained in this form or any other agreements between the Company and myself/ourselves, I/we may need to provide the Company with further information and within such time as may be required for disclosure to any Authority. I/We also agree to provide the Company with such assistance as may be necessary to enable the Company to comply with its obligations under all Applicable Requirements concerning myself/ourselves or my/our policies with the Company.

5. If I/we do not provide the Company with the information or documents requested in a timely manner or if any information or documents provided are not up-to-date, accurate or complete such that the Company is unable to ensure its ongoing compliance or adherence with the Applicable Requirements, I/we agree that the Company may withhold payment of any amount due to myself/ourselves or my/our personal representatives/representatives under my/our policy(ies) in compliance with the Applicable Requirements and/or pay the same to any relevant Authority on my/our behalf as the relevant Authority may require. I/We also agree that the Company reserves the right and shall be entitled to terminate my/our policy(ies) and return to me the cash value (if any) without interest which shall be calculated pursuant to applicable terms and conditions and provisions of such policy(ies) net of any outstanding amounts relating to such policy(ies), or take any such other action(s) as may be reasonably required including but not limited to making adjustments to the values, balances, benefits or entitlements under such policy(ies).

6. **(Applicable for juvenile trust policy)** In relation to the juvenile trust policy issued to an insured whose age is below 18 and to which I/we act as a trustee, notwithstanding any provisions under such policy to the contrary, I/we may assign the legal ownership of such policy to the insured upon the insured attaining age 18 by completing the required forms and providing all information and such documents as the Company may require at the time of application for the transfer of ownership.

7. **(Applicable for policies with Assignment clause)** In relation to a policy where the policy owner has a right to assign the policy as collateral for a loan in accordance with the policy provisions, notwithstanding any provisions under such policy to the contrary, I/we (as policy owner) may assign the policy by completing (and procuring the proposed assignee to complete) the required forms and providing (and procuring the proposed assignee to provide) all information and such documents as the Company may require.

8. This Policy Services Request Form (including all the declarations, agreement and acknowledgements herein) shall amend or supplement the application(s) for all of my/our policy(ies) with the Company. This Policy Services Request Form and such application(s) shall together form part of the terms and conditions and provisions of all of my/our policy(ies) with the Company.

有關「外國帳戶稅務合規法」的聲明

本人 / 吾等聲明，本人 / 吾等已詳細閱讀本表格上及本部分的有關資料，就本人 / 吾等所知及所信，本表格內所填報的資料均是真實、正確和完整。本人 / 吾等謹此聲明、同意及承認：

1. 公司及 / 或任何其附屬機構須遵從法律，法規，命令，指引，守則和包括《外國帳戶稅務合規法》適用規定的要求，或任何公眾，司法，稅務，政府和 / 或其他監管機構協定的要求，包括美國國家稅務局（以下簡稱「監管機構」）在不同司法管轄區不時頒布及修訂的協定（以下簡稱「適用規定」）。

2. 以下回答乃真實無誤：

如閣下為個人，閣下是否美國人士，即美國公民、符合美國所得稅目的之美國居民、或擁有美國居民身份之外僑（即美國綠卡持有人），不論閣下是否在美國境外定居（或閣下是否代表上述美國人士行事）？如閣下為法人[#]，(a)閣下是否於美國組織，或根據美國或任何美國州份的法律而組織的合夥企業或實體，或(b)閣下之實益擁有人中有否美國公民、美國居民或美國機構直接或間接持有大於10%閣下之股權？

是（本人 / 吾等在此向公司提供本人 / 吾等之 IRS W-9表格）

否

[#] 如閣下為信託，(a)美國境內的法院是否有權根據適用法律就有關信託管理的絕大部分問題下達命令或判決，及(b)有否一個或多個美國人士有權控制信託或死者為美國公民或美國居民的遺產的所有重大決定？

3. 就本人 / 吾等任何在申請時或其他時間向公司提供的任何資料，尤其是對於本人 / 吾等的國籍 / 註冊地，稅務狀況或稅務所在地的變動，或若本人 / 吾等擁有多於一個國家的稅籍，本人 / 吾等同意在三十天內書面通知公司。若發生這些變動，或若任何這種變動的其他資料已為大家所知，公司可能會要求本人 / 吾等提供某些文件或資料，包括正式填妥及 / 或簽署（並且如有需要，由公證人作出公證）的稅務申報或表格。

4. 本人 / 吾等同意公司可能會根據適用規定的要求，向任何在澳門境內或境外的監管機構披露本人 / 吾等的個人資料或任何資料。基於前述的原因，以及儘管在本表格或公司與本人 / 吾等之間的任何其他協議所載的任何內容，本人 / 吾等可能需要向公司在要求的時間內提供進一步資料，以便公司應任何監管機構向其透露。本人 / 吾等亦同意向公司提供協助，使公司能夠就本人或本人 / 吾等從公司購買的保單，遵行公司在適用規定下的義務。

5. 如果本人 / 吾等未能及時向公司提供資料或文件，或本人 / 吾等所提供的資料或文件並非最新，準確或完整，引致公司無法確定它可以持續遵從適用規定，本人 / 吾等同意公司可以按適用規定的要求，就公司於本人 / 吾等保單應支付本人 / 吾等或本人 / 吾等的個人代表 / 代表的任何款項中作出扣留，並 / 或按相關監管機構的要求，代本人 / 吾等向相關監管機構支付所扣留的款項。本人 / 吾等且同意公司保留權利，有權終止本人 / 吾等之保單及根據保單適用的條款條件及規定計算現金價值（如有），扣除保單的相關欠款後無息還給本人 / 吾等，或採取任何行動，包括但不限於對根據保單計算得出的保單價值、結餘、保險賠償或享有權作出調整。

6. **(適用於兒童信託保單)** 就向未滿 18 歲的受保人簽發且以本人 / 吾等為信託人的兒童信託保單而言，儘管該保單的保單條款另有規定，於受保人年滿 18 歲後，本人 / 吾等可填妥公司就更改保單權益人的申請所要求的表格及提供所有公司要求的資料和文件，將該保單的權益轉給受保人。

7. **(適用於含有權益轉讓條款的保單)** 如保單權益人根據保單條款有權將該保單轉讓以作貸款之抵押，儘管該保單的保單條款另有規定，本人 / 吾等（即保單權益人）可填妥（及促使擬受讓人填妥）所要求的表格以及提供（及促使擬受讓人填妥）所有公司要求的資料和文件，將該保單的權益轉讓。

8. 本更改保單合約內容申請書（包括在此作出的所有聲明、同意及承認事項）將更改或補充本人 / 吾等從公司購買的所有保單之申請書。本更改保單合約內容申請書及該些保單之申請書將一併構成本人 / 吾等從公司購買的所有保單之條款條件及規定的一部份。

Declaration relating to Automatic Exchange of Financial Account Information

1. I/We acknowledge that pursuant to the Guidelines on the Common Reporting and Due Diligence Standards for Financial Account Information, the Company and/or its affiliates are required to collect information concerning my/our tax residency* and, if applicable, to furnish such information to the Financial Services Bureau of the Macau Special Administrative Region.
2. I/We declare that my/our answers to the questions below are true and accurate:
For INDIVIDUAL Applicant Only
Are you a tax resident* in other jurisdiction(s) (except Macau and U.S.)?
(If "YES", please provide the Company with a completed "Self-Certification Form for Individual")
 YES NO
For ENTITY Applicant Only
All entity applicants are required to fill in and return the "Self-Certification Form for Entity", and if applicable, the "Self-Certification Form for Controlling Person" as well (Please refer to Part 3 of the "Self-Certification Form for Entity" to see if it is necessary to submit the "Self-Certification for Controlling Person").
*An individual or entity may be a tax resident of more than one jurisdiction. If you have any questions about your tax residency in any jurisdiction(s), please consult your tax advisors.
3. I/We agree to notify the Company in writing within 30 days if there is any change of the above information provided to the Company, whether at time of application or at any other times, in particular, my/our nationality/place of incorporation, tax status or tax residency changes or if I/we become tax resident in other country. If any of these changes occurs or if any other information comes to light concerning such changes, the Company may need to request certain documents or information from me/us, including duly completed and/or executed (and, if necessary, notarized) declarations or forms.

有關自動交換財務帳戶資料的聲明

1. 本人 / 吾等確認，根據《金融賬戶信息報送和盡職調查的統一標準》，公司及 / 或其附屬公司須收集有關本人 / 吾等的稅務居民身分的資料及在適用的情況下，向澳門特別行政區的財政局提供有關資料。
2. 本人 / 吾等聲明本人 / 吾等就以下問題作出的答案均為真確無誤：
只適用於個人投保人
閣下是否為其他司法管轄區（除澳門及美國以外）的稅務居民？
(如答案為“是”，請向公司提供已填妥的“個人自我證明表格”)
 是 否
只適用於實體投保人
所有實體投保人均須填寫及交回“實體自我證明表格”及（如適用）“控權人自我證明表格”（欲知是否需要提交“控權人自我證明表格”，請參閱“實體自我證明表格”的第3部分）
*個人或實體可為多於一個司法管轄區的稅務居民。如對稅務居民司法管轄區有任何疑問，請諮詢閣下 / 貴公司的稅務顧問。
3. 就本人 / 吾等向公司提供的以上任何資料如在申請時或其他任何時間有任何變動，本人 / 吾等同意在三十天內書面通知公司有關之變動，尤其是本人 / 吾等的國籍 / 註冊地，稅務狀況或稅籍所在地的變動，或若本人 / 吾等成為其他國家的稅務居民。如任何這些變更，或任何其他信息顯示有相關變更，公司可能要求本人 / 吾等提供某些文件或資料，包括已填妥及簽署（並且如有需要，由公證人作出公證）的聲明或表格。

Declaration 聲明

I HEREBY DECLARE AND AGREE THAT:

1. The answer and/or request on this form are complete, true and accurate and are given to the best of my knowledge and belief.
2. The answers to the above questions are given for the purposes of this Application for Life Insurance and will be relied upon in connection with any matters arising out of any policy issued pursuant to this application. These answers, together any other statements which may subsequently be made to FWD Life Insurance Company (Macau) Limited (the "Company") or to the medical examiner for the Company for the purposes stated herein shall form the basis and become a part of such policy;
3. The above request for policy changes or services will not take effect unless all of the following conditions are met. (1) Any required payment and documents are submitted in full. (2) The request is approved by the Company during the lifetime and continued insurability of the Life Insured.
4. I have the full authority from and consent of the Insured to provide the information requested on this Application for Life Insurance and to make the declarations, agreements and authorizations herein on behalf of the Insured.
5. The requested loan amount shall bear interest and be paid at such rates and times as determined by the Company. If any interest payable under this loan is not paid when due, it shall be capitalized to the existing loan at the same rate and conditions as such loan. Or if the total indebtedness of loan plus interest equals to or exceed the cash surrender value, this Policy shall automatically be terminated unless otherwise specified in the Policy.
6. Except for those specified in this form or notified to the company in previous written requests, there are no changes to my personal particulars including but not limited to occupation, nationality and personal address since the application for this insurance policy.
7. The company reserves the right to request additional personal information or supporting document to complete this policy change request.
8. I CONFIRM this Policy Services Request Form is signed in Macau.
9. I/we have read, understood and accepted the Personal Information Collection Statement ("PICS") attached to this form.
The Company intends to send you marketing communications or materials and use your Personal Data in accordance with paragraphs 8 & 9 of the PICS. If you do not agree to receive such marketing communications or the Company's intended use of your Personal Data, please tick below to exercise your right to opt-out.
 Opt-out marketing communications or materials and the Company's intended use of my personal data

本人謹此聲明並同意：

1. 上述所有問題的答案或要求均是完整，真實及準確，並且是盡本人所知及所信而作答的；
2. 上述問題的答案是為本人壽保險申請而作出的，並且在有關根據本申請而發出的任何保單引起的任何事件上予以採信。這些答案，就上列陳述的目的，以及其後向富衛人壽保險（澳門）有限公司（“公司”）或公司的醫務人員所作出的任何其他聲明，將為該保單的基礎，並成為該保單的一部份；
3. 上述之更改事項或服務必須符合下列所有條件方能生效：(1) 所有需要之款項及文件皆盡數交抵公司並完整無缺。(2) 申請在受保人在生並仍然符合受保條件時，經公司批准。
4. 本人已獲被保人同意全權提供本人壽保險申請所要求的資料，並代表被保人在此作出以下聲明，協議及授權。
5. 所要求的貸款將須付利息，利率及付息日期將由公司決定。倘貸款利息到期仍未償還，則會變成貸款並按貸款相同的利率和條款計息。又或貸款額加利息等同或超逾保單現金價值，此保單將會自動終止，除非保單內容所述有異。
6. 除非已列明於此表格或已書面上知會公司，本人的個人資料（包括但不限於職業、國籍及個人地址）與申請此人壽保險時相同。
7. 公司保留向申請人索取額外個人資料及證明文件用作保單更改的權利。
8. 本人確認此更改保單合約內容申請書在澳門簽署。
9. 本人 / 我們已閱讀、明白及接受此表格附載的收集個人資料聲明。
公司有意向閣下送交推廣訊息或資料及根據收集個人資料聲明第 8 及第 9 段使用閣下的個人資料。如閣下不同意接收有關的推廣訊息或公司擬對閣下的個人資料的使用，請在以下有關方格內加上劃（✓）號。
 拒絕接收推廣訊息或資料及公司擬對本人的個人資料的使用

Authorization 授權書

I hereby authorize or authorize on behalf of the Insured (if different);

- any registered medical practitioner, hospital, clinic, insurance company, government institution or other organization that has record or knowledge of my or the Insured's (if different) health and medical history or any treatment or advice or that has been or may hereafter be consulted to disclose to the Company such information as required by the Company in relation to this application and any matters arising from any policy issued pursuant to this application; and
- the Company or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests evaluate my or the Insured's health status in relation to this application and any matters arising from any policy issued pursuant to this application. (Note: This authorization shall bind my or the Insured's successors and assignees and remain valid notwithstanding my or the insured's death or incapacity in so far as legally possible. A photocopy of this Authorization shall be as valid as the original.)

本人在此授權或代表被保人（如有不同）授權：

- 當公司有需要時，公司可要求持有或瞭解本人或被保人（如有不同）的健康及醫療記錄；或任何治療忠告或曾向其求診或以後向其求診之任何註冊醫生、醫院、診所、保險公司、政府機構或其它團體透露有關本申請之資料，及根據本申請發出之保單所引起的任何事件。
- 公司或公司許可的醫療人員或化驗所，因本申請及根據本申請而發出保單引起的任何事件，進行必要的醫學評估及測試，以評估本人或被保人的健康狀況。（注意：本授權對本人或被保人的承繼人及轉讓人均有約束力，並且如法律上可行時，不論本人或被保人死亡及失去行為能力，本授權仍然有效。本授權的影印本與正本同樣有效。）

Signature Date 簽署日期 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 0 <input type="text"/> <input type="text"/> Day 日 Month 月 Year 年	Signature of Life Insured 被保人簽署 <div style="text-align: right;">S. V.</div>	Signature of Policy Owner (if different from Life Insured) 保單權益人簽署（若保單權益人並非被保人） <div style="text-align: right;">S. V.</div>
	Name of Witness 見證人姓名	Signature of Witness 見證人簽署

For Assignee Use Only (if applicable) 受讓人專用（如適用）

I / We, the assignee of the policy, hereby consent and agree the Policy Owner for applying the above policy change request(s). 本人，保單受讓人，特此確認得悉及同意保單持有人提交以上保單更改申請。 Payment Instruction (Applicable for withdrawal of policy value request only): 付款指示（只適用於保單價值提款申請）：	Signature of Assignee 受讓人簽署 Signature Date 簽署日期 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 0 <input type="text"/> <input type="text"/> Day 日 Month 月 Year 年
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PLEASE DO NOT SIGN ON BLANK FORM 請勿在空白表格上簽署

For Office Use Only 本公司專用

Adviser Name 理財顧問姓名	Adviser Location 理財顧問地區	Adviser Code 理財顧問號碼	%share 百分比之分配	Adviser Signature 理財顧問簽署
1. _____	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
2. _____	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Personal Information Collection Statement (“PICS”)

1. From time to time, it is necessary for you to supply **FWD Life Insurance Company (Macau) Limited** (the “Company”) or agents and representatives acting on its behalf with personal information and particulars in connection with our services and products. Failure to provide the necessary information and particulars may result in the Company being unable to provide or continue to provide these services and products to you.
 2. The Company may also generate and compile additional personal data using the information and particulars provided by you. All personal data collected, generated and compiled by the Company about you from time to time is collectively referred to in this PICS as “Your Personal Data”.
 3. “Your Personal Data” will also include personal data relating to your dependents, beneficiaries, authorised representatives and other individuals in relation to which you have provided information. If you provide personal data on behalf of any person you confirm that you are either their parent or guardian or you have obtained that person's consent to provide that personal data for use by the Company for the purposes set out in this PICS.
 4. As detailed in this PICS, Your Personal Data may also be processed by the Company's subsidiaries, holding companies, associated or affiliated companies and companies controlled by or under common control with the Company (collectively, “the Group”).
 5. The purposes for which Your Personal Data may be used are as follows:
 - (i) providing our services and products to you, including administering, maintaining, managing and operating such services and products;
 - (ii) processing, assessing and determining any applications or requests made by you in connection with our services or products and maintaining your account with the Company;
 - (iii) developing insurance and other financial services and products;
 - (iv) developing and maintaining credit and risk related models;
 - (v) processing payment instructions;
 - (vi) determining any indebtedness owing to or from you, and collecting and recovering any amount owing from you or any person who has provided any security or other undertakings for your liabilities;
 - (vii) exercising any rights that the Company may have in connection with our services and/or products;
 - (viii) carrying out and/or verifying any eligibility, credit, physical, medical, security, underwriting and/or identity checks in connection with our services and products;
 - (ix) any purposes in connection with any claims made by or against or otherwise involving you in respect of any of our services or products, including, making, defending, analysing, investigating, processing, assessing, determining, responding to, resolving or settling such claims, detecting and preventing fraud (whether or not relating to the policy issued in respect of this application);
 - (x) performing policy reviews and needs analysis (whether or not on a regular basis);
 - (xi) meeting disclosure obligations and other requirements imposed by or for the purposes of any laws, rules, regulations, codes of practice or guidelines (whether applicable in or outside Macau) binding on the Company or any other member of the Group, including making disclosure to any legal, regulatory, governmental, tax, law enforcement or other authorities (including for compliance with sanctions laws, the prevention or detection of money laundering, terrorist financing or other unlawful activities) or to any self-regulatory or industry bodies such as federations or associations of insurers;
 - (xii) for statistical or actuarial research undertaken by the Company or any member of the Group; and
 - (xiii) fulfilling any other purposes directly related to (i) to (xii) above.
 6. Your Personal Data will be kept confidential, but to facilitate the purposes set out in paragraph 5 above, the Company may transfer, disclose, grant access to or share Your Personal Data with the following:
 - (i) other members of the Group;
 - (ii) any person or company carrying on insurance-related and/or reinsurance-related business which is engaged by the Company in connection with the Company's business;
 - (iii) any physicians, hospitals, clinics, medical practitioners, laboratories, technicians, loss adjusters, risk intelligence providers, claims investigators, organizations that consolidate claims and underwriting information for the insurance industry, fraud prevention organizations, other insurance companies (whether directly or through fraud prevention organizations or other persons named in this paragraphs), the police and databases or registers (and their operators) used by the insurance industry to analyze and check information provided against existing information, legal advisors and/or other professional advisors engaged in connection with the Company's business;
 - (iv) any agent, contractor or service provider providing administrative, distribution, credit reference, debt collection, telecommunications, computer, call centre, data processing, payment processing, printing, redemption or other services in connection with the Company's business; and/or
 - (v) any official, regulator, ministry, law enforcement agent or other person (whether within or outside Macau) to whom the Company or another member of the Group is under an obligation or otherwise required or expected to make disclosures under the requirements of any law, rules, regulations, codes of practice or guidelines (whether applicable in or outside Macau).
 7. Your Personal Data may be transferred or disclosed to any assignee, transferee, participant or sub-participant of all or any substantial part of the Company's business.
 8. The Company is only allowed to (i) use Your Personal Data in direct marketing; or (ii) provide Your Personal Data to another person or company for its use in direct marketing, if you provide your consent or do not object in writing.
 9. In connection with direct marketing, the Company intends:
 - (i) to use your name, contact details (such as phone number, email address, and mailing address), gender, services and products portfolio information, financial background and demographic data held by the Company from time to time in direct marketing to market the following classes of services and products offered by the Company, other members of the Group and/or Our Business Partners (being providers of the services and products described below) from time to time:
 - a. insurance services and products;
 - b. wealth management services and products;
 - c. pensions, investments, brokering, financial advisory, credit and other financial services and products;
 - d. health-check and wellness services and products;
 - e. media, entertainment and telecommunications services;
 - f. reward, loyalty or privileges programmes and related services and products; and
 - g. donations and contributions for charitable and/or non-profit making purposes; and
 - (ii) to provide your name and contact details (such as phone number, email address and mailing address), gender, services and products portfolio information, financial background and demographic data to any members of the Group and/or Our Business Partners for their use in direct marketing for the classes of services and products described in paragraph 9(i) above (including, in the case of Our Business Partners, for money or other commercial benefit).
- The Company intends to send you marketing communications or materials and use Your Personal Data in accordance with paragraphs 8 & 9 above. If you do NOT agree to receive such marketing communications or the Company's intended use of Your Personal Data, you may write to the Corporate Data Protection Officer of the Company at the address below to opt out from direct marketing at any time:**
- Corporate Data Protection Officer
FWD Life Insurance Company (Macau) Limited
12/F, Fortuna Business Centre,
No. 301-355, Avenida Comercial De Macau
Macau
10. To facilitate the purposes set out in paragraphs 5 and 9 above, the Company may transfer, disclose, grant access to or share Your Personal Data with the parties set out in paragraphs 6 and 9(ii) and you acknowledge that those parties may be based outside Macau and that Your Personal Data may be transferred to places where there may not be in place data protection laws which are substantially similar to, or serve the same purposes as, the Personal Data Protection Act.
 11. Under the Personal Data Protection Act you have the right to request access to Your Personal Data held by the Company and request correction of any of Your Personal Data which is incorrect and the Company has the right to charge you a reasonable fee for processing and complying with your data access request.
 12. Requests for access to or correction of Your Personal Data should be made in writing to the Corporate Data Protection Officer of the Company at the address above. Should you have any queries, please do not hesitate to call our Customer Service Hotline on 8988 6060.
 13. In case of discrepancies between the English and Chinese versions of this PICS, the Chinese version shall apply and prevail.
 14. The Company reserves the right, at any time effective upon notice to you, to add to, change, update or modify this PICS.

AUG 2021

收集個人資料聲明

- 閣下需要不時向富衛人壽保險（澳門）股份有限公司（「本公司」）或本公司的代理及代表就本公司的服務及產品提供個人資料及詳情。如未能提供所需資料及詳情，可能會導致本公司無法向閣下提供或繼續提供有關服務及產品。
- 本公司亦可以利用閣下提供的資料及詳情製作及匯編額外的個人資料。本公司不時收集、製作及匯編的所有個人資料，以下統稱為「閣下的個人資料」。
- 「閣下的個人資料」亦包括由閣下提供有關閣下的受養人、受益人、獲授權代表及其他人士的資料。如閣下代表他人提供個人資料，閣下確認閣下乃是他們的父母或監護人或閣下已取得有關人士之同意提供有關人士之個人資料予本公司作本聲明之用途。
- 如本聲明所述，閣下的個人資料亦可能被本公司的附屬公司、控股公司、聯營或聯屬公司或本公司控制的公司或與本公司受共同控制的公司（統稱「本集團」）處理。
- 閣下的個人資料可能用於以下用途：
 - 向閣下提供本公司的服務及產品包括管理、維持、處理及運作有關服務及產品；
 - 處理、評估及決定閣下就本公司的服務或產品而提出的任何申請或要求，以及維持閣下在本公司的賬戶；
 - 發展保險及其他金融服務及產品；
 - 發展及維持本公司信貸及風險之相關模型；
 - 處理付款指示；
 - 釐訂任何欠付閣下或閣下所欠的負債，及向閣下或任何為閣下的債務提供擔保或其他承諾的人士收取及追討欠款；
 - 行使與本公司的服務及 / 產品有關的任何權利；
 - 就本公司之服務及產品作出資格、信貸、身體、醫療、擔保、承保及 / 或身份核証；
 - 用於任何因本公司的產品或服務而由閣下提出或本公司對閣下提出的申索，包括作出、抗辯、分析、調查、處理、評核、決定、回應、解決或和解有關申索以及偵測和防止欺詐行為（無論是否與就此申請而發出的保單有關）所需的目的；
 - 進行保單審閱及需求分析（不論是否定期進行）；
 - 本公司或本集團的其他成員根據任何法律、規則、規例、實務守則或指引（不論在澳門境內或境外適用）要求而須作出披露，包括向任何法定機構、監管機構、政府機構、稅務機構、執法機構或其他機構（包括為遵守制裁法、避免或偵查洗錢、恐怖分子資金籌集或其他不法活動）或向任何獨立監管或行業團體（如保險業聯會或協會等）作出披露；
 - 作本公司或本集團的任何成員的統計或精算研究；及
 - 履行與上文第(i)至(xii)段直接有關的其他用途。
- 閣下的個人資料將被保密但為達成上文第5段列出的用途，本公司可能將閣下的個人資料轉移、披露、讓其查閱或與以下各方共同使用：
 - 本集團的其他成員；
 - 任何因本公司業務而聘用之經營保險相關及 / 或再保險相關業務之人士或公司；
 - 任何因本公司業務而聘用的治療師、醫院、診所、醫生、化驗所、技師、損失理算人、風險情報供應商、索賠調查人、整合保險業申索和承保資料的組織、防欺詐組織、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）、警察、和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（及其運營者）、法律顧問及 / 或其他專業顧問；
 - 任何向本公司之業務提供行政、分銷、信貸資料庫、債務追討、電訊、電腦、熱線中心、資料處理、付款處理、印刷、贖回或其他服務的代理人、承包商或服務供應商；及 / 或
 - 任何本公司或本集團的其他成員負有責任或需要或預期要根據任何法律、規則、規例、實務守則或指引（不論在澳門境內或境外適用）作出披露的官員、規管者、部門、執法代理或其他人士（不論在澳門境內或境外）。
- 閣下的個人資料可能被轉移或披露予任何承讓者、受讓者、本公司業務的任何實質部分的參與人或次參與人。
- 本公司只可在閣下作出書面同意或不反對的情況下 (i) 使用閣下的個人資料作直接促銷用途，或 (ii) 將閣下的個人資料提供予其他人士或公司作其直接促銷用途。
- 就直接促銷而言，本公司擬：
 - 使用本公司持有閣下的資料作不定期直接促銷用途，資料包括閣下的姓名、聯絡資料（例如：電話號碼、電郵地址、郵寄地址）、性別、於本公司的服務及產品組合、及財務背景，以及人口統計資料。此等直接促銷涵蓋本公司、本集團其他成員及 / 或本公司之業務夥伴（即以下服務及產品的供應商）提供的下列服務及產品：
 - 保險服務及產品；
 - 財富管理服務及產品；
 - 退休金、投資、經紀、財務諮詢、信貸及其他金融服務及產品；
 - 健康檢查及健康服務及產品；
 - 媒體、娛樂及電信服務；
 - 獎賞、客戶忠誠或優惠計劃及相關服務及產品；及
 - 為慈善及 / 或非牟利用途的捐款及捐贈。
 - 將閣下的姓名及聯絡資料（例如：電話號碼、電郵地址、郵寄地址）、性別、服務及產品組合資料，及財務背景，以及人口統計資料提供予本集團任何成員及 / 或本公司之業務夥伴，讓其用於直接促銷上文第9(i)段所載的服務及產品（如為業務夥伴，則包括作金錢或其他商業利益）。

本公司有意向閣下送交推廣訊息或資料及根據上述第8及第9段使用閣下的個人資料。如閣下不同意接收有關的推廣訊息或本公司擬對閣下的個人資料的使用，閣下可於任何時間致函本公司的資料保護主任並將函件郵寄至以下地址，藉以行使閣下不同意此項安排的權利：

資料保護主任
富衛人壽保險（澳門）股份有限公司
澳門商業大馬路301-355號財神商業中心12樓

- 為達成上文第5及第9段所列出的目的，本公司可能將閣下的個人資料轉移、披露、讓其查閱或與上文第6及第9(ii)段所列的各方共同使用及閣下知悉有關一方可能設在澳門以外的地方及閣下的個人資料可能被轉往的地方未必設有與《個人資料保護法》大致相同或用作同一用途的資料保護法。
- 根據《個人資料保護法》，閣下有權要求查閱本公司所持有閣下的個人資料，並要求改正閣下的不正確個人資料及本公司有權就處理及遵行閣下的查閱資料要求而收取合理費用。
- 查閱或改正閣下的個人資料要求，應以書面形式向本公司的資料保護主任提出並將函件郵寄至上述地址。如閣下有任何疑問，敬請致電本公司之客戶服務熱線8988 6060。
- 中英文本如有歧異，概以中文本為準。
- 本公司保留隨時增補、更改、更新及修訂本聲明之權利，並任何更改將於發出通知時起生效。

2021年8月