

# Investment-Linked Policy Services

## Request Form

### 投資相連計劃服務申請書



Please fill in block letter & appropriate circles 請以英文正楷填寫及將下列適用圓圈填滿

Policy Number 保單號碼		
Personal Information 個人資料	Life Insured 被保險人	Applicant 投保人
Name 姓名	Family Name 姓氏 Given Name 名	Family Name 姓氏 Given Name 名
<input type="radio"/> ID Card No. 身份證號碼 (澳門/香港) <input type="radio"/> Passport No. / Travel Document No. 護照編號/旅遊證件號碼		

#### Part A : SERVICE ITEMS 甲部：服務項目

##### ☐ 1. Investment Choice Switching-Existing Holding Investment Choices 投資選擇轉換 - 現行所持有的投資選擇

Minimum 10% for each switching-in Investment Choice & must be multiples of 10% Minimum switch out amount is currently US\$125. The current Investment Choice allocation will remain unchanged, unless changes are specified in Part(2) You may also perform switching and allocate future premium through FWD Life Customer Online Service. Please visit FWD Company website for further details: [www.fwd.com.mo](http://www.fwd.com.mo)

每項所選投資選擇最少須分配10%並須為10%的倍數。現行最低投資選擇轉出金額為125美元。除非於第2項列明更改，否則現有的投資選擇分配將維持不變，你亦可以透過富衛客戶網上服務進行投資選擇轉換及未來供款調配。請瀏覽富衛公司網頁了解詳情。

Switch Out 轉出			Switch In 轉入		
Name of Investment Choice 投資選擇名稱	Investment Choice Code 投資選擇代碼	Switch Out (%) 轉出百分比	Name of Investment Choice 投資選擇名稱	Investment Choice Code 投資選擇代碼	Allocation (%) 分配百分比
		%			%
		%			%
		%			%
		%			%
		%			%
		%			%
		%			%
		%			%
		%			%
Total 合計：					100%

##### ☐ 2. Investment Choice Allocation for Future Premium 未來供款調配

Minimum 10% for each Investment Choice & must be multiples of 10%. You may also perform switching and allocate future premium through FWD Life Customer Online Service. Please visit FWD Company website for further details: [www.fwd.com.mo](http://www.fwd.com.mo)

每項所選投資選擇最少須分配10%並須為10%的倍數。你亦可以透過富衛客戶網上服務進行投資選擇轉換及未來供款調配。請瀏覽富衛公司網頁了解詳情。

Investment Choice Allocation 投資選擇分配		
Name of Investment Choice 投資選擇名稱	Investment Choice Code 投資選擇代碼	Allocation (%) of Future Premium 未來供款調配百分比
		%
		%
		%
		%
		%
		%
		%
		%
Total 合計：		100%

FWD Life Insurance Company (Macau) Limited  
富衛人壽保險（澳門）股份有限公司



0000224A

○

Minimum  
product.

每項所選投資選擇最少須分配10%並須為10%的倍數。請注意各項產品之最低及最高額外投資保費要求。

**Booster Investment Premium**  
**額外投資保費**

HK\$ /US\$  
港元／美元

## Investment Choice Allocation

Name of Investment Choice 投資選擇名稱	Investment Choice Code 投資選擇代碼	Allocation (%) of Booster Investment Premium 額外投資保費分配百分比
		%
		%
		%
		%
		%
		%
		%
		%
		%
		%
		%
		%
		%
		%
		%
Total 合計：		100%

○

Please submit a copy of the identification document of the Policy Owner together with this form. Please note the Investment Choice withdrawal requirement of each product.

請隨此申請書一併遞交保單權益人之身份證明文件副本。請注意各項產品之投資選擇提取要求。

[illegible]

### Payment Instruction

- ☐ Issue HK\$ Cheque  
發出港元支票
- ☐ Issue MOP\$ Cheque  
發出澳門元支票

- Other Instructions 其他指示 (Please specify in details 請詳細說明)

<input type="radio"/> <b>5. Regular Investment Premium 定期投資保費</b> Please note the minimum and maximum Regular Investment Premium requirement of each product. 請注意各項產品之最低及最高定期投資保費要求。						
<input type="radio"/> Add 新增	<input type="radio"/> Stop 暫停	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Original Regular Investment Premium 原有每期投資保費</td> <td style="width: 40%;">HK\$/US\$ 港元/美元 _____</td> </tr> <tr> <td>New Regular Investment Premium 新每期投資保費</td> <td>HK\$/US\$ 港元/美元 _____</td> </tr> </table>	Original Regular Investment Premium 原有每期投資保費	HK\$/US\$ 港元/美元 _____	New Regular Investment Premium 新每期投資保費	HK\$/US\$ 港元/美元 _____
Original Regular Investment Premium 原有每期投資保費	HK\$/US\$ 港元/美元 _____					
New Regular Investment Premium 新每期投資保費	HK\$/US\$ 港元/美元 _____					

  

<input type="radio"/> <b>6. Change of Payment Mode 更改付款方式</b>
<div style="display: flex; justify-content: space-around;"> <div> <input type="radio"/> Yearly by Cash/Autopay* 每年現金/自動轉賬*支付         </div> <div> <input type="radio"/> Half-yearly by Cash/Autopay* 半年現金/自動轉賬*支付         </div> <div> <input type="radio"/> Monthly Autopay* (on 25th of a month) 每月25號自動轉賬*         </div> </div> <p>(*Please submit the Direct Debit Authorization Form at the same time. 請連同「直接付款授權書」一起呈交)</p>

  

<input type="radio"/> <b>7. Temporary Suspension of Premium/Premium Holiday 暫停保費/保費假期</b> Please note the Temporary Suspension of Premium / Premium Holiday requirement of each product. 請注意各項產品暫停保費/保費假期要求。
<input type="radio"/> Apply 申請 <input type="radio"/> Release 取消      The change will be effective on Next Premium Due Date 有關更改將於下個保費到期日生效

  

<input type="radio"/> <b>8. Policy Surrender 終止保單合約</b> Warning: You will lose your valuable cover 請注意 閣下將會失去寶貴的保障。
<input type="radio"/> With Policy 連同保單呈交 <input type="radio"/> Policy Lost (No Policy Assignment) 保單遺失(沒有保單轉讓) <input type="radio"/> With ID Card Copy 連同身份證副本呈交

  

<b>Payment Instruction 付款指示</b>
<input type="radio"/> Issue HK\$ Cheque 發出港元支票 <input type="radio"/> Issue MOP\$ Cheque 發出澳門元支票
<input type="radio"/> Other Instructions 其他指示 (Please specify in details 請詳細說明)

  

I declare that: (i) The said policy is not now assigned to any other person(s); (ii) No proceedings in bankruptcy or individual voluntary arrangement have been instituted by or against me. I agree that the liability of the FWD Life Insurance Company (Macau) Limited (hereinafter called 'the Company') upon or in connection with the said policy is as of the date of surrender, fixed and limited to such surrender value, if any, and upon payment thereof, the Company shall be and is hereby completely discharged.

本人聲明：(一) 該保單並無轉讓予任何其他人士；(二) 申請人並未有破產訴訟或個人自願安排之事項。本人同意富衛人壽保險(澳門)股份有限公司(以下一律簡稱「公司」)於退保日起對該保單只負上述退保現金價值之責任，當上述款項給付後(如有)，公司方面對該保單之責任便告完全了結。

**Important Notice:**  
The Company will sell the investment choice units on the next Dealing Date, and pay the surrender value to the Policy Owner within 1 month after the receipt of relevant document(s) and this application form which is properly completed and signed.

**重要事項：**  
本公司於收到已填妥及簽署之申請書和相關文件後於下一個交易日出售投資選擇單位，並於一個月內退回現金價值給保單權益人。

## Part B : Reinstatement and Health Questions 乙部：保單復保及健康問卷

<input type="radio"/> <b>Reinstatement 保單復保</b> Please answer the below health questions for reinstatement. If your basic plan is attached with any riders (except Parent Risk Rider), please submit Personal Statement. 請填妥以下健康問卷作保單復保申請。如閣下的基本計劃附有保險附約(除父母保障附約之外)之保單，請遞交個人資料。		
<b>Personal Health Statement 健康狀況聲明</b> 1. Have you ever had, or been told you had or have been treated for HIV infection, Acquired Immunodeficiency Syndrome (AIDS), AIDS-related disease, cardiovascular disease, digestive disease, kidney disease, liver disease, respiratory disease, muscular-skeletal disorder, mental disorder, nervous system disorder, Cancer and Tumor in past 2 years? 在過去兩年，閣下是否曾患有或獲悉患有HIV感染、後天免疫能力缺乏症(愛滋病)、愛滋病併發症、心血管病、消化系統疾病、腎臟疾病、肝臟疾病、呼吸系統疾病、肌肉骨骼疾病、精神病、神經系統疾病、癌症、腫瘤或曾因上述疾病接受治療？ 2. In the past 2 years, have you ever had any other disease not mentioned above which require examination, treatment or hospitalization for more than seven days? 在過去兩年，閣下曾否因上述以外之其他疾病，而需要接受檢查，治療或住院七日或以上？ 3. Are you currently receiving medical treatment or under medical care of any kind or have been advised / scheduled to have operation, diagnostic test or treatment by a physician in near future? 閣下是否正接受任何藥物治療、醫療護理或於不久將來，由醫生建議或正在安排外科手術、診斷檢查或治療？	<b>Life Insured 被保險人</b> <input type="radio"/> Yes 是 <input type="radio"/> No 否           <input type="radio"/> Yes 是 <input type="radio"/> No 否           <input type="radio"/> Yes 是 <input type="radio"/> No 否	<b>Applicant 投保人</b> <input type="radio"/> Yes 是 <input type="radio"/> No 否           <input type="radio"/> Yes 是 <input type="radio"/> No 否           <input type="radio"/> Yes 是 <input type="radio"/> No 否

For any "Yes" answer in above, please circle the items concerned, state dates, diagnosis, duration, results, stage of recovery, name and address of all attending physicians.  
若上述任何題目之答案為「是」者，請圈出有關項目，並註明日期、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。

## Declaration relating to Foreign Account Tax Compliance Act 有關《外國帳戶稅務合規法》的聲明

I/We hereby declare, agree and acknowledge that:

本人 / 吾等謹此聲明、同意及承認：

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 or of 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").

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佈及修訂的協定（以下簡稱「適用規定」）。

2. The answer below is true and accurate:

**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, do you have any beneficial owner(s) holding a 10% or more direct 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

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，閣下之實益擁有人中是否有美國公民、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

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.

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，稅務狀況或稅籍所在地的變動，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. I/We agree that the Company may disclose my/our particulars or any information to any Authority (in or outside Macao) 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.

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. 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).

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. (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.

(適用於兒童信託保單) 就向未滿18歲的被保險人簽發且以本人 / 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，於被保險人年滿18歲後，本人 / 吾等可填妥公司就更改保單投保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，將該保單權益轉給被保險人。

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.

(適用於含有權益轉讓條款的保單) 如保單投保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（即保單投保人）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. 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.

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之一部份。

## Declaration relating to Automatic Exchange of Financial Account Information

### 有關自動交換財務帳戶資料的聲明

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.

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，向澳門特別行政區政府的財政局提供有關資料。

2. I/We declare that my/our answers to the questions below are true and accurate:

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：

#### **For INDIVIDUAL Applicant Only 只適用於個人投保人**

Are you a tax resident\* in other jurisdiction(s) (except Macau and U.S.)?

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？

(If "YES", please provide the Company with a completed "Self-Certification Form for Individual"

如答案為「是」，請向公司提供已填妥的「個人自我證明表格」)

☐ YES 是 ☐ NO 否

#### **For ENTITY Applicant Only 只適用於實體投保人**

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").

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）

\* 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.

\* 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. 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.

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，稅務狀況或稅務所在地的變動，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。

## Disclaimer 免責聲明

Investment Choice Switching - Existing Holding Investment Choice

The instruction will change the investment portfolio in your Policy Account. Notional units of the Investment Choice allocated to your Policy Account will be switched out in accordance with your instruction in order to switch to the designated Investment Choice. Allocation of future regular premiums will remain unchanged. Subject to the Company's approval process, we will execute your Investment Choice switching instructions as soon as practicable.

投資選擇轉換- 現行所持有的投資選擇

此項指示將更改現有保單戶口內的投資組合。您保單戶口內的投資選擇名義單位將會依照您的指示相應地轉出，然後再轉入至指定的投資選擇。未來供款之投資選擇分配將維持不變。在符合本公司的批核程序下，我們會在切實可行的範圍內盡快執行閣下轉換投資選擇的指示。

Investment Choice Allocation for Future Premium

This instruction will change the premium allocation instruction of your future regular premiums. The existing Investment Choice balances of your Policy Account will remain unchanged. Subject to the Company's approval process, we will execute your Investment Choice allocation for Future Premium instructions as soon as practicable.

未來供款調配

此項指示將更改日後新繳定期保費的投資選擇之投資分配，現有保單戶口內的投資選擇名義單位結餘則維持不變。在符合本公司的批核程序下，我們會在切實可行的範圍內盡快執行閣下調配未來供款之投資分配的指示。

By providing this service, we are not inviting or recommending any person or entity to invest. The information should not be construed as a prospectus for the purchase or sale of such investment.

本公司提供以上服務並不是邀請或建議任何人或任何機構進行投資，有關資訊不應被視為購買或銷售有關投資的說明書。

I confirm and understand that the said policy is an Investment - Linked Insurance Plan or attached with Investment-Linked Rider(s), the Investment Choice Withdrawal Benefit will be the number of Units in the Policy Account multiplied by the Unit Price of the respective Investment Choices with all outstanding unpaid charges and Early Redemption Charge deducted (if any). I am personally responsible for the investment loss related to the transaction.

本人確認及理解上述保單是投資相連計劃或帶有投資相連附約，投資選擇提取權益將為保單戶口內投資選擇單位數量乘以有關投資選擇單位價格，並須扣除所有待繳費用及提早贖回費。本人會承受所有相關的損失。

Investment involves risk, past performance figures are not indicative of future performance. As a consequence of the general nature of varied investments and possible exchange or interest rate fluctuations, the value of investments and their yield may go down as well as up.

投資涉及風險，過往投資選擇表現不可作為未來表現的指標。投資選擇屬多元化投資，加上匯價及利率的波動，故投資價值及收益可跌亦可升。

Except for those specified in a Policy Services Request Form or notified to FWD 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.

除非已列明於並附上更改保單合約內容申請書或已書面上知會富衛，本人的個人資料（包括但不限於職業、國籍及個人地址）與申請此保險計劃時相同。

FWD reserves the right to request additional personal information or supporting document to complete this policy change request.

富衛保留索取額外個人資料及證明文件用作保單更改的權利。



The Company is entitled to reject any Investment-Linked Policy Services Request which is not completed in full and delivered together with payment and the requested documents.

本公司有權拒絕受理任何並未完全填妥及未附上應付款項及所要求文件之投資相連計劃服務申請。

I/We have read and understood the principal brochure of the Investment Linked Plan/Rider before signing on this services request form.

本人/我們在簽署此服務申請書前已詳閱及完全明白投資相連計劃/附約的有關主要推銷刊物。

Date 簽署日期  Day 日    Month 月    Year 年	Signature of Life Insured 被保險人簽署  S.V.	Signature of Applicant 投保人簽署  S.V.	Signature of Witness 見證人簽署
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**For office Use Only**

本公司專用

Adviser Name 理財顧問姓名	Adviser Location 地區	Adviser Code 理財顧問號碼	% Share 百分比之分配	Adviser's Signature 理財顧問簽署
1. _____	_____	_____	_____	
2. _____	_____	_____	_____	

## 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 paragraph), 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, 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 product and services 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 to any members of the Group and/or Our Business Partners for their use in direct marketing 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 English 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.

## 收集個人資料聲明

1. 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。
  2. 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」。
  3. 「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。
  4. 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。
  5. 閣下的個人資料可能用於以下用途：
    - (i) 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；
    - (ii) 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；
    - (iii) 發展保險及其他金融服務及產品；
    - (iv) 發展及維持本公司信貸及風險之相關模型；
    - (v) 處理付款指示；
    - (vi) 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；
    - (vii) 行使與本公司的服務及／或產品有關的任何權利；
    - (viii) 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；
    - (ix) 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、解決或和解除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；
    - (x) 進行保單審閱及需求分析（不論是否定期進行）；
    - (xi) 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；
    - (xii) 作本公司或本集團的任何成員的統計或精算研究；及
    - (xiii) 履行與上文第(i)至(xii)段直接有關的其他用途。
  6. 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：
    - (i) 本集團的其他成員；
    - (ii) 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；
    - (iii) 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；
    - (iv) 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
    - (v) 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）。
  7. 閣下的個人資料可能被轉移或披露予任何承讓人、受讓人、本公司業務的任何實質部分的參與人或次參與人。
  8. 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。
  9. 就直接促銷而言，本公司擬：
    - (i) 使用本公司不時持有的閣下姓名、聯絡資料、服務及產品組合資料、財務背景及人口統計資料作直接促銷用途；銷售本公司、本集團其他成員及／或本公司之業務夥伴（即以下產品及服務的供應商）不時提供的下列服務及產品：
      - a. 保險服務及產品；
      - b. 財富管理服務及產品；
      - c. 退休金、投資、經紀、財務諮詢、信貸及其他金融服務及產品；
      - d. 健康檢查及健康服務及產品；
      - e. 媒體、娛樂及電信服務；
      - f. 獎賞、客戶忠誠或優惠計劃及相關服務及產品；及
      - g. 為慈善及／或非牟利用途的捐款及捐贈。
    - (ii) 將閣下的姓名及聯絡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)段所載的服務或產品（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
10. 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(i)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。
  11. 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。
  12. 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。
  13. 中英文本如有歧異，概以英文本為準。
  14. 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。