

Application For Reinstatement 保單復保申請書



Policy Number 保單編號	Adviser Name and Adviser Code 理財顧問姓名及編號
Policyowner 投保人	Adviser Unit and Location 理財顧問組別及地區
Life to be Insured 被保險人	

Personal Statement 健康狀況 Please Tick (✓) where appropriate 請在適當地地方加上「✓」號

(The shaded area should also be completed if there is Parent Risk Rider attached to the policy) (如附加父母保障保費豁免附約，請同時完成灰色部分)

	Insured 被保險人		Policyowner 投保人	
	Yes 是	No 否	Yes 是	No 否
1. Have you ever changed your occupation since the last application date of this policy? If "Yes", please give details. 在此保單申請日期以後，閣下曾否轉換工作？若「是」，請述詳情。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you within the last TWO years engaged or do you intend to engage in any hazardous activity (e.g. scuba diving, hang-gliding, parachuting or fly other than as a fare-paying passenger)? 在過去兩年內，閣下是否曾參與或意圖參與任何有危險性的運動（如潛水，滑翔運動，跳降落傘或以非乘客身份參予飛行活動）？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. a) Have you applied for or are you now applying for insurance with any other companies? 閣下是否曾向或正向其他保險公司投保？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Has any insurance held or applied for by you ever been declined, postponed or modified in any way? 閣下是否曾被保險公司拒保，延遲受保或更改受保條件？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had, or been treated for diseases of the 閣下曾否患有以下毛病或曾就以下有關毛病接受治療？				
a) Heart, blood or circulatory system or disease of the eye, glandular, digestive, or kidneys system, or are you a Hepatitis B carrier? 與心臟，血液或循環系統，或眼疾，腺體消化系統，或腎臟有關的疾病，或身為乙型肝炎帶菌者？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Respiratory system, musculo-skeletal system such as paralysis, deformity, amputation or severe injury? 呼吸系統，肌肉或骨骼有關毛病如癱瘓畸形，肢體被切除或嚴重受傷？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Nervous system, or any mental impairments such as multiple sclerosis? 精神不正常或神經系統的疾病如多種硬化症？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Any form of cancer, sexually transmitted disease, Acquired Immunodeficiency Syndrome(AIDS), AIDS related complex or any other disease not mentioned above? 任何種類的癌症，以性接觸傳染的疾病，後天免疫力缺乏症（愛滋病）或愛滋病併發症或除上述疾病外，任何其他疾病？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had: 閣下是否曾接受或曾被建議				
a) Any check-up, consultation, treatment, operation or diagnostic test (such as ECG, X-ray, Barium Meal or Blood Test) or has been recommended to do so; had a blood transfusion or been refused as a blood donor? 任何例行檢查，診治，手術或檢驗（如心電圖、X光、鋇餐或驗血），或曾接受輸血或有意捐血而不獲接納？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Any test to detect the presence of AIDS antibodies? 接受任何愛滋病抗體的檢驗？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Been hospitalized or suffered from any illness lasting for or requiring treatment for more than 7 days? 入院留醫或患有任何疾病持續或需要治療超過七日？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) 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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. (Female Only) (女性被保險人適用)				
a) Are you now pregnant? If "yes", please state expected delivery date and results of those ante-natal check ups. 閣下現在是否懷有身孕？若「是」，請註明預產期及有關產前檢查結果。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Have you ever had any disorder of the breast or female organs? 閣下是否曾患有乳房或婦科疾病？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Have you ever had any mammogram, ultrasound of breast, pap smear, cone biopsy or colposcopy? 閣下是否曾接受乳房X光、乳房超聲波、子宮頸抹片檢驗、錐形切片檢查或陰道鏡檢查？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Have you ever had any complications of pregnancy such as ectopic pregnancy, disseminated intravascular coagulation or gestational diabetes? 閣下是否曾在妊娠期間患有併發症，如宮外孕、瀰漫性血管內凝血或糖尿病？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you within the last FIVE years had any consultation with a Doctor? 過去五年，閣下曾否接受醫生診治？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Insured 被保險人	Policyowner 投保人		
	Yes 是	No 否		
8. Do you have a USUAL personal medical attendant? If “Yes”, state name, address, time and reason for last visit. 閣下有否一個私人醫生？若答「是」，請註明姓名，地址及最後一次求診原因和時間	<input type="checkbox"/>	<input type="checkbox"/>		
9. Smoking Details 吸煙習慣				
a) Do you smoke cigarettes or have you smoked any cigarettes within the last 12 months? If “Yes”, state daily consumption 閣下有否吸煙或在過去十二個月內曾經吸煙？若答「有」，請註明每日吸煙量	<input type="checkbox"/>	<input type="checkbox"/>		
b) Have you ever quitted smoking habit on medical reason? If “Yes”, please give details. 閣下曾否就健康理由而戒煙？如「是」，請註明詳情。	<input type="checkbox"/>	<input type="checkbox"/>		
10. Do you drink alcohol or have drug/medication taking habit? If “Yes”, state type and daily quantity. 閣下有否飲用酒精類飲品或是否有服食藥物的習慣？若答「是」，請註明類別及每日份量。	<input type="checkbox"/>	<input type="checkbox"/>		
11. Is your weight changed since the last application date of this policy? If “Yes”, how much? 閣下的體重在此保單的申請日期後有否改變？若答「是」，請註明。	<input type="checkbox"/>	<input type="checkbox"/>		
12. (For Disability Income Only) Are you self-employed? If “Yes”, please state no. of employees. (祇適用於入息保障附約) 閣下是否自僱？若「是」，請註明人數。	<input type="checkbox"/>	<input type="checkbox"/>		
13. (For Disability Income Only) What is your earned income for the last 12 months including any commission, bonuses and tips? (祇適用於入息保障附約) 閣下在過去一年之薪金或經營利潤包括任何佣金、花紅及小賬為：	HK\$	港幣：		
For any “Yes” answer, state question number and give details by Addendum. 若上述任何一題答案為「是」，請以另頁註明問題編號及詳情。				
14. Have any parent, or one brother/sister ever suffered or been suffering from diseases of the heart, high blood pressure, stroke, kidneys, diabetes, cancer, AIDS, paralysis or any hereditary/familial disorder (such as Huntington's chorea, blindness, glaucoma or cataracts)? If “Yes”, complete table below. 閣下父、母或父母其中一位兄弟／姊妹曾否或現在正患上心臟病，中風，高血壓，腎病，糖尿病，癌症，愛滋病，癱瘓或任何遺傳性／家族性疾病（例如杭廷頓氏癱瘓症，失明，青光眼或白內障）？若答「有」，請填妥下列圖表：	<input type="checkbox"/>	<input type="checkbox"/>		
Relationship 關係	Age 年齡	Type of Disease 疾病名稱	Living/Deceased 存/歿	Cause of Death 死因

Declaration relating to Foreign Account Tax Compliance Act

- I/We hereby declare, agree and acknowledge that:
- 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”).
 - 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 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
 - 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 neccessary, 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 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.
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：
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. 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. 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 / 或接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. 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并構成本人 / 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《金融帳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. 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，稅務狀況或稅藉所在地的變動，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

1. I HEREBY DECLARE THAT I have read the application and I CERTIFY, on behalf of myself and behalf of any person who may have or claim any interest in the said Policy, that each of the above answers is full, complete and true and shall form part of the contract under the Policy and I AGREE that they shall be taken as the basis of the proposed reinstatement. I FURTHER AGREE that such reinstatement shall not be considered as effected by any reason until the Company has consented, approved and endorsed. I UNDERSTAND that the Policy Risk Commencement Date may also be changed due to such reinstatement subject to the Company approval.
2. Any personal data concerning myself or the Insured (if different) collected and held by the Company may be used, stored, disclosed and transferred (whether within or outside Macau) to such individuals/organizations associated with the Company for the purposes of (i) dealing with any matters arising from any policy issued pursuant to this application; (ii) providing all services related to this application; (iii) any promotion of financial products and services by the Company and its affiliated companies and (iv) communicating with me or the Insured (if different) for such purposes.
1. 余承認本人曾閱讀此申請書，本人代表所有與此保單有利益關係之人仕保證以上每一項答案均為完全和真實無訛，並將成為上述保單合約之一部份，本人清楚知道這些答案將作為這次申請恢復保單效力之依據，本人明白必須經公司負責人同意及批註後方可恢復保單效力。再者，本人清楚明白保單生效日期將有可能在復保時轉變，而此轉變必須經公司負責人批准。
2. 由公司收集及持有本人或被保人（如有不同）的任何個人資料，可使用、儲存、透露及轉予（無論澳門或海外）公司有關聯的人士/或機構團體，以作為（i）處理本申請所發出的任何保單引起的任何事件；（ii）提供有關本申請的所有服務；（iii）任何公司及其附屬公司之財經計劃商品及服務之推廣活動；以及（iv）因上述目的與本人或被保人（如有不同）聯絡。

Signature of Life to be Insured 被保險人簽署	Signature of Policyowner 投保人簽署	Date(mm/dd/yy) 簽署日期（月/日/年）	Signature of Witness 見證人簽署
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For Office Use Only

New RCD	New Paid To Date	New Premium
Reinstatement cost		
1. Premium From _____ to _____	=	_____
2. Interest on Premium	=	_____
3. o/s loan plus interest	=	_____
4. back cash value / premium	=	_____
	Total: =	_____