

# Policy Services Request Form

## 更改保單合約內容申請書



Name of Life Insured 被保險人姓名	ID Card No. 身份證號碼	Policy No. 保單編號
Name of Policyowner 投保人姓名	ID Card No. 身份證號碼	

Please tick ☐ the appropriate boxes and complete all particulars below: 請在下列適當的方格內加「✓」號，然後詳細填寫更改內容

### ☐ 1. Conversion 保單轉換

(Personal statement is required if there is any rider attached to the new policy) (若新保單內有任何附約，請填寫被保險人健康聲明)

New Policy No.: 新保單編號	New Policy Risk Commencement Date: 新保單合約之生效日期	Remaining Term Sum Insured in <u>OLD POLICY</u> 舊保單剩餘定期保險金額
New Policy Coverage 新保單計劃	Sum Insured/Benefit 投保額	Modal Premium 每期保費總額
Dividend Option: 紅利分派方式	<input type="checkbox"/> Deposit 積存生息	<input type="checkbox"/> Cash 現金
<input type="checkbox"/> Paid Up Addition 購買付清額外保險	Coupon Option: 現金票券分派方式	<input type="checkbox"/> Deposit 積存生息
<input type="checkbox"/> Cash 現金	<input type="checkbox"/> 18th of the month 每月18號	
Payment mode: 繳費方式	<input type="checkbox"/> Yearly 每年支付	<input type="checkbox"/> Monthly Autopay ( <input type="checkbox"/> 3rd of the month 每月自動轉賬 (每月3號)
<input type="checkbox"/> Half-yearly 每半年支付	<input type="checkbox"/> Monthly Credit Card Autopay 以信用卡扣賬	
Beneficiary(ies) for the new policy 新保單指定受益人		
Name 姓名	I.D. No. 身份證號碼	Relationship 與被保險人關係
		Sex 性別
		Percentage of Share 百分率
		Trustee(if any) 托管人

#### Declaration 聲明

- ☐ I declare that I understand the product features and key product risks of the new life insurance policy, the difference between the existing term life policy and new life insurance policy, and the implications arising from such conversion.
- ☐ 本人謹此聲明本人明白新人壽保單的產品特點及主要產品風險，現有定期壽險保單與新人壽保單之間的差異，及有關轉換所構成的影響。

### ☐ 2. Change of Address / Telephone No. / E-mail Address 更改地址/電話號碼/電郵地址

<input type="checkbox"/> Correspondence Address 通訊地址	<input type="checkbox"/> Residential Address* (*Please provide recent 3 months address proof, e.g. bank statement, utilities bill. ) 住宅地址
Notes 注意: Residential address will be treated as a Permanent Address unless otherwise specified 除非特別註明否則住宅地址將視為永久地址 <input type="checkbox"/> if there is another permanent address, please tick the box below and provide the address(es) 如有其他永久地址，請在圓圈格內剔上並提供地址	
Telephone Number & E-mail Address 電話號碼及電郵地址	
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	

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



0000229A

☐ **3. Correction of Insured's Particulars** (Enclose ID Card Copy) **更改被保險人資料** (呈交身份證影印本)

Please Specify in details:  
請詳細說明

☐ **4. Change of Policy Ownership** **更改投保人**

Information of New owner 新保單投保人資料

Name in English

英文姓名

Family Name 姓氏

Given Name 名

Name in Chinese

中文姓名

ID Card No.  
身份證號碼

Sex 性別 ☐ Male 男 ☐ Female 女

Relationship with Insured  
與被保險人關係

Date of Birth  
出生日期

Day 日 Month 月 Year 年

Place of Birth  
出生地點

Nationality  
國籍

Industry Code  
行業編號

☐ Others, please specify  
其他，請註明：

Please refer to the appendix 1 請參考附錄 1

Occupation  
職業

☐ Manager/Executive 經理/行政人員

☐ Professional 專業人士

☐ Salesperson 售貨員

☐ Self-employed 自僱人士

☐ Clerk 文員

☐ Others, please specify 其他，請註明：

For Body Corporate, please provide 如屬法定機構，請提供：

Corporate Name in English

公司英文名稱

Corporate Name in Chinese

公司中文名稱

Does the fund used to make payment under the Policy(ies) come from your earning and accumulative savings?  
用於繳付此/此等保單保費的資金是否來自閣下的收入及積蓄？

☐ Yes 是 ☐ No 否，Please specify the source of fund 請註明資金來源：

Declaration 聲明

I/We am/are

\*☐ the beneficial owner of all the interests and benefits of the Policy(ies) and not acting on behalf of any other person or as trustee.

\*☐ not the beneficial owner of all the interests and benefits of the Policy(ies) to be issued and acting on behalf of other person or as a trustee to own the Policy(ies)

本人/吾等

\*☐ 為保單所有權益和利益的實益擁有人而不是作為第三者代表或以信託人身份。

\*☐ 並非保單所有權益和利益的實益擁有人和乃作為第三者代表或以信託人身份持有保單。

Note:

(1) Please provide copy of New Owner's identity proof (ID card/Passport, etc).

(2) Please fill in New Owner's address, telephone no. & E-mail Address in Column 3. above, and provide residential proof within the past 3 months.

(3) For Body Corporate, please provide copy of certificate of incorporation, business registration etc.

(4) For Body Corporate, please complete "Classification Declaration Form under the Foreign Account Tax Compliance Act (Corporate Policyowner)".

(5) For U.S. Persons, please submit Form W-9.

註：

(1) 請提供新保單投保人的身份證明文件副本（身份證／護照等）。

(2) 請於第2. 填寫新保單投保人地址，電話號碼及電郵地址，並提供最近三個月發出之住址證明

(3) 如屬法定機構，請提供公司註冊證書或商業登記證副本等。

(4) 如屬法定機構，請填寫「外國帳戶稅務合規法（FATCA）之機構身份聲明書（公司客戶）」。

(5) 如屬美國人士或機構，請填寫表格W-9。

Declaration and Signature of New Owner

新投保人聲明及簽名

I/We confirm that I/we have read and accept the Declaration relating to Foreign Account Tax Compliance ACT attached hereto.

本人/我們確認本人/我們已閱讀及同意隨附之有關《外國帳戶稅務合規法》的聲明。

☐ 5. Change Beneficiary 更改受益人

(All previous Beneficiary(ies) will be automatically revoked) (所有以前曾指定之受益人立刻被撤銷)

Name 姓名	I.D. No. 身份證號碼	Relationship 與被保險人關係	Sex 性別	Percentage of Share 百分率	Trustee (if any) 托管人

☐ 6. Change of Payment Mode 更改付款方式

- ☐ Yearly 每年支付    ☐ Half-yearly 每半年支付    ☐ Monthly Autopay ( ☐ 3rd of the month 每月自動轉賬 (每月3號)    ☐ 18th of the month 每月18號)    ☐ 25th of the month (每月25號)  
(只適用於投資相連計劃 Only for investment-linked insurance Plan)

☐ 7. Change of Riders 更改附約 (Personal Statement is required for additional risk) (若有增加投保風險，請填妥被保險人之健康聲明)

<input type="checkbox"/> Add 新購	<input type="checkbox"/> Increase 增加	<input type="checkbox"/> Reduce 減少	<input type="checkbox"/> Cancel 取消
Plan/Rider 計劃/附約	Old Benefit Amount 原有保障額	New Benefit Amount 新保障額	
Total New Modal Premium: 最新每期保費總額:			

(Since Policy Loan bears interest, it is your benefit to withdraw value from other policy sources like coupon or dividend.)

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

(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)

Withdrawal Amount: (US\$/MOP\$/HK\$) 提款額 (美元/澳門幣/港幣)	Cheque currency 支票貨幣	<input type="checkbox"/> US\$ 美元	<input type="checkbox"/> MOP\$ 澳門幣	<input type="checkbox"/> HK\$ 港幣
<input type="checkbox"/> Dividend 紅利	<input type="checkbox"/> Cash Coupon 現金票券	<input type="checkbox"/> Policy Loan (current loan interest rate is 6% per annum, please see Declaration 3 for details) 貸款 (現行年利率為6%，詳情請看第三點聲明)		

☐ 9. Policy Surrender 終止保單合約 (Return Policy) (呈交保單)

<input type="checkbox"/> Surrender the Whole Policy (Return Policy) 終止保單合約 (呈交保單)	Cheque currency 支票貨幣	<input type="checkbox"/> US\$ 美元	<input type="checkbox"/> MOP\$ 澳門幣	<input type="checkbox"/> HK\$ 港幣
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☐ 10. Duplication of Policy Document 覆印保單 (pay handling Charge MOP\$100) (呈交費用澳門幣值100元正)

I hereby declare the above policy has been lost and request that a duplicate of the said policy be issued. 本人現向富衛聲明遺失保單及要求覆印保單。

☐ 11. Others 其他 (please specify in details) (請詳細說明)

## 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 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。

## Appendix 1 附錄1

Industry Code 行業編號	Industry 行業
101	Advertising / Marketing 廣告/市場
102	Banking & Finance 銀行及金融
103	Casino & Gambling Industry 賭場/博彩業
104	Civil & Social Services 公共服務
105	Currency Exchange 外幣兌換
106	Education 教育
107	Engineering 工程
108	Health & Beauty 保健及美容
109	Hotel, Catering or Tourism 酒店/餐飲/旅遊
110	Information Technology 資訊科技
111	Insurance 保險
112	Jewelry 珠寶
113	Legal Service 法律
114	Logistics & Transport 物流/運輸
115	Manufacturing 製造
116	Media / Entertainment 傳播媒介/娛樂事業
117	Medical / Pharmaceutical 醫療/藥物
118	Pawn Shop 當舖
119	Printing & Publishing 印刷
120	Property & Construction 樓宇建築
121	Property & Real Estate 地產及物業管理
122	Retail & Sales 零售
123	Trading 貿易
124	Others 其他

## Declaration 聲明

I HEREBY REQUEST THE ABOVE POLICY SERVICES AND I DECLARE AND AGREE THAT :

- 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 FWD Life Insurance Company (Macau) Limited (hereinafter called "the Company") during the lifetime and continued insurability of the Life Insured.
- This request and evidence of insurability of the Insured if required by the Company shall be the basis for change in the policy and will form a part of the Policy unless otherwise specified.
- 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.
- I have read, understood and accepted the Personal Information Collection Statement attached to this form and agreed to be bound by the same.

本人現向富衛申請辦理上述保單更改事項或服務並同意：

- 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富衛保險並完整無缺。（2）申請在被保險人在生並仍然符合受保條件時，經富衛人壽保險（澳門）股份有限公司（以下簡稱“公司”）批准。
- 此申請書連同富衛保險需要之受保證明，將成為保單更改之根據，並作為保單之一部份（若有其他安排除外）。
- 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過保單現金價值，此保單將會自動終止，除非保單內容所述有異。
- 本人已閱讀、明白及接受隨本表格所附的收集個人資料聲明，並同意接受其約束。

Date (dd/mm/yy) 簽署日期（日/月/年）	Signature of Policyowner 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

Handled by 處理人	Approved By 批核人
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## For Agent Use Only 代理員專用

Adviser Name 理財顧問姓名	Adviser Code 理財顧問編號	Location 地區
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## 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.

## 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:
  - 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(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

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,概以中文本為準。
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。