

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 OLD POLICY 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			
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"/> 18th of the month 每月18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 百分比	Trustee (if any) 托管人

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* 住宅地址	(*Please provide recent 3 months address proof, e.g. bank statement, utilities bill.) (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。)
Notes 注意: Residential address will be treated as Permanent Address unless otherwise specified 除非特別註明否則住宅地址將視為永久地址 If there is another permanent address, please tick the box below and provide the address(es) 如有其他永久地址，請在圓圈格內劃上並提供地址		
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		

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 earnings 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 hereby declare that:

- (1) I am the beneficial owner / not the beneficial owner of the Policy(ies);
(2) I am not acting on behalf of any other person or as trustee / acting on behalf of other person or as a trustee to own the Policy(ies);

本人謹此聲明:

- (1) 本人 為保單的實益擁有人 / 並非保單的實益擁有人;
(2) 本人 不是作為第三者代表或以信託人身份 / 乃作為第三者代表或以信託人身份持有保單; 及

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 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3.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)

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:		

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

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			

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 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:
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
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. 以下回答乃真確無誤：
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
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。

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	Medical / 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
- 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;

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)。
- 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險人(如有不同)聯絡。

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