

保單號碼 Policy Number	<input type="text"/>	保險代理人 / 保險經紀姓名 Name of the Insurance Agent / Insurance Broker	<input type="text"/>
保單持有人姓名 Name of Policy Owner	<input type="text"/>	保險代理人 / 保險經紀編號 Insurance Agent / Insurance Broker Code	<input type="text"/>
		保險代理人 / 保險經紀電話號碼 Insurance Agent / Insurance Broker Telephone No.	<input type="text"/>

請在適當位置加上“√”剔號及刪除不適用者。
Please tick “√” where appropriate and delete whichever is inappropriate.

第一部份 Part 1 保單更改 Policy Change

1. 更改繳費方式 **Change of Payment Frequency**

年繳 Annually

半年繳 Semi-Annually

月繳 Monthly (請遞交填妥之直接付款授權書並預繳兩個月保費及保費徵費 Please submit a completed Direct Debit Authorization Form together with 2 months' premium and premium levy in advance)

2. 更改抗通脹權益之選擇 **Change of Inflation Proof Right Option (IIR)**

取消本年度之抗通脹權益 Cancel IIR for the Current Year 取消抗通脹權益之選擇 Cancel IIR Option

3. 減少保額 / 更改計劃 / 終止計劃 **Decrease of Sum insured / Change of Plan / Termination of Plan**
(如欲增加 / 附加保障, 請遞交填妥之「更改申請書 (附健康狀況問卷)」。For increase / addition of benefit, please submit a completed "Change Form (with Health Questionnaire)".)

計劃名稱 / 編號 Plan Name / Code	新保額(以保單貨幣計算) New Sum Insured (in policy currency)	遞減 Decrease	終止* Termination*	備註 Remarks (例子 e.g. : CPACUR1 → CPAC4UR)
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

* For Termination of a basic plan, please submit "Surrender Form". 如欲終止基本計劃, 請遞交「退保申請書」。

4. 更改簽署 **Change of Signature**

保單持有人 / 受讓人 Policy Owner / Assignee _____ 受保人 Insured _____
(請提供新簽署式樣 Please provide specimen of new signature)

5. 更改受益人 **Change of Beneficiary**

- 如受益人超過一人, 除非在此列明各分配比例, 否則上述保單的身故賠償將平均分配給各受益人。
If more than one beneficiary is designated, death proceeds of the captioned policy will be paid to each beneficiary in equal shares unless otherwise specified herein.
- 如受益人為候補受益人或不可撤換受益人, 請註明。
Please specify if the beneficiary is a Secondary / Contingent Beneficiary or irrevocable beneficiary.
- 如指定不可撤換受益人, 指定的不可撤換受益人需於此申請書上簽署。有關詳情, 請與您的保險代理人或保險經紀聯絡。
If irrevocable beneficiary is designated, the named irrevocable beneficiary is needed to sign on this request form. For details, please contact your insurance agent or insurance broker.

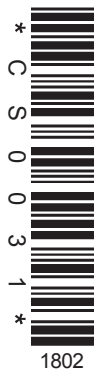
姓名 (英文) Name (in English)	姓名 (中文) Name (in Chinese)	身份證 / 護照號碼 ID Card / Passport No.	性別 Sex	年齡 Age	與受保人的關係 Relationship with the Insured	身故賠償百分比 (只可填寫整數) Percentage of Death Benefit (Integer only)
_____	_____	_____	_____	_____	_____	_____ %
_____	_____	_____	_____	_____	_____	_____ %
_____	_____	_____	_____	_____	_____	_____ %
_____	_____	_____	_____	_____	_____	_____ %
總百分比 Total: 100 %						

6. 後補保單持有人資料 (只適用於兒童保單及非投資相連產品) **Designation of Contingent Owner (only applicable to juvenile policies and non-unit-linked product)**

- 如當您作出指定後補保單持有人時在我們的記錄上已有一位現有的後補保單持有人, 則該現有後補保單持有人將自動被撤銷。
If you designate a Contingent Owner while there is an existing Contingent Owner on our records, the existing Contingent Owner will automatically be revoked.

姓名 (英文) Name (in English)	姓名 (中文) Name (in Chinese)	身份證 / 護照號碼 ID Card / Passport No.	性別 Sex	年齡 Age	與受保人的關係 Relationship with the Insured
_____	_____	_____	_____	_____	_____

第二部份 Part 2 其他更改 Other Changes



第三部份 Part 3 更改個人資料 Change of Personal Information

請注意 Please be noted: 如香港居民，請提供香港身份證及/或其他身份證明文件副本及改名契（如有）。如非香港居民，請提供國民身份證、護照、旅遊證件或其他身份證明文件副本及改名契（如有）。

For HK residents, please provide a copy of your Hong Kong Identity Card and/or other identification document & deed poll, if any. For non-HK residents, please provide a copy of your national identity card, passport, travel document or other identification document & deed poll, if any.

<input type="checkbox"/> 保單持有人 / 受讓人 Policy Owner / Assignee <input type="checkbox"/> 受保人 Insured			
姓名 Name	英文姓名 (請以英文正楷填寫) Name in English (Use BLOCK letters)		
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">姓 Surname</td> <td style="width:50%;">名 Given Name</td> </tr> </table>	姓 Surname	名 Given Name
	姓 Surname	名 Given Name	
	中文姓名 Name in Chinese		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">姓 Surname</td> <td style="width:50%;">名 Given Name</td> </tr> </table>	姓 Surname	名 Given Name	
姓 Surname	名 Given Name		
出生日期 Date of Birth	日 DD 月 MM 年 YYYY 性別 Sex <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female		
國籍 # Nationality #	出生國家 Country of Birth # 如保單持有人的國籍更改為美國，請填妥並遞交「W9」表格。 Please also complete and submit "Form W9" if the nationality of Policy Owner is changed to American.		
永久居留身份 (您享有永久居留權的國家) Permanent resident status (countries that you have permanent resident status)			
身份證明文件類型和號碼 Type and Number of the Identification Document	香港居民 For HK Residents * 香港身份證 HKID / 其他 (請註明) Others (please specify) _____ 證件號碼 Identification No.: _____ 非香港居民 For non-HK Residents * 國民身份證 National Identity Card / 護照 Passport / 旅遊證件 Travel Document / 其他 (請註明) Others (please specify): _____ 簽發國家 Country of Issue: _____ 證件號碼 Identification No.: _____		
保單持有人美國稅務狀況 Policy Owner US Taxation Status	您現時有否於美國報稅? Do you currently file tax return in the US? <input type="checkbox"/> 有 Yes <input type="checkbox"/> 否 No * 若「有」，請填妥並遞交「W9」表格。 If "Yes", please complete and submit "Form W9".		
保單持有人稅務居留司法管轄區 Policy Owner Jurisdiction of Tax Residence	閣下是否香港稅務居民? Are you a Hong Kong tax resident? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No (請填妥並提交相關的「自我證明表格」) Please complete and submit the relevant Self-certification form)		
	香港是否為 閣下唯一所屬的稅務居留司法管轄區? Is Hong Kong the only tax resident jurisdiction you belong to? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No (請填妥並提交有相關的「自我證明表格」) Please complete and submit the relevant Self-certification form)		

**第四部份 只適用於「盛世」系列壽險計劃
Part 4 Only applicable to "REGENT" Series Insurance plan**

1. 轉換受保人選項 Change of Insured Option

請注意: (i) 有關申請詳情，請參閱該「盛世」系列壽險計劃保單條款
Please be noted: for details of application, please refer to the policy provision of each respective "Regent" Series Insurance Plan
 (ii) 請同時填寫此「更改申請書」上第三部份，以提供新受保人的個人資料。
please complete section 3 of this "Change Form" for the new insured's personal information.

(i) 請列明原有受保人與新受保人之關係 Please state the relationship between the original insured and the new insured _____

(ii) 請列明保單持有人與新受保人之關係 Please state the relationship between the policyowner and the new insured _____

(iii) 健康狀況聲明 Health Declaration
 新受保人曾否: Has the New Insured:

(a) EVER been diagnosed or treated for AIDS or any kind of terminal cancer or tumor; or 被診斷患有愛滋病或任何種類之末期癌症或腫瘤或曾接受與上述任何一項有關的治療: 或 是 否

(b) been hospitalized for 30 days or more for any disease within the past 6 months; or 於過去6個月內，因任何疾病而須留院30日或以上: 或

(c) been postponed for any life insurance application in the past 6 months; or 於過去6個月內，被延期接受任何人壽投保申請: 或

(d) been declined for any life insurance application in the past year? 於過去1年內，被拒絕任何人壽投保申請?

2. 更改身故賠償支付選項 Change of Death Benefit Settlement Option
 請在適當的份格上加上「剔」號 Please "tick"(✓) as appropriate

一筆過 Lump Sum

分期 Installment

(i) 分期給付形式 Frequency of Installments 每年 Annually 每半年 Semi-annually 每月 Monthly

(ii) 分期給付年期 No. of Payment Years 10年 years 20年 years 30年 years

收集個人資料聲明 Personal Information Collection Statement

在富通保險有限公司（以下簡稱「富通保險」），保護客戶的個人資料私隱是富通保險所持的其中一個核心價值。作為一間提供保險產品和服務的公司，客戶的個人資料收集和使用是富通保險業務的重要一環。我們尊重您的個人資料的私隱，並致力於完全遵守「個人資料（私隱）條例」（以下簡稱「條例」）。
At FTLife Insurance Company Limited ("FTLife"), we hold as one of our core values the protection of privacy of our customer's personal data. As a provider of insurance products and services, collection and use of personal data of our customers is at the heart of our business. We respect the privacy of your personal data and are committed to fully complying with the Personal Data (Privacy) Ordinance ("the Ordinance").

1. 富通保險所收集及/或持有的個人資料 Personal Data collected and/or held by FTLife

我們所收集及/或持有的個人資料（不論是否從此表格或以其他方式獲得）包括您的個人資料、聯絡資料、保單資料、交易記錄、學歷及培訓資料、就業資料、財政資料、醫療及健康記錄和您的家庭、生活方式及社會環境資料。

The personal data that we collect and/or hold (whether contained in this form or otherwise obtained) includes your personal details, contact information, policy details, transaction records, education and training details, employment details, financial details, medical and health records and information on your family, lifestyle and social circumstances.

2. 收集個人資料的重要性 Importance of Personal Data Collection

富通保險會不時地要求您提供您的個人資料。您提供個人資料予富通保險是出於自願的。然而，如果您沒有按我們所要求而提供您的個人資料予富通保險，富通保險可能無法提供或繼續提供產品和服務給您。

From time to time, you will be requested to provide your personal data to FTLife. Provision of personal data to FTLife by you is voluntary. However, FTLife may not be able to provide or continue to provide products and services to you if you fail to provide your personal data as requested by us.

3. 個人資料收集和使用的目的 Purposes of Personal Data Collection and Usage

富通保險所持有的個人資料可能會用於以下目的：

Your personal data held by FTLife may be used for the following purposes:

- 保險管理或再保險業務有關的用途，其中包括承保、處理和評估申請、身份和信用檢查、適用性檢查、保單服務、作為抵押貸款轉讓安排（如為保費融資而作）、理賠處理、調查、帳目/債務追收、訴訟、通訊、製作統計、數據分析和研究、內部/外界審計、保持優質的服務、銷售和促銷、建設企業品牌和建設客戶忠誠度的活動；
administration of insurance or reinsurance related business, which includes underwriting, processing and evaluation of applications, identity and credit checking, suitability checking, policy servicing, collateral assignment arrangement (e.g. for premium financing purpose), claims processing, investigation, account/debt collection, litigation, communications, preparing statistics, data analysis and research, internal and external audit, maintaining quality services, sales and marketing, corporate brand building and customer loyalty building;
- 直接促銷，包括透過電子或其他的渠道推廣，促銷或銷售富通保險的保險或保險相關的產品或服務及/或由第三者金融機構所提供及/或促銷的任何金融相關的產品或服務；及
direct marketing, which includes promoting, marketing or selling, of FTLife insurance or insurance related products or services and /or any financial related products or services provided and/or marketed by third party financial institutions by electronic or other means; and
- 為遵守下列適用於富通保險或富通保險應該遵守的有關披露及使用資料的責任、規定或安排：
complying with the obligations, requirements or arrangements for disclosing and using data that apply to FTLife or with which it is expected to comply according to:
 - 在香港境內或境外，現行或將會存在的，並對其具約束力或適用於其的任何法律；
any law binding or applying to it within or outside Hong Kong existing currently and in the future;
 - 在香港境內或境外，現行或將會存在的，並由任何法定、監管、政府、稅務、執法或其他機構，或由金融服務提供者的自我監管或業界的團體或組織所發出或提供之任何指引或指導；
any guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers within or outside Hong Kong existing currently and in the future;
 - 富通保險因其在本地或海外的司法管轄區或與該司法管轄區相關的金融、商業、營業或其他利益或活動而須承擔與本地或海外的法定、監管、政府、稅務、執法或其他機構或金融服務提供者的自我監管或業界的團體或組織之間的現有或將來之任何合約承諾或其他承諾。
any present or future contractual or other commitment with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers that is assumed by or imposed on FTLife by reason of its financial, commercial, business or other interests or activities in or related to the jurisdiction of the relevant local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations.

4. 直接促銷 Direct Marketing

在獲得您的同意下，富通保險可能會使用您的姓名、電話號碼、電郵地址和通訊地址作如第3(ii)段所載的直接促銷。請您在以下第8段確認您的同意。如果您在提交此表格後，您不希望收到我們的推廣性要約或信息，請通知我們，我們將立即停止使用您的個人資料，並不收取任何費用。請把您的有關要求以書面通知我們的保障資料主任，其聯絡地址載於第7.3段。

FTLife may use your name, telephone number, email address and correspondence address for direct marketing as set out in section 3(ii) only with your consent. Please confirm if you consent in section 8 below. If subsequent to your submission of this form you do not wish to receive our promotional offers or information, please let us know and we will cease to use your personal data immediately, without any charge. Please send your written request to our Data Protection Officer at the address provided in section 7.3.

5. 個人資料保密 Personal Data Confidentiality

富通保險會對您提供的個人資料加以保密，除了可能會與下列各方共享：

The personal data you provide to FTLife will be kept confidential, except that it may be shared with the following parties:

- 代表你的任何保險經紀，獨立財務顧問或您的受讓人作在第3(i)段中所列出的任何用途；
any insurance broker, independent financial advisor acting on your behalf or your assignee for any of the purposes set out in section 3(i);
- 任何富通保險的附屬公司，控股公司，聯營公司或聯屬公司作在第3(i) - (iii)段中所列出的任何用途；
any subsidiary, holding company, associated company or affiliates of FTLife for any of the purposes set out in section 3(i)-(iii);
- 任何富通保險的代理人，承包商或會向富通保險提供行政、電訊、電腦、網際網路、付款或其他服務的第三方服務供應商（包括但不限於風險分析顧問、損失公估人，私人調查員，信託密封服務機構及債務追收員）作在第3(i)和3(ii)段中所列出的任何用途；
any agent, contractor or third party service provider, including but not limited to providers of risk intelligence, loss adjustors, private investigators, letter shopping service providers and debt collectors who provides administrative, telecommunications, computer, Internet, payment or other services to FTLife for any of the purposes set out in section 3(i) and (ii);
- 任何富通保險的實際或建議再保險公司作在第3(i)段中所列出的任何用途；及
any actual or proposed reinsurers of FTLife for any of the purposes set out in section 3(i); and
- 富通保險在根據對其本身或其任何集團公司具約束力或適用的任何法律規定下的責任或其他原因，或按照及為實施其應該遵守的由任何法定、監管、政府、稅務、執法或其他機構或金融服務提供者的自我監管或業界的團體或組織所提供或發出的指引或指導，或根據與本地或海外之法定、監管、政府、稅務、執法或其他機構或金融服務提供者的自我監管或業界的團體或組織之間的任何合約承諾或其他承諾，而必須對其作出披露的任何人士，而該等人士可能處於香港境內或境外及可能是已存在、現有或將來出現的人士。
any person to whom FTLife is under an obligation or otherwise required to make disclosure under the requirement of any law binding on or applying to FTLife or any of its group companies, or any disclosure under and for the purposes of any guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers with which FTLife is expected to comply or any disclosure pursuant to any contractual or other commitment of FTLife with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers, all of which may be within or outside Hong Kong and may be existing currently and in the future.

6. 移轉個人資料至香港以外的地方 Transfer of Personal Data Outside Hong Kong

富通保險可能會不時地將您的個人資料移轉至香港以外的地方作在第3(i)和3(iii)段中所列出的任何用途，包括資料處理或貯存。

FTLife may from time to time transfer your personal data outside Hong Kong for any of the purposes set out in section 3(i) and (iii) including data processing or storage.

7. 個人資料的查閱/改正要求 Personal Data Access / Correction Request

7.1 根據條例的規定，您有下列權利：

In accordance with the Ordinance, you have the right to:

- 查詢富通保險是否持有您的個人資料，如有，您有權獲得這些資料的副本；
check whether FTLife holds personal data about you and, if so, obtain a copy of such data;
- 要求富通保險糾正任何有關您的不準確的個人資料；及
require FTLife to correct any personal data relating to you which is inaccurate; and
- 確定富通保險對個人資料處理的有關政策和做法，並獲告知由富通保險持有您個人資料的種類。
ascertain FTLife policies and practices in relation to personal data and to be informed of the kind of personal data held by FTLife.

- 7.2 富通保險有權就處理任何個人資料查閱要求收取合理的費用。
FTLife has the right to charge a reasonable fee for the processing of any personal data access request.
- 7.3 有關要求可向位於香港特別行政區上環干諾道中111號永安中心27樓富通保險有限公司客戶服務中心的「保障資料主任」以書面形式提出。
Requests shall be made in writing to our Data Protection Officer, FTLife Customer Service Centre, FTLife Insurance Company Limited, 27/F, Wing On Centre, 111 Connaught Road Central, Hong Kong SAR.

8. 同意使用個人資料作直接促銷 Consent for Use of Personal Data for Direct Marketing

- 富通保險只可在您的同意下使用從您收集的個人資料作直接促銷用途。如果您不希望收到我們的推廣性要約或信息，請在左邊的框中打勾。
FTLife Insurance Company Limited may use the data collected from you for direct marketing purpose only with your consent. If you do not wish to receive our promotional offers or information, please put a tick in the box on the left.

由此文件所示之日開始，此收集個人資料聲明將被視為您富通保險之間已經簽署或準備簽署的所有合約，協定和其他具有約束力的安排的一個組成部分。
This Personal Information Collection Statement shall from the date hereinafter appearing be deemed to form an integral part of all contracts, agreements and other binding arrangements which you have entered into or intend to enter into with FTLife.

在英文和中文版本之間出現差異的情況下，應以英文版本為準。
In case of discrepancies between the English and Chinese version, the English version shall prevail.

聲明、同意及授權 Declaration, Agreement and Authorizations

本人謹此聲明及同意 (1) 上述一切資料、陳述及問題的所有答案，無論是否由本人親手所寫，就本人所知所信均為事實之全部並確實無訛；(2) 富通保險有權要求本人或可能有權獲得保單價值或更改保單受益人的任何其他人士包括但不限於任何索償人、受益人和受讓人(以及任何以上人士之遺囑執行人、遺產管理人或遺產代理人) (本第(2)段所述的各人士稱為「相關人士」) 提供富通保險可能合理索取的資料及附助確證的文件 (及/或填寫及簽署與此相關的文件)，包括但不限於姓名、出生地點、住宅和郵遞地址、納稅人識別編號、社會安全號碼、國籍、居留地、稅務居留地及相關人士在報稅或納稅責任方面須遵守的稅制；(3) 本人將就本人的處境上的任何改變或本人可能曾不時向富通保險提供的關於上述保單或富通保險發給的其他保單的資料的更改或增加從速通知富通保險，包括若相關人士的身分有所改變，而且本人承諾會在處境發生改變後的30日內向富通保險提交一份已適當更新的自我證明表格，並且富通保險有權要求其他各相關人士就其個人資料的任何變化或增加通知富通保險；(4) 為確保富通保險能履行適用於富通保險或富通保險應該遵守的有關披露或使用資料的責任，規定或安排(「該等責任」)，此包括但不限於其在美國《海外賬戶稅收合規法案》(「海外賬戶稅收合規法案」) 的責任為及為自動交換財務帳戶資料的目的在香港《稅務條例》的責任，本人將應富通保險不時就上述保單提出的合理要求在其所定的時限內填妥並簽署文件、提供文件證據並採取行動；(5) 富通保險在某些情況下可能必須將《海外賬戶稅收合規法案》預扣稅強制加於其從閣下的保單所作出的付款或保單所收到的款項。目前，富通保險只在下列情況可能必須採取上述行動 (a) 倘若香港稅務局沒有根據香港與美國簽訂的跨政府協議(及香港與美國簽訂的相關的稅務資料交換協議)與美國稅務局(「美國稅務局」) 交換資料，及(b) 若本人或任何其他相關人士或賬戶持有人為非參與協議的海外金融機構，則富通保險可能必須從保單所收到的可預扣款項扣減或扣起《海外賬戶稅收合規法案》預扣稅並將其匯付給美國稅務局。不論如何，本人同意富通保險為確保其履行該等責任可把上述的及適用法律不時訂明的必要資料向香港及海外的稅務機構披露及轉移及同意本人的資料將被用作與其他司法管轄區的稅務機構交換資料，及本人謹此放棄禁止或限制該等披露的權利(如有)。

I HEREBY DECLARE AND AGREE that (1) all the above information, statements and answers to all the questions in this change form whether or not in my own handwriting are to the best of my knowledge and belief, complete and true; (2) FTLife shall have the right to request me or any other person who may be entitled to access the policy value or change a beneficiary under the policy including without limitation any claimant, beneficiary and assignee (and the executor, administrator or personal representative of any of the above) (each person in this paragraph (2), a "Relevant Person"), to provide (and/or complete and sign such document relating to) such information and supporting documentation as FTLife may reasonably require including without limitation, name, place of birth, residential and mailing addresses, taxpayer identification number, social security number, citizenship, residency, tax residency and the tax regime(s) to which the Relevant Person is subject in respect of tax reporting or payment responsibility; (3) I shall update FTLife promptly on any change of circumstances or any change or addition to the information that I may have provided to FTLife from time to time in relation to the captioned policy or other policies or other policies issued by FTLife, including change in the identity of a Relevant Person; and FTLife shall have the right to request each other Relevant Person to update it of any change or addition to their information, and I undertake to provide FTLife with a suitably updated self-certification form within 30 days of such change in circumstances; (4) I shall complete and sign such documents, provide documentary evidence and take such actions within such timeframe as FTLife may reasonably require from time to time to enable it to comply with the obligations, requirements or arrangements for disclosing or using data that apply to it or with which it is expected to comply (the "Obligations"), these include but are not limited to its obligations under the US Foreign Account Tax Compliance Act ("FATCA") and the Inland Revenue Ordinance of Hong Kong in respect of the captioned policy for the purpose of automatic exchange of financial account information; (5) FTLife could, in certain circumstances, be required to impose FATCA withholding tax on payments made to or which it makes from the policy. Currently the only circumstances in which FTLife may be required to do so are (a) if the Hong Kong Inland Revenue Department fails to exchange information with the US Internal Revenue Service ("IRS") under the Intergovernmental Agreement between Hong Kong and the US (and the relevant tax information exchange agreement between Hong Kong and the US), and (b) if I am or any other Relevant Person or account holder is a non participating foreign financial institution; then FTLife may be required to deduct or withhold FATCA withholding tax on withholdable payments made to the policy and remit that to the IRS. In any event, I consent to the disclosure and transfer of the required information stated above and as prescribed by applicable laws from time to time from FTLife to the tax authorities both in Hong Kong and outside Hong Kong and the exchange of information with tax authorities of other jurisdictions to ensure FTLife complies with the Obligations, and I waive all rights I have (if any) to prohibit or restrict such disclosure.

本人明白若中、英文兩個版本有任何抵觸或不相符之處，應以英文版本為準。
I understand that if there is any inconsistency or ambiguity between the English version and the Chinese version, the English version shall prevail.

本人確認，本人已經細讀本「聲明、同意及授權」章節的以上段落；本人完全明白本章節以上段落的含義，亦明白本人根據本章節以上段落作出的同意、豁免及確認均不可撤銷。本人進一步同意，對於本人/ 相關人士由於富通保險採取以上段落准許的行動而蒙受的任何代價或損失，富通保險概不負責。
I confirm that I have read the above paragraphs in this "Declaration, Agreement and Authorizations" section; I fully understand the implications of the above paragraphs in this section; our agreement, waiver and confirmations given under the above paragraphs in this section are irrevocable. I further agree that FTLife shall not be liable for any costs or loss that I/the Relevant Person may incur because of FTLife taking any of the actions permitted by the above paragraphs.

- ・申し込み時と同じご署名をご記入ください。
- ・訂正する場合には、二重線と契約時のご署名で訂正ください。

申込時のご署名

<p>保單持有人 / 受讓人簽署 Signature of Policy Owner / Assignee</p> <p>簽署日期 (日/月/年) Date of Signature (DD/MM/YY)</p>	<p>見證人 / 保險代理人 / 保險經紀簽署 Signature of Witness / Insurance Agent / Insurance Broker</p> <p>簽署日期 (日/月/年) Date of Signature (DD/MM/YY)</p>
<p>新受保人簽署 ## Signature of the new insured</p> <p>簽署日期 (日/月/年) Date of Signature (DD/MM/YY)</p>	<p>不可撤換受益人簽署(如有) ** Signature of Irrevocable Beneficiary (if any) **</p> <p>簽署日期 (日/月/年) Date of Signature (DD/MM/YY)</p>

只適用於「盛世」系列壽險計劃 - 轉換受保人選項
Applicable for change of insured option under the "Regent" series insurance plan

** 只適用於更改受益人
** Applicable for Change of Beneficiary only

由保險代理人 / 保險經紀填寫 To be completed by Insurance Agent / Insurance Broker:
紀錄上的保險代理人 / 保險經紀編號 Insurance Agent / Insurance Broker Code on record: _____ - _____ - _____
服務保險代理人 / 保險經紀編號 Requesting Service Insurance Agent / Insurance Broker Code: _____ - _____ - _____