



Request for Change of Beneficiary and Appointment of Trustee of a Minor Beneficiary 更改受益人及為未成年受益人委任信託人申請表

Policy Number 保單號碼	Name of Insured 受保人姓名	Name of Owner 持有人姓名	 02572060
Area Code 區域編號	Agency / Broker Name 營業員組別 / 經紀名稱	Agent / Broker Code 營業員號碼 / 經紀號碼	
Agency Code 營業員組別編號	Agent / TR's Name 營業員 / 業務代表姓名	Agent / TR's Tel. No. 營業員 / 業務代表聯絡電話	
TR Membership Number 業務代表會員號碼 (For Brokers only 僅供經紀使用)	<input type="checkbox"/> IA	<input type="checkbox"/> ANG	

IMPORTANT INFORMATION 重要資料

Where the beneficiary of an insurance policy is a minor (below the age of majority), the proceeds will be paid to the legal guardian of the minor beneficiary. If you wish for the proceeds to be paid to a pre-appointed trustee of a minor beneficiary, you must submit a request to name a trustee of a minor beneficiary by using this form. This form must be received by the Company while the Owner is living and before the date of death of the insured. The final decision on the validity of this form rest with the Company.

凡保單的受益人為未成年人士（即是未達法定的成年歲數），保單的利益將會付給未成年受益人的法定監護人。如您要求保單的利益給付未成年受益人的已獲委任信託人，必須填妥及遞交此表格以確定未成年受益人的委任信託人。此表格必須於保單持有人在生時及受保人身故日期前由本公司收妥，方為有效。本公司對此表格的有效性擁有最終的決定權。

Your request will be subject to the approval of the Company in its absolute discretion. The change of trustee designation will be effective only after such change has been duly endorsed by the Company. The Company will not accept any responsibility in respect of any request form pending for further clarification from you regarding the information you provide. Receipt of this form by an AIA Representative or your broker does not constitute receipt by the Company.

本公司有絕對的酌情權去批核您的要求，有關更改須經本公司確認有效後方會生效。若此更改申請表格有待本公司確認，以作進一步澄清您所填寫的資料，本公司就此等申請概不承擔任何責任。友邦業務代表或您的經紀收取此表格，不等同本公司亦已收到此表格。

Naming minors as a beneficiary may have legal consequences regarding benefit payment (e.g. need for court approval). You should check with your legal advisor if you have any questions.

指定未成年人士為受益人，於領取保單的利益時或會涉及法律後果（例如：需獲取法庭的批准）。如閣下有任何疑問，請向您的法律顧問查詢。You have the right to change the designated trustee without his/her consent from time to time. If you wish to change the trustee designation, you must submit a request using the latest version of the Company's prescribed form. The form must be received by the Company while the Owner is living and before the date of death of the insured.

您有權隨時更改信託人而不需取得指定信託人的同意。您必須填妥及遞交本公司最新的表格以更改委任信託人。該表格必須於保單持有人在生時及受保人身故前由本公司收妥，方為有效。

BENEFICIARY DESIGNATION 指定受益人

I, the Owner of the policy, hereby revoke all previous beneficiary designations under the policy referred to above (the "Policy") if any, and designate the following as my beneficiary(ies):

本人為保單持有人，現撤銷以往於上述此保單（「保單」）內所有曾指定的受益人（如有），及重新指定下列人士為保單受益人：

Beneficiary Name 受益人姓名	Relationship (to Insured) 與受保人關係	Date of Birth 出生日期 MM月 DD日 YYYY年	Beneficiary Name 受益人姓名	Relationship (to Insured) 與受保人關係	Date of Birth 出生日期 MM月 DD日 YYYY年
ID Card Number or Passport Number 身分證號碼或 / 護照號碼	Sex 性別	Share Percentage 分配百分比	ID Card Number or Passport Number 身分證號碼或 / 護照號碼	Sex 性別	Share Percentage 分配百分比

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Payment will be made in equal shares or all to the survivor unless otherwise indicated. 除非在此列明，否則保單的利益將平均分配給在生的受益人。

If no designated beneficiary is living at the date of death of the insured, the proceeds payable by reason of the insured's death shall be payable as provided under the policy contract. 若受保人身故時，沒有任何指定受益人在生，因受保人身故而須支付的保單利益將依照保單合約分配。

DESIGNATION OF A TRUSTEE OF A MINOR BENEFICIARY 委任未成年受益人的信託人

Where a designated beneficiary is a minor, I hereby request to designate, subject to the conditions specified below, that the following person be named as trustee ("Trustee") to receive proceeds of the Policy for and on behalf of the minor beneficiary. I confirm that I have notified the Trustee and the Trustee has consented to the designation.

凡指定受益人為未成年人士，本人要求，根據下列的條件，委任以下人士為信託人（「信託人」）代未成年受益人收納「保單」的利益。本人確認已通知「信託人」及取得其同意接受此委任。

Trustee Name and Address 信託人姓名及地址			
<input type="text"/>			
Relationship (to Owner) 與保單持有人關係	ID Card Number or Passport Number 身分證號碼或護照號碼	Sex 性別	Date of Birth 出生日期
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
			MM月 DD日 YYYY年

CONDITIONS 條件

- The Company shall not be responsible for the application or disposition of the proceeds by the Trustee, and the receipt of the proceeds by the Trustee shall be a full discharge of the liability of the Company under the Policy.
當「信託人」收納保單利益後，本公司已履行所有「保單」上的法律責任。而本公司就「信託人」對保單利益的運用及處置概不負責。
- If, within six months of the date of death of the insured, the Trustee does not submit a claim for the proceeds, or is otherwise unwilling or unable to receive such proceeds, the proceeds will be paid to the legal guardian of the minor beneficiary.
如於受保人身故後的6個月內，「信託人」沒有遞交索償保單利益的文件，或不願意或無能力收納保單的利益，該保單的利益將會付給未成年受益人的法定監護人。
- If the Trustee is not living at the date of death of the insured, the proceeds will be paid to the legal guardian of the minor beneficiary.
如「信託人」於受保人身故時已去世，該保單的利益將會付給未成年受益人的法定監護人。
- The failure by the Owner to notify and obtain the consent of the Trustee will not affect the validity of the designation.
保單持有人未能夠通知「信託人」及取得其受委任的同意，將不會影響信託人委任的有效性。
- Unless prohibited by any assignment or any other lawful act / restriction, the Owner hereby reserves the right, during the lifetime of the Insured and without the consent of any beneficiary or trustee, by written notice to the Company in its prescribed form to :
(a) Change and revoke the appointment of any beneficiary and substitute his / her own name or any other name therefor; and
(b) Appoint a trustee to receive the proceeds for the beneficiary, and change or revoke any prior trustee designation or appointment.
The Company is not responsible for the validity of any appointment or revocation and for any subsequent written notice of a change of beneficiary received by it pending the issue of endorsement.
對於任何委任或撤銷的有效性以及其後本公司收訖而正待簽發批註更改任何受益人的書面通知，本公司不負任何責任。
除因任何轉讓或任何其他合法行事項而受到禁止外，持有人可保留權利於受保人在生期間及無須獲得任何受益人或信託人之同意，以本公司的指定表格向我們遞交書面通知，要求：
(甲)更改及撤銷對任何受益人的委任，並以其個人姓名或任何其他姓名取代；及
(乙)委任信託人代受益人接收賠償，以及更換已指派之信託人或撤銷該項指派。

I, Owner / Trustee of the Policy, request for the above change(s). When the request relates to change of beneficiary in respect of this Policy, I confirm that my previously designated beneficiary or beneficiaries (other than the estate of the Insured) is / are fully aware of and if consent is required, has / have consented to this request.

本人為保單的持有人 / 信託人，在此要求保單按照上述細則更改。如更換保單的受益人，本人確認本人之前為此保單所指定的受益人（受保人的遺產除外）均完全知悉，及如需要獲取其同意，已同意此申請表上的內容。

I understand and agree that this request form will form part of the Policy. I also understand and agree that the above trustee designation will take effect for all designated beneficiaries who are a minor.

本人明白及同意此表格將構成保單的一部份。本人亦明白及同意以上信託人委任將適用於所有指定的未成年受益人。

PERSONAL DATA COLLECTION AND USE

I / We confirm that I / we have read and understood the AIA Personal Information Collection Statement ("AIA PIC").

I / We declare and agree that any personal data and other information relating to me / us or my / our policy(ies) or investments contained in this application or collected, obtained, compiled or held by the Company by any means from time to time may be collected and utilized in accordance with the AIA PIC. I / We acknowledge and consent to the transfer of my / our personal data outside of Hong Kong (for policies issued in Hong Kong) or Macau (for policies issued in Macau), as the case may be, for the purposes and to the types of transferee as set out in the AIA PIC. The updated version of AIA PIC is available for download from its website: www.aia.com.hk, and is made available upon request.

個人資料收集及使用

本人 / 我們確認本人 / 我們已閱讀及明白AIA個人資料收集聲明（「AIA個人資料收集聲明」）。本人 / 我們聲明及同意在本申請所載或貴公司不時以任何方法收集所得、編製或持有的任何個人資料及關於本人 / 我們或本人 / 我們的保單或投資的其他資料，可根據AIA個人資料收集聲明收集及使用。本人 / 我們知悉及同意就AIA個人資料收集聲明所述目的視乎情況轉讓本人 / 我們的個人資料至香港（如保單在香港簽發）或澳門（如保單在澳門簽發）境外予AIA個人資料收集聲明所載的資料承讓人。

AIA個人資料收集聲明的最新版本可於以下網址下載：www.aia.com.hk，及可向貴公司索取。

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Personal Information Protection Law of The People's Republic of China ("China PIPL")

A Privacy Addendum in compliance with the China PIPL is available at: www.aia.com.hk (Privacy Statement), and is made available upon request. It is applicable to you if you are located in Mainland China.

中華人民共和國個人信息保護法（「個人信息保護法」）

遵照個人信息保護法的私隱附錄可於以下網站下載：www.aia.com.hk（私隱權保護政策）。您亦可向我們索取。如您位於中國內地，此私隱附錄則適用於您。

I have read and understood the Privacy Addendum and agree that the AIA group of companies can process my personal information as set out in the Privacy Addendum.

我已閱讀及明白私隱附錄，並同意友邦保險集團可按照私隱附錄處理我的個人信息。

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Signature of Insured 受保人簽名
(if different from the Owner)
(倘非持有人)

on 於 MM月 DD日 YYYY年

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Signature of Witness#
見證人簽名#

on 於 MM月 DD日 YYYY年

--

Signature of Owner 持有人簽名

on 於 MM月 DD日 YYYY年

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Signature of Assignee
受讓人簽名
(if applicable (如適用))

on 於 MM月 DD日 YYYY年

Name of Witness: (English / Chinese Name in Full)

見證人姓名：(英文 / 中文全名)

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First 4 characters of HK / Macau ID Card Number of Witness:

見證人之首四個位香港 / 澳門身分證號碼：

XXXX

OR First 5 characters of Passport No.:

或護照首五個位之號碼：

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Contact Phone No. of Witness:

見證人之聯絡電話號碼：

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Note: This form MUST be signed by you in the presence of an adult witness. For the beneficiary changes, the witness cannot be a named beneficiary or an existing beneficiary. [For trustee changes, the witness cannot be new trustee.]

The above personal particulars of the witness will not be used by the Company for any marketing purposes, including any data-matching or direct marketing activities. Such data will only be used for the purpose of processing this application form, in particular, for the verification and confirmation of the identity(ies) of the signatory(ies) of this form.

注意:此申請表必須由閣下在成年見證人的作證下簽署。如申請事項為更改受益人，見證人不能夠是被提名的受益人或現有的受益人。[如申請事項為更改信託人，見證人則不能夠是被提名的信託人。]

本公司不會將以上見證人的個人資料用於任何營銷目的上，包括資料配對或直接促銷，見證人之個人資料只會用於處理本申請表，特別為確實本申請表簽署人的身分之用。

PLEASE SIGN & RETURN IMMEDIATELY BUT NO LATER THAN 14 DAYS 請簽署後即時但不遲於14天內遞交
PLEASE DO NOT SIGN ON BLANK FORM 請勿在空白表格上簽署



Download our mobile app AIA Connect to
manage your policy anytime, anywhere!
下載AIA「友聯繫」手機應用程式以便輕鬆
管理您的保單！