




**Request for Change of Insured under Newborn Option Form**  
**[Only applicable for Simply Love Encore 3]**  
**初生嬰兒選項下之更改受保人申請表**  
**[只適用於「簡愛·延續」保障計劃3]**

Policy Number 保單號碼	Name of Insured 受保人姓名	Name of Owner 持有人姓名	 P1312029
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 NOTES 重要資料**

I / We understand and agree that: 本人 / 我們明白及同意：

- This request is NOT valid until (a) it is recorded as received by AIA International Limited (the "Company") during the life time of BOTH Proposed New Insured and Existing Insured of the above policy (the "Policy") and (b) it is finally confirmed and accepted by the Company by way of Endorsement or letter.  
此申請表需於(a)上述保單(即「保單」)的擬定之新受保人及原有受保人生存期間獲友邦保險(國際)有限公司(即「本公司」)收到並存檔及(b)最終經本公司以批註或信函確認及接納方為有效。
- This form and the Endorsement (if any) will attach and form part of the Policy after it is accepted and approved by the Company.  
當此申請表經本公司接納及批准後,此申請表及批註(如有)將附於保單契約內,且構成保單契約之一部分。
- Receipt of this form by AIA Representative or your broker does not constitute receipt by the Company. The final decision on the validity of this form rests with the Company.  
友邦業務代表或您的經紀收到此申請表並不代表本公司亦已收到,本公司對此申請表的有效性擁有最終決定權。
- The Company has the right to update this form from time to time and to accept or to reject the form if the Company's requirements are not fulfilled.  
本公司有權隨時更新此申請表,並接受或拒絕未符合本公司要求的申請表。
- This form must be signed by the Existing Insured / Owner / Assignee, when applicable, under the section of Declaration and Authorization. Existing Insured / Owner / Assignee's signature, when applicable, must correspond with the Company's latest available record (if any).  
原有受保人/持有人/受讓人(如適用)簽署此申請表的「聲明及授權」部分,原有受保人/持有人/受讓人(如適用)的簽名必須與本公司的最近存檔紀錄相符(如有)。
- Any amendments in this form must be countersigned by the Owner / Assignee in full signature.  
持有人/受讓人必須於此申請表內任何曾修改的地方簽署確實。
- This request is made subject to the terms and conditions of the Policy, and shall not result in a change / modification in any provision of the Policy, except as expressly provided for in the Policy and in any Endorsement.  
此項申請受保單條款和條件所約束,且不會導致任何保單條款之更改/修改,除非該等更改/修改已於保單契約內及於任何保單批註內另有清楚列明。
- Any Request for Change of Insured under Newborn Option does not change the Beneficiary(ies) / Ownership or the mode of payment under the Policy.  
申請初生嬰兒選項下之更改保單受保人不會更改此保單之持有人/受益人及付款形式。
- The Company and its affiliates ("the Group") are subject to, or have agreed to, comply with certain legal, regulatory and / or other requirements (the "Reporting Requirements"). As such, I / We provide our express consent that the Company shall have the right to provide such personal data and information to any governmental authorities, regulatory bodies and / or any other person(s) in respect of the Reporting Requirements. I / We understand that such disclosures may involve the cross border transfer of personal data outside the jurisdiction and that such disclosures may be with respect to i) the personal data of the Owner, the Contingent Owner, the Insured, and the Beneficiary(ies) ("the Parties"), or any of them; ii) any information relating to the Policy; and iii) any information relating to any other policies held by the Parties or any of them. I / We understand that the Company will not be able to sell any insurance product to me / us and provide any service if I / we refuse to give the said express consent.  
貴公司有權,就如需要並在法律許可的範圍內,提供有關本人/我們的個人資料和其他有關持有人及/或新保單持有人及/或第二保單持有人持有之保單或投資資料予政府部門、監管機構、法院、法庭、行政委員會及/或執法機構(包括本地及海外)。貴公司也會就上述政府部門、監管機構、法院、法庭、行政委員會及/或執法機構所提出之任何問題及/或查詢作出回答,及在適當的情況下,會主動提供報告,以符合有關法律、法規和守則/行為。
- A person who is not a party to the Policy (including but not limited to the Proposed New Insured or Existing Insured or the Beneficiary(ies)) has no right to enforce any of the terms of the Policy.  
非保單合約一方(包括但不限於新受保人及原有受保人及受益人)沒有權利執行任何保單條款。
- The Newborn Option is applicable to the first policy year only and it will be terminated on first policy anniversary.  
初生嬰兒選項只在第一個保單年度內適用,並會於第一個保單週年日時終止。
- Upon the change of Insured of the Policy under the Newborn Option, the coverage on the New Insured shall commence on the effective date of change as recorded in the endorsement issued by the Company ("Effective Date of Change"), and the coverage on the Existing Insured shall cease simultaneously on the same date.  
當根據初生嬰兒選項更改此保單之受保人後,新受保人將於由本公司簽發的批註上紀錄的更改之生效日期(「更改生效日」)開始享有保障,而原有受保人享有的保障則於同日終止。
- Upon the change of Insured of the Policy under the Newborn Option, all existing riders of the Policy will be terminated on the Effective Date of Change (except Payor Benefit Rider (if any), which shall remain in force and while its premium may be adjusted in accordance with any different coverage period).  
當根據初生嬰兒選項更改此保單之受保人後,附加於保單上之所有附加契約將由更改生效日起終止(付款人保障附加契約(如有)除外,此附加契約將繼續生效,而其保費或會根據任何不同之保障年期有所調整)。
- Upon the change of Insured of the Policy, the 2-year period described in the Incontestability clause of the Basic Policy shall be measured from the Effective Date of Change.  
此基本保單之不得提出異議條文所指的2年期,將由更改生效日起計算。
- By triggering the Newborn Option, the Owner acknowledges and understands that, pursuant to the policy provision, if the Owner passes away whilst the Policy is in force, the Contingent Owner (for Insured under the age of 18 and where Contingent Owner is named) or the successor to the Owner's estate (for Insured under the age of 18 and where no Contingent Owner is named) will become the new Owner. Accordingly, if any of the premiums of the Policy have not been fully paid, such new Owner will have to continue paying premium(s) on time and according to the selected premium payment schedule - otherwise, the Policy benefits (which include the Policy value, if applicable) may be significantly reduced or the Policy and the cover may even be terminated as a result. The new Owner may receive an amount considerably less than the total amount of premiums paid.  
在行使初生嬰兒選項時,持有人知悉及明白到,根據保單契約,如持有人於保單生效時身故,第二持有人(如受保人未滿18歲,並有指定之第二持有人)或持有人的遺產繼承人(如受保人未滿18歲,而並無指定之第二持有人)將成為新持有人。因此,如保單的任何保費仍未繳清,該新持有人應按所選的保費繳付時間表繼續準時繳交保費-否則,保單利益(包括保單價值,如適用)可能會被明顯減少或保單及保障甚至可能因此而被終止。新持有人所收取的金額可能大幅少於已繳的總保費。
- The precise terms and conditions of this plan are specified in the policy contract. Please refer to the policy contract for the definitions of capitalised terms, and the exact and complete terms and conditions of cover.  
本計劃的精確條款及條件列載於保單契約。有關此計劃條款的定義、契約條款及條件之完整敘述,請參閱保單契約。

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**A. Proposed New Insured Information 新受保人資料**

English Name of proposed New Insured  
擬定之新受保人的英文姓名：

Chinese Name of proposed New Insured  
擬定之新受保人的中文姓名：

Relationship to existing Owner  
與保單持有人的關係：

Relationship to existing Beneficiary(ies)  
與保單受益人的關係：

Sex  
性別：

Date of birth  
出生日期：  
MM月 DD日 YYYY年

Nationality  
國籍：

Residential Address  
住宅地址：

**Note 注意：**

(1) Please complete Health Certificate and Request for Change Form if rider is to be added at the same time (applicable to Proposed New Insured who is 15 days old or above).

如同時增加附加契約，請填寫健康證明書及更改保單申請表（適用於出生15天或以上的擬定之新受保人）。

(2) Please submit copy of birth certificate of the proposed New Insured. The date of birth on the birth certificate must be after the policy application date and before the first policy anniversary.

請遞交新受保人的出生證明書副本。該出生證明書上的出生日期必須於保單申請日期後及第一個保單週年日前。

**B. Product Selection Declaration 產品選擇聲明**

Please tick the appropriate box 請在適當的空格內劃上“X”號

I / We hereby declare, confirm and agree that 本人/我們現聲明並同意：

(A)  **Upon the change of Insured of the Policy under the Newborn Option**, the product that I / we purchased continues to be suitable for me / us as it still meets my / our objectives of buying this product (i.e. including providing regular income in the future or saving up for the future) and my / our target benefit / protection period provided under the Policy (i.e. 6-10 years or 11-20 years or 20 years or more or whole of life) ;

於根據初生嬰兒選項更改此保單之受保人後，本人/我們確認本人/我們所選擇的產品繼續適合本人/我們，蓋因有關產品仍然符合本人/我們選購此產品的目標（包括為未來提供定期的收入或為未來需要儲蓄）及本人/我們投購此保單的目標得益/保障年期（6-10年或11-20年或20年或以上或終身）；

Or 或

(B)  Despite the fact that the product that I / we purchased may no longer be suitable for me / us **upon the change of Insured of Policy under the Newborn Option**, with reference to my / our objectives of buying this product (i.e. other than providing regular income in the future or saving up for the future), and my / our target benefit / protection period provided under the Policy (less than 6 years), I / we have confirmed that it is my / our intention and desire to proceed with the application for change of Insured under the Newborn Option due to the following reason(s).

儘管依據本人/我們選購此產品的目標（除為未來提供定期的收入及為未來需要儲蓄以外）及本人/我們投購此保單及/或投資計劃的目標得益/保障年期（不多於6年），本人/我們所選擇的產品於根據初生嬰兒選項更改此保單之受保人後可能不再適合本人/我們，然而基於下述原因，本人/我們確認這是本人/我們的意圖及意願繼續進行此在初生嬰兒選項下更改受保人之申請。

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**DECLARATION & AUTHORIZATION 聲明及授權**

We, Owner / Existing Insured of the Policy, request that the Policy be changed according to the above particulars. We understand and agree that a copy of this request will be attached to and forms a part of the Policy. We confirm that we are fully aware of, and have consented to, this request.

我們為保單的持有人 / 原有受保人，在此要求保單按照上述細則更改。我們明白及同意申請表之副本將附於本保單契約內，且構成保單契約之一部份。我們確認我們完全知悉，及已同意此申請表上的內容。

**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](http://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（如保單在香港繕發）或澳門（如保單在澳門繕發）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](http://www.aia.com.hk)，及可向貴公司索取。

Signature of Owner  
持有人簽名

on

於




YYYY年

Signature of Existing Insured  
原有受保人簽名

on

於




YYYY年

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

on

於




YYYY年

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！