




**REQUEST FOR DESIGNATION /
REMOVAL OF CONTINGENT INSURED FORM**
指定 / 移除第二受保人申請表

Policy Number 保單號碼	Name of Insured 受保人姓名	Name of Owner 持有人姓名	 P1852039
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 only applicable for the policies with Contingent Insured arrangement.
此申請表只適用於有第二受保人安排之保單。
- This form is only applicable for designating / removing Contingent Insured. In respect of the request for the change of Insured through Contingent Insured arrangement, please use the Request for Change of Insured Form.
此申請表只適用於申請指定 / 移除保單之第二受保人。如需申請透過第二受保人安排而更改受保人，請使用更改受保人申請表。
- This request is NOT valid until (a) it is recorded as received by AIA International Limited (the "Company") during the lifetime of Insured of the above policy (the "Policy") and (b) it is finally accepted and approved by the Company in writing.
此申請表需於(a)上述保單 (即「保單」) 的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)最終經本公司以信函接納及批准方為有效。
- This form 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。
- When designating the Contingent Insured, this form must be signed by the Insured / Owner / Assignee, when applicable, under the section of Declaration and Authorization. When removing the Contingent Insured, this form must be signed by the Owner / Assignee, when applicable, under the section of Declaration and Authorization. Insured / Owner / Assignee's signature, when applicable, must correspond with the Company's latest available record (if any).
如申請指定第二受保人，受保人 / 持有人 / 受讓人 (如適用) 需簽署此申請表的「聲明及授權」部分。如申請移除第二受保人，持有人 / 受讓人 (如適用) 需簽署此申請表的「聲明及授權」部分。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 Designation / Removal of Contingent Insured does not change the ownership / Beneficiary(ies) or the mode of payment under the Policy.
申請指定 / 移除第二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 Contingent Insured or Insured or the Beneficiary(ies)) has no right to enforce any of the terms of the Policy.
非保單合約一方 (包括但不限於擬定之第二受保人及受保人及受益人) 沒有權利執行任何保單條款。
- Any request for Designation / Removal of Contingent Insured does not trigger the Request for Change of Insured Option. The Contingent Insured (if any) will only become the Insured of the Policy when (a) the existing Insured ("Deceased Insured") passes away and (b) he / she is accepted and approved by the Company pursuant to the Contingent Insured Endorsement.
申請指定 / 移除第二受保人並不會行使更改受保人選項。第二受保人 (如有) 只有於(a)現有受保人 (「已故受保人」) 身故及(b)經本公司根據第二受保人批註而接納及批准後才會成為此保單之受保人。
- Even if the request for designation of Contingent Insured has been accepted and approved by the Company, at the time when the Deceased Insured passes away, the designated Contingent Insured will not become the Insured of the Policy if the designated Contingent Insured (a) is not alive or (b) fails to be accepted and approved by the Company pursuant to the Contingent Insured Endorsement. Under the above scenario, the Policy will be terminated and the Death Benefit will be paid to the Beneficiary(ies).
即使申請指定 / 轉換第二受保人已經本公司接納及批准，於已故受保人身故時，若已指定之第二受保人(a)已不在生或(b)沒有經本公司根據第二受保人批註而接納及批准，已指定之第二受保人將不會成為此保單之受保人。於上述情況下，本公司將支付身故賠償予受益人，保單將會隨即終止。
- If a change of ownership of the Policy is approved by the Company, any approved designation of Contingent Insured will be revoked at the same time without further notice.
如我們批核了此保單更改保單擁有權之申請，任何已接納之指定第二受保人申請將會同時被取消，不作另行通知。
- 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. Designation of Contingent Insured 指定第二受保人**Proposed Contingent Insured Information 擬定之第二受保人資料**English Name of proposed Contingent Insured:
擬定之第二受保人英文姓名：Chinese Name of proposed Contingent Insured:
擬定之第二受保人中文姓名：Documentation type:
證件類別：ID card / Passport No.:
身份證 / 護照號碼：Sex:
性別：Date of birth:
出生日期：

MM	月

DD	日

YYYY	年		

Relationship to existing Owner:
與保單持有人的關係：Beneficiary(ies) Name:
保單受益人姓名：Relationship to existing Beneficiary(ies):
與保單受益人的關係：**For Corporate Applicant, please complete the below section
若為公司客戶，請一併填妥以下部份。**Name of Corporate:
公司名稱：Position of Proposed Contingent Insured:
擬定之第二受保人職位：No. of Years with the corporate of Proposed Contingent Insured:
擬定之第二受保人任職年期：

Type of Employee of Proposed Contingent Insured 擬定之第二受保人員工種類

 Permanent 長工 Temporary 臨時工 Contract 合約 Others, please specify 其他，請註明 _____

Is the Proposed Contingent Insured a key personnel of the company? 擬定之第二受保人是否公司的主要員工？

 Yes 是 No 不是
Average monthly earned income in the past 24 months from this company of Proposed Contingent Insured
擬定之第二受保人過去24個月內於此公司之平均每月收入
HK\$ 港幣 _____**Note 注意：**

- Please submit copy of ID card copy / passport of the proposed Contingent Insured.
請遞交擬定之第二受保人的身份證 / 護照副本。
- Please include all existing Beneficiaries and their relationships to the proposed Contingent Insured if more than one Beneficiary has been designated.
如保單受益人超過一人，請填寫所有保單受益人名稱及擬定之第二受保人與所有保單受益人的關係。
- The age of the proposed Contingent Insured at the signed date of this form must be between 15 days and 60.
擬定之第二受保人於此表格之簽署日期時之年齡須為15日至60歲。

B. Removing Contingent Insured 移除第二受保人
 I agree to remove the Contingent Insured of the Policy.
我同意移除已指定此保單之第二受保人。

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DECLARATION & AUTHORIZATION 聲明及授權

We, Owner / Insured (if necessary) 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 / 受保人（如需要），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 PICS").

I / We declare and agree that any personal information 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 utilised in accordance with the AIA PICS. I / We acknowledge and consent to the transfer of my / our personal data outside 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 PICS.

The updated version of AIA PICS which complies with the relevant rules and regulations 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（如保單在香港續發）或澳門（如保單在澳門續發）境外予AIA個人資料收集聲明所載的資料承讓人。

符合相關法規及規定之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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Signature of Owner
持有人簽名

on
於 MM月 DD日 YYYY年

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

on
於 MM月 DD日 YYYY年

Only applicable for designation of Contingent Insured:

只適用於指定 / 更改第二受保人：

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Signature of Insured
受保人簽名

on
於 MM月 DD日 YYYY年



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！

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