

Application Form for Change in Policy 更改保單申請表格

Please darken the appropriate circle 請塗黑適當的選項。 Correct form 正確方式為：●

Policy Number 保單號碼 * Please complete the boxes and darken the appropriate numbered circles to indicate the policy number. 請填寫方格和塗黑適當號碼格，以註明保單號碼。												Name of Policyowner 保單持有人姓名	
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												Name of Consultant 顧問姓名	
												Consultant Code 顧問編號	
												Division Code & Branch Office 分區編號及分行地點	
												Consultant Contact No. 顧問聯絡電話號碼	

Important Note 重要提示

1. Please complete in BLOCK LETTERS. 請以正楷填寫。
2. Please return to Prudential Hong Kong Limited ("Prudential") within 30 days after signing this form. 請於簽署此表格後之30天內交回保誠保險有限公司（「保誠」）處理。
3. Please do not sign on blank or incomplete form. 請勿在空白表格或尚未填妥的表格上簽署。
4. Any changes or amendments in this form must be countersigned by the Policyowner in full signature. 保單持有人必須在此表格內任何更改或修改的地方簽署作實。
5. Policyowner MUST sign and date in Part 8 of this form. 保單持有人必須在此表格第八部分簽署及填寫簽署日期。
6. Any excess premium after policy alteration will be deposited into Premium Deposit Account unless otherwise specify. 所有於保單更改後多付之保費（如有），將存入保費儲蓄戶口內（特別註明除外）。
7. Once the request is processed, reversal of relevant transaction will not be accepted. 手續一經辦理，將不會接受取消相關申請。
8. This form shall not be valid until (i) it is received and recorded by Prudential during the lifetime of both the policyowner and the life assured of the above-mentioned policy (the "Policy"), and (ii) it is finally confirmed by Prudential by way of a letter (Except suppression autopay). 此表格需於 (i) 上述保單（「本保單」）之保單持有人及受保人生存期間獲保誠收到並存檔及 (ii) 最終經保誠以信函確認方為有效（終止自動轉賬申請除外）。
9. Please complete the form as instructed, any information written in non-designated blank spaces will not be processed. 請根據此表格之指示於適當的位置填寫資料，於其他非指定空白位置填寫的資料恕不受理。
10. Prudential shall have the right to reject this form if you fail to fulfill Prudential's requirements. 若閣下未能符合保誠的有關規定，保誠有權拒絕此表格。
11. Receipt of this form by Financial Consultants or your broker does not constitute receipt by Prudential. 理財顧問或閣下的經紀收到此表格並不代表保誠亦已收到。
12. In any circumstances, a person who is not a party to the above policy (including but not limited to the Life Assured or the Beneficiary) has no right to enforce any of the terms of the above policy. 任何不是上述保單某一方的人士或實體（包括但不限於受保人或受益人），在任何情況下均不能強制執行上述保單的任何條款。

Part 1 第一部分 Change of Signature 更改簽名

1. New signature(s) will be applied to the subject policy only. To change your signature for other policies, a separate form must be submitted for each policy. 更新簽名只會應用在本保單。如需更改多於一份保單的簽名，每份保單必須獨立遞交表格。
2. If the Policyowner is a company, the company chop must be stamped with the authorized person's signature. Please contact your Financial Consultant or broker for details. 如公司為保單持有人，必須蓋上公司圖章及由授權人士簽署，詳情請與閣下的理財顧問 / 經紀聯絡。
3. The signature in Part 8 must correspond with the EXISTING signature in our records. 閣下在第八部分的簽名必須與現時公司記錄上保單持有人的現有簽名相符。

Change Option 更改選項	New Signature Specimen 新簽名式樣
☐ Change of Policyowner's Signature 更改保單持有人的簽名式樣	
☐ Change of Life Assured's Signature 更改受保人的簽名式樣 (If other than the policyowner 如投保人與受保人不同)	

Part 2 第二部分 Change of Payment Mode / Method 更改繳費方式 / 方法

- ☐ Payment mode 繳費方式
- ☐ Yearly 每年 ☐ Half-Yearly 每半年
- ☐ Quarterly 每季 ☐ Monthly 每月 (Please submit DDA form and premium, and refer to related DDA form for details. 請遞交「直接付款授權書」及保費，詳情請參考有關授權書之重要事項。)
- ☐ Payment method 繳費方法 (Note: Monthly Mode must be paid by Autopay. 注意：月繳保費必須以自動轉賬支付。)
- ☐ Direct Billing 直接付款 ☐ Autopay via Bank Account 銀行戶口自動轉賬 (Please submit Direct Debit Authorization Form. 請遞交「直接付款授權書」。)
- ☐ Autopay via Credit Card 信用卡自動轉賬 (Please submit Credit Card Direct Debit Authorization Form. 請遞交「信用卡直接付款授權書」。)

Part 3 第三部分 Autopay Suppress Request 終止自動轉賬

1. Please reserve at least 5 working days for us to process this request. Any premium paid prior to the approval of this request will not be refunded. Autopay cessation will take immediate effect upon completion of the request. 請預留最少5個工作天予本公司辦理手續。於本公司收到及批准申請前，任何已繳交保費將不被退還。於完成申請時，自動轉賬便會即時終止。
2. Premium of monthly-paid policy must be paid by autopay. Please arrange a new autopay instruction as soon as possible. No premium notice will be issued for monthly-paid policy. You may check your premium information via myPrudential in our company website www.prudential.com.hk. 月繳保單必須以自動轉賬方式付款。請盡快重新安排設立自動轉賬。月繳保單將不會收到繳費通知書。閣下可透過本公司網站 www.prudential.com.hk 內的myPrudential查詢保費資料。

☐ Suppress autopay 終止自動轉賬

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Part 4 第四部分 Change of Benefit Protector Option 更改「遞增保障權益」

- Benefit Protector Option cannot be reinstated after termination. 「遞增保障權益」永久取消後將不能復效。
- The option will be terminated and cannot be reinstated if declination of Benefit Protector Option has been selected for 2 consecutive years. 如連續2年不接受「遞增保障權益」，此權益將會永久取消並不會接受復效申請。

- ☐ Declination of Benefit Protector Option upgrade for this Anniversary 不接受本年度之「遞增保障權益」
- ☐ Termination of Benefit Protector Option 永久取消「遞增保障權益」

Part 5 第五部分 Change of Death Benefit / Policy Benefits / Medical Benefit Option 更改身故賠償 / 保單保障 / 醫療保障級別選擇

- You will lose the relevant coverage of the benefit concerned after approval of the request and you may not be able to reapply for the same benefits on the same terms / conditions in future. 在申請獲批核後，閣下將失去相關保障及閣下於將來或未能以相同的條款獲得相若的保障。
- Please ensure that the revised minimum sum assured and modal premium after deletion / reduction of benefit must satisfy Prudential's latest requirement. 請確保在完成取消 / 調減保障後，最低保障額及每期保費仍然達到保誠要求。
- Revised policy benefits will be effective on the 1st date of the current month if Prudential receives the request on or before 10th of such month; otherwise the new policy benefits will be effective on the 1st date of the following month. We reserve the right to make the final decision. 如保誠在本月10號或以前收到此申請，新保障便將同於該月首日生效；否則，新保障生效期將設定為隨後月份首日。本公司有權就是次更改作出最後決定。

A) Downgrade Benefit Level of Death Benefit 下調身故賠償

Applicable to PRUlink assurance and PRUlink assurance Plus ONLY 只適用於「運籌」智選保障計劃及「運籌」智財保障計劃

- ☐ Downgrade Aggregate Death Benefit to Level Death Benefit 由集成身故保障下調至平穩身故保障

B) Change of Policy Benefits 更改保單保障

	Policy Benefit 保障計劃名稱	Revised Sum Assured (Policy Currency) 新保障額 (保單貨幣)
☐ Deletion 取消 ☐ Reduction 調減		
☐ Deletion 取消 ☐ Reduction 調減		
☐ Deletion 取消 ☐ Reduction 調減		
☐ Deletion 取消 ☐ Reduction 調減		
☐ Deletion 取消 ☐ Reduction 調減		

C) Downgrade of Medical Benefit Option 下調醫療保障級別選擇

Applicable to policy benefit such as PRUmed series or PRUhealth series 適用保障計劃如醫療系列或康健系列

- If downgrade of Medical Benefit Level for PRUhealth secure top-up plan is selected, the revised protection will be effective from the next anniversary date. 如下調智安心康健計劃之醫療保障級別，更新保障將會在下一周年日生效。

- ☐ Delete PRUmed Major Coverage 刪除額外醫療計劃 And / Or downgrade to及 / 或下調：
- ☐ Private to Semi-Private 私家病房至半私家病房
- ☐ Private to Ward 私家病房至普通病房
- ☐ Semi-Private to Ward 半私家病房至普通病房

Applicable to PRUmyhealth prestige medical plan ONLY 只適用於「摯為您」優悅醫療保險計劃

- If Change of Coverage or Change of Annual Deductible Limit is selected, the revised protection will be effective from the next anniversary date. 如更改保障級別或更改每年自付額，更新保障將會在下一周年日生效。

- ☐ Worldwide Coverage to Worldwide Coverage except USA 全球保障至全球保障 (美國除外)

- ☐ Increase Annual Deductible Limit to 每年自付額增加至 *HKD / USD 美元 / 港元

- ☐ Exercise Lowering of Annual Deductible Limit without underwriting to *HKD / USD 美元 / 港元
行使減低每年自付額而無須接受醫療核保至

(Lowering of Annual Deductible Limit without underwriting (once per life time) is allowed upon the policy anniversary which immediately comes after the respected ages 55, 60 or 65 of the life assured. Please refer to the policy provisions for details.

受保人可於緊接五十五、六十或六十五歲的保單周年享有一次 (以終身計) 減低現有之每年自付額而無須接受醫療核保的權利。詳情請參考保單條款。)

Part 6 第六部分 Declaration 聲明

I / We, the Policyowner(s), hereby request that my / our policy(ies) be changed in accordance with the particulars set out in this application and I / We understand and agree that such changes or services will not take effect unless (1) any required documents and payments are submitted in full and (2) the application is duly approved by Prudential.

本人 / 吾等，作為保單持有人，謹此要求本人 / 吾等之保單依照此申請表之資料作出修改，而本人 / 吾等已明白及同意上述之修改或服務將不會生效直至 (1) 所有有關文件及款項收妥及 (2) 此申請表是經保誠批核後方可作實。

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Prudential Hong Kong Limited (referred to as "the Company", "our", "we", or "us" in this Part entitled "Personal Information Collection Statement") may collect certain personal information, including without limitation your name, identity card number (and copy of identity card), passport number, contact information, family history, health and medical information and financial information ("Personal Information") from you when you apply for insurance or financial products and services from us, or when you apply to make changes to your policy, or when you make a claim against a policy. We may also collect Personal Information about you from third parties such as other insurance companies or agents, government agencies, medical personnel, credit reporting agencies, courts or public records.

1. Purpose of Collection

We may use your Personal Information for the following purposes: (a) to process your application; (b) to administer and process insurance policies, insurance claims and medical, security and underwriting checks; (c) to process payment instructions; (d) to verify your eligibility for insurance, financial or wealth management products and services; (e) to design and provide you with insurance, financial and related services and products; (f) to communicate with you; (g) to provide you with promotional materials relating to insurance or financial services or related wealth management products of the Company, and those of other entities whose ultimate parent company is Prudential plc ("companies within the Prudential Group") or partnering financial institutions; (h) to perform a policy review or needs analysis; (i) to conduct research and statistical analysis; and (j) to meet disclosure requirements imposed by law or regulatory authorities.

2. Classes of Transferees

We may disclose your Personal Information to third parties (within or outside Hong Kong) for the purposes outlined at Section 1 above, including without limitation the following third parties: (a) insurance agents; (b) re-insurance companies; (c) other companies within the Prudential Group; (d) claims investigation companies; (e) third party administrators; (f) third party service providers (including without limitation insurers, bankers, lawyers, accountants, and other third party service providers who provide administrative, telecommunications, computer, payment, printing, redemption or other services to us to enable us to operate our business); (g) industry associations and federations; (h) medical bill review companies; (i) professional advisors; (j) researchers; (k) credit reference agencies; (l) debt collection agencies; (m) partnering financial institutions; (n) regulators and government agencies; (o) law enforcement agencies; (p) the Courts.

We may transfer your name, contact information and information about the products you have purchased (including the sales channel from which such products were purchased) to other companies within the Prudential Group, and other partnering financial institutions, for the purpose of providing you with promotional materials relating to those entities' insurance or financial services or related wealth management products. However, we will not disclose your Personal Information to any other third parties for direct marketing purposes without your consent.

We may transfer your Personal Information in connection with a transaction with another company which affects the control, governance, structure and / or management of all or a substantial part of our business, or if required to satisfy applicable legal or regulatory requirements.

3. Consequence of failing to provide Personal Information

Unless otherwise specified by us, it is mandatory for you to provide the Personal Information requested by us. In the event that any such Personal Information is not provided, we may be unable to provide you with the services or carry out the activities outlined at Section 1 above.

4. Access and Correction Rights

Under the Personal Data (Privacy) Ordinance (the "Ordinance"), you have the right to request access to and correction of any Personal Information that you provide to us. You may make such a request by writing to our Data Protection Officer at P.O. Box No. 28058, Gloucester Road Post Office, Hong Kong. In accordance with the Ordinance, we have the right to charge a reasonable fee for the processing of any Personal Information access request.

保誠保險有限公司（在題為「收集個人資料聲明」之本部分，以下簡稱「本公司」或「我們」）可能會於閣下向我們申請保險或金融產品及服務、申請更改保單或就保單提出索償時向閣下收集一些個人資料，包括但不限於閣下的姓名、身份證號碼（及身份證副本）、護照號碼、聯絡資料、家族歷史、健康和醫療資料，以及財務資料（以下簡稱「個人資料」）。我們還可能從第三方，如其他保險公司或代理、政府機構、醫務人員、信用報告機構、法院或公開記錄等，收集關於閣下的個人資料。

1. 收集資料之目的

我們可能會使用閣下的個人資料作下列用途：(a) 處理閣下的申請；(b) 管理和處理保單、保險索償、醫療、抵押和承保檢查；(c) 處理付款指示；(d) 核實閣下申請保險、金融或財富管理產品及服務的資格；(e) 設計及為閣下提供保險、金融及相關的服務和產品；(f) 與閣下進行通訊；(g) 為閣下提供關於本公司以及其他母公司為英國保誠集團的實體（「保誠集團內的公司」）或夥伴金融機構的保險或金融服務或相關的財富管理產品的推廣材料；(h) 進行保單審查或需求分析；(i) 進行研究和統計分析；及 (j) 符合法律或監管當局實施的披露要求。

2. 被資料轉交者的類別

為達到上述第一部分所列明之目的，我們可能會向第三方（在香港境內或境外）透露閣下的個人資料，包括但不限於以下第三方：(a) 保險代理；(b) 再保險公司；(c) 其他保誠集團內的公司；(d) 索償調查公司；(e) 第三方管理人；(f) 第三方服務供應商（包括但不限於保險公司、銀行、律師、會計師，以及其他提供行政、電訊、電腦、付款、印刷、贖回或其他服務以令我們的業務可以運作的第三方服務供應商）；(g) 行業協會及聯會；(h) 醫療帳單審查公司；(i) 專業顧問；(j) 研究人員；(k) 信貸資料服務機構；(l) 收賬代理；(m) 夥伴金融機構；(n) 監管機構及政府機構；(o) 執法機構；(p) 法院。

我們可能將閣下的姓名、聯絡資料和閣下已購買的產品資料（包括購買該等產品的銷售渠道），轉交其他保誠集團內的公司及其他夥伴金融機構，以向閣下提供有關這些實體的保險、金融服務或相關的財富管理產品的有關推廣材料。然而，我們不會未經閣下的同意，向任何其他第三方透露閣下的個人資料作直接促銷用途。

在有關影響到我們全部或重大部分業務的控制權、治理、結構和 / 或管理的交易時，或在必須符合適用的法律或監管要求下，我們可能會轉交閣下的個人資料。

3. 未能提供個人資料的影響

除非我們另有規定，否則閣下必須提供我們所要求的個人資料。若未能提供任何此等個人資料，我們可能無法為閣下提供服務或進行上述第一部分所列出的活動。

4. 查閱和更正的權利

根據《個人資料（私隱）條例》（「條例」），閣下有權要求查閱及更正任何閣下提供給我們的個人資料。閣下如欲查閱或更正個人資料，請向我們的資料保護主任作出書面要求，地址是香港告士打道郵政局郵政信箱28058號。根據條例的規定，我們有權就處理查閱任何個人資料的要求，收取合理的費用。

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Part 7 第七部分 Personal Information Collection Statement (Continued) 收集個人資料聲明 (續)**Opting-out Marketing Communications or Materials 拒絕接受促銷信息或資料**

We intend to send you marketing communications or materials (as set out in the above Personal Information Collection Statement), but we cannot do so without your consent. In the event that you do not wish to receive such marketing communications or materials, please let us know by checking the box below, and returning the form to us in person at our Customer Service Center or by post at P.O. Box No. 28058, Gloucester Road Post Office, Hong Kong.

我們有意向閣下發送（載於上述收集個人資料聲明的）促銷信息或資料，但未經閣下的同意，我們不能這樣做。假若閣下不希望收到該等促銷信息或資料，請在以下方格上填「✓」號以讓我們知道閣下的意向，並請親身交回此表格至我們的客戶服務中心或郵遞此表格至香港告士打道郵政局郵政信箱28058號。

☐ Opt-out Marketing Communications or Materials 拒絕接受促銷信息或資料

The Life Assured / Policyowner, and Irrevocable Trustee/Collateral Assignee (if applicable), hereby confirm understanding of and agreement to the contents in this Part entitled "Personal Information Collection Statement".

受保人 / 保單持有人及不可撤換信託人 / 抵押轉讓之承讓人（如適用）特此確認明白並同意在題為「收集個人資料聲明」之本部分中的內容。

Part 8 第八部分 Signature 簽署

If the signatory is a Limited Company / Partnership / Sole Proprietorship, its authorized signatories should sign and chop. 如簽署方為有限公司／合夥／獨資經營持有，須由公司授權人員簽署及蓋章。

/ / Day 日 Month 月 Year 年	Signature of Policyowner 保單持有人簽署 (It must be consistent with that in our record 保單持有人的簽署必須與本公司的記錄相符)	Signature of Irrevocable Trustee / Collateral Assignee (if applicable) 不可撤換信託人 / 抵押轉讓之承讓人簽署（如適用）
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If the Policyowner uses signature chop or fingerprint, two witnesses are required. The witness must be an individual third party aged 18 or above. The personal particulars of the witness(es) will only be used for the purpose of verification and confirmation of the identity(ies) of the signatory(ies) of this form. 若保單持有人以圖章蓋印或指紋簽署，必須有兩位見證人。見證人必須為年滿18歲或以上的第三者。見證人之個人資料只會用於處理本申請及確認此表格簽署人的身份之用。

Signature of Witness 見證人簽署	Name and Identity Document Number of Witness 見證人姓名及身份證明文件號碼	Signature of Witness 見證人簽署	Name and Identity Document Number of Witness 見證人姓名及身份證明文件號碼
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Please DO NOT sign on BLANK form. 請勿在空白表格上簽署。

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