PRUDENTIAL
英 國 保 誠

Prudential Hong Kong Limited
(A member of Prudential plc group)
保誠保險有限公司
(英國保誠集團成員)

Note 注意：1. Please use **Dark Pen** to fill the appropriate box. 請用**深色筆**填滿適合之空格。 Correct form 正確式樣：■
2. Please complete in BLOCK LETTERS. 請用正楷填寫。
3. * Please delete whichever is not appropriate. * 請刪去不適當者
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。

Policy Number 保單號碼	**Application For Change In Policy (With Health Questionnaire)** **更改保單申請表(附健康狀況問卷)**	
	Name of Policyowner 保單持有人姓名	**Name of Life Assured 受保人姓名**
	Name of Consultant 顧問姓名	
	Consultant Code 顧問編號	
	Consultant Contact No. 顧問聯絡電話號碼	

Requested Effective Date # :
要求生效日期：

D	D	M	M	Y	Y	Y	Y
日		月		年份			

Leave this blank unless you have specific request on the effective date of change. The Company shall have the right to determine the effective date of change upon acceptance of the Application.
如對更改生效日期沒有特別要求，不用填寫此欄。於接受更改申請時，本公司有權決定更改之生效日期。

Part I 第一部分 Details of Change In Policy 更改保單保障計劃詳情

A. Change of Plan / Rider 更改計劃/附加保障 (Please complete Part III & IV 請填寫第三及第四部分)*

Please select change item(s) & give full particulars in table below. 請選擇更改項目並於下表填寫更改計劃之詳情。

☐ **Increase Sum Assured of Benefit 提高保障額**

☐ **Addition of Rider(s) 增加附加保障**

☐ **Upgrade of Benefit Level 調高保障級別**

Details of Change of Plan / Rider 更改計劃/附加保障詳情

Benefit Description 保障名稱	Premium Term 保費年期	Benefit Term 保障年期	Total Sum Assured (after change) 總保障額(更改後)

* For application for change of Plan / Rider within the Cooling-off Period with no change in the condition of health and occupation of Life Assured / Policyowner since the date of the original Proposal for Assurance, please complete Part II only. 如於冷靜期內申請更改計劃/附加保障，而受保人/保單持有人的健康狀況及職業於簽署人壽保險申請書後並無改變，只需填寫第二部分。

B. Revival 保單復效 (Please complete Part II / III & IV 請填寫第二部分 / 第三及第四部分)

1. With Profit / Term (Non-linked) Assurance Policy 分紅/定期壽險(非投資相連)保單：

☐ **Normal Revival 一般復效**

☐ **Revival by Redating 復效並更改保單生效日期** (Only if your policy has lapsed for more than 6 months 只適用於失效已超過六個月之保單)

2. Investment Linked Policy 投資相連壽險保單

☐ **With Coverage Guarantee 包括保障保證**
Please note that this option is ONLY applicable to your policy under the following conditions 請注意，此選擇只適用於以下情況：
a. the Coverage Guarantee was in force before the lapse of the policy; and 保障保證於保單失效前為有效；及
b. no withdrawal had been made causing the balance of the Total Fund Account Value to fall below the Minimum Fund for Coverage Guarantee (only applicable to PRUlink Diamond, PRUlink Gold and PRUlink Silver) ; and 總結餘沒有因基金提取後而少於最低基金結餘要求 (只適用於運籌鑽石計劃、運籌金計劃和運籌銀計劃)；及
c. all outstanding premiums have been settled. 所有到期之保費已繳清。

☐ **Without Coverage Guarantee 不包括保障保證** /Coverage Guarantee is not applicable **保證保障不適用** (Coverage Guarantee will cease permanently. 保障保證將永久終止。)

Important Notes 重要備註:
1. If (a) the policy is lapsed WITHIN 6 months; and (b) the Life Assured/Policyowner's condition of health and occupation has/have not been changed since the original Proposal for Assurance has been signed, please complete Part II. 如保單失效不多於六個月；及受保人/保單持有人之健康狀況及職業於人壽保險申請書簽署後並無改變，請填寫第二部分。
2. If (a) the policy is lapsed OVER 6 months; and/or (b) the Life Assured/Policyowner's policy has been accepted at special rate; and/or with exclusion(s); and/or with any rider benefit(s) being declined/postponed, please complete Part III & IV. 如保單失效多於六個月；及/或受保人/保單持有人之保單曾被徵收額外保費，及/或附加不保條款，及/或其附加保障曾被拒絕受保或擱置受保，請填寫第三及第四部分。
3. Late payment fee is required if premiums were unpaid for over 3 months. 如保費逾期超過三個月，本公司將徵收逾期額外款項。
4. The Company may require the Life Assured / Policyowner to provide satisfactory evidence of the health (including but not limited to undergo the medical examination; and/or medical report(s) from the attending registered doctor(s)) at Policyowner's own expense.
本公司保留權力，要求保單持有人自費提供令本公司滿意的關於受保人/保單持有人的健康證明 (包括但不限於體檢，及/或主診醫生報告)。

C. Revision of Policy Contract 保單條款再審核 (Please complete Part II / Part III / Part IV 請填寫第二部分 / 第三部分 / 第四部分)

☐ **Review of Loading / Exclusion 額外保費/不保事項調整** (Please complete Part IV 請填寫第四部分)

☐ **Redeclaration of Insurability 受保資格重新申報** (Please complete Part IV 請填寫第四部分)

☐ **Change of Smoking Habit 吸煙習慣轉變** (If the Life Assured/Policyowner's policy has been accepted at special rate; and/or with exclusion(s); and/or with any rider benefit(s) being declined/postponed, please complete Part IV. Otherwise, please complete Part II. 如受保人/保單持有人之保單曾被徵收額外保費，及/或附加不保條款，及/或其附加保障曾被拒絕受保或擱置受保，請填寫第四部分。否則請填寫第二部分。)

☐ **Change of Occupation 更改職業** (Please complete Part III 請填寫第三部分)

☐ **Change of Avocation 活動轉變** (Please complete related Avocation Questionnaire(s) and / or give details on separate sheet. 請填寫有關活動問卷或另紙書寫有關詳情。)

D. Others Changes 其他更改 (Please specify & give full particulars of change in the space below. 請於以下空白地方說明有關更改詳情。)

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Part II 第二部分

Health Declaration 健康狀況聲明	**Life Assured 受保人**	**Policyowner 保單持有人**
1. Since the time I signed the original Proposal for Assurance: i) I have been in generally good health; ii) I have not suffered from any illness or accident requiring medical attention; iii) I have been free from physical defects or infirmities; and iv) there has been no change in my occupation, leisure or sporting activities. 自簽署人壽保險申請書起：i) 本人健康狀況一直良好；ii) 本人並沒有因疾病或意外而需要醫療治理；iii) 本人並無任何身體缺陷；及 iv) 本人在職業、消閑或康體活動上沒有任何改變。	☐ No 否* ☐ Yes 是 (*please complete Part III & IV 請填寫第三及第四部分)	☐ No 否* ☐ Yes 是 (*please complete Part III & IV 請填寫第三及第四部分)
2. Have you ever smoked? 您曾否吸煙？	☐ No 否 ☐ Yes 是	☐ No 否 ☐ Yes 是
If "Yes", please state your average daily consumption of cigarette in the past 12 months. 若「是」，請說明過去十二個月每日平均吸煙數量。	Quantity 數量： _____ / day 天	Quantity 數量： _____ / day 天
If you have stopped smoking, please state date ceased, reason and average daily consumption of cigarette before ceased. 若您已經停止吸煙，請說明停止日期、原因及停止吸煙前的每日平均吸煙數量。	Date ceased 停止日期： _____ Reason 原因： _____ Quantity before ceased 停止吸煙前的數量： _____ / day 天	Date ceased 停止日期： _____ Reason 原因： _____ Quantity before ceased 停止吸煙前的數量： _____ / day 天

Part III 第三部分

Occupation Details 職業狀況資料

☐ **Life Assured 受保人** ☐ **Policyowner 保單持有人**

1. Occupation 職業 _____ 2. Actual Duties 工作性質 _____
3. Name of employer 僱主名稱 _____ 4. Occupation Change Date (dd/mm/yyyy) 入職日期 (日/月/年) _____
5. Address of employer 僱主地址 _____

Disability Income Benefit Questions 傷病入息保障問題 (For Addition or revival of Disability Income Benefit ONLY 只適用於附加或復效傷病入息保障之申請)

1. Total earnings (full-time and part-time jobs) in the past 12 months 過去十二個月之收入總額 (全職及兼職工作) HKD港元 _____
2. Please give academic qualifications and professional membership attained (for occupation class A only) _____
請提供已獲取之學歷及專業資格 (供職業類別屬A級者填寫)。
3. Please give below full details of the Life Assured's employment, full-time and part-time, in the past 5 years: 請列出受保人的最近五年的就業情況，包括全職及兼職工作在內：

Date of Employment 在職日期	Name and Address of Employer 公司名稱及地址	Occupation 職業	Actual Duties 工作性質

Part IV 第四部分

A. Insurance Details 投保資料	**Life Assured 受保人**		**Policyowner 保單持有人**	
	No 否	Yes 是	No 否	Yes 是
1. Do you have any Life, Accident Insurance, Crisis Cover, Disability Income Benefit, Long Term Care Benefit, Medical Benefit or Hospital Income Benefit now in force, or currently proposed with this or any other company, excluding this proposal? If "YES", please give details in Part (a) below. For Prudential policies, only list policy no. 除本申請書外，您現在是否持有本公司或其他公司的有效人壽、意外、危疾、傷病入息保障、長期護理保障、醫療保障或住院入息保障的保單，或正在申請中之保單? 若「是」，請在下表項目(a)詳述；如保單由本公司簽發，只需列明保單號碼。	☐	☐	☐	☐
2. Has any proposal for assurance (including Life & Living Benefits) on your life to this or any company been declined, deferred, or accepted at special rates or with exclusions (whether issued or not)? If "YES", please give details in Part (b) below. For Prudential policies, only list policy no. 無論保單繕發與否，您曾否被任何公司拒絕受保、擱置受保、徵收額外保費或附加任何除外條款(包括人壽及在生保障)? 若「是」，請在下表項目(b)詳述；如保單由本公司簽發，只需列明保單號碼。	☐	☐	☐	☐

Part 項目(a)	Name of Company 公司名稱	Issue Date 簽發日期	Policy No. 保單號碼	Sum Assured 投保額		
Life Assured 受保人				Life 人壽	Accidental Death 意外死亡	Crisis Cover 危疾
				DIB 傷病入息	Long Term Care 長期護理保障	Hospital Income 住院入息
Policyowner 保單持有人				Life 人壽	Accidental Death 意外死亡	Crisis Cover 危疾
				DIB 傷病入息	Long Term Care 長期護理保障	Hospital Income 住院入息

Part 項目(b)	Name of Company 公司名稱	Date 日期	Benefit Type 保障種類	Reason 原因
Life Assured 受保人				
Policyowner 保單持有人				

B. Avocation and Travel Details 業餘興趣及外遊資料	**Life Assured 受保人**		**Policyowner 保單持有人**	
	No 否	Yes 是	No 否	Yes 是
1. Have you engaged or intended to engage in flying (except as a fare-paying passenger on a scheduled public air service)? If "Yes", please complete aviation questionnaire. 您曾否參與或計劃參與飛行（乘搭固定航線的付費乘客除外）？若「是」，請繼續填寫飛行問卷。	☐	☐	☐	☐
2. Have you engaged or intended to engage in any hazardous pursuit (e.g. motor car, motor cycle racing or diving, etc.)? If "Yes", please complete related questionnaires. 您曾否參與或計劃參與有危險性之活動（如賽車、電單車賽事或潛水等）？若「是」，請繼續填寫有關問卷。	☐	☐	☐	☐
3. Did you stay / do you plan to stay outside the country / city of your residential address in the **past 12 months** / **next 24 months**? If "Yes", please complete the following table. 您在**過去12個月**曾否/**未來24個月**會否在您居住地址以外的國家/城市逗留？若「是」，請在下表詳述。	☐	☐	☐	☐

		Name of Country and City 國家及城市名稱	Duration (number of days) 時間（日數）	Purpose of stay 逗留目的
Life Assured 受保人	In the past 12 months 過去12個月			
	In the next 24 months 未來24個月			
Policyowner 保單持有人	In the past 12 months 過去12個月			
	In the next 24 months 未來24個月			

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C. Personal Information 個人狀況 (Please do not complete this section if a medical examination has been arranged 如已安排體檢則無須填寫此部分)	Life Assured 受保人	Policyowner 保單持有人
1. Do you have any usual / family doctor? If "YES", please give name and address. 您是否有慣常求診的醫生 / 家庭醫生? 若「是」，請詳述醫生姓名及地址。	☐ No 否 ☐ Yes 是 _____	☐ No 否 ☐ Yes 是 _____
2. Height 身高	_____ cm 厘米	_____ cm 厘米
3. Weight 體重	_____ kg 公斤	_____ kg 公斤
4. Have you ever smoked? 您曾否吸煙？	☐ No 否 ☐ Yes 是	☐ No 否 ☐ Yes 是
If "Yes", please state your average daily consumption of cigarette in the past 12 months. 若「是」，請說明過去十二個月每日平均吸煙數量。	Quantity 數量：_____ / day 天	Quantity 數量：_____ / day 天
If you have stopped smoking, please state date ceased, reason and average daily consumption of cigarette before ceased. 若您已經停止吸煙，請說明停止日期、原因及停止吸煙前的每日平均吸煙數量。	Date ceased 停止日期：_____ Reason 原因：_____ Quantity before ceased 停止吸煙前的數量：_____ / day 天	Date ceased 停止日期：_____ Reason 原因：_____ Quantity before ceased 停止吸煙前的數量：_____ / day 天
5. Do you drink alcohol? 您有否飲用含酒精飲料的習慣？	☐ No 否 ☐ Yes 是	☐ No 否 ☐ Yes 是
If yes, please state type and quantity consumed per week. 若「是」，請說明種類及每星期飲用的數目。	Type 種類：(beer 啤酒 / wine 餐酒 / spirit 烈酒) Quantity 數量：_____	Type 種類：(beer 啤酒 / wine 餐酒 / spirit 烈酒) Quantity 數量：_____
If you have ever stopped drinking, please state ceased date and reason. 若您曾停止飲用含酒精飲料的習慣，請說明停止日期及原因。	Date ceased 停止日期：_____ Reason 原因：_____	Date ceased 停止日期：_____ Reason 原因：_____
6. Have you ever used any habit-forming drugs or narcotics? If "YES", please give details. 您曾否服用任何成癮藥物或毒品? 若「是」，請詳述。	☐ No 否 ☐ Yes 是 _____	☐ No 否 ☐ Yes 是 _____

D. Family History 家庭狀況	Life Assured 受保人		Policyowner 保單持有人	
Have any of your immediate family members ever had blood disease, liver disease (e.g. hepatitis B carrier), heart or kidney disease (e.g. polycystic kidney disease), stroke, diabetes, hypertension, cancer, AIDS or known hereditary disease? If "YES", please give name of disease(s) together with onset age below. 您的直系親屬曾否患有血液疾病、肝病 (例如：乙型肝炎帶菌者)、心臟病、腎病 (例如：多囊性腎病)、中風、糖尿病、高血壓、癌症、愛滋病或遺傳性疾病? 若「是」，請在下列項目說明發病年齡及疾病名稱。	No 否	Yes 是	No 否	Yes 是
	☐	☐	☐	☐

	Life Assured 受保人		Policyowner 保單持有人	
Relationship 關係	Disease(s) 疾病	Onset Age 發病年齡	Disease(s) 疾病	Onset Age 發病年齡
Father 父親				
Mother 母親				
Brother(s) 兄弟				
Sister(s) 姊妹				
Other 其他				

E. Female Section 女性受保人及保單持有人適用 (Applicable to ANB12 and above female only 只適用於下次生日年齡為十二歲或以上的女性)	Life Assured 受保人		Policyowner 保單持有人	
If "Yes", please give full particulars in Section I. 若「是」，請在I項詳述。	No 否	Yes 是	No 否	Yes 是
1. a) Have you experienced any gynaecological problems, such as menstrual disorder, pelvic inflammatory diseases or disorders of the cervix or breast? 你曾否患有婦科疾病，如：月經方面的疾患，盆腔炎或子宮頸及乳房的疾患？	☐	☐	☐	☐
b) Are you now pregnant? If "Yes", please state expected delivery date. 您現在是否懷孕？若「是」，請說明您的預產期。 ___/___/___ Day 日 Month 月 Year年	☐	☐	☐	☐
c) Have you ever suffered from complications during pregnancy or delivery (e.g. ectopic pregnancy, diabetes, hypertension, protein in urine)? If "YES", please give details in Section I. 您曾否在懷孕或分娩期間出現併發症（如宮外孕、糖尿病、高血壓、蛋白尿）？	☐	☐	☐	☐

F. Juvenile Section 兒童受保人適用	Life Assured 受保人		
Please complete this Section if the Life Assured is at ANB 15 or below. If "YES", please give full particulars in Section I. 若受保人之下次生日年齡是十五歲或以下，請填寫下列項目。若「是」，請在I項詳述。	No 否	Yes 是	
1. a) Was the child's birth premature or postmature? 受保人是否早產或逾期分娩？	☐	☐	Not Applicable 不適用
b) Any special care needed after birth? 出生後曾否接受特別護理?	☐	☐	
2. Has the child had any physical defects or shown any sign of slow physical or mental development? 受保人是否有缺陷或生理上或心智發育緩慢的跡象?	☐	☐	
3. Has the child missed any normal immunization procedure? 受保人曾否遺漏正常的防疫注射程序?	☐	☐	

G. Long Term Care Section (For application or revival of LTC ONLY 申請或復效長期護理保障適用)	Life Assured 受保人		
If "YES", please give full particulars in Section I. 若「是」，請在I項詳述。	No 否	Yes 是	
1. a) Do you require assistance or supervision or are you limited in performing any of the following activities:- Bathing, Dressing, Eating, Toileting, Transferring to or from a bed or chair, Walking or do you use a wheelchair or walker, or confine to bed? 在進行以下日常活動時，您是否需要幫助或指導，或在任何方面受到局限：洗澡、更衣、進食、如廁、坐臥及離開睡床或椅子、行走、或您是否需要使用輪椅或扶助器，或需長期臥床?	☐	☐	Not Applicable 不適用
b) Have your ability to perform the above activities been deteriorated over the last 12 months? 過去十二個月以來，在進行上述日常活動時，您的能力有否減退?	☐	☐	
2. Have you experienced weight loss of more than 10lbs (5kg) during the past 12 months? 過去十二個月內，您的體重有否減少10磅(5公斤)以上?	☐	☐	
3. Have you ever suffered from, or been told to have, or are you receiving or planning to receive therapy for any of the following conditions? (Please "X" the box if the specific condition is "Yes" and give details in Section I.) 您是否曾經患上、或獲悉已患有、或正在接受或計劃接受任何因以下狀況而進行之治療？ (若「是」，請於有關之狀況的方格內加上「X」號，並在I項詳述。) ☐ Memory Loss 失憶 ☐ Visual Changes 視力變化 ☐ Confusion 混亂 ☐ Skin Ulcers 皮膚潰傷 ☐ Falls 失足 ☐ Osteoporosis 骨質疏鬆症 ☐ Fractures 骨折 ☐ Incontinence 失禁	☐	☐	

H. Health Questions 健康狀況	Life Assured 受保人		Policyowner 保單持有人	
Please answer the following questions: (If "YES", please give full particulars in Section I.) 請回答下列有關健康狀況的問題：(若「是」，請在I項詳述。)	No 否	Yes 是	No 否	Yes 是
1. Have you ever had any symptoms, diseases or disorders of the following: 您曾否有下列疾病或病徵：	☐	☐	☐	☐
a) The musculoskeletal system or skin, e.g. arthritis, rheumatism, gout, sciatica or any disorder of the bones or spine? 與肌肉及骨骼系統或皮膚有關的疾病，如：關節炎、風濕病、痛風、坐骨神經痛，或其他骨骼及脊椎的問題?				
b) The nervous system, psychiatric or brain function disorder, or impairment of the eyes or ears, e.g. paralysis, anxiety states, blindness, deafness, giddiness or epilepsy? 與神經系統、精神或與腦相關的疾病，眼或耳有問題，如：癱瘓、精神緊張、失明、失聰、暈眩或癲癇?	☐	☐	☐	☐
c) The circulatory system, heart or blood, e.g. palpitation, murmur, chest discomfort, raised blood pressure, stroke or anaemia? 與循環系統、心臟或血液有關的疾病，如：心跳不正常、心雜音、胸部不適、血壓不正常、中風或貧血?	☐	☐	☐	☐
d) The respiratory system or endocrine system, e.g. asthma, bronchitis, emphysema, diabetes or goitre? 與呼吸系統或內分泌系統有關的疾病，如：哮喘、支氣管炎、肺氣腫、糖尿病或甲狀腺腫脹?	☐	☐	☐	☐
e) The digestive system, urinary system, breast or reproductive system, e.g. ulcer, hepatitis (including hepatitis B carrier), other disorders of the stomach, liver, bowels, kidneys or bladder? 與消化系統、泌尿系統、乳房或生殖系統有關的疾病，如：潰瘍、肝炎(包括乙型肝炎帶菌者)，或其他腸胃、肝、腎或膀胱的問題?	☐	☐	☐	☐
f) Enlarged glands, tumours, cancer, growth or other malignancy? 腺腫大、瘤腫、癌、瘤或其他惡性病變?	☐	☐	☐	☐
2. Have you ever had any illness or injury in the last 5 years not mentioned in any of the questions above? 在過去五年內，您曾否遭遇意外或罹患疾病，而沒有在上述提及?	☐	☐	☐	☐
3. Have you at any time, 您曾否：				
a) Had any accident or illness necessitating you being under medication or drugs for more than 14 days, not mentioned above? 遭遇意外或罹患疾病，以致需要接受醫療或藥物治療超過十四天以上，而沒有在上述提及?	☐	☐	☐	☐
b) Undergone any surgical operation at a hospital or clinic? 在醫院或診所接受任何外科手術?	☐	☐	☐	☐
c) Undergone any investigations (including X-rays, ECGs, blood tests, biopsies, ultrasound, mammogram or PAP smears, etc.)? If "YES", please state WHEN, WHY and RESULTS in Section I. 接受過任何檢驗(包括X光、心電圖、驗血、活體檢視、超聲波、乳房X光或子宮頸細胞塗片檢查等)? 若「是」，請在I項說明日期、原因及結果。	☐	☐	☐	☐
d) Received or do you expect to receive any medical advice, counselling or treatment in connection with sexually transmitted diseases, AIDS, AIDS related Complex or any other AIDS related condition, or been told you have any of these? 因透過性接觸而傳染的病(性病)、愛滋病、愛滋病相關複合症或任何其他與愛滋病相關的狀況，而接受過或將會接受診斷、輔導或治療? 您又曾否獲知您有上述任何病情?	☐	☐	☐	☐

I. Details 詳情

Question No. 題號	Details of Health Condition (including onset date, nature of disease / health condition, diagnosis, treatment received and planned, date and result of last follow up) 健康狀況詳情 (包括病發日期，疾病 / 健康狀況，診斷，曾接受或打算接受的治療，最後跟進日期及結果)	Type, Date and Result of Investigation (Please attach report, if available) 檢驗類別、日期及結果 (如有，請附上報告)	Degree of Recovery 痊癒程度	Full name of Doctor / Clinic / Hospital 主診醫生、診所或醫院名稱

Important Note: Please use "Supplementary Information Form" if the space provided above is not sufficient. 注意：如以上空間不敷應用，請用「補充資料表格」補充。

Part V 第五部分 Declaration and Authorization 聲明及授權

I/We, the Life Assured / Policyowner, hereby declare and agree that: (1) any change or revival of the policy shall be subject to the approval by Prudential Hong Kong Limited ("the Company") and shall not commence until an endorsement in respect of such change or revival of the policy ("Endorsement") has been issued to me/us by the Company; (2) neither material fact nor information has been withheld by me/us and the facts and information given herein are true and shall be the basis of the contract; (3) my/our failure to disclose a material fact or information which may influence the assessment and acceptance of the application for change or revival of the policy by the Company, may render the Endorsement and/or the contract voidable; (4) I/we shall disclose to the Company any change in my/our health or insurability (for Policyowner, it is only applicable if payor benefit is applied) after signing the proposal until I/we receive the Endorsement; (5) in the event of doubt as to whether a fact or information is material, it should be disclosed to the Company in this application form.

I/We, the Life Assured / Policyowner, authorize all of the following (1) any doctors, hospitals, clinics, insurance companies, organizations and persons (that have any medical history or records or knowledge of me/us whom or which I/we have attended or may hereafter attend) may disclose such information to the Company for the purpose of assessing and processing this application form and claims and providing subsequent services. To avoid any uncertainty, this authorization shall bind all my/our successors, assignees, executors and administrators and shall remain valid notwithstanding my/our death or incapacity (including but not limited to mental incapacity). A photocopy of this authorization shall be deemed to be valid as the original; (2) the Company or any of its appointed medical examiners or laboratories may perform all the necessary medical assessment and tests to underwrite and evaluate the health status of myself/ourselves in relation to this application form and any claim arising therefrom.

本人/吾等，受保人/保單持有人，在此聲明並同意（1）保誠保險有限公司（貴公司）未正式接納保單更改或復效及發出有關批註（「批註」）予本人/吾等前，任何保單更改或復效將不會生效；(2) 本人/吾等沒有保留任何重要的事實或資料，而已提供之事實及資料完全屬實，並將會是合約的依據；(3) 假如本人/吾等未披露之事實或資料內容，足以影響貴公司衡量及應否接受保單更改或復效的申請，可令批註及/或合約失效；(4) 在本人 / 吾等簽署本申請書後直至本人 / 吾等收到批註前，本人 / 吾等必須向貴公司披露有關受保人及購買投保人保障系列的投保人的健康狀況或可保權益的任何改變；(5)假如對事實或資料的重要性產生疑問時，必須在本申請書上向貴公司披露該事實或資料。

本人 / 吾等，受保人 / 保單持有人，授權以下各項（1）任何醫生、醫院、診所、保險公司、機構或人士，將已經或其後存錄的有關本人 / 吾等之醫療病歷、紀錄或其他資料披露予保誠保險有限公司，作為評估及處理此保單更改或復效申請及索償及提供其後服務之用。為免任何疑問，本授權書對本人 / 吾等之繼承人、受讓人、遺囑執行人及遺產管理人拘具有約束力。即使本人 / 吾等死亡或無行為能力(包括但不限於精神上無行為能力)，本授權書仍具效力。本授權書之副本將被親為與正本具同樣效力；(2) 貴公司或任何由貴公司指定之醫生、醫務人員或化驗所，可就此保單更改或復效申請或任何有關索價申請替本人 / 吾等進行所有所需之醫療評估及測試，以審核本人 / 吾等之健康狀況。

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Part VI 第六部分 Personal Information Collection Statement 收集個人資料聲明

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，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。

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。

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。

Signed at _____ on _____ of _____ _____
簽署於 Place 地點 Day 日 Month 月 Year 年

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。

Signature of Policyowner 保單持有人簽署	Signature of Life Assured 受保人簽署	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）

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 of Witness (in Block letters) 見證人姓名（請用正楷）	HKID Passport/No. of Witness (if no HKID)/Consultant Code 見證人身份證 / 護照號碼（如無香港身份證）/ 顧問編號

Remarks 註：

1. This application must be signed at Hong Kong if client applies addition of riders, increase of sum assured and change of plan.
   若客戶申請附加保障，提高保障額及更改保障計劃，此表格必須於香港簽署。
2. This application must be received by our Company within 30 days from sign date. 此表格必須於簽署日起計 30 天內交至本公司辦理手續，方為有效。

Please DO NOT sign on BLANK form. 請勿在空白表格上簽署。

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