

Consultant's Name

顧問姓名：

Division – Agent Code

組別 – 營業員編號：

Proposal / Policy Number(s)

申請書編號 / 保單號碼：

Proposer / Policyowner's Name

投保人/保單持有人姓名：



Application / Change Form for SmartAppoint Service

「智安排」預設保單服務申請表

What is SmartAppoint Service?

何謂「智安排」預設保單服務？

In case you are unable to receive living benefits payable under the policy due to mental incapacity, we will pay the living benefits to the Designated Person appointed by you.

假如閣下因精神上失去行為能力而未能收取根據保單應付的在生保障，我們將會把在生保障支付予閣下委任的指定人士。

Important Notes 重要提示

1. SmartAppoint Service is only available for Living Benefits which are limited to any critical illness benefits or medical reimbursement and cash benefits of selected products under the policy. Living Benefits do not include the death benefit, maturity benefit, accident benefits, or any benefits which advance part or all of the Sum Assured of non-critical illness Basic Plan. For details of selected products, please contact your Financial Consultant or visit our corporate website.

「智安排」預設保單服務只適用於「在生保障」，並只限於指定產品的保單之下的任何危疾保障賠償及或醫療實報實銷及現金保障賠償。「在生保障」不包括身故賠償、期滿利益、意外賠償，以及預支非危疾類別的基本計劃部分或全部保額的任何保障。請聯絡閣下的理財顧問或瀏覽本公司網頁查詢有關指定產品詳情。

2. SmartAppoint Service does not change the beneficiary(ies) under the policy to receive the death benefit.

「智安排」預設保單服務並不改變根據保單收取身故賠償的受益人。

3. SmartAppoint Service is only available if you are the policyowner and Life Assured and you do not have an existing enduring power of attorney ("EPA") covering this policy. You will need to notify us if you later create an EPA covering this policy and the appointment of the Designated Person shall be automatically revoked.

若閣下是保單持有人和受保人而且現時沒有涵蓋本保單的持久授權書（「持久授權書」），「智安排」預設保單服務才適用。若閣下其後設定一項涵蓋本保單的持久授權書，閣下需通知我們，而指定人士的委任須予以自動撤銷。

4. This form is not an EPA and does not appoint the Designated Person as your attorney or guardian. If you wish to appoint the Designated Person as your attorney to protect your interests, you will need to seek your independent legal advice.

本表格既非一項持久授權書，亦非用以委任指定人士為閣下的受權人或監護人。若閣下希望委任指定人士為您的受權人以保障您的利益，閣下需徵詢獨立法律意見。

5. In case there is a committee or guardian appointed under the Mental Health Ordinance (Cap. 136 Laws of Hong Kong SAR) (or if there is a committee or guardian appointed under similar laws in another jurisdiction), we will only make payment to the Designated Person with the consent of the committee or guardian, as the case may be.

倘若有根據《精神健康條例》（香港特別行政區法例第 136 章）委任受託監管人或監護人（或在另一司法管轄區有根據類似法律委任受託監管人或監護人），則我們只會得到受託監管人或監護人（視屬何情況而定）的同意下向指定人士作出付款。



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6. In case there is a dispute between the Designated Person and any other person, including but not limited to your guardian or committee, attorney or beneficiary(ies), we reserve the right to withhold payment until such dispute is resolved.

倘若指定人士與任何其他人士（包括但不限於閣下的監護人或受託監管人、受權人或受益人）之間有爭議，我們保留權利暫不付款直至該爭議得到解決為止。

7. You have the right to change the Designated Person from time to time by submitting a request using the latest version of Prudential's prescribed form but you must be mentally sane at the time of requesting such change.

閣下有權使用保誠最新版本的指定表格不時要求更改指定人士，但閣下在提出更改要求時必須神智正常。

8. The appointment of the Designated Person will be automatically revoked if any of the following events occur: (1) you notify us that you have created an EPA; (2) we are notified of a committee or guardianship order taking effect; (3) upon your death; or (4) if there is a change of the policyowner.

在以下任何情況下，指定人士的委任會被自動撤銷：(1) 若閣下通知我們，閣下已訂立持久授權書；(2) 若我們收到通知受託監管或監護令已生效；(3) 閣下身故；或(4) 如果保單持有人有變更。

9. You shall submit medical reports from two registered medical practitioners (one from the policyowner's attending doctor) confirming your mental incapacity to our satisfaction for each claim; the relationship proof between policyowner and Designated Person; claims form and any other documents or evidence we may require upon submitting claims.

閣下於申請理賠時，每個理賠申請必須提交兩位註冊醫生（其中一位須是保單持有人的主診醫生）令我們滿意的醫療報告以確認閣下精神上失去行為能力、保單持有人與指定人士之關係證明、理賠申請書及我們可能要求的任何其他文件或證明。

10. If the Designated Person is NOT an immediate family member of the policyowner(immediate family members are spouse, parent, children, grandparents, grandchildren or siblings), identity document/passport number of the Designated Person MUST be provided in this form.

如指定人士並非直系親屬（直系親屬包括配偶、父母、子女、（外）祖父母、孫兒女及兄弟姐妹），必須於此表格提供指定人士的身份證或護照號碼。

11. Financial Consultant cannot be the Designated Person, unless he/she is the immediate family member of the policyowner.

理財顧問如非保單持有人之直系親屬，不得成為指定人士。

12. The witness should not be the policyholder himself or the Designation Person.

見證人不可為保單持有人本人或指定人士。



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

Part 1 第一部分	Appointment / Change / Termination of Designated Person 委任/更改/終止指定人士*	
☐	Appointment / Change of Designated Person (please complete below) 委任/更改指定人士(請填寫以下部份)	
	Details of Designated Person 指定人士資料	
	Name 姓名 (mandatory to be provided 必須提供)	
	Identity Document Number 身份證明文件號碼	
	Relationship with Policyowner 與保單持有人之關係 (mandatory to be provided 必須提供)	
☐	Termination of the appointment of Designated Person 終止指定人士之委任	

*The Designated Person must fulfill the below requirement 指定人士需符合以下條件：

1. The Designated Person must be 18 age or above 指定人士必須年滿 18 歲;
2. The Designated Person must be the family members of the policyowner. (Please refer to the below table) 指定人士必須為保單持有人的親屬。(詳情如下)

Acceptable relationship 可接受親屬關係

- Spouse 配偶
- Children 子女
- Parent 父母
- Grandparent 祖父母
- Grandchildren 孫兒女
- Siblings 兄弟姊妹
- Niece / Nephew 外甥 / 侄 / 甥女 / 侄女
- Auntie/Uncle 姨 / 姨媽 / 舅母 / 姑姑 / 孀 / 伯娘 / 叔 / 伯 / 舅父 / 姨丈 / 姑丈
- Cousin 堂/表兄弟姊妹
- Fiancee / Fiance 未婚夫/未婚妻
- Step Parent 繼父/繼母
- Step Children 繼子女



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Part 2 第二部分 Personal Information Collection Statement 收集個人資料聲明

Prudential Hong Kong Limited (referred to as "Company", "our", "we", or "us") take the privacy and protection of your personal information seriously. We collect personal information from you that is necessary for us to either provide you with the product or service you have requested or to comply with statutory or contractual requirements. We may collect personal information including, but not limited to, full name, address, contact details, contact details history, date of birth, gender, nationality, family members, beneficiaries, identity card copy and details, travel document information, health/medical records, credit information, product history, claims history, financial and medical information ("Personal Information") to provide you with the insurance or financial products or services. We may also collect Personal Information about you from third parties such as other insurance companies, agents, credit reference/reporting agencies, vendors, financial institutions, fraud prevention agencies, government agencies, medical personnel, courts or public record.

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 products and services; (f) to communicate with you; (g) to comply with any regulatory or other legal requirements or other internal business requirements (whether imposed on us or any third parties in section 2 below); (h) to investigate and settle claims and detect and prevent fraud (whether or not relating to the policy issued in respect of this application); (i) to carry out checks using agencies including credit reference agencies, tracing companies or publicly available information; (j) to provide customer services; (k) to perform automated decision-making or profiling; (l) to perform a policy review or needs analysis; (m) to conduct research and statistical analysis (including use of new technologies); and (n) any other purpose directly relating to any of the above purposes. With your consent, we may also use your personal data to send you marketing communications, as described below.

Some of the purposes above are necessary to allow us to perform our contractual obligations to you and to enable us to comply with applicable laws and regulation. We may also use and share your Personal Information for the purposes described above to improve our products and services. Your Personal Information will be stored either for as long as you (or your joint policyholder) are our customer, or longer if required by law or as is otherwise necessary.

2. Classes of Transferees

We may disclose your Personal Information to the group of companies including the Company and those of other entities whose ultimate parent company is Prudential plc ("companies within the Prudential Group") and to our financial/health business partners. We may also disclose your Personal Information to third parties (within or outside Hong Kong) for the purposes outlined at Section 1 above, including but without limitation, to the following third parties: (a) insurance agents; (b) insurance brokers; (c) re-insurance companies; (d) claims investigation companies; (e) organisations that consolidate claims and underwriting information for the insurance industry, fraud prevention organisations, other insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph) and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; (f) third party service providers who provide administrative, telecommunications, computer, payment, printing, redemption or other services to us to enable us to operate our business (including without limitation insurers, lawyers, bankers, accountants, professional advisors, financial institutions and trustees); (g) industry associations and federations; (h) medical bill review companies; (i) your joint policy or investment holder; (j) researchers; (k) credit reference agencies; (l) debt collection agencies; (m) partnering financial institutions and partnerships; and (n) regulators and government agencies, law enforcement agencies and the courts. We may also disclose 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. With your consent, we may also disclose your personal data to third parties to allow them to send you marketing communications, as described below.

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. If you do not provide such Personal Information, we may not be able to provide you the product or service that you've requested.

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. If want to exercise your rights, or if you require any other information, you can advise our Data Protection Officer at service@prudential.com.hk or using the details on "Contact Us" section of the Company website or our Privacy Notice.

If you move/moved to a European Union ("EU") jurisdiction, we may be required to provide you with further information, and you may have additional rights, under the EU General Data Protection Regulation. This information and these rights are set out in the Privacy Notice on our Company website.

We update our Privacy Notice from time to time. We encourage you to familiarise yourself with the Privacy Notice on our Company website. By completing and progressing with this form, you confirm that you have read and understood this PICS. The Privacy Notice is available on our Company website at <https://www.prudential.com.hk/scws/pages/en/privacy-policy/index.html>.



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Personal Information Collection Statement 收集個人資料聲明 (Continue 續)

保誠保險有限公司 (簡稱「本公司」或「我們」) 認真對待閣下個人資料的私隱及保護。為使我們可以向閣下提供閣下要求的產品或服務，或為遵守法定及合約要求，我們會向閣下收集必要的個人資料。為向閣下提供保險或金融產品或服務，我們可能會向閣下收集個人資料，包括但不限於全名、地址、聯絡資料、過往聯絡資料、出生日期、性別、國籍、家庭成員、受益人、身分證副本及資料、旅遊證件資料、健康 / 醫療紀錄、信貸資料、過往產品紀錄、過往索償紀錄、財務及醫療資料 (「個人資料」)。我們亦可能會從第三方，如其他保險公司、代理、信貸資料服務 / 報告機構、供應商、金融機構、防欺詐機構、政府機構、醫務人員、法院或公開紀錄，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目的：(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、金融及相關的產品和服務；(f) 與閣下進行通訊；(g) 遵守任何監管或其他法律規定或其他內部業務規定 (不論是向我們或下述第 2 部分所列的任何第三方實施)；(h) 就索償進行調查及和解，以及偵查及防止欺詐 (不論是否有關就本申請簽發的保單)；(i) 使用代理機構 (包括信貸資料服務機構)、追蹤公司或公開可得資料以執行核實；(j) 提供客戶服務；(k) 執行自動決策或資料剖析；(l) 進行保單審查或需求分析；(m) 進行研究和統計分析 (包括使用新科技)；及 (n) 與上述任何目的直接相關的任何其他目的。經閣下同意，我們亦可能會按照以下說明使用閣下的個人資料以向閣下發出促銷通訊。

為履行對閣下的合約責任及至使我們能夠遵守適用法律及法規，上述部分目的屬必要的。我們亦可能會為上述所列的目的使用及分享閣下的個人資料以改善我們的產品及服務。只要閣下 (或閣下的聯名保單持有人) 仍為我們的客戶，我們將一直保存閣下的個人資料，或如法律有所規定或因其他原因而為必要，我們則將其保存更長時間。

2. 被資料轉交者的類別

我們可能會向該公司集團，包括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」)，及我們的金融 / 健康業務夥伴，透露閣下的個人資料。為達到上述第一部分所列明之目的，我們亦可能還會向第三方 (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) 保險經紀；(c) 再保險公司；(d) 索償調查公司；(e) 為保險業整合索償及承保資料的組織、防欺詐組織、其他保險公司 (不論直接或透過防欺詐組織或本段指名的其他人士)，及保險業用作分析及核實現有資料與及後提供的資料而使用的數據庫或登記冊 (及其營運商)；(f) 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 (包括但不限於保險公司、律師、銀行家、會計師、專業顧問、金融機構及受託人)；(g) 行業協會及聯會；(h) 醫療賬單審查公司；(i) 閣下的聯名保單或投資持有人；(j) 研究人員；(k) 信貸資料服務機構；(l) 收賬代理；(m) 夥伴金融機構及合作夥伴；及 (n) 監管機構及政府機構、執法機構及法院。在有關影響到我們全部或重大部分業務的控制權、治理、結構及 / 或管理的與另一公司的交易時，或在必須符合適用的法律或監管要求下，我們亦可能會透露閣下的個人資料。經閣下同意，我們亦會向第三方透露閣下的個人資料以讓該等第三方向閣下發出促銷通訊 (如下文所述)。

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要求的個人資料。若閣下未提供有關個人資料，我們可能無法為閣下提供所要求的產品或服務。

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。閣下如欲行使閣下的權利，或如閣下需要任何其他資料，請發送電郵至 service@prudential.com.hk 或使用本公司網站或我們的私隱通知中「聯絡我們」部分所列的資料與我們的資料保護主任聯絡。

如閣下搬遷 / 已搬遷至歐洲聯盟 (「歐盟」) 司法管轄區，我們可能需要向閣下提供進一步資料，且閣下可能在歐盟《通用數據保障條例》下享有額外權利。此類資料及此等權利均載於本公司網站上的私隱通知中。

我們會不時更新我們的私隱通知，並建議閣下瀏覽本公司網站以了解該私隱通知。閣下填妥並繼續提交本表格，即表示閣下確認已閱讀並理解本收集個人資料聲明。該私隱通知可在本公司網站 [<https://www.prudential.com.hk/scws/pages/tc/privacy-policy/index.html>] 上查閱。



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Part 3 第三部分 Declaration 聲明

1. I, the policyowner, hereby declare and agree that I have read and understood the Important Notes and confirm that I am of sane mental capacity at the time of signing this form.

本人，保單持有人，特此聲明及同意本人已閱讀和明白重要提示，並確認本人簽署本表格時神智正常及精神上有行為能力。

2. I confirm and agree that payment to the Designated Person in respect of any benefits under the policy shall constitute a good, valid and absolute discharge of Prudential's obligations under the policy for such benefits.

本人確認和同意向指定人士支付保單之下的任何賠償，將構成充分、有效和完全地解除保誠在保單之下就該等賠償負有的義務。

3. I further confirm that I have not created an enduring power of attorney covering this policy and that I will notify Prudential if I do later create such an enduring power of attorney.

本人進一步確認本人並無設定一項涵蓋本保單的持久授權書，若本人其後設定該持久授權書，本人會通知保誠。

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

Part 4 第四部分 Signature 簽署

Important Note: 注意事項：

As time is required for the review of the application, receipt of this form by Financial Consultants or your Broker does not constitute receipt or approval by Prudential. Prudential shall have the right to reject this form if Prudential's requirements are not fulfilled.

由於此申請需要時間審核，理財顧問或閣下的經紀收到此表格並不代表保誠已收到或已批核此申請。若未能符合保誠的有關規定，保誠有權拒絕此表格。

Declaration: 聲明：

I/We declare that I/we have read and confirm understanding of the above content.

本人/吾等在此聲明本人/吾等已閱讀並確認明白上述之內容。

Day 日 / Month 月 / Year 年

Signature of Proposer / Policyowner
投保人 / 保單持有人簽署

Signature of Witness
見證人簽署
Name 姓名#:
Identity Document Number (first 4 digits)
身份證明文件號碼# (首4個數字):
Contact Phone Number
聯絡電話號碼#:

Signature of Second Witness
第二見證人簽署
Name 姓名#:
Identity Document Number (first 4 digits)
身份證明文件號碼# (首4個數字):
Contact Phone Number
聯絡電話號碼#:

The witness should be aged 18 or above and should not be the Designated Person. Prudential will use the information collected from the witness for purpose of this application and verification only. 見證人須年滿 18 歲或以上及非指定人士，保誠只會使用見證人資料作為此申請及核實身份用途。

Two witnesses are required if signature chop or fingerprint is used to sign. 若以圖章蓋印或指紋簽署，須有兩位見證人。

Signature of Second Witness is required if introducing agent is appointed as Designated Person. 若本保單的理財顧問為指定人士，須有第二見證人簽署。

Witness is required to provide identity document number (first 4 digits), identity document copy and contact phone number. (Not required for Financial Consultant)

見證人必須提供身份證明文件號碼 (首 4 個數字)，身份證明文件副本及聯絡電話號碼。(理財顧問則不須提供)

