



## Change of Beneficiary/Dementia Benefit Recipient/Nomination for Charitable Giving Benefit 更改受益人／認知障礙保障收益人／慈善捐贈賠償保障之受惠慈善團體

### Important Note 重要提示：

- Please provide all required information, sign and return the application to us as soon as possible. If the said information is missing, the application will not be processed. 請提供所需資料，並於簽妥後盡快遞交申請。若有關資料遺漏，此申請將不獲接納。
- Such change will not be effective until issuing written confirmation to you by HSBC Life (International) Limited ("HSBC"). 由本公司向您發出書面確認前，有關更改不會生效。
- To comply with the Foreign Account Tax Compliance Act (FATCA) regulations issued by the United States Department of the Treasury and Internal Revenue Service (IRS), we are required to establish the status of Policyholder and connected person (including entities/companies) that is entitled to access the contract's value or change a beneficiary under the contract. If there is any update in information concerning these parties, you are required to provide the supporting documents. 為符合由美國財政部和國稅局(IRS)發出的海外賬戶稅務合規法案(FATCA)的規定，我們需要向保單持有人及關連人士(包括機構或公司)在保單上有權獲得保險合約的現金價值或更改受益人以作識別及分類。若該等人士有任何資料更新，您需按要提供相關核實證明。

Please submit the form and relevant documents using one of the available channels below, or log on to your personal internet banking/mobile app to place your change of beneficiary instruction directly. 請透過以下其中一種方式將表格連同相關文件遞交，或登入您的網上理財/流動理財直接更新受益人指示。

- Scan the QR code on your right hand side to upload documents to "Document Upload Service" on HSBC website 您可以掃描右方的二維碼上載相關文件到滙豐網站上的「文件上載服務」；OR 或
- Mail to 18/F, Tower 1, HSBC Centre, 1 Sham Mong Road, Kowloon, Hong Kong 郵寄至香港九龍深旺道1號滙豐中心1座18樓；OR 或
- Submit to any HSBC Branch 可於任何滙豐分行遞交



Please complete this form in English BLOCK LETTERS and put a ✓ in the appropriate box(es) 請用英文正楷填寫，並在適當方格內加上✓號

### Policy Information 保單資料

Policy Number 保單號碼		
Full Name of Policyholder in English 保單持有人英文全名	Surname 姓氏	Given Name 名字
	Other 其他 (For Company Policyholder) (適用於公司保單持有人)	

### Change of Beneficiary 更改受益人

I/We hereby apply the change of beneficiary to my following life insurance policy(ies) underwritten by HSBC Life (International) Limited 本人(等)擬申請更改本人由滙豐人壽保險(國際)有限公司承保之人壽保險保單之受益人：

Please choose your change request option by inserting tick '✓' in the applicable box below. If no option is chosen, this change will be applied to the above-mentioned insurance policy only. 請在以下適用的空格內劃上✓號選擇所需的更改類別。如未選擇，此更改將只限上述人壽保險保單。

You need to obtain the approval of any assignee before designating any beneficiary or making any changes regarding the designation of any beneficiary. 在指定受益人或對受益人進行任何更改之前，您需要獲得承讓人的批准。

- All my life insurance policy(ies) underwritten by HSBC Life (International) Limited 所有本人由滙豐人壽保險(國際)有限公司承保之人壽保險保單
- The above-mentioned insurance policy and my other life insurance policy(ies) underwritten by HSBC Life (International) Limited. Please specify the policy number(s) here 此人壽保險保單及本人其他由滙豐人壽保險(國際)有限公司承保之人壽保險保單，請在下方列出有關的保單號碼：

(1) \_\_\_\_\_ (3) \_\_\_\_\_ (5) \_\_\_\_\_  
 (2) \_\_\_\_\_ (4) \_\_\_\_\_ (6) \_\_\_\_\_

I/We appoint the following person(s) as beneficiary of the Policy(ies). This nomination supersedes all prior nominations. 本人(等)指定下列人士為保單受益人。此項提名取代一切以往的提名紀錄。

If you would like to appoint the below person(s) as Irrevocable beneficiary, please submit along with the respective document ID copy with signature and states "Irrevocable beneficiary". 若您指定下列人士為不可撤換受益人，請一併遞交其附簽署的身份證明文件副本，及註明「不可撤換受益人」。

It is mandatory required to obtain the prior approval of any irrevocable beneficiary before any proposed change of beneficiary, and signature of the Irrevocable beneficiary (if applicable) is required on this form. 在任何提議更改受益人之前，必須獲得不可撤換受益人的批准及在此表格上簽署(如適用)。

### Details of Beneficiary(ies) 受益人資料

If there is no primary beneficiary(ies) living at the time of the life insured's death, the secondary beneficiary (ies) may be considered the beneficiary of this policy, subject to the procedures and requirements of relevant law and HSBC Life (International) Limited. The total sum of share for primary beneficiary(ies) must be 100%; and the total sum of share for secondary beneficiary(ies), if any, must be 100%. 若受保人身故時並無基本受益人在世，根據相關法律及滙豐人壽保險(國際)有限公司的程序及要求，次位受益人或可被視為本保單的受益人。基本受益人及次位受益人(如有)的分配百分比總和必須各自為100%。

If you do not specify the type of beneficiary, then it shall be deemed that you agree that all shares are to be allocated to the primary beneficiary(ies) without further notification. 如您沒有選擇受益人類別，則視為您同意以下受益人為基本受益人分配，而不作另行通知。

Type of Beneficiary 受益人類別		Name of beneficiary (Surname first) 受益人姓名(姓氏先行)	Relationship to life insured 與受保人關係	Beneficiary ID/Passport no. 受益人身份證/護照號碼	Minor beneficiary of age below 18* 十八歲以下未成年受益人	Name of Trustee 信託人姓名 (if any 如有)	Trustee ID/Passport no. 信託人身份證/護照號碼	Share (%) 分配 (百分比)
Primary 基本	Secondary 次位							
<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Yes 是			
<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Yes 是			
<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Yes 是			
<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Yes 是			

Please state the reason if the beneficiary is a charity organization: 如受益人為慈善機構，請列明原因：\_\_\_\_\_

\* Note 註：If the beneficiary(ies) is/are at her/his minority upon the death of the Life Insured of this Policy, the above designated trustee(s) will be taken as the trustee(s) for the beneficiary(ies). 如保單內的受保人身故時受益人仍未成年，以上指定的受託人將會成為受益人的受託人。

**Change of Dementia Benefit Recipient (applicable to EarlyIncome Annuity Plan and HSBC Flourish Income Annuity Plan only) 更改認知障礙保障收益人 (僅適用於盈達年金計劃及滙豐裕達年金計劃) :**

I/We appoint the following person as Dementia Benefit Recipient of the Policy. This nomination supersedes all prior nominations. 本人(等)指定下列人士為認知障礙保障收益人。此項提名取代一切以往的提名紀錄。

Name (Surname first) 姓名(姓氏先行)	ID Type & No. 身份證明文件類別及號碼	Relationship to the Life Insured 與受保人關係	Telephone No. 聯絡電話	Percentage of Entitlement 領取利益之百分比
				100%

Tick ("✓") this box if you want the Dementia Benefit Recipient to receive basic plan Monthly Annuity Payment when the Life Insured is diagnosed with Severe Dementia. "Cash out" has to be selected as the payment option of the Monthly Annuity Payment. 如您希望於受保人被診斷患有認知障礙時將基本計劃每月年金金額支付予認知障礙保障收益人，請在此方格內加上剔號(「✓」)。年金金額支付方式須為「現金提取」。

Notes 註：

- The Dementia Benefit Recipient must be the Policyholder or one of the Primary Beneficiaries. If not, the Policyholder will be taken as the Dementia Benefit Recipient. 認知障礙保障收益人須為保單持有人或其中一位基本受益人。如為其他，則保單持有人將被視為認知障礙保障收益人。
- If the Dementia Benefit Recipient is different from the Policyholder, and in case he/she passes away during the Monthly Dementia Income payout period, the benefit payout will be payable to the Policyholder. 如認知障礙保障收益人與保單持有人不同，而其於每月認知障礙入息賠付期間不幸逝世，此保障金額將支付予保單持有人。

**Change of nomination for Charitable Giving Benefit (applicable to Jade/Jade Ultra Global Generations Universal Life only) 更改慈善捐贈賠償保障之受惠慈善團體 (僅適用於翡翠/翡翠尊尚環球世代萬用壽險)**

I/We request to change the charity(ies) nominated for the Policy to the following:

本人(等)要求更改保單內的受惠慈善團體如下：

\* Notes 注意事項：

- If you are nominating multiple charities as beneficiaries, and you have not specified the share allocation for each of the nominated charities, then it shall be deemed that you agree on such allocation in equal shares. 如您指定多個慈善團體而並沒有註明分配比例，則視為您同意平均分配予各受惠慈善團體。
- You should only nominate an internationally recognised and accredited charitable body or foundation. 您必須指定國際承認及認可的慈善團體或基金會。

**Declaration and Authorisation 聲明及授權書**

By signing below, I/we confirm the above application and agree that the Company may use and disclose all personal data about me/us the beneficiary(s) that the Company currently or subsequently hold for the purposes as set out in the Notice relating to the Personal Data (Privacy) Ordinance (which may otherwise be referred to as 'Personal Information Collection Statement') that HSBC Life has most recently notified me of, and I/we understand I/we can scan the QR code below for review or else I/we can request a copy by visiting local HSBC Branch or through the HSBC Life Service Hotline: (852) 2583 8000. 本人(等)在下方簽署即確認上述申請並同意貴公司可按個人資料(私隱)條例的通知內列出的用途使用及披露貴公司現時或其後持有有關本人(等)受益人的全部個人資料。該條例亦是滙豐人壽保險(國際)有限公司最近通知本人(等)有關「個人資料收集聲明」，本人(等)亦明白「個人資料收集聲明」可以掃描下方的二維碼瀏覽及可向滙豐各分行或致電(852) 2583 8000 索取。

PICS 2020Jun (English)

個人資料收集聲明(中文)



I/We acknowledge and agree only a restricted scope of services for my life insurance policy can and shall be provided to me during any time when I am located in the United States, either temporarily or permanently, when giving out any instruction for such services to HSBC Life (International) Limited. 本人(等)確認及同意當本人短暫或永久身處在美國期間發出的任何人壽保險保單指示，滙豐人壽保險(國際)有限公司只能提供有限的服務。

I/we have obtained the consent of all relevant persons (including but not limited to the beneficiary(ies), regarding transfer of personal data to HSBC Life, for its collection, use and disclosure of personal data in accordance with the Personal Information Collection Statement. 本人(等)已取得所有相關人士(包括但不限於受益人)的同意，將個人資料轉移至滙豐保險，以供滙豐保險根據個人資料收集聲明收集、使用及披露個人資料。

I/We understand that I/we can also see HSBC Life's Personal Information Collection Statement at its website via the link <https://www.hsbc.com.hk/insurance/info/>. 本人(等)明白本人(等)亦可透過鏈接 <https://www.hsbc.com.hk/insurance/info/> 在滙豐保險網站上查閱滙豐保險的個人資料收集聲明。

**Signature 簽署**

Signature of Policyholder  
保單持有人簽署

Signature of Irrevocable Beneficiary (if any)  
不可撤換受益人簽署(如適用)

Signature of Assignee  
(with company chop, if any)  
承讓人簽署(附上公司蓋章，如適用)

Date 日期：\_\_\_\_\_

Date 日期：\_\_\_\_\_

Date 日期：\_\_\_\_\_

Signed at (city, country/region)  
於(城市、國家/地區)簽署

**For Bank Use**

CIN No. (in 11 digits) \_\_\_\_\_ Policyholder RR  S  H  M  L  N/A

<input type="checkbox"/> Client's ID copy attached	Staff Name and ID:	Servicing Staff IA No.	Branch Code and Chop
<input type="checkbox"/> Client's original ID sighted	Contact No.:	Servicing Staff RI No.	