

Claimant's Information 索償人資料

English Name 英文姓名	Chinese Name 中文姓名	ID Card No. 身份證號碼	Nationality 國籍
Permanent Home Address 固定住址		Occupation 職業	Contact Phone No. 聯絡電話

Individual Tax Residency of Claimant 索償人的個人稅務居民身分

- Note:
- All parts in this section must be completed (unless not applicable or otherwise specified). If space provided is insufficient, please continue on Form G03.
此部份的所有項目必須完成（除不適用或另有規定）。如提供的空間不足，請於補充文件 G03 內完成。
 - Taxpayer Identification Number or its functional equivalent is abbreviated as "TIN".
稅務編號或具有等同功能的識別編號以下簡稱為「稅務編號」。
 - If the Claimant is a tax resident of Hong Kong, the "TIN" is the Hong Kong ID number. If this number is stated on the claim form or shown in the submitted Hong Kong ID copy, there is no need to repeat it below.
如索償人屬於香港稅務居民，其「稅務編號」為香港身份證號碼，如此號碼已填寫於索償申請書內或載於其已交回的香港身份證副本內，則以下無需重複填寫。
 - If the Claimant is a tax resident of Macau and no Macau ID number can be provided, please provide the "TIN"; otherwise, the "TIN" is the same as the Macau ID number stated on the claim form or shown in the submitted Macau ID copy, there is no need to repeat it below.
如索償人澳門稅務居民而沒有澳門身份證號碼，以下必須填寫其「稅務編號」；否則，該「稅務編號」會與索償人填寫於索償申請書內或載於其已交回的澳門身份證副本內的身份證號碼相同，以下無需重複填寫。
 - If the Claimant is a U.S. tax resident, please submit relevant U.S. tax status form(s). For details and downloading of the required form(s), please visit U.S. IRS website: <http://www.irs.gov/>.
如索償人是美國稅務居民，請遞交相關美國稅務表格，請參考美國報稅網頁 <http://www.irs.gov/>以索取詳情及下載相關稅務表格。
 - If the Claimant has any questions regarding his/her tax residency or related information, please seek independent professional advice from legal or tax expert(s) or visit the website of the Hong Kong Inland Revenue Department/Macau Government for details.
如索償人對於稅務居民身分或相關資料有任何疑問，請向法律或稅務專家尋求獨立專業意見或參考香港稅務局/澳門政府網頁以索取詳情。
 - In the event that you make a statement in this application that is misleading, false or incorrect about tax residency or related information, you may not comply with the relevant taxation law(s) or regulation(s) and shall bear any legal liability(ies) arising therefrom.**
閣下在本申請內作出稅務居民身分或有關資料申報時，如作出具誤導性、虛假或不正確的陳述，閣下可能因未能遵守有關稅務法律或法規的要求而需承擔相關的法律責任。

Please complete the following table indicating the jurisdiction of residence (including Hong Kong/Macau) where the Claimant is a resident for tax purposes together with the Claimant's TIN for each jurisdiction indicated. Please indicate all jurisdictions of residence.

請填寫以下表格，提供索償人的居留司法管轄區，亦即索償人的稅務管轄區（包括香港/澳門在內）及該居留司法管轄區發給申報人的「稅務編號」。請列出所有居留司法管轄區。

Please note that if the Claimant has any indicia of the jurisdiction(s) of residence (e.g. nationality, place of birth, residential/ mailing/ business address, contact number) in claim form(s), must declare the jurisdiction(s) of residence.

請注意如果索償人於申請書有任何居留司法管轄區標記（例如：國籍、出生地點、住宅/通訊/辦公地址、聯繫電話等），需申報此居留司法管轄區。

Please provide TIN for each Jurisdiction of Residence. If a TIN is unavailable, please provide the appropriate reason:

請提供每一居留司法管轄區發給的「稅務編號」或不能提供「稅務編號」的恰當原因。

Reason A - The jurisdiction where the Claimant is a resident for tax purposes does not issue TINs to its residents.

Reason B - The Claimant is unable to obtain a TIN. Please explain why the Claimant is unable to obtain a TIN if you have selected this reason.

Reason C - TIN is not required. Select this reason only if the authorities of the jurisdiction of residence do not require the TIN to be disclosed.

理由 A - 索償人的居留司法管轄區並沒有向其居民發出「稅務編號」。

理由 B - 索償人不能取得「稅務編號」。如選取這一理由，必須解釋索償人不能取得「稅務編號」的原因。

理由 C - 索償人毋須提供「稅務編號」。居留司法管轄區的主管機關不需要索償人披露「稅務編號」。

Please tick the appropriate box. If the Claimant is not a tax resident of the jurisdiction, please tick "NO" and provide reason.

於適當方格內加上 號，如申報人並非此司法管轄區的稅務居民，請選擇「否」及解釋其恰當原因。

Jurisdiction of Residence 居留司法管轄區	Confirmed to be tax resident? 是否稅務居民?	Please provide TIN 「稅務編號」	Enter Reason A, B or C if no TIN is available 如沒有提供「稅務編號」，需填寫理由 A、B 或 C	Explain why the Claimant is unable to obtain a TIN if Reason B has been selected 如選取理由 B，需解釋索償人不能取得「稅務編號」的原因
Hong Kong 香港	<input type="checkbox"/> 是	Unless the TIN is stated above, it is the same as Hong Kong ID number of the Claimant stated in claim form(s) or shown in the submitted Hong Kong ID copy of the Claimant. 如無填寫，此「稅務編號」會與索償人填寫於申請書內或載於其已交回的香港身份證副本內的身份證號碼相同		<input type="checkbox"/> The Claimant is not required to file a tax return 索償人不需要申報稅項 <input type="checkbox"/> Other reason 其他原因： _____
	<input type="checkbox"/> 否	If no, please provide reason for not being a Tax Resident 如否，請提供非稅務居民的原因 <input type="checkbox"/> The number of days I lived there was less than the minimum requirement for becoming a tax resident* 本人所居住於該地的日數較其稅務居民所定義的最少要求日數為少* <input type="checkbox"/> Other reason 其他原因： _____		
Macau 澳門	<input type="checkbox"/> 是	Unless the TIN is stated above, it is the same as Macau ID number of the Claimant stated in claim form(s) or shown in the submitted Macau ID copy of the Claimant. 如無填寫，此「稅務編號」會與索償人填寫於申請書內或載於其已交回的澳門身份證副本內的身份證號碼相同		<input type="checkbox"/> The Claimant is not required to file a tax return 索償人不需要申報稅項 <input type="checkbox"/> Other reason 其他原因： _____
	<input type="checkbox"/> 否	If no, please provide reason for not being a Tax Resident 如否，請提供非稅務居民的原因 <input type="checkbox"/> The number of days I lived there was less than the minimum requirement for becoming a tax resident* 本人所居住於該地的日數較其稅務居民所定義的最少要求日數為少* <input type="checkbox"/> Other reason 其他原因： _____		
	<input type="checkbox"/> 是			<input type="checkbox"/> The Claimant is not required to file a tax return 索償人不需要申報稅項 <input type="checkbox"/> Other reason 其他原因： _____
	<input type="checkbox"/> 否	If no, please provide reason for not being a Tax Resident 如否，請提供非稅務居民的原因 <input type="checkbox"/> The number of days I lived there was less than the minimum requirement for becoming a tax resident* 本人所居住於該地的日數較其稅務居民所定義的最少要求日數為少* <input type="checkbox"/> Other reason 其他原因： _____		

Signature of Claimant
索償人簽署

X

Declaration and Agreement 聲明及同意

PERSONAL INFORMATION COLLECTION STATEMENT

I/We understand and agree my/our personal information (including a record of my/our image or voice by whatever means and my/our health information) collected by or held by YF Life Insurance International Ltd ("the Company") may be used for the purposes of: (1) approving, evaluating or processing my/our insurance application/policy service request; (2) administering, maintaining or reinsuring my/our policies; (3) adjudicating my/our claims, or conducting any investigation or analysis of my/our claims; (4) data matching; (5) investigation or prevention of crime; or (6) fulfilling legal or regulatory requirements. I/We understand and agree that failure to provide any information requested by the Company may result in the Company not being able to process my/our insurance application/policy service request.

I/We understand and agree my/our personal information collected by or held by the Company may be transferred or disclosed by the Company to any of the following persons (whether within or outside Hong Kong) for the purposes as specified above or to governmental/regulatory bodies (whether within or outside Hong Kong) for them to carry out their governmental/regulatory functions: (1) YF Life group companies and their associated/affiliated companies; (2) financial institutions, insurance companies, intermediaries and reinsurers; (3) claims investigation companies or any companies/persons necessary for claims assessment/investigation; (4) industry associations/federations and their members; (5) governmental/regulatory bodies and law enforcement agencies; (6) crime prevention organisations and their members/participants; and (7) service providers and selected persons which are under a duty of confidentiality to the Company.

I/We understand that I/we have the right to access to, and to correct, any of my/our personal information held by the Company by writing to the Personal Data Protection Officer of the Company. (Address : 27/F, YF Life Tower, 33 Lockhart Road, Wan Chai, Hong Kong (applicable to policies issued in Hong Kong) or Avenida Doutor Mario Soares No. 320, Finance and IT Center of Macau, 8 Andar A, Macau (applicable to policies issued in Macau)). The Company may charge a reasonable fee for the processing of such request.

DECLARATION

I/We, being the ultimate beneficial owner of the proceeds, the undersigned, hereby declare that all information deposited hereinabove, whether they are written by me/us or not, is true and complete to the best of my/our knowledge and belief and I/we have not withheld any material information connected with this claim. I/We also have read and understood the Personal Information Collection Statement stated above. I/We provide the information herein on a voluntary basis. However, I/we understand that failure to provide information as per the Company's request may result in the Company being unable to process with this claim. This claim form and all other documents submitted to the Company for this claim shall be the property of the Company, and will be non-returnable under all circumstances.

If there is any subsequent change to the information provided, I/we undertake to notify the Company as soon as possible.

I/We hereby agree and authorize the Company, according to the Insurance (Levy) Regulation, to deduct (1) corresponding levy on unpaid premium (if any); and (2) outstanding levy of the policy(ies) (if any) from the claim payment of the policy(ies) payable to me/ us. The levy will be remitted to the Insurance Authority by the Company. (Applicable to policy issued in Hong Kong)

ACKNOWLEDGEMENT AND AGREEMENT RELATING TO REPORTING AND WITHHOLDING OBLIGATIONS UNDER APPLICABLE REQUIREMENTS

I/We acknowledge that the Company may be obliged to comply with any applicable (local or overseas) requirements of whatever nature prescribed by any (local or overseas) authorities (regulatory, self-regulatory or otherwise) (the "Authorities" and each an "Authority"); and/or any (present or future) commitments or agreements with any Authority; and as amended from time to time (the "Applicable Requirements") including but not limited to the implementation of the U.S. Foreign Account Tax Compliance Act pursuant to the intergovernmental agreement between Hong Kong/ Macau (where applicable) and the U.S. and the implementation of the Common Reporting Standard issued by the Organisation for Economic Co-operation and Development pursuant to the Hong Kong Inland Revenue (Amendment) (No. 3) Ordinance 2016/ Macau laws and regulations (where applicable).

In this connection, notwithstanding anything contained in this form or any policies or agreements between me/us and the Company, I/we irrevocably agree to provide the Company with all assistance and/or to waive all applicable (legal, regulatory or otherwise) restrictions as may be necessary to enable the Company to comply with the Applicable Requirements. In particular (but without limitation), I/we irrevocably agree that:

- I/We will provide the Company with further information and/or prescribed documents within such time as may be required by the Company;
- The Company may disclose to any Authority (such disclosure may be effected via the Head Office of the Company if applicable) any information about (i) any policy(ies) which I am/we are entitled to receive any benefit payment; and/or (ii) me/us;
- The Company may withhold any payments otherwise payable to me/us (and pay the withheld amounts to the relevant Authorities if required).

The Company shall not be liable for any costs, loss or damages that I/we may incur because of the Company taking any actions for compliance with the Applicable Requirements. If I/we have any doubt on the impact of the aforesaid on me/us or my/our legal or tax position, I/we should seek independent professional advice.

This section shall survive any benefit payments.

個人資料收集聲明

本人/我們明白及同意萬通保險國際有限公司("貴公司")所收集或持有本人/我們的個人資料(包括任何形式的肖像、聲音及與健康有關的資料)可能會被用於下列目的：(1) 批核、評審及處理本人/我們之投保計劃申請/保單服務要求；(2) 就本人/我們之保單提供行政、持續或再保險的服務；(3) 評核本人/我們索償，或就本人/我們之索償進行調查或分析；(4) 資料核對；(5) 偵測或防止罪行；或(6) 符合法律或合規要求。本人/我們明白及同意必須提供貴公司所需的個人資料，否則，貴公司將不能處理本人/我們之投保申請或就本人/我們之保單提供服務。

本人/我們明白及同意貴公司可能為達到上述目的或讓政府/監管機構(不論在香港或海外)執行其職務而向以下任何一方(不論在香港或海外)轉移或透露由貴公司收集或持有屬於本人/我們的個人資料：(1)萬通保險集團成員公司及其關聯或相關公司；(2) 金融機構、保險公司、中介人或再保險公司；(3) 賠償調查公司及所需有關評核索償之公司及/或人士；(4) 行業組織/聯會及其成員；(5) 政府部門或監管機構和執法機構；(6) 防犯罪組織及其會員/參與者；及(7) 與貴公司有保密協議的服務提供者及其他人士。

本人/我們明白本人/我們有權查閱和更改任何由貴公司持有屬於本人/我們的個人資料。如有需要，本人/我們可與貴公司的資料保護主任提出有關要求，並以書面方式呈交(地址：香港灣仔駱克道 33 號萬通保險大廈 27 樓 (適用於香港簽發的保單) 或澳門蘇亞利士博士大馬路 320 號澳門財富中心 8 樓 A 座(適用於澳門簽發的保單))。處理上述要求時，貴公司可能會收取合理費用。

聲明

本人/我們為最終賠償受益擁有人，即下方簽署者，謹此聲明上述披露之一切資料，不論是否由本人/我們手寫，就本人/我們等所深知及確信均屬完整並真確無訛。本人/我們就此索償申請並無隱瞞任何重要資料。本人/我們等亦已閱讀及明白上述的個人資料收集聲明。本人/我們在此提供的資料均屬自願。若未能依據貴公司要求提供資料，本人/我們明白會導致貴公司不能處理此索償。此索償申請書及一切其他文件在遞交給貴公司後便會成為貴公司的財產。在任何情況下均不會獲得退回。

若本人/我們所提供的資料有任何更改時，本人/我們確保盡快通知貴公司有關的更改。

本人/我們謹此同意及授權貴公司按《保險業(徵費)規例》從支付予本人/我們之賠償金額中扣除保單(1)未繳保費的相關徵費(如適用)；及(2)尚欠的徵費(如適用)，並由貴公司把徵費轉付至保險業監管局。(只適用於香港簽發之保單)

適用的規定下之申報及預扣責任聲明及協議

本人/我們確認貴公司須遵從由(本地或海外)任何機構(包括監管機構、行業監管機構或其他，以下簡稱「監管機構」)不時頒布及修訂適用的任何性質的要求，或與任何監管機構(現在及將來)的承諾或協議(以下簡稱「適用的規定」)，包括但不限於根據香港/澳門(如適用)與美國政府訂立之跨政府協議執行美國的《海外賬戶稅收合規法案》及根據香港《2016年稅務(修訂)(第3號)條例》/澳門法律及法規(如適用)執行經濟合作與發展組織發出之共同匯報標準。

因此，儘管本表格或任何保單或任何其他由本人/我們和貴公司之間所訂協議有任何其他不同條款，本人/我們不可撤回地同意向貴公司提供一切協助及/或撤銷所有適用限制(無論是法律、法規或其他限制)，以促成貴公司能達致遵從適用的規定。更重要的是(但不限於此)本人/我們不可撤回地同意：

- 本人/我們於貴公司要求的時限內向貴公司提供進一步資料及/或指定文件；
- 貴公司可向任何監管機構披露(此等披露可以透過貴公司的總公司進行)任何有關(i)本人/我們有權收到保障賠償的任何保單；及/或(ii)本人/我們的資料；
- 貴公司可預扣任何應支付予本人/我們的款項(並在有必要的情況下向有關監管機構支付該等被預扣之款項)。

貴公司將不會向本人/我們承擔任何可能因貴公司採取任何行動以遵從適用的規定所產生的費用、損失或損害。如果本人/我們因上述所載而對本人/我們或本人/我們的法律或稅務狀況而產生的影響有任何疑問，本人/我們應尋求獨立專業意見。

本部份所載之條款將於任何保障賠償後繼續適用。

Signature of Claimant
索償人簽署

X

Authorization 授權書

I/We hereby authorize any individual or organization (including but not limited to the Insured's employer, registered medical practitioner, hospital, clinic, insurance company, bank, police, governmental department, public or private institution) that has any record, statement, information of the Insured (whether medical or otherwise) to release, disclose or transfer all the information to YF Life Insurance International Ltd. ("the Company") or its representatives for the purposes of assessing and processing any insurance claim. I/We hereby acknowledge that a photocopy of this authorization shall be as valid as its original. I/We hereby grant my/our consent to the Company to collect, use and transfer the above information in accordance with the Personal Information Collection Statement.

本人/我們現授權任何擁有受保人之任何記錄、供詞、資料(不論是否醫學資料)之人士或機構(包括但不限於受保人的僱主、註冊醫生、醫院、診所、保險公司、銀行、警察、政府部門、公共或私營機構)向萬通保險國際有限公司("貴公司")或其代表發放、披露或轉交任何與評核及處理保險索償申請有關的資料。本人/我們現確認本授權書之副本與正本具有同等效力。本人/我們謹此授權貴公司可按「個人資料收集聲明」的規定收集、使用及轉移上述有關本人/我們的資料。

Cheque Collection Method 支票交付方法

- | | | |
|--------------------------|-------------------------------|--------|
| <input type="checkbox"/> | Through the Consultant | 經由顧問轉交 |
| <input type="checkbox"/> | Collecting by the Claimant(s) | 由索償人提取 |

Signature of Claimant 索償人簽署

Relationship to the Deceased 與死者之關係

Name & ID No. of Claimant 索償人姓名及身份證號碼

Date (MM / DD / CCYY) 日期 (月 / 日 / 年)

Signature of Consultant 顧問簽署

Name & Code of Consultant 顧問姓名及顧問編號

Date (MM / DD / CCYY) 日期 (月 / 日 / 年)

Declaration of Loss of Policy 遺失保單聲明

I/We hereby declare that the policy numbered _____ ("the Policy") issued by YF Life Insurance International Ltd ("the Company"), had been lost and I have tried my / our best to find it but cannot be located.

This declaration is given for the life claim application of the Policy, and in consideration of this application. I/We agree to indemnify the Company for any losses which may incur on account of payment to me/us or the assignee, if any, who has been assigned to receive all moneys payable under the Policy by virtue of any assignment of that effect made prior to the date hereof.

本人/我們謹此聲明由萬通保險國際有限公司 ("貴公司") 發出之保單編號: _____ ("該保單") 已遺失。本人/我們已盡力尋找該保單, 但無法尋獲。

本聲明為此人壽保單索償而作出, 本人/我們明白及同意對貴公司於支付賠償金予本人/我們或承讓人(於此日期前訂立的轉讓文件中已承讓接收所有該保單賠償的權利)後可能引致之損失, 作出補償。

Signature of Claimant 索償人簽署

Date (MM / DD / CCYY) 日期 (月 / 日 / 年)