

First Policy No.:

第一份保單號碼

Second Policy No.:

第二份保單號碼

Request for Change of Beneficiary Form 更改受益人申請書 (A22)

Name of Insured:

受保人姓名:

Name of Policy Owner:

保單持有人姓名:

Please complete in **BLOCK** letters. 請用**正楷**填寫。 Please tick (✓) the appropriate box for request service(s). 請於適當方格內填上「✓」號。

Category of Beneficiary 受益人類別		Beneficiary 受益人				* Trustee 信託人
Primary 第一	Secondary 第二	Name 姓名	ID Card / Passport No. 身份證／護照號碼	Relationship with Insured 與受保人關係	Percentage of Share (%) 百分比	Name / ID / Passport No. / Relationship with Beneficiary 姓名／身份證／護照號碼／與受益人關係
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					

Category of Beneficiary 受益人類別		# Name of Charitable Institution 慈善機構名稱	Registration Number 註冊編號	Percentage of Share (%) 百分比
Primary 第一	Secondary 第二			
<input type="checkbox"/>	<input type="checkbox"/>			

If part of the policy proceeds shall be paid to the Charitable Institutions which are exempt from Tax under Section 88 of the Inland Revenue Ordinance, please complete this part.
For the list of Charitable Institutions, please visit www.ird.gov.hk/eng/tax/ach.htm
如選擇將部分保障額捐贈予《稅務條例》第 88 條獲豁免繳稅的慈善機構，請填寫下列部分。慈善機構名單可參考香港稅務局網址：www.ird.gov.hk/chi/tax/ach.htm

If you want to assign the irrevocable beneficiary, please provide the name and signature specimen under below column.

如欲指定不可更改受益人，請於此欄填寫其姓名及於下方簽署。

**Policy Change through YFLink,
Fast and Simple!**
透過 YFLink 提交保單更改，
更方便快捷！



Name of New Irrevocable Beneficiary 新不可更改受益人姓名	Signature of New Irrevocable Beneficiary 新不可更改受益人簽署
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Others (Please Specify below) 其他（請詳列）

Company Endorsement (For office use only) 公司批註專用

* Any trustee as stated above shall be appointed as trustee to receive the death proceeds for the beneficiary designated in the same row before such beneficiary attains the age of 18.

於受益人年滿十八歲前，上表內同一行的信託人將被委任為以信託人身份收取其身故賠償金

額。 **Remarks 備註：**

- Total Percentage of Share of the Beneficiaries in the same categories (Primary & Secondary) must equal to 100%.
- If percentage of share is not specified, all policy proceeds will be paid to each Beneficiary in equal shares under the same category.
- If the type of Beneficiaries is not specified, it will be treated as a Revocable Beneficiary and all policy proceeds shall be paid to the Beneficiary according to the specified share.
- For Beneficiary as non-individual, corporation or trust company, please provide the Business Registration number of the Beneficiary.
- YF Life Insurance International Ltd. (the Company) is not responsible for the validity of any designation or appointment of Beneficiary.
- Applicable to policy which the Death Benefit (or the benefits share the same meaning) is payable to Policy Owner, by signing this form and upon our approval, the following terms and conditions shall prevail:
 - Death Benefit shall mean Death Benefit, or the benefits share the same meaning.
 - The Beneficiary is the person named by you in our records to receive the Death Benefit of the policy and the below defined applicable living benefits.
 - For any living benefit(s) payable to the Policy Owner under the Policy (thereafter refer to "Living Benefit"), we will pay the Living Benefit to the Beneficiary if the Insured dies and a claim of Death Benefit is received by the Company at our Head Office before we approve the claim of Living Benefit. This clause does not apply to policy which:
 - (i) The Policy Owner dies and there is other living Insured(s) in the policy, and;
 - (ii) The plan is Hospital & Surgical Benefit, Hospital & Surgical Plus, Hospital Income Benefit or Hospital Instant Cash Benefit.
 - There may be different categories of Beneficiaries such as primary and contingent. These categories set the order of payment.
 - If there is no named Beneficiary when the Insured dies, we will pay the Death Benefit and the applicable Living Benefit to you or your estate.
 - Unless specifically provided otherwise, the interest of any Beneficiary who predeceases the Insured shall vest in you.
 - If the Primary Beneficiary is not living at the death of the Insured, we shall pay the Death Benefit and the applicable Living Benefit to the Contingent Beneficiary. There may be more than one Beneficiary in each category. If you name more than one person in each category of Beneficiary, such living Beneficiaries will share the Death Benefit and the applicable Living Benefit equally unless you have directed otherwise in writing in advance.
 - The written consent of any Irrevocable Beneficiary is required to exercise any right under this Policy except the right to change the amount or form of premium payment and the right to reinstate this Policy, unless the Irrevocable Beneficiary predeceases the Insured in which case no such consent is required.
 - You may change the Beneficiary (subject to the written consent of any Irrevocable Beneficiary) during the Insured's lifetime. We do not limit the number of changes that may be made.
 - To make a change, we must receive a written request satisfactory to us at our Head Office. Any such change will take effect as of the date the request is signed, even if the Insured dies before we receive it. Each change will be subject to any payment we made or any other action we took before receiving the request.
 - The Policy Owner forfeits the right to receive the Death Benefit and the applicable Living Benefit, and such Beneficiary designation or appointment shall be in effect even after the subsequent change of policy ownership.
- If there is more than one Beneficiaries or the Beneficiary is not a person, the Continuation of Policy Benefit Option in this policy (if any) will be terminated (Only applicable for specific products).



1. 相同類別的受益人（第一受益人及第二受益人）的總百分比必須為100%。
2. 倘未提供百分比，所有保單利益將平均分配予同一類別之受益人。
3. 倘未提供受益人類別，該受益人將視為可更改受益人，所有保單利益將按所訂之分配比率分配予受益人。
4. 如受益人為非個人名義、公司或信託公司，請提供商業登記號碼。
5. 萬通保險國際有限公司（本公司）不會對任何指定或委任受益人之有效性負上責任。
6. 適用於身故保障（或其他保障具有相同涵義）支付予保單持有人之保單，一經簽署本表格及獲本公司批核，下列之條款將適用：
- 身故保障指身故保障或其他具有相同涵義的保障。
 - 受益人乃於我們的記錄中，你所指定收取身故保障及以下定明適用的在生保障的人士。
 - 就保單內支付予保單持有人的在生保障（下稱在生保障），如我們在批核在生保障前，受益人已身故及身故索償申請已獲我們總公司收妥，我們將支付在生保障予受益人，唯此並不適用於下列情況之保單：
 - (i) 保單持有人身故而保單仍有在生的受保人，及
 - (ii) 保單計劃為住院醫療保障計劃、住院醫療多重保、住院現金津貼或住院萬應錢。
 - 受益人亦可分為不同類別，例如第一受益人及第二受益人。此等類別將釐定賠償的先後次序。
 - 如在受保人身故時，並無指定的受益人，我們會將身故保障及適用的在生保障賠償予你或撥入你的遺產內。
 - 除非特別地指明，否則，在任何受益人或不可更改的受益人早於受保人身故的情況下，其利益將歸於你的名下。
 - 如第一受益人在受保人身故時已離世，我們將賠償身故保障額及適用的在生保障予第二受益人。在每一類別中可有多過一個的受益人。如你在每一類別中有指明多過一個受益人，除非你預先以書面方式指定其他分配方法，否則該等仍在生的受益人將平均分配身故保障額及適用的在生保障。
 - 除更改保費數額或繳付方式的權利及復效本保單的權利外，以及除在不可更改的受益人於受保人在生時已身故的情況下，行使任何本保單的權利必須獲得任何不可更改的受益人的書面同意。
 - 在受保人在生期間，你可更改受益人（須獲得任何不可更改的受益人的書面同意）。我們並不規限更改的次數。
 - 如作出更改，必須以符合我們要求的書面方式通知我們的總公司。即使受保人在我們接獲更改要求前已身故，任何該等改變將在作出要求的簽署日期起生效。每一項更改將受制於我們接獲更改通知前已支付的任何款項或已作出的任何其他行動。
 - 保單持有人放棄收取身故保障及適用的在生保障的權利。在此保單更改保單擁有權後此指定或委任受益人仍然有效。
7. 如有多於一名受益人或受益人不是自然人，此保單內的保單利益延續權益將會終止（只適用於指定產品）。

Declaration and Authorization 聲明及授權

I / We understand and agree that this application shall not take effect unless the same is duly approved by YF Life Insurance International Ltd. ("the Company"). I / We further declare that this application is made during the lifetime or continued insurability of the insured.

I / We understand that I am / we are required to provide valid documentation proofs (such as identity document and address proof) to the satisfaction of the Company for the Company to conduct due diligence on myself / ourselves, the ultimate beneficial owner of the policy (if any) and the beneficiary and my / our authorized signatory(ies) (if applicable) pursuant to the relevant laws and regulations, including Anti-Money Laundering and Counter-Terrorist Financing (Financial Institutions) Ordinance, Cap. 615. If I / we fail or refuse to do so, the Company shall have the right to disapprove the application.

I / We hereby authorize any individual or organization (including but not limited to my / our employer, registered medical practitioner, hospital, clinic, insurance company, bank, governmental department, private or public institution) that has information of mine / us to release or disclose the information to your company.

Personal Information Collection Statement: I / We understand and agree my / our personal information (including a record of your image or voice by whatever means and your health information) collected by or held by 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) providing services to you in connection to your policies; (5) data matching; (6) investigation or prevention of crime; or (7) 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 organizations 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. (27/F, YF Life Tower, 33 Lockhart Road, Wanchai, 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.

本人／我們明白及同意上述申請將不會生效，直至萬通保險國際有限公司（“貴公司”）批核後方可作實。本人／我們亦再三聲明此申請於受保人在生或仍可受保之情況下提出。

本人／我們必須提供符合貴公司要求之有效證明文件（例如身份證明及地址證明）予貴公司，讓貴公司能按照相關的法律及法規，包括「打擊洗錢及恐怖分子資金籌集（金融機構）條例」第 615 章所載，對本人／我們、保單之最終實益擁有人（如有）及受益人及本人／我們之授權簽署人士（如適用）進行客戶盡職審查。如本人／我們未符合此要求，貴公司有權不批核上述申請。

本人／我們現授權任何擁有本人／我們的資料之人士或機構（包括但不限於本人／我們的僱主、註冊醫生、醫院、診所、保險公司、銀行、政府部門、公共或私營機構）向貴公司披露有關資料。

個人資料收集聲明：本人／我們明白及同意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) 就閣下之保單向閣下提供服務；(5) 資料核對；(6) 偵測或防止罪行；或 (7) 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)或澳門蘇亞利斯博士大馬路 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。

Important Note 重要事項：

Please read all items carefully and check that you have completed all required information in this Request for Change of Beneficiary Form before you sign your name here. Please do not sign a blank form or leave any space blank.

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.

請小心閱讀本更改受益人申請書內所有項目，以確保在簽署前，已經填妥本申請書上所須之資料。切勿簽署空白申請書或留空任何部分。

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。

MM/DD/YY 月／日／年	Signed by Original Irrevocable Beneficiary (if applicable) 原有不可更改受益人簽署（如適用）	Signed by Assignee (if applicable) 承讓人簽署（如適用）	Signed by Policy Owner 保單持有人簽署
Consultant's Information 顧問資料（顧問填寫）	(To be completed by Consultant)		
Consultant Code & Name 顧問編號及姓名		Signed by Consultant 顧問簽署	