

Application For Designation of Beneficiary

(This form is ONLY applicable to policies with prefix "CT", "CC", "CTM", "HMK" or "HMKHK".)



CIGNA Worldwide Life Insurance Company Limited
CIGNA Worldwide General Insurance Company Limited
25/F, Sunning Plaza, 10 Hysan Avenue,
Causeway Bay, Hong Kong
Tel : 2560 1990 Fax : 2560 3605 www.cigna.com.hk

Policyholder: Mr/Mrs/Ms _____ HKID Card No: _____
(Surname) (Given name)

Person Insured (if other than Policyholder): Mr/Mrs/Ms _____ HKID Card No: _____
(Surname) (Given name)

Part I: Policy Particulars

Policy Number (if applicable) : _____

Plan Name: _____

Bank/Credit Card Account Number: _____

Part II: Beneficiary Particulars

Name	HKID/Birth Cert. No.	Relationship with Person Insured	Share
_____	_____	_____	_____ %
_____	_____	_____	_____ %
_____	_____	_____	_____ %
_____	_____	_____	_____ %

Note: If more than one Beneficiary is named, please give details of apportionment, otherwise, Beneficiaries are to be paid in equal share.

Declaration

I hereby declare that the above policy to be changed in accordance with the particulars set out in Part II of the Application and I declare and agree that:

- (1) I have read and understood the "Reference for Beneficiary Designation" as below.
- (2) This designation shall not take effect unless this form is received and validated by CIGNA Worldwide Life Insurance Company Limited/CIGNA Worldwide General Insurance Company Limited (if applicable).
This "Designation of Beneficiary" shall remain effective unless changed or revoked or coverage under the policy terminates.
The right to change beneficiary at any time hereafter is expressly reserved.

Signature of Policyholder: _____ Signature of Person Insured: _____ Date: _____
(Signature must be consistent with that on your Bank/Credit Card account) (if other than Policyholder) (MM/DD/YYYY)

Reference For Beneficiary Designation

If the Policyholder would like to assign Beneficiary for this Plan, such Beneficiary must be the Person Insured's "Next of Kin" as defined below. "Next of Kin" means for the purpose of this policy, including the following persons:

- (1) The Person Insured's legally married spouse.
- (2) The Person Insured's legitimate child(ren).
- (3) The Person Insured's parent(s).
- (4) The Person Insured's brother(s) and sister(s).
- (5) The Person Insured's grandparent(s).

UW013/2/1006/2K

委派受益人申請表

(此表格只適用於保單號碼字首為 CT、CC、CTM、HMK 或 HMKHK 的保單。)



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保單持有人的姓名: 先生/女士/小姐 _____ 香港身份證號碼: _____
(姓氏) (名字)

受保人之姓名(如非保單持有人): 先生/女士/小姐 _____ 香港身份證號碼: _____
(姓氏) (名字)

第一部份: 保單資料

保單號碼(如適用): _____

計劃名稱: _____

銀行/信用卡賬戶號碼: _____

第二部份: 受益人資料

受益人姓名(請以英文正楷填寫)	香港身份證/出生證明書號碼	與受保人之關係	分配詳情
_____	_____	_____	_____ %
_____	_____	_____	_____ %
_____	_____	_____	_____ %
_____	_____	_____	_____ %

注意: 如受益人超過一位而款項並非平均分配者, 請列出分配之詳情。否則, 款項將作平均分配。

聲明

本人謹此要求本人之上述保單依照本申請表第二部份之選擇作出更改, 本人聲明及同意:

- (1) 本人已閱讀及明白下列之「委派受益人參考」之內容。
- (2) 此「委派受益人」文件將於信諾環球人壽保險有限公司/信諾環球保險有限公司(如適用)收訖及接納後, 方為有效。所委派之受益人持續生效, 直至此委派被更改或撤消, 或保單之保障已終止。因此, 本人可保留在任何時間改變受益人之權利。

保單持有人的簽署: _____ 受保人之簽署: _____ 日期: _____
(簽署須與閣下的銀行/信用卡賬戶相同) (如非保單持有人) (月/日/年)

委派受益人參考

倘若保單持有人有意為此份保單委派其受益人, 該受益人必須為受保人之「最近親」, 並符合下列「最近親」之釋義。「最近親」指: 就本保單而言, 有以下所列人仕:

- (1) 「受保人」的合法配偶。
- (2) 「受保人」的合法子女。
- (3) 「受保人」的父母。
- (4) 「受保人」的兄弟姊妹。
- (5) 「受保人」的祖父母, 外祖父母。