

Beneficiary Designation And Change Of Personal Particulars Form

更改受益人及個人資料申請書



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(此表格只適用於保單號碼字首為 CT、CC、CTM、HMK 或 HMKHK 的保單。)
(This form is ONLY applicable to policies with prefix "CT", "CC", "CTM", "HMK" & "HMKHK")

Private & Confidential 私人及機密

Policy Number 保單編號	Policyholder 保單持有人	Person Insured 受保人
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Pursuant to the anti-money laundering and counter-terrorist financing law and regulations, we are required to verify customer's identity and address and ensure the customer information remains up-to-date and relevant.
根據打擊洗錢及恐怖分子資金籌集的法律及規則，本公司需要核實客戶的身分及地址，並確保客戶資料仍然反映現況及相關。

- Please submit copies of the Policyholder's (i) valid identity document and (ii) proof of residential address and permanent address, if different from residential address, issued in the last 3 months, unless submitted before.**
請遞交保單持有人的 (i) 身分證明文件複本及 (ii) 在最近 3 個月發出的住址證明及永久地址證明 (如與住址不同)(如已遞交則除外)。
- Please notify us of any change in customer identification information. We should treat your information as remaining unchanged from our latest record unless we receive your notice of change.**
如閣下的身分識別資料有所更改，請儘快通知本公司。倘若本公司未有收到閣下之通知，有關的資料將視作與本公司最近之記錄維持不變。

1. Change of Beneficiary 更改受益人

Name in English 英文姓名	HKID/Birth Cert./Passport No. 香港身分證/出世紙/護照號碼	Relationship with Person Insured 與受保人關係	Share(%) 分配 (%) Total 合共: 100%

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", for the purpose of this policy, includes the following persons:

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

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，有以下所列人士：

- 「受保人」的合法配偶。
- 「受保人」的合法子女。
- 「受保人」的父母。
- 「受保人」的兄弟姊妹。
- 「受保人」的祖父母，外祖父母。

2. Change of Personal Particulars 更改個人資料 Policyholder 保單持有人 Person Insured 受保人

Note: Please submit Policyholder / Person Insured's valid HKID copy / Passport copy / Deed Poll copy
注意：請提供保單持有人/受保人之有效香港身分證副本/護照副本/改名契副本

Name (English & Chinese) 中英文姓名	Place of Birth 出生地
Sex 性別 <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	Date of Birth 出生日期 ____/____/____ Year 年/ Month 月/ Day 日
Nationality 國籍	HKID / Passport No. 香港身分證/護照號碼
<p>*Please submit nationality proof (e.g. passport) for non-permanent HKID card holder. *如屬香港居民身份證持有人(非永久性)，請遞交國籍證明(例如：護照)。</p>	

中文譯本只供參考。全部內容均以英文版本為準。

Policy Number 保單編號	Policyholder 保單持有人	Person Insured 受保人
3. Change of Address 更改地址 <input type="checkbox"/> Policyholder 保單持有人 <input type="checkbox"/> Person Insured 受保人		
Residential Address 住宅地址	Flat / Room 室 / Floor 層 / Block 座 District 地區	Building / Estate / Street 大廈 / 屋苑 / 街道 Country 國家
Permanent Address (if different from Residential Address) 永久地址 (如與住址不同)	Flat / Room 室 / Floor 層 / Block 座 District 地區	Building / Estate / Street 大廈 / 屋苑 / 街道 Country 國家
Correspondence Address (if different from Residential Address) 通訊地址 (如與住址不同)	Flat / Room 室 / Floor 層 / Block 座 District 地區	Building / Estate / Street 大廈 / 屋苑 / 街道 Country 國家
4. Change of Contact Information 更改聯絡資料 <input type="checkbox"/> Policyholder 保單持有人 <input type="checkbox"/> Person Insured 受保人		
Mobile Number 流動電話號碼	Residential Number 住宅電話號碼	
Office Number 辦公室電話號碼	Email address 電郵地址	
5. Change of Occupation 更改職業 <input type="checkbox"/> Policyholder 保單持有人 <input type="checkbox"/> Person Insured 受保人		
Name of Employer 僱主名稱	Occupation & Job Duties 職業及工作職務	
Office Address 辦公室地址	Nature of Business 業務性質	
Others 其他：	Occupation Class 職業類別	
6. Others 其他		
Personal Information Collection Statement 個人資料收集聲明		
Cigna Worldwide Life Insurance Company Limited and Cigna Worldwide General Insurance Company Limited ("Cigna") 信諾環球人壽保險有限公司及 信諾環球保險有限公司 (「信諾」)		
The protection of privacy in relation to personal information is the concern of Cigna. We respect personal information and are committed to fully implementing and complying with the Data Protection Principles and all relevant provisions of the Personal Data (Privacy) Ordinance ("the Ordinance"). 信諾關注保障個人資料私隱。我們尊重個人資料，並且全力執行及遵守保障資料原則，以及《個人資料(私隱)條例》(“私隱條例”)的各項有關規定。		
1)	Personal Information We Collect and/or Hold 我們收集及/或持有的個人資料的範圍	
	The personal information that we collect and/or hold includes your personal identification information, contact information, policy details, transaction records, financial background and medical and health affairs. 我們收集及/或持有的個人資料，包括閣下之個人識別資料、聯絡資料、保單詳情、交易記錄、財務背景、醫療及健康事項。	
2)	Importance of Information Collection 收集個人資料的重要性	
	From time to time, it is necessary for you to supply Cigna with personal information. Cigna may not be able to issue policies, process claim applications or provide products or services to you if you fail to supply your information as requested by Cigna. 閣下需要不時向信諾提供有關的個人資料。倘若閣下未能向信諾提供被要求的資料，信諾可能無法簽發保單、處理索償申請或提供產品或服務。	

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<p>3) Purposes of Information Collection and Usage 收集個人資料的目的及用途</p> <p>Your personal information held by Cigna may be used for the following purposes:- 信諾所持有閣下的資料可能會被用於下列用途：</p> <ul style="list-style-type: none"> i) processing and evaluating any applications or requests made by you for products or services; 處理及評估閣下就產品或服務提出的任何申請或要求； ii) administration of insurance or financial or investment related products or services, including alterations, variations, cancellation or renewal of such products or services; 處理保險或財務或投資相關產品或服務之日常運作，包括其更改、變動、取消或續期； iii) processing, investigation or analysis of any claim applications made by, against or otherwise involving you in respect of any products or services; 處理、調查或分析就產品或服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索償申請； iv) carrying out matching procedures; 進行核對程序； v) (with your consent – see section 7 below) direct marketing including but not limited to promoting, marketing or selling of Cigna or co-branded insurance or financial or investment related products or services by electronic or other means; (得到閣下的同意下 – 請看以下第 7 條) 直接促銷，包括但不限於透過電子或其他模式作推廣、宣傳或銷售信諾或信諾聯合其它公司提供的保險、財務或與投資相關之產品或服務； vi) making disclosure under and/or complying with any law, rules, regulations, codes of practice or guidelines binding on or applicable to Cigna or any of its group companies; 遵守適用於信諾或其集團公司的法律、規則、規例、實務守則或指引，及就其要求作出披露； vii) evaluating the policy intended to be the subject of reinsurance by an actual or proposed re-insurer of Cigna; 使信諾的確實或建議再保人，評核意圖再保交易的有關保單； viii) conducting medical or health reference checks; 用作於醫療或健康參考上之用； ix) conducting surveys, research and compiling statistics for insurance, financial or investment related purposes; and 用作於保險、財務或投資相關調查、研究及統計之用；及 x) other purposes directly relating to any of the above. 與上述任何目的直接有關的其他目的。 <p>4) Transfer of Personal Information 個人資料的轉移</p> <p>Your personal information held by Cigna will be kept confidential, but may be shared with the following individuals and/or entities, whether within or outside Hong Kong, for any of the purposes set out above:- 信諾所持有閣下的資料會被絕對保密，但信諾可能會就上述任何目的把有關資料給予下列人士及／或實體（無論在香港境內還是境外）：</p> <ul style="list-style-type: none"> i) any agent, contractor or third party service provider who provides administrative, data processing, customer service, call center, telecommunications, technology, fund management, debt collection, payment, anti-money laundering and other regulatory screenings, marketing, research, mailing, printing or other services to Cigna; 任何向信諾提供行政、資料處理、客戶服務、電話中心、電訊、資訊科技、基金管理、收債、繳費、反洗黑錢及其他法規的審查、促銷、研究、郵寄、印刷或其他服務的代理、承辦商或第三者服務供應商； ii) any insurance intermediary acting on your behalf (in placing an insurance policy with Cigna, in handling insurance claims with Cigna or as notified by you to Cigna) (an "Insurance Intermediary") and (with your consent – see section 7 below) for its own direct marketing and business purposes, and such provision of your personal information may be for gain; 任何代表閣下安排購買信諾提供的保單，或代表閣下處理對信諾的保險索償，或由閣下通知信諾作為代表閣下的保險中介人（“保險中介人”）；（在得到閣下的同意下 – 請看以下第 7 條）個人資料作其直接促銷或業務推廣的用途，並可能從而得益； iii) any agent, contractor or third party service provider engaged by an Insurance Intermediary (as notified by such Insurance Intermediary to Cigna from time to time) to provide any services to the Insurance Intermediary in relation to the purposes set out under sections 3(i) and 3(ii) above; 任何由保險中介人聘用的代理，承辦商或第三者服務供應商（由保險中介人不時通知信諾）以提供任何有關第 3(i)及(ii)條所載用途之服務； iv) any branch, subsidiary, holding company, associated company or affiliates of Cigna for data processing and modeling; 信諾的分行、附屬公司、控權公司、關聯公司或聯繫公司以用作資料處理和建立數據模型； 		

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<p>v) any financial institution or credit / charge card issuer related to your premium payment account; 與閣下用作繳交保費戶口有關的金融機構或信用卡／記賬咭發咭人；</p> <p>vi) any actual or proposed re-insurer of Cigna; 信諾的確實或建議再保人；</p> <p>vii) any person to whom Cigna is under an obligation to make disclosure under the requirement of any law, regulations, rules, codes of practice or guidelines binding on or applicable to Cigna or any of its group companies; 適用於及對信諾或任何其集團公司具法律、規則、規例、實務守則或指引約束力的規定下而信諾有責任對其作出披露的任何人；</p> <p>viii) any other person under a duty of confidentiality to Cigna which has undertaken to keep such information confidential; 其他對信諾資料有保密責任並承諾保密該等資料的人士；</p> <p>ix) any debt collection agencies; and 任何收賬代理；及</p> <p>x) any person who provides survey, research and statistics services. 任何調查、研究及統計機構/人員。</p> <p>5) Transfer of Information Outside Hong Kong 轉移資料往香港以外地區</p> <p>Cigna may from time to time transfer your personal information outside Hong Kong for different purposes including processing or storage. 信諾可能不時就不同的目的（包括處理或儲存）將閣下的資料轉移往香港以外地區。</p> <p>6) Data Access 資料查閱</p> <p>I. Under and in accordance with the terms of the Ordinance, you have the right to:- 根據私隱條例中的條款，閣下有權：</p> <p>i) check whether Cigna holds data about you and seek access to such data; and 查詢信諾是否持有閣下的資料及查閱有關的資料；及</p> <p>ii) require Cigna to correct any data relating to you which is inaccurate. 要求信諾改正有關閣下不準確的資料。</p> <p>II. Cigna may charge a reasonable fee for the processing of any data access request. 信諾有權就處理任何查閱資料的要求收取合理費用。</p> <p>III. Requests under section 6(I) should be addressed to the following: Cigna's Data Protection Officer 15/F, 28 Hennessy Road, Wan Chai, Hong Kong 任何關於上述條款6(I)的要求，應向右列人士提出：信諾資料私隱主任（香港灣仔軒尼詩道28號15樓）。</p> <p>7) Direct Marketing 直接促銷</p> <p>With your consent (which includes an indication of no objection), Cigna may: 在得到閣下的同意下(包括表示不反對)，信諾可：</p> <p>I. use personal information, including your name, contact details (such as phone number, email address and mailing address), products and other services portfolio information, financial background and demographic data it holds about you for direct marketing purposes; 使用閣下提供予信諾的個人資料，包括閣下的姓名、聯絡資料(例如:電話號碼、電郵地址及郵遞地址)、產品及服務組合資料、財務背景及人口統計資料作直接促銷之用途；</p> <p>II. conduct direct marketing in relating to the following classes of products and services that Cigna, our affiliates, our co-branding partners and our business partners may offer: 就信諾及信諾的聯繫公司、聯合品牌夥伴及商業合作夥伴可能提供之下列類別的產品及服務進行直接促銷：</p> <p>i) insurance, financial or investment related products and services; 保險、財務或投資相關產品及服務；</p> <p>ii) reward, loyalty, co-branding or privileges programs and related services and products on health, wellness and medical, sporting activities and membership, entertainment, travel and transportation, concierge, home care (including pet care), household, food and beverages, apparel, jewelry, telecommunication, education, social networking and media; and 獎賞、年資、聯合品牌及優惠計劃及其相關產品及服務：健康、保健及醫療、體育運動及會員服務、娛樂、旅遊及交通、禮賓、家庭護理（包括寵物護理）、家居、餐飲、服裝、珠寶、電訊、教育、社交網絡及媒體；及</p>		

中文譯本只供參考。全部內容均以英文版本為準。

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<p>iii) donations and contributions for charitable or non-profit making purposes; 作慈善或非牟利用途的捐獻；</p> <p>III. provide the personal information described in section 7(I) to any agent or contractor for the purpose of carrying out direct marketing of the above products and/or services on behalf of Cigna; and 將第7(I)條所述的個人資料提供予任何代理人或承辦商以代表信諾進行直接促銷上述產品及/或服務之用途；及</p> <p>IV. in addition to marketing the above products and services, share the personal information described in section 7(I), for gain, with any or all of the following persons for use in direct marketing, and Cigna requires your written consent (which includes an indication of no objection) for the purposes and will not do so without your written consent: 除促銷上述產品及服務外，將第7(I)條所述的個人資料提供予任何或所有下列人士作直接促銷之用，並從而得益；及信諾就此用途必須得到閣下的書面同意(包括表示不反對)，並在沒有閣下的書面同意下不會就此用途轉移閣下的個人資料：</p> <p>i) any Insurance Intermediary acting on your behalf for its own direct marketing purposes in relation to insurance, financial or investment related products or services, and business purposes; and 任何代表閣下的保險中介人作其直接促銷保險、財務或投資相關產品或服務之用途，及業務推廣之用途；及</p> <p>ii) any third party provider of any of the classes of products and/or services as described in section 7(II) for direct marketing purposes in relation to such classes of products and/or services. 任何提供第7(II)條所述的產品及/或服務類別之第三者供應商作直接促銷該等類別的產品及/或服務之用途。</p> <p>If you do not consent to Cigna using and sharing your personal information for any of those purposes, you may exercise your opt-out right by notifying us, and we will not do so. You may also subsequently withdraw your consent by writing to Cigna's Data Protection Officer at the above address. If you exercise your right to opt out of the use/share of your personal information for any of the above purposes, it will mean that Cigna, your Insurance Intermediary and/or third party service providers will not be able to send you any direct marketing, targeted or special offers in the future. 如閣下不同意信諾就任何上述使用及/或轉移閣下的個人資料之用途，閣下可通知我們行使你的權利選擇拒絕直接促銷，我們便不會使用及/或轉移閣下個人資料作以上之用途。閣下亦可隨時根據上述地址致函我們的信諾資料私隱主任撤回閣下的同意意願。如閣下行使你的權利選擇拒絕閣下的個人資料被用於以上任何用途，這代表將來閣下不能從信諾，閣下的保險中介人及/或第三者服務供應商收到任何針對性或特別優惠的直接促銷。</p> <p>Cigna will not use any personal data of minors for its own direct marketing purposes and/or share the personal data of minors with any third party for its direct marketing/business purposes. 信諾不會使用任何未成年人的個人資料作直接促銷之用及/或轉交至任何第三者作直接促銷/業務推廣的用途。</p> <p>This Personal Information Collection Statement shall from the date hereinafter appearing be deemed an integral part of all contracts, agreements and other binding arrangements which you have entered into or intend to enter into with Cigna. For any enquiries regarding this Personal Information Collection Statement, please contact our Customer Services Hotline at 2560 1990. 在此個人資料收集聲明發出的日期起，它將成為閣下與信諾或有意與信諾訂定之所有合約、協議、及其他約束性安排之一部份。如有任何有關此個人資料收集聲明的查詢，請致電2560 1990與我們的客戶服務部聯絡。</p> <p>Release Date 發出日期: March 2015 二零一五年三月</p> <p>In case of discrepancies between the English and Chinese version, the English version shall apply and prevail. 此聲明備有中英文版本，如內容有異，以英文版本為準。</p>		
Declarations and Authorization 聲明及授權		
<p>I(We) hereby request the above Policy to be changed in the above particulars with the understanding and agreement that this request shall form part of the said Policy. I(We) understand and agree that such changes or services will not take effect unless (1) any required documents are submitted in full and (2) the application is duly approved by Cigna. 本人(吾等)謹此要求按上述資料更改上述保單，並明白及同意此要求將成為有關保單的一部分。本人(吾等)明白及同意上述的修改或服務將不會生效直至(1)所有相關文件已收妥及(2)申請表是經信諾批核後方可作實。</p> <p>I(We) declare and agree that the answers in this application are complete and true to the best of my (our) knowledge and belief. 本人(吾等)聲明及同意此表格各欄之作答，據本人(吾等)所知及所信，均屬完整及屬實無訛。</p> <p>I(We) hereby authorize, and (in case the applicant is not the Person Insured) confirm that the Person Insured has authorized, any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company or other organization, institution or person, that has any records or knowledge of my (our) or the Person Insured's health to give to the Company and its reinsurers any such information for the purpose of assessment of this insurance proposal or subsequent assessment of any insurance claim under the policy that may be issued pursuant to this application. A photographic copy of this authorization shall be as valid as the original. 本人(吾等)授權，而且(倘申請人並非受保人)確認受保人已授權，凡存有關於本人(吾等)或受保人健康狀況任何記錄或得悉此方面資料的任何持牌醫師、醫院、診所或者其他醫療或與醫療相關的設施、保險公司或其他組織、機構或個人，可向貴公司及其再保險公司提供有關資料，以評估本保險申請或日後評估根據本申請書簽發的本保單下提出任何的保險索償。此授權書的複本與正本同樣有效。</p> <p>I (We) declare and agree that my (our) change of nationality or citizenship, if any, may cause change on my (our) tax liabilities and obligations. I (We) declare and agree that I (we) should seek advice from my (our) tax consultant on my (our) tax position and be responsible for settlement of my (our) tax liabilities regarding the insurance policy(ies). 本人(吾等)聲明及同意，若本人(吾等)之國籍或公民身分有變，則本人(吾等)之稅務承擔及責任亦可能隨之更改。本人(吾等)聲明及同意，本人(吾等)須就持有之保單諮詢稅務顧問及承擔相關之稅務責任。</p>		

Policy Number 保單編號	Policyholder 保單持有人	Person Insured 受保人
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I (We) declare and agree that if the Policyholder's tax status changes, and becomes a U.S. citizen or resident, the Policyholder must notify Cigna immediately. In the event Cigna has any reason to believe that the Policyholder is a U.S. person, the Policyholder shall upon Cigna's request provide any information as required by any governmental authorities, regulatory bodies and /or any relevant person(s) for U.S. federal tax purpose.

本人(吾等) 聲明及同意，若保單持有人的稅務狀況有更改，並且成為美國公民或居民，保單持有人必須立即通知信諾。就美國聯邦稅而言，倘若信諾有任何理由相信保單持有人為美國人，保單持有人須應信諾之要求提供任何政府機關、監管機構及/或有關人士所要求的任何資料。

I (We) agree that Cigna may use and/or disclose my (our) personal information in accordance with Cigna's Personal Information Collection Statement ("Statement") and acknowledge that I (we) have read and understood the Statement. I (We) understand that I (we) have the right to opt out of the use of my (our) personal information in accordance with the options set out below. I (We) understand that opting out will mean that Cigna or insurance intermediary or third party provider of the specified classes of products and services will not be able to send me (us) any direct marketing, targeted or special offers in the future.

本人(吾等)同意信諾可根據其個人資料收集聲明(「聲明」)，使用及/或披露本人(吾等)之個人資料。本人(吾等)確認已閱讀及明白此聲明。本人(吾等)明白本人(吾等)有權根據以下選擇拒絕本人(吾等)個人資料被用於下列用途。然而，本人(吾等)也明白選擇拒絕本人(吾等)個人資料被用於下列用途會導致將來本人(吾等)不能從信諾或保險中介人或指定產品及服務類別之第三者供應商處收到任何針對性或特別優惠的直接促銷。

Policyholder 保單持有人：

- I do not want Cigna to use my personal data for Cigna's direct marketing purposes.
本人不願信諾使用本人個人資料作直接促銷之用。
- I do not want Cigna to share my personal data with insurance intermediaries for their direct marketing purposes and/or business purposes. 本人不願信諾將本人個人資料給予保險中介人作直接促銷及/或業務推廣之用。
- I do not want Cigna to share my personal data with third party product / service providers for direct marketing purposes. 本人不願信諾將本人個人資料給第三者產品 / 服務供應商作直接促銷之用。

Person Insured 受保人：

- I do not want Cigna to use my personal data for Cigna's direct marketing purposes.
本人不願信諾使用本人個人資料作直接促銷之用。
- I do not want Cigna to share my personal data with insurance intermediaries for their direct marketing purposes and/or business purposes. 本人不願信諾將本人個人資料給予保險中介人作直接促銷及/或業務推廣之用。
- I do not want Cigna to share my personal data with third party product / service providers for direct marketing purposes. 本人不願信諾將本人個人資料給第三者產品 / 服務供應商作直接促銷之用。

Parent/guardian of Person Insured (if the Person Insured is under 18) 受保人的家長/監護人(如受保人是十八歲以下)：

I declare that I am the parent/guardian of the Person Insured and I reasonably believe that Cigna's use and disclosure of the Person Insured's personal data for the purposes stated in the Statement are in the best interests of the minor.

本人謹此聲明本人是未成年受保人的家長/監護人及本人合理地相信信諾使用及/或披露未成年受保人的個人資料是以未成年受保人的最佳利益為依歸。

Signature of Policyholder _____ 保單持有人簽名 (Y/M/D) (年/月/日)		Signature of Person Insured _____ 受保人簽名 (Y/M/D) (年/月/日) (if not Policyholder and age 18 or above) 如非保單持有人及 18 歲或以上		Company Endorsement 公司背書 (Y/M/D) (年/月/日)
Signed at (place) _____ 簽署地方		Signed at (place) _____ 簽署地方		Signed at (place) 簽署地方

PLEASE DO NOT SIGN ON BLANK FORM 請勿在空白表格上簽署

Remarks:	Official Use Only
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