



Request for Life Policy Surrender/Cancellation (For Vital Care VHIS Flexi Plan and HSBC VHIS Standard Plan)

人壽保單退保／取消申請表 (適用於愛•護航自願醫保靈活計劃及滙豐自願醫保標準計劃)

Important Note 重要提示：

Please provide the identity/corporate document copy and bank proof for policy surrender/cancellation application. 申請保單退保／取消，請遞交身份／公司證明文件副本及銀行帳戶證明。

Please submit the form and relevant documents to one of the available channels below. 請將表格和相關文件用以下其中一種方式遞交。

- Submit to any **Hang Seng Bank Branch** 於任何恒生銀行分行遞交
- 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

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	
Name of Policyholder in English 保單持有人英文姓名	
Identification/Corporate Document No. 身份／公司證明文件號碼	<input type="checkbox"/> Please provide ID copy 請附上證件副本
Request Type 申請項目	<input type="checkbox"/> Policy Surrender 保單退保 <input type="checkbox"/> Policy Cancellation within Cooling-off period* 於冷靜期*內取消保單 * (i) Cooling-off period is 21 days after the delivery of the policy or issuance of a cooling-off notice to you or your representative, whichever is earlier. 冷靜期是由交付該保單或由發出說明已可領取該保單之通知書予您或您的代表後21天內(以較早者為準)。 (ii) Premium paid by Hang Seng credit card or Hang Seng bank account will be refunded to the same account only. For premium made by any other payment method, refund will be made by cheque. 若以恒生信用卡或恒生銀行戶口付款，保費將被退回同一信用卡或賬戶內。若以其他繳付方式付款，保費將以支票形式退回。 (iii) Please submit a copy of your identity document if the policy is applied online. 如您經網上投保，請遞交身份證明文件副本。
To ensure we have the latest contact information for quick and easy communication, please provide your latest contact information below. 為確保我們能簡單及快捷地與閣下溝通，請在下面提供您的最新聯絡資料。	
Correspondence Address 通訊地址	
Email Address 電郵地址	
Mobile Number 手提電話號碼	
<input type="checkbox"/> I would like to apply the change or correction of Correspondence Address/Mobile Number/Email Address to ALL my life insurance policy(ies) underwritten by HSBC Life (International) Limited 本人擬同時申請更改或更正本人由滙豐人壽保險(國際)有限公司承保之所有人壽保單之聯絡地址／手提電話號碼／電郵地址	

NOTE 注意：

1. HSBC Life (International) Limited is referred as the "Company" or "HSBC Life" in this document. 滙豐人壽(國際)有限公司在此文件中將被稱為「本公司」或「滙豐保險」。
2. If the payments are paid in currencies other than the policy currencies/currency of levy cap i.e. HKD as provided by the Insurance Authority, the payments would be subject to change according to the prevailing exchange rate of policy currencies/HKD to payment currencies to be determined by the Company from time to time. Likewise any payments settled in currencies other than the policy currencies/currency of levy cap i.e. HKD, the payments would be subject to the change according to the prevailing exchange rate of policy currencies/HKD to payment currencies to be determined by the Company from time to time. The fluctuation in exchange rates may have impact on the amount of payments including but not limited to premium payments, levy payments and benefit payments. By choosing the plans denominated in currencies other than local currency, you are subject to the exchange rate risks. Exchange rate fluctuates from time to time. You may suffer a loss of your benefit values and the subsequent premium payments and/or levy payments (if any) may be higher than your initial premium payment as a result of the exchange rate fluctuations. 如繳付款項貨幣有別於保單貨幣或保險業監管局訂定繳費上限的貨幣(即港幣)，該款項可能會受本公司不時釐定的保單貨幣／港幣對繳付款項貨幣的匯率而改變。同樣，如任何款項的貨幣不是以保單貨幣或保險業監管局訂定繳費上限的貨幣(即港幣)支付，該款項將會受本公司不時釐定的保單貨幣對支付貨幣／港幣的匯率而改變。匯率之波動會對款額構成影響，包括但不限於保費繳付，保費徵費及利益支付之款項。選擇非本地貨幣結算的保單，閣下須承受匯率風險。匯率會不時波動，閣下可能因匯率之波動而損失部分的利益價值及繳交往後保費及／或保費徵費(如有)可能會比繳交首次保費及保費徵費金額為高。
3. 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，閣下需按要提供相關核實證明。

Section I – Reason for Policy Surrender/Cancellation 第一部分 – 退保/取消原因

- (1) For your own protection and benefits, please do re-consider your decision to surrender your policy and the security/benefits attached to it. If you surrender on your existing life insurance policy, particularly during the early years of the policy period, you will usually suffer loss, including by way of having to pay charges. 為了您的保障及利益，請您重新考慮終止保單及其付予的利益/投資。若您終止現有保單，您通常會蒙受損失(尤其是在保單早期的時期)，包括因需要支付收費而蒙受損失。
- (2) Please fill in one main reason for policy surrender/cancellation in order for us to better serve you in the future. 為了將來向您提供更好的服務，請填寫一個終止/取消保單的主要原因。

Reason for policy surrender/cancellation 終止/取消保單原因	<input type="checkbox"/> (LS) Insufficient after-sales service 售後服務未如理想	<input type="checkbox"/> (NC) Changes of my insurance needs (e.g. mortgage is paid off, needs of family financial protection have changed) 我的保險需求有所改變(例如：已還清樓宇按揭貸款、需要的家庭財務保障已更改)
	<input type="checkbox"/> (PH) High insurance premium 保費太昂貴	<input type="checkbox"/> (FO) Family Objection 家人反對
	<input type="checkbox"/> (OI) Funds used to purchase other investment products 資金已用作購買其他投資產品	<input type="checkbox"/> (FS) Change in financial situation [^] 經濟狀況改變 [^]
	<input type="checkbox"/> (MS) Others (please specify below) 其他理由，請於下列說明： _____	

[^] Apart from policy surrender, there may be other ways to gain liquidity (where applicable), such as withdrawing any accumulated annuities/dividends under your policy, applying for a policy loan, making partial surrender, or even lowering the sum insured of your policy. You should take note of the risks involved in each of these before making a decision. 除退保外，您亦可以選擇透過下列方式增加流動資金(如適用)：如提取保單內的累積年金/紅利、申請保單貸款、部分退保，或調低保障額。如考慮通過這些方式增加流動資金，將涉及風險，敬請注意。

NOTE 注意：

Life insurance involves a longer policy period. You could suffer financial loss or loss of insurance protection if you surrender an existing life insurance policy ("Policy Surrender") or replace your existing life insurance policy by another life insurance policy ("Replacement"), particularly during the early years of the policy period. To protect your interest, you should carefully consider and assess whether the Policy Surrender or Replacement is in your best interests before making a decision. You may also contact our staff to further understand the details of any actual and potential disadvantages of surrendering or replacing your existing life insurance policy(ies). 人壽保險涉及年期較長，如果投保人中途退保(「退保」)或以另外一份人壽保險保單取代現有的人壽保險保單(「轉保」)，您可能需要承受財務上的損失，亦可能導致保單上所列明的保障失效。特別是在保單生效後首數年，通常會蒙受損失。為保障本身的利益，閣下在決定退保或轉保前，應仔細考慮及衡量是否符合本身的最佳利益。閣下亦可與我們職員聯絡以進一步了解因退保或轉保引致的任何實質及潛在損失。

If you have replaced or intend to replace any or a substantial part of your existing life insurance policy(ies) with another life insurance policy in the past or the next 12 months, you are requested to complete an "Important Facts Statement – Policy Replacement" Form to understand any real and potential disadvantages of replacing your existing life insurance policy(ies). You could approach our staff for assistance with the form. 如閣下已經或打算用另一份於過去或未來12個月申請的人壽保單以取代您現有人壽保單的任何或重大部份，我們將建議閣下填寫一份《重要資料聲明書 – 轉保》以了解任何因取代現有保單可構成的實際或潛在不利因素。您可尋求我們職員的協助以填寫該份聲明書。

In respect of this surrender, do you intend to use some or all of the funds taken from the policy you are surrendering to pay for any life insurance policy(ies) you have purchased in the past 12 months? 就今次的退保而言，閣下是否打算將您退保之保單所得的部分或全部資金用於支付過去12個月內購買的任何人壽保單？

- Yes 是 /Not yet decided 尚未決定
- No 否

If your answer is "Yes" or "Not yet decided", you need to complete the "Important Facts Statement – Policy Replacement" Form to confirm your understanding of the factors to be considered and the risks involved in replacing your existing life insurance policy with a new life insurance policy. 如果閣下的回答是「是」或「尚未決定」，請填寫《重要資料聲明書 – 轉保》，以確認閣下了解以新的人壽保險保單取代現有人壽保險保單所需要考慮的因素及相關風險。

Section II – Payment Instruction 第二部分 – 發還退款指示

Please select one of the payment instruction below. 請選擇以下其中一個發還退款指示。

1. By Autopay 自動轉帳

Credit to the bank account below 存入以下銀行戶口

Credit to the Assignee's bank account below ^ 存入至承讓人之戶口 ^

Please provide bank account proof 請提供銀行帳戶證明

Bank No. 銀行號碼	Branch No. 分行號碼	Account No. 戶口號碼

Notes 註：

- (i) If no identity verification has been performed by Hang Seng Bank staff for this request, please also submit adequate proof showing the policyholder/assignee's full name and the bank account number (such as copy of bank book, ATM card, bank statement etc) to the HSBC Life. If we do not receive the copy of the required document(s), the payment will be made by cheque payable to the policyholder/assignee and mailed to the policyholder/assignee's correspondence address. 如此申請並沒經由恒生銀行職員作出身份核實，請同時提交印有保單持有人／承讓人全名及銀行戶口號碼之充足證明（如銀行存摺或自動櫃員機卡或月結單副本等）寄回滙豐保險。若閣下沒有提供上述所需文件，退款將以支票形式寄予保單持有人／承讓人之通訊地址。
- (ii) Policy Cancellation within Cooling-off period 於冷靜期內取消保單
Cooling-off period is 21 days after the delivery of the policy or issue of a notice informing the availability of the policy to you or your representative, whichever is earlier. Premium paid by Hang Seng credit card or Hang Seng bank account will be refunded to the same account only. For premium made by any other payment method, refund will be made by cheque. 冷靜期是由交付該保單或由發出說明已可領取該保單之通知書予您或您的代表後21天內（以較早者為準）。若以恒生信用卡或恒生銀行戶口付款，保費將被退回同一賬戶內。若以其他繳付方式付款，保費將以支票形式退回。
- (iii) Please submit your identity document copy if the policy is enrolled online. 如您經網上投保，請遞交身份證明文件副本。

2. By Telegraphic Transfer 電匯 ^ (Only applicable for overseas client 只適用於海外客戶)

Name of Bank Account Holder 銀行戶口帳戶持有人姓名：_____

Name of Bank 銀行名稱 (OVERSEAS BANK 海外銀行)：_____

Please provide bank account proof 請提供銀行帳戶證明

Bank Account Number 銀行帳戶號碼：_____

Address of Bank 銀行地址：_____

Swift Code 銀行編號：_____

The Reason for Telegraphic Transfer 電匯原因：_____

Name of Intermediary/Correspondence Bank 中轉銀行名稱 (if applicable 如適用)：_____

Swift Code Intermediary/Correspondence Bank 中轉銀行銀行編號 (if applicable 如適用)：_____

Notes 註：

If provided information is incomplete or missing relevant bank account proof, the payment will be mailed out by cheque. 如未能提供完整資料或相關銀行戶口證明，款項將以支票形式寄出。

3. By Cheque 以支票形式 (Only applicable for payment currency in CNY/HKD/USD 只適用於收款貨幣為人民幣／港幣／美金)

Please mail the cheque to 請把支票寄往

Policyholder's correspondence address 保單持有人之通訊地址

Any charges may be incurred as a result of receiving the payment from the Company, including but not limited to depositing into bank account and cheque encashment, will be borne by the policyholder. 任何由於收取由本公司發出之款項而可能產生的費用，包括但不限於存入銀行帳戶及兌現支票，將由保單持有人承擔。

^ If the receiving bank is non-Hang Seng Bank, bank charges incurred will be deducted from the amount payable to the said bank, if applicable. 如收款戶口非恒生銀行，該銀行將於提出款項中收取服務費用，如適用。

Declaration 聲明

I/We understand that I am/we are advised to read the policy terms and the content of this form (including the Notes) carefully before making this policy surrender/cancellation request. 本人(等)明白在申請此保單退保/取消前, 本人(等)獲建議詳細閱讀保單條款及在本表格的內容(包括注意事項)。

I/We, the Policyholder(s), warrant to the Company that no proceedings in bankruptcy or insolvency have been instituted or are pending against me/us. 本人(等)(即保單持有人)向貴公司保證, 本人(等)並無被起訴破產或無力償債, 或身為尚待結案的破產或無力償債訴訟的與訟人。

I/We understand and agree that by submitting this form, the Policyholder is required to provide the Company relevant personal data of relevant data subjects from time to time to enable the Company to consider whether to provide the Policyholder with any products and services. Failure to do so may result in the Company's inability to provide such products/services. I/We authorize the Company to use and share personal data of data subjects who have or may have interests in any insurance on this form with Hang Seng Bank for the purposes of (i) Hang Seng Bank's exercise of its rights and/or obligations as a distributor of the Company for this insurance product; (ii) fulfilling any legal, regulatory, industrial or compliance requirements and obligations applicable to Hang Seng Bank and or any members of the HSBC Group Member (as the case may be); (iii) fulfilling requirements under Hang Seng Bank internal policies and procedures, standards and practices, or the preparation and maintenance of accounts, financial reporting or audit of any Hang Seng Bank Group Member; and (iv) Hang Seng Bank's own use in accordance with its own data privacy notice as a data user under the Personal Data (Privacy) Ordinance (Cap.486) upon the expiry or termination of Hang Seng Bank's sole distributorship of this insurance product for the Company. 本人(等)明白並同意, 保單持有人須不時向本公司提供相關資料當事人的相關個人資料, 以便本公司考慮是否向保單持有人提供任何產品和服務。如未能提供有關資料, 可能會導致本公司無法提供該等產品/服務。本人(等)授權本公司就以下目的使用及與恒生銀行分享對此表格上擁有或可能擁有任何保險產品之權益的資料當事人的個人資料: (i) 恒生銀行作為公司此保險產品的分銷商行使其權利及或履行其義務; (ii) 履行適用於恒生銀行及/或任何滙豐集團成員(視情況而定)的任何法律、監管、行業或合規要求和義務; (iii) 履行恒生銀行內部政策和程序、標準和慣例下的要求, 或編制和維持任何恒生銀行集團成員的賬目、財務報告或審計; 及 (iv) 在恒生銀行作為此保險產品的公司獨家分銷期滿或終止後, 恒生銀行作為《個人資料(私隱)條例》(第486章)下的資料使用者按其自身資料私隱通知作本身用途。

The Policyholder acknowledges and agrees that the Company may from time to time use personal data received in accordance with the Data Privacy Notice attached. The Policyholder agrees to: (a) procure the Data Privacy Notice to be delivered to relevant data subjects, including but not limited to the insured person of relevant insurance policy and anyone who have or may have interest in this insurance product; (b) obtain from the said relevant parties' consent for Hang Seng Bank to use their data in accordance with the Data Privacy Notice and in accordance with the above; and ensure that Policyholder data, including personal data of the said relevant parties provided to the Company is accurate and up-to-date, and any authorization and consents provided by the Policyholder shall be deemed to be obtained from the said relevant data subjects accordingly. 保單持有人確認並同意本公司可不時使用根據隨附的資料私隱通知收到的個人資料。保單持有人同意: (a) 向相關資料當事人(包括但不限於相關保單的受保人及任何擁有或可能擁有此保險產品權益的人士)提供資料私隱通知; (b) 獲取上述相關人士同意銀行根據資料私隱通知及上述內容使用其資料; 並確保提供予公司的保單持有人資料(包括上述相關人士的個人資料)準確及最新, 而保單持有人提供的任何授權及同意應被視為已相應地從上述相關資料當事人處獲得。

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 Data Privacy Notice (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 I/We can request a copy through the HSBC Life Service Hotline: (852) 2583 8000. 本人(等)在下方簽署即確認上述申請, 並同意貴公司可跟據本表格內有關資料私隱通知(也可稱為「個人資料收集聲明」)內列出的用途, 使用及披露現時或其後持有有關本人(等)的所有個人資料。本人明白可以透過掃描下方的二維碼瀏覽該通知書, 或可致電滙豐人壽保險服務熱線: (852) 2583 8000 索取該通知書的副本。

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。

Signature 簽署

Signature of Policyholder
保單持有人簽署

Signature of Joint
Life Insured (if any)
聯名受保人簽署(如適用)

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

Name 姓名: _____

Name 姓名: _____

Name 姓名: _____

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 Only		
Retention Result: <input type="checkbox"/> Replaced by other policy (New HSBC Insurance policy no. _____) <input type="checkbox"/> Client's identity copy attached <input type="checkbox"/> Client's original identity sighted (Initial of Staff: _____) <input type="checkbox"/> Client's SI cancellation form attached <input type="checkbox"/> Copy of Client's other bank account information checked (only applicable if customer choose to pay to non premium deduction account)		Branch Chop
Staff Name	Staff ID no.	Contact no.:
Servicing Staff IA no.	Servicing Staff RI no.	Branch no.
For CMB only CIN No. (in 11 digits) _____ Policyholder RR <input type="checkbox"/> S <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> N/A		
For Forced Surrender case:	Customer Health Status:	Notification to LMU
<input type="checkbox"/> Surrender by LMU (Loan Management Unit) <input type="checkbox"/> Initiated by customer	Check with the customer's health status <input type="checkbox"/> Yes, checked <input type="checkbox"/> No, reason: _____ <input type="checkbox"/> Others, please specify: _____ _____	Notice LMU for the health status of the customer <input type="checkbox"/> Yes, noticed <input type="checkbox"/> No, will notice on _____ <input type="checkbox"/> Others, please specify: _____ _____