


**Transfer of Policy Ownership (For Vital Care VHIS Flexi Plan and HSBC VHIS Standard Plan)**
**保單權益轉讓 (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：**

- We will process your request within approximately 5 working days upon receipt of the form.  
本公司將在收到申請表後大約五個工作天內處理您的申請。
- Your request is subjected to the approval by Our Company. If the request is approved, it will be recorded and a duplicated copy of this form will become part of the policy.  
閣下之申請需經本公司審批，如閣下之申請獲批准，有關申請將被紀錄，而此表格之副本將成為本保單的一部分。
- Any changes should be initiated by new Policyholder.  
任何答案如有更改，敬請新保單持有人在旁簽署。
- This form must be completed together with applicable "Tax Residency Self-Certification Form(s)" signed by new Policyholder. These forms are available at [www.hsbc.com.hk/personal/form-centre.html](http://www.hsbc.com.hk/personal/form-centre.html).  
此表格必須連同由新保單持有人簽署之適用「稅務居民自我證明表格」一併遞交。這些表格載於 [www.hsbc.com.hk/zh-hk/personal/form-centre.html](http://www.hsbc.com.hk/zh-hk/personal/form-centre.html)。

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	

**Notes 注意事項：**

- HSBC Life (International) Limited is referred to as the "Company" or "HSBC Life" in this document. 滙豐人壽(國際)有限公司在此文件中稱為「本公司」或「滙豐保險」。
- The Payor's Benefit on the existing owner (if any) will be terminated upon the Transfer of Policy Ownership. Please complete Change of Policy Benefit Form to add the Payor's Benefit to the new owner. 在保單權益轉讓後，現時之付款人供款保障(如適用)將失效。請新保單持有人填妥更改保單保障申請表，重新申請附加付款人供款保障於保單內。
- Hang Seng Bank Limited has explained the product features to you including potential liquidity, time horizon, any currency implications, fees & charges and ongoing charges related to the product(s) where applicable. 恒生銀行已向閣下解釋產品特性，包括有關流動性、年期和任何貨幣的潛在影響、收費及產品的經常費用。

**FOR OFFICE USE ONLY (Applicable to NEW Policyholder)**
 WPB USP (for personal customer)

(Applicable when Policyholder is a company)

Primary SIC Code (where applicable) _____	Secondary SIC Code (where applicable) _____	Tertiary SIC Code (where applicable) _____
Primary SIC Code % (where applicable) _____	Secondary SIC Code % (where applicable) _____	Tertiary SIC Code % (where applicable) _____
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	

Details of the New Policyholder (For personal Policyholder) 新保單持有人資料(適用於個人保單持有人)	
1. Name 姓名	
2. Chinese Name 中文姓名	
3. Former Name/Alias (if applicable)* 前用姓名/別名(如適用)*	
4. Salutation 稱謂	<input type="checkbox"/> Mr 先生 <input type="checkbox"/> Mrs 太太 <input type="checkbox"/> Miss 小姐 <input type="checkbox"/> Ms 女士
5. Identity Document Type & No. (Please provide certified copy) 身份證明文件及號碼(請提供核證副本)	<input type="checkbox"/> ID Card/Birth Cert No. 身分證 / 出生證明書號碼 _____ <input type="checkbox"/> Passport No./Others 護照號碼 / 其他 _____ Place of Issue 簽發地點 _____
6. Nationality 1 (Country/Region) 國籍 1 (國家/地區)  Nationality 2 (Country/Region) 國籍 2 (國家/地區)  Nationality 3 (Country/Region) 國籍 3 (國家/地區)	_____ _____ _____
7. Date of Birth 出生日期	Day 日 _____ Month 月 _____ Year 年 _____
8. Place of Birth 出生地區	
9. Relationship to Existing Policyholder 與現時保單持有人關係	
10. Relationship to the Insured 與受保人關係	
11. Reason(s) of Changing Policy Ownership (Given by existing policyholder) 保單權益轉讓原因 (須由現有保單持有人填寫)	<input type="checkbox"/> Gift 饋贈 <input type="checkbox"/> Inheritance 遺產 <input type="checkbox"/> Employee Benefit 員工福利 <input type="checkbox"/> Wealth Management 財富管理 <input type="checkbox"/> Others, please state 其他, 請註明: _____
12. Anticipated Level and Nature of Activities of Policy 預計與保單相關的活動情況及性質	Apart from fulfilling the relevant policy obligation, (e.g. paying the required premium and levy) and obtaining the relevant policy benefits (e.g. Dividend, Cash Bonus, Monthly Income, Guaranteed Education Fund, Monthly Pocket Money etc), if there are other anticipated activities (e.g. policy loan, transfer of policy ownership, reduction of sum insured etc), please specify details (e.g. nature, frequency and amount etc) 除履行有關保單的責任(如繳付所需保費及保費徵費)及獲取有關保單的利益(如獲派發紅利、現金獎賞、每月入息、保證教育基金、每月零用錢等)之外, 如預計另有其他的活動(如保單貸款、保單權益轉讓、退減保額等), 請列出詳情(如性質、次數及金額等): _____
13. Employment Status 職業狀況	<input type="checkbox"/> Self-Employed 自僱 <input type="checkbox"/> Full-time Employed 全職 <input type="checkbox"/> Part-time Employed 兼職 <input type="checkbox"/> Not Currently Employed 非在職 <input type="checkbox"/> Housewife 主婦 <input type="checkbox"/> Retired 退休 <input type="checkbox"/> Student 學生 Anticipated course end date 預計課程完成日期 (MM/YYYY) _____
14. Industry 行業	
15. Occupation 職業	
16. Job Title 職位	
17. Employment Start Date 任職日期(MM月/YYYY年)	
18. Name of Employer/Business 僱主/公司名稱	
19. Address of Employer/Business 僱主/公司地址	
20. Monthly Salary (HKD) 月薪(港幣)	<input type="checkbox"/> below 5,000 以下 (0) <input type="checkbox"/> 5,000 – 9,999 (1) <input type="checkbox"/> 10,000 – 14,999 (2) <input type="checkbox"/> 15,000 – 19,999 (3) <input type="checkbox"/> 20,000 – 29,999 (4) <input type="checkbox"/> 30,000 – 49,999 (5) <input type="checkbox"/> 50,000 – 69,999 (6) <input type="checkbox"/> 70,000 – 99,999 (7) <input type="checkbox"/> 100,000 – 199,999 (8) <input type="checkbox"/> 200,000 or above 或以上 (9)
21. Main source of income 主要收入來源	<input type="checkbox"/> Business Income 生意收入 <input type="checkbox"/> Inheritance 遺產 <input type="checkbox"/> Return on Investment 投資回報 <input type="checkbox"/> Salary 薪金 <input type="checkbox"/> Saving 儲蓄 <input type="checkbox"/> Others, please state 其他, 請註明: _____

22. Address in English 英文地址 (Please complete in English except the address is in Mainland China 除中國內地地址外，請以英文填寫。)	
Correspondence Address 通訊地址	Flat / Room 室 _____ Floor 樓 _____ Block / Tower 座數 _____ Building / Estate 大廈/屋苑名稱 _____ Street / Road 街道號數及名稱 _____ District 區域 _____ Country/Region 國家/地區 _____ Postal Code (For Overseas Address Only) 郵區編號(只適用於海外地址) _____
Permanent Address 永久住址 (if different from Correspondence Address 如與通訊地址不同)	<input type="checkbox"/> Same as Correspondence Address 與通訊地址相同 Flat / Room 室 _____ Floor 樓 _____ Block / Tower 座數 _____ Building / Estate 大廈/屋苑名稱 _____ Street / Road 街道號數及名稱 _____ District 區域 _____ Country/Region 國家/地區 _____ Postal Code (For Overseas Address Only) 郵區編號(只適用於海外地址) _____
Residential Address 住宅地址 (if different from Correspondence and Permanent Address 如與通訊及永久住址不同)	<input type="checkbox"/> Same as Correspondence Address 與通訊地址相同 <input type="checkbox"/> Same as Permanent Address 與永久住址相同 Flat / Room 室 _____ Floor 樓 _____ Block / Tower 座數 _____ Building / Estate 大廈/屋苑名稱 _____ Street / Road 街道號數及名稱 _____ District 區域 _____ Country/Region 國家/地區 _____ Postal Code (For Overseas Address Only) 郵區編號(只適用於海外地址) _____
Previous Address 前居住地址 (please complete if residing in Current Residential Address less than 1 year 若於現有住宅地址居住少於 1 年 請填寫此欄)	Flat / Room 室 _____ Floor 樓 _____ Block / Tower 座數 _____ Building / Estate 大廈/屋苑名稱 _____ Street / Road 街道號數及名稱 _____ District 區域 _____ Country/Region 國家/地區 _____ Postal Code (For Overseas Address Only) 郵區編號(只適用於海外地址) _____
23. E-mail address 電郵地址	
24. Telephone No. (Please provide at least one telephone no. with its country/region.) 聯絡電話(請最少提供一個聯絡電話及其所屬國家/地區。)	Home 住宅 <input type="checkbox"/> Hong Kong SAR 香港特別行政區 852- <input type="checkbox"/> US 美國 1- <input type="checkbox"/> China 中國 86- <input type="checkbox"/> Other Countries/Regions 其他國家/地區 _____ Telephone no. 聯絡電話 _____ Work 工作 <input type="checkbox"/> Hong Kong SAR 香港特別行政區 852- <input type="checkbox"/> US 美國 1- <input type="checkbox"/> China 中國 86- <input type="checkbox"/> Other Countries/Regions 其他國家/地區 _____ Telephone no. 聯絡電話 _____ Mobile 手提電話 <input type="checkbox"/> Hong Kong SAR 香港特別行政區 852- <input type="checkbox"/> US 美國 1- <input type="checkbox"/> China 中國 86- <input type="checkbox"/> Other Countries/Regions 其他國家/地區 _____ Telephone no. 聯絡電話 _____
25. US Tax ID (if applicable) 美國稅務編號(如適用)	
26. Local Tax ID (if applicable and optional)# 地方稅務編號 (如適用及非必要填寫)#	
27. Country/Region of Local Tax ID (if applicable and optional)# 地方稅務編號之國家/地區 (如適用及非必要填寫)	

**Details of Beneficiaries 受益人資料**

I appoint the following person(s) as Beneficiary of the Policy. This nomination supersedes all prior nominations. 本人指定下列人士為保單受益人。此項提名取代一切以往的提名紀錄。

**Details of the New Beneficiary(ies) (To be completed by New Policyholder) 新受益人資料 (由新保單持有人填寫)**

Details of Primary Beneficiaries 基本受益人資料 (If it is left blank, the Policyholder will be taken as the beneficiary. 如沒有填寫，受益人為保單持有人。)

Name 姓名	ID Type & No. 身份證明文件類別及號碼	Relationship to the Life Insured 與受保人關係	Beneficiary is under the age of 18* 受益人年齡為十八歲以下*	Trustee Details (for minor beneficiary(ies) of age below 18)* 受託人資料 (如受益人為十八歲以下未成年受益人)*		Contact Telephone No. and/or Email Address (Optional) 聯絡電話及/或電郵地址 (非必要填寫)	Percentage of Entitlement 領取利益之百分比
				Trustee Name (In English) 受託人姓名 (請以英文填寫)	Trustee ID Type & No. 受託人身份證明文件類別及號碼		
			<input type="checkbox"/> Yes 是				
			<input type="checkbox"/> Yes 是				
			<input type="checkbox"/> Yes 是				
			<input type="checkbox"/> Yes 是				
			<input type="checkbox"/> Yes 是				
						<b>Total 總計</b>	<b>100%</b>

**Details of the Secondary Beneficiary(ies) 次位受益人資料**

• If there is no primary beneficiary(ies) living at the time of the Life Insured's death, the secondary beneficiary(ies) will be taken as the beneficiary(ies) of this policy. 如受保人身故時所有基本受益人已離世，此保單的受益人將為次位受益人。

Name 姓名	ID Type & No. 身份證明文件類別及號碼	Relationship to the Life Insured 與受保人關係	Beneficiary is under the age of 18* 受益人年齡為十八歲以下*	Trustee Details (for minor beneficiary(ies) of age below 18)* 受託人資料 (如受益人為十八歲以下未成年受益人)*		Contact Telephone No. and/or Email Address (Optional) 聯絡電話及/或電郵地址 (非必要填寫)	Percentage of Entitlement 領取利益之百分比
				Trustee Name (In English) 受託人姓名 (請以英文填寫)	Trustee ID Type & No. 受託人身份證明文件類別及號碼		
			<input type="checkbox"/> Yes 是				
			<input type="checkbox"/> Yes 是				
			<input type="checkbox"/> Yes 是				
			<input type="checkbox"/> Yes 是				
			<input type="checkbox"/> Yes 是				
						<b>Total 總計</b>	<b>100%</b>

\* If the beneficiary(ies) is/are at her/his minority upon the death of the Life Insured of this policy, the above designated trustee(s) will be taken as the trustee(s) for the beneficiary(ies). 如保單內的受保人身故時受益人仍未成年，以上指定的受託人將會成為受益人的受託人。

Please state the reason if beneficiary is a charity organization: 如受益人為慈善機構，請列明原因： \_\_\_\_\_

Notes 注意事項：

1. If you would like to appoint the above person(s) as Irrevocable Beneficiary, please submit along with the respective document ID copy with signature and states "Irrevocable Beneficiary". 若閣下指定上述人士為不可撤換受益人，請一併遞交其附簽署的身份證明文件副本，及註明「不可撤換受益人」。
2. If a minor is nominated as an irrevocable beneficiary, a parent or legal guardian must sign on his or her behalf and provide relationship proof and ID copy. 若被指定的不可撤換受益人為未成年人，受益人父母或法定監護人必需代表受益人簽署及提供關係證明及身份證明文件副本。

# Data Privacy Notice

Notice relating to the Personal Data (Privacy) Ordinance

We protect your privacy. Read this notice to find out how we collect, store, use and share your personal data.

## 1

### HOW WE COLLECT AND STORE YOUR DATA

#### We collect your data

- when you interact with us, apply for and use our products and services
- visit our websites (please see the "Privacy and Security" section of [www.hsbc.com.hk](http://www.hsbc.com.hk) and refer to "Use of cookies policy" for details of how we use cookies)
- from other people and companies, including other HSBC group companies

We may store your data locally or overseas, including in the cloud. We apply our global data standards and policies wherever your data is stored.

We're responsible for keeping your data safe in compliance with Hong Kong law.

## 2

### WHAT WE USE YOUR DATA FOR

#### We use your data

- to send you direct marketing if you've consented to it
- to consider applications for, offer, provide and manage products and services  
*For example: (i) insurance, annuities, pensions and health and wellness products and services; (ii) educational materials; (iii) products and services relating to campaigns and promotions which you have signed up to*
- to design and improve our products, services and marketing
- to help us and other HSBC group companies comply with laws, regulations and requirements, including our internal policies, in or outside Hong Kong
- to detect, investigate and prevent financial crimes
- for the other purposes set out in section B

## 3

### WHO WE SHARE YOUR DATA WITH

#### We share your data with

- other HSBC group companies
- third parties who help us to provide services to you or who act for us
- third parties who you consent to us sharing your data with
- local or overseas law enforcement agencies, industry bodies, regulators or authorities
- the other third parties set out in section C

We may share your data locally or overseas.

#### You can access your data

You can request access to the data we store about you. We may charge a fee for this.

You can also ask us to

- correct or update your data
- explain our data policies and practices

#### You control your marketing preferences

You control whether you receive marketing from us.

You can change this at any time by contacting us.

#### You can contact us

[dfv.enquiry@hsbc.com.hk](mailto:dfv.enquiry@hsbc.com.hk)

The Data Protection Officer

HSBC, PO Box 72677,

Kowloon Central Post Office,

Hong Kong

## A Collect and store

### We may collect

- biometric, medical and health/lifestyle data such as your heart rate, BMI and steps count
- your geographic data and location data based on your mobile or other electronic device
- data from people who act for you or who you deal with through our services
- data from public sources, aggregators and other sources available to us
- data from policyholders or members of our insurance policies of which you benefit from or are insured by

If you don't give us data then we may be unable to provide products or services.

We may also generate data about you

- by combining information that we and other HSBC group companies have collected about you
- based on the analysis of your interactions with us and information which we have collected about you
- through the use of cookies and similar technology when you access our website or apps

## B Use

### We use your data to

- handle and take care of claims
- help us to comply with requirements or requests that we or the HSBC group have or receive such as legal or regulatory in or outside Hong Kong. Sometimes we may have to comply and other times we may choose to voluntarily comply
- conduct identity, medical or credit checks
- create and maintain the credit and risk related models of the HSBC group (such as underwriting models, health and wellness models and models/algorithms for data analytics and artificial intelligence)
- manage our business, including exercising our legal rights
- determine, pay or collect money owed to you or to us
- match data held by HSBC group companies for purposes listed in this notice
- provide personalised advertising to you on third party websites (this may involve us aggregating your data with data of others)
- other uses relating to the above or to which you have consented

### If you provide data about others

If you provide data to us about another person, you should tell that person how we will collect, use and share their data as explained in this notice.

## C Share

### We share your data with

- local or overseas bodies or authorities such as legal, regulatory, law enforcement, government and tax and any partnerships between law enforcement and the financial sector
- any person who is a party to a transaction (or a potential transaction) buying interest or assuming risk in an insurance policy, such as reinsurers
- payment recipients, beneficiaries or any person who act for our customer or you, or anyone whose data is provided for receiving benefits under an insurance policy or otherwise
- hospitals, clinics, medical practitioners, laboratories, technicians, loss adjustors, risk intelligence providers, legal advisers or private investigators who act for us
- any third party who we may transfer our business, policies or assets to so it can evaluate our business and use your data after any transfer
- partners and providers of reward, co-branding or loyalty programs, charities or non-profit organisations
- social media advertising partners (who can check if you have or use our products and services and send our adverts to you and advertise to people who have a similar profile to you)

We may share your anonymised data with other parties not listed above. If we do this you won't be identifiable from this data.

## D Direct Marketing

This is when we use your data to send you details about financial, insurance, pensions, annuities or related products, services and offers (such as health and wellness) and promotional campaigns provided or hosted by us or our co-branding, rewards or loyalty programme partners, charities or other third party financial institutions and service providers.

We may use data such as your demographics, the products and services that you're interested in, transaction behaviour, portfolio information, location data, social media data, analytics, health and wellness data and information from third parties when we market to you.

**We don't give your data to others for them to market their products and services to you.** If we ever wanted to do this, we'd get your separate consent.

This notice will apply for as long as we store your data. We'll send you the latest version at least once a year. If we use your data for a new purpose, we'll get your consent.

Note: In case of any discrepancies between the English and Chinese versions, the English version shall apply and prevail.

## 資料私隱通知

關於個人資料(私隱)條例的通知

我們致力保護您的私隱。請閱讀此通知，了解我們如何收集、儲存、使用及披露您的個人資料。

### 1

#### 我們如何收集及儲存您的資料

##### 我們收集您資料的途徑包括

- 您與我們互動，向我們申請及使用我們的產品和服務
- 您瀏覽我們網站(有關我們如何使用「cookies」的詳情，請參閱我們網站 [www.hsbc.com.hk](http://www.hsbc.com.hk) 進入「私隱與保安」閱覽「Use of cookies 政策」)
- 其他人士及公司(包括其他滙豐集團旗下公司)

我們可能將您的資料儲存於本地或海外，包括雲端。無論您的資料儲存於何處，均受我們的環球資料標準及政策約束。

我們有責任根據香港法律保護您的資料安全。

### 2

#### 我們如何使用您的資料

##### 我們將您的資料用於

- 經您同意後向您發送直接促銷資料
- 考慮申請、為您推薦、提供及管理產品與服務  
*例如：(i) 保險、年金、退休金、健康與保健產品及服務；(ii) 教育材料；(iii) 關於您已報名參與之活動及推廣的產品與服務*
- 設計及改進我們的產品、服務及市場推廣活動
- 幫助我們及其他滙豐集團旗下公司遵守香港或其以外的國家或地區的法律、法規和要求，包括我們的內部政策
- 偵測、調查及預防金融罪案
- B 部分所列的其他目的

### 3

#### 我們與誰披露您的資料

##### 我們與下列人士披露您的資料

- 其他滙豐集團旗下公司
  - 幫助我們向您提供服務或代表我們行事的第三方
  - 您同意我們與之披露您資料的第三方
  - 本地或海外執法機構、行業組織、監管機構或權力機關
  - C 部分所列的其他第三方
- 我們可能在本地或海外披露您的資料。

#### 您可查閱自己的資料

您可要求查閱我們所儲存有關您的資料。我們可能就此向您收取費用。

您可要求我們

- 改正或更新您的資料
- 說明我們的資料政策及慣例

#### 您可控制自己的市場推廣偏好

您可控制您會否從我們收取市場推廣資料。

您可隨時聯絡我們對此作出更改。

#### 您可聯絡我們

[dfv.enquiry@hsbc.com.hk](mailto:dfv.enquiry@hsbc.com.hk)

資料保護主任

香港上海滙豐銀行有限公司  
香港九龍中央郵政局  
郵政信箱 72677 號



## A 收集及儲存

### 我們或會

- 收集生物辨識、醫療及健康/生活模式資料，例如您的心跳率、身高體重指數及步數統計
- 基於您的流動或其他電子裝置收集您的地域及位置資料
- 從代表您的人士或您透過我們服務與之往來的人士收集資料
- 從公開渠道、資料整合機構及其他我們接觸得到的渠道收集資料
- 從您受益或受保於我們的保險下的保單持有人或保單成員收集資料

若您不向我們提供資料，我們可能無法提供產品或服務。

我們亦可能透過以下途徑衍生有關您的資料

- 整合我們及其他滙豐集團旗下公司收集的有關您的資料
- 分析您與我們的互動及我們已收集得來有關您的資料
- 於您瀏覽我們網站或應用程式時使用 cookies 或類似技術

## B 使用

### 我們將您的資料用於

- 處理及安排索償
- 幫助我們遵守包括香港或其以外的地區或國家的法律或監管機構對我們或滙豐集團現有或所收到的相關監管規定或要求。這些監管規定或要求可能是我們必須遵從或選擇自願遵從的
- 進行身份審查、身體檢查或信用審查
- 設立及維持滙豐集團的信貸及風險相關準則(例如承保準則、健康及保健準則，以及用於資料分析及人工智能的準則/算法)
- 管理我們業務，包括行使我們的法律權利
- 釐定、支付或收取欠您或欠我們的款項
- 與滙豐集團旗下公司所持有的資料核對，以供作本通知所列明的用途
- 於第三方網站上為您提供個人化廣告(這可能涉及我們將您與他人的資料進行整合)
- 與上述用途相關或經您同意的其他用途

### 若您提供他人的資料

若您向我們提供有關其他人士的資料，您應按本通知所述，告知該人士我們將如何收集、使用和披露其資料。

## C 披露

### 我們與下列人士披露您的資料

- 本地或海外的法律、監管、執法、政府和稅務等機構或權力機關，以及執法機構與金融業界之間的任何合作夥伴
- 交易(或潛在交易)下收購保單權益或承擔保單風險的一方，例如再承保人
- 收款人、受益人或任何為我們的客戶或您行事的人；或任何為收取保單賠償或為其他目的而資料被提供的人
- 代表或為我們提供服務的醫院、診所、醫生、化驗所、技術員、理賠員、風險情報提供機構、法律顧問或私家偵探
- 我們可能轉讓業務、保單或資產的任何第三方，以便其評估我們的業務及在轉讓後使用您的資料
- 獎賞、合作品牌或忠誠計劃的合作夥伴及供應商，以及慈善或非牟利機構
- 社交媒體廣告合作夥伴(可查看您是否擁有或使用我們的產品及服務，並向您及與您個人資料相似的人士發送我們的廣告)

我們可能與上文並未列出的其他人士披露您的匿名資料。在此情況下，有關資料將無法識別出您的身分。

## D 直接促銷

指我們使用您的資料向您發送由我們或我們的合作品牌、獎賞或忠誠計劃合作夥伴、慈善機構或其他第三方金融機構及服務供應商所提供或舉辦的金融、保險、退休金、年金或相關產品、服務和優惠詳情(例如健康與保健)及推廣活動的詳細資料。

向您進行市場推廣時，我們或會使用您的資料，例如人口統計資料、您感興趣的產品及服務、交易行為、投資組合資料、位置資料、社交媒體資料、分析、健康及保健資料和來自第三方的資料。

我們不會向他人提供您的資料，以供其向您推廣產品及服務。如有此意，我們會另行徵求您的同意。

本通知於我們儲存您的資料期間適用。我們亦會每年向您提供此通知的最新版本。若我們將您的資料用於新用途，則會徵求您的同意。

注意：中英文本如有任何歧義，概以英文本為準。



**Declaration by Existing Policyholder/Irrevocable Beneficiary (if any) 現時保單持有人及不可撤換受益人(如適用)的聲明書**

**Rights, claim and interests in and obligations of the Policy 保單的權利、賠償金、利益及責任**

Tick (“√”) this box to confirm that I/We agree and understand to transfer all of the rights, claim and interests in and obligations (including but not limited to policy loan and payment of premiums and levy(ies)) under the above policy to the New Policyholder stated above. I/We also understand that this transfer of ownership will automatically revoke the existing revocable beneficiary designation and terminate the existing Payor’s Benefit (if any) on the Policy. 在此方格內加上剔號(“√”), 即確定本人(等)同意及明白上述保單的權利、賠償金、利益及責任(包括但不限於保單貸款及繳付保費及保費徵費)將轉讓予上述新的保單持有人。本人(等)亦明白轉讓擁有權將自動撤銷現時指定的可撤換受益人及終止保單之供款保障(如適用)。

I/We understand and agree that: (i) a prescribed levy will be imposed on this policy by the Insurance Authority (“IA”) pursuant to section 134 of the Insurance Ordinance (Cap. 41) and it is my/our statutory duty to pay such prescribed levy required for this policy to the IA through HSBC Life (International) Limited (“the Company”); (ii) such levy payment should be made together with the premium payment to the Company for direct remittance to the IA within the remittance period as prescribed by the IA; (iii) subject to the applicable levy cap, the amount of levy payable for each premium payment is the amount of the premium multiplied by the applicable levy rate as prescribed by the IA from time to time; (iv) the policy date or the policy anniversary date is used to determine which levy rate is applicable for calculating the levy payable in a particular policy year. All subsequent premiums to be paid will also be subject to the applicable levy rate and levy cap; and (v) if I/we choose to make the payment by direct debit or credit card, the Company will debit the amount of my/our initial and/or regular premium required together with the applicable levy as prescribed by the IA from time to time, and therefore sufficient funds will be maintained in my/our bank/credit card account to pay the subsequent premiums and levy. 本人(等)明白並同意：(i) 根據《保險業條例》(第41章)第134條，保險業監管局(「保監局」)將按此保單收取訂明保費徵費及本人(等)有法定責任透過滙豐人壽保險(國際)有限公司(「貴公司」)繳付訂明保費徵費予保監局；(ii) 此保費徵費應與保費一同繳付予貴公司，並再由貴公司於保監局指明的轉付期內直接轉付予保監局；(iii) 需繳付的保費徵費是保單的每期保費金額與適用的徵費率之相乘，但受限於保監局不時訂明的適用徵費上限；(iv) 保單日期或保單周年日用於決定使用那個適用的徵費率以計算該保單年度應繳付的保費徵費，往後需繳付的保費亦會根據訂明的適用徵費率及徵費上限收取保費徵費；(v) 若本人(等)選擇以自動轉賬或信用卡付款，貴公司將從本人(等)的指定戶口收取首期及／或應付的定期保費及保監局不時訂明的適用保費徵費。本人(等)並同意會於本人(等)指定銀行／信用卡戶口維持足夠結餘以繳付往後保費及保費徵費。

**Signature 簽署**

<p><b>Signature of Existing Policyholder</b> 現時保單持有人簽署</p>  <p>_____</p> <p>Name 姓名： _____</p> <p>Date 日期： _____</p>	<p><b>Signature of Irrevocable Beneficiary (if any)</b> 不可撤換受益人簽署(如適用)</p>  <p>_____</p> <p>Name 姓名： _____</p> <p>Date 日期： _____</p>	<p><b>Signature of Witness (must be aged 18 or above and not the existing or new Policyholder)</b> 見證人簽署(必須為十八歲或以上及非現時或新保單持有人)</p>  <p>_____</p> <p>Name 姓名： _____</p> <p>Date 日期： _____</p>
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## Declaration by the New Policyholder 新保單持有人的聲明書

I/We, hereby confirm that I am/we are the ultimate beneficial owner(s) of the policy and can exercise ultimate effective control over it. Should there be any change in the ultimate beneficial ownership or control under the policy while it is in force, I/we shall inform HSBC Life (International) Limited immediately and provide such relevant information as it may require for the purpose of identifying the ultimate beneficial owner(s) of the policy. 本人(等)現確認本人(等)是保單的最終實益擁有人，並可以對保單享有最終有效控制權。如保單的最終實益擁有人或控制權在保單生效期間有任何變動，本人(等)將立即通知滙豐人壽保險(國際)有限公司及提供其所需的資料，作為對保單的最終實益擁有人進行身份核實。

I/We understand and agree that: (i) a prescribed levy will be imposed on this policy by the Insurance Authority ("IA") pursuant to section 134 of the Insurance Ordinance (Cap. 41) and it is my/our statutory duty to pay such prescribed levy required for this policy to the IA through HSBC Life (International) Limited ("the Company"); (ii) such levy payment should be made together with the premium payment to the Company for direct remittance to the IA within the remittance period as prescribed by the IA; (iii) subject to the applicable levy cap, the amount of levy payable for each premium payment is the amount of the premium multiplied by the applicable levy rate as prescribed by the IA from time to time; (iv) the policy date or the policy anniversary date is used to determine which levy rate is applicable for calculating the levy payable in a particular policy year. All subsequent premiums to be paid will also be subject to the applicable levy rate and levy cap; and (v) if I/we choose to make the payment by direct debit or credit card, the Company will debit the amount of my/our initial and/or regular premium required together with the applicable levy as prescribed by the IA from time to time, and therefore sufficient funds will be maintained in my/our bank/credit card account to pay the subsequent premiums and levy. 據《保險業條例》(第41章)第134條，保險業監管局(「保監局」)將按此保險單收取訂明保費徵費及本人(等)有法定責任透過滙豐人壽保險(國際)有限公司(「貴公司」)繳付訂明保費徵費予保監局；(ii)此保費徵費應與保費一同繳付予貴公司，並再由貴公司於保監局指明的轉付期內直接轉付予保監局；(iii)需繳付的保費徵費是保單的每期保費金額與適用的徵費率之相乘，但受限於保監局不時訂明的適用徵費上限；(iv)保單日期或保單周年日用於決定使用那個適用的徵費率以計算該保單年度應繳付的保費徵費，往後需繳付的保費亦會根據訂明的適用徵費率及徵費上限收取保費徵費；(v)若本人(等)選擇以自動轉賬或信用卡付款，貴公司將從本人(等)的指定戶口收取首期及/或應付的定期保費及保監局不時訂明的適用保費徵費。本人(等)並同意會於本人(等)指定銀行/信用卡戶口維持足夠結餘以繳付往後保費及保費徵費。By signing below, I/we agree that the Company may use and disclose all personal data about me/us that the Company currently or subsequently hold for the purposes as set out in the Data Privacy Notice which accompanies this form. 本人(等)在下方簽署即同意貴公司可按本表格隨附的關於資料私隱通知內列出的用途使用及披露貴公司現時或其後持有有關本人(等)的全部個人資料。

I/We agree that HSBC Life (International) Limited may, in connection with this Application, obtain my/our Common Reporting Standard (CRS) related information retained by The Hongkong and Shanghai Banking Corporation Limited (if applicable). If any of the CRS information is not up-to-date, I/we will provide HSBC Life (International) Limited with the updated information and if required, complete a new self-certification form. I/We hereby give consent to HSBC Life (International) Limited and The Hongkong and Shanghai Banking Corporation Limited to share between themselves my/our CRS related information. 本人(等)同意滙豐人壽保險(國際)有限公司有權向香港上海滙豐銀行有限公司索取本人(等)之「共同匯報標準」有關資料為本申請用途(如適用)。表格上之「共同匯報標準」資料如有任何變更，本人(等)會提供已適當更新的資料予滙豐人壽保險(國際)有限公司，如有需要，本人(等)將填寫一份新自我證明表格。本人(等)同意滙豐人壽保險(國際)有限公司及香港上海滙豐銀行有限公司共同使用本人(等)之「共同匯報標準」有關資料。

I 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。

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。

### New Policyholder Declaration 新保單持有人保障聲明

I/We confirm I am/We are applying for this insurance plan to meet my/our protection needs. 本人(等)確定申請此保障計劃，以切合本人(等)的保障需要。

Initial of policyholder 保單持有人簡簽

**Intention of opt-out from use of personal data in direct marketing 選擇拒絕在直接促銷中使用個人資料的意向**

We intend to use your personal data for direct marketing in accordance with our Data Privacy Notice if you consent to it. Please indicate your preference on the Company's use of your personal data in direct marketing by ticking the appropriate boxes below. 如您同意，我們將根據我們的資料私隱通知將您的個人資料用於直接促銷。請勾選下列相應的空格，表示您對本公司在接促銷中使用您的個人資料的喜好。

- Tick ("✓") this blank if you do not wish the Company to use your personal data in direct marketing. 如閣下不希望本公司在直接促銷中使用閣下的個人資料，請在此空格內加上剔號「✓」
- Tick ("✓") this blank if you do not wish the Company to provide your personal data to HSBC Group companies\* for their use in direct marketing. 如閣下不希望本公司將閣下的個人資料提供予

**The above represents your current intention on whether to receive direct marketing contact or information or not, and replaces any prior intention communicated by you to the Company.** 以上代表閣下目前就希望收到直接促銷聯繫或資訊的意向，並取代閣下先前向本公司傳達的任何意向。

Please note that your above intention applies to the direct marketing of the classes of products, services and/or subjects as set out in the Company's Data Privacy Notice attached to this form. Please also refer to the Notice on the kinds of personal data which may be used in direct marketing and the classes of persons to which your personal data may be provided from them to use in direct marketing. 請注意閣下以上的意向適用於就本表格隨附之本公司「關於資料私隱通知」中所列出的產品、服務及／或標題的類別的直接促銷。閣下亦可參閱該通知以得知在直接促銷中可使用的個人資料的種類，以及閣下的個人資料可提供予什麼類別的人士以供該等人士在直接促銷中使用。

\* In this indication, the term "HSBC Group companies" means HSBC Holdings plc and its group companies, where "group companies" has the same meaning given to it under the Companies Ordinance of Hong Kong SAR. 於本指示中，「滙豐集團公司」指滙豐控股有限公司及其集團公司，而「集團公司」具有香港特別行政區公司條例所定義的相同意思。

Initial of policyholder 保單持有人簡簽

**Signature 簽署**

**Signature of New Policyholder**  
新保單持有人簽署

Name 姓名: \_\_\_\_\_  
Date 日期: \_\_\_\_\_

**Signature of Assignee/Irrevocable Beneficiary (if any)**  
承讓人／不可撤換受益人簽署(如適用)

Name 姓名: \_\_\_\_\_  
Date 日期: \_\_\_\_\_

**Signature of Witness (must be aged 18 or above and not the existing or new Policyholder)**  
見證人簽署(必須為十八歲或以上及非現時或新保單持有人)

Name 姓名: \_\_\_\_\_  
Date 日期: \_\_\_\_\_

**Rights, claim and interests in and obligations of the Policy 保單的權利、賠償金、利益及責任**

- Tick ("✓") this box to confirm that I/We agree and understand that all of the rights, claim and interests in and obligations (including but not limited to policy loan and payment of premiums and levy(ies)) under the above policy will transfer to you. 在此方格內加上剔號("✓")，即確定本人(等)同意及明白上述保單的權利、賠償金、利益及責任(包括但不限於保單貸款及繳付保費及保費徵費)將轉讓予閣下。

**Please note that the objective(s) and need(s) of New Policyholder to above policy may not be the same as the Existing Policyholder. The New Policyholder is asked to make his/her own assessment on the ability to meet the premium payment obligations. Please consult your own independent legal and/or tax advisors prior to making any request. Any change will not be effective until it is accepted and recorded by the Company. Once accepted and recorded, the change will take effect as of the date you signed the request, subject to any payment we made or action we took before recording the change. If this change takes effect, New Policyholder shall assume all the obligations are bounded by and subject to the terms and conditions of the Policy.** 請注意，新保單持有人對上述保單的目標及需要或與現時保單持有人不同。新保單持有人須自行評估履行保單供款責任之能力。此保單權益轉讓，有可能涉及稅務及／或其他影響，請閣下在作出任何申請前自行諮詢獨立法律顧問／稅務顧問。保單權益轉讓須經本公司接納及記錄方可生效。一經接納及記錄，轉移擁有權自簽署申請書的當日起生效，但登記轉移前本公司已繳付的任何款項或已作出的行動，應予確認。在轉移擁有權生效的日期後，新保單持有人需承擔所有保單條款約束的責任及受保單條款和條件約束。

**For Bank Use**

<input type="checkbox"/> Client's ID copy attached <input type="checkbox"/> Client's original ID sighted	Staff Name and ID:	Servicing Staff IA No.	Branch Code and Chop
For new Policyholder <input type="checkbox"/> Bank customer (address proof is not required) <input type="checkbox"/> Non bank customer (address proof is required)	Contact No.:	Servicing Staff RI No.	

# Individual Tax Residency Self-Certification Form (CRS-I(HK)) (For Life Insurance)

## 個人稅務居民自我證明表格 (CRS-I(HK)) (人壽保險適用)

### Instructions 指示

Please read the following instructions before completing this form 請在填寫本表格前細閱以下指示：

#### Why are we asking you to complete this form?

To help protect the integrity of tax systems, governments around the world are introducing a new information-gathering and reporting requirement for financial institutions. This is known as the Common Reporting Standard (the "CRS").

Under the CRS, we are required to determine where you are a "tax resident" (this will usually be where you are liable to pay income taxes). If you are a tax resident outside the country/jurisdiction where your account is held, we may need to give the national tax authority this information, along with information relating to your accounts. That may then be shared between different countries'/jurisdictions' tax authorities.

Completing this form will ensure that we hold accurate and up to date information about your tax residency.

If your circumstances change and any of the information provided in this form becomes incorrect, please let us know immediately and provide an updated self-certification.

#### Who should complete the Individual Tax Residency Self-Certification Form?

Individual customers should complete this form. Sole trader customers should also complete this form with the owner's information.

If you need to self-certify on behalf of an entity (which includes businesses, trusts and partnerships), complete an "Entity Tax Residency Self-Certification Form" (CRS-E (HK)). Similarly, if you are a controlling person of an entity, complete a "Controlling Person Tax Residency Self-Certification Form" (CRS-CP (HK)). You can find these forms at [www.hsbc.com.hk/personal/form-centre.html](http://www.hsbc.com.hk/personal/form-centre.html).

For joint account holders, each individual will need to complete a separate form.

Even if you have already provided information in relation to the United States Government's Foreign Account Tax Compliance Act (FATCA), you may still need to provide additional information for the CRS as this is a separate regulation.

If you are completing this form on behalf of someone else, please ensure that you let them know that you have done so and tell us in what capacity you are signing in Part 3. For example, you might be completing this form as a custodian or nominee of an account, under a Power of Attorney or as a legal guardian on behalf of an account holder who is a minor.

#### Where to go for further information?

If you have any questions about this form or these instructions, please visit: [www.crs.hsbc.com/en/rbwm/hongkong](http://www.crs.hsbc.com/en/rbwm/hongkong) for Personal Banking customers; or visit [www.crs.hsbc.com/en/cmb/hongkong](http://www.crs.hsbc.com/en/cmb/hongkong) for Commercial Banking customers or [www.crs.hsbc.com/en/gpb](http://www.crs.hsbc.com/en/gpb) for Private Banking customers.

The Organisation for Economic Co-operation and Development ("OECD") has developed the rules to be used by all governments participating in the CRS and these can be found on the OECD's Automatic Exchange of Information ("AEOI") website, [www.oecd.org/tax/automatic-exchange/](http://www.oecd.org/tax/automatic-exchange/).

Please also visit the website of the Inland Revenue Department of the Government of the Hong Kong Special Administrative Region that sets out information relating to the implementation of AEOI in Hong Kong: [http://www.ird.gov.hk/eng/tax/dta\\_aeoi.htm](http://www.ird.gov.hk/eng/tax/dta_aeoi.htm). Meaning of terms and expressions used in this form (eg "account holder" and "reportable account") may be found under section 50A of the Inland Revenue Ordinance (Cap. 112).

If you have any questions on how to define your tax residency status, please visit the OECD website, [www.oecd.org/tax/automatic-exchange/](http://www.oecd.org/tax/automatic-exchange/) or speak to your tax advisor as we are not allowed to give tax advice.

#### 為何我們要求您填寫本表格？

為維護稅制完整，全球各地政府現正推出適用於金融／財務機構的資料收集及匯報新規例，名為共同匯報標準(簡稱「CRS」)。

根據 CRS 規定，我們必須確定您的「稅務居住地」(這通常是您有義務繳納薪俸稅的國家／地區)。若您的稅務居住地有別於所持賬戶的國家／稅務管轄區，我們可能需要將此情況及您的有關賬戶資料告知國家稅務機關，該等機關隨後或會將相關資料傳送給不同國家／稅務管轄區的稅務機關。

填妥本表格可確保我們持有您正確及最新的稅務居住地資料。

如您的情況有變，導致本表格內的任何資料不再正確，請立即告知我們，並提交一份已更新的自我證明表格。

#### 誰需填寫個人稅務居民自我證明表格？

個人銀行客戶須填寫本表格。獨資業務客戶亦須以擁有人的資料填寫本表格。

如您需代表實體(包括企業、信託和合夥)作自我證明，請填寫「實體稅務居民自我證明表格」(CRS-E (HK))。同樣地，如您是實體的控權人，請填寫「控權人稅務居民自我證明表格」(CRS-CP (HK))。這些表格載於 [www.hsbc.com.hk/zh-hk/personal/form-centre.html](http://www.hsbc.com.hk/zh-hk/personal/form-centre.html)。

每名聯名賬戶持有人須分別填寫一份表格。

即使您已就美國政府《外國賬戶稅務合規法案》(簡稱「FATCA」)提供所需的資料，您仍可能需就 CRS 提供額外資料，因為兩者為獨立的規例。

如您代表他人填寫本表格，請確保他們知悉此事，並在表格的第3部說明您以何種身分簽署本表格。例如：您可能是以賬戶的託管人或代名人身分，根據授權書以受權人身分或以未成年賬戶持有人的法定監護人身分填寫本表格。

#### 如何獲取更多資訊？

如對本表格或上述指示有任何疑問，個人銀行客戶請瀏覽 [www.crs.hsbc.com/zh-hk/rbwm/hongkong](http://www.crs.hsbc.com/zh-hk/rbwm/hongkong)；工商金融客戶請瀏覽 [www.crs.hsbc.com/zh-hk/cmb/hongkong](http://www.crs.hsbc.com/zh-hk/cmb/hongkong) 或私人銀行客戶請瀏覽 [www.crs.hsbc.com/en/gpb](http://www.crs.hsbc.com/en/gpb)。

經濟合作與發展組織(簡稱「經合組織」)已制訂規則，供參與 CRS 的所有政府使用，並載於經合組織的自動交換資料(簡稱「AEOI」)網站 [www.oecd.org/tax/automatic-exchange/](http://www.oecd.org/tax/automatic-exchange/)。

另請參閱香港特別行政區政府稅務局(簡稱「稅務局」)網站了解香港實施 AEOI 的詳情：[www.ird.gov.hk/chi/tax/dta\\_aeoi.htm](http://www.ird.gov.hk/chi/tax/dta_aeoi.htm)。有關本表格內所用詞彙的涵義(例如：「賬戶持有人」和「須申報賬戶」)，請參閱《稅務條例》(第112章)第50A條。

如您對判定您的稅務居民身分有任何疑問，請瀏覽經合組織網站 [www.oecd.org/tax/automatic-exchange/](http://www.oecd.org/tax/automatic-exchange/) 或諮詢您的稅務顧問。請恕我們不能提供稅務意見。

## Important Notes 重要提示

- **This is a self-certification form provided by an account holder to a reporting financial institution for the purpose of automatic exchange of financial account information. The data collected may be transmitted by the reporting financial institution to the Inland Revenue Department for transfer to the tax authority of another country/jurisdiction.**  
這是由賬戶持有人向申報金融 / 財務機構提供的自我證明表格，以作自動交換財務賬戶資料用途。申報金融 / 財務機構可把收集所得的資料交給稅務局，稅務局會將資料轉交到另一國家 / 稅務管轄區的稅務當局。
- **An account holder should report all changes in his/her tax residency status to the reporting financial institution.**  
如賬戶持有人的稅務居民身分有所改變，應盡快將所有變更通知申報金融 / 財務機構。
- **All parts of the form must be completed (unless not applicable or otherwise specified). If space provided is insufficient, continue on additional sheet(s). Information in fields/parts marked with an asterisk (\*) are required to be reported by the reporting financial institution to the Inland Revenue Department.**  
除不適用或特別註明外，必須填寫這份表格所有部分。如這份表格上的空位不夠應用，可另紙填寫。在欄 / 部標有星號(\*)的項目為申報金融 / 財務機構須向稅務局申報的資料。

## Part 1: Identification of Individual Account Holder 第 1 部：個人賬戶持有人的身分識辨資料

(For joint or multiple account holders, complete a separate form for each individual account holder.

對於聯名賬戶或多人聯名賬戶，每名個人賬戶持有人須分別填寫一份表格。)

Note 注意：Please tick where applicable. 請在適當的地方加上剔號。

Name of Account Holder 賬戶持有人的姓名	Title 稱謂： <input type="checkbox"/> Mr 先生 <input type="checkbox"/> Mrs 太太 <input type="checkbox"/> Miss 小姐 <input type="checkbox"/> Ms 女士 <input type="checkbox"/> Other 其他 _____														
	*Last Name or Surname 姓氏	*First or Given Name 名字	Middle Name(s) 中間名												
	Business Name (Sole Traders Only) 公司名稱(只適用於獨資業務)														
Hong Kong Identity Card or Passport Number 香港身份證或護照號碼															
Current Residence Address 現時住址	(eg Suite, Floor, Building, Street, District 例如：室、樓層、大廈、街道、地區)														
	*City 城市														
	(eg Province, State 例如：省、州)														
	*Country/Jurisdiction 國家 / 稅務管轄區														
	Post Code/ZIP Code 郵政編碼 / 郵遞區號碼														
Mailing Address 通訊地址 (Complete if different to the above current residence address 如通訊地址與上述現時住址不同，填寫此欄)	(eg Suite, Floor, Building, Street, District 例如：室、樓層、大廈、街道、地區)														
	City 城市														
	(eg Province, State 例如：省、州)														
	Country/Jurisdiction 國家 / 稅務管轄區														
	Post Code/ZIP Code 郵政編碼 / 郵遞區號碼														
*Date of Birth 出生日期	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> (dd/mm/yyyy 日/月/年)														



**Part 2 第2部：**

**\* Country/Jurisdiction of Tax Residence and Taxpayer Identification Number or its Functional Equivalent ("TIN")**  
**\* 國家 / 稅務管轄區及稅務編號或具有等同功能的識辨編號(以下簡稱「稅務編號」)**

Complete the following table indicating 提供以下資料，列明：

- (a) each country/jurisdiction where the account holder is a **resident for tax purposes**; and 賬戶持有人作為**稅務居民**的國家 / 稅務管轄區；及
- (b) the account holder's TIN for each country/jurisdiction indicated. 該國家 / 稅務管轄區發給賬戶持有人的**稅務編號**。

If the account holder is a tax resident of Hong Kong, the TIN is the Hong Kong Identity Card Number (HKID). 如賬戶持有人是香港稅務居民，稅務編號是賬戶持有人的香港身份證號碼。

If a TIN is unavailable, provide the appropriate reason A, B or C 如沒有提供稅務編號，必須填寫合適的理由：

- # **Reason A** - The country/jurisdiction where the account holder is a resident for tax purposes does not issue TINs to its residents.  
**理由 A** - 賬戶持有人的國家 / 稅務管轄區並沒有向其居民發出稅務編號。
- Reason B** - The account holder is unable to obtain a TIN. Explain why the account holder is unable to obtain a TIN if you have selected this reason.  
**理由 B** - 賬戶持有人不能取得稅務編號。如選取這一理由，解釋賬戶持有人不能取得稅務編號的原因。
- Reason C** - TIN is not required. Select this reason only if the authorities of the country/jurisdiction of residence do not require the TIN to be disclosed.  
**理由 C** - 賬戶持有人毋須提供稅務編號。國家 / 稅務管轄區的主管機關不需要賬戶持有人披露稅務編號。

Country/Jurisdiction of Tax Residence 國家 / 稅務管轄區	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，填寫理由 A、B 或 C	Explain why the account holder is unable to obtain a TIN if you have selected Reason B 如選取理由 B，解釋賬戶持有人不能取得稅務編號的原因
(1)			
(2)			
(3)			
(4)			
(5)			

**Part 3: Declarations and Signature 第3部：聲明及簽署**

I acknowledge and agree that (a) the information contained in this form is collected and may be kept by HSBC Life (International) Limited ("HSBC Life") for the purpose of automatic exchange of financial account information, and (b) such information and information regarding the account holder and any reportable account(s) may be reported by HSBC Life to the Inland Revenue Department of the Government of the Hong Kong Special Administrative Region and exchanged with the tax authorities of another country/jurisdiction or countries/jurisdictions in which the account holder may be resident for tax purposes, pursuant to the legal provisions for exchange of financial account information provided under the Inland Revenue Ordinance (Cap.112).

本人知悉及同意，滙豐人壽保險(國際)有限公司(「滙豐保險」)可根據《稅務條例》(第112章)有關交換財務賬戶資料的法律條文，(a)收集本表格所載資料並可備存作自動交換財務賬戶資料用途及(b)把該等資料和關於賬戶持有人及任何須申報賬戶的資料向香港特別行政區政府稅務局申報，從而把資料轉交到賬戶持有人的國家 / 稅務管轄區的稅務當局。

I also agree that the information contained in this form may be shared to and used by any member of the HSBC Group (meaning HSBC Holdings plc, its affiliates, subsidiaries, associated entities and any of their branches and offices) for the purposes of automatic exchange of financial account information provided under the Inland Revenue Ordinance as set out above.

本人亦同意滙豐集團成員(指滙豐控股有限公司、其附屬公司、子公司、聯營單位及彼等的任何分行及辦事處)可分享和使用本表格所載資料，以作上述提及有關稅務條例中自動交換財務帳戶資料的用途。

I certify that I am the account holder (or I am authorised to sign for the account holder) of all the account(s) currently held with HSBC Life by the individual identified in Part 1 of this form.

本人證明，就有關本表格第1部所述的個人現於滙豐保險持有的所有賬戶，本人是賬戶持有人(或本人獲賬戶持有人授權代其簽署)。

I undertake to advise HSBC Life of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect, and to provide HSBC Life with a suitably updated self-certification form within 30 days of such change in circumstances.

本人承諾，如情況有所改變，以致影響本表格第1部所述的個人的稅務居民身分，或引致本表格所載的資料不正確，本人會通知滙豐保險，並會在情況發生改變後30日內，向滙豐保險提交一份已適當更新的自我證明表格。

**I declare that the information given and statements made in this form are, to the best of my knowledge and belief, true, correct and complete.**

本人聲明就本人所知所信，本表格內所填報的所有資料和聲明均屬真實、正確和完備。

Signature 簽署     <b>X</b> Date (dd/mm/yyyy) 日期(日/月/年) :  Name 姓名	Capacity 身分 <input style="width: 100%;" type="text"/>  <i>(Indicate the capacity if you are not the individual identified in Part 1. If signing under a power of attorney, attach a certified copy of the +power of attorney. 如您不是第1部所述的個人，說明您的身分。如果您是以受權人身分簽署這份表格，須夾附該+授權書的核證副本。)</i>  + The power of attorney must be in a form accepted by HSBC Life. Please note that any existing Letter of Delegation provided by HSBC Life and signed by an account holder will not give the authority to the appointed attorney(s) to sign this form on behalf of the relevant account holder. 授權書必須採用滙豐保險認可的形式。請注意，由滙豐保險提供及經賬戶持有人簽署的任何現有授權書(Letter of Delegation)將不會授權委任的代理人代表有關的賬戶持有人簽署本表格。
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**WARNING: It is a serious offence under the Inland Revenue Ordinance if any person, in making a self-certification, makes a statement that is misleading, false or incorrect in a material particular AND knows, or is reckless as to whether, the statement is misleading, false or incorrect in a material particular. Heavy penalty may apply upon conviction.**

警告：根據《稅務條例》，如任何人在作出自我證明時，在明知一項陳述在要項上屬具誤導性、虛假或不正確，或罔顧一項陳述是否在要項上屬具誤導性、虛假或不正確下，作出該項陳述，即屬嚴重罪行。一經定罪，可致重罰。