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在索取、列印或填寫表格前，請閣下先詳閱下文。

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免責聲明

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當閣下填寫及簽署由網站下載之表格 [互聯網列印表格]，則被視作閣下已詳閱及明白電腦螢幕上出現之表格 [閱覽表格] 之內容，並同意表格內之所有條文。如該閱覽表格與互聯網列印表格出現任何不符、矛盾或分歧時，閣下同意並承諾不會提出任何異議。如閱覽表格與互聯網列印表格出現任何不符、矛盾或分歧時，概以閱覽表格為準。

周大福人壽有權隨時在認為適當情況下更新表格內容，並保留接受或拒絕閣下遞交之申請表格的權利。

更改地址及聯絡資料申請書
Change of Address & Contact Information Form

保單號碼 Policy Number	<input type="text"/>	保險代理人 / 保險經紀姓名 Name of the Insurance Agent / Insurance Broker	<input type="text"/>
保單持有人姓名 Name of Policy Owner	<input type="text"/>	保險代理人 / 保險經紀編號 Insurance Agent / Insurance Broker Code	<input type="text"/>
		保險代理人 / 保險經紀電話號碼 Insurance Agent / Insurance Broker Telephone No.	<input type="text"/>

重要事項
Important Notes

- 如提供英文地址，請以英文正楷填寫。 If address is provided in English, please write in BLOCK letters
- 若通訊地址或居住地址更改至香港以外之國家，請填寫第三部份「稅務居留司法管轄區」。
If the correspondence address or residential address is changed to a country outside Hong Kong, please complete section 3 <Jurisdiction of Tax Residence>
- 若保單持有人更改聯絡電話後沒有持有任何香港電話號碼，請填寫第三部份「稅務居留司法管轄區」。
If the policyowner do not have any telephone number in Hong Kong after the change of contact number, please complete section 3 <Jurisdiction of Tax Residence>.

第一部份 更改保單持有人地址
Part 1 Change of Address of the Policyowner

如欲替保單持有人名下的其他保單同樣地更改地址，請提供保單號碼：
To apply the change of address to other policies belonging to the same policyowner, please provide policy numbers:

更改通訊地址如下 Change of Correspondence Address as below

室 Flat / Room _____ 樓數 Floor _____ 座數 / 大廈 Block / Building _____
屋苑名稱 Name of Estate / Court _____
街道名稱及號碼 / 地段號碼 No. & Name of Street / Road / Lot No. _____ 地區 District _____ 香港 / 九龍 / 新界 HK / KLN / NT
省 # Province _____ # 國家 / 司法管轄區 # Country / jurisdiction _____ # 郵政編號 # Postal Code _____
如非香港地址必須填寫此項及請填寫第三部份「稅務居留司法管轄區」
Must be completed for addresses out of HK and Please complete section 3 <Jurisdiction of Tax Residence>.

注意 Notes

- 如需一併更改居住地址，請在「第四部份 - 其他聯絡資料更改」特別註明，並提交新居住地址證明。
If address change will be applied to residential address, please specify in "Part 4 - Other Contact Information Change" and provide address proof for the new residential address.
- 不接受郵政信箱為居住地址
Post Box is not accepted as residential address



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第二部份 更改保單持有人聯絡電話及電郵

Part 2 Change of Contact Phone Numbers & Email address of the Policyowner

手提：
Mobile: 香港 Hong Kong 中國 China
 美國 USA *其他國家 Other Country: _____ (_____)
* (國家/地區號碼 Country code) + 電話號碼 phone number

住宅：
Residential: 香港 Hong Kong 中國 China
 美國 USA *其他國家 Other Country: _____ (_____)
* (國家/地區號碼 Country code) + 電話號碼 phone number

公司：
Office: 香港 Hong Kong 中國 China
 美國 USA *其他國家 Other Country: _____ (_____)
* (國家/地區號碼 Country code) + 電話號碼 phone number

* 請註明國家名稱及 Please Specify the Name of Country
*如非香港號碼必須提供國家號碼 Country code must be provided for the phone numbers out of Hong Kong

電郵地址

E-Mail Address: _____

第三部份 稅務居留司法管轄區

Part 3 Jurisdiction of Tax Residence

請保單持有人回答以下問題 The following questions shall be answered by the Policyowner:

以下問題只適用於如保單持有人的：1) 通訊地址／目前或永久居住地址更改至香港以外之國家及／或 2) 聯絡電話更改至非香港電話號碼 (更改後沒有在香港的電話號碼)

The following questions are only applicable where the policy owner's 1) correspondence address / current or permanent address is changed to a country other than Hong Kong and/or 2) contact phone number is changed to a non-Hong Kong phone number (with no telephone number in Hong Kong after change)

- 1 閣下是否香港稅務居民?
Are you a Hong Kong tax resident? 是 Yes (請回答第2題 Please proceed to Q2)
 否 No (請提交「自我證明表格」及下列證明文件* Please submit Self-Certification form and provide documentary evidence* as follows)
- 2 香港是否為閣下唯一所屬的稅務居留司法管轄區?
Is Hong Kong the only tax resident jurisdiction you belong to? 是 Yes (請提供下列證明文件* Please provide documentary evidence*)
 否 No (請提交「自我證明表格」及下列證明文件* Please submit Self-Certification form and provide documentary evidence* as follows)

* 提供下列兩項其中一項證明文件* Please provide us with one of the following two pieces of documentary evidence:

- 由某司法管轄區的認可政府當局(例如, 政府或其部門或市政當局)所發出的居民身份證明書, 以證明閣下為其稅務居民
A certificate of residence issued by an authorized government body (for example, a government or agency thereof, municipality) of the jurisdiction to which you claim to be a resident for tax purposes
- 由某司法管轄區的認可政府當局所發出的有效身份證明, 此證明文件載有閣下的姓名, 並且一般用作識別身份用途
A valid identification issued by an authorized government body that includes the individual's name and is typically used for identification purposes

第四部份 其他聯絡資料更改 Part 4 Other Contact Information Change

個人資料收集聲明 Personal Information Collection Statement

本人 / 我們確認本人 / 我們已閱讀及明白周大福人壽保險有限公司 (以下簡稱“周大福人壽”) 之個人資料收集聲明 (“該聲明”)。本人 / 我們聲明及同意貴公司可根據該聲明所述的任何目的收集及 / 或持有、使用及/或披露/分享任何個人資料 (不論是否從此表格或以其他方式獲得)。本人 / 我們明白本人 / 我們必須於此表格提供所須資料, 否則貴公司將可能無法執行該聲明之目的及 / 或向本人 / 我們提供產品或服務。本人 / 我們確認及同意本人 / 我們的個人資料可能披露/共享給該聲明所指明的第三方; 執法機構; 保險業就現有資料而對所提供的資料作出分析和檢查而使用的數據庫或登記冊作出於該聲明所述的任何目的。本人/我們明白該聲明的最新版本可於周大福人壽的網址下載: www.ctflife.com.hk, 及可向貴公司索取。

I /We confirm that I/we have read and understood Chow Tai Fook Life Insurance Company Limited (“CTF Life”)’s Personal Information Collection Statement (“PICS”). I/We declare and agree that any personal data CTF Life may collect and/or hold, use and/or disclose/share with (whether contained in this form or otherwise obtained) in accordance with the Purposes as set out in the PICS. I/We understand that if I/we do not provide the required personal data, CTF Life may not be able to perform the Purposes and/or provide products or services to me/us. I/We acknowledge and agree that my/our personal data may be disclosed/shared with specified parties in the PICS; law enforcement authorities; databases or registers used by the insurance industry to analyse and check information provided against existing information for any of the Purposes stated in the PICS. I/We understand the updated version of the PICS is available for download from CTF Life’s website: www.ctflife.com.hk, and will be made available upon request.



聲明、同意及授權 Declaration, Agreement and Authorizations

本人謹此聲明及同意 (1) 上述一切資料、陳述及問題的所有答案，無論是否由本人親手所寫，就本人所知所信均為事實之全部並確實無訛；(2) 周大福人壽有權要求本人或可能有權獲得保單價值或更改保單受益人的任何其他人士包括但不限於任何索償人、受益人和受讓人(以及任何以上人士之遺囑執行人、遺產管理人或遺產代理人) (本第(2)段所述的各人士稱為「相關人士」) 提供周大福人壽可能合理索取的資料及附助確證的文件 (及／或填寫及簽署與此相關的文件)，包括但不限於姓名、出生地點、住宅和郵遞地址、納稅人識別編號、社會安全號碼、國籍、居留地、稅務居留地及相關人士在報稅或納稅責任方面須遵守的稅制；(3) 本人將就本人的處境上的任何改變或本人可能曾不時向周大福人壽提供的關於上述保單或周大福人壽簽發的其他保單的資料的更改或增加從速通知周大福人壽，包括若相關人士的身分有所改變，而且本人承諾會在處境發生改變後的30日內向周大福人壽提交一份已適當更新的自我證明表格，並且周大福人壽有權要求其他各相關人士就其個人資料的任何變化或增加通知周大福人壽；(4) 為確保周大福人壽能履行適用於周大福人壽或周大福人壽應該遵守的有關披露或使用資料的責任，規定或安排(「該等責任」)，此包括但不限於其在美国《海外賬戶稅收合規法案》(「海外賬戶稅收合規法案」) 的責任為及為自動交換財務帳戶資料的目的在香港《稅務條例》的責任，本人將應周大福人壽不時就上述保單提出的合理要求在其所定的時限內填妥並簽署文件、提供文件證據並採取行動；(5) 周大福人壽在某些情況下可能必須將《海外賬戶稅收合規法案》預扣稅強制加於其從閣下的保單所作出的付款或保單所收到的款項。目前，周大福人壽只在下列情況可能必須採取上述行動(a)倘若香港稅務局沒有根據香港與美國簽訂的跨政府協議(及香港與美國簽訂的相關的稅務資料交換協定)與美國稅務局(「美國稅務局」)交換資料，及(b)若本人或任何其他相關人士或賬戶持有人為非參與協議的海外金融機構；則周大福人壽可能必須從保單所收到的可預扣款項扣減或扣起《海外賬戶稅收合規法案》預扣稅並將其匯付給美國稅務局。不論如何，本人同意周大福人壽為確保其履行該等責任可把上述的及適用法律不時訂明的必要資料向香港及海外的稅務機構披露及轉移及同意本人的資料將被用作與其他司法管轄區的稅務機構交換資料，及本人謹此放棄禁止或限制該等披露的權利(如有)。

I HEREBY DECLARE AND AGREE that (1) all the above information, statements and answers to all the questions in this form whether or not in my own handwriting are to the best of my knowledge and belief, complete and true; (2) CTF Life shall have the right to request me or any other person who may be entitled to access the policy value or change a beneficiary under the policy including without limitation any claimant, beneficiary and assignee (and the executor, administrator or personal representative of any of the above) (each person in this paragraph (2), a "Relevant Person"), to provide (and/or complete and sign such document relating to) such information and supporting documentation as CTF Life may reasonably require including without limitation, name, place of birth, residential and mailing addresses, taxpayer identification number, social security number, citizenship, residency, tax residency and the tax regime(s) to which the Relevant Person is subject in respect of tax reporting or payment responsibility); (3) I shall update CTF Life promptly on any change of circumstances or any change or addition to the information that I may have provided to CTF Life from time to time in relation to the captioned policy or other policies or other policies issued by CTF Life, including change in the identity of a Relevant Person; and CTF Life shall have the right to request each other Relevant Person to update it of any change or addition to their information, and I undertake to provide CTF Life with a suitably updated self-certification form within 30 days of such change in circumstances; (4) I shall complete and sign such documents, provide documentary evidence and take such actions within such timeframe as CTF Life may reasonably require from time to time to enable it to comply with the obligations, requirements or arrangements for disclosing or using data that apply to it or with which it is expected to comply (the "Obligations"), these include but are not limited to its obligations under the US Foreign Account Tax Compliance Act ("FATCA") and the Inland Revenue Ordinance of Hong Kong in respect of the captioned policy for the purpose of automatic exchange of financial account information; (5) CTF Life could, in certain circumstances, be required to impose FATCA withholding tax on payments made to or which it makes from the policy. Currently the only circumstances in which CTF Life may be required to do so are (a) if the Hong Kong Inland Revenue Department fails to exchange information with the US Internal Revenue Service ("IRS") under the Intergovernmental Agreement between Hong Kong and the US (and the relevant tax information exchange agreement between Hong Kong and the US), and (b) if I am or any other Relevant Person or account holder is a non participating foreign financial institution; then CTF Life may be required to deduct or withhold FATCA withholding tax on withholdable payments made to the policy and remit that to the IRS. In any event, I consent to the disclosure and transfer of the required information stated above and as prescribed by applicable laws from time to time from CTF Life to the tax authorities both in Hong Kong and outside Hong Kong and the exchange of information with tax authorities of other jurisdictions to ensure CTF Life complies with the Obligations, and I waive all rights I have (if any) to prohibit or restrict such disclosure.

本人明白若中、英文兩個版本有任何抵觸或不相符之處，應以英文版本為準。

I understand that if there is any inconsistency or ambiguity between the English version and the Chinese version, the English version shall prevail.

本人確認，本人已經細讀本「聲明、同意及授權」章節的以上段落；本人完全明白本章節以上段落的含義，亦明白本人根據本章節以上段落作出的同意、豁免及確認均不可撤銷。本人進一步同意，對於本人／相關人士由於周大福人壽採取以上段落准許的行動而蒙受的任何代價或損失，周大福人壽概不負責。

I confirm that I have read the above paragraphs in this "Declaration, Agreement and Authorizations" section; I fully understand the implications of the above paragraphs in this section; our agreement, waiver and confirmations given under the above paragraphs in this section are irrevocable. I further agree that CTF Life shall not be liable for any costs or loss that I/the Relevant Person may incur because of CTF Life taking any of the actions permitted by the above paragraphs.

保單持有人簽署
Signature of Policy Owner

簽署日期(日/月/年)
Date of Signature(DD/MM/YY)

見證人 / 保險代理人 / 保險經紀簽署
Signature of Witness / Insurance Agent / Insurance Broker

姓名:
Name: _____
保險代理人 / 保險經紀編號:
Insurance Agent / Insurance Broker Code: _____

由保險代理人 / 保險經紀填寫 To be completed by Insurance Agent / Insurance Broker:

紀錄上的保險代理人 / 保險經紀編號 Insurance Agent / Insurance Broker Code on record: _____

服務保險代理人 / 保險經紀編號 Requesting Service Insurance Agent / Insurance Broker Code: _____

