

First Policy No.:
第一份保單編號:Second Policy No.:
第二份保單編號:

REQUEST FOR CHANGE OF PERSONAL DATA 更改個人資料申請書 (A17)

Name of insured:
受保人姓名:Name of Policy Owner:
保單持有人姓名:

Please complete in BLOCK letters. 請用正楷填寫。 Please tick (✓) the appropriate box for request service(s). 請於適當方格內填上「✓」號。

 1. Change of Personal Data 更改個人資料 (No need to fill in below box if personal data remains unchanged 如無須更改個人資料, 請不必填寫下列方格)

Please provide copy of Identification Card and copy of supporting document 請提供身份證明文件副本及有關證明文件之副本

<input type="checkbox"/> Policy Owner 保單持有人	<input type="checkbox"/> Insured 受保人	<input type="checkbox"/> Assignee 承讓人
Name in English (As shown on ID Card /Birth Certificate/ Passport) 英文姓名 (以身份證/出生證書/護照為準) Family Name 姓氏 Given Name 名		Gender 性別 <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女 Date of Birth 出生日期 MM DD YY 月 日 年
Name in Chinese (if any) 中文姓名 (如有)		ID Card /Birth Certificate/ Passport 身份證/出生證書/護照
<input type="checkbox"/> Change of Specimen Signature 更改簽名式樣		

<input type="checkbox"/> Policy Owner 保單持有人	<input type="checkbox"/> Insured 受保人	<input type="checkbox"/> Assignee 承讓人
Name in English (As shown on ID Card /Birth Certificate/ Passport) 英文姓名 (以身份證/出生證書/護照為準) Family Name 姓氏 Given Name 名		Gender 性別 <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女 Date of Birth 出生日期 MM DD YY 月 日 年
Name in Chinese (if any) 中文姓名 (如有)		ID Card /Birth Certificate/ Passport 身份證/出生證書/護照
<input type="checkbox"/> Change of Specimen Signature 更改簽名式樣		

 2. Change of Contact Information 更改聯絡資料

If Country/Region of the address or Country/Area code of the telephone of Policy Owner is changed, Please also complete Part 4 "Self-Certification of Individual Tax Residence".

如保單持有人的地址之國家/地區或電話號碼之國家/地區號碼有更改, 請完成第4部分「自我證明個人稅務居民身份」。

Change Contact Info through YFLink,
Fast and Simple!透過 YFLink 更改聯絡資料,
更快捷方便!

Correspondence Address (If not specified, Correspondence Address will be treated as Residential and Permanent Address.) 通訊地址 (如沒有指明, 通訊地址將視為住址及永久地址)	Flat/Room 室 _____ Floor 樓 _____ Block 座 _____ Building/Estate Name 大廈/屋苑名稱 _____ No. & Name of Street/Lot No. 街道名稱及號數/地段號數 _____
<input type="checkbox"/> Applicable to all of my policies 適用於本人名下所有保單 *(For address outside Hong Kong / Macau only 只適用於香港/澳門以外地址)	*Province 省份 _____ District/City 地區/城市 _____ HK/KLN/NT/MC 香港/九龍/新界/澳門 _____ *Country 國家 _____ *Postal code 郵區編號 _____

Home/Mobile Phone/Office Number 住宅/流動電話/公司號碼	If it is a foreign phone number, please also provide country code and area code. 如為非本地電話號碼, 請同時提供國家及地區號碼
--------------------------------------------------------	-------------------------------------------------------------------------------------------------------------

<input type="checkbox"/> Policy Owner 保單持有人	Home 住宅	Mobile Phone 流動電話	Office 公司
<input type="checkbox"/> Insured 受保人	()	()	()
<input type="checkbox"/> Assignee 承讓人	()	()	()
<input type="checkbox"/> Policy Owner 保單持有人	Home 住宅	Mobile Phone 流動電話	Office 公司
<input type="checkbox"/> Insured 受保人	()	()	()
<input type="checkbox"/> Assignee 承讓人	()	()	()

Residential Address 住址 (Please submit proof of Residential Address. 請遞交住址證明。)

If Correspondence Address is different from Residential / Permanent Address, please specify below 如閣下之通訊地址/永久地址與地址不同, 請填寫本項

If Residential Address is different from Permanent Address, please state in the "Others" column and provide proof of Residential and Permanent Address.

如住址與永久地址不同, 請於「其他」項目內註明, 並提供住址及永久地址的證明。

<input type="checkbox"/> Policy Owner 保單持有人
<input type="checkbox"/> Insured 受保人



Registered Office Address 註冊辦事處地址 (if not specified, your Registered office address will be treated as Business and Correspondence Address. (如沒有指明, 閣下的註冊辦事處地址將視為營業及通訊地址))			
Flat/Room 室	Floor 樓	Block 座	Building/Estate Name 大廈/屋苑名稱
No. & Name of Street/Lot No. 街道名稱及號數/地段號數			District/City 地區/城市
HK/KLN/NT/MC 香港/九龍/新界/澳門	*Province 省份	*Country 國家	*Postal code 郵區編號

*(For address outside Hong Kong/Macau only 只適用於香港/澳門以外地址)

Business Address 營業地址 (If Business Address is different from Registered Office Address, please specify below. 如閣下之營業地址與註冊辦事處地址不同, 請填寫本項。)	
Postal code (if applicable) 郵區編號(如適用)	
Correspondence Address 通訊地址 (If Correspondence Address is different from Registered Office Address, please specify below. 如閣下之通訊地址與註冊辦事處地址不同, 請填寫本項。)	
Postal code (if applicable) 郵區編號(如適用)	

3. Change of Nationality or Permanent Residence 更改國籍或永久居留權地區

<input type="checkbox"/> Insured 受保人	Nationality 國籍 If more than 1 nationality, please specify in "Others" 如多於一個國籍, 請於「其他」詳列	<input type="checkbox"/> HK 香港
<input type="checkbox"/> Policy Owner 保單持有人		<input type="checkbox"/> Macau 澳門
	<input type="checkbox"/> China 中國 <input type="checkbox"/> Others 其他 _____	<input type="checkbox"/> Others 其他 _____

4. Self-Certification of Individual Tax Residence 自我證明個人稅務居民身份

Note:

(i) This is a self-certification form provided by Declarer to YF Life Insurance International Limited ("the Company") for the purpose of automatic exchange of financial account information. The data collected may be transmitted by the Company to Inland Revenue Department for transfer to the tax authority of another jurisdiction.

(ii) All parts in this section must be completed (unless not applicable or otherwise specified). If space provided is insufficient, please continue on Form G03.

(iii) Taxpayer Identification Number or its functional equivalent is abbreviated as "TIN".

(iv) If the Declarer is a tax resident of Hong Kong/Macau, the "TIN" is the Hong Kong/Macau ID number.

(v) If the Declarer has any questions regarding his/her tax residency or related information, please seek independent professional advice from legal or tax expert(s) or visit the website of the Hong Kong Inland Revenue Department/Macau Government for details.

(vi) This supplement form is considered as a part of application of the above policy(ies).

(vii) Please read instructions and glossary in below websites before completing the form:
Hong Kong: http://www.ird.gov.hk/chi/tax/aeoi/self_cert.htm Macau: <https://www.dsf.gov.mo/AEOI/?lang=zh&FormType=3#top>

注意事項:

(1) 這是由申報人向萬通保險國際有限公司(本公司)提供的個人稅務居民身份聲明,以作自動交換財務帳戶資料用途。本公司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稅務管轄區的稅務當局。

(2) 此部份的所有項目必須完成(除不適用或另有規定)。如提供的空間不足,請於補充文件 G03 內完成。

(3) 稅務編號或具有等同功能的識別編號以下簡稱為「稅務編號」。

(4) 如申報人屬於香港/澳門稅務居民,其「稅務編號」為香港/澳門身份證號碼。

(5) 如申報人對於稅務居民身分或相關資料有任何疑問,請向法律或稅務專家尋求獨立專業意見或參考香港稅務局/澳門政府網頁以索取詳情。

(6) 此補充問卷會視為以上保單編號申請書的一部份。

(7) 填表前請先細閱以下連結之指引及定義摘要:
香港: http://www.ird.gov.hk/chi/tax/aeoi/self_cert.htm / 澳門: <https://www.dsf.gov.mo/AEOI/?lang=zh&FormType=3#top>

Part 1 Declarer's U.S. Tax Status Declaration (Please read remarks on page 3) 第一部份 美國稅務身份聲明 (請參閱第三頁之備註)

1a. Are you a U.S. person, being a U.S. citizen, U.S. resident for U.S. federal income tax purposes or U.S. Resident Alien (i.e., U.S. Green Card holder)? 申報人是否美國人士、美國公民、符合美國所得稅目的之美國居民,或擁有美國居民身份之外僑(即美國綠卡持有人)?	1b. Were you born in the U.S.? 申報人的出生地是否為美國?
<input type="checkbox"/> Yes 是 → Please submit Form W-9 and fill-in U.S. tax residence and U.S TIN in the below "Jurisdiction of Residence List". 請提交美國稅務表格之W-9表格並於「居留司法管轄區明細表」填寫有關美國稅務居留司法管轄區及美國稅務編號的資料。	<input type="checkbox"/> Yes 是 → Please submit Form W-9 or W-8 and fill-in U.S. tax residence and U.S TIN in the below "Jurisdiction of Residence List" (if applicable). 請提交美國稅務表格之W-9或W-8並於「居留司法管轄區明細表」填寫有關美國稅務居留司法管轄區及美國稅務編號的資料(如適用)。
<input type="checkbox"/> No 否	<input type="checkbox"/> No 否

Part 2 Declarer's Tax Residency 第二部份 申報人的稅務居民身份

2a. Are you tax resident of Hong Kong/Macau? 申報人是否為香港/澳門的稅務居民?	2b. Are you tax resident of other jurisdictions (other than Hong Kong/Macau)? 申報人是否為其他司法管轄區(香港/澳門除外)的稅務居民?
<input type="checkbox"/> Yes 是 → Please fill-in the below "Jurisdiction of Residence List" 請填寫以下「居留司法管轄區明細表」	<input type="checkbox"/> Yes 是 → Please fill-in the below "Jurisdiction of Residence List" 請填寫以下「居留司法管轄區明細表」
<input type="checkbox"/> No 否	<input type="checkbox"/> No 否

If the answer of above questions is "No", please provide explanation in "Supplementary Information".
如以上問題同時答「否」,請於「補充資料」解釋原因。

If a TIN is unavailable, please provide the appropriate reason:

Reason A - The jurisdiction where the Declarer is a resident for tax purposes does not issue TINs to its residents.

Reason B - The Declarer is unable to obtain a TIN. Please explain why the Declarer is unable to obtain a TIN if you have selected this reason.

Reason C - TIN is not required. Select this reason only if the authorities of the jurisdiction of residence do not require the TIN to be disclosed.

如未能提供「稅務編號」,請提供其原因:

理由A - 申報人的居留司法管轄區並沒有向其居民發出「稅務編號」。

理由B - 申報人不能取得「稅務編號」。如選取這一理由,必須解釋申報人不能取得「稅務編號」的原因。

理由C - 申報人毋須提供「稅務編號」。居留司法管轄區的主管機關不需要申報人披露「稅務編號」。



Jurisdiction of Residence List 居留司法管轄區明細表

Jurisdiction of Residence 居留司法管轄區	TIN 「稅務編號」	Enter Reason A, B or C if no TIN is available 如未能提供「稅務編號」， 需填寫理由A、B或C	Explain why the Declarer is unable to obtain a TIN if Reason B has been selected 如選取理由B， 需解釋申報人不能取得「稅務編號」原因

Supplementary Information 補充資料

<input type="checkbox"/> 5. Others 其他 (Please specify below) (請詳列)	Company Endorsement (For Office Use Only) 公司批註專用
--------------------------------------------------------------------	--------------------------------------------------

Part 3 Acknowledgement and Agreement relating to Reporting and Withholding Obligations under Applicable Requirements

第三部份 適用的規定下之申報及預扣責任聲明及協議

I / We acknowledge that YF Life Insurance International Ltd. ("the Company") may be obliged to comply with any applicable (local or overseas) requirements of whatever nature prescribed by any (local or overseas) authorities (regulatory, self-regulatory or otherwise) (the "Authorities" and each an "Authority"); and / or any (present or future) commitments or agreements with any Authority; and as amended from time to time (the "Applicable Requirements"), including but not limited to the implementation of the U.S. Foreign Account Tax Compliance Act pursuant to the intergovernmental agreement between Hong Kong/ Macau (where applicable) and the U.S. and the implementation of the Common Reporting Standard issued by the Organisation for Economic Co-operation and Development pursuant to the Hong Kong Inland Revenue (Amendment) (No. 3) Ordinance 2016/ Macau laws and regulations (where applicable).

In this connection, notwithstanding anything contained in this form or any policies or agreements between me / us and the Company, I / we irrevocably agree to provide the Company with all assistance and / or to waive all applicable (legal, regulatory or otherwise) restrictions as may be necessary to enable the Company to comply with the Applicable Requirements. In particular (but without limitation), I / we irrevocably agree that:

- (a) I / We will provide the Company with further information and / or prescribed documents within such time as may be required by the Company;
- (b) The Company may disclose to any Authority (such disclosure may be effected via the Head Office of the Company if applicable) any information about (i) any of my / our policy(ies) (whether the policy(ies) is / are in force or otherwise); and / or (ii) me / us and any Consenting Person as defined hereinafter; and
- (c) The Company may withhold any payments otherwise payable to me / us or to any Consenting Person as defined hereinafter (and pay the withheld amounts to the relevant Authorities if required).

"Consenting Person" in relation to an insurance policy means any person who is / will be entitled to the policy's value or to receive a payment / benefit under the policy, or in relation to a trust arrangement means the settlor, the trustees, the protector, the beneficiaries / class of beneficiaries or any other natural person exercising ultimate effective control over the trust. I / We confirm that I / we have obtained the requisite consent and agreement from each Consenting Person to enable the Company to comply with the Applicable Requirements and to exercise the rights and powers of the Company set out above.

The Company shall not be liable for any costs, loss or damages that I / we or any Consenting Person may incur because of the Company taking any actions for compliance with the Applicable Requirements. If I / we have any doubt on the impact of the aforesaid on me / us or my / our legal or tax position, I / we should seek independent professional advice.

I acknowledge and agree that (a) the information contained in this form is collected and may be kept by the financial institution for the purpose of automatic exchange of financial account information, and (b) such information and information regarding the Policyholder and any reportable account(s) may be reported by the financial institution to the Inland Revenue Department of the Government of the Hong Kong Special Administrative Region/ Financial Services Bureau of the Government of Macau Special Administrative Region and exchanged with the tax authorities of another jurisdiction or jurisdictions in which the Policyholder may be resident for tax purposes, pursuant to the legal provisions for exchange of financial account information provided under the Hong Kong Inland Revenue Ordinance (Cap.112)/ Macau laws and regulations. I certify that I am the Policyholder / I am authorized to sign for the Policyholder of all the account(s) to which this form relates. I undertake to advise YF Life Insurance International Limited ("the Company") 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 the Company with a suitably updated self-certification form within 30 days of such change in circumstances. 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.

Pursuant to FATCA or other applicable local laws, I hereby consent to the Company to report my/our personal data to the U.S. or other applicable local judicial, regulatory or tax authorities where necessary in order to comply with FATCA or other applicable local laws.

This section shall survive the termination, cancellation and surrender of any of my / our policy(ies).

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/我們確認萬通國際有限公司(「貴公司」)須遵從由(本地或海外)任何機構(包括監管機構、行業監管機構或其他,以下簡稱「監管機構」)不時頒布及修訂適用的任何性質的要求,或與任何監管機構(現在及將來)的承諾或協議(以下簡稱「適用的規定」),包括但不限於根據香港/澳門(如適用)與美國政府訂立之跨政府協議執行美國的《海外賬戶稅收合規法案》及根據香港《2016年稅務(修訂)(第3號)條例》/澳門法律及法規(如適用)執行經濟合作與發展組織發出之共同匯報標準。

因此,儘管本表格或任何保單或任何其他由本人/我們和貴公司之間所訂協議有任何其他不同條款,本人/我們不可撤回地同意向貴公司提供一切協助及/或撤銷所有適用限制(無論是法律、法規或其他限制),以促成貴公司能遵從適用的規定。更重要的(但不限於此)本人/我們不可撤回地同意:

- (甲) 本人/我們於貴公司要求的時間內向貴公司提供進一步資料及/或指定文件;
- (乙) 貴公司可向任何監管機構披露(此等披露可以透過貴公司的總公司進行)任何有關(i)本人/我們任何保單資料(無論該等保單是否生效);及/或(ii)本人/我們或任何同意人士(見下述定義)的資料;及
- (丙) 貴公司可預扣任何應支付予本人/我們或任何同意人士(見下述定義)的款項(並在有必要的情況下向有關監管機構支付該等被預扣之款項)。

「同意人士」指就保險合約而言,任何人士(於現在或將來)可得到保單的價值、或可根據保單條款收取款項/保障、或有關信託安排之委託人、受託人、信託保護人、受益人/受益人種類或任何其他自然人行使最終有效信託控制權。本人/我們確認本人/我們已取得每位同意人士事先的許可和協議,以使貴公司能遵從適用的規定,及以使貴公司能行使載於上文的權利及權力。

貴公司將不會向本人/我們或任何同意人士承擔任何可能因貴公司採取任何行動以遵從適用的規定所產生的費用、損失或損害。如果本人/我們因上述所載而對本人/我們或本人/我們的法律或稅務狀況而產生的影響有任何疑問,本人/我們應尋求獨立專業意見。

本人知悉及同意,財務機構可根據香港《稅務條例》(第112章)有關交換財務帳戶資料的法律條文/澳門法律及法規,(a)收集本表格所載資料並可備作自動交換財務帳戶資料用途及(b)把該等資料和關於保單持有人及任何須申報帳戶的資料向香港特別行政區政府稅務局/澳門特別行政區政府財政局申報,從而把資料轉交到保單持有人的居留司法管轄區的稅務當局。本人證明,就與本表格所有相關的帳戶,本人是保單持有人/本人獲保單持有人授權簽署本表格。本人承諾,如情況有所改變,以致影響本表格第一部份所述的個人的稅務居民身份,或引致本表格所載的資料不正確,本人會通知萬通保險國際有限公司(「貴公司」),並會在情況發生改變後30日內,向貴公司提交一份已適當更新的自我證明表格。

為遵循 FATCA 及相關的本地法規,本人同意貴公司提供本人/我們的個人資料予美國或相關的本地司法、稅務或其他監管機構,以確保貴公司遵行 FATCA 或適用規定。

本部份所載之條款將於任何本人/我們的保單終止、取消和退保後繼續適用。

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



Remarks 備註

1. United States (U.S.) tax resident refers to U.S. Green Card holder (i.e., U.S. lawful permanent resident) or meet the substantial presence test (i.e., he/ she physically presents in U.S. on at least 31 days during the current year and 183 days during the 3-year period (includes the current year and the 2 years immediately before that)). If your answer is "Yes", please submit form W-9. The calculation of days of presence in U.S. for 3 years period = All the days you were present in U.S. in the current year + 1/3 of the days you were present in the first year before the current year + 1/6 of the days you were present in the second year before the current year.
 2. If your answer is "No", not U.S tax resident, but have one or more than one of the following U.S. indicia, e.g., a U.S residential address or correspondence address or P.O. Box, a U.S. telephone number, or an instruction to transfer funds to an account maintained in the U.S., please complete Form W-8BEN and attach any relevant supporting documents.
 3. If your place of birth is U.S. but declare not being U.S tax resident, please complete Form W-8BEN and provide supporting document of renunciation or loss of U.S. nationality.
-
1. 美國稅務居民指是美國綠卡持有人（即美國合法永久居民）或滿足實質居住測試（即他／她於納稅年內已在美國逗留至少 31 天和三年內在美國逗留至少 183 天（包括本納稅年度及過往兩年））。如閣下的答案為「是」，請填寫 W-9 表格。三年內在美國逗留日數計算方法 = 本年實際居住在美國日數 + 1/3 去年居住在美國的日數的 + 1/6 前年居住在美國的日數。
 2. 如閣下的答案為「否」，並非美國公民或美國稅務居民，但具有以下其中一項或以上之身份／狀況，例如：具美國住址或通訊地址或郵政信箱、具美國電話號碼，或指示將資金轉入／轉出位於美國的賬戶，請遞交填妥好的 W-8BEN 表格及相關證明文件。
 3. 如閣下的出生國家是美國，但聲稱為非美國公民或非美國稅務居民，請提供喪失／放棄美國籍之證明文件副本並遞交 W-8BEN 表格。

Direct Marketing 直接促銷 (This section is only applicable to the Policy Owner 此部份只適用於保單持有人)

The Company intends to use your name and any of your contact details for direct marketing activities in relation to health, medical, insurance, financial or retirement products or services. However we may not so use your personal data without your consent.

Should you find such use of your personal data not agreeable, please tick the box below.

I / We do not agree to the proposed use of my / our personal data in direct marketing by YF Life.

If you sign at the end of this statement without ticking the box above, it is an indication of your consent for the Company to so use your personal data for direct marketing activities.

If you prefer not to receive any direct marketing promotions or materials from YF Life, please send your request in writing to our Personal Data Protection Officer of YF Life. (Address : 27/F, YF Life Tower, 33 Lockhart Road, Wanchai, Hong Kong or Avenida Doutor Mario Soares No. 320, Finance and IT Center of Macau, 8 Andar A, Macau) We will, without any charge, cease to so use your personal data in direct marketing activities upon receipt of your written request.

本公司可能會使用閣下的姓名及任何聯絡資料以進行與健康、醫療、保險、財務或退休產品或服務有關的直接促銷。如未能得到閣下之同意，萬通保險將不能把閣下之個人資料作上述使用。

如閣下不同意上述個人資料的使用，請於下述方格填上剔號。

本人／我們不同意萬通保險使用本人／我們之個人資料作直接促銷用途。

如閣下在下方簽署而未有在上述方格上填上剔號，即表示閣下同意本公司使用其個人資料作直接促銷用途。

若閣下不欲收到萬通保險的營銷推廣及資料，閣下可向本公司的資料保護主任提出有關要求，並以書面方式呈交（地址：香港灣仔駱克道 33 號萬通保險大廈 27 樓或澳門蘇亞利斯博士大馬路 320 號澳門財富中心 8 樓 A 座）。收到閣下的書面要求後，本公司將會停止使用閣下的個人資料作直接促銷用途，並不收取任何費用。

Declaration and Authorization 聲明及授權

I / We understand and agree that this application shall not take effect unless the same is duly approved by YF Life Insurance International Ltd. ("the Company"). I / We further declare that this application is made during the lifetime or continued insurability of the insured.

I / We understand that I am / we are required to provide valid documentation proofs (such as identity document and address proof) to the satisfaction of the Company for the Company to conduct due diligence on myself / ourselves, the ultimate beneficial owner of the policy (if any) and the beneficiary and my / our authorized signatory(ies) (if applicable) pursuant to the relevant laws and regulations, including Anti-Money Laundering and Counter-Terrorist Financing (Financial Institutions) Ordinance, Cap. 615. If I / we fail or refuse to do so, the Company shall have the right to disapprove the application.

I / We hereby authorize any individual or organization (including but not limited to my / our employer, registered medical practitioner, hospital, clinic, insurance company, bank, governmental department, private or public institution) that has information of mine / us to release or disclose the information to your company.

Personal Information Collection Statement: I / We understand and agree my / our personal information (including a record of your image or voice by whatever means and your health information) collected by or held by the Company may be used for the purposes of: (1) approving, evaluating or processing my / our insurance application / policy service request; (2) administering, maintaining or reinsuring my / our policies; (3) adjudicating my / our claims, or conducting any investigation or analysis of my / our claims; (4) providing services to you in connection to your policies; (5) data matching; (6) investigation or prevention of crime; or (7) fulfilling legal or regulatory requirements. I / We understand and agree that failure to provide any information requested by the Company may result in the Company not being able to process my / our insurance application / policy service request.

I / We understand and agree my / our personal information collected by or held by the Company may be transferred or disclosed by the Company to any of the following persons (whether within or outside Hong Kong) for the purposes as specified above or to governmental / regulatory bodies (whether within or outside Hong Kong) for them to carry out their governmental / regulatory functions: (1) YF Life group companies and their associated / affiliated companies; (2) financial institutions, insurance companies, intermediaries and reinsurers; (3) claims investigation companies or any companies / persons necessary for claims assessment / investigation; (4) industry associations / federations and their members; (5) governmental / regulatory bodies and law enforcement agencies; (6) crime prevention organizations and their members / participants ; and (7) service providers and selected persons which are under a duty of confidentiality to the Company.

I / We understand that I / we have the right to access to, and to correct, any of my / our personal information held by the Company by writing to the Personal Data Protection Officer of the Company. (Address : 27/F, YF Life Tower, 33 Lockhart Road, Wanchai, Hong Kong (applicable to policies issued in Hong Kong) or Avenida Doutor Mario Soares No. 320, Finance and IT Center of Macau, 8 Andar A, Macau (applicable to policies issued in Macau)). The Company may charge a reasonable fee for the processing of such request.

本人／我們明白及同意上述申請將不會生效，直至萬通保險國際有限公司（“貴公司”）批核後方可作實。本人／我們亦再三聲明此申請於受保人在生或仍可受保之情況下提出。

本人／我們必須提供符合貴公司要求之有效證明文件（例如身份證明及地址證明）予貴公司，讓貴公司能按照相關的法律及法規，包括「打擊洗錢及恐怖分子資金籌集（金融機構）條例」第 615 章所載，對本人／我們、保單之最終實益擁有人（如有）及受益人及本人／我們之授權簽署人士（如適用）進行客戶盡職審查。如本人／我們未符合此要求，貴公司有權不批核上述申請。

本人／我們現授權任何擁有本人／我們的資料之人士或機構（包括但不限於本人／我們的僱主、註冊醫生、醫院、診所、保險公司、銀行、政府部門、公共或私營機構）向貴公司披露有關資料。

個人資料收集聲明：本人／我們明白及同意貴公司所收集或持有本人／我們的個人資料(包括任何形式的肖像、聲音及與健康有關的資料)可能會被用於下列目的：(1) 批核、評審及處理本人／我們之投保計劃申請／保單服務要求；(2) 就本人／我們之保單提供行政、持續或再保險的服務；(3) 評核本人／我們索償，或就本人／我們之索償進行調查或分析；(4) 就閣下之保單向閣下提供服務；(5) 資料核對；(6) 偵測或防止罪行；或 (7) 符合法律或合規要求。本人／我們明白及同意必須提供貴公司所需的個人資料，否則，貴公司將不能處理本人／我們之投保申請或就本人／我們之保單提供服務。

本人／我們明白及同意貴公司可能為達到上述目的或讓政府／監管機構（不論在香港或海外）執行其職務而向以下任何一方（不論在香港或海外）轉移或透露由貴公司收集或持有屬於本人／我們的個人資料：(1) 萬通保險集團成員公司及其關聯或相關公司；(2) 金融機構、保險公司、中介人或再保險公司；(3) 賠償調查公司及所需有關評核索償之公司及／或人士；(4) 行業組織／聯會及其成員；(5) 政府部門或監管機構和執法機構；(6) 防犯罪組織及其會員／參與者；及 (7) 與貴公司有保密協議的服務提供者及其他人士。

本人／我們明白本人／我們有權查閱和更改任何由貴公司持有屬於本人／我們的個人資料。如有需要，本人／我們可與貴公司的資料保護主任提出有關要求、並以書面方式呈交（地址：香港灣仔駱克道 33 號萬通保險大廈 27 樓(適用於香港簽發的保單)或澳門蘇亞利士博士大馬路 320 號澳門財富中心 8 樓 A 座(適用於澳門簽發的保單))。處理上述要求時，貴公司可能會收取合理費用。

Important Note 重要事項：

Please read all items carefully and check that you have completed all required information in this Request For Change Of Personal Data before you sign your name here. Please do not sign a blank form or leave any space blank.

WARNING: It is an offence under section 80(2E) of 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. A person who commits the offence is liable on conviction shall bear any legal liability(ies) arising therefrom.

請小心閱讀本更改個人資料申請書內所有項目，以確保在簽署前，已經填妥本申請書上所須之資料。切勿簽署空白申請書或留空任何部分。

警告：根據《稅務條例》第 80(2E)條，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，即屬犯罪，並需承擔相關的法律責任。

MM/DD/YY
月/日/年

Signed by Assignee (if applicable)
承讓人簽署 (如適用)

Signed by Insured
受保人簽署

Signed by Policy Owner
保單持有人簽署

Consultant's Information (To be completed by Consultant)
顧問資料 (顧問填寫)

FOR OFFICE USE ONLY
公司內部專用

Approved By 批核

Consultant Code & Name 顧問編號及姓名

Signed by Consultant 顧問簽署

Authorized Signature 授權簽署