

Request for Policy Continuation Option Form  
保單延續選項表格



Policy No. 保單編號	
Name of Policy Owner 保單主權人姓名	
Name of Insured 受保人姓名	

**Important Notes 重要事項**

- The Continuation Option will be automatically exercised on the date of the death of the insured while the original policy will be terminated forthwith and a policy will be formed according to the rules set out in the policy provisions. This form must be completed by the person named above who has agreed to take up the ownership of the policy. Under the policy, the beneficiary under the original policy will become the insured and/or the policy owner of the policy.  
此選項將在受保人身故當日自動行使，原保單將會馬上被終止，保單將會根據保單條款內的規則而組成。此表格必需由上述提及的人士同意接受保單的權益。在保單下，屆時原保單的受益人將會成為保單的受保人及/或保單主權人。
- This form shall form part of the policy contract.  
此表格將構成保單的一部份。
- The policy number will be shown in the policy contract once approved by Sun Life. The latest policy value, benefits, protection and outstanding liabilities (if any) as shown in the Policy Summary.  
一經永明批核後，保單號碼將於新保單合約內顯示。現行的保單價值、利益、保障及未償還負債(如有)將於保單摘要內顯示。
- Please read through all content of the product brochure and benefit illustration of the policy when received, including but not limited to the product features, associated risks, policy return, projected policy values and any impact on the policy arising from the execution of the policy continuation option.  
在收到產品小冊子及新保單的利益說明後請仔細閱讀所有內容，包括但不限於產品特性、相關聯的風險、保單回報、預算保單價值及在保單因行使保單延續選項後引致的任何影響。
- The Notional Amount, the total Premiums due and paid and the outstanding amount of any loans and interest and the policy values of the original policy, including Guaranteed Cash Value, accumulated Reversionary Bonus (if any), Terminal Bonus (if any), the amount in the Accumulation Account (if any) will be allocated to the policy according to the percentage designated to the corresponding beneficiary as stated in the relevant prescribed form.  
原有保單之名義金額、到期及已繳的保費總額及任何未償還的貸款及利息的及保單價值，包括保證現金價值、累積歸原紅利(如有)及終期紅利(如有)將會按於指定表格內列明就該相應受益人的百分比分配至保單。

2024.08

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## SECTION 1 第一部份: PERSONAL INFORMATION 個人資料

		Insured 受保人		Policy Owner 保單主權人 <small>(if not the same as Insured 如非受保人)</small>	
1.	Name in English 英文姓名	Surname 姓  Given Name 名	Surname / Company Name 姓 / 公司名稱  Given Name 名		
2.	Name in Chinese 中文姓名				
3.	Relationship to Insured 與受保人之關係	Not Applicable 不適用		<input type="checkbox"/> Parent 父母 <input type="checkbox"/> Spouse 配偶 <input type="checkbox"/> Employer (Employee Benefit / Keyman Insurance)* 僱主 (僱員保障 / 公司要員保險)* <small>*Please delete as appropriate 請刪去不適用者</small> <input type="checkbox"/> Others, please specify 其他, 請列明	
4.	Sex 性別	<input type="checkbox"/> Male 男	<input type="checkbox"/> Female 女	<input type="checkbox"/> Male 男	<input type="checkbox"/> Female 女 <input type="checkbox"/> Company 公司
5.	Smoking Status 吸煙狀況	<input type="checkbox"/> Non-Smoker 非吸煙者	<input type="checkbox"/> Smoker 吸煙者	<input type="checkbox"/> Non-Smoker 非吸煙者	<input type="checkbox"/> Smoker 吸煙者
6.	Date of Birth 出生日期 (日DD/月MM/年YYYY)	 (日DD/月MM/年YYYY)	Age Last Birthday 上次生日年齡	 (日DD/月MM/年YYYY)	Age Last Birthday 上次生日年齡
7.	Country of Birth 出生國家				
	Date & Place of Incorporation 公司註冊日期及地點 (For Corporate Owner 如保單主權人為公司/機構團體)	Not Applicable 不適用			
8.	Nationality 國籍				
9.	Citizenship 公民身份 (Please list all if different from Nationality. 如與國籍不同, 請列出所有。)				
10.	ID Card / Passport No. 身份證 / 護照號碼 (For Corporate Applicant, please provide Business Registration No. 企業客戶請填寫 商業登記號碼)  *For Hong Kong Non-Permanent ID holder, please provide a copy of Passport / Travel document. 如香港非永久性居民身份證持有人, 請提供護照 / 旅遊證件副本	<input type="checkbox"/> Hong Kong Permanent ID / Birth Certificate 香港永久性居民身份證 / 出世紙  <input type="checkbox"/> Hong Kong Non-Permanent ID* 香港非永久性居民身份證* No. 號碼: _____  <input type="checkbox"/> PRC ID / PRC Birth Certificate / Macau ID 中國身份證 / 中國出生證明書 / 澳門身份證 No. 號碼: _____ Expiry Date <input type="checkbox"/> 有效期 (日DD/月MM/年YYYY)  <input type="checkbox"/> Long-Term 長期  <input type="checkbox"/> Passport / Travel document 護照 / 旅遊證件 No. 號碼: _____ Expiry Date 有效期 _____ (日DD/月MM/年YYYY)		<input type="checkbox"/> Hong Kong Permanent ID / BR 香港永久性居民身份證 / 商業登記  <input type="checkbox"/> Hong Kong Non-Permanent ID* 香港非永久性居民身份證* No. 號碼: _____  <input type="checkbox"/> PRC ID / Macau ID 中國身份證 / 澳門身份證 No. 號碼: _____ Expiry Date <input type="checkbox"/> 有效期 (日DD/月MM/年YYYY)  <input type="checkbox"/> Long-Term 長期  <input type="checkbox"/> Passport / Travel document 護照 / 旅遊證件 No. 號碼: _____ Expiry Date 有效期 _____ (日DD/月MM/年YYYY)	

## SECTION 1 第一部份: PERSONAL INFORMATION (Continue) 個人資料 (續)

		Insured 受保人			Policy Owner 保單主權人 (if not the same as Insured 如非受保人)		
11.	Marital Status 婚姻狀況	<input type="checkbox"/> Single 單 <input type="checkbox"/> Married 已婚 <input type="checkbox"/> Others 其他			<input type="checkbox"/> Single 單身 <input type="checkbox"/> Married 已婚 <input type="checkbox"/> Others 其他		
12.	Occupation Title 職業職銜						
	Exact Duties 確實職務	Please state here 請於以下說明：			Please state here 請於以下說明：		
	Does your job involve manual work, outdoor work, work at height, underground work, work outside Hong Kong, operating machine or other hazardous work? 閣下的工作是否涉及體力勞動、戶外工作、高空工作、地底工作、在香港以外地區工作、操作機器或其他危險工作？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If yes, please provide detail including average height/depth, work location, type of machine or others. 如是，請提供詳情包括工作平均高度/深度，工作地方，需使用的機器等。			<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If yes, please provide detail including average height/depth, work location, type of machine or others. 如是，請提供詳情包括工作平均高度/深度，工作地方，需使用的機器等。		
	Average Monthly Salary (HKD) 每月平均薪酬 (港幣)						
	Employer's Name 僱主名稱						
	Employer's Address 僱主地址						
	Nature of Business 公司業務性質 (If trading, please specify type of goods being traded. 如為貿易，請註明其貿易貨品的種類。)						
13.	Residential Address / Registered Address (applicable to company as policy owner) 居住地址 / 註冊地址 (適用於保單主權人為公司)  (If Residential address of Insured is different from Policy Owner, please specify. 如受保人的居住地址與保單主權人不同，請填寫。)  Residential address provided herein will apply to all policy(ies) under Sun Life Hong Kong Limited. 此欄提供的居住地址將適用於閣下於香港永明金融有限公司的所有保單。	Room / Flat 室	Floor 樓數	Block 座數	Room / Flat 室	Floor 樓數	Block 座數
		Building / Estate Name 大廈 / 屋邨名稱			Building / Estate Name 大廈 / 屋邨名稱		
		No. & Name of Street / Lot No. 街道名稱及編號 / 地段號數			No. & Name of Street / Lot No. 街道名稱及編號 / 地段號數		
		District / Country 地區 / 國家	<input type="checkbox"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界		District / Country 地區 / 國家	<input type="checkbox"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界	
		ZIP/Postal Code 郵政編號		ZIP/Postal Code 郵政編號		ZIP/Postal Code 郵政編號	

**SECTION 1 第一部份: PERSONAL INFORMATION (Continue) 個人資料(續)**

**Policy Owner's Contact Information 保單主權人聯絡資料\***

\* The contact information applies to all of your existing policies. 閣下的聯絡資料將適用於所有保單。

If you are a natural person<sup>^</sup> and have provided an email address and mobile phone number herein or before, then, unless you choose to receive hardcopy in the "Policy Document Option" section, all correspondences (if any) relating to the insurance policy / policies you own / may own in the future ("Document(s)") will be delivered only to the "Policy Documents" folder of your account in My Sun Life HK App or My Sun Life HK Portal ("Client Digital Platforms"), which is the same as delivery to your correspondence address. If eAdvice is applicable to you, delivery will be notified to you by eAdvice (as defined in the "Policy Document Option" section). Once delivered, you will be deemed to have read the Documents. No printed copies will be delivered to your correspondence address.

如您為自然人<sup>^</sup>並已在此文件或曾經提供了電郵地址及手提電話號碼, 則除非您於「保單文件選項」部份選擇接收列印版本, 所有與您擁有的/將來或會擁有的保單相關的信件(如有)(「該等文件」)將只會被傳送至您在My Sun Life HK流動應用程式或My Sun Life HK網上平台(「客戶網上平台」)帳戶中的「保單文件」頁面, 如同郵寄至您的通訊地址一樣。如電子通知適用於您, 您將會收到電子通知(請參閱「保單文件選項」部份以了解其釋義)向您提示該等文件已被傳送。一旦該等文件已被傳送, 您即被視為已閱讀它們。您將不會再透過通訊地址收到印刷版本。

<sup>^</sup>If a BR No. is provided for the Policy Owner in this form, then you may not be eligible to apply for eAdvice.

<sup>^</sup>如您已就保單主權人在這份表格內提供了商業登記號碼, 則您或不符合資格申請電子通知。

<p><b>Correspondence Address 通訊地址</b></p> <p>(If Correspondence Address is different from Residential Address, please specify. 如通訊地址與居住地址不同, 請填寫。)</p> <p><input type="checkbox"/> Apply to this policy only 只適用於本保單</p> <p>(If no option is selected, "Apply to all policies" will be defaulted. 如沒有作出指示, 將設定為「適用所有保單」。)</p>	<p>Room / Flat 室</p>	<p>Floor 樓數</p>	<p>Block 座數</p>
<p>Building / Estate Name 大廈 / 屋邨名稱</p>			
<p>No. &amp; Name of Street / Lot No. 街道名稱及編號 / 地段號數</p>			
<p>District / Country 地區 / 國家</p>		<p><input type="checkbox"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界</p> <p>ZIP/Postal Code 郵政編號</p>	
<p><b>Tel. 電話 (With Country Code. 需包含國家代碼)</b></p> <p>Mobile no. must be provided 必須提供手提電話號碼</p> <p>Tel no. provided herein will supersede all the contact no. you have provided to Sun Life Hong Kong Limited before (if any). 此欄提供的電話號碼將會取代閣下之前向香港永明金融有限公司提供的所有電話號碼(如有)。</p>	<p><b>Home Tel. 住宅電話</b></p> <p>Country Code 國家代碼</p> <p>Telephone No. 電話號碼</p>	<p><b>Business Tel. 公司電話</b></p> <p>Country Code 國家代碼</p> <p>Telephone No. 電話號碼</p>	<p><b>Mobile 手提電話</b></p> <p>Country Code 國家代碼</p> <p>Telephone No. 電話號碼</p>
<p><b>Email Address 電郵地址</b></p>	<p>If no update here, your existing email address (if provided) will be retained. 如沒有於此處作出更新, 閣下現有的電郵地址(如已提供)將繼續被保留。 Email address must be provided if selected eAdvice for Policy Document Option. 如「保單文件選項」選用電子通知, 必須提供電郵地址。</p>		
<p><b>Policy Document Option 保單文件選項</b></p>	<p><input type="checkbox"/> Hardcopy 列印版本 (If you do not put a tick in the box, you will be applying for eAdvice for all your existing and future policies, and you agree to download and/or register to use the Client Digital Platforms. "eAdvice" is an email or push notification from Sun Life Hong Kong Limited to you. 如您沒有在方格內填上剔號, 您將為您現在及將來擁有的所有保單申請電子通知, 您亦同意下載及/或註冊使用客戶網上平台。 「電子通知」是由香港永明金融有限公司向您發送的電郵或推送通知。) Please provide email address under "Email Address" for receiving eAdvice. 請於「電郵地址」一欄提供電郵地址以作收取電子通知。</p>		
<p><b>Policy Contract Language Option 保單合約語言選項</b></p>	<p><input type="checkbox"/> English 英文 (Chinese will be defaulted, please tick if English is needed. 預設為中文語言, 如選用英文語言, 請在方格內填上剔號。)</p>		
<p><b>Policy Contract Version 保單合約版本</b></p>	<p><input type="checkbox"/> Hardcopy 列印版本 (eContract is the default option, please tick the box if Hardcopy is required 預設為電子版本, 如選用列印版本, 請在方格內填上剔號。)</p> <p>a) Since eContract is not applicable for entity Policy Owner, a printed policy contract will be provided. 由於電子保單並不適用於公司實體保單主權人, 我們將提供列印版保單合約。</p> <p>b) Your eContract can be viewed in My Sun Life HK mobile app. 閣下可於My Sun Life HK 流動應用程式中查閱電子保單。</p> <p>c) A valid mobile number and/or an email address are required for eContract (see Question 13 of this form). Otherwise, a hard copy of your contract will be provided. 如選擇電子保單, 請提供有效的手提電話號碼及/或電郵地址(見本表格第13題)。如未能提供, 我們將發出列印版保單合約。</p>		

**SECTION 1 第一部份: PERSONAL INFORMATION (Continue) 個人資料 (續)**

**Jurisdiction of Residence and Taxpayer Identification Number or its Function equivalent ("TIN")**  
**居留司法管轄區及稅務編號或具有等同功能的識別編號 (以下簡稱「稅務編號」)**

14. Please complete the following questions indicating (I) all the jurisdictions of residence where the Policy Owner is a resident for tax purposes and (II) the Policy Owner's TIN for each jurisdiction indicated.  
 提供以下資料, 列明 (I) 保單主權人所有的居留司法管轄區, 亦即保單主權人的稅務管轄區及 (II) 該居留司法管轄區發給保單主權人的稅務編號。  
 For Question d, indicate ALL (not restricted to five) jurisdictions of residence other than Hong Kong or U.S.  
 在問題d, 列出所有 (不限於5個) 居留司法管轄區 (除了香港及美國)。  
 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 jurisdiction where the Policy Owner is a resident for tax purposes does not issue TINs to its residents.  
 理由A – 保單主權人的居留司法管轄區並沒有向其居民發出稅務編號。  
 Reason B – The Policy Owner is unable to obtain a TIN. Explain why the Policy Owner is unable to obtain a TIN if you have selected this reason.  
 理由B – 保單主權人不能取得稅務編號。如選取這一理由, 解釋保單主權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 jurisdiction of residence do not require the TIN to be disclosed.  
 理由C – 保單主權人毋須提供稅務編號。居留司法管轄區的主管機關不需要保單主權人披露稅務編號。

- a. Are you a tax resident in Hong Kong?  
 閣下是否香港的稅務居民?  
 Yes 是  
 No 否
- b. Is Hong Kong the only jurisdiction you are a resident for tax purposes?  
 香港是閣下所屬的唯一稅務居住地管轄區嗎?  
 Yes 是  
 No 否
- c. Are you a resident in U.S. for tax purposes (which includes being a U.S. citizen)?  
 閣下是否就稅務目的為美國居民(包括成為美國公民)?  
 Yes 是 TIN號碼 \_\_\_\_\_  
 No 否
- d. Apart from U.S. and HK, are you a resident in any other jurisdiction for tax purposes?  
 除美國和香港外, 閣下是否屬於其他稅務管轄區?  
 Yes 是 (Please fill in the table below 請填寫下表)  
 No 否

Jurisdiction of Tax Residence 居留司法管轄區	Taxpayer Identification Number 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 Policy Owner is unable to obtain a TIN if Reason B is selected 如選擇理由B, 解釋保單主權人不能取得稅務編號的原因
(1)			
(2)			
(3)			
(4)			
(5)			

**For entity Policy Owner, please complete:**  
 • CRS Self-Certification Form – Entity; and  
 • Declaration of FATCA Classification for An Entity; and  
 • CRS Self-Certification Form - Controlling Person (if appropriate)

**如實體保單主權人, 請填寫:**  
 • 自我證明表格 - 實體; 及  
 • FATCA實體分類之聲明; 及  
 • 自我證明表格 - 控權人 (如適用)

15. Please confirm the Policy Owner's education level:  
**請確認保單主權人的教育水平:**  
 Education Level 教育程度:  
 Primary 6 or below 小六或以下  
 Secondary 中學  
 Matriculate/Post Secondary 預科/專上  
 University or above 大學或以上

SECTION 1 第一部份: PERSONAL INFORMATION (Continue) 個人資料 (續)

16.	<p>Please confirm the affordability of the Policy Owner in the policy (Applicable ONLY if the policy owner is required to pay premiums for the policy). 請確認保單主權人在保單中的負擔能力 (只適用於如保單主權人仍需為保單繳付保費)。</p>
<p>Your ability and willingness to pay premiums 閣下繳付保費的負擔能力及意願:</p>	
<p>a. What is your average monthly <u>disposable</u> income (i.e. after deducting the expenditure) from all sources (including income from liquid assets) in the past 2 years? 在過去兩年內, 閣下透過所有收入來源(包括流動資產收入)獲得的平均每月可動用收入(即經扣除開支後)為?</p>	<p>i. <input type="checkbox"/> Specific amount 具體金額: Not less than HK\$ _____ per month 每月不少於 or 或</p> <p>ii. <input type="checkbox"/> In the following range 在以下範圍內:</p> <p>a) <input type="checkbox"/> Less than 少於 HK\$10,000      b) <input type="checkbox"/> HK\$10,000 - HK\$19,999</p> <p>c) <input type="checkbox"/> HK\$20,000 - HK\$49,999      d) <input type="checkbox"/> HK\$50,000 - HK\$100,000</p> <p>e) <input type="checkbox"/> Over 超過 HK\$100,000 (please specify exact amount 請註明實際金額HK\$ _____)</p> <p>f) <input type="checkbox"/> Exact amount 實際金額HK\$ _____</p>
<p>b. What are your approximate current accumulative amount of liquid assets and total liabilities? (tick one or more) 閣下目前的流動資產和總負債大約有多少? (可選多於一項)</p>	<p>Please complete i to iii to specify type(s) and total amounts of liquid assets and liabilities 請填寫i至iii並註明流動資產和負債的類別和總額</p> <p>i. Total amounts of liquid assets 流動資產總額 [A]: HK\$ _____</p> <p>Type(s) of liquid assets 流動資產類別:</p> <p><input type="checkbox"/> Cash 現金      <input type="checkbox"/> Money in bank accounts 銀行存款</p> <p><input type="checkbox"/> Money market accounts 貨幣市場賬戶      <input type="checkbox"/> Actively traded stocks 交投活躍的股票</p> <p><input type="checkbox"/> Bonds and mutual funds 債券及互惠基金      <input type="checkbox"/> US Treasury bills 美國國庫債券</p> <p><input type="checkbox"/> Others 其他 Please specify 請註述: _____</p> <p><b>Note: Liquid assets are assets which may be easily turned into cash. Real estate, coin collection and artwork are not considered to be liquid assets.</b> <b>註: 流動資產是指可以容易變為現資。物業、錢幣收藏及藝術品均不被視為流動資產。</b></p> <p>ii. Total amounts of liabilities 負債總額 [B]: HK\$ _____</p> <p><b>*Remark: Secured loan should not be included (e.g. Mortgage)</b> <b>註: 不包括有抵押借貸(如按揭)</b></p> <p>Type(s) of liabilities 負債類別:</p> <p><input type="checkbox"/> Existing personal loans 現有私人貸款      <input type="checkbox"/> Overdraft 財務透支</p> <p><input type="checkbox"/> Credit card loan 信用卡貸款      <input type="checkbox"/> Margin account 保證金賬戶</p> <p><input type="checkbox"/> Loan guarantees 債務擔保      <input type="checkbox"/> Banking facility 銀行貸款</p> <p><input type="checkbox"/> Other loan application 其他申請中貸款      <input type="checkbox"/> Other liabilities 其他負債 Please specify 請註明: _____</p> <p>iii. Total net amount 總淨額 [C] = [A] - [B]: HK\$ _____</p>
<p>c. For how long are you <u>able and willing</u> to pay for an insurance policy? (tick one) 閣下能夠及願意支付保單及/或投資計劃期的年期為 (請選一項)</p>	<p><input type="checkbox"/> 2-5 years 年      <input type="checkbox"/> 6-10 years 年      <input type="checkbox"/> 11-15 years 年      <input type="checkbox"/> 16-20 years 年</p> <p><input type="checkbox"/> More than 20 years 超過20年 (until *target retirement age of 至*目標退休年齡 _____)</p> <p><input type="checkbox"/> Whole of life 終身 (including period after target retirement age of 包括目標退休年齡 _____ 後的年期)</p> <p><input type="checkbox"/> A single payment of not more than 不多於 HK\$ _____ 的一次性供款</p> <p><b>*Please be reminded other than your salary income, you should have sufficient fund to pay for your insurance policies after reaching your target retirement age.</b> <b>(Any suggested basic plan must (i) match the selected option of this question or (ii) provide a payment period which is shorter than the selected option)</b> <b>請留意當您達了退休年齡後, 除薪酬收入外, 你必須確保有足夠收繳付保費。</b> <b>(任何所建議之基本計劃入須(i)符合此問題所揀選的選擇或(ii)提供較所揀選的選擇較短的繳款期)</b></p>



SECTION 1 第一部份: PERSONAL INFORMATION (Continue) 個人資料 (續)

<p>d. What percentage of your monthly disposable income (i.e. after deducting the expenditure) from all sources (including income from liquid assets) would you be able and willing to use to pay for the insurance premium (including your existing insurance policy(ies)) throughout the entire term of the insurance policy? (tick one)                  在整個保單及/或投資計劃期內, 閣下能夠及願意繳付的保費(包括閣下現有的其他保單)佔透過所有收入來源(包括流動資產收入)獲得的每月可動用收入(即經扣除開支)的比率為?                  (請選一項)</p>	<p><input type="checkbox"/> &lt; 少於10%  <input type="checkbox"/> 10% - 20%  <input type="checkbox"/> 21% - 30%  <input type="checkbox"/> 31% - 40%  <input type="checkbox"/> 41% - 50%  <input type="checkbox"/> &gt; 超過50%</p>	
<p>e. In considering your ability to make payments, what are your sources of funds? (tick one or more)                  就閣下繳付保費能力, 請註明閣下的資金來源?                  (請選一項)</p>	<p><input type="checkbox"/> Salary 薪酬 <input type="checkbox"/> Income (other than salary) 收入(不包括薪酬)  <input type="checkbox"/> Investments 投資 <input type="checkbox"/> Savings 儲蓄  <input type="checkbox"/> Others 其他                  Please specify 請詳述 _____</p>	
<p><b>Please be reminded that other source(s) of fund after retirement should be provided for affordability test. 請留意當您退休後, 您需要提供其他收入來源以用作負擔能力測試。</b></p>		
<p>f. How much you are paying for your total monthly premium of all pending and inforced policies in Sun Life and other insurance company(ies)? (tick one or more)                  所有永明金融及其他保險公司的待決和生效保單的每月總應繳保費為(可選多於一項)</p>	<p><input type="checkbox"/> Sun Life (pending and inforced) policies 永明金融(待決和生效)保單                  Total monthly premium are payable 每月總應繳保費:                  HK\$ _____</p>	<p><input type="checkbox"/> Other insurance (pending and inforced) policies 其他保險公司(待決和生效)保單                  Total monthly premium are payable 每月總應繳保費:                  HK\$ _____</p>
<p>g. How much you are paying for your principal and interest of all pending and inforced policies which are using premium financing facility in Sun Life and other insurance company(ies)? (tick one or more)                  所有永明金融及其他保險公司的待決和生效保單是透過保費融資申請的保單其本金及利息的總額為?                  (可選多於一項)</p>	<p><input type="checkbox"/> Sun Life (pending and inforced) policies 永明金融(待決和生效)保單                  Total principal are payable (if any) 應付本金總額(如有):                  HK\$ _____                  Total loan interest are payable 應付利息總額:                  HK\$ _____</p>	<p><input type="checkbox"/> Other insurance (pending and inforced) policies 其他保險公司(待決和生效)保單                  Total principal are payable (if any) 應付本金總額(如有):                  HK\$ _____                  Total loan interest are payable 應付利息總額:                  HK\$ _____</p>
<p>h. Are you planning to use premium financing to fund the purchase of this policy?                  閣下是否計劃以保費融資方式支付此保單?</p>	<p><input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否                  If yes, please provide the following information. 如是, 請提供以下資料:                  Name of Lender 貸款人名稱: _____                  Principal 本金: HK\$ _____                  Loan Interest Rate 貸款年利率: _____ % p.a.                  Number of installments 貸款期數: _____ months (以月計)                  Repayment amount for monthly installment 每月還款額: HK\$ _____</p>	
<p><b>Note: You must reply this question and complete the Large Amount Questionnaire* if question 4h "Yes" is chosen. Do not leave it blank. We will reject your application if you do not reply. (*Large Amount Questionnaire can be requested from your licensed insurance intermediary)                  注意: 如果問題4h選擇「是」, 您必須回答此問題並完成大額問卷*, 不要留空。如果沒有回答, 我們將拒絕您的申請。(*大額問卷可向閣下的持牌保險中介人索取。)</b></p>		

**SECTION 1 第一部份: PERSONAL INFORMATION (Continue) 個人資料 (續)**

17. Death Benefit Settlement Option (if applicable) 身故保障支付選項 (如適用)

Default Settlement Option: Lump Sum  
設定支付選擇：一筆過

If no option is ticked or information is unclear in this part, the death benefit will be paid by lump sum as default.  
如這部份沒有剔選或資料不清，身故賠償將設定為一筆過支付。

For plans accept:  
如申請的計劃可接受：

1. other settlement options not listed below; or  
下列以外的支付選項；或
2. each named beneficiary to select different settlement option; or  
每名指定受益人選擇不同支付選項；或
3. more than one named beneficiary to select the same or different settlement option,  
多於一名指定受益人選擇相同或不同支付選項，

Please submit "Application Supplement for Death Benefit Settlement Option".  
請填寫「投保申請補充書 - 身故保障支付選項」。

If selected "Full Payment by Instalments" or "Partial Payment by Instalments", please complete the following and tick if applicable.  
如選擇「全額分期支付」或「部分分期支付」，請填寫下列指引及剔選適用的指示。

Full Payment by Instalments 全額分期支付 \_\_\_\_\_ (2-50) years 年  
 Annual 每年  Monthly 每月

Partial Payment by Instalments 部分分期支付

Partial Payment by Lump Sum 部分一筆過支付 \_\_\_\_\_ % (at least 5% 最少為5%)

Remaining by Instalments 剩餘部分分期支付 \_\_\_\_\_ (2-50) years 年  
 Annual 每年  Monthly 每月

18. Payment Information 付款資料

Payment Arrangement 付款安排

Payment Mode 付款形式

Annual 年繳

Semi-Annual 半年繳

Monthly Autopay 月繳自動轉賬

Single Payment 整付保費

**SECTION 2 第二部份: BENEFICIARY INFORMATION 受益人資料**

Important Notes 重要事項:

1. Unless otherwise specify, the relevant death benefit payable will be divided into equal shares to the beneficiaries surviving upon the death of the Proposed Insured. If beneficiary has not been designated or no surviving beneficiary, death benefit will belong to the Policy Owner or the Policy Owner's Estate.  
如無特別註明，有關及須繳付的身故賠償將平均分予準受保人去世時尚生存的受益人。如沒有定立受益人或仍生存的受益人，身故賠償將屬保單主權人所有或撥入保單主權人之遺產。
2. This section provides beneficiary designation of primary and contingent beneficiaries. The beneficiary designation of contingent beneficiary will be effective only if all primary beneficiaries die.  
此部份提供指定基本受益人及次位受益人。指定次位受益人須於所有基本受益人身故後才生效。
3. A beneficiary designation of either "estate" or "own estate" will constitute an instruction to designate the Policy Owner as at the death of the Proposed Insured to receive the relevant death benefit payable.  
指定 estate 或 own estate 作為受益人將構成對保險公司的指示，指定於準受保人去世時之保單主權人收取有關及須繳付的身故賠償。

I/We hereby designate beneficiary(ies) for the policy as below and I/We hereby declare that any trustee designated in the table below shall be appointed as trustee to receive any death benefit under the policy for the beneficiary(ies) designated below and in accordance with the percentage proportion as stated in the same row during his/her minority.  
本人/吾等為本保單於下表內指定受益人及本人/吾等謹此聲明，於指定受益人未成年期間，委任以下表內之指定信託人以信託人身份代表下列之指定受益人根據下述表內同一行之百分比收取本保單的身故賠償。

Beneficiary 受益人 (*Please tick whenever appropriate 請於適當地方加上剔號)						Trustee 信託人 (Only applicable to beneficiary under the age of 18 只適用於18歲以下的受益人)		
*Primary 基本	*Contingent 次位	Name 姓名	Relationship with Insured 與受保人的關係	ID / Passport No 身份證/護照號碼	Share (Total 100%) 分配百分比 (合共100%)	Name 姓名	Relationship with Insured 與受保人的關係	ID / Passport No 身份證/護照號碼
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							



**SECTION 3 第三部份: SIMPLIFIED HEALTH DECLARATION 簡易健康聲明****Important notes 重要事項:**

1. Only for designated products and subject to specified conditions. 只適用於指定產品且須符合特定的條件。
2. If any rider(s) is/are applied, full underwriting is required. 如投保附加計劃，將需要作完整核保。

		Insured 受保人	Policy Owner 保單主權人
1.	Have you been hospitalized for a total of 60 days or more in the last 12 months OR have you been advised by a doctor that you are suffering from a terminal illness with a survival period of less than 12 months? 在過去十二個月內，閣下是否曾住院六十日或以上或是否曾被醫生診斷為末期病症而生存期少於十二個月？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	/
2.	Are you currently under palliative or intensive care? 閣下是否正在接受姑息治療或深切治療？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	

**SECTION 4 第四部份: FOREIGN TAX REPORTING AND WITHHOLDING OBLIGATIONS STATEMENT**  
**("TAX OBLIGATIONS STATEMENT")**  
**外國稅務申報和預扣義務陳述書 ("稅務義務陳述書")**

I/We acknowledge that Sun Life may from time to time be subject to any applicable local or foreign law, court order, ordinance, regulation, demand, guidance, guidelines, rules, codes of practice, whether or not relating to an intergovernmental agreement between the governments or regulatory authorities of two or more jurisdictions; and any agreement between Sun Life (or any other entity of Sun Life Group, as the case may be) and any government or taxation authority in any jurisdiction (the "Applicable Laws and Obligations"). I/We irrevocably agree to the following:

1. Sun Life may require me/us (and any other Consenting Persons) to provide Sun Life with the Personal Information, and any update to the Personal Information to ensure its compliance with the Applicable Laws and Obligations;
2. Any Personal Information shall be provided to Sun Life within such time and in such manner as Sun Life may require, and any update shall be notified to Sun Life promptly and in any event within 31 days of the update;
3. Sun Life may disclose the Personal Information and Policy Information, including, where applicable, any update to such information, to any governments or tax authorities; and
4. To the extent not prohibited by law and permitted by the policy provisions, where I/we or any Consenting Person fails to provide Sun Life with the updated, correct and complete Personal Information in the manner described in (1) and (2) above, Sun Life may, for the purpose of ensuring its compliance with the Applicable Laws and Obligations, deduct or withhold such amount payable under the Policy, terminate the Policy and/or provide any of the Personal Information and/or Policy Information to such governments or tax authorities.
5. The following terms have the meanings as follows:

"Consenting Person" means each of the following: (i) the policy owner; (ii) each person who is entitled to access the Policy's value (for example, through withdrawal, surrender, policy claim, benefit payment or otherwise), change a beneficiary, or claim or receive a benefit payment or any person who is entitled to a future benefit payment under the Policy, including without limitation any policy claimant, assignee and beneficiary under the Policy; and (iii) each person who is entitled to receive a payment (such as a policy claimant, assignee and beneficiary) when an obligation to make any payment under the Policy arises or becomes fixed.

"Personal Information" means: (i) where I am/we are an individual(s), my/our full name(s), date(s) and place(s) of birth, residential address(es), mailing address(es), contact information (including telephone number), taxpayer identification number(s), social security number(s), citizenships, residency(ies) and tax residency(ies); (ii) where I am/we are a corporate(s), my/our date and place of incorporation or formation, registered address, address of place of business, tax identification number, tax status, tax residency, registered address, address of place of business or (if applicable) such information as Sun Life or any entity within the Sun Life Group may reasonably require regarding each of my/our substantial shareholders and controlling persons.

"Policy Information" means any information relating to the Policy including without limitation the Policy number, Policy balance or value, gross receipts, withdrawals and payments from the Policy.

本人/我們承認，永明可能不時須受下述各項的約束：任何適用的當地或外國法律、法院命令、條例、規例、要求、指引、指導原則、規則、實務守則（無論其是否與兩個或多個管轄區域的政府或監管機構間訂立的政府間協定有關）；和永明（或永明集團的任何其他實體，視情況而定）與任何管轄區域的任何政府或稅務機關間訂立的任何協議（“適用法律和義務”）。本人/我們不可撤銷地同意如下：

1. 永明可要求本人/我們（和任何其他同意人）向永明提供個人資料及個人資料的任何更新，以確保永明遵守適用法律和義務。
2. 任何個人資料應以永明要求的方式在永明要求的時間內提供給永明，個人資料的任何更新應迅速地（在任何情況下均應在更新後31天內）通知永明。
3. 永明可向任何政府或稅務機關披露個人資料和保單資料（包括該等資料的任何更新，如適用）。
4. 在不受到法律禁止，並在保單合約規定允許的情況下，如果本人/我們或任何同意人未按上文(1)段和(2)段所述方式向永明提供正確完整的最新個人資料，則永明為了確保其遵守適用法律和義務，可扣減或預扣保單項下應付的金額、終止保單並且/或者向相關政府或稅務機關提供任何個人資料和/或保單資料。
5. 下述詞語具有如下含義：

“同意人”指下述任一人：(i)保單擁有人；(ii)有權（如通過提取、退保、按保單索賠、收取累算權益或其他方式）獲得保單價值、變更受益人、索取或收取利益的每一人，或有權取得保單項下未來利益的任何人，包括但不限於保單項下的任何保單索賠人、受讓人和受益人；和(iii)在保單項下支付任何款項的義務發生或獲得確立時有權取得付款的每一人（如保單索賠人、受讓人和受益人）。

“個人資料”指(i)本人/我們為個人時，指本人/我們的全名、出生日期與地點、住址、郵寄位址、聯繫資訊（包括電話號碼）、納稅人識別號、社會保障號、國籍、居留地和稅務居留地；(ii)本人/我們為法團時，指本人/我們的註冊成立或設立日期與地點、註冊地址、營業地址、稅務識別號、稅務地位、稅務住所、登記地址、營業地址或（如適用）永明或永明集團的任何其他實體可能合理要求的關於本人/我們的每一主要股東和控制人的資料。

“保單資料”指與保單相關的任何資料，包括但不限於保單號、保單結餘或價值、保單下收取、提取和支付款項總額。

**SECTION 5 第五部份: AUTOMATIC EXCHANGE OF FINANCIAL ACCOUNT INFORMATION**  
**自動交換財務帳戶資料**

Declaration:

I/We acknowledge and agree that (a) the information contained in this application 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 Policy Owner 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 and exchanged with the tax authorities of another jurisdiction or jurisdictions in which the Policy Owner 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).

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

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

**WARNING: It is an offence under the Inland Revenue Ordinance if any person, in making the self-certification set out at Question 14 of Section 1, makes a statement that is misleading, false or incorrect in a material particular knowingly or in a reckless manner. A person who commits the offence is liable on conviction to a fine at level 3 (i.e. \$10,000.00).**

聲明：

本人/吾等知悉及同意，財務機構可根據《稅務條例》(第112章)有關交換財務帳戶資料的法律條文，(a)收集此申請表所載資料並可備存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主權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申報，從而把資料轉交到保單主權人的居留司法管轄區的稅務當局。

本人/吾等承諾，如情況有所改變，以致影響此申請表第一部份所述的個人的稅務居民身分，或引致此申請表所載的資料不正確，本人/吾等會通知香港永明金融有限公司，並會在情況發生改變後30日內，向香港永明金融有限公司提交一份已適當更新的自我證明表格。

本人/我們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。

**警告：根據《稅務條例》第80(2E)條，如任何人在第一部份第14題作出自我證明時，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。一經定罪，可處第3級(即\$10,000.00)罰款。**

## SECTION 6第六部份: PERSONAL DATA COLLECTION AND USE 個人資料收集及使用

I/We understand and consent that, any personal data collected by Sun Life Hong Kong Limited (Incorporated in Bermuda with limited liability) ("Sun Life") (whether collected in this form or otherwise) may be used by Sun Life for the following purposes: (i) processing and evaluating insurance applications and/or any other applications for financial services; (ii) administering and providing services in relation to insurance or financial products; (iii) processing, investigating and settling insurance claims and detecting and preventing fraud (whether or not relating to the policy issued by the Company); (iv) conducting customer surveys; (v) researching and designing financial, insurance or pensions products for clients' use; (vi) selecting and participating in reward, loyalty or privileges program and related service; (vii) contacting clients for the above purposes; (viii) purposes which are directly related to the above purposes; and (ix) complying with applicable laws, regulation or court order or obligation or requirement under an agreement, or other commitment, between Sun Life or any entity within the Sun Life Group and the regulator or government in any jurisdiction (in relation to money laundering, terrorist financing and tax evasion or otherwise) to which Sun Life and its related companies are subject to.

Sun Life may also use my/our contact details, demographic information and policy details to contact me/us with marketing information regarding Sun Life and third party pensions, financial and insurance products, including by phone calls, mail, email, SMS or any type of electronic message. Sun Life may not use my/our data for direct marketing unless Sun Life have received my/our consent (which includes an indication of no objection). I/We know I/we can tick the box below if I/we do not consent to receive direct marketing information.

Sun Life may disclose my/our personal data for any of the above purposes: (a) to third parties who provide services in Hong Kong or elsewhere which assist the Company to carry out the above purposes, including claims investigators, insurance adjusters, medical advisors, health care professionals, medical service providers, hospitals, emergency assistance service providers, reinsurers, accountants, solicitors and professional financial advisors; (b) to banks for payment purposes; (c) to insurance brokers who are representing the policy owners or clients directly or indirectly; (d) to the Company's insurance agents and MPF intermediaries; (e) to the Company's related companies (as defined in the Companies Ordinance) including pensions services provider, financial services companies and insurance companies; (f) to the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members; (g) to the policy owner / employers of an insured employee under a group product; (h) to any third party service provider appointed by the policy owner who provides administrative services for the policy owner; (i) to organisations that consolidate claims and underwriting information for the insurance industry; (j) to fraud prevention organisations; (k) to other insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; (l) to any person to whom the Company or its related companies (inside or outside Hong Kong) are under an obligation to make disclosure under the requirements of any law, regulation or court order binding on or applying to or to which the Company or its related companies (inside or outside Hong Kong) are subject to, or under and for the purposes of any guidelines issued by regulatory or other authorities with which the Company or its related companies (inside or outside Hong Kong) are expected to comply; and (m) as otherwise required or permitted by law.

If third party personal information is supplied to the Company by the clients, clients' service providers, claimants or applicants for services, such clients, service providers, claimants or applicants must inform these third parties about this personal information collection statement before they collect their information and supply it to the Company.

I/We understand that it is voluntary for me/us to supply the information, but failure to provide the requested personal data may mean Sun Life is unable to process my/our application or continue to provide services to me/us. I/We have the right to seek access to and request correction of any personal data Sun Life holds about me/us by sending a written request to The Manager, Client Service Centre, Sun Life Hong Kong Limited, G/F, Tower B, Cheung Kei Center, 18 Hung Luen Road, Hunghom, Kowloon, Hong Kong. Sun Life may charge a reasonable fee for the processing of any such requests.

"Sun Life Group" means Sun Life together with its subsidiaries, subsidiary undertakings and associated companies (whether direct or indirect) from time to time.

Please tick here to reject receiving marketing information from Sun Life.

本人 / 吾等明白及同意香港永明金融有限公司(於百慕達註冊成立之有限責任公司)(「永明」)可以將其所收集的任何個人資料(不論由此表格所收集或由其他途徑取得)作以下用途: (i) 處理及評估申請及/或任何其他金融服務申請; (ii) 管理並提供與保險及/或金融產品相關服務; (iii) 處理、調查和結清保險索償個案、以及偵測和防止欺詐行為(無論是否與公司發出的保單有關); (iv) 進行客戶調查; (v) 為客戶研究及設計其他金融、保險或退休金產品; (vi) 甄選及參與獎賞、忠實或特選客戶計劃; (vii) 因上述目的與客戶聯絡; (viii) 與上述目的直接有關的任何其他目的; 及 (ix) 為遵守適用的法例、法規、法庭命令或永明或永明集團內的任何實體與任何管轄區域的監管機構或政府之間的協議項下的義務或要求或其他承諾(其相關於洗黑錢、恐怖分子資金籌集、逃稅或其他)。

永明亦可使用本人/吾等的聯絡資料, 基本個人資料及保單資料, 就永明及第三方的退休金、金融及保險產品的推廣資訊, 以包括電話、郵件、電郵、電話短訊或任何電子信息等方法聯絡本人/吾等。除非得到本人/吾等之同意(包括表示不反對), 否則永明不可使用本人/吾等之資料為該用途。本人/吾等明白若本人/吾等不同意接受此等推廣資訊, 可於下列方格內填上剔號。

永明可為以上任何目的披露本人/吾等的個人資料予: (a) 為協助公司就上述用途(不論在香港或其他地方)而提供服務的第三方, 包括索償調查員、保險理算人、醫療顧問、醫護專業人士、醫療服務提供者、醫院、緊急支援服務供應商、再保險公司、會計師、律師、專業理財顧問; (b) 銀行作繳款用途; (c) 直接或間接代表保單持有人或客戶的保險經紀; (d) 公司的保險代理人及強積金中介人; (e) 公司的關連公司(根據公司條例訂明)包括退休金服務提供者、金融服務機構及其他保險公司; (f) 香港保險業聯會(或任何相似的保險公司協會)及其會員; (g) 團體產品的保單持有人/受僱員之僱主; (h) 由保單持有人指定及提供行政服務給保單持有人的第三方服務供應商; (i) 整合保險業索償和承保資料的組織; (j) 防欺詐組織; (k) 其他保險公司(無論是直接地, 或是通過防欺詐組織或本段中指定的其他人土)、警察和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊(及其運營者); (l) 公司及其關連公司(不論在香港與否)為遵守監管當局或其他機構發出之指引或其就法例、法規或法庭頒令所約束或規定之責任而需向其作出披露的任何人士; 及 (m) 按法例要求或准許的其他人士。

假如第三方個人資料是由客戶、客戶的服務供應商、索償人或申請人提供給公司, 該客戶、服務供應商、索償人或申請人必須在收集這些資料前, 將此《個人資料收集聲明》告知有關的第三方才把資料提供給公司。

本人/吾等明白本人/吾等提供個人資料均屬自願, 然而倘若未能提供所需個人資料, 可導致永明無法處理本人/吾等的申請或繼續提供服務予本人/吾等。本人/吾等有權查閱及要求更正永明持有有關本人/吾等的個人資料, 有關要求可以書面形式郵寄至香港九龍紅磡紅鸞道18號祥祺中心B座地下香港永明金融有限公司客戶服務中心經理。永明可就處理任何該等要求收取合理費用。

“永明集團”指永明及其不時之附屬公司、附屬企業和相聯公司(無論是直接的還是間接的)。

若不同意收取由永明發出的推廣資訊, 請於方格內填上剔號。

**SECTION 7 第七部份: DECLARATION & AUTHORIZATION 聲明及授權**

I/We hereby declare and agree that:

1. the answers and statements made in this application and in any other documents forming part of this form (collectively "form") are complete and true (and will be complete and true at the time of payment of the initial Investment/premium) and will be the basis of any contract that may arise. I/We declare and agree that if any of the answers and statements given in this Application is inaccurate or untrue, being material facts which shall influence the assessment and acceptance of this Application, notwithstanding any provisions in the policy to the contrary, Sun Life shall have the sole and absolute discretion to render the policy null and void;
2. Sun Life will not incur any liability pursuant to this form unless Sun Life has approved the issue of a policy and then only if the initial Investment/premium therefore has been paid in full;
3. Sun Life will have the right to adopt or change the basis for any distribution of surplus and for the determination of any amount to be apportioned by way of dividend to this policy (if participating);
4. no person (including any consultant) has the authority to make or modify Sun Life's policies or to waive any of Sun Life's rights or requirements;
5. my/our acceptance of any policy issued pursuant to this form will, without further notice, constitute a ratification by me/us of any addition or modification to this form made by Sun Life in the space provided for "Company Endorsement", photostatic copy of which constitutes sufficient notice to me of the change(s) made;
6. I/we shall disclose to Sun Life immediately if there is any change in the health conditions and/or occupation of the Insured (and the Policy Owner, if applicable) and/or any information stated in this form and all related supplement(s)/questionnaire(s) and the amendments therein at any time during the period between the effective date of this Application and my/our receipt of the policy;
7. the policyowner is the beneficial owner of this form and not acting on behalf of any other person including natural person, legal person or trust, unless the policyowner have declared otherwise in any application supplement;
8. the policy owners of Sun Life's inforce policies will be automatically assigned to accounts for the e-service of Sun Life (the "e-service") and My Sun Life HK mobile app ("My Sun Life HK"). All of my/our inforce policies can then be accessed and operated through my/our e-service and My Sun Life HK account. I/we understand and agree that upon my/our login to my/our e-service and Sun Life HK account, I/we will be bounded by the TERMS AND CONDITIONS of the e-service;
9. The Policy Owner will have the right to change the coverage and/ or change the Insured under the policy without my written consent;
10. in the event of cancellation or rejection of application, SunLife shall retain the personal data and application record, including but not limited to original of application form; and
11. I/We have considered my/our circumstances in light of the legal requirements on insurable interest, and confirm that (i) the person for whose use or benefit or on whose account the policy contract is to be entered into has an insurable interest in the Proposed Insured, (ii) the recoverable sum under the policy does not exceed the amount of such interest, and (iii) I/We have obtained all necessary independent and professional advice. While this confirmation is the basis on which Sun Life will process the application, the confirmation may be enforced and relied on by Sun Life independent of the policy. I/We agree that the validity and enforceability of this confirmation shall not be contingent on the validity and enforceability of the policy, and any invalidity or unenforceability of the policy shall not affect the effect of this confirmation.
12. I/We have received and read through the product brochure and benefit illustration of the policy. I/We fully understand and accepts all the contents including but not limited to product features, associated risks, policy return, projected policy values and any impact on the policy arising from the execution of the policy continuation option. I/We confirm that this policy is suitable for me/us in terms of suitability and affordability and agree to take up the policy and to pay all premiums it may require.
13. I/We understood and agree the latest policy value, benefits, protection and outstanding liabilities (if any) as shown in the Policy Summary.
14. The Notional Amount, the total Premiums due and paid and the outstanding amount of any loans and interest and the policy values of the original policy, including Guaranteed Cash Value, accumulated Reversionary Bonus (if any), Terminal Bonus (if any), the amount in the Accumulation Account (if any) will be allocated to the policy according to the percentage designated to the corresponding beneficiary as stated in the relevant prescribed form.

**SECTION 7 第七部份: DECLARATION & AUTHORIZATION (Continue) 聲明及授權 (續)**

本人/吾等在此聲明及同意：

1. 此表格及任何其他組成此表格之文件(在此併稱為「此表格」)中所作之答案及陳述為完全及屬實(並於繳付首次投資/保費時乃屬完全及屬實)並將成為任何由此產生的合約之依據。本人/吾等聲明及同意，假若此表格內所作之任何答案及陳述為不正確或非事實，此乃指會影響評估及接受此申請之重要事實，即使本保單內有任何與此相反的條款，永明有完全及絕對權決定本保單無效；
2. 除非永明已核准簽發保單而該保單之首次投資/保費亦全數繳付，否則永明不會根據此申請表承擔任何責任；
3. 永明有權採用或更改任何分配盈餘之基礎及決定此保單(若為分紅保單)可獲分配之紅利；
4. 任何人士(包括顧問)無權更改永明之保單或豁免任何永明之權利或規定；
5. 本人/吾等收取根據此申請表繕發的保單，即表示本人/吾等認可永明在「公司批註」內對此申請表的任何增補或修改，而無須另行通知。其影印本即為更改通知；
6. 在此表格生效日後直至本人/吾等收到本保單前，本人/吾等必須立即向永明披露有關受保人(及保單主權人，如適用)的健康狀況及/或職業及/或任何於此表格及所有相關補充文件/問卷及其中之修訂內的資料之任何改變；
7. 此保單主權人為該保險申請的實益擁有人，並不是作為第三者代表投保，包括自然人，法人或信託，除非保單主權人在本申請時提供投保申請補充書並加以說明；
8. 持有生效保單的保單主權人會自動獲發永明網上服務(「網上服務」)及My Sun Life HK流動應用程式(「My Sun Life HK」)的帳戶。本人/吾等可透過本人/吾等網上服務及My Sun Life HK的帳戶查閱及操作本人/吾等名下所有生效中的保單。本人/吾等明白及同意一經登入網上服務或My Sun Life HK的帳戶，本人/吾等將受網上服務的有關條款及細則約束；
9. 此保單權益人有權更改此保單之保障範圍及/或更換受保人而無需取得本人之書面同意；
10. 若申請被取消或拒絕，永明有權保留本人/吾等的個人資料及申請記錄，包括但不限於申請表正本；及
11. 本人/吾等已按照有關可保權益的法律規定考慮了本人/吾等的處境，並確認(i)將要訂立的保險合約是為某人的使用或利益，或為某人而訂立的，而該人擁有準受保人的可保權益，(ii)本保單可追討的保障金額不超過該權益的金額，且(iii)本人/吾等已獲取所須的獨立及專業建議。雖然永明金融將以此項確認作為處理此投保申請的依據，永明金融仍可獨立地執行及信賴此項確認，與本保單不相關聯。本人/吾等同意此項確認的有效性及其可強制執行性將不取決於本保單的有效性及其可強制執行性，且本保單即使無效或不可予強制執行，此項確認的效力也將不受影響。
12. 本人/吾等已收到並仔細閱讀產品小冊子及新保單的利益說明，本人/吾等完全明白及接受所有內容包括但不限於產品特性、相關聯的風險、保單回報、預算保單價值及在保單因行使保單延續選項後引致的任何影響。本人/吾等確認此保單在合適性負擔能力下適合本人/吾等並同意接受此保單及繳付所有所需保費。
13. 本人/吾等明白及同意現行的保單價值、利益、保障及未償還負債(如有)將於保單摘要內顯示。
14. 原有保單之名義金額、到期及已繳的保費總額及任何未償還的貸款及利息的及保單價值，包括保證現金價值、累積歸原紅利(如有)及終期紅利(如有)將會按於指定表格內列明就該相應受益人的百分比分配至保單。

<<PLEASE DO NOT SIGN A BLANK FORM 請勿在空白表格上簽署>>

<p>X Signature of Policy Owner 保單主權人簽署</p>	<p>Sign Date (DD/MM/YYYY) 簽署日期(日/月/年)</p>
<p>X Signature of Insured (if other than Policy Owner &amp; aged 18 or above) 受保人簽署 (如非保單主權人及年齡為十八歲或以上)</p>	<p>Sign Date (DD/MM/YYYY) 簽署日期(日/月/年)</p>

Please return a full set of this form within 30 days of signing 請於簽署後30天內提交完整的表格