泰禾人壽保險有限公司 Tahoe Life Insurance Company Limited
（百慕達註冊之有限公司 Incorporated in Bermuda with limited liability）
總公司：香港太古城英皇道1111號19樓
Head Office: 19/F, 1111 King's Road, Taikoo Shing, Hong Kong
www.tahoelife.com.hk | 客戶服務熱線 Customer Service Hotline: (852) 3767 8777

人壽保險投保申請書
Application for Life Insurance

公司專用 For Office Use Only		
1. 持牌保險中介人姓名及編號 Name and code of Licensed Insurance Intermediary	區域 / 分行 / 持牌保險經紀公司名稱 District / Branch / Name of Licensed Insurance Broker Company	電話號碼 Telephone no.
2. 持牌保險中介人姓名及編號 Name and code of Licensed Insurance Intermediary	區域 / 分行名稱 District / Branch name	電話號碼 Telephone no.
推廣編號 Promotion Code: _____	推薦人編號 Referrer Code: _____ – _____	

保單號碼
Policy no.:

☐ 定期人壽保障轉換 Term Conversion
原有保單號碼
Original Policy no.:

☐ 英文保單 English Policy
（如沒有特別選擇，將以繁體中文作為保單語言
The policy language is in Traditional Chinese by default, unless otherwise selected)

☐ 驗身 MED

重要指示： 您必須在此投保申請書上填報一切有關事實，因為您與本公司之合約將以這些事實為根據，否則所發出的保單宣告無效。如果您不清楚某一事項是否重要，也請將此事項在下面說明。請勿在尚未填妥的表格或空白表格上簽署。

IMPORTANT NOTE: You are required to disclose in this application ALL material facts which shall form the basis of our contract, otherwise the policy issued may be voidable. If in doubt whether a fact is material, please disclose it below. Please do not sign on incomplete or blank form.

A部分 Section A **個人資料 Personal Details**	**準受保人 Proposed Insured**	**申請人 Applicant** 如與準受保人不相同 If other than the Proposed Insured
1. 英文姓名 Name in English （以身份證明文件 / 護照為準，請用英文正楷書寫） (as shown on Identity document / passport, please use BLOCK letters)		
2. 中文姓名 Name in Chinese		
3. 與準受保人關係 Relationship with Proposed Insured		
4. 性別 Gender	☐ 男 Male ☐ 女 Female	☐ 男 Male ☐ 女 Female
5. 國籍 Nationality 身份證明文件號碼 Identity document no.	_____ ☐ 香港身份證 HKID Card _____ ☐ 香港出世紙 HK Birth Cert. _____ ☐ 其他（如護照，入境簽証） Others (e.g. Passport, Entry Permit) _____ （請列明簽發國家 Please state issued country）	_____ ☐ 香港身份證 HKID Card _____ ☐ 其他（如護照，入境簽証） Others (e.g. Passport, Entry Permit) _____ （請列明簽發國家 Please state issued country）
6. 出生日期 Date of birth	日 Day　月 Month　年 Year	日 Day　月 Month　年 Year
7. 出生國家 Country of birth		
8. 通訊地址（如同時提供居住地址及永久居住地址，可接受此通訊地址為郵箱地址） Correspondence address (P.O. Box can be accepted only if full residential and permanent address are given)	室 Room / Flat　樓 Floor　座 Block　大廈名稱 Name of building 屋苑名稱 Name of estate 街道名稱及號碼 Street no. and street name　區域 District　☐ 香港 HK ☐ 九龍 KLN ☐ 新界 NT 其他國家（請註明）Other country (Please specify)　郵寄代碼 Postal code	
9. (a) 居住地址（不接受郵箱地址） Residential address (P.O. Box is not accepted)	☐ 與上述通訊地址相同 Same as the above correspondence address ☐ 居住地址如下 Residential address in below: _____ _____	☐ 與上述通訊地址相同 Same as the above correspondence address ☐ 居住地址如下 Residential address in below: _____ _____
9. (b) 申請人的永久居住地址（不接受郵箱地址） Applicant's permanent residential address (P.O. Box is not accepted)	☐ 永久居住地址與居住地址相同 Permanent residential address same as residential address ☐ 永久居住地址如下 Permanent residential address in below: _____ _____	

A部分（續）Section A (con't) **個人資料 Personal Details**	**準受保人 Proposed Insured**	**申請人 Applicant** 如與準受保人不相同 If other than the Proposed Insured
10. (a) 職位及日常職務 Occupation title and daily duties (b) 業務性質 Nature of business （請說明何種貿易 / 產品 / 服務等 Please state what kind of trading / product / service, etc.) (c) 自僱 Self-employed?	(a) _____ (b) _____ _____ (c) ☐ 是 Yes ☐ 否 No	(a) _____ (b) _____ _____ (c) ☐ 是 Yes ☐ 否 No
11. 僱主名稱及地址 Name of employer and address （如職業是學生，請填寫學校名稱及地址 If occupation is student, please fill in the name and address of education institution)	_____ _____ _____	_____ _____ _____
12. 聯絡電話號碼及電郵地址 Contact phone no. and email address （申請人必須提供聯絡電話號碼 Applicant must provide contact phone no.)	(a) 香港聯絡電話號碼 Hong Kong contact phone no.: 住宅 Home 852 - _____ 公司 Office 852 - _____ 手提電話 Mobile 852 - _____ (b) 其他國家 / 地區的聯絡電話號碼（如有） Contact phone no. of other country / region, if any: 國家 / 地區名稱 Country / Region name _____ 聯絡電話號碼 Contact phone no. _____ (c) 電郵地址 Email address _____	(a) 香港聯絡電話號碼 Hong Kong contact phone no.: 住宅 Home 852 - _____ 公司 Office 852 - _____ 手提電話 Mobile 852 - _____ (b) 其他國家 / 地區的聯絡電話號碼（如有） Contact phone no. of other country / region, if any: 國家 / 地區名稱 Country / Region name _____ 聯絡電話號碼 Contact phone no. _____ (c) 電郵地址 Email address _____

B部分 Section B 申請人的財富來源 Applicant's Source of Wealth

1. 在過去12個月內，申請人從所有收入來源所得的每月平均收入為多少? What is Applicant's average monthly income from all sources in the past 12 months?

   每月平均收入為港幣
   Average monthly income HKD _____

2. 申請人是否有固定收入? Does Applicant have regular source of income?

   ☐ 是 Yes ☐ 否 No

3. 申請人的教育程度 Applicant's Education Level

   ☐ 大學程度或以上 University or above
   ☐ 中學程度 Secondary Level
   ☐ 預科或專上教育 College or Technical Institute
   ☐ 小學程度或以下 Primary Level or below

4. 申請人的財富來源 Applicant's Source of Wealth
   請選擇您的財富 / 收入來源（可選多於一項）Please choose your source(s) of wealth / income (may choose more than one option)

   ☐ 收入 – 來自工資的儲蓄（基本和/或獎金）
   Income – savings from salary (basic and/or bonus)
   ☐ 人壽保單滿期或退保
   Maturity or surrender of life policy
   ☐ 投資組合出售 / 清算
   Sale of investments / liquidation of investment portfolio
   ☐ 出售物業
   Sale of property
   ☐ 其他收入，請詳述
   Other income, please specific _____

C部分 Section C 投保資料 Details of Insurance Application

1. 人壽保險基本計劃 Life Insurance Basic Plan

(a) 基本計劃 Basic Plan _____

(b) 基本計劃保費供款年期 Premium Payment Term of Basic Plan _____

(c) 保單貨幣 Policy Currency: ☐ 港幣 HKD ☐ 美金 USD ☐ 人民幣 CNY

(d) 投保額 / 保證期滿利益 / 基本每年保費 / 保證每月年金金額* / 名義金額
Sum Assured / Guaranteed Maturity Benefit / Base Annual Premium / Guaranteed Monthly Annuity Payment* / Notional Amount

_____

* 請填寫「每月支取現金款額指示表格」以提供每月支取保單現金之銀行戶口資料。
Please complete "Monthly Payment of Cash Payments Instruction Form" to provide monthly cash payment account information.

2. 附加契約 Supplementary Contracts

	投保額 / 賠償金額 Sum Assured / Benefit Amount	職業級別 Occupational Class
☐ 意外死亡權益 Accidental Death Benefit		
☐ 綜合人身意外權益 Comprehensive Personal Accident Benefit		
☐ 意外醫療費用權益III Medical Reimbursement Benefit III		
☐ 人身意外權益 Personal Accident Benefit		
☐ 「輕鬆保」定期人壽保障 Easi-Term Insurance 年期 Year(s) _____		
☐ 其他 Others _____		
_____		

	投保額 / 賠償金額 Sum Assured / Benefit Amount	職業級別 Occupational Class
☐ 危疾無憂 Living Care Benefit		
☐ 附於基本計劃 on Basic Plan		
☐ 附於「輕鬆保」 on Easi-Term		
☐ 癌症全面保 Cancer Protection Benefit 計劃 Plan ☐ 金 Gold ☐ 銀 Silver ☐ 銅 Bronze		
☐ 醫護100住院保障 MediPlus 100 Hospital and Surgical Benefit 計劃 Plan ☐ 金 Gold ☐ 銀 Silver ☐ 銅 Bronze		
☐ 連額外醫療保障 with Supplementary Major Medical Benefit		
☐ 醫護住院現金 MediPlus Hospital Cash Benefit		
☐ 豁免保費附加契約 / 繳款者豁免保費權益 Waiver of Premium / Payor's Benefit		

3. 繳費方式 Mode of Premium Payment

☐ 每年 Annually

☐ 每季 Quarterly

☐ 整付保費 Single Premium
(只適用於整付保費保險產品，並不適用於預繳保費選項
Only applicable for the plans with single premium payment, but not apply to the premium prepayment option)

☐ 半年 Semi-annually

☐ 每月 Monthly
(必須經銀行戶口自動轉賬。請填妥隨附之「自動轉賬授權書」。
Autopay arrangement via bank account is required. Please complete the attached "Direct Debit Authorisation Form".)

D部分 Section D 受益人資料 Beneficiary Information

*** 為免延誤索償，請填寫受益人的身份證號碼 / 護照號碼。**
Please provide Identity document no. of the beneficiary(ies) to avoid possible delay during claims process.

受益人姓名 Name of beneficiary	身份證明文件號碼 Identity document no.	與準受保人關係 Relationship with Proposed Insured	分配比例* Share (%)*
		總數 Total	**100%**

☐ **保單持有人或持有人遺產 Policyowner or owner's estate（只適用於沒有指定受益人 Only applicable if no beneficiary is designated）**

* 若受益人超過一人，而在此並無註明分配比例，保單利益將會平均分配給各受益人
If more than one beneficiary is stated, all policy proceeds will be shared equally unless otherwise stated.

E部分 Section E 保單申請人身份聲明 Applicant Capacity Declaration

（如準受保人與申請人相同亦必須作答 Please complete even if Proposed Insured is same as Applicant）

1. 本人身份為 I hereby declare my capacity as:

☐ 保單持有人 Policyowner

☐ 信託人（只適用於申請人及準受保人的關係為祖父母與孫兒女，而準受保人未年滿18歲，請同時填寫「信託聲明」表格）
Trustee (Only applicable when Proposed Insured is below the age of 18 years and the relationship between Applicant and Proposed Insured is Grandparent and Grandchild, please also complete the "Declaration of Trust Form")

☐ 其他（請註明）Others (Please specify) _____

2. 您是否美國公民或美國稅務居民（請見備註）？若「是」，請填妥並遞交表格W-9或同等文件。
Are you a US Citizen or a US tax resident (Please see the Notes)? If "Yes", please complete and submit Form W-9 or an equivalent form.

☐ 是 Yes 納稅人識別編號 Taxpayer Identification Number (TIN) _____

☐ 否 No

備註： 如上述資料顯示，申請人可能是美國公民或美國稅務居民[1]及 / 或可能與美國有關聯[2]，申請人需填妥所需的美國稅務自我聲明書（如：表格W-9、W-8BEN或同等文件）及相關證明文件（如適用）一併呈交予本公司。如申請人為組織機構，除前述文件之外，申請人另需填妥並遞交「外國賬戶稅務合規法案（"FATCA"）的客戶聲明書（公司 / 機構）」。

[1] 美國稅務居民指的是美國綠卡持有人（即美國合法永久居民）或滿足實質居住測試（即他 / 她於本納稅年內已在美國逗留至少31天和3年內在美國逗留至少183天（含本納稅年度及過往兩年））。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 + 1/6前年居住在美國的日數。

[2] 與美國有關聯的資料包括但不限於：出生國家為美國[3]、電話號碼為美國號碼、郵寄或永久地址為美國地址、客戶提供美國郵政信箱或轉交地址或代存地址、客戶授予擁有美國地址的人代理權或簽名權、常設指示將資金轉入位於美國的賬戶、任何與美國相關的資訊等。

[3] 若申請人的出生國家為美國，但聲明為非美國公民或美國稅務居民，除表格W-8BEN之外，申請人需提供美國以外國家或地區簽發的護照副本，或政府簽發可證明非美國公民或美國稅務居民身份的證明文件的副本，及喪失 / 放棄美國籍之證明文件副本。

Notes: If the above information indicates that the applicant may have become a US Citizen or a US tax resident[1] and / or the applicant may have links to the US[2], the applicant / owner is required to complete and return a US tax self-certification form (e.g. Form W-9, W-8BEN or an equivalent form) and relevant supporting documents (if applicable) together to the Company. If the applicant / owner is an Entity, the applicant is required to complete and submit the "Self-Certification Form (Entity) for Foreign Account Tax Compliance Act ("FATCA") in addition to the aforementioned documents.

[1] US tax resident refers to US Green Card holder (i.e. US lawful permanent resident) or individual who meets the substantial presence test (i.e. he / she has been present in the US for at least 31 actual days in the current tax year and 183 equivalent days during a three year period (including current year and the two prior years)). Equivalent days = Actual days in the US in the current year + 1/3 of his/her days in the US in the immediately preceding year + 1/6 of his / her days in the US in the second preceding year.

[2] Information that has a US link, included but not limited to: a US place of birth[3], a US telephone number, a US correspondence or permanent address, a US P.O. box address, a US "in-care-of" or "hold mail" address, a power of attorney or signatory authority granted to a person with a US address, standing instructions to make payments to accounts maintained in the US, any US related information, etc.

[3] If the applicant / owner's place of birth is US, but declared that he / she is not a US Citizen or a US tax resident, apart from filing in Form W-8BEN, the applicant / owner is required to provide a copy of non-US passport to government issued identification document evidencing non-US citizenship or tax resident, and Certificate of Loss of Nationality of US.

E部分（續）Section E (con't) 保單申請人身份聲明 Applicant Capacity Declaration

（如準受保人與申請人相同亦必須作答 Please complete even if Proposed Insured is same as Applicant）

3. 申請人的稅務居民身份（自我證明） Tax Residence of Applicant (Self-Certification)

- 居留司法管轄區及稅務編號或具有等同功能的識別號碼（以下簡稱「稅務編號」）
  Jurisdiction of Residence and Taxpayer Identification Number or its Functional Equivalent ("TIN")
- 請提供以下資料，列明 (a) 帳戶持有人* 的居留司法管轄區，亦即帳戶持有人* 的稅務管轄區（包括香港在內）及 (b) 該居留司法管轄區發給帳戶持有人* 的稅務編號。請列出**所有**居留司法管轄區（不限於5個）。如帳戶持有人* 是香港稅務居民，稅務編號是其香港身份證號碼。
  Please complete the following table indicating (a) the jurisdiction of residence (including Hong Kong) where the account holder* is a resident for tax purposes and (b) the account holder's* TIN for each jurisdiction indicated. Please indicate **ALL** (not restricted to five) jurisdictions of residence. If the account holder* is a tax resident of Hong Kong, the TIN is the Hong Kong identity card number.
- 如沒有提供稅務編號，必須填寫合適的理由 If a TIN is unavailable, provide the appropriate reason A, B or C :

  理由 Reason (A) - 帳戶持有人的居留司法管轄區並沒有向其居民發出稅務編號。
  The jurisdiction where the account holder is a resident for tax purposes does not issue TINs to its residents.

  理由 Reason (B) - 帳戶持有人不能取得稅務編號。（請注意：如選取這一理由，必須解釋不能取得稅務編號的原因）
  The account holder is unable to obtain a TIN. (Please take note: If you have selected this reason, please explain why you are unable to obtain a TIN.)

  理由 Reason (C) - 帳戶持有人無須提供稅務編號。居留司法管轄區的主管機關不需要帳戶持有人披露稅務編號。
  TIN is not required. Select this reason only if the authorities of the jurisdiction of residence do not require the TIN to be disclosed.

(i) 稅務居民（居留司法管轄區） Tax Residence (Jurisdiction of Residence) - 請在適當方格內加上剔號及或另填資料 Please put '✓' in the following box if appropriate and / or provide other tax residence. - 請列明**所有**並不限於5個 Please indicate **ALL** (not restricted to five)	(ii) 稅務編號 TIN	(iii) 如沒有提供稅務編號，必須於本欄填上理由：A，B 或C If no TIN is available, must state Reason: A, B or C	(iv) 如選取理由B，帳戶持有人* 必須解釋不能取得稅務編號的原因 If you have selected Reason B, please explain why you are unable to obtain a TIN.
☐ 香港 Hong Kong			
☐ 中國 China			

*「帳戶持有人」指「申請人」"The account holder" is "Applicant".

- 如空位不敷應用，可遞交附頁補充。 If space provided is insufficient, please provide additional information on supplement form.

本人知悉及同意，**泰禾人壽保險有限公司**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) 收集本部分所載資料並可備存作自動交換財務帳戶資料用途及 (b) 把該等資料和關於帳戶持有人* 及任何須申報帳戶的資料向香港特別行政區政府稅務局申報，從而把資料轉交到帳戶持有人* 的居留司法管轄區的稅務當局。

本人證明，就上述所有相關的帳戶資料，本人是帳戶持有人。

本人並承諾，如情況有所改變，以致影響本人的稅務居民身份，或引致上述E項所載的資料不正確，本人會通知**泰禾人壽保險有限公司**，並會在情況發生後，立即向**泰禾人壽保險有限公司**提交一份已適當更新的自我證明表。

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，即屬違法。*

I acknowledge and agree that (a) the information contained in this Section is collected and may be kept by **Tahoe Life Insurance Company Limited** 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 **Tahoe Life Insurance Company Limited** to the Inland Revenue Department of the Government of the Hong Kong Special Administration Region and exchanged with the tax authorities of another jurisdiction or 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).

I certify that I am the account holder of all the account(s) to which this section relates.

I undertake to advise **Tahoe Life Insurance Company Limited** of any change in circumstances which affects my tax residency status or causes the information contained in this Section to become incorrect, and to provide **Tahoe Life Insurance Company Limited** with a suitably updated self-certification form immediately after such change in circumstances.

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.*

若只投保「簡易核保，免健康聲明」產品**及沒有**附加任何「附加契約」產品，並不需要填寫F，G及H部分。
Section F, G and H are not required to be completed if only apply for "Simplified underwriting, not required health declaration" products **and without** any "Supplementary Contracts" attached.

F部分 Section F 現有保險金額 Existing Insurance Coverage Amount

準受保人現有總保險金額（如無，請填上「沒有」） Total coverage amount of existing insurance on Proposed Insured (If none, please state "NIL")

a) 承保公司 （請提供保單號碼及生效日期） Insurance Company (Please provide policy no. and policy issue date)	b) 人壽保障 Life Insurance 港幣金額 Amount in HKD	c) 危疾 / 嚴重疾病 Critical Illness / Major Illness 港幣金額 Amount in HKD	d) 住院入息 Hospital Income 港幣金額 Amount in HKD	e) 人身意外 Accident Indemnity 港幣金額 Amount in HKD	f) 其他保險保障 （請註明保障類別） Other insurance coverage (Please specify types of insurance) 港幣金額 Amount in HKD

G部分 Section G 其他資料 Other Details	準受保人 Proposed Insured	申請人 Applicant
1. 您在過去投購人壽、危疾或嚴重疾病、意外、傷殘或醫療保險時，或要求恢復該類保單效力時，曾否被拒絕受保、擱置受保、須額外附加保費或修改受保條件？若有，請於H部分第9題詳述之。 Has any of your previous application for Life, Critical Illness or Major Illness, Accident, Disability or Health Insurance or reinstatement of such a policy been declined, postponed, rated or in any way modified? If yes, please give details in Q9 of Section H.	☐有 Yes ☐否 No	☐有 Yes ☐否 No
2. 您在過去曾否參加或意圖參加私人性質飛行（以乘客身份購票者除外）或有危險性之運動或競技？如是，請詳述或遞交有關問卷。 Have you engaged or do you expect to engage in any hazardous sports or races or flying except as a fare-paying passenger on a scheduled public air service? If yes, please provide full details or complete separate supplementary questionnaire.	☐是 Yes ☐否 No	☐是 Yes ☐否 No
3. 在過去3年內，您曾否在香港以外地方連續居住超過3個月？如有，請於H部分第9題詳述之。 In the past 3 years have you resided outside Hong Kong for more than 3 months continuously. If yes, please give details in Q9 of Section H.	☐有 Yes ☐否 No	☐有 Yes ☐否 No

H部分 Section H 健康狀況（只適用於非體檢之投保）Health Details (For Non-Medical Cases Only) * 注意：申請人健康申報只適用於申請繳款者豁免保費權益 Note: Applicant's health details only applicable when applying Payor's Benefit.	準受保人 Proposed Insured	申請人* Applicant
1. (a) 身高 Height	___呎ft ___吋inch/ _____ 厘米cm	___呎ft ___吋inch/ _____ 厘米cm
(b) 體重 Weight	_____ 磅lb/ _____ 公斤kg	_____ 磅lb/ _____ 公斤kg
2. 在過往6個月，您的體重是否曾減少11磅 / 5公斤或以上？如是，請註明：(i) 減少的磅數 / 公斤及 (ii) 原因。 Any weight loss in excess of 11 lbs / 5 kg in the last 6 months? If yes, please give (i) exact weight loss amount and (ii) reason. 減少的磅數 / 公斤 Weight loss amount: _____ 原因 Reason: _____	☐是 Yes ☐否 No	☐是 Yes ☐否 No
3. 您曾否吸食任何種類的煙草產品或飲酒？若有，請列明過去12個月之類別及每日份量；或您曾否服食任何成癮藥物、吸毒或因而需接受或建議接受治療？如有，請列明種類、日期及每日份量。 Do you or have you ever smoked tobacco in any form or drink alcohol? If yes, what was the type and daily consumption in the past 12 months? Or have you ever taken narcotics or other habit-forming drugs or been treated or advised in connection with taking drugs? If yes, please give type, date and daily quantity. 種類 Type _____ 每日數量 Daily quantity _____ 開始日期 Start date _____	☐有 Yes ☐否 No	☐有 Yes ☐否 No
4. 您或您的直系親屬（父母、兄弟、姊妹、子女）中，曾否有人患有肺結核、呼吸系統疾病、甲狀腺病、遺傳病、嚴重流鼻血、失去聽覺、頸 / 背部 / 關節疼痛、坐骨神經痛、癲癇症、糖尿病、腎病、肝病（包括肝炎帶菌）、心臟病、心悸、中風、高血壓、冠狀動脈病、精神或神經病、癌症、腫塊、囊腫、瘜肉、結節、腫瘤或其他任何贅生物、鼻咽癌（非洲淋巴細胞瘤病毒）、潰瘍或其他消化系統疾病、關節炎或關節疾病、系統性紅斑性狼瘡、面部斑疹、皮膚病、類風濕性疾病、盆腔炎疾病、身體機能失調、身體缺陷、嚴重損傷或獲告知患有任何疾病？如有，請於第9題詳述之。 Have you or has any of your immediate family (parent, brother, sister, children) ever had tuberculosis, respiratory disease / disorder, thyroid disease, hereditary disease, severe nasal bleeding, loss of hearing, neck / back / joint pain, sciatica, epilepsy, diabetes, kidney disease, liver disease (including hepatitis carrier), heart disease / disorder, palpitations, stroke, high blood pressure, coronary artery disease, mental or nervous disease, any cancer or mass / cyst / polyp / nodule / lump / tumour or other growths of any kind, nasopharyngeal cancer (EB Virus), ulcer or other digestive disorders, arthritis or joint disorder, Systemic Lupus Erythematosus, facial skin rash, skin disease, rheumatoid disease, pelvic inflammatory disease, physical impairment, deformity, severe injury or been told to have any disease? If yes, please give details in Q9.	☐有 Yes ☐否 No	☐有 Yes ☐否 No
5. 您在過去5年內曾否 In the PAST FIVE YEARS have you (a) 接受或被建議接受非因受聘而進行之X光、電腦掃描、心電圖、磁力共震、超聲波診斷、鼻咽癌測試（非洲淋巴細胞瘤病毒屏障法）、活組織或血液之檢驗（例如膽固醇、肝炎、貧血、愛滋病等）？或患上任何以上未提及的疾病徵兆或機能失調、接受外科手術、診斷或住院留醫？如有，請於第9題詳述之及提供日期。 Had, or been advised to undergo diagnostic test such as X-ray, CT Scan, ECG, MRI, ultrasonogram, nasopharyngeal cancer screening tests (EBV tests), biopsy, or blood study (e.g. Cholesterol, Hepatitis, Anaemia, AIDS, etc.) other than for routine employment purpose, or any other disease or disorder, operation, medical advice or hospitalization not mentioned above? If yes, please give details and date(s) in Q9.	☐有 Yes ☐否 No	☐有 Yes ☐否 No
(b) 您曾否作過或現正向任何保險公司因上述 (a) 項索償或因任何其他健康問題或意外作出索償？如有，請於第9題詳述金額、保險公司名稱、原因及日期。 Have you ever made or are you making a claim against an insurance company as a result of (a) above or for any other health problem or accident? If so, please give details in Q9 such as amount of claim against which insurance company(ies), for what reason(s) and date(s).	☐有 Yes ☐否 No	☐有 Yes ☐否 No
6. 您曾否接受或有否打算接受後天免疫力缺乏症、愛滋病及其有關疾病、或由性接觸傳染疾病之輔導、檢驗、診斷或治療？如有，請於第9題詳述之。 Have you ever been, or do you intend to be counselled, tested, medically advised or treated in connection with HIV infection, AIDS or an AIDS related condition or any sexually transmitted disease? If yes, please give details in Q9.	☐有 Yes ☐否 No	☐有 Yes ☐否 No

H部分（續）Section H (con't)
健康狀況（只適用於非體檢之投保）Health Details (For Non-Medical Cases Only)

* 注意：申請人健康申報只適用於申請繳款者豁免保費權益
Note: Applicant's health details only applicable when applying Payor's Benefit.

	準受保人 Proposed Insured	申請人 Applicant
7. 女性投保人（12歲或以上）適用 For Female Proposed Insured of age 12 or above		
(a) 您現時是否懷孕？如是，請說明預產日期。 Are you now pregnant? If yes, please state expected delivery date _____	☐是 Yes ☐否 No	☐是 Yes ☐否 No
(b) 您曾否有任何乳房、卵巢、子宮、子宮頸、經期等之疾病或產褥、懷孕等之併發症；或曾否接受或被建議接受或打算接受乳房X光像、乳房超音波檢查、子宮頸細胞塗片檢驗、錐形切片檢查或陰道鏡檢查？如有，請於第9題詳述之。 Have you ever had any disorder of breasts, ovaries, uterus, cervix, menses or complications at child-birth or pregnancy; or have you had, or have been advised to have or intending to have mammogram, ultrasound of breasts, pap smear, cone biopsy or colposcopy? If yes, please give details in Q9.	☐有 Yes ☐否 No	☐有 Yes ☐否 No
8. 1歲以下的受保兒童適用 For Juvenile Proposed Insured of age less than 1 year old 受保兒童出生時是否難產或早產？如是，請於第9題詳述。 Was the child's birth abnormal or premature? If yes, please give details in Q9.	☐是 Yes ☐否 No	

9. 如上述任何問題的答案為「有」或「是」，請於下方列明有關問題號碼，屬準受保人或申請人資料及申報詳情。請遞交所有檢查 / 化驗報告 / 索償記錄 / 覆診咭副本 / 預約紙副本 / 血壓記錄簿（如有）。
For each "Yes" answer, please identify question number, Proposed Insured or Applicant, and give full particulars below. Please submit all check up report / pathological report / claims record / patient card copy / appointment slip copy / blood pressure record book, if any.

題號 Q. no.	日期 Date 由 From 至 Till	意外 / 疾病之發生 / 發現經過及詳情 Nature & details of accident / disease & conditions	醫生的診斷結果 Dr's diagnosis	檢查 Investigation 種類 Type	檢查 Investigation 結果 Result	治療 / 手術 Treatment / Operation 方法 Type	治療 / 手術 Treatment / Operation 日期 Date 由 From 至 Till	康復程度 Degree of recovery	主診醫院 / 醫生姓名及地址，覆診咭號碼 Name & address of physician / hospital & patient card no.	覆診日期 Follow up date 最後 Last	覆診日期 Follow up date 下次 Next

I部分 Section I 附註或特別要求 Remarks or Special Request

☐ 提前保單日期 Date back policy date _____
（只適用於可接受提前保單日期的指定產品。所選擇之保單日期必須為投保申請書簽署日期之前，但不接受提前超過六個月。Only applicable to specified products that allow date back policy date. The policy date must be prior the sign date of this application form and not allow over 6 months.）

☐ 接受職業 / 其他附加保費（如適用）Accept occupation / other loading, if applicable _____

☐ 其他 Others _____

_____

J部分 Section J 保障個人資料（私隱）Personal Data (Privacy) Protection

私隱政策聲明

泰禾人壽保險有限公司（百慕達註冊之有限公司）（以下合稱“本公司”）明白其在《個人資料（私隱）條例》下就個人資料的收集、持有、處理或使用所負有的責任。本公司僅將為合法和相關的目的收集個人資料，並將採取一切切實可行的步驟，確保本公司所持個人資料的準確性和安全性，及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。本公司不會在沒有閣下的同意，把閣下的個人資料提供予第三方作直接促銷用途或其他沒有關係的用途。下列的個人資料收集聲明是私隱政策聲明的一部分。

個人資料收集聲明

閣下的個人資料為自願提供。敬請注意，如果閣下不向本公司提供所需的個人資料，本公司可能無法提供閣下要求的資料、產品或服務。

目的：本公司不時有必要使用閣下的個人資料作下列用途：

(1) 向閣下推介、提供和營銷本公司及其子公司的產品 / 服務（請參閱下文「為直接促銷目的而使用個人資料」部分），以及提供、維持、管理和操作該等產品 / 服務；

(2) 處理和評估閣下就本公司及其子公司的產品 / 服務提出的任何申請或要求；

(3) 處理付款指示；

(4) 將收集、使用和披露閣下的個人資料（包括信用資料和以往申索紀錄），以用作處理閣下的申請、調查和結清申索、以及偵測和防止欺詐行為（無論是否與就此申請而發出的保單有關）所需的目的；

(5) 向閣下提供後續服務及執行 / 管理已發出的保單，例如增加、更改、變更、撤銷、續期或恢復；

(6) 就本公司和 / 或其子公司提供的任何產品 / 服務而由與閣下或其他索賠方提出的、針對閣下或其他索賠方提出的、或者其他涉及閣下或其他索賠方的任何索賠相關的任何目的，包括對索賠進行調查；

(7) 供我們資料核對，內部業務及行政之用；

(8) 為本公司及其子公司設計新的產品 / 服務或改進現有的產品 / 服務；

(9) 為本公司及其子公司、金融服務行業或相關的監管機構的統計或類似目的進行市場或精算研究；

(10) 基於本聲明所列的任何目的，將本公司不時持有並與閣下有關的任何資料進行核對；

(11) 滿足任何適用法律、規則、規例、實務守則或指引規定的要求，或協助在香港境內或境外（包括中國大陸）的警方或其他政府或監管機構執法及進行調查；

(12) 進行身份和 / 或信用核查和 / 或債務追收；

(13) 就閣下在本公司持有的任何帳戶或本個人資料收集聲明未來的變更發出行政性通訊；及

(14) 與上述任何目的直接有關的其他目的。

個人資料的移轉：個人資料將予以保密，但在遵守任何適用法律條文的前提下，可移轉予：

(1) 任何本公司及其在香港境內或境外（包括中國大陸）的子公司；

(2) 就本公司和 / 或其子公司提供的任何產品 / 服務而由閣下或針對閣下提出的、或者其他涉及閣下的任何索賠相關的任何人士（包括私人調查方和索賠調查公司）；

(3) 就本公司和 / 或其子公司所提供產品 / 服務提供服務的任何代理、承包商或協力廠商，包括任何再保險公司、保險中介、基金管理公司或金融機構；

(4) 就業務經營關係向本公司和 / 或及其子公司向任何於香港境內或境外（包括中國大陸）提供行政、技術、數據處理、電訊、電腦、支付、債務追收、電話中心服務、直接促銷服務或其他服務的任何代理、承包商或第三方；

(5) 協助收集閣下資料或與閣下聯絡的其他公司，例如研究公司、信貸資料機構或（在出現拖欠還款的情況下）追討欠款公司；

(6) 本公司權利或業務的任何實際或建議的承讓人、受讓方、參與者或次參與者；

(7) 因任何適用法律、規定、法規、實務守則或指引，要求或規定本公司和 / 或其子公司向任何在香港境內或境外（包括中國大陸）的政府部門或其他適當的政府或監管機關作出的披露；及

(8) 個人資料轉移給以下人士，而他們只能在有合理需要履行上述目的之情況下才可收集和使用這些資料：保險理算人、持牌保險中介人；僱主；醫護專業人士；醫院；會計師；財務顧問；律師；整合保險業申索和承保資料的組織；防欺詐組織；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名的其他人士）；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）。

閣下的個人資料可能會提供給上述任何一方，該方可能位於香港境內或境外（包括中國大陸），而就此而言，閣下同意將閣下的資料移轉至香港境外（包括中國大陸）。

閣下的個人資料將僅為上文中規定的一個或多個有關目的而被移轉。如欲瞭解本公司為推廣或促銷目的而使用閣下的個人資料的政策，請參閱下文「為直接促銷目的而使用個人資料」部分。

為直接促銷目的而使用個人資料：本公司打算：

(1) 使用本公司不時持有的閣下的姓名、聯絡資料、產品和服務的組合資料、交易模式和行為、財政背景和統計數據以在香港境內或境外（包括中國大陸）進行直接促銷；

(2) 就本公司及其子公司可能提供下列類別的產品和服務進行直接促銷（包括提供獎賞、客戶或會員或優惠計劃）：

   a) 保險、年金、銀行、財富管理、退休計劃、投資、金融服務、信用卡、證券以及相關產品和服務；及

   b) 有關健康、保健及醫療、餐飲、體育活動、會籍及相關產品和服務；

(3) 上述產品和服務將可能由本公司和 / 或下列機構提供：

   a) 任何本公司及其子公司；

   b) 就本公司營運以及向閣下提供的服務相關而提供管理、數據處理、電訊、電腦、付款、收債或證券結算、技術外判、電話中心服務、郵寄及印刷服務的任何代理、承包商或協力廠商服務供應商；

   c) 代理、承包商或協力廠商服務供應商，包括協助提供服務的公司，例如再保險公司、投資管理公司、索賠調查公司、業界協會或聯盟；及

   d) 協助收集閣下資料或與閣下聯繫的其他公司，例如研究調查公司及信貸評級機構。

(4) 本公司需取得閣下的書面同意（或表示不反對）方可為任何推廣或促銷目的而使用閣下的個人資料並向上文所述的各方提供資料。

J部分（續）Section J (con't) 保障個人資料（私隱）Personal Data (Privacy) Protection

閣下可隨時撤回給予本公司有關使用閣下的個人資料及提供予協力廠商作直接促銷用途的同意，而本公司將在不收取任何費用的情況下停止使用該等資料作直接促銷用途。閣下如欲撤回閣下給予本公司的同意，請聯絡本公司的個人資料保護主任（詳情參閱下文）。

對個人資料收集聲明的更正

本公司保留權利在任何時候修改此個人資料收集聲明而不另行通知，個人資料收集聲明的更正將在本公司的網站上或以書面形式提供，以通知閣下本公司將如何收集，使用和轉移閣下的個人資料。如果將來對本個人資料收集聲明進行任何修訂，則該修訂將立即生效。

個人資料的查閱和更正：根據《個人資料（私隱）條例》，閣下有權查明本公司是否持有閣下的個人資料，獲取該資料的副本，更正任何不準確的資料，以及查明本公司有關個人資料的政策及常規。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。

查閱和更正的要求，或有關獲取政策、常規及所持的資料種類的資料，均應以書面形式發送至：香港太古城英皇道1111號19樓，泰禾人壽保險有限公司（百慕達註冊之有限公司），個人資料保護主任收，電話：(852) 3767 8777。

本公司可能會向閣下收取合理的費用，以抵銷本公司為執行閣下的資料查閱要求而引致的行政和實際費用。

此中文私隱政策聲明和個人資料收集聲明為英文版本譯本。如中、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。

PRIVACY POLICY STATEMENT

Tahoe Life Insurance Company Limited (Incorporated in Bermuda with limited liability) ("the Company") recognise their responsibilities in relation to the collection, holding, processing or use of personal data under the Personal Data (Privacy) Ordinance. Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorised or accidental access, erasure or other use. The Company will not provide your personal data to third parties for direct marketing or other unrelated purposes without your consent. The Personal Information Collection Statement set out below also forms part of this Privacy Policy Statement.

PERSONAL INFORMATION COLLECTION STATEMENT ("PICS")

The provision of your personal data is voluntary. Please note that if you do not provide the Company with the required personal data, the Company may not be able to provide your requested information, products or services.

Purpose: From time to time it is necessary for us to use your personal data for the following purposes:

(1) offering, providing and marketing to you the products / services of the Company and its subsidiaries (see "Use of Personal Data for Direct Marketing Purposes" below) and administering, maintaining, managing and operating such products / services;

(2) processing and evaluating any applications or requests made by you for products / services offered by the Company and its subsidiaries;

(3) processing payment instructions;

(4) collect, use and disclose your personal information (including credit information and claims history) for the purposes necessary to process your application, investigate and settle claims and detect and prevent fraud (whether or not relating to the policy issued in respect of this application);

(5) providing subsequent services to you and administering the policies issued e.g. additions, alterations, variations, cancellation, renewal or reinstatement;

(6) any purposes in connection with any claims made by or against or otherwise involving you or other claimants in respect of any products / services provided by the Company and / or its subsidiaries, including investigation of claims;

(7) for our data matching, internal business and administrative purposes;

(8) designing new or enhancing existing products/services of the Company and its subsidiaries;

(9) conducting market or actuarial research for statistical or similar purposes undertaken by the Company and its subsidiaries, the financial services industry or our respective regulators;

(10) matching any data held which relate to you from time to time for any of the purposes listed herein;

(11) meeting requirements imposed by any applicable law, rules, regulations, codes of practice or guidelines or assisting with law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere including Mainland China;

(12) conducting identity and / or credit checks and / or debt collection;

(13) sending out administrative communications about any account you may have with the Company or about future changes to this Personal Information Collection Statement; and

(14) other purposes directly relating to any of the above.

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be transferred to:

(1) any of the subsidiaries of the Company in Hong Kong or elsewhere including Mainland China;

(2) any person (including private investigators and claims investigation companies) in connection with any claims made by or against or otherwise involving you in respect of any products / services provided by the Company and / or its subsidiaries;

(3) any agent, contractor or third party who provide services in connection with the product / services provided by the Company and / or its subsidiaries in the following classes of business: reinsurance, insurance intermediary, fund management or finance;

(4) any agent, contractor or third party who provides administrative, technology, data processing, telecommunications, computer, payment, debt collection, call centre services, direct marketing services or other services to the Company and / or its subsidiaries in connection with the operation of its business within or outside Hong Kong (such as Mainland China);

(5) other companies who help gather your information or communicate with you, such as research companies and credit reference agencies or, in the event of default, debt collection agencies;

(6) any actual or proposed assignee, transferee, participant or sub-participant of our rights or business;

(7) any government department or other appropriate governmental or regulatory authority, whether within or outside Hong Kong (such as Mainland China), to whom the Company and / or its subsidiaries are requested or required by any applicable law, rules, regulations, codes of practice or guidelines to make disclosures; and

(8) transfer personal information to the following persons who may collect and use this information only as reasonably necessary to carry out the purposes described above: insurance adjusters, licensed insurance intermediaries; employers; health care professionals; hospitals; accountants; financial advisors; solicitors; organisations that consolidate claims and underwriting information for the insurance industry; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisation 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.

Your personal data may be provided to any of the above parties who may be located in Hong Kong or outside of Hong Kong (such as Mainland China), and in this regard you consent to the transfer of your data outside of Hong Kong including but not limited to Mainland China.

Transfer of your personal data will only be made for one or more of the purposes specified above. For our policy on using your personal data for promotional or marketing purposes, please see the section entitled "Use of Personal Data for Direct Marketing Purposes".

Use of Personal Data for Direct Marketing Purposes: The Company intends to:

(1) Use your name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company from time to time for direct marketing in Hong Kong and outside Hong Kong (such as Mainland China);

(2) Conduct direct marketing (including providing reward, loyalty or privileges programmes) in relation to the following classes of products and services that the Company and its subsidiaries may offer:

  (a) insurance, annuities, banking, wealth management, retirement plans, investment, financial services, credit cards, securities and related products and services; and

  (b) health, wellness and medical, food and beverage, sporting activities, memberships and related products and services;

(3) The above products and services may be provided by:

  (a) the Company or any of its subsidiaries;

  (b) any agent, contractor or third party service provider who provides administration, data processing, telecommunications, computer, payment, debt collection or securities clearing, technology outsourcing, call center services, mailing and printing services in connection with the operation of the Company's business and provision of our services to you;

  (c) agents, contractors or third party service providers including companies to help deliver our services, such as reinsurance companies, investment management companies, claims investigation companies, industry associations or federations; and

  (d) other companies who help gather your information or communicate with you, such as research companies and ratings agencies.

(4) The Company requires your written consent (which includes an indication of no objection) for the Company to use and to provide the data to the third parties as set out above for any promotional or marketing purpose.

You may withdraw your consent for the Company to use and to provide to a third party of your personal data for direct marketing purposes at any time, and thereafter the Company shall, without charge to you, cease to use such data for direct marketing purposes. If you wish to withdraw your consent, please contact the Data Protection Officer (details below).

Amendment to the PICS

The Company reserves the right at anytime, with or without notice, amends this PICS which will be found in our website or in writing to notify you how the Company will collect, use and transfer your personal data. Should there be any amendment to this PICS in the future, such amendment will become effective with immediate effect.

Access and correction of personal data: Under the Personal Data (Privacy) Ordinance, you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, to correct any data that is inaccurate, and to ascertain the Company's policies and practices in relation to personal data. You may also request the Company to inform you of the type of personal data held by it.

Requests for access and correction or for information regarding policies and practices and types of data held should be addressed in writing to: Data Protection Officer, Tahoe Life Insurance Company Limited (Incorporated in Bermuda with limited liability), 19/F, 1111 King's Road, Taikoo Shing, Hong Kong, Telephone: (852) 3767 8777.

A reasonable fee may be charged to offset the Company's administrative and actual costs incurred in complying with your access requests.

This Privacy Policy Statement and the Personal Information Collection Statement have been translated into Chinese. If there is any inconsistency or ambiguity between the English version and the Chinese version, the English version shall prevail.

K部分 Section K 同意書及聲明 Consent and Declaration

客戶確認符合《海外帳戶稅收合規法案》和其他適用法律

閣下確認泰禾人壽保險有限公司（下稱「本公司」）須遵從、遵守或履行法律、法規、命令、指引，守則和包括《海外帳戶稅收合規法案》適用規定的要求，或任何公眾、司法、稅務，政府和 / 或其他監管機構等協定的要求，包括但不限於美國國稅局（以下簡稱「監管機構」）在不同的司法管轄區不時頒布及修訂的協定（以下簡稱「適用規定」）。在這方面，閣下同意本公司可以在任何時候行使完全酌情權採取任何相關行動包括但不限於向任何監管機構透露閣下的個人資料，以確保本公司遵行適用規定。

客戶同意向第三方披露資料

閣下同意本公司可能將根據適用規定的要求，向任何監管機關披露閣下的個人資料或任何資料。基於前述的原因，以及儘管在本表格或我們之間的任何其他協議所載的任何內容，本公司可能需要閣下向本公司提供進一步資料，以便向任何監管機關透露，而閣下必須在合理要求的時間（由提出申請或知會變更資料的90個曆日）內，向本公司提供相關的資料。

更新客戶有關國籍，稅務狀況的資料及其他資料

儘管載於本表格或我們之間其他任何協議所包含的任何內容，閣下同意向本公司提供協助，使本公司能夠就閣下或閣下向本公司購買的保險計劃，遵行適用規定下的義務。

就閣下任何在申請時或其他時間向本公司提供的任何資料，閣下同意及時（30個曆日之內）向本公司提供更新資料。尤其重要的是閣下立即通知本公司下列的更新：若閣下是個人，閣下的個人身份證號碼、地址、電話、國籍、稅務狀況，稅籍所在地的變動或閣下擁有多於一個國家的稅籍的變動；若閣下是法團法人或任何其他類型的實體，閣下的註冊地址，業務營運地址，主要股東，法定及實際受益人或管理人（擁有或控制10% 以上股份或所有權或管理權的人士），稅務狀況，稅籍所在地，或若閣下擁有多於一個國家的稅籍的變動。若發生這些變動，或任何其他資料顯示發生了變動，本公司可能會要求閣下提供額外文件或資料。此等資料和文件包括但不限於正式完成及 / 或簽署（並且如有需要，由公證人作出公證）的稅務申報或表格。

如果閣下未能及時向本公司提供資料或文件，或閣下所提供所需的資料或文件並非最新，準確或完整，閣下同意本公司擁有完全及絕對酌情權決定隨時採取任何相關行動以確保本公司遵從適用法律及法規的要求。

Customer acknowledgement regarding compliance with Foreign Account Tax Compliance Act and other Applicable Laws

You acknowledge that Tahoe Life Insurance Company Limited (hereinafter called "the Company") shall be obliged to comply with, observe or fulfill the requirements of the laws, regulations, orders, guidelines, codes, and requirements including the applicable requirements under the Foreign Account Tax Compliance Act of or agreements with any public, judicial, taxation, governmental and / or other regulatory authorities, including but not limited to, the Internal Revenue Service of the United States of America (the "Authorities" and each an "Authority") in various jurisdictions as promulgated and amended from time to time (the "Applicable Requirements"). In this connection, you agree that the Company may at any time take any relevant actions as may be determined by the Company in its sole and absolute discretion which including but not limited to disclose your particulars to any Authority for the purpose of ensuring the Company's compliance or adherence with the Applicable Requirements.

Customer consent to disclose information to third parties

You agree that the Company may disclose your particulars or any information to any Authority in connection or adherence with the Applicable Requirements. For the purposes of the foregoing and notwithstanding anything contained in this form or any other agreements between us, the Company may need you to provide the Company with further information as may be required for disclosure to any Authority and you shall provide the same to the Company's within such time as may be reasonably required (Within 90 calendar days from the date of the application or information change).

Updating of customer information about nationality, tax status and others

Notwithstanding anything contained in this form or any other agreements between us, you agree to provide the Company with such assistance as may be necessary to enable the Company to comply with the Company's obligations under all Applicable Requirements concerning you or your policies with the Company.

You agree to update the Company in a timely manner (within 30 calendar days) of any change of any of the details previously provided to the Company whether at time of application or at any other times. In particular, it is very important that you notify the Company immediately if, where you are an individual, your personal identification numbers, addresses, telephone numbers, nationality, tax status or tax residency changes or if you become tax resident in more than one country, or, where you are a corporation or any other type of entity, your registered address, address of your place of business, substantial shareholders, legal and beneficial owners or controllers (who own or control more than 10% of your shares or ownership interest or control), tax status, tax residency changes or if you become tax resident in more than one country. If any of these changes occurs or if any other information comes to light concerning such changes, the Company may need to request additional documents or information from you. Such information and documents include but are not limited to duly completed and / or executed (and, if necessary, notarized) tax declarations or forms.

If you do not provide the Company with the information or documents requested in a timely manner or if any information or documents provided are not up-to-date, accurate or complete you agree that the Company may take any relevant actions at any time as may be determined by the Company in its sole and absolute discretion to be required to ensure compliance with the applicable Laws and Regulations on the part of Company.

K部分（續）Section K (con't) 同意書及聲明Consent and Declaration

《稅務條例》的規定

泰禾人壽保險有限公司必須遵從《稅務條例》（第112章）的下列規定，以協助香港特別行政區政府稅務局（「稅務局」）進行自動交換某些財務帳戶資料：

(1) 將某些帳戶識別為「不獲豁除財務帳戶」；

(2) 識別就稅務而言，持有不獲豁除財務帳戶的個人和某些持有不獲豁除財務帳戶的實體所屬的居留司法管轄區；

(3) 確定某些持有不獲豁除財務帳戶的實體的狀況為「被動非財務實體」，並識別其控權人就稅務而言的居留司法管轄區；

(4) 收集有關不獲豁除財務帳戶的某些資料（「所需資料」）；及

(5) 向稅務局提供某些所需資料（以上統稱為「自動交換資料要求」）。

本人（申請人 / 持有人）知悉及同意，泰禾人壽保險有限公司（「泰禾人壽」）可根據《稅務條例》有關交換財務帳戶資料的法律條文，(a) 收集本申請書所載資料並可備存作自動交換財務帳戶資料用途及 (b) 把該等資料和關於申請人 / 持有人及任何須申報帳戶的資料向稅務局申報，從而把資料轉交到申請人 / 持有人的居留司法管轄區的稅務當局。

本人（申請人 / 持有人）承諾，如情況有所改變，以致影響本申請書所述的申請人 / 持有人的稅務居民身分，或引致本申請書所載的資料不正確，本人會通知泰禾人壽，並會在情況發生改變後30個曆日內，向泰禾人壽提交一份已適當更新的自我證明表格。

本人（申請人 / 持有人）同意遵從泰禾人壽為了符合「自動交換資料要求」而提出的請求。

本人（申請人 / 持有人）聲明就本人所知所信，本申請書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，如任何人在作出須自我證明時，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（即港幣10,000元）罰款。

REQUIREMENTS OF THE INLAND REVENUE ORDINANCE

Tahoe Life Insurance Company Limited must comply with the following requirements of the Inland Revenue Ordinance (Cap. 112) to facilitate the Inland Revenue Department of the Government of the Hong Kong Special Administrative Region ("IRD") in implementing automatic exchange of certain financial account information as provided for thereunder:

(1) to identify certain accounts as "non-excluded financial accounts" ("NEFAs");

(2) to identify the jurisdiction(s) in which NEFA-holding individuals and certain NEFA-holding entities reside for tax purposes;

(3) to determine the status of certain NEFA-holding entities as "passive NFEs" and identify the jurisdiction(s) in which their controlling persons reside for tax purposes;

(4) to collect certain information on NEFAs ("Required Information"); and

(5) to furnish certain Required Information to the IRD (collectively, the "AEOI requirements").

I, the applicant / owner, acknowledge and agree that (a) the information contained in this form is collected and may be kept by Tahoe Life Insurance Company Limited ("Tahoe Life") for the purpose of automatic exchange of financial account information, and (b) such information and information regarding the applicant / owner and any reportable account(s) may be reported by Tahoe Life to the IRD and exchanged with the tax authorities of another jurisdiction or jurisdictions in which the applicant / owner may be resident for tax purposes, pursuant to the legal provisions for exchange of financial account information provided under the Inland Revenue Ordinance.

I, the applicant / owner, undertake to advise Tahoe Life Insurance Company Limited ("Tahoe Life") of any change in circumstances which affects my tax residency status of the applicant / owner or causes the information contained herein to become incorrect, and to provide Tahoe Life with a suitably updated self-certification form within 30 calendar days of such change in circumstances.

I, the applicant / owner, agree to comply with requests made by Tahoe Life to comply with the AEOI requirements.

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

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 to a fine at level 3 (i.e. HKD10,000).

保險業監管局（「保監局」）收取的徵費

由2018年1月1日起，保險業監管局（「保監局」）按照《保險業條例》（第41章）下的《保險業（徵費）規例》及《保險業（徵費）令》，透過保險公司向保單持有人收取保費徵費。保監局的徵費會按適用徵費率向保單持有人於保單內徵收，而保單持有人必需將規定的保費徵費連同保費一同繳付給泰禾人壽保險有限公司（「泰禾人壽」）。如欲知悉更多關於此徵費安排的資料，可登入保監局之網頁 " http://www.ia.org.hk/tc/levy " 或瀏覽本公司網站 " https://www.tahoelife.com.hk/tl/doc/Levy_TC.pdf "。如保單持有人沒有按法例繳付徵費，保監局可向其施加最高港幣5,000元的罰款，亦可循民事程序追討欠付的徵費。

Collection of Levy by the Insurance Authority ("IA")

Starting from 1 January 2018, the Insurance Authority ("IA") starts to collect a levy on insurance premium from policy owners through insurance companies in accordance with the Insurance (Levy) Regulation and the Insurance (Levy) Order under the Insurance Ordinance (Cap. 41). The levy collected by the IA will be calculated at the applicable rate on the policy level. The policy owner is required to pay to Tahoe Life Insurance Company Limited ("Tahoe Life") the prescribed levy along with the premium. For further information on levy collection arrangement, please visit IA webpage " http://www.ia.org.hk/en/levy " or our company website " https://www.tahoelife.com.hk/tl/doc/Levy_EN.pdf ". As stated in the law, if a policy owner does not pay the levy as required, the IA may impose on the policy owner a penalty of up to HKD5,000, and may recover the outstanding levy as a civil debt due to the IA.

K部分（續）Section K (con't) 同意書及聲明Consent and Declaration

聲明及授權 Declaration and Authorisation

(i) 本人 / 我們現聲明及同意：(1) 本投保申請書的所有陳述及答案是據本人 / 我們所知及所信，均屬完全及真實無訛；(2) 本投保申請書的所有陳述及答案將為簽發保單的根據，並作為保單的一部分；(3) 本投保申請書中所申請的保險，只有於有關保單在受保人生存時送交申請人後始會生效。如在簽署本投保申請書後至本人 / 我們收到保單前，準受保人身體健康狀況有任何改變，本人 / 我們必須立刻通知貴公司該改變，而本人 / 我們亦明白貴公司仍保留權利取消保單及 / 或就改變而重新簽發保單；(4) 貴公司有權（但非義務）對本人 / 我們所發出的操作指示以書面及 / 或錄音及 / 或其他任何形式作出記錄，及該等記錄（如有）將為最終及對本人 / 我們有法律的約束力；(5) 就此投保申請書及相關保單，貴公司對不時 (i) 由本人 / 我們繳付予貴公司之所有款項（包括但不限於任何保費及供款）或 (ii) 由貴公司應付予本人 / 我們之所有款項（包括但不限於任何賠償款項及退保利益）；而產生的任何及全部利息有絕對擁有權，而本人 / 我們放棄此等利息的所有權利及申索。

I / We HEREBY DECLARE AND AGREE THAT : (1) all the statements and answers in this application are to the best of my / our knowledge and belief complete and true; (2) all the statements and answers in this application shall form the basis and become a part of the policy issued hereunder; (3) the insurance hereunder applied for shall take effect only after the policy is delivered to the Applicant during the lifetime of the person to be insured. If the health status of the proposed insured changes after this application is signed and before I / we receive the policy, I / we shall immediately notify the Company of the change. As such, I / we understand that the Company shall reserve the right to cancel the policy and / or to re-issue the policy with changes; (4) the Company shall have rights (but shall not be obliged) to record my / our instructions by writing and / or voice recording and / or any other method and such record (if any) shall be conclusive and legally binding on me / us; (5) the Company shall be entitled absolutely to any and all interest accruing on (i) all moneys (including but not limited to any premiums and contributions) paid by me / us to the Company or (ii) all moneys (including but not limited to any claims proceeds and surrender benefit) payable by the Company to me / us from time to time in respect of this application and the policy, and I / we waive all rights and claim to such interest.

本人 / 我們現不可撤銷地授權：(1) 任何醫生、醫院、診所、保險公司或對本人 / 我們 / 準受保人或對本人 / 我們 / 準受保人的健康情況有任何記錄或知悉的其他組織、機構或人士，向貴公司或貴公司的代表及為貴公司向其他保險公司或組織提供所有此等資料，披露任何及所有關於本人 / 我們 / 準受保人的資料（參照本人 / 我們 / 準受保人之健康及病歷及住院、建議、治療、疾病或不適）；(2) 與此投保申請及由此出現的賠償申請相關，貴公司或任何其指定之醫生、醫療人員或化驗所進行所需之醫療評估及測試，以評核本人 / 我們 / 準受保人之健康狀況。此授權對本人 / 我們 / 準受保人之繼承人及受讓人具有法律約束力，並儘管本人 / 我們 / 準受保人死亡或無行為能力時，此授權仍具效力。此授權書之影印本與正本均有同等效力。

I / We hereby irrevocably authorise: (1) any physician, hospital, clinic, insurance company or other organisation, institution or person that / who has any records or knowledge of me / us / proposed insured or my / our / proposed insured's health, to disclose to the Company or its representative and for the Company to provide all these information to other insurance companies or organisations any and all information about me / us / proposed insured with reference to my / our / proposed insured's health and medical history and hospitalization, advice, treatment, disease or ailment; (2) The Company or any of its appointed physician, medical examiners or laboratories to perform the necessary medical assessments and tests to evaluate my / our / the proposed insured's health status in relation to this application and any claim arising therefrom. This authorisation shall legally bind my / our / the proposed insured's successors and assignees and remains valid notwithstanding my / our / the proposed insured's death or incapacity. A photostatic copy of this authorisation shall be as valid as the original.

(ii) 就簽署此投保申請書，本人 / 我們確認貴公司的持牌保險中介人或其代表是在香港特別行政區向本人 / 我們推銷保險業務，而此申請書亦是在香港特別行政區簽署。

By signing this application below, I / we confirm that the licensed insurance intermediary or any representative of the Company has solicited insurance business from me / us in Hong Kong S.A.R. and that the signing of this application form has taken place in Hong Kong S.A.R.

(iii)（如申請人為自然人）

本人 / 我們保證會立刻通知貴公司任何有關申請人個人資料或其身份證明資料的更改或更新，及保證如貴公司提出要求，會立刻向貴公司提交與該更改或更新有關及令其滿意的文件証明。

（如申請人為法人）

本人 / 我們保證會立刻通知貴公司任何有關 (i) 申請人的名字、註冊地址及架構的更改；或 (ii) 擁有申請人不少於25%的股份或投票權的股東及其個人資料；或 (iii) 申請人的董事 / 授權簽署人士的更改或其個人資料的更改，及保證如貴公司提出要求，會立刻向貴公司提交與該更改有關及令其滿意的文件証明。

(If the Applicant is a natural person)

I / We undertake to advise the Company forthwith upon any change or update of the personal particulars / the identification information of Applicant; and to provide documentary proof(s) of such change or update to the satisfaction of the Company upon its request.

(If the Applicant is an entity and or a body corporate)

I / We undertake to advise the Company forthwith upon any change to (i) the Applicant (such as name, registered address and ownership structure); (ii) the Applicant's shareholder(s) holding not less than 25% of its shares / voting rights and his / her personal particulars; (iii) the Applicant's director(s) / authorised signatory(ies) or his / her personal particulars; and to provide documentary proof(s) of such change to the satisfaction of the Company forthwith upon its request.

(iv) 本人 / 我們確認並同意本人 / 我們必須於遞交申請時提供貴公司為進行客戶盡職審查目的所須的資料及 / 或文件，否則貴公司可拒絕本人 / 我們的申請或對保單施予交易次數或類型的限制。若貴公司未能在保單簽發日起計之30個工作天內收齊有關資料及 / 或文件，貴公司保留立即暫停保單及停止保單的某些交易，及 / 或取消保單的權利。本人 / 我們完全明白貴公司須作出上述的保單暫停或取消是應監管條例的要求。

I / We hereby acknowledge and agree that all information and / or document(s) as required by the Company for the purpose of customer due diligence shall be provided at the time of application submission, failing which the Company may reject the application or place limits on the number or types of transactions under the policy. The Company further reserves the rights to forthwith suspend the policy and refrain from carrying out certain transactions and / or terminate the policy if the required information and / or document(s) are not received by the Company 30 working days after the issuance of the policy. I / We fully understand the need to suspend and / or terminate the policy by the Company in such regards is a regulatory obligation.

K部分（續）Section K (con't) 同意書及聲明Consent and Declaration

本人 / 我們（申請人 / 準受保人）僅此聲明，本人 / 我們在此申請書提供的資料均是真實及正確的。本人 / 我們已閱讀及同意「私隱政策聲明和個人資料收集聲明」的規定。

為遵循FATCA及相關的本地法規，本人 / 我們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。

☐ 本人（申請人）不同意根據以上個人資料收集聲明（參閱「**為直接促銷目的而使用個人資料**」部分）為直接促銷之目的而使用和提供本人的個人資料，亦不希望接收任何推廣及直接促銷材料。

I / We, the Applicant / Proposed Insured, declare that the information I / we provided in this form is true and correct. I / We have read and agreed to the terms and content of the "Privacy Policy Statement and Personal Information Collection Statement".

Pursuant to FATCA or applicable local laws, I / we hereby consent to the Company to report my / our personal data to the US or applicable local regulators or tax authorities where necessary in order to comply with FATCA or applicable local laws.

☐ I, the Applicant, do not agree with the use and provision of my personal data for direct marketing purposes as set out above in the Personal Information Collection Statement (see "**Use of Personal Data for Direct Marketing Purposes**") and do not wish to receive any promotional and direct marketing materials.

冷靜期內取消保單的權利及退還保費

本人明白本人有權以書面通知要求泰禾人壽保險有限公司取消保單並獲退還所有已繳保費及徵費。本人明白為行使這項權利，本人必須簽署該取消保單的通知及退回保單（如適用）並確保該取消保單的通知及保單（如適用）必須由泰禾人壽保險有限公司在香港太古城英皇道1111號19樓於冷靜期內直接收到。本人明白冷靜期為緊接保單交付予本人或本人的指定代表之日起計的**21個曆日**的期間。本人明白如果本人曾經就有關保單提出索償並獲得賠償，則不會獲退還保費。

Cancellation Rights and Refund of Premium(s) within Cooling-off Period

I understand that I have the right to cancel the policy and obtain a refund of any premiums and levies paid by giving a written notice to Tahoe Life Insurance Company Limited. I understand that to exercise this right, I must sign the notice of cancellation, return the policy (if applicable) and ensure that the notice and policy (if applicable) must be received directly by Tahoe Life Insurance Company Limited at 19/F, 1111 King's Road, Taikoo Shing, Hong Kong within the Cooling-off Period. I understand that the Cooling-off Period is the period of **21 calendar days** immediately following the day of delivery of the policy to me or my nominated representative. I understand that no refund can be made if a claim payment under the policy has been made prior to my request for cancellation.

簽署於 Signed at 香港 Hong Kong（地點 Place） on _____（簽署日期（日 / 月 / 年） Sign Date (DD / MM / YYYY)）

申請人簽署
Signature of Applicant

準受保人簽署
Signature of Proposed Insured
（如準受保人與申請人不同，並且準受保人年齡為18歲或以上人士
If other than Applicant and whose age is 18 or above)

本人 / 我們確認及聲明有關此投保申請之整個銷售過程均在香港特別行政區內進行。而此申請書是由準受保人 / 申請人在香港簽署及以本人 / 我們為見証。

I / We confirm and declare that the whole solicitation process of this application was done in Hong Kong and this form was signed by the Proposed Insured / Applicant and witnessed by me / us in Hong Kong.

持牌保險中介人簽署及持牌保險經紀公司蓋印（如適用）為見證人
Signature of Licensed Insurance Intermediary and
stamp of Licensed Insurance Broker Company (if applicable) as Witness

L部分 Section L 轉保聲明 Replacement Declaration

閣下是否使用或打算使用現有人壽保險保單的部分或全部資金，或使用或打算使用通過減少現有人壽保險保單的應付保費而節省的金額，以資助閣下購買新的人壽保險保單？例如，此等資金或金額可能來自：

In order to fund the purchase of your new life insurance policy, are you using, or do you intend to use some or all of the funds arising from your existing life insurance policy, or any savings made by reducing the premium payable under your existing life insurance policy? For example, such funds or savings may arise from:

a) 就閣下現有人壽保險保單作出退保 / 部分退保的安排，以獲得其退保價值
surrendering / partially surrendering your existing life insurance policy to obtain its surrender value

b) 從閣下現有人壽保險保單中提取保單貸款（包括自動保費貸款）
taking out a policy loan (including automatic premium loan) from your existing life insurance policy

c) 從閣下現有人壽保險保單中提取保單價值（例如：套現紅利或贖回基金單位等）
withdrawing policy values from your existing life insurance policy (e.g. cash out dividends or redeem fund units etc.)

d) 從閣下現有人壽保險保單中遞減投保額以減低現時所需支付的保費
decreasing basic sum assured of your existing life insurance policy in order to reduce the premium payable

e) 使閣下現有人壽保險保單失效（例如：終止支付保費）
lapsing your existing life insurance policy (e.g. by non-payment of premium)

f) 在行使閣下現有人壽保險保單中「保費假期」的權利
exercising the right to a premium holiday under your existing life insurance policy

g) 把閣下現有人壽保險保單轉為減額付清保險或延長定期保險
converting your existing life insurance policy to reduced paid-up / extended term life insurance

請在以下適當的方格內填上剔號（只可選擇一項）Please check ONLY one appropriate box below

☐ **否**，本人**沒有或沒有打算**於本人一張或多張人壽保險保單進行上述保單更改，以資助購買新的人壽保險保單
No, I **have not exercised or have no intention to exercise** any of the above changes for my life insurance policy(ies) for funding the purchase of this new policy application

☐ **否**，本人**已使用或打算使用**本人一張或多張人壽保險保單進行上述保單更改，但並非用以資助購買新的人壽保險保單，及在以下提供原因：
No, I **have exercised or intend to exercise** any of the above changes for my life insurance policy(ies) but not for funding the purchase of this new policy application with reason(s) given below:

_____

_____

☐ **尚未決定**（*請填寫《重要資料聲明書 - 轉保》*）
Not yet decided *(Please complete the "Important Facts Statement – Policy Replacement")*

☐ **是**（*請填寫《重要資料聲明書 - 轉保》*）
Yes *(Please complete the "Important Facts Statement – Policy Replacement")*

_____ _____

申請人簽署
Signature of Applicant

簽署日期（日 / 月 / 年）
Sign Date (DD / MM / YYYY)

忠告：請小心回答上述問題。就現有人壽保險保單作出變更未必符合閣下的最佳利益。閣下的持牌保險中介人必須向閣下解釋有關變更對閣下的財務、受保資格及索償資格所構成的影響。因此，閣下的持牌保險中介人可能會向閣下索取閣下現有人壽保險保單的某些資料。閣下可能需要聯絡現有人壽保險保單的保險公司並向其索取有關現有人壽保險保單準確及最新的資料。若閣下的回答為「是」或「尚未決定」，閣下的持牌保險中介人必須向閣下解釋《重要資料聲明書 - 轉保》。

Warning: Please answer the above question carefully. Making changes on your existing life insurance policy may not be in your best interest. Your licensed insurance intermediary must explain to you the financial implications, insurability implications and claims eligibility implications of such changes. For this purpose, your licensed insurance intermediary may require certain information on your existing life insurance policy. You may need to approach the insurer of your existing life insurance policy to obtain accurate and up to date information on your existing policy. If your answer is "Yes" or "Not yet decided", your licensed insurance intermediary must explain the "Important Facts Statement – Policy Replacement" to you.

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泰禾人壽保險有限公司 Tahoe Life Insurance Company Limited
（百慕達註冊之有限公司 Incorporated in Bermuda with limited liability）
總公司：香港太古城英皇道1111號19樓
Head Office: 19/F, 1111 King's Road, Taikoo Shing, Hong Kong
www.tahoelife.com.hk | 客戶服務熱線 Customer Service Hotline: (852) 3767 8777

授權書
Letter of Authorisation Form

保單號碼
Policy no. _____

申請人姓名
Name of applicant _____

身份證明文件號碼
Identity document no. _____

準受保人姓名
Name of proposed insured _____

身份證明文件 / 出生紙號碼
Identity document / Birth cert. no. _____

本人 / 我們現不可撤銷地授權：任何醫生、醫院、診所、保險公司或對本人 / 我們 / 準受保人或對本人 / 我們 / 準受保人的健康情況有任何記錄或知悉的其他組織、機構或人士，向貴公司或貴公司的代表及為貴公司向其他保險公司或組織提供所有此等資料，披露任何及所有關於本人 / 我們 / 準受保人的資料（參照本人 / 我們 / 準受保人之健康及病歷及住院、建議、治療、疾病或不適）。此授權書之影印本與正本均有同等效力。

I / We hereby authorise any physician, hospital, clinic, insurance company or other organisation, institution or person, that has any records or knowledge of me / proposed insured or my / proposed Insured's health, to disclose to Tahoe Life Insurance Company Limited, or its representative any and all information about me / proposed Insured with reference to my / proposed Insured's health and medical history and any hospitalisation, advice, treatment, disease of ailment. A photostatic copy of this authorisation shall be as valid as the original.

準受保人簽署
Signature of Proposed Insured
（如準受保人與申請人不同，並且準受保人年齡為18歲或以上人士
If other than Applicant and whose age is 18 or above)

簽署日期（日 / 月 / 年）
Sign Date (DD / MM / YYYY)

申請人簽署
Signature of Applicant

簽署日期（日 / 月 / 年）
Sign Date (DD / MM / YYYY)

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www.tahoelife.com.hk | 客戶服務熱線 Customer Service Hotline: (852) 3767 8777

自動轉賬授權書
Direct Debit Authorisation Form

請填寫適當資料及用正楷填寫 Please fill in the appropriate information and print in block letters.

由儲蓄 / 往來賬戶直接付款 Direct debit via saving / current account

如無特別指示，轉賬日為保費到期日；如保費到期日為29、30或31日，則轉賬日期為下月1日。
Unless otherwise specified, the autopay date will be same as premium due date. If premium due date is 29th, 30th or 31st, autopay date will be 1st of next month.

指定自動轉賬日 Specified autopay date : _____（只限每月1日至28日 limited to 1st – 28th of each month）

* 指定自動轉賬日不適用於投資連繫式保險計劃及電話直銷計劃 Specified autopay date is not applicable to Investment Linked and telemarketing products

收款之一方（受益人） Name of party to be credited (The Beneficiary)	銀行編號 Bank No.	分行編號 Branch No.	收款賬戶之號碼 Account No. to be Credited
TAHOE LIFE INSURANCE COMPANY LIMITED	**0 4 0**	**7 5 9**	**3 2 1 0 0 1 1 8**

本人 / 我們現授權下述銀行自本人 / 我們之賬戶內轉賬予上述受益人。本人 / 我們同意銀行無須證實該等轉賬通知是否已交予本人 / 我們。如因該等轉賬而令本人 / 我們之賬戶出現透支（或令現時之透支增加），本人 / 我們願共同及各別承擔全部責任。本人 / 我們同意如本人 / 我們之賬戶並無足夠款項支付該等授權轉賬，銀行有權不予轉賬，且銀行可收取慣常之收費。本人 / 我們確認在本授權書內之簽名如與本人 / 我們賬戶（支取此項轉賬之賬戶）之簽名完全相同。

I / We hereby authorise the Bank named below to effect transfers from my / our account to the above named beneficiary. I / We agree that the Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me / us. I / We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my / our account, which may arise as a result of any such transfer(s). I / We agree that should there be insufficient funds in my / our account to meet any transfer hereby authorised, the Bank shall be entitled, at its discretion, not to effect such transfer in which event the Bank may make the usual charge. I / We confirm that the signature(s) on this application form is / are the same as that / those for the operation of my / our account to be debited for the transfer.

本人 / 我們之銀行及分行名稱 My / Our Bank name and Branch	銀行編號 Bank No.	分行編號 Branch No.	本人 / 我們之賬戶號碼 My / Our Account No.

本人 / 我們在結單 / 存摺上所紀錄名稱
（英文、姓氏先行）
1. _____

My / Our name as recorded on statement / passbook
(In English, surname first)
2. _____

本人 / 我們在戶口紀錄的身份證明文件類別（請於方格內加上「✓」） My / Our identity document type and no. as recorded on the account (Please put a "✓" in the box)	戶口紀錄的身份證明文件號碼 My / Our identity document no. as recorded on the account
1. ☐ 香港身份證 HKID Card / ☐ 其他（請註明）Others (please specify) _____	1. _____
2. ☐ 香港身份證 HKID Card / ☐ 其他（請註明）Others (please specify) _____	2. _____

本人 / 我們之簽署（賬戶持有人） My / Our signature(s) (account holder)	持牌保險中介人姓名及編號 Licensed Insurance Intermediary name and code	支賬參考（保單號碼） Debit reference (policy no.)
X		

保險中介人報告書 Insurance Intermediary Report (IIR)

準受保人
Proposed Insured: _____

申請人
Applicant: _____

保單號碼
Policy no.: _____

A 項 Part A

致 To: 泰禾人壽保險有限公司（「泰禾人壽」） Tahoe Life Insurance Company Limited ("Tahoe Life")

本人 / 我們
I / We _____ (Name of Licensed Insurance Intermediary#)（持牌保險中介人姓名#）特此聲明並確認：*(請於適用之方格內劃上✓號)* hereby confirm and declare that: *(Please put ✓ in the appropriate box)*

1. 本人 / 我們已親自面見準受保人及申請人。I / We have met the Proposed Insured and the Applicant in person.

2. 本人 / 我們已向準受保人（如年齡為18歲或以上）及申請人詳細詢問投保申請書上每一項問題，並親自見證準受保人* 及申請人在投保申請書上簽名，亦已核對其身份證明文件、住址及入境證明文件*（*如適用）。I / We have asked the Proposed Insured (if age reaches 18 or above) and the Applicant for each question in the application in details, and have witnessed the Proposed Insured* and the Applicant signing the application. Their identity document(s), address and entry proof* (*if applicable) have also been properly verified.

3. ☐ 本人 / 我們已按保險業監管局《防止洗黑錢及恐怖分子籌資活動指引》及《打擊洗錢及恐怖分子資金籌集條例》的要求核實申請人於投保申請書所填報之住址，並聲明於該投保申請書之住址及 / 或通訊地址與本人 / 我們之住址及 / 或通訊地址並不相同。I / We have obtained and recorded the Applicant's residential address in the application according to the requirements of the Insurance Authority's "Guideline on Prevention of Money Laundering and Terrorist Financing" and "Anti-Money Laundering and Counter-Terrorist Financing Ordinance". And hereby declare that the residential address and / or correspondence address in the application is / are not the same as my / our residential address and / or correspondence address.

   ☐ 本人 / 我們已按保險業監管局《防止洗黑錢及恐怖分子籌資活動指引》及《打擊洗錢及恐怖分子資金籌集條例》的要求核實申請人於投保申請書所填報之住址，並聲明因申請人為本人或與本人 / 我們為直系親屬關係 / 同住關係，所以該投保申請書之住址及 / 或通訊地址與本人 / 我們之住址及 / 或通訊地址相同。I / We have obtained and recorded the Applicant's residential address in the application according to the requirements of the Insurance Authority's "Guidance on Prevention of Money Laundering and Terrorist Financing" and "Anti-Money Laundering and Counter-Terrorist Financing Ordinance". And hereby declare that I am the Applicant or I / we am / are having immediate family relationship with the Applicant / living together. Therefore, the residential address and / or correspondence address in the application is / are same as my / our residential address and / or correspondence address.

   現聲明本人與申請人關係是 I hereby declare that my relationship with the Applicant is: _____

4. 本人 / 我們並未獲悉任何顯示準受保人* 及申請人有提供不真實資料（包括住址、通訊地址或電話號碼等）的情況，並就本人 / 我們所知及所信，準受保人* 及申請人向泰禾人壽所提供的資料均屬真確。I / We are not aware of any circumstances showing that the Proposed Insured* and the Applicant have provided untrue information (including residential address, correspondence address or contact phone no., etc.) and to the best of my / our knowledge and belief, the information provided by the Proposed Insured* and the Applicant to Tahoe Life is complete and true.

B 項 Part B

	準受保人 （只適用於年齡為18歲或以上） Proposed Insured (Applicable to age 18 or above only)	申請人 Applicant
1. 與受保人 / 申請人認識的方式，時間及關係 The way, time and the relationship that you have known Proposed Insured / Applicant		
2. 財務狀況：是否現正申請破產、現正被申請破產或被裁定破產 Financial status: Now undergoing bankruptcy application process, being filed for bankruptcy or being convicted of bankruptcy?		

3. 申請人之累計年度化保費相等於或超過港幣2,400,000元（或同等價值之幣值）Aggregated annual premium of the Applicant equals to or over HKD2,400,000 (or in equivalent currency)?

   ☐ 是Yes ☐ 否No

   如「是」，及該保費並非經由申請人之香港註冊銀行戶口繳付，請在下列方格內填上申請人的財富 / 收入來源及詳情，並填寫相關金額。財富來源指為申請人產生淨資產和財產的活動 / 來源，可經由業務或非業務關係而產生。本公司將評估申請人的風險級別，根據申請人的風險級別，本公司可能將要求申請人提供相關財富來源的詳細信息及證明文件，詳情參閱附錄。

   If "Yes" and that premium is NOT PAID via an account under Applicant's name from a registered bank in Hong Kong, please indicate Applicant's source(s) of wealth / income and fill in the relevant amount in the below box. Source of wealth means the source or activities which generate the Applicant's net assets and properties and which may arise from business or non-business relationship. The Company will assess the Applicant's risk level and depending on the risk level, the Company may require the Applicant to provide detailed information and supporting documentation on the relevant source of the wealth.

   有關財富 / 收入來源的要求樣本，請參閱附錄。Please refer to appendix for sample of requirements for Source of Wealth / Income.

申請人的財富 / 收入來源及詳情： Applicant's source of Wealth / Income Information:

4. 準受保人是否看似生病、現正生病、接受治療或有任何身體殘障？
Does the Proposed Insured look unhealthy or currently sick or receiving medical treatment or have any physical defect(s)?

☐ 是Yes ☐ 否No （如屬「簡易核保，免健康聲明」產品，並且沒有任何附加契約的申請，則無須作答）
(For application of "Simplified underwriting, not required health declaration" products and without supplementary contract, it is not required to answer this question)

** 如「是」，請詳述之 If "yes", please elaborate: _____

5. 申請人（為內地或海外來港投保人士）選擇於香港投保原因為：
Applicant (who is mainlander or foreigner) decides to apply insurance in Hong Kong because

_____

6. 如申請人在投保申請書「轉保聲明」部分中選擇之答案為「是」，請回答以下問題：
Please complete the following questions if the Applicant has selected "Yes" answer in "Replacement Declaration" Section.

a) 請於以下空白位置提供申請人轉保的原因：
Please provide reason(s) for the Applicant's policy replacement decision in the space below:

_____

_____

b) 申請人是否於此新投保申請中同時在現有保單提出轉保申請？
Does the Applicant apply for this new application and raise request for the replacement under his/her policy(ies) at the same time?

☐ 是，我同時確認於申請人進行財務需要分析時，已將相關保單價值，保單貸款及/或減少保額包括在承擔能力和保障需要的考慮範圍內。
Yes, and I hereby also confirm that the related policy value, policy loan and/or reduced sum assured have been included in the consideration of affordability and protection needs in performing the financial needs analysis for the Applicant.

☐ 否
No

本人/我們明白假如作出虛假的聲明，則會受紀律處分甚至終止合約。 I/We understand that if any false statement is being made, it will be subject to disciplinary action or even termination of the contract.

_____ _____

持牌保險中介人簽署及持牌保險經紀公司蓋印（如適用）
Signature of the Licensed Insurance Intermediary and stamp of Licensed Insurance Broker Company (if applicable)

簽署日期（日/月/年）
Sign Date (DD / MM / YYYY)

如屬聯營保單，兩位持牌中介人必須同時簽署 For joint case, both licensed insurance intermediary for this application must sign together.

本人特此聲明本人已審慎覆核本報告書及投保申請書上之資料，對提供有關準受保人/申請人資料之準確性亦感滿意。持牌保險中介人是在合約規定範圍內為公司推銷此保險。 I hereby declare that I have carefully reviewed the information in this report and the application, and I am also satisfied with the accuracy of the information provided by the Proposed Insured / Applicant. The Licensed Insurance Intermediary is soliciting the insurance product for the Company within the scope of the contract.

_____ _____ _____

持牌保險中介人經理/分行經理簽署及持牌保險經紀公司蓋印（如適用）
Signature of Licensed Insurance Intermediary's Manager / Branch Manager and stamp of Licensed Insurance Broker Company (if applicable)

編號
Code

簽署日期（日/月/年）
Sign Date (DD / MM / YYYY)

* 如適用 If applicable

附錄 – 「財富 / 收入來源」資料（僅供持牌保險中介人參考）
Appendix – "Source of Wealth / Income" Information (For Licensed Insurance Intermediary reference only)

財富 / 收入來源類別 Source of Wealth / Income	財富來源詳細信息例子 (M) （申請人須提供所有以下的信息 Based on the Applicant's source(s) of wealth, the Applicant must provide all information listed below)	財富來源詳細信息例子 (H) （申請人須根據申請人的財富來源提供所有所需的信息及以下的證明文件（原件或正式認證副本） Based on the Applicant's source(s) of wealth, the Applicant should provide all information required and the documentary evidence listed below (original or certified true copy))
工資（基本和 / 或獎金） Salary (basic and / or bonus)	1. 職業及職位描述 Details of occupation and position 2. 現時僱主的名稱和地址（國家） Current employer's name and address (country) 3. 最近12個月期間的平均每月工資 Average monthly salary for the latest 12 months period (It may point to information stated on FNA or application form)	1. 最近3個月工資單（或花紅）或 Pay slip (or bonus payment) from the last three months or 2. 僱主對其工資的確認信或 Confirmation from employer regarding salary or 3. 若是自僱人士，最近3個月的自僱帳戶資料或 If self-employed, relevant accounts for self-employment in the last three months or 4. 最近3個月的銀行月結單並清楚地顯示出僱主定期支付工資或 Bank statements clearly showing receipt of regular salary payments from named employer in the last three months or 5. 納稅申報表 Tax return
人壽保單滿期或退保 Maturity or surrender of life policy	1. 收入的金額 Amount received (HKD / USD / CNY) 2. 保險公司名稱 Policy provider 3. 退保日期（年期）及退保原因（如適用）；或 Date of surrender (Year) and reason for surrender (if applicable); or 4. 保單到期日期（年期） Date of maturity (Year)	1. 保險帳戶結算書或 Closing statement for insurance account or 2. 保險公司退保及付款確認信 Letter from previous insurance company confirming surrender and payment
投資組合出售 / 清算 Sale of investments / liquidation of investment portfolio	1. 收到資金的日期（年期） Date of receiving funds (Year) 2. 匯出資金公司的名稱 From which company	1. 投資 / 儲蓄憑證，成交單據或報表或 Investment / savings certificates, contract notes or statements or 2. 從相關投資公司的確認信或 Confirmation from the relevant investment company or 3. 銀行月結單 / 銀行推薦信（見附件例子），列明相關投資公司的名稱及從該投資公司收到的資金或 Bank statement / Bank Reference Letter (refer to attachment for sample) showing the name of the relevant investment company and receipt of funds from the said investment company or 4. 執業會計師簽字信函，說明資金來源 Signed letter detailing funds from a practising accountant
出售物業 Sale of property	1. 物業名稱及地區 Name and Region of property 2. 物業出售日期（年期）Date of sale (Year) 3. 物業總出售金額 Total amount of sale price of the property (HKD / USD / CNY)	1. 執業律師簽名信函，列明出售的物業地址、出售日期及總出售金額或 Signed letter from practicing lawyer detailing address of property, date of sale and total amount of sale price or 2. 地產代理信函（如適用），列明出售的物業地址、出售日期及總出售金額或 Signed letter from estate agent (if applicable) detailing address of property, date of sale and total amount of sale price or 3. 銷售合同 Sales contract
其他收入 Other Income	1. 收入性質 Nature of income 2. 金額 Amount (HKD / USD / CNY) 3. 金額收到日期（年期）及預期收到日期 Date and expected dates of receipt of the income (Year) 4. 從誰接收相關金額 Received from whom	1. 適當的支持文件或 Appropriate supporting documentation or 2. 執業會計師簽字信函，說明資金來源 Signed letter from a practicing accountant detailing the source of funds

遞交投保文件提要（僅供持牌保險中介人參考）
Points to note on submission of application documents (For Licensed Insurance Intermediary reference only)

人壽保險投保申請書 Application for Life Insurance

- 請以**正楷**英文填寫 Please write in **English Block Letters**
- 職業及工作性質：包括其他兼職 Occupation and job duties: Including part time job

準受保人 / 申請人身份證明文件類別 Type of Identity Document for Proposed Insured / Applicant

- 持有香港身份證 / 出世紙或其他國家護照
  Hong Kong ID Card / Birth Certificate / Passport of other countries
  → 必須提供經核實有效身份證明文件之影印本
  Must submit valid copy of identity document with verification
- 持有中國居民身份證 / 護照
  PRC Resident ID Card / Passport
  → 須遞交之文件、核實程序及指引，請參閱有關中國居民之承保規條及核實香港入境證明指引。
  For the required documents, verification procedures & guidelines, please refer to the relevant PRC verification and underwriting guidelines

- 申請人已簽署之建議書 Duly signed proposal by the Applicant

- 保險中介人報告書（若為聯營保單，則必須由兩組持牌保險中介人經理共同簽署）
  Insurance Intermediary Report (For joint case, it must be signed by both Licensed Insurance Intermediary Managers)

住址資料 Residential Address information:

- 如永久住址與現居住址不同，請另提供永久住址資料。（不接受郵箱地址）
  If Permanent residential address is different from current residential address, please also provide the Applicant's permanent residential address (P.O. Box is not accepted)

首期保費繳費注意（請留意遞交「保費付款聲明書」之要求）
Reminder on Initial Premium Payment (Please refer to "Premium Payment Declaration Form" for the requirement)

- 以**信用咭**方式繳付
  Payment by **credit card**
  → 遞交**信用咭商戶存根**（清晰壓印信用咭號碼、持咭人姓名及到期日在信用咭繳費存根上。）
  Please submit merchant copy (imprint the credit card no., name of cardholder and expiry date on the sales slip clearly)
- 以**支票**方式繳付
  Payment by **cheque**
  → 遞交**存款單及支票影印本**
  Please submit original **Deposit Slip and the cheque copy**
- **續期保費繳費注意 Reminder on Renewal Premium Payment**
  有關繳交續期保費的詳情，請瀏覽 www.tahoelife.com.hk
  For further information on renewal premium payment, please visit www.tahoelife.com.hk

準受保人年齡 Age of Proposed Insured

- 18歲以下
  Age below 18
  → 必須**要求申請人於投保申請書上簽署**（若申請人以監護人身份為準受保人投保，則需遞交**信託聲明**及受益人必須為"保單持有人或持有人遺產"）
  The Applicant must sign on the application (if the Applicant acts as the guardian of Proposed Insured to apply for current insurance application, **the Declaration of Trust** must be submitted and the beneficiary must be the "Policyowner or owner's estate"
- 18歲或以上
  Age reaches 18 or above
  → 如準受保人與申請人不同及年齡為18歲或以上，必須於投保申請書上簽署
  If the Proposed Insured is not the Applicant and age reaches 18 or above, Proposed Insured must sign on the application

申請人必須於投保申請書上簽署 The Applicant must sign on the application

- **財務分析表**
  Financial Needs Analysis Form
  → 必須連同申請書一併遞交
  Must submit together with the application
- **重要資料聲明書 - 轉保 Important Facts Statement – Policy Replacement Form**
  若客戶於「轉保聲明」部分的答案為「尚未決定」或「是」，請同時填寫此表格。
  If client select answer of "not yet decided" or "Yes" on the section of "Replacement Declaration", please also complete this form.

健康狀況及醫療紀錄
Health Conditions and Medical Records

- 如投保申請書健康狀況之答案「是」或「有」，請詳述病歷，包括 1) 病因 2) 病發日期 3) 醫生診斷結果 4) 治療過程及方法 5) 最後覆診日期 6) 有否復發 7) 康復程度 8) 醫生姓名及地址及遞交領取主診醫生報告之授權書及身份證副本
  For any "Yes" answer in application form, please provide details including 1) cause 2) onset date 3) diagnosis 4) method and duration of treatment 5) last follow up date 6) any recurrence 7) degree of recovery 8) name & address of attending physician and submit original letter of authorisation, ID copy, medical checkup report, patient card copy or provide patient card number and the specialty to obtain Attending Physician Statement (APS) and investigation report(s).

航空 / 潛水 / 賽車 / 爬山 / 攀石 / 或其他有危險性之活動
Aviation / Diving / Motor Racing / Mountaineering / Rock Climbing / or Other Hazardous Sports

- 如受保人現在或將來參與有危險性之運動或競技，例如潛水或攀石等活動，必須遞交有關之問卷
  If the Proposed Insured is participating or expected to participate in any hazardous sports or competition such as diving or rock climbing, he / she must submit the related questionnaire