

保單編號 Policy Number									
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HKMCA Ref No.: \_\_\_\_\_

注意事項：

- 請以**正楷**填寫本更改保單受益人申請表(「申請表」)。
- 切勿在空白或尚未填妥之申請表上簽署，或留空任何部分。
- 如對本申請表有任何更改或修正，敬請在更改或修正的位置旁簽署作實。
- 請於填妥並簽署本申請表後連同相關文件(如適用)一併於簽署日期**10**天內提交至香港年金有限公司(「香港年金公司」)。如香港年金公司在簽署日期逾**10**天後收到閣下的申請表，香港年金公司保留權利要求閣下簽署新的申請表。
- 保單持有人或其法定授權人(如適用)之簽署必須與香港年金公司之記錄相同。
- 香港年金公司有權隨時更新此申請表的內容，如閣下之申請未能符合香港年金公司的有關規定，香港年金公司可決定接受或拒絕閣下遞交之申請表。
- 本申請表內的指定受益人將取代一切以往於上述保單(「此保單」)的指定受益人記錄。香港年金公司不會對在香港年金公司接納本更改受益人通知之前作出的任何與受益人相關的付款或採取的其他行為負責。
- 更改保單受益人均須經不可撤銷受益人的書面同意(如有)。
- 如有任何查詢，可透過以下途徑與香港年金公司聯絡：
  - 客戶服務熱線 : (852) 2512-5000
  - 客戶服務電郵 : cs@hkmca.hk
  - 申請服務及客戶服務中心地址 : 香港九龍觀塘偉業街180號 Two Harbour Square 19樓
  - 辦公時間 : 星期一至星期五，上午9時至下午6時  
(公眾假期除外)

IMPORTANT NOTES :

- Please complete this Change of Beneficiary Designation Form (the "Form") in **BLOCK LETTERS**.
- Do not sign a blank or incomplete Form or leave any space blank.
- Any changes or amendments to this Form should be counter-signed by you.
- Please complete, sign and submit this Form with the relevant documents (if applicable) to the HKMC Annuity Limited ('HKMCA') within 10 days of the signing date. If the Form is received by the HKMCA after 10 days of the signing date, the HKMCA reserves the rights to request you to sign a new Form.
- The signature(s) of the Policyowner or his/her Lawful Attorney (if applicable) must be the same as the HKMCA's record.
- The HKMCA shall have the right to update this Form from time to time and to accept or reject the Form submitted by you if you fail to fulfill the HKMCA's requirements.
- The beneficiary designation in this Form will supersede all prior designation under the above policy (the "Policy"). The HKMCA shall not be responsible for any payment made or other action taken in relation to the beneficiary(ies) before endorsement of such change of beneficiary notice.
- Any change of beneficiary shall be subject to the written consent of irrevocable beneficiary, if any.
- If you have any enquiries, you may contact us through the following channels:
  - Customer Service Hotline : (852) 2512-5000
  - Customer Service Email : cs@hkmca.hk
  - Application Servicing and Customer Service Centre Address : 19/F, Two Harbour Square  
180 Wai Yip Street, Kwun Tong  
Kowloon, Hong Kong
  - Office hours : Monday to Friday, 9 a.m. to 6 p.m.  
(except public holiday)



\*CHGBENE\*

**第一部分 保單持有人資料**  
**PART I POLICYOWNER'S INFORMATION**

姓名 Name 姓 Surname 名 First and Middle Name

**第二部分 更改保單受益人**  
**PART II CHANGE OF BENEFICIARY(IES)**

本人現撤銷此保單之前所有指定的受益人(如適用)並指定下列人士為新受益人。

I hereby revoke all previous designation of beneficiary(ies) (if applicable) of the Policy and designate the following person(s) as the new beneficiary(ies) of the Policy.

類別 Class		受益人姓名 Name of Beneficiary		身份證明文件/ 護照號碼 Identification Document/Passport number	與受保人關係 Relationship to Insured	分配 (百分比) Share (%)
第一順位 Primary	第二順位 Secondary	中文 Chinese	英文 English			
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____

1. 分配(百分比)須為整數，且於同一類別中的受益人分配總和必須為100%。如沒有指明分配或於同一類類別中所有分配的總和不是100%，香港年金公司有絕對酌情權將身故賠償及任何應付予受益人之暫停派發的保證每月年金金額(統稱為「利益」)平均分配予同一類別中的所有指定受益人，或按香港年金公司以絕對酌情權釐定的比例分配。
2. 如保單持有人沒有提名受益人或沒有受益人於受保人身故日起計7天後仍然生存，任何應付予受益人之利益將支付給保單持有人的遺產。
3. 保單持有人可指定受益人類別為第一順位受益人或第二順位受益人，並可在同一類別中指定一名或多於一名受益人。此受益人類別將決定受益人獲得利益的次序。如果在同一類別中指定的受益人不止1人，利益將會按照保單持有人訂明的分配支付予各受益人。如果在同一類別中的任何受益人不能於受保人身故日起計7天後仍然生存，利益應按照保單持有人訂明的分配支付給於同一類別中的每名生存的受益人，而不考慮在同一類別中已身故受益人的份額。如果沒有第一順位受益人於受保人身故日起計7天後仍然生存，香港年金公司則會將利益支付給生存的第二順位受益人。
4. 如果受益人在受保人去世時為未成年人，香港年金公司會根據「未成年人監護條例」(第13章)將利益支付給未成年受益人的法定監護人。
5. 香港年金公司不會對任何指定或更改受益人的有效性承擔任何責任，並且一旦生效，該等受益人將被視為可享有保單之利益。

## 第二部分 更改保單受益人 (續) PART II CHANGE OF BENEFICIARY(IES) (CON'T)

1. **The share (%) must be a whole number and the sum of shares in the same class must be 100%.** If the share is not specified or all the shares in the same class add up to a figure other than 100%, the HKMCA shall have the absolute discretion to pay the death benefit and any suspended guaranteed monthly annuity payment (collectively, the "Benefits") payable to the beneficiary to all the designated beneficiaries in the same class in equal shares, or in such proportion as determined in the HKMCA's absolute discretion.
2. In the event there is no beneficiary nominated or no beneficiary survives the Insured for at least 7 days following the death of the Insured, the Benefits payable to the beneficiary will be paid to the Policyowner's estate.
3. Policyowner may designate beneficiary as primary class or secondary class and may designate one or more than one beneficiary in the same class. Such classification will determine the order of the beneficiary receiving the Benefits. If more than one beneficiary is named in the same class, the Benefits shall be paid to beneficiaries in accordance with the shares the Policyowner has specified. If any beneficiary in the same class does not survive for at least 7 days following the death of the Insured, the Benefits shall be paid to each surviving beneficiary in the same class and in the share specified by the Policyowner, without taking into account the share of the non-surviving beneficiary in the same class. Benefits under the Policy shall only be paid to the surviving beneficiary of the secondary class if no beneficiary of the primary class survives for at least 7 days following the death of the Insured.
4. If the beneficiary is a minor when the Insured dies, the HKMCA shall pay out the Benefits to the legal guardian of the minor beneficiary under the Guardianship of Minors Ordinance (Cap. 13).
5. The HKMCA assumes no responsibility for the validity of any designation or change of beneficiary and such beneficiary once effective will be deemed to be beneficially entitled to the Benefits of the Policy.

## 第三部分 聲明 PART III DECLARATIONS

1. 本人確認已閱讀、明白及同意本申請表的注意事項並簽署作實。
  2. 本人進一步確認已閱讀及明白香港年金公司的收集個人資料聲明。有關最新版本的收集個人資料聲明，可於 [www.hkmca.hk](http://www.hkmca.hk) 下載或向香港年金公司索取。
  3. 本人明白及同意直至所有有關文件收妥前本申請將不會生效，本申請是須經香港年金公司接納後方可作實。
  4. 在本保單仍然生效及法律容許的情況下，以上更改受益人的指示才告生效。
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1. I confirm that, by signing below, I have read, understand and agree to the Important Notes stated in this Form.
  2. I further confirm that I have read and understand the personal information collection statement ("PICS") of the HKMCA. For the latest version of the PICS, it can be downloaded from [www.hkmca.hk](http://www.hkmca.hk) or is made available upon request.
  3. I understand and agree that the request for change shall not take effect until any required documents are submitted in full and the request is endorsed by the HKMCA.
  4. The above change of beneficiary designation shall be effective only while the Policy is in force and to the extent permitted by law.

SIGN

保單持有人簽署  
Signature of the Policyowner

日期 (日/月/年)  
Date (DD/MM/YYYY)

若本申請表是由保單持有人之法定授權代表簽署，請填寫此欄。  
Please complete this part if this Form is signed by the Lawful Attorney of the Policyowner.

SIGN

保單持有人之法定授權代表簽署  
Signature of Lawful Attorney of Policyowner

保單持有人之法定授權代表姓名  
Name of Lawful Attorney of Policyowner

日期 (日/月/年)  
Date (DD/MM/YYYY)

收集個人資料聲明 (見證人用)

- 閣下所提供的個人資料僅用作核對見證人身分及記錄保存之用；該等資料並不會用作直接促銷或向任何其他第三者披露或轉移。
- 閣下有權向香港年金公司要求查閱或更正閣下的個人資料。有關要求可以書面形式向按揭證券公司集團的個人資料保障主任提出，遞交香港九龍觀塘偉業街180號 Two Harbour Square 19樓。

Personal Information Collection Statement for Witness

- Personal data provided by you is required to enable us to verify your identity as a witness and also for record keeping only; your data will **NOT** be used for direct marketing or disclosed or transferred to any other third party.
- You have the right to request access to and correction of your personal data held by HKMCA. Your request can be made in writing to the Data Protection Officer of the HKMC Group at 19/F, Two Harbour Square, 180 Wai Yip Street, Kwun Tong, Kowloon, Hong Kong.

SIGN

見證人簽署 (如適用)\*  
Signature of Witness (if applicable)\*

見證人姓名 (如適用)\*  
Name of Witness (if applicable)\*

日期 (日/月/年)  
Date (DD/MM/YYYY)

見證人與保單持有人/法定授權代表的關係  
Relationship between Witness and Policyowner/Lawful Attorney

身份證明文件類別  
Type of Identification Document

身份證明文件號碼  
Identification Document Number

- 親屬 Relative  
 朋友 Friend  
 其他，請註明 Other, please specify

- 香港身份證 Hong Kong Identity Card  
 護照 Passport  
 其他 Other \_\_\_\_\_

\*請注意 PLEASE NOTE

如保單持有人或其法定授權代表以圖章蓋印或指紋作簽署，必須由一名見證人見證下簽署本申請表。

For any Policyowner or his/her Lawful Attorney who is using chop or fingerprint for signature, a witness is required to witness the signing of this Form.