香港年金
HKMC ANNUITY

更改保單受益人申請表
CHANGE OF BENEFICIARY DESIGNATION FORM

保單編號 Policy Number	

HKMCA Ref No.: _____

注意事項：

1. 請以**正楷**填寫本表格並將已填妥之表格連同相關文件（如適用）提交至香港年金有限公司（「**香港年金公司**」）以下地址。
2. 切勿在空白或尚未填妥之表格上簽署，或留空任何部分。
3. 如有任何更改或修正，敬請在更改或修正的位置旁簽署作實。
4. 如香港年金公司在簽署日期起計逾10天後收到閣下的表格，香港年金公司保留要求閣下簽署並提交新的表格之權利。
5. 保單持有人、不可撤銷受益人（如適用）或其法定授權人（如適用）之簽署樣式必須與香港年金公司之記錄相符。
6. 香港年金公司有權隨時更新此表格，如閣下之申請未能符合有關規定，香港年金公司可決定接受或拒絕閣下之申請。
7. 本表格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。
8. 如已指定不可撤銷受益人，任何更改保單受益人申請須獲得不可撤銷受益人的書面同意，並於第四部分簽署作實。
9. 香港年金公司於完成更改保單受益人後，會以掛號形式郵寄相關批註書往閣下的通訊地址以作確認。
10. 如有任何查詢，歡迎透過以下途徑與我們聯絡：

客戶服務熱線	：	(852) 2512-5000
客戶服務電郵	：	cs@hkmca.hk
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）

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IMPORTANT NOTES：

1. Please complete this form in **BLOCK LETTERS** and return the completed form with the relevant documents (if applicable) to HKMC Annuity Limited ("**HKMCA**") at the address below.
2. Do not sign on a blank or incomplete form or leave any space blank.
3. Any changes or amendments should be counter-signed by you.
4. If the form is received by the HKMCA more than 10 days after the signing date, the HKMCA reserves the right to request you to sign and submit a new form.
5. The signature(s) of the Policyowner, Irrevocable Beneficiary (if applicable) or his/her lawful attorney (if applicable) in this form shall correspond to the record of the HKMCA.
6. The HKMCA shall have the right to update this form from time to time and to accept or reject the request submitted by you if you fail to fulfill the requirements.
7. 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.
8. If an Irrevocable Beneficiary has been designated, any change of beneficiary application shall be subject to the written consent of the Irrevocable Beneficiary and such consent must be duly signed and executed in Part IV – Signatures.
9. Upon completion of the change of beneficiary, the HKMCA will send you the relevant endorsement to your correspondence address by registered mail as confirmation.
10. If you have any enquiries, please contact us through the following channels:

Customer Service Hotline	:	(852) 2512-5000
Customer Service Email	:	cs@hkmca.hk
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)

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

	姓 Surname	名 First and Middle Name
姓名 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.

第一順位受益人*
Primary Beneficiary(ies)*

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 (%)
中文 Chinese	英文 English				
電話號碼 Telephone Number		電郵地址 Email Address			
電話號碼 Telephone Number		電郵地址 Email Address			
電話號碼 Telephone Number		電郵地址 Email Address			
電話號碼 Telephone Number		電郵地址 Email Address			
電話號碼 Telephone Number		電郵地址 Email Address			
				總額 Total:	**100%**

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

第二順位受益人*
Secondary Beneficiary(ies)*

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 (%)
中文 Chinese	英文 English				
電話號碼 Telephone Number		電郵地址 Email Address			
電話號碼 Telephone Number		電郵地址 Email Address			
電話號碼 Telephone Number		電郵地址 Email Address			
				總額 Total:	**100%**

第三順位受益人*
Tertiary Beneficiary(ies)*

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 (%)
中文 Chinese	英文 English				
電話號碼 Telephone Number		電郵地址 Email Address			
電話號碼 Telephone Number		電郵地址 Email Address			
電話號碼 Telephone Number		電郵地址 Email Address			
				總額 Total:	**100%**

* 如受益人與受保人的關係並非直系親屬（即父母／子女／配偶／兄弟姊妹），請於下方提供獲指定為受益人的原因。

* If the beneficiary is not a direct family member (i.e. Parent/Child/Spouse/Sibling) of the Insured, please state the reason for beneficiary designation below.

原因 Reason: _____

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

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、第二順位受益人或第三順位受益人，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。
4. 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。
5. 如果沒有第一順位受益人及第二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三順位受益人。
6. 如沒有指明受益人類別，香港年金公司將視該指定受益人為第一順位受益人。
7. 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。
8. 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。

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, secondary class or tertiary 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.
4. 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.
5. Benefits under the Policy shall only be paid to the surviving beneficiary of the tertiary class if none of the beneficiaries of the primary and secondary class survive for at least 7 days following the death of the Insured.
6. If the beneficiary class is not specified, the HKMCA shall assume the designated beneficiary as primary class.
7. 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).
8. 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　DECLARATION

1. 本人確認已閱讀、明白及同意本表格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查閱或下載，或向香港年金公司索取。
3. 本人確認本人已獲得本表格第二部分中的所有指定受益人的同意提供其個人資料以按照香港年金公司的收集個人資料聲明作保單之用途。
4. 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，本申請是須在本人有生之年經香港年金公司記錄及接納後方可作實。
5. 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。

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 viewed or downloaded from www.hkmca.hk or is made available upon request.
3. I confirmed that I have obtained consent from all the designated beneficiary(ies) to provide their personal information in Part II of this form, and the use of their information for the purpose of this Policy in accordance with the PICS of the HKMCA.
4. 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 recorded and endorsed by the HKMCA during my lifetime.
5. The above change of beneficiary designation shall be effective only while the Policy is in force and to the extent permitted by law.

第四部分 簽署
PART IV SIGNATURES

SIGN

保單持有人簽署
Signature of the Policyowner

日期（日／月／年）
Date (DD/MM/YYYY)

（如適用）本人作為保單的不可撤銷受益人，特此確認並同意此申請，並於下方簽署作實。
(If applicable) I, being the Irrevocable Beneficiary of the Policy, hereby confirm my consent to this application and execute the same by signing below.

SIGN

現時不可撤銷受益人簽署（如適用）
Signature of existing Irrevocable Beneficiary (if applicable)

現時不可撤銷受益人姓名（如適用）
Name of existing Irrevocable Beneficiary (if applicable)

日期（日／月／年）
Date (DD/MM/YYYY)

若本表格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)

如保單持有人、不可撤銷受益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表格。
Where any Policyowner, Irrevocable Beneficiary or his/her lawful attorney uses name chop or fingerprint as signature, a Witness is required to witness the signing of this form.

收集個人資料聲明（見證人用）

1. 閣下所提供的個人資料僅用作核實閣下之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。
2. 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送至香港九龍柯士甸道西一號環球貿易廣場65樓，向按揭證券公司集團的個人資料保障主任提出。

Personal Information Collection Statement (for Witness only)

1. 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.
2. You have the right to request access to and correction of your personal data held by the HKMCA. Your request can be made in writing to the Data Protection Officer of the HKMC Group at Level 65, International Commerce Centre, 1 Austin Road West, 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／不可撤銷受益人／法定授權代表的關係
Relationship between Witness and Policyowner/Irrevocable Beneficiary/Lawful Attorney

☐ 親屬 Relative
☐ 朋友 Friend
☐ 其他，請註明 Other, please specify _____

身份證明文件類別
Type of Identification Document

☐ 香港身份證 Hong Kong Identity Card
☐ 護照 Passport
☐ 其他 Other _____

身份證明文件號碼
Identification Document Number