

保單編號 Policy Number									
-----------------------	--	--	--	--	--	--	--	--	--

HKMCA Ref No.: \_\_\_\_\_

**注意事項：**

1. 請以**正楷**填寫本更改聯絡資料申請表(「申請表」)。
2. 切勿在空白或尚未填妥之申請表上簽署，或留空任何部分。
3. 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。
4. 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。
5. 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。
6. 在此申請表的指示(更改通訊地址除外)將自動適用於你所有在香港年金公司內的保單。
7. 如閣下的稅務居民身分有所改變，應盡快及不論任何情況下於**30**天內將所有變更通知香港年金公司(作為一所申報財務機構)並遞交「**個人自我證明表格**」以作共同匯報標準項下的AEOI及FATCA用途。閣下可從香港年金公司網站下載或聯絡香港年金公司索取此個人自我證明表格。
8. 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。
9. 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)



\*CHGADD\*

## IMPORTANT NOTES :

1. Please complete this Request Form for Change of Contact Details (the "Form") in **BLOCK LETTERS**.
2. Do not sign a blank or incomplete Form or leave any space blank.
3. Any changes or amendments to this Form should be counter-signed by you.
4. Please complete, sign and submit this Form with the relevant documents (if applicable) to HKMC Annuity Limited ("HKMCA") within 10 days of the signing date. If the Form is received by HKMCA after 10 days of the signing date, HKMCA reserves the rights to request you to sign a new Form.
5. The signature(s) of the Policyowner or his/her Lawful Attorney (if applicable) must be the same as HKMCA's record.
6. The instruction given to this Form (except Change of Correspondence Address) will automatically be applied to ALL your policies with HKMCA.
7. You must report all changes in your tax residency status to HKMCA (which is a Reporting Financial Institution) within a reasonable period of time, and in any event, within 30 calendar days from such changes(s) and submit the "**INDIVIDUAL SELF-CERTIFICATION FORM**" to HKMCA for the purpose of AEOI under the Common Reporting Standard and FATCA. You can download from the website of HKMCA or contact HKMCA to obtain the "INDIVIDUAL SELF-CERTIFICATION FORM".
8. 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 HKMCA's requirements.
9. 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)

**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 更改地址**  
**PART II CHANGE OF ADDRESS**

請於下列適當之方格加上「✓」號。Please tick "✓" the appropriate box below.

<input type="checkbox"/> <b>通訊地址</b> <b>Correspondence Address</b>  (請盡量以英文填寫) (Please complete in English if available)  請在適當位置加上「✓」號 Please tick where appropriate	<input type="checkbox"/> 同時更改住宅地址(郵政信箱恕不接受) Apply the change to Residential Address also (P.O. Box will not be accepted)  <input type="checkbox"/> 同時更改永久地址(郵政信箱恕不接受) Apply the change to Permanent Address also (P.O. Box will not be accepted)
<input type="checkbox"/> 同時更改本人於香港年金公司所持有的所有的保單 Apply the change to ALL my policy(ies) with HKMCA also	室 Flat 樓 Floor 座 Block
<input type="checkbox"/> 只需更改本人以下註明的保單 Apply the change to my policy(ies) specified below only	大廈名稱 Building
保單編號 Policy No. _____	屋苑名稱 Estate
	街道名稱及號碼 Street Number and Street Name
	<input type="checkbox"/> 香港 Hong Kong <input type="checkbox"/> 九龍 Kowloon <input type="checkbox"/> 新界 New Territories
	城市 City 國家或地區 Country or Territory

**注意 NOTE:**

如無特別指明，新通訊地址只會適用於此申請表內註明的保單。

If not specified, the new correspondence address will be applied to the policy specified in this Form only.

**第二部分 更改地址 (續)**  
**PART II CHANGE OF ADDRESS (CON'T)**

請於下列適當之方格加上「✓」號。 Please tick "✓" the appropriate box below.

<input type="checkbox"/> <b>住宅地址</b> <b>Residential Address</b>  (請盡量以英文填寫) (Please complete in English if available)  — 郵政信箱恕不接受 — P.O. Box will not be accepted	_____	_____	_____
	室 Flat	樓 Floor	座 Block
	大廈名稱 Building		
	屋苑名稱 Estate		
	街道名稱及號碼 Street Number and Street Name		
<input type="checkbox"/> 香港 Hong Kong	<input type="checkbox"/> 九龍 Kowloon	<input type="checkbox"/> 新界 New Territories	
_____	_____		
城市 City	國家或地區 Country or Territory		
<input type="checkbox"/> <b>永久地址</b> <b>Permanent Address</b>  (請盡量以英文填寫) (Please complete in English if available)  — 郵政信箱恕不接受 — P.O. Box will not be accepted	_____	_____	_____
	室 Flat	樓 Floor	座 Block
	大廈名稱 Building		
	屋苑名稱 Estate		
	街道名稱及號碼 Street Number and Street Name		
<input type="checkbox"/> 香港 Hong Kong	<input type="checkbox"/> 九龍 Kowloon	<input type="checkbox"/> 新界 New Territories	
_____	_____		
城市 City	國家或地區 Country or Territory		

**第三部分 更改電話號碼**  
**PART III CHANGE OF TELEPHONE NUMBER**

請於下列適當之方格加上「✓」號。Please tick “✓” the appropriate box below.

香港電話號碼 Hong Kong Telephone Number		非香港電話號碼 Non-Hong Kong Telephone Number		
<input type="checkbox"/> <b>住宅</b> <b>Residential</b>	_____	_____	_____	_____
	電話號碼 Phone Number	國家或地區號碼 Country or Territory Code	區域號碼 Area Code	電話號碼 Phone Number
<input type="checkbox"/> <b>手提電話</b> <b>Mobile</b>	_____	_____	_____	_____
	電話號碼 Phone Number	國家或地區號碼 Country or Territory Code	區域號碼 Area Code	電話號碼 Phone Number

**第四部分 更改電郵地址**  
**PART IV CHANGE OF EMAIL ADDRESS**

電郵地址  
 Email Address

---

**第五部分 聲明**  
**PART V DECLARATIONS**

- 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。
  - 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。
  - 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。
- I confirm that, by signing below, I have read, understand and agreed to the Important Notes stated in this Form.
  - I further confirm that I have read and understand the personal information collection statement (“PICS”) of 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.
  - I understand and agree that the request for change(s) shall not take effect until any required documents are submitted in full and the application is duly endorsed by HKMCA.



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.



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.



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.