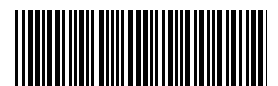


保單編號
Policy Number

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，香港年金公司保留權利要求閣下簽署並提交新的表格。
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符。
6. 在此表格的指示（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，須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表格的內容，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遞交之表格。
9. 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)



CHGADD

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 after 10 days of 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 or his/her Lawful Attorney (if applicable) in this form shall correspond to the record of the HKMCA.
6. The instruction given to this form (except Change of Correspondence Address) will automatically be applied to ALL your policies with the HKMCA.
7. You must report all changes in your tax residency status to the 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 the HKMCA for the purpose of AEOI under the Common Reporting Standard and FATCA. You can download from the website of the HKMCA or contact the HKMCA to obtain the "**INDIVIDUAL SELF-CERTIFICATION FORM**".
8. 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 requirements.
9. 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"/> 通訊地址 Correspondence Address (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 the 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 保單編號 Policy No. _____	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

注意 NOTE:

如無特別指明，新通訊地址只會適用於此表格內註明的保單。

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"/> 住宅地址 Residential Address (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"/> 永久地址 Permanent Address (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"/> 住宅 Residential	_____	_____	_____	_____
	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"/> 手提電話 Mobile	_____	_____	_____	_____
	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 DECLARATION

- 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。
 - 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。
 - 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 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.
 - 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 the HKMCA.



保單持有人簽署
Signature of the Policyowner

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.



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 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)

- 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。
- 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)

- 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 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.



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 _____