

更改用作收取保證每月年金金額銀行賬戶申請表
REQUEST FORM FOR CHANGE OF BANK ACCOUNT
FOR RECEIVING GUARANTEED MONTHLY
ANNUITY PAYMENTS

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

HKMCA Ref No.: _____

注意事項：

1. 請以**正楷**填寫本更改用作收取保證每月年金金額銀行賬戶申請表(「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. 如閣下希望更改銀行戶口申請能於下一個保單週月前生效，請最少於下一個保單週月前的**15**天內提交本申請表及相關文件(如適用)至香港年金公司，否則有關更改銀行戶口之申請將延後生效。
7. 保單持有人必須為賬戶持有人。
8. 請提交附有賬戶持有人姓名及賬戶號碼的銀行存摺或最近**3**個月內發出的銀行月結單或其它證明文件副本。
9. 香港年金公司只接受在香港銀行開設的港元賬戶作為收取保證每月年金金額的賬戶。
10. 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。
11. 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)



CHGBANKA

IMPORTANT NOTES :

1. Please complete this Request Form for Change of Bank Account for Receiving Guaranteed Monthly Annuity Payments (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 record.
6. If you wish the change of bank account be effective by the next monthiversary, please submit this Form with the relevant documents (if applicable) to HKMCA at least 15 days prior to the next policy monthiversary, otherwise the effective date of such change will be delayed.
7. Policyowner must be the bank account holder.
8. Please provide a copy of the bank passbook or bank statement or other supporting document issued in the most recent 3 months bearing the name of the account holder(s) and the account number.
9. HKMCA only accepts a Hong Kong Dollar bank account maintained with a bank in Hong Kong as the bank account for receiving the guaranteed monthly annuity payments.
10. 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
11. 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 更改銀行賬戶資料
PART II CHANGE OF BANK ACCOUNT DETAILS

1. 本人要求更改以下銀行賬戶為收取上述保單之保證每月年金金額的指定銀行賬戶。
2. 本人明白當有關之更改被香港年金公司接納，香港年金公司會於接納此更改後的下一個保單周月起支付保證每月年金金額至本人的新指定銀行賬戶。

1. I would like to request to change to the following bank account to receive the guaranteed monthly annuity payments for the above policy.
2. I understand that once this change is accepted by HKMCA, HKMCA will pay the guaranteed monthly annuity payments into my new designated bank account from the next policy monthiversary after the change is accepted by HKMCA.

銀行名稱
Bank Name

銀行賬戶持有人之英文姓名
English Name(s) of Bank Account Holder(s)

賬戶號碼
Account Number

銀行編號
Bank No.

分行編號
Branch No.

賬戶號碼
Account No.

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。

1. I confirm that, by signing below, I have read, fully understand and agreed 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 HKMCA. For the latest version of the PICS, it can be downloaded from www.hkmca.hk or is made available upon request.
3. I understand and agree that the request for change(s) shall not take effect until any required documents are submitted in full and the request is 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.