

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**填寫本表格並將已填妥之表格連同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副本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. 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天內提交本表格及相關文件(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. 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。
9. 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。
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)



CHGBANKA

IMPORTANT NOTES :

1. Please complete this form in **BLOCK LETTERS** and return the completed form together with a photocopy of the bank passbook or bank statement (issued in the last 3 months) of your personal account showing your name and bank account number 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. 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 the 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. The 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.
9. 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.
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

姓名 Name	姓 Surname	名 First and Middle Name
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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週月起支付保證每月年金金額至本人指定的新銀行賬戶。

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 the HKMCA, the 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 the 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 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, 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 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 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 the HKMCA.

SIGN

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.

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觀塘偉業街180號Two Harbour Square 19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 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