

<b>保單編號</b> <b>Policy Number</b>									
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HKMCA Ref No.: \_\_\_\_\_

**注意事項：**

- 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。
- 切勿在空白或尚未填妥之表格上簽署，或留空任何部分。
- 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。
- 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。
- 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。
- 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。
- 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。
- 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)

**IMPORTANT NOTES：**

- 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.
- Do not sign on a blank or incomplete form or leave any space blank.
- Any changes or amendments should be counter-signed by you.
- 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.
- The signature(s) of the Policyowner or his/her Lawful Attorney (if applicable) in this form shall correspond to the record of the HKMCA.
- 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**".
- 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.
- 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)



\*CHGNAME\*

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

<b>姓名</b> Name	姓 Surname	名 First and Middle Name
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**第二部分 更改個人資料**  
**PART II CHANGE OF PERSONAL PARTICULARS**

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

除非另有指明，以下指示將自動適用於你所有在香港年金公司的保單。

The instruction below will automatically be applied to ALL your policies with the HKMCA unless specified otherwise.

<input type="checkbox"/> <b>更改姓名</b> <b>Change of Name</b>  請遞交新香港身份證副本及改名契／結婚證明書（如因結婚更改姓氏）副本。 Please submit the copy of new HKID Card and Deed Poll/Marriage Certificate (if due to marriage).	<input type="checkbox"/> 保單持有人 Policyowner	<input type="checkbox"/> 保單持有人之法定授權代表 Lawful Attorney of Policyowner
	中文姓名 Name in Chinese	
	姓 Surname	名 First and Middle Name
	英文姓名（請以英文正楷填寫） Name in English (Use BLOCK letters)	
<input type="checkbox"/> <b>更改身份證明文件類別／號碼</b> <b>Change Identification Document Type/Number</b>  請遞交新的身份證明文件副本 Please submit the copy of new identification document	<input type="checkbox"/> 保單持有人 Policyowner	<input type="checkbox"/> 保單持有人之法定授權代表 Lawful Attorney of Policyowner
	身份證明文件類別 Identification Document Type	
	身份證明文件號碼 Identification Document Number	
<input type="checkbox"/> <b>更改國籍／公民身分</b> <b>Change of Nationality/Citizenship</b>  如閣下的稅務居民身分有所改變，請遞交「個人自我證明表格」 If your tax residency status has changed, please submit the Individual Self-Certification Form.	<input type="checkbox"/> 保單持有人 Policyowner	<input type="checkbox"/> 保單持有人之法定授權代表 Lawful Attorney of Policyowner
	現時國籍／公民身分 Current Nationality/Citizenship （如多於一個國籍／公民身分，請註明所有國籍／公民身分） (For more than one nationality/citizenship, please specify all nationalities/citizenships)	

### 第三部分 更改簽署式樣 PART III CHANGE OF SIGNATURE

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

1. 更新簽名只應用於本保單，如需更改多於一份保單的簽名，每份保單必須獨立遞交表格。
2. 閣下在第五部分的簽署式樣必須與香港年金公司記錄上的現有簽署式樣相符，否則本申請可能不獲處理。如閣下已忘記簽名式樣，請攜同此表格親臨香港年金公司之客戶服務中心，香港年金公司之授權職員將要求閣下出示身份證明文件，以核實閣下的身分。

1. New signature(s) will be applied to the subject policy only. To change your signature for other policy(ies), a separate form must be submitted for each policy.
2. The signature specimen in Part V must correspond with your Existing signature specimen in the HKMCA's record. Otherwise, this form may not be processed. If you have forgotten your signature specimen, please bring along this form in person to the Customer Service Centre of the HKMCA. The HKMCA's authorised staff will request you to present your identification document to verify your identity.

<input type="checkbox"/> 更改簽署式樣 Change of Signature Specimen	<input type="checkbox"/> 保單持有人 Policyowner	<input type="checkbox"/> 保單持有人之法定授權代表 Lawful Attorney of Policyowner
新簽署式樣 New Signature Specimen		
		

### 第四部分 聲明 PART IV 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](http://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](http://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 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.



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 \_\_\_\_\_