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在索取、列印或填寫表格前，請閣下先詳閱下文。

Disclaimer

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For forms downloaded from the Internet (the “Internet Printed Form”), upon completing and signing the Internet Printed Form, you shall be deemed to have read and understood the contents of the form displayed on computer screen (the “Displayed Form”) which shall prevail in case there is any inconsistency, contradiction or difference of whatever kind between the Displayed Form and the Internet Printed Form and have agreed to all provisions contained therein and to have agreed and undertaken not to raise any objection whatsoever in connection with any inconsistency, contradiction or difference of whatever kind between the Displayed Form and the Internet Printed Form.

FTLife reserves the right to update the forms from time to time as it sees fit and also reserves the right to accept or reject the form submitted by you.

免責聲明

閣下凡透過富通保險有限公司 [富通保險] 之電子收發渠道 [如公司網站、互動語音回應系統] 下載或列印任何表格，應自行考慮及衡量需承擔之風險。富通保險概不負責任何因下載或列印表格所引致的列印錯誤及其可能導致之任何損失或毀壞。若閣下提交之下載或列印表格有任何列印錯誤，富通保險有可能在處理閣下的申請前要求閣下填寫一份正確之表格。

當閣下填寫及簽署由網站下載之表格 [互聯網列印表格]，則被視作閣下已詳閱及明白電腦螢幕上出現之表格 [閱覽表格] 之內容，並同意表格內之所有條文。如該閱覽表格與互聯網列印表格出現任何不符、矛盾或分歧時，閣下同意並承諾不會提出任何異議。如閱覽表格與互聯網列印表格出現任何不符、矛盾或分歧時，概以閱覽表格為準。

富通保險有權隨時在認為適當情況下更新表格內容，並保留接受或拒絕閣下遞交之申請表格的權利。

團體人壽保險 — 受益人委任表
Group Life Insurance – Appointment of Beneficiary



保單編號
Policy No. :

保單持有人/僱主名稱
Name of the Policyholder/Employer :

受保人姓名 (請依照身份證填寫) Name of Insured Person (As shown in I.D. Card) :				
姓 Surname	名 Given Name	中文姓名 Name in Chinese		
香港身份證/護照號碼 I.D. Card / Passport No. :	性別 Sex :	電話號碼 Tel No. :		
本人指定下列人士在本人去世後成為此計劃身故賠償之受益人。 I appoint the following person(s) as the Beneficiary(ies) to receive the benefits payable under the above-numbered policy in the event of my death.				
受益人姓名 (英文/中文) Name of Beneficiary (in English/Chinese)	身份證/護照編號 I.D. Card / Passport No.	性別 Sex	與受保人之關係 Relationship with the Insured Person	身故賠償分配百分比 (只可填寫整數) Percentage Share of the Death Benefit (Integer only)
1) _____	_____	_____	_____	_____ %
2) _____	_____	_____	_____	_____ %
3) _____	_____	_____	_____	_____ %
總百分比 Total: 100%				
出生日期 (日/月/年) Date of Birth (DD/MM/YY)	地址 Address		電話號碼 Tel No.	
1) _____	_____		_____	
2) _____	_____		_____	
3) _____	_____		_____	

個人資料收集聲明 Personal Information Collection Statement

本人 / 我們確認本人 / 我們已閱讀及明白富通保險有限公司 (以下簡稱 “富通保險”) 之個人資料收集聲明 (“該聲明”)。本人 / 我們聲明及同意貴公司可根據該聲明所述的任何目的收集及 / 持有、使用及/或披露/分享任何個人資料 (不論是否從此表格或以其他方式獲得)。本人 / 我們明白本人 / 我們必須於此表格提供所須資料, 否則貴公司將可能無法執行該聲明之目的及 / 或向本人 / 我們提供產品或服務。本人 / 我們確認及同意本人 / 我們的個人資料可能披露/共享給該聲明所指明的第三方; 執法機構; 保險業就現有資料而對所提供的資料作出分析和檢查而使用的數據庫或登記冊作出於該聲明所述的任何目的。本人/我們明白該聲明的最新版本可於富通保險的網址下載: www.ftlife.com.hk 及可向貴公司索取。

I / We confirm that I / we have read and understood FTLife Insurance Company Limited (“FTLife”)’s Personal Information Collection Statement (“PICS”). I / We declare and agree that any personal data FTLife may collect and/or hold, use and/or disclose/share with (whether contained in this form or otherwise obtained) in accordance with the Purposes as set out in the PICS. I / We understand that if I / we do not provide the required personal data, FTLife may not be able to perform the Purposes and/or provide products or services to me / us. I / We acknowledge and agree that my / our personal data may be disclosed / shared with specified parties in the PICS; law enforcement authorities; databases or registers used by the insurance industry to analyse and check information provided against existing information for any of the Purposes stated in the PICS. I / We understand the updated version of the PICS is available for download from FTLife’s website: www.ftlife.com.hk, and will be made available upon request.

聲明及授權 Declaration and Authorization

本人聲明任何先前所指定受益人之通知書將根據此計劃之條款而取消。

I declare that any prior notice of Beneficiary appointment is hereby revoked in accordance with the terms and conditions of the above-numbered policy.

本人謹此要求本人之保單按照本申請書內的指示作出更改。本人代表本人及所有受保人明白及同意(1)要求更改須符合下列條件後方可生效：(a)繳清所有申請所需之款項及(b)富通保險有限公司之總公司於受保人生存和繼續可保的情況下批核此申請；(2)如有關更改為無需就可保性提交證明的更改，則該項更改將由申請日期起生效，特別指定一較遲日期除外，唯該更改必須是保單內列為可更改事項或經本公司許可；(3)本申請書將成為保單更改之根據並成為保單之一部份，如有特別註明者除外。

I hereby request that my policy to be changed in accordance with the particulars set out in the application and I UNDERSTAND AND AGREE on behalf of myself and all the Insured(s) that: (1) The request for change shall not take effect unless all of the following conditions are met: (a) all required payment(s) for the application is/are paid in full and (b) the application is approved by FTLife Insurance Company Limited at its Head Office during the lifetime and continued insurability of the person insured by the policy; (2) the request for change which does not require evidence of insurability shall be effective from the date of this request unless a later date is specifically indicated, but only if the change is provided by the policy or is permitted under the policy or by FTLife Insurance Company Limited; (3) This form shall be the basis for change in the policy and will form part of the policy unless otherwise specified.

本人 / 我們明白若此表格的中、英文兩個版本有任何抵觸或不相符之處，應以英文版本為準。

I/We understand that if there is any inconsistency or ambiguity between the English version and the Chinese version of this form, the English version should prevail.

受保人簽署 Signature of the Insured Person

簽署日期 (日/月/年) Signed on (DD/MM/YY)

- * 僱主須記錄及儲存填妥後之表格。
- * **The completed form should be recorded & filed by the Employer.**