




REQUEST FOR CHANGE FORM OF BASIC PLAN / SUPPLEMENTARY CONTRACT 更改基本計劃 / 附加契約申請表

Policy Number 保單號碼	Name of Insured 受保人姓名	Name of Owner 持有人姓名	 06112123
Area Code 區域編號	Agency / Broker Name 營業員組別 / 經紀名稱	Agent / Broker Code 營業員號碼 / 經紀號碼	
Agency Code 營業員組別編號	Agent / TR's Name 營業員 / 業務代表姓名	Agent / TR's Tel. No. 營業員 / 業務代表聯絡電話	
TR Membership Number 業務代表會員號碼 (For Brokers only 僅供經紀使用)	<input type="checkbox"/> IA <input type="checkbox"/> ANG		

Remark: If the stated AIA financial planner / broker / IFA on this form is not my current servicing AIA financial planner / broker / IFA, I give consent to him/her to handle and follow up my request.

備註：倘若在上述表格上填寫的財務策劃顧問 / 經紀 / 獨立理財顧問並不是本人目前的財務策劃顧問 / 經紀 / 獨立理財顧問，本人同意他/她處理並跟進我的要求。

PLEASE USE A SEPARATE FORM FOR EACH POLICY NUMBER 每一份保單請填寫一份申請表
Please tick the appropriate box 請在適當的空格內劃上“✓”號

Important Notes: 重要事項：

- Health Certificate is required for addition of rider(s), Upgrade of Benefit(s), and Change of Basic Plan.
增加附加契約 / 提升保障級別 / 更改基本保險計劃須提交健康證明書。
- For Hong Kong Policies
Financial Needs Analysis (“FNA”) is compulsory for Addition / Upgrade / Plan Change to FNA In-scope Products.
香港保單適用
增加附加契約 / 提升保障級別 / 更改基本保險計劃至非豁免FNA產品須提交財務需要分析表格。
For Macau Policies
Financial Needs Analysis (“FNA”) and Declaration of Customers Understanding on Premium Information are compulsory for Addition / Upgrade / Plan Change.
澳門保單適用
增加附加契約 / 提升保障級別 / 更改基本保險計劃須提交財務需要分析表格和客戶對保費資訊理解之聲明。
- PGS illustration is compulsory for Plan Change to PGS In-scope Basic Plans.
更改至非豁免PGS基本計劃須提交保單建議書。
- Please complete Part C if you are applying AIA Vitality Series.
如申請AIA健康系列，請填寫丙部。

PART A: Affordability Assessment 甲部：負擔能力評估

Only applicable to FNA out-scope product(s) (for Hong Kong policies) 只適用於FNA豁免產品類別（香港保單適用）

Note: You must reply at least either question 1 or 2 and 3. If you do not wish to answer either one of them, please cross it out. Please note that we will reject your application if you choose not to respond to both question 1 and 2.

註：您必須至少回答問題1或2及3，如您不欲回答其中一條，請將之刪去。如您選擇不回應問題1和2，本公司必須拒絕您的申請。

Please pay attention: We shall assume level and unchanged annualized premium when assessing your ability to pay premium. Yet, the premium schedule of some products are not level and shall change in accordance with the insured's age or other factors (such as inflation or claims experience).

請注意：本公司於評估您繳付保費的負擔能力時，將假設年度保費均衡及不變；唯部分產品的保費並非均衡並會隨著受保人年齡增長或其他因素而有所改變（如通脹或賠償經驗）。

1. Disposable Income 可動用收入*

* Monthly Disposable income equals to Monthly Income minus Monthly Expenses 每月可動用收入等於每月收入減去每月開支

1a. What is your average monthly income from all sources in the past 24 months?

在過去二十四個月裡，您從所有收入來源所得的每月平均收入為？

(Including salary, bonus, commission, other allowances / compensations, property rental income, interest from bank deposit, interest from fixed income securities and dividend from shares, etc. 包括薪金、花紅、佣金、其他薪酬福利、物業租賃收入、銀行存款利息、債券利息及股息等)

HK\$ 港幣

/ Month 月

1b. What are your average monthly expenses in the past 24 months?

在過去二十四個月裡，您每月平均開支為？

(Including mortgage installment, rent, clothing, transportation, loans, insurance premium, etc. 包括樓宇按揭、租金、衣服、交通、借貸及保險費用等)

HK\$ 港幣

/ Month 月

1c. What percentage of your monthly disposable income (i.e. after deducting the expenditure) from all sources (including income from liquid assets) would you be able and willing to use to pay for the insurance premium (excluding your existing insurance policy(ies)) throughout the entire term of the insurance policy? (tick one)

在整個保單期內，閣下能夠及願意繳付的保費（不包括閣下現有的其他保單）佔透過所有收入來源（包括流動資產收入）獲得的每月可動用收入（即經扣除開支）的比率為？（請選一項）

☐ ≤10% ☐ 11%-20% ☐ 21%-40% ☐ 41%-60% ☐ 61%-80% ☐ 81%-100%

HK\$ 港幣

流動負債是指保費融資及/或抵押貸款及/或短期債務（例如私人貸款/債務、透支等）及任何應計和應付利息。

☐ ≤10% ☐ 11%-20% ☐ 21%-40% ☐ 41%-60% ☐ 61%-80% ☐ 81%-100%

☐ Tertiary or above 大專或以上

☐ Please tick the box of the left if you obtain funding from your other policies to purchase the supplementary benefit. Besides, you are required to submit the signed Customer Declaration for Policy Replacement together. 如閣下使用或打算使用您的現有保單資金以資助購買新附加契約，請在左列 ☐ 一欄劃上✓。

產品迎合為我提供健康保障/危疾保障以應付將來的健康服務的目標，此產品提供健康保障/危疾保障一筆過賠償。

You are required to submit the signed Customer Declaration for Policy Replacement together. 您必須將已簽署的《人壽保險客戶轉保聲明書》一併提交。

☐ Benefit Downgrade 降低保障級別

為已選的計劃或附加 / 可附加保障申請AIA健康系列（如適用）。

第三部分：更改基本保險計劃或減少保額 / 基本金額^

請注意，申請完成後的保額 / 基本金額[^] 需符合公司之要求。

(只適用於「自在自選」危疾保基本計劃) 當人壽保障類別的原有保額減少，您的「自在自選」危疾保單下所有相應保障類別的原有保額均會按比例減少。人壽保障類別及所有相應保障類別的原有保額均需符合本公司的最低原有保額之要求。

☐ Please tick the box on the left if you are holding a valid People's Republic of China Resident Identity Card, and submit "Important Facts Statement for Mainland Policyholder" signed in Hong Kong. 如閣下持有有效的中華人民共和國居民身份證，請在左列☐一欄劃上✓，並於香港簽署及遞交專為抵港內地人士而設的「重要資料聲明書」。

You are required to submit the signed Customer Declaration for Policy Replacement together. 您必須將已簽署的《人壽保險客戶轉保聲明書》一併提交。

<input type="checkbox"/> Change of Basic Plan 更改基本保險計劃		<input type="checkbox"/> Reduce Sum Assured / Principal Amount^ 減少保額 / 基本金額^	
From 由	To 至 <input type="checkbox"/> Apply for AIA Vitality Series (if applicable) for selected plans or supplementary / optional benefits. 為已選的計劃或附加 / 可附加保障申請AIA健康系列（如適用）。	From 由	To 至

就申請更改計劃之客戶，您可掃描右方的二維碼（QR Code）或瀏覽我們的網址閱讀及了解更改計劃的重要資料。



<https://www.aia.com.hk/zh-hk/products/further-product-information/important-note-for-plan-change.html> 內有關更改計劃的重要資料，本人同意該等重要資料，及就更改現有本人的保險計劃作出申請。

我確認及明白因應本人更改基本計劃的申請，基本保單（包括但不限於保費及現金價值）已如本建議書所示而更改。任何與基本計劃相關的附加契約的保障金額及保費將相應調整。除此之外，在沒有新增或刪減附加契約的情況下，保單資料頁所列的附加契約（如有）將維持不變。
（只適用於更改至非豁免PGS基本計劃）

Section 4: Deletion of Supplementary Contract 第四部分：取消附加契約

<input type="checkbox"/> Please specify the supplementary contract to be deleted below 請於下方列明取消之附加契約

PART C: Declaration for applying AIA Vitality Series 丙部：申請AIA健康系列之聲明

本人，保單持有人，已閱讀、明白及同意被上述段落及句子約束。另外，本人亦明確地確認於連結內的「AIA Vitality 健康程式」說明只供參考。



Insurance Knowledge and Experience declaration 保險知識及經驗聲明：

本人 / 我們曾收取本人 / 我們所選擇產品之產品小冊子（如適用）。

本人/我們具有足夠認知及經驗作出充分之理解及接受產品特色、利益、費用及收費、退保費用及與產品相關連的風險及主要不受保事項（如適用）。

☐ (A) Having considered the advice and recommendation of the intermediary, the product(s) (including FNA exempted product(s)) and the insurance amount I / we selected are suitable for me / us as they meet my / our disclosed priority of needs and provide me / us with extra protection / coverage. And, I / we can afford and anticipate to pay the required premiums continuously if necessary.

☐ (B) Despite the fact that the intermediary has explained to me / us that my / our final selected product(s) is not suitable for me / us with reference to my/our disclosed information during suitability assessment, I / we confirm that it is my / our decision to proceed with the application due to the reason below. Besides, I / we can afford and anticipate to pay the required premiums continuously if necessary. 儘管中介人已根據在合適性評估中本人 / 我們所透露的資料向本人 / 我們解釋最終選購的保險產品並不適合本人需要，然而基於下述原因，本人 / 我們確認這是本人 / 我們的意圖及意願繼續進行此投保申請。同時，本人 / 我們能夠負擔及預計會繼續支付所選擇產品的保費。（如需要）

☐ (a) My / Our own preference 本人 / 我們因自身喜好所作出的決定

(b) My / Our decision after going through suitability assessment process 本人 / 我們經合適性評估後所作出的決定

☐ (c) My / Our decision as my family member(s) / friend(s) has purchased the same product(s) 本人 / 我們因親友購買了同一產品所作出的決定

☐ (d) I / we agree with intermediary's recommendation to purchase the said product(s) though it is mismatched with my / our disclosed information during suitability assessment process 本人 / 我們贊同中介人的建議而選購此產品，縱使此產品與本人 / 我們在財務需要分析所透露的資料不相符

☐ (e) Others, please specify: _____ 其他，請詳述：

1) This request is NOT valid until (1) it is recorded as received by AIA (the "Company") during the life time of BOTH the Insured and the Owner and (2) it is finally confirmed as accepted by the Company by way of Endorsement or letter.

I / We hereby irrevocably authorize: The Company to enter into arrangements with Panel Network Providers to provide specified medical services to me / us (if and as applicable).

Request: I / We request that this Policy be changed according to the above particulars. I / We understand and agree that a copy of this request will be attached to and form a part of the said Policy. Where this request relates to change of beneficiary in respect of this Policy, I / we confirm that my / our previously nominated beneficiary or beneficiaries (other than the estate of insured), is / are fully aware of and has / have not objected to the contents of this 'Request for Change' form.

No Third Party Rights: I / We understand and agree that a person who is not a party to this Policy (including but not limited to the Insured or the Beneficiary) has no right to enforce any of the terms of this Policy.

1) I have read and understood the information on tax deduction and understood that I may be eligible for tax deduction for the relevant premiums paid subject to the provisions of the Inland Revenue Ordinance (Cap. 112). I confirm and understand that I may be required to provide valid documentation proofs from time to time for the purpose of claiming for tax deduction pursuant to the Inland Revenue Ordinance (Cap. 112). AIA and its intermediaries does not provide tax or accounting advice and I should consult my own tax and accounting advisors for any tax advice.

2) If a successive Policy Holder has been selected, such successive Policy Holder has no right to enforce any of the terms of the VHIS policy (including but not limited to all the options, benefits or privilege under the VHIS policy) unless or until the ownership of the VHIS policy has been successfully transferred to such successive Policy Holder.

3) In case of any discrepancy between the English and Chinese versions of the content, the English version shall prevail.

Important Note: Payment does not guarantee immediate approval of the application or at all. The reinstatement / addition of rider / change of scheme / increasing sum assured / removal of exclusion / removal of medical rating, whichever is applicable, will only become effective when we receive the relevant documents and any required amount, including but not limited to the health certificate and full premium, as well as any outstanding levy amount due and overdue (for Hong Kong policies), and provided that we accept and approve the satisfactory proof of the insured's current health condition and other necessary requirements are met to our satisfaction. We reserve the right to withhold, refuse and / or reject any application.

Effective on 1 January 2018, levy is payable on each premium for both new and in-force Hong Kong policies pursuant to the Insurance (Levy) Order and the Insurance (Levy) Regulation, which includes both regular and top-up premiums. Different levy rates apply, which are dependent upon the policy date or the policy anniversary date. The prescribed levy shall be subject to change from time to time.

The policy owner is required to pay to us the prescribed levy along with the premium. Any failure to do so may result in a breach of the Insurance (Levy) Regulation under which the Insurance Authority may impose on the policy owner concerned a pecuniary penalty not exceeding HK\$5,000 and take legal proceedings to recover any outstanding levy and penalty as a civil debt.

1) 此申請表需於(1)受保人及持有人生存期間獲友邦(即“貴公司”)收到並存檔及(2)最終經貴公司以批註或確認信批准方為有效，而友邦財務策劃顧問或您的經紀收到的申請表並不代表貴公司亦已收到。

本人/我們茲授權貴公司為本人/我們安排醫療網絡組織之服務提供者進行指定之醫療服務(如適用)。

2) 本人 / 我們聲明及同意採用與本人 / 我們的壽險保單相同號碼之付款形式，所有未經貴公司收到、存檔及批准之保險或更改保單之申請一概無效。

申請：本人/我們在此要求保單按照上述細則更改，本人/我們並明白及同意申請表之副本將附於本保單契約內，且構成保單契約之一部份。如更改受益人，本人/我們確認本人/我們之前為此保單所委任之任何受益人（受保人之遺產除外）均完全知悉此「更改保單申請表」上之內容，而且並無就此申請提出反對。

沒有第三者權利：本人/我們明白及同意非保單合約一方（包括但不限於受保人及受益人）沒有權利執行任何保單條款。

本人已閱讀及明白有關稅務扣減之資料並明白本人所支付的保費按《稅務條例》(第112章)或能合資格申請稅務扣減。本人確認及明白就申請稅務扣減時,本人可能不時需要遞交其他有效的文件以符合《稅務條例》(第112章)。友邦香港及其中介不會提供任何稅務或會計建議。就任何稅務建議,本人應諮詢本人的稅務和會計顧問。

2) 如已訂立保單的承繼人，有關保單的承繼人沒有權利行使自願醫保保單內的任何條款（包括但不限於所有自願醫保保單內的選項，利益及特權），除非或直至有關自願醫保保單的擁有權成功地轉移至有關保單的承繼人。

3) 如英文版與中文版內容有任何差異，一概以英文版為準。

重要事項：已付款並不保證申請獲即時批核。有關之復效/增加附加契約/更改基本保險計劃/增加保額/刪除不保事項/刪除額外保費

(以適用者為準) 申請，將於本公司收受相關文件及所需金額，包括但不限於健康證明書、全數保費、及任何到期及逾期而未繳清之保費徵費（香港保單適用），並獲本公司接納及批准受保人的健康現況證明，及其他所需要求後，方為正式生效。本公司保留權利擱置、拒絕及/或駁回任何申請。保費徵費將於二零一八年一月一日實行。根據《保險業（徵費）令》及《保險業（徵費）規例》，保費徵費是基於新的保單和有效保單的保費收取的，這包括定期保費和額外投資保費。根據保單日期及保單週年日，將會收取不同的徵費率。規定的保費徵費會不時作出調整。

保單持有人必須將保費繳費連同保費一同繳付給本公司。如申請人沒有繳付保費徵費和保費，申請人將會被視為違反《保險業（徵費）規例》，保險業監管局（保監局）將有可能向申請人收取不少於港幣五千元的罰款，並會採取法律行動以民事事項為基礎追收未備付的保費徵費及罰款。

CANCELLATION RIGHTS AND REFUND OF PREMIUM(S) AND LEVY (IF ANY):

(This clause is only applicable to VHIS products)

I, the policyowner, understand that I have the right to cancel this Addition of rider, upgrade benefit, plan change to VHIS product and obtain a refund of any premium(s) and any levy paid (if any) by giving written notice. Such notice must be signed by me and received directly by the Customer Service Centre of AIA International Limited at 12/F, AIA Tower, 183 Electric Road, North Point, Hong Kong within 21 calendar days after this addition of rider, upgrade benefit, plan change request to VHIS product is being effective.

撤銷申請及退還保費及保費徵費（如有）：

(本條款僅適用於自願醫保產品)

本人，保單持有人，明白，本人有權以書面通知撤銷此增加附加契約/提升保障級別/更改保險計劃申請至自願醫保產品並取回已繳保費及已繳保費徵費（如有）。有關書面通知必須由本人簽署，並確保此增加附加契約/提升保障級別/更改保險計劃至自願醫保產品申請生效後起計二十一個曆日內，呈交至香港北角電氣道一百八十三號友邦廣場十二樓之友邦保險(國際)有限公司客戶服務中心。

PERSONAL DATA COLLECTION AND USE

I / We confirm that I / we have read and understood the AIA Personal Information Collection Statement ("AIA PIC").

I / We declare and agree that any personal data and other information relating to me / us or my / our policy(ies) or investments contained in this application or collected, obtained, compiled or held by the Company by any means from time to time may be collected and utilized in accordance with the AIA PIC. I / We acknowledge and consent to the transfer of my / our personal data outside of Hong Kong (for policies issued in Hong Kong) or Macau (for policies issued in Macau), as the case may be, for the purposes and to the types of transferee as set out in the AIA PIC.

The updated version of AIA PIC is available for download from its website: www.aia.com.hk, and is made available upon request.

個人資料收集及使用

本人 / 我們確認本人 / 我們已閱讀及明白AIA個人資料收集聲明（「AIA個人資料收集聲明」）。本人 / 我們聲明及同意在本申請所載或貴公司不時以任何方法收集所得、編製或持有的任何個人資料及關於本人 / 我們或本人 / 我們的保單或投資的其他資料，可根據AIA個人資料收集聲明收集及使用。本人 / 我們知悉及同意就AIA個人資料收集聲明所述目的視乎情況轉讓本人 / 我們的個人資料至香港（如保單在香港簽發）或澳門（如保單在澳門簽發）境外予AIA個人資料收集聲明所載的資料承讓人。

AIA個人資料收集聲明的最新版本可於以下網址下載：www.aia.com.hk，及可向貴公司索取。

By signing below, I / we represent that I am / we are not a U.S. person for purposes of U.S. federal income tax and that I am / we are not acting for, or on behalf of, a U.S. person. I / We understand that the Company, believing this statement to be true, will rely on it and act on it. In the event this statement is incorrect / false, the Company reserves the right and shall be entitled to cancel the policy. Any policy issued may accordingly be considered void in which case the Company shall notify me / us and repay any premium and levy (for Hong Kong policies) less reasonable charges and policy withdrawals / loans.

Note: A false statement or misrepresentation of tax status by a U.S. person could lead to penalties under U.S. law. If your tax status changes and you become a U.S. citizen or resident, you must notify us within 30 days. (This Clause is not applicable to U.S. citizens or residents, who must complete IRS Form W-9.)

於下方簽署作實，本人 / 我們聲明，就美國聯邦薪俸稅之有關事項而言，本人 / 我們並非美國人，及並不代表美國人行事。本人 / 我們明白貴公司相信此陳述是真實的，並以此為依據及代為行事。倘若此陳述是不正確 / 虛假的，貴公司保留權利，並有權取消保單。任何依據此陳述而簽發的保單可視作無效。在這情況下，貴公司將通知我 / 我們償還扣除合理的費用及保單提款 / 貸款後的保費與保費徵費（香港保單適用）。

備註：根據美國法律，任何美國人就其稅務狀況有虛假或失實陳述，將會受到刑罰。若閣下的稅務狀況有更改，並且成為美國公民或居民，請於三十日內通知本公司。（美國公民或居民必須填寫IRS之W-9表格，而以上之有關條款並不適用。）

Personal Information Protection Law of The People's Republic of China ("China PIPL")

A Privacy Addendum in compliance with the China PIPL is available at: www.aia.com.hk (Privacy Statement), and is made available upon request. It is applicable to you if you are located in Mainland China.

中華人民共和國個人信息保護法（「個人信息保護法」）

遵照個人信息保護法的私隱附錄可於以下網站下載：www.aia.com.hk（私隱權保護政策）。您亦可向我們索取。如您位於中國內地，此私隱附錄則適用於您。

I have read and understood the Privacy Addendum and agree that the AIA group of companies can process my personal information as set out in the Privacy Addendum.

我已閱讀及明白私隱附錄，並同意友邦保險集團可按照私隱附錄處理我的個人信息。



Signature of Owner / Trustee
持有人 / 信託人簽名

on
於 MM月 DD日 YYYY年



Signature of Assignee
受讓人簽名
(if applicable 如適用)

on
於 MM月 DD日 YYYY年

PLEASE SIGN & RETURN IMMEDIATELY BUT NO LATER THAN 14 DAYS 請簽署後即時但不遲於14天內遞交

PLEASE DO NOT SIGN ON BLANK FORM 請勿在空白表格上簽署

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下載AIA「友聯繫」手機應用程式以便輕鬆管理您的保單！