

Request for Conversion Form

保單轉換申請書

Please tick appropriate box(es) 請於適當之空格內加上 號

Policy No: 保單編號	Insured: 受保人	Policyowner: 保單持有人
1. Term Conversion 定期保單轉換 (Please complete New Application Form together with this Request Form) (請連同人壽保險申請書及此申請書一同遞交)	<input type="checkbox"/> Full 全部 <input type="checkbox"/> Partial 部份	
2. Sum Assured to be converted 轉換保障額	(HK\$/US\$) 港元/美元 To New Application No. 轉至新申請書編號()	
3. Remaining Sum Assured (Term Policy) 剩餘保障額 (定期保單)	<input type="checkbox"/> Continue 保存 <input type="checkbox"/> Cancel 取消	

4. Rider Rollover 附加保障轉移	Sum Assured/Notional Amount/Amount/ Benefit Class to be Converted 轉換保障額/名義金額/金額/保障類別	Sum Assured/Notional Amount/Amount/ Benefit Class to be Remained 剩餘保障額/名義金額/金額/保障類別
<input type="checkbox"/> Critical Illness Benefit (CIL) 危疾保障	_____	_____
<input type="checkbox"/> Critical Illness Benefit 5YRT (CIR) 危疾保障—5年期續保保費	_____	_____
<input type="checkbox"/> Critical Illness Plus Benefit (CIPL) 危疾全保障	_____	_____
<input type="checkbox"/> Critical Illness Plus Benefit 5YRT (CIPR) 危疾全保障—5年期續保保費	_____	_____
<input type="checkbox"/> Accidental Death and Dismemberment (PAADD) 意外死亡及傷殘保障	_____	_____
<input type="checkbox"/> Medical Benefit (PAMB) 醫療保障	_____	_____
<input type="checkbox"/> Weekly Accident Indemnity (PAWAI) 每週意外定額賠償	_____	_____
<input type="checkbox"/> Hospital Cash Benefit (HC) 住院現金保障	_____	_____
<input type="checkbox"/> Hospital & Surgical Benefit (HS) 住院及手術保障	_____	_____
<input type="checkbox"/> Waiver of Premium (WP)* 傷殘豁免保費保障	_____	_____
<input type="checkbox"/> Waiver of Premium Benefit (WPB)* 豁免繳付保費附加保障	_____	_____
<input type="checkbox"/> 5 Year Renewable Living Benefit Advance/ with Optional (LBAT38/LBAT46)** 五年可續期全護保附加生活保障/及自選附加生活保障	_____	_____
<input type="checkbox"/> 5 Year Renewable Living Benefit Plus/with Optional (LBPT38/LBPT46)** 五年可續期加護保附加生活保障/及自選附加生活保障	_____	_____
<input type="checkbox"/> Others 其它	_____	_____

* The following statement is only applicable to rollover of WP which was issued in or after July 1999.

I/We declare that the Insured does not have, nor have ever had, nor ever been treated for disability. I/We further declare that the Insured's health condition has not been changed since the last health declaration of this policy. (If there is any health change, please complete Part II HEALTH DETAILS in the application form.)

此聲明只適用於一九九九年七月份或以後所發的傷殘豁免保費保障之轉換。

本人/吾等聲明受保人沒有，不曾有傷殘，亦不曾因傷殘而接受治療。本人/吾等聲明自從此保單最後一次之健康聲明以後，至今在健康上沒有任何改變。(如有健康狀況改變，請於人壽保險申請書的第二部份健康狀況詳述)

** This rider can only be rolled over to designated critical illness riders and please delete if inappropriate.

此附加保障只可轉換至指定的危疾保障，並請刪去不適用者。

5. Unused Premium Refund 退回未用的保費方式	<input type="checkbox"/> Refund premium to policyowner directly 退回保費，直接寄給保單持有人 <input type="checkbox"/> Transfer the unused premium to New Policy (Policy No. _____) 未用的保費請轉至新保單 (保單編號：_____) <input type="checkbox"/> Transfer the unused premium to Other Policy (Policy No. _____) 未用的保費請轉至其它保單 (保單編號：_____)
6. Policy Document of Term Plan 定期保險保單	<input type="checkbox"/> Policy document is returned herewith for cancellation 退回保單，以作取消 <input type="checkbox"/> Policy document was lost or destroyed 保單已遺失或損毀
7. Others (Please state in details) 其它 (請詳細說明)	

Declaration 聲明

I/WE HEREBY DECLARE AND AGREE THAT:

1. The above request for policy change or services will not take effect unless the following conditions are met: (i) any required payment and documents are submitted in full; (ii) the request is approved by Chubb Life Insurance Hong Kong Limited (hereinafter called "the **Company**") during the lifetime and continued insurability of the Life Insurance; 2. This request and evidence of insurability of the Insured if required by the Company shall be the basis for change in policy and will form a part of the Policy unless otherwise specified; 3. I/We understand that the conversion sum assured and remaining sum assured will be subject to the minimum requirements set forth by the Company from time to time and the rider rollover is subject to the Company rule that were set from time to time.

本人/吾等謹此聲明及同意：

1. 上述之更改事項或服務必須符合下列所有條件方能生效：(i)所有需要之款項及文件皆全數交安達人壽保險香港有限公司並完整無缺；(ii)申請在受保人仍然在生及符合受保條件時，經安達人壽保險香港有限公司（以下簡稱貴公司）批准；2. 此申請書連同貴公司要求受保證明，將成為保單更改之根據，並作為保單之一部份（若有其他安排除外）；3.本人/吾等明白上述之轉換保障額及剩餘保障額，均需符合貴公司不時所定之最低要求及附加保障亦需符合貴公司不時所定之條例。

Personal Information Collection Statement 個人資料收集聲明

I/WE HEREBY ACKNOWLEDGE, DECLARE AND AGREE THAT, by signing this form, any personal information collected or held by Chubb Life Insurance Hong Kong Limited (the "Company") is provided and may be used, processed, stored, disclosed, transferred by the Company to the transferees indicated in and in accordance with the Personal Information Collection Statement set out in my/our Application For Life Insurance, which may include without limitation, any branch, subsidiary, holding company, associated company or affiliates of the Company (the "Group Companies"), its authorized agents, reinsurers, claims investigators, loss adjudicators, medical advisors, recovery agents, insurance industry associations and federations, credit reference agencies, government or judicial or regulatory bodies or any person to whom the Company is under legal and/or regulatory obligation to make disclosure, and the Company's appointed third party agents, contractors and advisors, in each case whether within or outside of Hong Kong and Mainland China. Moreover, the Company is hereby authorized to obtain access to and/or to verify any of my/our personal information with the information collected by the insurance industry associations, the federations, the government and regulatory bodies and medical personnel or organizations. I/We am/are obliged to supply the information required from me/us under this form which is a condition precedent for me/us to apply for the insurance products and related services. Failure to supply the required information may result in the Company being unable to process the form. For more details of the Company's policies on personal information and privacy protection, please read the Company's Privacy Notice available at <https://www.chubb.com/hk-en/footer/chubb-life-privacy-policy.html>. Any questions regarding personal information, access to or correction of personal information should be made in writing and forwarded to The Data Protection Officer of Chubb Life Insurance Hong Kong Limited at 35/F, Chubb Tower, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong.

就簽署此表格，本人/吾等確認、聲明及同意安達人壽保險香港有限公司（「貴公司」）可以使用、處理、儲存、披露、轉移任何貴公司所收集或持有任何本人/吾等的個人資料至在本人/吾等的人壽保險申請書中的個人資料收集聲明所訂明的資料轉移接收方，包括但不限於，貴公司的任何分行、附屬公司、控股公司、聯營公司或聯繫公司（「集團公司」）、其獲授權的代理人、再保險公司、理賠調查公司、理賠調查員、醫療顧問、索償代理、保險行業協會及聯會、信貸資料機構、政府或司法或監管機構或對貴公司具有法律及/或監管責任而須予以披露的任何人士，及貴公司指定的第三方代理、承包商及顧問，不論在香港及中國大陸境內或境外。此外，貴公司獲授權向保險行業協會及聯會、政府及監管機構、及醫務人員或機構取閱及/或核實任何該等機構向本人/吾等收集之個人資料。本人/吾等有責任提供此表格上所需資料，以作為申請保險產品及有關服務之先決條件。如未能提供所需的資料，可能導致貴公司無法處理本表格。有關安達人壽保險香港有限公司個人資料及私隱保障政策的詳情，請參閱安達人壽保險香港有限公司的私隱政策，網址為<https://www.chubb.com/hk-zh/footer/chubb-life-privacy-policy.html>。如欲查詢有關個人資料事宜，查閱或更正個人資料必須以書面形式向安達人壽保險香港有限公司的資料保護主任提出，並送交至香港銅鑼灣告士打道三一一號皇室大廈安達人壽大樓三十五樓。

Name of Witness 見證人姓名		Signature must be consistent with that in your life application form. 閣下簽署模式應與申請書上之簽署相同，以作核對。			
Signature of Witness 見證人簽署	Date 日期	Signature of Insured 受保人簽署	Date 日期	Signature of Policyowner 保單持有人簽署 (if other than Insured) (如非受保人)	Date 日期