

Nomination of beneficiaries form 受益人提名表格

Please complete this form if you wish to nominate beneficiaries for your plan. Assignment of a policy will invalidate a nomination of beneficiaries. Please refer to the 'Nomination of beneficiaries' section in the policy conditions for details.

It is the responsibility of the applicant(s) to ensure that the nomination of a beneficiary(ies) will be effective under his/her law of domicile and/or residence. On Joint Life First Death Plans, on the death of the first to die of the lives assured, the Company shall require a signed form of discharge from the surviving policyholders and the nominated beneficiary(ies).

如閣下擬為計劃提名受益人，請填寫本表格。轉讓保單將導致受益人提名失效。請詳請參閱保單條件內『提名受益人』一節。

申請人須負責確保受益人的提名根據其居籍及 / 或居留地的法例為有效。在共同壽險 (第一身故終止) 計劃中，於第一壽險 被保人身故後，本公司將要求尚存的保戶及獲提名的受益人提交經簽署的責任解除表格。

Plan/Bondholder details 計劃 / 投資保單持有人資料

Bond number (if known)
投資保單編號 (若已知)

Name of investment (eg Global Investor)
投資計劃名稱 (如 Global Investor)

Name of first life assured
第一壽險被保人姓名

Name of second life assured (if applicable)
第二壽險被保人姓名 (如適用)

Name of third life assured (if applicable)
第三壽險被保人姓名 (如適用)

Name of fourth life assured (if applicable)
第四壽險被保人姓名 (如適用)

I/We hereby revoke any previous appointment of beneficiary(ies) made by myself/ourselves in respect of the policy(ies).

本人 / 我們謹此撤銷以往由本人 / 我們就保單提名的受益人。

Beneficiaries 受益人

I/We hereby appoint the following to be beneficiary(ies) of the policy(ies) issued (please note the total benefit allocated should equal 100%).

本人/我們茲委任以下人士,作為已發行保單的受益人(謹請留意,分配權益的相加總額須為100%)。

First name(s) (in full) 名(全寫)	<input type="text"/>
Surname 姓	<input type="text"/>
Address 地址	<input type="text"/>
Postcode 郵遞區號	<input type="text"/>

Percentage of benefit (whole percentages only) 權益百分比(必須為整數) %

First name(s) (in full) 名(全寫)	<input type="text"/>
Surname 姓	<input type="text"/>
Address 地址	<input type="text"/>
Postcode 郵遞區號	<input type="text"/>

Percentage of benefit (whole percentages only) 權益百分比(必須為整數) %

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Percentage of benefit (whole percentages only) 權益百分比(必須為整數) %

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Percentage of benefit (whole percentages only) 權益百分比(必須為整數) %

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Surname 姓	<input type="text"/>
Address 地址	<input type="text"/>
Postcode 郵遞區號	<input type="text"/>

Percentage of benefit (whole percentages only) 權益百分比(必須為整數) %

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Percentage of benefit (whole percentages only) 權益百分比(必須為整數) %

In the event of the death of a life/lives assured, as specified in the policy certificate, the beneficiary(ies) named above shall receive the benefits then arising under the policy(ies) to the extent of the percentage of such benefits stated above.

倘若保單證書所指定的壽險被保人身故,名列於上文的受益人可按上述百分比,獲得保單當時提供的權益。

Contingent beneficiaries 或然受益人

To be completed if you wish to make a nomination to take effect only in the event that any of the nominations above shall fail, by reason of the death of a nominated beneficiary(ies) before the death of a life assured. Please ensure that the section above is completed.

In the event that any of the beneficiaries named above shall predecease the life assured, the contingent beneficiaries (if named) will receive a percentage of that beneficiary's benefits. If no percentage is stated then they will receive equal shares. I/We hereby appoint:

如閣下擬作出另一項提名，謹於任何一名獲提名的受益人早於壽險被保人身故，以致上述提名無法執行時生效，請填寫本欄。請確保已填妥以上部分。**在名列於上文的任何一名受益人早於壽險被保人身故的情況下，或然受益人（如已提名）將可獲得該名收益人的權益。若並無指定百分比，則彼等將獲平均分配權益。本人/我們茲委任：**

First name(s) (in full) 名(全寫)	<input type="text"/>
Surname 姓	<input type="text"/>
Address 地址	<input type="text"/> <input type="text"/>
Postcode 郵遞區號	<input type="text"/>

Percentage of benefit (whole percentages only) 權益百分比(必須為整數) %

First name(s) (in full) 名(全寫)	<input type="text"/>
Surname 姓	<input type="text"/>
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Percentage of benefit (whole percentages only) 權益百分比(必須為整數) %

If any of the nominated beneficiaries predeceases the life assured you are advised to review your appointment accordingly and, if necessary, complete a new 'Appointment of beneficiary' form.

Please sign the declaration below.

倘若任何一名獲提名的受益人早於壽險被保人身故，閣下應因此檢討上述委任，以及（如有需要）填寫一份新的『受益人委任』表格。請簽署以下聲明。

Minor investors

Where a nomination is made by an investor who has not attained the age of 18 years, that nomination will not be recognised.

未成年投資者

如任何投資者未滿18歲，其所做的提名將不獲接納。

Minor beneficiaries

Where any of the beneficiaries nominated herein has not attained the age of 18 years, please refer to the 'Nomination of Beneficiaries' section in the policy conditions.

未成年受益人

如本表格中提名的任何受益人未滿18歲，請參閱保單條件內『提名受益人』一節。

Declaration 或然受益人

To be signed by all the applicants where any beneficiaries have been nominated.

You must sign below in the presence of TWO independent witnesses (even where there is only one applicant) who are not themselves named as potential beneficiaries. One of these witnesses can be your financial adviser. You should all sign whilst together.

在提名任何受益人時，所有申請人必須簽署。

閣下必須於兩名獨立見證人在場時簽署下欄 (即使只有一名申請人)，本身並無獲提名為潛在受益人。閣下的財務顧問可擔任其中一名見證人。所有申請人應於見證人在場之下一同簽署。

Signature 簽名 Date 日期

Name of first applicant/policyholder
第一申請人/保戶姓名

Signature 簽名 Date 日期

Name of second applicant/policyholder
第二申請人/保戶姓名

Signature 簽名 Date 日期

Name of third applicant/policyholder
第三申請人/保戶姓名

Signature 簽名 Date 日期

Name of fourth applicant/policyholder
第四申請人/保戶姓名

Witnessed by (signature of first witness)
見證人(第一見證人簽署) 姓

Address 地址

Postcode 郵遞區號

Witnessed by (signature of first witness)
見證人(第一見證人簽署) 姓

Address 地址

Postcode 郵遞區號

Remember, there must be **TWO** witnesses even where there is only one applicant.

A nomination of beneficiaries will only take effect if the policy comes to an end as a result of a death. On multiple lives, last death basis policy, where a single owner dies, this form will not take effect and probate will be required.

謹請注意，即使只有一名申請人，仍須安排**兩名**見證人。

提名受益人僅於保單由於壽險被保人身故而結束時，方予生效。於共同壽險(最後一人身故終止)計劃中，如其中一名被保人身故，本表格將不會生效，將需要提交遺囑檢驗證書。