

# Request for premium/policy contribution change

### 更改保費/保單供款申請

Online submission is now available, you may access online to submit your request directly (https://portal.fpinternational.com/fpi-portal-fe/login. html#/). If you would like to obtain further information, please call our customer hotline on +852 3550 6188 or email customerservicing@fpihk.com and we will be happy to assist.

現在您可透過網上系統提交服務指示,您可經以下網址按指示直接提交所需服務(https://portal.fpinternational.com/fpi-portal-fe/login.html#/)。如有任何查詢,請致電我們的客戶服務熱線 +852 3550 6188 或電郵至 customerservicing@fpihk.com,我們十分樂意提供協助。

Please write in English and in BLOCK CAPITALS. 請用英文正楷填寫。

Policy details must be completed. 必須填寫保單資料。

Note 註

wish to change the premium payment frequency.

請於更改生效日期不少於三十天以書面通知我們。

Policy details 保單資料		
Policy number(s) 保單號碼		
	First (or only) policyholder 第一(或唯一) 保單持有人	Second policyholder 第二保單持有人
Title 稱謂	Mr Mrs Miss Ms 大生 大太 小姐 女士	Mr Mrs Miss Ms 先生 太太 小姐 女士
Surname 姓氏		
First name 名字		
Contact telephone number 聯絡電話號碼		
Please tick the required change(s) 請選擇	所需更改	
Part 1 Change regular premium am 第1部分 更改定期保費金額(衹適戶	nount (Only available after the end of ini 用於初始期後)	tial period)
Please refer to the relevant product brochure for th 請參閱有關的產品説明書,申請更改的定期保費	e required minimum premium amount of each pre 设金額不得低於每種保費繳付模式的最低金額	emium payment frequency.
USD GBP EUR 歐羅 回	HKD 港元	
Current regular premium amount 現時定期保費金額		
New regular premium amount 新定期保費金額		
Effective date of new regular premium 新定期保費牛效日期	DID MIM YIYIYI	

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1 The change for regular premium must be in the same premium payment frequency as the current regular premium. Please complete Part 4 if you

2 The change of regular premium can only take effect from the next regular premium due date in accordance with the premium payment frequency.

更改的定期保費的繳付模式必須與現時的相同。如需更改保費繳付模式,請一併填寫第4部分。

更改的定期保費的生效日期以保單保費繳付模式的下一個保費到期日為準。 Please notify us in writing at least 30 days before the effective date of change.

		Policy number(s): 保單號碼:	
Part 2 Resume regular pro	emium payment 第2部分	予 恢復繳付定期保費	
USD GBP EU 英鎊 EU 歐			
Resume regular premium amount 恢復定期保費金額			
Effective date of policy contribution resump恢復繳付保費生效日期	ption D_D M_	M	
Note 註  Please complete Part 3 to confirm pre 請填寫第3部分以確認保費繳付方法  Please notify us in writing at least 30 d 請於更改生效日期不少於三十天以前	to a second seco	f change.	
Source of wealth - complete 財富來源 - 申請任何第1及第2		uest for change of	Part 1 and Part 2
First (or only) policyholder 第一(或唯一)保單持有人			
Supporting evidence may be required for 更改財富來源或需提供額外證明文件  I confirm that my source of wealth h 本人確認本人的財富來源沒有更改	。 as not changed (as per the app	olication form).	
I confirm my source of wealth has ch本人確認本人的財富來源已經更新	nanged. My source of wealth de 新,詳情如下:	etails are as below:	
Employment	ent		
Income/earnings from employment and savings (basic and/or bonus) 來自工作的收入/利潤及儲蓄(基本收入及/或花紅)	Current annual income 現時年收入 Employer's/Company name 僱主/公司名稱 Employer's/Company address 僱主/公司地址	Currency 貨幣	Amount 金額
	Occupation 職業		
	Nature of business 業務性質		
Other source of wealth Please provide as much detail as possible 其他財富來源 請盡量提供詳情。	e.		

Policy number(s): 保單號碼:	

## Source of wealth – complete this section for any request for change of Part 1 and Part 2 (cont.) 財富來源 – 申請任何以上第1及第2部分必須填寫此欄(續)

別首水冰 - 中間は何以上先し	<b>风</b> 第2即刀必須填為此	
Second policyholder 第二保單持有人		
Supporting evidence may be required fo 更改財富來源或需提供額外證明文件		
I confirm that my source of wealth h 本人確認本人的財富來源沒有更正	nas not changed (as per the	e application form).
I confirm my source of wealth has c 本人確認本人的財富來源已經更	hanged. My source of wealt	
Employment Self-employm 僱員 Self-employm 自僱人士		
Income/earnings from employment and savings (basic and/or bonus)	Current annual income 現時年收入	Currency Amount 金額
來自工作的收入/利潤及儲蓄(基本收入及/或花紅)	Employer's/Company nan 僱主/公司名稱	ne
	Employer's/Company address	
	僱主/公司地址	
	Occupation 職業	
	Nature of business 業務性質	
Other source of wealth Please provide as much detail as possible.		
<b>其他財富來源</b> 請盡量提供詳情。		
Part 3 Change premium	payment method 第3	部分 更改保費繳付方法
Payment methods 付款方法 Please tick the appropriate box and follo請√選適當的方格,並小心依照下列對	ow the instructions carefully 旨示。	<i>.</i>
By direct debit 直接付款		e direct debit authorisation form and return it to Friends Provident International
且按门私		K dollar bank accounts in Hong Kong and policy currency must be in Hong Kong
	請填妥直接付款授	權書,並連同本申請表格遞交予英國友誠國際有限公司。 之港元戶口及保單貨幣必須為港元。
By credit card		之他ルアロ及休里貝帝必須為他ル。 ne credit card charge authorisation form and return it to Friends Provident
信用卡	International Limited	l with this application form. 授權書並連同本申請表格遞交予英國友誠國際有限公司。
By standing order		e banker's standing order and return it to Friends Provident International Limited
常行指示	with this application	
Note 註 The following premium payment method 以下各保費繳付方法不適用於每月保	ds are not applicable to mor 費繳付模式。	nthly premium payment frequency.
By cheque 支票		es payable to Friends Provident International Limited. 國友誠國際有限公司。
By bank instruction letter 銀行指示信件	International Limited	he appropriate bank instruction letter and return it to Friends Provident I with this application form. 指示信件,並連同本申請表格遞交予英國友誠國際有限公司。
By telegraphic transfer 電匯		he payment to be made by telegraphic transfer and I have forwarded a certified oplication form to Friends Provident International Limited. I have instructed my

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bank to quote my policy number as a reference.
本人已安排以電匯方式支付保費,並連同已核證的銀行申請書副本遞交予英國友誠國際有限公司。本人已指示銀行註明保單號碼作參考編號。

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	•	art 4	Cnange	premium	payment t	requency	第4部分	史以休息	<b>基級</b> 的保定	<b>Γ</b>				
-	/ment 款方式	mode:	Monthly 每月		Quarte 每季	erly	Semi-a 每半年	nnually [		Annually 每年				
1 F 2 F	清填寫 Please	第第3部分 notify us	分以確認保 s in writing	費繳付方》 at least 30		the effective	e date of char	nge.						
					<b>/ Paid-up (</b> 保費(衹逑		able after t 說期後)	the end of	f initial p	eriod)				
		mium ho 費假期由	-	effect from	$D_1D$	MIM	Y   Y   Y   Y	Y to 至		M <sub>I</sub> M	Y		nun for 12 montl 2個月	ns
	wit 清網	h effect f	rom	•	t prior to the 選保費繳付		selected pren 生效日期	nium payme	ent term)		DID	М_М	Y   Y   Y   Y	Y
1 If	is Frie 由於本 Iease	nds Prov 公司沒 notify us	ident Interi 有被授權を s in writing	national Lin 替保單持有 at least 30	nited does no 人與銀行取	ot have the r 消任何指示 the effective	ight to cance ,請您務必 e date the rec	I this bank i 直接知會銀	nstruction	on the beh	alf of policyho	older(s).	with his/her b 繼續繳付保賽	
							onal inform 集個人資料			atement	('PICS')			
1	us. P can b 我們	lease be be provid 十分重	aware of o ed on requ 視處理個。	our privacy lest from ou 人資料的責	policy - plea ur Data Prote 責任,我們!	ase visit ww ection Office 只會向您查	vw.fpinternatio er.	onal.com.hk 译料以處理	/legal/priv 有關指示	vacy-and-c 。請瀏覽	cookies.jsp to	view the	s your request: full policy or nal.com.hk/leg	this
2	Data 英國	Protecti 友誠國際	on Principle 祭有限公司	es set out i ](「英國友	n the PDPO. 誠國際」或[:	We only col 本公司」)致	lect, use or d	lisclose you 司客戶的私	r personal ム隱。本公	data in aco	cordance with 人資料(私隱	the PDF	are bound by O and this Pl0 載的保障個 <i>人</i>	CS.
3	may	mean tha	at we are u	nable to pr	ocess your a	pplication.	·				·		ested on this fo 處理您的申請	
4	The pany coused 英國的所	personal locumen by us for 友誠國際 有個人資	data colle t to be pro r the follow 祭所收集司	cted or hel vided to FF ring purpos 战持有的個 t他已獲您	ld by FPIL w PIL which for es (all purpo 人資料(包括	hich include ms part of th ses in this p 舌您填妥的	es all the pers he application aragraph 4 sh 申請表格或別	sonal data on form, or is nall collection 将向英國友	contained otherwise ely be ref 誠國際提	in the app authorise erred to as 供並構成	lication form to be the 'purposes' 投保申請表格	you have e provide s'): 各一部分	we completed, c d to FPIL, may 的任何文件所 段詳列的所有	or in / be 近載
	(i)			icy applicat 各(包括承係	tion form incl 呆);	uding under	writing;							
	(ii)				providing sel 單相關的服		ation to your	policy;						
	(iii)			rocessing o 象保單提出	claims made 的素償;	under your	policy;							
	(iv)				customer ar 料核對及統		lata matching	g for statisti	cal purpos	es;				
	(v)	with who	om FPIL m	aintains bus	siness referra	al or partner	ship arranger	ments;	·				ervices provic	
		議窓 ∫ 吊及服		ス			が特別が	以耒阶粉日	+女排削与	+他埋拟服	份供應問所提	E洪的具	他保險及理則	1)座

Policy number(s): 保單號碼:

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### Personal Data (Privacy) Ordinance ('PDPO') Personal information collection statement ('PICS') (cont.) 個人資料 (私隱) 條例 (「個人資料 (私隱) 條例」) 收集個人資料聲明 (「聲明書」) (續)

(vi) facilitating direct debits, requests for payment of premiums, surrender values and death benefit claims; 接受直接付款,支付保費要求、退保價值及身故利益索償要求;

(vii) communicating with you, the insured, and your financial adviser for purposes relating to the policy;

就與保單相關的事項與您、受保人及您的理財顧問聯繫;

(viii) communicating with government authorities, any industry association or federation such as the Hong Kong Federation of Insurers or similar organisation ('Federation'), any members of the Federation to allow these parties to carry out their regulatory functions or such other functions that may be assigned to them from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation;

與政府機構、任何行業協會或聯會(例如香港保險業聯會或類似機構)(「聯會」)、聯會的任何成員聯繫,以便有關方面可履行其監管職責或者可能不時委派予聯會而且對保險業界或聯會任何成員的利益而言是合理需要的其他職責;

(ix) meeting any disclosure requirements imposed by any local or foreign law or court order binding on FPIL or pursuant to guidelines issued by regulatory or other relevant authorities with which FPIL is expected to comply;

符合對英國友誠國際具約束力的任何本地或外地法例或法庭命令,或根據監管或其他相關機構所要求英國友誠國際遵守的指引而 提出的任何披露要求:

(x) meeting any tax assessment and tax collection obligations;

履行任何評税及徵税責任;

(xi) allowing government authorities (such as the Insurance Authority) to carry out their regulatory functions; 允許政府機構(例如保險業監管局)履行其監管職責;

(xii) prevention of crime or detection of fraud, debt collection, enabling assets to be rightfully claimed; and 防止罪行或偵查欺詐及收集債務,使資產得以適當方式索償;及

(xiii) enabling actual or proposed assignee or transferee of FPIL to evaluate FPIL. 讓英國友誠國際的實際或建議承讓人或受讓人能夠評估英國友誠國際。

The passing of personal data to other third parties whether within or outside Hong Kong by FPIL for the purposes:

英國友誠國際移交個人資料予香港境內或境外的其他第三方作有關用途:

For the purposes, FPIL may provide your personal data to the following:

英國友誠國際可就有關用途而向以下人士提供您的個人資料:

(i) your financial adviser;

您的理財顧問;

(ii) companies carrying on reinsurance related business;

經營再保險相關業務的公司;

(iii) medical examiners and practitioners;

醫生;

(iv) claims investigation companies in the event of a claim;

索償調查公司(在出現索償情況下);

(v) any professional adviser, data processor, IT service provider, mailing house or third party service providers providing administration services to FPIL;

向英國友誠國際提供任何專業顧問、資料處理員、資訊科技服務供應商、郵遞公司或提供管理服務的第三方供應商;

(vi) researchers;

調查機構/人員;

 $\hbox{(vii)} \quad \hbox{any actual or proposed assignee of FPIL or transferee of FPIL's rights in respect of the customer; } \\$ 

英國友誠國際的任何實際或建議承讓人或承繼英國友誠國際對客戶的權利的任何實際或建議受讓人;

(viii) government agencies and authorities as required or permitted by law;

法律規定或允許的政府機構及部門;

(ix) any industry association or Federation; and

任何保險業協會或聯會;及

(x) any person pursuant to a court order.

根據法院命令所指的任何人士。

You have various rights in relation to your personal data including accessing your data, and in some limited circumstances objecting to processing or having your data erased. You can find out more information about how to exercise these rights and details of who to contact with queries on our privacy practices by viewing our full privacy policy available on our website www.fpinternational.com.hk/legal/privacy-and-cookies.jsp or it can be provided upon request from our Data Protection Officer, Friends Provident International Limited, Royal Court, Castletown, Isle of Man. British Isles IM9 1RA.

您就您的個人資料擁有各種權利,包括查閱您的資料,以及在某些有限的情況下反對處理或刪除您的資料。您可以瀏覽本公司的網站 https://zh.fpinternational.com.hk/legal/privacy-and-cookies.jsp查閱完整的私隱政策,進一步了解有關如何行使這些權利以及查詢有關私 隱慣例。您亦可向本公司的資料保護主任(地址:Friends Provident International Limited, Royal Court, Castletown, Isle of Man, British Isles IM9 1RA)索取完整的私隱政策。

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Policy number(s): 保單號碼:	

# Personal Data (Privacy) Ordinance ('PDPO') Personal information collection statement ('PICS') (cont.) 個人資料 (私隱) 條例 (「個人資料 (私隱) 條例」) 收集個人資料聲明 (「聲明書」) (續)

- 7 Nothing in this PICS shall limit the rights of customers or insured persons under the PDPO. 本聲明書所載內容不會限制您根據個人資料(私隱)條例享有的權利。
- 8 Declarations 聲明

Signature(s) 簽署 Date 日期

I/We have read and understood this PICS. 本人/我們已閱讀並明白本聲明書。

First (or only) policyholder 第一(或唯一)保單持有人	Second policyholder 第二保單持有人				
D <sub>1</sub> D M <sub>1</sub> M Y <sub>1</sub> Y <sub>1</sub> Y <sub>1</sub> Y					

#### PLEASE SIGN & SEND THE COMPLETED FORM NO LATER THAN 14 DAYS TO US

請將已填妥及簽署的表格於14天內交予本公司

Email 電郵: policyservicing@fpihk.com

**Mail 郵寄:** Friends Provident International Hong Kong office, 803, 8/F., One Kowloon, No.1 Wang Yuen Street, Kowloon Bay, Hong Kong. 英國友誠國際香港辦事處,香港九龍灣宏遠街1號一號九龍803室。

Friends Provident International Limited: Registered and Head Office: Royal Court, Castletown, Isle of Man, British Isles, IM9 1RA. Isle of Man incorporated company number 11494C. Authorised and regulated by the Isle of Man Financial Services Authority. Provider of life assurance and investment products. Hong Kong branch: 803, 8/F., One Kowloon, No.1 Wang Yuen Street, Kowloon Bay, Hong Kong. Authorised by the Insurance Authority of Hong Kong to conduct long-term insurance business in Hong Kong. Friends Provident International is a registered trademark and trading name of Friends Provident International Limited.

**英國友誠國際有限公司:** 註冊及總辦事處:Royal Court, Castletown, Isle of Man, British Isles, IM9 1RA 馬恩島的註冊公司號碼為11494C 獲Isle of Man Financial Services Authority認可及監管 人壽保險及投資產品的供應商 獲

香港分公司辦事處:香港九龍灣宏遠街1號一號九龍803室 獲香港保險業監管局授權在香港經營長期保險業務 英國友誠國際為英國友誠國際有限公司的註冊商標及商號