

**更改受益人 / 簽名 / 持有人申請表**  
**REQUEST FOR CHANGE OF BENEFICIARY / SIGNATURE / OWNERSHIP**

保單號碼 Policy Number	持有人姓名 Name of Owner	受保人姓名 Name of Insured
保險中介人姓名 Insurance Intermediary's Name	保險中介人號碼 Insurance Intermediary's Registration No.	中介人聯絡電話 Insurance Intermediary's Tel. No.

請 √ 所需項目  
Please tick where appropriate

**注意事項 Important Notes**

- 本申請表應由保單持有人及/或受保人或受讓人以正楷填寫及簽名，簽名式樣須與保單上的記錄相符。任何資料如有更改，保單持有人必須在更改的位置簽署作實。  
This form is to be completed by the Policyholder and/or Insured or Assignee in BLOCK LETTERS and signed with the signature same as recorded in the policy file. All amendments should be endorsed by the Policyholder in full signature.
- 如閣下未能符合本公司的有關規定，本公司有權拒絕閣下的申請。  
We shall have right to reject your application if you fail to fulfill Company's requirement(s).
- 若保單持有人或受保人以圖章蓋印簽署，必須有一位見證人。見證人之個人資料只會用於處理本申請及確認本申請表簽署人的身份之用。  
If the Policyholder or Insured uses a signature chop, a witness is required. The personal particulars of the witness will only be used for the purpose of verification and confirmation of the identity of the signatory of this form.
- 保單權益轉讓將於本公司收到此申請並記錄在案後才生效，有關批單將寄給新保單持有人。  
The Policy Ownership Transfer shall take effect once your request is received and recorded by the Company. The endorsement will be sent to the new Policyholder.
- 如現時保單持有人受保於本保單的供款者免繳保費利益責任保障(PB)，新保單持有人須填寫健康聲明並與此申請表一同遞交以重新申請該保障。  
If the existing Policyholder is the insured person of the Payor Benefit (PB) of this policy, the new Policyholder should complete the Health Declaration and submit together with this form for the application of PB for new Policyholder.
- 請勿在空白表格或尚未填妥的表格上簽署。  
Please do not sign on blank or incomplete form.
- 請簽署本申請表後30 天內交回中國太平人壽保險(香港)有限公司處理。  
Please return to China Taiping Life Insurance (Hong Kong) Company Limited within 30 days after signing this form.

**更換簽名**  
**Change of Signature**

持有人 / 信託人之新簽名 New Signature of Owner

受保人之新簽名 (如非持有人及十八歲或以上) / New Signature of Insured (if other than insured and aged 18 or above)











