

Assignment of a life policy

轉讓壽險保單

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.

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。

To change the legal ownership of a life assurance policy

變更壽險保單之法定擁有權

If you make a mistake, please cross it out and correct it, initialling any amendments. Please do not use correction fluid or any other method for deleting incorrect information.

若您填寫此表格時有任何錯誤，請刪除錯處並清楚填寫新的資料。更改處必須草簽。請不要使用塗改液或其他方式來刪除不正確的資料。

To: Friends Provident International Limited (Friends Provident International)

致：英國友誠國際有限公司（英國友誠國際）

I, the undersigned ('Assignor(s)'), do hereby assign unto the person(s) ('Assignee(s)'), whose name(s) and address(es) are set out below, or to his/her executors, administrators and assign, as the case may be, the policy(ies) of assurance issued by Friends Provident International, particulars of which are given below and all sums thereby assured or payable thereunder, to hold unto the Assignee(s) absolutely.

本人（即下方簽署人）（「承讓人」）謹此向姓名及地址載於下文之人士（「受讓人」）或其遺囑執行人、遺產管理人及受讓人（視情況而定）轉讓英國友誠國際簽發之保單（詳情載於下文），保單之保障或應付數額將全數轉移予受讓人。

Current policyholder details (Assignor) 現保單持有人資料(承讓人)

Policy number(s) 保單號碼	<input type="text"/>							
	Current first (or only) policyholder (Assignor) 現第一(或唯一)保單持有人(承讓人)		Current second policyholder (Assignor) 現第二保單持有人(承讓人)					
Title 稱謂	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>
	先生	太太	小姐	女士	先生	太太	小姐	女士
Surname 姓氏	<input type="text"/>				<input type="text"/>			
First name 名字	<input type="text"/>				<input type="text"/>			
Residential address 住址	<input type="text"/>				<input type="text"/>			

New/Continuing policyholder details (Assignee) 新/持續保單持有人資料(受讓人)

	New first (or only) policyholder (Assignee) 新第一(或唯一)保單持有人(受讓人)		New second policyholder (Assignee) 新第二保單持有人(受讓人)					
Title 稱謂	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>
	先生	太太	小姐	女士	先生	太太	小姐	女士
Surname 姓氏	<input type="text"/>				<input type="text"/>			
First name 名字	<input type="text"/>				<input type="text"/>			
If assigning segments please state the segment numbers 若轉讓部分獨立保單，請列明有關號碼	<input type="text"/>							

New/Continuing policyholder details (Assignee) (cont.) 新/持續保單持有人資料(受讓人) (續)

New first (or only) policyholder (Assignee)
新第一 (或唯一) 保單持有人 (受讓人)

New second policyholder (Assignee)
新第二保單持有人 (受讓人)

Residential address
住宅地址

Email address (mandatory)
電郵地址 (必須填寫)

Correspondence address
(if different to residential address)
通訊地址 (如與住址不同)

Please note that where an existing policyholder is going to remain a policyholder after assignment, their name should be inserted as an assignor and assignee.

請注意，如現時保單持有人於轉讓後仍為保單持有人，其姓名應同時填寫於承讓人及受讓人欄內。

Contact telephone number
聯絡電話號碼

Position or occupation (if retired, please state former occupation)
職位或職業 (如已退休，請列明退休前之職務)

In witness whereof I/we have executed this document as a deed this
為昭此鑒，本人/我們謹此於

 day of
(日)

 (month)
(月)

 (year)
(年)

簽立本契約日期

Please note we will be unable to proceed with the assignment if this document is not dated.
請注意，若未註明日期，本公司將無法處理轉讓事宜。

Signed as a deed and delivered by Assignor(s). All current policyholder(s) must sign.
承讓人以契約形式簽署及交付。所有現時保單持有人必須簽署方屬有效。

Signature(s) of **Assignor(s)**
承讓人簽署

Name
姓名

Date
日期

Signature(s) of **Assignee(s)**
受讓人簽署

Name
姓名

Date
日期

Please note that the witness must not be related to the Assignor(s) or the Assignee(s)
請注意，見證人必須與承讓人或受讓人無任何關聯

In the presence of
見證人

Signature of witness
見證人簽署

Date
日期

Name of witness
見證人姓名

Address
地址

Occupation/Capacity of witness
見證人職業/身份

New/Continuing policyholder details (Assignee) (cont.) 新/持續保單持有人資料(受讓人) (續)

This Deed of Assignment shall be governed by and construed in accordance with the law of England and Wales.

本轉讓契約受英格蘭及威爾斯法律管轄及據其詮釋。

- This deed is suggested for guidance and consideration only, and in consultation with your financial adviser.
本契約僅供指引及考慮，及請諮詢您之理財顧問。
- The assignment does not include any guarantee of the Assignor's title to the policy.
本轉讓並不對承讓人於保單的權益作出任何保證。
- The life/lives assured cannot be changed when the policy is any term assurance policy or other policy with additional death, critical illness or disability benefits.
倘保單為定期保單或附帶額外身故、危疾或殘疾福利，則受保人無法變更。
- The assignment of a life policy could have tax consequences.
轉讓壽險保單可能帶來稅務後果。
- Changing, removing or adding a life assured to the policy is a fundamental reconstruction of the policy and will trigger a chargeable event for UK tax purposes. There are also implications for those who may become UK resident in the future. Please discuss this with your financial adviser. If you wish to proceed with an amendment to the existing lives assured, please inform us in writing.
變更、刪除或增加保單受保人屬重大保單變更，於英國稅務上會構成應納稅事件。對日後可能成為英國居民之人士亦會造成影響。請諮詢您之理財顧問。您如希望修訂現時壽險受保人，請以書面通知我們。

All assignees including any who will remain policyholders after the assignment, must complete this section.
所有受讓人 (包括於轉讓後仍為保單持有人之人士) 均須填寫此部分。

Assignors who will no longer be policyholders post assignment need not complete this.
於轉讓後不再為保單持有人之承讓人毋須填寫。

Assignor declaration 承讓人聲明

Please give an explanation for the assignment.
請闡釋轉讓原因。

Relationship between Assignor and Assignee
承讓人與受讓人之關係

Has the policy been assigned in exchange for money, or in exchange for something of monetary value?
是否為換取金錢或有價值物品之目的轉讓保單？

Yes No
是 否

If 'Yes', please confirm the amount or value received (further information may be required)
如「是」，請確認所收取之金額或價值 (可能需提供額外資料)

When the assignee is an entity, the supplementary form 'Declaration for a Legal Entity' for tax reporting purposes, must be completed and returned with this form. A copy of the form can be obtained from your financial adviser.

倘受讓人為法人，受讓人須就稅務報告填寫「法人聲明」補充表格及連同本表格一併交回。表格可向理財顧問索取。

Policyholder name
保單持有人姓名

Please list all countries in which you are tax resident. Please provide your tax identification number for each country.
請列明您擁有稅務身份的所有國家。請提供您於各國家的稅務識別號碼。

If you are a US citizen or hold a US passport or green card, you will be considered tax resident in the US even if you live outside the US.

倘您為美國公民或持有美國護照或綠卡，將被視為美國之稅務居民，即使您居住於美國境外。

Country 1
國家1

Tax identification number
稅務識別號碼

Country 2
國家2

Tax identification number
稅務識別號碼

Country 3
國家3

Tax identification number
稅務識別號碼

Country 1
國家1

Tax identification number
稅務識別號碼

Country 2
國家2

Tax identification number
稅務識別號碼

Country 3
國家3

Tax identification number
稅務識別號碼

If you are unsure of your status as a tax resident, your tax identification number, or you have any other tax queries, we strongly recommend you seek professional tax guidance. If you have left any of the tax identification number boxes above blank, please give your reason in the Additional information box below.

若您不確定本身的稅務居民身份、稅務識別號碼或有任何其他稅務問題，建議您尋求專業稅務指引。若您將上方任何稅務識別號碼欄留白，請於下方額外資料欄內說明原因。

Assignor declaration (cont.) 承讓人聲明 (續)

In which countries do you have nationality/citizenship status? If you have more than one nationality/citizenship status, please set out all countries of which you are a national/citizen, as well as the relevant tax identification number(s), where applicable.

您於哪些國家擁有國籍／倘您擁有超過一個國籍／公民身份，請列明您為國民／公民及有關稅務識別號碼（如適用）的所有國家。

Country 1
國家1

Tax identification number
稅務識別號碼

Country 2
國家2

Tax identification number
稅務識別號碼

Country 1
國家1

Tax identification number
稅務識別號碼

Country 2
國家2

Tax identification number
稅務識別號碼

If you have left any of the tax identification number boxes above blank, please give your reason in the Additional information box below.

若您將上方任何稅務識別號碼欄留白，請於下方額外資料欄內說明原因。

Additional information/Special instructions 額外資料／特別指示

Please let us know in the space below of any additional information we need to be aware of relating to your tax status.
請於下方空白處填寫我們須注意與您稅務狀況有關之任何額外資料。

Politically exposed person information 政治人物資料

Individual 個人

Has the Assignee(s) or any close relative of either person ever held a senior position in government, a political party, the supreme court, court of auditors, the diplomatic service, a military or government-owned corporation (i.e. is politically exposed)?

受讓人或其任何近親是否曾於政府、政黨、最高法院、審計法院、外交部門、軍隊或政府機構（即政界人物）擔任高級職位？

Yes No
是 否

If 'Yes', who is politically exposed?
如「是」，請勾選政界人士。

The Assignee
受讓人

A close relative
近親

Trust 信託

Do the Settlor(s) or any Trustees, Beneficiaries or close relative meet the criteria of a politically exposed person?

委託人或任何受託人、受惠人或近親是否達到政界人物標準？

Yes No
是 否

If 'Yes', who is politically exposed?
如「是」，請勾選政界人士。

Settlor
委託人

Trustee
受託人

Beneficiary
受惠人

A close relative
近親

Politically exposed person information (cont.) 政治人物資料 (續)**Company 公司**

Do the Shareholder(s) or any Directors or close relative meet the criteria of a politically exposed person?
股東或任何董事或近親是否達到政界人物標準？

Yes No
是 否

If 'Yes', who is politically exposed?
如「是」，請選政界人士。

Shareholder Director
股東 董事

A close relative
近親

If the politically exposed person is not the policyholder, please confirm the full name of the person who is.
倘政治人物並非保單持有人，請確認其全名。

In what country was/is the position held?
在哪个國家任職？

--

If there is more than one politically exposed person, please complete an additional form, a copy of which can be obtained from your financial adviser.

倘政界人物超過一名，請填寫額外表格，額外表格可向理財顧問索取。

For the Assignee 受讓人填寫**Source of wealth for the purchase of the policy and regular premium payments****購買保單及繳納定期保費之財富來源**

Do not complete if no monetary exchange has occurred for a single premium policy.

如整付保費保單並無任何金錢交易，則毋須填寫。

New first (or only) policyholder (Assignee)**新第一(或唯一)保單持有人(受讓人)**

Supporting evidence may be required for source of wealth update.

更改財富來源或需提供額外證明文件。

I confirm my source of wealth details are as below:

本人確認本人的財富來源，詳情如下：

Employment Self-employment
僱員 自僱人士

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

Currency
貨幣

Amount
金額

Employer's/Company name
僱主/公司名稱

--

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.

其他財富來源

請盡量提供詳情。

Source of wealth for the purchase of the policy and regular premium payments (cont.)

購買保單及繳納定期保費之財富來源（續）

New second policyholder (Assignee)

新第二保單持有人(受讓人)

Supporting evidence may be required for source of wealth update.
更改財富來源或需提供額外證明文件。

I confirm my source of wealth details are as below:
本人確認本人的財富來源，詳情如下：

Employment Self-employment
僱員 自僱人士

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	Currency <input type="text"/> 貨幣	Amount <input type="text"/> 金額
	Employer's/Company name 僱主／公司名稱	<input type="text"/>	
	Employer's/Company address 僱主／公司地址	<input type="text"/>	
	Occupation 職業	<input type="text"/>	
	Nature of business 業務性質	<input type="text"/>	

Other source of wealth

Please provide as much detail as possible.
其他財富來源
請盡量提供詳情。

Source of payment (for regular premiums only)

付款資金來源(只適用於定期保費)

Future method of payment to be:

日後付款方式:

Credit card 信用卡	<input type="checkbox"/>	Credit card charge authorisation form completed 信用卡收款授權書已填妥	Yes <input type="checkbox"/> No <input type="checkbox"/> 是 否
Banker's standing order 銀行常行指示	<input type="checkbox"/>	Banker's standing order form completed or forwarded certified copy of standing order instruction given to your bank 銀行常行指示已填妥或託收指示之經核證副本已轉交銀行	Yes <input type="checkbox"/> No <input type="checkbox"/> 是 否

Your financial adviser can provide a copy of the above forms.
上述表格可向理財顧問索取。

Important notes 重要提示

Assignee ID requirements

受讓人身份證明文件要求

- Original certified copy of the Assignee's/Assignees' passport(s)
受讓人正本／已核實的護照副本
- Original certified copy of evidence of the Assignee's/Assignees' residential address
受讓人正本／已核實的住址證明副本

All certified copies must be submitted in original paper form, we are unable to accept evidence by email or fax.
所有經核證副本均須提交文件正本，以電郵或傳真方式提交概不獲接納。

Important notes (cont.) 重要提示 (續)

All documentation provided must be certified as a true copy of the original by either:
所提供所有文件之正本均須經以下人士核證:

- 1 A Notary Public, solicitor or lawyer; or
公證人、法律專員或律師；或
- 2 Your financial adviser (if he/she is authorised to do so).
您的理財顧問(如獲此授權)。

For requirements to assign to a company or trust, please refer to Friends Provident International.
請諮詢英國友誠國際有關轉讓予公司或信託之要求。

Personal Data (Privacy) Ordinance ('PDPO') Personal information collection statement ('PICS') 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」)

- 1 We take the responsibility of handling your personal data very seriously and we will only ask you for details required to process your requests to us. Please be aware of our privacy policy - please visit www.fpinternational.com.hk/legal/privacy-and-cookies.jsp to view the full policy or this can be provided on request from our Data Protection Officer.
我們十分重視處理個人資料的責任，我們只會向您查詢所需的資料以處理有關指示。請瀏覽<https://zh.fpinternational.com.hk/legal/privacy-and-cookies.jsp>以查閱完整的私隱政策；您亦可向本公司的資料保護主任索取此政策。
- 2 Friends Provident International Limited ('FPIL', 'we', 'our' or 'us') is committed to protecting the privacy of its customers. We are bound by the Data Protection Principles set out in the PDPO. We only collect, use or disclose your personal data in accordance with the PDPO and this PICS.
英國友誠國際有限公司(「英國友誠國際」或「本公司」)致力保護本公司客戶的私隱。本公司須受個人資料(私隱)條例所載的保障個人資料原則約束。本公司只會根據個人資料(私隱)條例及本聲明書而收集、使用或披露您的個人資料。
- 3 It is mandatory for you to provide all of the personal data requested on this form. Failure to provide all the personal data requested on this form may mean that we are unable to process your application.
您必須提供本表格中要求提供的所有個人資料。如您未能提供本表格要求提供的所有個人資料，則可能導致本公司無法處理您的申請。
- 4 The personal data collected or held by FPIL which includes all the personal data contained in the application form you have completed, or in any document to be provided to FPIL which forms part of the application form, or is otherwise authorised by you to be provided to FPIL, may be used by us for the following purposes (all purposes in this paragraph 4 shall collectively be referred to as the 'purposes'):
英國友誠國際所收集或持有的個人資料(包括您填妥的申請表格或將向英國友誠國際提供並構成投保申請表格一部分的任何文件所載的所有個人資料，或其他已獲您授權提供予英國友誠國際的所有個人資料)均可由英國友誠國際用作以下用途(在第4段詳列的所有用途統稱為「有關用途」):
 - (i) processing the policy application form including underwriting;
處理投保申請表格(包括承保)；
 - (ii) administering your policy and providing services in relation to your policy;
管理您的保單及提供與您保單相關的服務；
 - (iii) investigating and processing claims made under your policy;
調查及處理您根據保單提出的索償；
 - (iv) conducting research, surveys, customer analysis and data matching for statistical purposes;
研究、調查、客戶分析、資料核對及統計用途；
 - (v) keeping you informed about other insurance and financial products and services provided by FPIL, and other financial services providers with whom FPIL maintains business referral or partnership arrangements;
讓您了解由英國友誠國際及與英國友誠國際保持業務轉介關係或業務夥伴安排的其他理財服務供應商所提供的其他保險及理財產品及服務；
 - (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;
履行任何評稅及徵稅責任；
 - (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；

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)

- (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。
- 5 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) 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；
- (vii) 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。
- 6 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。
- 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**
I/We have read and understood this PICS.
本人／我們已閱讀並明白本聲明書。

Declarations 聲明**1 Investment acknowledgment 投資確認**

Before you invest in any selected funds/assets through your portfolio bond policy, Friends Provident International wishes to ensure that you are aware of the nature and possible risks associated with them. Would you therefore please make the following declarations:

在您透過投資組合保單投資於任何已選基金／資產選擇前，英國友誠國際希望您確實知道投資可能涉及的風險及其性質。因此，懇請您作出以下各項聲明：

- (i) I/We understand that I/we may choose the investments to which my/our policy/contract is to be linked.
本人／我們明白，本人／我們可選擇與本人／我們的保單／合約相連的投資項目。
- (ii) I/We declare that I/we have the adequate knowledge and experience to assess the investments prospectus and/or such other marketing material associated with it, together with any advantages and risks that may arise. I/We acknowledge that it is my/our responsibility to ensure that the investment is suitable for me/us, considering my/our underlying investment objectives and attitude to risk.
本人／我們聲明，本人／我們具備足夠的知識和經驗去評估投資章程及／或與該投資有關的其他推廣資料，以及其帶來的任何利益和風險。本人／我們承認，本人／我們有責任確保在考慮本人／我們的相關投資目標及對承受風險的態度之情況下，投資項目是適合本人／我們的。
- (iii) I/We confirm that I/we understand certain investments may have restrictions on their ability to raise cash in the future, and that further details are included in the prospectus or terms and conditions for the respective underlying investment. I/We understand the risks associated with investing in these assets.
本人／我們確認，本人／我們明白某些投資項目日後在取回現金的能力上可能會有限制，而各相關投資項目的章程或條款及細則中已載明更多詳情。本人／我們明白投資此等資產的相關風險。
- (iv) I/We acknowledge that some of the investments made available by FPIL may be Experienced, Professional, Qualified or Sophisticated Investor Funds as defined under applicable legislation. I/We realise that these types of investment are not intended for general sale to retail investors.
本人／我們承認，英國友誠國際提供的部分投資項目可能為具經驗、專業、合資格或資深投資者基金(定義見適用法例)。本人／我們明白，該等類型的投資項目並非為向零售投資者進行一般銷售而設。
- (v) If I/we choose to invest into assets aimed at non-retail investors, I/we acknowledge that some investments involve a high degree of risk and that it is my/our responsibility to obtain, read and understand the fund prospectus or equivalent offering documents including any risk warnings as appropriate.
若本人／我們選擇投資於針對非零售投資者的資產，本人／我們確認，部分投資項目涉及高風險，且本人／我們有責任索取、閱覽及了解基金章程或同等的銷售文件，包括任何適當的風險警告。
- (vi) I/We acknowledge that FPIL is not responsible for the investment performance or any loss suffered or reduction in the value of my/our policy/contract, arising from my/our chosen investments. FPIL does not have any responsibility for the investment management of the assets within my/our policy/contract and FPIL does not approve any asset as a suitable investment.
本人／我們承認，英國友誠國際毋須就本人／我們所選投資項目的投資表現或因此導致的任何損失或本人／我們的保單／合約價值減少而負責。英國友誠國際不會對本人／我們的保單／合約範圍內資產的投資管理負責，亦並不會對任何資產作為合適的投資給予認可。
- (vii) I/We have declared my/our investor status on this declaration and I/we understand that if I/we do not declare this, FPIL will assume I am a retail investor/we are retail investors.
本人／我們已於本聲明內聲明本人／我們的投資者身份，本人／我們明白，若本人／我們不作此聲明，則英國友誠國際會假設本人／我們為零售投資者。
- (viii) I/We understand that I/we should only declare myself/ourselves as non-retail investor if I/we have adequate knowledge to assess the prospectus and any other materials that describes the chosen investment and are sufficiently experienced to understand the structure and risks associated with the investment (a non-retail investment) that cannot be marketed to or purchased by a retail investor, while meeting the minimum criteria set for the investment in its prospectus or any other material.
本人／我們明白，如本人／我們具有足夠的知識來評估章程和描述所選投資的任何其他資料，並且具有足夠的經驗來理解與投資(非零售投資)相關的結構和風險，該投資並非供零售投資者銷售或購買，同時符合該投資的章程或任何其他資料要求的最低標準，本人／我們應該只聲明本人／我們是非零售投資者。
- (ix) I am/We are aware that FPIL will be regarded by the asset manager as the investor for the purposes of investment.
本人／我們知悉，就投資項目而言，資產管理人將英國友誠國際視為投資者。
- (x) I/We have discussed with my/our adviser whether any asset is appropriate to my/our investment portfolio.
本人／我們已與本人／我們的顧問商討，所投資的資產是否適合本人／我們的投資組合。
- (xi) I/We accept that FPIL requires me/us to confirm that I/we have read and understood the investment documentation and risk warnings for any asset I/we wish to invest in. In all cases, I/we acknowledge that FPIL has the right to decline any investment without providing a reason.
本人／我們接受，英國友誠國際要求本人／我們確認本人／我們已閱覽及明白本人／我們打算投資的任何資產的投資文件及風險警告。在所有情況下，本人／我們承認，英國友誠國際有權拒絕任何投資且毋須提供原因。
- (xii) For investment into non-retail assets, I/we acknowledge that FPIL will require me to sign an additional declaration confirming that I/we qualify and meet the required criteria to be able to invest before placing the trade. I am/We are aware and acknowledge that the purchase of investments may be delayed until this declaration is received by FPIL.
就投資於非零售資產而言，本人／我們承認，英國友誠國際將要求本人簽署附加聲明，確認在進行交易前本人／我們已符合資格及符合投資必要的標準。本人／我們知悉及承認，買入投資項目或會延遲，直至英國友誠國際接獲本聲明。
- (xiii) I/We acknowledge that FPIL will not pool the assets of multiple policyholders investment's to meet the minimum investment criteria for an asset/fund. Initial and subsequent investments must meet the minimum premium contributions as described by local regulatory requirements or as defined in the prospectus or equivalent offering documentation.
本人／我們承認，英國友誠國際不會將多名保單持有人投資的資產匯集以達致資產／基金的最低投資標準。初始及後續的投資須符合當地監管要求或章程或同等銷售文件中規定的最低保費。

Declarations 聲明 (續)

- 2 I/We understand that the Isle of Man Government has and will be entering into a number of inter-governmental agreements to share tax information, where applicable, with the tax authorities in other territories. I/We understand that there is a requirement to collect information about customers' tax residence and nationality as part of Isle of Man legislation and that as a financial services company Friends Provident International is legally obliged to collect it. I am/We are aware that Friends Provident International is required to request my/our tax residency, tax identification number (where applicable) and nationality and will record this information.

本人/我們了解，馬恩島政府已經及將會與其他相關政府訂立協議，可與訂立若干政府間協議，以與其他地區稅務機關共享稅務資料（倘適用）。本人/我們了解，馬恩島法規規定須收集有關客戶稅務居民身份及國籍之資料，而英國友誠國際作為金融服務公司有責任收集有關資料。本人/我們明白，英國友誠國際須索取及留存本人/我們的稅務身份、稅務識別號碼（倘適用）及國籍。

I/We understand that the information that will be reported to the Isle of Man Government is:

本人/我們了解，將報告予馬恩島政府之資料為：

- My name, address, jurisdiction of tax residence, tax identification number and date of birth.
本人/我們的姓名、地址、稅收居所所屬司法權區、稅務識別號碼及出生日期。
- My Friends Provident International policy number.
本人/我們的英國友誠國際保單號碼。
- The balance or value of my account at the end of the calendar year or at the date the policy was cashed in.
本人/我們於年末或保單終止日期之賬戶餘額或現金價值。
- The sum of any withdrawals taken within the relevant reporting year.
有關報告年度內作出之任何提取金額。

- 3 I/We further declare that all the information provided in this form, including these Declarations, is complete and true to the best of my/our knowledge and belief.

本人/我們亦聲明，就本人/我們所知及所信，所有於本表格內提供的資料（包括此聲明），均為完整及真確。

Current first (or only) policyholder (Assignor)

現第一（或唯一）保單持有人（承讓人）

Current second policyholder (Assignor)

現第二保單持有人（承讓人）

Signature(s)
簽署

Date
日期

D	D	M	M	Y	Y	Y	Y
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D	D	M	M	Y	Y	Y	Y
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New first (or only) policyholder (Assignee)

新第一（或唯一）保單持有人（受讓人）

New second policyholder (Assignee)

新第二保單持有人（受讓人）

Signature(s)
簽署

Date
日期

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

D	D	M	M	Y	Y	Y	Y
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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: polycyservicing@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. Telephone: +44 (0)1624 821212 | Fax: +44 (0)1624 824405 | Website: www.fpinternational.com. 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. Authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details about the extent of our regulation by the Prudential Regulation Authority are available from us on request. **Hong Kong branch:** 803, 8/F., One Kowloon, No.1 Wang Yuen Street, Kowloon Bay, Hong Kong. Telephone: +852 2524 2027 | Fax: +852 2868 4983 | Website: www.fpinternational.com.hk. 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
電話: +44(0) 1624 821212 | 傳真: +44(0) 1624 824405 | 網址: www.fpinternational.com
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Prudential Regulation Authority認可 受Financial Conduct Authority監管及
受Prudential Regulation Authority有限度監管 有關Prudential Regulation Authority之監管程度可向本公司查詢
香港分公司辦事處: 香港九龍灣宏遠街1號一號九龍803室 電話: +852 2524 2027 | 傳真: +852 2868 4983
網址: www.fpinternational.com.hk 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