

REQUEST FOR CHANGE OF PERSONAL DATA 更改個人資料申請書(A17)Name of Insured:
受保人姓名:Name of Policy Owner:
保單持有人姓名:Please complete in **BLOCK** letters. 請用**正楷**填寫。 Please tick (✓) the appropriate box for request service(s). 請於適當方格內填上「✓」號。☐ **1. Change of Personal Data 更改個人資料**

(Please provide copy of Identification Card and copy of supporting document 請提供身份證明文件副本及有關證明文件之副本)

(No need to fill in below box if personal data remains unchanged 如無須更改個人資料, 請不必填寫下列方格)

	Insured 受保人	Policy Owner保單持有人 (If other than Insured)(如非受保人)
Name in English (As shown on ID Card/Birth Certificate/Passport) 英文姓名 (以身份證/出生證書/護照為準)	Family Name 姓氏 Given Name 名	Family Name 姓氏 Given Name 名
Name in Chinese (if any) 中文姓名 (如有)		
Gender 性別	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
Date of Birth 出生日期	MM DD YY 月 日 年	MM DD YY 月 日 年
ID Card/Birth Certificate/Passport Number 身份證/出生證書/護照號碼		
<input type="checkbox"/> Change of Specimen Signature 更改簽名式樣		
	Specimen signature of Insured 受保人之簽名式樣	Specimen signature of Policy Owner 保單持有人之簽名式樣

☐ **2. Change of Contact Information 更改聯絡資料**

If Country/Region of the address or Country/Area code of the telephone of Policy Owner is changed, Please also complete Part 4 "Self-Certification of Individual Tax Residence".

如保單持有人的地址之國家/地區或電話號碼之國家/地區號碼有更改, 請完成第4部分「自我證明個人稅務居民身份」。

Residential Address (Please submit proof of Residential Address) 住址 (請遞交住址證明) If Residential Address is different from Permanent Address, please state it in the "Others" column and provide proof of Residential Address and Permanent Address. 如住址與永久地址不同, 請於「其他」項目內註明, 並提供住址及永久地址的證明 *(For address outside Hong Kong / Macau only 只適用於香港/澳門以外地址)	Flat/Room 室 _____ Floor 樓 _____ Block 座 _____ Building/Estate Name 大廈/屋苑名稱 _____ No. & Name of Street/Lot No. 街道名稱及號數/地段號數 _____ *Province 省份 _____ District/City HK/KLN/NT/MC 地區/城市 _____ 香港/九龍/新界/澳門 _____ *Country *Postal code 國家 _____ 郵區編號 _____	Flat/Room 室 _____ Floor 樓 _____ Block 座 _____ Building/Estate Name 大廈/屋苑名稱 _____ No. & Name of Street/Lot No. 街道名稱及號數/地段號數 _____ *Province 省份 _____ District/City HK/KLN/NT/MC 地區/城市 _____ 香港/九龍/新界/澳門 _____ *Country *Postal code 國家 _____ 郵區編號 _____
Home/Mobile Phone/Office Number 住宅/流動電話/公司號碼 If it is a foreign phone number, please also provide country code and area code. 如為非本地電話號碼, 請同時提供國家及地區號碼	Home 住宅 () Office 公司 () Mobile Phone 流動電話 ()	Home 住宅 () Office 公司 () Mobile Phone 流動電話 ()
E-mail Address 電郵地址		
Correspondence Address of the Policy Owner (No need to complete if same as that of the Policy Owner's Residential Address.) 保單持有人的通訊地址 (如與保單持有人的住址相同, 不需填寫此欄) <input type="checkbox"/> Applicable to all of my policies 適用於本人名下所有保單 *(For address outside Hong Kong / Macau only 只適用於香港/澳門以外地址)	Flat/Room 室 _____ Floor 樓 _____ Block 座 _____ Building/Estate Name 大廈/屋苑名稱 _____ No. & Name of Street/Lot No. 街道名稱及號數/地段號數 _____ *Province 省份 _____ District/City HK/KLN/NT/MC 地區/城市 _____ 香港/九龍/新界/澳門 _____ *Country *Postal code 國家 _____ 郵區編號 _____	



☐ 3. Change of Nationality or Permanent Residence 更改國籍或永久居留權地區

- ☐ Insured 受保人
☐ Policy Owner 保單持有人

Nationality
國籍

Permanent Residence
永久居留權地區

☐ 4. Self-Certification of Individual Tax Residence 自我證明個人稅務居民身份

- Note:
- (1) Taxpayer Identification Number or its functional equivalent is abbreviated as "TIN".
 - (2) If Nationality, Permanent Residence or TIN of the Policy Owner is changed, please complete this section.
 - (3) If Country/Region of the Address or Country/Area Code of the telephone of Policy Owner is changed, please complete this section. If Policy Owner is an entity, please complete Form POS-G68 and leave this section blank.
 - (4) If space provided is insufficient, please continue on part 6 or on Form G03.
 - (5) If the Policy Owner is a tax resident of Hong Kong/Macau, the Taxpayer Identification Number ("TIN") is the Hong Kong/Macau Identity card number, and thus there is no need to repeat it below. If the Policy Owner has no Hong Kong/Macau Identity card number, the TIN must be completed.
 - (6) If the Policy Owner is a U.S. tax resident, please submit relevant U.S. tax status form(s). For details and downloading of the required form(s), please visit U.S. IRS website: <http://www.irs.gov/>
 - (7) If the Policy Owner has any questions regarding his/her tax residency or related information, please seek independent professional advice from legal or tax experts or visit the website of the Hong Kong Inland Revenue Department or Macau Government for details.

Please complete the following table indicating the jurisdiction of residence (including Hong Kong and Macau) where the Policy Owner is a resident for tax purposes together with the Policy Owner's TIN for each jurisdiction indicated. Please indicate all (not restricted to four) jurisdictions of residence.

If a TIN is unavailable, please provide the appropriate reason:

Reason A - The jurisdiction where the Policy Owner is a resident for tax purposes does not issue TINs to its residents.

Reason B - The Policy Owner is unable to obtain a TIN. Please explain why the Policy Owner is unable to obtain a TIN if you have selected this reason.

Reason C - TIN is not required. Select this reason only if the authorities of the jurisdiction of residence do not require the TIN to be disclosed.

Please tick ☒ the appropriate box and indicate any other jurisdiction of residence (if applicable), TIN, and/or with appropriate reason if no TIN is available.

- 注意事項：
- (1) 稅務編號或具有等同功能的識別編號以下簡稱為「稅務編號」。
 - (2) 如保單持有人的國籍、永久居留權地區或稅務編號有更改，請完成此部分。
 - (3) 如保單持有人的地址之國家／地區或電話之國家／地區號碼有更改，請完成此部分。如保單持有人為實體，請填妥 POS-G68 表格而不需回答此部分。
 - (4) 如提供的空間不足，請於第 6 部分或補充文件 G03 內完成。
 - (5) 如保單持有人屬於香港／澳門稅務居民，其稅務編號為其香港／澳門身份證號碼，以下無需重複填寫。如保單持有人沒有香港／澳門身份證號碼，必須填寫「稅務編號」。
 - (6) 如保單持有人是美國稅務居民，請遞交相關美國稅務表格，請參考美國報稅網頁 <http://www.irs.gov/> 以索取詳情及下載相關稅務表格。
 - (7) 如保單持有人對於稅務居民身分或相關資料有任何疑問，請向法律或稅務專家尋求獨立專業意見或參考香港稅務局或澳門政府網頁以索取詳情。

請填寫以下表格，提供保單持有人的居留司法管轄區，亦即保單持有人的稅務管轄區（包括香港及澳門在內）及該居留司法管轄區發給保單持有人的「稅務編號」。請列出所有（不限於四個）居留司法管轄區。

如沒有提供「稅務編號」，必須填寫合適的理由：

理由 A - 保單持有人的居留司法管轄區並沒有向其居民發出「稅務編號」。

理由 B - 保單持有人不能取得「稅務編號」。如選取這一理由，必須解釋保單持有人不能取得「稅務編號」的原因。

理由 C - 保單持有人毋須提供「稅務編號」。居留司法管轄區的主管機關不需要保單持有人披露「稅務編號」。

於適當方格內加上☒號，及填寫保單持有人其他的居留司法管轄區（如適用）、「稅務編號」及／或未能提供「稅務編號」的理由。

Jurisdiction of Residence 居留司法管轄區	TIN 「稅務編號」	Enter Reason A, B or C if no TIN is available 如沒有提供「稅務編號」，需填 寫理由 A、B 或 C	Explain why the Policy Owner is unable to obtain a TIN if Reason B has been selected 如選取理由 B，需解釋保單持有人 不能取得「稅務編號」的原因
<input type="checkbox"/> Hong Kong 香港	No need to fill if it remains unchanged 如無更改，則毋須填寫		<input type="checkbox"/> Policy Owner is not required to file a tax return 保單持有人不需要申報稅項 <input type="checkbox"/> Other reason 其他原因：_____
<input type="checkbox"/> Macau 澳門	No need to fill if it remains unchanged 如無更改，則毋須填寫		<input type="checkbox"/> Policy Owner is not required to file a tax return 保單持有人不需要申報稅項 <input type="checkbox"/> Other reason 其他原因：_____
			<input type="checkbox"/> Policy Owner is not required to file a tax return 保單持有人不需要申報稅項 <input type="checkbox"/> Other reason 其他原因：_____
			<input type="checkbox"/> Policy Owner is not required to file a tax return 保單持有人不需要申報稅項 <input type="checkbox"/> Other reason 其他原因：_____



☐ **5. 'e-Policy Service' Account Registration 「網上保單服務」用戶登記**

- ☐ First registration of 'e-Policy Service' Account / Request re-print Account User name and *PIN of 'e-Policy Service' and I agree to be bound by all # terms and conditions.
首次申請美國萬通亞洲「網上保單服務」之個人戶口／要求重發「網上保單服務」之個人戶口名稱及*密碼。並同意接受有關之#條款及條件之約束。
- ☐ Request re-print *PIN of 'e-Policy Service'
要求重發「網上保單服務」之*密碼

*When you log in, you will be required to change your PIN. Please change your PIN regularly and **DO NOT disclose it to others**.
閣下須於登入時更新私人密碼。請定期更改密碼，並**切勿將密碼告知他人**。

#For details of the Terms and Conditions, please refer to our company website at <http://www.massmutualasia.com>.
有關條款及條件之詳情，可參閱本公司網址<http://www.massmutualasia.com>之私隱聲明／法律通知。

☐ **6. Others 其他** (Please specify below) (請詳列)

Company Endorsement (For Office Use Only) 公司批註專用

Acknowledgement and Agreement relating to Reporting and Withholding Obligations under Applicable Requirements
適用的規定下之申報及預扣責任聲明及協議

I / We acknowledge that MassMutual Asia Ltd. ("the Company") may be obliged to comply with any applicable (local or overseas) requirements of whatever nature prescribed by any (local or overseas) authorities (regulatory, self-regulatory or otherwise) (the "Authorities" and each an "Authority"); and / or any (present or future) commitments or agreements with any Authority; and as amended from time to time (the "Applicable Requirements"), including but not limited to the implementation of the U.S. Foreign Account Tax Compliance Act pursuant to the intergovernmental agreement between Hong Kong/ Macau (where applicable) and the U.S. and the implementation of the Common Reporting Standard issued by the Organisation for Economic Co-operation and Development pursuant to the Hong Kong Inland Revenue (Amendment) (No. 3) Ordinance 2016/ Macau laws and regulations (where applicable).

In this connection, notwithstanding anything contained in this form or any policies or agreements between me / us and the Company, I / we irrevocably agree to provide the Company with all assistance and / or to waive all applicable (legal, regulatory or otherwise) restrictions as may be necessary to enable the Company to comply with the Applicable Requirements. In particular (but without limitation), I / we irrevocably agree that:

- (a) I / We will provide the Company with further information and / or prescribed documents within such time as may be required by the Company;
- (b) The Company may disclose to any Authority (such disclosure may be effected via the Head Office of the Company if applicable) any information about (i) any of my / our policy(ies) (whether the policy(ies) is / are in force or otherwise); and / or (ii) me / us and any Consenting Person as defined hereinafter; and
- (c) The Company may withhold any payments otherwise payable to me / us or to any Consenting Person as defined hereinafter (and pay the withheld amounts to the relevant Authorities if required).

"Consenting Person" in relation to an insurance policy means any person who is / will be entitled to the policy's value or to receive a payment / benefit under the policy, or in relation to a trust arrangement means the settlor, the trustees, the protector, the beneficiaries / class of beneficiaries or any other natural person exercising ultimate effective control over the trust. I / We confirm that I / we have obtained the requisite consent and agreement from each Consenting Person to enable the Company to comply with the Applicable Requirements and to exercise the rights and powers of the Company set out above.

The Company shall not be liable for any costs, loss or damages that I / we or any Consenting Person may incur because of the Company taking any actions for compliance with the Applicable Requirements. If I / we have any doubt on the impact of the aforesaid on me / us or my / our legal or tax position, I / we should seek independent professional advice.

If there is any subsequent change to the information provided, I / we undertake to notify, and to cause the Consenting Person to notify (where applicable), the Company as soon as possible.

This section shall survive the termination, cancellation and surrender of any of my / our policy(ies).

本人／我們確認美國萬通保險亞洲有限公司（「貴公司」）須遵從由（本地或海外）任何機構（包括監管機構、行業監管機構或其他，以下簡稱「監管機構」）不時頒布及修訂適用的任何性質的要求，或與任何監管機構（現在及將來）的承諾或協議（以下簡稱「適用的規定」），包括但不限於根據香港／澳門（如適用）與美國政府訂立之跨政府協議執行美國的《海外賬戶稅收合規法案》及根據香港《2016年稅務（修訂）（第3號）條例》／澳門法律及法規（如適用）執行經濟合作與發展組織發出之共同匯報標準。

因此，儘管本表格或任何保單或任何其他由本人／我們和貴公司之間所訂協議有任何其他不同條款，本人／我們不可撤回地同意向貴公司提供一切協助及／或撤銷所有適用限制（無論是法律、法規或其他限制），以促成貴公司能遵從適用的規定。更重要的是（但不限於此）本人／我們不可撤回地同意：

- (甲) 本人／我們於貴公司要求的時限內向貴公司提供進一步資料及／或指定文件；
- (乙) 貴公司可向任何監管機構披露（此等披露可以透過貴公司的總公司進行）任何有關(i) 本人／我們任何保單資料（無論該等保單是否生效）；及／或(ii) 本人／我們或任何同意人士（見下述定義）的資料；及
- (丙) 貴公司可預扣任何應支付予本人／我們或任何同意人士（見下述定義）的款項（並在有必要的情況下向有關監管機構支付該等被預扣之款項）。

「同意人士」指就保險合約而言，任何人士（於現在或將來）可得到保單的價值、或可根據保單條款收取款項／保障、或有關信託安排之委託人、受託人、信託保護人、受益人／受益人種類或任何其他自然人行使最終有效信託控制權。本人／我們確認本人／我們已取得每位同意人士事先的許可和協議，以使貴公司能遵從適用的規定，及以使貴公司能行使載於上文的權利及權力。

貴公司將不會向本人／我們或任何同意人士承擔任何可能因貴公司採取任何行動以遵從適用的規定所產生的費用、損失或損害。如果本人／我們因上述所載而對本人／我們或本人／我們的法律或稅務狀況而產生的影響有任何疑問，本人／我們應尋求獨立專業意見。

若本人／我們／同意人士所提供的資料有任何更改時，本人／我們確保盡快通知及促使同意人士盡快通知（如適用）貴公司有關的更改。

本部份所載之條款將於任何本人／我們的保單終止、取消和退保後繼續適用。



Direct Marketing 直接促銷 (This section is only applicable to the Policy Owner 此部份只適用於保單持有人)

The Company intends to use your name and any of your contact details for direct marketing activities in relation to health, medical, insurance, financial or retirement products or services. However we may not so use your personal data without your consent.

Should you find such use of your personal data not agreeable, please tick the box below.

☐ I / We do not agree to the proposed use of my / our personal data in direct marketing by MMA.

If you sign at the end of this statement without ticking the box above, it is an indication of your consent for the Company to so use your personal data for direct marketing activities.

If you prefer not to receive any direct marketing promotions or materials from MMA, please send your request in writing to the Personal Data Protection Officer of MassMutual Asia Ltd. (Address : 27/F, MassMutual Tower, 33 Lockhart Road, Wanchai, Hong Kong or Avenida Praia Grande No. 517, Edificio Comercial Nam Tung 16-E2, Macau) We will, without any charge, cease to so use your personal data in direct marketing activities upon receipt of your written request.

本公司可能會使用閣下的姓名及任何聯絡資料以進行與健康、醫療、保險、財務或退休產品或服務有關的直接促銷。如未能得到閣下之同意，美國萬通亞洲將不能把閣下之個人資料作上述使用。

如閣下不同意上述個人資料的使用，請於下述方格填上剔號。

☐ 本人／我們不同意美國萬通亞洲使用本人／我們之個人資料作直接促銷用途

如閣下在下方簽署而未有在上述方格上填上剔號，即表示閣下同意本公司使用其個人資料作直接促銷用途。

若閣下不欲收到美國萬通亞洲的營銷推廣及資料，閣下可向本公司的資料保護主任提出有關要求，並以書面方式呈交（地址：香港灣仔駱克道 33 號美國萬通大廈 27 樓或澳門南灣大馬路 517 號南通商業大廈 16 樓 E2 室）。收到閣下的書面要求後，本公司將會停止使用閣下的個人資料作直接促銷用途，並不收取任何費用。

Declaration and Authorization 聲明及授權

I / We understand and agree that this application shall not take effect unless the same is duly approved by MassMutual Asia Limited ("the Company"). I / We further declare that this application is made during the lifetime or continued insurability of the insured.

I / We understand that I am/we are required to provide valid documentation proofs (such as identity document and address proof) to the satisfaction of the Company for the Company to conduct due diligence on myself/ourselves, the ultimate beneficial owner of the policy (if any) and my / our authorized signatory(ies) (if applicable) pursuant to the Anti-Money Laundering and Counter-Terrorist Financing (Financial Institutions) Ordinance, Cap. 615. If I / we fail or refuse to do so, the Company shall have the right to disapprove the application.

Personal Information Collection Statement: I / We understand and agree my / our personal information (including a record of your image or voice by whatever means and your health information) collected by or held by the Company may be used for the purposes of: (1) approving, evaluating or processing my / our insurance application / policy service request; (2) administering, maintaining or reinsuring my / our policies; (3) adjudicating my / our claims, or conducting any investigation or analysis of my / our claims; or (4) data matching. I / We understand and agree that failure to provide any information requested by the Company may result in the Company not being able to process my / our insurance application / policy service request.

I / We understand and agree my / our personal information collected by or held by the Company may be transferred or disclosed by the Company to any of the following persons (whether within or outside Hong Kong) for the purposes as specified above or to governmental/regulatory bodies (whether within or outside Hong Kong) for them to carry out their governmental / regulatory functions: (1) MassMutual group companies and their associated / affiliated companies; (2) financial institutions, insurance companies, intermediaries and reinsurers; (3) claims investigation companies or any companies / persons necessary for claims assessment / investigation; (4) industry associations / federations and their members; (5) governmental / regulatory bodies and law enforcement agencies; and (6) service providers and selected persons which are under a duty of confidentiality to the Company.

I / We understand that I / we have the right to access to, and to correct, any of my / our personal information held by the Company by writing to the Personal Data Protection Officer of the Company. (Address : 27/F, MassMutual Tower, 33 Lockhart Road, Wanchai, Hong Kong (applicable to policies issued in Hong Kong) or Avenida Praia Grande No. 517, Edificio Comercial Nam Tung 16-E2, Macau (applicable to policies issued in Macau)). The Company may charge a reasonable fee for the processing of such request.

I / We hereby authorize any individual or organization (including but not limited to my / our employer, registered medical practitioner, hospital, clinic, insurance company, bank, governmental department, private or public institution) that has information of mine / us to release or disclose the information to your company.

本人／我們明白及同意上述申請將不會生效，直至美國萬通保險亞洲有限公司（“貴公司”）批核後方可作實。本人／我們亦再三聲明此申請於受保人在生或仍可受保之情況下提出。

本人／我們必須提供符合貴公司要求之有效證明文件（例如身份證明及地址證明）予貴公司，讓貴公司能按照於「打擊洗錢及恐怖分子資金籌集（金融機構）條例」第 615 章所載，對本人／我們、保單之最終實益擁有人（如有）及本人／我們之授權簽署人士（如適用）進行客戶盡職審查。如本人／我們未符合此要求，貴公司有權不批核上述申請。

個人資料收集聲明：本人／我們明白及同意貴公司所收集或持有本人／我們的個人資料(包括任何形式的肖像、聲音及與健康有關的資料)可能會被用於下列目的：(1) 批核、評審及處理本人／我們之投保計劃申請／保單服務要求；(2) 就本人／我們之保單提供行政、持續或再保險的服務；(3) 評核本人／我們索償，或就本人／我們之索償進行調查或分析；或(4) 資料核對。本人／我們明白及同意必須提供貴公司所需的個人資料，否則，貴公司將不能處理本人／我們之投保申請或就本人／我們之保單提供服務。

本人／我們明白及同意貴公司可能為達到上述目的或讓政府／監管機構（不論在香港或海外）執行其職務而向以下任何一方（不論在香港或海外）轉移或透露由貴公司收集或持有屬於本人／我們的個人資料：(1) MassMutual 集團成員公司及其關聯或相關公司；(2) 金融機構、保險公司、中介人或再保險公司；(3) 賠償調查公司及所需有關評核索償之公司及／或人士；(4) 行業組織／聯會及其成員；(5) 政府部門或監管機構和執法機構；及 (6) 與貴公司有保密協議的服務提供者及其他人士。

本人／我們明白本人／我們有權查閱和更改任何由貴公司持有屬於本人／我們的個人資料。如有需要，本人／我們可與貴公司的資料保護主任提出有關要求，並以書面方式呈交（地址：香港灣仔駱克道 33 號美國萬通大廈 27 樓(適用於香港簽發的保單)或澳門南灣大馬路 517 號南通商業大廈 16 樓 E2 室(適用於澳門簽發的保單))。處理上述要求時，貴公司可能會收取合理費用。

本人／我們現授權任何擁有本人／我們的資料之人士或機構（包括但不限於本人／我們的僱主、註冊醫生、醫院、診所、保險公司、銀行、政府部門、公共或私營機構）向貴公司披露有關資料。

Important Note 重要事項：

Please read all items carefully and check that you have completed all required information in this Request For Change Of Personal Data before you sign your name here. Please do not sign a blank form or leave any space blank.

In the event that you make a statement in this application that is misleading, false or incorrect about tax residency or related information, you may not comply with the relevant taxation law(s) or regulation(s) and shall bear any legal liability(ies) arising therefrom.

請小心閱讀本更改個人資料申請書內所有項目，以確保在簽署前，已經填妥本申請書上所須之資料。切勿簽署空白申請書或留空任何部分。

閣下在本申請內作出稅務居民身分或有關資料申報時，如作出具誤導性、虛假或不正確的陳述，閣下可能因未能遵守有關稅務法律或法規的要求而需承擔相關的法律責任。

MM/DD/YY
月／日／年

Signed by Policy Owner / Assignee / Irrevocable Beneficiary
保單持有人／承讓人／不可更改受益人簽署

Signed by Insured
受保人簽署

Consultant's Information (To be completed by Consultant)
顧問資料（顧問填寫）

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公司內部專用

Approved By 批核

Consultant Code & Name 顧問編號及姓名

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Signed by Consultant

顧問簽署

Authorized Signature

授權簽署