

保單持有人/公司名稱
Name of Policy Owner/Company : _____

保單號碼
Policy Number: _____

受保成員姓名(英文)
Name of Insured Member (in English): _____

(中文)
(in Chinese) : _____

保險証號碼
Certificate Number : _____

性別
Sex : _____

出生日期(月/日/年)
Date of Birth (mm/dd/yy) : _____

香港身份証號碼
H.K.I.D. Number: _____

本人申報以下人仕為本人之人壽保險計劃受益人:

I hereby elect the following as beneficiary(ies) of the death benefit proceeds payable under the above policy in the event of my death:

英文姓名 Name in English	中文姓名 Name in Chinese	香港身份証號碼 H.K.I.D. Number	關係 Relationship	受益比率 % Share
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

日期
Date : _____

受保成員簽署
Insured Member's Signature : _____

Note 備註:

1. If you would like to change the beneficiary(ies) of the above policy, please submit a new beneficiary form to us. We will regard the latest version as valid. 倘閣下欲更改上述保單的受益人，請填寫新一份受益人申報表。我們將以最近期版本為準。
2. Please note that MassMutual Asia Ltd. (hereinafter called "the Company") will pay the death proceeds to the designated beneficiary(ies) (hereinafter called "Beneficiary") in accordance with the valid beneficiary form in the event of the death of the insured member. The Company shall discharge its full liability in regard to the death proceeds once the death proceeds are paid to the Beneficiary. The Company will not be liable for any actions, proceedings, claims, and demands arising out of any interest or rights in the policy which anyone (including the Government) may have or claim to have against the Company by reason of its paying the proceeds to the Beneficiary.
請注意：如受保成員不幸身故，美國萬通保險亞洲有限公司（下稱「本公司」）將按照有效的受益人申報表而作出人壽保險賠償予其指定受益人（下稱「受益人」）以履行本公司所有關於該人壽保險賠償的法律責任。本公司將不會負責因任何人士（包括政府）在可能擁有或宣稱擁有保單之任何利益或權利的情況下，就本公司賠償予受益人而向本公司提出的任何行動、訴訟、索償及要求。