

TRANSFER OF OWNERSHIP FORM

擁有權轉讓表格

IMPORTANT INFORMATION 重要資料

Please complete in ENGLISH and BLOCK CAPITALS.

The Chinese text is for reference only. If there is any conflict between the meaning of the words or terms of the English and Chinese text of this form, the English version shall prevail.

If you make a mistake completing this form, simply cross out the error, note the correct details and initial each correction.

The Policy of Insurance is issued or assumed by Transamerica Life (Bermuda) Ltd. (Transamerica Life Bermuda).

Please read the Special Provisions before completing this form.

TLB has an online customer portal*, "myTLB", where individual policy owners can access information relating to their insurance policies at anytime and anywhere. After registering on myTLB, you will be able to view and download copies of your policy documents and/or correspondences, including but not limited to, premium notices and annual statements electronically. As part of our sustainability efforts, TLB will cease to provide hard copies to policy owners who have a myTLB account. If you have a myTLB account but would still prefer to receive hard copies, you may inform us by sending us a written request.

*Once the ownership transfer request has been processed, the former policy owner(s) will no longer be able to access the policy on myTLB.

請以英文正楷填寫。

中文譯本僅供參考用途。如中文譯本與英文原文有歧義，概以英文原文為準。

如表格內所填寫的資料有任何錯誤，請予以修正並在旁邊簡簽作實。

保單由全美人壽（百慕達）有限公司（「全美人壽百慕達」）發出或承擔責任。

於填寫此表格時，請參閱特別條文。

全美人壽百慕達推出的網上客戶服務網站*「myTLB」，方便個人保單持有人隨時隨地查閱與保單相關的資訊。只要於myTLB完成登記，您便可於網上查閱和下載保單文件及/或信件，包括（但不限於）電子保費通知書及年結單。為配合本公司的可持續發展政策，我們將會停止向已設立myTLB帳戶的保單持有人提供印刷版文件。若您已開設myTLB帳戶，但仍然希望收取印刷版文件，請提交書面申請通知本公司。

*當擁有權轉讓申請處理完成後，原有保單持有人就不能再登入 myTLB管理此保單。

☒ Select the box that applies
請選擇合適空格

Insured's Name 受保人姓名	Policy Number 保單號碼		
Current Policy Owner's Name 現時保單持有人姓名			
Is this Policy subject to Collateral Assignment? 此保單已抵押轉讓?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否		
If Yes, please name assignee 如是，請填寫受讓人姓名/名稱			
<input type="checkbox"/> For good and sufficient consideration 有合理及足夠代價		<input type="checkbox"/> As a gift for love and affection with no value consideration 作為給至愛之禮物，並無有值代價	

If the New Policy Owner is an INDIVIDUAL
如新保單持有人為「個人」

Name 姓名 (As shown on ID Card/ Passport 與身份證或護照上姓名相同)	<input type="checkbox"/> Mr 先生 <input type="checkbox"/> Mrs 太太 <input type="checkbox"/> Ms 女士				
	Given Name(s)/Surname 名字/ 姓氏				
Date of Birth 出生日期	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>(dd/mm/yyyy) (日/ 月/ 年)</div>		Place of Birth 出生地點		
Gender 性別	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女				
ID Number and Passport Number 身份證號碼及護照號碼	ID Number 身份證號碼	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>			
	Nationality 國籍			Country of Issue 簽發國家	
	Passport Number 護照號碼	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Date of Expiry 有效日期	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>(dd/mm/yyyy 日/ 月/ 年)</div>
If more than one nationality, please provide details 如國籍多於一個，請列明：					
Nationality and Passport Number 國籍 及護照號碼	Nationality 國籍			Country of Issue 簽發國家	
	Passport Number 護照號碼	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Date of Expiry 有效日期	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>(dd/mm/yyyy 日/ 月/ 年)</div>
Residential Address 居住地址	Number/Street/Building 室/ 街道/ 大廈				
	City 城市		Province 省份		
	Country 國家		Postal Code 郵政編號		
Permanent Address 永久地址 (if current residential address is temporary如現時居住地址為暫時性)	Number/Street/Building 室/ 街道/ 大廈				
	City 城市		Province 省份		
	Country 國家		Postal Code 郵政編號		
Phone Number 電話號碼	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Mobile 手提電話	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	
Email 電郵					
Occupation Title 職級			Occupation Industry 行業		
Purpose of this Policy Ownership Change Request 此保單擁有人轉讓理由					

☒ Select the box that applies
請選擇合適空格

If the New Policy Owner is an ENTITY (Please select)

如新保單持有人為「法人團體」（請選擇合適空格）

☐ Corporate
公司

☐ Trust Dated
信託（日期） (dd/mm/yyyy)
(日/月/年)

☐ Other
其他

Full Name
公司名稱

Entity ID Number
登記號碼

Place of Incorporation
註冊地點

☐ Certificate of Incorporation
公司註冊證明書

☐ Business Registration
商業登記證

(City, Country 城市，國家)

Date of Incorporation
註冊成立日期

(dd/mm/yyyy)
(日/月/年)

Business Nature
業務性質

Registered Office Address
註冊辦公室地址

Number/Street/Building
室/街道/大廈

City
城市

Province
省份

Country
國家

Postal Code
郵政編號

Business Address
(if different from registered
office address)
營業地址
(如與註冊辦公室地址不同)

Number/Street/Building
室/街道/大廈

City
城市

Province
省份

Country
國家

Postal Code
郵政編號

Phone Number
電話號碼

Email
電郵

Purpose of this Policy Ownership Change Request
此保單擁有人轉讓理由

☒ Select the box that applies
請選擇合適空格

Correspondence and Billing Address
通訊及帳單地址

All correspondence, including but not limited to, Notices of Premium Due and Lapse Notices will be sent to the New Policy Owner's residential or business address as indicated above, unless an alternative address is provided.

除非註明其他通訊地址，否則所有通訊（包括但不限於保費到期通知及保單失效通知）將寄往新保單持有人上述住址或營業地址。

☐ Alternative address 其他通訊地址

Number/Street/Building
室/街道/大廈

City
城市

Province
省份

Country
國家

Postal Code
郵政編號

Before the death of the Insured, the New Policy Owner alone shall be entitled to exercise all rights granted by the Policy or allowed by Transamerica Life Bermuda under the Policy, including the right to assign the Policy and the right to transfer ownership. If the New Policy Owner is a Partnership, all rights of the New Policy Owner belong to the Partnership as constituted at the time a right is exercised. This Transfer of Ownership revokes any previous designations of Contingent Policy Owner, regardless of whether a Contingent Policy Owner is designated on this Transfer of Ownership. If this Transfer of Ownership includes a designation for a Contingent Policy Owner, then if the New Policy Owner, or a Contingent Policy Owner after becoming a policy owner, predeceases the Insured, the next successive living Contingent Policy Owner designated shall be the New Policy Owner of the Policy. If there is no surviving Contingent Policy Owner, the estate of the deceased Contingent Policy Owner (or the estate of the last Contingent Policy Owner who became the policy owner) shall own the Policy.

Beneficiary Not Changed: This Transfer of Ownership does not change the beneficiary of the Policy. Unless the right to change the beneficiary is specifically exercised by the New Policy Owner, the beneficiary of the Policy shall be the same as the beneficiary of record at the time of this Transfer of Ownership.

Transamerica Life Bermuda may rely solely upon the signature of the policy owner(s) under this Transfer of Ownership for any receipt, release waiver, transfers or other instruments, to whomsoever made. The validity of this Transfer of Ownership is hereby guaranteed by the undersigned. The signature on this Transfer of Ownership is a warranty that the undersigned is legally capable of executing this Transfer of Ownership and that no proceedings in insolvency or bankruptcy have been instituted by or against the undersigned. If there is more than one policy owner, the signature of all policy owners is required to exercise any right in the Policy.

在受保人死亡之前，新保單持有人應有權單獨行使由保單所授予或根據保單由全美人壽百慕達所允許之一切權利，包括轉讓保單之權利及轉讓擁有權之權利。倘新保單持有人是一家合夥商行，新保單持有人之一切權利均屬於在行使一項權利時所組成之合夥商行。無論此擁有權轉讓有否指定保單後備持有人，此擁有權轉讓均廢除任何過往指定之保單後備持有人。倘此擁有權轉讓包括指定一名保單後備持有人，當新保單持有人或保單後備持有人在成為保單持有人後先於受保人死亡，指定的下一後繼之在世保單後備持有人應為新保單持有人。倘並無尚存之保單後備持有人，身故擁有人之遺產（或成為保單持有人之最後一名保單後備持有人之遺產）應擁有保單。

不變更受益人：此擁有權轉讓不變更保單之受益人。除非新保單持有人明確行使變更受益人之權利，否則保單之受益人應與在簽訂此擁有權轉讓之時記錄在案之受益人相同。

全美人壽百慕達可純粹倚賴（各）保單持有人在擁權轉讓上之簽署，作為向無論何人發出任何收據、責任解除書、豁免書、轉讓或其他文件之依據。此擁有權轉讓之有效性現由下方簽署人給予保證。在此擁有權轉讓上之簽署是一項保證，表示下方簽署人在法律上能夠簽立此擁有權轉讓，且下方簽署人並未提出或被針對提出任何無力償債或破產法律程序。倘有多於一名保單持有人，所有保單持有人均必須簽署以行使保單之任何權利。

Personal Information Collection Statement
個人資料收集聲明

Transamerica Life (Bermuda) Ltd. (Transamerica Life Bermuda) is committed to complying with the Personal Data Privacy Ordinance (Cap.486 of the Laws of Hong Kong) ("PDPO") and the mandatory data protection laws of any other jurisdictions (where applicable) in relation to the collection, use, transfer, retention and storage of your personal data.

Collection

From time to time, it will be necessary for customers or other persons to supply Transamerica Life Bermuda with personal data in connection with the establishment or continuation of business relationship, or provision of products or services. Failure to supply such data may result in Transamerica Life Bermuda being unable to establish or continue the business relationship, or provide you with our products and services.

Purpose

The personal data collected by Transamerica Life Bermuda on this form, any supplementary forms, as part of your insurance application, any claims documentation or elsewhere from time to time may be used for the following purposes:

- a) processing, evaluating and underwriting your insurance application, any subsequent insurance applications or forms and any alterations, variations, cancellations, surrenders, assignments or renewals of your insurance policy;
- b) administering your insurance policy and providing services, including access to and maintenance of any online platform in relation to your insurance policy;
- c) investigating, processing and paying any claims under your insurance policy or an insurance policy under which any moneys may be payable to you;
- d) invoicing and collecting premiums and outstanding amounts from you;
- e) performing any functions and activities related to insurance products and/or services, market research, customer surveys and analysis or obtaining legal and professional advice;
- f) arranging reinsurance;
- g) other ancillary purposes which are directly related to and serve to fulfill the above purposes; and
- h) complying with any local or foreign regulators, governmental bodies, or industry recognised bodies (whether within or outside Hong Kong) that is assumed by or imposed on Transamerica Life Bermuda or any members of Transamerica Life Bermuda by reason of its financial, commercial, business or other interests or activities in or related to the jurisdiction of the relevant local or foreign regulators, governmental bodies, or industry recognised bodies.

It is Transamerica Life Bermuda's policy not to keep personal data for longer than is necessary for the fulfillment of the purpose for which that data is or is to be used.

Transferees

The personal data collected by Transamerica Life Bermuda will be kept confidential; however subject to any applicable laws, Transamerica Life Bermuda may disclose your personal data for the above purposes to the following classes of transferees (whether in Hong Kong or elsewhere):

- a) third party agents, contractors, assignees and advisors who provide administrative, communications, computer, payment, security or other services which assist us to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
- b) in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- c) in the event of default, debt collectors and recovery agents;
- d) insurance reference bureaus or credit reference bureaus;
- e) reinsurers and reinsurance brokers;
- f) any insurance intermediary which services your policy (including your insurance broker (if you have one), and its successors or assigns);
- g) the owner of the policy (if different from the insured);
- h) Transamerica Life Bermuda's legal and professional advisors;
- i) Transamerica Life Bermuda's related companies;
- j) the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members;
- k) the Insurance Claims Complaints Bureau and similar industry bodies; and
- l) government agencies and authorities as required or permitted by law.

Transamerica Life Bermuda may also use and disclose your personal data otherwise with your prior consent to the relevant use or disclosure.

In connection with the purposes outlined above, we may transfer your personal data outside Hong Kong to any of the classes of transferees set out above ("Transferees"). Such Transferees may be situated in jurisdictions including but not limited to Singapore, Bermuda, United States, Netherlands, Switzerland and/or the United Kingdom where there may or may not be in place data protection laws which are substantially similar to, or serve the same purposes as, the Personal Data (Privacy) Ordinance. That means your personal data may or may not be protected to the same standard as is required in Hong Kong.

Please indicate your consent to the transfer of your data outside Hong Kong by ticking the box below. Failure to provide your consent will result in Transamerica Life Bermuda being unable to establish or continue the business relationship, or provide you with our products and services.

☐ I consent to the transfer of my personal data outside Hong Kong.

Use and provision of personal data in direct marketing:

With your consent, Transamerica Life Bermuda may use your contact details (name, address, email and telephone number), details on the insurance products you purchased (including policy details), your transaction pattern and behaviour, financial background and demographic information to contact you, by mail, email, telephone or SMS, with direct marketing communications regarding financial and insurance products Transamerica Life Bermuda may offer from time to time as well as information on reward or loyalty programmes. **Please tick the box below if you consent to receive such direct marketing communications from Transamerica Life Bermuda.**

☐ I consent to receiving marketing communications from Transamerica Life Bermuda.

With your consent, Transamerica Life Bermuda may provide your personal details to another company for direct marketing. Transamerica Life Bermuda may provide your contact details (name, address, email and telephone number), details on the insurance products you purchased (including policy details), your transaction pattern and behaviour, financial background and demographic information to its related companies, who may, email, telephone or SMS, send you direct marketing communications regarding financial and insurance providers offered by the related companies as well as reward or loyalty programmes. **Please tick the box below if you consent to Transamerica Life Bermuda providing your personal data to its related companies and wish to receive direct marketing communications from those related companies.**

☐ I consent to receiving marketing communications from Transamerica Life Bermuda's related companies.

Access to correction of personal data:

It is mandatory to provide all of the personal data requested on the Application Form. Failure to provide all the personal data requested on this Application Form may mean that Transamerica Life Bermuda is unable to process your application.

You may seek access to and request correction of any personal data Transamerica Life Bermuda holds about you by sending a written request to: The Data Protection Officer, Transamerica Life (Bermuda) Ltd., Hong Kong Branch Office, 58/F One Island East, 18 Westlands Road, Island East, Hong Kong.

A reasonable fee may be charged to offset any administrative and actual costs incurred by us in complying with your data access requests.

全美人壽（百慕達）有限公司（「全美人壽百慕達」）在收集、使用、轉移、保留及儲存閣下的個人資料時，致力遵守香港法例第486章《個人資料（私隱）條例》（「私隱條例」），以及任何其他司法管轄區（如適用）的強制性個人資料保障法例。

收集資料

客戶或其他人士需要不時向全美人壽百慕達提供個人資料，以便全美人壽百慕達建立或維持與閣下的業務關係或向閣下提供產品或服務，否則全美人壽百慕達可能無法建立或維持有關業務關係或提供所需的產品及服務。

用途

全美人壽百慕達於此表格、任何補充表格、申請過程中或索償文件或不時從其他地方收集的個人資料或會用作以下用途：

- 處理、評估及核保此保險申請、任何其後的保險申請或表格，以及保單的任何修改、變更、註銷、退保權益轉讓或續保；
- 管理閣下的保單及執行保單的行政工作包括連接及維持與閣下保單相關服務的任何網上平台；
- 調查、處理及支付保單下的任何有關索償或閣下可能取得任何款項的保單項下的任何賠償；
- 發出繳交保費通知及向閣下收取保費及欠款；
- 進行與保險產品及/或服務有關的功能及活動、市場研究、顧客調查及分析或諮詢法律及專業意見；
- 安排再保險；
- 與上述用途直接相關及可達到上述用途的其他附帶用途；及
- 符合全美人壽百慕達或全美人壽百慕達任何成員公司因於任何司法管轄區擁有金融、商業、業務或其他利益或進行活動或與該司法管轄區有關的本地或海外監管機構、政府部門或業界認可團體，而須承擔或被施加的任何本地或海外監管機構、政府部門或業界認可團體（不論是否位於香港）之規定。

根據全美人壽百慕達的政策，個人資料的保存時間不會超過使用相關資料有關的目的而所需的時間。

受讓人

全美人壽百慕達會將收集到的個人資料保密，惟在任何適用法例的規限下，全美人壽百慕達可能就上述用途向以下類別的受讓人（不論是否位於香港）披露閣下的個人資料：

- 為全美人壽百慕達提供行政、通訊、電腦、付款、保安或其他服務以達成上述用途之第三方代理人、承辦商、權益轉讓人及顧問（包括醫療服務供應商、緊急支援服務供應商、電訊促銷商、郵寄公司、資訊科技服務供應商及數據處理商）；
- 於索償的情況下，則為理賠調查員、索償調查員及醫療顧問；
- 於欠款的情況下，則為追討欠款的收數公司或索償代理；
- 保險資料服務公司及信貸資料服務公司；
- 再保險商及再保險經紀；
- 為閣下提供保單服務的任何保險中介人（包括閣下的保險經紀（如有）及其承繼人或受讓人）；
- 保單持有人（如非受保人）；
- 全美人壽百慕達之法律及專業顧問；
- 全美人壽百慕達之相關公司；
- 香港保險業聯會（或類似的保險公司組織）及其成員；
- 保險索償投訴局及類似的保險業機構；及
- 法例規定或許可的政府機構或機關。

即使未取得閣下同意使用或披露相關資料，全美人壽百慕達亦可使用及披露閣下的個人資料。

Personal Information Collection Statement (Continued)
個人資料收集聲明（續）

☒ Select the box that applies
請選擇合適空格

為達到上述用途，全美人壽百慕達或會將閣下的個人資料轉移予香港境外的上述任何類別受讓人（「受讓人」）。該等受讓人可能身處不同的司法管轄區，包括（但不限於）新加坡、百慕達、美國、荷蘭、瑞士及/或英國，當地未必設有與《個人資料（私隱）條例》大致相似或用途一致的個人資料保障法例，因此閣下的個人資料未必得到與香港法定水平相若的保障。

如閣下同意將個人資料轉移至香港境外，請於以下方格填上剔號，否則全美人壽百慕達將會無法建立或維持與閣下的業務關係，或向閣下提供所需的產品及服務。

☐ 本人同意將個人資料轉移至香港境外。

於直接促銷中使用及提供個人資料：

全美人壽百慕達取得閣下的同意後，將可使用閣下的聯絡資料（姓名、地址、電郵及電話號碼）、所購買保險產品的資料（包括保單詳情）、交易模式及行為、財務背景及人口資料，透過郵件、電郵、電話或短訊與閣下聯絡，提供全美人壽百慕達可能不時提供的金融及保險產品之直接促銷資料，以及有關獎賞或長期客戶計劃的資料。如閣下同意收取全美人壽百慕達的直接促銷資料，請於以下方格填上剔號。

☐ 本人同意收取全美人壽百慕達相關公司的促銷資料。

全美人壽百慕達取得閣下的同意後，可以向其他公司提供閣下的個人資料作直接促銷用途。全美人壽百慕達可提供閣下的聯絡資料（姓名、地址、電郵及電話號碼）、所購買保險產品的資料（包括保單詳情）、交易模式及行為、財務背景及人口資料予相關公司，讓其可能透過郵件、電郵、電話或短訊與閣下聯絡，提供相關公司的金融及保險產品之直接促銷資料，以及有關獎賞或長期客戶計劃的資料。如閣下同意全美人壽百慕達將閣下的個人資料提供予相關公司，並希望收取該等公司的直接促銷資料，請於以下方格填上剔號。

☐ 本人同意收取全美人壽百慕達相關公司的促銷資料。

查閱及修改個人資料：

閣下必須提供申請書內要求的所有個人資料，否則全美人壽百慕達將無法處理閣下的申請。

如欲查閱及修改全美人壽百慕達持有有關閣下的個人資料，請致函至香港港島東華蘭路18號港島東中心58樓全美人壽（百慕達）有限公司香港分行資料保障主任。

全美人壽百慕達或會向閣下收取合理費用，以抵銷查閱資料時衍生的行政費用及實際開支。

☒ Select the box that applies
請選擇合適空格

Assignment by:
轉讓人：

Signature of Current Policy Owner 現時保單持有人簽署			
Signed at 簽署地點	(City, Country 城市，國家)	Date 日期	<div></div> (dd/mm/yyyy 日/月/年)
Name 姓名		Phone Number 電話號碼	<div></div>
Signature (include Title, if Corporation or Trust) 簽署（如屬公司或信託，請加上職銜）		X	

Signature of Witness to Current Policy Owner 現時保單持有人之見證人簽署			
Signed at 簽署地點	(City, Country 城市，國家)	Date 日期	<div></div> (dd/mm/yyyy 日/月/年)
Name 姓名			
ID Number 身份證明文件號碼		Signature 簽署	
<div></div> Type 類別		X	
<input type="checkbox"/> HKID 香港身份證 <input type="checkbox"/> Passport 護照 <input type="checkbox"/> Other 其他 _____			
Address 地址			

轉讓人：(續)

新保單持有人簽署*

x

新保單持有人之見證人簽署

X

抵押受讓人簽署（如有） *

x

To update your contact information, please submit the Change of Contact Details Form available from your insurance intermediary.
如要更新聯絡資料，請向保險中介人索取更改聯絡資料表格，並於填妥後交回。

Assignment by: (Continued)

轉讓人: (續)

Signature of Witness to Collateral Assignee 抵押受讓人之見證人簽署

Signed at 簽署地點	(City, Country 城市, 國家)	Date 日期	<div style="border-bottom: 1px solid black; width: 100px;"></div> (dd/mm/yyyy 日/月/年)
Name 姓名			
ID Number 身份證明文件號碼		Signature 簽署	
<div style="border-bottom: 1px solid black; width: 100px;"></div> Type 類別 <input type="checkbox"/> HKID 香港身份證 <input type="checkbox"/> Passport 護照 <input type="checkbox"/> Other 其他 _____		X	
Address 地址			

For Internal Use 只供內部使用

Transfer of Ownership

擁有權轉讓

This Transfer of Ownership has been recorded at Transamerica Life Bermuda's Branch Office. Transamerica Life Bermuda assumes no legal responsibility for the sufficiency or validity of the Transfer of Ownership.

此擁有權轉讓已在全美人壽百慕達之分行辦事處記錄在案。對於擁有權轉讓是否充份或有效, 全美人壽百慕達不會承擔任何法律責任。

Date recorded 記錄日期	<div style="border-bottom: 1px solid black; width: 100px;"></div> (dd/mm/yyyy 日/月/年)	by 負責人	
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Special Provisions

特別條文

This Transfer of Ownership includes any rider or supplementary agreement attached or relating to the Policy. This Transfer of Ownership shall apply to any Policy issued in exchange for or as a conversion of the Policy. If this Transfer of Ownership is made to any trust, Transamerica Life Bermuda shall not be bound by any trust agreement or responsible for the application of any Policy proceeds paid to trustee of any such trust.

- Be sure to show the Policy Number and Insured's Name on this form. Use a separate form for each Policy.
- Do not send the Policy. Once the Transfer of Ownership has been recorded, a notice will be sent to both the New Policy Owner and the Current Policy Owner as confirmation of the change.

此擁有權轉讓包括附於保單或與保單有關之任何附加條款或補充協議。此擁有權轉讓應適用於因交換保單或在轉換保單時發出之任何保單。倘此擁有權轉讓是向任何信託作出, 全美人壽百慕達不應受任何信託協議約束, 亦不應對如何運用付給任何上述信託受託人之任何保單所得款項承擔責任。

- 請緊記在此表格上方填寫保單號碼及受保人姓名。每份保單應使用一份獨立表格。
- 請勿寄交保單。擁有權轉讓一經記錄在案, 即會同時向新保單持有人及現時保單持有人寄上副本, 以確認有關變更。