Transamerica Life (Bermuda) Ltd.
(Incorporated in Bermuda with limited liability)

Hong Kong Branch Office
Suites 5802-11
58/F One Island East
Taikoo Place
18 Westlands Road
Quarry Bay, Hong Kong
T: +852 2506 0311
F: +852 2506 1455
www.transamericalifebermuda.com

CLAIM FORM
索償表格

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 when completing this form, simply cross out the error, note the correct details and initial each correction.

In order for your claim to be processed as quickly as possible, we need some information about the claimant and the insured. Prior to completing this statement, please read the instructions on the back of this form. If there is more than one claimant, each claimant must complete a separate Claim Form.

The policy of insurance is issued or assumed by Transamerica Life (Bermuda) Ltd. ("TLB")
Please attach **one original/ notarized death certificate** for each insured.

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。
為盡快處理閣下之索償，我們需要一些有關索償人及受保人之資料。填寫此陳述書前，請參閱此表格背頁指示。若有多於一名索償人，每名索償人必須填寫獨立索償表格。
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。
請附上每名受保人**身故證明書/ 經公證的身故證明書一份**。

☑ Select the box that applies
請選擇合適空格

A. Information about the Insured 有關受保人之資料

Policy number(s) under which you are presenting a claim 閣下提出索償所根據之保單號碼		
Insured's Name 受保人姓名		
ID Number 身份證號碼	☐ HKID香港身份證 Type 類別 ☐ Passport護照 ☐ Other其他 _____	
Address 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
Date of Birth 出生日期	(dd/mm/yyyy) (日/ 月/ 年)	
Date of Death 身故日期	(dd/mm/yyyy) (日/ 月/ 年)	
Cause of Death 身故原因		
Place of Death 身故地點		

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B. Complete this section only if the policy was issued or reinstated within two years of the date of death. Also, please return the policy, if possible.
若受保人之身故日期是在保單簽發或復效後二年內，方須填寫此部份。此外，請盡可能交回該保單。

When did the insured first complain of or give other indications of last illness? 受保人最後一次患病是於何時首次表示感到不適或出現其他徵狀？
When did the insured first consult a physician for last illness? 受保人最後一次患病是於何時第一次接受醫生診治？

Names of all physicians or practitioners who attended the insured within 5 years preceding death (attach additional sheet if necessary).
列出受保人身故前五年內曾為其診治之所有醫生或醫護人員（如有需要，請附加紙張）。

Name **姓名**	**Address** **地址**	**Date of Attendance** **診症日期** (dd/mm/yyyy日／ 月／ 年)	**Condition(s)** **病況**

C. Information about the Beneficiary/ Claimant 有關受益人／ 索償人之資料

☑ Select the box that applies
請選擇合適空格

Name 姓名	Given Name(s) 名字	Surname 姓氏
Date of Birth 出生日期	(dd/mm/yyyy) (日／ 月／ 年)	Nationality 國籍
ID Number 身份證號碼	Type 類別 ☐ HKID 香港身份證 ☐Passport護照 ☐Business Registration商業登記 ☐ Certificate of Incorporation公司註冊團體成立證明書 ☐ Other 其他 _____	
Relationship to the Insured 與受保人關係		
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
Correspondence Address (If different from residential address) 通訊地址 (如與居住地址不同)	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	Country Code 國家號碼 – Area Code 地區號碼 – Phone Number 電話號碼	
Occupation Title 職級		Occupation Industry 行業

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D. Other Life Insurance Coverage Details 其他人壽保險保障資料

☑ Select the box that applies 請選擇合適空格

Insurance Company Name 保險公司名稱	Policy Number 保單號碼	Issue Year 繕發年度	Life Insurance Amount (USD) 壽險保額(美元)	Claim Status 賠償結果		
				Paid 已付	Pending 待批	Declined 拒絕
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐

*If more than three other insurance coverage details, please provide details in the "Supplementary Information Section".
如多於三個其他人壽保險保障資料，請在「補充資料部分」詳述。

E. Payment Instruction 付款指示

☑ Select the box that applies 請選擇合適空格

I/we, hereby, authorise TLB to arrange proceeds as follows (If no option is selected, proceeds will be paid by cheque to beneficiary):
本人/ 吾等現授權全美人壽百慕達按下列指示安排所得款項（若未有作出選擇，所得款項將以支票形式支付予受益人）：

Payment Currency 付款貨幣	☐ USD 美元	☐HKD港元
Payment Method 付款方法	☐ By cheque 支票形式 (applicable to amount less than USD500,000 or equivalent. For USD cheque, a local clearing USD cheque will be issued. 適用於金額少於 50 萬美元或等值。若以美元支票形式，只會開發本地 結算美元支票。)	☐ By Telegraphic Transfer 電匯形式 (Please complete below Telegraphic Transfer Details Section. 請填寫以下電匯資料部分。)

F. Telegraphic Transfer 電匯資料

Correspondent Bank Information (if applicable) 代理銀行資料（如適用）

Correspondent Bank Name 代理銀行名稱	
Correspondent Bank Swift Code 代理銀行代碼	
Correspondent Bank Address 代理銀行地址	

Beneficiary Bank Information 收款銀行資料

Beneficiary Account Holder Name 收款銀行帳戶持有人姓名	
Beneficiary Account Number 收款帳號	
Beneficiary Swift Code 收款銀行代碼	
Beneficiary Bank Name 收款銀行名稱	
Beneficiary Bank Address 收款銀行地址	

Note: Payment must be made to beneficiary/ claimant only. Payment requested to be made in HKD may be subject to the prevailing exchange rate as determined with reference to our sources.
註： 款項必須支付予受益人/ 索償人。要求以港元支付的款項可能按當時銀行公佈的匯率換算。

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Declaration, Consent and Authorisation
聲明、同意及授權書

I, THE BENEFICIARY / CLAIMANT, HEREBY:

Consent and Authorise:

a) any registered medical physician, medical practitioner, medical care provider, hospital, clinic, medical laboratory, government organisation or any other medical or medical related facility that has record or knowledge of the insured's health and medical history or treatments to provide such information about the insured (including diagnosis, examination and test results, medical reports, treatments and prognosis) with respect to any of the insured's physical or mental conditions and / or treatments to TLB (or its legal representatives); and

b) TLB to disclose such medical or other information about the insured which has been provided to TLB or which TLB develops during its evaluation of any application or claim for life insurance to: (i) its reinsurers; (ii) any other insurance company that the insured may designate; (iii) any financial representative that the insured may have designated; (iv) any medical professional that the insured may have designated; and (v) any person or entity entitled to receive such information by law.

本人，即受益人 / 索償人，謹此：

同意及授權：

a) 擁有受保人健康及病歷或治療紀錄或資料之任何註冊醫生、醫護人員、醫療服務供應商、醫院、診所、醫學實驗室、政府組織或任何其醫療或醫療相關組織，可向全美人壽百慕達（或其法定代表）提供有關受保人身體或精神狀況及／ 或治療之資料（包括診斷、檢查及測果、醫療報告、治療及疾病預防）；及

b) 全美人壽百慕達可將評估壽險申請或索償時獲得或發現有關受保人之醫療或其他資料，披露予：(i) 其再保險商；(ii) 受保人可能指定之任何其他保險公司；(iii) 受保人可能指定之任何財務代表；(iv) 受保人可能指定之任何專業醫療人員；及 (v) 根據法例有權收取該等資料之任何人士或法人團體。

Personal Information Collection Statement
個人資料收集聲明

Transamerica Life (Bermuda) Ltd. ("TLB") 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 TLB 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 TLB being unable to establish or continue the business relationship, or provide you with our products and services.

Purpose

The personal data collected by TLB on this form, any supplementary forms or documents received as part of the insurance application, any claims documentation or any other personal data collected during the course of other dealings with TLB may be used, from time to time for the following purposes:

a) administering the insurance policy, providing services, and managing your account, including access to and maintenance of any online platform in relation to the insurance policy;
b) investigating, defending, analysing, processing and paying any claims under the insurance policy or an insurance policy under which any moneys may be payable to you or other persons entitled under such insurance policy;
c) invoicing and collecting premiums and outstanding amounts from the policy;
d) performing any functions and activities related to insurance products and/or services, market research, customer surveys and analysis or obtaining legal and professional advice;
e) resolving complaints, internal training and customer service quality assessment;
f) arranging reinsurance;
g) conducting and compiling statistics to study and evaluate behavior, preferences and interests, develop new products, improve our services, identify trends, plan and execute business transactions;
h) exercising any rights TLB may have in connection with the provision to you of any services from time to time;
i) other ancillary purposes which are directly related to and serve to fulfill the above purposes; and
j) complying with the requirements under any law and regulation, codes, guidelines, court order and requests from any local or foreign regulators, governmental bodies, or industry recognised bodies (whether within or outside Hong Kong) that is assumed by or imposed on TLB or any related companies of TLB including TLB's ultimate parent company, and any companies which are directly or indirectly held or controlled by such ultimate parent company (the "related companies") 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 TLB'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 TLB will be kept confidential; however subject to any applicable laws, TLB 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, risk intelligence services, 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) any service provider that TLB collaborate with to provide its insurance products and services;
c) in the event of a claim, loss adjudicators, claims investigators and medical advisors;
d) insurance reference bureaus or credit reference bureaus;
e) reinsurers and reinsurance brokers;
f) any financial representative which services this insurance policy (including the insurance broker (if you have one), and its successors or assigns);
g) the owner of the policy (if different from the insured);
h) TLB's legal and professional advisors;

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。

☑ Select the box that applies
請選擇合適空格

i) TLB's related companies;
j) any assignee, transferee, participant or sub-participant of our rights or business;
k) the Hong Kong Federation of Insurers (or any similar association of insurance companies whether within or outside of Hong Kong) and its members;
l) the Insurance Complaints Bureau and similar industry bodies; and
m) government agencies and authorities as required or permitted by law.

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

Access to and correction of personal data

It is mandatory to provide all of the personal data requested on the claim form. Failure to provide all the personal data requested on this claim form may mean that TLB is unable to process your claim.

You may seek access to and request correction of any personal data TLB 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、任何補充表格或申請過程中的文件、或索償文件或不時與全美人壽百慕達其他交易所收集的個人資料會用作以下用途：
a) 管理此保單、執行保單的行政工作及管理閣下帳戶，包括連接及維持與此保單相關服務的任何網上平台；
b) 調查、辯解、分析、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或在該保單下有權收取款項之人士的任何賠償；
c) 發出繳交保費通知及向該保單收取保費及欠款；
d) 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；
e) 處理投訴、內部培訓及客戶服務質素評核；
f) 安排再保險；
g) 以研究及評估行為、喜好及興趣、研發新產品、改善服務、識別趨勢、策劃及執行業務交易、進行統計及編製統計數據；
h) 不時行使全美人壽百慕達可能就向閣下提供任何服務而擁有的任何權利；
i) 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
j) 符合全美人壽百慕達或全美人壽百慕達任何相關公司包括全美人壽百慕達的最終母公司，以及該最終母公司直接或間接持有或控制的任何公司(「相關公司」)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）的任何法例及規例、守則、指引、法庭命令及要求之規定。

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：
a) 為全美人壽百慕達提供行政、通訊、電腦、付款、風險情報服務、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）；
b) 與全美人壽百慕達合作提供保險產品及服務的任何服務供應商；
c) 於索償的情況下，則為理賠調查員、索償調查員及醫療顧問；
d) 保險資料服務公司及信貸資料服務公司；
e) 再保險商及再保險經紀；
f) 為提供此保單服務的任何保險中介人（包括保險經紀（如有）及其承繼人或受讓人）；
g) 保單持有人（如非受保人）；
h) 全美人壽百慕達之法律及專業顧問；
i) 全美人壽百慕達之相關公司；
j) 本公司權利或業務的任何權益轉讓人、受讓人、參與者或附屬參與者；
k) 香港保險業聯會（或類似的保險公司組織不論於香港境內或境外）及其成員；
l) 保險投訴局及類似的保險業機構；及
m) 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。

查閱及修改個人資料

閣下必須提供索償表格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索償。

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。

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Supplementary Information Section
補充資料部分

The claimant understands that TLB may not have verified the status of the life insurance policy. The claimant agrees that by furnishing this form, TLB does not admit that any insurance was in force on the life of the deceased and does not waive any of its rights of defenses.
索償人明白全美人壽百慕達可能尚未核實保單狀況。索償人同意，全美人壽百慕達提供此表格並不代表全美人壽百慕達承認有關已身故人士之人壽保險保單乃屬有效，同時全美人壽百慕達並未放棄其任何抗辯權利。

Declaration by Beneficiary/ Claimant
受益人 / 索償人聲明

☑ Select the box that applies
請選擇合適空格

I/We agree that payment made to me/us pursuant to this claim in the manner as directed above fully and finally satisfies and discharges TLB's payment obligations to me/us under the policy and no further claim will be made by me/us under the policy.
本人/ 吾等同意，根據是次索償以上述方式向本人/ 吾等支付賠償，代表全美人壽百慕達已全面及妥善履行及解除保單下的付款責任，本人/ 吾等不得再根據保單作出進一步索償。

I/We confirm that I/we am/are not an undischarged bankrupt, subject to any winding up, receivership or judicial management proceedings, and that there are no pending or threatened bankruptcy or winding up, receivership or judicial management proceedings against me/us.
本人／吾等確認，本人／吾等並非未獲解除破產的破產人，亦不受任何清盤、接管或司法管理程序所規限，且並無任何針對本人／吾等提出而尚待處理或已被威脅提出的破產、清盤、接管或司法管理程序。

Signature of Beneficiary/ Claimant
受益人/ 索償人簽署

Signed at 簽署地點	(City, Country 城市，國家)	Date 日期	(dd/mm/yyyy 日/ 月/ 年)
Name 姓名			
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 Beneficiary/ Claimant
受益人/ 索償人之見證人簽署

Signed at 簽署地點	(City, Country 城市，國家)	Date 日期	(dd/mm/yyyy 日/ 月/ 年)
Name 姓名			
ID Number 身份證明文件號碼		Signature 簽署	
Type 類別 ☐ HKID 香港身份證 ☐ Passport 護照 ☐ Other 其他 _____		x	
Address 地址			

Fraud Warning **欺詐罪警告**

Any person who knowingly presents a false or fraudulent claim of a loss or benefit may be guilty of a crime and may be subject to fines and/ or confinement in prison.
任何人士若在知情情況下提出虛假或有欺詐成分之損失或賠償索償，可能已屬違法，並可能被判罰款及 /或入獄。

The cost, if any, of completing claim requirements, is to be borne by the beneficiary or claimant.
完成索償規定所涉及之費用(如有)須由受益人或索償人承擔。

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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。

Documentary Requirement Checklist 所需文件指引

The required claims documents listed below are for your reference only. We reserve the right to request additional information or documents to process your claim if necessary. We may not be able to process your request or your claim payment may be delayed if the required documents are not provided. All documents must be original or certified copies unless otherwise specified. Please provide Hong Kong identity card for Hong Kong permanent residents; if not Hong Kong permanent residents, please provide passport.
下列的索償文件只供閣下參考。本公司保留權利索取額外資料或文件，以處理索償申請。如閣下未能提供所需文件，我們可能無法處理閣下的申請或會延遲閣下的索償付款。除非另有說明，所有文件必須為正本或核證副本。若閣下為香港永久居民，請提供香港身份證; 如非香港永久居民，則須提供護照。

Document Required (Please "✓" against the documents you have submitted) 所需文件 (請 "✓" 閣下所提交的文件)	
Basic Document 基本文件	☐ Original/ notarized death certificate 身故證明書/經公證的身故證明書 ☐ Identity document of insured 受保人之身份證明文件 ☐ Completed "Claim Form" 填妥「索償表格」 ☐ Completed "Self-Certificate Form (Individual)" or "Self-Certification Form (Entity and Controlling Persons) 填妥「自我證明表格(個人)」or 「自我證明表格(實體及控權人)」 ☐ Policy contract (if available) 保單合約 (若有) ☐ Completed "Overseas Death Questionnaire Form" (if the death occurred outside the country of residence of the insured) 填妥 「海外身故調查表格」(如受保人於非居住國家離世) ☐ Autopsy report, police report & newspaper cuttings (if the death was due to accident or unnatural cause.) 驗屍報告、警察報告及報章剪報 (如意外或非自然身故)
Beneficiary as individual 受益人為個人	☐ Completed "Form W-8Ben"- required if beneficiary has U.S. indicia but not declared as U.S. tax resident status 填妥「W-8Ben 表格」- 受益人為擁有美國特徵，但申報為非美國稅務居民身份 ☐ Copy of proof of relationship between beneficiary and insured (e.g. Spouse - Marriage Certificate) 受益人與受保人之關係證明副本 (如夫婦關係 - 結婚證明書) ☐ Identity document of beneficiary 受益人之身份證明文件
Beneficiary as an ENTITY 受益人為「法人團體」	☐ Certificate of Incorporation 註冊證明書 ☐ Company search undertaken within the last 3 months or copy of the certificate of incumbency (issued within 6 months of the application) 最近三個月內發出的公司查冊報告或註冊資料證明書副本 (發出日期為此申請前六個月內) ☐ Articles of Association 公司章程細則 ☐ Updated Authorized Signatory List and Board Resolution approving the Signatory List and the signor(s) to operate the policy for claims matter 授權簽署人名單及公司董事會決議列出有權代公司執行保單索償事務的授權簽署人 ☐ Identity document of Person(s) with Executive Authority, if applicable 執行決策權人士之身份證明文件(如適用) ☐ Identity document of Director(s) 董事之身份證明文件 ☐ Identity document of Authorized Signor(s) 授權簽署人之身份證明文件 ☐ Identity document of Shareholder(s)/Ultimate Beneficiary Owner(s) 股東最終實權擁有人之身份證明文件 Additional documents for ENTITY with trust structure 法人團體為信託結構的額外文件： ☐ Completed "Verification of Trust Agreement For Administration of Life Insurance Policy Form" 填妥「壽險保單管理信託協議核實表格」 ☐ Trust Deed (with information on Settlor(s), Trustees, Protector(s) (if any), Trust Beneficiary(ies), Name and Date of Trust and Execution page with Settlor(s) and Trustees' signature 信託契約 (資料包括財產授予人、受託人、保護人(如有)、 信託受益人、信託名稱及成立日期和財產授予人之執行協議和受託人之簽名) ☐ Identity document of Trustee(s)受託人之身份證明文件 ☐ Identity document of Settlor(s) (if any) 財產授予人之身份證明文件(如有) ☐ Identity document of Protector(s) (if any) 保護人之身份證明文件(如有) ☐ Identity document of beneficiary(ies) mentioned in Trust (if any) 所陳述的信託受益人之身份證明文件(如有)

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Documentary Requirement Checklist (Continued) 所需文件指引 (續)

Beneficiary as Estate/Intestate 遺囑/無遺囑的受益人	☐ Letter of Probate/The Grant of Letters of Administration 遺囑認證書/遺產管理書 ☐ Identity document of Administrator/Executor 遺產管理人/遺囑執行人之身份證明文件
Beneficiary as Minor/Mentally Incompetent Person 受益人為18歲以下/ 無行為能力人士	☐ Legal Guardianship paper 合法監護令文件 ☐ Identity document of the Guardian 監護人之身份證明文件
Deceased Beneficiary 已故受益人	☐ Original/ notarized death certificate of the designated beneficiary 受益人的身故證明書/ 經公證的身故證明書 ☐ Copy of proof of relationship between deceased beneficiary and insured (e.g. Spouse - Marriage certificate) 已故受益人與受保人之關係證明副本 (如夫婦關係 - 結婚證明書)

Suitable certifier may include (a) a practising solicitor or foreign lawyer as defined in the Legal Practitioners Ordinance (CAP. 159 of the Laws of Hong Kong), (b) a member of the judiciary in a Financial Action Task Force member country; (c) an officer of an embassy, consulate or high commission of the country of issue of documentary verification of identity; (d) a Justice of the Peace appointed in Hong Kong or in an equivalent jurisdiction, (e) your financial representative; or (f) a notary public. Alternatively, you may visit our office at the above address and submit these documents in person. Any original document(s) will be returned as soon as possible after our review.

適當認證人可包括 (a) 《法律執業者條例》(香港法例第159章)所界定的執業律師或外國律師; (b) 財務行動特別組織成員國的司法機構成員; (c) 發出身份核實文件的國家的大使館、領事館或高級專員公署的人員; (d) 香港或對等司法管轄區被委任的太平紳士; (e) 您的財務代表; 或 (f) 公證人。另外，閣下亦可攜同文件之正本到本公司的上述地址給我們作認證。 正本文件經我們認證後，將會退還給您。