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

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

BENEFICIARY DESIGNATION FORM
受益人委任表格

IMPORTANT INFORMATION 重要資料

Please complete in ENGLISH and BLOCK CAPITALS.
The beneficiary name must be provided exactly as it appears in the official identity document or corporate registration document.
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. (TLB).
Please read the Special Provisions before completing this form.

請以英文正楷填寫。
受益人姓名必須與官方身份證明文件或公司註冊文件上所載的姓名完全一致。
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。
於填寫此表格前，請參閱特別條文。

Insured's Name 受保人姓名		Policy Number 保單號碼	
Policy Owner's Name 保單持有人姓名			

IMPORTANT NOTES 重要提示

1. This Beneficiary Designation cancels all prior Beneficiary Designations and settlement agreements for the policy, identified by the number above, herein called the "Policy". The Policy's Death Benefit shall be paid in one sum to the designated beneficiary(ies), unless otherwise requested.
   此項受益人委任撤銷所有先前之受益人委任和有關上述號碼所指保單（以下稱「保單」）之理賠安排協議。除另有要求外，保單之死亡賠償應以一次付款之方式支付予（各）指定受益人。

2. Primary Beneficiary(ies): If more than one beneficiary is named, payment will be made in equal shares to the surviving beneficiaries, unless otherwise indicated. Please use percentages (percentages must total 100%).
   (各）基本受益人: 除非註明受益比例，否則如超過一個受益人，金額將平均分配予在世受益人。請以百分比列明分配比例（所有百分比合計必須等於 100%）。

3. If the death benefit settlement option of your policy involves instalment payment, a maximum of five (5) beneficiaries may be designated.
   如閣下的保單死亡賠償給付方式涉及分期付款，最多可指定五(5)個受益人。

4. For any Policy to be assigned as collateral security, changes to Beneficiary Designations may only be made after the assignment has been filed with and recorded by TLB at its Branch Office. Your rights to designate beneficiaries may be subject to the assignment.
   對於任何轉讓保單權益以作抵押的保單，閣下須向全美人壽百慕達申報該轉讓，而全美人壽百慕達亦已就該轉讓於其分行辦事處作出登記後，才能更改受益人之委任。閣下委任受益人的權利可能受到該轉讓之限制。

5. Your beneficiary may be changed at any time unless you specifically direct us otherwise. If you are interested in making a beneficiary designation that cannot be changed, you can designate an irrevocable beneficiary. Once an irrevocable beneficiary designation has been made, it cannot be changed without the irrevocable beneficiary's written consent.
   除非閣下向全美人壽百慕達作出特別指示，否則可隨時更改受益人。如閣下想委任受益人身份轉為不可更改的話，閣下可以指定其成為不可撤換受益 人。當設定不可撤換受益人後，必須得到該受益人的書面同意才可更改。

Special Provisions 特別條文

1. If any trust is named beneficiary, TLB shall not be responsible for the disposition by the trustee of any proceeds paid to such trustee.
   倘指名受益人為任何信託，有關受託人如何處理付給該受託人之任何所得款項，全美人壽百慕達概不負責。

2. Payment of proceeds to any beneficiary is subject to the interest of any assignee, whether collateral or otherwise.
   向任何受益人支付之所得款項須受任何受讓人權益規限，無論是抵押或其他形式。

3. For a beneficiary designation to be valid, each beneficiary must be expressly identified by name and the information requested in this form. The designation of beneficiaries by reference only to a class, relationship, status or description shall not be valid unless otherwise expressly accepted by us in writing. Any payment to a minor beneficiary shall be made to the legally appointed guardian of a minor, unless otherwise permitted by law.
   為使受益人指定有效，每位受益人均必須以其姓名明確識別，並提供本表格所要求的資料。除非經本公司明確書面接受，否則僅以某一類別、關係、身份或描述來指定受益人將不被視為有效。。除非在法律上另有許可，否則任何給予未成年受益人之款項應付予依法委任之未成年人士監護人。

TLB 1474HKB BDF 0726

Full Name of Person or Company 受益人或公司姓名	ID Number or Passport Number/ Business Registration Number 身份證或護照號碼/ 商業登記號碼	Beneficiary Relationship to the Insured 受益人與受保人關係	Country of Residence (where you reside for >183 days per annum) 居住國家 (每年居住183日以上)	Allocated Share 受益比例(%)

If any of the above named are irrevocable beneficiary(ies), please state their names below and obtain their signature specimen(s):
如上述任何人士為不可撤換受益人，請於下方列明其姓名，並提供簽名樣本：

Signature 簽署	X	Signature 簽署	X	Signature 簽署	X
Name 姓名		Name 姓名		Name 姓名	

If the beneficiary is a Trust, please provide the following:
如受益人為信託，請於下方提供:

Name(s) of the Trustee(s) 信託人姓名		Name of the Trust 信託名稱	
Date of the Trust Deed 信託協議日期	(dd/mm/yyyy) (日／月／年)	Remarks 附註	

Contingent Beneficiary(ies): Receives proceeds at the death of the Insured only if all of the Primary Beneficiaries predecease the Insured.
（各）後備受益人 :只在所有基本受益人均先於受保人身故之情況下，方會於受保人死亡時收到所得款項。

Full Name of Person or Company 受益人或公司姓名	ID Number or Passport Number/ Business Registration Number 身份證或護照號碼/ 商業登記號碼	Beneficiary Relationship to the Insured 受益人與受保人關係	Country of Residence (where you reside for >183 days per annum) 居住國家 (每年居住183日以上)	Allocated Share 受益比例(%)

☑ Select the box that applies
請選擇合適空格

Signatures
簽署

Signature of Policy Owner*
保單持有人簽署*

Signed at 簽署地點	（City, Country 城市，國家）	Date 日期	(dd/mm/yyyy 日/ 月/ 年)
Name 姓名		Phone Number 電話號碼	
Signature (include Title, if Corporation or Trust) 簽署（如屬公司或信託，請加上職銜）			X

I, the undersigned, hereby consent to the collection and use of my personal data by Transamerica Life Bermuda for the purpose of verifying and confirming the identify(ies) of the signatory(ies) of this form.
本人（下方簽署人）謹此同意全美人壽百慕達收集及使用本人的個人資料，以作核實及確認本表格簽署人身份之用途。

Signature of Witness to Policy Owner
保單持有人之見證人簽署

The witness of this form cannot be a named beneficiary or an existing beneficiary.
指名受益人或現有受益人將不能成為此表格之見證人。

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	

* Note 注意：
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。

☑ Select the box that applies
請選擇合適空格

Signatures (Continued) 簽署（續）

Signature of Current Irrevocable Beneficiary (if applicable)
現有不可撤銷受益人簽署（如適用）

Signed at 簽署地點	（City, Country 城市，國家）	Date 日期	(dd/mm/yyyy 日/ 月/ 年)
Name 姓名		Phone Number 電話號碼	
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 Irrevocable Beneficiary (if applicable)
現有不可撤銷受益人之見證人簽署（如適用）

The witness of this form cannot be a named beneficiary or an existing beneficiary.
指名受益人或現有受益人將不能成為此表格之見證人。

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	

Signature of Collateral Assignee (if any) *
抵押受讓人簽署（如有）*

Signed at 簽署地點	（City, Country 城市，國家）	Date 日期	(dd/mm/yyyy 日/ 月/ 年)
Name 姓名		Phone Number 電話號碼	

ID Number 身份證明文件號碼	Signature (include Title, if Corporation or Trust) 簽署（如屬公司或信託，請加上職銜）
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 ☐ Others 其他 _____	X

* Note 注意：

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。

TLB 1474HKB BDF 0726

☑ Select the box that applies
請選擇合適空格

Signatures(Continued) 簽署（續）

Signature of Witness to Collateral Assignee (if applicable)
抵押受讓人之見證人簽署（如適用）

The witness of this form cannot be a named beneficiary or an existing beneficiary.
指名受益人或現有受益人將不能成為此表格之見證人。

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	

For internal use 只供內部使用

The Beneficiary Designation has been recorded by TLB's Branch Office. TLB assumes no legal responsibility for the sufficiency or validity of the Beneficiary Designation.
此受益人委任已由全美人壽百慕達之分行辦事處記錄在案。對於受益人委任是否充份或有效，全美人壽百慕達不會承擔任何法律責任。

Date recorded 記錄日期	(dd/mm/yyyy 日/ 月/ 年)	by 負責人	