

# Application for Change in Policy / Declare Loss and Reissue of Policy 更改保單 / 遺失保單聲明及重發申請表格

Please darken the appropriate circle. 請塗黑適當的選項。 Correct form 正確方式為：●

Policy Number 保單號碼			
Name of Policyowner 保單持有人姓名		Name of Life Assured 受保人姓名	
Name of Financial Consultant 理財顧問姓名		Financial Consultant Contact No. 理財顧問聯絡電話號碼	
Financial Consultant Code 理財顧問編號		Division Code & Branch Office 分區編號及分行地點	

Are you currently a customer in mainland China? 您現在是否是個中國內地客戶？

Yes 是

(If "Yes", please tick below box to agree the following statement. If you disagree with this statement, we may not be able to process your request / application. 如「是」，請勾選以下選項以同意下列聲明。如您不同意以下聲明，我們可能無法處理您的指示/申請。)

By ticking this box, you agree as that an international group company, in order to provide insurance-related products or services, we may need to store and process your personal information outside of mainland China.

Please refer to our Privacy Notice (<https://www.prudential.com.hk/en/china-personal-information-protection-law/>) for more information.

勾選此項，表示您同意，我們作為國際集團公司，為提供保險相關產品或服務，可能需要在中國內地境外存儲或處理您的個人信息。更多資訊，請參閱我們的隱私聲明 (<https://www.prudential.com.hk/tc/china-personal-information-protection-law/>)。

No 否

## Important Notes 重要提示：

1. Please complete in BLOCK LETTERS. 請以正楷填寫。
2. Please return to Prudential Hong Kong Limited Macau Branch ("Prudential") within 30 days after signing this form. 請於簽署此表格後30天內交回保誠保險有限公司澳門分行（「保誠」）處理。
3. Policyowner must countersign any changes or amendments in this form in full signature. In addition, please do not sign on blank or incomplete form. 保單持有人必須在此表格內任何更改或修改的地方簽署作實，並且請勿在空白表格或尚未填妥的表格上簽署。
4. Policyowner MUST sign and date in Part 8 of this form. 保單持有人必須在此表格第八部分簽署及填寫簽署日期。
5. Any excess premium (if any) after policy alteration (if applicable) will be deposited into Premium Deposit Account unless otherwise specify. 所有於保單更改後多繳之保費（如有），將存入保費儲蓄戶口內（特別註明除外）。
6. Once the request is processed, reversal of relevant transaction will not be accepted. 手續一經辦理，將不會接受取消相關申請。
7. This form shall not be valid until (i) it is received and recorded by Prudential during the lifetime of both the Policyowner and the Life Assured of the abovementioned policy (the "Policy"), and (ii) it is finally confirmed by Prudential by way of a letter (Except suppression autopay). 此表格需於 (i) 上述保單（「本保單」）之保單持有人及受保人生存期間獲保誠收到並存檔及 (ii) 最終經保誠以信函確認方為有效（終止自動轉賬申請除外）。
8. Please complete the form in appropriate position as instructed, any information written in non-designated blank spaces will not be processed. 請根據此表格之指示於適當的位置填寫資料，於其他非指定空白位置填寫的資料恕不受理。
9. Prudential shall have the right to reject this form if you fail to fulfill Prudential's requirements. 若閣下未能符合保誠的有關規定，保誠有權拒絕此表格。
10. Receipt of this form by Financial Consultants does not constitute receipt by Prudential. 理財顧問收到此表格並不代表保誠亦已收到。
11. In any circumstances, a person who is not a party to the above policy (including but not limited to the Life Assured or the Beneficiary) has no right to enforce any of the terms of the above policy. 任何不是上述保單某一方的人士或實體（包括但不限於受保人或受益人），在任何情況下均不能強制執行上述保單的任何條款。

## Part 1 第一部分 Change of Signature 更改簽名

1. New signature(s) will be applied to the subject policy only. To change your signature for other policy(ies), a separate form must be submitted for each policy. 更新簽名只應用在本保單。如需更改多於一份保單的簽名，每份保單必須獨立遞交表格。
2. If the Policyowner is a company, the company chop must be stamped with the authorized person's signature. Please contact your Financial Consultant for details. 如公司為保單持有人，必須蓋上公司圖章及由授權人士簽署，詳情請與閣下的理財顧問聯絡。
3. Please submit "Individual Tax Residence Self-Certification Form". For mainlander, Please contact your Financial Consultant for the completion of "Important Facts Statement for Mainland Policyholder". 請遞交「個人稅務居住地自我申報證明書」。如為內地人士，請與閣下的理財顧問聯絡以額外完成簽署「內地人士在澳門投購人身 / 壽險保單重要資料聲明書」。
4. The signature in Part 8 must correspond with the EXISTING signature in our records. 閣下在第八部分的簽名必須與現時公司紀錄上保單持有人的現有簽名相符。

Change Option 更改選項	New Signature Specimen 新簽名式樣
<input type="radio"/> Change of Policyowner's Signature 更改保單持有人的簽名式樣	
<input type="radio"/> Change of Life Assured's Signature 更改受保人的簽名式樣 (If other than the Policyowner 如非保單持有人)	

## Part 2 第二部分 Change of Payment Mode 更改繳費方式

1. The Company shall have the right to determine the effective date upon acceptance of this Application. 於接受此申請時，本公司有權決定更改之生效日期。

<input type="radio"/> Payment mode 繳費方式	<input type="radio"/> Yearly 每年	<input type="radio"/> Half-Yearly 每半年	<input type="radio"/> Quarterly 每季	<input type="radio"/> Monthly 每月
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### Part 3 第三部分 Change of Benefit Protector Option 更改「遞增保障權益」

- Benefit Protector Option cannot be reinstated after termination permanently. 「遞增保障權益」永久取消後將不能復效。
- The option will be terminated permanently and cannot be reinstated if declination of Benefit Protector Option has been selected for 2 consecutive years. 如連續2年不接受「遞增保障權益」，此權益將會永久取消並不會接受復效申請。

- Declination of Benefit Protector Option upgrade for this Anniversary 不接受本年度之「遞增保障權益」
- Termination of Benefit Protector Option permanently 永久取消「遞增保障權益」

### Part 4 第四部分 Change of Policy Benefits / Medical Benefit Option 更改保單保障 / 醫療保障選擇

- You will lose the relevant coverage of the benefit concerned after approval of the request and you may not be able to reapply for the same benefits on the same terms / conditions in future. 在申請獲批核後，閣下將失去相關保障及閣下於將來或未能以相同的條款獲得相若的保障。
- Please ensure that the revised minimum sum assured / notional amount / guaranteed monthly income and modal premium after deletion / reduction of benefit must satisfy Prudential's latest requirement. 請確保在完成取消 / 調減保障後，最低保障額 / 名義金額 / 保證每月入息及每期保費仍然達到保誠最新的要求。
- Revised policy benefits will be effective on the 1st date of the current month if Prudential receives the request on or before 10th of such month; otherwise the revised policy benefits will be effective on the 1st date of the following month. We reserve the right to make the final decision. 如保誠在本月10日或以前收到此申請，修訂後之保障將於該月首日生效；否則，生效日期將設定為隨後月份首日。本公司有權就是次更改作出最後決定。

#### A) Change of Policy Benefits 更改保單保障

	Policy Benefit 保障計劃名稱	Revised Sum Assured / Notional Amount / Guaranteed Monthly Income (Policy Currency) 新保障額 / 名義金額 / 保證每月入息 (保單貨幣)
<input type="radio"/> Deletion 取消 <input type="radio"/> Reduction 調減		
<input type="radio"/> Deletion 取消 <input type="radio"/> Reduction 調減		
<input type="radio"/> Deletion 取消 <input type="radio"/> Reduction 調減		

#### B) Downgrade of Medical Benefit Option 下調醫療保障選擇

- If downgrade of Medical Benefit Level for PRUhealth secure top-up plan is selected, the revised protection will be effective from the next policy anniversary date. 如下調智安心康健計劃之醫療保障級別，更新保障將會在下一個保單周年日生效。

- Delete PRUmed Major Coverage 刪除額外醫療計劃

And / Or downgrade 及 / 或下調： Private to Semi-Private 私家病房至半私家病房

Private to Ward 私家病房至普通病房

Semi-Private to Ward 半私家病房至普通病房

#### C) Change of Medical Benefit Option 更改醫療保障選擇

- Change of Coverage Area, Plan Level or Deductible must be applied within 1 month before or after Policy Anniversary. This alteration will be effective on Policy Anniversary. 更改保障地區、計劃級別或自付額必須於保單周年日之前或之後1個月內提出及遞交申請，是次更改將於保單周年日生效。

Policy Benefit 保障計劃名稱	Change of Coverage Area / Plan Level 更改保障地區 / 計劃級別	Change of Deductible 更改自付額	
PRUhealth secure top-up plan 智安心康健計劃	Not Applicable 不適用	<input type="radio"/> Increase Deductible per confinement to 增加每次住院自付額至 Policy Currency 保單貨幣 _____	
PRUhealth medical plus 醫療加倍保	<input type="radio"/> Change to Plan 2 更改至計劃二	<input type="radio"/> Increase Annual Deductible to 增加每年自付額至 Policy Currency 保單貨幣 _____	<input type="radio"/> ^Lower Annual Deductible (without underwriting) to 降低每年自付額 (毋須接受醫療核保) 至 Policy Currency 保單貨幣 _____
	<input type="radio"/> ^Change to Plan 1 (without underwriting) 更改至計劃一 (毋須接受醫療核保)		

^ Applicable to PRUhealth medical plus ONLY 只適用於醫療加倍保：

Lowering the Annual Deductible or changing from Plan 2 to Plan 1 without underwriting (per life time) is allowed once upon the policy anniversary date which immediately comes on or after the respective ages 50, 55, 60 or 65 of the Life Assured. Please refer to the policy provisions for details. 於受保人滿50、55、60或65歲或緊接之後的保單周年日可享有一次（以終身計）降低現有每年自付額或更改計劃二至計劃一而毋須接受醫療核保的權利。詳情請參閱保單條款。



## Part 5 第五部分 Reissuance of Document 申請重發文件

The Policy Schedule will be posted to the policyowner's mailing address in our record while the reissued policy document will be delivered via your financial consultant, unless specified. 除特別註明，保單附表會直接郵寄到保單持有人在本公司紀錄上的通訊地址，而重發之保單文件則會經閣下的理財顧問送呈給您。

I, the policyowner, declare that the above life assurance policy has been lost/destroyed and, to the best of my knowledge, it is not in the possession of any person, firm or company. I agree to hold Prudential Hong Kong Limited (Macau Branch) ("the Company") harmless and free from all claims or actions as a result of issuance of the replacement policy. If the original policy is subsequently found, I shall return the replacement policy to the Company. I further declare that I have never been bankrupt or insolvent and have never assigned or agreed to assign the policy, except as indicated below by the signature of the assignee.

本人為保單持有人，謹此聲明，以上壽險保單已遺失/損毀，而據本人所知，保單並非由任何人士、企業或公司持有。本人同意使保誠保險有限公司（澳門分行）（“貴公司”）免於一切因發出替代保單而引致的索償或法律行動的責任。若其後尋獲原有的保單，本人將即時向貴公司退回替代保單。本人進一步聲明，除以下受讓人簽署指明外，本人從未破產或無力償還，亦從未轉讓保單權益或同意轉讓保單權益。

- Reissue Policy Document 申請重發保單文件  
Please return the form with a crossed cheque payable to "Prudential Hong Kong Limited (Macau Branch)" for handling fee of HKD150 (per policy).  
請以劃線支票支付手續費150港元（每份保單），抬頭寫上「保誠保險有限公司（澳門分行）」，並連同此表格同時交回。
- Issue Policy Schedule 申請保單附表

Please note that the above-mentioned documents will be delivered to Policyowner's correspondence address by registered mail. If you prefer other delivery option please specify below.

請注意以上文件將以掛號形式郵寄至保單持有人的通訊地址，如需選擇其他送遞方式，請於下列部分註明。

- Collect at Customer Service Centre 親身到客戶服務中心領取
- Via Consultant 經顧問轉遞 Name of Consultant 顧問姓名：\_\_\_\_\_

Remarks 備註：\_\_\_\_\_

## Part 6 第六部分 Declaration 聲明

I / We, the Policyowner(s), hereby request that my / our policy(ies) be changed in accordance with the particulars set out in this application and I / we understand and agree that such changes or services will not take effect unless (1) any required documents and payments are submitted in full and (2) the application is duly approved by Prudential.

本人 / 吾等，作為保單持有人，謹此要求本人 / 吾等之保單依照此申請表之資料作出修改，而本人 / 吾等已明白及同意上述之修改或服務將不會生效直至 (1) 所有有關文件及款項收妥及 (2) 此申請表是經保誠批核後方可作實。



## Part 7 第七部分 Personal Information Collection Statement (“PICS”) 收集個人資料聲明

Prudential Hong Kong Limited (Macau Branch) (referred to as “Company”, “our”, “we”, or “us”) takes the privacy and protection of your personal information seriously. We collect personal information from you that is necessary or helpful for us to either provide you with the product or service you have requested or to comply with statutory or contractual requirements (including the purposes mentioned below), or even for security purpose. We may collect personal information including, but not limited to, full name, address, contact details, contact details history, date of birth, gender, nationality, family members, beneficiaries, identity card copy and details, travel document information, health/medical records, credit information, product history, claims history, biometric data including but not limited to your voice pattern, fingerprint and facial images, your location information based on your device, financial and medical information (“**Personal Information**”) to provide you with the insurance or financial products or services. “Personal information” shall also include, but not be limited to, the personal information relating to your beneficiaries (or any other person designated or entitled to receive any benefits under an insurance policy), dependents, authorised representatives, company staff, and other individuals in relation to which you have provided personal information. If you provide personal information about another person to us, you confirm that you are either their parent or guardian or you have obtained that person's consent to provide such personal information for use and transfer by the Company for the purposes set out in this PICS. We may also collect Personal Information about you from third parties such as other insurance companies, agents, credit reference/reporting agencies, vendors, financial institutions, fraud prevention agencies, government agencies, medical personnel, courts or public record.

### China Personal Information Protection Law (PIPL)

The PIPL Addendum supplements the Personal Information Collection Statement and applies to you if you are located in Mainland China. The PIPL Addendum is available on our website at <https://www.prudential.com.hk/en/china-personal-information-protection-law>.

#### 1. Purpose of Collection

We may use your Personal Information for the following purposes: (a) the administration of our products and services, including to provide any relevant services as discussed with you prior to any purchase of a product or service; (b) to process your application; (c) to administer and process insurance policies, insurance claims, medical, security and underwriting checks; (d) to process payment instructions; (e) to verify your eligibility for insurance, financial or wealth management products and services; (f) to design and provide you with insurance, financial and related products and services; (g) to communicate with you; (h) to comply with any regulatory or other legal requirements or other internal business requirements (whether imposed on us or any third parties in Section 2 below), including but not limited to anti-money laundering and Know-Your-Client obligations; (i) to investigate and settle claims and detect and prevent fraud (whether or not relating to the policy issued in respect of this application) and/or other illegal activity, or security or technical issues; (j) to carry out checks using agencies including credit reference agencies, tracing companies or publicly available information; (k) to provide customer services; (l) to perform automated decision-making or profiling; (m) to perform a policy review or needs analysis; (n) to conduct research and statistical analysis (including use of new technologies); (o) to administer lucky draws and other contests; (p) to enable us to perform our obligations to you; (q) to keep your information on record and carry out other internal business administration; (r) with your specific consent where required for direct marketing as explained in Section 3 below, personalise and tailor, customised promotions, messages and suggestions to you; and (s) any other purpose directly relating to any of the above purposes. With your consent, we may also use your personal data to send you marketing communications, as described in Section 3 below.

Some of the purposes above are necessary to allow us to perform our contractual obligations to you and to enable us to comply with applicable laws and regulation. We may also use and share your Personal Information for the purposes described above to improve our products and services. Your Personal Information will be stored either for as long as you (or your joint policyholder) are our customer, or longer if required by law or as is otherwise necessary.

#### 2. Classes of Transferees

We may disclose your Personal Information to the group of companies including the Company and those of other entities whose ultimate parent company is Prudential plc (“**companies within the Prudential Group**”) and their respective insurance agents, and to our financial/medical/wellness/health business partners. We may also disclose your Personal Information to the following third parties (within or outside Macau) for the purposes outlined at Section 1 above: (a) insurance agents; (b) insurance brokers; (c) re-insurance companies; (d) claims investigation companies; (e) organisations that consolidate claims and underwriting information for the insurance industry, fraud prevention organisations, other insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph) and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; (f) third party service providers who provide administrative, telecommunications, computer, information technology, data processing and storage, customer satisfaction analysis, payment, printing, redemption or other services to us to enable us to operate our business (including without limitation other insurers, lawyers, bankers, accountants, professional advisors, financial institutions and trustees, auditors, IT service and platform providers, insurance intermediaries, investment managers, agents, pension trustees (and other stakeholders), scheme advisors, introducers, and selected third party financial and insurance product providers); (g) industry associations and federations; (h) medical bill review companies; (i) your joint policy or investment holder; (j) researchers; (k) credit reference agencies; (l) debt collection agencies; (m) partnering financial institutions and partnerships; and (n) financial crime prevention agencies, any legal, regulatory, law enforcement or government bodies and the courts. We may also disclose your Personal Information to an actual or proposed assignee or participant in connection with a transaction with another company which affects the control, governance, structure and/or management of all or a substantial part of our business, or if required to satisfy applicable legal or regulatory requirements. With your consent, we may also disclose your personal data to third parties to allow them to send you marketing communications, as described below.

#### 3. Use and Transfer of Personal Data for Direct Marketing Purposes

With your consent, we intend to use your name and contact details for promotional and marketing purpose including sending marketing communications and conducting direct marketing to you by electronic and non-electronic means including by post, in relation to the following products, services and subjects, and we require your consent in order to do so: insurance; annuities; retirement schemes; pensions; wealth and financial management; estate management; investment; financial; medical/wellness/health related products, reward/loyalty programme services and subjects (“**Classes of Marketing Subjects**”).

We also intend to transfer your name and contact details to our insurance agents, other companies within the Prudential Group and their respective insurance agents, our Business Partners, and our Marketing Partners, to enable them to market any of the Classes of Marketing Subjects to you, and your written consent is required in order for us to do so. We may provide your personal data to such transferees for gain.

If you change your mind, and / or you would like to opt-out of receiving direct marketing, you can advise our Data Protection Officer at [service\\_mac@prudential.com.hk](mailto:service_mac@prudential.com.hk) or visit: 12 Andar A, FIT Center of Macau, Avenida Doutor Mario Soares, Macau

#### 4. Consequence of failing to provide Personal Information

Unless otherwise specified by us, it is mandatory for you to provide the Personal Information requested by us. If you do not provide such Personal Information, we may not be able to provide you the product or service that you've requested.

#### 5. Access and Correction Rights

Under the Personal Data Protection Act (the “**Ordinance**”), you have the right to request access to and correction of any Personal Information that you provide to us. If want to exercise your rights, or if you require any other information, you can advise our Data Protection Officer at [service\\_mac@prudential.com.hk](mailto:service_mac@prudential.com.hk) or visit: 12 Andar A, FIT Center of Macau, Avenida Doutor Mario Soares, Macau

If you move/moved to a European Union (“**EU**”) jurisdiction, we may be required to provide you with further information, and you may have additional rights, under the EU General Data Protection Regulation. This information and these rights are set out in the Privacy Notice on our Company website.

We update our Privacy Notice from time to time. We encourage you to familiarise yourself with the Privacy Notice on our Company website. The Privacy Notice is available on our Company website at <https://www.prudential.com.hk/scws/pages/en/privacy-policy/index.html>. By completing and progressing with this form, you confirm that you have read and understood this PICS.

Business Partners means our service providers who provide administrative, telecommunications, computer, information technology, data processing and storage, customer satisfaction analysis, payment, printing, redemption or other services to us to enable us to operate our business, accountants, auditors, IT service and platform providers, insurance intermediaries, reinsurers, investment managers, agents, pension trustees (and other stakeholders), scheme advisors, introducers, selected third party financial and insurance product providers, and our legal advisers.

Marketing Partners means our service providers who provide administrative, telecommunications, computer, payment, printing, third-party rewards/loyalty/privileges programs, medical/health/wellness related products, redemption or other services to us to enable us to operate our business, insurance intermediaries, pension trustees (and other stakeholders), scheme advisors, introducers and selected third party financial and insurance product providers.



保誠保險有限公司 (澳門分行) (簡稱「本公司」或「我們」) 認真對待閣下個人資料的私隱及保護。為使我們可以向閣下提供閣下要求的產品或服務, 或為遵守法定及合約要求, 我們會向閣下收集必要或有幫助的個人資料。為向閣下提供保險或金融產品或服務, 遵守法定或合同要求 (以下概述的其他目的), 及保安目的, 我們可能會向閣下收集個人資料, 包括但不限於全名、地址、聯絡資料、過往聯絡資料、出生日期、性別、國籍、家庭成員、受益人、身分證副本及資料、旅遊證件資料、健康 / 醫療紀錄、信貸資料、過往產品紀錄、過往索償紀錄、生物辨識資料, 包括但不限於閣下的聲音模式、指紋及面部圖像、基於閣下的流動或其他電子裝置收集閣下的位置資料、財務及醫療資料 (「個人資料」)。「個人資料」將包括但不限於與有關以下人士的個人資料: 閣下的受益人 (或任何其他根據保單被指定或有權獲得任何利益的人)、收養人、授權代表、公司職員和閣下曾提供其個人資料的其他人士。如閣下向我們提供其他人士的個人資料, 即表示閣下確認閣下是該人的父母或監護人或閣下已取得該人士的同意以提供個人資料供本公司按此收集個人資料聲明的目的使用和轉移。我們亦可能會從第三方, 如其他保險公司、代理、信貸資料服務 / 報告機構、供應商、金融機構、防欺詐機構、政府機構、醫務人員、法院或公開紀錄, 收集關於閣下的個人資料。

#### 《中華人民共和國個人信息保護法》

中國內地補充內容是對本個人信息收集聲明的補充, 如果您在中國內地則適用此補充內容。您可在本網站 <https://www.prudential.com.hk/tc/china-personal-information-protection-law/> 查閱中國內地補充內容。

#### 1. 收集資料之目的

我們可能會使用閣下的個人資料作下列目的: (a) 管理我們的產品和服務, 包括在購買產品或服務之前提供已與閣下討論的任何相關服務; (b) 處理閣下的申請; (c) 管理和處理保單、保險索償、醫療、抵押和承保檢查; (d) 處理付款指示; (e) 核實閣下申請保險、金融或財富管理產品及服務的資格; (f) 設計及為閣下提供保險、金融及相關的產品和服務; (g) 與閣下進行通訊; (h) 遵守任何監管或其他法律規定或其他內部業務規定 (不論是向我們或下述第 2 部分所列的任何第三方實施), 包括但不限於打擊洗錢和認識你的客戶 (KYC) 義務; (i) 就索償進行調查及和解, 以及偵查及防止欺詐 (不論是否有關就本申請簽發的保單) 及 / 或其他非法行為或安全 / 技術問題; (j) 使用代理機構 (包括信貸資料服務機構)、追蹤公司或公開可得資料以執行核實; (k) 提供客戶服務; (l) 執行自動決策或資料剖析; (m) 進行保單審查或需求分析; (n) 進行研究和統計分析 (包括使用新科技); (o) 進行管理幸運抽獎和其他比賽; (p) 使我們能夠履行對閣下的義務; (q) 保持閣下的資料記錄並執行其他內部業務管理; (r) 為直接市場推廣需要並在有需要時經閣下的特定同意下, 如以下第 3 部分所述, 為閣下量身訂製個性化的促銷、消息和建議; 及 (s) 與上述任何目的直接相關的任何其他目的。經閣下同意, 我們亦可能會按照以下第 3 部分所列使用閣下的個人資料以向閣下發出促銷通訊。

為履行對閣下的合約責任及至使我們能夠遵守適用法律及法規, 上述部分目的屬必要的。我們亦可能會為上述所列的目的使用及分享閣下的個人資料以改善我們的產品及服務。只要閣下 (或閣下的聯名保單持有人) 仍為我們的客戶, 我們將一直保存閣下的個人資料, 或如法律有所規定或因其他原因而為必要, 我們則將其保存更長時間。

#### 2. 被資料轉交者的類別

我們可能會向該公司集團, 包括本公司以及其他母公司為英國保誠集團的實體 (「保誠集團內的公司」) 及他們各自的保險代理, 及我們的金融 / 醫療 / 保健 / 健康業務夥伴, 透露閣下的個人資料。為達到上述第一部分所列明之目的, 我們亦可能會向下列第三方 (在澳門境內或境外) 透露閣下的個人資料: (a) 保險代理; (b) 保險經紀; (c) 再保險公司; (d) 索償調查公司; (e) 為保險業整合索償及承保資料的組織、防欺詐組織、其他保險公司 (不論直接或透過防欺詐組織或本段指名的其他人士), 及保險業用作分析及核實現有資料與及後提供的資料而使用的數據庫或登記冊 (及其營運商); (f) 提供行政、電訊、電腦、信息技術、數據處理及儲存、客戶滿意度分析、付款、印刷、贖回或其他服務以令我們的業務可以運作的第三方服務供應商 (包括但不限於其他保險公司、律師、銀行家、會計師、專業顧問、金融機構及受託人、審計師、IT 服務及平台供應商、保險中介、投資經理、代理、退休金受託人 (及其他持份者)、計劃顧問、介紹人及選定的第三方金融和保險產品供應商); (g) 行業協會及聯會; (h) 醫療賬單審查公司; (i) 閣下的聯名保單或投資持有人; (j) 研究人員; (k) 信貸資料服務機構; (l) 收賬代理; (m) 夥伴金融機構及合作夥伴; 及 (n) 預防金融罪案機構、任何法律、監管和執法機構或政府機構及法院。在有關影響到我們全部或重大部分業務的控制權、治理、結構及 / 或管理的與另一公司的交易時, 或在必須符合適用的法律或監管要求下, 我們亦可能會透露閣下的個人資料予該等的實在或擬議受讓人或參與人。經閣下同意, 我們亦會向第三方透露閣下的個人資料以讓該等第三方向閣下發出促銷通訊 (如下文所述)。

#### 3. 使用及轉移個人資料作直接促銷用途

經閣下的同意, 我們擬使用閣下的姓名和聯絡資料, 用於宣傳和市場推廣用途, 包括通過電子和非電子方式 (包括郵寄) 向閣下發送市場推廣通訊和進行直接促銷, 就以下產品、服務和目的, 我們需要閣下的同意才可以這樣做: 保險; 年金; 退休計劃; 退休金; 財富和財務管理; 遺產管理; 投資; 金融; 醫療 / 保健 / 健康相關產品; 獎賞 / 優惠計劃服務及目的 (「促銷標的類別」)。

我們亦擬將閣下的姓名和聯絡資料轉移給我們的保險代理人、保誠集團內的其他公司及其保險代理人、我們的業務合作夥伴和營銷合作夥伴, 以使他們能夠向閣下推銷任何促銷標的類別, 並且需要閣下的書面同意才能這樣做。我們可能因此向此類受讓人提供閣下的個人資料而獲得利益。

如閣下改變主意, 及 / 或閣下想選擇不接受直接市場推廣, 可以與我們的資料保護主任聯絡 (service\_mac@prudential.com.hk) 或者前往: 澳門蘇亞利斯博士大馬路 澳門財富中心 12 樓 A 座。

#### 4. 未能提供個人資料的影響

除非我們另有規定, 否則閣下必須提供我們要求的個人資料。若閣下未提供有關個人資料, 我們可能無法為閣下提供所要求的產品或服務。

#### 5. 查閱和更正的權利

根據《個人資料保護法》(「條例」), 閣下有權要求查閱及更正任何閣下提供給我們的個人資料。閣下如欲行使閣下的權利, 或如閣下需要任何其他資料, 請聯絡我們, 閣下可以發送電郵至 service\_mac@prudential.com.hk 或者前往: 澳門蘇亞利斯博士大馬路澳門財富中心 12 樓 A 座。

如閣下搬遷 / 已搬遷至歐洲聯盟 (「歐盟」) 司法管轄區, 我們可能需要向閣下提供進一步資料, 且閣下可能在歐盟《通用數據保障條例》下享有額外權利。此類資料及此等權利均載於本公司網站上的私隱聲明中。

我們會不時更新我們的私隱聲明, 並建議閣下瀏覽本公司網站以了解該私隱聲明。該私隱聲明可在本公司網站 (<https://www.prudential.com.hk/scws/pages/tc/privacy-policy/index.html>) 上查閱。閣下填妥並繼續提交本表格, 即表示閣下確認已閱讀並理解本收集個人資料聲明。

業務合作夥伴指我們的服務供應商、提供行政、電信、電腦、信息技術、數據處理及儲存、客戶滿意度分析、支付、印刷、贖回或其他服務予我們, 以使我們能夠經營我們業務, 會計師、審計師、IT 服務和平台供應商、保險中介機構、再保險承保人、投資經理、代理、退休金受託人 (和其他持分者)、計劃顧問、介紹人、核准的第三方金融和保險產品供應商以及我們的法律顧問。

營銷合作夥伴指我們的服務供應商提供行政、電信、電腦、支付、印刷、第三方獎賞 / 會員 / 優惠計劃、醫療 / 健康 / 保健相關產品、贖回或其他服務, 以使我們能夠經營我們業務、保險中介、退休金受託人 (和其他持分者)、計劃顧問、介紹人和核准的第三方金融和保險產品供應商。



**Part 7 第七部分 Personal Information Collection Statement (“PICS”) (Continued) 收集個人資料聲明 (續)**

**Opting-out of Marketing Communications and Materials 拒絕市場推廣通訊及資料**

- If you do not agree to receive marketing communications and materials from the Company, please check this opt-out box. If you **do not** check the opt-out box and sign below, you agree to the provision and use of your personal data by the Company for direct marketing purposes in accordance with Section 3 of the PICS.
- 如果你**不同意**接收本公司的市場推廣通訊及資料，請選擇此拒絕方格。如果你沒有選擇此拒絕方格，並在下方簽署，則代表你同意本公司根據收集個人資料聲明第三部分，使用及轉移你的個人資料作直接促銷用途。

**Part 8 第八部分 Signature 簽署**

If the signatory is a Company / Partnership / Sole Proprietorship, its authorized signatories should sign and chop (if any). 如簽署方為公司 / 合夥 / 獨資經營持有，須由公司授權人員簽署及蓋章 (如適用)。

_____ Day日      /      /      _____ Month月      Year年	_____ <b>Signature of Policyowner</b> 保單持有人簽署 (It must be consistent with that in our record 保單持有人的簽署必須與本公司的記錄相符)	_____ <b>Signature of Collateral Assignee (if applicable)</b> 抵押轉讓之承讓人簽署 (如適用)
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If the Policyowner uses signature chop or fingerprint, two witnesses are required. The witness must be an individual third party aged 18 or above. The personal particulars of the witness(es) will only be used for the purpose of verification and confirmation of the identity(ies) of the signatory(ies) of this form. 若保單持有人以圖章蓋印或指紋簽署，必須有兩位見證人。見證人必須為年滿18歲或以上的第三者。見證人之個人資料只會用於處理本申請及確認此表格簽署人的身份之用。

_____ <b>Signature of Witness</b> 見證人簽署	_____ <b>Name and Identity Document</b> Number of Witness 見證人姓名及身份證明文件號碼	_____ <b>Signature of Witness</b> 見證人簽署	_____ <b>Name and Identity Document</b> Number of Witness 見證人姓名及身份證明文件號碼
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**Please DO NOT sign on BLANK form. 請勿在空白表格上簽署。**

