

PERSONAL INFORMATION UPDATE FORM

個人資料更新表格

Important Notes 重要提示

- 1.) Please complete in ENGLISH and BLOCK CAPITALS.
 - 2.) 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.
 - 3.) If you make a mistake completing this form, simply cross out the error, note the correct details and initial each correction.
 - 4.) You may be required to submit a self certification form if your updated information indicates a change of your tax residency status.
 - 5.) For any update or change on your existing trust, please complete the " Verification of Trust Agreement For Administration of Life Insurance Policy Form.
 - 6.) To provide you with our latest information and manage your policy service, please complete your available email and mobile number in this form.
 - 7.) The policy of insurance is issued or assumed by Transamerica Life (Bermuda) Ltd. (" Transamerica Life Bermuda").
 - 8.) 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.
- 1.) 請以英文正楷填寫。
 - 2.) 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。
 - 3.) 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。
 - 4.) 如閣下因更新資料引致其稅務居民身份有所變更，或須提交自我證明表格。
 - 5.) 請填寫“壽險保單管理信託協議核實表格”若現有信託有任何更改或更新。
 - 6.) 請填寫電郵及手機號碼，以便通知您有關本公司的最新資訊及跟進閣下之保單服務申請。
 - 7.) 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。
 - 8.) 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。

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			

 Identification document update 個人資料更新

Please provide us with a copy of identification documents (e.g. ID. or passport) for any update of your personal information. Your personal information will be updated in our record accordingly. Certified true copy is not required for the purpose of this form, but it may be required for other policy servicing requests in the future. 如有任何更改，請提交身份證明文件（例如身份證或護照）。您的個人資料會在我們的記錄中更新。閣下毋須就此表格內之申請提供相關文件之核證副本，唯本公司將來可能就其他保單服務收取有關核證副本。

If the Policy Owner is an <u>INDIVIDUAL</u> 如保單持有人為個人			
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

If the Policy Owner is an INDIVIDUAL (Continued) 如保單持有人為個人 (續)						
Phone Number 電話號碼	<table border="1"> <tr> <td>Country Code 國家號碼</td> <td>Area Code 地區號碼</td> <td>Phone Number 電話號碼</td> </tr> </table>			Country Code 國家號碼	Area Code 地區號碼	Phone Number 電話號碼
Country Code 國家號碼	Area Code 地區號碼	Phone Number 電話號碼				
Mobile 手提電話	<table border="1"> <tr> <td>Country Code 國家號碼</td> <td>Area Code 地區號碼</td> <td>Phone Number 電話號碼</td> </tr> </table>			Country Code 國家號碼	Area Code 地區號碼	Phone Number 電話號碼
Country Code 國家號碼	Area Code 地區號碼	Phone Number 電話號碼				
Email 電郵						
Occupation Title 職級		Occupation Industry 行業				

If the Policy Owner is an ENTITY 如保單持有人為法人團體						
<p>Please provide us with a copy of Certificate of Incumbency or Business Registration for any update of the entity. The information will be updated in our record accordingly. (Certified true copy is not required for the purpose of this form, but it may be required for other policy servicing requests in the future.) 如該法人團體有任何資料更新，請提交公司註冊證書或商業登記證明文件副本。 (閣下毋須就此表格內之申請提供相關文件之核證副本，唯本公司將來可能就其他保單服務收取有關核證副本。)</p>						
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	<table border="1"> <tr> <td>Country Code 國家號碼</td> <td>Area Code 地區號碼</td> <td>Phone Number 電話號碼</td> </tr> </table>			Country Code 國家號碼	Area Code 地區號碼	Phone Number 電話號碼
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Country Code 國家號碼	Area Code 地區號碼	Phone Number 電話號碼				
Email 電郵						

If the Policy Owner is an ENTITY (Continued) 如保單持有人為法人團體 (續)

Please tick where appropriate and provide the details of the connected party

請在適當的位置填上剔號並提供相關人仕資料

Please provide us with the Certificate of Incumbency or equivalence if there is any change to the company structure (including the roles of directors, shareholders and authorized signors).

Please provide us with a copy of identification documents (e.g. ID. or passport) for any update of their personal information and it will be updated in our record accordingly.

如貴公司結構 (包括董事、股東和授權人) 有任何更改, 請遞交公司註冊證書或相等的。
如相關人仕的個人資料有任何更改, 請提交身份證明文件 (例如身份證或護照)。該資料將在我們的記錄中更新。

1) Director / Shareholder / Beneficial Owner / Authorized Signor
董事 股東 實益擁有人 授權人

Name 姓名			
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

2) Director / Shareholder / Beneficial Owner / Authorized Signor
董事 股東 實益擁有人 授權人

Name 姓名			
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

3) Director / Shareholder / Beneficial Owner / Authorized Signor
董事 股東 實益擁有人 授權人

Name 姓名			
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

4) <input type="checkbox"/> Director / <input type="checkbox"/> Shareholder / <input type="checkbox"/> Beneficial Owner / <input type="checkbox"/> Authorized Signor 董事 股東 實益擁有人 授權人			
Name 姓名			
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 and Billing Address (This section is applicable to both Individual Policy Owner and Entity Policy Owner)
通訊及帳單地址 (此部份適用於個人及法人團體保單客戶)

Number/Street/Building 室/街道/大廈			
City 城市	Province 省份	Country 國家	Postal Code 郵政編號

The above information is accurate: 以上資料正確：

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

Personal information provided by me whether relating to me/us or other persons named herein and held by TLB (whether obtained herein or otherwise obtained) may be held, used, disclosed and transferred by TLB in accordance with TLB's Privacy Policy on its website (<https://www.transamericalifebermuda.com/en/privacy-policy/>), including for the purpose of complying with any applicable laws or regulations. I/we also confirm that this Declaration, Consent and Authorisation shall be treated as the prescribed consent obtained from me/us with respect to every single use, disclosure and transfer of my/our personal information in accordance with TLB's Privacy Policy including for the purpose of complying with any applicable laws or regulations.

全美人壽百慕達可根據全美人壽百慕達網站(<https://www.transamericalifebermuda.com/zh-HK/privacy-policy/>)內的私隱政策(包括用於遵循任何適合法例或規例)持有、使用、披露及轉移本人/吾等所提供並由全美人壽百慕達持有有關本人/吾等或本表格所載之個人資料(不論有關資料是從本表格或以其他方式取得)。本人/吾等亦確認全美人壽百慕達在每次根據私隱政策(包括用於遵循任何適合法例或規例)使用、披露或轉移本人/吾等的個人資料時,本聲明、同意及授權書將被當作本人/吾等的「訂明同意」。

Signature of Policy Owner 保單持有人簽署

Signed at 簽署地點	(Country 國家)	Signature (if a corporation or entity, include corporate title or title of authorised signatory) 簽署 (如為法人或法人團體,則須註明公司職銜或獲授權簽署人的職銜)										
Name 姓名												
Date 日期	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> (dd /mm /yyyy) (日 / 月 / 年)											

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