

## DECLARATION

聲明

Policy number/ Application serial number (if any)	:	
Section 1 – For Nominating Grandchild/Grandparent/Step Child/Step Parent/Step Brother/Step Sister as Beneficiary 第一部-適用於提議孫子/孫女/外孫子/外孫女/祖父母/外祖父母/繼子女/繼父母/繼兄弟/繼姐妹作為受益人		
Passport number: (Name:insured is of benefit to the life i 本人聲明保單持有人/受保人(始	eficiary (Name:) has an interest in the su ) and that payment of the insuran nsured i.e. it would bring financial loss and [名:)之生存對保單 )有利益,及受保人離 員失或困難。	urvival of the policyholder/life insured ce proceeds upon death of the life hardship to the beneficiary. 受益人(姓名:
Name of Policyholder: 保單持有人姓名:	Signature of Policyholder: 保單持有人簽署:	Date: 日期:
number:	ne:, holder ) and I (Name: plicly represented in a committed relationsh catement.	) are both at least 18
years old and have been pub on the date of making this st	licly represented in a committed relationshatement.	nip for a minimum period of 6 months
與本人(姓名:的公開承諾關係。	,香港身份證號碼/ )均至少年滿18歲,並且在	三發表本聲明之日至少已保持6個月時間
policyholder/life insured (Nar upon death of the life insure the beneficiary.	ame:) has ne:) and tha d is of benefit to the life insured i.e. it wou )之生存對保單受益	at payment of the insurance proceeds ald bring financial loss and hardship to
有利益,及受保人離世後所得 3. I understand that if I wilfully impact the nomination of my	到的保險賠償金對受保人有利益,即會為受益 state anything which I know to be false of domestic partner as my policy beneficiary. 何本人認為是虛假或不相信為真實的陳述,	在人帶來財務上的損失或困難。 r do not believe to be true, this could
Name of Policyholder: 保單持有人姓名:	Signature of Policyholder: 保單持有人簽署:	Date: 日期: