



BENEFICIARY DESIGNATION FORM

受益人申報表

(1) Policy No.: _____ Name of Policyholder (Name of Employer): _____
保險單號碼 保險單持有人(僱主名稱)

Full Name of Assured Member
被保人名稱

Hong Kong I.D. Card No.:
香港身份證號碼

Mr. (先生) _____

Ms (女士) _____

(2) I, the Assured Member of the above Policy [issued by Liberty International Insurance Ltd. ("Company")] hereby
本人為上述保險單之被保人(由利寶國際保險有限公司簽發)謹此

(a) designate the following persons to be the beneficiary(ies) for the death benefits payable under the above Policy.
指定下列人仕為本人之保險受益人

Name of Beneficiary 受益人名稱	% 百分比	H.K.I.D. Card No. 香港身份證號碼	Relationship 與被保人關係
_____	()	_____	_____
_____	()	_____	_____

(b) revoke all previous beneficiary designations and designate the following persons to be the new beneficiary(ies) for the death benefits under the above Policy.
撤銷過去之受益人分配並指定以下人仕為本人之保險受益人

Name of Beneficiary 受益人名稱	% 百分比	H.K.I.D. Card No. 香港身份證號碼	Relationship 與被保人關係
_____	()	_____	_____
_____	()	_____	_____

Signed by:
簽署

Signed by:
簽署

Witness

Witness Full Name 見證人名稱
Date(日期) _____

Assured Member 被保人
Date(日期) _____

Personal Information Collection Statement

The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of :

- any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or service;
- any claim or investigation or analysis of such claim; and
- exercising any right of subrogation

may be transferred to :

- any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes;
- any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation; and
- any members of the "Federation" by the "Federation" for any of the above or related purposes.

Moreover, Liberty International Insurance Limited is hereby authorized to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry.

You have the right to obtain access to and to request correction of any personal information concerning yourself held by Liberty International Insurance Limited. Requests for such access can be made in writing to Liberty International Insurance Limited whose office is at 13/F DCH Commercial Centre 25 Westlands Road Quarry Bay Hong Kong.

收集個人資料聲明

閣下提供的資料，為本公司提供保險業務所需，並可能使用於下列目的：

- 任何與保險或財務有關的產品或服務，或該等產品或服務的任何更改、變更、取消或續期；
- 任何索償，或該等索償的調查或分析；
- 行使任何代位權；及

可能移轉予：

- 任何有關的公司，或任何其他從事與保險或再保險業務有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，以達到任何上述或有關目的；
- 現存或不時成立的任何保險公司協會或聯會或類同組織（「聯會」），以達到任何上述或有關目的，或以便「聯會」執行其監管職能，或其他基於保險業或任何「聯會」會員的利益而不時在合理要求下賦予「聯會」的職能；及
- 或透過「聯會」移轉予任何「聯會」的會員，以達到任何上述或有關目的。

此外，在此授權利寶國際保險有限公司由「聯會」從保險業內收集的資料中查閱及／或核對閣下任何資料。

閣下有權查閱及要求更正由利寶國際保險有限公司持有有關閣下的個人資料，如有需要，可以書面提出要求，並將書面要求寄往以下地址：香港鯉魚涌華蘭路 25 號大昌行商業中心 13 樓。