



請掃二維碼登入
客戶專頁，即時
辦理保單更改或
查閱進度。
<https://cs.chinalife.com.hk>

保障轉換申請表 Request for Coverage Conversion Form

請在適當的格內填上「√」。Please tick the appropriate boxes where applicable.

保單持有人姓名 Name of Policyholder	受保人姓名 Name of Insured	保單號碼 Policy No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

保險中介人資料 INSURANCE INTERMEDIARY'S INFORMATION	
保險中介人姓名 Name of Insurance Intermediary	
<input type="text"/>	
分行 / 中介人編號 / 註冊編號 Branch/ Intermediary Code/ Registration Code	聯絡電話 Contact No.
<input type="text"/>	<input type="text"/>

重要須知 IMPORTANT NOTES
<p>1. 本表格中所用之「本公司」或「貴公司」指中國人壽保險(海外)股份有限公司。The expression "the Company" used in this form refers to China Life Insurance (Overseas) Company Limited.</p> <p>2. 只接受正本表格及本表格應以正楷填寫及由保單持有人簽名，簽名式樣須與本公司的記錄相符。保單持有人亦必須於本表格內任何曾修改的地方簽署作實。Only original form is accepted and this form is to be completed in BLOCK LETTERS and signed by the Policyholder with the signature correspond with the Company's record. Any amendments in this form must be countersigned by the Policyholder in full signature.</p> <p>3. 本公司有權隨時更新本表格，並接受或拒絕未符合本公司要求的申請表。請登入本公司網站 www.chinalife.com.hk 瀏覽及下載最新版本的申請表。The Company has the right to update this form from time to time and to accept or to reject the form if the Company's requirements are not fulfilled. Please visit our website www.chinalife.com.hk to view and download the latest version of the form.</p> <p>4. 如申請未能符合本公司的有關規定，本公司有權拒絕有關申請。The Company shall have right to reject the application if the application fails to fulfill the Company's requirement(s).</p> <p>5. 保險中介人或銀行職員收到本表格並不代表本公司亦已收妥。Receipt of this form by Insurance Intermediary or Bank Staff does not constitute receipt by the Company.</p>

第一部份 保障轉換資料 Part 1 Coverage Conversion Details			
保障轉換申請 Request for Coverage Conversion			
請連同此表格與新保單要保文件一併提交。Please submit this form with new policy application documents.			
<input type="checkbox"/> 轉換原有定期壽險計劃 Term Life Plan to be converted	<input type="checkbox"/> 轉換原有附加定期壽險保障 Supplementary Term Life Benefit to be converted		
<input type="checkbox"/> 轉換原有危疾計劃 Critical Illness Plan to be converted	<input type="checkbox"/> 轉換原有附加危疾保障 Supplementary Critical Illness Benefit to be converted		
原有計劃/保障名稱 Original Plan/Benefit Name	申請轉換保額* Sum Assured to be Converted	剩下保額(如有) Remaining Sum Assured (if any)	新要保書號碼 New Application No.
申請轉換內容 Application of Conversion Details		<input type="checkbox"/> 保留在原有保單 Remain in Original Policy	
		<input type="checkbox"/> 取消 Cancel	
*「申請轉換保額」的貨幣應與原有計劃 / 保障相同。 Currency of "Sum Assured to be Converted" shall follow the original plan / benefit.			

指定保障轉換注意事項 Notes for Designated Coverage Conversion :
<p>1. 保障轉換只適用於原有保單條款附有可轉換條款的情況。Coverage conversion is only applicable if there is a conversion clause under policy provisions of the original policy.</p> <p>2. 只接受純轉換保險：「新保單」之保額等於或少於「原有計劃/原有附加保障」。Only pure conversion insurance is accepted: The coverage of the "New Policy" must be equal to or less than that of the "Original Plan/Original Supplementary Benefit".</p> <p>3. 剩餘保額(如有)不可少於本公司要求的最低保額，否則原有保單所有剩餘保額及任何附加保障將會自動取消。The remaining sum assured(if any), should not be less than the minimum sum assured required by the Company, otherwise, all remaining sum assured and any attached supplementary benefits of the Original Policy will be cancelled automatically.</p> <p>4. 「原有保單」與「新保單」的保單持有人及受保人必須相同。Both Policyholder and the Insured under the "Original Policy" must be same as those under the "New Policy".</p>



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- 如原有保單的「保費繳至日期」早於新保單的簽署日期，新保單的「保單日期」將等於原有保單「保費繳至日期」的翌日（即新保單的「保單日期」需緊接原有保單的「保費繳至日期」）。If the "Premium Paid to Date" of the original policy is earlier than the sign date of the new policy, the "Policy Date" of the new policy will be the day after the "Premium Paid to Date" of the original policy (i.e. "Policy Date" of the new policy will be immediately followed the "Premium Paid to Date" of the original policy).
- 如原有保單的「保費繳至日期」後於新保單簽署日期，新保單的簽署日期即為「保單日期」。If the "Premium Paid to Date" of the original policy is after the sign date of the new policy, the sign date of the new policy will be the "Policy Date."
- 「新保單」的自殺身故條款及不持異議條款將按「原有保單」的繕發日期或保單恢復效日期計算（以較後日期為準）。* 備註：轉換保單完成後，如「新保單」在任何情況下復效，自殺身故條款及不持異議條款將會重新計算。The suicide clause and incontestability clause of the "New Policy" will be based on the issue date or reinstatement date (whichever is later) of the "Original Policy". *Note: After the policy conversion is completed, if the new policy is reinstated under any circumstances, the waiting period for the suicide clause and incontestability clause will be recalculated.
- 在純轉換保障情況下，如「原有保單」有附加保費及/或有附加承保條件，「新保單」亦需要相同的加費率及/或相同的附加承保條件。In the case of pure conversion, if the "Original Policy" has an additional premium and/or additional underwriting condition(s), the "New Policy" will also require the same additional premium rate and/or the same additional underwriting condition(s).
- 於任何情況下，當保障轉換完成後，「新保單」不能回復到「原有保單」（即使「新保單」仍於冷靜期內）。Under any circumstances, once the coverage conversion is completed, the "New Policy" cannot be reverted to the "Original Policy" (even if the "New Policy" is still within the cooling off period).
- 此保障轉換申請表請連同新保單所需的投保文件一併提交。This request for coverage conversion form shall be submitted with required application documents when applying conversion.

第二部份 個人資料收集聲明 Part 11 Personal Information Collection Statement

本人 / 我們確認已閱讀及明白「中國人壽保險（海外）股份有限公司」的收集個人資料聲明。有關最新版本的收集個人資料聲明，可於 www.chinalife.com.hk 下載或向本公司索取。I/We confirm that I/we have read and understood the Personal Information Collection Statement ("PICS") of China Life Insurance (Overseas) Company Limited. For the latest version of the PICS, it can be downloaded from www.chinalife.com.hk or is made available upon request.

第三部份 聲明及簽署（請勿在空白表格上簽署）Part 3 Declarations and Signature (Please DO NOT sign on BLANK form)

- 此表格必須簽署日起計30天內交至本公司辦理手續。This form must be received by the Company within 30 days from the date of its signing
 - 若保單持有人或受保人以圖章蓋印簽署，必須有一位見證人。見證人之個人資料只會用於處理本申請及確認本申請表簽署人的身份之用。If the Policyholder or Insured uses a signature chop, a witness is required. The personal particulars of the witness will only be used for the purpose of verification and confirmation of the identity of the signatory of this form.
- 本人/我們僅此確認已閱讀及明白以上申請的所有條款及條件，並同意受該等條款及條件約束。本人/我們僅此同意作出以上協議及聲明。
I/We hereby confirm that I/we have read and understood all the terms and conditions of the above request, and agree to be bound by those terms and conditions. I/We hereby agree to make the above agreements and declarations.

	保單持有人 Policyholder			受保人 (倘非保單持有人及 18歲或上) Insured (if different from the Policyholder & aged 18 or above)			不可撤換受益人 (如適用) Irrevocable Beneficiary (if applicable)			受讓人 (如適用) Assignee (if applicable)			保險中介人 Insurance Intermediary		
簽署 Signature															
姓名 Name															
日期 Date	年 Year	月 Month	日 Day	年 Year	月 Month	日 Day	年 Year	月 Month	日 Day	年 Year	月 Month	日 Day	年 Year	月 Month	日 Day