

Designation of Beneficiary

委派受益人

Full Name of the ** proposed Policyholder / Policyholder ** 準保單持有人 / 保單持有人之全名 :	
Mr. 先生	
Mrs. 女士	
Miss 小姐	
_____	_____
Surname 姓氏	Given Name 名字
HKID Card Number 香港身份證號碼 :	** Bank / Credit Card Number ** 銀行戶口/信用卡賬戶號碼
_____	_____
Policy Number 保單號碼 :	Plan Name 計劃名稱 :
_____	_____

* I hereby declared that I have read and understand the Reference for Beneficiary Designation.

* 本人聲明本人已閱讀及明白參考文件 - 委派受益人之內容。

* I hereby designate the following to be beneficiary(ies) under the above insurance policy issued by ACE Insurance Limited ("ACE")

* 本人現委派以下人仕 (若干人仕) 作為上述由安達保險有限公司「安達」承保之保險內的受益人。

Name of Beneficiary (ies) 受益人姓名 (以身份證英文正楷為準)	HKID Card Number 香港身份證號碼	Relationship with **proposed Policyholder / Policyholder 與**準保單持有人/保單持有人之關係	Percentage 百分比 %

* I understand that this designation shall not take effect unless this form is received and validated by ACE. After such receipt and validation the designation by ACE, it will relate back to and is effect from the date I sign this designation of beneficiary form and remain effective unless changed or revoked or coverage under the policy terminated. This right to change beneficiary at any time hereafter is expressly reserved.

* 本人明白此委派受益人文件未能生效除非文件已被安達收訖及接納, 所委派之受益人將在此文件簽署日起生效直至已作出改變或撤銷或保單之保障已終止。因此, 本人可保留在任何時間改變受益人之權利。

Signed at _____ this _____ day of _____, _____

簽署在 _____ (地點) _____ (日期) _____ (月份) _____ (年份)

Signatory of the **Proposed Policyholder/policyholder ** 準保單持有人/保單持有人簽署 _____ Signature must be the same as that on your bank/credit card account (簽署須與閣下的銀行/信用卡賬戶相同)	Signatory of the Witness (Third party individual age above 18) 見證人簽署 (18 歲以上之第三者) _____ Name : _____ HKID No : _____ 姓名 : _____ 香港身份證 : _____
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** Please delete if not appropriate ** 請刪去不適用者