



Nomination of Beneficiaries Form

For the purposes of the TopCover – Aircrew Insurance policy (the details of which are set out below) entered into between you and Starr International Insurance (Asia) Limited ("**SIIA**"), the Policyholder wishes to nominate beneficiaries to receive payment of any death benefit to be made in accordance with Section 2 (*Personal Accident Insurance*) of Part III of the Policy.

Please complete the following and return this form to SIIA. It is strongly recommended that you keep a copy of your nominations. You may change the beneficiary at any time by completing a new Nomination of Beneficiaries Form.

Capitalised terms used in this form have the meanings given to them under the Policy.

Policyholder Details:

Full Name (Last name first)

Policy No.

(the "**Policy**")

Beneficiary Nominations:

This form provides beneficiary designations of primary and secondary beneficiaries for death benefits payable in respect of the relevant Insured Person. Each death benefit under the Policy will be paid: a) to the primary beneficiary surviving at the time of the death of the relevant Insured Person; or b) if no primary beneficiary survives the relevant Insured Person, to the secondary beneficiary surviving at the time of the death of the relevant Insured Person; or c) if no primary or secondary beneficiary survives the relevant Insured Person at the time of his/her death, to the Insured Person's estate according to the laws of Hong Kong.

Insured Person 1 (Policyholder) - In the event of my death, my nominated beneficiary is

Primary Beneficiary

Full Name

Relationship

Passport Number

Secondary Beneficiary

Full Name

Relationship

Passport Number

Insured Person 2 (Spouse or other) - In the event of the death of such Insured Person, the nominated beneficiary is

Primary Beneficiary

Full Name

Relationship

Passport Number

Secondary Beneficiary

Full Name

Relationship

Passport Number

This request is not valid until it is recorded as received by SIIA and it is finally confirmed and accepted by way of endorsement or letter/email. This form and the endorsement (if any) will attach and form part of the Policy after it is accepted by SIIA.

Declaration

I make this beneficiary designation pursuant to the terms of the Policy and confirm that any designation of beneficiary under the Policy prior to the date of this form shall be revoked and replaced by the designation herein. I confirm that I have read the Personal Information Collection Statement below and acknowledge and agree that all personal data with respect to me and the beneficiary(ies) which are provided by me in relation to this application may be held, used, processed or disclosed to such parties for such purposes as set out in the Personal Information Collection Statement.

Personal Information Collection Statement

In relation to the personal data collected in this form, I/we hereby declare, agree and consent that any personal data collected or held by SIIA (whether contained in this form or otherwise obtained) is provided and may be held by, used by and disclosed by SIIA to SIIA's parent companies, subsidiaries, related companies, group companies and/or any individuals/organizations associated with SIIA (collectively the "Starr") (within or outside Hong Kong); and to such product distributors, contractors, other financial services providers or such persons or entities providing administrative, operational, customer, technical and/or telecommunications support to SIIA and/or Starr or any other persons or entities prescribed within SIIA's Privacy Policy and the Personal Data (Privacy) Ordinance (Cap. 486) ("Selected Third Parties") (within or outside Hong Kong), for the purposes of processing this beneficiary designation application and/or providing subsequent insurance-related services, including but not limited to administering the insurance policy issued to me/us and/or processing any claim under the insurance policy issued to me/us and/or data matching. I/We acknowledge that I/we have received, read and understood SIIA's [Privacy Policy](#). I/We understand that (i) SIIA may be unable to process this application if I/we fail to provide any information requested in this application; and (ii) I/we have the right to request that I/we do not receive any direct marketing materials or calls, or to request access to and/or correction of any personal information held by SIIA concerning me/us. Such requests can be made to SIIA's Data Privacy Officer at Room 1901, 19/F Central Plaza, 18 Harbour Road, Wanchai, Hong Kong.

Signature of Insured Person
1 (Policyholder)

Date

Signature of Insured Person
2 (Spouse or other)

Date

Please send this original completed form directly to:

TopCover Services Centre,
Starr International Insurance (Asia) Ltd.
Suite 1901, 19/F., Central Plaza,
18 Harbour Road, Wanchai, Hong Kong

topcover@starrcompanies.com