宏泰人壽

OIU 保險契約內容變更暨保單補發申請書
OIU Insurance Contract Amendment & Duplicate Copy Application

☐ 新契約變更/ Amendment prior to new contract
☐ 保全變更 / Policy change

業務單位代碼 Center code：_____ 受理/Acceptance stamp：	宏泰人壽受理章/Hontai Life reception date：

◎注意事項/ Reminders：

一、 本申請書內容經宏泰人壽保險股份有限公司同意後即構成原契約之一部分。本公司於辦理完成後，將同意變更之內容印製於「保險單契約內容變更批註書」供保戶存查，並視同已批註於保險單上，爾後契約內容均以變更後為準。
Upon the approval of Hontai Life Insurance Co., Ltd (the Company), this application will be deemed as part of the original contract. Any changes, once processed and completed by the Company, will be listed in the "Insurance Contract Amendment Endorsement" for policyholder's reference. All the changes are deemed as endorsed in the policy. The amended contract shall prevail.

二、 為維護您的權益，請您在簽名確認前務必詳閱「宏泰人壽履行個人資料保護法告知義務內容」。
For your protection, please read through "Notifications for Performance of the Obligations under Personal Information Protection Act by Hontai Lfie" carefully before signing the application.

三、 本表單之填寫請以英文為主，正體中文或簡體中文亦可；本表中英文與中文文義如有歧異時，以中文為準。
Please fill this form in English (traditional and simplified Chinese also acceptable). If any difference exists between the English and Chinese text, the Chinese text shall prevail.

◎本公司聯絡方式：+886-800-068-268；傳真：886-2-2716-6887；網址：http://www.hontai.com.tw；電子信箱：service@hontai.com.tw
Customers Service Line：+886-800-068-268；Fax：886-2-2716-6887；Website：http://www.hontai.com.tw； Email：service@hontai.com.tw

保單號碼 Policy number		填寫日期 Date	_____年_____月_____日 YYYY MM DD

◎請勾選☑欲變更的項目及填寫變更後的內容。(敬請使用深色筆填寫本申請書勿使用鉛筆)
Please check the items you wish to amend and write down the new information (please use dark color pens and do not use pencils while filling out the form)

☐ 要保人變更/ Change of policyholder
*要保人變更後，本保險單上要保人之一切權利義務即由新要保人概括承受，並應取得被保險人同意與簽名。
Once the policyholder is changed, the new policyholder will inherit all rights and obligations on the policy. The change of policyholder requires the consent and signature of the insured.

新要保人姓名 Name of the new policyholder		護照號碼（請檢附影本） Passport number (please attach a photo copy)	新要保人簽章樣式 New policyholder's signature
☐ 同被保險人/Same as the insured ☐ 姓/Family name：_____ 名/Forename(s)：_____			
生日 Date of birth	關係，係被保險人之： Relationship with the insured	職業（工作性質）/ 職稱 Occupation/ title	變更原因 Reason of changing
_____ _____ _____ YYYY MM DD	☐ 父親/Father ☐ 母親/Mother ☐ 其他/other_____		

註：A.變更要保人而未重新約定受益人、居住地址，視同原要保人約定；但新要保人有投保本公司之紀錄者，則其居住地址同最近投保保險單所填寫之居住地址。
If no new beneficiary and residential address are designated after change of policyholder, the original ones still apply. But if the new policyholder has taken out a policy from this Company, then his/her residential address shall match the one of his/her previous policy.
B.原要保人之網路保險服務將一併終止，另外提供新要保人網路服務之密碼函。
The online insurance service for the original policyholder will terminate while a new set of account/password will be provided to the new policyholder.
C.新要保人請一併檢具「個人保戶 FATCA 身分確認聲明暨同意書」並請檢附新要保人身分證明文件影本與「身分及地址證明單」。
The new policyholder shall attach "Natural Person FATCA Identify Confirmation Statement & Agreement", identification documents and "Proof of identity and address".

☐ **受益人變更/ Change of beneficiary**

***未盡事項依條款約定辦理/ Any unfinished items will be processed as stipulated in the contract provisions.**

保險金項目 Benefit type	變更後姓名 Name of the new beneficiary	護照號碼 Passport number	關係 （係被保險人之：） Relationship with the insured	指定比例 / 順位 （若無填寫視為均分） Designated percentage/priority (equally divided if left blank)	變更原因 Reason for changing
☐ 身故保險金 Death benefit	姓/Family name： 名/Forename(s)：				
☐ 滿期保險金 Maturity benefit	姓/Family name： 名/Forename(s)：				

☐ **保單關係人資料變更/ Change of policy parties information**

***同一人全部保險單均變更/ New information applies to all policies of a person.**

***若為姓名、生日、身分證明編號之變更，請檢附「身分及地址證明單」/ "Proof of identity and address" is required for change of name, birth date and identification number.**

變更對象 Changes of	姓名變更為 Name	生日變更為 Date of birth	簽章樣式變更為 Signature	職業 / 其他變更 Occupation/ other
☐ 要保人 Policyholder ☐ 被保險人 Insured ☐ 受益人 Beneficiary	姓/Family name： 名/Forename(s)：			

☐ **連絡方式 /Contact information**

***同一人全部保險單均變更，並請提供「身分及地址證明單」。**

New information applies to all policies of a person. "Proof of identity and address" is required.

變更項目 Changed information	地　　址 Address	（行動）電話（含國碼） (Mobile) phone number (with country code)
居住地址 Residential address		
E-mail	***要保人名下所有保單之各項服務單據以此 E-mail 傳遞。** **All service documents for the applicant's policies will be sent to this email.**	

☐ **其他變更申請或補充說明/ Other changes or statements**

☐ 保險單補發（含保險單契約內容變更批註書）
Duplicate policy application （including “Insurance Contract Amendment Endorsement”）
●特此聲明原保險單同時作廢無效。（註）
The issuance of the duplicate policy will void the original. (Note)
☐ 終止契約（全部解約）/Contract termination (surrender)
●保險公司所負之保險責任截至收到本申請書為止；若無檢具保險單者，特此聲明原保險單同時作廢無效。（註）
The insurance company's insurance responsibilities pertaining to the policy will terminate upon the receipt of this application. If the original policy is not attached with this application, the policyholder hereby declares the original policy void. (Note)

註/Note：
本人（要保人 / 被保險人）茲此確認原保險單文件已遺失或毀損而無法取得。本人同意如因本人就此聲明提供予宏泰人壽錯誤、不正確或誤導之資訊導致宏泰人壽遭爭議索賠部分或全部金額及負責償付任何額外款項或負擔任何成本或費用時，本人應償還宏泰人壽已給付予本人之款項。本人確認此聲明真實無誤。
Note：
Being the policyholder/insured I confirm that I believe the policy documentation to be lost or destroyed so that it cannot be found. I agree to repay any claim value paid by Hontai Life Company in connection with the policy if a competing claim is made for some or all the monies and to be responsible for and to repay any additional payments that Hontai Life Company may have to make, or any costs and expenses that Hontai Life Company may incur as a result of any false, inaccurate or misleading information that I have given to Hontai Life Company in connection with this declaration.
I confirm that the statements made in this declaration to be true to the best of my knowledge and belief.

☐ 要保人帳號變更/ Change of Policyholder’s account
*匯款相關費用負擔依條款約定辦理/ All remittance fees will be charged pursuant to the contract provisions.

解約 / 部分解約(提領) / 其它退費（此次申請項目有退費或給付情形）匯款帳號限以**要保人**下列帳戶給付：
Surrender / partial surrender(withdraw) / other refunds (if applicable to this application) will be remitted to the policyholder account below.

受款銀行 Beneficiary Bank	銀行及分行名稱(Bank and branch name)：_____ 受款銀行國家(Country)：_____ 銀行代碼(Swift Code)：
受款人帳戶 Beneficiary(Policyholder)	帳戶名稱(Account name)：_____ *限為要保人開戶之英文姓名/The English name must match the policyholder’s name on his account opening letter. 帳號(Account No.)：

■ 投資型保單變更/ Change of investment-oriented insurance

1. 此申請書送達時間須為本公司營業日 15:30 前，逾時將視為次一營業日送達。
This application must be received by the Company before 15:30 on a business day. If delivered after 15:30, it will be deemed as deliver on the following business day.
2. 申請部分解約或投資標的轉換，皆以比例或金額換算為贖回單位數，實際贖回金額會因投資標的淨值及匯率變動而有差異。
If applying for partial surrender or investment object variation, the redeemed units will be calculated by percentage or amount. The actual value redeemed will vary based on the net value of the investment objects and fluctuation of exchange rates.
3. 同時申請有關投資標的異動，如前一交易尚未完成時，須延至交易完成次一營業日始可受理當次變更。
When applying for multiple investment object variation concurrently, the previous application must be completed first before the next application can be processed on the following business day.
4. 變更作業順序依交易完成時間，依序為：單筆額外投資→部分解約→投資標的轉換，如須指定變更作業順序，請在補充說明欄另行填寫變更指定順序。
The application for amendments will be completed in the order of transaction completion: additional single premiums → partial surrender(withdraw) → switch of investment objects. If you wish to change the order, please specify in the “Other changes or statements” section.

☐ 投資標的及其配置比例變更/ Change of investment objects and allocation percentage
* 投資配置比例合計應為 100%，各投資標的之投資配置比例不得低於 10%，且需為 5%之倍數。
The total of investment allocation percentages should be 100%, with allocation of each object no less than 10% and must be a multiple of 5%.

標的代號 Object code	變更後比例 New percentage	標的代號 Object code	變更後比例 New percentage	標的代號 Object code	變更後比例 New percentage	標的代號 Object code	變更後比例 New percentage
	%		%		%		%
	%		%		%		%

☐ **投資標的轉換/ Switch of investment objects**

***每次轉出及轉入之投資標的金額不得低於保單幣別 1,500 元，本項作業限原保單帳戶價值之異動。**
The amount of each redeemed/buying investment object must not be lower than 1,500 dollars (same currency as the policy). This only applies to the original Policy Account value.
***各投資標的最低帳戶價值為保單幣別 1,500 元，低於 1,500 元者恕不接受轉換。**
Each investment object account value must not be lower than 1,500 dollars (in policy currency). If lower than 1,500 dollars, switch applications will be denied.

標的代號 Object code	轉出比例（%）/金額 Redeeming percentage (%) /amount	標的代號 Object code	轉入配置率（%） Buying percentage (%)

☐ **單筆增額保險費投入/ Additional Single Premiums**

***請付款人依「財富來源問卷須知」填寫「財富來源問卷」並提供保費來源證明文件與「身分及地址證明單」。**
The payer shall fill out "Origin of Wealth" form following the instructions of "Origin of Wealth Questionnaire Guidelines" and provide documents proving the source of premium as well as "Proof of identity and address".

1. 本次投入金額_____元（同保單幣別）; 或

   The amount of this investment_____dollars(same currency as the policy); Or
2. 投資標的及其配置比例另指定如下：(未指定配置比例者，則以當時投資標的配置比例投入。)
   Please specify the investment objects and allocation percentages below：(if not specified, the investment be in allocated to the objects in the same percentages as the initial investment in the policy).

標的代號 Object code	比例(%) Percentage	標的代號 Object code	比例(%) Percentage	標的代號 Object code	比例(%) Percentage

☐ **部分解約（提領）/ Partial surrender（withdraw）**

***未指定單位數比例或金額者，則以當時投資標的等比例解約（提領）。**
If unit percentage or amount is not specified, the same percentages of the investment objects in the original contract will be used for redemption.

1. 本次部分解約（提領）的總金額_____元（同保單幣別）; 或

   The total amount redeemed： _____dollar (same currency as the policy)；or
2. 投資標的單位數比例或金額如下/The investment object percentages or amounts are listed below：

標的代號 Object code	比例(%)/金額 Percentage (%) /Amount	標的代號 Object code	比例(%)/金額 Percentage (%) /Amount	標的代號 Object code	比例(%)/金額 Percentage (%) /Amount

■ **簽名（章）/Signature（Stamp）**

●**本申請書所有簽章部分為要、被保險人本人依本保險契約最近所約定簽名樣式親自簽名，如有虛偽不實，簽名人應負法律上責任。**
The policyholder and insured shall sign the application personally and the signatures shall be the same as the original insurance contract.
Any falsified or inaccurate information will be the legal responsibilities of the signatories.

●**申請人已詳閱且同意本申請書之「注意事項」及「宏泰人壽履行個人資料保護法告知義務內容」。**
The applicant has carefully read through and agreed to the "Reminders" and "Notifications for Performance of the Obligations under Personal Information Protection Act by Hontai Life".

●**受委託之財務顧問代理時，請親自簽名，如為法人請蓋章。**
The commissioned financial adviser shall sign the application personally. If the adviser is a company, the authorized seal can be applied instead.

(原)要保人或受委託之財務顧問簽名(章)： Signature of the original policyholder , or Signature/stamp of the commissioned financial adviser	**被保險人簽名** / Signature of the insured：
(新)要保人簽名 / Signature of the new policyholder：	**法定代理人簽名** / Signature of the legal representative： **法定代理人與未成年者關係為** /Relationship with the minor party： ☐ **父親/Father** ☐ **母親/Mother** ☐ **其他/Other**_____ （勾選其他者,請提供證明文件。/Check the other, please provide supporting documentation.）

■**如透過保經(代)公司送件，請簽署/Signature(stamp) of the intermediary company (if this application is sent through them)：**

*** 本人已核對並確認要保人、被保險人、付款人、法定代理人及財務顧問之身分；且親視要保人、被保險人、付款人、法定代理人及財務顧問親自簽章，絕無虛偽情事。**
I have examined and confirmed the identities of the policyholder, insured, payer, legal representative and financial adviser and personally witness the policyholder, insured , legal representative and financial adviser sign this document. I hereby declare that the information provided is true and correct.

業務員簽名/Signature of the licensed intermediary：	登錄字號/Licensed intermediary number：	保經(代)簽署人簽章/ Signatory of the licensed intermediary company (Stamp)：

宏泰人壽履行個人資料保護法告知義務內容

Notifications for Performance of the Obligations under Personal Information Protection Act by Hontai Life

宏泰人壽保險股份有限公司（以下稱本公司）依據個人資料保護法（以下稱個資法）第六條第二項、第八條第一項（如為間接蒐集之個人資料則為第九條第一項）規定，向要保人、被保險人告知下列事項，請　台端詳閱：

Hontai Life Insurance Co., Ltd (refers to as "the Company" hereafter), in compliance with Section 2, Article 6 and Section 1, Article 8 (Section 1, Article 9 for indirect collection of personal information) of Personal Information Protection Act (the Act), issues the following statement to the insurance applicant and insured.

一、蒐集之目的：本公司為執行下列事項，將在合法範圍內蒐集、處理及利用您的個人資料。1.人身保險（００一）。2.金融服務業依法令（包含美國海外稅收遵循法）規定及金融監理需要，所為之蒐集處理及利用（０五九）。3.非公務機關依法定義務所進行個人資料之蒐集處理及利用（０六三）。4.契約、類似契約或其他法律關係業務（０六九）。5.消費者、客戶管理與服務（０九０）。6.財稅行政（０九五）。7.其他自然人基於正當性目的所進行個人資料之蒐集處理及利用（一七六）。8.其他經營合於營業登記項目或組織章程所定之業務（一八一）。

Purpose of collection: The Company collects, processes and uses your personal information legally for the following purposes: 1. Life insurance (001). 2. Financial service industry in compliance with Foreign Account Tax Compliance Act or for financial supervision (059). 3. Non-government agencies in compliance with legal obligations (063). 4. Contract or quenci-contract or other matters in relation to legal management (069). 5. Consumer/customer management and service (090). 6. Public finance administration (095). 7. Other natural persons for legitimate purposes (175). 8. Other business operations listed in registered business scope or corporate charter (181).

二、蒐集之個人資料類別：本公司蒐集您的個人資料內容詳如各相關業務申請書或契約書內容所載欄位，例如：姓名、生日、身分證統一編號、地址及其他聯絡方式、病歷、醫療、健康檢查…等。

Categories of personal information collected: The Company only collects your information provided in various applications and contracts, including name, birth date, identification number, address, contact methods, medical records, medical treatment and health examinations.

三、個人資料之來源（個人資料非由當事人提供間接蒐集之情形適用）：1.要保人。2.當事人之法定代理人、輔助人。3.各醫療院所。4.與第三人共同行銷、交互運用客戶資料、合作推廣等關係、或於本公司各項業務內所委託往來之第三人。

Source of personal information (applies to indirect collection): 1. The applicant 2. Legal proxy or assistant of the person whose information has been collected. 3. Medical institutions. 4. Third parties which have the relationships with the Company for joint solicitation, cross-use of consumers' information, co-promotion, or are commissioned by the Company within business scopes.

四、個人資料利用之期間、對象、地區、方式：1.期間：因執行業務所必須及依法令規定應為保存之期間。2.對象：本（分）公司、中華民國人壽保險商業同業公會、中華民國產物保險商業同業公會、財團法人保險事業發展中心、財團法人保險安定基金、財團法人金融消費評議中心、財團法人金融聯合徵信中心、財團法人聯合信用卡中心、台灣票據交換所、財金資訊公司、業務委外機構、與本公司有再保業務往來之公司、與本公司有合作推廣或共同行銷之公司、依法有調查權機關或金融監理機關。3.地區：上述對象所在之地區。4.方式：合於法令規定之利用方式。

Duration, targets, areas, methods of personal information utilization: 1. Duration: Duration necessary for business operation or keeping period stipulated by law. 2. Target: The Company (and its branches), the Life Insurance Association of Republic of China, the Non-Life Insurance Association of Republic of China, Taiwan Insurance Institute, Taiwan Insurance Guaranty Fund, Financial Ombudsman Institution, Joint Credit Information Center, National Credit Card Center of R.O.C, Taiwan Clearing House, Financial Information Service Co., LTD, the outsourced institutions, the companies which have reinsurance business with the Company, the government agencies with the authorities of investigation or financial supervision. 3. Area: The areas where the parties above are located. 4. Methods: Methods in compliance with the regulations.

五、依據個資法第三條規定，台端就本公司保有　台端之個人資料得行使之權利及方式：1.得向本公司行使之權利：1-1.向本公司查詢、請求閱覽或請求製給複製本。1-2.向本公司請求補充或更正。1-3.向本公司請求停止蒐集、處理或利用及請求刪除。2.行使權利之方式：以書面、電子郵件、傳真、電子文件。

In accordance with Article 3 of the Act, you may exercise the following rights to your own personal information: (1) Your rights: a. Inquiry and request for a review of the personal information or to make duplications. b. Request to supplement or correct the personal information. c. Request to discontinue collection, processing or use of personal information and to delete (2) Methods to apply: you can inform the Company by written notices, email, fax or electronic document.

六、台端不提供個人資料所致權益之影響（個人資料由當事人直接蒐集之情形適用）：台端若未能提供相關個人資料時，本公司將可能延後或無法進行必要之審核及處理作業，因此可能無法承保、遲延或無法提供　台端相關服務或給付。

The influence on your right that you don't provide your personal information (applicable only for direct collection) If you don't provide your personal information, we may delay or be unable to proceed the necessary review and processing, and therefore we may not underwrite your application, or may delay or be unable to provide you with relevant services or payments.