

OIU 保戶授權財務顧問申請書

OIU Financial Adviser Authorization Application

●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.

要保人姓名： Policyholder		護照號碼： Passport number	
保單號碼： Policy number		申請日期： Application date	西元_____年____月____日 YYYY MM DD

●本人（即要保人）茲向宏泰人壽保險股份有限公司國際保險業務分公司（下稱貴公司）聲明，本人授權委由_____財務顧問代理（委託授權合約書及財務顧問證照影本如附件）辦理下列事項之變更：

I (policyholder), hereby inform Hontai Life OIU (the Company) of my authorization for _____, as my financial adviser (authorization contract and copy of financial adviser cert) to conduct the following changes:

- 一、投資標的轉換 / switch of investment objects
- 二、投資標的配置比例變更 / change of investment object allocation

●本次申請辦理事項（請擇一勾選） / The purpose of this application (please check one) :

本人瞭解並同意於授權期間，由貴公司按月自本保險契約之保單帳戶價值中扣除服務費用。

I hereby understand and agree that during the authorization period, the Company will deduct the service charges from the value of the Policy Account monthly.

1.申請授權設定，本次授權期間為西元_____年____月____日至_____年____月____日止。

Notice of authorization. This authorization starts on _____ Year _____ Month _____ Day and ends on _____ Year _____ Month _____ Day .

2.變更授權期間為西元_____年____月____日至西元_____年____月____日止。

Change of authorization period to _____ Year _____ Month _____ Day and ends on _____ Year _____ Month _____ Day .

3.終止授權設定 / Terminate authorization.

要保人簽名 / Signature of the Policyholder :	財務顧問簽章(名) Signature (stamp) of the financial adviser :	申請日期 Application date :
		_____ YYYY MM DD

法定代理人簽名 / Signature of the Legal Representative :

係未成年者之 / Relationship of Policyholder/Insured : 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.)

●此申請書經本人及本公司確認保戶意願，內容絕無隱瞞或不正確之情事，若有造成貴公司損害，願負賠償責任。
 This application and the policyholder's intent have been confirmed by me (intermediary) and this insurance broker company and that the application does not conceal or include any incorrect information. The insurance broker and I shall be liable for any damages to the Company as result of this application.

保經 / 代公司簽署人章： Signatory of the licensed intermediary company (stamp)	業務員簽名： Signature of the licensed intermediary	業務單位代號： Center code	受理章 / 日期： Acceptance stamp/ date
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宏泰人壽保險股份有限公司 / Hontai Life Insurance Co., Ltd.

經辦 / Person in charge :	受理日期 / Reception date :
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