

## OIU 保單帳戶價值定期部分解約申請書 OIU Policy Value Regular Partial Surrender 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.

Detricen the English and	Chinese text, the Chinese t	text snan prevani		
要保人姓名: Policyholder		護 照 號 碼 : Passport number		
保單號碼: Policy number		申 請 日 期 : Application date	年	]日 IM DD
本人(即要保人)茲 單帳戶價值·請貴公 I (the policyholder) surrender of the Po	<b>約 / Application for regular</b> 何宏泰人壽保險股份有限公司 司依下列約定主動辦理・為避 hereby apply to the Hontai licy Account Value. I hereby formation in this application	n國際保險業務分公司( 達免雙方日後爭議·特立 i Life Insurance Co., Lto request that the Com	Z本申請書內容如下: :d OIU (the Company) npany will process my	) for regular partial
一、定期部分解約時	間及金額 / Regular partial su	urrender schedule and	d value :	
After the reder	3分解約贖回日期起依以下週期 mption of the first partial sur cycles (if the designated date ness day):	rrender, all the future	partial surrenders wil	ll be conducted in
□ 每年 / Every	year	six months	≨ / Every quarter	
為 10%且須為整 For partial surre account value (1 dollars, the surre percentages of i 3.請說明取回解約金 口投資理財(Invest 口消費性支出(cor	約贖回同保單幣別之金額 □_數);若贖回金額低於600元時則ender of □	I不予辦理·前述部分解約 _dollars (in policy curr be a round number). I . The partial surrender riginal policy. economic) purpose for ) □教育支出(education (Medical expenses) □	金額皆依辦理當時之投資標 rency) · or □ If the surrender value rs above will be redee or the policy terminati n expenses)	票的等比例贖回。% of policy is less than 600 emed in the same ion/ surrender):
30 日後·該日如的 15 日辦理取犯 The first partial after the issued on the followin the 15th day of a few days later 三、給付方式:請貴	解約贖回日期指定為西元 四非營業日則順延至次一營業日 消單位數·款項將於數日後匯 I surrender redemption date d-day of the contract or this ing business day). The first par f the month closest to the de r. 公司每次將上開預定部分解約 od: The Company shall wire	日辦理);第一筆定期部至您的指定帳戶。 e is(year) application is filled. If artial surrender will be esignated date and wi	(month) 15th, (nf not a business day, it redeemed by cancell ill be wired to your de 列金融帳號:	TEE日期後最近一次 must be 30 days t will be processed lation of units on esignated account
受款銀行 Beneficiary's Bank	銀行及分行名稱(Bank and bi 受款銀行國家 (Country) :	pranch name): 銀 行 代 碼: (Swift Code)		
受款人帳戶 Beneficiary (Policyholder)	帳戶名稱(Account name ): * The English name must matc 帳號(Account No.):	ch the Policyholder's nar	ne on his account open	ning letter.

## 四、聲明事項/Disclaimers:

- 1. 本人了解依條款約定,每次部分解約金額不得低於保單幣別 600 元整,且在部分解約時,保單帳戶價值剩餘的金額不可低於保單幣別 10,000 元整,或當時本人(要保人)若申請辦理解約(契約終止)應付解約費用之兩倍金額,取其高者。若在提出部分解約的申請後,剩餘保單帳戶價值低於上述金額時,貴公司將以剩餘之保單帳戶價值扣除應給付之費用後結清給付保單帳戶價值,契約效力即為終止。
  - I understand that according to the insurance policy provisions, each partial surrender must not be lower than 600 dollars (in policy currency) and that the remaining account value must not be lower than 10,000 dollars (in policy currency) at the time of partial surrender or, as I (policyholder) apply for surrender (termination of the contract), twice of the surrender charge (the higher one applies). If, after applying for partial surrender, the remaining account value is lower than the numbers above, the Company may deduct all related charges from the remaining account value before returning the remaining account value to me. At this time the contract's validity is terminated.
- 2. 本部分解約申請及作業、匯款相關費用等,皆依保單條款 6.4 節辦理。 All the fees related to this regular partial surrender application, processing and remittances will be charged pursuant to Condition 6.4 of the Policy Terms and Conditions.
- 3. 本人確已評估及了解部分解約可能蒙受之損失或契約效力之改變。
  I have evaluated and understood the loss and change in the contract validity potentially caused by partial surrenders.

	partial surrenders.									
	變更定期部分解約之金額為 / Ch □元(同保題 □dollars ( and must be a round number   終止定期部分解約之約定 / Term	單幣別 ).或 口帳戶價值 in policy currency) or⊏ r).	道之 ]	%(最高限 % of the acco	為 10% ount va	5且須為整 <b>§</b> lue (10% <i>a</i>	數)。 it maxi	mum		
	要保人簽名 / Signature of the	Policyholder :	日期/Dat		EM	月 M	DD	_日		
	法定代理人簽名 / Signature of the Legal Representative :									
●此申請書係本人輔導下填寫,並核對要保人/法定代理人身分無誤,且親視要保人及法定代理人親筆簽名,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 was filled under my supervision. I have examined and confirmed the identities of th policyholder/legal representative and personally witnessed the policyholder and legal representative sign this document. All the information in this application is true and correct. I shall be liable for any damages to the Company as result of this application.										
	保經 / 代公司簽署人章 : 業務員簽名 : Signatory of the licensed intermediary company (stamp) intermediary		nsed	業務單位代號: 受理章/日 Center code Acceptan date			期: ce stamp /			
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:						