

契約內容變更申請書

申請書識別碼

 猶豫期變更

Change during Hesitation Period

Policy Change Application Form

◎ Please read the relevant important notes thoroughly before filling in the fields with new information.
 ◎ After filling in all necessary fields, the proposer/the insured shall sign at the bottom of page 3 of this application form.

保單號碼 Policy No.	要保人 The Proposer	被保險人 The Insured
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This application form shall constitute part of the original policy after being approved and signed by you. The policy is changed as follows:

變更代號/項目 Change Code/Item	契約變更內容 Change of Policy		
01 要保人 84 被保險人 聯絡資訊變更 Change of the contact information of the proposer or the insured	The Proposer	住所(通訊地址) : Address (mailing address): <input type="text"/> - <input type="text"/> (郵遞區號) (postal code) 市City 鄉鎮Township 路Road 段Section 巷Lane 弄Alley 號No. 縣County 市區District 街Street 樓F-	
		E-mail : (Please capitalize English characters and write the number 0 as 0 ; All valid policies of the individual in KGI Life Insurance Co., Ltd. will be updated at the same time.) 聯絡電話 : 住家Home(H) _____ 公司Office(O) _____ (分機Ext. _____) 行動Mobile : _____	
09 要保人變更 Change of the proposer	The Insured	住所(通訊地址) : Address (mailing address): <input type="text"/> - <input type="text"/> (郵遞區號) (postal code) 市City 鄉鎮Township 路Road 段Section 巷Lane 弄Alley 號No. 縣County 市區District 街Street 樓F-	
		E-mail : (Please capitalize English characters and write the number 0 as 0 ; All valid policies of the individual in KGI Life Insurance Co., Ltd. will be updated at the same time.) 聯絡電話 : 住家Home(H) _____ 公司Office(O) _____ (分機Ext. _____) 行動Mobile : _____	
	新要保人姓名 Name of New Proposer	身分證字號 ID No.	出生日期 Date of Birth
			_____年____月____日(yyyy/mm/dd)
	國籍 Nationality	是否具美國稅務居民身分 An U.S. Resident for Tax Purposes	與被保險人關係 Relationship with the Insured
	<input type="checkbox"/> 中華民國 Republic of China (ROC) <input type="checkbox"/> _____	<input type="checkbox"/> 是 YES <input type="checkbox"/> 否 NO	
	The new proposer declares that he/she/it will accept all the rights and obligations of the former proposer under this policy from the date of change. If this policy has been used to borrow money or has been set for automatic advances on premiums, the obligation to pay off the loan or automatically advance premiums shall be generally borne by the new proposer. ◎ In case of a change of the proposer, the waiver of premium rider added by the former proposer to this policy shall be deleted. ◎ Changing the proposer may involve taxation such as gift tax, estate tax, and income tax. Please pay attention to tax filing matters to avoid future tax problems. ◎ The new proposer should change the payment method designation based on the characteristics of the insurance products. ◎ The new proposer should review their relationship with the transfer authorizer [Please see Transfer Authorization Application and Agreement]. If it does not comply with the regulation, please change the transfer authorizer. ◎ Please attach the FATCA and CRS Customer Self-Declaration and Personal Data Consent Form for this change.		
84 要保人帳號變更 Change of the proposer's account number	如有應付予要保人之款項，除已另有約定給付方式外，本公司將款項匯入下列帳戶。 If there is any payment due to the proposer, the Company will remit the payment to the following account unless otherwise agreed. 中文戶名 Account name in Chinese : _____ 銀行Bank/分行名稱 Branch name : _____ 帳號 Account number : _____ 銀行代碼 Swift code : _____ * 英文戶名 Account name in English : _____ ※ 外幣保單除提供匯款銀行/分行名稱及帳號資料外，務必再提供「*號」欄位資料。 Note: For a foreign currency policy, please make sure to fill in the fields marked "*" in addition to the bank/branch name and the account number.		

保險單批註專用欄 Field designed for policy endorsement :

註：本契約變更申請書未經加蓋本公司核保專用章不生效力。

核保專用簽章 Underwriting Seal :

Note: This policy change application form shall take effect only after being stamped with the Company's underwriting seal.



代號/項目 Change Code/Item	契約變更內容 Change of Policy
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08 / 61 / 84 受益人變更 Change of Beneficiary 【保險金給付限匯款Benefits shall be paid by remittance only.】

- ◎ If the legal heir of the insured is the beneficiary of the death/burial benefits, the order of beneficiary and the proportion of the due benefits shall be governed by the succession part of the Civil Code.
- ◎ If the beneficiary of the death benefit is designated separately or the proposer refuses to provide or fails to provide the beneficiary's contact address and telephone number, the contact information last provided by the proposer will serve as the basis for future notification of the beneficiary of the death benefit.
- ◎ If there are two or more beneficiaries and the distribution method is not selected, it is presumed to be distributed equally; if the sequence of distribution is not specified, the benefits will be distributed in order from top to bottom; if the proportion of distribution is not specified, it is presumed to be distributed equally.
- ◎ For a foreign currency policy, please make sure to fill in the fields marked "*" in addition to the bank/branch name and the account number. If the English account name is not provided this time or there is no English account name when the account is opened, the Company will use the Chinese-English translation system of the Bureau of Consular Affairs of the Ministry of Foreign Affairs to translate the English account name.

保險金種類及受益人資料(08)(每欄限勾1種) Benefit type and beneficiary information (08) (limited to 1 type per row) *If the beneficiary of the death/burial benefits is not the spouse, lineal relative by blood, or legal heir of the insured, please state the reason.	受益人匯款及聯絡資訊(61/84) Beneficiary's remittance information and contact information	保險金分配方式 Benefit distribution method		
		比例 Proportion	順位 Sequence	均分 Equal distribution
<input type="checkbox"/> 生存保險金 Survivor benefits <input type="checkbox"/> 滿期/祝壽保險金 Maturity/survival benefits <input type="checkbox"/> 身故/喪葬費用保險金 Death/burial benefits	姓名 Name : _____ 身分證字號 ID No. : _____ 出生日期 Date of Birth or Registered Date of Incorporation : _____ 國籍 Nationality : <input type="checkbox"/> 中華民國 Republic of China (ROC) <input type="checkbox"/> _____ 與被保險人關係 Relationship with the Insured : _____ * 說明原因 Reason : _____	指定地址 Designated address : _____ _____ 電話 Phone number : _____ E-mail : _____ 銀行(郵局) Bank : _____ 分行(局號) Branch name : _____ 帳號 Account Number : _____ 銀行代碼(Swift Code) : _____ * 英文戶名 Account Name in English : _____	%	<input type="checkbox"/> 均分
<input type="checkbox"/> 生存保險金 Survivor benefits <input type="checkbox"/> 滿期/祝壽保險金 Maturity/survival benefits <input type="checkbox"/> 身故/喪葬費用保險金 Death/burial benefits	姓名 Name : _____ 身分證字號 ID No. : _____ 出生日期 Date of Birth or Registered Date of Incorporation : _____ 國籍 Nationality : <input type="checkbox"/> 中華民國 Republic of China (ROC) <input type="checkbox"/> _____ 與被保險人關係 Relationship with the Insured : _____ * 說明原因 Reason : _____	指定地址 Designated address : _____ _____ 電話 Phone number : _____ E-mail : _____ 銀行(郵局) Bank : _____ 分行(局號) Branch name : _____ 帳號 Account Number : _____ 銀行代碼(Swift Code) : _____ * 英文戶名 Account Name in English : _____	%	<input type="checkbox"/> 均分
<input type="checkbox"/> 生存保險金 Survivor benefits <input type="checkbox"/> 滿期/祝壽保險金 Maturity/survival benefits <input type="checkbox"/> 身故/喪葬費用保險金 Death/burial benefits	姓名 Name : _____ 身分證字號 ID No. : _____ 出生日期 Date of Birth or Registered Date of Incorporation : _____ 國籍 Nationality : <input type="checkbox"/> 中華民國 Republic of China (ROC) <input type="checkbox"/> _____ 與被保險人關係 Relationship with the Insured : _____ * 說明原因 Reason : _____	指定地址 Designated address : _____ _____ 電話 Phone number : _____ E-mail : _____ 銀行(郵局) Bank : _____ 分行(局號) Branch name : _____ 帳號 Account Number : _____ 銀行代碼(Swift Code) : _____ * 英文戶名 Account Name in English : _____	%	<input type="checkbox"/> 均分

約定身故保險金(不含「喪葬費用保險金」)或完全失能保險金分期定期給付者, 需另檢附「保險金分期定期給付約定書」辦理。

If death benefits (excluding "burial benefits") or total disability benefits are paid in installments according to the policy, the "Benefits Installment Agreement" shall be provided as well.

10 基本資料變更 Change of basic information 【Only fill in the fields that need to be changed】	項目 Item	姓名 Name	身分證字號 ID No.	性別 Gender	出生日期或註冊設立日期 Date of Birth or Registered Date of Incorporation
		要保人 The proposer			
	被保險人 The insured				____年____月____日 (yyyy/mm/dd)
	其他 others _____				____年____月____日 (yyyy/mm/dd)

◎ If you are applying for a change of ID number and you are the payer of this policy or other policies and the payment channel is "credit card payment" or "financial institution transfer", please fill in the "Transfer Authorization Application and Agreement" separately to facilitate the subsequent policy deduction operation.



壽險業履行個人資料保護法告知義務內容：凱基人壽保險股份有限公司(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、第八條第一項規定，向 台端告知下列事項，請 台端詳閱。如中、英文版本有歧異時，應以中文版本為準。

Notifications for Performance of the Obligations under the Personal Data Protection Act by Life Insurance Companies:

In accordance with Paragraph 2, Article 6 and Paragraph 1, Article 8 of the Personal Data Protection Act (hereinafter referred to as the "Act"), KGI Life Insurance Co., Ltd. (hereinafter referred to as the "Company") is obligated to inform you of the following matters. Please read the following matters thoroughly.

If there is any discrepancy between the Chinese and English version, the Chinese version shall prevail.

- 一、蒐集之目的：(一)〇〇一人身保險(二)〇四行銷(三)〇五九 金融服務業依法令規定及金融監理需要、所為之蒐集處理及利用(四)〇六九 契約、類似契約或其他法律關係事務(五)一三六資(通)訊與資料庫管理(六)一五七調查、統計與研究分析(七)一八一 其他經營合於營業登記項目或組織章程所定之業務。
The purpose of the collection: (1) 001 Life and health insurance; (2) 040 Marketing; (3) 059 Financial service industry's collection and processing information in accordance with laws and needs for financial supervision; (4) 069 Contract, contract-like or other legal related matters; (5) 136 Telecommunication and database management; (6) 157 Investigation, statistic, and research and analysis; and (7) 181 Other business operation in accordance with the business registration project or organization prospectus.
- 二、蒐集之個人資料類別：(一)姓名(二)身分證統一編號(三)地址等聯絡方式(四)病歷、醫療、健康檢查(五)財務狀況(六)聲音、影像檔案(七)其他詳如要保書等相關業務申請書或契約書內容。
The categories of the personal data to be collected: (1) Name; (2) Personal ID card number; (3) Address and other contact information; (4) Record of health, medical report, and health examination result; (5) Financial condition; (6) Audio and video files; (7) Others detailed in the insurance policy and related application forms or contracts.
- 三、個人資料利用之期間、對象、地區、方式：(一)期間：本保險契約之有效期間及依法令規定應為保存之期間。(二)對象：本公司、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、臺灣網路認證(股)公司及其合作之電信業者、內政部戶政司、業務委託機構、本公司所屬金融控股公司及其子公司(包括但不限於與本公司共同行銷或交互運用客戶資料者)及其委外單位、與本公司合作推廣台端保險契約之保險代理人/保險經紀人(含兼營保險代理人/保險經紀人業務之銀行)、與本公司有再保業務往來之公司、依法有調查權機關或金融監理機關、以及本公司為踐行台端身分證驗證之機關/機構。(三)地區：上述對象所在之地區。(四)方式：合於法令規定之利用方式
The time period, recipients, territory, and methods of which the personal data is used: (1) Time period: the effective period of this policy or a time period of retention stipulated by law; (2) Recipients: the Company, Life Insurance Association of Republic of China, 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., Taiwan Certificate Authority Corporation and its partnering telecommunication companies, Department of Household Registration of the M.O.I., business entrusting agencies, the Insurer's parent financial holding company and its subsidiaries (including but not limited to businesses conducting joint marketing with the Insurer or those sharing personal data of customers with the Insurer) and contractors, insurance agents and brokers (including banks concurrently operating insurance brokerage/agency) working with the Insurer to promote this insurance contract, companies which have reinsurance business with the Company, and government agencies with the authorities of investigation or financial supervision, and institutes/agencies verifying the identity of the Applicant on the Insurer's behalf; (3) Territory: the areas where the parties above are located; and (4) Methods: methods in compliance with the laws and regulations.
- 四、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：(一)得向本公司行使之權利：1.向本公司查詢、請求閱覽或請求製給複製本。2.向本公司請求補充或更正。3.向本公司請求停止蒐集、處理或利用及請求刪除。(二)行使權利之方式：書面。
In accordance with Article 3 of the Act, you may exercise the following rights to your personal data held by the Company: (1) Your rights: a. make an inquiry of and review personal data or request a copy of personal data; b. supplement or correct personal data; c. demand the cessation of the collection, processing or use of personal data or to erase personal data; and (2) Method of exercising the rights: in writing.
- 五、台端不提供個人資料所致權益之影響：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，因此可能婉謝承保、遲延或無法承保。
Impact of The impact of refusal to provide data: If you refuse to provide your personal data, we may delay or be unable to proceed with the necessary review and processing; as a result, we may decline, delay or be unable to underwrite your application.

※本人因事不克親至 貴公司辦理保險契約 _____ 事宜，茲委任 _____ 君代為處理，與本人關係為 _____。
Note: I am unable to apply to the Company for the policy change in person, and hereby appoint _____, a _____ (the relationship) of mine, to apply for the policy change on my behalf.

業務員/受託人/見證人填寫欄 Representative/Trustee/Witness Fill in the Field
業務單位 Business unit : _____
服務人員： (簽章) Service Representative (signature)
登錄證字號： Licensed certificate number
聯絡電話： Telephone number
單位/分行主管： (簽章) Head of unit/branch (signature)
受託人： (簽章) Trustee (signature)
見證人： (簽章) Witness (signature)
保經、代公司簽章： Signature of the broker/agent:

I have thoroughly read this application form, "Notifications for Performance of the Obligations under Personal Data Protection Act by Life Insurance Companies" and the important notes on the back, and have obtained the information required to fully understand the impact of this change application on my rights and interests.

此致 凱基人壽保險股份有限公司 KGI Life Insurance Co., Ltd.
要保人 The proposer :
【原要保人 Former proposer】 _____ (簽章)(signature)
【原要保人新簽章 New signature of the former proposer】 _____ (簽章)(signature)
【新要保人 New proposer】 _____ (簽章)(signature)
被保險人 The insured : _____ (簽章)(signature)
【被保險人新簽章 New signature of the insured】 _____ (簽章)(signature)
法定代理人 Legal representative : _____ (簽章)(signature)
附加契約被保險人 The insured of the rider : (配偶/子女 Spouse/children) _____ (簽章)(signature)
(請填寫下列資料)(Please provide the following information)
法定代理人身分證字號/出生日期/國籍/關係 : _____
ID number/date of birth/nationality/relationship of the legal representative
◎ The Company does not authorize representatives to collect the additional fees charged for the policy change in cash or by check. Please see the important notes.
◎ If the proposer or the insured is under the age of 7 or is incapacitated, the legal representative shall sign on his/her behalf; if the proposer or the insured is 7 years old or older, he/she shall sign in person. If the proposer or the insured is illiterate, he/she may use a thumbprint instead of a signature, and two or more adult witnesses shall be present to sign; however, the representative shall not be a witness, and the ID numbers of the witnesses and their relationships with the illiterate shall be indicated as well.
◎ If the proposer or the insured is under the age of 20 or incapacitated, the legal representative shall sign and indicate the relationship with the proposer or the insured.
◎ To protect your rights and interests, you shall use the signature affixed to the policy application, and shall not sign the blank application form; if you apply for lowering insurance coverage, paying up, renewing the policy, changing the type of insurance or terminating the policy due to a new policy, please make sure that this change application meets your needs.
聯絡電話： _____ 申請日期： _____ 年 _____ 月 _____ 日 (yyyy/mm/dd)
Telephone Number _____ Date of Application _____

The party concerned must sign all signatures on this application form in person and the information provided is true and correct. If there is any misrepresentation, the signatory is willing to bear the legal responsibility.



一、填寫申請書時之注意事項

1. This application form constitutes part of the original contract. Please fill in all the information legibly.
2. If there are alterations made in this application form, the proposer shall sign at the places where the alterations are made. If the proposer does not sign, a new application form shall be filled in.
3. Premiums or other fees charged for applications or changes shall not be paid in advance without the notice of the Company.
4. If the proposer or the insured is a minor, subject to the declaration of guardianship, or under the order of the commencement of assistance at the time of change application, the application form shall be signed and approved by the statutory agent, guardian, or assistant.
5. The Company may revise the above regulations when necessary.
6. E-Notifications:
To deliver notifications and messages more quickly with a variety of channels, the Company sends certain notifications by e-mail in place of traditional mail. An e-mail address is required to apply for the E-Notifications. After the E-Notifications are granted, notifications and messages of all valid policies of the same proposer, including future policies, in the Company will be sent by e-mail. "Yahoo Mail and other free e-mail accounts may block or delay the Company's e-mails. To protect your rights and interests, it is proposed that you use other e-mail accounts."
E-Notifications delivers "notifications," "statements" and "conditional receipts." Any adjustments to the above forms will be updated on the Company's website. Please see www.kgilife.com.tw/Policyholder Services/Download Application Forms/Online Services/List of E-Notifications.
7. **This application form may be sent by mail to 11F, No. 2-107, Wuquan Road, West District, Taichung City 403, Attn: Policy Operations Department.**
【Reminder】 The Company has fully implemented "zero cash" service and has forbidden agents soliciting policies or other personnel to collect cash or checks from customers to pay insurance premiums. Should you find any personnel of the Company violating the above regulations, please call the toll-free hotline of our Call Center: 0800-098-889. The Company will do its best to provide services.
8. We remind you to carefully evaluate any transaction related to the withdrawal of funds. Application should not be submitted only because of the tempting claims of "high returns" or "high yields". After receiving the funds, if an unknown person asks you to transfer the funds to other accounts, please immediately notify the police or call the 165 hotline for verification!

二、業務員報告書

- (一) 是否於申請時洽晤要保人、被保險人及法定代理人本人(當要保人或被保險人為未成年者時)，並請保戶提供兩種個人身分證明文件與保戶本人核對無誤後於本業務員報告書註明？
是 否，若否，請詳述原因：_____
- 保戶為**本國國民**：第一身分證明文件必須為國民身分證(或戶口名簿，限用於年齡14歲以下未有國民身分證之未成年人)；第二身分證明文件可為下列任一文件(若要保人、被保險人及法定代理人為不同人時，以下資料需分別填寫)：
 駕照(請註明駕照號碼為_____)、 健保卡(請註明身分證字號為_____)
 護照(請註明護照號碼為_____及效期截止日期為_____)等。
 - 保戶為**本國法人**：負責人之身分證明文件(參考前項之第一身分證明文件)及公司變更登記表、營利事業登記證及最近一年度所得稅結算申報書等。
 - 如保戶為**外國人**：依特殊身分核保規則所訂之居留證、護照、合法工作證明文件、中華民國統一證號資料表及戶口名簿等及其規定辦理之。
- ◎業務員聲明事項：本人已核對要保人、被保險人及法定代理人兩種個人身分證明文件，並確認其身分、職業(含工作內容)及地址與契約內容變更申請書填載內容一致。
- (二) 本人了解保戶之戶籍地址不可授權為他人地址，並同時確認保戶之住所(通訊地址)、戶籍地址皆真實正確且不得為本人住家、戶籍地址或通訊處地址；若與本人相同時，請勾選下列事由以利審核評估：
 (1)因本人為要保人，故本契約內容變更申請書所填寫之地址為本人住家、戶籍地址或通訊處地址。
 (2)本契約內容變更申請書所填寫之住所(通訊地址)為本人住家或戶籍地址，因要保人/被保險人為本人之 配偶 子女 父母 同一戶籍親友。
 (倘勾選同一戶籍親友請提供雙方地址相同之證明文件。)
- (三) 過去一年內要保人是否居住於中華民國境外超過半年以上？是，居住國家：_____ 否
- (四) 新要保人或被保險人是否是現任(或曾任)國內外政府或國際組織之重要政治性職務人士(如：中央或地方民意代表、公務機關首長)？
是，請說明：_____ 否
- (五) 要保人購買保險商品時，是否對於保障內容或給付項目完全不關心，抑或對於具高保單價值準備金或具高現金價值或躉繳保費之保險商品，僅關注保單借款、解約或變更受益人等程序？是 否

業務員簽名： _____ / _____

日期 _____ 年 _____ 月 _____ 日

聯絡/行動電話： _____ / _____



凱基人壽客戶服務專線 Customer Service Hotline：0800-098-889;

海外諮詢專線 Overseas hotline(須付費 Need charge)：該國國際冠碼 International Call Prefixes +886 2-6601-5760

公司使用欄

- 申請書上有立可白/修正帶...等之塗改處，請註明：_____
- 與實體文件相符 實體文件不清楚 已附轉帳授權書/薪扣同意書 流水編號不符 另有檢附契變書，識別碼：
- 其他，請註明：_____

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