



Application for Change of Insurance Contract Contents (保險契約內容變更申請書)

This is to apply for the following changes to the insurance contract contents, and the undersigned agrees that such changes shall take effect only upon approval by the Company.

(茲申請下列保險契約內容變更，並同意本契約之變更自本公司審核通過後始得生效。)

Policy No. (保單號碼)		Endorsement No. (批單號碼)		Policyholder (要保人)		Insured (被保險人)	
<p>Upon approval and signature by South China Insurance Co., Ltd., this application shall form an integral part of the original contract, and the contract contents shall be amended as follows: (本申請書經 貴公司同意簽章後構成原契約之一部份，其契約內容變更如下)</p>							
1	Change of Policyholder Information (要保人資料變更) (Please complete in detail according to Instructions 1 and 2) ((詳填寫說明 1、2))	Name (姓名): _____, Relationship to the Insured (與被保險人關係): <input type="checkbox"/> Self (本人) <input type="checkbox"/> Spouse (配偶) <input type="checkbox"/> Parents (父母) <input type="checkbox"/> Children (子女) <input type="checkbox"/> Others (其他) _____ National Identification No. (Uniform Business No.) (身分證字號(統一編號)): _____, Date of Birth (出生日期): __ Year __ Month __ Day, Legal Representative (__年__月__日, 法人代表人): _____ Household Registration Address (戶籍地址) □□□ _____ Contact Address (聯絡地址) □□□ _____ Telephone (電話): (Home) (住家) _____ (Office) (公司) _____ (Mobile) (手機) _____					
2	Change of Insured Information (被保險人資料變更) (Please complete in detail according to Instruction 2) ((詳填寫說明 2))	Name (姓名): _____, National Identification No. (身分證字號): _____, Date of Birth (出生日期): ____/____/____ (YYYY/MM/DD) (____年__月__日) Household Registration Address (戶籍地址) □□□ _____ Contact Address (聯絡地址) □□□ _____ Telephone (電話): (Home) (住家) _____ (Office) (公司) _____ (Mobile) (手機) _____ Service Organization (服務機構) _____ Job Title (職稱) _____ Job Description (工作內容) _____					
3	Change of Death Benefit Beneficiary Information (身故受益人資料變更) (Please complete in detail according to Instruction 3) ((詳填寫說明 3))	Name (姓名)	National Identification No. (身分證字號)	Relationship to the Insured (與被保險人關係)	Method of Allocation (Please complete in detail according to Instruction 4) (分配方式 (詳填寫說明 4))		
					<input type="checkbox"/> Equal Share (均分) <input type="checkbox"/> Order 1 (順位 1) <input type="checkbox"/> Percentage _____ % (比例 _____ %)		
					<input type="checkbox"/> Equal Share (均分) <input type="checkbox"/> Order 2 (順位 2) <input type="checkbox"/> Percentage _____ % (比例 _____ %)		
					<input type="checkbox"/> Equal Share (均分) <input type="checkbox"/> Order 3 (順位 3) <input type="checkbox"/> Percentage _____ % (比例 _____ %)		
					<input type="checkbox"/> Equal Share (均分) <input type="checkbox"/> Order 4 (順位 4) <input type="checkbox"/> Percentage _____ % (比例 _____ %)		
		If the beneficiary is not a spouse, lineal relative, or statutory heir, please state the reason for designation: _____ (非指定配偶、直系親屬、或法定繼承人，請說明指定原因: _____)					
		Death Benefit Beneficiary Contact Address (身故受益人聯絡地址): _____ Telephone (電話): _____ ※ If the death insurance benefit beneficiary is designated by status, and if the policyholder does not consent to providing the beneficiary's contact address and telephone number, the latest contact information retained by the policyholder shall serve as the basis for future notification to the death insurance benefit beneficiary. (※身故保險金受益人如係身分別之指定及如有要保人不同意填寫受益人之聯絡地址及電話之情形，則以要保人最後所留之聯絡方式，作為日後身故保險金受益人之通知依據。)					
4	Change of Policy Nature (保單性質變更)	<input type="checkbox"/> Paper Policy (Physical) (紙本實體保單) <input type="checkbox"/> Electronic Policy (電子保單) <input type="checkbox"/> Change of Email Address (電子郵件變更) (For application for an electronic policy or change of email address, please continue to complete the E-mail field) (申請電子保單或電子郵件變更者，請續填 E-mail) E-mail: _____					
5	Automatic Renewal (自動續保)	<input type="checkbox"/> Cancel Automatic Renewal (取消自動續保) <input type="checkbox"/> Agree to Automatic Renewal (同意自動續保)					



6	Change of Signature Method (簽章方式變更)	<input type="checkbox"/> Policyholder (要保人) <input type="checkbox"/> Insured (被保險人) (For application to change the signature method, please affix both the new and previous signatures in the signature field) (申請變更簽章方式，請於簽名欄位中簽上新/舊簽章)
7	Health Declaration (健康告知)	<input type="checkbox"/> Change to Substandard Risk (變更次標準體)/ Cancellation of Substandard Risk (取消次標準體)/ Supplementary Health Disclosure (補充告知事項) (Please complete the Insured's Health Declaration Form) (請填寫被保險人健康聲明書)
8	Contract Rescission / Termination (契約終止/撤銷)	<input type="checkbox"/> Contract Rescission (void ab initio) 契約撤銷 (自始無效) <input type="checkbox"/> Contract Termination (Termination Date: ____/____/____ (YYYY/MM/DD)) (契約終止 (終止日 年 月 日)) (For application for contract rescission or termination, please attach the insurance policy) (申請契約撤銷及契約終止者請一併附上保險單) Refund Method (退費方式): (If the policyholder and the insured are not the same person, the refund shall be made primarily to the policyholder.) (要保人與被保險人非同一人時，退費對象以要保人為主) (Please complete in detail according to Instruction 5) (詳填寫說明 5) <input type="checkbox"/> Remittance (匯款): _____ Bank/Post Office (銀行/郵局) _____ Branch/Sub-branch, Account No. (分行/分局，帳號): _____ <input type="checkbox"/> Cash (現金) (Subject to deduction of a stamp tax of four per thousand (0.4%)) (需代扣千分之四印花稅): Please bring the policyholder's (and agent's, if applicable) identification card and seal to (請攜帶要保人(及代理人)身份證、印章至) <input type="checkbox"/> Head Office (總公司) <input type="checkbox"/> _____ Branch Office for collection. (分公司領取) <input type="checkbox"/> Offset (抵繳): Offset against Policy/Endorsement No. (抵繳保批單號碼): _____ (The name must be identical to that of the policyholder) (需與要保人相同) Contact Person (聯絡人): _____ Telephone (電話): _____ <div style="text-align: center;">[Declaration of Loss of Insurance Documents] (【保險文件遺失聲明書】)</div> I (We), as <input type="checkbox"/> the Policyholder <input type="checkbox"/> the Insured, hereby apply to South China Insurance Co., Ltd. for <input type="checkbox"/> Contract Rescission <input type="checkbox"/> Contract Termination. However, the original (duplicate) insurance policy and the original (duplicate) premium receipt have been inadvertently lost and are therefore unable to be returned. I (We) hereby declare the said documents void to South China Insurance Co., Ltd. Should any insurance benefits or legal disputes arise as a result of such loss, the undersigned shall assume full responsibility, and South China Insurance Co., Ltd. shall bear no liability. To: South China Insurance Co., Ltd. (本人(本公司)為 <input type="checkbox"/> 要保人 <input type="checkbox"/> 被保險人，今向貴公司提出 <input type="checkbox"/> 契約撤銷 <input type="checkbox"/> 契約終止，惟該保險單正本(副本)，收據正本(副本)不慎遺失，無法繳回，謹向 貴公司聲明作廢，嗣後如有因遺失涉及保險效益及法律糾紛問題，立書人願負擔全部責任，概與 貴公司無關。 此致 華南產物保險股份有限公司) Declarant (立書人): _____
9	Others (其他)	
<div style="text-align: center;">[Written Notice of Important Matters Relating to Termination of the Insurance Contract and Customer Rights] (【終止保險契約與客戶權益相關之重要事項書面告知】)</div> <p>To safeguard your rights and interests, please be reminded to carefully read and fully understand the following important matters before terminating the insurance contract: (為維護您的權益，提醒您務必於終止保險契約前確認已詳閱並充分了解下列重要事項：)</p> <ol style="list-style-type: none"> 1. An application for termination of the insurance contract shall take effect from the time South China Insurance Co., Ltd. (the "Company") receives the policyholder's written notice. The Company's insurance liability shall terminate immediately. Should any accident occur thereafter, the Company shall bear no insurance liability whatsoever. (申請保險契約終止者，自本公司收到要保人書面通知時開始生效。本公司所負之保險責任即行終止，日後若發生任何事故，本公司恕不負任何保險責任。) 2. Upon termination of the insurance contract, it may not be possible to recover the full amount of premiums already paid. (保險契約終止時，可能無法全額領回已繳保險費。) 3. If a new policy is purchased after termination of the insurance contract, the following risks shall be borne: (保險契約終止後再投保新保單時，須承擔下列風險：) <ol style="list-style-type: none"> (1) Re-fulfillment of the duty of disclosure: Health disclosure must be made based on the insured's physical condition at the time of applying for the new contract. During the period between termination of the contract and reapplication for a new policy, if the insured contracts a disease and fails to make the required health disclosure, the insurance company may rescind the contract pursuant to Article 64 of the Insurance Act due to breach of the duty of disclosure. (重新履行告知義務：須對投保新契約當時的體況進行健康告知，契約終止後至再投保新保單前之期間，倘被保險人罹患疾病而未履行健康告知，將可能因違反告知義務致保險公司依保險法第 64 條解除契約。) (2) The exclusion period for rescission of the insurance contract due to breach of the duty of disclosure, as well as the waiting period for health insurance, shall both be recalculated from the effective date of the new contract. During the recalculated waiting period for reinsured health insurance, if the insured contracts a disease, insurance benefits may not 		



be payable.
 (違反告知義務解除保險契約的除斥期間及健康險的等待期,都要從投保新契約之日起重新計算。再投保健康險之等待期重新計算期間,倘被保險人罹患疾病,恐將無法獲得理賠。)

(3) As the insured's age at the time of reapplication may be greater than at the time of the original contract, insurance premium rates may be correspondingly higher, and coverage may be unavailable due to exceeding the eligible age specified under the new contract or due to health conditions; or claims may not be payable due to differences in coverage between the old and new contracts, all of which may affect your coverage rights and interests.
 (因重新投保時的年齡可能大於投保原契約時的年齡,保險費率可能也會相對提高,且可能因已超過新契約規定之投保年齡或身體健康因素而無法投保;或可能因為新舊契約保障範圍差異致無法獲得理賠等因素而影響您的保障權益。)

(4) If the insured has already contracted a disease prior to reapplying for health insurance, the insurance company may, pursuant to Article 127 of the Insurance Act, assert that it bears no liability for payment of the relevant insurance benefits.
 (再投保健康險前倘被保險人已罹患疾病,保險公司可能依保險法第 127 條主張不負給付相關保險金之責任。)

- Instructions for Form Completion**
【填寫說明】
- To apply for a change of policyholder, in addition to obtaining the insured's consent and signature, both the original and the new policyholders must sign.
 (申請變更要保人,除須取得被保險人同意並簽名外,新舊要保人亦須同時簽名。)
 - To apply for a change of name, age, or national identification number/uniform business number, please attach a copy of the national identification card or household registration transcript.
 (申請變更姓名、年齡或身分證統一編號者,請檢附身分證影本或戶口名簿影本。)
 - To apply for a change of beneficiary, please specify the relationship between the revised beneficiary and the insured, and obtain the insured's consent and signature.
 (申請變更受益人,請載明變更後受益人與被保險人之關係,並應取得被保險人同意並簽名。)
 - If beneficiaries are designated by proportional allocation or order of priority, please specify the percentage or order allocated to each beneficiary. If no allocation method is selected, the Company shall deem the benefits to be allocated equally. If the space provided is insufficient, please clearly state the details in the "Others" section.
 (受益人如按比例分配或順位分配時,請註明各受益人所分配之比例或順位;若未勾選分配方式,本公司將推定為以均分方式受益,如欄位不足填寫時,請於其他欄位填寫清楚。)
 - For applications for contract termination/rescission where the refund method is remittance, to avoid incorrect or unclear account information, it is recommended to provide a copy of the bank passbook.
 (申請契約終止/撤銷,退費方式若為匯款,為避免帳號誤植或填寫不清,建議提供存摺影本。)
 - This application form constitutes an integral part of the insurance contract. All information provided and disclosures made shall be completed in block letters.
 (本申請書係保險契約的構成部份,各項資料之填寫及告知請以正楷填寫。)
 - If any alteration is made when completing this application form, please sign next to the alteration. If no signature is affixed, please complete a new application form.
 (本申請書填寫時如有塗改時,請於塗改處簽名,如未簽名者,請重新填寫申請書辦理。)

I hereby consent to the information stated in this application for change being provided by Huanan Property & Casualty Insurance Co., Ltd. to the Property Insurance Association for the establishment of computerized records, to serve as underwriting reference for other property or life insurance companies when processing my insurance applications. However, other property and life insurance companies shall still determine acceptance of coverage in accordance with their own underwriting standards and shall not rely solely on such information as the basis for acceptance or rejection.
 (本人同意變更申請書上所載資料提供華南產物保險股份有限公司轉送產險公會建立電腦資料作為其他產險或人壽保險公司受理本人投保時之核保參考,但其他產、壽險公司仍應依其本身之核保標準決定是否承保,不得僅以此資料作為承保與否之依據。)

Original Policyholder (原要保人): _____ (Signature) (親簽)
 New Policyholder (新要保人): _____ (Signature) (親簽)

Insured (被保險人): _____ (Signature) (親簽)
 Legal Representative (法定代理人): _____ (Signature) (親簽)
 Application Date (申請日期): ____/____/____ (YYYY/MM/DD) (____年____月____日)

(For insured persons under the age of seven (7), the legal representative shall sign on their behalf; for those aged seven (7) and above, the insured shall sign personally. If the policyholder/insured is a minor, the legal representative must sign.)
 (未滿 7 足歲者,由法定代理人代為簽名;7 足歲(含)以上者,請由本人親自簽名。要/被保險人未成年者需由法定代理人簽名。)

Underwriting (核保)	Data Entry (輸入)	Soliciting Personnel (Signature) (招攬人員)(親簽)	Soliciting Personnel Registration Certificate No. (招攬人員登錄證字號)	Insurance Broker/Agency Company Seal (保經代公司簽章)	Handler (經手人)