

Application for Changing the Insurance Contract

Barcode (for Insurance Company Only)

Policy Number

※Please read the Notes carefully when you complete this application form, and fill in or check the content that will be changed; **it is not required to fill in the items that will not be changed.**

Amend the contract content - Type A: Please attach the proposer's photocopy of ID card for items 1-5; for items 6-7, please refer to the following attached table.

※Contact Tel. No.	(O) _____ (H) _____	Mobile phone: _____
□1. Proposer's residential address	□ Change the residential address of the same proposer of the Company	
	Street _____ District _____ City _____ Country _____	
	Zip code _____	
□2. Billing/Mailing address	□ Change the billing/mailling address of the same proposer of the Company	
□ Same address as the proposer's residential address	Street _____ District _____ City _____ Country _____	
□ Specify another address as shown in the right column	Zip code _____	
	E-mail : _____	
	※The residential, billing/mailling address of the proposer shall not be the business premises or residential address of the company, its branch office, insurance agent, insurance broker, bank and its branches, or the residential address or domicile of the salesperson.	
□3. How to receive your policy dividend / value-added bonus	□ Cash □ To offset the premiums due □ To save and earn interest □ To purchase additional paid-up insurance (If there is no policy dividend or value-added bonus under the terms and conditions of the policy, it will not be effective even if you check the box in this field)	
□4. Change of group collective payment	□ Apply for group collective payment (Application must be made by filling out a separate collective application form and attaching supporting documents) □ Apply to withdraw from existing collective payment	
□5. Payment method change	□ Annual □ Semi-annual □ Quarterly □ Monthly	
□6. ID Number/Nationality	□ ID Number of Proposer _____ Nationality _____ □ ID number of Insured _____ Nationality _____	(Please attach household registration documents and a photocopy of proposer/insured's ID card; for foreigners, please attach a photocopy of passport)
□7. Policy Replacement (There is a \$100 fee for the replacement of the policy. Please attach the original wire transfer receipt)	The original policy has been □ lost □ damaged □ other _____, and it is hereby declared to be void; a replacement is requested accordingly. If you need to change the seal, please check the box in item 16 and attach the "Change of the Seal and Signature Card". (Please attach a photocopy of the ID card of the proposer and the insured)	

Amend the contract content - Type B: To apply for changing this item, please attach the original insurance policy and relevant documents for identification purposes.

□8. Change of proposer (If you change the proposer, the new proposer and the insured must have the insurance benefits. If there is a loan or automatic payment under this policy, the obligation to pay off the loan/automatic payment will be transferred to the new proposer). ※Please check the box in item 16 for the change of seal, and attach the "Change of Seal and Signature Card". ※Please attach one of the following documents: a	Name of the new Proposer: _____ Sex : _____ ID Number : _____	
	Date of Birth: _____ year _____ month _____ day _____	Nationality: _____
	Employer: _____	Title: _____ Relationship with the insured: _____
	Annual income: \$ _____	Household annual income: \$ _____ (The annual income of the guardian for a student or proposer who is under 15 years old: \$ _____)
	Declaration of tax resident status by the proposer (to be checked by the new proposer) If there is a change in the following declaration and other documents related to the policy, resulting in an incorrect or incomplete declaration, you should inform the Company within 30 days from the date of the change.	
	<input type="checkbox"/> I. I do not have a foreign tax residence: ① U.S. citizenship or tax residence with no U.S. identifiers ② Citizenship or tax residence in a country other than the United States	
	<input type="checkbox"/> II. I am a foreign citizen or a resident for tax purposes □ A U.S. citizen or resident for tax purposes means a person who is a U.S. citizen (holding a U.S. passport), a resident alien, or a	

photocopy of the old and new insured person's ID card, driver's license, national health insurance card or passport ※If the original proposer deceased, please ask all the heirs to sign the "Declaration and Consent of Heirship" and attach the household registration cancellation transcript of the original proposer and household registration information of all the heirs. *B0100102*		person who physically present in the U.S. for more than 183 days in the current year, or a person who physically present in the U.S. for more than 31 days in the current year, and who has satisfied the 183-day requirement for the so-called "3-year period". ※183 days during the 3-year period that includes the current year and the 2 years immediately before that are calculated as follows: the actual number of days you were present in the U.S. in the current year x 1 + the actual number of days you were present in the U.S. in the first year before the current year x 1/2 + the actual number of days you were present in the U.S. in the second year before the current year x 1/3. If the total number of days is greater than (or equal to) 183 days, you are a U.S. resident for tax purposes. ※Please attach the W-9 form "Request for Taxpayer Identification Number and Certification" and the FATCA Personal Information Consent Form. ☐If you are a foreigner or resident for tax purposes in a country other than the United States. Please attach the "Self-Certification Form".
	☐	III. I am not a U.S. citizen or a resident for tax purposes, but have met any of the following criteria: ☐have been registered as a U.S. citizen or have permanent residency (green card); ☐was born in the U.S.; ☐have a U.S. residential address or mailing address; ☐have a U.S. telephone number; ☐transfer funds frequently to an account located in the U.S. ☐has appointed a person with a U.S. address as an agent to handle matters related to this insurance policy. ☐the address on record at our Company is not the proposer's address, but is the sole address of a "P.O. Box or a mail forwarding address for someone else". ※Please attach Form W-8BEN "Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)".

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Amend the contract content - Type B: To apply for changing this item, please attach the original insurance policy and relevant documents for identification purposes.

☐9.Name Change	☐Change the Proposer's name to _____		((Please attach household registration documents) ※Please check the box in item 16 for the change of seal, and attach the "Change of Seal and Signature Card".					
	☐Change the Insured's name to _____							
☐10. Beneficiary Change (If more than one beneficiary is designated, it is presumed to be divided equally if no specific order or percentage of allocation is specified; please fill in the order number when specifying the priority)								
☐Beneficiary of the death benefit	Address and telephone number for the beneficiary of the death benefit: ※If the beneficiary of the death benefit is designated by identity or if the proposer does not agree to fill in the contact address and telephone number of the beneficiary, the last contact information left by the proposer will be used to notify the beneficiary of the death benefit in the future.							
	Type of Settlement	Specify the priority order or percentage	Name	ID Number	Date of Birth/ Date of Registration	Nationality	Relationship with the Insured	
	☐ Payable in equal shares ☐ Priority (Please specify the order) ☐ Percentage							
		Address:					Tel:	
		Address:					Tel:	
		Address:					Tel:	
	※Please specify the reason if the beneficiary of the death benefits is not the spouse or immediate family member of the insured, or if the beneficiary is not listed as the "legal heir":							
	☐Beneficiary of Earned Benefit	☐ Payable in equal shares ☐ Priority (Please specify the order) ☐ Percentage						
☐Beneficiary of Maturity Benefit								
☐Beneficiary of Living benefit								
※If the beneficiary of the earned benefit, maturity benefit and living benefit is not the proposer, insured and legal heir, if the beneficiary's domicile is not in Taiwan, please provide the beneficiary's domicile in a foreign country. Name/ Country of residence : _____								

<input type="checkbox"/> 11.Change of <input type="checkbox"/> Reduced Paid-up Insurance / <input type="checkbox"/> Extended Term Insurance	
<input type="checkbox"/> 12.Cancel Rider	Cancel <input type="checkbox"/> All riders <input type="checkbox"/> Rider (Type: _____)
<input type="checkbox"/> 13. Reduce the payment terms	Change the basic plan payment term to ____ year. (Please sign the comparison table of benefits before and after the change of payment term)
<input type="checkbox"/> 14.Reduce the sum insured	<input type="checkbox"/> Change the sum insured of the basic plan to \$_____. <input type="checkbox"/> Change the type of rider: _____; the sum insured to: \$_____.
<input type="checkbox"/> 15.The insured's occupation change	Employer: _____ Title:_____ Please describe the job duties and content: _____.
<input type="checkbox"/> 16.Signature and seal change	The signature style of the <input type="checkbox"/> proposer <input type="checkbox"/> insured is adopted by <input type="checkbox"/> seal <input type="checkbox"/> signature. (Please attach a photocopy of the change of signature and seal card and ID card.) The original signature style will be voided at the same time, and the new signature style agreed upon in the "Change of Signature and Seal Card" will be used for future transactions.
<input type="checkbox"/> 17. Change of Interest-Sensitive Annuity Insurance	<input type="checkbox"/> The date of annuity payment starts on the policy anniversary date when the insured reaches the age of _____. (The period between the beginning date of this policy and the beginning date of annuity payment after the change shall not be less than 10 years and the payment term). <input type="checkbox"/> Change the guaranteed period for annuity benefits to <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years <input type="checkbox"/> 20 years. <input type="checkbox"/> Change the annuity payment method to <input type="checkbox"/> One-time payment (for Tian Fu Life Interest-Sensitive Annuity Insurance only) <input type="checkbox"/> Annual payment <input type="checkbox"/> Semi-annual payment. (The insured shall notify the Company in writing at least 30 days prior to the annuity payment starting date)

☐ 18. Other change items

Please fill in this column if you want to change the items that are not listed above.

※If there is a refund for this amendment, please remit the money to the following account of the proposer (for foreign currency policy, please also attach a photocopy of the proposer's foreign currency passbook).

Bank Name: _____ Branch _____ Account Number: _____

Account Name: _____ (Please fill in your Chinese and English name for foreign currency policy) swift code : _____

※The account mentioned above (including the foreign currency deposit account) is mine and I will be responsible for any subsequent wrongful remittance/refund due to incorrect information.

The Policy will be sent to the address you check; if the box is unchecked, the policy will be sent to the proposer's billing address.

☐ Address of the Proposer ☐ Billing Address

Notice on the collection, processing and use of personal information of Bank Taiwan Life Insurance:

Bank Taiwan 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. 1. Purpose of collection: (1). Life insurance (001). (2) Other business operations listed in registered business scope or corporate charter (181). 2. Categories of personal information collected: (1) Name. (2) Date of birth and ID Number. (3) Address and contact methods (4) Medical records, medical treatment and health examinations. (5) Other details such as insurance application and other relevant application documents. 3. Source of personal information (applies to indirect collection): (1) The proposer. (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. 4. Duration, targets, areas, and 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) and its overseas 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, insurance agents/brokers who jointly promote your insurance contract, 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. 5. 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. 6. 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. 【2017.06.27 Life Insurance Chi Heng Zi No. 1060740168 for review】

Notice for Collection, Processing and Use of Personal Information for FATCA Compliance (For individual client)

In compliance with the Foreign Account Tax Compliance Act ("FATCA") and the FFI Agreement (the "Agreement") between the Internal Revenue Service of the U.S. Department of the Treasury ("IRS"), Bank Taiwan Life Insurance Co., Ltd (the "Company") has the obligation to identify the tax residence of policy holder. In order to comply with the proper use of personal information in accordance with the Personal Information Protection Act, the Company hereby requests your cooperation with the compliance of FATCA and the relevant provisions under the Agreement, with notice as follows: 1. Purpose and Type of Collection, Processing and Use of Personal Information: In order to identify the policy holders of the Company and to report accounts held by U.S. persons to the IRS and the competent authority in Taiwan R.O.C., all personal information provided by you and all transaction information kept by the Company, including but not limited to name, place of birth, nationality, residential address/ mailing address/ billing address, telephone number, US tax identifying number (TIN), policy number, cash value and transaction details, shall be collected, processed and used by the Company for the purpose of FATCA compliance and as required by the Agreement. 2. Period and Method of Using Personal information: In compliance with the period required by FATCA and the Agreement, the personal information collected by the Company will be kept and used by the Company, Lead FFI, the competent authorities in Taiwan and the IRS. 3. Exercise of the Rights Regarding Personal Information: With regard to the personal information collected, processed and used by the Company, you may at any time request in writing or verbally to the Company to search, review, make duplications, supplement or correct the personal information or to discontinue the collection, processing, and use of the personal information, or request to delete the personal information. 6. Consent to Provision of Personal Information: In the event that you refuse to provide the personal information as required by the FATCA and the Agreement, or withdraw or revoke your consent therefor, the Company may still be required to report policy information about you to the U.S. government and the competent authorities in Taiwan. ※ The term "U.S. account" in this notice refers to any financial account held by one or more specific U.S. persons or foreign legal entities held by a U.S. person. ※ You have read the foregoing information carefully and understand that this information complies with the requirements of the Personal Data Protection Act and related regulations.

The original (new) proposer, the insured and the guardian have read the information in this application form and understand the entire information provided by the Company. Confirmation of signature is shown below:

To

Bank Taiwan Life Insurance Co., Ltd.

Original Proposer: _____

Insured: _____

New Proposers: _____

Guardian: _____

ID Number of Guardian: _____

Date of Birth of Guardian: _____

Year Month Day

Nationality: _____

I (the new proposer) declare that I assume all rights and obligations of the original proposer under this insurance policy from the date of change (including the obligation to pay off the loan / principal and interest).

Date: Year Month Day

※Items subject to change in this application may require the signature of the proposer, or the signatures from the proposer and the insured.

※The signature for the above should be made by the proposer/insured in person, and the signature style should be the same as shown in the policy application (if the signature style has been changed, the signature style should be the same after the change); if the proposer/insured is under 7 years old, the legal representative should sign on behalf of the proposer/insured; if the proposer/insured is over 7 (inclusive) years old but under 20 years old, the signatures from the proposer/insured and the legal representative are required. If the signature style of the proposer, the insured and the legal representative does not match with the original application form, they must apply for a change at the same time.

 After verifying the ID, this ☐ application ☐ change of signature and seal card is made by ☐

Receiving Seal

Original Proposer ☐ New Proposer ☐ Insured ☐ Legal Representative, Guardian, or Assistant in person. If there is any false information, I will be liable for all legal responsibilities.

Channel Code	Unit Code	Signature of Sales representative /Signature of Sales broker or agent	Certificate No. of sales representative/ Contact Telephone	Signatory of the insurance agency or broker/ Branch Office Supervisor

※Important Notes

1. To protect your rights, please do not sign the blank application form; please keep the contents of this application form from being altered, and if there is any alteration, please fill out a new form.
2. If the application form is incomplete or does not comply with the rules and regulations, the Company will not accept the request for amendment.
3. If you have any questions, please contact the branch offices of the Company or call the toll-free number 0800-011-966, or go to the Company's website at <http://www.twfhclife.com.tw>.

Bank Taiwan Life Insurance Co., Ltd.										*Z9999000*
List of documents required for the amendment of the contract										
No.	Change items	Application for Changing the Insurance Policy	ID card of the Proposer	ID card of the Insured	Policy	Change of Signature and Seal Card	Household Registration	Service Fee \$100 (please submit the receipt)	Signature A : Proposer B : Insured	Others
1	Change of proposer's residential address	V	V						A	
2	Change of billing/mailling address and E-MAIL	V	V						A	
3	How to receive your policy dividend / value-added bonus	V	V						A	
4	Change of group collective payment	V	V						A	Must submit the application for group collective payment together
5	Change payment method	V	V						A	
6	Change of the proposer's ID Number / Nationality	V	V				V		A	For foreigners, please provide a photocopy of your valid passport
	Change of the insured's ID Number / Nationality	V		V			V		AB	
7	Policy Replacement	V	V	V		V		V	AB	Postal remittance No.: 00149339 Account Name: BankTaiwan Life Insurance Co., Ltd.
8	Change of proposer	V	V		V	V			AB	* Item 16 must be changed at the same time *Original proposer and new proposer must submit two IDs at the same time.
	Change of proposer due to the death of the original proposer	V			V	V	V		AB	* Item 16 must be changed at the same time * Required to submit the original proposer's household registration cancellation transcript and all heirs' household registration information. * Consent Form from the heirs * Please provide a photocopy of ID card for the new proposer.
*If the changed proposer is a foreigner or has a tax residence of other country, please call our Customer Service Center or any of our branch offices to request the corresponding form (please refer to item 8. of the application for changing the insurance policy) according to the following status: ◎U.S. citizens or resident for tax purposes: Form W-9"Request for Taxpayer Identification Number and Certification" and the FATCA Personal Information Consent Form. ◎I am not a U.S. citizen or a resident for tax purposes, but I meet certain criteria for tax purpose: W-8BEN "Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)". ◎Those who are citizens or tax residents of countries other than the U.S.: Self-Certification Form.										
9	Change of the Proposer's Name	V			V	V	V		A	Item 16 must be changed at the same time
	Change of the Insured's Name	V			V	V	V		AB	Item 16 must be changed at the same time
10	Change of beneficiary of the death benefits	V			V				AB	
	Change of beneficiary of earned benefit/maturity benefit	V			V				AB	
	Change of Beneficiary of Living benefit	V			V				AB	
11	Change to Reduced Paid-up Insurance	V			V				A	
	Change to Extended Term Insurance	V			V				A	
12	Cancel the Rider	V			V				A	If there is a refund, please fill in the account number
13	Reduce the payment term	V			V				AB	
14	Reduce the sum insured	V			V				A	
15	Change the Occupation of the Insured	V			V				AB	If there is a refund, please fill in the account number
16	Change of Signature and Seal	V	V	V	V	V			AB	
17	Change of Interest-Sensitive Annuity Insurance	V			V				A	
18	Other change items	V			V				AB	Information required are determined by the change items
Addresses, telephone numbers and fax numbers of the headquarters and branches of the Bank Taiwan Life Insurance										
Headquarters	Address: (10682)2F, No. 69, Sec. 2, Tunhua N. Rd., Da'an Dist., Taipei City Tel.: (02)2784-9151 Toll free No.: 0800-011966					Taoyuan Branch	Address: (33066) 11F, No. 110, Fuxing Road, Taoyuan District, Taoyuan City TEL: (03) 336 - 6787 FAX: (03) 336 - 7515			
Hsinchu Branch	Address: (30043)3F-1, No. 9, Samin Road, Hsinchu City TEL: (03) 535 - 2950 FAX: (03) 535 - 1437					Chiayi Branch	Address: (60054) 4F-1, No. 762, Xinmin Road, Chiayi City TEL: (05) 236 - 1663 FAX: (05) 236 - 3035			
Taichung Branch	Address: (40341)1F, No. 95, Minquan Road, West District, Taichung City TEL: (04) 2224 - 2921 FAX: (04) 2221 - 9446					Tainan Branch	Address: (71084) 17F, No. 1-113, Zonghua Road, Yongkang District, Tainan City TEL: (06) 312 - 3778 FAX: (06) 312 - 3775			
Hualien Branch	Address: (97048)7F, No. 78, Zhongshan Road, Hualien City, Hualien County TEL: (03) 835 - 6492 FAX: (03) 8326 - 993					Kaohsiung Branch	Address: (80147) 19F-5, No. 211, Zongzheng 4 th Road, Qianjin District, Kaohsiung City TEL: (07) 241 - 9182 FAX: (07) 241 - 9181			
Website of Bank Taiwan Life Insurance: http://www.twfhclife.com.tw										

