中國信託金控 台灣人壽

2204121

保險契約內容變更申請書(C 式-簡易版)

Application Form for Change Policy (Type C-Simplified ver.)

掃描QR Code 下載表單或參考填寫範例。

（僅需填寫欲變更項目及其變更後內容）

(Only the application items to be changed and the updated content need to be filled in.)

※ 填寫本申請書前請先詳閱「蒐集、處理及利用個人資料告知事項」及相關注意事項。本申請書應併同其他申請文件送達台灣人壽保險股份有限公司（以下稱台灣人壽），經台灣人壽同意後，本申請書以台灣人壽書面受理日為保單內容異動生效日。
Before filling out this Application Form, **please read"Notifications for Performance of the Obligations under Personal Data Protection Act by Taiwan Life", the precautions and instructions herein**. This Application Form shall be submitted, along with the documents necessary for the change option you apply for, to Taiwan Life Insurance Co., Ltd.("We"or "Taiwan Life"), and once approved by Taiwan Life, this Application Form shall be effective from the date as specified, or otherwise be effective from the date of receipt, by Taiwan Life.

※ 如欲查詢保單狀況之相關訊息，可透過台灣人壽網站或客服專線(02)8170-5156 等管道查詢。
For any information regarding to your insurance policy, please submit your enquiry via Our official website or customer service hotline as follows:
Official Website: www.taiwanlife.com Customer Service Hotline: (02)8170-5156

保單號碼 Policy Number		要保人姓名 Name of Policyowner	

變更項目 Change Option	變更後內容 After change
1.要保人住所/行動電話/E-mail 變更 Change of Policyowner's Address/ Mobile Phone Number/E-mail	□住所 Address： □**要保人同意一併變更所有保單之住所（如未勾選，視為不同意）** **The policyowner agree to change the updated address to all policies In Taiwan Life.(If the policyowner uncheck, Taiwan Life will consider that the policyowner does not agree.)** □行動電話 Mobile Phone Number (with country code)： □電子郵件 E-Mail： **要保人所有保單之行動電話/E-mail 將一併變更** **The mobile phone number/E-mail of all policies of the policyowner In Taiwan Life will be changed at the same time.**
2.被保險人住所/行動電話/E-mail 變更 Change of Insured's Address/ Mobile Phone Number/E-mail	□住所 Address： □**被保險人同意一併變更所有保單之住所（如未勾選，視為不同意）** **The insured agree to change the updated address to all policies In Taiwan Life.(If the insured uncheck , Taiwan Life will consider that the insured does not agree.)** □行動電話 Mobile Phone Number (with country code)： □電子郵件 E-Mail： **被保險人所有保單之行動電話/E-mail 將一併變更** **The mobile phone number/E-mail of all policies of the policyowner In Taiwan Life will be changed at the same time.**

基本資料變更 Change of Policy Information	變更/更正後內容(After Change/Correction)				
	姓名 Name	身分證統一編號 ID Number	國籍 Nationality	出生/註冊日期更正 Correction of Birth /Registration Date	與被保險人關係 Relationship with the Insured
3.□要保人 Policyowner					
4.□被保險人 Insured					
5.□法定代理人 Legal Representative					

※申請變更/更正要保人(或被保險人)姓名或身分證統一編號者，要保人在台灣人壽之所有保單資料將一併變更/更正。
Applications for changing/correcting the name or ID number of a policyowner (or insured) shall apply to all the policies concerning the said policyowner, to the extent that such policies is underwritten by Taiwan Life.

※變更要保人「身分證統一編號」或「國籍」者，請一併填寫「美國海外帳戶稅收遵循法案 FATCA 身分聲明書暨金融機構執行共同申報及盡職審查作業辦法(CRS)身分聲明書」。
For applications to change the ID number or nationality of policyowner, the FATCA/CRS Identity Confirmation Questionnaire shall also be submitted .

※若申請變更/更正要保人(或被保險人)姓名或身分證統一編號，且同時為保險費信用卡或自動轉帳付款授權人，請重新檢附「自動轉帳付款授權書」或「保險費信用卡付款授權書」。
Applications for changing/correcting the name or ID number of a policyowner (or insured), who is also the payer for the insurance premium by credit card or autopay service, please resubmit the "Autopay Payment Authorization Form" or "Insurance Credit Card Payment Authorization Form".

※變更姓名應同時更新簽名樣式，請同時填寫「簽章樣式變更」。
Applications for changing the name of a policyowner (or insured) shall also apply for a change of signature. Please also fill in" Change of Signature".

6.簽章樣式變更 Change of Signature	變更對象 Change of Identity： □要保人 Policyowner □被保險人 Insured □法定代理人 Legal Representative 變更原因 Reason for Change： □變更慣用簽章樣式 Change of the usual signature □要保人/被保險人已滿七足歲欲變更簽章樣式 Change of the signature for policyowner/insured above the age of 7. □其他 Others_____

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7. 職業變更 Change of Occupation ☐**要保人** Policyowner ☐**被保險人** Insured	服務單位 Work Unit:_____ 詳細工作內容 Job Description：_____ **(註)**要保人/被保險人所有保單之職業將一併變更 **(Note)Chang of occupation applies to all the policies of the policyowner/ insured.**
8.其他變更項目 Other item to change	**(註)**變更項目非本申請書所列事項者，請填寫於「其他變更事項」 **(Note)**For application not listed in this form, please fill in this column.

※茲向台灣人壽申請變更保險契約內容如上，本人理解並同意，本申請書經台灣人壽簽核同意後，將作為構成原保險契約之一部分。
I hereby submit my application to Taiwan Life for policy change/replacement as stated above, and acknowledge and agree that, upon approved by Taiwan Life, this application form shall constitute a part of the insurance policy concerned.
※本人（要保人、被保險人及法定代理人/監護人/輔助人）已詳細閱讀與瞭解「蒐集、處理及利用個人資料告知事項」，並同意台灣人壽於法定範圍內蒐集、處理及利用本人之個人資料。
I (the policyowner、insured and legal representative/guardian/assistant) have read and understood the "Notifications for Performance of the Obligations under Personal Data Protection Act by Taiwan Life" hereunder , and entitle Taiwan Life, to the extent permitted by law, to collect, process and use my personal data as specified herein.

※配合相關法令規範，台灣人壽將視需要向要保人/被保險人進行電話訪問，請勾選適合電訪之時段：
In accordance with the relevant laws and regulations, Taiwan Life will conduct telephone interviews with the policyowner/insured as necessary. Please check your Available time for Telephone Interview：
☐上午 Morning (9:00~12:00) ☐下午 Afternoon (13:00~18:00)
（若未勾選者，將由台灣人壽安排電訪時段）If uncheck, Taiwan Life will arrange a telephone interview.

要保人簽章 **Signature of Policyowner**	**被保險人簽章** **Signature of Insured**	**法定代理人/監護人/輔助人簽章** **Signature of** **Legal Representative/ Guardian/ Assistant**	**申請日期** **Application Date**
		身分證統一編號(ID Number)： 出生日期(Date of Birth)： 國 籍 (Nationality)： 關 係 (Relationship)：	_____年_____月_____日 YYYY MM DD

※以上簽章應由要保人/被保險人本人親自為之，且簽章樣式需與要保文件相同；簽章者未滿七足歲，應由法定代理人代簽，如為未成年或已受有監護宣告/輔助宣告尚未撤銷者，需其法定代理人/監護人/輔助人一併簽章。
The above signatures and seals should be made by the applicant/insured in person, and the signature format must be the same as that of the insurance document. If the person signing the signature is under seven years old, a legal representative should sign on his behalf. If he is a minor or If a guardianship declaration/auxiliary declaration has not been revoked, the legal representative/guardian/assistant must also sign and seal it.
※要保人、被保險人簽章與原留台灣人壽簽章樣式不符或文件未齊全者，台灣人壽有權拒絕該次申請。
Taiwan Life shall be entitled to refuse your application if the signature form of policyowner/insured herein does not match the latest one retained by Taiwan Life, or if the documents with respect to your application are not completed.
※申請要保人/被保險人/法定代理人之簽章樣式、姓名等變更，須同時於簽章欄位簽署變更前與變更後之姓名。
When applying for the change of signature or name of the policyowner or insured/ legal representative, Please sign both the name before and after the change in the signature field.

***Please noted that the English version of this application form is for reference only. In the event of any conflict between the English version and the Chinese version, the Chinese version shall prevail.**

單位名稱 Branch	招攬/服務人員簽名 Signature of Agent	登錄字號/執業證書編號 Certificate No. of Agent	覆核主管簽名 Signature of Review Officer	保經/保代公司簽章 Insurance agent and brokerage company signature	台灣人壽受理章 Acceptance Chapter of Taiwan Life
	※經驗明身分確由要保人/被保險人/監護人/輔助人親自簽章辦理無誤 **The proof of identity must be signed and stamped in person by the applicant/insured/guardian/assistant.**	行動電話 Mobile Phone of Agent			

台灣人壽履行個人資料保護法告知義務內容

Notifications for Performance of the Obligations under Personal Data Protection Act by Taiwan Life

台灣人壽保險股份有限公司（以下稱本公司）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（如為間接蒐集之個人資料則為第九條第一項）規定，向您告知下列事項：

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 data) of Personal data Protection Act (the Act), notify you of the following:

一、蒐集之目的：本公司為執行下列事項，將在合法範圍內蒐集、處理及利用您的個人資料。1.人身保險（００一）。2.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（０五九）。3.非公務機關依法定義務所進行個人資料之蒐集處理及利用（０六三）。4.契約、類似契約或其他法律關係業務（０六九）。5.消費者、客戶管理與服務（０九０）。6.財稅行政（０九五）。7.其他自然人基於正當性目的所進行個人資料之蒐集處理及利用（一七六）。8.其他經營合於營業登記項目或組織章程所定之業務（一八一）。

Purpose of collection: The Company collects, processes and uses your personal data legally for the specific purposes as follows: 1. Life insurance (001). 2. Financial service industry's collection and processing information in accordance with laws and needs for financial supervision (059). 3. Non-government agency collect or process personal information under legal obligations (063). 4. Contract, contract-like or other legal relation matters (069). 5. Consumer/customer management and service (090). 6. Fiscal & tax administrative (095). 7. Other natural persons based on the legitimacy of the purpose of the processing and use of personal information collected (176). 8. Other business operation in accordance with the business registration project or organization Prospectus (181).

二、蒐集之個人資料類別：本公司將依契約及您所申請的項目蒐集您的個人資料包含但不限於：姓名、生日、身分證字號、地址及其他聯絡方式、病歷、醫療、健康檢查…等。

Categories of personal data collected: The Company only collects your personal data on the basis of the insurance policy and your application including but not limited to your name, birth date, personal ID card, address, contact information, medical records, healthcare and physical examination.

三、個人資料之來源（個人資料非由當事人提供間接蒐集之情形適用）：1.要保人。2.當事人之監護人、法定代理人、輔助人。3.各醫療院所。4.與第三人共同行銷、交互運用客戶資料、合作推廣等關係、或於本公司各項業務內所委託往來之第三人。

Source of personal data (applies to indirect collection): 1. Policyowner 2. Guardian, legal representative or assistant of the person whose information has been collected. 3. Medical care institutions. 4.The third party with whom the Company maintain a business relationship in respect to co-selling activities, sharing of customer information, joint promotion, or those commissioned by the Company regarding to the Company's business activities.

四、個人資料利用之期間、對象、地區、方式：1.期間：因執行業務所必須及依法令規定應為保存之期間。2.對象：本（分）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、業務委外機構、與本公司有再保業務往來之公司、與本公司有合作推廣或共同行銷之公司、依法有調查權機關或金融監理機關。3.地區：上述對象所在之地區。4.方式：合於法令規定之利用方式。

Time period, recipients, territory and methods of which the personal data is used: 1. Time period: The time period necessary for the Company's business activities, or those as required by law. 2. Recipients: The Company (and its 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 institutions commissioned by the Company, the reinsurance companies with whom the Company establish reinsurance relationship, and the competent government authorities of investigation or financial supervision. 3. Territory: The territory in which the aforementioned parties are situated. 4. Methods: The methods as permitted by law and regulation.

五、依據個資法第三條規定，您得以書面、電子郵件或傳真方式，就本公司所保有您的個人資料行使下列權利：1.向本公司查詢或請求閱覽；2.請求製給複製本；3.請求補充或更正；4.請求停止蒐集、處理或利用；5.請求刪除。

In accordance with Article 3 of the Act, where the personal data of yours possessed by the Company is concerned, you have the rights to: (1) make an inquiry of and to review your personal data; (2) request for a copy of your personal data; (3) request to supplement or correct your personal data; (4) demand for the cessation of the collection, processing or use of your personal data by the Company; (5) request to erase your personal data.

For the purpose of exercising the abovementioned rights, you may submit your application either (1) in written form; or (2) by E-mail; or (3) by fax.

六、您若未能提供相關個人資料時，本公司可能拒絕或遲延您的申請，或者無法提供相關服務予您。(直接蒐集個人資料時適用)

If you fail to provide the personal data as required hereunder, The Company may refuse or postpone your application, or may not able to provide you with relevant services.