

台灣人壽保險股份有限公司
財務狀況告知書
Taiwan Life Insurance Co., Ltd
Financial Information



要保人姓名：_____ 被保險人姓名：_____ 保單號碼：_____
Proposer's Name Insured's Name Policy No.

- 一、投保目的 Purpose of insurance：☐保障 Protection ☐子女教育經費 Dependent's education funds
☐退休規劃 Retirement plan ☐房屋貸款 Home mortgage ☐其他 Others _____
- 二、繳交本次保險費之資金來源為 The premiums paid derived from：☐薪資收入或公司紅利 Salaries or Bonuses
☐投資收入 Investment income ☐儲蓄 Savings ☐退休金 Pensions ☐財產繼承 Inherited property
☐解除或終止契約(含縮小保額及部分提領) Rescind or Terminate the contract(including reduction of insurance amount and partial withdrawal) ☐貸款或保險單借款 Loan or Policy loan
☐其他，請說明 Others, please specify：_____
- 三、要/被保險人工作狀況 Occupation of Proposer / Insured：_____ (Currency：NTD)

項目 Items	被保險人/被保險人之法定代理人 Insured/Insured's Legal Representative	要保人/要保人之法定代理人 Proposer/Proposer's Legal Representative (被保險人與要保人為同一人免填) (If the proposer and the insured is the same person, the below information is not required.)
公司名稱/營業項目 Company name / Business items	/	/
職稱/工作內容/年資 Position / Job nature / Tenure	/ /	/ /
是否為公司股東? Are you a shareholder?	☐ 否 No. ; ☐ 是 Yes, 持股比例 Shareholding percentage _____ % (若是，續填下題 If "Yes", please answer the question below.)	☐ 否 No. ; ☐ 是 Yes, 持股比例 Shareholding percentage _____ % (若是，續填下題 If "Yes", please answer the question below.)
公司概況 (若非公司負責人或股東無需填寫) (If not the person in charge of the company or shareholders do not need to fill out.)	1. 過去三年平均營業收入(萬元) Average turnover in the last 3 years : \$ _____ (in ten thousand) 2. 過去三年平均稅前利潤(萬元) Average profit before tax in the last 3 years : \$ _____ (in ten thousand) 3. 總資產(萬元) Total Assets : \$ _____ (in ten thousand) 負債總額(萬元) Liabilities : \$ _____ (in ten thousand)	1. 過去三年平均營業收入(萬元) Average turnover in the last 3 years : \$ _____ (in ten thousand) 2. 過去三年平均稅前利潤(萬元) Average profit before tax in the last 3 years : \$ _____ (in ten thousand) 3. 總資產(萬元) Total Assets : \$ _____ (in ten thousand) 負債總額(萬元) Liabilities : \$ _____ (in ten thousand)

四、要/被保險人之財務狀況 Financial Situation of Proposer / Insured (Currency：NTD)

項目 Items	被保險人/被保險人之法定代理人 Insured/Insured's Legal Representative	要保人/要保人之法定代理人 Proposer/Proposer's Legal Representative (被保險人與要保人為同一人免填) (If the proposer and the insured is the same person, the below information is not required.)
收入 Income	1. 年薪資收入(含紅利獎金)(萬元) Annual Salary Income (Including Bonus) : \$ _____ (in ten thousand) 2. 其他收入(如利息、保險給付、租金)(萬元) Other Income (e.g. Interest, clams, Rent, etc.) : \$ _____ (in ten thousand) 3. 家庭年收入(萬元) Family annual income : \$ _____ (in ten thousand)	1. 年薪資收入(含紅利獎金)(萬元) Annual Salary Income (Including Bonus) : \$ _____ (in ten thousand) 2. 其他收入(如利息、保險給付、租金)(萬元) Other Income (e.g. Interest, clams, Rent, etc.) : \$ _____ (in ten thousand) 3. 家庭年收入(萬元) Family annual income : \$ _____ (in ten thousand)



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資產 Assets	動產 Personal Property (含存款、股票、基金、債券等) (e.g. Deposit, Stock, Fund, Bond, etc.)		動產資產總額(萬元) Total Personal Property : \$ _____ (in ten thousand)			動產資產總額(萬元) Total Personal Property : \$ _____ (in ten thousand)														
			存款往來銀行 Correspondent Bank : _____, _____, _____			存款往來銀行 Correspondent Bank : _____, _____, _____														
	不動產 Real Estate	房屋 House	座落地點 Location	面積 Area	市價 Market Value	座落地點 Location	面積 Area	市價 Market Value												
		土地 Land																		
		☐ 同要保人住所 The same residence with proposer. ☐ 同被保人住所 The same residence with insured.		_____坪 square feet	\$ _____萬元 (in ten thousand)	☐ 同要保人住所 The same residence with proposer. ☐ 同被保人住所 The same residence with insured.		_____坪 square feet	\$ _____萬元 (in ten thousand)											
		☐ 同要保人住所 The same residence with proposer. ☐ 同被保人住所 The same residence with insured.		_____坪 square feet	\$ _____萬元 (in ten thousand)	☐ 同要保人住所 The same residence with proposer. ☐ 同被保人住所 The same residence with insured.		_____坪 square feet	\$ _____萬元 (in ten thousand)											
解約/ 借貸 Surrender/ Loan	申辦日期 Application Date		☐ 投保前三個月(含)內 In the last 3 months			☐ 投保前三個月以上 More than 3 months			☐ 投保前三個月(含)內 In the last 3 months			☐ 投保前三個月以上 More than 3 months								
	解約種類 Surrender Types		☐ 保險解約 Policy Surrender			☐ 其他解約，請說明： Others, please specify : _____			☐ 保險解約 Policy Surrender			☐ 其他解約，請說明： Others, please specify : _____								
	借貸種類/總額 Types of Loan/Total Debt (in ten thousand)		☐ 房屋貸款 Home Mortgage \$ _____萬元 (in ten thousand)			☐ 保單貸款 Policy Loan \$ _____萬元 (in ten thousand)			☐ 其他貸款 Other Loan \$ _____萬元 (in ten thousand)			☐ 房屋貸款 Home Mortgage \$ _____萬元 (in ten thousand)			☐ 保單貸款 Policy Loan \$ _____萬元 (in ten thousand)			☐ 其他貸款 Other Loan \$ _____萬元 (in ten thousand)		
	用途/目的 Use / Purpose																			

五、被保險人居住情形：Occupancy Status of Insured

1. 目前所居住的房屋為 The house currently residing is :

- ☐自有 (含本人、配偶、父母所有) Owned(including insured self、spouse、parents) ☐租賃 Rented
☐其他 Others _____

2. 是否有設定抵押 Setting the pledge :

- ☐否 No ☐有 Yes, 抵押金額 Amount : \$ _____萬元 (in ten thousand)

六、如您尚有其他與本次投保有關之財務資料，亦請一併提供台灣人壽參考。_____

If you have any other financial information relating to this insured, please also provide Taiwan Life with reference.

本人(含要保人及被保險人，以下同)聲明事項 I(The proposer and the Insured, the same below) declare that :

1. 本人已盡可能的提供完整且真實之資料，做為台灣人壽審核本人投保保險契約的依據。本人保證以上所陳述之資料並無隱瞞或不實而足以影響台灣人壽對此報告書之評估及接受性。

I have done by best to provide full and accurate data as a basis for your review of my application for insurance. I certify that the information provided above contains no concealment or misrepresentation sufficient for affecting your appraisal and acceptance of this report.

2. 本人投保 OIU 保單，非經勸誘或非為投保特定商品而轉換為非居住民身分。

I have taken the OIU insurance policy not under any inducement or for access to specific product through switching the identity to non-resident.

3. 本人非經勸誘解除或終止契約，或以貸款、保險單借款繳交保險費。

I am not persuaded to pay premiums by the rescission or termination of the contract, or loan or insurance policy loan.

備註：台灣人壽依「個人資料保護法」相關規定，對本人之個人資料，不得透露予不相關之第三者。

Pursuant to the Personal Information Protection Act, the Company shall not disclose your personal information to any unrelated third party, (irrespective of whether you are the proposer or the insured.)

被保險人簽章 Signature of Insured		要保人簽章 Signature of proposer	
法定代理人/監護人/輔助人 簽章 Signature of Legal Representative/ Guardian/Assistant		※簽章者未滿七歲，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/輔助人一併簽章確認。(For a minor under the age of 7 or a person with no capacity, his/her legal representative shall sign and sign on his/her behalf; If the proposer is a minor or who has become subject to the order of the commencement of guardianship or assistantship which has not been revoked, a co-signatory of his / her statutory agent is required.) (與要/被保險人關係：_____) Relationship with proposer/ Insured	
招攬人員簽名 Signature of Agent		保經/保代受理欄 Handled by the Agency or Brokerage	
填寫日期 Date		中華民國 _____ 年 _____ 月 _____ 日 Year Month Day	