



Acceptance date: _____ (YYYY/MM/DD)
Acceptance number: _____

# Application Form for Change of Content of Insurance Contract

Mail in  Over the counter

Insurance policy number: \_\_\_\_\_ Proposer: \_\_\_\_\_ Insured: \_\_\_\_\_  
**[Only one policy number can be filled out for this application form]**

I hereby submit my application to TCB Life to change the contents of the insurance contract with the aforementioned policy number. I understand that this application form shall only be valid with the approval and endorsement, or the reproduction of the insurance policy by the Company.

1. Change the proposer  a. Name: \_\_\_\_\_  b. Date of birth \_\_\_\_\_  
 c. National ID No. \_\_\_\_\_ Relationship with the insured \_\_\_\_\_

Please provide explanation (Do not leave blank)

- (1) Reason of change \_\_\_\_\_ Work description: \_\_\_\_\_
- (2) Has the proposer lived outside the Republic of China for more than six months in the past year?  
 No  Yes. If so, please specify the country (region) of residence \_\_\_\_\_
- (3) Is the proposer a current (or former) politically exposed person in a domestic or foreign government or international organization (e.g., central or local representative or chief of government authority)?  
 No  Yes. If so, please explain: \_\_\_\_\_

[Note] Change of the proposer: 1. The new/old proposers are required to personally sign the signature fields. 2. Please provide the identity certification documents of the new proposer, FATCA identity verification statement, foreign exchange settlement authorization (investment-linked policies), and risk profile and financial assessment form (investment-linked policies). 3. Please change the proposer's address and telephone number at the same time. 4. For investment-linked policies, please specify the account for the payment of profits (dividends).

2. Change the proposer's basic information:

- a. Correspondence address: \_\_\_\_\_
- b. Household registration address: \_\_\_\_\_
- c. Telephone: (O) \_\_\_\_\_ (H) \_\_\_\_\_ (Mobile phone) \_\_\_\_\_
- d. e-mail \_\_\_\_\_  e. Others \_\_\_\_\_

3. Change the insured's basic information:

- a. Correspondence address: \_\_\_\_\_
- b. Mobile phone: \_\_\_\_\_
- c. Change of profession: Company name \_\_\_\_\_ Title \_\_\_\_\_ Work description \_\_\_\_\_  
Part-time:  No  Yes. Work description: \_\_\_\_\_
- d. Other \_\_\_\_\_

4. Change of beneficiary: **(To change the beneficiary, please fill out the insured's mobile phone number in the signature field of the insured and fill out information in the field for other changes if the field for information of the beneficiary is insufficient)**

- a. Death benefit beneficiary  b. Maturity beneficiary
- Name \_\_\_\_\_
- National ID No. \_\_\_\_\_
- Date of birth \_\_\_\_\_ Relationship with the insured: \_\_\_\_\_
- Payment method if there are two or more beneficiaries:  Even distribution  Based on the sequence of information filled out below  Percentage. Please specify percentage: \_\_\_\_\_
- Correspondence address/telephone:  Same as proposer:  Beneficiary specified separately below (please provide detailed explanation)  Did not agree to provide information

**(If the beneficiary of the death benefit is specified by naming an identification type or if the proposer did not agree to fill out the contact method of the beneficiary, the latest contact method specified by the proposer shall be used as the basis for notifying the beneficiary of the death benefit)**



5. Change the insurance premiums payment method to  a. annual payment  b. Semi-annual payment  
 c. quarterly payment  d. monthly payment

6. Change of claim payment method:

1. Category:  a. Survival benefit  b. Maturity benefit

2. Payment method:

Check payment (only for insurance policies in NTD)

Remit to beneficiary's bank account: Account name: \_\_\_\_\_, \_\_\_\_\_ Bank,  
 \_\_\_\_\_ Branch, Account number \_\_\_\_\_

7. Change of value-added bonus payment method:

a. Cash payment (only for insurance policies in NTD)  b. Deposit for interest accrual

Payment method for cash payment:  Check payment  Remit to beneficiary's bank account

Account name: \_\_\_\_\_, \_\_\_\_\_ Bank, \_\_\_\_\_ Branch

Account number \_\_\_\_\_

8. Change of annuity payment content:

a. Annuity payment starting date: \_\_\_\_ anniversary of the insurance policy

b. Annuity guarantee period:  10 years  15 years  20 years

c. Annuity payment method upon expiry:  Lump-sum payment  Annualized payment ( Annual payment  Semi-annual payment  Quarterly payment  Monthly payment)

9. Change  a. Payment method for profits from the investment object: Investment object name \_\_\_\_\_

b. Investment object redemption method after maturity

Check payment (only for insurance policies in NTD)  Payment by remittance

Account name: \_\_\_\_\_, \_\_\_\_\_ Bank, \_\_\_\_\_ Branch

Account number \_\_\_\_\_

10. Change of the payment method for survival birthday benefit (not applicable for annuity products):

Check payment (only for insurance policies in NTD)  Payment by remittance

Account name: \_\_\_\_\_, \_\_\_\_\_ Bank, \_\_\_\_\_ Branch

Account number \_\_\_\_\_

11. Change/Cancellation of rider: \_\_\_\_\_

Reason of change:  Economic factors  Rider coverage does not meet requirements  Possession of the same type of products  Interest rate factors  Others \_\_\_\_\_

12.  Send additional copy of the insurance policy (The cost of printing and sending an insurance policy is NT\$200 for investment-linked products and NT\$100 for non-investment-linked products. Please wire the payment to the Taiwan Cooperative Bank East Taipei Branch account: 0796871000688, account name: BNP Paribas Cardif TCB Life Insurance Co., Ltd.)  
 (Please provide the remittance certificate)

13. Other changes: \_\_\_\_\_

Statement:

- All signatures on the Application Form were personally signed by the applicant. In the event of any falsehood, the signatory shall bear all legal liabilities.
- I (the insured or proposer) agree that the Company shall deliver my information specified on this Application Form to the Non-Life Insurance Association and Life Insurance Association for establishing connections in the computer system. I also agree that members of the Non-Life Insurance Association and Life Insurance Association shall inquire my information in the system as reference for insurance underwriting and claims. However, such companies shall determine the underwriting and claims based on their own standards for underwriting and claims. The aforementioned information may not be used as the sole basis for underwriting or claims.

I (the notified individual) hereby confirm that I have received, carefully read, and understood the "BNP



Paribas Cardif TCB Life Insurance Co., Ltd. - Statement of Advice Regarding Compliance with the Disclosure Obligations under the Personal Data Protection Act” (as shown on page 4 of the Application Form) and I agree that the Company shall process matters in accordance with my application.

**◎Reminder: The change of proposer is regarded as free transfer of property rights and shall be subject to estate or gift tax under the Estate and Gift Tax Act. Please be reminded to confirm the tax declaration details with the local branches of the National Taxation Bureau.**

Original proposer/new proposer’s personal signature: \_\_\_\_\_ / \_\_\_\_\_

(If the proposer changed his/her name, the original signature and the new signature shall be both required)  
 (The signature must be the same as the insurance application form; if the proposer/insured is seven years old or older, his/her personal signature shall be required)

Insured’s personal signature: \_\_\_\_\_

(This signature is not required if the proposer and the insured are the same individual)

Legal representative/guardian or assistant’s personal signature: \_\_\_\_\_

(This signature is required if the proposer/insured is less than 20 years old and unmarried/subject to an order of commencement of assistance)

Insured’s mobile phone number: \_\_\_\_\_

Proposer’s mobile phone number: \_\_\_\_\_ Date: \_\_\_\_\_ (YYYY/MM/DD)

**I agree that the telephone number in the field above shall be the mobile phone number for the policy after the change and shall be used for SMS notifications for future conservation applications.**

Filled out by business unit	Filled out by insurance agency/broker	TCB Life approval field (The application form shall not be effective except with the seal of the underwriting unit)	
Delivery unit: _____ Bank, _____ Branch Branch connection code: Solicitor’s personal signature: Registration number: Contact number: Supervisor review:		The Company approves the aforementioned changes to the Insurance Policy Contract and the changes shall become effective on _____ (month) _____ (date), _____ (year). The insurance premiums for the next period shall be adjusted to _____ payment of NT\$ _____ each period starting from _____ (month) _____ (date), _____ (year).	
		<input type="checkbox"/> Signature verified. Underwriting personnel:	

If the solicitor agrees to accept the proposer’s appointment to process the aforementioned change, he/she must verify that the proposer/insured/legal representative’s identity and his/her personal signature.

◎ After completing this form, please mail the original copy of the Application Form back to the Company.

TPOSM001 No. 004S 2021.04

## BNP Paribas Cardif TCB Life Insurance Co., Ltd. - Statement of Advice Regarding Compliance with the Disclosure Obligations under the Personal Data Protection Act

BNP Paribas Cardif TCB Life Insurance Co., Ltd. (hereinafter referred to as the "Company") hereby informs you of the following matters in accordance with Article 6, Paragraph 2 and Article 8, Paragraph 1 (Article 9, Paragraph 1 for personal information collected via indirect methods) of the Personal Data Protection Act (hereinafter referred to as the "PDPA"). Please read carefully:

### I. Purpose of collection:

- (I) Life insurance.
- (II) Marketing.
- (III) Collection, handling, and utilization by the financial services industry in accordance with the laws and regulations and the needs of financial supervision (including but not limited to the implementation of anti-money laundering operations and cooperation with global anti-terrorist investigations).
- (IV) Other businesses as stated in the business registration categories or the articles of incorporation.

### II. Types of personal data collected:

Name, birth date, ID number, contact methods, medical records, health care, and health examinations. For a full list, please refer to the related business application forms or contracts.

### III. Sources of personal information (applicable to the personal information obtained indirectly by the Company):

- (I) The proposer;
- (II) Legal representative or assistant of the undersigned;
- (III) Medical institutions;
- (IV) Third parties with which the Company conducts joint marketing, shares customer information, or cooperates in promotional activities, or those appointed for conducting the Company's various business operations.

### IV. The duration, target, region and method of the utilization of personal data:

- (I) Duration: The retention duration necessary for implementing business and as regulated by laws.
- (II) Target: The Company and the parent company (Taiwan Cooperative Financial Holding Co., Ltd., BNP Paribas Cardif), the Life Insurance Association of the Republic of China, Taiwan Insurance Institute, Financial Ombudsman Institution, Taiwan Insurance Guaranty Fund, Institute of Financial Law and Crime Prevention, Joint Credit Information Center, National Credit Card Center of R.O.C., Taiwan Clearing House, Financial Information Service Co., Ltd., institutions of outsourced business, companies that conduct reinsurance operations, partnered promotion with the Company, overseas emergency service companies, and financial supervisory institutions with investigatory powers.
- (III) Region: The geographical region where the above-mentioned targets are located.
- (IV) Method: Methods of utilization in compliance with the laws and regulations.

### V. Pursuant to Article 3 of the Personal Data Protection Act, you may exercise the following rights in the following methods with regard to your personal data in the Company's possession:

- (I) The rights you may exercise on the Company:
  1. Inquire, demand to read or obtain a duplicate.
  2. Demand a supplement or correction.
  3. Demand the Company to stop collecting, handling, or utilizing the information and demand to delete such information.
- (II) The methods to exercise the rights: In writing, e-mail, fax or electronic document.

### VI. Effects on your rights and interests if you refuse to provide personal information:

If you fail to provide related personal data, the Company may delay or may not be able to conduct necessary review and procedures. The Company may therefore decline, delay, or be unable to accept your insurance application, or provide you with related services or payment.