

## A 式國泰人壽保險契約內容變更/保單補發申請書

### Application Form for Change/Replacement Policy (Type A)

保單號碼 Policy Number

收費地址 Charge Address

郵遞區號 Zip Code

縣 County/市 City  鄉 Township/鎮/市 city/區 District

同一要保人所有保單全部變更(要保人身分證字號: \_\_\_\_\_)  
Change all Policy of the same proposer (Proposer ID Number: \_\_\_\_\_)

一併變更其他下列保單之住(居)所地址(※請將欲變更之保單號碼填寫於「其他保單號碼或變更事項」)。  
Change the address of the Policy listed below collectively(※Please fill the Policy Number in Section "Others")

變更項目 Change Option	變更後姓名 Beneficiary (after change)	身分證字號 ID Number	與被保險人關係 Relationship with the Insured	比例 (%)/順位 Ratio (%)/Order	國籍/設立 登記所在國 National	出生日期 Date of Birth	變更理由 Reason
<input type="checkbox"/> 生存還本/ 生存保險金 Survival Benefit  <input type="checkbox"/> 滿期保險金 Maturity Benefit  <input type="checkbox"/> 祝壽保險金 Survival Benefit  <input type="checkbox"/> 身故保險金 Death Benefit							
身故保險金受益人約定為「法定繼承人」時，以被保險人身故時之「法定繼承人」為準，且其順位及應得比例適用民法繼承編相關規定。如欲留存受益人聯絡資訊，請另填寫「受益人聯絡電話、住(居)所地址填寫附件」，未留存時，國泰人壽將於保險事故發生後，以要保人最後留存於國泰人壽之聯絡方式通知保險金受益人。 When the beneficiary of the Death Benefit is agreed as the "Legal Heir", the "Legal Heir" of the insured's death shall prevail, and the order and the proportion of the applicant shall apply the relevant provisions of the civil law inheritance. If you are going to retain the Contact Information of the beneficiary, please fill in "Beneficiary contact telephone number, and address Attachment". If no beneficiary contact detail is attached, Cathay Life will notify the beneficiary with the contact information last provided by the proposer when insured peril occurs.							
<input type="checkbox"/> 保險金分期定期約定 ※僅有約定分期定期給付之「身故保險金」商品始得申請，且須另填附「保險金分期定期給付約定書」。 Premium periodic installments agreement (※Only the "Death Benefit Product" which premium periodic installments payment can apply, and shall fill in the "Premium Periodic installments payment agreement" additionally.)							

關係人  
Interested Parties

變更項目 Change Option	變更後姓名 Proposer (after change)	身分證字號 ID Number	與被保險人關係 Relationship with the Insured	國籍/設立登記 所在國 Nationality	出生年月日 Date of Birth	工作內容/ 職位 Duty Details/ Occupation Title
<input type="checkbox"/> 要保人變更 Change of Proposer	新要保人親自簽名 Signature of New Proposer				年(Y) 月(M) 日(D)	
<input type="checkbox"/> 印鑑變更 Change of Seal  <input type="checkbox"/> 生日變更 Change of Birth Date  <input type="checkbox"/> 身分證字號 ID Number	姓名 Name	身分證字號 ID Number	關係 relationship	國籍 Nation	出生年月日 Date of Birth	要保人變更理由 Reason
	<input type="checkbox"/> 要保人 Proposer  <input type="checkbox"/> 被保險人 Insured  <input type="checkbox"/> 次被保險人 Sub-insured	印鑑 Seal	身分證字號 ID Number			年(Y) 月(M) 日(D)

繳費 payment

繳別變更 Change of Premium Mode :  月 Monthly  季 Quarterly  半年 Half-yearly  年 Yearly  躉繳 Lump Sum

自動墊繳變更 Change of Automatic premium loan :  同意自動墊繳 Agree  不同意自動墊繳 Disagree

其他變更事項 Others

繳清 Repay

紅利 Bonus.....  領取 To draw  不領 Not to draw  
(※領取紅利須另附「保全給付申請書」，未勾選者視為「不領紅利」)。  
(You shall provide "Required Payments Application form" if you are going to draw the bonus. Un-check shall be deem as not drawing the bonus.)

清償保單借款 Discharge the policy loan  以現金 With Cash  以準備金 With policy value reserve  
(※以準備金清償為繳清同時清償，未勾選者視為以準備金清償)。  
(If paid by the policy value reserve shall apply to lump sum repayment. Un-check shall be deem as paid-up with policy value reserve.)

墊繳本息 premium loan of principal

附約 Riders.....  一併終止 Terminate Collectively  不終止 Not to terminate  
(※未勾選者視為「附約不終止」，無附加附約者免勾選)。  
(Uncheck shall be deem as not terminate. No need to check if there is no rider.)



其他變更事項 Others	<input type="checkbox"/> 展期 Term Extension	紅利 Bonus..... <input type="checkbox"/> 領取 To draw <input type="checkbox"/> 不領 Not to draw (※領取紅利須另附「保全給付申請書」，未勾選者視為「不領紅利」。 (You shall provide "Required Payments Application form" if you are going to draw the bonus. Un-check shall be deem as not drawing the bonus)	
		清償保單借款 Discharge the policy loan 墊繳本息 premium loan of principal	<input type="checkbox"/> 以現金 With Cash <input type="checkbox"/> 以準備金 With policy value reserve (※以準備金清償為繳清同時清償，未勾選者視為以準備金清償。 (If paid by the policy value reserve shall apply to lump sum repayment. Un-check shall be deem as paid-up with policy value reserve.)
	<input type="checkbox"/> 保單補(換)發 Policy Replacement	<input type="checkbox"/> 服務人員轉送 Transmit by Cathay Life's service person <input type="checkbox"/> 保戶親自領取 pick up in-person	
	( <input type="checkbox"/> 同一要保人所有保單全部申請補發(不包含已失效之保單) Replace all policy of the same proposer (excluding the invalid policy); 要保人身分證字號 ID number of proposer : _____ )		
	<input type="checkbox"/> 紅利選擇變更 Change of Bonus	<input type="checkbox"/> 儲存生息 Deposit for interest <input type="checkbox"/> 抵繳保險費 Deduct premium <input type="checkbox"/> 現金給付 Distribute in cash <input type="checkbox"/> 購買增額繳清保險 to Purchase addition paid-up insurance	
	<input type="checkbox"/> 增值回饋分享金給付方式變更 Change of the payment of value-added bonus	<input type="checkbox"/> 儲存生息 Deposit for interest <input type="checkbox"/> 購買增額繳清保險 to Purchase addition paid-up insurance	
<input type="checkbox"/> 申請批註 Apply for Endorsement			
<input type="checkbox"/> 其他保單號碼或變更項目 Other Policy Number or Other item to change			

填寫說明及注意事項  
Completion Instructions and Notices

1. 辦理收費地址變更須填寫明確住(居)所地址，不得填寫郵政信箱；變更不包含已失效之保單。  
For changing the payment address shall fill in clear residential address. Post office box is not allowed. Change of policy does not include the invalid policy.
2. 申請各項保全作業應由要保人親自簽名，下列項目並應同時由被保險人簽名同意：  
Applying for each conservation progress shall be signed by the proposer in person, provided that the following items shall be agreed and signed by the insured collectively:  
a. 要保人變更 Change of proposer b. 被保險人印鑑變更、身分證字號變更、生日變更 Change of the seal, ID number, birth date of the insured c. 受益人變更 change of the beneficiary
3. 僅申請要保人變更者，應單獨填寫本申請書；如同時申請其他項目變更者，應於變更項目勾選處註明申請之先後順序，俾國泰人壽進行作業並確保要保人之權益。  
If only applying for the change of proposer, shall fill in this application form. If applying for other items jointly, shall note the time sequence in the check box in order to expedite the process and ensured the right of the proposer.
4. 辦理要保人變更者，如新要保人或被保險人為未滿 20 歲且未婚者，法定代理人除應於簽名欄位簽名外，另需提供其身分證字號、出生日期及國籍等資料。
5. 具美國籍(含居住於美國)身分者，不得為投資型商品之要保人或受益人。  
The person with US citizenship status (including living in the United States) shall not be the proposer or the beneficiary of the Investment-linked product.
6. 申請改名、誤名者，須另填附「基本資料內容變更申請書」。  
The person who applies for the change of name or transcription error shall fill in "Application Form for the change of Basic Information" additionally.
7. 變更保險給付之「受益人」者，應確實填寫本申請書第 3 頁要(被)保人之聯絡資料。如依保險契約約定並無該項保險給付項目時，該項受益人變更不生效力。  
For person changing the beneficiary of insurance benefits shall fill in the contact information of the proposer/ insured in this application form clearly. If there is no insurance benefits according to the policy, such change shall not take effect.
8. 繳別變更為月繳件後，僅限以金融機構轉帳、信用卡或自行繳費方式繳款。  
After changing to monthly payment can only pay via ATM/ credit card or in person.
9. 提醒您再次確認已充分考慮並瞭解下列保戶權益說明內容：  
Please reminded that you have double-checked, confirmed and fully understand the explanation of the right of the insured listed below,  
a. 保險契約辦理展期、繳清後，保險保障是否足夠？  
Is the insurance covers sufficient after applying for term extension and pay-up?  
b. 辦理展期後或辦理繳清且終止有效附約後，本保單內各項有效附約將一併終止，亦即失去原來所提供之保障。  
After applying for term extension or termination of the valid rider when pay-up, each valid item in the policy will be terminated collectively.  
c. 辦理繳清且勾選「附約不終止」者，如在繳清生效前仍有欠繳之附約保險費應補繳，且後續限以金融機構轉帳、信用卡或自行繳費方式繳款。  
The person who apply for pay-up and has checked "not terminate the rider", shall pay-up the unpaid premium of the rider before become effective, and can only pay via ATM/ credit card or in person.
- d. 若再投保新險時，將承擔保險費率相對提高、重新計算 2 年除斥期間或健康險重新計算等待期等損失。  
Please note that if you terminate an insurance policy and enter into a new one, you will bear the following disadvantage: a higher insurance rate, the contestable period in which the Insurer may cancel the policy for the Proposer's non-performance of disclosure duty will start from the effective date of new policy, the observation period for health insurance policies will start from the effective date of new policy.
- e. 若再投保投資型商品，並非保證獲利，保戶需自行承擔投資組合的損失風險。  
The investment-linked product does not guarantee profits, the insured who insured the investment-link product shall bear their own risk.
- f. 辦理展期後或辦理繳清後，可能有保障低於所繳保險費之情形。  
After applying for term extension or pay-up, the insurance death benefit might be lower than the paid premium.
10. 保單補(換)發公司將酌收工本費每本新臺幣 100 元整；保單補(換)發後尋得原保單者，原保單作廢，以補(換)發之保單為準。  
Cathay Life will charge a fee of 100 NT dollars for each policy replacement. The replaced policy shall prevail the original policy.
11. 辦理「增值回饋分享金給付方式變更」者：a. 本申請書約定如與保單條款抵觸時，概依保單條款約定為準 b. 增值回饋分享金給付方式變更之生效日，依保單條款約定辦理 c. 欲約定/終止主動匯撥帳戶者，須另附「給付款匯撥帳戶申請書」。  
The person who applies for "Change of the payment of value-added bonus", a. if there is any inconsistency between this application form and the contract policy terms and conditions, the latter shall prevail; b. the effective date will be according to the contract policy terms and conditions; c. if you are going to apply/ terminate the automatic remit function, shall provide "payment remit application form" additionally.
12. 變更項目非本申請書所列事項者，請填寫於「其他保單號碼或變更事項」。  
If the item you are going to change is not listed in this application form, please stated in "Other Policy Number or Other item to change".
13. 受益人或要保人申領之保險金債權遭法院(或執行機關)扣押時，倘為維持一己及共同生活親屬之生活所必需者，得依強制執行法第 12 條規定，向法院(或執行機關)聲請或聲明異議。  
If the premium distrained by court or regulatory contains the necessities of life, the beneficiary or the proposer may refer to Section 12 of the Compulsory Enforcement Act to raise an objection.



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**填寫說明及注意事項**  
Completion Instructions and Notices

※除「受益人變更」之申請係自送達國泰人壽時生效及「繳別變更、展期、繳清」之申請自下次應繳日生效者外，本次變更申請之生效日，應自國泰人壽受理單位蓋章日期之翌日零時起生效。  
Except application regarding "change of Beneficiary" becomes effective from the moment the notification is served upon Cathay Life, and application regarding "Change of Premium, term extension and reduced paid-up" shall become effective upon next payment dates, other applications of any change shall go into effect upon 12 AM of the day following Cathay Life's acceptance stamp date.

※同一要保人，如多件保單同時申請繳別變更、自動墊繳變更、保單補發、紅利選擇、申請批註等項目時，請將其他保單號碼填寫於「其他保單號碼或變更事項」欄位。  
If the same proposer is going to apply for replacement, bonus selection, automatic premium loan, endorsement, premium mode for multiple policies at the same time, please fill the other policy numbers in "Other Policy Number or Other item to change".

※如需繳納款項，「切勿」匯入服務人員之私人帳戶，並請當場向服務人員索取收據正本作為憑證，妥為保管。  
Remember "NOT TO" remit the payment into any personal account of the service person. Moreover, do not forget to obtain the reserved copy of receipt from the service person when making the payment.

**聲明事項**  
Declaration

1. 申請變更保險契約內容、健康告知書及聲明事項均經本人確認，如有虛偽、不實或不盡之情事者，概由本人負責。  
The Client has confirmed the changed-contract policy, health declaration, and Declaration here stated. If any false or inaccurate, the Client will take full responsibility.

2. 本人知悉並瞭解如辦理要保人變更，新要保人無條件承受本保單變更前之權利義務，且如辦理特定商品(如：富利多變額壽險)之要保人變更(含改名、誤名更正、身分證字號變更)，應一併確認是否已指定該保險商品貨幣之匯撥帳戶，如未指定匯撥帳戶者，該投資標的之收益將依保單條款約定配置於配息停泊標的(詳請參閱保單條款內容)。  
The Client understands that when applying for changing the proposer, the new proposer shall unconditional bear all the rights and obligations of the policy. For certain insurance policies, the change of proposer shall be accompanied by designating a remittance currency bank account. If not, Cathay Life shall invest the Distribution Payment Amount into Parking Fund. (Please refer to the contract policy terms and conditions)

3. 國泰人壽對本人以要保人身分向國泰人壽投保之其他保險契約所發送之通知，概依本次變更後之住(居)所為準。  
The notice send from Cathay Life concerning other policy contract to the Client, as the proposer, shall be delivered to the residential address as changed in this application form.

4. 本人(即被保險人、要保人)同意國泰人壽將本申請書上載本人資料轉送產、壽險公會建立電腦連線，以作為其會員公司受理本人投保時之核保參考，但各該公司仍應依其本身之核保標準決定是否承保，不得僅以前開資料作為承保與否之依據。  
The Client (namely insured, and/or proposer) consents that Cathay Life can transmit client's personal information set forth on the application form to the Non-Life Insurance Association of the R.O.C, and the Life Insurance Association of the R.O.C to set up network connection for each member company's reference in deciding whether to commit to insure the client, provided however each company shall decide whether to underwrite according to its own criteria rather than only based on the preceding information.

5. 本人已審閱並瞭解本申請書填寫說明及注意事項、下列個人資料保護法應告知事項。  
The Client has read and understood the Completion Instructions, Notices and the Required Notification under the Personal Information Protection Act stated below.

6. 本人同意國泰人壽得將批註書等資料寄送至本人於電子單據/行動服務所留存之最新 E-mail；如未申辦前述服務者，國泰人壽得逕由服務人員或其他約定方式交付相關資料。  
The Client agrees that Cathay Life may send the endorsements and other relevant information to the e-mail the client provides when he/she applies for the Internet and electronic document service. If the client has not applied for the service and doesn't provide his/her e-mail in this application form, Cathay Life may send the hard copies of the endorsements and other relevant information to the client.

**個人資料保護法應告知事項**  
Cathay Life will collect your personal data for the purposes of life insurance business, complaint handling, dispute settlement, internal control and audit. Collected personal data will be used processed in accordance with related laws and regulations by Cathay Life and/or the third party service requiring such collected personal data within Taiwan for a period of time determined by forgoing collecting purposes and the requirement of applicable regulations. You may contact our administration centers or dial our customer service hotline (For local call, please call the toll-free number at 0800036599. For cell phone, please call the charged service number at 02-21626201, or contact us through Internet Phone Service <Access: Cathay Life Insurance Website>-Contact US>Service Line> Internet Phone Service) to make inquiries of, request a copy of or request to correct, supplement, or to terminate collecting, processing, and using, or to delete, your personal information; provided that Cathay Life may decline your request if the laws or our course of business so require. If you fail to provide relevant personal information, Cathay Life may not be able to provide you with satisfactory service.

**Required Notification under the Personal Information Protection Act**  
Cathay Life will collect your personal data for the purposes of life insurance business, complaint handling, dispute settlement, internal control and audit. Collected personal data will be used processed in accordance with related laws and regulations by Cathay Life and/or the third party service requiring such collected personal data within Taiwan for a period of time determined by forgoing collecting purposes and the requirement of applicable regulations. You may contact our administration centers or dial our customer service hotline (For local call, please call the toll-free number at 0800036599. For cell phone, please call the charged service number at 02-21626201, or contact us through Internet Phone Service <Access: Cathay Life Insurance Website>-Contact US>Service Line> Internet Phone Service) to make inquiries of, request a copy of or request to correct, supplement, or to terminate collecting, processing, and using, or to delete, your personal information; provided that Cathay Life may decline your request if the laws or our course of business so require. If you fail to provide relevant personal information, Cathay Life may not be able to provide you with satisfactory service.

如非本人親臨國泰人壽辦理者，本人聲明係委任後開服務人員代為送交本申請書予國泰人壽。  
The Client, hereby declares that I have appointed the service personnel to hand this Application Form to Cathay Life on my behalf.

**(原)要保人簽名(Original) Signature of Proposer:** \_\_\_\_\_  
(主被保險人)(Main insured)(註1)

法定代理人/監護人/輔助人簽名 Signature of Legal representative,  
Guardian or assistant: \_\_\_\_\_、\_\_\_\_\_ (註2)

被保險人簽名 Signature of insured: \_\_\_\_\_ (註1)  
(次被保險人)(sub insured)(若要、被保險人為同一人時，可免簽)

法定代理人/監護人/輔助人簽名 Signature of Legal representative,  
Guardian or assistant: \_\_\_\_\_、\_\_\_\_\_ (註2)

**(新)要保人簽名:** \_\_\_\_\_ (註1)

法定代理人/監護人/輔助人簽名 Signature of Legal representative,  
Guardian or assistant: \_\_\_\_\_、\_\_\_\_\_ (註2)

註1: 如要保人、被保險人為未滿7歲或受監護宣告者，應由法定代理人/監護人代簽。  
註2: 如要保人、被保險人為未滿20歲且未婚/有監護人或輔助人者，則法定代理人/監護人/輔助人須簽名。

**要保人 proposer**

住宅(H): ( )  
公司(O): ( ) 分機  
手機(必填): 未使用

**被保險人 Insured**

住宅(H): ( )  
公司(O): ( ) 分機  
手機: \_\_\_\_\_

**新要保人**

住宅(H): ( )  
公司(O): ( ) 分機  
手機: \_\_\_\_\_

聯絡電話(請至少分別填寫一支) Contact number

**要保人方便電訪時間** Available time for Telephone Interview: 全天 All Day 上午 Morning 下午 Afternoon

**申請日期** Application Date: 中華民國 \_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 日

**若有退費請保戶填寫以下欄位** Please fill the below column for refund

匯撥 明細 Remittance information	<input type="checkbox"/> 匯撥至已指定之匯撥帳戶 remitted to a designated account (免填下列帳戶) do not need to fill in the below account
	行庫名稱 Bank:                      分(支)行名稱 Branch:
	帳號 account:

補收金額限以「匯款」方式繳納。  
Collection amount shall be paid by remittance.  
外幣保單給付款一律以「匯款」方式給付之，且外幣存款帳戶以國泰人壽公告或通知之指定銀行所開立者為限。  
Foreign currency Policy shall all be paid by remittance, and the foreign currency deposit account shall limited to the bank designated by

※ Please note that the English version of this claim form is for reference purpose only. Cathay Life does not take any responsibility for the translated English version. To the extent there is any inconsistency between the Chinese and English versions, the Chinese version shall always prevail.

-----以下為國泰人壽作業欄位，保戶無須填寫 To be filled by Cathay Life-----

國泰人壽作業欄位--收(退)費									
收(退)費日期		年      月      日		1.合計補收保險費新臺幣		元整,限    年    月    日前收妥。			
補(退)金額				2.合計應退保險費新臺幣		元整,已於    年    月    日前退還。			
送金單號碼		No.		支票到期日		年      月      日			
電訪日期 Date of Telephone Interview:			電訪時間 Time:			電訪電話 Tel:(      )			
※受理人員請注意該作業項目是否須列印「試算表」。									
審查單位受理欄 Administration Center			經確實核對要(被)保人資料無誤				經驗明身分確由要(被)保人親自簽章辦理無誤 Identity verified. Genuine signature of Applicant confirmed.		
覆核人員 Review Officer	經辦	收件時間:		覆核人員 Review Officer	Customer Service Person 客服人員	業務主管	服務人員 Service Person	電話:(      )	
		月      日	時      分					手機 Mobile Phone No:	
								轄區代號 Area Code	
								登錄證字號/ID:	
※保代件請填登錄證字號									

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