

To: 先生/小姐 Mr./Ms. 收 Fax: 02-7726-1875 或 7726-1876 或郵寄至  
請於收到申請書 2 日內填寫及簽名後傳真 Fax: 02-7726-1875 或 7726-1876 或郵寄至  
100 台北市中華路一段 39 號 6 樓 安達人壽 保戶服務 收  
如有相關查詢，請洽客服專線：02-6623-3688 (如需確認傳真，請傳真後儘速來電查詢；  
如於晚上八點後傳真，請於次一工作日再來電確認)  
Please fill out and sign the application form within 2 days after delivery and fax to: 02-7726-1875  
or 7726-1876, or mail to Chubb Life Taiwan policyholder services at 6F, No. 39, Section 1,  
Zhonghua Road, Taipei City 100  
If you have questions, please consult the customer service hotline: 02-6623-3688 (If you need to  
confirm fax delivery, please call as quickly as possible after sending the fax; if you sent the fax  
after 8 p.m., please call on the following work day for confirmation)

## 契約內容變更申請書 Request for Change Form

保單號碼：\_\_\_\_\_ 要保人：\_\_\_\_\_  
Policy number \_\_\_\_\_ Policyowner \_\_\_\_\_  
被保險人：\_\_\_\_\_ 要保人身分證字號：\_\_\_\_\_  
Insured \_\_\_\_\_ Policyowner National ID No. \_\_\_\_\_

茲向安達國際人壽保險股份有限公司申請變更上述保單號碼之保險契約內容。本人同意本申請書需經 貴公司同意且批註後始生效力。保單內容申請變更如下：

The applicant hereby applies to Chubb Life Insurance Taiwan Company for changing the contents of the Insurance Contract with the aforementioned policy number. I agree that this application form shall only be valid with the approval and endorsement of the Company. The policy changes request to the policy content are as follows:

- 1、聯絡地址 變更為 Correspondence address changed to:   
E-MAIL 信箱: \_\_\_\_\_  
聯絡電話變更如下 Contact number changes are as follows :  
公司 O ( ) \_\_\_\_\_ 分機 ext. \_\_\_\_\_ 住宅 H ( ) \_\_\_\_\_ 手機 Mobile phone \_\_\_\_\_
- 2、被保險人職業變更為 Insured occupation changes are as follows :  
服務單位 Employer : \_\_\_\_\_ 職稱 Work Title : \_\_\_\_\_  
請務必詳述工作內容 Please specify Nature of occupational duties : \_\_\_\_\_
- 3、變更繳別 Change payment mode :  年繳 Annual payment  半年繳 Semi-annual payment  季繳 Quarterly payment  
 月繳 Monthly payment
- 4、變更姓名 Name change : 原名 Original name \_\_\_\_\_ 變更為 changed to \_\_\_\_\_  
新簽名 New signature: \_\_\_\_\_ (需附新身分證影本) (New ID card photocopy required)

### 適用變更要保人 Applicable to change of policyowner

- 5、變更要保人為 Change the policyowner to \_\_\_\_\_ 與被保險人關係 Relationship with the insured \_\_\_\_\_ 身分證字號  
National ID No. \_\_\_\_\_ 新要保人簽名 New policyowner signature \_\_\_\_\_  
服務單位 Employer : \_\_\_\_\_ 工作內容 Nature of occupational duties : \_\_\_\_\_ 手機號碼 Mobile phone number: : \_\_\_\_\_  
(若新要保人與被保險人不同，需附新身分證影本) (If the new policyowner is not the insured, a new ID card photocopy is required)
- (1) 要保人國籍 Policyowner nationality :  中華民國 Republic of China  其他 Other : \_\_\_\_\_  
(2) 要保人是否具有中華民國以外之稅務居民身份 Is the policyowner a tax-paying resident outside the Republic of China?  是 Yes  否 No。  
(3) 過去一年內要保人是否居住於中華民國境外超過半年以上 Has the policyowner lived outside the Republic of China for more than six months in the past year?  是 Yes  否 No。若是，請說明居住國家 (地區) If so, please specify the country (region) of residence : \_\_\_\_\_  
(4) 要保人或被保險人是否是現任 (或曾任) 國內外政府或國際組織之重要政治性職務人士 (如：中央或地方民意代表、公務機關首長) Is the policyowner or insured 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)?  是 Yes  否 No。若是，請說明 If yes, please explain : \_\_\_\_\_
- 註 Note : 新要保人請同時填寫聯絡地址，未填寫即視為同原要保人留存之地址。 If there is a new policyowner, please fill out

the correspondence address. If a new correspondence address is not provided, the address registered by the original policyowner shall be used.

**適用變額萬能壽險保單 Applicable to variable universal life insurance policies**

- 6、變更每期保費為 Change mode premiums for each period to NT\$\_\_\_\_\_元  
除須符合每月保費最低金額，並請留意之後保單帳戶價值須足夠支付每月扣除額，以免造成保單停效。  
In addition to meeting requirements for the minimum monthly mode premiums, please ensure that the policy account value is sufficient for paying the deductibles each month to prevent the insurance policy from becoming lapse.
- 7、變更繳別 Change payment mode (保單週年日時才能變更，故請於保單週年當月約定扣款日前 15 天提出申請)(請擇其一勾選)  
(The change can only be changed on the policy anniversary date of the insurance policy, and the applicant is therefore required to file the application 15 days before the payment deduction date in the policy anniversary date of the insurance policy) (Please choose one)  
請於下一保單週年日將繳別變更為 Please change the payment mode to 年繳 Annual payment 半年繳 Semi-annual payment 季繳 Quarterly payment 月繳 Monthly payment，同時每期保險費變更為 and change the mode premiums for each period to NT\$\_\_\_\_\_元  
(金彩人生 (VLL02/VLL03/VLL04/VLL05) 僅限月繳) (Golden Life (VLL02/VLL03/VLL04/VLL05) only allows monthly payment)

8、其他 Others: \_\_\_\_\_

※ 要保人/被保險人已收到、閱讀並瞭解「安達人壽個人資料蒐集、處理、利用告知事項」(如申請書第二頁所示)。  
The policyowner/insured has received, read, and understood the "Chubb Life Taiwan Personal Information Collection, Processing and Usage Notice" (as shown on page 2 of the application form).

★要保人簽名 Policyowner signature : (請親自簽名) (Please affix signature in person)	★被保險人簽名 Insured signature : (請親自簽名) (Please affix signature in person)
申請日期 Application date:  中華民國_____年(year)_____月 (month)_____日(date)	法定代理人簽名 Legal representative signature : (註1) (Note 1)

附註 Additional notes :

- 未滿七足歲或無行為能力人，由法定代理人代為簽名及法定代理人親自簽名；七足歲(含)以上未成年者且未婚/有監護人或輔助人，須本人及其法定代理人簽名。  
Where the policyowner or insured is less than 7 years of age or an individual with no legal capacity, the legal representative shall affix the signature on his/her behalf and affix the signature of the legal representative in person. Where the policyowner or insured is more than 7 years of age (inclusive) but less than adult, unmarried or with guardian/assistant, he/she and the legal representative shall affix their signatures in person.
- 若您執行的職務內容或公司與您投保時之職務有不同時，請您務必以書面通知本公司，以維護您的保險權益(請詳契約條款)  
If your nature of occupational duties or company is different from your work when you applied for the insurance, please notify the company in writing to protect your insurance rights and interests (please refer to the terms and conditions in the Contract)
- 「繳別變更、減額繳清」之申請自下次應繳日午夜零時起生效。  
Applications for changing the payment mode and reduced paid-up insurance shall become effective at midnight on the next payment due date.

【以下欄位由安達國際人壽保險股份有限公司填寫】 [The following fields shall be filled out by Chubb Life Insurance Taiwan Company]

※上述內容若有塗改，請要、被保險人於塗改處簽名

※ If a correction is required for the aforementioned content, the policyowner and insured are required to affix their signatures on the correction.

批註書 Endorsement	本公司同意上述契約內容變更自民國_____年_____月_____日午夜零時生效，每期保費自民國_____年_____月_____日起調整為新台幣_____元整。 <input type="checkbox"/> 因以上變更調整，本期保費補收\$_____元 <input type="checkbox"/> 因以上變更調整，本期保費退費\$_____元 (本申請書未經本公司批註專用簽章不生效力) The Company agrees that the aforementioned changes to the Contract shall become effective at midnight on _____(month) _____(date), _____(year), and the mode premiums for each period shall be adjusted to NT\$_____ starting from _____(month) _____(date), _____(year). <input type="checkbox"/> Due to the aforementioned changes and adjustments, a supplementary amount of NT\$_____ shall be collected for the premiums in this period <input type="checkbox"/> Due to the aforementioned changes and adjustments, NT\$_____ shall be refunded for the premiums in this period (The application form shall not be effective except with the seal of Chubb Life Taiwan)
	保全作業欄 Internal Use field : <input type="checkbox"/> 核對簽名無誤 Signature verified <input type="checkbox"/> 審核不符退件 Rejected due to failure to meet criteria

## 安達人壽個人資料蒐集、處理、利用告知事項

安達國際人壽保險股份有限公司(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 台端告知下列事項,請 台端詳閱:

### 一、蒐集之目的:

- (一)人身保險(〇〇一)
- (二)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)
- (三)消費者、客戶管理與服務(〇九〇)

### 二、蒐集之個人資料類別:

- (一)識別類(例如姓名、性別、出生年月日、國籍、住址、電話、身分證統一編號、電子郵件、聲音、影像檔案)。
- (二)特徵類(例如家庭情形、教育程度、職業、財務狀況、健康情況)。
- (三)病歷、醫療、健康檢查
- (四)保險契約所需填載、保險契約變更及本公司各類保險服務相關業務所需填載之其他必要事項。

### 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)

- (一)要保人、被保險人
- (二)當事人之法定代理人、輔助人
- (三)各醫療院所
- (四)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。

### 四、個人資料利用之期間、對象、地區、方式:

- (一)期間:公司存續及依法令規定應為保存之期間。
- (二)對象:本公司及安達集團成員、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、與本公司合作之保險代理人/保險經紀人、與本公司合作辦理銀行保險業務之銀行及依法有調查權機關或金融監理機關。
- (三)地區:上述對象所在之地區。
- (四)方式:合於法令規定之利用方式。

### 五、依據個資法第三條規定,台端就本公司保有 台端之個人資料得行使之權利及方式:

- (一)得向本公司行使之權利:
  - 1. 向本公司查詢、請求閱覽或請求製給複製本。
  - 2. 向本公司請求補充或更正。
  - 3. 向本公司請求停止蒐集、處理或利用及請求刪除。
- (二)行使權利之方式:以書面或其他日後可供證明之方式(如:書面、電子郵件、傳真、或電子文件等)。

### 六、台端不提供個人資料所致權益之影響:

台端若未能提供相關個人資料時,本公司將可能延後或無法進行必要之審核及處理作業,因此可能婉謝承保、遲延或無法提供 台端相關服務或給付。

本公司依法令或為強化個人資料管理及保護,將可能隨時修訂本告知書。若本告知書發生任何重大調整,本公司將於官網公告。若您需要查詢、補充、更正或刪除您的個人資料,除可聯絡您的服務人員、至本公司客戶服務中心或透過免費客戶服務專線(0800-011-709)辦理外,亦可利用本公司網站所提供之相關服務辦理。

**Personal data Protection Notification that appears on application, authorization form, claim and the requested document for policy information update and change service.**

Personal data Protection Notification :

Considering confidentiality of the collection of your personal data, in respect to the paragraph one of Article 6 or 8 of Personal Data Protection Act (the “Act” ), Chubb Life Taiwan shall clearly inform you following issues:

1. Purpose of collection;

(001) Life insurance

(181) Other business items registered in the business certification or in the article in corporation.

(090) Consumer, Customer Management and Services.

2. Classification of personal data;

Medical history, Medical report, any record from governmental authorities, other information detailed in the relevant applications.

3. Source of personal data;

• Policy owner

• Insured

• Insured’ s legal representative

• Insured’ s assistant

• Hospital, clinic

• The Company’ s appointed third party agents, contractors and advisors.

4. Period, areas, parties and way of the use of personal data;

Within duration of the company or time period of specific purpose

Parties of using the personal data :

The Insurance Company and Chubb Group members , The Life Insurance Association of the Republic of China (LIA-ROC), The Non-Life Insurance Association of the R.O.C, Taiwan Insurance Institute, Taiwan Insurance Guaranty Fund, Financial Ombudsman Institution, Joint Credit Information Center, National Credit Card Center of R.O.C, Insurance Anti-Fraud Institute (IAFI), The Taiwan Payments Clearing System Development Foundation, the Taiwan Clearing House (TCH), Financial Information Service Co., LTD, The service provider engaged with the Insurance Company, The Reinsurance Company with the Insurance Company, The Insurance Agent or Broker with the Insurance Company, The institutions in relation to relevant business (such as bank and hospital), legally investigation authority or financial supervisory authority, claims investigators, medical advisors.

The location of the parties indicated in the column of “Parties of using the personal data”

Compliance with personal data protection relevant regulations.

5. The rights and methods you may exercise in terms of Article 3 of the Act;

• You may inquire and request for a review or make duplications of your personal data

• You may request to supplement or correct your personal data

• You may request Chubb Life Taiwan to discontinue the collection or processing or using your personal data

• Format: in writing or in other forms that can be proven valid (such as writing, e-mail, fax or electronic documents, etc.).

6. Consequences caused by the failure to provide personal data:

If you fail to provide relevant personal information, Chubb Life Taiwan may delay or may be unable to carry out the necessary underwriting procedures. This may lead to delay or failure to make payments to you. Chubb Life Taiwan may revise this notice at any time in compliance with the law or in an effort to improve the management and protection of your personal data. Major revisions to this notice will be announced on Chubb Taiwan official website. For inquiries, addition, amendment or deletion of your personal data, you may contact your service representative, or call the toll-free customer service number (0800-011-709). In addition, you may also refer to the Chubb Life Taiwan website for related services.