



保险合同内容变更申请书

Insurance Policy Change Application Form

[illegible]

变更申请书为保险合同的重要组成部分，请用黑色或蓝黑色水笔认真填写，且请勿涂改；投保人、被保险人、生存受益人签名处需由投保人、被保险人、生存受益人本人亲笔签署，不得由他人代签（18岁以下未成年人由监护人签名）。

This Change Application Form is an important part of the insurance contract. Please use black or blue-black ink to fill it out and any alteration to the Form would make it invalid; the Policyholder and Insured and Survival beneficiary must sign their names in person (for minors under the age of 18, their guardian should sign on their behalf).

申请人声明：本人申请以下第_____项变更，并同意变更的生效日以贵公司在保险合同内容变更批注中确定的变更生效日期为准。

Declaration of the Applicant: I apply for the following changes in Item _____ and agreed that those changes become effective on the effective date set by the Company in the Insurance Policy Change Endorsement.

申请方式Application method: ☐ 客户上门办理apply in person ☐ 客户委托他人代办entrust a proxy ☐ 客户邮寄申请apply via correspondence

<input type="checkbox"/> B01 追加保费 Top-up		账户名称 Account Name	追加金额 Top-up Amount
单次追加的基本保险费或额外保险费均至少为人民币 1,000 元。For each top-up of basic premium or extra premium, the minimum amount should be RMB 1, 000 Yuan.			
<input type="checkbox"/> B02 理财/投资账户转换 Fund Switch		转出账户名称 From Account	转出金额 (万能险)/单位数 (投连险) Switched out Amount (UVL) / No. of Units (UL)
			转入账户名称 To Account
客户提示: 您在购买投连保险产品时已完成投资风险适应性评估, 完全明白购买投资连结保险所需承担的风险和回报, 以及您适合的投资账户。本次转换选择的投连账户风险等级如果您在购买产品时的投资风险测评结果不匹配, 您确认仍根据您本次意愿自行选择投资账户。Reminder for customer: You have finished investment risk adaptability evaluation during the process of purchase the UL product, and totally understand UL product's risk and return, as well as the investment account fit for you. You confirmed the decision of investment account choice if you choose the un-suited risk level of investment account.			
万能险: 单个理财账户的转出金额不得低于人民币 500 元, 且转出后剩余的该理财账户的账户价值不足人民币 500 元时, 该理财账户须全数转出; 如转入多个理财账户, 单个理财账户的转入金额不得低于人民币 500 元。投连险: 单个投资账户的转出单位数, 不得低于 500 个单位数, 且转出后剩余的该投资账户不足 500 个单位数时, 须全数转出。UVL product: the minimum amount of each fund switch shall be RMB500 Yuan, and if the outstanding balance is less than RMB500 Yuan, it shall be switched out in full; for fund switch to multiple accounts, the amount to each single account shall not be less than RMB500 Yuan. UL product: the minimum amount of fund switch shall be 500 units, and if the outstanding balance is less than 500 units, it shall be switched out in full.			
<input type="checkbox"/> B03 部分领取 Partial surrender		账户名称 Account Name	领取金额 (万能险)/单位数 (投连险) Withdrawn Amount (UVL)/ No. of Units (UL)
万能险单个理财账户每次申请部分领取金额不得低于人民币 500 元, 且部分领取后剩余的该理财账户价值不得低于人民币 500 元, 否则该理财账户须全数领取。投资连结保险单个投资账户每次申请部分领取的单位数不得低于 500, 且部分领取后剩余的该投资账户单位数不得低于 500, 否则该投资账户须全数领取。部分领取的金额系指尚未扣除退保费用前的金额, 客户实际领取到的可能少于申请书上所填写的申请金额。For each UVL account, the amount for each application shall not be less than RMB500 Yuan, and if the outstanding balance is less than RMB500 Yuan, it shall be withdrawn in full. For each UL account, the amount for each application shall not be less than 500 units, and if the outstanding balance is less than 500 units, it shall be withdrawn in full. The amount of partial surrender refers to the amount before deducting the surrender charge, and therefore the amount actually received by the customer may be less than the amount specified in the application.			
<input type="checkbox"/> B04 变更万能投连险主合同内容 Change of Main Coverage of UL& UVL		<input type="checkbox"/> 保险金额类型变更为 Type of Sum Assured (SA) changes to _____ 型 <input type="checkbox"/> 基本保险金额变更为 Basic SA change to _____ 元 Yuan <input type="checkbox"/> 保险金扣除额变更为零 SA deduction change to zero <input type="checkbox"/> 延长期交保险费交费期为 Extension of RP premium payment period to _____ 年 year(s) <input type="checkbox"/> 基本保险费变更为 Basic Premium change to _____ 元 Yuan <input type="checkbox"/> 额外保险费变更为 Extra premium change to _____ 元 Yuan <input type="checkbox"/> 定期定额追加保险费 Regular and fixed-amount Top-up premium (请额外填写《定期定额追加申请补充告知》, 并务必提供投保人银行账号用于支付追加保险费) (Please fill additionally "Supplementary Notice on Regular Fixed Additional Application" and provide Policyholder's bank account to pay the top-up premiums) <input type="checkbox"/> 其他 Other, 请详述 Please state details: _____	
<input type="checkbox"/> B05 犹豫期撤保 Cancel From Inception 请同时递交纸质保单正本 Please provide original paper policy <input type="checkbox"/> B06 退保 surrender 退保有损失, 请谨慎选择 Surrender of insurance will cause loss, so please be cautious 请同时递交纸质保单正本 Please provide original paper policy		请贵公司依照保险合同约定给付退保金予本保险合同投保人, 如有其它附加金额, 亦请一并退还。自本人申请终止本保险合同之日起, 贵公司所承担之保险责任即行终止。I'd like the Company to refund to the Policyholder the surrender benefit and other additional amount (if any) as per the insurance contract. The insurance liability owed by the Company shall be terminated from the date I apply for the termination of the insurance contract. 退保原因 Reason for surrender (此项必须勾选 must tick one) : ●急需资金 Urgent need for cash <input type="checkbox"/> 其他投资 Other investment <input type="checkbox"/> 家庭急用 Family emergency ●服务不佳 Poor service <input type="checkbox"/> 营销员服务欠佳 Poor service from the agent <input type="checkbox"/> 公司售后服务欠佳 Poor after-sales services of the company ●购买其他保单 Purchase other policies <input type="checkbox"/> 安联人寿保单 Policy from AZCL (需额外签署《退保声明书》) Additional signature required 《surrender application form》 <input type="checkbox"/> 其他公司保单 Policy from other insurers ●市场环境影晌 Market influence <input type="checkbox"/> 货币/资本市场波动 Currency /capital market fluctuation <input type="checkbox"/> 银行升/降息 Bank interest rate hike/decline ●产品不适合 Inappropriate product <input type="checkbox"/> 保费太高 Too high premium <input type="checkbox"/> 保障太少 Too low benefits <input type="checkbox"/> 交费期长 Too long premium term <input type="checkbox"/> 与自己需求不符 Mismatch with my needs <input type="checkbox"/> 投资收益不理想 Unsatisfactory investment returns ●其他, 请详述 Other reason, please state details _____	

<input type="checkbox"/> B07 降低主合同保险金额 Decrease SA of Main Coverage	降低主合同保险金额为 Decrease SA of main coverage to _____ 元 Yuan (若本合同所附的附加合同为安联附加安赢恒瑞两全保险, 该附加险的保额将随主险保费的减少而降低) (If the rider attached to this contract is Allianz Additional An Ying Heng Rui Endowment Insurance, the sum assured of this rider will be reduced in accordance with the reduction of the premium of this contract) 保额降低的部分视为退保, 安联人寿将退还保额降低部分所对应的现金价值。保额降低后本合同的相关保险金均按变更后的保险金额计算。退保会遭受一定的损失, 故请您慎重考虑和决定。SA decrease will be treated as partial surrender, for which AZCL will refund the corresponding cash value. After the SA decrease, the policy's insurance benefits will be calculated as per the lowered SA. Hence, there will be some loss in case of surrender. Please give it careful consideration before making a decision.																								
<input type="checkbox"/> B08 减额缴清 Reduced Paid-up	保单中止不可办理减额缴清, 减额缴清后的保额需符合本公司规定对应险种的最低保额的要求, 所附的其它附加合同自动解除(条款另有约定的除外)。It's not applicable to lapsed policies; the sum assured after reduced paid-up shall accord with rules of minimum sum assured requirement of AZCL; other additional contracts attached will be automatically rescinded (unless otherwise stipulated in the terms). 本合同及所附的附加合同的基本保险金额所对应的现金价值的和扣除保单欠款后的净额将作为一次交清的保险费, 同时相应减少它们的基本保险金额。减少后的基本保险金额将代替原保险单所载的基本保险金额。减额缴清可能会遭受一定的损失, 故请您慎重考虑和决定。The total cash value corresponding to basic SA of the main coverage and riders' after deduction of sums owed under this policy will be paid as on-off premiums, and the basic SA will be lowered accordingly. The lowered basic SA will replace the old one as the SA of the policy. Reduced paid-up may incur loss, please take consideration before action.																								
<input type="checkbox"/> B09 复效 Reinstatement	请同时填写《健康风险声明》, 如有相关病历或检验报告, 需一并提供。Please fill out 'Health Declaration' and also provide relevant medical record or test reports (if any).																								
<input type="checkbox"/> B10 附加险修改 Rider Adjustment <input type="checkbox"/> 新增附加险 Add Rider 新增一年期附加险需选择自动申请续保选项, 若未选择默认自动申请续保 For new one-year additional insurance, you need to select the renewal option. If you do not select the option, it will be regarded as applying for renewal automatically <input type="checkbox"/> 取消附加险 Delete Rider <input type="checkbox"/> 降低附加险保险金额 Decrease SA of Main Coverage 保额降低的部分视为退保, 安联人寿将退还保额降低部分所对应的现金价值 SA decrease will be treated as partial surrender, for which AZCL will refund the corresponding cash value	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">附加险名称 Name of Rider</th> <th style="width: 15%;">保险金额 (变更前) SA (Before)</th> <th style="width: 15%;">保险金额 (变更后) SA (After)</th> <th style="width: 15%;">保险期限 Benefit Term</th> <th style="width: 15%;">交费期限 Premium Term</th> <th style="width: 30%;">自动申请续保 Applying for Renewal Automatically</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/>是 Yes <input type="checkbox"/>否 No</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/>是 Yes <input type="checkbox"/>否 No</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/>是 Yes <input type="checkbox"/>否 No</td> </tr> </table> <p>增加豁免类产品或增加被保险人请填写: Add exempted products or increase insured. Please fill in: 被保险人姓名 Name Of Insured _____ 税收居民身份 Tax Residency (单选 single choice): <input type="checkbox"/> 1. 中国税收居民 tax resident of China <input type="checkbox"/> 2. 非中国税收居民 not tax resident of China <input type="checkbox"/> 3. 既是中国税收居民, 又是其他税收管辖区居民 tax resident of both China and other place 如勾选 2 或 3, 请额外填写《个人所得税居民身份声明》。 If you choose 2 or 3, Please fill additionally 《Individual Tax Residency Declaration》。</p>	附加险名称 Name of Rider	保险金额 (变更前) SA (Before)	保险金额 (变更后) SA (After)	保险期限 Benefit Term	交费期限 Premium Term	自动申请续保 Applying for Renewal Automatically						<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No						<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No						<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
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<p>安联人寿未授权任何个人或机构作出与本保险合同各事项及保险条款不相符的解释、说明、承诺或保证, 除经安联人寿正式程序修改或批注的内容外, 与本保险合同各事项及保险条款不相符的任何书面或口头的解释、说明、承诺或保证均属无效。AZCL has not authorized any individual or institution to make any explanation, promise or guarantee inconsistent with the contents of the insurance contract and insurance terms and conditions, and any written or oral explanation, promise or guarantee inconsistent with the insurance contract and insurance terms and conditions shall be null and void unless they are modified or endorsed through AZCL formal procedures.</p> <p>为未成年人投保的人身保险, 因被保险人身故给付的保险金总和不得超过国务院保险监督管理机构规定的限额(对于被保险人不满10周岁的, 不得超过人民币20万元; 对于被保险人已满10周岁但未满18周岁的, 不得超过人民币50万元), 身故给付的保险金总和约定也不得超过前述限额。本公司可以承保的身故给付保险金总和为(前述限额-被保险人已经参保的身故给付保险金)。The total amount of death benefit applied for minor and the promissory total amount of death benefit should not exceed the limit as prescribed by CIRC (RMB200,000 for insured below 10 years old and, RMB500,000 for insured age between 10 to 18 years old).</p> <p>是否为“当地社会医疗保险”参保人员 Already have "local Social Medical Insurance" <input type="checkbox"/>是 Yes <input type="checkbox"/>否 No (请勾选Please tick) 若申请增加附加险为新型产品, 请投保人在本栏亲笔抄录下列引号内文字: “本人已阅读并知晓保险条款, 特别是免除保险责任的条款、产品说明书, 了解本产品的特点和保单利益的不确定性, 并自愿承担保单利益不确定的风险。” If the new rider is a new type product, the policyholder should personally copy the sentence in the quotation marks: "I have read and am aware of the insurance clauses, especially the exclusions of insurance liability, product brochures, and understand the product characteristics and the uncertainty of the policy benefits, and I am willing to undertake the risk of uncertain benefits."</p>																									
<input type="checkbox"/> B11 附加险犹豫期撤保 Cancel of Rider <input type="checkbox"/> B12 附加险退保 Surrender of Rider	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">附加险名称 Name of Rider</th> <th style="width: 20%;">保险金额 Sum Assured</th> <th style="width: 20%;">保险期限 Benefit Term</th> <th style="width: 20%;">交费期限 Premium Term</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	附加险名称 Name of Rider	保险金额 Sum Assured	保险期限 Benefit Term	交费期限 Premium Term																				
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<input type="checkbox"/> B13 红利领取 Dividend Withdrawal	<input type="checkbox"/> 领取累积生息的红利 Withdraw cash accumulation dividend <input type="checkbox"/> 领取增额红利 Withdraw increase SA dividend																								
<input type="checkbox"/> B14 生存金/年金领取 Survival Benefit/ Annuity Withdrawal	<input type="checkbox"/> 全部领取 Full withdrawal <input type="checkbox"/> 部分领取 Partial withdrawal 领取金额 Amount of withdrawal _____ 元 Yuan																								
B16 变更客户基本信息 Change of Basic Customer Info <input type="checkbox"/> 投保人 Policyholder <input type="checkbox"/> 被保险人 Insured <input type="checkbox"/> 受益人 Beneficiary 如变更信息包含非中国大陆的内容, 请额外填写《个人所得税居民身份声明》 If the change of information contains non-Chinese Mainland content, Please fill additionally 《Individual Tax Residency Declaration》	<input type="checkbox"/> 姓名 Name _____ <input type="checkbox"/> 国籍 Nationality _____ <input type="checkbox"/> 出生地所属国家 Place of Birth _____ <input type="checkbox"/> 证件有效期至 Date of Expiry _____ 年 YY __ 月 MM __ 日 DD <input type="checkbox"/> 税收居民身份 Tax Residency (单选 single choice): <input type="checkbox"/> 1. 中国税收居民 tax resident of China <input type="checkbox"/> 2. 非中国税收居民 not tax resident of China <input type="checkbox"/> 3. 既是中国税收居民, 又是其他税收管辖区居民 tax resident of both China and other place 如勾选 2 或 3, 请额外填写《个人所得税居民身份声明》。If you choose 2 or 3, Please fill additionally 《Individual Tax Residency Declaration》 <input type="checkbox"/> 移动电话 Mobile (+) _____ <input type="checkbox"/> 固定电话 Tel (区号) (+) - () - _____ <input type="checkbox"/> 电子邮件地址 Email _____ (勾选此项后, 即默认您选择通过此邮件地址接受所有的通知类信函 If chosen by you, we will send all policies' notices to you through this email) <input type="checkbox"/> 通讯地址 Resident Address _____ <input type="checkbox"/> 邮政编码 Postal Code _____ 建议您选用位于中华人民共和国境内(不含港澳台)的联系电话和地址作为联系方式; 否则, 可能导致无法联系、信件延误或无法送达, 因此而产生的风险本公司不承担责任。It is recommend that you provide a telephone number and an address within the territory of the People's Republic of China (excluding Hong Kong, Macao and Taiwan) as the contact method; otherwise, it may result in delays or failed delivery, and the Company is not responsible for the risks arising from this																								

本申请书以中英文书就。如有差异，以中文为准。

This application is written in Chinese and English. If there is any discrepancy, the Chinese version shall prevail.

AZ-I-PS-ET-M2-E02-202407

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