



安联人寿保险有限公司

Allianz China Life Insurance Company Limited

收件盖章 Chop for receipt

保险合同内容变更申请书 Insurance Policy Change Application Form

保险合同编号Policy No.: 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 quardian should sign _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 账户名称 Account Name 追加金额 Top-up Amount □B01 追加保费 Top-up 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. 转出账户名称 转出金额 (万能险)/单位数 (投连险) 转入账户名称 Account Switched out Amount (UVL) / No. of Units (UL) □B02 理财/投资账户转换 Fund Switch 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和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 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. 领取余额(万能险)/单位数(投连险) 账户名称 Account Name Withdrawn Amount (UVL)/ No. of Units (UL) □B03 部分领取 Partial surrender 万能险单个理财账户每次申请部分领取金额不得低于人民币 500 元,且部分领取后剩余的该理财账户价值不得低于人民币 500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 □保险金额类型变更为 Type of Sum Assured (SA) changes to _ □基本保险金额变更为 Basic SA change to _____ □保险金扣除额变更为零 SA deduction change to zero □延长期交保险费交费期为 Extension of RP premium payment period to______年 year(s) □B04变更万能投连险主合同内容 □基本保险费变更为 Basic Premium change to ___ 元 Yuan Change of Main Coverage of UL& □额外保险费变更为 Extra premium change to _ 元 Yuan UVL □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》, 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 □ 其他 Other, 请详述 Please state details: 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 □B05 犹豫期撤保 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 Cancel From Inception terminated from the date I apply for the termination of the insurance contract. 请同时递交纸质保单正本 退保原因 Reason for surrender (此项必须勾选 must tick one) Please provide original paper ●急需资金 Urgent need for cash □其他投资 Other investment □家庭急用 Family emergency ●服务不佳 Poor service □营销员服务欠佳 Poor service from the agent □公司售后服务欠佳 Poor after-sales services □ B06 退保 surrender 退保有损失,请谨慎选择 ●购买其他保单 Purchase other policies□安联人寿保单 Policy from AZCL (需额外签署《退保声明书》Additional Surrender of insurance will signature required ≪surrender application form)□其他公司保单 Policy fom other insurers cause loss, so please be cautious ●市场环境影响 Market influence □货币/资本市场波动 Currency /capital market fluctuation□银行升/降息 Bank 请同时递交纸质保单正本 Please provide original paper ●产品不适合 Inappropriate product □保费太高 Too high premium □保障太少 Too low benefits □交费期长 Too long policy premium term □与自己需求不符 Mismatch with my needs□投资收益不理想 Unsatisfactory investment returns •其他, 请详述 Other reason, please state details

Dividend Withdrawal □ B14 生存金/年金领取 Survival Benefit/ Annuity Withdrawal	□ 领取增额红利 Withdraw increase SA dividend □ 全部领取 Full withdrawal □ 部分领取 Partial withdrawal 领取金额 Amount of withdrawal 元 Yuan								
Surrender of Rider □ B13 红利领取	Name of Rider □ 领取累积生息的	Sum 红利 Withdraw ca	Assured sh accumulation	Benefit To	erm	Premium Term			
□B11 附加险犹豫期撤保 Cancel of Rider □B12 附加险退保	附加险名称 Name of Rider 附加险名称	保险。 Sum 保险。	Assured	保险期限 Benefit To 保险期限	erm	交费期限 Premium Term 交费期限			
安联人寿未授权任何个人或机材外,与本保险合同各事项及保险条款 make any explanation, promise or gor oral explanation, promise or guar are modified or endorsed through A. 为未成年人投保的人身保险,因过人民币20万元;对于被保险人已满承保的身故给付保险金额总和为(前 sory total amount of death benefit slinsured age between 10 to 18 years是否为"当地社会医疗保险"参若申请增加附加险为新型产品,了解本产品的特点和保单利益的不确copy the sentence in the quotation brochures, and understand the production	不相符的任何书面或uarantee inconsistent varantee inconsistent varantee inconsistent varantee inconsistent varantee inconsistent varantee inconsistent varanteed incollong was also also also also also also also al	以口头的解释、说明nt with the contenwith the insurance res. 的保险金总和不得岁的,不得超过人经参保的身故给付e limit as prescribuse "local Social Mut Thank Tha	月、承诺或保证は ts of the insuran contract and in 超过国务院保险 民币50万元), 保险金额)。Th ed by CIRC (RM ledical Insuranc に字: "本人已阅 いた。" If the nev of the insurance	的属无效。AZCL ce contract and i surance terms al 监督管理机构规》身故给付的保险。ne total amount o/MB200,000 for inset of the property of the pr	has not authorized nsurance terms and conditions shall conditions the product of the product, the pally the exclusions	l any individual ond conditions, and be null and voice (R险人不满10周) 得超过前述限额。 blied for minor and ears old and, RM (lease tick) 险责任的条款、 policyholder shou of insurance lia	r institution to ad any written dunless they borned by the promis-institution to add any written dunless they borned by the promis-institution by the promis-institution by the product b		
B10 附加险修改 Rider Adjustment □新增附加险 Add Rider 新增一年期附加险需选择自动申请续保证项,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 □取消附加险 Delete Rider □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	附加险名称 Name of Rider 增加豁免类产品或 被保险人姓名 Nam □1. 中国税收居民 是其他税收管辖区 如勾选 2 或 3,请割 If you choose 2 or	ne Of Insured tax resident of Ch 居民 tax resident o 项外填写《个人税》 3, Please fill addit	一一税收居民 ina □2. 非中国 if both China an 坟居民身份声明》 ionally《Individu	身份 Tax Reside 税收居民 not tax d other place)。 ual Tax Residenc	ency(单选 single resident of China y Declaration》。	□是 Yes □是 Yes □lease fill in: choice): □3. 既是中国	Renewal / □否 No □否 No □否 No □否 No □否 No		
Reduced Paid-up □ B09 复效 Reinstatement	中台间及所附的附加合间的基本保险金额的对应的现金价值的和和保保平人款后的产额特许为一次交易时相应减少它们的基本保险金额。减少后的基本保险金额。减额数一定的损失,故请您慎重考虑和决定。The total cash value corresponding to basic SA of the main riders' after deduction of sums owed under this policy will be paid as on-off premiums, and the bas lowered accordingly. The lowered basic SA will replace the old one as the SA of the policy. Reduced incur loss, please take consideration before action. 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 Declarati provide relevant medical record or test reports (if any).						清可能会遭受 coverage and sic SA will be paid-up may		
□ B08 减额缴清	保单中止不可办理減额缴清,減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 paidup 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								
□ 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								

□ 国籍 Nationality

chosen by you, we will send all policies' notices to you through this email)

□ 税收居民身份 Tax Residency (单选 single choice): □1.中国税收居民 tax resident of China □2.非中国税收居民

如勾选2或3,请额外填写《个人税收居民身份声明》。If you choose2or3, Please fill additionally《Individual Tax

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

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

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

not tax resident of China □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

□ 固定电话 Tel(区号)(+)-(

本申请书以中英文书就。如有差异,以中文为准。

B16 变更客户基本信息

□投保人 Policyholder

□被保险人 Insured

□ 受益人 Beneficiary

Change of Basic Customer Info

如变更信息包含非中国大陆的内容,请

额外填写《个人税收居民身份声明》

If the change of information contains

fill additionally «Individual Tax

Residency Declaration》

non-Chinese Mainland content. Please

平中頂节以中央又市駅。如有差弁,以中又方框。 This application is written in Chinese and English. If there is any discrepancy, the Chinese version shall prevail.

arising from this

□ 姓名 Name

□ 出生地所属国家 Place of Birth

□ 通讯地址 Resident Address_

Residency Declaration》

□ 移动电话 Mobile (+

□ 电子邮件地址 Email

□ 邮政编码 Postal Code

□ 证件有效期至 Date of Expiry_____年 YY__月 MM__日 DD

(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

B17 变更客户重要信息 Change of Important Customer Info □投保人 Policyholder □被保险人 Insured □受益人 Beneficiary 如变更信息包含非中国大陆的内容,请额外填写《个人税收居民身份声明》 If the change of information contains non-Chinese Mainland content, Please fill additionally 《Individual Tax Residency Declaration》	□出生日期 Date of Birth□职业/具体工作 Occupation/job□职业代码 Occupation No□性别 Gender□有效证件类型 ID type□证件号码 ID No□共他 Other							
	变更后 姓名 Name	身故受益人为: [与被保险人关 系 Relation with Insured	Death bender 性别 Gender	出生日期	change to 有效证件类型及号码 ID Type and ID No	证件有效期至 Date of Expiry	受益顺序 Order of beneficiary	受益份额 Proportion
B18 变更客户 Change Customer □变更身故受益人 Change Death Benefit Beneficiary □变更投保人 Change Policyholder	benefit t定前处fil b C保N职单证有保编邮电C移税民如R原至 to h原新 若知单的insurfit 定前处fil b C保N职单证有保编邮电电居 tt 选值保投 电保保 请保益 p Cal	ciary is only application the product term of the product term 受益人因身故、话是人因身故。指述理。 If the special cial portion will be eneficiaries do no mpany will hand to the product of	icable to dons and core and core and core by additional control of the control o	eath benefit panditions -等原因而无受,无爱自无受,无爱自然的。一等原因而无时,ry cannot get the by other beneficial right accordance yholder—里生地外,是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	— 日DD cyholder — 此项后,即默认您选择。 to you through this em 引定电话Tel(区号)(+ ice): □1.中国税收管辖。声明》。 If you choose t投保人,变更同时将取 ler voluntarily transfers I policy-holder's payment older:	poduct includes dea 同一顺序的其他指约字有受益权。我说字有受益权。我说字有受益权。我说如此事情的更加的一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	th benefit or no 定受益人按份额目将依照相关法 s or waiver of r e portion. Only er obtain the be birth—lation with insu OK ②所有的通知类 ②所有的通知类 ③)	t, please 比例享有。 律法规进行ights, the when all the neficial rights, red 信函If 上中国税收居。dividual Tax 如有退费和ce contract cancelled, if 上自愿承证代表。如何是是是一个专家的问题,但是是一个专家的问题。
□B20 变更客户签名 Change Customer Signature	Chang □代名 □其它 被保险	je 签名 Forged Sigr 它 Other 人签名变更为	nature(请 		(此项必须勾选 must the Search Searc	so complete the dec	claration of sign	
□B21 变更保险款项缴付账号 Change Premium Payment Account □B22 变更保单给付账号 Change Benefit Payment Account 领款人 Pavee:	Signature of insured change to Signature of policyholder change to 账户所有人姓名 Name of account holder							
□B23 变更交赀方式(频次) Change premium payment frequency	□年交 Annual □半年交 Semi-annual □季交 Quarterly □月交 Monthly 缴费频率的变化会导致保费计算公式不同,如您选择由年缴费变更为月缴费,有可能会出现年度 12 个月缴费总金额大于年缴费金额的情况,请您根据实际需要进行选择。Changes in the frequency of payment may result in different premium calculation formulas. If you choose to change from annual to monthly payments, a situation may arise where the total of the 12 monthly payments within a year is greater than the annual payment.							
□ B24 补发保险合同 Re-issue policy contract	纸质合	一同需收取工本费	人民币 10:	元 Paper contr	act should be paid RMI	3 10 for the fee cos	st.	
□B27 变更红利领取选项 Change Dividend Distribution Method	□ 增加保额 Increase SA □ 累积生息 Cash Accumulation □ 抵交保费 Premium Deduction □ 现金领取 Cash Payment □ 其他 Other							
□B28 变更生存金/年金选择权 Change Survival Benefit/Annuity Payment Method	□ 现金	·领取 Cash Paym	nent [□累积生息 Ca	ash Accumulation			

	□修改自动垫缴保费标志	□ 自动垫缴 Automatic Premium Loan					
□ B29 其他保单标志修改 Change Policy Flag	Change Automatic Premium Loan □ 不自动垫缴 Non Automatic Premium Loan □ 修改年金选择权						
	□ □ □						
□B30 年金/生存金计划变更 Change Annuity/Survival Benefit Payment Schedule	领取方式 Payment method □ 一次也 Monthly □ 年领 Annually □ 毎几年4	[取方式 Payment method □ 一次性领取 One Off □ 月领 onthly □ 年领 Annually □ 毎几年领 Every few years					
□B31 变更健康告知资料	□健康补充告知 Supplementary Health Statement(请同时填写《健康风险声明》,并提供相关病历或检验报告 Please also fill out 'health declaration' form and provide relevant medical record or check-up report)						
Change Health Declaration	Please also fill out health declaratio □一年期可重新投保主险是否自动申	•		-up report)			
	Whether to applying for renewal automa	itically for one year term re	insurable main product				
□B39 自动申请续保选项变更		(Including ending of guaranteed renewal period in the case of guaranteed renewable insurance) □是 Yes □无备注,默认一年期附加险同主险一同修改					
Change of Applying for Renewal Automatically		comment, the Applying for Renewal Automatically option of one-year riders will					
	□一年期可重新投保附加险是否自动	K 附加险是否自动申请续保					
□ 其他 Other	Whether to applying for renewal automa	urable riders					
申请人(投保人、被保险人)声明Declaration of the		allv					
1. 增加附加保险合同、自动申请续保选项变更Add申请人及新投保人声明:1)在本人(我们)决期、等待期、线保、保险金申请等作了重点提示已知晚,一年期可重新投保险种的保险期间为一会联人。专审核不同意续保、则一年期险中满期终位和或的工作。 (a a pplication of insurance benefits, etc. AZCL hinformation completely 2) I am (we are) aware t valid only after AZCL agree to accept renewal a 2. 补发保险合同Re-issue Insurance Contract 申请人声明: 自替补保险合同签发之日起、安身任何原押给第三方之事宜。Applicant's Declarat obligations of the insured and their heirs unde insurance contract is not offered as any kind of 3. 复数 Reinstatement 申请人声明: 本人(我们)同意,含"数力恢复交保单欠款之后方可实行。Applicant's Declaration 2. 使要保险款项缴付账号及变更保单给付账号Cha 变更银份款项缴付账号及变更保单给付账号Cha 变更银份款项缴付账号及变更保单给付账号Cha 变更级价账号提权人声明、本人(我们)同意完全 Declaration: I (we) agree that the first-year an pay for the first-period premium and recurring p the authorized account is my account, otherwis 变更给付账号提权人声明:本人(我们)同意安静付账号提及保险合同无任何模型或转让之事involved with matters regarding bankruptcy or I 6. 变更客户Change Customer 申请人声明:新投保人已明确该保险合同主险务次转让动的会选性和有效性系担任何责任。Applic liability and voluntarily accepts all the rights an responsibility for the legitimacy and effectivener 7. 投资连结保险产品的部分领取、追加、账户转换资格性,完成,明末,在保险分别,是经保险产品的部分领取、追加、账户转换资格,可以完全模型,可以是经验的分选性和有效性系和任何责任。Applic liability and voluntarily accepts all the rights an responsibility for the legitimacy and effectivener 7. 投资连结保险产品的部分领取、追加、账户转换资格的完全,以上的现代,以上的现代,以上的证明,如此可以上的证明的证明,如此可以上的证明的证明,如此可以上的证明的证明,如此可以上的证明的证明,如此可以上的证明的证明,可以上的证明的证明,如此可以上的证明的证明,如此可以上的证明的证明,可以上的证明的证明,可以上的证明的证明,可以上的证明,可以上的证明的证明,可以上的证明,可以上的证明,可以上的证明,可以上的证明,可以上的证明,可以上的证明,可以上的证明,可以上的证明,可以上的证明,可以上的证明,可以上的证明,可以上的证明,可以上的证明,可以上的证明,可以上的证明,可以上的证明,可以上的证明,可以上的证明的证明,可以上的证明,可以上的证明,可以上的证明的证明,可以上的证明,可以上的证明的证明,可以上的证明的证明,可以上的证明的证明,可以上的证明的证明的证明的证明的证明的证明的证明的证明的证明的证明的证明的证明的证明的	Rider、Change of Applying for Renewal Automatic 定增加附加险之前,安联人寿已向本人(我们)提升。如果的解释说明,同时就健康管理服务(如有)的师一年,在本人(我们)选择自动申请续保方式时,领证上,Declaration of Applicant and the new Policytic by Lieu. Declaration of Applicant and the new Policytic hillustration (if applicable), and has explained to mas also clearly informed me (us) all the information that the benefit term of one year term renewable pro and receiving premium, until I (we) terminate renewable to the sistence of the substitute insurance or the original insurance contract will be completely collateral to a third party. [** 条款的产品,申请恢复合同效力时,安联人寿有。tion: I (we) agree with "restore the effectiveness" in a physical examination etc. The validity of contract in an example of the premium Payment Account and Change Benefi 用那你有力动转账方式数纳首湖和线期设加保险费,划款前征水本人意见。本人承诺此投权账户为本人具位 renewal premiums/top up/and other related experemiums under this Policy after it takes effect by dire el will compensate for the relevant losses incurred: 联人寿采用银行自动转账方式支付退保金、手金、:) agree that AZCL pays the surrender benefit, annuit tat AZCL shall not be liable for untimely payment be legally be clawed back from the authorizer. urrender "实;本人未有破产和涉及与本保险合同的诉讼事项。 itigations in relation to this insurance contract. ** ** ** ** ** ** ** ** ** ** ** ** **	集了保险条款、产品说明书(如 所有内容亦进行了明确告知、本 经安联人寿审核同意集保升收取 (us) clearly and emphasized o a about health management set duct is one year. When I (we) s all with written application. The o 人及其继承人对原保险合同享有 contract、AZCL will no longer broth acts and the substitute in 权要求本人(我们)提供本人(n term of the products. When a recovery shall be approved by A it Payment Account 以及该保单其他相关费用,并被 张户,否则持赔偿由此给安联人: nses of the policy shall be paid beltly debiting my authorized account 以及这似的上的一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一	人(我们)亦已对前述提及内容均已全部现保险费后一年期险种方继续有效,直至本人to purchase additional rider,AZCL has pin insurance benefit, exclusions, cooling-off vices (if applicable). I(We) have read, unelect applying for renewal automatically, the year term product will be expired if AZC both the year term product will be expired if AZC both the year any legal responsibility for the original insurance contract, and the original insurance are the year of	读、理解并同意。2)本人(我们) (我们)书面中请终止续保;如经 ovided me (us) with the insurance period, waiting period, renewal and derstand and agreed the foregoing e one year term product will remain L disagree to accept renewal. 且原保险合同作废。本保险合同元 insurance contract. The rights and nce contract will become void. The 大力恢复须经安联人寿审核同意并补 L has the right to request my (our) ar should be paid before implemen- 大人的投权账户自动和取本合同首期 Payment Account Authorizer the bank designated by me (us) to ore each direct debit. I promise that bi投权账户,且安联人寿不承担因本 予以自动适回。Change Benefit AZCL shall remit the corresponding re) agree to automatically return via d or offered as pledge; I am not 和新权保人,不要求安联人寿对本 nt and meaning of the exclusions of on of require AZCL to shoulder any 投资连结保险产品的投资回报具有 ncluding the initial cost, buying and			
3. 变更客户基本信息、变更客户Change of Basic Customer Info、Change Customer 中请人声明:若本人(我们)百意安联人寿被照此次填写的相关内容进行更新;若名下有多张保单的,其他保单亦同时更新。若此次变更涉及电于邮件地址,本人(我们)百意使用电子信温服务,并授权通过电子邮箱接收本人(我们)百意安联人寿被照此次填写的相关内容进行更新;若名下有多张保单的,其他保单亦同时更新。若此次变更涉及电子邮件地址,本人(我们)同意使用电子信温服务,并投权通过电子邮箱接收本人(我们)3年下所有保单的通知类信温(包括但不限于保费通知书,红利通知书等)。Applicant's Declaration: If the information filled in the application is not consistent with the retention contact information in AZCL,(We) will agree and authorize AZCL to update the contact information with the information filled in the application. And if there are several policies owned, the information in other policies will be updated as well at the same time. If change of Email is involved, I(We) agree to use the e-mail service and to receive via e-mail all my/our policies' notices (including but not limited to premium notices, bonus notices, etc.) . 9. 申请人声明Applicant's declaration:							
1) 若授保时被保险人为未成年人,被保险人成年 application after he/she reaches adulthood will 2) 本人(我们)達此授权任何注册医师、医院设 以及与安联人寿合作的第三方机构提供所了解的 供其他相关销售、有效性核验、服务及资料处理 的相关信息及保险合同所载的信息。上述单位 隐和政策》。如您希望了解与个人信息相关的具 insurance company, or any other organization, authorities and third parties working with Allianz or individuals; and authorize Allianz China Life information and the information contained in the Life in a lawful manner. Each of these above-m	·后的首次申请保险合同变更时的签名将作为有效签4 be deemed as a valid signature sample and kept by by,保险公司、或其他拥有本人(我们)资料,或 为关于本人(我们,包括受益人)的资料和信息,亦 坚等合法需要向安联人寿的销售人员、司法行政机关 门可对上述信息进行合法包规地使用与传递。本授权 体政策,请进入以下链接查询; www.allianz.com.cr institution or individual who has information about c China Life, and allow Allianz China Life or third par a, for legitimate purpose of offering relevant produc e insurance contract with Allianz China Life's sales p entioned entities may use and pass on the above in the Allianz China Life Insurance Company Limited z com cyla?Content/firtofuce/A7022	the Company. 了解本人(我们)的组织、机构 同意安联人寿成与安联人寿合作、行业协会以及与安联人寿合作 文件的复P件与正本拥有同样的 v/azContent/introduce/AZO22。 me (us) to provide information . rites cooperating with Allianz Ch cts, validity verification, service: eoper, judicial and administrative foprermation in a lawful and compl	或个人,均可在法律允许的范围内,向安耳的第三方机构向上迷机构、组织或个人进行的第三方机构向上迷机构、组织或个人进行的第三方机构或其人员以合法方式相互提传(被) hereby authorize any registered mabout me (us) to Allianz China Life, other ina Life to conduct relevant investigations is and data processing, to mutually provide a utthorities, industry associations and thir liant manner. A copy of this authorization distributions and the manner. A copy of this authorization distributions.	《人寿、其他保险人、司法行政机关 计相关调查;并投权安联人寿因拟提 、存储、登记与使用本人(我们)]读并同意《安联人寿保险有限公司 edical practitioner, hospital, clinic, nsurers, judicial and administrative with such institutions, organizations e, store, register and use my (our) d parties working with Allianz China soument shall have the same effect			
3) 本人(我们)同意安联人寿依据相关法律法规 to (and waive any otherwise applicable restrict Company's compliance with Applicable Laws an 4) 本人(我们)承诺特及时向安联人寿更新本人 区)税收居民身份,承诺会通知安联人寿并提供 to the information of Name, Address, Contact N DO NOT have tax residency of any other count 5) 本人(我们)确认本申请书所裁内容均真实、 对本申请书上所述全部事项的同意、确认和授却 担由此而引起的任何责任。I (We) confirm that it negative impact on the interests of the Policyho form means I(We) agree to, confirm and author	2. 是来向政府机构系税券机构(包括中国境外)提供 ions on) the disclosure by AZCL of my Policy Inforr nd Regulations. A copy of this authorization docume 、(我们) 的个人信息(姓名、地址、联系电话、国、相关所需资料,如未提供,本人(我们)确认不具才 umber, Nationality, Tax Residency and etc, including ries or regions, otherwise, I (we) agree to inform AZ 准确和有效、并知晓信息不完整或不真实排直接影 、特别是委托自动和嫩应交保费的授权、同时、本 he information contained in this application form is tr ider and the Insured. This application form is person ize all the contents stated in this form, especially the tion by the Applicant". If I (We) violate the above dece	mation to any government or ta mt shall have the same effect as 藉、稅收居民身份等),包括但 有其他国家(地区)稅收居民身付 but not limited to any new citize (CL and provide relevant materia 响投保人和坡保险人的权益,高速 rue, accurate and valid, I(We) al ally signed by the Policyholder a e direct debit authorization for p	x authority (whether within or outside Chin s the original. 不限于已获得或可能获得的国籍或居住地; 份。I (we) hereby agree to promptly update sunships or residencies that I (we) may acqu als. 申请书由本保险合同之投保人和被保险人; 中"申请人声明"之全部内容。本人(我们 so understand that incomplete and inauth and the Insured of the insurance contract, aremium payment. At the same time, I am (a) for the purposes of ensuring the 岩本人(我们)具有其他国家(地 AZCL of any changes or additions ire. I (we) hereby confirm that I (we) by 是签署,在本申请书上的签名即为 1) 岩违反以上声明,安联人寿不承 entic information provided will have and the signature on this application			
保单服务、理赔服务、及合法的再保险业务需要 beneficiary) referred to in Section 9 above, inclu to overseas third parties collaborating with Alliar	步及的本人(我们,包括受益人)的资料和信息,6 ,上述资料和信息会提供给境外第三方合作机构。 Iding sensitive personal information such as biom nz China Life where necessary for the provision of	I (we) acknowledge and sep- etric, medical health, financial a policy services, claims services	arately agree that the data and information accounts, information about minors under as and legitimate reinsurance business.	tion about me (us, including the 14 years of age, may be provided			
购买。The risk tip of non-insurance financial product regulatory department. In order to maintain your lega 为保障您的保单权益,请拒绝签署空白单证,任何	个机构不得销售未经相关金融监管部门批准的非保险会 is: the insurance companies, insurance professional in al interests, if the salesman selling the non-insurance 变更事项均与保险合同权益相关,请核实申请内容后结	termediary organizations can't se financial products in the name of 签署申请书。 To protect your po	ell the non-insurance financial products which AZCL, please don't buy any products.	are not approved by relevant financial			
related to rights and interests of the insurance contra 投保人签署Signature of Policyholder:	act, please sign the application after verifying the conte 投保人 移动	e <mark>nts.</mark> 电话Policyholder Mobile:					
被保险人/法定监护人签署Signature of Insured/Lega	I Guardian: 被保险人移	动电话Insured Mobile:					

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