

郵政簡易
人壽保險契約地址資料變動通知書

Notice of Change in Postal Simple Life Insurance Policy Address

(留局備查免寄壽險處 Kept internally without being sent to Life Insurance Dept.)

申請日期 Date : 年 月 日 (mm/dd/yyyy)

茲將郵政簡易人壽保險契約地址、電話、電子郵件信箱變更事項，通知如下。另本人瞭解「郵政壽險蒐集處理及利用個人資料告知書(保全業務用)」相關內容(可洽各地郵局索取或於本公司網站下載 <https://www.post.gov.tw>)

此致 中華郵政股份有限公司

The following is a change in the address, telephone number, or e-mail address of the Postal Simple Life Insurance policy. I understand the contents of the "Notification of Collection, Processing, and Use of Personal Data for Postal Life Insurance Service" (available at every post office or the company website at <https://www.post.gov.tw>).

To: Chunghwa Post Co., Ltd.

要保人簽名 : _____

身分證統一編號 : _____

Proposer's signature

Proposer's ID number

代理人 Proxy

法定代理人 (簽名)(signature) : _____

身分證統一編號 : _____

Legal representative

Proxy (legal representative)'s ID number

保單號碼 Insurance Policy No.	1.	2.	3.

請勾選(除項目 3~6 不可複選且每張申請書僅能變更 1 位受益人外，其他可複選)：

Choose options but only one can be chosen from 3~6 (only one beneficiary can be changed per application):

項目 Options	變更後內容 Content after change		
<input type="checkbox"/> 1. 要保人 Proposer	郵遞區號 □□□-□□□ Postal code 地 址 : Address E-mail :	電話 Telephone No.	公(O) : 私(H) : 手 機 : (Mobile)
<input type="checkbox"/> 2. 被保險人 The insured	郵遞區號 □□□-□□□ Postal code 地 址 : Address E-mail :	電話 Telephone No.	公(O) : 私(H) : 手 機 : (Mobile)
<input type="checkbox"/> 3. 主約身故受益人 The beneficiary of the death benefits	郵遞區號 □□□-□□□ Postal code	電話 Telephone No.	公(O) : 私(H) : 手 機 : (Mobile)
<input type="checkbox"/> 4. 吉安附約身故受益人 The beneficiary of the death benefits (Ji-an Accident Insurance Rider)	地 址 : Address		
<input type="checkbox"/> 5. 金平安附約身故受益人 The beneficiary of the death benefits (Jin-ping-an Accident Insurance Rider)			
<input type="checkbox"/> 6. 微型附約身故受益人 The beneficiary of the death benefits (Accident Microinsurance Rider)			

(3600 請印證於背面印證欄)

Note:

1. 為能充分得知本公司提供之訊息，地址不得為郵局營業處所或業務員之住所。
Please fill in an address outside a post office or the residence of the salesperson to ensure the receipt of information provided by the Company.
2. 身故保險金受益人如係身分別之指定及如有要保人不同意填寫受益人之聯絡地址及電話之情形，則以要保人最後所留之聯絡方式，作為日後身故保險金受益人之通知依據。
If the beneficiary of the death benefits is designated separately or the proposer does not agree to fill in the beneficiary's address and telephone number, the last contact information provided by the proposer shall be used as the basis for future notification of the death benefits.
3. 要保人因故不能親自辦理時，應委託他人代辦申請，同時交驗本人及代理人國民身分證及委託書。未變更部分請免填。
If the proposer is unable to make an application in person for some reason, he/she shall entrust another person to do so, with the national ID cards of the proposer and the proxy and a power of attorney submitted. Please fill in the fields to be changed only.
4. 每一申請書可同時變更同一當事人之 3 件保單，應同時輸入當事人身分證統一編號及其保單號碼。
The applicant may change three insurance policies of the same party in an application form, and shall fill in the ID number of the party and his/her insurance policy number(s).

經辦：
Officer

主管：
Supervisor

印證欄 Seal	
要保人 Proposer	
被保險人 Insured	
身故受益人 Beneficiary	
3600	保管年限：契約消滅翌年年初起算 6 年