



## Notice to Policyholders

- When purchasing insurance, the agent will proactively show their registration certificate and inform you of the scope of authorization; if they do not proactively show or inform you, you should ask them to show it and provide detailed information.

Article 6 of the Insurance Agent Management Regulations stipulates that "when soliciting insurance, agents shall present their registration certificate and inform the policyholder of the scope of authorization." If the agent fails to present or inform the policyholder of the scope of authorization, the policyholder shall make a request to the agent to ensure the policyholder's rights and interests.

- Duty of Disclosure:** The policyholder and the insured shall disclose information honestly; otherwise, the insurance company may terminate the contract, and the same applies after an insured event occurs.

(i) Article 64 of the Insurance Law stipulates: "When entering into a contract, the applicant shall truthfully answer the insurer's written inquiries." It also states: "If the applicant intentionally conceals or omits information, or provides false information that is sufficient to alter or reduce the insurer's assessment of the risk, the insurer may terminate the contract; the same applies after the occurrence of the risk. However, this does not apply if the applicant proves that the occurrence of the risk was not based on the facts that it has not explained or failed to explain." "The aforementioned right to terminate the contract shall be extinguished if it is not exercised within one month after the insurer becomes aware of the grounds for termination; or if two years have passed since the conclusion of the contract and there are grounds for termination, the contract may not be terminated." (ii) Because an insurance contract is a contract of utmost good faith, both the applicant and the insured must truthfully and thoroughly explain or fill out all items in the application form and medical examination form, as well as the inquiries made by the physician designated by the insurance company during the health examination, without negligence, omission, intentional concealment, or false disclosure. (For example: Has the insured been hospitalized for more than seven days due to injury or illness within the past five years? This should be disclosed truthfully.) Otherwise, the insurance company may terminate the contract within two years of its signing (however, the insurance company must exercise this right within one month of becoming aware of the reason for termination); even after an accident occurs, the insurer will not be liable for compensation unless the policyholder (or insured) can prove that the cause of the insured accident is unrelated to the undisclosed matter. Furthermore, when terminating the contract due to failure to fulfill the disclosure obligation, the premiums already paid will not be refunded. The policyholder or insured should pay special attention to this point to avoid losses.

- if the policyholder terminates the contract after accumulating enough premiums to reach the policy value reserve, the insurance company shall pay the termination fee within one month after receiving the notification.**

(i) The cancellation fee is the amount that the insurance company should refund to the policyholder after deducting the insurance payment costs and various expenses that should be shared by the policyholder and the premiums paid on time, and after verification by the competent authority. (ii) The cancellation fee standards for each year are recorded on the insurance policy and can be used as a reference. (iii) The termination of the insurance contract takes effect from the date the insurance company receives the written notice from the policyholder.

- Exclusions.**

(I) According to the Insurance Law, an insurance company may be exempt from liability for compensation for the following reasons: 1. The policyholder or beneficiary intentionally causes the death of the insured (refer to Article 121 of the Insurance Law). 2. The insured intentionally commits suicide within two years from the date of signing or reinstatement, or dies due to execution for a crime, resisting arrest, or escaping from prison (refer to Article 109 of the Insurance Law). (II) In addition, the terms and conditions of life insurance policies usually specify the scope of various exclusions in detail, which can be consulted.

- If the premiums for the initial and renewal periods of the insurance coverage are overdue and not paid, the insurance contract will automatically cease to be effective.**

(a) The insurance company's liability begins when the insurance company agrees to underwrite the policy and the insured pays the first premium. The insurance company shall also issue an insurance policy as proof of underwriting. If an insured event occurs after the insurance company has paid the equivalent of the first premium before issuing the insurance policy, the insurance company shall still be liable. (b) For installment premiums after the second installment, there is a 30-day grace period from the day after the notice of payment is received for annual or semi-annual payments, and from the day after the payment date stated in the insurance policy for monthly or quarterly payments. If the premium is not paid within the grace period, the insurance contract shall automatically cease to be effective. (III) The policyholder may, before the end of the application for insurance or the grace period for premium payment, declare in writing that if the renewal premium is not paid after the grace period when the accumulated premiums have reached the policy value reserve, the insurance company may automatically advance the premiums and interest due from the policy value reserve at that time, after deducting the principal and interest of the policy loan, to keep the contract in effect until the balance of the policy value reserve is insufficient to advance one day's premium. The contract shall then cease to be effective from the day following the end of the grace period. The policyholder may also notify the insurance company in writing to stop the automatic advance of the aforementioned premiums before the next advance date. (IV) For a "suspended" insurance contract, the policyholder may apply for reinstatement within two years from the date of suspension. The reinstatement application must be approved by the insurance company, and the insurance

contract shall be reinstated from the day following the date after the policyholder has paid the outstanding premiums and deducted the risk premiums for the suspension period. (v) If the policyholder does not apply for reinstatement, the insurance contract shall be terminated upon the expiration of the suspension period. If the insurance contract has accumulated a policy value reserve, and the policyholder has not applied for advance payment of the premium or amendment of the contract, the insurance company shall proactively return the remaining policy value reserve.

**6. A policy loan can only be applied for when the accumulated premium payments reach the policy value reserve.**  
(i) When the premiums paid reach the policy value reserve (refer to the starting year of the surrender value of the insurance contract), the policyholder may apply for a policy loan from the insurance company within the scope of the policy value reserve. (ii) A loan cannot be applied for immediately after the insurance is purchased, nor can the full amount of the premiums paid be borrowed.

**7. When applying for insurance, the application form should be filled out and signed by the applicant personally.** If the applicant is unable to write, a family member may be authorized to do so, but the process should be noted. The agent and insurance company will proactively provide the insurance policy terms and conditions and issue an official receipt after the applicant pays the premium. To understand the contents of your insurance application and to protect your rights, please be sure to request the agent and insurance company to provide these terms if they do not do so proactively.

**8. Right to rescind a contract:**  
Within ten days from the day following the delivery of the insurance policy, the policyholder may cancel the insurance contract in writing, either in person or by registered mail, to the insurance company. The cancellation shall take effect from the time the policyholder delivers the policy in person or at midnight on the date of the postmark. The insurance contract shall be void ab initio, and the insurance company shall refund the premium paid by the policyholder without interest. The insurance company shall not be liable for any insured event occurring after the cancellation takes effect. However, if an insured event occurs before the cancellation takes effect, it shall be deemed that the contract has not been cancelled, and the insurance company shall still be liable.

**9. Restrictions on death benefits for insured persons under the age of fifteen, or those whose guardianship has not been revoked. (Applicable to life insurance)**  
(i) If the insured is a minor under the age of fifteen at the time of entering into this contract, the death benefit shall take effect from the date the insured reaches the age of fifteen; if the insured dies before reaching the age of fifteen, the death benefit shall be changed to funeral expense benefit. (ii) If the insured is a person whose guardianship declaration has not been revoked at the time of entering into this contract, the death benefit shall be changed to funeral expense benefit. (iii) The total amount of funeral expense insurance (not limited to this company) shall not exceed half of the funeral expense deduction under Article 17 of the Estate and Gift Tax Act. This company shall not be liable for any amount exceeding this amount, and shall refund the premiums paid for such excess amount without interest. (iv) The foregoing contents are detailed in the policy terms and conditions, which can be consulted.

**10. The policyholder may terminate this contract before the annuity payment commencement date, and the insurance company shall pay the termination fee within one month upon receiving the notice. (Applicable to annuity insurance)**  
The termination of an insurance contract takes effect from the date the insurance company receives written notice from the policyholder.

**11. A policy loan can only be applied for when the accumulated premium payments reach the amount of an annuity policy value reserve. (Applicable to annuity insurance)**  
During the term of this contract, before the annuity begins to be paid, the policyholder may apply to the company for a policy loan.

**12. This insurance product is protected by the Insurance Stabilization Fund.**  
The Insurance Stabilization Fund provides protection for valid insurance contracts sold within Taiwan by domestic (or foreign) life insurance companies licensed under Taiwanese law, but excludes the following contracts: (i) Insurance contracts sold domestically by insurance companies not licensed under Taiwanese law; (ii) Insurance contracts sold overseas by overseas (head office) branches of domestic life insurance companies; (iii) Specially designated booklets for insurance products; and (iv) Enterprise annuity insurance contracts and individual annuity insurance contracts sold in accordance with the Implementation Regulations of the Labor Retirement Pension Act.

**13. the handling of disputes arising from insurance contracts and the channels for appeal:**  
When a dispute arises between the policyholder, the insured, or the beneficiary regarding an insurance contract, they may file a complaint with the insurance company in accordance with the Financial Consumer Protection Act. The insurance company shall take appropriate action within 30 days of receiving the complaint and reply to the complainant with the result. If the complainant does not accept the result or the insurance company fails to take action within the aforementioned period, the complainant may apply to the dispute resolution body for review within 60 days of receiving the result or the expiration of the period.

**©Note: This policyholder information is for reference only. Please refer to the terms of the contract for details regarding your rights and obligations.**