

Application Form for Change of Insurance Party Particulars - (A)



Application date: ___ (year) ___ (month) ___ (day)

※ Changes specified in this application form will apply only to the policies mentioned herein. Other policies are not affected, except for change of occupation, name, ID card number, and date of birth, which apply universally.

※ Please countersign any corrections made in this application form. Application forms that contain corrections without countersignature will be rejected, and you will be asked to complete a new application form in such case.

Policy No.		Applicant		Insured Party	
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※ I (the Insured Party and the Applicant) agree that First Life Insurance Co., Ltd. may share my personal information contained in this Application Form with Life Insurance/Non-Life Insurance Association via computer connection to provide reference for their members when underwriting my insurance application. Underwriting decisions shall be made by the respective companies using their own standards, and can not be based solely on the aforementioned information.

Code	Item and details of contract change	Please specify or check the changed details in the following fields. Unchanged details need not be specified.
1	Change of Applicant's mailing (residential) address	Mailing (residential) address: Postal code <input type="text"/> <input type="text"/> <input type="text"/> <div style="display: flex; justify-content: space-between;"> County/City Township/City/District </div> <hr/> * Refers to the last known address for all correspondences sent according to the terms of the contract. Residence No.: (____) _____ Office No.: (____) _____ Extension _____ Mobile No.: _____ E-mail: _____ Please complete "Application for Change of e-Notification Service" if you wish to apply for e-notification
2	Change of applicant	* I (the Applicant) agree to assume all legal responsibilities and any dispute over my rights and obligations in this insurance policy due to the changes made, for which the Company will not be involved in any way. Name: _____ ID card No.: _____ Date of birth: _____ (year) _____ (month) _____ (day) Relationship with the insured party: _____ New applicant (residence): Postal code <input type="text"/> <input type="text"/> <input type="text"/> <div style="display: flex; justify-content: space-between;"> County/City Township/City/District </div> <hr/> Residence No.: (____) _____ Mobile No.: _____ Office No.: (____) _____ Extension _____ E-mail: _____ ◎ Nationality: <input type="checkbox"/> The Republic of China <input type="checkbox"/> Other nationalities <input type="checkbox"/> No <input type="checkbox"/> Yes ◎ Has the new applicant lived outside the Republic of China for more than six months in the past year? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please specify the country (region) of residence _____) ◎ Is the new applicant or Insured Party 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)? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please explain) _____ * The new applicant shall complete a "Financial Position Disclosure Form." * When changing new applicant to "Natural Person," please complete and furnish: 1) "FATCA Identity Confirmation/Declaration/Consent Form." 2) "CRS Self-certification Form" - Individual Version. 3) identity proof of the new applicant. * When changing new applicant to "Corporate Entity," please complete and furnish: 1) declaration for "Non-natural Person Entity and Natural-person Senior Manager with Controlling Interest" and "W-8BEN-E" form. 2) "CRS Self-certification Form" - Entity Version and Controlling Person Version. 3) Business registration certificate, shareholder registry, and Articles of Incorporation. * When changing applicant: ★ Tax Clearance Certificate of the National Taxation Bureau (such as: certificate of tax exemption, certificate of consent to transfer, certificate of payment of estate tax or gift tax, certificate of exclusion from gross gift) ★ If payment method is specified as account transfer or credit card , please complete a new "Premium Payment Authorization Form." ★ If the insurance category is specified as investment-linked product , please also complete a "Currency Settlement Authorization Form," a "Policyholder Investment Risk Profile Sheet," and a "Risk Declaration for High-yield Bond Funds." ★ If cash is specified as the income distribution/asset payback method , the new applicant will be required to provide a payee account and complete Section 28.2 below.
3	Change of applicant's details	Name: _____ ID card No.: _____ Date of birth: _____ (year) _____ (month) _____ (day) Gender: _____ * Please furnish proof of identity and only provide details that need to be changed.
4	Change of insured party's details	Name: _____ ID card No.: _____ Date of birth: _____ (year) _____ (month) _____ (day) Gender: _____ * Please furnish proof of identity and only provide details that need to be changed.
5	Change of payment frequency	<input type="checkbox"/> Yearly <input type="checkbox"/> Semiannually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly
6	Changes concerning premium loan	<input type="checkbox"/> Agree to premium loan <input type="checkbox"/> Do not agree to premium loan (Premium loan applies to master contract and riders of the insurance policy)
7	Change of payment method	<input type="checkbox"/> Terminate account transfer/credit card authorization (Payment method will be changed to "in-person" at the same time)
8	Change of signature pattern	<input type="checkbox"/> Applicant <input type="checkbox"/> Insured Party (I agree to purchase this insurance product from the Company and confirm that all declarations made in the application form are true)
9		<input type="checkbox"/> Re-issuance of policy document (Please pay a processing fee of NT\$100 per policy) * I acknowledge that re-issuance is made on the basis that the original document is lost, destroyed, misplaced, or stolen, and that the original policy document will be deemed void if recovered on a later date.

Policy No.: _____

28.1 Change method and percentage of income distribution/asset payback

Payment method	Distribution percentages should add up to 100%
<input type="checkbox"/> Wire-transfer to applicant <input type="checkbox"/> Check (does not apply to foreign currency policies) (Please choose wire transfer or check)	%
<input type="checkbox"/> Credit into monetary account of the same currency and contract	%

※ Existing methods of income distribution/asset payback will be canceled and superseded by this application
 ※ Distribution percentage must be at least 5%, and add to 100%
 ※ If "Wire-transfer to applicant" is checked, please also complete Section 28.2 - "Payee account No."

28.2 Designation of payee account: Account name: _____ (Use English account name for foreign currency policy)

Bank: _____ (Bank) _____ (Branch) Account No.: _____

10. Change of beneficiary:

- ※ The existing beneficiary will be superseded by the party specified in this application. If there are two or more beneficiaries, please specify the order and percentage by which benefits are to be paid. Benefits will be distributed evenly among beneficiaries if order and percentage are not specified.
- ※ If the Applicant is a bank, the Applicant shall be the beneficiary up to the amount of loans granted. In this case, the change of beneficiary will apply only if balances remain after death benefits have been taken to repay outstanding loans.
- ※ Please provide reasons if the beneficiary is neither a direct relative nor spouse of the insured party.
- ※ When changing beneficiary to "Corporate Entity," please furnish declarations for identities of the corporate entity and "Non-natural Person Entity/Natural-person Senior Manager with Controlling Interest."
- ※ **Please provide address and contact number for the death beneficiary; if the Applicant does not agree to provide this information and leaves blank instead, notifications will be sent using the Applicant's last known mailing (residential) address and contact number.**

Category	Name	ID card No.	Date of birth	Relationship	Payment instructions	
<input type="checkbox"/> Death benefit					Order _____	Percentage _____%
	Nationality: <input type="checkbox"/> The Republic of China Other nationalities <input type="checkbox"/> No <input type="checkbox"/> Yes Name of nationality: _____					
	<input type="checkbox"/> Same as Applicant's last known mailing (residential) address specified in the contract Address: _____				<input type="checkbox"/> Same as Applicant's last known contact number specified in the contract TEL: _____	
					Order _____	Percentage _____%
<input type="checkbox"/> Beneficiaries of death benefit endorsement					Order _____	Percentage _____%
	Nationality: <input type="checkbox"/> The Republic of China Other nationalities <input type="checkbox"/> No <input type="checkbox"/> Yes Name of nationality: _____					
	<input type="checkbox"/> Same as Applicant's last known mailing (residential) address specified in the contract Address: _____				<input type="checkbox"/> Same as Applicant's last known contact number specified in the contract TEL: _____	
					Order _____	Percentage _____%
<input type="checkbox"/> Maturity/birthday benefit					Order _____	Percentage _____%
	Nationality: <input type="checkbox"/> The Republic of China Other nationalities <input type="checkbox"/> No <input type="checkbox"/> Yes Name of nationality: _____					
<input type="checkbox"/> Survival benefit					Order _____	Percentage _____%
	Nationality: <input type="checkbox"/> The Republic of China Other nationalities <input type="checkbox"/> No <input type="checkbox"/> Yes Name of nationality: _____					
Please also specify payment method:						
<input type="checkbox"/> Check (Does not apply to foreign currency policies) <input type="checkbox"/> Payee account name: _____ (Use English account name for foreign currency policy)						
Bank: _____ (Bank) _____ (Branch) Account No.: _____						
<input type="checkbox"/> No claim benefit (The beneficiary is the Insured Party)						
<input type="checkbox"/> Check <input type="checkbox"/> Wire-transfer to insured party: _____ (Use English account name for foreign currency policy)						
Bank: _____ (Bank) _____ (Branch) Account No.: _____						

 Others: (Specify details of the changes made in this field if no appropriate option is given)

Method of delivery for change completion notice:

 To Applicant's mailing (residential) address In-person courier delivery, to Applicant's mailing (residential) address if unspecified

Policy No.: _____

The Applicant/Insured Party has comprehended Personal Information Collection, Processing and Usage Notice, and has obtained necessary information on this matter.

Applicant's signature/seal: _____ Insured Party's signature/seal: _____ Legal representative's signature: _____

Please make sure to specify Applicant's contact number, which the Company will use for phone interview if necessary.

Applicant's ID card No.: _____ Contact number: _____

Submitting unit and unit ID:

Acceptance by submitting unit:

Seal of insurance broker's (agent's) signatory:

The submitter has verified the identities of the Applicant, the Insured Party, and representatives of any minors involved. The submitter has also verified that the Applicant, the Insured Party, and representatives of any minors involved have signed personally in the respective signature fields.

If the submitter has provided a mobile number, future notifications that meet First Life Insurance's SMS criteria will be sent to this number.

Submitter's signature: _____; Registration No.: _____; Mobile phone number: _____

Acceptance
by Head
Office

Head
Office's
remarks

The Company agrees to effect the above changes from _____ (year) _____ (month) _____ (day) onwards.

From _____ (year) _____ (month) _____ (day) onwards, premiums shall be paid _____ at \$ _____.

First Life Insurance Personal Information Collection, Processing and Usage Notice

Version 202001

First Life Insurance Co., Ltd. (hereinafter referred to as the "Company") hereby informs you of the following matters in accordance with Paragraph 2, Article 6 and Paragraph 1, Article 8 (Paragraph 1, Article 9 for personal data collected via indirect methods) of the Personal Data Protection Act (PDPA), for which you are advised to comprehend in details:

- I. Purpose for collecting information:
 - (I) Life insurance service (001).
 - (II) Other registered services or services specified in the Articles of Incorporation (181).
- II. Types of personal data collected:
 - (I) Name.
 - (II) Date of birth and ID card number.
 - (III) Address, phone number, and contact information.
 - (IV) **History of illness, medical treatment, and health examination.**
 - (V) Others, as stated in the appropriate insurance application, service application, or contract.
- III. Sources of personal data (where personal data is not provided by the undersigned but collected indirectly).
 - (I) Applicant.
 - (II) Legal representative or assistant of the undersigned.
 - (III) Medical institutions.
 - (IV) Third parties with which the Company conducts joint marketing, shares customer information, or cooperates in promotional activities, or those appointed for conducting the Company's various business operations.
- IV. Duration, recipients, territory, and methods of which personal data is used:
 - (I) Duration: Information will be kept for the period of time required by law or for the period of time needed to perform service.
 - (II) Recipients: The Company, The Life Insurance Association of The Republic of China, The Non-Life Insurance Association of The Republic of China, Taiwan Insurance Institute, Taiwan Insurance Guaranty Fund, Financial Ombudsman Institution, Joint Credit Information Center, National Credit Card Center, Insurance Anti-fraud Institute, Taiwan Clearing House, Financial Information Service Co., Ltd., outsourcees, companies that the Company has reinsurance relationship with, and government agencies or financial supervisory agencies of appropriate authority.
 - (III) Territory: Territories of the aforementioned recipients.
 - (IV) Methods: Information will be used in methods that comply with laws.
- V. Pursuant to Article 3 of the PDPA, you may exercise the following rights over your personal data held by the Company:
 - (I) Rights you may exercise with the Company:
 1. Inquire, review, or obtain duplicate copies of your personal data.
 2. Supplement or correct personal data.
 3. Demand the Company to stop collecting, processing, or utilizing personal data and demand to delete such data.
 - (II) Methods for exercising your rights: In writing, e-mail, or fax.
- VI. Impacts on your rights and interests if you refuse to provide personal data:

If you are unable to provide the personal information requested, the Company may delay or become unable to review and process your application, and ultimately result in the rejection or postponement of your insurance coverage, or any services or payments relating to your insurance coverage.

Note: The Company is obligated to notify you of the above whether or not you have signed. Absence of signature does not affect the enforceability of the above notice.



1. Only required if there is a change of Applicant.
2. For corporate entity, please complete "W-8BEN-E" form instead.

FATCA Identity Confirmation/Declaration Form - For Individual Policyholder

Policy No.:	Name:	ID card No.:
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Declaration of the undersigned's FATCA identity; please select one of the following

<input type="checkbox"/> I am a U.S. taxpayer. I have thoroughly comprehended the following consent form and understood its implications, and agree to be bound by terms stated within (please also complete a W-9 form)	U.S. taxpayer: A U.S. citizen, a holder of U.S. Permanent Resident Card (Green Card), or a U.S. resident for tax purpose having passed the substantial presence test [refers to someone who works/resides/studies in the U.S. having stayed within the U.S. for ≥ 31 days in the current year, and that (the number of days stayed in the U.S. in the current year $\times 1$ + the number of days stayed within the U.S. in the previous year $\times 1/3$ + the number of days stayed within the U.S. in the year before last $\times 1/6$) is ≥ 183 days].
<input type="checkbox"/> I am not a U.S. taxpayer	

[FATCA Reporting Consent] (Applicable only to parties who are bound to report)

1. I have examined all information contained in this form to the best of my ability, and declare that information provided in relevant documents of this contract to be correct, free of errors, and complete to my knowledge. I agree to be held legally liable for any intentional deception or misrepresentation of information in the documents furnished.
2. I shall commit to notify First Life Insurance Co., Ltd. (referred to as First Life Insurance below) any changes in the information provided at least 30 days in advance and furnish relevant documentary proof.
3. Without violating laws of the Republic of China, I agree for First Life Insurance to report my personal information (such as name, address, U.S. tax ID number etc.) obtained through business dealing and details of my insurance contract with First Life Insurance (such as policy number, policy/account value or balance etc.) to the authority of the Republic of China or to the U.S. tax authority for compliance with U.S. tax laws. **(Applicable only to parties who are bound to report)**
4. For compliance with the authority of the Republic of China or the U.S. tax authority, I agree that First Life Insurance may use my information for fulfillment of various obligations under applicable laws.
5. I have comprehended the notes on U.S. FATCA and personal data, and agree to comply accordingly.

Signature of the undersigned: _____; TEL: _____

Legal representative's signature: _____; _____ (year) ____ (month) ____ (day)

Notes on U.S. FATCA and Personal Data

It is necessary for First Life Insurance Co., Ltd. (referred to as First Life Insurance below) to collect, process, and make use of your personal data for compliance with the U.S. Foreign Account Tax Compliance Act (FATCA). Details concerning the purposes, categories, sources, duration, territories, recipients, and methods of which personal data is used; your rights under Article 3 of the Personal Data Protection Act and methods for exercising such rights; impacts on your interests if you refuse to provide personal data; and indirect sources of your personal data are explained below:

Purpose for collecting information:

For compliance with FATCA, under which information of insurance policies that involve U.S. citizens or tax residents may have to be disclosed to the U.S. government or authorities of the Republic of China.

Personal data collected:

Name, ID card number, nationality, gender, date of birth, address and contact methods, tax ID number (generally the U.S. Social Security Number; SSN), investment relationship between individual shareholders and corporate customers, policy cash value, and all transaction information of insurance contracts maintained at First Life Insurance.

Sources of personal data (where personal data is not provided by the undersigned but collected indirectly)

The Applicant and legal representatives and assistants of all parties involved

Duration, recipients, territory, and methods of which personal data is used:

- (i) Duration: Personal data will be retained for the duration required by domestic or foreign laws, for the entire duration needed to perform service, for the period of time required by the respective contracts, or for the period of time needed to serve the collection purpose (whichever the longest).
- (ii) Recipients: First Life Insurance (including outsourcees that First Life Insurance has commissioned to perform services), First Financial Holding Co., Ltd., authorities empowered by domestic or foreign laws, financial supervisory authorities, or tax authorities (including U.S. Department of Treasury and Internal Revenue Service).
- (iii) Territory: Territories of the aforementioned recipients.
- (iv) Methods: Information will be used in both automated and non-automated means in ways that comply with Personal Data Protection Act and related regulations.

Rights over personal data and methods for exercising rights:

You have the right to make inquiries, reviews, duplicate copies, supplements and corrections with respect to your personal data collected, processed and used by the Company, as well as the right to stop First Life Insurance from collecting, processing or making use of personal data, and have them deleted from the Company's database, at any time by issuing instructions in writing, e-mail, fax, or digital document.

Impacts on your rights and interests if you refuse to provide personal data:

If you do not provide personal data, First Life Insurance will be bound by FATCA to list you as a "Recalcitrant Account," and if no consent or adequate data is obtained from you after a reasonable period of time, First Life Insurance may take any actions deemed necessary within the confines of law to ensure compliance with FATCA.



CRS Self-certification Form

Individual customer (Insurance Applicant, Beneficiary)

Legal Basis for Obtaining Self-certification

1. The Company is bound by "Regulations Governing the Implementation of the Common Standard on Reporting and Due Diligence for Financial Institutions" (CRS) to perform due diligence review for the exchange of information on tax matters. After completing due diligence review, the Company is bound to report tax-related information of tax residents to the tax authority of the reportable country.
 2. The Company is required to obtain and retain account holder's self-certification documents in order to determine the account holder's tax residency country/region. The Company shall also review the rationality of self-certification documents based on other information obtained in relation to the account.
 3. Please refer to the regulation for details on terminology used throughout this form (such as tax ID number, controller etc.)
- ※ Please be informed that this document does not construe a taxation or legal advice; furthermore, the Company is unable to provide you opinions on tax or legal affairs. If you have any tax or legal queries regarding this document, please consult a professional of taxation, legal, and/or other relevant expertise.
- ※ Terminology:
 Reportable country: Refers to a country or region announced by the Ministry of Finance that has existing arrangement with the Republic of China to exchange information for tax purposes or to engage in automatic exchange of financial account information.
 Participating country: Refers to a country or region that participates in the automatic exchange of financial account information according to the Common Reporting Standard published by Organization for Economic Cooperation and Development.

I. Account holder's profile

1	Account holder's name: _____				
2	ID card No.: _____; Date of birth: ____/____/____				
3	Current residential address (do not use P.O. box or company address)				
	Current country or region of residence: _____; Postal code: _____				
	Current residential address: _____				
4	Residing country or region that the account holder is a tax resident of, and tax ID number: Tax resident of the Republic of China: <input type="checkbox"/> Yes <input type="checkbox"/> No Tax residency in any country other than the Republic of China or the U.S.: <input type="checkbox"/> No <input type="checkbox"/> Yes; please complete the following form.				
		Residing country or region that you are a tax resident of	Tax ID number	Specify reason A, B or C if tax ID number can not be provided	Provide explanation for reason B
	1				
	2				
	3				
	4				
	5				
		Reason A Account holder's residing country or region does not issue tax ID number for its residents			
		Reason B Account holder is unable to obtain tax ID number. Explain why the account holder is unable to obtain tax ID number if this reason is selected.			
		Reason C Account holder is not required to provide tax ID number. Authority of the residing country or region does not require the account holder to disclose tax ID number.			
5	Continuing from the above, please provide the following information "in English" for tax residency of other countries (not required if information has already been provided in English in 1.-3.)				
	Surname: _____ First name: _____				
	Current country or region of residence: _____				
	Current residential address: _____				

II. Declaration

- (I) I certify that I am the holder of all accounts pertaining to this document.
 - (II) In regards to account holder's profile, I acknowledge that information contained in this form, along with details of the account holder and accounts that are subject to reporting, may be disclosed to the tax authority of The Republic of China and exchanged with the tax authority of account holder's country/region of tax residency for tax purposes using intergovernmental protocol.
 - (III) I declare that all information provided and all statements made in this document are true and complete to my knowledge. I shall notify the Company of any discrepant information held on record, and commit to inform the Company within 30 days after any change of circumstance that would alter the information contained in this document or render details incorrect. In which case, I shall also furnish a properly updated self-certification.
 - (IV) I declare that the above information is correct and up to date, and has been verified to match details of the self-certification.
- Account holder: _____ (Signature)
- Account holder's legal representative/guardian/assistant: _____ (Signature)
- (Applicable if the undersigned is a minor and single, or has been declared under guardianship or mandatory assistance; in which case, a letter of authorization will have to be furnished as proof)
- Date of signature: _____ (year) _____ (month) _____ (day)

Financial Position Disclosure Form

⊙ **Required if there is a change of Applicant**

Policy No.		Applicant		Insured Party	
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- Purpose and need of insurance:**
 Protection Child education Retirement planning Housing loan Others _____
- Did the Applicant, Insured Party, or any premium-paying stakeholder apply for loan, policy loan, or contract termination recently (within three months) before this application? No Yes
 ※ If "Yes," please select the applications made recently (within three months) from the following list:
 Loan Policy loan Contract termination
- Is premium payment sourced from surrender proceeds, policy loan, loan proceeds, or partially from borrowed capital?
 No Yes
- Overview of Applicant's and Insured Party's employer:**

	Applicant	Insured Party (or spouse or parents thereof)
Company name		
Business activities		
Job position/title		
Nature of work		
Employment commencement time	Joined since ____ (year) ____ (month) ____ (day)	Joined since ____ (year) ____ (month) ____ (day)
Whether a shareholder in the employer and shares held	<input type="checkbox"/> No; <input type="checkbox"/> Yes, shareholding _____%	<input type="checkbox"/> No; <input type="checkbox"/> Yes, shareholding _____%

⊙ **If the Applicant or Insured Party is a shareholder/person-in-charge of the employer (or if the Applicant is a company/business), please complete the following fields concerning revenues, pre-tax profit, total assets, and liabilities**

	Applicant	Insured Party
Revenues/pre-tax profit: Revenues _____ (in multiples of \$10,000)/	Revenues _____ (in multiples of \$10,000)/	Revenues _____ (in multiples of \$10,000)/
Pre-tax profit _____ (in multiples of \$10,000);	Pre-tax profit _____ (in multiples of \$10,000);	Pre-tax profit _____ (in multiples of \$10,000);
Total assets/liabilities: Total assets _____ (in multiples of \$10,000)/	Total assets _____ (in multiples of \$10,000)/	Total assets _____ (in multiples of \$10,000)/
Total liabilities _____ (in multiples of \$10,000);	Total liabilities _____ (in multiples of \$10,000);	Total liabilities _____ (in multiples of \$10,000);

5. Financial position of the Applicant and Insured Party:

	Applicant	Insured Party (or spouse or parents thereof)
Annual income	Annual salary income (including bonus) _____ (in multiples of \$10,000)	_____ (in multiples of \$10,000)
	Other income (rent, interest etc.) _____ (in multiples of \$10,000)	_____ (in multiples of \$10,000)
Assets	Movable assets: Time deposits, demand deposits, shares, funds, and pledge of shares _____ (in multiples of \$10,000)	_____ (in multiples of \$10,000)
	Real estate properties owned Location: _____/ Market value _____ (in multiples of \$10,000)	Location: _____/ Market value _____ (in multiples of \$10,000)
Main source of income/capital	<input type="checkbox"/> Salary from employment <input type="checkbox"/> Pension <input type="checkbox"/> Business income <input type="checkbox"/> Inheritance or gift <input type="checkbox"/> Investment returns (rent/interest/gain) <input type="checkbox"/> Others _____	<input type="checkbox"/> Salary from employment <input type="checkbox"/> Pension <input type="checkbox"/> Business income <input type="checkbox"/> Inheritance or gift <input type="checkbox"/> Investment returns (rent/interest/gain) <input type="checkbox"/> Others _____
Loan category/total liabilities	<input type="checkbox"/> Bank loan <input type="checkbox"/> Credit card <input type="checkbox"/> Check return/blacklisting <input type="checkbox"/> Overdue collection <input type="checkbox"/> Bad debt (including dishonored note) <input type="checkbox"/> Negotiated debt repayment <input type="checkbox"/> Others _____ Total amount _____ (in multiples of \$10,000)	<input type="checkbox"/> Bank loan <input type="checkbox"/> Credit card <input type="checkbox"/> Check return/blacklisting <input type="checkbox"/> Overdue collection <input type="checkbox"/> Bad debt (including dishonored note) <input type="checkbox"/> Negotiated debt repayment <input type="checkbox"/> Others _____ Total amount _____ (in multiples of \$10,000)

6. Residence status of the Applicant and Insured Party:

	Applicant	Insured Party
Residence status	<input type="checkbox"/> Self-owned <input type="checkbox"/> Rented <input type="checkbox"/> Others _____; area ____ pings Location: Whether mortgaged: <input type="checkbox"/> No <input type="checkbox"/> Yes; amount mortgaged _____ (in multiples of \$10,000)	<input type="checkbox"/> Self-owned <input type="checkbox"/> Rented <input type="checkbox"/> Others _____; area ____ pings Location: Whether mortgaged: <input type="checkbox"/> No <input type="checkbox"/> Yes; amount mortgaged _____ (in multiples of \$10,000)

7. Other information relevant to this insurance application may also be furnished along with this Disclosure Form for reference by the Company.

Declarations:

I (including the Applicant and Insured Party; applies throughout the rest of this document) confirm that the information provided is complete and true to my knowledge, and will be used to support the Company's review of my insurance application. I assure that the information presented above is free of omission and misstatement that would affect the Company's assessment and acceptance of this report.

Remarks: According to the "Personal Data Protection Act," First Life Insurance may not disclose my personal data to any unrelated third party.

Applicant's signature: _____

Legal representative's signature: _____

Signature of the Insured Party: _____

If the Applicant or Insured Party is less than 20 years old, signature and consent from the legal representative would also be required.

Signature of sales representative 1. _____ 2. _____

Completion date: _____ (year) ____ (month) ____ (day)

Risk Declaration for High-yield Bond Funds

Version 202004

Policy No.: _____

This risk declaration has been made in accordance with Paragraph 6, Article 17 of "Securities Investment Trust and Consulting Association Fund Offering, Sale, Subscription and Redemption Procedures" and Article 8 of "Guidelines on Payment of Channel Commission and Sales Conduct for Members and Selling Institutions."

※ Investor refers to the Applicant purchasing this insurance product.

Since performance of the investment-linked product you are purchasing is linked to funds that predominantly invest in high-yield bonds, we advise that you comprehend the following risks that pertain specifically to high-yield bond funds before proceeding with the investment:

- I. Credit risk: High-yield bonds are either below investment grade or are unrated; therefore they are prone to risks of issuers' default and bankruptcy.
- II. Interest rate risk: Bond prices are affected by interest rate fluctuation; a rise in interest rate may cause bond prices to fall and bond holders to suffer losses; the same applies to high-yield bonds.
- III. Liquidity risk: High-yield bonds may lack liquidity due to absence of trading activities; in which case, investors may not be able to sell bonds at reasonable prices over the short term.
- IV. Investors are advised not to allocate an excessive weight of their portfolio in funds that feature a high-yield bond focus; investors who are unable to tolerate the risks involved are advised not to invest in high yield bond funds.
- V. For dividend-paying high yield bond funds, it is possible that dividends may be paid out of income or principal.
Any amount paid out of principal may reduce investors' initial investments. Dividends paid out of the funds invested may be subject to administrative charges.
- VI. High-yield bond funds may invest in U.S. Rule 144A offerings (up to 30% of total assets for domestic funds; no restrictions apply for offshore funds); these bonds are privately placed in nature and may be prone to lack of liquidity, inadequate disclosure of financial information, and higher volatility caused by non-transparent price information.

I (the Applicant), _____, hereby confirm having fully comprehended the above risks.

This declaration shall also apply to all my subsequent investments in funds of this category.

To

First Life Insurance Co., Ltd.

Applicant's signature: _____

Legal representative's signature: _____

Completion date: _____ (year) _____ (month) _____ (day)

◎Only required when changing
 Applicant of an investment-linked policy

Policy No.: _____ Applicant: _____

Policyholder Investment Risk Profile Sheet

◎ The following questions are intended to help the Company understand the Applicant's risk tolerance and financial goals, and therefore assess suitability of the product purchased.

1. Purpose and need of insurance: <input type="checkbox"/> Protection <input type="checkbox"/> Child education <input type="checkbox"/> Retirement planning <input type="checkbox"/> Housing loan <input type="checkbox"/> Others _____	Score
2. If your investment suffers a loss due to market fluctuation, for how long can you tolerate losses before making adjustments? (If the answer is A, customer would be classified as "Conservative Policyholder" regardless of the total score.) A. <input type="checkbox"/> Less than 3 months of losses B. <input type="checkbox"/> Less than 6 months of losses (1 point) C. <input type="checkbox"/> 6 months of losses or more (2 points) D. <input type="checkbox"/> 1 year of losses or more; considering long-term investment (3 points)	
3. What is your current age? <input type="checkbox"/> 66 and above (1 point) <input type="checkbox"/> 41-65 (2 points) <input type="checkbox"/> 40 and below (3 points)	
4. How long can you live off your reserve cash under normal circumstances? <input type="checkbox"/> Less than 3 months (1 point) <input type="checkbox"/> 3 months (inclusive) to 6 months (non-inclusive) (2 points) <input type="checkbox"/> 6 months and above (3 points)	
5. Do you have experience with the following instruments? <input type="checkbox"/> No experience whatsoever (0 point) <input type="checkbox"/> Time deposits (1 point) <input type="checkbox"/> Bonds, shares, mutual funds (3 points) <input type="checkbox"/> Structured bonds, futures, options, or other derivatives (5 points) (In the case of multiple selections, the highest score is taken)	
6. Continuing from the above, what is your overall investment experience? <input type="checkbox"/> Less than 3 months (1 point) <input type="checkbox"/> 3 months to 3 years (2 points) <input type="checkbox"/> 3 years and above (3 points)	
7. What is your expected average annual target return? <input type="checkbox"/> 0%-5% (1 point) <input type="checkbox"/> 6%-10% (2 points) <input type="checkbox"/> 11% and above (3 points)	
8. How much fluctuation of net worth can you tolerate on your investments? <input type="checkbox"/> Within -5% (1 point) <input type="checkbox"/> -(6%-10%) (2 points) <input type="checkbox"/> -11% and more (3 points)	
9. What is your financial goal? <input type="checkbox"/> To avoid loss of asset (1 point) <input type="checkbox"/> Consistent asset growth (2 points) <input type="checkbox"/> Rapid asset growth (3 points)	
Total score	_____ points

◎ **Explanation on Risk Profile and Investment Suitability**

8 points and less - Conservative Policyholder	The policyholder is rather conservative with respect to investments, and is unable to tolerate or has very low tolerance for investment risks. The policyholder is suitable only for investment offerings that the Company has issued a risk-return rating of RR1 or RR2.
9-15 points - Progressive Policyholder	The policyholder is rather progressive with respect to investments, and is able to tolerate low level of investment risk. The policyholder is suitable for investment offerings that the Company has issued a risk-return rating of RR1, RR2, RR3, or RR4.
16 points and above - Aggressive Policyholder	The policyholder is more aggressive with respect to investments, and is willing to assume higher investment risks for greater returns. The policyholder is suitable for investment offerings that the Company has issued a risk-return rating of RR1, RR2, RR3, RR4, or RR5.

Applicant's signature: _____

Sales representative's signature:

1. _____ 2. _____

(If business is solicited by an insurance broker or insurance agent, please sign in the sales representative's field)

Legal representative's signature: _____

Completion date: _____ (year) _____ (month) _____ (day)