BNP PARIBAS CARDIF
法國巴黎人壽

CL10101

Insurance Claim Application Form

Insured Person's Name		**Policy Number**	
National ID Number			
Contact Number		**e-mail：**	Occupation / Job Description at the Time of the Incident:

Application Item	☐ **Outpatient Benefit – Receipts, itemized expense lists, and relevant documents attached (total: ___ pages)** Original receipts will not be returned. If originals are required for other purposes, copies may be submitted instead.	**□Death Benefit □Total Disability □Partial Disability (Level 2-11) □Hospitalization / Surgery □ Accidental Medical Expense □Premium Waiver □Temporary Loss of Working Ability □Cancer / Major Disease / Specified Illness / Severe Burns / Long-Term Care □Regular Payment Benefit □Others (please specify):_____** **Note: For terminology changes in insurance contracts, please refer to page 4.**
Cause of Claim (Not required for outpatient claims)	□ **Accident**(If accident-related, please complete details of incident location and description below). **□Illness** 1. Date and Time of Incident:_____Year_____Month_____Day □ AM □ PM____Hour_____Minute 2. Have you filed a claim for this incident with another company? □No □Yes, I hereby authorize your Company to inquire with the following insurers:_____Life Insurance Company; _____Non-Life Insurance Company	
Mailing Address	□Same as the policy correspondence address (*If not checked or filled in, all claim-related correspondence, notifications, and checks will be mailed to the policy's correspondence address). Postal Code □□□□□ Address: County (City) City (Township/District) Road (Street) Section Lane Alley No. Floor	
Payment Method (Select One)	☐ **Same account as the most recent claim** **☐Remit to the bank account specified below** **☐Payment by check** 1. If the remittance information is incorrect or incomplete, resulting in a failed transfer, I agree that Cardif Assurance Vie, Taiwan Branch may issue a "non-endorsable" check instead. 2. If there are multiple beneficiaries and the fields below are insufficient, please attach copies of each beneficiary's account cover page.	
Declaration	1. When filing a claim pursuant to the policy terms, if the original policy is required but not enclosed, the applicant hereby declares the original policy void. The applicant shall bear all responsibility for any future disputes regarding the policy, and such disputes shall not involve Cardif Assurance Vie, Taiwan Branch. 2. The beneficiary (applicant) for the death benefit agrees that, for the purpose of verifying the accuracy of the attached autopsy certificate (or death certificate), Cardif Assurance Vie, Taiwan Branch may compare the relevant information with the death registration records of competent authorities.	

Account Name	**Bank/Post Office**	**Branch**	**Account**

(Choose one option below) [Compliance Declaration under FATCA and CRS]

In compliance with the U.S. Foreign Account Tax Compliance Act (FATCA) and the Common Reporting Standard (CRS) due diligence requirements, the beneficiary hereby declares as follows:

☐ **I am solely a tax resident of the Republic of China (Taiwan). My personal details (name, national ID number, place of birth, residential address, and date of birth) are identical to those listed on the identification documents submitted with this application. (Please skip pages 2 and 3).**

☐ **I am a U.S. taxpayer as defined under FATCA, or I was born in the United States, or I am not, or not solely, a tax resident of the Republic of China (Taiwan), or I am a legal entity. I agree to provide the FATCA and CRS Identity Declaration and Consent Form and the related reporting documents. (Please complete page 2 and all relevant forms)** (see instructions on the back)

Consent to the Collection, Processing, and Use of Personal Data Regarding Medical Records, Healthcare, and Health Examinations

The undersigned hereby consents that, for the purpose of processing personal insurance services, Cardif Assurance Vie, Taiwan Branch (hereinafter referred to as the "Company") may, in accordance with the Personal Data Protection Act and Article 177-1, Paragraph 2 of the Insurance Act, collect, process, and use his or her personal data, including medical records, treatment information, and health examination results. (This includes the transfer of such information to reinsurance companies that maintain business relationships with Cardif Assurance Vie Taiwan for reinsurance underwriting or claims handling purposes).
(Please ensure that this section is duly signed to confirm consent and authorize the current claim application).

Beneficiary (Applicant): **(Signature)** **Legal Representative / Guardian:** **(Signature)**

National ID Number:

_____/_____/_____ (YYYY/MM/DD)

(The applicant must personally sign this form. If the applicant is under seven years of age or under legal guardianship, the legal representative or guardian shall sign on the applicant's behalf. For minors aged seven or above, both the applicant and the legal representative must sign. If the applicant is an illiterate adult or a person who is visually impaired, a thumbprint and personal seal may be used in place of a signature, and two relatives or friends must sign as witnesses).

To Be Completed by Submitting Unit		**Submitting Channel Stamp (for insurance broker/agent use)**	**Insurance Company Receiving Stamp**
Submission Channel: Branch / Sub-Branch (Business Office):	Submitter's Registration License Number: Submitter's Name: Submitter's Contact Number:		

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If the beneficiary is a legal entity, please contact the Claims Department for relevant documentation requirements.

FATCA and CRS Individual Tax Residency Self-Certification & Personal Information Consent Form (Individual)

For the purpose to comply with FATCA and CRS, financial institutions have to collect and conduct due diligence on Account Holder's tax residence(s). Please fill in the following questions and provide related documentary evidence. **If you have any U.S indicia and do not cooperate to provide related documents, Cardif Assurance Vie, Taiwan Branch will follow related rules to treat you as a recalcitrant account.**

※ The "Account Holder" of a Cash Value Insurance Contract or an Annuity Insurance Contract is a person entitled to access the Cash Value or change the beneficiary of the contract. If no person can access the Cash Value or change the beneficiary, the Account Holder is a person named as the owner in the contract and a person with a vested entitlement to payment under the terms of the contract. Upon the maturity of a Cash Value Insurance Contract or an Annuity Insurance Contract, each person entitled to receive a payment under the contract is treated as an Account Holder.

Part I: Tax Residence(s) Status

1. Are you a Taiwan tax resident？	□**Yes** (please continue to Question 2) □**No** (please continue to Question 2)
2. Are you a U.S. Taxpayer? (e.g. U.S. citizen, Green Card holder or U.S. long-term resident.) Note: The U.S. long-term resident is defined as a person who is not a U.S. citizen that stays over 31 days in the U.S. in the current year and (the days stayed in the U.S. *1 +the days which stayed in the U.S. in the previous year *1/3 + the day stayed in the U.S. in the previous. year before last year * 1/6) ≧ 183 days.	□**Yes (Please provide Form W-9 and continue to Question 4.)** ※Skip Part III for U.S. Taxpayers that have provided tax residence(s) in Form W-9. □ **No** (please continue to Question 3)
3. Do you have any of the U.S. indicia listed below? (1) A U.S. place of birth (2) U.S. citizenship or lawful permanent resident status (3) A U.S. residence address or a U.S. correspondence address (including a U.S. P.O. box) (4) A U.S. telephone number (5) A power of attorney or signatory authority granted to a person with a U.S. address (6) Standing instructions to pay any amounts from the account to an account maintained in the U.S. (7) An "in care of" address or a "hold mail" address that is the sole address with respect to the client	□ **Yes**.(Please provide the following documentary evidence and continue to Question 4). **(1) Form W-8BEN** **(2) A copy of any ID that is not issued by the U.S. government.** ※ If Form W-8BEN will be only valid for 3 years if the Account Holder does not provide the documentary evidence. Before the documentary evidence mentioned above is invalid, the Company would require an updated Form W-8BEN from the Account Holder. **(3) Proof of Renunciation of U.S. Citizenship** ※ Provide the Certificate of Loss of Nationality of the United States only if you have the indicia of a U.S. place of birth. □ **No** (please continue to Question 4)
4. Do you have any tax residence(s) other than Taiwan and U.S.?	□ **Yes**. Fill in Part II and III in English. List all residences except the U.S. (including Taiwan) in Part III: Tax Residence. If a TIN is unavailable, please provide the reason A, B or C. □ **No**

Part II: Account Holder Information

◆ Name:
(If filling in English, please fill in the name that matches the passport/resident permit.)

◆ ID Number / Uniform ID Number: _____

◆ Place of Birth: Country: _____ City:

◆ Current Residence Address **(Please do not fill in the P.O. box address or the address for service of process)**:

Country: _____ Address: _____

◆ Date of Birth: _____/_____/_____(YYYY/MM/DD)

Part III: Tax Residence (※U.S. tax residence is not required)

Country / Jurisdiction of tax residence	Tax Identification Number	Enter reason A, B or C if no TIN available. Explain why I am unable to obtain a TIN if you have selected reason B
		☐ A ☐ B, Reason: _____ ☐ C
		☐ A ☐ B, Reason: _____ ☐ C
		☐ A ☐ B, Reason: _____ ☐ C

If a TIN is unavailable, provide the appropriate reason A, B or C where appropriate:
Reason A – The country/jurisdiction where I am a tax resident does not issue TINs to its residents.
Reason B – I am unable to obtain a TIN. Explain why the Account Holder is unable to obtain a TIN if I have selected this reason.
Reason C – TIN is not required. Only select this reason if the domestic law of the relevant country/jurisdiction of tax residence does not require the collection of TIN.

Declaration and Declaration of perjury

1. I declare that I have examined the information on this form and statements made is true, and has a reasonable time perusing the provision of the Foreign Account Tax Compliance Act ("FATCA"), and Notification of Personal Information Protection. I agree that the Cardif Assurance Vie, Taiwan Branch may need to report certain information (including but not limited to the information of U.S. shareholder of the account holder) to the U.S. tax authority in order to comply with FATCA, and on behalf of me, disclose the self-certification to the withholding agent(s) to declare the FATCA status of me).
2. I acknowledge and agree that, pursuant to Article 5-1 of the Tax Collection Act and the provisions of the Regulations Governing the Implementation of the Common Standard on Reporting and Due Diligence for Financial Institutions ("CRS") which relevant to the automatic exchange of financial account information by financial institutions, the Cardif Assurance Vie, Taiwan Branch may (a) collect, process, and use the information provided in this form for the purpose of automatic exchange of financial account information for tax purpose, (b) submit the information, as well as the information of the Account Holder and any reportable account, to the tax authorities or its authorized agencies for the purpose of submitting the information to the tax authorities of countr(ies)/jurisdiction(s) in which the Account Holder is identified as a tax resident.
3. I acknowledge that, according to the provision of the Foreign Account Tax Compliance Act ("FATCA"), if I fail to comply with the obligation to tell the truth or cooperate in providing the documentary evidence, the Cardif Assurance Vie, Taiwan Branch will be required to treat me as a FATCA recalcitrant account and report to the U.S. tax authority. I am also aware that if the aforesaid documents provided are false, I will be subject to perjury and penalties in the United States. Furthermore, I acknowledge that, pursuant to Article 46-1 of the Tax Collection Act, the Ministry of Finance or its authorized agencies may impose a fine from three thousand New Taiwan Dollars (NT$3,000) to three hundred thousand New Taiwan Dollars (NT$300,000) if an agency, institution, organization, enterprise, or individual violates paragraph 3 of Article 5-1, and avoids, hinders, or refuses investigation or inquiry by the Ministry of Finance or its authorized agencies, or fails to submit relevant information and documents required, and may notify them to comply within a given time limit; if compliance is not met within the given time limit, successive fines can be imposed in each case. I agree that the Cardif Assurance Vie, Taiwan Branch may terminate the FATCA & CRS related account, and all financial instrument contracts and services.
4. I declare that I am the Account Holder, the beneficial owner, or authorized to sign for the Account holder for all the account(s) to which this form relates. If I check "No" in Part 1, Question 2, I also declare that I or the beneficial owner is not an U.S. person, has no U.S. tax residency status, is not a resident of another country within the meaning of the income tax treaty between the U.S. and that country, and is not a foreign person exempt from withholding in the case of broker transactions or barter exchanges as stated in the Form W-8BEN guidance document. Moreover, under「the country/jurisdiction of tax residence」in Part 3, my income source is one of either of the following: (a) not effectively connected with the conduct of a trade or business in the United States; (b) effectively connected with the conduct of a trade or business in the United States but not subject to tax under an income tax treaty; or (c) the partner's share of a partnership effectively connected with the conduct of a trade or business in the United States. If the preceding declarations are false, I will be subject to perjury and penalties in the United States.
5. I undertake to advise the Cardif Assurance Vie, Taiwan Branch of any change in circumstance that affects the tax residency status of the Account Holder identified in this form or causes the information contained herein to become incorrect or incomplete, and to provide the Cardif Assurance Vie, Taiwan Branch with a suitable updated self-certification form and relevant information within 30 days of such a change in circumstances.
6. I have carefully read and fully understand the information in this acknowledgement and agree to cooperate with your company to comply with the relevant provisions of the Intergovernmental Agreement ("IGA") entered for purposes of FATCA and the relevant provisions of the CRS. In addition, I have completed each of the questions above and have signed this form with full, complete, and total comprehension and confirmation of the content of each question hereof.
7. I declare that all statements made in this form are, to the best of my knowledge and belief, correct and complete.

Signature of Applicant:

Signature of Legal Representative / Guardian / Assistant:

Signature Date: _____/_____/_____(YYYY/MM/DD)

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Cardif Assurance Vie, Taiwan Branch
Personal Data Protection Notice

In accordance with Articles 6(2), 8(1), and 9(1) of the Personal Data Protection Act (PDPA), Cardif Assurance Vie, Taiwan Branch (hereinafter referred to as "the Company") hereby provides the following information for your acknowledgment. Please read carefully:

I. Purpose of Collection:

In accordance with the "Specific Purposes and Categories of Personal Data under the Personal Data Protection Act" announced by the Ministry of Justice, the purposes include: life insurance (Code 001); collection, Processing and Use of Personal Data by the Financial Services Industry in Accordance with Laws and the Needs of Financial Supervision (Code 059); collection, Processing and Use of Personal Data by Non-Governmental Agencies as Defined by Law (Code 063); other Business Operation in accordance with the Business Registration or the Articles of Assocation (Code 181); and compliance with the U.S. Foreign Account Tax Compliance Act (FATCA) and the Regulations Governing the Implementation of the Common Standard on Reporting and Due Diligence for Financial Institutions (CRS).

II. Categories of Personal Data Collected: (The categories of personal data collected by the Company are as follows. For details, please refer to the relevant application forms or contract documents).

(1) Identification information: (such as name, telephone number, bank account or credit card number, National ID Number, Uniform ID Number, Passport Number, Tax Identification Number, etc.).
(2) Characteristic information: such as age, gender, date of birth, nationality/tax residency status, etc.
(3) Family information: such as the relationship between the policyholder and the insured, between the beneficiary and the insured, and between the payer (for automatic transfer or credit card payment authorization) and the policyholder/insured.
(4) Social information: such as residential address, property data, work permit documents, residency documents, personal preferences, etc.
(5) Employment information: such as employer name, job title, salary, and tax payment status.
(6) Education, qualification, technical or other professional information: such as academic background, qualifications, and professional expertise.
(7) Financial details: such as total income, total earnings, net assets, loans, financial transaction records, insurance details, and investment relationships between individual shareholders and corporate clients.
(8) Business information: such as the type or nature of business operations.
(9) Health and other information: such as medical records, treatment data, health examination reports, and diagnostic information.
(10) Other information: such as correspondence, files, and any other personal data collected for specific purposes consistent with the Company's business scope, as detailed in relevant application forms, insurance policies, or contract documents.

III. Source of Personal Data (this section applies to personal data indirectly obtained by the Company):

(1) Policyholder / Beneficiary (2) Legal representatives or assistants of the parties involved (3) Medical institutions
(4) Third parties authorized or engaged by the Company in connection with its business operations

IV. Period, Recipients, Regions, and Method of Use of Personal Data:

(1) Period: For the duration necessary to fulfill business purposes and for the retention period required by law or regulation.
(2) Recipients: The Company and its overseas branches; the Life Insurance Association of the Republic of China; the Taiwan Insurance Institute; the Financial Ombudsman Institution; the Taiwan Insurance Guaranty Fund; the Institute of Financial Law and Crime Prevention; the Joint Credit Information Center; the National Credit Card Center of R.O.C.; the Taiwan Clearing House; Financial Information Service Co., Ltd.; outsourced service providers; insurance agents or brokers cooperating with the Company in promoting insurance contracts; banks cooperating with the Company in bancassurance business; reinsurance companies maintaining business relationships with the Company; overseas recipients not restricted by competent authorities regarding the international transfer of personal data; organizations authorized or required by domestic or foreign laws; competent authorities, financial supervisory agencies, or tax authorities (including the U.S. Department of the Treasury and the U.S. Internal Revenue Service); domestic regulators and authorities that may further transmit such data to the tax authorities of your country of tax residence; and other recipients with your consent.
(3) Regions: The regions where the aforementioned recipients are located.
(4) Method: In any manner consistent with applicable laws and regulations.

V. In accordance with Article 3 of the Personal Data Protection Act, you may exercise the following rights regarding the personal data retained by the Company:

(1) Rights that may be exercised with the Company:
   1. To inquire about, request access to, or obtain copies of your personal data.
   2. To request supplementation or correction of your personal data.
   3. To request the cessation of collection, processing, or use, and to request deletion of your personal data.
(2) Means of exercising such rights: In writing, by email, fax, or electronic document.

VI. Consequences of Failure to Provide Personal Data (Applicable to personal data directly obtained by the Company):

If you fail to provide the relevant personal data, the Company may be unable to conduct the necessary review and processing procedures. As a result, the Company may decline to process your application, experience delays, or be unable to provide the relevant services or benefits.

VII. The Company reserves the right to amend this Personal Data Protection Notice. Upon amendment, the Company will inform you of the key points of the revision verbally, in writing, by telephone, text message, email, fax, electronic document, website announcement, or any other method sufficient to inform you or make such information accessible to you.

Note: The Company has fulfilled the foregoing notification obligations. This Notice has been provided to you in combination with relevant application forms or insurance contract application documents.

*** If you are unable to provide the relevant identification documents to verify the identity of the beneficiary, the insured, or the legal representative, the Company may be unable to process your application.**