Heirs' Declaration and Consent Form

[Confidential]

We, the undersigned, numbering a total of ____ persons, are the lawful heirs of the insured under Insurance Contract No. _____ (hereinafter referred to as "the Contract") issued by Cardif Assurance Vie, Taiwan Branch (hereinafter referred to as "the Company"), as verified by the attached complete household registration transcript(s). As the aforementioned insured passed away on ___ /___ / ___ (YYYY/MM/DD), all of the undersigned hereby submit proof of relationship and household registration transcripts, and jointly declare and warrant as follows:

I. The contents of this declaration are true and consistent with the facts. Other than the heirs listed herein, there are no additional heirs.

II. None of the heirs, whether jointly or individually, has petitioned the court to renounce the inheritance.

III. We hereby agree to claim the death benefit and related insurance proceeds under this Contract by selecting one of the following methods:

☐ To receive the death benefit and related insurance proceeds in equal shares among all lawful heirs, and to distribute the proceeds in accordance with the provisions of the Contract.

☐ All lawful heirs unconditionally agree to appoint Mr./Ms. _____ as the representative to receive the death benefit and related insurance proceeds under this Contract. **(If selecting the representative option, certificates of seal impression issued within three months for all lawful heirs must be attached).**

Should any inheritance dispute or third-party claim of wrongful receipt arise in the future, all undersigned heirs agree to bear full legal responsibility, and the Company shall not be held liable in any manner. The undersigned shall not file any claims or lawsuits against the Company, whether judicial or extrajudicial, and further agree to jointly and severally return all received insurance proceeds to the Company upon request.

To:

Cardif Assurance Vie, Taiwan Branch

Declarant/Heir:	(Signature and Seal)	Legal Representative:	(Signature)
National ID No.:		National ID No.:	
Address:		Address:	
Relationship to the Insured:			

Declarant/Heir:	(Signature and Seal)	Legal Representative:	(Signature)
National ID No.:		National ID No.:	
Address:		Address:	
Relationship to the Insured:			

Declarant/Heir: National ID No.: Address: Relationship to the Insured:	(Signature and Seal)	Legal Representative: National ID No.: Address:	(Signature)
Declarant/Heir: National ID No.: Address: Relationship to the Insured:	(Signature and Seal)	Legal Representative: National ID No.: Address:	(Signature)

Important Notes:

I. All lawful heirs must attach household registration transcripts, affix their signatures and seals, as proof of the number of heirs.

II. If the representative option is selected, all lawful heirs must provide certificates of seal impression issued within three months, along with their signatures and seals.

III. This Declaration and Consent Form may serve in place of the genealogical life of inheritance.

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