

保险·银行·投资

## Application for Alteration of Individual Insurance Policy Information-related Items

A. Genera	al information			Ш	
Policy No.		Policyholder	Insured		

B. Items to be a	ltered									
☐Change of contact information	Correspondence address									
	Zip code			Phone No.			E-mail			
☐Change of method of	nod of Method of payment: □Bank transfer □Other (manual payment by Policyholder)									
renewal payment	Bank name					Bank branch				
	Account holder					Account No.				
	Account holder's authorization and declaration:  Account holder's relationship to Policyholder:     Spouse   Child   Other: ( )									
☐Change of Policyholder	New Policyholder			F	Relationship to insured					
	Gender	□Male □Female			I	Date of birth				
	Certificate type				(	Certificate No.				
	Please also fill in "Change of method of renewal payment" if the Policyholder changes.  Please also fill in "Change of contact information" if the new Policyholder has not applied for insurance at/been covered by the Insurer before.									
☐Change of claims	Bank name				I	Bank branch				
account No.(beneficiary of survival benefits)	Account holder				F	Account No.				
☐Change of beneficiary of death benefits	Name of new benefits	iciary				Relationship to	□Self □Paren	□Spouse	□Child	)
	Certificate type				(	Certificate No.				
	Gender		□Male	□Female	e I	Date of birth				
	Order of receiving benefits				I	Benefit proportion				
	Correspondence add			·		·				
	Zip code				I	Phone No.				
	Claims account information									

	Bank name		Bank branch	
	Account holder		Account No.	
	Please specify in the blank b	pelow if there are more than o	one beneficiary of death be	enefits:
☐Policy agreement	Details of agreement			
□Others	Details			

## C. Notes on application



- 1. The application will not take effect if any or all of the alteration applied for conflicts with relevant laws, regulations, or the insurance contract.
- 2. The signature on the application form has to be the same as the signature sample left with the Insurer. To protect your rights and interest, please do not sign a blank application form.

## D. Authorization and declaration



I hereby authorize Ping An Group, unless otherwise stipulated by law, to use any information provided by me to Ping An Group, any information generated by services received by me from Ping An Group (including any information provided and generated prior to signature of this [Document]) as well as any information queried and collected by Ping An Group under this Clause for the purposes of provision of services, recommendation of products, market research, and data analysis for me by Ping An Group and its partners necessary authorized by Ping An Group provision of services.

I hereby authorize Ping An Group, unless otherwise stipulated by law, to provide, query or collect data to/from partners with which Ping An Group needs to cooperate for the purposes of provision of better services and products for me.

In order to ensure security of my information, Ping An Group and its partners shall keep such information confidential and take measures to ensure security of such information.

This Clause shall take effect upon signature of this [Document] and have independent legal force and effect regardless of whether a contract is formed or whether the force and effect of such contract changes.

Ping An Group herein refers to, collectively, Ping An Insurance (Group) Company of China, Ltd. and companies controlled by it directly or indirectly as well as companies in which Ping An Insurance (Group) Company of China, Ltd. acts directly or indirectly as the single largest shareholder.

If you disagree with the aforesaid clause partially or totally, you may [dial our customer service hotline (95511)] to cancel or alter the authorization.

Applied by	□Self □Service agent □Other assignee				
Declaration of authorizer (qualified applicant)					
I (the qualified applicant) understand and agree to the "Notes on application", and hereby authorize					
(the assignee) to handle my application. I will be responsible for any legal disputes arising from this application.					
Policyholder	(Guardian of) Insured				
New Policyholder	Date of application				
Assignee	Phone No. of assignee				



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