

	Bank name		Bank branch	
	Account holder		Account No.	
	Please specify in the blank below if there are more than one beneficiary of death benefits:			
<input type="checkbox"/> Policy agreement	Details of agreement			
<input type="checkbox"/> 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	<input type="checkbox"/> Self <input type="checkbox"/> Service agent <input type="checkbox"/> Other assignee
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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	



Ping An Health wechat

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Service hotline:95511-7(Chinese); 4008833663-2(English)