南山人壽 Premium Payment Authorization Form (OIU)

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

☐ Initial and Renewal premium/Renewal ☐ Initial premium ☐ Renewal premium/Renewal

The authorizing person has read thoroughly the terms and conditions of the authorization and agrees to authorize Nan Shan Life Insurance Company, Ltd. (hereinafter referred to as "Nan Shan") to debit and pay the insurance premiums payable for the following specified insurance policies after this authorization form becomes effective. If the policy number is not available when filling out this authorization, the authorizing person agrees to authorize Nan Shan Life to fill in the corresponding policy number after accepting this authorization form , and agrees that Nan Shan may provide the following policy number or the authorization number linkable to the insurance policy that the authorizing person wants to authorize to the financial institution /post office as the scope of authorization.

STEP 1 The Proposer's Information

※ If it is issued by CY Life, please fill in the insurance premium payment authorization form exclusively for CY Life insurance policies.

Please sign

Directions for authorizing the payment of the initial insurance premium:

If there is no insurance policy number available upon writing this authorization form, please fill in the authorization number linkable to the insurance policy that the authorizing wants to authorize. The authorization number is the ID card number/ ARC No./passport No. of the insured + application month and day on the insurance application, a total of 14 digits.
Note 1: For the passport number, please fill in the 10 digits from left to right. If it is less than 10 digits, the space does not need to be filled with zeros.

Authorization No. ☐☐☐☐☐☐☐☐☐☐ - ☐☐☐☐
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Policy No. All insurance policies listed on this authorization form shall have the same person as the proposer.

1 ☐☐☐☐☐☐☐☐☐☐
2 ☐☐☐☐☐☐☐☐☐☐
3 ☐☐☐☐☐☐☐☐☐☐

Signature of the proposer:
(The signature here shall be the same as that on the insurance application form.)

Mobile phone:
(Country code-Telephone number)
☐☐☐☐ - ☐☐☐☐☐☐

Signature of legal representative:

The proposer have read thoroughly and agreed to the terms and conditions on the back of this authorization form, and if the part concerning the authorizing person fails to comply with the terms of I(Four), the proposer is willing to bear the disputes and risks that may arise in the future, and Nan Shan shall not be held liable.

※ Please confirm all the following fields have been filled in before submission.

☐ Policy No.（This field is required if you check Renewal Premium）
☐ Signature of the proposer、Authorizing Person's Information
☐ Foreign currency insurance policy Currency type
☐ Account Information at the Financial Institution

STEP 2 Authorizing Person's Information (To be filled by the authorizing person, i.e., the account holder/card holder)

This section is required.

Name of the authorizing person (holder of the financial institution account)： _____
Please complete in BLOCK

Identification number (certificate number for account opening)：☐☐☐☐☐☐☐☐☐☐

Note: The identification number (certificate number for account opening) has ten digits. According to the information on the authorizing person's passport, fill in the first eight digits with the year, month, and day of birth in Western calendar, and fill in the last two digits with the first two letters of the authorizing person's English name. For example: If the date of birth of ROBERT W. KANG is July 12, 1942, the ID card number is "19420712RO." ※Be sure to confirm that the identification number (certificate number for account opening) is consistent with the information kept by the financial institution while opening the account. If you cannot confirm at this moment, please contact the bank before filling this field.

Date of birth: (dd ☐☐ / ☐☐ mm/ ☐☐☐☐ yyyy)

The authorizing person is the ☐ Proposer ☐ Insured ☐ Beneficiary of this policy.

Contact address：☐☐☐ _____

Telephone：(Country code-Area code- Telephone number) _____ (The contact address/telephone number is for this authorization only. To change the policy's billing address, please fill in the "Application for Policy Change/Reinstatement/Reissue of Policy.")

STEP 3 Account Information at the Financial Institution

※In terms of any alteration of authorization information on this authorization form, the proposer shall sign on each of the altered places. If the premiums is paid through a financial institution, the proposer's specimen seal previously retained by such financial institution shall be applied.

Foreign currency insurance policy Currency type ☐ US dollar ☐ Australian dollar ※ Note 2

Financial institution's code：☐☐☐☐☐☐☐ _____ Bank _____ Branch Required

Account No：☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Please fill in from left to right according to the passbook account number (not the ATM card number), and no zeros should be filled in the empty space. ※Note 3

Specimen seal/depositor's signature
(Please use the specimen seal whose impression was retained for the deposit account.)

※ The signature of the authorizing person indicates the agreement to the provisions of this authorization

Note: 1.The seal will be verified the day after the authorization form is delivered to Nan Shan, and the initial insurance premium payment will be requested in accordance with Nan Shan's operation. For the debit completion time by various financial institutions, please refer to Nan Shan's corporate website. If the debit date falls on a national holiday, or the debit cannot be made due to a natural disaster or other force majeure, the debit will be postponed. In addition, please note that the policy's debit date may also change due to contract changes, re-submission of the premium payment authorization form, etc..

2.For foreign currency policies, please be sure to state the currency. An authorization shall be only used for one currency. Please file additional authorization forms if the authorization concerns more than one currency. The foreign currency account for the pre-authorized debit must be the same as that of the policy. The debiting banks authorized by the OIU policy are Mega Bank and E.Sun Bank. Nan Shan reserves the right to change debiting banks. Any changes or additions will be announced on the company website. Policyholders should check before applying.

3.To avoid sustaining future disputes and risks arising from incorrect information provided on this authorization form, the authorizing person should first confirm that the authorization information is correct and that the specimen seal impression for account opening /credit card specimen signature is consistent with the those retained by the financial institution or post office(the same also applies to the case that a third person is authorized to fill in the form on behalf of the authorizing person), before signing/affixing seal on this authorization form The authorizing person shall bear the related risks of future disputes arising from incorrect information.

Seal verification by fund transfer bank		To be filled by Sending unit			
Supervisor	Preparer	Unit code	Supervisor	Agent	Unit code
				I confirm that I have verified that the content of this authorization form is correct and that it has been personally signed (stamped) by the proposer and the authorizing person.	

LE67

Retention stub of Nan Shan Life Insurance/Bank
(For online version only)

2025/11 Version

Terms of Authorization

The person who signs the authorization form agrees that the fund transfer agency (hereinafter referred to as Party A) will debit the funds from the account specified in this authorization form to pay the initial and renewal premiums of the policy specified in this authorization to Nan Shan Life Insurance Company, Ltd. (hereinafter referred to as Party B), and agrees to the following matters:

I. Basic clauses

1、Validity of authorization:

(1)、If the information provided on this authorization form is incomplete, incorrect, or in any other way causes the debit transaction to fail, this authorization form shall be invalid and shall not be returned to the authorizing person and the proposer. The insurance premium discount originally offered shall also be cancelled automatically.

(2)、When the signature specimen or specimen seal of the specified account is changed, this authorization shall not be affected.

(3)、After coming into effect, this authorization form shall continue to be effective unless the authorization is terminated, and shall not be effected if the proposer applies for policy change which results in change of premium amount.

(4)、This authorization form is applicable to the policy whose premiums is authorized to be debited periodically from accounts, including the changed policy that the proposer is same as the authorizing person.

2、Termination of authorization:

In any of the following situations, unless otherwise agreed in this authorization form, the validity of this authorization will be automatically terminated on the day when the said situation occurs, and the proposer agrees to pay the insurance premium via the bill-payment channel, without fund transfer discount:

(1)、Party A does not agree for the authorizing person to pay the insurance premium from the designated account.

(2)、The proposer's obligation to pay insurance premium extincts, unless the proposer is changed to be same as the authorizing person.

(3)、If the authorizing person requests to stop collecting, processing, using, or deleting his/her personal data in writing, which prevents Party A and Party B to be able to provide the debit service from the account specified on this authorization form.

Except for the aforementioned circumstances, if the authorizing person intends to terminate this authorization, he/she shall apply for termination of authorization in writing seven days prior to the payment due date of the renewal insurance premium, or the proposer shall change the payment method through policy change seven days prior to same date; otherwise, the termination of this authorization form will not take effect until the next payment due date of the renewal insurance premium.

3、 If the authorizing person authorizes automatic debits for two or more insurance policies or other matters at the same time, Party A shall process the debits in accordance with the automatic fund transfer order specified by Party A.

4、 Unless otherwise specified by Party B's operation procedures, the authorizing person shall be limited to the proposer, the insured person, or the beneficiary (hereinafter referred to as the"Interested Parties") of the specified policy. If the authorizing person is no longer an "Interested Party" of the aforementioned policy in the future, the authorizing person shall be deemed to have agreed that this debit authorization shall remain in effect until the authorization is renewed or the authorizing person takes the initiative to notify Party B in writing to terminate the authorization.

5、 For new policies coming into effect on and after September 10, 2018, the scheduled debit date of the successive/renewal premiums shall be based on the payment due date of the said policy, but Party B has the sole discretion to adjust it as required by its operations. The debit time of all other policies shall be handled in accordance with Party B's regulations, and the same shall apply for any subsequent changes.

6、 If there are any matters not covered in this agreement, Party A and Party B may negotiate and modify at any time.

7、 If the application for the policy is declined, the policy is terminated, or the premium is incorrec tly debited or overpaid, the proposer and the authorizing person agree that Party B may, after confirming that the policy is under aforementioned situation(s), return the premiums to the account designated on this authorization form.

8、 The authorizing person agrees that Party A and Party B may collect, process or use the authorizing person's personal data within the necessary scope for the pre-authorized payment of insurance premiums. The authorizing person can inquire or request to search, access, duplicate, supplement, or correct his/her personal data through written request/customer service hotline.

9、 In addition to as stipulated in I(VI), any amendments or additions or deletions to the terms of the terms and conditions herein shall be deemed accepted by the authorizing person if he/she fails to inform Party B of his/her disagreement within seven days after receiving Party B's written or electronic notification. The authorizing person shall notify Party B to terminate this authorization if he/she disagrees.

II. Initial premium clauses

1、If its insurance premium payments are authorized to directly debit from an account at a financial institution, after Party B agrees to underwrite the insurance policy referred to in this authorization and has confirmed that the initial premium from Party A has been received, unless otherwise prescribed in except for those stipulated in Subparagraph 2, Paragraph 3, Article 2 of this authorization form, the said policy shall take effect retroactively from the application date stated in the authorizing person's "Premium Payment Authorization Form." If the application date of the "Premium Payment Authorization Form" is earlier than the application date of the insurance application, the effective date of this authorization and the policy shall be the application date of the application. However, for the commence date of the group accident insurance and travel insurance, the date stated on the application form should prevail.

2、If Party B is unable to receive the initial premium of the specified insurance policy from Party A, and the proposer fails to pay the initial premium within the time limit notified by Party B, unless otherwise prescribed in Subparagraph 2, Paragraph3, Article 2 of this authorization form, the specified policy shall be void from the beginning.

3、(1)、If Party B is unable to receive the initial premium of the specified policy from Party A, and the proposer pays the initial premium in accordance with the specified payment method notified by Party B and within period as notified for the first time, the said policy shall take effect from the application date stated on the authorizing person's " Premium Payment Authorization Form" retroactively after Party B's consent.

(2)、After the expiration of the first notice period, unless otherwise specified by Party B's operation procedures, if the proposer and the authorizing person reapply for paying first premiums with this authorizing form, provided that Party B approves such application and has actually received such premiums from Party A, the policy shall come to effect on the day it receives such application.

(3)、In the case of Subparagraph 1, if the application date of the "Premium Payment Authorization Form" is earlier than that of the insurance application, the effective date of this authorization and the policy shall be the application date of the insurance application.

4、After Party B receives the initial insurance premium from Party A, if the authorization is invalid due to defects in the authorization or the authorization is terminated, the proposer shall pay the insurance premiums due in full within the period notified by Party B, and the failure to make up within the time limit is deemed that the insurance premium has not been paid. Thus, the validity of the specified insurance policy is handled in accordance with the provisions of the insurance policy.

5、 If the initial premium is paid via fund transfer debit from a financial institution, the original of the "Insurance Premium Receipt (Conditional Binding Receipt)" or "Injury and Health Insurance and Group Insurance Premium Receipt" will be sent together with the insurance policy.

III. Renewal premium/Renewal clauses

1、 If the authorizing person applies for paying renewal premiums/renewal via a financial institution, this authorization form shall be received by Party B twenty-five days prior to the due date, and it will take effect after being reviewed and approved by the fund transfer institution. In case of exceeding the deadline, this authorization form will be postponed to the next premium payment due date to take effect. However, if Party A completes the review ahead of time, the authorization may take effect in the current period. However, if the specified insurance policy has the automatic premium loan option, this authorization form shall become effective only after the proposer pays off all the principal and interest of the automatic premium loan, and Party B shall notify the proposer after the principal and interest of the automatic premium loan are paid off in full.

2、 If the authorizing person intents to change the account for paying the renewal premium and renewal, he/she shall re-fill in the authorization form, and proceed in accordance with the provisions of Paragraph 1 of this article. The validity of the original authorization form shall be automatically terminated when the new authorization form becomes effective.

3、 If Party A refuses to pay the insurance premium to Party B, resulting in two fund transfer failures for the premium payment for the same period, the payment channel will automatically be changed to bill -pay, and Party B will notify the proposer in writing for the proposer to pay the premium within the grace period of the policy. If the proposer has paid the premium for the same period in accordance with Party B's written notice, the original pre-authorized automatic debit from the specified account will be automatically restored for the next payment period. However, if there is insufficient time for Party B to do so, the original pre-authorized automatic debit from the specified account will be automatically restored after the next payment period.

4、The dunning for the unpaid due premium and the calculation of the grace period, etc., shall be handled in accordance with the terms and conditions of each policy, and shall not differ due to this authorization form.

IV. Other matters to be notified

1、 Party B will issue an original of the Insurance Premium Receipt (Conditional Binding Receipt) to the proposer after the renewal premium/renewal is credited. If the receipt is not received within 20 working days after payment, please contact Party B's customer service center immediately through the following: toll-free number for Taiwan, Penghu, Kinmen and Matsu area: 0800-020-060/ Consultation hotline for areas outside of Taiwan, Penghu, Kinmen and Matsu: Local international prefix code +886-2-8752-2111 (toll number) to protect your rights and interests.

2、 Party A shall only be responsible for collecting insurance premiums, and has no right to make any representation or provide any information on behalf of Party B for any other related matters. If necessary, the person signing the authorization form should contact Party B directly.

3、 Party A may not collect insurance premiums exceeding the payment deadline; if the policyholder pays the renewal insurance premium that has exceeded the payment period stated in the insurance premium payment notice by means of over-the-counter at a financial institution, automatic teller machine, online banking, etc., Party B, after noticing such situation, will refund such payment without interest or notify the policyholder for follow-up processing.

4、 Party A shall not provide any explanations regarding insurance products, or accept complaints or applications for policy changes from proposers.

5、 In case of paying insurance premiums through fund transfer by financial institutions, the discounts on insurance premiums may vary based on the characteristics of the insurance products, and the method and nature of the premiums paid (there are no discounts for some products), and can be 1% at most for each payment period. If the proposer cannot enjoy the discount for the original authorization due to termination of cooperation between Party B and the financial institution or any other reason attributable to the proposer and/or the authorizing person, after informed Party B to pay the premiums through other methods also with the 1% discount, if the proposer fails to do so, Party B may unilaterally cancel the 1% premium discount.

V. Notifications regarding the collection, processing and use of personal information

In accordance with the provisions of Paragraph 1, Article 8 and Paragraph 1, Article 9 of the Personal Data Protection Act, Party B informs the following matters. Please read carefully the following and pass on to the data subject:

1、 Purpose of collection: (1) (001) personal insurance, (2) (036) deposit and remittance, (3) (061) financial supervision, management and inspection, (4) (067) credit card, cash card, debit card or electronic ticketing business, (5) (069) contracts, quasi-contracts or other legal relationships, (6) (090) consumer, customer management and services, and (7) (181) other businesses prescribed in the business registration items or the articles of incorporation.

2、 The types of personal information collected: The information in categories such as the identification type information provided by the authorizing person in fields of the "Premium Payment Authorization" (including but not limited to name, ID card number, date of birth, contact address , contact phone number, account number and name at a financial institution, credit card or debit card number, policy number), and the characteristics type (including but not limited to other social relations).

3、 Source of personal information:

The data subject, the agent or authorized person provides to Party B on behalf of the data subject.

4、 The period, object, region and method of using personal data:

(1)、Time Period: The period of possession that is necessary for the purpose of collection required by law.

(2)、Recipients: Party B's head office ,branches and overseas branches; the Life Insurance Association of the Republic of China; the Taiwan Insurance Institute; the Financial Ombudsman Institution; the originating bank and designated financial institutions for premium payment collection; the Joint Credit Information Center (JCIC); the Taiwan Clearing House; insurance brokers or insurance agents soliciting insurance contracts; partner institutions; companies that have reinsurance business with Party B; investigative or financial supervisory authorities in accordance with applicable laws and regulations. and relevant authorities and institutions involved in identity verification conducted by Party B.

(3)、Territory: The region where the above objects are located.

(4)、Methods: The use method which conforms to the law.

5、 According to Article 3 of the Personal Information Protection Act, in terms of the personal data held by Party B, the data subject person are entitled to:

(1)、 The rights that may be exercised to Party B:

1. Inquiry, request to read, or request to make copies;
2. Supplement or correct;
3. Request to cease collecting, processing or using, and to delete.

(2)、Means to exercise rights: In writing/via customer service hotline 0800-020-060

6、 The impact on the rights and interests if the authorizing person does not provide personal data: If the authorizing person do not provide relevant personal data, Party B will not be able to process the authorization for insurance premium payments.