Example

南山人壽 Premium Payment Authorization Form (OIU)

Application date： 11 (month) 15 (day) 2025 (year)

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

Please select "initial," "renewal," or "initial/renewal"

Fill in the date you filed this application

The authorizing person has read thoroughly the terms and conditions of the authorization and agrees to authorize Nan S… premiums payable for the following specified in… filling out this authorization, the authorizing perso… authorization form , and agrees that Nan Shan may provide… 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 in… Y Life insurance policies.

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.

Directions for authorizing the payment of t…

If there is no insurance policy number available upon writi… ber linkable to the insurance policy that the authorizing wa… ber/ ARC No./passport No. of the insured + application mont…

Note 1: For the passport number, please fill in the 10 digits from l… . If it is less than 10 digits, the space does not need to be filled with zeros.

Authorization No.														
	A	1	2	3	4	5	6	7	8	9	-	1	2	0	1
											-				
											-				

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

1	A	1	2	3	4	5	6	7	8	9
2										
3										

For all insurance policies specified in this authorization form, the proposer must be the same person.

Please sign

Signature of the proposer:

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

王南山

Mobile phone:

The proposer shall sign and fill in the mobile phone number(country code -phone number).

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 I…

This section is required.

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

Name of the authorizing person (holder of the financial institution account)： 王 南 山

Please complete in BLOCK

Identification number (certificate number for account opening)：1 9 4 2 0 7 1 2 R O

Note: The identification number (certificate number for account opening) has ten digits. According to the information on the authorizing per… nth, 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 … 1942, the ID card number is "19420712RO." ※Be sure to confirm that the identification number (certificate number for account opening… on while opening the account. If you cannot confirm at this moment, please contact the bank before filling this field.

Date of birth: (dd 1 2 / 0 7 mm/ 1 9 4 2 yyyy)

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

Contact address：☐☐☐ OF., No. O, Sec. O, O Rd., Xinyi Dist., Taipei City 110, Taiwan

Telephone：(Country code-Area code- Telephone number) 02-8700-1234 (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.")

Please fill in the authorizing person's information, including name and ID card number, and select the relationship between the authorizing person and the specified insurance 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：1 2 3 1 2 3 4 OO Bank OO Branch Required

Account No：0 1 2 3 1 2 3 1 2 3 1 2 3 4

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.)

王 南 山

※ 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.	

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Retention stub of Nan Shan Life Insurance/Bank

(For online version only)

2025/11 Version