

# Financial Needs Analysis Form

## 財務需要分析表格



Policy No. 保單號碼	Life Insured Name (if not applicant) 被保人姓名 (如非投保人)		
Applicant Name 投保人姓名	Applicant Age Next Birthday 投保人下次生日年齡		
Applicant Telephone No. (Home/Mobile) 投保人聯絡電話 (住宅/手提)	Applicant Marital Status 投保人婚姻狀況	<input type="radio"/> Single 未婚	<input type="radio"/> Married 已婚
		<input type="radio"/> Divorced 離婚	<input type="radio"/> Widowed 鰥寡
Applicant No. of Dependents 投保人的受養人數目	<input type="radio"/> Nil 沒有 <input type="radio"/> 1 - 3 <input type="radio"/> 4 - 6 <input type="radio"/> 7 or above 7 個或以上	Applicant Occupation 投保人職業	
Applicant Education Level 投保人學歷	<input type="radio"/> Primary or below 小學或以下 <input type="radio"/> Vocational Training / Technical Institute / Business Institute 職業訓練 / 工業學院 / 商業學院		
	<input type="radio"/> Secondary / Matriculation 中學 / 預科 <input type="radio"/> Post-secondary / University or above 大專 / 大學或以上		

### 1. Financial Needs Analysis 財務需要分析 【For All Policies 所有計劃適用】

註：請回答財務需要分析表格內的所有問題。如有任何未回答的問題未被刪去，請不要在表格上簽署。

Note: Please answer all questions in this form. Do **NOT** sign on this form if any questions are unanswered and have not been crossed out.

[ 註：閣下必須回答此問題。請不要留空。如閣下不回答，本公司必須拒絕閣下的申請。 ]

[Note: You must reply this question. Do not leave it blank. We will reject your application if you do not reply.]

1) 閣下選購保險公司之產品的目標為何? (可選多於一項)

What are your objectives of buying the product of insurance company? (tick one or more)

- |  |   |
|--|---|
| a) <input type="checkbox"/> 為應付不時之需的財務保障 (例如: 死亡、意外、殘疾等) | <input type="checkbox"/> Financial protection against adversities (e.g. death, accident, disability etc.) |
| b) <input type="checkbox"/> 為醫療需要作準備 (例如: 危疾、住院等)        | <input type="checkbox"/> Preparation for health care needs (e.g. critical illness, hospitalization etc.)  |
| c) <input type="checkbox"/> 為未來提供定期的收入 (例如: 退休收入等)       | <input type="checkbox"/> Providing regular income in the future (e.g. retirement income etc.)             |
| d) <input type="checkbox"/> 為未來需要儲蓄 (例如: 子女教育, 退休等)      | <input type="checkbox"/> Saving up for the future (e.g. child education, retirement etc.)                 |
| e) <input type="checkbox"/> 投資                           | <input type="checkbox"/> Investment   |
| f) <input type="checkbox"/> 其他 (請詳述) _____               | <input type="checkbox"/> Others (Please specify) _____  |

[ 註：閣下必須回答此問題。請不要留空。如閣下不回答，本公司必須拒絕閣下的申請。 ]

[Note: You must reply this question. Do not leave it blank. We will reject your application if you do not reply.]

2) 閣下考慮以哪種類型的保險產品迎合閣下上述的目標? (可選多於一項)

What type(s) of insurance products you are looking for to meet your objectives above? (tick one or more)

- |   |  |
|---|--|
| a) <input type="checkbox"/> 純保險產品 (沒有任何儲蓄或投資成份)<br>(例如: 定期保險)               | <input type="checkbox"/> Pure insurance product (without any savings or investment element)<br>(e.g. term insurance)   |
| b) <input type="checkbox"/> 有儲蓄成份的保險產品 (有儲蓄但沒有投資成份)<br>(例如: 非分紅保單)          | <input type="checkbox"/> Insurance product with savings element (with savings but without investment element) (e.g. non-participating policy)                              |
| c) <input type="checkbox"/> 有投資成份的保險產品 (投資決定及風險由保險公司承擔)<br>(例如: 分紅保單, 萬用壽險) | <input type="checkbox"/> Insurance product with investment element (Investment decisions and risks borne by insurer) (e.g. participating policy, universal life insurance) |
| d) <input type="checkbox"/> 有投資成份的保險產品 (投資決定及風險由保單持有人承擔)<br>(例如: 投資相連保險計劃)  | <input type="checkbox"/> Insurance product with investment element (Investment decisions and risks borne by policyholder) (e.g. Investment-Linked Assurance Schemes)       |
| e) <input type="checkbox"/> 其他 (請詳述) _____                                  | <input type="checkbox"/> Others (Please specify) _____   |



[ 註：閣下必須回答此問題。請不要留空。如閣下不回答，本公司必須拒絕閣下的申請。]

[Note: You must reply this question. Do not leave it blank. We will reject your application if you do not reply.]

3) 閣下投購保單及 / 或投資計劃的目標得益 / 保障年期為多久? ( 請選一項 )

What is your target benefit / protection period for insurance policy and/or investment plan? (tick one)

- |                                  |  |
|----------------------------------|--|
| <input type="checkbox"/> 少於 1 年  | <input type="checkbox"/> < 1 year      |
| <input type="checkbox"/> 1-5 年   | <input type="checkbox"/> 1-5 years     |
| <input type="checkbox"/> 6-10 年  | <input type="checkbox"/> 6-10 years    |
| <input type="checkbox"/> 11-20 年 | <input type="checkbox"/> 11-20 years   |
| <input type="checkbox"/> 超過 20 年 | <input type="checkbox"/> > 20 years    |
| <input type="checkbox"/> 終身      | <input type="checkbox"/> Whole of life |

[ 註：閣下必須至少回答 4(a) 或 (b)。如閣下不欲回答其中一條，請將之刪去。]

[Note: You must reply at least either 4(a) or (b). If you do not wish to answer either one of them, please cross it out.]

4) 閣下繳付保費的負擔能力：

Your ability to pay premiums:

閣下的收入來源是固定?

Is the source of income regular?

- ☐ 是 Yes ☐ 否 No

(a) 在過去兩年裡，閣下由所有收入來源所得的每月平均收入為? ( 請選一項 )

What is your average monthly income from all sources in the past 2 years? (tick one)

- i ☐ 具體金額：每月不少於港幣 \_\_\_\_\_ ☐ Specific amount: Not less than HK\$ \_\_\_\_\_ per month
- or ii. ☐ 在以下範圍內：  
a) ☐ 少於港幣 10,000 ☐ Less than HK\$10,000  
b) ☐ 港幣 10,000 – 19,999 ☐ HK\$10,000 – 19,999  
c) ☐ 港幣 20,000 – 49,999 ☐ HK\$20,000 – 49,999  
d) ☐ 港幣 50,000 – 100,000 ☐ HK\$50,000 – 100,000  
e) ☐ 超過港幣 100,000 ☐ Over HK\$100,000

(b) 閣下現時累積的流動資產約有多少?

請註明種類及金額：

What is your approximate current accumulative amount of liquid assets?

Please specify type(s) and total amount

- | 種類：                                       | Type：  |
|---|--|
| <input type="checkbox"/> 現金               | <input type="checkbox"/> Cash                          |
| <input type="checkbox"/> 銀行存款             | <input type="checkbox"/> Money in bank accounts        |
| <input type="checkbox"/> 貨幣市場賬戶           | <input type="checkbox"/> Money market accounts         |
| <input type="checkbox"/> 交投活躍的股票          | <input type="checkbox"/> Actively traded stocks        |
| <input type="checkbox"/> 債券及互惠基金          | <input type="checkbox"/> Bonds and mutual funds        |
| <input type="checkbox"/> 美國國庫債券           | <input type="checkbox"/> US Treasury bills             |
| <input type="checkbox"/> 其他 ( 請詳述 ) _____ | <input type="checkbox"/> Others (Please specify) _____ |

金額 Amount: 港幣 HK\$ \_\_\_\_\_

註：流動資產是指可以容易變為現金的資產。物業、錢幣收藏及藝術品均不被視為流動資產。

Note: Liquid assets are assets which may be easily turned into cash. Real estate, coin collection and artwork are not considered to be "liquid assets."

Note: You are required to inform us (the insurance company) if there is any substantial change of information provided in this form before the policy is issued.

註：若財務需要分析表格上填報的資料有重大改變，閣下在保單未簽發前，必須通知承保人 / 公司。

- (c) 在過去兩年裡，閣下每月平均支出（包括但不限於生活支出，家庭支出，包括受養人支出，按揭付款和定期的付款）為？  
What is your average monthly expense including but not limited to living expenses, household expenses, including dependent's expenses mortgage payment and regular payment in the past 2 years?

總支出金額：

每月港幣 \$ \_\_\_\_\_ Total Expenses per month HK\$ \_\_\_\_\_

- (di) 閣下的總負債及預算最後支出（包括但不限於未償還按揭貸款，貸款 / 債務，遺產稅，葬禮及有關支出和應急款項）為？  
What are your total liability and estimated final expense including but not limited to the outstanding mortgage loan, loans/debts, estate duties, funeral and associated expenses and emergency fund?

總金額：

港幣 \$ \_\_\_\_\_ Total Amount HK\$ \_\_\_\_\_

- (dii) 閣下的財務目標（包括但不限於自己或受養人的教育基金，預算結婚支出）為？

What is your total financial target including but not limited to the education fund for yourself or dependents and estimated marriage expenses?

總金額：

港幣 \$ \_\_\_\_\_ Total Amount HK\$ \_\_\_\_\_

[ 註：閣下必須回答以下 4(e)，(f) 及 (g) 請不要留空任何一條問題。如閣下不回答，本公司必須拒絕閣下的申請。]

[Note: You must reply 4(e), (f) and (g) below. Do not leave any of these questions blank. We will reject your application if you do not reply.]

- (e) 閣下能夠及願意支付保單及 / 或投資計劃的年期為？( 請選一項 )

For how long are you able and willing to contribute to an insurance policy and/or investment plan? (tick one)

- |                                  |  |
|----------------------------------|--|
| <input type="checkbox"/> 少於 1 年  | <input type="checkbox"/> < 1 year      |
| <input type="checkbox"/> 1-5 年   | <input type="checkbox"/> 1-5 years     |
| <input type="checkbox"/> 6-10 年  | <input type="checkbox"/> 6-10 years    |
| <input type="checkbox"/> 11-20 年 | <input type="checkbox"/> 11-20 years   |
| <input type="checkbox"/> 超過 20 年 | <input type="checkbox"/> > 20 years    |
| <input type="checkbox"/> 終身      | <input type="checkbox"/> Whole of life |

- (f) 就閣下在 (e) 所選擇的保單 / 投資計劃之整段供款年期內，閣下每月可承擔的保費佔閣下個人可動用收入的比率為？( 請選一項 )  
Approximately what percentage of your disposable income would you be able to use to pay your monthly premium for the entire term of the insurance policy/ investment plan in (e) above? (tick one)

- |                                    |                                    |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> 少於 10%    | <input type="checkbox"/> < 10%     |
| <input type="checkbox"/> 10% - 20% | <input type="checkbox"/> 10% - 20% |
| <input type="checkbox"/> 21% - 30% | <input type="checkbox"/> 21% - 30% |
| <input type="checkbox"/> 31% - 40% | <input type="checkbox"/> 31% - 40% |
| <input type="checkbox"/> 41% - 50% | <input type="checkbox"/> 41% - 50% |
| <input type="checkbox"/> 超過 50%    | <input type="checkbox"/> > 50%     |

- g) 就閣下繳付保費的能力，請閣下註明其資金來源？( 可選多於一項 )

In considering your ability to make payments, what are your sources of funds? (tick one or more)

- |   |  |
|---|--|
| <input type="checkbox"/> 薪酬               | <input type="checkbox"/> Salary                        |
| <input type="checkbox"/> 收入               | <input type="checkbox"/> Income                        |
| <input type="checkbox"/> 儲蓄               | <input type="checkbox"/> Savings                       |
| <input type="checkbox"/> 投資               | <input type="checkbox"/> Investments                   |
| <input type="checkbox"/> 其他 ( 請詳述 ) _____ | <input type="checkbox"/> Others (Please specify) _____ |

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5) 根據您的上述選項，並因應我們所能提供的產品，下列的保險產品為符合您的目標及滿足閣下的需要：

Based on your answers to the questions above and in considering the products as offered by us, the following insurance products will meet your objective(s) and need(s):

選購產品的目標(問題1) Objective(s) of Buying the Product(s) (Q1)	曾討論的保險產品的類型(問題2) Type(s) of Insurance Product Explored (Q2)	曾介紹的保險產品名稱(如有) Name of Insurance Product(s) Introduced (if any)	最終選購的產品(如有) Product(s) Selected (if any)
a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/> d) <input type="checkbox"/> e) <input type="checkbox"/> f) <input type="checkbox"/> _____	a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/> d) <input type="checkbox"/> e) <input type="checkbox"/> _____		
a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/> d) <input type="checkbox"/> e) <input type="checkbox"/> f) <input type="checkbox"/> _____	a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/> d) <input type="checkbox"/> e) <input type="checkbox"/> _____		
a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/> d) <input type="checkbox"/> e) <input type="checkbox"/> f) <input type="checkbox"/> _____	a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/> d) <input type="checkbox"/> e) <input type="checkbox"/> _____		
a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/> d) <input type="checkbox"/> e) <input type="checkbox"/> f) <input type="checkbox"/> _____	a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/> d) <input type="checkbox"/> e) <input type="checkbox"/> _____		
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a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/> d) <input type="checkbox"/> e) <input type="checkbox"/> f) <input type="checkbox"/> _____	a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/> d) <input type="checkbox"/> e) <input type="checkbox"/> _____		
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a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/> d) <input type="checkbox"/> e) <input type="checkbox"/> f) <input type="checkbox"/> _____	a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/> d) <input type="checkbox"/> e) <input type="checkbox"/> _____		

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