

# Financial Needs and Investor Profile Analysis Form

## 財務需要及投資取向分析表格

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 Education Level 投保人學歷	Applicant Occupation 投保人職業		
	<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) 閣下選購本公司產品的目標為何？( 可選多於一項 )

What are your objectives of buying our product? (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： ☐ In the following range:
- |   |   |
|---|---|
| a) <input type="checkbox"/> 少於港幣 10,000         | <input type="checkbox"/> Less than HK\$10,000 |
| b) <input type="checkbox"/> 港幣 10,000 – 19,999  | <input type="checkbox"/> HK\$10,000 – 19,999  |
| c) <input type="checkbox"/> 港幣 20,000 – 49,999  | <input type="checkbox"/> HK\$20,000 – 49,999  |
| d) <input type="checkbox"/> 港幣 50,000 – 100,000 | <input type="checkbox"/> HK\$50,000 – 100,000 |
| e) <input type="checkbox"/> 超過港幣 100,000        | <input type="checkbox"/> 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.**

如閣下選擇不在上述 4(a) 或 (b) 透露閣下的收入 / 資產資料，閣下必須在下欄內親筆詳述有關原因。

如閣下選擇同時不回應上述 4(a) 及 (b)，本公司必須拒絕閣下的申請。

If you choose not to disclose income/asset information under 4(a) or (b) above, you must indicate your reason(s) in your own handwriting in the box below. Please note that we (the insurance company) will **reject your application** if you **choose not to respond to both 4(a) and (b) above**.

(Applicant must complete explanation in own handwriting in this box. 投保人必須親筆於此欄內提供原因)

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) 根據閣下的上述選項，中介人與閣下討論下列保險產品的選擇（因應中介人所能提供的產品），以迎合閣下選購保險產品的目標及滿足閣下的需要：

Based on your answers to the questions above, the intermediary concerned has explored the following insurance options (as available to the intermediary) to meet your objective(s) and needs(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"/> _____		
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"/> _____		
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"/> _____		

Signature of Applicant 投保人簽署	Date (DD/MM/YY) 日期 (日 / 月 / 年)
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