

FINANCIAL QUESTIONNAIRE 財政狀況問卷

Name of Policyowner 保單持有人姓名

(as shown on HKID card/ Passport/ Business Registration 如香港身份證／護照／商業登記證上所示)

HKID card / Passport / Business Registration No.

香港身份證／護照／商業登記號碼

Name of (Proposed) Insured (擬) 受保人姓名 (as shown on HKID card/ Passport 如香港身份證／護照上所示)

HKID/ Passport No. 香港身份證／護照號碼

1. In the last 5 years, have you or your business had any major financial problems (e.g. bankruptcy)?
If yes, please give details 在過去五年內，閣下或閣下之公司有否出現任何財政問題(如破產)?
如有，請列出詳情

Policyowner 保單持有人 (Proposed) Insured (擬) 受保人

☐ Yes 是 ☐ No 否 ☐ Yes 是 ☐ No 否

Questions 2-7 are to be completed for (Proposed) Insured 第二至七題適用於（擬）受保人

If (Proposed) Insured is a housewife, child or student, Questions 2-7 are to be completed by the Policyowner 如(擬)受保人為家庭主婦，兒童或學生，第二至七題由保單持有人填寫

2. Total annual income 全年總收入

	(Proposed) Insured (擬) 受保人 HKD 港元	Policyowner 保單持有人 HKD 港元
Earned income - e.g. Basic salary, commission, bonus 勞動收入 如:基本薪金、佣金、花紅 (Last 13 to 24 months 過去十三至二十四個月)		
Earned income - e.g. Basic salary, commission, bonus 勞動收入 如:基本薪金、佣金、花紅 (Last 12 months 過去十二個月)		
Unearned income - e.g. Investment income, rental income 非勞動收入 如:投資收益、租金收入 (Last 13 to 24 months 過去十三至二十四個月)		
Unearned income - e.g. Investment income, rental income 非勞動收入 如:投資收益、租金收入 (Last 12 months 過去十二個月)		

3. Net Worth 淨值 : (i.e. assets minus liabilities 即資產減去負債):

Assets 資產	(Proposed) Insured (擬) 受保人 HKD 港元	Policyowner 保單持有人 HKD 港元
Cash and Savings 現金及存款		
Stocks and Bonds 股票及債券		
Personal Properties 私人財產		
*Real Estate 物業		
Net Business Interest 公司淨值		
Other 其他		
Total Assets 總資產		
Liabilities 負債	(Proposed) Insured (擬) 受保人 HKD 港元	Policyowner 保單持有人 HKD 港元
Personal Loans 個人借貸		
Margin Accounts 保證金戶口		
Loan Guarantees 貸款保證		
Mortgages 按揭		
Other 其他		
Total Liabilities 總負債		
Net Worth (Assets - Liabilities) 淨值(資產 一負債)		

Please list the address(es) of *real estate stated above. 請列出上述物業地址

Property Addresses 物業地址	City 城市	State 州 / Province 省	Country 國家



4. Details of employer 僱主資料

	(Proposed) Insured (擬) 受保人	Policyowner 保單持有人
Company's Name 公司名稱		
Company's address 公司地址		
Year of establishment 成立年份		
Years of service 服務年期		
Nature of business 經營業務類型		
Percentage of Ownership 公司擁有權之百分比		

5. Total Life insurance amount and Critical Illness Amount on Policyowner (if other than (Proposed) Insured)

保單持有人之人壽總保額及危疾總保額 (如非 (擬) 受保人)

Name of Insurer 承保公司	Total Life Insurance Amount (HKD) 人壽總保額 (港元)	Total Critical Illness Amount (HKD) 危疾總保額 (港元)	Date of Issue 簽發日期

6. Purpose of Insurance 投保目的 (Please tick as appropriate 請選擇適當項目)

- ☐ Family protection 家庭保障
- ☐ Children's education fund 子女教育基金
- ☐ Estate conservation (please provide net worth breakdown on Question 7) 財產保障 (請於第七題註明分類財產淨值)
- ☐ Mortgage loan (Please provide name of lender, address of property, amount, term of loan on Question 7)
按揭貸款 (請於第七題註明貸款人姓名, 物業地址, 貸款數目及期限)
- ☐ Others (Please specify on Question 7 請於第七題註明)

7. Remarks 備註 _____

Declaration and Authorization 聲明及授權

I/We, the (proposed) insured and the policyowner (if the (proposed) insured is not the policyowner) have read the above statements and answers. They are complete and true to the best of my/our knowledge and belief and form part of the application and the basis of the policy to be issued. I/We hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company or other organization, institution or person, that has any records or knowledge of (proposed) insured/ (proposed) insured's health, to give to Manulife (International) Limited and its reinsurers any such information for the purpose of assessment of this application or subsequent assessment of any insurance or related claims against Manulife (International) Limited, such authorization shall survive me and should be irrevocable. A photographic copy of this authorization shall be as valid as the original. 本人/吾等, (擬) 受保人及非 (擬) 受保人的保單持有人, 已細閱上述聲明與答覆, 確信其為真實無訛, 並明瞭以上一切資料將構成保險投保申請書之部份內容並為日後簽發保單之基礎。本人/吾等現授權任何執業醫生、醫療從業員、醫院、診所或其他持有 (擬) 受保人健康狀況紀錄之保險公司、組織、機構或人仕提供 (擬) 受保人的健康或個人資料予宏利人壽保險 (國際) 有限公司及其再保險公司, 作為審核此申請或日後之索償申請。此授權書不能推翻, 即使本人去世, 此授權仍然生效。本授權書之複製本將與原本同樣有效。

I/We hereby DECLARE, UNDERSTAND AND AGREE that (1) failure to disclose any material facts or information which may influence or which the Company would regard as likely to influence the assessment and acceptance of the application, may render the policy voidable by your Company. In the event of doubt as to whether a fact or information is material, it should be disclosed in this questionnaire; (2) I/We have received and read the Notice to Customers relating to the Personal Data (Privacy) Ordinance (version 20130401-01) ("Notice"). I/We understand and agree to the Notice. 謹此聲明本人/吾等清楚明白及同意下列各項: (1) 如未有披露任何重要事實或資料, 而該等重要事實或資料足以影響貴公司評估及接受投保申請, 貴公司有權將所簽發的保單宣告無效。假如未能確定事實或資料的重要性, 則須於本問卷披露該等事實或資料; (2) 本人/吾等已收訖及閱畢《有關(個人資料(私隱)條例)的客戶通知(20130401-01版本)》(「通知」)。本人/吾等清楚明白及同意該通知之內容。

Signed on this _____ day of _____, _____
 簽署日期 Day 日 Month 月 Year 年

X

Signature of Witness 見證人簽署
(Name 姓名: _____)

X

Signature of policyowner (if other than (proposed) insured)
 保單持有人簽署 (如非 (擬) 受保人)

X

Signature of (proposed) insured (擬) 受保人簽署