



REQUEST FOR INVESTMENT-LINKED / UNIVERSAL LIFE PLAN SERVICES

投資連繫式/萬用壽險計劃服務申請表

Policy Number 保單號碼	Name of Insured 受保人姓名	Name of Owner 持有人姓名
Agent /Broker Name 營業員/經紀姓名	Agent/Broker Code 營業員號碼/經紀號碼 Area/Agency/Broker Code 區域/營業員/經紀組別編號	Agent's /Broker Tel. No 營業員/經紀聯絡電話



01482076

IMPORTANT NOTES: 注意事項

- Please submit the Top-up Premium/ Fleximoney together with this form to Cashier during the Company's service hours (Monday to Friday 8:45a.m. - 5:15p.m. except public holidays)
請將額外投資保費/靈活錢戶口連同此表格於本公司的服務時間內遞交到繳費處(星期一至五上午八時四十五分至下午五時十五分。公眾假期除外)
- If investment allocation is changed, submit regular premium together with this form to Cashier during the Company's service hours (Monday to Friday 8:45a.m. - 5:15p.m. except public holidays)如需更改投資分配,請將基本保費連同此表格於本公司的服務時間內遞交到繳費處(星期一至五上午八時四十五分至下午五時十五分。公眾假期除外)
- Receipt of this form by AIA Representative or your broker does not constitute receipt by the Company. Your request will be processed only after this form is received and accepted by the Company.
友邦業務代表或您的經紀收到此申請表並不代表本公司亦已收到,您的申請會於本公司收妥此表格及接納後處理。
- Once the form is submitted to the Company, whether through our AIA Representative or your broker or otherwise, you cannot withdraw or change any of the instructions provided on the form. Any change of instructions will be treated as a new request, which will be processed after the former request is effected by the Company. 此表格一經遞交給本公司,不論是經由友邦業務代表、您的經紀,或由其他途徑遞交,您便不能取消或更改表格上的任何指示。任何更改,將被視作一項新申請,而該新申請會在本公司將您先前的申請辦妥後處理。
- The Company will process your withdrawal or switching requests based on your current available investment option unit balance. For the avoidance of doubt, any investment option unit(s) relating to processing instruction is/are excluded. 本公司將會按您現有之投資選擇單位處理您的提取/轉換指示。為免產生疑問,所指之投資選擇單位並不包括仍在處理中之單位。
- The instructions will be processed on the next dealing date after it is approved by the Company. 指示經本公司批准後,於下一個交易日進行。
- For transfers/switches/withdrawals, the transaction will not be performed until the date on which the latest valuation (if applicable) is confirmed or our notification letter is issued, whichever is the later. 有關調撥/調配/提取的指示,其交易需待最後的評估日(如適用)被確定或於我們發出通知書的日期後才進行,以較遲者為準。
- Transfer of policy values between different accounts within the same policy and/or from one policy to the other, any transaction involved will not be performed until the date on which the latest valuation (if applicable) is confirmed or our notification letter is issued, whichever is the later. 如將保單的價值在同一保單內的不同戶口作調撥及/或從一份保單轉移至其他保單,有關交易需待最後的評估日(如適用)被確定或於我們發出通知書的日期後才完成,以較遲者為準。

PART A 甲部 Investment-Linked Plan 投資連繫式計劃

1. ☐ Withdrawal of unit 提取單位

*Code 代號	No. of units 單位數目	*Code 代號	No. of units 單位數目
-----	= -----	-----	= -----
-----	= -----	-----	= -----
-----	= -----	-----	= -----
-----	= -----	-----	= -----
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For e-BankIn customers, the payment will be transferred to the designated bank account.
已登記使用“電子入賬服務”之客戶,本公司會將款項轉入至指定之銀行戶口。

If e-BankIn has not been registered, we will pay the cheque in:
如未有登記使用“電子入賬服務”,本公司會以支票支付,貨幣選擇為:

☐ Hong Kong Dollar 港元 ☐ Policy Currency 保單貨幣

Send cheque to: # 請將支票:

☐ My correspondence address registered with the company
寄往本人於公司登記的通訊地址

☐ The above-named agent / broker
遞送給以上營業員/經紀

If not indicated above, the cheque will be sent to the Owner's correspondence address
如沒有註明指示,支票會寄往保單持有人的通訊地址

- ☐ Withdraw the above units to update premiums and levy (for Hong Kong policies) for the above policy due on
提取上述之單位用作繳付上述保單之保費與保費徵費(香港保單適用),到期日為 _____ (MM月/DD日/YYYY年)
- ☐ Repay the loan on policy no. 繳付保單貸款,保單號碼: _____ (US\$/HK\$ _____)
- ☐ Pay the premium and / or levy (for Hong Kong policies) of other policies due on 繳付以下保單號碼到期之保費及/或保費徵費(香港保單適用)

Policy No. 保單號碼	Premium due date 保費到期日	Relationship with owner 與保單持有人之關係	Outstanding Levy 尚欠保費徵費	Currency / Amount 貨幣/金額

- ☐ Pay the initial deposit for New Application 繳付新保單作首期之按金

Application No. 新保單申請號碼	Applicant's name 申請人姓名	Currency / Amount 貨幣/金額

- ☐ Pay the policy adjustment 繳付更改保單之費用

Policy No. 保單號碼	Relationship with owner 與保單持有人之關係	Currency / Amount 貨幣/金額

- ☐ Pay the AIA Vitality membership fee 繳付AIA Vitality健康程式會費

AIA Vitality Membership No. AIA Vitality 健康程式會員編號	Relationship with insured 與受保人之關係	Currency / Amount 貨幣/金額

Withdrawal of units to update premiums and levy (for Hong Kong policies) should be submitted to the Company within the grace period i.e. 31 days from the premium due date. 提取單位用作繳交保費與保費徵費(香港保單適用),需要在寬限期間內(即保費到期日31天內)交回本公司。

Withdrawal amount is subject to the minimum required amount and account balance. 需符合最低提款金額及提款後之最低戶口總結餘之要求。

Auto-Rebalancing will be automatically cancelled once request for fund withdrawal is accepted. To continue auto-rebalancing, please specify in Part (4).

基金提取之申請接受後,除非於第四項列明,否則自動平衡投資(如有)將會自動取消。

*Code 代號	Investment Allocation 投資分配
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For Treasure Master 卓達之選\Treasure Master Select 卓達智富\Treasure Master Plus 卓達智悅

Minimum Top-up Premium= US\$4,000 最低額外投資保費=4,000美元

Please indicate your allocation every time unscheduled top-up premium is paid. If allocation is not specified, money will be invested according to the existing allocation for Regular Premium. 每次繳付不定期額外投資保費必須填上基金投資分配，如沒有註明，所應金額將按照現時基本保費之投資分配作投資。

Minimum allocation to a selected fund is 10% 所選擇的每項基金投資分配不得少於10%

For Hong Kong policies, the amount paid in by you will first be used to settle the required levy, and the balance will be applied for investment.

Total 共 = 100 %

4. ☐ **Change Investment Allocation** 更改投資分配

- for Regular premium and / or Regular top up
- 基本保費及/或定期額外投資保費

- **With / Continue Auto-Rebalancing**
設立/繼續自動平衡投資
- **Stop Auto-Rebalancing**
取消自動平衡投資

*Code 代號	Investment Allocation 投資分配
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[illegible]

Total \pm = 100 %

Unless specified in Part (4), the current investment allocation remains unchanged.
除非列明於第四項，現有的投資分配將維持不變。

Auto-Rebalancing will be automatically cancelled once request for switching is accepted. To continue auto-rebalancing, please specify in Part (4). 調配之申請接受後，除非於第四項列明，否則自動平衡投資(如有)將會自動取消。

Applicable to Treasure Master Plus only 只適用於「卓達智悅」

Unless the following confirmation is specified, any request for investing in investment option(s) that belong(s) to a higher risk level than your risk tolerance level will not be accepted. 除非閣下作出以下的確認，否則任何投資于風險級別高於閣下的風險承擔能力級別的投资選擇均不會被接納。

- ☐ Despite the fact that the features and/or risk level of my selected underlying investment choices, as stated in Part 3 above, may not be suitable for me based on my disclosed needs & risk profile as indicated in the Financial Needs Analysis and Risk Profile Questionnaire, I confirm that it is my intention and desire to proceed with my request(s).儘管根據本人於「財務需要分析」及「風險承擔能力問卷」所披露的需要及投資風險概況，本人於第三項中選擇的相關投資選擇可能並不適合本人，但本人確認打算及意欲執行有關選擇。

項目	金額
1. 現金	100,000
2. 短期有価証券	50,000
3. 貸倒引当金	10,000
4. 繰上金	20,000
5. 繰下金	10,000
6. 繰上金	10,000
7. 繰下金	10,000
8. 繰上金	10,000
9. 繰下金	10,000
10. 繰上金	10,000
11. 繰下金	10,000
12. 繰上金	10,000
13. 繰下金	10,000
14. 繰上金	10,000
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119. 繰下金	10,000
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121. 繰下金	10,000
122. 繰上金	10,000
123. 繰下金	10,000
124. 繰上金	10,000
125. 繰下金	10,000
126. 繰上金	10,000
12	

Please submit Important Facts Statement and Applicant's Declarations Form, Financial Needs Analysis Form and Risk Profile Questionnaire. Further document may be required pursuant to the Anti-Money Laundering and Counter-Terrorist Financing (Financial Institutions) Ordinance or other regulatory requirement. 請遞交重要資料聲明書及申請人聲明書、財務需要分析表格及風險承擔能力問卷。因應「打擊洗錢及恐怖分子資金籌集(金融機構)條例」或其他監管條例所要求下，而有可能需要遞交其他文件。

- ☐ Applicable to Planned Premium Investment-Linked Plan only:
Please select one below and specify the new regular top-up premium amount based on the mode of payment of your policy:
只適用於投資連繫式壽險之定存保費：
請選擇以下其中一項並列明新的額外投資保費金額；此保費金額是根據閣下保單的繳費形式而定：

 - ☐ Monthly Regular Top-Up Premium 每月定期額外投資保費為
US\$ 美元金額_____ (Minimum = US\$45 最少為45美元)
 - ☐ Quarterly Regular Top-Up Premium 每季定期額外投資保費為
US\$ 美元金額_____ (Minimum = US\$140 最少為140美元)
 - ☐ Semi-annual Regular Top-Up Premium 每半年定期額外投資保費為
US\$ 美元金額_____ (Minimum = US\$255 最少為255美元)
 - ☐ Annual Regular Top-Up Premium 每年定期額外投資保費為
US\$ 美元金額_____ (Minimum = US\$500 最少為500美元)

☐ Applicable to Non-Planned Premium Investment-Linked Plan only:
Regular top-up premium must be paid monthly via autopay regardless of the mode of payment of your basic plan. Please specify the new monthly regular top-up premium amount below:
只適用於投資連繫式壽險之非定存保費：
定期額外投資保費金額只接受月供形式並經由每月自動轉賬付款(不論保單的基本計劃是何種繳費形式)。
請列明新的每月定期額外投資保費金額：

 - ☐ Monthly Regular Top-Up Premium 每月定期額外投資保費為
US\$ 美元金額_____ (Minimum = US\$100 最少為100美元)

For Hong Kong policies, the amount paid in by you will first be used to settle the required levy, and the balance will be applied for investment.
若為香港保單，閣下所繳付之金額將先行用作繳付保費徵費，餘額將用作投資。

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※ (iii) Applicable to payment in cheque 適用於以支票支付的款項:

I understand that any benefits payable under the Policy will be paid in the latest policy currency as shown on the Policy Information Page of the Policy or, if applicable, the appropriate subsequent endorsement. Accordingly, the provision of the option to receive any such benefits in a currency other than the latest policy currency (the "Opted Currency") is solely a service offered by the Company at its discretion. I understand and agree that should I opt for payment of any benefits payable under the Policy in the Opted Currency, I will bear the necessary exchange difference, such difference being determined by the Company on the basis of the Company's internal exchange rates as at the time of the relevant currency conversion.

本人明白所有保單利益之款項將根據保單資料頁或隨後所發出之批註(如適用)所載之最近期保單貨幣為準。因此,提供選擇以最近期的保單貨幣以外的貨幣("選擇貨幣")作為收取任何此等利益的貨幣只屬貴公司酌情所提供之服務。本人明白及同意如本人選擇任何保單下所作出的利益款項以"選擇貨幣"支付,本人同意承擔所需的兌換差額,而該差額是有關貨幣兌換時依據貴公司內部貨幣兌換率而釐定。

(iv) Applicable to Part D only. I hereby confirm that I have read, understood and agreed to be bound by the Terms and Conditions of AIA e-Invest and / or AIA e-Advice, whichever is applicable. For details of the Terms and Conditions, please visit AIA Customer Corner (www.aia.com.hk).

只適用於丁部。本人確實已閱讀及明白「友邦投資易」或/及「友邦電子通知書」(如適用)之條款及條件,並同意受其約束。有關條款及條件之詳情,請登入www.aia.com.hk之友邦客戶專頁參閱。

(v) I understand that some Investment Options may pay out cash dividend, and that the payment of such cash dividend from investment income, capital gains, capital of the corresponding underlying fund may result in a decrease in the net asset value of the underlying fund. Accordingly, this may in turn reduce the account value, surrender values and death benefits of the policy. If the account value is reduced to zero, the basic policy will be terminated. I also acknowledge and agree that there is no guarantee that these Investment Options will distribute cash dividend, distribute fixed amount of cash dividend or distribute cash dividend at a periodic frequency.

本人明白部份投資選擇有機會會派發現金股息。由相關連繫基金的投資收入、資本收益及資本所派發的現金股息有機會令該連繫基金的淨資產值減少。因此,有關保單戶口價值、退保價值及身故賠償也有機會因而減少。如戶口價值降至零,基本保單會被終止。本人亦了解該些投資選擇並不保證會否派發現金股息,派發定額現金股息或派發定期現金股息。

PERSONAL DATA COLLECTION AND USE

I / We confirm that I / we have read and understood the AIA Personal Information Collection Statement ("AIA PIC").

I / We declare and agree that any personal data and other information relating to me / us or my / our policy(ies) or investments contained in this application or collected, obtained, compiled or held by the Company by any means from time to time may be collected and utilized in accordance with the AIA PIC. I / We acknowledge and consent to the transfer of my / our personal data outside of Hong Kong (for policies issued in Hong Kong) or Macau (for policies issued in Macau), as the case may be, for the purposes and to the types of transferee as set out in the AIA PIC.

The updated version of AIA PIC is available for download from its website: www.aia.com.hk, and is made available upon request.

個人資料收集及使用

本人/我們確認本人/我們已閱讀及明白AIA個人資料收集聲明(「AIA個人資料收集聲明」)。本人/我們聲明及同意在本申請所載或貴公司不時以任何方法收集所得、編製或持有的任何個人資料及關於本人/我們或本人/我們的保單或投資的其他資料,可根據AIA個人資料收集聲明收集及使用。本人/我們知悉及同意就AIA個人資料收集聲明所述目的視乎情況轉讓本人/我們的個人資料至香港(如保單在香港續發)或澳門(如保單在澳門續發)境外予AIA個人資料收集聲明所載的資料承讓人。

AIA個人資料收集聲明的最新版本可於以下網址下載:www.aia.com.hk,及可向貴公司索取。

Signature of Financial Intermediary on _____
金融中介機構簽名 (if applicable 如適用) 於 MM月/DD日/YYYY年

Signature of Owner/Trustee on _____
持有人/信託人簽名 於 MM月/DD日/YYYY年

Signature of Assignee on _____
受讓人簽名(if applicable 如適用) 於 MM月/DD日/YYYY年

Important Notes:

1) Signature must correspond with the Company's existing record. Please refer to the copy of the application form attached to the Policy or to the signature specimen on any document subsequently recorded by the Company. 簽名須與本公司存案相符。請參閱保單上要保書之影印本或於保單續發後更換及經本公司確認之簽署。

2) Any amendments in this form must be countersigned by the Owner/Assignee/Trustee in full signature. 任何在此表格上的更改,持有人/受讓人/信託人必須於更改在旁位置簽署作實。

* For details of the investment options or underlying funds/investments of the codes, please refer to the 'Underlying Funds/Investments Prices' under the section of Investment Information in the Company website AIA.COM.HK or the Investment Options Brochure.

* 有關代號之投資選擇以及其連繫基金/投資的資料,請參閱本公司網頁AIA.COM.HK投資資料部份之連繫基金/投資價格或投資選擇小冊子。

PLEASE SIGN & RETURN IMMEDIATELY BUT NO LATER THAN 14 DAYS 請簽署後即時但不遲於14天內遞交

PLEASE DO NOT SIGN ON BLANK FORM 請勿在空白表格上簽署



AIA International Limited
(Incorporated in Bermuda
with limited liability)

IMPORTANT FACTS STATEMENT AND APPLICANT'S DECLARATIONS
INVESTMENT LINKED ASSURANCE SCHEME ("ILAS") POLICY
- Request for Top Up Premium*

Policy Number	Name of Insured	Name of Owner
Agent Name	Agent Code / Area Code	Agent's Tel. No



05632024

** In the case of Cheerful Life and U-Select, Top Up Premium is referring to the Lump Sum Investment and/or Regular Investment. Please refer to relevant policy contract for details.*

PART I – IMPORTANT FACTS STATEMENT

You should carefully consider the information in this statement and the product documents (including the Product Brochure, Product Key Facts Statement, and the Illustration Document, if applicable). **If you do not understand any of the following paragraphs or do not agree to that particular paragraph or what your intermediary has told you is different from what you have read in this statement, please do not sign the confirmation and do not apply for the contribution of Top Up Premium.**

You may request the Chinese version of this statement from your intermediary.

閣下可向銷售的中介人索取中文版本。

SOME IMPORTANT FACTS YOU SHOULD KNOW

- (1) **Statement of Purpose:** Please set out in your own handwriting your reasons/considerations for making this Top Up Premium request. The intermediary is required to take due account of the reasons/considerations set out by you, together with other relevant information, in assessing whether a particular Top Up Premium is suitable for you.

I confirm that I have read and understood and agree to be bound by paragraph (1) above.

Name of the Policyowner

Signature of the Policyowner

Date: (MM/DD/YYYY)

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Policy Number

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- (2) **No ownership of assets and no guarantee for investment returns:** You do not have any rights to or ownership over any of the underlying/reference investment assets of your ILAS policy. Your recourse is against AIA International Limited only. You are subject to the credit risk of AIA International Limited. Investment returns are not guaranteed.

(3) **Long-term features in relation to the Top Up Premium**

a. Upfront charges:

For Cheerful Life and U-Select: 6% of the premiums you pay will be deducted upfront as charges and will not be available for investment. This means that the remaining amount of premiums available for investment is as low as 94% of your premiums paid.

For Asset Whole Life Plan, Asset Whole Life Plus, Better Tomorrow Investment Savings Plan, Leisure Years Retirement Savings Plan and Wiz Kid Education Savings Plan: 5% of the premiums you pay will be deducted upfront as charges and will not be available for investment. This means that the remaining amount of premiums available for investment is as low as 95% of your premiums paid.

For Treasure Master, Treasure Master Select and Treasure Master Plus: No upfront charge is applicable.

b. Early surrender / withdrawal charges:

For Treasure Master, Treasure Master Select and Treasure Master Plus: You will be subject to an early surrender or withdrawal charge **and possible loss of entitlement to bonuses**, if policy termination or surrender, or partial withdrawal occurs within the first 5 years from the Top-up Premium Date.

For Asset Whole Life Plan, Asset Whole Life Plus, Better Tomorrow Investment Savings Plan, Cheerful Life, Leisure Years Retirement Savings Plan, U-Select and Wiz Kid Education Savings Plan: No early surrender / withdrawal charge is applicable.

I confirm that I have read and understood and agree to be bound by paragraphs (2) and (3) above.

Name of the Policyowner

Signature of the Policyowner

Date: (MM/DD/YYYY)

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Policy Number

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(4) **Fees and charges:** Some fees/charges will be deducted from the Top Up Premium you pay and/or corresponding policy value, and will reduce the amount available for investment. Accordingly, **the return on the Top Up Premium as a whole may considerably be lower than the return of the underlying funds you selected.** For details, please refer to the product documents of your ILAS policy.

(5) **Specific risks of investing in Investment Option / Investment Option (Cash Distribution) with underlying Investments in derivatives and/or fixed income securities:**

- (i) The underlying fund of an investment option may invest in derivatives and be exposed to counterparty, leverage, liquidity, market, volatility or other relevant risks, all of which may adversely impact the net asset value of the underlying fund of the investment option.
- (ii) The underlying fund of an investment option may be exposed to credit or default risk of the fixed income securities that it invests in. In the event of default or bankruptcy of an issuer, the underlying fund may experience significant losses. The actual or perceived downgrading of a rated fixed income security will decrease in value and liquidity, and may have an adverse impact on the net asset value of the underlying fund.

(6) **Specific risks of investing in Investment Option (Cash Distribution):** The Investment Option designated with "(Dis)" in the name (the "Investment Option (Cash Distribution)") is an investment option that may distribute cash dividend on a regular basis. If you choose to invest in the Investment Option(s) (Cash Distribution), you may receive cash dividend if AIA receives such dividend from the underlying fund(s) of the Investment Option(s) (Cash Distribution). Please note:

- (i) There is no guarantee that the underlying fund of an Investment Option (Cash Distribution) will distribute cash dividend, distribute fixed amount of cash dividend or distribute cash dividend at a periodic frequency. The amount of cash dividend paid is in no way an indication, a forecast or a projection of cash dividends to be paid in the future.
- (ii) An underlying fund of an Investment Option (Cash Distribution) may, according to its dividend policy, pay cash dividend out of investment income, capital gains or capital of the underlying fund. Such payments of cash dividend will result in an immediate decrease in the net asset value per unit of the underlying fund after the date of dividend payment, and change in the unit price of the underlying fund will be reflected in the price of the Investment Option (Cash Distribution).
- (iii) In comparison to Investment Options that reinvest dividend, Investment Options (Cash Distribution) pay out cash dividend and hence, may reduce the Account Value of the ILAS policy. This may in turn reduce the death benefit payable. If the Account Value is reduced to zero, the Basic Policy will be terminated.
- (iv) You should not select the Investment Options (Cash Distribution) unless you understand them and your financial planner has explained to you how they are suitable to you. Please refer to the offering documents (including the product key facts statements) of the underlying funds for details of the underlying funds (including, without limitation, their investment objectives and policies, risk factors and charges).

(7) **Switching of Investment:** If you switch your investment choices, you may be subject to a charge and your risk may be increased or decreased.

I confirm that I have read and understood and agree to be bound by paragraphs (4), (5), (6) and (7) above. I understand and accept all the fees and charges, including the upfront charges and early surrender/withdrawal charges as stated above.

Name of the Policyowner

Signature of the Policyowner

Date: (MM/DD/YYYY)

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Policy Number

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(8) **Premium holiday:** Please check with your intermediary and the product documents whether and under what specific conditions a premium holiday (during which premium payment is suspended) may be taken for your regular Top Up Premium.

(9) **Risk of early termination:** Your ILAS policy may be automatically early terminated and you could lose all your Top Up Premium paid and benefits accrued if any condition of automatic early termination is triggered. This may happen if you fail to make premium contribution, or if your policy has very low or negative value (e.g. poor investment performance, exercise of premium holiday), etc.

(10) **Intermediaries' Remuneration:**

For Asset Whole Life Plan, Asset Whole Life Plus, Better Tomorrow Investment Savings Plan, Cheerful Life, Leisure Years Retirement Savings Plan, U-Select and Wiz Kid Education Savings Plan, if you make Top Up Premium to your ILAS policy, the agent will on average receive remuneration of \$2.70 per \$100 of the Top Up Premium that you pay.

For Treasure Master and Treasure Master Select, if you make Top Up Premium to your ILAS policy, the agent will on average receive remuneration of \$2.97 per \$100 of the Top Up Premium that you pay.

For Treasure Master Plus, if you make Top Up Premium to your ILAS policy, the agent will on average receive remuneration of \$3.22 per \$100 of the Top Up Premium that you pay.

The remuneration is an average figure calculated on the assumption that you will pay all the premiums throughout the entire premium payment period. It covers all payments to the agent directly attributable to the sale of this policy (including upfront and future commissions, bonuses and other incentives).

– Certain benefits that are immaterial, not directly attributable to the sale of this policy and not readily convertible to cash are not included from the calculation.

Please consult your agent if you wish to know more about the remuneration that he/she/they may receive in respect of this policy.

I confirm that I have read and understood and agree to be bound by paragraphs (8), (9), & (10) above. I understand and accept all the fees and charges, including the upfront charges and early surrender/ withdrawal charges as stated above.

Name of the Policyowner

Signature of the Policyowner

Date: (MM/DD/YYYY)

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Policy Number

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PART II – APPLICANT’S DECLARATIONS

Section I: Disclosure Declaration

- I confirm that the insurance intermediary, _____ (agent’s name) _____ (agent’s registration number), has conducted a Financial Needs Analysis and Risk Profiling for me.
- I have received, read and understood the following documents where applicable :
 - Product Brochure
 - Product Key Facts Statement
 - Illustration Document
 - Pamphlet “Questions you need to ask before taking out an ILAS product”
 - Investment Options Brochure
- I fully understand and accept the potential loss associated with any market value adjustment, where the insurer has the right and absolute discretion under certain situations (e.g. cancelling the policy during cooling off period or the insured committing suicide within the first year after policy issue or reinstatement) to apply a downward / negative market value adjustment to the ILAS policy.

Name of the Policyowner

Signature of the Policyowner

Date: (MM/DD/YYYY)

Section II: Affordability Declaration (For regular premium payment)

- I anticipate that my disposable income and/or savings is/are sufficient to pay the regular premium payments (including the top-up premium) for the entire payment term of the ILAS policy; and
- I confirm that I am willing to pay the premiums for the entire payment term of the ILAS policy.

Name of the Policyowner

Signature of the Policyowner

Date: (MM/DD/YYYY)

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Policy Number

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Section III: Suitability Declaration

I understand and agree that (tick one only):

- A ☐ the features and risk level of the ILAS policy and my selected mix of underlying investment choices are suitable for me based on my disclosed current needs and risk profile as indicated in the Financial Needs Analysis and Risk Profile Questionnaire.

OR

- B ☐ despite the fact that the features and/or risk level of the ILAS policy and/or my selected mix of underlying investment choices may not be suitable for me based on my disclosed current needs & risk profile as indicated in the Financial Needs Analysis and Risk Profile Questionnaire, I confirm that it is my intention and desire to proceed with my application(s) as explained below:

*(If Box B is ticked, Applicant must complete explanation in **own** handwriting in this box.)*

I acknowledge I should not purchase this ILAS policy and/or the selected mix of underlying investment choices unless I understand these and their suitability has been explained to me and that the final decision is mine.

Name of the Policyowner

Signature of the Policyowner

Date: (MM/DD/YYYY)

Notes:

1. In this Statement & Declaration, the singular shall include the plural; the word "I" shall include "we"; & the word "my" shall include "our". For joint applicants, all applicants must sign all sections.
2. You are required to inform your insurance agent or us (AIA International Limited) if there is any substantial change of information provided in these Declarations before the policy is issued.

PLEASE SIGN & RETURN IMMEDIATELY BUT NO LATER THAN 14 DAYS
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財務需要分析表格
FINANCIAL NEEDS ANALYSIS FORM "FNA"

保單號碼 Policy Number	準受保人姓名 Name of Proposed Insured	身份證 / 護照號碼 ID Card / Passport Number
區域編號 Area Code	營業員組別 / 經紀名稱 Agency / Broker Name	財務策劃顧問 1 / 財務策劃顧問 2 / 經紀 號碼 Financial Planner 1 / Financial Planner 2 / Broker Code
財務策劃顧問 1 / 業務代表姓名 Financial Planner 1 / Technical Representative's Name	財務策劃顧問 2 / 業務代表姓名 Financial Planner 2 / Technical Representative's Name	財務策劃顧問 / 業務代表聯絡電話 Financial Planner / Technical Representative's Telephone No.
其它保單號碼 (下列之保單須屬於同一準受保人及申請人): Other Policy Numbers (The following policies must belong to the same Proposed Insured and Applicant):		



06072016

- 為令您得到全面的理財保障，中介人在作出任何建議前，會先向您收集以下財務狀況資料進行分析。In order to provide you with the best financial solution, our intermediary will collect the below information for analysis before making any recommendations.
- 這份財務需要分析表格之有效期為一年。如您 (申請人) 於簽署此表格日期後一年內於AIA再次投保其他保險產品，而您於此財務需要分析表格上填報的資料 (包括及不限於投保目標、保險產品種類、目標得益/保障年期及財務資料) 沒有重大改變，您可不用填寫新一份財務需要分析表格。另外，倘新投保保單之準受保人與上述準受保人並非同一人，您 (申請人) 必須填寫另一份財務需要分析表格。This FNA form is valid for one year. In the event that you (the Applicant) purchase other insurance product(s) with AIA within a year after its signing date, you may choose not to complete another FNA form provided that there are no substantial changes in relation to your disclosed information on this FNA (including but not limited to buying objective(s), insurance product type(s), target benefit / protection period and financial information). However, if the Proposed Insured of the new application is different from the Proposed Insured stated above, you (the Applicant) must need to complete another FNA.
- 註：請小心細閱及填寫本財務需要分析表格內的所有問題。請不要留空任何問題。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 read and fill in all the questions in this FNA form carefully. Do not leave any questions blank. Do NOT sign if any questions are unanswered and have not been crossed out.

A. 申請人之個人資料 APPLICANT'S PERSONAL PARTICULARS

姓名 Name	出生日期 Date of Birth	婚姻狀況 Marital Status <input type="checkbox"/> 未婚 Single <input type="checkbox"/> 已婚 Married <input type="checkbox"/> 鰥寡 Widowed <input type="checkbox"/> 離婚 Divorced
受養人數目 Number of dependents	職業 Occupation	教育程度 Education Level <input type="checkbox"/> 小學或以下 Primary or below <input type="checkbox"/> 中學 Secondary <input type="checkbox"/> 大專或以上 Tertiary or above

B. 您繳付保費的負擔能力 YOUR ABILITY TO PAY PREMIUM

由個人作申請人 For individuals as the Applicant

註：您必須至少回答問題1 (1a 及 1b) 或2，如您不欲回答其中一條，請將之刪去及必須以親筆詳述有關原因。如您選擇同時不回應問題1及2，本公司必須拒絕您的申請。Note: You must reply at least either question 1 (1a and 1b) or 2. If you do not wish to answer either one of them, please cross it out and indicate your reason(s) in your own handwriting. Please note that we will reject your application if you choose not to respond to both question 1 and 2.

1a	在過去二十四個月裡，您從所有收入來源所得的每月平均收入為？ What is your average monthly income from all sources in the past 24 months? (包括薪金、花紅、佣金、其他薪酬福利、物業租賃收入、銀行存款利息、債券利息及股息等 Including salary, bonus, commission, other allowances / compensations, property rental income, interest from bank deposit, interest from fixed income securities and dividend from shares, etc.)	港幣 HK\$ / 月 Month
1b	在過去二十四個月裡，您每月平均開支為？ What are your average monthly expenses in the past 24 months? (包括樓宇按揭、租金、衣服、交通、借貸及保險費用等 Including mortgage installment, rent, clothing, transportation, loans, premium, etc.)	港幣 HK\$ / 月 Month
2	您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: <input type="checkbox"/> 現金 Cash <input type="checkbox"/> 貨幣市場賬戶 Money market accounts <input type="checkbox"/> 銀行存款 Money in bank accounts <input type="checkbox"/> 債券及互惠基金 Bonds and mutual funds <input type="checkbox"/> 交投活躍的股票 Actively traded stocks <input type="checkbox"/> 美國國庫債券 US Treasury Bills <input type="checkbox"/> 其他 Others (請詳述 Please specify : _____) <small>註：流動資產是指可以容易變現為現金的資產。物業、錢幣收藏及藝術品均不能被視為流動資產。Note: Liquid assets are assets which may be easily turned into cash. Real estate, coin collection and artwork are not considered as liquid assets.</small>	港幣 HK\$

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由公司作申請人 For Company as the Applicant

註：您必須至少回答問題3或4，如您不欲回答其中一條，請將之刪去及必須以親筆詳述有關原因。如您選擇同時不回應問題3及4，本公司必須拒絕您的申請。Note：You must reply at least either question 3 or 4. If you do not wish to answer either one of them, please cross it out and indicate your reason(s) in your own handwriting. Please note that we will reject your application if you choose not to respond to both question 3 and 4.

3	在過去二十四個月裡，公司的每年平均純利（經核證之賬目）為？ What is your company's average annual net profit (from audited company accounts) in the past 24 months?	港幣 HK\$ / 年 Year
4	公司現時的總資產淨值約有多少？ What is your company's approximate current amount of net assets?	港幣 HK\$

由個人作申請人 For individuals as the Applicant :

註：您必須至少回答「在過去二十四個月裡，您從所有收入來源所得的每月平均收入及開支」（上述問題1a及1b）或「現時累積的流動資產」（上述問題2），如您選擇不在上述問題1或2透露您的收入/資產資料，您必須在下欄內親筆詳述有關原因。如您選擇同時不回應上述問題1及2，本公司必須拒絕您的申請。

Note: You must reply at least either the average monthly income from all sources & average monthly expense in the past 24 months (under question 1a and 1b) or the approximate current accumulative amount of liquid assets (under question 2). If you choose not to disclose income / assets information under question 1 or 2 above, you must indicate your reason(s) **in your own handwriting** in the box below. Please note that we will **reject your application** if you **choose not to respond to both question 1 and 2 above**.

由公司作申請人 For Company as the Applicant :

註：您必須至少回答「在過去二十四個月裡，公司所得的每年平均純利」（上述問題3）或「公司現時的總資產淨值」（上述問題4），如您選擇不在上述問題3或4透露公司的純利/資產資料，您必須在下欄內親筆詳述有關原因。如您選擇同時不回應上述問題3及4，本公司必須拒絕您的申請。

Note: You must reply at least either company's average annual net profits in the past 24 months (under question 3) or company's approximate current amount of net assets (under question 4). If you choose not to disclose net profit / net assets information under question 3 or 4 above, you must indicate your reason(s) **in your own handwriting** in the box below. Please note that we will **reject your application** if you **choose not to respond to both question 3 and 4 above**.

(申請人必須親筆於此欄內提供原因 Applicant must complete the explanation in **OWN** handwriting in this box)

C. 適合性評估 SUITABILITY ASSESSMENT

註：您必須回答以下問題 1 至 5。請不要留空任何一條問題。如您選擇不回答，本公司必須拒絕您的申請。

Note: You must reply question 1 to 5 below. Do not leave any of these questions blank. We will reject your application if you do not reply.

1	<p>您選擇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)</p> <p><input type="checkbox"/> A 為應付不時之需的財務保障（例如：死亡，意外，殘疾等） Financial protection against adversities (e.g. death, accident, disability, etc.)</p> <p><input type="checkbox"/> B 為醫療需要作準備（例如：危疾，住院等） Preparation for health care needs (e.g. critical illness, hospitalization, etc.)</p> <p><input type="checkbox"/> C 為未來提供定期的收入（例如：退休收入等） Providing regular income in the future (e.g. retirement income, etc.)</p> <p><input type="checkbox"/> D 為未來需要儲蓄（例如：子女教育，退休等） Saving up for the future (e.g. child education, retirement, etc.)</p> <p><input type="checkbox"/> E 投資 Investment</p> <p><input type="checkbox"/> F 其他（例如：商業保險/要員保險等）請詳述：_____ Others (e.g. business / keyman insurance, etc.) Please specify: _____</p>
2	<p>您考慮以哪種類型的保險產品來迎合您上述的目標？（可選多於一項） What type(s) of insurance products are you looking for to meet your objectives above? (tick one or more)</p> <p><input type="checkbox"/> A 純保險產品（沒有任何儲蓄或投資成份）（例如：定期保險） Pure insurance product (without any savings or investment element) (e.g. term insurance)</p> <p><input type="checkbox"/> B 有儲蓄成份的保險產品（有儲蓄但沒有投資成份）（例如：非分紅保單） Insurance product with savings element (with savings but without investment element) (e.g. non-participating policy)</p> <p><input type="checkbox"/> C 有投資成份的保險產品（投資決定及風險由保險公司承擔）（例如：分紅保單，萬用壽險） Insurance product with investment element (Investment decisions and risks borne by insurer)(e.g. participating policy, universal life insurance)</p> <p><input type="checkbox"/> D 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）（例如：投資相連保險計劃） Insurance product with investment element (Investment decisions and risks borne by policyholder) (e.g. Investment-Linked Assurance Schemes)</p> <p><input type="checkbox"/> E 其他（請詳述）：Others (Please specify) _____</p>

3	您投購保單及/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"/> A < 1 year 年 <input type="checkbox"/> B 1 - 5 years 年 <input type="checkbox"/> C 6 - 10 years 年 <input type="checkbox"/> D 11 - 20 years 年 <input type="checkbox"/> E > 20 years 年 <input type="checkbox"/> F 終身 Whole of Life
4a	您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"/> A < 1 year 年 <input type="checkbox"/> B 1 - 5 years 年 <input type="checkbox"/> C 6 - 10 years 年 <input type="checkbox"/> D 11 - 20 years 年 <input type="checkbox"/> E > 20 years 年 <input type="checkbox"/> F 終身 Whole of Life
4b	就您繳付保費的能力, 請註明您的資金來源(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"/> Salary 薪酬 <input type="checkbox"/> Income 收入 <input type="checkbox"/> Savings 儲蓄 <input type="checkbox"/> Investments 投資 <input type="checkbox"/> Others (Please specify: e.g. Investment Property) 其他 (請詳述: 例如投資物業): _____
4c	就您在4a所選擇的保單/投資計劃之整段供款年期內, 您每月可承擔的保費佔您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 4a above? (tick one) <input type="checkbox"/> < 10% <input type="checkbox"/> 10 - 20 % <input type="checkbox"/> 21 - 30% <input type="checkbox"/> 31 - 40% <input type="checkbox"/> 41 - 50% <input type="checkbox"/> > 50% <input type="checkbox"/> Not Applicable 不適用 註: 可動用收入 = 每月平均收入 (B 部分問題 1a) - 每月平均開支 (B 部分問題 1b) Note: Disposable Income = Average monthly income (Section B Q1a) - Average monthly expenses (Section B Q1b)
5	受保人需要的額外人壽保障額為? (請選一項) What is the additional level of life protection needed for the Proposed Insured? (tick one) <input type="checkbox"/> 港幣 HK\$ _____ <input type="checkbox"/> 美元 US\$ _____ <input type="checkbox"/> Not Applicable 不適用

第一部分: 中介人的建議 - 由中介人填寫

根據您上述選項，中介人曾與您討論下列保險產品的選擇（因應中介人所能提供的產品），以迎合您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 need(s):

註 Note:

- ❖ 倘中介人介紹之保險產品包括基本計劃及附加契約，而基本計劃的保障年期較附加契約的保障年期短，附加契約可能會在基本計劃終止時完結（請參閱下列第3行）。If an intermediary's introduced insurance options include basic plan(s) and rider(s) and the basic plan's protection period is shorter than a rider's protection period, the rider may cease to be in force upon termination of the basic plan (please refer to Column 3 below).
- ❖ 倘中介人介紹之保險產品包括基本計劃及附加契約，其保障年期可能較基本計劃的保障年期短，即附加契約可會早於基本計劃終止（請參閱下列第3行）。If an intermediary's introduced insurance option(s) includes basic plan(s) and rider(s), the rider's protection period may be shorter than the basic plan's protection period, which means the rider(s) may cease to be in force earlier than the basic plan (please refer to Column 3 below).
- ❖ 倘中介人介紹的保險產品與客戶在選購產品的目標（即上述C部份問題1）不符，中介人必須在下列第二部分(B)其他一欄中詳述其建議該產品之原因。If an intermediary's introduced insurance option(s) falls outside the applicant's buying objective(s) as stated in Question 1 of Section C above, the intermediary must specify the reason(s) for recommendation at PART 2 (B) "Others" below.
- ❖ 倘中介人介紹的保險產品包括投資連繫壽險計劃，中介人必須介紹另一帶有「投資」目標（即C1E）而「投資決定及風險由保險公司承擔」（即C2C）之保險產品（例如分紅保單）予申請人，以符合監管要求。If an intermediary's introduced insurance option(s) includes ILAS, to comply with regulatory requirements, the intermediary should introduce another insurance option to the applicant with Buying Objective 'Investment' (i.e. C1E) and Insurance Type 'Investment decisions and risks borne by insurer' (i.e. C2C) (e.g. participating policy).

[illegible]

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第二部分: 中介人建議原因 (可選多於一項) – 由中介人填寫**PART 2: Intermediary's Reason(s) for the recommendation (tick one or more) – to be completed by intermediary**

☐ (A) 此建議考慮到客戶的理財目標、全面保障的需要, 其需要重要性及客戶的財務預算而作出, 客戶期望以上各方面取得平衡。
The recommendation(s) was suggested with consideration of client's financial objectives, priorities, total protection needs and budget. Client would like to strike a balance of the above.

☐ (B) 其他 (請詳述: _____)
Others (Please specify: _____)

E. 聲明 DECLARATION

本人/我們確認中介人替本人/我們進行了此財務需要分析; 本人/我們亦確認本人/我們為此財務需要分析所提供之資料或文件皆為真實、完整及正確。本人/我們明白倘本人/我們提供之資料並不完整或準確, 或會影響對本人/我們此財務需要分析的結果及/或其後所選之保險產品。本人/我們明白此財務需要分析只是就本人/我們對負擔能力及對保險產品適合性之初步評估 (直至及包括此財務需要分析日期); 本人/我們同時確認本人/我們最終選購之保險產品或會有別與此財務需要分析。

I / We confirm that my / our intermediary has conducted a Financial Needs Analysis (FNA) for me / us. I / We also confirm that all information and documents I / we have provided for the FNA are true, complete and correct. I / We understand that:

- any incomplete or inaccurate information I / we provided may affect the result of the FNA and any insurance product chosen as a result of it;
- the FNA is only a basic assessment of my / our affordability and suitability for those products (up until and including the date of this FNA);
- and any final selection of insurance product(s) may vary from the FNA.

茲聲明上述乃本人/我們所知之事實和全部, 並構成選擇任何壽險合約之基礎。本人/我們, (申請人) 同意對以上申報資料會因應AIA要求而提供有關及足夠之證明文件。

I / We hereby declare, to the best of my / our knowledge, that the foregoing statements are true and complete and will form part of the basis of any contract of life assurance. I / We, (the Applicant) agree to supply relevant and adequate proof of the above statements when requested by AIA.

個人資料收集及使用

本人/我們確認本人/我們已閱讀及明白AIA個人資料收集聲明 (「AIA個人資料收集聲明」)。本人/我們聲明及同意在此表格所載或貴公司不時以任何方法收集所得、編製或持有的任何個人資料, 可根據AIA個人資料收集及使用。本人/我們明白本人/我們必須於此表格提供所須資料, 否則貴公司將無法處理相關申請要求。本人/我們知悉及同意就AIA個人資料收集聲明所述目的轉讓本人/我們的個人資料至香港境外予AIA個人資料收集聲明所載的資料承讓人。AIA個人資料收集聲明的最新版本可於以下網址下載: www.aia.com.hk, 及可向貴公司索取。

PERSONAL DATA COLLECTION AND USE

I / We confirm that I / we have read and understood the AIA Personal Information Collection Statement ("AIA PIC"). I / We declare and agree that any personal data and other information relating to me / us contained in this form or collected, obtained, compiled or held by the Company by any means from time to time may be collected and utilized in accordance with the AIA PIC. I / We understand that I / we must disclose the information required in this form, otherwise the Company will be unable to process my / our related application. I / We acknowledge and consent to the transfer of my / our personal data outside of Hong Kong for the purposes and to the types of transferee as set out in the AIA PIC. The updated version of AIA PIC is available for download from its website: www.aia.com.hk, and is made available upon request.

申請人姓名 Name of Applicant	申請人簽署 (請勿在空白表格上簽署) Signature of the Applicant (Please do not sign on blank form)	日期: (月 / 日 / 年) Date: (MM/DD/YYYY)
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財務策劃顧問/業務代表姓名 Name of Financial Planner / Technical Representative	財務策劃顧問/業務代表簽署 Signature of the Financial Planner / Technical Representative	日期: (月 / 日 / 年) Date: (MM/DD/YYYY)
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警告: 請小心細閱及填寫本財務需要分析表格內的所有問題。請不要留空任何問題。如有任何未回答的問題未被刪去, 請不要在表格上簽署。

WARNING: Please read and fill in all the questions in this form carefully. Do not leave any questions blank. Do NOT sign if any questions are unanswered and have not been crossed out.

註: 若財務需要分析表格上填報的資料有重大改變, 您在保單未簽發前, 必須通知本公司 (友邦保險(國際)有限公司)。

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



RISK PROFILE QUESTIONNAIRE
風險承擔能力問卷

Policy Number 保單號碼	Applicant's Name 投保人姓名	ID Card Number / Passport Number 身份證號碼 / 護照號碼
Area Code 區域編號	Agency / Broker Name 營業員組別 / 經紀名稱	Agent / Broker Code 營業員號碼 / 經紀號碼
Operation 營運部 VIP <input type="checkbox"/>	Agent / Technical Representative's Name 營業員 / 業務代表姓名	Agent / Technical Representative's Tel. No 營業員 / 業務代表聯絡電話



04902029

1. What is your age?
您的年齡介乎？
a. ☐ >65 (1) b. ☐ 51-65 (2) c. ☐ 36-50 (5) d. ☐ 18-35 (7)
2. How many years of investment experience do you have? Investment experience includes but not limited to Mandatory Provident Fund (MPF), mutual funds investment and stock trading experience.
您有多少年投資經驗？投資經驗包括但不限於強積金、基金投資及股票買賣。
a. ☐ Nil 沒有 (0) b. ☐ 1-3 years 年 (1) c. ☐ 4-6 years 年 (2) d. ☐ 7-10 years 年 (5)
e. ☐ >10 years 年 (7)
3. What percentage of your income is available for investment now?
現時您可由收入中分配多少百分比的金額進行投資？
a. ☐ ≤10% (1) b. ☐ 11-15% (2) c. ☐ 16-25% (3) d. ☐ >25% (4)
4. What portion of your overall investment is invested in stocks or equity funds?
您投資於股票或股票基金的總值佔個人投資總額的比率為何？
a. ☐ 0-20% (1) b. ☐ 21-40% (2) c. ☐ 41-60% (3) d. ☐ >60% (4)
5. Which of the following return objective most closely reflect your personal investment goal?
下列哪一項回報目標，最為貼近您的個人投資目標？
a. ☐ Capital preservation with a return similar to bank deposit rate.
資本保障，同時賺取貼近銀行存款利率的回報。(1)
b. ☐ Earn a return which is stable and slightly above bank deposit rate.
期望賺取穩定並稍微高於銀行存款利率的回報。(2)
c. ☐ Stable, balance income with capital growth.
期望賺取穩定、均衡的收入之餘亦可讓資本增值。(3)
d. ☐ Maximize capital growth as soon as possible.
期望賺取最高的回報及資本增值。(5)

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6. Assume inflation rate rises by 3% a year, how would you describe your expected earnings over the next 5 years?

假設每年的通脹率為 3%，下列哪一項最能形容您預期未來 5 年之收入？

- a. ☐ I believe my salary will be decreased due to work or personal reasons.
因為工作或私人原因，預期收入下降。(1)
- b. ☐ I believe my salary increment will be the same as the inflation rate.
預期入息增幅與通脹同步。(2)
- c. ☐ I believe my salary increment can stay just ahead of the inflation rate.
預期入息增幅稍高於通脹。(3)
- d. ☐ I expect a job promotion and therefore I believe my salary will be increased far more than the inflation rate.
可望升職加薪，預期收入能遠超通脹。(5)

7. Income from investment may go down as well as up. How would you describe your acceptance and attitude towards investment market fluctuations?

投資回報可升亦可跌，您會怎樣形容您對投資市場風險的接受能力及態度？

- a. ☐ Concern that income will be affected by market fluctuations, and hence unwilling to take up any risk.
憂慮市場波動影響收入，不願意承擔任何風險。(1)
- b. ☐ Accept minor fluctuations for the opportunity to grow capital.
願意承擔輕微程度市場風險，以換取資金增值的機會。(2)
- c. ☐ Accept moderate fluctuations for the opportunity of assets enhancement and better capital returns.
願意承擔中等程度市場風險，以加強資金增值及投資回報的機會。(3)
- d. ☐ Accept higher risks from market fluctuations, believe in long-term investing can average out short-term volatility and higher potential growth can be achieved accordingly.
願意承擔較高程度市場風險，相信短期波動無礙長線投資以獲取最大潛在回報。(5)

8. Assume that you have already made an investment over the past 5 years with a yearly return of 10%. If you have experienced a loss of 30% this year, and the picture in the global economy remains uncertain, what would you do?

假設您於過去5年的投資回報為每年10%，惟今年的投資項目損失了近30%，而後市又不明朗，您會怎樣做？

- a. ☐ I would switch all my investments now to relatively stable investment vehicles.
即時將全部投資轉到相對穩定的投資項目。(1)
- b. ☐ I would switch part, but not all, of my investment now to relatively stable investment vehicles.
即時將部份投資轉到相對穩定的投資項目。(2)
- c. ☐ I would take no immediate actions, keeping present investment unchanged.
沒有任何即時行動，維持投資項目不變。(3)
- d. ☐ I would buy investment when the investment prices are low.
當投資單位價格低時會再買入投資。(5)

9. How many months of your share of household expenses have you put aside to meet unforeseen events?

您儲備以作不時之需的金額，大約相等於多少個月您所負擔的家庭開支？

- a. ☐ Have no amount set aside for unforeseen events.
我沒有儲備金額以作不時之需。(1)
- b. ☐ Between 3 months and <6 months.
3個月至少過6個月。(2)
- c. ☐ Between 6 months and <9 months.
6個月至少過9個月。(3)
- d. ☐ Over 9 months.
多過9個月。(4)

10. It is generally true that the longer the investment horizon, the higher the risk an investor can tolerate. What time horizon would you generally be comfortable with when investing in products the value of which can fluctuate?

在一般情況下，投資的年期越長，可承受的風險越高。當投資於價值波動之投資產品時，您會願意接受下列哪項投資年期？

- a. ☐ Less than 1 year
少過1年(1)
- b. ☐ Between 1 and 5 years
1年至5年(2)
- c. ☐ Between 6 and 10 years
6年至10年(3)
- d. ☐ Over 10 years
多過10年(4)

Education Level

教育程度

☐ Primary level or below
小學程度或以下

☐ Secondary level
中學程度

☐ Tertiary / University level
預科或大學程度

☐ Master level or above
碩士程度或以上

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Total Score:

總分數：

☐

Total Score 總分 ≤20
Category A - Low Risk
風險類別甲 - 低風險

☐

Total Score 總分 21-34
Category B - Medium Risk
風險類別乙 - 中風險

☐

Total Score 總分 35-50
Category C - High Risk
風險類別丙 - 高風險

Not applicable to applicants of Treasure Master Plus:不適用於「卓達智悅」的申請人：

^No more than 20% allocated in
high / medium risk funds
分配不超過20%於中 / 高風險基金

^based on internal suitability guidelines
根據內部合適性指引

^No more than 50% allocated in
high risk funds
分配不超過50%於高風險基金

^All funds are available
無限制

Applicable to applicants of Treasure Master Plus only:只適用於「卓達智悅」的申請人：

1. Are you relying on the non-guaranteed cash dividend from the investment option(s) that may distribute cash dividend as your main or only source of income?

你是否以可能會派發非保證現金股息的投資選擇的現金股息作為你的主要或唯一的收入來源？

☐

Yes 是#

☐

No 否

#Based on internal suitability guidelines, investment options that distribute cash dividend are not suitable for applicants with the answer "Yes" to this question, and selection of these investment options will be unavailable.

根據內部合適性指引，可派發現金股息的投資選擇並不適合於此申報「是」的申請人，申請人將無法選擇該些投資選擇。

2. The risk level of each investment option must not exceed the risk tolerance level of the applicant.

每一投資選擇的風險級別不得超出申請人的風險承擔級別。

AIA International Limited ("AIA") offers you a series of different investment-linked insurance scheme(s) and investment options which you can choose to meet your objectives and needs. Please refer to offering documents of the relevant underlying funds / investments to which the investment options under AIA investment-linked insurance scheme are linked and the product brochures and Investment Options brochures of the relevant AIA investment-linked insurance scheme(s) for further information including fees and charges.

友邦保險(國際)有限公司("友邦保險")備有一系列不同的投資連繫壽險計劃及投資選擇，以切合您的不同目標及需要。有關友邦投資連繫壽險計劃內相關投資選擇相連的連繫基金 / 投資，詳情請參閱各投資選擇招股章程及有關友邦投資連繫壽險計劃之產品小冊子及投資選擇資料冊包括費用及收費。

The Customer hereby acknowledges and agrees the following items:

客戶確認及同意以下之事項:

- Investments involve risks. The past performance figures shown are not indicative of future performance and the price of shares or units and the income from them may go down as well as up.
投資難免涉及風險，過往業績數據並非未來業績的指標，單位價格及其收益可跌亦可升。
- AIA "Risk Profile Questionnaire" should only be taken as a reference for determining your investment risk profile, and should not be taken as conclusive.
友邦保險的「風險承擔能力問卷」只應作為個人投資風險程度的分析及參考，不應作為投資結論。
- The Risk Profile Questionnaire is calculated based on a mathematical model developed by Morningstar based on the answers provided and scores generated from the completion of the questionnaire by the investor.
風險承擔能力問卷結果是由Morningstar根據問卷中投資者所填答案及完成後的得分，再運用本身的數學模型計算出來。

Customers are not allowed to opt out or deviate in any respect from the RPQ process. AIA is required not to accept the application if a customer chooses to opt out or deviate from the RPQ process.

客戶不能選擇不填報風險承擔能力問卷。倘客戶選擇不填報此風險承擔能力問卷，我們將不能接受客戶之申請。

I confirm that I understand and agree with the result of this Risk Profile Questionnaire.

本人確認本人明白及同意此風險承擔能力問卷之結果。

Name of the Applicant

投保人姓名

Signature of the Applicant

投保人簽署

(Please do not sign on blank form)

(請勿在空白表格上簽署)

Date 日期: (MM月 / DD日 / YYYY年)

註: 本風險承擔能力問卷內所有「投保人」即等同「申請人」的涵義，反之亦然。