AIA International Limited

(Incorporated in Bermuda with limited liability)

FINANCIAL NEEDS ANALYSIS FORM "FNA"
財務需要分析表格

Policy Number 保單號碼	Name of Proposed Insured 準受保人姓名	ID Card / Passport Number 身份證 / 護照號碼	P3572069
Area Code 區域編號	Agency Name 營業員組別	Financial Planner 1 / Financial Planner 2 財務策劃顧問1 / 財務策劃顧問2	
Financial Planner 1's Name 財務策劃顧問1姓名	Financial Planner 2's Name 財務策劃顧問2姓名	Financial Planner's Telephone No. 財務策劃顧問聯絡電話	

- For corporate applicant, please complete the FNA (For corporate applicant).
  公司客戶請填寫財務需要分析表格（公司客戶適用）。
- Notes to customer: This FNA form is to facilitate the identification of suitable insurance product(s) to meet your needs and circumstances.
  客戶須知：本財務需要分析表格旨在協助尋找適合的保險產品，以滿足閣下的需要及情況。
- Note: You must provide all required information of the form. Please note that we will reject your application if you choose not to provide the required information to us.
  註：您必須提供表格的所有必需資料。請注意，如果您選擇不向我們提供所需資料，我們將拒絕您的申請。
- In order to provide you with the best financial solution, our intermediary will collect the below information for analysis before making any recommendations.
  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。
- 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.**
  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。**
- Note: Please read and fill in all the questions in this FNA form carefully. Do not leave any questions blank. Do <u>NOT</u> sign if any questions are unanswered and have not been crossed out.
  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除去，請<u>不要</u>在表格上簽署。

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

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

Intended Retirement Age 預期退休年齡

☐ 65 years old 歲 ☐ *Others 其他：____________________ ☐ Retired 已退休

* *With reference to the prevailing practice of Macao SAR's civil servants, your intended retirement age is set as Age 65 (including housewife and student and unemployed). Unless you have selected 'Retired' under Occupation, you can select your intended retirement age up to Age 80.*
參考現行澳門特別行政區公務員做法，您的預期退休年齡會設置為65歲（包括家庭主婦及學生及失業人士）。除非您已於職業一欄填寫「已退休」，您可以選擇您的退休年齡不超過80歲。

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

Note : You must reply at least either question 1 or 2 and 3. If you do not wish to answer either one of them, please cross it out. Please note that we will reject your application if you choose not to respond to both question 1 and 2.
註 ：您必須至少回答問題1或2及3，如您不欲回答其中一條，請將之刪去。如您選擇不回應問題1和2，本公司必須拒絕您的申請 。
Please pay attention: We shall assume level and unchanged annualized premium when assessing your ability to pay premium. Yet, the premium schedule of some products are not level and shall change in accordance with the insured's age or other factors (such as inflation or claims experience).
請注意：本公司於評估您繳付保費的負擔能力時，將假設年度保費均衡及不變；唯部分產品的保費並非均衡並會隨著受保人年齡增長或其他因素而有所改變（如通脹或賠償經驗）。

1. Disposable Income 可動用收入*
   ** Monthly Disposable income equals to Monthly Income minus Monthly Expenses 每月可動用收入等於每月收入減去每月開支*

1a. What is your average monthly income from all sources in the past 24 months? 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？ *(Including salary, bonus, commission, other allowances / compensations, property rental income, interest from bank deposit, interest from fixed income securities and dividend from shares, etc. 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)*	HK$ 港幣 / Month 月
1b. What are your average monthly expenses in the past 24 months? 在過去二十四個月裡，您每月平均開支為？ *(Including mortgage installment, rent, clothing, transportation, loans, insurance premium and interest expense incurred due to premium financing etc. 包括樓宇按揭、 租金、衣服、交通、 借貸、保險費用及保費融資產生的利息等)*	HK$ 港幣 / Month 月

1c. What is your anticipated average monthly disposable income after retirement? 於到達退休年齡後，您預期的平均每月可動用收入為？ *Remarks: Generally speaking, disposable income after retirement can be acquired by different means, such as interests generated from bank savings or bonds; dividends from securities; rental income from property(ies); income from annuity product(s); and/or Income from family member(s) / trust, etc.* *註：一般而言，退休後的可動用收入可經由不同方式獲得，例如：銀行存款及債券所產生之利息、股票股息、租金收入、從年金產品所得的收入；及 / 或從家庭成員或信託所得的收入等等。* * *Not applicable for Retiree 不適用於退休人士*	HK$ 港幣 / Month 月

1d. What percentage of your monthly disposable income (i.e. after deducting the expenditure) from all sources (including income from liquid assets) would you be able and willing to use to pay for the insurance premium (excluding your existing insurance policy(ies)) throughout the entire term of the insurance policy? (tick one)
在整個保單期內，閣下能夠及願意繳付的保費（不包括閣下現有的其他保單）佔透過所有收入來源（包括流動資產收入）獲得的每月可動用收入（即經扣除開支）的比率為？（請選一項）

☐ ≤10% ☐ 11%-20% ☐ 21%-40% ☐ 41%-60% ☐ 61%-80% ☐ 81%-100% ☐ N/A 不適用

2. Net Liquid Assets 淨流動資產

2a. What is your approximate current accumulative amount of net liquid assets? 您現時累積的淨流動資產約有多少？ *Note: Net liquid assets = Liquid assets - Current liabilities* *Liquid assets are assets which may be easily turned into cash. Real estate, coin collection and artwork are not considered as liquid assets.* *Current liabilities refer to premium financing and/or pledge loan and/or short-term liabilities (such as personal loan/debt, overdraft, etc) plus any interest accrued and payable.* *註：淨流動資產 = 流動資產 - 流動負債* *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。* *流動負債是指保費融資及/或抵押貸款及/或短期債務 (例如私人貸款/債務、透支等) 及任何應計和應付利息。*	HK$ 港幣
2b. Apart from the amount shown on above 2a, what is your anticipated approximate amount of net liquid assets to be acquired additionally after retirement? 除上述2a的金額，您預期到達退休年齡後額外獲得的淨流動資產約有多少？ *Remarks: Generally speaking, net liquid assets after retirement can be acquired by different means, such as MPF or retirement fund; bank savings; securities or bonds; inheritance; and/or guaranteed bonus/cash payments from insurance policies, etc.* *註：一般而言，退休後的淨流動資產可經由不同方式獲得，例如：強積金或退休金、銀行存款、股票或債券、遺產；及/或從保單的保證花紅/現金等等。* ** Not applicable for Retiree 不適用於退休人士*	HK$ 港幣

2c. What percentage of your net liquid assets would you able and willing to use to pay for the insurance premium (including your existing insurance policy(ies)) throughout the entire term of the insurance policy? (tick one)
在整個保單期內，閣下能夠及願意繳付的保費（包括閣下現有的其他保單）佔淨流動資產比率為？（請選一項）

☐ ≤10% ☐ 11%-20% ☐ 21%-40% ☐ 41%-60% ☐ 61%-80% ☐ 81%-100% ☐ N/A 不適用

3. For how long are you able and willing to pay for an insurance policy? (tick one)
閣下能夠及願意為保單支付保費的年期為？（請選一項）

☐ 2-5 years 年 ☐ 6-10 years 年 ☐ 11-15 years 年 ☐ 16-20 years 年 ☐ more than 20 years 超過20年 ☐ Whole of life 終身

☐ A single payment of not more than HK$ ____________________ （不超過 ____________________ 港元的一次性供款）

C. SUITABILITY ASSESSMENT 適合性評估

Note: You must reply question 1 to 2 below. Do not leave any of these questions blank. We will reject your application if you do not reply.
註：您必須回答以下問題1至2。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 。

1. What are your objectives of buying our product? (tick one or more)
您購買本公司產品的目標為何？（可選多於一項）

☐ **A** Financial protection against adversities (e.g. death, accident, disability, etc.)
為應付不時之需的財務保障 (例如: 死亡，意外，殘疾等)

What is the additional level of life protection needed for the Proposed Insured? (tick one)
受保人需要的額外人壽保障額為？（請選一項）

☐ HK$ 港幣 ____________________

☐ US$ 美元 ____________________

☐ Not Applicable 不適用

☐ **B** Preparation for health care needs (e.g. critical illness, hospitalization, etc.)
為醫療需要作準備（例如：危疾，住院等）

☐ (i) The product meets my insurance objective of providing protection against loss of income during hospital confinement, and it is a medical insurance product with hospital income protection.
產品迎合為我住院時提供入息保障的保險目標，而此產品為醫療保險產品並提供住院入息保障

☐ (ii) The product meets my insurance objective of providing protection against increasing expenses for medical and healthcare services, and it is a medical insurance product with hospitalization expense reimbursement benefit.
產品迎合為我提供保障以應付日益增長的醫療費用的目標，而此產品為醫療保險產品並提供住院費用實報實銷保障

☐ (iii) The product meets my insurance objective of providing health protection / critical illness protection for future healthcare services and it offers Lump Sum Payment upon claims of health protection / Critical Illness.
產品迎合為我提供健康保障 / 危疾保障以應付將來的健康服務的目標，此產品提供健康保障 / 危疾保障一筆過賠償

What is the additional level of Critical Illness protection needed for the Proposed Insured? (tick one)
受保人需要的額外危疾保障額為？（請選一項）

☐ HK$ 港幣 ____________________

☐ US$ 美元 ____________________

Note: Only applicable if selected Objective B(iii)
註：只適用於目標選項B(iii)

☐ **C** Providing regular income in the future (e.g. retirement income, etc.)
為未來提供定期的收入（例如：退休收入等）

☐ **D** Saving up for the future (e.g. child education, retirement, etc.)
為未來需要作儲蓄 (例如: 子女教育，退休等)

☐ **E** Investment
投資
To meet your "Investment" objective indicated above, how would you prefer to manage different investment options/investment choices, if available, under the insurance product? (tick one)
為實現上述「投資」的目標，閣下希望如何管理保險產品項目下的不同投資選項 / 投資選擇（如有）？（請選一項）

☐ (i) I want to make my own decisions (without any professional advice to be provided by the authorized insurer and/or licensed insurance intermediaries) to choose and manage different investment options / investment choices, if available, under an insurance product, and I am willing to do it throughout the entire duration of the target benefit / protection period of an insurance product which the risks borne by policyholder (e.g. Investment Linked Assurance Schemes)
本人願意按個人決定（毋須獲授權保險人及 / 或持牌保險中介人提供任何專業意見的情況）選擇及管理保險產品項目下的不同投資選項 / 投資選擇（如有），並且願意在保險產品的目標利益 / 保障期的整個期間作出此決定而風險由保單持有人承擔（例如：投資相連保險計劃）。

☐ (ii) I want to make my own decisions (with professional advice to be provided by the authorized insurer and/or licensed insurance intermediaries) to choose and manage different investment options /investment choices, if available, under an insurance product, and I am willing to do it throughout the entire duration of the target benefit/ protection period of an insurance product which the risks borne by policyholder (e.g. Investment Linked Assurance Schemes)
本人願意按個人決定（經獲授權保險人及 / 或持牌保險中介人提供專業意見的情況）選擇及管理保險產品項目下的不同投資選項 / 投資選擇（如有），並且願意在保險產品的目標利益 / 保障期的整個期間作出此決定而風險由保單持有人承擔（例如：投資相連保險計劃）。

☐ (iii) I do not want to choose or manage different investment options / investment choices, if available, under an insurance product
本人不願意選擇或管理保險產品項目下的不同投資選項 / 投資選擇（如有）。

What is the additional target saving amount and / or investment return amount for the applicant? (tick one)
申請人需要的額外目標儲蓄金額及 / 或額外投資回報金額為？(請選一項)

☐ HK$ 港幣 ____________________

☐ US$ 美元 ____________________

What is your expected timeframe to achieve the said target saving amount / investment return amount?
您預期以多少年達到所述之目標儲蓄金額 / 投資回報金額?

____________________ Year(s) 年

☐ **F** Others
其他

☐ a. Payor Benefit 付款人保障
☐ b. Critical Illness Payor Benefit 付款人保障連危疾
☐ c. Wavier of Premium 免付保費
☐ d. Legacy Planning 遺產規劃
☐ e. Others, please specify 其他，請詳述：____________________

2. What is your target benefit / protection period / expected timeframe for meeting the target amount for insurance policy? (tick one)
您投購保單的目標得益 / 保障年期 / 實現目標金額的預期時間為多久？（請選一項）：

☐ A < 1 years 年
☐ B 1 - 5 years 年
☐ C 6 - 10 years 年
☐ D 11 - 15 years 年
☐ E 16 - 20 years 年
☐ F > 20 years 年
☐ G Whole of Life 終身

D. EVALUATION & RECOMMENDATION 評估及建議

PART 1: Recommendation made by intermediary – to be completed by intermediary
第一部分：中介人的建議 - 由中介人填寫

Based on your answers to the questions above, the intermediary concerned has explored the following insurance options (as available to the intermediary) to meet the applicant's objective(s) and need(s):
根據您上述選項，中介人曾與申請人討論下列保險產品的選擇（因應中介人所能提供的產品），以符合申請人選購保險產品的目標及需要：

Note 註：

- 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 inforce upon termination of the basic plan (please refer to Column 2 below).
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2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 inforce earlier than the basic plan (please refer to Column 2 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2行）。
- If an intermediary's introduced insurance option(s) falls outside the applicant's buying objective(s) (as stated in Section C of Question 1 above), the intermediary must specify the reason(s) for mismatch and recommendation in PART 2 (B) below.
倘中介人介紹的保險產品與申請人選購產品的目標（即上述C部份問題1）不符，中介人必須在下列第二部分(B)欄中選擇不符的原因及中介人建議該產品的原因。
- If an intermediary's introduced insurance option(s) includes ILAS [i.e. C1E(i)], to comply with regulatory requirements, the intermediary should introduce another insurance option which is a participating product with Buying Objective 'Investment' to the applicant. (Even though that participating product may not be able to satisfy applicant's target benefit/protection period / expected time frame for meeting the target amount)
倘中介人介紹的保險產品包括投資連繫壽險計劃[即C1E(i)]，中介人必須向申請人介紹另一屬分紅保險計劃並符合其投資目標之保險選項，以符合監管要求。（儘管該分紅保險計劃未必能符合申請人之目標得益 / 保障年期 / 實現目標金額的預期時間）。
- If an intermediary introduced insurance option(s) includes both basic plan(s) and rider(s), the assessment in related to Question C2 (i.e. target benefit/ protection period / expected timeframe) will be performed on the basic plan(s). Kindly be aware that the protection period of basic plan(s) and rider(s) introduced may be different, please refer to the relevant product brochure(s) for details to ensure the selected rider is suitable to the applicant.
倘中介人介紹之保險產品包括基本計劃及附加契約，就問題C2（即目標得益 / 保障年期 / 實現目標金額的預期時間）之評估將於基本計劃上進行。請注意，所介紹之基本計劃和附加契約的保障期可能有所不同，詳情請參閱相關產品簡介以確定所選的附加契約適合申請人。

Column 1 第1行										**Column 2 第2行**							**Column 3 第3行**	**Column 4 第4行**
Objectives of Buying the Product(s) (Question C1) 選購產品的目標（問題C1） *May select one or more for each product introduced (please tick) 每個產品介紹可選一項或以上（請打上〔✓〕）*										**Target Benefit / Protection Period / expected timeframe (Question C2) 目標得益 / 保障年期 / 實現目標金額的預期時間（問題C2）** *Select one only for each product introduced (please tick) 每個產品介紹只可選一項（請打上〔✓〕）*							**Name of Insurance Product(s) Introduced (if any) 曾介紹的保險產品名稱（如有）** *Based on the answer(s) of Section D Column 1-2 跟據D部分第1-2行之答案填寫*	Product(s) Selected (if any) 最終選購產品（如有） *May select one or more (please tick) 可選多於一項（請打上〔✓〕）*
A	B			C	D	E			F:_______	A	B	C	D	E	F	G		
	(i)	(ii)	(iii)			(i)	(ii)	(iii)										
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐		☐
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PART 2: Intermediary's Reason(s) for the recommendation (tick one or more) – to be completed by intermediary
第二部分：中介人建議原因（可選多於一項） - 由中介人填寫

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

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

E. TARGET EQUITY INVESTMENT DECLARATIONS 目標股權投資聲明

<u>For product selection in related to participating or universal life insurance product which its target equity investment is 50% or more:</u>

I / we confirm that I / we understand and agree the following:

(i) The plan may make certain portion of its investment in equity-like assets, which can be 50% or above;
(ii) Returns of equity-like assets are generally more volatile than bonds and other fixed income instruments, I / we have noted the target asset mix of the product as disclosed in the relevant product brochure, which will affect the bonus/dividend of the product;
(iii) The savings component of the relevant plan is subject to risks and possible loss. In the worst case scenario, the non-guaranteed value in the policy can be zero; and
(iv) Should I/we surrender the policy early, I/ we may receive an amount considerably less than the total amount of premiums paid.

<u>適用於由50%或更多的目標股權投資支持的分紅或萬用壽險產品之產品選購：</u>

本人 / 我們確定本人 / 我們明白及同意以下事項：

(i) 計劃部分投資可能分配予股票類資產，有機會達50%或以上；
(ii) 股票類別資產之回報一般較債券及其他固定收入工具波幅較大，本人 / 我們已細閱相關產品簡介披露之產品目標資產組合，此組合將影響產品之紅利及分紅派發；
(iii) 計劃的儲蓄部分涉及風險，可能會招致虧損。在最極端情況下，計劃下的非保證價值可能為零；及
(iv) 如於早年退保，本人 / 我們所收取的金額可能大幅少於已繳的保費。

F. DECLARATION 聲明

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.

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。

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
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）。

- **<u>I / We confirm that I / we do not consider or prepare to purchase investment-linked insurance schemes ("ILAS") through loans, and understand that AIA does not accept ILAS policy application that purchase through loan.</u>**
- **<u>本人 / 我們確認本人 / 我們沒有考慮以及沒有準備以貸款方式購買投資連繫壽險計劃，並明白AIA不接受以貸款方式購買投資連繫壽險計劃的保單申請。</u>**

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.
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。

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 unable to process my / our related application. I / We acknowledge and consent to the transfer of my / our personal data outside of Macau 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 / 我們的個人資料至澳門境外予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 Information Protection Law of The People's Republic of China ("China PIPL")

A Privacy Addendum in compliance with the China PIPL is available at: www.aia.com.hk (Privacy Statement), and is made available upon request. It is applicable to you if you are located in Mainland China.

中華人民共和國個人信息保護法（「個人信息保護法」）

遵照個人信息保護法的私隱附錄可於以下網站下載：www.aia.com.hk（私隱權保護政策）。您亦可向我們索取。如您位於中國內地，此私隱附錄則適用於您。

I have read and understood the Privacy Addendum and agree that the AIA group of companies can process my personal information as set out in the Privacy Addendum.
我已閱讀及明白私隱附錄，並同意友邦保險集團可按照私隱附錄處理我的個人信息。

Name of Applicant
申請人姓名

Signature of the Applicant
(Please do not sign on blank form)
申請人簽署(請勿在空白表格上簽署)

MM月 DD日 YYYY年

Name of Financial Planner / Technical Representative
財務策劃顧問 / 業務代表姓名

Signature of the Financial Planner / Technical Representative
財務策劃顧問 / 業務代表簽署

MM月 DD日 YYYY年

Download our mobile app AIA Connect to manage your policy anytime, anywhere!
下載AIA「友聯繫」手機應用程式以便輕鬆管理您的保單！