



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 	 P3572027
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 	

- 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 NOT 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，請不要在表格上簽署。

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 <input type="checkbox"/> Single 未婚 <input type="checkbox"/> Married 已婚 <input type="checkbox"/> Widowed 鰥寡 <input type="checkbox"/> Divorced 離婚
Number of dependents 受養人數目 	Occupation 職業 	Education Level 教育程度 <input type="checkbox"/> Primary or below 小學或以下 <input type="checkbox"/> Secondary 中學 <input type="checkbox"/> 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

For individuals as the Applicant 由個人作申請人

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* <i>* 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</i>	
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？ <i>(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)</i>	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？ <i>(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)</i>	HK\$ 港幣 / Month 月

OPMCUF59.0922

☐ G Whole of Life 終身

第二部分：中介人建議原因（可選多於一項） - 由中介人填寫

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

- (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

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）。

- 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.
- 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。

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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 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.

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 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。

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Name of Applicant
申請人姓名

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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）

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MM月

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DD日

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YYYY年

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

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

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MM月

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DD日

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YYYY年

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友邦保險(國際)有限公司（於百慕達註冊成立之有限公司）為友邦保險控股有限公司之成員。

Registered address in Macau: 1903, AIA Tower, Nos 251A-301, Avenida Comercial de Macau, Macau.
於澳門之註冊地址為：澳門商業大馬路251A - 301號友邦廣場19樓1903室



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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！