

REQUEST FOR INVESTMENT-LINKED / UNIVERSAL LIFE PLAN SERVICES

投資連繫式/萬用壽險計劃服務申請表

			<i>i</i>
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	Agent's /Broker Tel. No	
	Area/Agency/Broker Code 區域/營業員/經紀組別編號	管業員/經紀聯絡電話	
			01482034

IMPORTANT NOTES: 注意事項

1.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)
- 16 Initial Sharka 例 投資保資金活動 一边理问此表格於本公司的服務時间內遮安到職資遞僅與一至五二十八時日十五分至下十五時十五分。公本限期除分 2. 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,請將基本保費運同此表格於本公司的服務時間內護交到繳費處 堡期一至五二午八時四十五分至下午五時十五分。公眾假期除外) 3. 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。
- 及为来物代表级运动理和权利加中销表率小代表本立何次定处到一运动中销售水平立何改变起发情及变和状态量。 4. 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 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,將被贏作一項新申請,而該新申請會在本公司將您先前的申請辦發後處理。 5. 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。
- 6. 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。
- 7. For transfers/swtiches/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,以較遅者為準。
- 8.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	2.] Pay Top-Up Premium (Unscheduled) 繳付額外投資保費(不定期)							
*Code No of units 代號 單位數目 二	US\$ 美元金額 Minimum = US\$100 額外投資保費最少為100美元 <u>For Treasure Master 卓達之選 \Treasure Master Select 卓達智富 \</u> <u>Treasure Master Plus卓達智悅</u>							
If e-BankIn has not been registered, we will pay the cheque in: ultrate 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:	Minimum Top-up Premium= US\$4,000 最低額外投資保費=4,000美元 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							
My correspondence address registered with the company 寄祥本人於公司登證的通訊地址 The above-named agent / broker	監管條例所要求下,而有可能需要遞交其他文件。 *Code Investment Allocation 代號 投資分配							
=	1 \theta is set of the isotropy of the isotro							
=								
─ Withdraw the above units to update premium for the above policy due on 提取上述之單位用作繳付上述保單之保費,到期日為 / /	% %							
Withdrawal of units to update premium should be submitted to the Company within the grace period ie. 31 days from the premium due date. 提取單位用作繳交保費,需要在寬限期內(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。	= % Total 共 = 100 %							
	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. 每次繳付不定期獵外投資保費必須填上基金投資分配,如沒有註明,所繳金額 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%							

3. 🗌 Switching 調配		4. □ Change Investment Allocation 更改投資分配 for Regular premium and / or Regular top up					
Switch out 轉換出	Curitale La statute 7	- 基本保費及/或定期額外投資保費					
*Code No of units 代號 單位數目	Switch In 轉換入 *Code Percentage 代號 百份率	○ 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 Investment Allocation 代號 投資分配					
=	=	= %					
=	=	=%					
=	=	=%					
=	=	=%					
=	=	=%					
=	=	=%					
=	=	=%					
=	=	=%					
=	=	=%					
=	=	= %					
=	=	Total 共 = 100 %					
Unless specified in Part (4), the current inves 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 cance accepted. To continue auto-rebalancing, plea 調配之申請接受後,除非於第四項列明,否則自動	。 elled once request for switiching is se specify in Part (4).	Minimum allocation to a selected code is 10% 所選擇的每項代號之分配不得少於10% Auto-Rebalancing will be automatically cancelled if investment allocation is changed, unless specified above. 更改投資分配後,除非於上述列明,否則自動平衡投資(如有)將會自 動取消。					
Please submit Important Facts Statem document may be required pursuant f regulatory requirement. 請遞交重要資料聲明書及申請人聲明書、 下,而有可能需要遞交其他文件。 Applicable to Planned Premium Investm. Please select one below and specify the based on the mode of payment of your p 只適用於投資運擎式壽險之定存保費:	to the Anti-Money Laundering and Counter-T 財務需要分析表格及風險承擔能力問卷。因應「 ent-Linked Plan only: new regular top-up premium amount oolicy: 保費金額;此保費金額是根據閣下保單的繳 每月定期額外投資保費為 (Minimum = US\$45 最少為45美元) n 每季定期額外投資保費為 (Minimum = US\$140 最少為140美元) nium 每半年定期額外投資保費為 (Minimum =US\$255 最少為255美元)	 Intervention Int					
	萬用壽險計劃 / Fleximoney 靈活錢戶口	1					
1. 🗌 Withdrawal of Account Value/Flex	imoney 提取戶口金額/靈活錢戶口	2. 🗌 Pay FlexiMoney 繳付靈活錢戶口					
US\$ 美元金額							
For e-Bankin customers, the payment will be transferre 已登記使用"電子入賬服務"之客户,本公司會將款項轉入至 If e-Bankin has not been registered, we will pay the cheque 票支付,貨幣選擇為: # Send cheque to: # 譜	指定之銀行户口。 in: 如未有登記使用"電子入賬服務",本公司會以支						
	nrt文示· address registered with the company 的通訊地址	US\$ 美元金額					
	jent / broker 遞送給以上營業員/經紀	Minimum Contribution = US\$500 供款最少為美元500					

Policy Number 保單號碼								
PART C 丙部 Dollar Cost Averaging Option 平均成本選項 (For Treasure Master\Treas	sure M	laster Se	elect on	lly 只適/	用於卓達	之選\貞	自達智富	()
 Add / Change Dollar Cost Averaging Monthly Contribution to 設立/更改「每月平均成本投資」至 US\$美元金額 		更改「每 そ Cc 代	月平均 ide 號	成本投資		投資分 estment 資分配	配 Allocatio	
US\$美几亚旗 The minimum DCA Monthly Contribution is US\$1,000. 最低「每月平均成本投資」為1,000美元。					=		~ %	
 Cancel Dollar Cost Averaging Monthly Contribution 取消「每月平均成本投資」 					=		· %	
Note: For addition of investment into Dollar Cost Averaging Option (DCA), please contribute premium to "Unscheduled Top up Premium" in Part A (2) and allocated to the designated Money Market Investment option for DCA as indicated in the Investment Option brochure.		·						
如需增加投資作為平均成本選項(DCA)之用,請填寫甲部(2)繳付額外投資保費(不定期)並分配至投資選擇小冊子內列名為適用於 DCA「指定貨幣基金投資選擇」。		Minim	Total 共 i um allo	; ocation t	= o a select 配不得少b		% e is 10%	5
PART D 丁部 Internet Service 網上服務								
 Apply for Internet Service "AIA e-Invest" to submit instructions for change of investment all policy numbers, if specified below, subject to the Terms and Conditions of "AIA e-Invest". 申請「友邦投資易」網上服務,提交以上保單及其他下列保單號碼(如有)之更改投資分配及 "AIA e-Invest" is not applicable if the appointed Financial Intermediary is not AIA or any otf 若獲委任之「金融中介機構」並非友邦保險或友邦保險不時決定的表列「金融中介機構」, Other policy number(s) 其他保單號碼: □ AIA e-Advice 「友邦電子通知書」 Apply for Internet Service "AIA e-Advice" to suppress physical copies of the selected corree Customer Corner for the above policy and any other policy numbers, if specified below, su 申請「友邦電子通知書」網上服務,提交以上保單及其他下列保單(如有)號碼之停止收取個 	espond	指示,並 lected ei 耶投資易 dences a to the Te	根據「 intity as 」服務 und view	友邦投資 determi 並不適戶 w / down nd Cond	資易」的(ined by A 目。 nload the litions of	條款及f AIA fron e softco "AIA e-	條件所他 n time t opies via -Advice	吏用。 o time. a AIA ".
示,並根據「友邦電子通知書」的條款及條件使用。 Other policy number(s) 其他保單號碼: To apply for the Internet Service, please provide your email address below. 申請網上服務 Email address 電郵地址							_	
 DECLARATION 聲明								
 (i) I have read and understood the contract and principal brochure for the policy fund/investment (for investment-linked plans) and the applicable fees and charg (i) 本人已詳閱及完全明白有關保單的契約及主要銷售刊物,包括與投資連繫式計 (ii) For investment-linked plans, I have evaluated the level of risk of the underly the investment options for the purposes of the policy based on my own judgem (ii) 本人亦已評估投資連繫式計劃各連繫基金/投資之風險水平。本人依據本人的 	ges. †劃相 ing fu ent ai	I關之連續 Ind/inve nd pers	繁基金 stmen onal n	/投資及 it myse eeds.	b適用的 If and h	費用及 ave se	o收費 elected	-
 (ii) 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 Information Page of the Policy or, if applicable, the appropriate subsequent encorption to receive any such benefits in a currency other than the latest policy cur offered by the Company at its discretion. I understand and agree that should I of the Policy in the Opted Currency, I will bear the necessary exchange differences Company on the basis of the Company's internal exchange rates as at the time 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 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內部貨幣兌換率而釐定。	st poli dorser rrency opt for , such 武公司 後 d agree details 及月白	icy curry ment. A y (the "(r payme h differe e releva 最間情所 打 記 eed to b s of the 日 「友邦	ency a Accord Opted ent of a ence b ant cur 呆裡供之 疑 e boun Terms 投資易	s show lingly, t Curren any ben eing de rrency 能服 者關 配 by t s and C	vn on th he prov ncy") is s nefits pa etermine converss 。因明 段 本 人 明 時 た 史 可 文 「 友 邦	e Polic ision c solely a ayable ed by t sion. , 力及依 ns and ns, ple 了	cy of the a servi unde the 選創如本 よ ase	r 三 司

Policy Number 保單號碼



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: <u>www.aia.com.hk</u>, 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况轉讓本人/我們的個人資料至香港(如保單在香港繕發)或澳門(如保單在澳門繕發)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 金融中介機構簽名 (if applicable 如適用)	on 於 MM月/DD日/YYYY年
 Signature of Owner/Trustee 持有人/信託人簽名	on 於 MM月/DD日/YYYY年	 Signature of Assignee 受讓人簽名(if applicable 如適用)	on 於 MM月/DD日/YYYY年
Important Notes:	h the Company's existing record	Please refer to the copy of the application fo	orm attached to the Policy or to the
signature specimen on any docun		e Company.	
2) Any amendments in this form n 任何在此表格上的更改,持有人/例	0,	er/Assignee/Trustee in full signature. 簽署作實。	
		estments of the codes, please refer to th npany website AIA.COM.HK or the Inves	
*右關代號之投資選擇以及其連繫	其仝/枳容的容料,諸桑閣大八司經	頁AIA.COM.HK投資資料部份之連繫基金/把	心容何枚武功容滞便小皿之。

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



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	KSAN S
Agent Name	Agent Code / Area Code	Agent's Tel. No	
			05632011

* 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)

Policy Number					

(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:

<u>For Cheerful Life and U-Select</u>: 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)

Policy Number					

- (4) <u>Fees and charges:</u> 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) **Switching of Investment:** If you switch your investment choices, you may be subject to a charge and your risk may be increased or decreased.
- (6) **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.
- (7) <u>Risk of early termination:</u> 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.

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)

	Policy Number									
(8) Intermediaries' Remuneration	<u>on:</u>									
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.										
	<u>reasure Master Select,</u> if you average receive remunerations and the second									
	you make Top Up Premitemuneration of \$3.22 per \$100									
throughout the entire premium	ge figure calculated on the assun n payment period. It covers all p ding upfront and future commis	payments to the	ne agent direc	ctly attributable						
	 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 receive in respect of this polic	you wish to know more abou y.	t the remune	ration that he	e/she/they may						
I confirm that I have read and und	lerstood and agree to be bound	l by paragraph	ns (8) above.							
Name of the Policyowner	Signature of the Policyowner	·····	Date: (MM/E	DD/YYYY)						

PLEASE SIGN & RETURN IMMEDIATELY BUT NO LATER THAN 14 DAYS PLEASE DO NOT SIGN ON BLANK FORM

Т

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)

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.



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

保單號碼	申請人姓名	身份證號碼 / 護照號碼
Policy Number	Applicant's Name	I.D. Card Number / Passport Number
區域編號	營業員組別/經紀名稱	財務策劃顧問號碼 / 經紀號碼
Area Code	Agency / Broker Name	Financial Planner / Broker Code
營運部 Operations	財務策劃顧問/業務代表姓名 Financial Planner / 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.



⁰⁶⁰⁷²⁰¹⁶

- 為令您得到全面的理財保障,財務策劃顧問在作出任何建議前,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 financial planner will collect the below information for analysis before making any recommendations.
- 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<u>不要</u>在表格上簽署。
 Please read and fill in all the questions in this form carefully. Do not leave any questions blank. Do <u>NOT</u> sign if any questions are unanswered and have not been crossed out.
- 本表格所用數額皆以港元計算。All the amounts in this form are in Hong Kong dollars.

個人資料 PERSONAL PARTICULARS Α. 姓名 Name 出生日期 Date of Birth 婚姻狀況 □ 未婚 Sinale Marital Status 口已婚 Married 受養人數目 Number of dependents 職業 Occupation 口 小學或以下 Primary or below 教育程度 □ 中學 Secondary Education □ 大專或以上 Tertiary or above 您繳付保費的負擔能力 YOUR ABILITY TO PAY PREMIUM Β. 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. 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? 1a 港幣 HK\$ 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、物業租貸收入、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 /月 Month dividend from shares etc.) 在過去二十四個月裡, 您每月平均開支為? 1h 港幣 HK\$ 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, /月 Month premium, etc.) 2 您現時累積的流動資產約有多少? 請註明種類及金額: 港幣 HK\$ What is your approximate current accumulative amount of liquid assets? Please specify type(s) and total amount: 口 貨幣市場賬戶 Money market accounts □ 現金 Cash

□ 銀行存款 Money in bank accounts □ 債券及互惠基金 Bonds and mutual funds

□ 交投活躍的股票 Actively traded stocks	□ 美國國庫債券 US Treasury Bills

□ 其他 Others (請詳述: Please specify: ______) 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.

Policy Number 保單號碼

司必須拒絕 ut and both
/年 year
產」(上述 2, 本公司 past 24 t to elow. 選擇不在上 申請。 mate re, you not to
not reply.

		I	Policy Number	r保單號碼		
3	您投購保單及/或投資計劃的目標得益/保障 What is your target benefit / protection pe		or investment plan'	? (tick one)		
	□ <1year 年 □ 1-5 years年	口 6-10years年	口 11-20years年	□ > 20	/ears年	□ 終身 Whole of Life
4a	您能夠及願意支付保單及/或投資計劃的年 For how long are you able and willing to c		cy and/or investme	ent plan? (tick c	ne)	
	□ <1year 年 □ 1-5 years年	口 6-10years年	口 11-20years年	□ > 20	/ears年	□ 終身 Whole of Life
4b	就您繳付保費的能力,請註明您的資金來》 In considering your ability to make payme		funds? (tick one o	r more)		
	□ Salary 薪酬 □ Income 收入	□ Savings 儲蓄	口 Investments 打	殳資		
	□ Others (Please specify: e.g. Investme		oerty) 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内,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)					
	□ <10% □ 10-20%	□ 21-30%	□ 31-40%	□ 41-5	0%	□ >50%
	註: 可動用收入 = 每月平均收入 (B 部分問題 1a) Note: Disposable Income = Average monthly in		monthlv expenses (S	ection B Q1b)		
D.	評估及建議 EVALUATION & F	RECOMMENDATION				
財務策劃顧問的建議 -由財務策劃顧問填寫 Recommendation made by Financial Planner 根據您於 B 及 C 部分的選項,有關財務策劃顧問曾提供到 Based on your answers in Section B and C, the financial 選購產品的目標(問題 C1) Objectives of Buying the Product(s) (Question C1)		並與您討論下列保險產品的選擇以迎合您選購保險產品			<u>able to meet you</u> 產品名稱 of Insurance	rr objective(s) and need(s): 最終選購的產品(如有) Product(s) Selected (if any)
 □ 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.) □ B 為醫療需要作準備(例如: 危疾、住院等) Preparation for health care needs (e.g. 		 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) 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) 				
c □ C <i>為</i> F ((ritical illness, hospitalization, etc.) 杂末來提供定期的收入(例如:退休收入等) Providing regular income in the future e.g. retirement income, etc.) 杂末來需要儲蓄 (例如:子女教育,退休等)	 Insurance product with savings element (with savings but without investment element) (e.g. non-participating policy) □ 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) 				
S	baving up for the future (e.g. child ducation, retirement, etc.)					
口E扮	資 Investment					
□ 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:		 □ 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) 				
		□ E 其他 (請詳述 :) Others (Please specify:)				
財務策劃顧問建議原因 (請選一項): Financial Planner's Reason(s) for the recommendation (tick one) : □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. □ 其他 (請詳述 :) Others (Please specify:)						

Policy Number 保單號碼

E. 聲明 DECLARATION

本人/我們確認財務策劃顧問替本人/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 financial planner 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 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 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)

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)

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<u>不要</u>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 <u>NOT</u> 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.

註: 這份財務需要分析之有效期為一年。如您於簽署此表格的一年內於 AIA 購買額外保障,而財務需要分析表格上填報的資料沒有重大改變及沒有發現不相配情況,您將不 用填寫另外一份表格。

Note: This Financial Needs Analysis shall have a validity period of one year. In the event that you (the Applicant) purchase additional insurance coverage from AIA within a year after signing this form, you will not be required to go through another Financial Need Analysis provided that there are no substantial changes in your circumstances and there are no mismatch identified.



(Incorporated in Bermuda with limited liability)

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	I.D. 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 □	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	04902016			
1. What is your age? 您的年齡介乎?						
 a. >65 (1) 2. How many years of inveet Mandatory Provident Fur 您有多少年投資經驗?投資 	b. 51-65 (2) c stment experience do you have? Investment exp nd (MPF), mutual funds investment and stock tra 資經驗包括但不限於強積金、基金投資及股票買賣。	c. 36-50 (5) d. 18-35 (perience includes but not limited to ading experience.	(7)			
a. 📄 Nil 沒有 (0) d. 📄 7-10 years 年		c. 🗌 4-6 years 年 (2)				
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.	b. 🗌 11-15% (2) c	c. 16-25% (3) d. >25%	(4)			
 What portion of your ove 您投資於股票或股票基金 	rall investment is invested in stocks or equity fur 龄總值佔個人投資總額的比率為何?	nds?				
a. 🗌 0-20% (1)		c. (141-60% (3) d. (1>60%	(4)			
	turn objective most closely reflect your personal 是為貼近您的個人投資目標 ?	I investment goal?				
bank deposit		 b. Earn a return which is stable and slightly bank deposit rate. 期望賺取穩定並稍微高於銀行存款利率的 				
c. Stable, balar 期望賺取穩定	nce income with capital growth. c E、均衡的收入之餘亦可讓資本增值。 (3)	d. Maximize capital growth as soon as poss 期望賺取最高的回報及資本增值。(5)	sible.			

P	olicy Nur	nber 保單號碼]			
6.	Assume in 假設每年的	flation rate rises by 3 的通脹率為 3%,下列嘲	% a year, how would yo 『一項最能形容您預期未	u describe you 來 5 年之收入?	ir expecte	d earnings over the next s	5 years?	
	а. 🗌	I believe my salary will be decreased due to work or personal reasons.)	b. 🗌	as the inflation rate.		
		因為工作或私人原因],預期收入下降。 (1)			預期入息增幅與通脹同步		
	с. 🗌	I believe my salary i the inflation rate. 預期入息增幅稍高於	ncrement can stay just ; :通脹。 (3)	ahead of	d. 📋	I expect a job promotion will be increased far mor 可望升職加薪,預期收入	re than the inflatior	
7.	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?						tment	
	a. 🗌	fluctuations, and he	e will be affected by ma nce unwilling to take up ī入 [,] 不願意承擔任何風	any risk.	b. 🗌	Accept minor fluctuation 願意承擔輕微程度市場區		
	C.	assets enhancemer	ctuations for the opport it and better capital retu 場風險,以加強資金增	rns.	d. 🗌	Accept higher risks from long-term investing can higher potential growth c 願意承擔較高程度市場展 獲取最大潛在回報。(5)	average out short- can be achieved ac _{亂險} ,相信短期波動	term volatility and coordingly.
8.	of 30% this	s year, and the picture	nade an investment ove e in the global economy 丘 30%,而後市又不明朗	remains uncer	rtain, wha	a yearly return of 10%. If t would you do? 假設您於	you have experien [:] 過去 5 年的投資回	ced a loss 報為每年
	a. 🗌	I would switch all my investment vehicles 目。 (1)	/ investments now to re . 即時將全部投資轉到枆	latively stable 對穩定的投資コ	b. 🗌 項	I would switch part, but r relatively stable investm 到相對穩定的投資項目。	ent vehicles. 即時	
	с. 🗌		ediate actions, keeping led. 沒有任何即時行動,		d. 🗌	I would buy investment v 當投資單位價格低時會理		nt prices are low.
9.	How ma 您儲備」	any months of your sh 以作不時之需的金額,	are of household exper 大約相等於多少個月您	nses have you 所負擔的家庭開	put aside 開支?	to meet unforeseen even	its?	
	а.		set aside for unforeseer 作不時之需。(1)	n events.	b. 🗌] Between 3 months and 3 個月至少過 6 個月。		
	С.] Between 6 month 6 個月至少過 9 個			d. 🗌] Over 9 months. 多過 9 個月 。(4)		
10	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?							
	а. [] Less than 1 year 少過 1 年 (1)	b. 🗌 Between 1 a 1 年至 5 年 (2		c.	Between 6 and 10 years 6 年至 10 年 (3)		r 10 years 10 年 (4)
	ducation 改育程度	Level						
		Primary level or be	ow 小學程度或以下] Secor	idary level 中學程度		
		Tertiary/University	evel 預科或大學程度		Maste	r level or above 碩士程度	或以上	

Total Score 總分數:

Total Score 總分 <a>20 Category A - Low Risk 風險類別甲 - 低風險

> ^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

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

> ^No more than 50% allocated in high risk funds 分配不超 過 50%於高 風險基 숲

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

> ^All funds are available 無限制

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:

- 1. 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.
- 2. AIA "Risk Profile Questionnaire" should only be taken as a reference for determining your investment risk profile, and should not be taken as conclusive.
- 3. 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.

客戶確認及同意以下之事項:

- 1. 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。
- 2. 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。
- 3. 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

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

Date: (MM/DD/YYYY) 日期: (月/日/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。