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**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](http://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](http://www.aia.com.hk)，及可向貴公司索取。

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

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

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

**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繕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



**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



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.

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*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)

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

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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- (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) **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) **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.

*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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(8) **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) above.*

\_\_\_\_\_  
Name of the Policyowner

\_\_\_\_\_  
Signature of the Policyowner

\_\_\_\_\_  
Date: (MM/DD/YYYY)

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



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)

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**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)

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

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  
PLEASE DO NOT SIGN ON BLANK FORM



**財務需要分析表格**

**FINANCIAL NEEDS ANALYSIS FORM "FNA"**

保單號碼 Policy Number	申請人姓名 Applicant's Name	身份證號碼 / 護照號碼 I.D. Card Number / Passport Number
區域編號 Area Code	營業員組別/經紀名稱 Agency / Broker Name	財務策劃顧問號碼 / 經紀號碼 Financial Planner / Broker Code
營運部 Operations  VIP <input type="checkbox"/>	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，請不要在表格上簽署。  
Please read and fill in all the questions in this form carefully. Do not leave any questions blank. Do NOT 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.

A. 個人資料 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
受養人數目 Number of dependents	職業 Occupation	教育程度 Education	<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"/> 銀行存款 Money in bank accounts <input type="checkbox"/> 交投活躍的股票 Actively traded stocks <input type="checkbox"/> 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.	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	在過去兩年裡，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 2 years?	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4。請不要留空任何一條問題。如您不回答，本公司必須拒絕您的申請。

Note: You must reply question 1 to 4 below. Do not leave any of these questions blank. We will reject your application if you do not reply.

1	<p>您選購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	<p>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)</p> <p><input type="checkbox"/> &lt;1year 年      <input type="checkbox"/> 1-5 years年      <input type="checkbox"/> 6-10years年      <input type="checkbox"/> 11-20years年      <input type="checkbox"/> &gt; 20years年      <input type="checkbox"/> 終身 Whole of Life</p>
4a	<p>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)</p> <p><input type="checkbox"/> &lt;1year 年      <input type="checkbox"/> 1-5 years年      <input type="checkbox"/> 6-10years年      <input type="checkbox"/> 11-20years年      <input type="checkbox"/> &gt; 20years年      <input type="checkbox"/> 終身 Whole of Life</p>
4b	<p>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)</p> <p><input type="checkbox"/> Salary 薪酬      <input type="checkbox"/> Income 收入      <input type="checkbox"/> Savings 儲蓄      <input type="checkbox"/> Investments 投資</p> <p><input type="checkbox"/> Others (Please specify: e.g. Investment Property) 其他 (請詳述:例如投資物業) : _____</p>
4c	<p>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)</p> <p><input type="checkbox"/> &lt;10%      <input type="checkbox"/> 10-20%      <input type="checkbox"/> 21-30%      <input type="checkbox"/> 31-40%      <input type="checkbox"/> 41-50%      <input type="checkbox"/> &gt;50%</p> <p>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)</p>

### D. 評估及建議 EVALUATION & RECOMMENDATION

#### 財務策劃顧問的建議 – 由財務策劃顧問填寫

#### Recommendation made by Financial Planner – to be completed 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並與您討論下列保險產品的選擇以迎合您選購保險產品的目標及滿足您的需要:

Based on your answers in Section B and C, the financial planner concerned has explored the following insurance options available to meet your objective(s) and need(s):

選購產品的目標(問題 C1) Objectives of Buying the Product(s) (Question C1)	曾討論的保險產品的類型(問題 C2) Type(s) of Insurance Product Explored (Question C2)	曾介紹的保險產品名稱 (如有) Name of Insurance Product(s) Introduced (if any)	最終選購的產品(如有) Product(s) Selected (if any)
<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.)	<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)		
<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.)	<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)		
<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.)	<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)		
<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.)	<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)		
<input type="checkbox"/> E 投資 Investment			
<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: _____	<input type="checkbox"/> 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: \_\_\_\_\_)

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**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](http://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](http://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.

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.



## 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 <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



04902016

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

^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  
金

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。