

CHUBB®

Agent's/Intermediary's name 保險代理/中介人姓名 _____
 Agent's/Intermediary's contact phone no. 保險代理/中介人聯絡電話 _____
 Agent's/Intermediary's code 保險代理/中介人代號 _____
 Agency 組別 _____ - _____

Important Facts Statement And Applicant's Declarations Investment-Linked Assurance Scheme ("ILAS") Policy

Policy No.:	Proposed Insured:	Applicant/Policyowner: (if other than Proposed Insured)
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Chubb Life Insurance Company Ltd.
 Name of the ILAS Policy: Ultra - Single Premium Investment Plan (WLPS2)

PART I: Important Facts Statement

You should carefully consider the information in this statement and the product documents (including the Product Brochure, Investment Options Brochure, Product Key Facts Statement and the Proposal Summary). **If you do not understand any of the following paragraphs or do not agree to that particular paragraph or what your agent has told you is different from what you have read in this statement, please do not sign the confirmation and do not purchase the ILAS policy.**

You may request the Chinese version of this statement from your agent.
 閣下可向銷售的保險代理索取中文版本。

I have selected to use the English version to complete this statement.
 本人選擇以英文版本填妥此文件。

SOME IMPORTANT FACTS YOU SHOULD KNOW

(1) Statement of Purpose: Please set out in your own handwriting your reasons/considerations for *(procuring this ILAS policy/making this lump sum premium). The agent is required to take due account of the reasons/considerations set out by you, together with other relevant information, in assessing whether *(a particular ILAS policy/making this lump sum premium) is suitable for you.

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

Name of Applicant/Policyowner Signature of Applicant/Policyowner Date

*Delete as appropriate

(2) Cooling-off period (only applicable for new policy application): You have the right to cancel this ILAS policy and get back your original investments (subject to market value adjustment) within the cooling-off period, which is 21 days after the delivery of the policy or issue of a notice to you or your representative, whichever is the earlier. For details of how you can exercise this right, please refer to the application form.

(3) No ownership of assets and no guarantee for investment returns: You do not have any rights to or ownership over any of the underlying investment assets of this ILAS policy. Your recourse is against Chubb Life Insurance Company Ltd. only. You are subject to the credit risk of Chubb Life Insurance Company Ltd.. Investment returns are not guaranteed.

(4) Long-term features:

(a) Upfront charges: A Premium Charge will be deducted upfront from the premiums you pay as charges and will not be available for investment. **This means that the remaining amount of premiums available for investment will be lower than your premiums paid.** The Premium Charge is calculated as follows:

$$\text{Premium Charge} = \text{Premiums received} \times \text{Premium Charge \%}$$

	Premium Charge %	% of premium received available for investment after Premium Charge
Initial premium	1.5%	98.5%
Subsequent lump sum premium	3%	97%

(b) Early surrender/withdrawal charges: You will be subject to a Surrender Charge, if surrender or partial withdrawal occurs within a prescribed period before the end of the policy term. The Surrender Charge is calculated as follows:

$$\text{Surrender Charge} = \text{Account value surrendered/withdrawn} \times \text{Surrender Charge \%}$$

Policy year	Surrender Charge %
Within 1 st policy year	5%
Within 2 nd policy year	4%
Within 3 rd policy year	3%
Within 4 th policy year	2%
Within 5 th policy year	1%
6 th policy year or after	0%

I confirm that I have read and understood and agree to be bound by paragraphs (2), (3) and (4) above. I understand and accept all the fees and charges, including the upfront charges and early surrender/withdrawal charges.

Name of Applicant/Policyowner

Signature of Applicant/Policyowner

Date

- (5) **Fees and charges:** Some fees/charges will be deducted from the premiums you pay and/or your ILAS policy value, and will reduce the amount available for investment. Accordingly, **the return on your ILAS policy 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 this ILAS policy.
- (6) **Switching of Investment:** If you switch your investment choices, you may be subject to a charge and your risk may be increased or decreased.
- (7) **Risk of early termination:** Your ILAS policy may be automatically early terminated and you could lose all your premiums paid and benefits accrued if any condition of automatic early termination is triggered. This may happen if your policy has very low or negative value (e.g. poor investment performance), etc.
- (8) **Intermediaries' Remuneration:** If you ***(take up this ILAS policy/pay lump sum premium under your ILAS policy)**, the agent will on average receive remuneration of:

***For initial premium at the sale of this ILAS policy**
- \$3.2 per \$100 of the initial premium that you pay

***For subsequent lump sum premium paid by you within the first 5 policy years**
- \$2.4 per \$100 of the lump sum premium

***For subsequent lump sum premium paid by you after the first 5 policy years**
- \$2.1 per \$100 of the lump sum premium

The above remuneration is an average figure which covers all payments to the agent directly attributable to ***(the sale of this policy/the procurement of your contribution of the lump sum premium)** (including upfront and future commissions, bonuses and other incentives).

The amount of remuneration actually receivable by the agent may vary from year to year and is higher in the first policy year/early policy years.

Certain benefits that are immaterial, not directly attributable to ***(the sale of this policy/the procurement of your contribution of the lump sum premium)** 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 (5), (6), (7) and (8) above. I understand and accept all the fees and charges, including the upfront charges and early surrender/withdrawal charges.

 Name of Applicant/Policyowner Signature of Applicant/Policyowner Date

***Delete as appropriate**

PART II: Declaration Of Applicant/Policyowner

Section I: Disclosure Declaration

- I confirm that the agent _____ (name and registration number), has conducted a Financial Needs Analysis and Risk Profile Questionnaire for me.
- I have received, read and understood the following documents (only applicable for new policy application):
 - Product Brochure
 - Investment Options Brochure
 - Product Key Facts Statement
 - Proposal Summary
 - Pamphlet “Questions you need to ask before taking out an ILAS product”
- 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. early policy surrender) to apply a downward/negative market value adjustment to the ILAS policy.

Name of Applicant/Policyowner Signature of Applicant/Policyowner Date

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 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 Applicant/Policyowner Signature of Applicant/Policyowner Date

#You can delete if you apply for a single premium plan or one-off premium payment

Section III: Suitability Declaration

1. 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 make top-up investment to my existing 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. I confirm and understand that I am willing to bear the investment risk of this ILAS policy and/or top-up investment to my existing ILAS policy.

Name of Applicant/Policyowner Signature of Applicant/Policyowner Date

Please complete this section for retirees or customers aged over 55.

I declare that the money to be invested in the policy will not be used to maintain my standard of living and/ or to fulfil my other financial commitments. I also confirm I understand and accept that surrendering the policy and/ or making partial withdrawal within the first 5 policy years will incur surrender charge, and declare that during the first 5 policy years I have no immediate need of such amount to be invested in the policy.

Name of Applicant/Policyowner Signature of Applicant/Policyowner Date

2. Please complete this section for top up request with Financial Needs Analysis and Risk Profile Questionnaire have been done.

(a) I declare that Financial Needs Analysis and Risk Profile Questionnaire have been completed within 1 year for the policy number _____ with a copy of the same attached.

(b) I declare that there are no substantial changes in my circumstances, no mismatch in needs and risks tolerance level and affordability to the top up investment since the date when the above mentioned Financial Needs Analysis and Risk Profile Questionnaire were completed.

Name of Applicant/Policyowner Signature of Applicant/Policyowner Date

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 (the insurance company) if there is any substantial change of information provided in these Declarations before the policy is issued.*

Chubb. Insured.SM

重要資料聲明書及投保人聲明書 投資相連壽險計劃(投連壽險)保單

保單編號:	準受保人:	保單申請人/保單持有人: (如非準受保人)
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安達人壽保險有限公司

投連壽險保單名稱:「非凡」- 整付保費投資計劃 (WLPS2)

第一部份: 重要資料聲明書

閣下應細閱本聲明書及產品文件(包括產品介紹冊、投資選擇指南、產品資料概要及計劃建議書摘要)。若閣下不明白、不同意以下聲明的任何一段、或此聲明內容與保險代理的講述有異,請勿簽署確認或投購此投連壽險保單。

閣下可向銷售的保險代理索取英文版本。

You may request the English version of this statement from your agent.

本人選擇以中文版本填妥此文件。

I have selected to use the Chinese version to complete this statement.

此乃重要資料 閣下必須細閱

- 目標概要:** 請閣下以手寫列出*(投購此投連壽險保單/繳付此整付保費)的原因/考慮因素。保險代理必須就閣下列明的原因及考慮因素,以及相關資料,一併評估*(此投連壽險保單/繳付此整付保費)是否適合閣下。
- 冷靜期(只適用於新保單申請):** 閣下有權在「冷靜期」內取消此投連壽險保單,並取回已繳保費(但須按市值調整計算),冷靜期的時段為保單交付閣下(或閣下之代表)或通知書發出予閣下(或閣下之代表)後起計的21天,以較先者為準。詳情請參閱投保申請書上的「冷靜期」權益聲明。
- 沒有資產擁有權及沒有投資回報保證:** 對於此投連壽險保單的相關投資資產,閣下均沒有任何權利或擁有權。任何追討賠償,只可向安達人壽保險有限公司提出,閣下亦須承擔安達人壽保險有限公司的信貸風險。投資回報並沒有保證。

本人現確認已閱讀及明白,並同意接受以上第(1), (2)及(3)段約束。

保單申請人/保單持有人姓名

保單申請人/保單持有人簽署

日期

*請刪去不適用者

(4) 計劃的長期性質:

(a) 前期收費: 保費費用會於保單的已繳付保費內即時扣除，有關款項將不會用作投資。換言之，可供投資的尚餘保費金額會少於已繳付的保費。保費費用的計算方法如下:

$$\text{保費費用} = \text{已繳付保費} \times \text{保費費用}\%$$

	保費費用%	已繳付保費在扣減保費費用後可用作投資的百分率 (%)
首次保費	1.5%	98.5%
其後的整付保費	3%	97%

(b) 提早退保/提取保單款項的收費: 若閣下在保單期滿前的指定時限內退保、提取部份保單款項，均須支付退保費用。退保費用的計算方法如下:

$$\text{退保費用} = \text{退保/提取戶口價值} \times \text{退保費用}\%$$

保單年度	退保費用%
第1個保單年度內	5%
第2個保單年度內	4%
第3個保單年度內	3%
第4個保單年度內	2%
第5個保單年度內	1%
第6年保單年度或其後	0%

(5) 費用及收費: 某些費用/收費將從閣下支付的保費及/或閣下所選取計劃的價值中扣減，有關費用及收費會減少可供投資的金額。因此，閣下投連壽險保單的整體回報有可能遠低於閣下所選取的相關基金的回報。詳情請參閱此保單的產品計劃文件。

本人現確認已閱讀及明白，並同意接受以上第 (4) 及 (5) 段約束。本人明白及接受所有費用及收費，包括前期收費及提早退保及提取保單款項的收費。

保單申請人/保單持有人姓名

保單申請人/保單持有人簽署

日期

- (6) **轉換投資選項:** 若閣下轉換投資選項，可能需要支付相關收費，而閣下所承受的投資風險亦有可能因而增加或減少。
- (7) **提早終止風險:** 若有任何啟動保單自動提早終止的情況出現，閣下的保單或會被自動提早終止，而閣下亦會因此損失所有已付保費及累算權益。可能啟動保單自動提早終止的情況包括: 閣下的保單總值處於十分低或負數的水平（例如: 投資表現不理想等）。
- (8) **中介人的酬勞:** 若閣下選擇 ***(投購此投資相連壽險保單/於閣下的保單繳付整付保費)**，保險代理人將會獲取:

*** 就銷售此投資相連壽險保單時的首次保費**

- 平均\$3.2的酬勞(以閣下每繳付\$100元首次保費金額計)

*** 就閣下其後於首5個保單年度內所繳付的整付保費**

- 平均\$2.4的酬勞(以每\$100元整付保費金額計)

*** 就閣下其後於首5個保單年度後所繳付的整付保費**

- 平均\$2.1的酬勞(以每\$100元整付保費金額計)

上述中介人的酬勞是一個平均值，該酬勞包括所有直接因 ***(銷售此保單/閣下所繳付的整付保費)** 而向保險代理人支付的金額（包括前期及其後的佣金、花紅及其他獎金）。

保險代理人每年實際上可獲取的酬勞金額可能不同，而酬勞金額於保單首年/早年會較高。

一些並非直接因 ***(銷售此保單/閣下所繳付的整付保費)** 而支付的不重大及不易兌換為現金的酬勞並不包括在計算當中。

如欲進一步了解閣下的保險代理人就此投資相連壽險保單所收取的酬勞詳情，請向該中介人查詢。

本人現確認已閱讀及明白，並同意接受以上第(6)，(7)及(8)段約束。本人明白及接受所有費用及收費，包括前期收費及提早退保及提取保單款項的收費。

保單申請人/保單持有人姓名

保單申請人/保單持有人簽署

日期

***請刪去不適用者**

第二部份: 保單申請人/保單持有人聲明

甲部: 披露聲明

- 本人確認保險代理 _____ (請填上有關保險代理的姓名及登記號碼)已為本人分析財務需要及完成風險評估問卷。
- 本人已收取、閱讀及明白下列文件 (只適用於新保單申請):
 - 產品介紹冊
 - 投資選擇指南
 - 產品資料概要
 - 計劃建議書摘要
 - 「購買投資相連壽險 – 問多點知多點」小冊子
- 本人完全明白並接受市場價格調整帶來之潛在損失，保險公司在特定情況下 (如保單提早退保) 有權利和絕對處理權對這份投資相連壽險保單採用向下/負市場價格調整。

保單申請人/保單持有人姓名 保單申請人/保單持有人簽署 日期

乙部: 負擔能力聲明 (只適用於定期保費繳付)

- 本人預期本人的可支配收入及/或 儲蓄是足夠支付這份投資相連壽險保單整個供款年期的定期保費繳付; 及
- 本人確認本人願意支付這份投資相連壽險保單整個供款年期的保費。

保單申請人/保單持有人姓名 保單申請人/保單持有人簽署 日期

#假如申請的是不定期額外投資供款或一次性繳清，則乙部可以刪除。

丙部: 適合性聲明

本人明白並同意:(只可選一項)

A 根據本人於填寫財務需要分析及風險評估問卷內所披露本人現時之需要及投資風險概況，有關投資相連壽險保單之特色及其風險級別與本人所選擇的相關投資選擇均適合本人。

或

B 儘管根據本人於財務需要分析及風險評估問卷內所披露本人現時之需要及投資風險概況，有關投資相連壽險保單之特色及/或其風險級別及/或本人所選擇的相關投資選擇可能並不適合本人，但本人確認基於下述原因，本人打算及意欲申請本保險計劃:

(如選擇「B」項，保單申請人必須親筆於此欄內提供解釋)

本人確認，除非本人清楚了解此投資相連壽險保單及/或額外投資供款相關投資項目的選擇，並得悉此產品如何切合本人的需要，否則本人不應選購此產品。本人擁有最終的決定權。本人確認及明白並願意承擔有關投資相連壽險計劃及/或額外投資供款所涉及的投資風險。

保單申請人/保單持有人姓名 保單申請人/保單持有人簽署 日期

退休人仕或55歲以上的客戶請填報此部份

本人謹此聲明本人將會投資於保單中的資金將不會用作維持本人的生活水平及/或履行其他的財政承諾。本人亦確認本人理解並接受如本人在首5個保單年度內作出退保及/或提取部份款項，貴公司將收取退保費用，而本人聲明在首5個保單年內本人對於將會投資於保單中的資金並沒有迫切需要。

保單申請人/保單持有人姓名 保單申請人/保單持有人簽署 日期

2. 申請額外投資供款相關投資項目及於過去一年內填寫過財務需要分析及風險評估問卷，請填妥及提供以下資料：

(a) 本人謹此確認於過去一年內就保單編號 _____ 已完成財務需要分析及風險評估問卷並附上相關文件副本。

(b) 本人謹此確認在上述之財務需要分析及風險評估問卷的簽署日期後本人的狀況並無重要改變，而就此額外投資供款，本人的財務需要、風險承擔能力及負擔能力亦無錯配。

保單申請人/保單持有人姓名

保單申請人/保單持有人簽署

日期

註釋：

1. 就重要資料聲明書及投保人聲明書而言，單數等同複數；「本人」包括「我們」的涵義；及「本人的」包括「我們的」的涵義。若為聯名投保人，所有投保人必須在所有部份簽署。
2. 若重要資料聲明書及投保人聲明書上填報的資料有重大改變，閣下在保單未簽發前，必須通知閣下的保險中介人或承保人/公司。

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