

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 \_\_\_\_\_ - \_\_\_\_\_

# Financial Needs Analysis

## 財務需要分析

Note: Please answer all questions in this form. **Do NOT** sign on this form if any questions are unanswered and have not been crossed out.  
 注意: 請回答此表格內所有問題。如有任何未回答及未被刪掉的問題, 請**不要**簽署此表格。

New Policy 新保單       Existing Policy 現有保單

Policy No.: 保單編號:	Proposed Insured/Insured: 準受保人/受保人:	Applicant/Owner: (if other than Proposed Insured/Insured) 保單申請人/持有人: (如非準受保人/受保人)
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This form should be completed and according to the circumstances of Applicant/Owner. 此表格應以保單申請人/持有人的情況作分析並完成。

### Personal Particulars 個人資料

Name of Applicant/Owner 保單申請人/持有人姓名	
Sex 性別	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
Date of birth 出生日期	/dd 日    /mm 月    /yyyy 年
Occupation/Nature of business 職業/業務性質	
Self-employed 自僱	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
Marital status 婚姻狀況	<input type="checkbox"/> Single 單身 <input type="checkbox"/> Married 已婚 <input type="checkbox"/> Widowed 鰥寡 <input type="checkbox"/> Divorced 離婚
Number of dependent(s) 供養人數	
Education level 教育程度	<input type="checkbox"/> Primary 6 or below 小六或以下 <input type="checkbox"/> Post-secondary education/College 預科/專上學院 <input type="checkbox"/> Secondary education 中學 <input type="checkbox"/> University or above 大學或以上

**PERSONAL INFORMATION COLLECTION STATEMENT AND CONSENT** I/WE UNDERSTAND AND CONSENT THAT, by signing this Analysis, any personal data collected or held by Chubb Life Insurance Company Ltd. (the "Company") is provided and may be used, processed, stored, disclosed, transferred by the Company to the companies within the group of which the Company is a subsidiary (the "Group Companies"), its authorized agents, reinsurers, claims investigators, loss adjudicators, medical advisors, recovery agents, insurance industry associations, federations and their members, credit reference bureaus, government or judicial or regulatory bodies or any person to whom the Company is under legal and/or regulatory obligation to make disclosure, and the Company's appointed third party agents, contractors and advisors, in each case whether within or outside of Hong Kong to (i) process this application; (ii) provide all services related to this application, administer and process policy, medical and underwriting checks, payment instructions, premiums collection, data matching, and communicate with me/us for such purposes; (iii) enable the industry associations, the federations, the government or regulatory bodies to carry out the functions and requirements that may be assigned to them from time to time and are reasonably required in their interest and that of the insurance industry; and (iv) provide payment, data processing, administration, communications, computer, security and other services (including medical services, emergency assistance services, mailing and IT services) in connection with the operation of the Company and the provision of services to me/us. Moreover, the Company is hereby authorized to obtain access to and/or to verify any of my/our data with the information collected by the insurance industry associations, the federations, the government and regulatory bodies and medical personnel or organizations. I/We am/are obliged to supply the information required from me/us under this Analysis which is a condition precedent for me/us to apply the policy. Failure to supply the required information may result in the Company being unable to process the application. I/We understand that I/We have the right to obtain access to and to request correction of any personal data held by the Company or be given reasons for any refusal of access or correction. I/We also understand that a reasonable fee may be charged by the Company for processing of any access. Any questions regarding personal data, access to or correction of personal data should be made in writing and forwarded to The Data Protection Officer of Life Administration of Chubb Life Insurance Company Ltd. at 33/F, Chubb Tower, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong.

**個人資料收集聲明及授權** 就簽署此分析書, 本人/吾等明白及同意安達人壽保險有限公司(「貴公司」)可以使用、處理、儲存、披露、轉移任何貴公司所收集或持有之任何本人/吾等的個人資料與貴公司隸屬同一集團附屬公司之其他公司(「集團公司」)、其獲授權的代理人、再保險公司、理賠調查員、處理索賠個案的理賠師、醫療顧問、索償代理、保險行業協會、聯會及其會員、信貸資料服務公司、政府或司法或監管機構或對貴公司具有法律及/或監管責任而須予以披露的任何人士, 及貴公司指定的第三方代理、承包商及顧問, 不論屬本地或海外, 以 (i) 辦理此申請及本人/吾等將來提交之保險申請及索償; (ii) 提供所有關於此申請之服務, 管理及處理保單、醫療和核保檢查、付款指示、保費收取、資料核對, 及因此等用途與本人/吾等聯絡; (iii) 令保險行業協會及聯會、政府或監管機構執行其經不時修定及為合理要求以維護其及保險行業利益的功能及規定; 及 (iv) 提供因貴公司營運及給予本人/吾等服務之相關付款、數據處理、行政、通訊、電腦、保安及其它服務(包括醫療服務、緊急救援服務、郵寄服務及資料科技服務)。此外, 貴公司獲授權向保險行業協會及聯會、政府及監管機構、及醫務人員或機構取閱及/或核實任何該等機構向本人/吾等收集之資料。本人/吾等有責任提供此分析書之所需資料, 以作為申請保單之先決條件。如未能提供所需的資料, 可能會導致貴公司無法處理本申請。本人/吾等明白, 本人/吾等有權取閱及更正任何貴公司持有之有關本人/吾等的任何個人資料, 或被給予拒絕查閱或更正的理由。本人/吾等亦明白貴公司可能會收取任何查閱資料的要求之合理費用。如欲查詢有關個人資料事宜, 查閱或更正個人資料必須以書面形式向貴公司壽險行政部的資料保護主任提出, 並送交至香港銅鑼灣告士打道三一一號皇室大廈安達人壽大樓三十三樓。

**Financial Needs Analysis (FNA) Form** - Applicable to All Products. The following questions form the minimum required contents of the FNA Form. **財務需要分析表格** - 適用於所有產品。以下問題為財務需要分析表格內容的最低要求。

**Note: Please answer all questions in this form. Do NOT sign on this form if any questions are unanswered and have not been crossed out.**  
**注意: 請回答此表格內的所有問題。如有任何未回答及未被刪掉的問題, 請不要簽署此表格。**

**Note: You must reply this question. Do not leave it blank. We will reject your application if you do not reply.**  
**注意: 閣下必須回答此問題。請不要留空。如閣下不回答, 本公司必須拒絕閣下的申請。**

1. What are your objective(s) of buying our product? (please tick one or more) 閣下選購本公司產品的目標為何? (可選多於一項)
- 1)  Financial protection against adversities (e.g. death, accident, disability etc) 為應付不時之需的財務保障 (例如: 死亡, 意外, 殘疾等)
  - 2)  Preparation for health care needs (e.g. critical illness, hospitalization etc) 為醫療需要作準備 (例如: 危疾, 住院等)
  - 3)  Providing regular income in the future (e.g. retirement income etc) 為未來提供定期的收入 (例如: 退休收入等)
  - 4)  Saving up for the future (e.g. child education, marriage, retirement etc) 為未來需要儲蓄 (例如: 子女教育, 結婚, 退休等)
  - 5)  Investment 投資
  - 6)  Others 其他 (Please specify 請詳述: \_\_\_\_\_)

**Note: You must reply this question. Do not leave it blank. We will reject your application if you do not reply.**  
**注意: 閣下必須回答此問題。請不要留空。如閣下不回答, 本公司必須拒絕閣下的申請。**

2. What type(s) of insurance product you are looking for to meet your objective(s) as stated above? (please tick one or more)  
閣下考慮以哪種類型的保險產品迎合閣下上述的目標? (可選多於一項)
- 1)  Pure insurance product (without any savings or investment element) (e.g. term insurance)  
純保險產品 (沒有任何儲蓄或投資成份) (例如: 定期保險)
  - 2)  Insurance product with savings element (with savings but without investment element) (e.g. non-participating policy)  
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)
  - 3)  Insurance product with investment element (Investment decisions and risks borne by insurer) (e.g. participating policy, universal life insurance)  
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)
  - 4)  Insurance product with investment element (Investment decisions and risks borne by policyowner) (e.g. Investment-Linked Assurance Schemes)  
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)
  - 5)  Others 其他 (Please specify 請詳述: \_\_\_\_\_)

**Note: You must reply this question. Do not leave it blank. We will reject your application if you do not reply.**  
**注意: 閣下必須回答此問題。請不要留空。如閣下不回答, 本公司必須拒絕閣下的申請。**

3. What is your target benefit/protection period for insurance policy and/or investment plan? (please tick one only)  
閣下投購保單及/或投資計劃的目標得益/保障年期為多久? (請選一項)
- |  |   |
|--|---|
| <input type="checkbox"/> Less than 1 year 少於1年 | <input type="checkbox"/> 11-20 years 11-20年       |
| <input type="checkbox"/> 1-5 years 1-5年        | <input type="checkbox"/> More than 20 years 超過20年 |
| <input type="checkbox"/> 6-10 years 6-10年      | <input type="checkbox"/> Whole of life 終身         |

**Note: You must reply at least either (4a) or (4b). If you do not wish to answer either one of them, please cross it out.**  
**注意: 閣下必須回答至少為(4a)或(4b)。如閣下不欲回答其中一條, 請將之刪去。**

4. Financial Circumstances 財務概況

Your ability to pay premiums for insurance or to contribute to investments 閣下繳付保費或支付投資項目的負擔能力:

- 4a. What is your average monthly income from all sources in the past 2 years? (please tick one or more)  
在過去兩年裡, 閣下由所有收入來源所得的每月平均收入為? (可選多於一項)
- i.  Specific amount: Not less than HK\$ \_\_\_\_\_ per month; or 具體金額: 每月不少於港幣 \_\_\_\_\_ 或
  - ii.  In the following range 在以下範圍內:

<input type="checkbox"/> Less than 少於 HK\$ 港幣10,000	<input type="checkbox"/> HK\$ 港幣50,000 - HK\$ 港幣100,000
<input type="checkbox"/> HK\$ 港幣10,000 - HK\$ 港幣19,999	<input type="checkbox"/> Over 超過 HK\$ 港幣100,000
<input type="checkbox"/> HK\$ 港幣20,000 - HK\$ 港幣49,999	
- 4b. What is your approximate current accumulative amount of liquid assets? Please specify type(s) and total amount (please tick one or more)  
閣下現時累積的流動資產約有多少? 請註明種類及金額 (可選多於一項):
- Type 種類:
- |   |  |
|---|--|
| <input type="checkbox"/> Cash 現金                        | <input type="checkbox"/> Bonds and mutual funds 債券及互惠基金        |
| <input type="checkbox"/> Money in bank accounts 銀行存款    | <input type="checkbox"/> US Treasury bills 美國國庫債券              |
| <input type="checkbox"/> Money market accounts 貨幣市場賬戶   | <input type="checkbox"/> Others 其他 (Please specify 請詳述: _____) |
| <input type="checkbox"/> Actively traded stocks 交投活躍的股票 |  |

Amount HK\$ 港幣金額: \_\_\_\_\_

**Note:** Liquid assets are assets which may be easily turned into cash. Real estate, coin collection and artwork are not considered to be liquid assets.  
**備註:** 流動資產是指可以容易變為現金的資產。物業、錢幣收藏及藝術品均不被視為流動資產。

If you choose not to disclose any income/asset information either under question (4a) or (4b) above, you must indicate your reason(s) **in your own handwriting** in the box below. Please note that the Company **will reject your application** if you choose not to respond to both (4a) and (4b) regarding your income/asset information.  
如閣下選擇不在上述(4a)或(4b)透露閣下的收入/資產資料, 閣下必須在下欄內**親筆**詳述有關原因。如閣下選擇同時不回應上述(4a)及(4b), 本公司**必須拒絕閣下的申請**。

(Applicant must complete explanation in **own handwriting** in this box 保單申請人必須**親筆**於此欄內提供原因)

**Note: You must reply (4c), (4d), (4e), (4f), (4g), and (4h) below. Do not leave any of these questions blank. We will reject your application if you do not reply.**

**注意: 閣下必須回答以下(4c), (4d), (4e), (4f), (4g)及(4h)。請不要留空任何一條問題。如閣下不回答, 本公司必須拒絕閣下的申請。**

4c. Do you have any savings? (please tick one only) 閣下是否有任何儲蓄? (請選一項)

- No 沒有
- Yes, less than 3 months' income 有, 少於3個月的收入
- Yes, between 3 months' and 6 months' income 有, 3個月至6個月的收入
- Yes, between 6 months' and 9 months' income 有, 6個月至9個月的收入
- Yes, between 9 months' and 12 months' income 有, 9個月至12個月的收入
- Yes, more than 12 months' income 有, 多於12個月的收入

4d. How do you expect your income will grow over the next 5 years? (please tick one only) 閣下預期未來5年的收入增長會是如何呢? (請選一項)

- Unknown 未知
- Go down 負增長
- Grow in line with inflation 相等於通脹的增長
- Grow ahead of inflation 領先於通脹的增長
- Grow quickly and far outpace inflation 急速增長並遠超過通脹

4e. For how long are you able and willing to contribute to an insurance policy and/or investment plan? (please tick one only)

閣下能夠及願意支付保單及/或投資計劃的年期為? (請選一項)

- Less than 1 year 少於1年
- 1-5 years 1-5年
- 6-10 years 6-10年
- 11-20 years 11-20年
- More than 20 years 超過20年
- Whole of life 終身

4f. 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 question (4e) above? (please tick one only)

就閣下在(4e)所選擇的保單/投資計劃之整段供款年期內, 閣下每月可承擔的保費佔閣下個人可動用收入的比率為? (請選一項)

- Less than 10% 少於10%
- 10% - 20%
- 21% - 30%
- 31% - 40%
- 41% - 50%
- More than 50% 超過50%

4g. In considering your ability to make payments, what are your sources of funds? (please tick one or more)

就閣下繳付保費的能力, 請註明閣下的資金來源。(可選多於一項)

- Salary 薪酬
- Income 收入
- Savings 儲蓄
- Investments 投資
- Family members 家人給予
- Rental income 租金收入
- Pension 退休金
- Others 其他 (Please specify 請詳述: \_\_\_\_\_)

4h. Financial Needs & Expenses Analysis 財務需要及支出分析:

**Protection need 保障需要**

(1) Total protection need (for whole life) 總保障需要(以終身計算)

(e.g. cost of business continuity, mortgage cancellation, rent, education fund, debts, final expenses, family expenses, etc. 例如: 持續營運成本、按揭註銷、租金、教育基金、負債、善終開支、家庭開支等)

**Asset 資產**

(2) Savings and investment 儲蓄及投資

(e.g. property, cash, investment, provident fund etc. 例如: 物業、現金、投資、退休金等)

(3) Life insurance coverage 壽險保障

(e.g. group life insurance and individual life insurance 例如: 團體壽險及個人壽險)

(4) Total asset 總資產

Current protection need for life 現時人壽保障需要

HK\$港幣  US\$美元  CNY人民幣  
(Please tick one only. Default as HK\$ if not selected) (請選一項。如沒有選擇, 將視為港幣)

\_\_\_\_\_ (1)

\_\_\_\_\_ (2)

\_\_\_\_\_ (3)

\_\_\_\_\_ (2)+(3)=(4)

\_\_\_\_\_ (1)-(4)

5. Recommendation 建議

Based on your answers to the questions above, the intermediary concerned has explored the following insurance option(s) (as available to the intermediary) to meet your objective(s) and need(s):

根據閣下的上述選項，中介人曾與閣下討論下列保險產品的選擇(因應中介人所能提供的產品)，盡量以迎合閣下選購保險產品的目標及滿足閣下的需要:

**Note 備註:**

If an intermediary's introduced insurance options include basic plan(s) and rider(s) and the basic plan's protection period is shorter than a rider's protection period, the rider may cease to be in force upon termination of the basic plan.  
倘中介人介紹之保險產品包括基本計劃及附加契約，而基本計劃的保障年期較附加契約的保障年期短，附加契約可能會在基本計劃終止時完結。

If an intermediary's introduced insurance option(s) includes basic plan(s) and rider(s), the rider's protection period may be shorter than the basic plan's protection period, which means the rider(s) may cease to be in force earlier than the basic plan.  
倘中介人介紹之保險產品包括基本計劃及附加契約，附加契約的保障年期可能較基本計劃的保障年期短，即附加契約可能會早於基本計劃終止。

Intermediary should introduce more than one insurance product.  
中介人須介紹多一個保險產品。

(a) Objective(s) of Buying the Product(s)*(Q1) 選購本公司產品的目標*(問題1) Select <b>one or more</b> for each product introduced (Please (✓) tick) 每個介紹的產品 <b>可選多於一項</b> (請以(✓)剔號表示)						(b) Type(s) of Insurance Product Explored*(Q2) 曾討論的保險產品的類型*(問題2) Select <b>one only</b> for each product introduced (Please (✓) tick) 每個介紹的產品 <b>只可選一項</b> (請以(✓)剔號表示)					(c) Name of Insurance Product(s) Introduced (if any) 曾介紹的保險產品名稱(如有)	(d) Product(s) Selected (full plan code, if any) 最終選購的產品 (完整產品代號，如有)	
1	2	3	4	5	6	1	2	3	4	5			

#Please refer to below for the Objective(s) of Buying the Product(s) 有關選購本公司產品的目標，請參考以下各選項  
 1. Financial protection against adversities (e.g. death, accident, disability etc) 為應付不時之需的財務保障 (例如: 死亡，意外，殘疾等)  
 2. Preparation for health care needs (e.g. critical illness, hospitalization etc) 為醫療需要作準備 (例如: 危疾，住院等)  
 3. Providing regular income in future (e.g. retirement income etc) 為未來提供定期的收入 (例如: 退休收入等)  
 4. Saving up for the future (e.g. child education, marriage, retirement etc) 為未來需要儲蓄 (例如: 子女教育，結婚，退休等)  
 5. Investment 投資  
 6. Others, as specified in Q1 其他，如問題1所列明

\*Please refer to below for the Types of Insurance Product Explored 有關曾討論的保險產品的類型，請參考以下各選項  
 1. Pure insurance product (without any savings or investment element) 純保險產品 (沒有任何儲蓄或投資成份)  
 2. Insurance product with savings element (with savings but without investment element) 有儲蓄成份的保險產品 (有儲蓄但沒有投資成份)  
 3. Insurance product with investment element (Investment decisions and risks borne by insurer) 有投資成份的保險產品 (投資決定及風險由保險公司承擔)  
 4. Insurance product with investment element (Investment decisions and risks borne by policyowner) 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)  
 5. Others, as specified in Q2 其他，如問題2所列明

6 Reason(s) for Recommendation (to be completed by Agent/Intermediary) (Please tick one)

建議原因 (由保險代理/中介人填寫) (請選一項):

- 1)  The insurance option(s) was/were introduced with the consideration of client's financial objectives, total protection needs, priorities, and budget that met with client's expectation.  
所介紹之保險產品已考慮到客戶的理財目標、全面保障需要，各需要的優先重要性及客戶的財務預算而作出，以切合客戶期望。
- 2)  Others (e.g. explanation on suitability mismatch between product selected and objective(s)/type(s) of insurance product/target benefit period/target protection period/payment period; explanation if monthly premium is greater than 30% (or answer in (Q4f), whichever is lower) of your average monthly income (Q4a) AND the annual premium is greater than 30% of the amount of liquid assets (Q4b))  
其他 (例如：如閣下最終選擇的產品與目標/保險產品類型/目標得益年期/目標保障年期/繳付年期有適合性不符而作出解釋；如每月保費大過閣下每月平均收入(問題4a)的30%(或(問題4f)的答案，以較低者為準)及每年保費大過閣下流動資產的30%(問題4b) 而作出解釋)  
(Please specify 請詳述)

Supplementary Note 補充說明 (e.g. rider(s) has/have different benefit periods from basic plan 例如: 附加保障的保障年期與基本計劃不同)

(Both Agent/Intermediary and Applicant/Owner are required to sign below if 2) is selected and/or Supplementary Note is filled in Q6.  
如於問題6選擇了2) 及/或已填寫補充說明，保險代理/中介人及保單申請人/持有人均須於下方簽署)

\_\_\_\_\_  
Signature of Witness/Agent/Intermediary  
見證人/保險代理/中介人簽署

\_\_\_\_\_  
Signature of Applicant/Owner  
保單申請人/持有人簽署

**WARNING: Please read and fill in this form carefully. Do not leave any questions blank. Do NOT sign if any questions are unanswered and have not been crossed out.**

**警告：請仔細閱讀並填寫此表格。請不要留空任何問題。如有任何未回答及沒被刪掉的問題，請不要簽署。**

**Disclaimers:** The results and information displayed in this Financial Needs Analysis Form are for analysis and reference purposes only and it will neither be considered as application nor formed part of the policy. Formulations of this analysis are based on assumptions and information provided by you. There is no guarantee that assumptions are accurate and/or complete now or in the future.

**免責條款:** 此財務需要分析表格內附之結果及資料僅供分析及參考之用，這些資料不應被視為申請及/或構成保單的一部份。上述分析是以假設及閣下提供之資料作為基礎。所有對上述分析作出之假設在目前或日後是否準確及/或完整將不獲保證。

**Applicant/Owner Declaration 保單申請人/持有人宣言:** I understand that the results and information in this Financial Needs Analysis Form are for analysis and reference only and it will neither be considered as application nor formed part of the policy. The agent/intermediary has explained and carried out Financial Needs Analysis with me and explained the evaluation and recommendation to me. All information requested to be provided in this Form is given by me on a voluntary basis. I shall be responsible for the completeness and accuracy of the information given and the consequences of omission. I confirm that I fully understand and accept the associated risk and return of the selected products. 本人明白此財務需要分析表格內附之結果及資料僅供分析及參考之用及這些資料不會被視為申請及/或構成保單的一部份。保險代理/中介人已經與本人解釋及進行財務需要分析，並向本人解釋評估及建議。本人提供所有在此表格內要求之資料純屬自願性。本人必須承擔所提供之資料之準確性及/或因沒有提供所須資料而衍生之後果。現確認本人已完全明白及接受所選購之產品之相關風險及回報。

**Note:** You are required to inform us (Chubb Life Insurance Company Ltd.) if there is any substantial change of information provided in this form before the policy is issued.

**備註:** 本表格內填報的資料如有重大改變，閣下在保單未簽發前必須通知本公司(安達人壽保險有限公司)。

Signed in Hong Kong on  
簽署於香港

/ /  
dd / mm / yyyy  
日 月 年

\_\_\_\_\_  
Signature of Witness/Agent/Intermediary  
見證人/保險代理/中介人簽署  
(Name 姓名: \_\_\_\_\_)

\_\_\_\_\_  
Signature of Applicant/Owner  
保單申請人/持有人簽署  
(Name 姓名: \_\_\_\_\_)

Chubb. Insured.<sup>SM</sup>