

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

Policy Number:	Proposed Insured:	Applicant/Policyowner (if other than Proposed Insured):
----------------	-------------------	---

Chubb Life Insurance Company Ltd.

Name of the ILAS Policy: WealthLink Investment Pro - Single Premium (WLPS)

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 and Product Key Facts Statement). **If you do not understand any of the following paragraphs or do not agree to any particular paragraph or what your licensed insurance agent has told you is different from what you have read or understood from 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 licensed insurance agent.

閣下可向銷售的持牌保險代理人索取本文件的中文版本。

SOME IMPORTANT FACTS YOU SHOULD KNOW

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

(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 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.

(3) **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 %
1 st year	5%
2 nd year	4%
3 rd year	3%
4 th year	2%
5 th year	1%
6 th year or after	0%

- (4) **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.
- (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) **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. For details, please refer to the product documents of this ILAS policy.

(7) **Licensed Insurance Intermediaries' Remuneration:** If you pay lump sum premium under your ILAS policy, the licensed insurance agent will on average receive remuneration of:

* 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 licensed insurance agent directly attributable to your contribution of the lump sum premium (including upfront and future commissions, bonuses and other incentives).

Certain benefits that are immaterial, not directly attributable to your contribution of the lump sum premium and not readily convertible to cash are not included from the calculation.

You are entitled to make enquiry with your licensed insurance agent if you wish to know more about the remuneration that he/she/they may receive in respect of this policy.

I ("Applicant/Policyowner") confirm that I have read and understood and agree to be bound by paragraphs above.

_____	_____	_____
Name of Applicant/Policyowner	Signature of Applicant/Policyowner	Date

_____	_____	_____
Name of Licensed Insurance Agent	Signature of Licensed Insurance Agent	Date

PART II: Declaration of Applicant/Policyowner

Section I: Disclosure Declaration

- I (“Applicant/Policyowner”) confirm that the licensed insurance agent _____ (insert name and registration number of the relevant licensed insurance intermediary), has conducted a Financial Needs Analysis and Risk Profiling Questionnaire for me.
- I have received, read and understood the following documents (only applicable for new policy application):
 - Product Brochure
 - Product Key Facts Statement
 - Illustration Document
 - 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. early policy surrender) to apply a downward/negative market value adjustment to the ILAS policy.

Name of Applicant/Policyowner Signature of Applicant/Policyowner Date

Name of Licensed Insurance Agent Signature of Licensed Insurance Agent Date

Section II: Affordability Declaration (For regular premium payment)

- I (“Applicant/Policyowner”) 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

Name of Licensed Insurance Agent Signature of Licensed Insurance Agent Date

You can delete if you apply for one-off premium payment

Section III: Suitability Declaration

1. I (“Applicant/Policyowner”) 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, etc. 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 and risk profile, etc. 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 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

Name of Licensed Insurance Agent	Signature of Licensed Insurance Agent	Date

Please complete this section for retirees.

I declare that the money to be invested in the policy throughout the whole policy term 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 from Planned Premium Account Value during the surrender charge period (which will end at the end of 10th policy year) will incur surrender charge, and declare that during the surrender charge period I have no immediate need of such amount to be invested in the policy.

Name of Applicant/Policyowner	Signature of Applicant/Policyowner	Date

Name of Licensed Insurance Agent	Signature of Licensed Insurance Agent	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 material 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
Name of Licensed Insurance Agent	Signature of Licensed Insurance Agent	Date

Notes:

1. *In this Statement & Declaration, "I" refers to the applicant/policyowner. The singular shall include the plural; the word "I" shall include "we"; & the word "my" shall include "our". For joint applicants/policyowners, all applicants/policyowners must sign all sections.*
2. *The applicant(s)/policyowner(s) are required to inform your licensed insurance agent or us (Chubb Life Insurance Company Ltd.) if there is any material change of information provided in these Declarations before the policy is issued.*

Chubb. Insured.SM

《重要資料聲明書》及《申請人聲明書》 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/持有人 (若非準受保人):
-------	-------	------------------------

安達人壽保險有限公司

投資相連壽險保單名稱: 享豐盛投資相連計劃 - 整付保費 (WLPS)

第一部份: 重要資料聲明書

閣下應細閱本聲明書及產品資料文件(包括產品介紹冊、投資選擇指南及產品資料概要)。若閣下不明白以下的任何一段、或不同意以下的任何特定段落、或閣下的持牌保險代理人的講述與閣下所閱讀或理解本聲明的內容有異,請勿簽署確認或購買此投連壽險保單。

閣下可向銷售的持牌保險代理人索取本文件的英文版本。

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

此乃重要資料 閣下必須細閱

(1) **目標概要:** 請閣下列出繳付此整付保費的原因/考慮因素。持牌保險代理人必須就閣下列明的原因/考慮因素,以及其他相關資料,一併評估繳付此整付保費是否適合閣下。(客戶必須列出自己的原因/考慮因素。)

(2) **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。任何追索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。

(3) 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%	扣減保費費用後可供投資的已繳付保費之百分率 (%)
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年	5%
第2年	4%
第3年	3%
第4年	2%
第5年	1%
第6年或以後	0%

- (4) 費用及收費:** 某些費用/收費將從閣下支付的保費及/或閣下的投連壽險保單價值中扣減，並會減少可供投資的金額。因此，閣下的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。詳情請參閱此投連壽險保單的產品資料文件。
- (5) 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，而閣下所承受的風險亦有可能因而增加或減少。
- (6) 提早終止的風險:** 若有任何啟動保單自動提早終止的情況出現，閣下的投連壽險保單或會被自動提早終止，而閣下亦會因此損失所有已繳付的保費及累算權益。此可能啟動保單自動提早終止的情況包括: 閣下的保單價值處於十分低或負數的水平(例如: 投資表現不理想等)。詳情請參閱此投連壽險保單的產品資料文件。

(7) **持牌保險中介人的酬勞:** 若閣下於閣下的保單繳付整付保費，持牌保險代理人將會獲取:

*** 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 (就每\$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 (就每\$100元整付保費金額計)**

上述的酬勞是一個平均值，該酬勞包括所有直接因閣下所繳付的整付保費而向持牌保險代理人支付的款項(包括前期及其後的佣金、花紅及其他獎金)。

某些無關重要、並非直接因閣下所繳付的整付保費而支付的及難以兌現為現金的酬勞並不包括在計算當中。

如果閣下希望進一步了解持牌保險代理人就此保單可能取得的酬勞，閣下有權向閣下的持牌保險代理人查詢。

本人(「保單申請人/保單持有人」)現確認已閱讀及明白，並同意接受以上各段之約束。

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

持牌保險代理人姓名

持牌保險代理人簽署

日期

第二部份: 保單申請人/保單持有人聲明

甲部: 披露聲明

- 本人(「保單申請人/保單持有人」)確認持牌保險代理人 _____ (填上相關持牌保險代理人的姓名及登記編號)已為本人進行「財務需要分析」及「風險承擔能力問卷」。
- 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
 - 產品資料概要
 - 利益說明文件
 - 投資選擇指南
- 本人完全明白及同意承受可能因市值調整所引致的潛在損失, 及保險公司在一些特定情況下(例如: 提前退保)有權及擁有絕對的酌情權對投連壽險保單作出市場價值下調/負市場價值調整。

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

持牌保險代理人姓名

持牌保險代理人簽署

日期

乙部: 負擔能力聲明 (只適用於定期保費供款)

- 本人(「保單申請人/保單持有人」)預期本人的可動用收入及/或儲蓄將足以支付此投連壽險保單的整個保費繳付期的定期保費供款; 以及
- 本人確認本人願意就此投連壽險保單的整個保費繳付期支付保費。

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

持牌保險代理人姓名

持牌保險代理人簽署

日期

假如申請的是不定期額外投資供款, 則乙部可以刪除。

丙部: 適合性聲明

1. 本人（「保單申請人/保單持有人」）明白並同意（只可選一項）：

A 根據本人於「財務需要分析」及「風險承擔能力問卷」所披露的現時需要及風險承擔能力等資料，此投連壽險保單之特點和其風險水平，及本人所選擇的相關投資選項組合均適合本人。

或

B 儘管根據本人於「財務需要分析」及「風險承擔能力問卷」所披露的現時需要及風險承擔能力等資料，此投連壽險保單之特點及/或風險水平及/或本人所選擇的相關投資選項組合可能並不適合本人，但本人確認基於下述原因，本人打算及意欲申請此投連壽險保單：

(如選擇「B」項，保單申請人/保單持有人**必須**於此欄內提供解釋)

本人確認，除非本人清楚了解此投連壽險保單及/或額外投資供款及/或所選擇的相關投資選項組合，並已獲解釋此投連壽險保單的合適性；否則，本人不應購買此投連壽險保單及/或額外投資供款及/或選取相關的投資選項組合。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連壽險保單及/或額外投資供款所涉及的投资風險。

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

持牌保險代理人姓名 持牌保險代理人簽署 日期

退休人仕請填報此部份

本人謹此聲明本人於整個保單年期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退保費用徵收年期內（退保費用徵收年期將於第10個保單年度結束時完結）作出退保及/或從設定保費戶口價值提取部份款項，貴公司將收取退保費用，而本人聲明在退保費用徵收年期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

持牌保險代理人姓名 持牌保險代理人簽署 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承擔能力問卷，請填妥及提供以下資料：

<p>(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承擔能力問卷並附上相關文件副本。</p>		
<p>(b) 本人謹此確認在上述之財務需要分析及風險承擔能力問卷的簽署日期後本人的狀況並無重大改變，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。</p>		
_____	_____	_____
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
_____	_____	_____
持牌保險代理人姓名	持牌保險代理人簽署	日期

註釋：

1. 就《重要資料聲明書》及《申請人聲明書》而言，「本人」指保單申請人/保單持有人。單數包含複數；「本人」包括「我們」的涵義；及「本人的」包括「我們的」之涵義。若為聯名保單申請人/保單持有人，所有保單申請人/保單持有人必須在所有部分內簽署。
2. 若《重要資料聲明書》及《申請人聲明書》上填報的資料有任何重大變更，閣下在保單發出前，必須通知閣下的持牌保險代理人或保險公司(安達人壽保險有限公司)。

Chubb. Insured.SM