

## Financial Needs Analysis Form

## 財務需要分析表格

**Important Notes to Customers 給客戶的重要指示:**

- This form is to facilitate the identification of suitable insurance product(s) to meet your needs and circumstances. If you do not wish to disclose any information during this process, we will not be able to recommend any insurance product to you. Please answer all questions in this Form or we might need to follow up with you again. Do NOT sign if any questions are unanswered and have not been crossed out. Do NOT sign on blank form. 此財務需要分析表格旨在協助尋找適合的保險產品，以滿足閣下的需要及情況。如果閣下不希望在此過程中透露任何資料，我們將無法向閣下建議任何保險產品。請回答此表格內的所有問題，然而，我們有可能向閣下跟進相關事宜。如有任何未回答及未被刪掉的問題，請不要簽署。請勿在空白的表格上簽署。
- You are required to immediately inform us (Chubb Life Insurance Company Ltd.) if there is any substantial change of information provided in this form before the policy is issued/policy change (including increase of sum assured/notional amount of basic plan and/or rider, new addition of rider, upgrade of benefit, etc.) took effect. 如在保單未簽發/保單更改(包括基本計劃及/或附加保障增加保障額/名義金額、新增附加保障、提升保障等)生效前此表格中提供的資料有任何重大變更，閣下必須立即通知本公司(安達人壽保險有限公司)。
- This Form should be completed based on the circumstances of Customer, who will be the Applicant/Owner. If an insurance policy is intended to be purchased through a trust arrangement or power of attorney, this Form should be completed based on the insured or the settlor in the case of trust, or the donor or grantor in the case of power of attorney. 此表格應根據客戶(保單申請人/持有人)的情況填寫。如果打算通過信託安排或授權書的形式購買保單，則在信託的情況下，應根據受保人或財產授予人的情況填寫表格；在授權書的情況下，應以授權人或授予人的身份填寫此表格。

 New Policy 新保單 Existing Policy 現有保單

Application/Policy Number: 申請書/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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**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
Target retirement age 目標退休年齡	

1. What are your current financial needs? (You may tick one or more).

閣下現時的財務需要為何? (可選多於一項)

- 1) Financial protection against adversities (e.g. death, accident, disability etc.) 為應付不時之需提供財務保障 (例如: 身故、意外、殘疾等)
- 2) Preparation for health care needs (e.g. critical illness, hospitalization etc.) 為應付醫療保健需要 (例如: 危疾、住院等)

**Note: If you choose "2) Preparation for health care needs" as one of the objectives, you must answer this supplementary question.**  
**注意: 如選擇「2) 為應付醫療保健需要」作為目標之一的情況, 閣下必須回答此補充問題。**

1a. What are your healthcare needs? (You may tick one or more)

閣下的醫療保健需要是什麼? (可選多於一項)

- 1) A lump sum payout if I were to be diagnosed with a critical or specific illness  
當本人被診斷患有危疾 (或指定疾病) 時, 可得到一筆過支付的保障賠償
- 2) Reimbursements for expenses if I need to be hospitalized or undergo a surgery  
當本人需要住院或進行手術時, 醫療費用可實報實銷
- 3) Small regular payouts during the period of hospitalization to compensate loss of income or other expenses  
於住院期間, 可得到定期保障賠償, 以補償收入損失或其他費用

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, retirement etc.) 為未來需要作儲蓄 (例如: 子女教育、退休等)

5) Wealth accumulation through Investment 以投資方式來累積財富

**Note: If you ticked "5) Wealth accumulation through Investment", you must answer this supplementary question. If option 2/3 is selected in this question, we might not be able to recommend any Investment Linked Assurance Scheme (ILAS) products to you.**  
**注意: 如選擇「5) 以投資方式來累積財富」, 閣下必須回答此補充問題。如在此補充問題中選擇選項2/3, 我們有可能未能建議任何投資相連壽險計劃 (投連壽險) 產品給 閣下。**

1b. To meet your "Investment" objective indicated above, how would you prefer to manage different investment options/investment choices, if available, under the insurance product? (Please tick one only)

為實現上述「投資」的目標, 閣下希望如何管理保險產品項下的不同投資選項/投資選擇 (如有)? (請選一項)

- 1) I want to make my own decisions (without any professional advice to be provided by the authorized insurer and/or licensed insurance intermediaries) to choose and manage different investment options/investment choices, if available, under an insurance product, and I am willing to do it throughout the entire duration of the target benefit/protection period of an insurance product  
本人願意按個人決定 (毋須獲授權保險人及/或持牌保險中介人提供任何專業意見的情況) 選擇及管理保險產品項下的不同投資選項/投資選擇 (如有), 並且願意在保險產品的目標利益/保障期的整個期間作出此決定
- 2) I want to make my own decisions (with professional advice to be provided by the authorized insurer and/or licensed insurance intermediaries) to choose and manage different investment options/investment choices, if available, under an insurance product, and I am willing to do it throughout the entire duration of the target benefit/protection period of an insurance product  
本人願意按個人決定 (經獲授權保險人及/或持牌保險中介人提供專業意見的情況) 選擇及管理保險產品項下的不同投資選項/投資選擇 (如有), 並且願意在保險產品的目標利益/保障期的整個期間作出此決定
- 3) I do not want to choose or manage different investment options/investment choices, if available, under an insurance product  
本人不願意選擇或管理保險產品項下的不同投資選項/投資選擇 (如有)

6) Setting aside a single lump sum meant for future premium payments to earn non-guaranteed crediting interest  
撥出一筆一次性款項以用作繳交將來的保費並同時可以賺取非保證的利息

7) Others 其他 (Please specify 請詳述: \_\_\_\_\_)

2. What is your target benefit/protection period for meeting the target amount for insurance policy? (Please tick one only)

閣下的保單目標利益/保障期的預期時間為? (請選一項)

- Less than 1 year 少於1年       11-15 years 11-15年       Whole of life 終身
- 1-5 years 1-5年       16-20 years 16-20年
- 6-10 years 6-10年       More than 20 years 超過20年

**Note: You must answer either question (3a) or (3b). If you do not wish to answer either one of them, please cross it out.**  
**注意: 閣下必須回答問題 (3a) 或 (3b) 其中一條。如 閣下不欲回答問題 (3a) 或 (3b) 其中一條, 請將之刪去。**

3. Financial Circumstances 財務概況

3a. What is your average monthly disposable income (i.e. after deducting the expenditures including but not limited to living expenses, mortgage payment, other regular payment for loan, family expenses, and fees for premium financing, etc.) from all sources (including income from liquid assets) in the past 2 years? (You may tick one or more)  
在過去兩年內, 閣下透過所有收入來源 (包括流動資產收入) 獲得的平均每月可動用收入 (即經扣除包括但不限於生活支出、按揭還款、其他定期的貸款還款、家庭開支, 及保費融資費用等開支後) 為? (可選多於一項)

- i.  Not less than HK\$ \_\_\_\_\_ ; or 不少於港幣 \_\_\_\_\_ ; 或
- ii.  In the following range: 在以下範圍內:
- |  |  |
|--|--|
| <input type="checkbox"/> Less than HK\$10,000 少於港幣10,000       | <input type="checkbox"/> HK\$50,000 - 100,000 港幣50,000 - 100,000 |
| <input type="checkbox"/> HK\$10,000 - 19,999 港幣10,000 - 19,999 | <input type="checkbox"/> Over HK\$100,000 超過港幣100,000            |
| <input type="checkbox"/> HK\$20,000 - 49,999 港幣20,000 - 49,999 |  |

3b. What is your approximate current accumulative amount of liquid assets? Please specify type(s) and total amount. (You may 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)

- i. 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 |  |
- ii. 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 (3a) or (3b) above, you must indicate your reason(s) **in your own handwriting** in the box below. Please note that we **will not be able to recommend you a suitable product** to meet your needs if you choose not to respond to both (3a) and (3b).

如 閣下選擇不在上述問題 (3a) 或 (3b) 中透露 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問題 (3a) 及 (3b), 我們因此而不能為滿足 閣下的需要而提供合適產品之建議。

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

3c. Based on your current financial circumstances, how long are you able and willing to pay for an insurance policy? (Please tick one only)  
根據 閣下現有的財務狀況, 閣下能夠及願意為保單支付保費的年期為? (請選一項)

- |   |   |
|---|---|
| <input type="checkbox"/> 2-5 years 2-5年     | <input type="checkbox"/> More than 20 Years 超過20年 (until target retirement age 至目標退休年齡)               |
| <input type="checkbox"/> 6-10 years 6-10年   | <input type="checkbox"/> Whole of life 終身 (including period after target retirement age 包括目標退休年齡後的時期) |
| <input type="checkbox"/> 11-15 years 11-15年 | <input type="checkbox"/> A single payment of not more than 不超過 HK\$ 港幣 _____ 的一次性付款                   |
| <input type="checkbox"/> 16-20 years 16-20年 |   |

3d. What percentage of your monthly disposable income (i.e. after deducting the expenditures including but not limited to living expenses, mortgage payment, other regular payment for loan, family expenses, and fees for premium financing, etc.) from all sources (including income from liquid assets) would you be able and willing to use to pay for the insurance premium (including your existing insurance policy(ies)) throughout the entire term of the insurance policy? (Please tick one only)

在整個保單期內, 閣下能夠及願意繳付的保費 (包括 閣下現有的其他保單) 佔 閣下透過所有收入來源 (包括流動資產收入) 獲得的每月可動用收入 (即經扣除包括但不限於生活支出、按揭還款、其他定期的貸款還款、家庭開支, 及保費融資費用等開支後) 的比率為? (請選一項)

- |   |   |
|---|---|
| <input type="checkbox"/> Less than 10% 少於 10% | <input type="checkbox"/> 31% - 40%            |
| <input type="checkbox"/> 10% - 20%            | <input type="checkbox"/> 41% - 50%            |
| <input type="checkbox"/> 21% - 30%            | <input type="checkbox"/> More than 50% 超過 50% |

3e. What are your sources of funds for paying insurance premiums? (You may tick one or more)  
閣下繳付保費的資金來源為？(可選多於一項)

i. Before retirement 退休前

- Salary 薪酬  Rental income 租金收入  
 Income 收入  Pension 退休金  
 Savings 儲蓄  Premium financing 保費融資 (Total interest paid 總利息開支 \_\_\_\_\_)  
 Investments 投資  Others 其他 (Please specify 請詳述: \_\_\_\_\_)  
 Family members 家人給予

ii. After retirement 退休後

- Income 收入  Rental income 租金收入  
 Savings 儲蓄  Pension 退休金  
 Investments 投資  Premium financing 保費融資 (Total interest paid 總利息開支 \_\_\_\_\_)  
 Family members 家人給予  Others 其他 (Please specify 請詳述: \_\_\_\_\_)

3f. Financial needs and expenses analysis: 財務需要及支出分析:

**Current protection shortfall 現時的保障需要**

(exclude value of any existing assets that have already been set aside for protection needs and coverage amount that are already provided under existing life insurance policies  
排除任何預留作保障需要的資產價值及現時持有的壽險保障金額)

**Current saving shortfall 現時的儲蓄需要**

(exclude any current existing saving you already have, including but not limited to cash, money in bank account, fixed deposit, return from your existing insurance policies, etc  
排除任何現有的儲蓄，包括但不限於現金、銀行存款、現時持有的儲蓄保障的預計回報等)

**Year to achieve total saving needs 滿足儲蓄需要的目標年期**

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)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ year(s) 年

**Note: For vulnerable customers\*, please answer the following financial needs and expenses analysis.**

**注意：需要特別關顧的客戶\*，請填寫以下財務需要及支出分析。**

**Protection need 保障需要**

(1) Total protection needs 總保障需要

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)

**Assets 資產**

(2) Value of existing assets that have already been set aside for protection needs  
預留作保障需要的資產價值

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

(3) Coverage from existing life insurance policies 現時持有的壽險保障

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

**(4) Current protection shortfall 現時的保障需要**

\_\_\_\_\_ (1)-(2)-(3)=(4)

**Saving needs 儲蓄需要**

(5) Total saving needs 總儲蓄需要

\_\_\_\_\_ (5)

**Year to achieve total saving needs 滿足儲蓄需要的目標年期**

\_\_\_\_\_ year(s) 年

(6) Value of existing assets that have already been set aside for saving needs  
預留作儲蓄需要的資產價值

\_\_\_\_\_ (6)

(7) Projected returns from existing saving policies 現時持有的儲蓄保障的預計回報

\_\_\_\_\_ (7)

**(8) Current saving shortfall 現時的儲蓄需要**

\_\_\_\_\_ (5)-(6)-(7)=(8)

\* A vulnerable customer is a person i) over 65 years of age, ii) whose education level is "primary level" or below, or iii) occupation is housewife/retiree/student.

要特別關顧的客戶是指 i) 65歲以上人士；ii) 教育水平屬小學或以下程度的人士，或 iii) 職業為家庭主婦/退休人士/學生。



5. Reason(s) for Recommendation: (to be completed by the Agent/Intermediary) 建議原因 (由保險代理/中介人填寫):

- I recommended the product(s) listed in the table above to the customer because the features and the benefits of the recommended product(s) meets the customer's current needs and the coverage period of this/these product(s) also meets the customer's target benefit/protection period. Moreover, the proposed premiums and the premium payment term are within the customer's current affordability and the time horizon which the customer is willing to pay for an insurance policy. I have considered that the possible risks and limitations of this/these product(s) are within the customer's risk tolerance. Based on the consideration of the factors mentioned, therefore I made the above recommendation. 我向客戶建議了上表中列出的產品，因為建議產品的特點和權益可以滿足客戶的當前需要，並且該/這些產品的保障期也可以達到客戶的利益/保障目標年期。此外，建議的保費和保費供款年期均符合客戶當前的承受能力和客戶願意為保單支付保費的年期範圍內。我認為該/這些產品的潛在風險和限制均在客戶的風險承受能力之內。因此，基於對所述因素的考慮，我提出了上述建議。
- Others 其他 (Please specify 請詳述)

**Note: If the proposed Sum Insured is less than 50% of the current protection shortfall in Question (3f), you must answer the question below. (If the proposed Sum Insured is higher than the current protection shortfall in Question (3f), the Company will reject the application.)**

**注意: 如果建議保額少於上述問題 (3f) 中填寫的保障需要的 50%，閣下必須回答以下問題。(如果建議保額大於上述問題 (3f) 中填寫的保障需要，本公司將會拒絕此次申請。)**

**5a. Please explain the mismatch between the proposed Sum Insured and current protection shortfall. (You may tick one or more)**  
如建議保額與保障需要不符，請作出解釋。(可選多於一項)

- The Applicant/Owner currently has limited disposable income to achieve his/her total protection needs  
保單申請人/持有人只有有限的可動用收入來實現其保障需要
- The Applicant/Owner prefers to use only part of his/her disposable income to achieve part of his/her total protection needs  
保單申請人/持有人選擇只使用部份的可動用收入來實現其保障需要
- The Applicant/Owner prefers to retain part of his/her disposable income for other needs that may arise in the near future  
保單申請人/持有人選擇保留部份的可動用收入用於日後可能產生的其它保障需要
- The Applicant/Owner prefers to retain part of his/her disposable income for new financial protection products that may be introduced in the near future  
保單申請人/持有人選擇保留部份的可動用收入於日後購買其它新財務保障產品
- Others 其他 (Please specify 請詳述: \_\_\_\_\_)

**Note: If the proposed policy's projected returns at the targeted year is less than 50% of the current saving shortfall in Question (3f), you must answer the question below. (If the proposed policy's projected returns at the targeted year is higher than the current saving shortfall in Question (3f), the Company will reject the application).**

**注意: 如果建議書上指定目標年期的預計回報少於上述問題 (3f) 中填寫的儲蓄需要的50%，閣下必須回答以下問題。(如果建議書上指定目標年期的預計回報大於上述問題 (3f) 中填寫的儲蓄需要，本公司將會拒絕此次申請。)**

**5b. Please explain the mismatch between the proposed policy's projected returns and the current saving shortfall. (You may tick one or more)**  
如建議書上指定目標年期的預計回報與儲蓄需要不符，請作出解釋。(可選多於一項)

- The Applicant/Owner currently has limited disposable income to achieve his/her total saving needs  
保單申請人/持有人只有有限的可動用收入來實現其儲蓄需要
- The Applicant/Owner prefers to use only part of his/her disposable income to achieve part of his/her total saving needs  
保單申請人/持有人選擇只使用部份的可動用收入來實現其儲蓄需要
- The Applicant/Owner prefers to retain part of his/her disposable income for other needs that may arise in the near future  
保單申請人/持有人選擇保留部份的可動用收入用於日後可能產生的其它儲蓄需要
- The Applicant/Owner prefers to retain part of his/her disposable income for new saving products that may be introduced in the near future  
保單申請人/持有人選擇保留部份的可動用收入於日後購買其它新財務保障產品
- Others 其他 (Please specify 請詳述: \_\_\_\_\_)

## Personal Information Collection Statement and Consent 個人資料收集聲明及授權

The purpose for collecting your Personal Data which is provided by you voluntarily is to:  
收集由閣下自願提供的個人資料的目的是為了：

1. understand your financial and protection circumstances and needs; 了解閣下的財務和保障的狀況和需要；
2. assess your suitability and affordability if you purchase a life insurance plan; 評估若閣下購買人壽保險計劃時的適合性和負擔能力；
3. recommend the suitable life insurance plan to you; 建議合適的人壽保險計劃給閣下；
4. process your life insurance policy application and administer all related matters; and 處理閣下的人壽保險保單申請及管理其相關事宜；和
5. contact you on matters directly relating to any of the above. 與上述任何一項直接相關的事宜與閣下聯絡。

I UNDERSTAND AND CONSENT THAT, by signing this Form, any personal data collected or held by Chubb Life Insurance Company Ltd. (the "Company") 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"), the Company's 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 my insurance application with the Company; (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 for such purposes; (iii) enable the insurance industry associations and 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. Moreover, the Company is hereby authorized to obtain access to and/or to verify any of my data with the information collected by the insurance industry associations and federations, the government and regulatory bodies and medical personnel or organizations. I am obliged to supply the information required from me under this Form which is a condition precedent for me to apply for the policy. Failure to supply the required information may result in the Company being unable to process the application. I understand that I 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 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 Chubb Life Insurance Company Ltd. at 33/F, Chubb Tower, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong.

就簽署此表格，本人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任何本人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收集之資料。本人有責任提供此表格之所需資料，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。本人明白，本人有權取閱及要求更正任何貴公司持有之有關本人的任何個人資料，或被給予拒絕查閱或更正的理由。本人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的資料保護主任提出，並送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。

## Declaration by Applicant/Owner 保單申請人/持有人聲明

I fully understand that all information provided in this Form is for analysis of my financial needs, and that such analysis is for reference only and will neither be considered as an insurance application nor form part of the policy. I also understand that formulations of this Form are based on assumptions and information provided by me, and that there is no guarantee that such assumptions are accurate and/or complete now or in future. I confirm that the Agent/Intermediary has carried out the financial needs analysis with me and explained the evaluation and recommendation to me. I declare that all information provided in this Form is correct, complete and true to the best of my knowledge and belief. I confirm that I fully understand and accept the associated risks and potential returns of the selected insurance product(s) and the consequences for any incorrect and/or incomplete information provided in this Form, including but not limited to rejection of my application for an insurance policy.

本人完全明白於此表格中所提供之所有資料是用作分析本人的財務需要，以及此分析只供參考之用及不會被視為保單申請及/或構成保單的一部份。本人亦明白此表格的設計是以各項假設及本人提供之資料作為基礎，以及有關假設在目前或日後是否準確及/或完整將不獲保證。本人確認保險代理/中介人已與本人進行財務需要分析，並向本人解釋其評估及建議。本人聲明就本人所知所信，此表格中所提供之所有資料均是正確、完整及真實。本人確認本人完全理解並接受所選購保險產品的相關風險和潛在回報，以及在此表格中提供任何不正確及/或不完整之資料所造成的後果，當中包括但不限於本人的保單申請將不被接納。

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>