

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 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 Hong Kong Limited) 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(安達人壽保險香港有限公司)。
- 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, premiums of existing insurance policy(ies) and fees for premium financing, etc.) from all sources (including income from liquid assets) in the past 2 years?

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、現有保單的保費及保費融資費用等開支後) 為?

i.  Not less than HK\$ \_\_\_\_\_; or 不少於港幣 \_\_\_\_\_; 或

ii.  In the following range: 在以下範圍內:

Less than HK\$10,000 少於港幣10,000

HK\$50,000 - 100,000 港幣50,000 - 100,000

HK\$10,000 - 19,999 港幣10,000 - 19,999

Over HK\$100,000 超過港幣100,000

HK\$20,000 - 49,999 港幣20,000 - 49,999

3b. What is your approximate current accumulative amount of net liquid assets? Please specify type(s) and total amount. (You may tick one or more)  
閣下現時累積的淨流動資產約有多少? 請註明種類及金額。(可選多於一項)

i. Type 種類:

Cash 現金

Bonds and mutual funds 債券及互惠基金

Money in bank accounts 銀行存款

US Treasury bills 美國國庫債券

Money market accounts 貨幣市場賬戶

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

Actively traded stocks 交投活躍的股票

ii. Amount of net liquid assets (HK\$) 淨流動資產金額(港幣): \_\_\_\_\_

**Note: Net liquid assets are liquid assets minus liquid liabilities. Liquid assets refer to assets which may be easily turned into cash. Real estate, coin collection and artwork are not considered to be liquid assets. Liquid liabilities refer to liabilities that need to be repaid in a relatively shorter period, including but not limited to premium financing/policy pledge loans, personal/credit card loans, etc. When calculating the amount of net liquid assets, sufficient liquid assets should be reserved to cope with the risk associated with the increase of interest rate.**

**備註: 淨流動資產是流動資產減去流動負債。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。流動負債是指需要在較短期內償還的負債, 包括但不限於保費融資 / 保單抵押貸款、私人 / 信用卡貸款等等。在計算淨流動資產金額時, 應預留足夠流動資產以應對利率上升的風險。**

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)

2-5 years 2-5年

More than 20 Years 超過20年 (until target retirement age 至目標退休年齡)

6-10 years 6-10年

Whole of life 終身 (including period after target retirement age 包括目標退休年齡後的時期)

11-15 years 11-15年

A single payment of not more than 不超過 HK\$ 港幣 \_\_\_\_\_ 的一次性付款

16-20 years 16-20年

3d. In relation to this application, 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, premiums of existing insurance policy(ies) 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 throughout the entire term of the insurance policy? (Please tick one only)

就此次申請而言, 在整個保單期內, 閣下能夠及願意繳付的保費佔 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、現有保單的保費及保費融資費用等開支後) 的比率為? (請選一項)

Less than 10% 少於 10%

31% - 40%

10% - 20%

41% - 50%

21% - 30%

More than 50% 超過50%

3e. In relation to this application, what percentage of your net liquid assets (i.e. the amount in question (3b)(ii)) would you be able and willing to use to pay the insurance premium throughout the entire term of the insurance policy? (Please tick one only)

就此次申請而言, 在整個保單期內, 閣下能夠及願意繳付的保費佔 閣下的淨流動資產 (即問題(3b)(ii)中之金額)的比率為? (請選一項)

Less than 10% 少於 10%

31% - 40%

10% - 20%

41% - 50%

21% - 30%

More than 50% 超過50%



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)

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**Note:**

**If the proposed sum assured or proposed policy's projected returns as shown in the benefit illustration, upon reaching the "Year to achieve total saving needs" in question (3g), is less than 50%/more than 10% of the "Current protection shortfall/Current saving shortfall" in question (3g); you must answer question below.**

**注意:**

如果建議保額/建議保單之利益說明所示的預計回報，於問題(3g)中的「滿足儲蓄需要的目標年期」屆滿時，少於問題(3g)中的「現時的保障需要/現時的儲蓄需要」的50%或大於10%，閣下必須回答以下問題。

**(If the proposed sum assured or proposed policy's projected returns as shown in the benefit illustration, upon reaching the "Year to achieve total saving needs" in question (3g), is more than 50% of the "Current protection shortfall/Current saving shortfall" in question (3g), the Company will reject the application.)**

(如果建議保額/建議保單之利益說明上所示的預計回報，於問題(3g)中的「滿足儲蓄需要的目標年期」屆滿時，大於問題(3g)中的「現時的保障需要/現時的儲蓄需要」的50%，本公司將會拒絕此次申請。)

5a. Please explain the mismatch between the sum assured/proposed policy's projected returns as shown in the benefit illustration and the current protection/saving shortfall. (You may tick one or more)

由於建議保額/建議保單之利益說明所示的預計回報與現時的保障/儲蓄需要不符，請作出解釋。(可選多於一項)

- Considering the effect of inflation/deflation  
因應通脹/通縮而考慮
- Proposed Insured/Insured's insurability of health has been guaranteed  
準受保人/受保人的健康承保風險可獲保證不變
- Minimize inconvenience caused by application for protection/savings amount adjustment省  
卻日後需辦理申請調整保障/儲蓄金額的繁複手續
- Applicant/Owner wants to diversify risks  
保單申請人/持有人欲分散風險
- Applicant/Owner wants to adjust level of protection/savings amount gradually  
保單申請人/持有人欲分階段調整保障/儲蓄金額
- Others 其他  
(Please specify 請詳述:



## Personal Information Collection Statement 個人資料收集聲明

I/WE HEREBY ACKNOWLEDGE, DECLARE AND AGREE THAT, by signing this form, any personal information collected or held by Chubb Life Insurance Hong Kong Limited (the "Company") is provided and may be used, processed, stored, disclosed, transferred by the Company to the transferees indicated in and in accordance with the Personal Information Collection Statement set out in my/our Application For Life Insurance, which may include without limitation, any branch, subsidiary, holding company, associated company or affiliates of the Company (the "Group Companies"), its authorized agents, reinsurers, claims investigators, loss adjudicators, medical advisors, recovery agents, insurance industry associations and federations, credit reference agencies, 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 and Mainland China. Moreover, the Company is hereby authorized to obtain access to and/or to verify any of my/our personal information 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 form which is a condition precedent for me/us to apply for the insurance products and related services. Failure to supply the required information may result in the Company being unable to process the form. For more details of the Company's policies on personal information and privacy protection, please read the Company's Privacy Notice available at <https://www.chubb.com/hk-en/footer/chubb-life-privacy-policy.html>. Any questions regarding personal information, access to or correction of personal information should be made in writing and forwarded to The Data Protection Officer of Chubb Life Insurance Hong Kong Limited at 35/F, Chubb Tower, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong.

就簽署此表格，本人/吾等確認、聲明及同意安達人壽保險香港有限公司（「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/吾等的個人資料至在本人/吾等的人壽保險申請書中的個人資料收集聲明所訂明的資料轉移接收方，包括但不限於，貴公司的任何分行、附屬公司、控股公司、聯營公司或聯繫公司（「集團公司」）、其獲授權的代理人、再保險公司、理賠調查公司、理賠調查員、醫療顧問、索償代理、保險行業協會及聯會、信貸資料機構、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，不論在香港及中國大陸境內或境外。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/吾等收集之個人資料。本人/吾等有責任提供此表格上所需資料，以作為申請保險產品及有關服務之先決條件。如未能提供所需的資料，可能會導致貴公司無法處理本表格。有關安達人壽保險香港有限公司個人資料及私隱保障政策的詳情，請參閱安達人壽保險香港有限公司的私隱政策，網址為<https://www.chubb.com/hk-zh/footer/chubb-life-privacy-policy.html>。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安達人壽保險香港有限公司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三十五樓。

## 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: \_\_\_\_\_)