

Broker Company : \_\_\_\_\_ (IA License: \_\_\_\_\_ )  
 TR Name : \_\_\_\_\_ (IA License: \_\_\_\_\_ )

## FINANCIAL NEEDS ANALYSIS (“FNA”) FORM

Version: PIBA-FNA-2020-001

### 財務需要分析表格

The information contained in this form will be the basis for recommendations developed as part of your personal financial plan. All information will be kept strictly confidential. Please fill out the form **COMPLETELY, TRUTHFULLY** and **AS ACCURATELY AS POSSIBLE**. For item(s) not applicable in your case, please mark “N/A”.

此表格中之資料將作為私人理財建議之根據，所有資料絕對保密，請**完整地及如實地**填寫此表格，並盡量確保資料的**準確性**。若有不適用的項目，請填寫「**不適用**」。

## Section 1: Basic Information

### 第一部分：基本資料

#### Personal Particulars 個人資料

English Name 英文姓名				Chinese Name 中文姓名				<input type="checkbox"/> Mr. 先生 <input type="checkbox"/> Miss 女士
Date of Birth 出生日期				Nationality 國籍				<input type="checkbox"/> Smoker 吸煙者 <input type="checkbox"/> Non-smoker 非吸煙者
Country of Birth 出生國家				Country of Tax Residence 稅務國家				
Contact Tel. No. 聯絡電話	Mobile 手提			Home 住宅			Office 辦公室	
Email Address 電子郵件地址				Marital Status 婚姻狀況	<input type="checkbox"/> Single 未婚 <input type="checkbox"/> Divorced 離婚	<input type="checkbox"/> Married 已婚 <input type="checkbox"/> Widowed 鰥/寡		
Residential Address 住址				Correspondence Address 通訊地址				(If differs from residential address 如與住址不同)
Education 教育程度	<input type="checkbox"/> Primary level or below 小學程度或以下	<input type="checkbox"/> Secondary 中學	<input type="checkbox"/> Non-degree Tertiary 大專(非學位)	<input type="checkbox"/> University Degree or above 大學學位或以上				
Employment Status 就業情況	<input type="checkbox"/> Full-time employed 全職工作	<input type="checkbox"/> Part-time employed 兼職工作	<input type="checkbox"/> Self-employed 自僱	<input type="checkbox"/> Unemployed 沒有就業				
Position 職位				Industry 行業				

#### Family Situation 家庭狀況 (please answer optionally 請選擇性地回答)

	Age 年歲	Dependents 需要供養
Father 父親	_____	<input type="checkbox"/>
Mother 母親	_____	<input type="checkbox"/>
Spouse 配偶	_____	<input type="checkbox"/>
Children 兒女 (total 總共 : _____)	_____ to 至 _____	<input type="checkbox"/>

#### Existing Coverage 已有保障

#### Sum Insured 總保額 (HKD 港幣)

Life Insurance 人壽保險		
Critical Illness Insurance 危疾保險		
Accidental Insurance 意外保險		
Medical Insurance 醫療保險	Type 種類	
Other Existing Coverage 其他現有保障 (Please specify details 請註明詳情)		

Financial Information 財務資料	
<b>Estimated Monthly Surplus / (Deficit) 估計每月剩餘/ (超支)</b>	
Amount 金額 (HKD 港幣)	
<b>(A) Average Monthly Incomes of past 2 years 過去 2 年的平均每月收入</b>	
Salary / Commission / Bonus 薪金 / 佣金 / 花紅	
Rental Income 租金收入	
Other Incomes 其他收入 ( )	
<b>Total Average Monthly Incomes 每月總平均收入 (A) ↘</b>	
Minus 減去:	
<b>(B) Average Monthly Expenses of past 2 years 過去 2 年的平均每月支出</b>	
Personal Expenses 個人開支	
Household Expenses 家庭開支	
Mortgages / Loans Repayment 按揭 / 借貸還款	
Insurance 保險	
Other Expenses 其他支出 ( )	
<b>Total Average Monthly Expenses 每月總平均支出 (B) ↘</b>	
<b>Estimated Monthly Surplus / (Deficit) 估計每月剩餘/ (超支) (A) – (B)</b>	
<b>Assets 資產</b>	
Amount 金額 (HKD 港幣)	
<b>(C) Liquid Assets 流動資產</b>	
Cash & Deposit 現金及存款	
Current Investment / 變現能力高的投資 (e.g. Listed Equities or Bonds 例如: 股票或債券)	
Other Liquid Assets 其他流動資產 ( )	
<b>Total Liquid Assets 流動資產總額 (C) ↘</b>	
<b>(D) Non-Liquid Assets 非流通資產</b>	
Properties 物業	
Other Non-Liquid Assets 其他非流動資產 (e.g. Company Shares 例如: 公司股份)	
<b>Total Non-Liquid Assets 非流動資產總額 (D) ↘</b>	
Minus 減去:	
<b>(E) Liabilities 負債</b>	
Mortgage Loans 按揭貸款	
Personal / Credit Card Loans 私人/信用卡 貸款	
Other Liabilities 其他債務 ( )	
<b>Total Liabilities 總負債額 (E) ↘</b>	
<b>Estimated Net Assets 估計淨資產 (C) + (D) – (E)</b>	
<b>Additional Information / Remarks 附加資料 / 備註</b>	

## Section 2: Financial Needs Analysis

### 第二部分: 財務需要分析

**Note :** This FNA form is to facilitate the identification of suitable insurance product(s) to meet your needs and circumstances. Please answer all questions in this form. Do NOT sign on this form if any questions are unanswered or have been crossed out. Do NOT sign on blank form. You need to inform us (the insurance intermediary) if there is any substantial change of information provided in this form.

客戶須知：本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。請回答本表格所述的所有問題。請勿於未完成回答本表格的所有問題或於任何問題被刪除的情況下簽署本表格。請勿在空白的表格上簽署。如在本表格中提供的資料有任何重大變更，請告知我們（保險中介人）。

**[Note:]** You must reply to all the questions. Do not leave it blank. Without such information, this would likely result in the authorized insurer rejecting the application.

**[註:]** 閣下必須回答所有問題，請不要留空。在此如閣下不回答，獲授權保險人亦可能因此而拒絕閣下的申請。

1. What are your objectives for seeking to purchase an insurance product? (tick one or more)

閣下購買保險產品的目標為何？（勾選一項或多項）

☐ **A** Financial protection against adversities (e.g. death, accident, disability etc.)

為應付不時之需提供財務保障（如身故、意外、殘疾等）

☐ **B** Preparation for health care needs (e.g. critical illness, hospitalization etc.)

為應付醫療保健需要（如危疾、住院等）

☐ **C** 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）

☐ **D** Saving up for the future (e.g. child education, retirement etc.)

為未來需要作儲蓄（如兒童教育、退休等）

☐ **E** Investment 投資

☐ **F** Others 其他 (Please specify 請詳述：\_\_\_\_\_)

2. If "Investment" (answer E) is chosen as one of the objectives in Q1 above, to meet your "Investment" objective, how would you prefer to manage different investment options/investment choices, if available, under the insurance product? (tick one)

如在上述問題中選擇「投資」（答案 E）作為目標之一，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）？（勾選一項）

☐ 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。

☐ 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。

☐ 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）。

3. What is your target benefit/protection period/expected timeframe for meeting the target amount for insurance policy? (tick one)

閣下的保單目標利益／保障期／實現目標金額的預期時間為？（勾選一項）

☐ **A** < 1 year 少於 1 年

☐ **B** 1-5 years 1-5 年

☐ **C** 6-10 years 6-10 年

☐ **D** 11-15 years 11-15 年

☐ **E** 16-20 years 16-20 年

☐ **F** >20 years 超過 20 年

☐ **G** Whole of life 終身

4. Upon the existing insurance protection plan owned, what is your target extra benefit/protection/saving amount? (can choose more than one)

除閣下現時擁有的保險計劃之外，閣下想增加的保險金額／儲蓄金額是？（可選擇多於一項）

☐ Life Protection 人壽保障

HK\$ 港幣 \_\_\_\_\_

☐ Critical Illness Protection 危疾保障

HK\$ 港幣 \_\_\_\_\_

☐ Saving 儲蓄 (on 到 \_\_\_\_\_ age/years 年歲/年期)

HK\$ 港幣 \_\_\_\_\_

☐ Others 其他 (\_\_\_\_\_)

HK\$ 港幣 \_\_\_\_\_

5 Your ability and willingness to pay insurance premiums:

閣下繳付保費的能力及意願：

- (a) What is your average monthly disposable income (i.e. after deducting the expenditure) from all sources (including income from liquid assets) in the past 2 years? (Please refer to Section 1 Financial Information (A) & (B))

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（即經扣除開支後）為？（請參考 第一部分 財務資料 (A) & (B)）

☐ i. Specific amount 具體金額:

Not less than 每月不少於

HK\$ 港幣 \_\_\_\_\_ per month

OR

☐ ii. In the following range 在以下範圍內:

☐ Less than HK\$10,000 少於港幣 10,000

☐ HK\$10,000 – HK\$19,999 港幣 10,000 – 19,999

☐ HK\$20,000– HK\$49,999 港幣 20,000 – 49,999

☐ HK\$50,000 – HK\$100,000 港幣 50,000 – 100,000

☐ Over HK\$100,000 超過港幣 100,000

- (b) What is your approximate current accumulative amount of liquid assets? (Please refer to Section 1 Financial Information (C))

閣下現時累積的流動資產約有多少？（請參考 第一部分 財務資料 (C)）

Total amount 總額 HKD 港幣 \_\_\_\_\_

- (c) What percentage of your monthly disposable income (i.e. after deducting the expenditure) 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? (tick one)

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（即經扣除開支）的比率為？（勾選一項）

☐ < 10%

☐ 10% - 20%

☐ 21% - 30%

☐ 31% - 40%

☐ 41% - 50%

☐ > 50 %

☐ Not Applicable 不適用 (Reason 原因: \_\_\_\_\_)  
(e.g. non-regular premium products 例如. 非定期供款產品)

- (d) For how long are you able and willing to pay for an insurance policy? (tick one)

閣下能夠及願意為保單支付保費的年期為？（勾選一項）

☐ i. Specific Term of Year 具體年期: \_\_\_\_\_ year(s)年

OR 或

☐ ii. In the following range 在以下範圍內:

☐ 1-5 years 1-5 年

☐ 6-10 years 6-10 年

☐ 11-15 years 11-15 年

☐ 16-20 years 16-20 年

☐ More than 20 Years 超過20年

☐ Whole of life 終身

☐ A single payment of not more than 一次性付款不超過 HK\$ 港元 \_\_\_\_\_

- (e) If the installment period is beyond the normal retirement age or the expected retirement age specified in the Recommendation Section, please specific the affordable for continuous payment

如供款年期超過一般退休年歲或在保險建議項目上的期望退休年歲，請說明可以持續供款的原因

☐ The premium can be paid by the retirement saving according to the actual need during retirement.

保費會根據退休時的實際需要，由退休儲蓄金支付。

☐ Others 其他

- 6 (f) Will you intend to use 'Premium Financing' to arrange the policy? 閣下是否打算運用'保費融資'安排此保單？

☐ yes 有

☐ no 否

If yes, you must pay attention to the credit risk and interest rate risk resulting from the loan interest rate raised. If the loan interest rate raised, your periodical interest repayment or accumulated loan balance will be increased. This will reduce the amount of your disposal income and/or liquid asset and influence the affordability of instalment or living standard. Please consult your insurance intermediary for details to ascertain your affordability .

如是，閣下要注意，利率一旦趨升所帶來的信貸及利率風險。 利率一旦上升，每期所歸還的利息或銀行累積的欠款金額也會上升，導致每月可以動用的收入將會下降及/或現有的流動資產減少，影響閣下的供款能力或生活水平。請向閣下的保險中介人諮詢詳細，以確定閣下的負擔能力。

## Section 3: Product(s) introduction and Conclusion

### 第三部分：產品介紹及選擇結果

To be filled by the intermediary conducted the Financial Needs Analysis 由負責進行財務需要分析的中介人填寫

Based on your answers to the questions above, the intermediary concerned has explored the following insurance options (as available to the intermediary) to meet your objective(s) and needs(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)，以迎合閣下選購保險產品的目標及滿足閣下的需要：

**Note 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，其附加契約保障年期可能較基本計劃的保障期短，即附加契約可能會早於基本計劃終止。  
A licensed insurance broker should also provide you with at least another insurance option from a different authorized insurer that meets your needs and circumstances. The only exception to this would be where the licensed insurance broker concludes that there is no other insurance option available to the customer.  
該持牌保險經紀應同時向閣下介紹最少一項能符合其需要和狀況的保險選擇，而該保險選擇應由不同的獲授權保險人所提供。此規定的唯一例外情況，是持牌保險經紀確定並無其他保險選擇可供客戶選取。  
If an intermediary's introduced insurance options includes Investment-Linked Assurance Schemes, the intermediary should also introduce a participating policy to you for consideration  
倘中介人介紹之保險產品包括投資相連壽險計劃，中介人必須同時向閣下介紹一份分紅保單，以供閣下選擇。  
You are required to inform your intermediary or the insurer if there is any substantial change of information provided in this form before the policy is issued.  
若財務需要分析表格上填報的資料有重大改變，閣下在保單未簽發前，必須通知閣下的中介人或承保人／公司。

#### Name of Insurance Companies and Product(s) introduced

曾介紹的保險公司及產品名稱

	Name 名稱	Protection Period 保障年期	Product(s) Selected 最終選擇產品
a. Insurance Company 保險公司			<input type="checkbox"/>
Basic Plan 基本計劃名稱			<input type="checkbox"/>
Riders 附加契約名稱			<input type="checkbox"/>
Riders 附加契約名稱			<input type="checkbox"/>
Riders 附加契約名稱			<input type="checkbox"/>
b. Insurance Company 保險公司			<input type="checkbox"/>
Basic Plan 基本計劃名稱			<input type="checkbox"/>
Riders 附加契約名稱			<input type="checkbox"/>
Riders 附加契約名稱			<input type="checkbox"/>
Riders 附加契約名稱			<input type="checkbox"/>
c. Insurance Company 保險公司			<input type="checkbox"/>
Basic Plan 基本計劃名稱			<input type="checkbox"/>
Riders 附加契約名稱			<input type="checkbox"/>
Riders 附加契約名稱			<input type="checkbox"/>
Riders 附加契約名稱			<input type="checkbox"/>

Remark: Reason for only providing 1 insurance company suggestion, if any

備註：只能提供一間保險公司建議的原因，如有

## Recommendations and Reasons for Recommendations 建議及原因

To be filled by the intermediary conducted the Financial Needs Analysis 由負責進行財務需要分析的中介人填寫

Suitability mismatch exists? 有沒有出現合適性偏差?

☐ yes 有

☐ no 沒有

If no 如沒有

- ☐ the recommendation(s) was suggested with consideration of Applicant's financial objectives, priorities, total protection needs and budget. After discussion with Applicant, the Applicant would like to strike a balance of the above &/or the following reasons, if any
- 此建議是考慮到申請人的理財目標、全面保障的需要、各需要的優先重要性及申請人的財務預算而作出，在與申請人商討後，申請人期望以上各方面取得平衡，及以下原因(如有)

☐

If yes, what is the mismatch 如有，偏差的情況是

- ☐ 1. objectives for seeking to purchase an insurance product 購買保險產品的目標?
- ☐ 2. target benefit/protection period 目標利益／保障期的預期時間?
- ☐ 3. % on disposable income of able and willing to use to pay for the insurance premium 能夠及願意繳付的保費佔所有收入來源?
- ☐ 4. years of able and willing to pay 能夠及願意為保單支付保費的年期?
- ☐ 5. level of insurance protection (i.e. protection amount) 保障所需要的金額?
- ☐ 6. Others 其他 \_\_\_\_\_

### Reasons for recommending insurance product(s) even if the mismatch exists

雖然有合適性偏差出現，但中介人仍然介紹此產品的原因是

- ☐ Owing to the limit on Insurance Premium budget, the protection or saving amount of the recommended plan cannot be reached to the ultimate request. However, the recommended insurance plan is in accordance with your expected payment period and amount. The plan can help towards your ultimate need.

因現在供款預算原因，這保險計劃的金額未能達到保險或儲蓄的全面需求，但現在建議的保險，已經符合閣下的年期及供款金額等要求，能夠為閣下邁向至全面的保障及儲蓄目標。

☐

☐

☐

## Section 4: Customer Declaration

### 第四部分：客戶聲明

Please review all the information completed above to check whether it is correct before reading this section.

在閱讀此部分前，請覆核上述填寫的所有資料是否正確無誤。

This section contains IMPORTANT declaration. Please read ALL of them carefully before you sign and date this form. If you have any doubts, you should ask your intermediary for clarification and/or explanation.

此部分包含重要聲明，請仔細閱讀所有聲明之內容，方可簽署及填寫日期。如閣下有任何疑問，應要求閣下之中介人作出澄清及／或解釋。

1. I/We confirm that I/we have reviewed the information given in this Financial Needs Analysis Form (hereinafter refer to as "this Form") and all information is true and correct. I/We understand and acknowledge that if I/we choose either not to fully or accurately complete this Form, any recommendations or advices given by my/our intermediary under these circumstances may be unsuitable for my/our needs, possibly leading me/us to acquire unsuitable insurance product(s).

本人／吾等確認已覆審本財務需求分析表格（以下簡稱為「本表格」）的資料，並確認所有資料真實無誤。本人／吾等明白及確認如本人／吾等選擇不完整地或不準確地填寫本表格，本人／吾等的中介人在此情況下給予的建議或意見可能不適合本人／吾等的需要，並可能導致本人／吾等購買不適合本人／吾等的保險產品。

2. I/We understand and consent that the information/ data supplied in this Form may be disclosed or transferred to the following institution(s):

本人／吾等明白及同意本表格中所提供的資料或會被披露或轉移至下列機構：

- (i) relevant insurer(s)/ financial institution(s) for processing my/our insurance application and provision of relevant services; and  
相關之保險公司／金融機構，以處理本人／吾等的保單申請和為本人／吾等提供相關之服務；及
- (ii) government authority(ies), regulator(s) and arbitration institution(s) as they deem necessary.  
政府當局、監管機構及仲裁機構，在其認為有需要時。

3. I/We understand that I/we have the rights to request for reviewing/ reconsidering/ modifying/ canceling my/our application before the policy is issued/ has become effective and that I/we am/are entitled to cancel the policy I/we have purchased anytime throughout the "cooling-off period."

本人／吾等明白在保單生效／發出之前，本人／吾等有權利要求重新審視／重新考慮／更改／取消本人／吾等的申請，並有權在整個「冷靜期」內隨時取消本人／吾等已購買的保單。

4. I/We understand that the broker company is remunerated for its services by the receipt of remuneration paid by insurers. My/Our agreement to proceed with this insurance transaction shall constitute my/our consent to the receipt of such remuneration by the company.

本人／吾等明白「經紀公司」將藉收取保險人支付的報酬，作為其所提供服務的酬金。若本人／吾等同意進行是項保險交易，將構成本人／吾等同意本公司收取有關報酬。

<hr/>	<hr/>	<hr/>
<b>Applicant's Name 投保人姓名</b>	<b>Applicant's Signature 投保人簽署</b>	<b>Date 日期</b>

### To be filled by the Intermediary(ies) who conducted the above Financial Needs Analysis

由負責進行以上財務需要分析之中介人填寫

1.	<hr/>	<hr/>	<hr/>	<hr/>
	Name 姓名	IA License No. 保監註冊編號	Signature 簽署	Date 日期
2. (If any 如有)	<hr/>	<hr/>	<hr/>	<hr/>
	Name 姓名	IA License No. 保監註冊編號	Signature 簽署	Date 日期

<hr/>	<hr/>
<b>Name of Insurance Broker Company 保險經紀公司名稱</b>	<b>IA License No. 保監註冊編號</b>

## SUPPLEMENTARY 補充

## Insurance Needs Recommendation

## 保險需要建議

☐ Life Protection Needs 人壽保障需要

1) Monthly Family Spending 每月家庭開支  
(HK\$ 港幣 \_\_\_\_\_ x 12 months 月 x \_\_\_\_\_ years 年)

2) Other Protection Needs 其他保障需要

Housing or Others Loan 樓宇按揭尚餘還款總額及其他債項

Education Funds 子女教育經費

Final Expenses, other Expenses, etc 善終開支、其他開支等

## Minus 減去:

1) Existing Life Protection Coverage 現有人壽保障

2) MPF 強積金 / ORSO, etc 公積金 等

3) Existing Assets 現有資產 (e.g. 例如: Cash 現金、  
Investment 投資、Invested Property 投資物業等)

**Estimated Shortfall in Current Life Protection 預期現時人壽保障需要的差額**

☐ Retirement Fund Needs 退休資金需要

Expected Retirement Age 期望退休年歲 (\_\_\_\_\_ Age 歲)

Number of years to Retirement 距離退休年期 (\_\_\_\_\_ years 年)

(Retirement Age minus Present Age 退休年歲 減 現時年歲)

Expected Retirement Period 期望退休生活年期 (\_\_\_\_\_ years 年)

Monthly Retirement spending 每月退休支出 (Future Value 將來值, having inflation factor 已計算通脹因素)

1) Retirement Needs 退休支出需要

(Monthly spending x 12 months x Expected Retirement Period 每月退休支出 x 12 月 x 期望退休生活年期)

2) Cash Reserve Needs 現金儲備需要

## Minus 減去: (upon Retirement Age 在退休年歲時)

1) Estimated MPF / OSRO accumulate

預計強積金/公積金累算價值

2) Estimated Future Asset Value 預計將來資產價值

(e.g. Cash, Insurance, Investment, Invested property 例如: 現金、保險、投資、投資物業等)

**Estimated Total Retirement Fund Needs 預期退休資金需要**



<input type="checkbox"/>	<b>Education Fund Needs 子女教育經費需要</b>	
	Child Age when Fund Needs 經費需要時，子女的年歲 ( ____ Age 歲) Number of Years to Fund Required 距離需要時的年期 ( ____ Year 年) (Age of Required Fund minus Present Age 需要時年歲 減 現時年歲) Amount required each year 每年教育經費需要 (HK\$ 港幣 _____) (Future Value 將來值，having inflation factor 已計算通脹因素) How many years required 需要經費多少年? ( ____ Year 年)	
	1) Education Funds Needs 教育經費需要	
	(Amount required each year 每年教育經費需要 (Future Value 將來值) x Number of years required 需要經費年數)	
	<b>Minus 減去:</b>	
	2) Funds already prepared 已經為子女預備的經費 (Future Value 將來值)	
	<b>Estimated Education Fund Needs 預期子女教育經費需要</b>	
<input type="checkbox"/>	<b>Other Saving Needs 其他儲蓄需要</b>	
	Purpose of Savings 儲蓄目的 ( _____ ) Number of years to that Purpose 儲蓄目標年期 ( ____ Year 年)	
	1) Expected Funds upon target year 到達目標年期時，期望得到的金額	
	(Future Value 將來值，having inflation factor 已計算通脹因素)	
	<b>Minus 減去:</b>	
	2) Saving amount already prepared 已經預備的金額 (Future Value 將來值)	
	<b>Estimated Other Saving Needs 預期其他儲蓄需要</b>	
<input type="checkbox"/>	<b>Critical Illness Protection Needs 危疾保障需要</b>	
	1) Monthly Personal and Family Spending 每月個人及家庭開支	
	(HK\$ 港幣 _____ x 12 month 月 x ____ year 年)	
	2) Medical and Health Expenses 醫療及健康護理費用	
	<b>Minus 減去:</b>	
	1) Existing Critical Illness Insurance Coverage 現有危疾保障	
	<b>Estimated Shortfall in Current Critical Illness Protection 預期危疾保障需要的差額</b>	
<input type="checkbox"/>	<b>Other Protection suggestion 其他保障建議</b>	
	Item 項目	
	Suggestion 建議方案	