

Broker Company : _____ (IA License: _____)
 TR Name : _____ (IA License: _____)

FINANCIAL NEEDS ANALYSIS ("FNA") FORM

Version: PIBA-FNA-2020-001

||"•f"Y)!@78X 7ä

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".

; X 7ä Ö ólo5A+ @bli bC@l.ç[ó7á4,p»1è6±\o5ALý+µ ...+np»Zs+45 &Ø #r)*+Z&Ø +"; X 7äp» ÎF%awHb ...lo5AF, >>Hb/ÄR•6± µ` DÐ F,g-F-p»Zs(+ " i µ` DÐ í ä

Section 1: Basic Information

JÔ ""•!@: 'ç6Ô\o5A

Personal Particulars ³ b\o5A

English Name R™5/){#µ				Chinese Name Ô5/){#µ				<input type="checkbox"/> Mr. ðDÇ <input type="checkbox"/> Miss) ("
Date of Birth !çDÇ5•6Ç				Nationality &³Kõ				<input type="checkbox"/> Smoker #àA O- <input type="checkbox"/> Non-smoker g #àA O-
Country of Birth !çDÇ&³+^				Country of Tax Residence l-"•&³+^				
Contact Tel. No. P M f£Z	Mobile 223-			Home 6+l			Office _!S+ç	
Email Address f£*ø`•ž&Ø&è				Marital Status *)£Bh<i	<input type="checkbox"/> Single 7 *A <input type="checkbox"/> Divorced fÉ*A	<input type="checkbox"/> Married -Ù*A <input type="checkbox"/> Widowed l¶/4È		
Residential Address ÷&è				Correspondence Address _ÄY²&Ø&è	(If differs from residential address)*Q` ÷&è µ#)			
Education 5 PZI³.N	<input type="checkbox"/> Primary level or below ++ l³.N1¼ • ³	<input type="checkbox"/> Secondary Ô+	<input type="checkbox"/> Non-degree Tertiary (Ï+°)g + õ *	<input type="checkbox"/> University Degree or above (Ï+ + õ1¼ • ²				
Employment Status +Û9 Om<i	<input type="checkbox"/> Full-time employed ! P •	<input type="checkbox"/> Part-time employed !\$P •	<input type="checkbox"/> Self-employed Q'™	<input type="checkbox"/> Unemployed <:6±+Û9				
Position P õ				Industry Wô9				

Family Situation *t-kA~;• (please answer optionally Y%o_63...â%l%œJ)

	Age .[:Y	Dependents ççYh ,hñ
Father B Y'	_____	<input type="checkbox"/>
Mother ;'Y'	_____	<input type="checkbox"/>
Spouse a4]	_____	<input type="checkbox"/>
Children !9]Z (total N\$!X : _____)	_____ to QÚ _____	<input type="checkbox"/>

Existing Coverage ,°5Ç »eZ Sum Insured Lû »g (HKD <í-!)

Life Insurance ;(ä Äf'		
Critical Illness Insurance #XE¥ Äf'		
Accidental Insurance 0ö(y Äf'		
Medical Insurance a'F) Äf'	Type IÖh	
Other Existing Coverage !] ½Câ6ð Äff (Please specify details Z²Z*5öZZ0-)		

Financial Information []—[...4W

Estimated Monthly Surplus / (Deficit) ØY°;w6° hÅ/ (J-4x)		Amount aygō (HKD =x.)
(A) Average Monthly Incomes of past 2 years _ö#c 2. F., &i;w6°4P!		
Salary / Commission / Bonus URay / ay / RYL-	<input type="text"/>	
Rental Income l†ay4P!	<input type="text"/>	
Other Incomes ! ~4P! (_____)	<input type="text"/>	
Total Average Monthly Incomes ;w6°Må. &i4P! (A) -		
Minus =Å#c:		
(B) Average Monthly Expenses of past 2 years _ö#c 2. F., &i;w6°4x!ç		
Personal Expenses ³ be34x	<input type="text"/>	
Household Expenses +^Ue34x	<input type="text"/>	
Mortgages / Loans Repayment 2±3• / Ç\` ;:æ	<input type="text"/>	
Insurance ...fR	<input type="text"/>	
Other Expenses ! ~4x!ç (_____)	<input type="text"/>	
Total Average Monthly Expenses ;w6°Må. &i4x!ç (B) -		
Estimated Monthly Surplus / (Deficit) ØY°;w6° hÅ/ (J-4x) (A) – (B)		

Assets \oDÊ		Amount aygō (HKD =x.)
(C) Liquid Assets <é"}\oDÊ		
Cash & Deposit C\ay#r+ :æ	<input type="text"/>	
Current Investment / [2C!P¥"Cj€F,2=\o (e.g. Listed Equities or Bonds r)i: PII 1¾]!à)	<input type="text"/>	
Other Liquid Assets ! ~<é"}\oDÊ (_____)	<input type="text"/>	
Total Liquid Assets <é"}\oDÊMågō (C) -		
(D) Non-Liquid Assets g <é"}\oDÊ		
Properties B 9	<input type="text"/>	
Other Non-Liquid Assets ! ~g <é"}\oDÊ (e.g. Company Shares r)i: ! # PI ¥)	<input type="text"/>	
Total Non-Liquid Assets g <é"}\oDÊMågō (D) -		
Minus =Å#c:		
(E) Liabilities \H]		
Mortgage Loans 2±3•\` :æ	<input type="text"/>	
Personal / Credit Card Loans li b/ %oDÐ#\` :æ	<input type="text"/>	
Other Liabilities ! ~]"• (_____)	<input type="text"/>	
Total Liabilities MÅ\H]gō (E) -		
Estimated Net Assets ØY°=\oDÊ (C) + (D) – (E)		

Additional Information / Remarks e !^ [...4W / WXù

Section 2: Financial Needs Analysis

JÖ 4`!@: \!`f`Y)!@78

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.

+J1Bg°G•pÉ6Ö\!`f`Y)!@78X 7ä5•&D"ü"Q+32&` #°F, ...fRDÊ\$ip» •>§][eK ³F,f`Y)#r0m<i äZs&†Jü6ÖX 7ä1è`_F,1è6±\$÷gô äZs"§5d6Ö+41,8† Jü6ÖX 7äF,1è6±\$÷gô1¾45d £ ý\$÷gôXS!Öf F,0m<i ³KäO 6ÖX 7ä äZs"§&DJ"F%F,X 7ä ²KäO ä)*&D6ÖX 7ä Ö3x CF,lo5A6± £ ýau(¡[26æp»Zs#ð G•1¹ 1p. ...fR Ö s bp, ä

[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.

\Yä ; ^ !eK ³/mg°&†Jü1è6±\$÷gôp»Zs µY)E J" ä&D;)°eK ³ µ&†Jüp»C 30:² ...fR b N#—P¥&^; O´2zLýeK ³F,DÛZs ä

1. What are your objectives for seeking to purchase an insurance product? (tick one or more)
- eK ³\ ...fRDÊ\$if,F-9Á@b ýp!p."i" `g-1¾(Ág-p,
- r A Financial protection against adversities (e.g. death, accident, disability etc.)
@b1q € µ5è óf`3x C\!` ...fDp.)*^S4í ä0-(¾ ä;@EfJñp,
 - r B Preparation for health care needs (e.g. critical illness, hospitalization etc.)
@b1q €aSEè ... f`Y)p.)*# Ef ä ÷f Jñp,
 - r C Providing regular income in the future (e.g. retirement income etc.)
@j7 m3.,+7 Fk5 !L (r): _ç ø5 !LK0)
 - r D Saving up for the future (e.g. child education, retirement etc.)
@b6Ö .f`Y) ÚT!p.)* úJ•5 PZ ä_` ¹Jñp,
 - r E Investment 2\@
 - r F Others !] ½ (Please specify Z²ZZ_x : _____)

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)
-)*&D ²`_ \$÷gô Ö` 4o i2=lo í)Jü7ð IE * ! @bF-9Á ó `p»@b+ŽC! ²_` i2=lo íF,F-9Áp»eK ³-6Ä)* ýKIC® ...fRDÊ\$ig- ³F, µ#´2=lo` g-p¾2=lo` 4op.)*6±p,p!p."i" `g-p,
- r 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
6Ö bh 0-2± ³ b<" +Bp.;sg°C 30:² ...fR b#rp¾41¾2@Að ...fR Ö s b3x C £ ý+°9 0-Y3F,0m<ip,` 4o#rKIC® ...fRDÊ\$ig- ³F, µ#´2=lo` g-p¾2=lo` 4op.)*6±p,p» Í ¼h 0-&D ...fRDÊ\$if,F-9Á!ÑFrp¾ ...fD6ÇF,5 ³6Çe; !ç; <" +B ä
 - r 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
6Ö bh 0-2± ³ b<" +Bp.;M;C 30:² ...fR b#rp¾41¾2@Að ...fR Ö s b3x C +°9 0-Y3F,0m<ip,` 4o#rKIC® ...fRDÊ\$ig- ³F, µ#´2=lo` g-p¾2=lo` 4op.)*6±p,p» Í ¼h 0-&D ...fRDÊ\$if,F-9Á!ÑFrp¾ ...fD6ÇF,5 ³6Çe; !ç; <" +B ä
 - r I do not want to choose or manage different investment options/investment choices, if available, under an insurance product
6Ö b µh 0` 4o1¾KIC® ...fRDÊ\$ig- ³F, µ#´2=lo` g-p¾2=lo` 4op.)*6±p, ä

3. What is your target benefit/protection period/expected timeframe for meeting the target amount for insurance policy? (tick one)
- eK ³F, ...%VF-9Á!ÑFrp¾ ...fD6Çp¾+ŽC!F-9ÁaygōF,g,6Ç5èe;@bp!p."i" `g-p,
- r A < 1 year +15d 1 .
 - r B 1-5 years 1-5 .
 - r C 6-10 years 6-10 .
 - r D 11-15 years 11-15 .
 - r E 16-20 years 16-20 .
 - r F >20 years]-ö 20 .
 - r G Whole of life Lè^S

4. Upon the existing insurance protection plan owned, what is your target extra benefit/protection/saving amount? (can choose more than one)
- f eK ³C!5è4i6±F, ...fRY"°+ ó(¾p»eK ³0(F"HF, ...fRaygō 0 ÚTlaygō5xp!)#—` 4o(Á5d `g- *
- r Life Protection b(¥ ...fD HK\$ =x. _____
 - r Critical Illness Protection # Ef ...fD HK\$ =x. _____
 - r Saving ! T« (on " _____ age/years .[:Y/ .[7 HK\$ =x. _____
 - r Others ! ~ (_____) HK\$ =x. _____

5 Your ability and willingness to pay insurance premiums:

eK ³N € ... \cF, P¥"C#r0-h pÉ

(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))

&D_ö#c! . ! p»eK ³_ _ö1è6±4p! .>8p."-2"<é")\oDÊ4p! p,C /?F,. &i;w6°#—" }DÐ4p! p# M;2 f e34x/4p, @bpĀ)Zs#kO« !JÔ "

r i. Specific amount ! jJaygō:

Not less than ;w6° μ+15d
HK\$ =x. _____ per month

OR r ii. In the following range &D • ³KI&μ! :

- r Less than HK\$10,000 +15d=x. !10,000
- r HK\$10,000 – HK\$19,999 =x. !10,000 – 19,999
- r HK\$20,000– HK\$49,999 =x. !20,000 – 49,999
- r HK\$50,000 – HK\$100,000 =x. !50,000 – 100,000
- r Over HK\$100,000]-_ö=x. !100,000

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

eK ³C:5êLxIöF,<é")\oDÊL-6±(Ā+1 @ !)Zs#kO« !JÔ " " !@ !\ "•\o5A !) D * *

Total amount Mâgō HKD =x. _____

(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)

&D5 ³ ...%V6Ç! p»eK ³P¥(Ē#rh 0-N €F, ... \cp."-2"eK ³C!6±F,! ~ ...%Vp, ü_ _ö1è6±4p! .>8p."-2"<é")\oDÊ4p! p,C /?F;w 6°#—" }DÐ4p! p# M;2 f e34xp,F,;|C/@bpĀp."i " g-p,

- r < 10%
- r 10% - 20%
- r 21% - 30%
- r 31% - 40%
- r 41% - 50%
- r > 50 %

r Not Applicable μ` DÐ (Reason #G&^ : _____)
(e.g. non-regular premium products 3)*. g +B6Ç C:æDÊ\$!)

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

eK ³P¥(Ē#rh 0-@b ...%V4x € ... \cF, . 6Ç@bpĀp."i " g-p,

- r i. Specific Term of Year ! j|. 6Ç : _____ year(s) .
- OR 1¾
- r ii. In the following range &D • ³KI&μ! :
- r 1-5 years 1-5 . r 6-10 years 6-10 . r 11-15 years 11-15 . r 16-20 years 16-20 .
- r More than 20 Years]-_ö20 . r Whole of life LêAS
- r A single payment of not more than " :É/Ī €:æ μ]-_ö HK\$ =x ë _____

(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

) * C:æ. 6Ç]-_ö "QÔ_ " 1. ; 1¼&D ...fR.ç[g-F- ²F,6Ç6Ā_ " 1. ; p»ZsZR5¶#— •2©N4 C:æF,#G&^

r The premium can be paid by the retirement saving according to the actual need during retirement. ... \c6«7á4,_" 15êF,+ŽfCf"Y)p»DÛ_ " 1 ÚTlay4x € ä
r Others !] ½

6 (f) Will you intend to use 'Premium Financing' to arrange the policy? eŠ ò6 \$ 2:K~2E ' Ä\çWt\@+p3y;K Ä%• ç

- r yes 6±
- r no #Ī

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 .

!) *5xp»eK ³Y)<•0-p»!ÑC/ "5Ž]P"i1è-b .F, %\`#\#r!ÑC/hPfr ä !!ÑC/ "5Ž ²"ip»;w6Ç1è; `F,!Ñ0 1¼b(WôLxIöF;:È:æaygō 6« ² "ip»+¶Qœ;w6°#—" }DÐF,4p! +~6« ³eō#r 01¼C!6±F,<é")\oDÊ=Ā+1p)/ gŞeK ³F, C:æP¥"C1¼DÇ<ã;Ü. äZs#1eK ³F, ...fR Ō s bZ-Z Z Løp» •Hb+BeK ³F,\H4|P¥"C ä

Section 3: Product(s) introduction and Conclusion

JÔ ±`•!@ ; !DÊ\$î sLá#r` 4oLø7D

To be filled by the intermediary conducted the Financial Needs Analysis **DÙ\HT_ÚW6\!•fY)!@78F, Ô s b(+"**

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):

7á4,eK ³F, ²_ g-p» Ô s b6iQ`eK ³Y¶Z~ ³!¿ ...fRDÊ\$îF,` 4o)&^1q Ô s b1èP¥3x CF,DÊ\$î *p» •_v#°eK ³ \æ ...fRDÊ\$îF,F-9Á#r>§][eK ³F,f`Y) ;

Note **Yã**

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.

À Ô s b sLá ó ...fRDÊ\$î"-2"ç6ÔY°"+#rei"H(ùL-rp)O"ç6ÔY°"+F, ...fD. 6Ç^«ei"H(ùL-rF, ...fD. 6ÇG•p»ei"H(ùL-r#—P¥6«&D'ç6ÔY°"+Lê ; 5ê+4Lø ä

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.

À Ô s b sLá ó ...fRDÊ\$î"-2"ç6ÔY°"+#rei"H(ùL-rp)! ei"H(ùL-r ...fD. 6Ç#—P¥^«'ç6ÔY°"+F, ...fD6ÇG•p»# ei"H(ùL-r#—P¥6«5'5d'ç6ÔY° "+Lê; ä

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.

Z 2@Aô ...fRM;L"1q#`5ê#¹eK ³ sLá6"¹ "g-P¥JÎ#°! f`Y)\$4Bh<iF, ...fR` 4op»O`Z ...fR` 4o1qDÙ µ#`F,C 30:² ...fR b1è3x C ä; Y7+B F,\$x " 3(¾0m<ip»5x2@Aô ...fRM;L"Hb+B Î@É! ~ ...fR` 4o#— C+J1P` #~ ä

If an intermediary's introduced insurance options includes Investment-Linked Assurance Schemes, the intermediary should also introduce a participating policy to you for consideration

À Ô s b sLá ó ...fRDÊ\$î"-2"2=loF _Ë(¥fRY°"+p» Ô s b/mg#`5ê#¹eK ³ sLá " ¥!@L- ...%Vp» •CeK ³ 4o ä

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.

R•\!•f`Y)!@78X 7ä ²('ÚF,\o5A6±au(Ì4á[2p»eK ³&D ...%V6ÔKâF\$!öp»/mg°_ÂG•eK ³F, Ô s b1¾2' ... bp¾! # ä

Name of Insurance Companies and Product(s) introduced

6! sLáF, ...fR! # #rDÊ\$î#µlÙ

	Name "ÈHî	Protection Period ...fD. 6Ç	Product(s) Selected 6"Lê` 4oDÊ\$î
a. Insurance Company ...fR! #			r
Basic Plan 'ç6ÔY°"+#µlÙ			r
Riders ei"H(ùL-r#µlÙ			r
Riders ei"H(ùL-r#µlÙ			r
Riders ei"H(ùL-r#µlÙ			r
b. Insurance Company ...fR! #			r
Basic Plan 'ç6ÔY°"+#µlÙ			r
Riders ei"H(ùL-r#µlÙ			r
Riders ei"H(ùL-r#µlÙ			r
Riders ei"H(ùL-r#µlÙ			r
c. Insurance Company ...fR! #			r
Basic Plan 'ç6ÔY°"+#µlÙ			r
Riders ei"H(ùL-r#µlÙ			r
Riders ei"H(ùL-r#µlÙ			r
Riders ei"H(ùL-r#µlÙ			r

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

AYã:#P¥3x C `e; ...fR! # .ç[F,#G&^,)*6±

Recommendations and Reasons for Recommendations .ç[#r#G&^

To be filled by the intermediary conducted the Financial Needs Analysis DÙ\HT_ÚWð\!*"f"Y)!@78F, Ö s b(+"

Suitability mismatch exists? 6±<:6±!çC!#° ï ÷---? r yes 6± r no <:6±

If no)i<y6ð

r 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

; .ç[5xO«1 !ØDÚZs bF,C@!F-9Á ã! g ...fDF,f"Y) ã#-f"Y)F, Ò ðauY)/ï#rDÚZs bF,\!"*g,K?O' !çp»&ðQ`DÚZs b\$Y¶/4p»DÚZs b 6Ç6Ä • ²#-5ag #-/? . X p»#r • ³#G&^))*6± *

r

If yes, what is the mismatch)i6ð • 6-ÖFk0-<`6

- r 1. objectives for seeking to purchase an insurance product \ç\ ...fRDÊ\$if,F-9Á?
- r 2. target benefit/protection period F-9Á!ÑFrp¾ ...fD6ÇF,g,6Ç5êe;?
- r 3. % on disposable income of able and willing to use to pay for the insurance premium P¥(È#rh 0·N €F, ...c ü1è6±4P! .>8?
- r 4. years of able and willing to pay P¥(È#rh 0·@b ...%V4x € ...cF,. 6Ç?
- r 5. level of insurance protection (i.e. protection amount) ...fD1èf"Y)F,aygõ?
- r 6. Others ! ~ _____

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

f~@P6±#° ï ÷---!çC!p» î Ö s b u@P sLá ; DÊ\$if,#G&^5x

r 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.

&^C!&Ð C:æg,K?#G&^p»_Á ...fRY°+ !F,aygõ6ÒP¥_ü!Ø ...fR1¾ ÚTIF,! g f";êp» îC!&Ð.ç[F, ...fRp»-šM;J!#°eK ³F,. 6Ç#r C:æaygõJñY) ;êp»P¥(È@beK ³)#'Q)! g F, ...fD#r ÚTIF-9Á ä

r

r

r

Section 4: Customer Declaration

JÓ&f`•!@: +J1PP 5¶

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

&DeY[(; `!@!ôp»ZsY.7à ²_~(+“F,1è6±\o5A5x#Í; Hb@ÉZL ä

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.

; `!@”-#ÓauY)P 5¶p»Zs |LØeY[(1è6±P 5¶) ó! +ap»5a#—KâO #r(+“5•6Ç ä)*eK ³± £ ýE9\$÷p»1qY);êeK ³ ó Ô s b !ç?,-#rp³/1¼Y(as ä

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).

6Ô bp³/4#æJñHbZ5-šY.+‘6Ô\|“f”;ê!@78X 7äp. • ³KÉIÜ@b i6ÔX 7ä ip,F,\o5Ap» ÎHbZ51è6±\o5AFÇ+Ž@ÉZL ä6Ô bp³/4#æJñ5¶F%#rHbZ5)*6Ô bp³/4#æJñ` 4 µ+45 &Ø1¼ µ>>Hb&Ø(+“6ÔX 7äp»6Ô bp³/4#æJñF, Ô s b&Ð; 0m<i ³M 0F,.ç[1¼0·Y3#—P¥ µ` #°6Ô bp³/4#æJñF,f`Y)p» Î#—P¥+¶Qœ6Ô bp³/4#æJñF,µ\ µ #°6Ô bp³/4#æJñF, ...fRDÊ\$î ä

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

6Ô bp³/4#æJñ5¶F%#r#’0·6ÔX 7ä Ô1è3x CF,\o5A1¼6«XS2SfÚ1¼^ñ!£Q` ³!ç: 9spÉ

- (i) relevant insurer(s)/ financial institution(s) for processing my/our insurance application and provision of relevant services; and F e,, ó ...fR! # p³/4ayW5: 9sp» •UýC@6Ô bp³/4#æJñF, ...%VDÚZs\$4@b6Ô bp³/4#æJñ3x CF e,, ó6µ”•pÊ#r
- (ii) government authority(ies), regulator(s) and arbitration institution(s) as they deem necessary. 4ç.DE +è äF<Kl: 9s#r šXi: 9sp»&Ð! Z5@b6±f`Y)5è ä

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.”

6Ô bp³/4#æJñ5¶F%&Ð ...%VDÇ4ôp³/4F\$!ç ó!ôp»6Ô bp³/4#æJñ6±:?!ÑY);êau5X+`Y>p³/4au5XO<1 p³/46œ4áp³/4#-#06Ô bp³/4#æJñF,DÚZsp» Î6±:²&Ð5 ³ il!_g 5è#-#06Ô bp³/4#æJñ-š\µ\F, ...%V ä

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

6Ô bp³/4#æJñ5¶F% iM;L!“ # í+`Uq4p#~ ...fR b4x €F,`Ùa p» @b! 1è3x C6µ”•F,a ay äR•6Ô bp³/4#æ#’0_ÚWô5xg- ...fR L5»p»+`9s1,6Ô bp³/4#æ#’0 6Ô! # 4p#-6±e,,`Ùa ä

<p>_____</p> <p>Applicant's Name 2= ... b){#µ</p>	<p>_____</p> <p>Applicant's Signature 2= ... bKâO</p>	<p>_____</p> <p>Date 5•6Ç</p>
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To be filled by the Intermediary(ies) who conducted the above Financial Needs Analysis
DÚHT_ÚWô • ²!“•f`Y)!@78 ó Ô s b(+“

1.	<p>_____</p> <p>Name)){#µ</p>	<p>_____</p> <p>IA License No. ...F<Yá!2M•V</p>	<p>_____</p> <p>Signature KâO</p>	<p>_____</p> <p>Date 5•6Ç</p>
2. (If any)i6ð)	<p>_____</p> <p>Name)){#µ</p>	<p>_____</p> <p>IA License No. ...F<Yá!2M•V</p>	<p>_____</p> <p>Signature KâO</p>	<p>_____</p> <p>Date 5•6Ç</p>

<p>_____</p> <p>Name of Insurance Broker Company ...fRM;L!“ # #µ!Ù</p>	<p>_____</p> <p>IA License No. ...F<Yá!2M•V</p>
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SUPPLEMENTARY X, í

Insurance Needs Recommendation
...fRf"Y).ç[

r	Life Protection Needs b(¥ ...fDf"Y)	
	1) Monthly Family Spending ;w6°+^ .Ue34x (HK\$ =x. _____ x 12 months 6° x _____ years .)	<input style="width: 100%;" type="text"/>
	2) Other Protection Needs ! ~ ...fDf"Y) Housing or Others Loan 9»+/2±3+^hÀ` ;;æMâgõ#r! ~]g- Education Funds *ø) 5 PZM; \c Final Expenses, other Expenses, etc %,Lêe34x â! ~e34xJñ	<input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>
	Minus =Ã#c: 1) Existing Life Protection Coverage C!6± b(¥ ...fD 2) MPF .!lôay / ORSO, etc ! lôay Jñ 3) Existing Assets C!6±\oDÊ (e.g. 3)*pÉCash C!ay â Investment 2=\o ãInvested Property 2=\oB 9 Jñ	<input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>
	Estimated Shortfall in Current Life Protection g,6ÇC!5ê b(¥ ...fDf"Y)F,—gõ	<input style="width: 100%;" type="text"/>

r	Retirement Fund Needs _" 'loayf"Y)	
	Expected Retirement Age 6Ç6Ã _" 1. ; Number of years to Retirement]...fš _" 1. 6Ç p-Retirement Age minus Present Age _" 1. ; =ÃC!5ê. ; p, Expected Retirement Period 6Ç6Ã _" 1DÇ<ã. 6Ç	p. _____ Age ; p, p. _____ years . p, =ÃC!5ê. ; p, p. _____ years . p,
	Monthly Retirement spending ;w6° _" 14x!ç p-Future Value + . äp»having inflation factor -šY°K?_ÂPá&^LËp, 1) Retirement Needs _" 14x!çf"Y) (Monthly spending x 12 months x Expected Retirement Period ;w6° _" 14x!ç x 12 6° x 6Ç6Ã _" 1DÇ<ã. 6Ç) 2) Cash Reserve Needs C!ay Ú Af"Y)	<input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>
	Minus =Ã#c:p-upon Retirement Age &D _" 1. ; 5êp, 1) Estimated MPF / OSRO accumulate g,Y°.!lôay/ ! lôayLxK? ; ä 2) Estimated Future Asset Value g,Y°+ ^ .\oDÊ ; ä (e.g. Cash, Insurance, Investment, Invested property 3)*pÉC!ay â ...fR ã2=\o ã2=\oB 9 Jñ	<input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>
	Estimated Total Retirement Fund Needs g,6Ç _" 'loayf"Y)	<input style="width: 100%;" type="text"/>

r Education Fund Needs *ø) 5 PZM;\cf"Y)

Child Age when Fund Needs M;\cf"Y)5êp»*ø) F,.;	(____ Age ;)
Number of Years to Fund Required]...fŠf"Y)5êF, 6Ç	(____ Year .)
p-Age of Required Fund minus Present Age f"Y)5ê. ;	=ÄC!5ê. ; p,
Amount required each year ;w. 5 PZM;\cf"Y)	(HK\$ =x. _____)
p-Future Value + . äp»having inflation factor -šY°K?_ÂPá&^LËp,	
How many years required f"Y)M;\c(Â+1. pœ	(____ Year .)

1p, Education Funds Needs 5 PZM;\cf"Y)

p- Amount required each year ;w. 5 PZM;\cf"Y) (Future Value + . ä) x Number of years required f"Y)M;\c. 5 p,

Minus =Ä#c:

2) Funds already prepared -šM;@b*ø) g, AF,M;\c (Future Value + . ä)

Estimated Education Fund Needs **g,6Ç*ø) 5 PZM;\cf"Y)**

r Other Saving Needs ! ~ ÚTif"Y)

Purpose of Savings ÚTIF-F,	(_____)
Number of years to that Purpose ÚTIF-9Á. 6Ç	(____ Year .)

1) Expected Funds upon target year !Ø_üF-9Á. 6Ç5êp»6Ç6Ã/?!ØF,aygõ

p-Future Value + . äp»having inflation factor -šY°K?_ÂPá&^LËp,

Minus =Ä#c:

2) Saving amount already prepared -šM;g, AF,aygõ (Future Value + . ä)

Estimated Other Saving Needs **g,6Ç! ~ ÚTif"Y)**

r Critical Illness Protection Needs # Ef ...fDf"Y)

1) Monthly Personal and Family Spending ;w6° 3 b#r+^Ue34x

(HK\$ =x. _____ x 12 month 6° x ____ year .)

2) Medical and Health Expenses aSEê#r _[C@|cDĐ

Minus =Ä#c:

1) Existing Critical Illness Insurance Coverage Cl!6±# Ef ...fD

Estimated Shortfall in Current Critical Illness Protection **g,6Ç# Ef ...fDf"Y)F,—gõ**

r Other Protection suggestion ! ~ ...fD.ø[

Item g-F-

Suggestion .ø[5a7ð
