AIA Hong Kong
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Memo

Attn.:	All EDD & Honorable Advisors / EDDs / PSDDs / SDDs / DDs / MICs / Agency Leaders / Financial Planners (Hong Kong Region)	**From:**	Toby Wong and Andre Hermans
		Dept.:	Product Innovation, Development & Delivery and Underwriting
Copy:	Mr. Alger Fung / Ms. Amy Chan / Ms. Alice Liang / Ms. Melissa Wong / Mr. Louie Ho / Mr. Chris Lau / All Department Heads / Heads of Agency Division / BPs / Call Centre	**Total pages:**	11 pages
Date:	30 June, 2025		

Subject: **A250649** **有關卓達智悅 2 暫時提升保證繕發額度及認證聲明書(以申請新 CIES 為目的)**
Temporary Uplift of GIO Limit and Declaration Form for Treasure Master Plus 2 Applications (for New CIES application purpose)

我們很高興宣布，在 **2025 年 7 月 1 日至 12 月 31 日（包括首尾兩天）**的期間("提升保證繕發額度期間")，**以申請新 CIES 為目的而遞交卓達智悅 2 申請**的申請人的保證繕發（GIO）額度將獲提升。

在提升保證繕發額度期間，GIO 額度將提升至 20,000,000 美元（累計保費總和）。

核保安排	**卓達智悅 2 現行 GIO / SIO 額度**		**在提升保證繕發額度期間，申請卓達智悅 2（以申請新 CIES 為目的）的 GIO / SIO 額度**
	累計保費總和*		
GIO	<= 10,000,000 美元		<= 20,000,000 美元
SIO	> 10,000,000 美元並<= 25,000,000 美元	→	> 20,000,000 美元並<= 25,000,000 美元
正常核保	> 25,000,000 美元		> 25,000,000 美元

備註*:

累計保費總和基於以下產品的過去 2 年內簽發的保單 / 收取的額外投資保費的總和：

- 所有「卓達智富」(TMS)、「卓達智悅」(TMP)及「卓達智悅 2」(TMP2)保單：5 x 整付保費及額外投資保費
- 所有「資本薈萃」(CB)及「卓達之選」保單(TM)：1 x 額外投資保費
- SIO 及正常核保的累計保費總和額度維持不變。

不論保單是否為新 CIES 中的「獲許金融資產」，它們均會被納入累計保費總和的計算當中。

現時兌換率為 1 美元 = 7.5 港元 / 6 元人民幣

核保團隊保留最終決定權。

以享有 GIO 上限的提升，合資格的卓達智悅 2 保單申請（以申請新 CIES 為目的）必須滿足以下要求：

1. 在 **2025 年 7 月 1 日至 12 月 31 日（包括首尾兩天）**期間作出及提交保單申請（根據**申請日期**）；

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2. 符合用於申請新 CIES 的保單申請之服務流程（包括在重要資料聲明書（IFS）中作出額外披露，並填寫及提交新 CIES 的相關表格。詳情請參閱之前的通告：A240468、A240540 及 A240555）；及
3. 連同已簽署的認證聲明書一併遞交 **或** 已經完成輸入 iPoS 上的「驗證聲明」頁面。有關認證聲明書的詳情請參閱**附件 1**，有關 iPoS「驗證聲明」頁面的詳情請參閱**附件 2**。

請注意，認證聲明書及 iPoS「認證聲明」頁面的目的是**營業員作出聲明**以滿足特別驗證要求。區域總監須確認營業顧問在認證聲明書及 iPoS 所做的聲明。如營業員作出虛假聲明，營業員及區域總監所收到的佣金可能會被追回及將受到本公司的調查並可能被轉介至市場操行委員會(MCC)。

AIA 有權隨時更改提升保證繕發額度的條款及細則而毋須事先通知。提升保證繕發額度只在提升保證繕發額度期間及卓達智悅 2 仍可用於申請新 CIES 用途時有效。如對提升保證繕發額度有任何爭議，AIA 保留最終決定權。

請注意，此通告是一份內部文件，僅供友邦內部使用及只供參考。閣下**不得**傳播，分發或流傳此通告予友邦以外的任何第三方。

請將以上訊息傳達予屬下的營業同事，多謝合作！如有任何查詢，請經 iEngage/PES 使用 Chatbot 進行查詢。

We are pleased to announce an uplifted Guaranteed Issue Offer (GIO) limit for applicants who submit their **Treasure Master Plus 2 (TMP2)** applications during the period from **1 July 2025 to 31 December 2025 (both dates inclusive)** ("**GIO Limit Uplift Period**") **for the purpose of applying for the New CIES**.

During the GIO Limit Uplift Period, the uplifted GIO limit will be set at USD 20,000,000 on Aggregated Total Premium.

Underwriting Arrangement	**Existing GIO / SIO limit for TMP2**		**GIO / SIO limit for application for TMP2 policy (for the purpose of New CIES) during the GIO Limit Uplift Period**
	Aggregated Total Premium*		
GIO	<= USD 10,000,000	→	<= USD 20,000,000
SIO	> USD 10,000,000 and <= USD 25,000,000		> USD 20,000,000 and <= USD 25,000,000
Normal Underwriting	> USD 25,000,000		> USD 25,000,000

Remarks*:
The Aggregated Total Premium is based on sum of the policies issued / top-up premium received in the last 2 years for the following products:

- 5 x single premium and top-up premium of all Treasure Master Select (TMS), Treasure Master Plus (TMP) & Treasure Master Plus 2 (TMP2) policies
- 1 x top-up premium of all AIG Capital Builder (CB) & Treasure Master (TM) policies
- SIO and full underwriting limit for Aggregated Total Premium remain unchanged

Whether the policies will be considered "Permissible financial assets" under the New CIES or not, they will be included in the calculation of the Aggregated Total Premium.

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Currency exchange rate: US$1 = HK$7.5 / RMB 6
The Underwriting Team reserves the right for final decision.

To qualify for the uplifted GIO limit, the eligible TMP2 policy application (for the purpose of applying for the New CIES) must meet the following requirements:

1. The policy is applied and submitted (based on the **application date**) between **1 July 2025 to 31 December 2025 (both dates inclusive)**;
2. Fulfill the service procedures to submit application for policies eligible for the New CIES (including additional disclosure in IFS, complete and submit relevant forms for the new CIES. For details, please refer to previous memos: A240468, A240540 and A240555); and
3. The application is submitted along with a signed Declaration Form; or the application has completed the "Declaration of Verification" section on iPoS. Please refer to **Appendix 1** for more details of Declaration Form and **Appendix 2** for more details of "Declaration of Verification" section on iPoS.

Please note that the Declaration Form and "Declaration of Verification" section on iPoS serve the purpose of **declaration by Agent** to fulfil special verification requirement. District Director is required to acknowledge the declaration(s) made by the Agent(s) on the Declaration Form / iPoS. If the Agent(s) make false declaration, the commission received by Agent(s) / District Director may be clawed back and they will be subject to investigation by the Company and may be referred to the Market Conduct Committee (MCC).

AIA reserves the right to change any terms and conditions of uplift of GIO limit without prior notice. Uplift of GIO limit is valid only during the GIO Limit Uplift Period and when TMP2 is still available for applications for New CIES purposes. In the event of any disputes regarding uplift of GIO limit, AIA's decision shall be final and conclusive.

Please note this memo is an internal document, it is only for AIA's internal use and is solely intended for reference only. You MUST NOT disseminate, distribute or circulate this memo to any third parties outside AIA.

Please convey the above message to your fellow agents. Thank you for your attention. Should you have any queries, please enquire by using Chatbot in iEngage/ PES for enquiry.

Best regards,

Toby Wong
Head of Products

Andre Hermans
Interim Head of Underwriting

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附件 1: 認證聲明書
Appendix 1 : Declaration Form

AIA International Limited
(Incorporated in Bermuda with limited liability)

DECLARATION FORM OF VERIFICATION BY DISTRICT DIRECTOR / RESPONSIBLE OFFICER OF BROKER (FOR APPLICATION OF TREASURE MASTER PLUS 2 (ONLY APPLICABLE TO NEW CIES CUSTOMERS))
區域總監 / 經紀負責人認證聲明書（只適用於新資本投資者入境計劃客戶申請卓達智悅2）

Policy Number 保單號碼	Name of Applicant 申請人姓名	I.D. Card Number / Passport Number 身份證號碼 / 護照號碼

Agent 1 / broker's information: 營業員1 / 經紀資料：		
Area / Broker's Code 區域 / 經紀編號	Agency / Broker's Name 營業員組別 / 經紀名稱	Agent / Broker's Tel. No. 營業員 / 經紀聯絡電話
Agent / TR's Name 營業員 / 業務代表姓名		Agent / TR's Code 營業員 / 業務代表編號

Agent 2's information: 營業員2資料：		
Area Code 區域編號	Agency Name 營業員組別名稱	Agent's Tel. No. 營業員聯絡電話
Agent Name 營業員姓名		Agent Code 營業員編號

第 1 部分由營業員或營業員 1（適用於聯合營銷）填寫
Section 1 to be completed by Agent or Agent 1 (for joint policy)

Section 1第1部分

Section 1(a) 第1(a)部分

Section 1(a) to be completed by Agent 1 / technical representative (TR)第1(a)部分由營業員1 / 業務代表填寫

I, _____ (*Name of Agent 1 / TR*), _____ (*Title, e.g. Agent / TR*), _____ (*Agent / TR's code*)

confirm that the applicant and proposed insured have physically shown up at

_____

(*please insert the address where the insurance application forms are signed*) when signing the insurance application forms on the application date#.

Please note that signing the insurance application forms and making the above declaration in hospital and sanatorium are prohibited.

I agree to indemnify and hold harmless AIA International Limited ("the Company") against any and all liabilities, losses, costs, claims, expenses, actions, proceedings, damages or demands which may be brought against or suffered by the Company (including all legal costs and expenses for making, defending or settling such claim) arising from or in connection with any loss suffered by the Company as a result of my negligence or fraud, or if the above declaration made by me is false. I agree the commission received by me may be clawed back and I will be subject to investigation. If the Company suffers any loss as a result of my negligence or fraud, or if the above declaration made by me is false, I may be referred to the Market Conduct Committee (MCC). If more than one person has signed this declaration form, I agree all persons who have signed this declaration form shall be jointly and severally liable to the Company for all obligations and liabilities stated in this declaration form.

本人，_____（*營業員 1 / 業務代表之姓名*），_____（*職銜，例如：營業員 / 業務代表*），_____（*營業員 / 業務代表號碼*）確認申請人及準受保人

在保單申請日於簽署保單申請表格時在

_____

(*請填寫簽署保單申請表格的地址*)親自出現#。

請注意： 嚴禁於醫院或療養院簽署保單申請表格及作出以上聲明。

對友邦保險(國際)有限公司（"本公司"）因我的疏忽或欺詐，或如我作出的以上聲明是錯誤的而引起或與之有關的任何損失，包括使本公司就針對或遭受的任何及所有法律責任、損失、費用、申索、支出、法律行動、法律程序、損害或要求（包括提出、抗辯或解決任何申索的所有法律費用和支出），我同意須向本公司作出彌償並使之免受損害。我同意如果我的上述聲明是錯誤的或因我的疏忽或欺詐而使本公司蒙受任何損失，我所收到的佣金可能會被追回及我將受到本公司的調查並可能被轉介至市場操行委員會(MCC)。如多於一人簽署本聲明書，我同意所有簽署本聲明書的人士就本聲明書所述的所有義務和責任均須對本公司共同及各別負上法律責任。

Date 日期 (MM月/DD日/YYYY年)

Signature of Agent 1 / TR
營業員1 / 業務代表簽署

OPUA/F40(TMP2)0325

Sample

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如保單為聯合營銷，營業員 2 須填寫第 1 (b)部分
Section 1(b) has to be completed by Agent 2 if the policy is a joint case

Section 1(b) 第1(b) 部分 (Not Applicable for broker不適用於經紀)
Section 1(b) to be completed by Agent 2第1(b)部分由營業員2填寫

I, _____ (Name of Agent 2) _____ (Agent) _____ (Agent code)

confirm that the applicant and proposed insured have physically shown up at

_____

(please insert the address where the insurance application forms are signed) when signing the insurance application forms on the application date*.

* Please note that signing the insurance application forms and making the above declaration in hospital and sanatorium are prohibited.

I agree to indemnify and hold harmless AIA International Limited ("the Company") against any and all liabilities, losses, costs, claims, expenses, actions, proceedings, damages or demands which may be brought against or suffered by the Company (including all legal costs and expenses for making, defending or settling any claim) arising from or in connection with any loss suffered by the Company as a result of my negligence or fraud, or if the above declaration made by me is false. I agree the commission received by me may be clawed back and I will be subject to investigation by the Company and may be referred to the Market Conduct Committee (MCC), if the above declaration made by me is false or if the Company suffers any loss as a result of my negligence or fraud. If more than one person has signed this declaration form, I agree all persons who have signed this declaration form shall be jointly and severally liable to the Company for all obligations and liabilities stated in this declaration form.

本人，_____ (營業員姓名) _____ (營業員) _____ (營業員號碼) 確認申請人及準受保人

在保單申請日於簽署保單申請表格時在

_____

(請填寫簽署保單申請表格的地址) 親自出現*。

* 請注意： 嚴禁於醫院或療養院簽署保單申請表格及作出以上聲明。

對友邦保險(國際)有限公司（"本公司"）因我的疏忽或欺詐，或我作出的上述聲明是虛假的而引起或與之相關的任何損失，包括使本公司被針對或遭受的任何及所有法律責任、損失、費用、申索、支出、法律行動、法律程序、損害賠償要求（包括提出、抗辯或和解任何申索的所有法律費用和支出），我同意須向本公司作出彌償並使之免受損害。我同意如果我的上述聲明是錯誤的或因我的疏忽或欺詐而使公司蒙受任何損失，我所收到的佣金可能會被追回及我將受到本公司的調查並可能被轉介至市場操行委員會(MCC)。如多於一位簽署人士就本聲明書，我同意所有簽署本聲明書的人士就本聲明書所述的所有陳述和責任均須對本公司共同及各別負上法律責任。

_____ _____

Date 日期 (MM月/DD日/YYYY年) Signature of Agent 2
營業員2簽署

Sample

「我們」、「AIA」、「友邦」或「友邦香港」是指友邦保險（國際）有限公司（於百慕達註冊成立之有限公司）
"We", "AIA" or "AIA Hong Kong" herein refers to AIA International Limited (Incorporated in Bermuda with limited liability)

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第 2 部分由區域總監填寫。如區域總監是保單的營業顧問，區域總監必須填寫第 1 部分及第 2 部分。

Section 2 to be completed by District Director. If District Director is the production Agent of the policy, District Director has to complete both section 1 and section 2.

Section 2 第2 部分

Section 2 to be completed by District Director / Responsible Officer of Broker. If District Director is the production agent of the policy, District Director has to complete both section 1 and section 2. If Responsible Officer of Broker is the TR of the policy, Responsible Officer of Broker has to complete both section 1 and section 2.

第2部分由區域總監 / 經紀負責人填寫。如區域總監是保單的營業顧問，區域總監必須填寫第1部分及第2部分。如經紀負責人是保單的業務代表，經紀負責人必須填寫第1部分及第2部分。

I, _____ (Name of District Director / Responsible Officer of Broker) _____ (District Director / Responsible Officer of Broker)

_____
(Agent code of District Director/ License No of Responsible Officer of Broker)

acknowledge the declaration(s) made by the agent(s) / TR in section 1.

Applicable to District Director: I agree to indemnify and [illegible]armless AIA International Limited ("the Company") against any and all liabilities, losses, costs, claims, expenses, actions, proceedings, damages or demands which may be brought against or suffered by the Company (including all legal costs and expenses for making, defending or settling any claim) arising from or in connection with any loss suffered by the Company as a result of any of the above declaration(s) made under section 1 is false. I agree the commission received by me may be clawed back and I will be subject to investigation by the Company and may be referred to the Market Conduct Committee (MCC). If the declaration(s) made under section [illegible]s false. If more than one person has signed this declaration form, I agree all persons who have signed this declaration form shall be jointly and severally liable to the Company for all obligations and liabilities stated in this declaration form.

Applicable to Responsible Office of Broker: I agree to indemnify and [illegible]harmless AIA International Limited ("the Company") against any and all liabilities, losses, costs, claims, expenses, actions, proceedings, damages or demands which may be brought against or suffered by the Company (including all legal costs and expenses for [illegible]ending any claim) arising from or in connection with any loss suffered by the Company as a result of any of the above declaration(s) made under section 1 is false. I will be subject to investigation by the Company and may be referred to the Market Conduct Committee (MCC). If the declaration(s) made under section 1 is false. If more than one person has signed this declaration form, I agree all persons who have signed this declaration form shall be jointly and severally liable to the Company for all obligations and liabilities stated in this declaration form.

本人，_____ (區域總監 / 經紀負責人姓名) _____ (區域總監 / 經紀負責人)

_____
(區域總監之營業員號碼 / 經紀負責人之牌照號碼)

確認營業顧問 / 業務代表在第1部分中所做的聲明。

適用於區域總監：對友邦保險(國際)有限公司（"本公司"）由以上第1部分的聲明是錯誤的，而引起或與之相關的任何損失，包括使本公司被針對或遭受的任何及所有法律責任、損失、費用、申索、支出、法律行動、法律程序、損害或要求（包括裁出、抗辯或解任何申索的所有法律費用和支出），我同意須向本公司作出彌償並使之免受損害。我同意如果第1部分的聲明是錯誤的，我所收到的佣金可能會被追回及我將受到本公司的調查並可能被轉介至市場操行委員會(MCC)。如多於一人簽署本聲明書，我同意所有簽署本聲明書的人士就本聲明書所述的所有義務和責任均須對本公司共同及各別負上法律責任。

適用於經紀負責人：對友邦保險(國際)有限公司（"本公司"）由以上第1部分的聲明是錯誤的，而引起或與之相關的任何損失，包括使本公司被針對或遭受的任何及所有法律責任、損失、費用、申索、支出、法律行動、法律程序、損害或要求（包括裁出、抗辯或解任何申索的所有法律費用和支出），我同意須向本公司作出彌償並使之免受損害。我同意如果第1部分的聲明是錯誤的，我將受到本公司的調查並可能被轉介至市場操行委員會(MCC)。如多於一人簽署本聲明書，我同意所有簽署本聲明書的人士就本聲明書所述的所有義務和責任均須對本公司共同及各別負上法律責任。

_____
Date 日期 (MM月/DD日/YYYY年)

_____
Signature of District Director / Responsible Officer of Broker
區域總監 / 經紀負責人簽署

Sample

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有關認證聲明書 "區域總監/經紀獲授權人士認證聲明書（只適用於新資本投資者入境計劃客戶申請卓達智悅2）" [表格號碼：OPUAIF40(TMP2)]。您可以直接從以下位置下載該聲明書：

- **eAC > 營運部 > 核保 > 表格，參閱新 CIES 書面表格**

For the Declaration Form "Declaration Form of Verification by District Director / Responsible Officer of Broker (For Application of Treasure Master Plus 2 (Only Applicable to New CIES Customers))" [Form number: OPUAIF40(TMP2)] , you can download the form directly from:

- **eAC>Agency Corner Main Page > Underwriting > Forms**

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附件 2: iPoS 「認證聲明」頁面

於「認證聲明」頁面，營業員 1 請於方格加上「√」號，並輸入其姓名、職銜、營業員號碼及認證程序進行的地址。



如保單為聯合營銷，營業員 2 請於以下頁面的方格加上「√」號，並輸入其姓名、職銜、營業員號碼及認證程序進行的地址。



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營業員請於以下頁面的方格加上「√」號，並輸入區域總監的姓名、職銜及營業員號碼。



請注意營業員及區域總監都必須於電子簽署頁面簽名確認。

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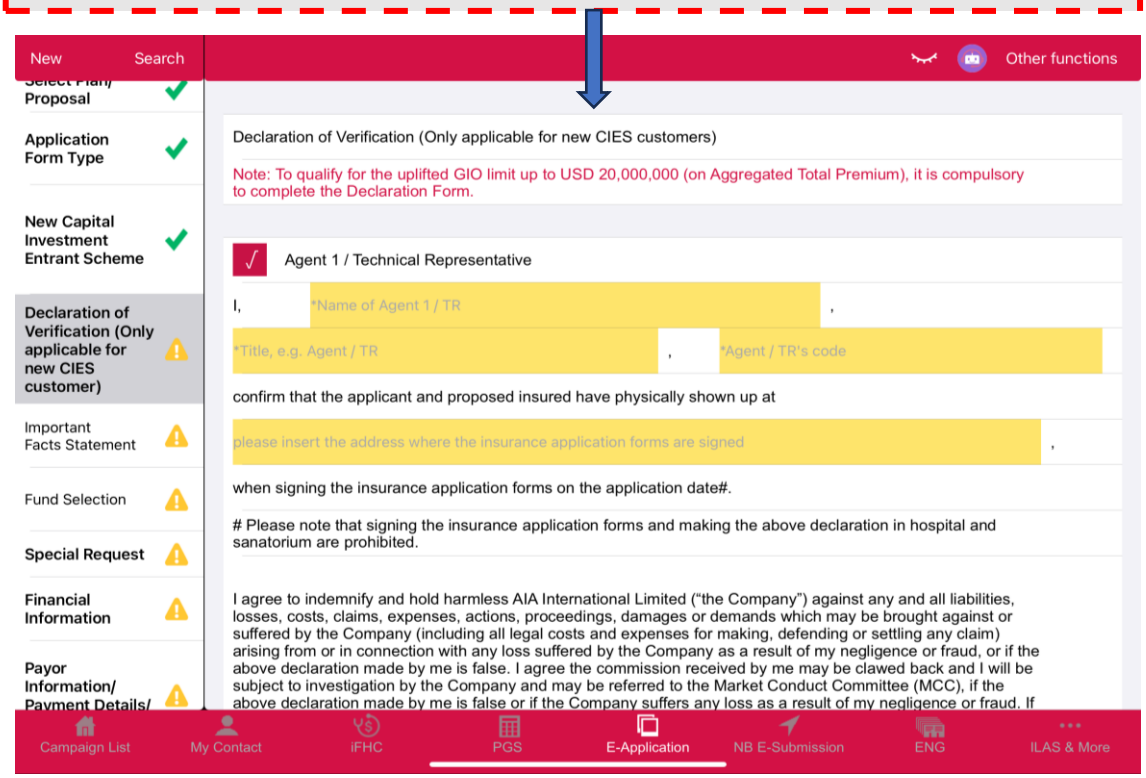
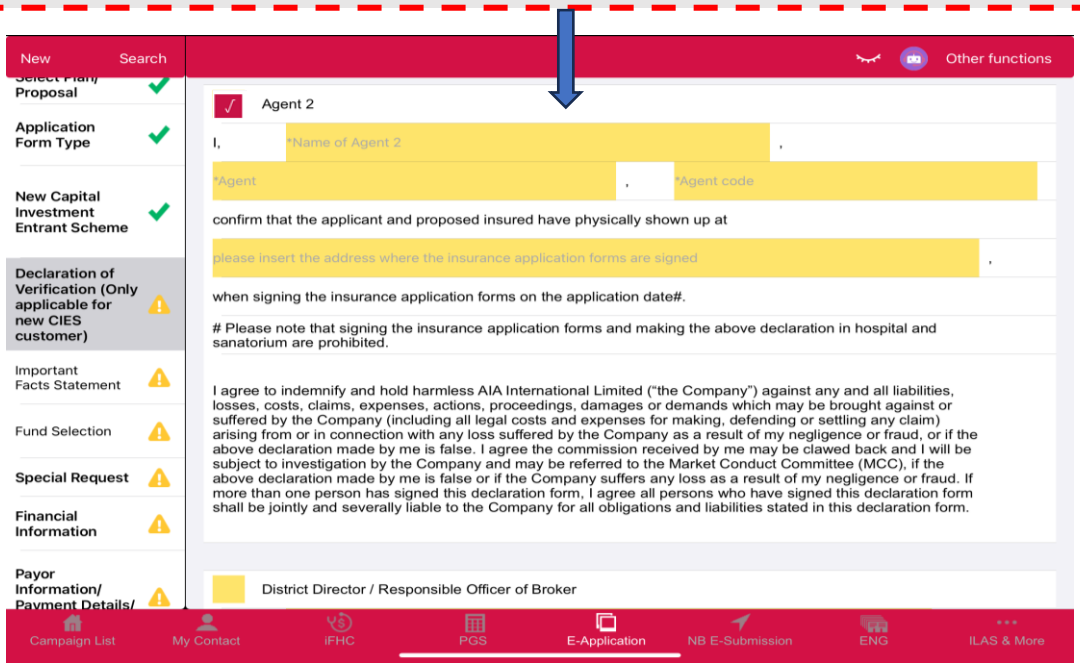
Appendix 2: "Declaration of Verification" section on iPoS

In the section of "Declaration of Verification", agent 1 will need to tick the checkbox and fill in his/her name, title, agent code and the address of place the verification process completed.



If the policy is a joint case, agent 2 will need to tick the checkbox and fill in his/her name, title, agent code and the address of place the verification process completed in below section.



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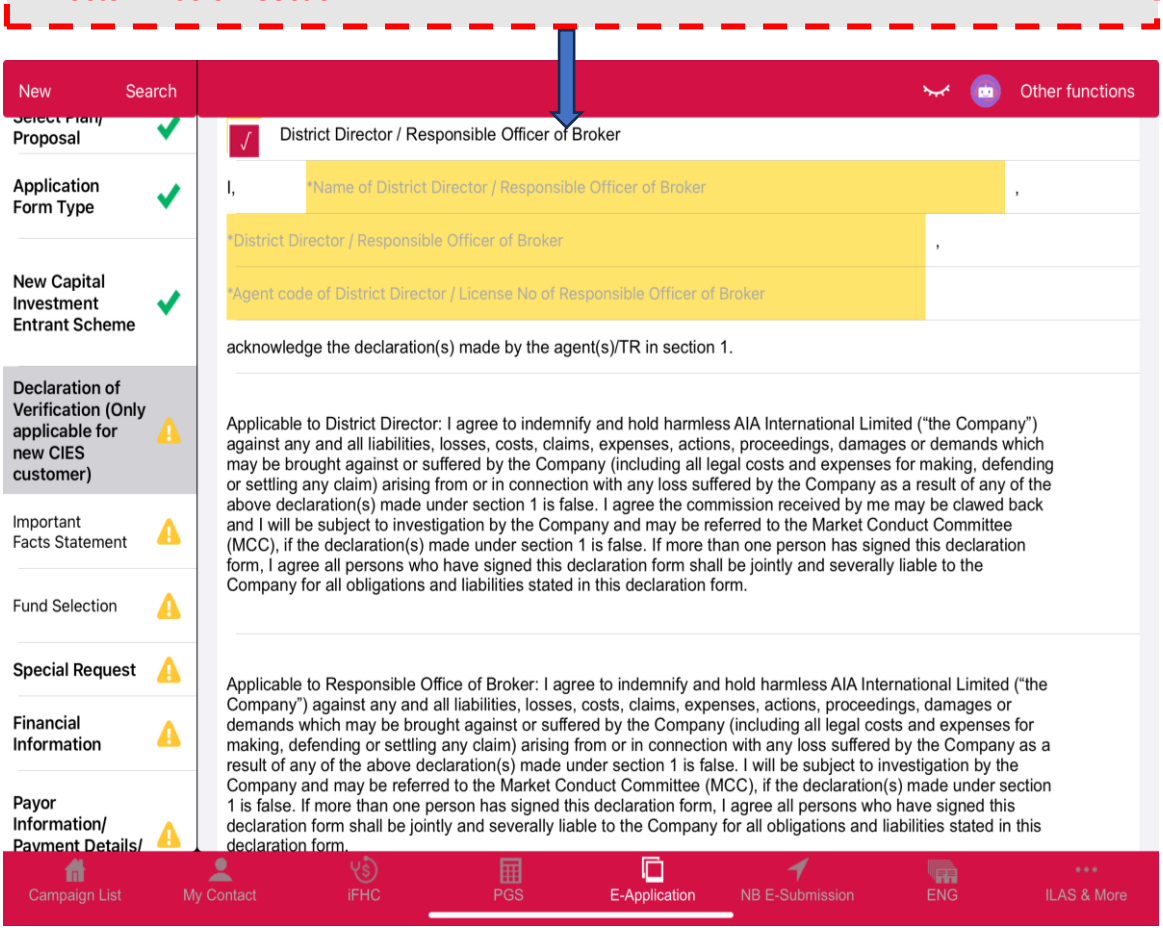
Agent will need to tick the checkbox and fill in name, title and agent code of District Director in below section.



Please note both Agent(s) and District Director are required to sign at the E-signature section.

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