Annex 2 (Ins)

Reference Checking Scheme

Consent Form (Annex 2 (Ins)) - to obtain written consent from the prospective intermediary for raising a reference check request with a long term insurer, a long term insurance agency or a long term insurance broker company

Note: Please use Annex 2 (Bank) to obtain written consent from the prospective intermediary for raising a reference check request with a long term authorized institution (bank)

To: AIA INTERNATIONAL LIMITED
("Recruiting Principal/Recruiting Authorized Institution")

Pursuant to the Reference Checking Scheme for Insurance Intermediaries launched by The Hong Kong Federation of Insurers , The Hong Kong Confederation of Insurance Brokers and Professional Insurance Brokers Association (and endorsed by the Insurance Authority ("IA")) (and/or pursuant to the Mandatory Reference Checking Scheme of the Hong Kong Association of Banks and DTC Association (and endorsed by the Hong Kong Monetary Authority) as applicable), before appointing me to carry on regulated activities in long term insurance business, I understand that you ("Recruiting Principal/Recruiting Authorized Institution") are required to carry out reference checking on me for the purpose of assessing my (continued) fitness and properness to carry on regulated activities in long term insurance.

As I am being considered to be appointed by you as a licensed insurance intermediary, I agree to you or a third party engaged by you obtaining my reference(s) from my current and/or previous appointing long term insurer(s), long term insurance agency(ies) and/or long term insurance broker company(ies) (collectively known as "Responding Principal") in the last 7 years. I understand that if such consent is not provided by me or withdrawn by me, you will be unable to appoint me as your licensed insurance intermediary.

I agree that you or a third party engaged by you may transfer to each Responding Principal my full name, my insurance intermediary licence number with the Insurance Authority and a copy of this Consent Form for the purposes of requesting my Reference Checking Information and later carrying out the reference checking assessment:

I understand that Reference Checking Information, which will be shared by the Responding Principal(s) with you, may consist of the following:

1. Whether my previous appointment was terminated for incident(s) which cast doubt on my fitness and properness to be a licensed insurance intermediary, for example:

   (a) Breach of legal or regulatory requirements (including subsidiary legislations, rules, codes, guidelines, circulars or other regulatory instruments issued by the applicable regulator) in relation to the following legislation:
   (i) Insurance Ordinance (Cap. 41)
   (ii) Anti-Money Laundering and Counter-Terrorist Financing Ordinance (Cap. 615)
   (iii) Mandatory Provident Fund Schemes Ordinance (Cap. 485)
   (iv) Securities and Futures Ordinance (Cap. 571)
   (v) Banking Ordinance (Cap. 155)

(b) Misconduct (e.g. misrepresentation, misappropriation of client's money, forged document, unauthorized signature on behalf of the client, unauthorized rebate, defrauding of commission, facilitating fraudulent claim etc.);
(c) Criminal offence;
(d) Disciplinary action by you or any regulators;
(e) Bankruptcy;

2. If I had not resigned or otherwise left by myself, is it likely that my appointment would have been terminated for a matter set out in item 1 above;

3. Any ongoing internal investigation against me in relation to any of the matters sets out in item 1 above; and

4. Any outstanding debts owed by me which may raise concern on my financial status and if yes, the amount of such debt.

I agree to my Reference Checking Information being requested from, and being provided by the Responding Principal(s).

I hereby release and discharge each relevant Responding Principal (including without limitation its affiliates and officers, directors, employees, third party processors and agents) from any and all claims, liability, actions, suits, demands, costs, expenses or indebtedness, under contract, tort or otherwise, arising out of, related to, or in any way connected with the disclosure of my Reference Checking Information as described herein.

I understand that the Reference Checking Information will be used by you to assess my fitness and properness to be appointed as your licensed insurance intermediary and may result in an appointment with you being withheld, terminated or withdrawn at your sole discretion. This applies in addition to, and should not be interpreted to limit in any way, the general discretion that you have to provide or withhold any offer to me.

Prospective Intermediary's Signature	Name of Prospective Intermediary *(as shown on HKID)*
	Insurance Authority's Licence Number[1]
	Date

Remarks for Prospective Intermediary:

(a) For handling of personal data provided to the Recruiting Principal/Recruiting Authorized Institution during the recruitment process, please also refer to the Personal Information Collection Statement (PICS) provided by the Recruiting Principal/Recruiting Authorized

[1] Previous registration number with a self-regulatory organization if IA licence number is not available.

Institution in addition to the terms of this Consent Form. Your consent may be withdrawn at any time on written notice to the Recruiting Principal/Recruiting Authorized Institution. However, this means that the Recruiting Principal/Recruiting Authorized Institution will not proceed to appoint you as its licensed insurance intermediary.

(b) To ensure transparent and fair treatment to the prospective Intermediary, you will be generally provided an opportunity to be heard if the Recruiting Principal/Recruiting Authorized Institution decides not to proceed with your application based on any adverse information disclosed by a Responding Principal. In that case, the Recruiting Principal/Recruiting Authorized Institution would provide you with a copy of reference result upon your request.

Annex 1 (Ins)

Reference Checking Scheme

Reference Information Form Template (Annex 1 (Ins)) – for raising a reference check request with a long term insurer, a long term insurance agency or a long term insurance broker company
Note: Please use Annex 1 (Bank) to raise reference check request with long term authorized institutions (banks)

Date:	[Date of request to the responding principal]
Due:	[Date the response is due, 15 calendar days from the date of request]
Request made to:	Name: _____ ("responding principal") ☐ Authorized insurer (IA's file no.:_____) ☐ Licensed insurance agency (IA's licence no.:_____) ☐ Licensed insurance broker company (IA's licence no.:_____) *If the responding principal has engaged and authorized a third party to handle this reference check request on its behalf, please indicate the name of the third party:* _____
Request made from:	Name: _____ ("recruiting principal/ recruiting authorized institution") ☐ Authorized insurer (IA's file no.:_____) ☐ Licensed insurance agency (IA's licence no.:_____) ☐ Licensed insurance broker company (IA's licence no.:_____) *If the recruiting principal/recruiting authorized institution has engaged and authorized a third party to handle this reference check request on its behalf, please indicate the name of the third party:* _____

For Reference Only

Subject: Reference Checking Request

According to the Register of Licensed Insurance Intermediaries maintained by the Insurance Authority, the following individual is currently appointed / was appointed by you in the past 7 years. Pursuant to the Reference Checking Scheme for Insurance Intermediaries and/or Mandatory Reference Checking Scheme[1], we make this reference checking request and would ask you to provide us with the following information relating to the following individual by the above stated due date.

The information to be provided should cover the period commencing 7 years prior to the date of this request. Written consent from the relevant individual is appended.

Individual's name (as shown on Hong Kong Identity Card / passport):

_____

Individual's licence number with the Insurance Authority[2]:

_____

[1] Mandatory Reference Checking Scheme is the reference checking scheme promulgated by The Hong Kong Association of Banks ("HKAB") and the DTC Association, and endorsed by the Hong Kong Monetary Authority.
[2] If the individual has difficulty providing their licence number with the Insurance Authority, they may, where appropriate, provide another identifier (e.g. a previous registration number with a self-regulatory organization prior to 23 September 2019) for identification purposes.

	Conduct Related Matters	Response
1	Was the individual's appointment terminated by you for incident(s) which cast doubt on the individual's fitness and properness to be a licensed insurance intermediary? For example, the incident may include: (If select "Yes", please tick the applicable box(es).) (a) □Breach of legal or regulatory requirements (including subsidiary legislations, rules, codes, guidelines, circulars or other regulatory instruments issued by the applicable regulator) in relation to the following legislation: (i) □Insurance Ordinance (Cap. 41)[3] (ii) □Anti-Money Laundering and Counter-Terrorist Financing Ordinance (Cap. 615) (iii) □Mandatory Provident Fund Schemes Ordinance (Cap. 485) (iv) □Securities and Futures Ordinance (Cap. 571) (v) □Banking Ordinance (Cap. 155) (b) □Misconduct (e.g. misrepresentation, misappropriation of client's money, forged document, unauthorized signature on behalf of client, unauthorized rebate, defrauding of commission, facilitating fraudulent claim, etc.) (c) □ Criminal offence (d) □ Disciplinary action by you or any regulators (e) □ Bankruptcy	[Yes / No]
2	If the individual had not resigned or otherwise left by himself/herself, is it likely that you would have terminated the individual for a matter set out in item 1 above?	[Yes / No]
3	Is the individual subject to your ongoing internal investigation in relation to any of the matters set out in item 1 above? This question is subject to the responding principal's assessment taking into consideration legal or regulatory	[Yes / No]

For Reference Only

[3] Excluding the requirements relating to Guideline on Continuing Professional Development for Licensed Insurance Intermediaries (GL24) as the recruiting principal and recruiting authorized institution can ascertain the relevant compliance records via the e-portal (i.e. Insurance Intermediaries Connect) maintained by the IA.

	requirements or other circumstances, which may restrict disclosure. If you are subject to such restrictions, or the answer is "no" please state "no" in the response column.	
4	If you have answered "yes" to any questions above, please provide further supplementary information to the extent you consider appropriate. *Providing a response to this question is not mandatory. If legal or regulatory requirements restrict certain disclosures, which may make your responses incomplete or inaccurate, please state "N/A" in the response column.*	[N/A or other free text answer]
	Other Matters	**Response**
5	Does the individual have any outstanding debts owed to you which may raise concern on the financial status of the individual?	[Yes / No]
6	If you have answered "yes" to question 5 above, please specify the amount of the relevant debt.	[Amount in HKD]

For Reference Only

Disclaimer:

(a) The information provided is true, complete and accurate according to the responding principal's best knowledge;

(b) The recruiting principal or recruiting authorized institution takes full responsibility in relying on the information provided in the Reference Information Form in making its recruitment decision, and the responding principal is excluded from liability in the absence of gross negligence or bad faith. The responding principal is released and discharged (including without limitation its affiliates and officers, directors, employees, third party processors and agents) from any and all claims, liability, actions, suits, demands, loss, expenses or indebtedness, under contract, tort or otherwise, arising out of, related to or in any way connected with the disclosure of the information under the Reference Check Scheme as described herein; and

(c) Due to legal or regulatory requirements, the responding principal may not be able to provide information relating to the ongoing internal investigation.

Remarks:

To ensure transparent and fair treatment to the prospective intermediary, the recruiting principal/recruiting authorized institution should generally provide the prospective intermediary with an opportunity to be heard if it subsequently decides not to proceed with his /her application based on any adverse information disclosed by a responding principal in relation to the prospective intermediary. Under such circumstances, the recruiting principal/recruiting authorized institution should, upon the prospective intermediary's request, provide him/her with a copy of reference result it obtained from the responding principal for representation.

Responding Principal's contact Information for prospective intermediary making enquiries regarding this Annex 1 (Ins):

Responding Principal
Email:
Contact Tel:

For Reference Only

[Do <u>not</u> provide this page to the prospective intermediary.]

Contact Information for enquiries between Recruiting Principal/Recruiting Authorized Institution and Responding Principal:

Recruiting Principal /Recruiting Authorized Institution
Name of the handler for this reference check:
Job Title:
Contact Tel:

Responding Principal
Name of the handler for this reference check:
Job Title:
Contact Tel:

For Reference Only