AIA International Limited
(Incorporated in Bermuda with limited liability)

FINANCIAL NEEDS ANALYSIS "FNA" FORM (FOR CORPORATE APPLICANT)
財務需要分析表格 (公司客戶適用)

Policy Number 保單號碼			P3572085
Area Code 區域編號	Agency Name 營業員組別	Financial Planner 1 / Financial Planner 2 財務策劃顧問1 / 財務策劃顧問2	
Financial Planner 1's Name 財務策劃顧問1姓名	Financial Planner 2's Name 財務策劃顧問2姓名	Financial Planner's Telephone No. 財務策劃顧問聯絡電話	

- Notes to customer: This FNA form is to facilitate the identification of suitable insurance product(s) to meet the corporate's needs and circumstances.
  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，以滿足貴公司的需要及情況。
- This FNA form is valid for one year.
  這份財務需要分析表格之有效期為一年。
- Note: Please read and fill in all the questions in this FNA form carefully. Do not leave any questions blank. Do NOT sign if any questions are unanswered and have not been crossed out.
  註：請小心細閱及填寫本財務需要分析表格內的所有問題。請不要留空任何問題。如有任何未回答的問題未被刪除去，請不要在表格上簽署。

A. PURPOSE OF INSURANCE 保險用途

- ☐ Corporate Financial Planning 公司財務策劃
- ☐ Employee Benefit 員工福利
- ☐ Keyman Insurance 公司要員壽險
- ☐ Partnership Insurance 合夥人壽險
- ☐ Business Loan Protection 商業借貸保障

B. APPLICANT'S PARTICULARS (CORPORATE) 申請人之資料（公司）

Company Name 公司名稱	Business Nature 業務性質
Date of Establishment 成立日期 (MM/YYYY)	Number of Employees 受僱人數

Corporate Type 公司類別

- ☐ Proprietorship 獨資業務
- ☐ Partnership 合夥業務
- ☐ Private Limited Company 私人有限公司
- ☐ Public Limited Company (I.E. Listed) 上市公司
- ☐ Trust Owned Policy (Local Trustee) 本地信託公司
- ☐ Trust Owned Policy (Oversea Trustee) 海外信託公司
- ☐ Club 會社
- ☐ Embassy 領事館
- ☐ Charity / NGO 慈善組織 / 非政府機構
- ☐ Government 政府機構

Place of incorporation 成立地點

☐ Hong Kong 香港 ☐ Macau 澳門 ☐ Others, please specify 其他，請註明：_____

Please give details of current life insurance in force with any insurance company(ies) or solicited simultaneously on and held by the applicant.
請提供申請人現時仍然生效或同時申請之壽險資料（無論於任何保險公司購買，均要填寫）

Insurance Company 承保公司	Name of Insured or Proposed Insured 受保人或準受保人姓名	Coverage 保障範圍	Policy Currency 保單貨幣	Sum Assured 保額	Year of Policy Issue 保單繕發年份

C. PROPORSED INSURED'S PARTICULARS 準受保人之資料

Name 姓名

ID Card / Passport Number 身份證號碼 / 護照號碼

Position 職位

No. of Years with the corporate 任職年期

Type of Employee 員工種類

☐ Permanent 長工 ☐ Temporary 臨時工 ☐ Contract 合約 ☐ Others, please specify 其他，請註明：_____

Average monthly earned income in the past 24 months from this company 過去24個月內於此公司之平均每月收入

HK$ 港幣_____

D. YOUR ABILITY TO PAY PREMIUM 您繳付保費的負擔能力

Note : The corporate must reply at least either question 1 or 2 and 3. If the corporate does not wish to answer either one of them, please cross it out. Please note that we will reject the corporate's application if the corporate chooses not to respond to both question 1 and 2.

註：貴公司必須至少回答問題1或2及3，如貴公司不欲回答其中一條，請將之刪去。如貴公司選擇同時不回應問題1及2，本公司必須拒絕貴公司的申請。

1. What is the corporate's average annual net profit (from audited accounts) in the past 2 years? 在過去2年裡，貴公司的每年平均純利（經審計之賬目）為？	HK$ 港幣 / Year 年
2. What is the corporate's approximate current amount of net assets? 貴公司現時的總資產淨值約有多少？	HK$ 港幣

3. For how long is the corporate able and willing to pay for an insurance policy? (tick one)
貴公司能夠及願意為保單支付保費的年期為？（請選一項）

☐ 2-5 years 年 ☐ 6-10 years 年 ☐ 11-15 years 年 ☐ 16-20 years 年 ☐ more than 20 years 超過20年 ☐ Whole of life 終身

☐ A single payment of not more than HK$_____（不超過港元_____的一次性供款）

E. SUITABILITY ASSESSMENT 適合性評估

Note: The corporate must reply question 1 to 2 below. Do not leave any of these questions blank. We will reject the corporate's application if the corporate does not reply.

註：貴公司必須回答以下問題1至2。請不要留空任何一條問題。如貴公司選擇不回答，本公司必須拒絕貴公司的申請 。

1. What are the corporate's objectives of buying our product? (tick one or more)
貴公司購買本公司產品的目標為何？（可選多於一項）

☐ **A** Financial protection against adversities (e.g. death, accident, disability, etc. of the Proposed Insured) 為應付不時之需的財務保障 (例如: 準受保人死亡，意外，殘疾等)	What is the additional level of life protection needed for the Proposed Insured? (tick one) 準受保人需要的額外人壽保障額為？（請選一項） ☐ HK$ 港幣 _____ ☐ US$ 美元 _____ ☐ Not Applicable 不適用
☐ **B** Preparation for health care needs of the Proposed Insured (e.g. critical illness, hospitalization, etc.) 為準受保人醫療需要作準備（例如：危疾，住院等） ☐ (i) The product meets the insurance objective of providing protection against loss of income during hospital confinement, and it is a medical insurance product with hospital income protection. 產品迎合為住院時提供入息保障的保險目標，而此產品為醫療保險產品並提供住院入息保障 ☐ (ii) The product meets the insurance objective of providing protection against increasing expenses for medical and healthcare services, and it is a medical insurance product with hospitalization expense reimbursement benefit. 產品迎合為提供保障以應付日益增長的醫療費用的目標，而此產品為醫療保險產品並提供住院費用實報實銷保障 ☐ (iii) The product meets the insurance objective of providing health protection / critical illness protection for future healthcare services and it offers Lump Sum Payment upon claims of health protection / Critical Illness. 產品迎合為提供健康保障 / 危疾保障以應付將來的健康服務的目標，此產品提供健康保障 / 危疾保障一筆過賠償	What is the additional level of Critical Illness protection needed for the Proposed Insured? (tick one) 準受保人需要的額外危疾保障額為？（請選一項） ☐ HK$ 港幣 _____ ☐ US$ 美元 _____ ***Note: Only applicable if selected Objective B(iii)*** ***註：只適用於目標選項B(iii)***

☐ **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 (例如: 子女教育，退休等)

☐ **E** Investment
投資

To meet the "Investment" objective indicated above, how would the corporate prefer to manage different investment options / investment choices, if available, under the insurance product? (tick one)
為實現上述「投資」的目標，貴公司希望如何管理保險產品項目下的不同投資選項 / 投資選擇（如有）？（請選一項）

☐ (i) We want to make our 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 we are willing to do it throughout the entire duration of the target benefit / protection period of an insurance product
我們願意按個人決定（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目下的不同投資選項/ 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。

☐ (ii) We want to make our 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 We are willing to do it throughout the entire duration of the target benefit / protection period of an insurance product
我們願意按個人決定（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目下的不同投資選項 / 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。

☐ (iii) We do not want to choose or manage different investment options / investment choices, if available, under an insurance product
我們不願意選擇或管理保險產品項目下的不同投資選項 / 投資選擇（如有）。

What is the additional target saving amount and / or investment return amount for the applicant? (tick one)
申請人需要的額外目標儲蓄金額及 / 或額外投資回報金額為？(請選一項)

☐ HK$ 港幣 _____

☐ US$ 美元 _____

What is the expected timeframe to achieve the said target saving amount / investment return amount?
貴公司預期以多少年達到所述之目標儲蓄金額 / 投資回報金額?

_____ Year(s) 年

☐ **F** Others
其他

☐ a. Payor Benefit 付款人保障
☐ b. Critical Illness Payor Benefit 付款人保障連危疾
☐ c. Wavier of Premium 免付保費
☐ d. Legacy Planning 遺產規劃
☐ e. Others, please specify 其他，請詳述：_____

2. What is the corporate's target benefit / protection period / expected timeframe for meeting the target amount for insurance policy? (tick one)
貴公司投購保單的目標得益 / 保障年期 / 實現目標金額的預期時間為多久？（請選一項）：

☐ A < 1 years 年 ☐ B 1 - 5 years 年 ☐ C 6 - 10 years 年 ☐ D 11 - 15 years 年
☐ E 16 - 20 years 年 ☐ F > 20 years 年 ☐ G Whole of Life 終身

F. EVALUATION & RECOMMENDATION 評估及建議

PART 1: Recommendation made by intermediary – to be completed by intermediary
第一部分：中介人的建議 - 由中介人填寫

Based on the corporate's answers to the questions above, the intermediary concerned has explored the following insurance options (as available to the
intermediary) to meet the applicant's objective(s) and need(s):
根據貴公司上述選項，中介人曾與申請人討論下列保險產品的選擇（因應中介人所能提供的產品），以符合申請人選購保險產品的目標及需要

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 inforce upon termination of the basic plan (please refer to Column 2 below).
  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（請參閱下列第2行）。
- 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 inforce earlier than the basic plan (please refer to Column 2 below).
  倘中介人介紹之保險產品包括基本計劃及附加契約，其保障年期可能較基本計劃的保障年期短，即附加契約可會早於基本計劃終止（請參閱下列第2行）。
- If an intermediary's introduced insurance option(s) falls outside the applicant's buying objective(s) (as stated in Section C of Question 1 above), the intermediary must specify the reason(s) for mismatch and recommendation in PART 2 (B) below.
  倘中介人介紹的保險產品與申請人選購產品的目標（即上述C部份問題1）不符，中介人必須在下列第二部分(B)欄中選擇不符的原因及中介人建議該產品的原因。
- If an intermediary's introduced insurance option(s) includes ILAS [i.e. C1E(i)], to comply with regulatory requirements, the intermediary should introduce another insurance option which is a participating product with Buying Objective 'Investment' to the applicant. (Even though that participating product may not be able to satisfy applicant's target benefit/protection period / expected time frame for meeting the target amount)
  倘中介人介紹的保險產品包括投資連繫壽險計劃[即C1E(i)]，中介人必須向申請人介紹另一屬分紅保險計劃並符合其投資目標之保險選項，以符合監管要求。（儘管該分紅保險計劃未必能符合申請人之目標得益/保障年期 / 實現目標金額的預期時間）。

Column 1 **第1行**									**Column 2** **第2行**							**Column 3** **第3行**	**Column 4** **第4行**
Objectives of Buying the Product(s) (Question C1) **選購產品的目標（問題C1）** *May select one or more for each product introduced (please tick)* *每個產品介紹可選一項或以上（請打上〔✓〕）*									**Target Benefit / Protection Period / expected timeframe (Question C2)** **目標得益 / 保障年期 / 實現目標金額的預期時間（問題C2）** *Select one only for each product introduced (please tick)* *每個產品介紹只可選一項（請打上〔✓〕）*							**Name of Insurance Product(s) Introduced (if any)** **曾介紹的保險產品名稱（如有）** *Based on the answer(s) of Section D Column 1-2* *跟據D部分第1-2行之答案填寫*	Product(s) Selected (if any) 最終選購產品（如有） *May select one or more (please tick)* *可選多於一項（請打上〔✓〕）*
A	B			C	D	E			F:_____	A	B	C	D	E	F	G		
	(i)	(ii)	(iii)			(i)	(ii)	(iii)										
										☐	☐	☐	☐	☐	☐	☐		☐
										☐	☐	☐	☐	☐	☐	☐		☐
										☐	☐	☐	☐	☐	☐	☐		☐
										☐	☐	☐	☐	☐	☐	☐		☐
										☐	☐	☐	☐	☐	☐	☐		☐
										☐	☐	☐	☐	☐	☐	☐		☐
										☐	☐	☐	☐	☐	☐	☐		☐

Source of Premium－to be completed by the Applicant
保費來源－由申請人填寫

1. Does the corporate intend to use premium financing for the corporate's insurance application, or settle part of policy premium by premium financing; or assign all or part of the corporate's rights under the proposed policy to a lender prior to policy insurance?
貴公司是否有意將保費融資用於貴公司的投保申請，或以保費融資方式支付部分保費，或在保單繕發前將貴公司的全部或部分保單權利轉讓予貸款方？

Note: Premium financing is an insurance funding arrangement whereby you, as the proposed policy holder, borrow funds from the lender to pay for the premium of the proposed life insurance policy and in doing so, you would assign all or part of your rights under the policy to the lender as collateral.
註：保費融資是一種保單融資安排，指貴公司作為投保人，向貸款方借款以支付人壽保險保單的保費，同時將貴公司所擁有的全部或部分保單權利作為抵押品轉讓予貸款方。

☐ Yes 是
(Please complete questions below and complete "IMPORTANT FACTS STATEMENT – PREMIUM FINANCING" separately. Please note the corporate's answers will be used for Financial Needs Analysis to assess the corporate's ability to pay premium.
請填寫以下問題及另行填寫《重要資料聲明書--保費融資》。 請注意，貴公司的回答將用於財務需要分析以評估貴公司繳付保費的負擔能力。)

☐ No 否
(Please proceed to Part 2. 請繼續第二部分。)

2. What is the corporate's approximate current accumulative amount of liquid assets? 貴公司現時累積的流動資產約有多少？ Note: Liquid assets are assets which may be easily turned into cash. Real estate, coin collection and artwork are not considered as liquid assets. 註：流動資產是指可以容易變現為現金的資產。物業、錢幣收藏及藝術品均不能被視為流動資產。	HK$港幣

3. What is the approximate current amount of the corporate's liabilities (including but not limited to any interest accrued and payable)?
貴公司現時的債務約有多少（包括但不限於任何應計和應付利息）？

(a) Premium financing and/or pledge loan and/or other loan facilities with existing insurance policy(ies) assigned as collateral 以現有保單作為抵押品的保費融資及 / 或抵押貸款及/或其他貸款融資	HK$港幣
(b) Short-Term Liabilities (such as personal loan/debt, overdraft, etc) 短期債務（例如私人貸款 / 債務、透支等）	HK$港幣
(c) Long-Term Liabilities (such as mortgage loan) 長期債務（例如按揭貸款）	HK$港幣

Declaration: The required repayment amount of the above liabilities and the interest expenses incurred (if any) have been included in the "average monthly expenses" in Section B question 1b.
聲明：上述債務所需的還款及其所產生的利息支出（如有）已包括在B部分問題1b的"每月平均開支"中。

We hereby authorize and give consent to AIA to provide, release and share with the insurance intermediary any necessary details of our policies which you have received a notice of assignment from us to assess our suitability and affordability of acquiring the proposed policy using a loan arrangement and conducting Financial Needs Analysis on us.
我們現授權並同意AIA向保險中介人提供、披露及分享貴公司曾接收我們保單轉讓通知的保單之任何所需資料，以評估我們使用貸款安排購買這份投保申請的適合性和負擔能力，及為我們進行財務需要分析。

☐ Agree 同意 ☐ Disagree 不同意

PART 2: Intermediary's Reason(s) for the recommendation (tick one or more) – to be completed by intermediary
第二部分：中介人建議原因（可選多於一項） - 由中介人填寫

☐ (A) The recommendation(s) was suggested with consideration of applicant's financial objectives, priorities, total protection needs and budget. Applicant would like to strike a balance of the above.
此建議考慮到申請人的理財目標、全面保障的需要，其需要重要性及申請人的財務預算而作出，申請人期望以上各方面取得平衡。

☐ (B) B1. Reason for suitability mismatch between the recommended product(s) and applicant's disclosed information during FNA.
產品推介與申請人財務需要分析選項不相符之原因

- ☐ a. Applicant has no such objective(s) of buying insurance product indicated during the FNA process.
申請人在進行財務需要分析時沒有表示有此選購產品的目標。
- ☐ b. Benefit / protection period(s) of product(s) selected do(es) not match applicant's target benefit / protection period / expected timeframe.
最終選購產品的得益 / 保障年期與申請人的目標得益 / 保障年期 / 實現目標金額的預期時間不符。
- ☐ c. The life protection of product(s) selected does not meet Insured's additional level of life protection needed.
最終選購產品的人壽保障額與受保人需要的額外人壽保障額不符。
- ☐ d. The Critical Illness protection of product(s) selected does not meet Insured's additional level of Critical Illness protection needed.
最終選購產品的危疾保障額與受保人需要的額外危疾保障額不符。
- ☐ e. The expected saving amount of product(s) selected does not meet applicant's additional target saving amount and / or investment return amount.
最終選購產品的目標儲蓄金額與申請人需要的額外目標儲蓄金額及 / 或額外投資回報金額為不符。
- ☐ f. Saving / investment period of product(s) selected to achieve the target saving amount does not matches the applicant's expected timeframe.
最終選購產品達至所述之投資回報金額的所需儲蓄 / 投資年期與申請人期望的年期不符。
- ☐ g. Others (Please specify: _____)
其他（請詳述：_____）

B2. Reason for recommendation (despite suitability mismatch)
建議原因（縱使適合性不符）

- ☐ a. I (the intermediary) have explained to the client that his/her final selected product(s) is unsuitable to him/her but I made such recommendation upon client's preference
我（中介人）已向申請人解釋其最終選購的保險產品並不適合其需要，但應申請人的喜好而作出介紹。
- ☐ b. I (the intermediary) have explained to the client that his/her final selected product(s) is unsuitable to him/her but I made such recommendation upon client's decision after going through FNA process.
我（中介人）已向申請人解釋其最終選購的保險產品並不適合其需要，但申請人經財務需要分析後要求介紹。
- ☐ c. I (the intermediary) have explained to the client that his/her final selected product(s) is unsuitable to him/her but I made such recommendation upon client's decision as his/her family member(s) / friend(s) has purchased the same product(s).
我（中介人）已向申請人解釋其最終選購的保險產品並不適合其需要，但申請人因其親友購買了同一產品而要求介紹。
- ☐ d. Despite the sum assured / period / return of the applicant's final selected product(s) is mismatched with applicant's disclosed information during FNA, I (the intermediary) am of the view that the recommended product(s) is suitable for the applicant.
縱使申請人最終選購的保險產品之保額 / 年期 / 回報與其財務需要分析所透露的資料不相符，我（中介人）認為此建議產品適合申請人。
- ☐ e. Others (Please specify:_____)
其他（請詳述：_____）

G. DECLARATION 聲明

We confirm that our intermediary has conducted a Financial Needs Analysis (FNA) for us. We also confirm that all information and documents we have provided for the FNA are true, complete and correct. We understand that:

- any incomplete or inaccurate information we provided may affect the result of the FNA and any insurance product chosen as a result of it;
- the FNA is only a basic assessment of our affordability and suitability for those products (up until and including the date of this FNA);
- and any final selection of insurance product(s) may vary from the FNA.

我們確認中介人替我們進行了此財務需要分析；我們亦確認我們為此財務需要分析所提供之資料或文件皆為真實、完整及正確。我們明白倘我們提供之資料並不完整或準確，或會影響對我們此財務需要分析的結果及 / 或其後所選之保險產品。我們明白此財務需要分析只是就我們對負擔能力及對保險產品適合性之初步評估（直至及包括此財務需要分析日期）；我們同時確認我們最終選購之保險產品或會有別與此財務需要分析。

We hereby declare, to the best of our knowledge, that the foregoing statements are true and complete and will form part of the basis of any contract of life assurance. We, (the Applicant) agree to supply relevant and adequate proof of the above statements when requested by AIA.
茲聲明上述乃我們所知之事實和全部，並構成選擇任何壽險合約之基礎。我們，（申請人）同意對以上申報資料會因應AIA要求而提供有關及足夠之證明文件。

PERSONAL DATA COLLECTION AND USE

I / We confirm that I / We have read, understood and agreed to the Personal Information Collection Statement of AIA International Limited (Hong Kong Branch) ("AIAHK") (the "PICS").
I / We declare and agree that any personal data and other information relating to me / us or my / our policy(ies) or investment(s) contained in this application or collected, obtained, compiled or held by AIAHK by any means from time to time may be collected and utilized in accordance with the PICS. I / We acknowledge and consent to the transfer of my / our personal data to parties within or outside Hong Kong for the purposes as set out in the PICS. The updated version of the PICS which complies with the relevant rules and regulations is available for download : https://www.aia.com.hk/content/dam/hk-wise/pdf/privacy-statement/AIAHK-PICS-English.pdf, and is also available upon request.

個人資料收集及使用

我 / 我們確認我 / 我們已閱讀、明白及同意友邦保險(國際)有限公司（香港分行）（「友邦香港」）的個人資料收集聲明（「該聲明」）。
我 / 我們聲明及同意在本申請所載或友邦香港不時以任何方法收集、獲得、編製或持有的任何關於我 / 我們的個人資料及關於我 / 我們的保單或投資的其他資料，可根據該聲明收集及使用。
我 / 我們知悉及同意就該聲明所述目的轉移我 / 我們的個人資料至香港境內或境外各方。
該聲明符合相關守則及法規的最新版本可於此下載：
https://www.aia.com.hk/content/dam/hk-wise/pdf/privacy-statement/AIAHK-PICS-Traditional-Chinese.pdf，及可向友邦香港索取。

		MM月	DD日	YYYY年
Name of Applicant 申請人姓名	Authorized Signature of the Applicant (Please do not sign on blank form) 申請人之授權簽署(請勿在空白表格上簽署)			
		MM月	DD日	YYYY年
Name of Financial Planner / Technical Representative 財務策劃顧問 / 業務代表姓名	Signature of the Financial Planner / Technical Representative 財務策劃顧問 / 業務代表簽署			

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