



## Financial Needs Analysis

### 財務需要分析

Name of Client(s):  
客戶姓名：

Date of Completion:  
填寫日期：

Name of Financial Advisor Firm:  
財務顧問公司名稱：

Name of Financial Advisor:  
財務顧問名稱：

**Strictly Private and Confidential**  
高度私人及機密

**Part I – Basic Personal Information**

第一部分 - 個人基本資料

A. APPLICANT 申請人		
1. Name (As shown in HKID card/ passport) 姓名 (與香港身份證/ 護照相同)	2. Date of Birth 出生日期	3. Gender 性別
4. Occupation 職業	5. E-mail Address 電郵位址	
6. No. of Dependant(s) 受供養者人數	7. Contact No. 聯絡電話	8. Nationality 國籍
9. Residential Address 住宅地址		
10. Highest education level achieved 最高學歷 <input type="checkbox"/> No schooling 從無就學 / <input type="checkbox"/> Primary 小學 / <input type="checkbox"/> Secondary 中學 / <input type="checkbox"/> Tertiary or above 大專或以上		11. Marital Status 婚姻狀況 <input type="checkbox"/> Single 單身 / <input type="checkbox"/> Married 已婚 / <input type="checkbox"/> Divorced 離婚 / <input type="checkbox"/> Widowed 喪偶

**Part II – Financial Needs Analysis**

第二部分 - 財務需要分析

A. PERSONAL FINANCIAL DETAILS OF APPLICANT 申請人之個人財務狀況			
Average Income (in the past 24 months) 平均收入 (二十四個月裡)	Average Monthly Income 每月平均收入	Average Expenses (in the past 24 months) 平均開支 (二十四個月裡)	Average Monthly Outgoings 每月平均支出
1. Earned Income : Salary and Bonuses 賺取的收入 : 薪金及花紅	HK\$	4. Family Living Expenses 家庭生活支出	HK\$
2. Unearned Income (such as rental, dividend, etc) 非賺取的收入 (例如租金、股息等)	HK\$	5. Insurance Premium 保險保費	HK\$
3. Other Recurring Income (e.g. family contributions) 其他經常收入 (如家用)	HK\$	6. Mortgage Repayment / Rental 按揭供款/租金	HK\$
		7. Other Expenses (e.g. personal loan etc) 其他開支 (如私人貸款等)	HK\$
Monthly Total Income 每月總收入 (A)	HK\$	Monthly Total Outgoings 每月總支出 (B)	HK\$
Monthly Net Income 每月淨收入	(C) = (A) - (B)	HK\$	
Total Annual Net Income 全年總淨收入	(D) = (C) x 12	HK\$	

B. PERSONAL WEALTH DETAILS OF APPLICANT 申請人之個人資產狀況			
Liquid Assets 流動資產		Liabilities 債務	
1. Cash and Deposit(s) in Bank 現金及銀行存款	HK\$	3. Outstanding Debts/Loan (excluding mortgage loan) 欠債/貸款額 (物業按揭貸款除外)	(F1) HK\$
2. Other Liquid Assets (e.g. Stocks/Securities/Bond/Mutual Fund etc.) 其他流動資產 (如股票/證券/債券/互惠基金/單位信託等)	HK\$	4. Outstanding Mortgage Loan 物業按揭貸款額	(F2) HK\$
Total Liquid Assets 流動資產總值 (E)	HK\$	Total Liabilities 總債務 (F3) = (F1) + (F2)	HK\$
Total Net Liquid Assets 流動資產總淨值 (G) = (E) - (F1)	HK\$		
Fixed Assets (e.g. Real Estate) 固定資產值 (如房地產)	(H)	HK\$	
Total Net Assets 資產總淨值 (I) = (E) + (H) - (F3)		HK\$	

C. OTHER POLICY(IES) IN FORCE OF APPLICANT 申請人之其他有效的保單					
Name of Insurance Company 承保公司名稱	Year Issued 簽發年份	Sum Assured 保障額 (HKD 港幣)			
		Life Insurance 人壽保障	Critical Illness 危疾保障	Hospitalization Benefit 住院保障	Accident Coverage 意外保障

**D. LIFE PROTECTION NEEDS OF THE INSURED 受保人之人壽保障需要 (Each item in this section must be filled in 必須填寫此部分的每一項目)**

Capital Need 資金需要	港幣HK\$	Existing Capital Preparation 現有資金準備	港幣HK\$
(1) Monthly Family Living Expenses of HK\$ _____ for _____ years = Protection for Family (PV) 家庭每月生活開支 港幣HK\$ _____ 共 _____ 年 = 家庭保障 (現值)	_____	(3) Existing Assets 現有資產 (e.g. cash, investment, building (to be sold later), MPF/ORSO, other assets etc.) (例如：現金、投資、樓宇 (作稍後出售)、 強積金/公積金、其他資產等)	_____
(2) Total of Other Protection Needs Children education fund (PV) 其他保障需要總額 子女教育經費 (現值)	_____		_____
Others (e.g. total outstanding mortgage repayment, other liabilities, final expenses, other expenses etc.) 其他 (例如：樓宇按揭尚餘還款總額、 其他債項、善終開支、其他開支等)	_____	(4) Existing Life Insurance Coverage 現有人壽保障	_____
<b>Total Capital Need 資金需要總額 (A)</b> (Sum of 1 to 2 第1至2項之總和)	_____	<b>Total Current Capital Reserved (B)</b> 現有資金儲備總額 (B) (Sum of 3 to 4 第3至4項之總和)	_____
<b>Shortfall in Current Life Protection (A) - (B)</b> <b>現時人壽保障需要的差額 (A) - (B)</b> 港幣HK\$ _____			
(若建議的壽險總保額高於此分析結果的30%，須於問題6b交代推理由。) (If the suggested total sum assured is 30% higher than the result of this analysis, then please state the reason for recommendation in question 6b).			

**E. OTHER LIFE AND RISK PROTECTION NEEDS 其他人生風險保障需要 (If applicable, 如適用)**

	Coverage Needed 保障需要 港幣HK\$ (A)	Existing Coverage 現有保障 港幣HK\$ (B)	Shortfall in Coverage 保障差額 港幣HK\$ (A)-(B)
Hospital Income Insurance (Daily) 住院入息保障 (每日)	_____	_____	_____
Hospitalization Insurance (Daily Room and Board) 住院保障 (每日住院病房及膳食)	_____	_____	_____
Surgical Fees Benefit 手術費用保障	_____	_____	_____
Critical Illness Insurance 危疾保障	_____	_____	_____
Accidental Death and Disability Insurance 意外死亡及傷殘保障	_____	_____	_____

**F. RETIREMENT PLANNING 退休策劃 (If applicable, 如適用)**

Retirement Fund Need 退休資金需要	Retirement Fund Reserved at Retirement 現有退休資金儲備	Expected Return Rate p.a. 預期每年回報率	
No. of Years to Retirement 距離退休年期 _____ year(s) 年	Monthly MPF/ORSO's Future Contribution 每月強積金 / 公積金的將來供款	_____	_____ %
Expected Retirement Period 期望退休生活年期 _____ year(s) 年	MPF/ORSO's Accumulated Value 強積金 / 公積金累算價值	_____	_____ %
Monthly Retirement Expenses (PV) 每月退休支出 (現值) 港幣HK\$ _____	<b>Projected MPF/ORSO Fund at Retirement (B)</b> 退休時之預計強積金 / 公積金總額 (B) 港幣HK\$ _____		
Monthly Retirement Expenses (FV) 每月退休支出 (將來值) 港幣HK\$ _____	Other Monthly Savings for Retirement 其他作退休用途的每月儲蓄 _____ %		
	Other Lump Sum Investment for Retirement 其他作退休用途的一筆過投資 _____ %		
<b>Total Retirement Needs (A)</b> 所需退休金總額 (A) 港幣HK\$ _____	<b>Total Retirement Fund Reserved (C)</b> 其他退休金儲備總額 (C) 港幣HK\$ _____		
<b>Shortfall in Retirement Fund 退休資金差額 (A) - (B) - (C)</b> 港幣HK\$ _____			
		港幣HK\$ _____	
		港幣HK\$ _____	

**G. CHILDREN EDUCATION FUND 子女教育經費 (If applicable, 如適用)**

Child's Name 子女姓名	_____	_____	_____	_____
Age of Child 子女年齡	_____	_____	_____	_____
Country of Study 升學國家	_____	_____	_____	_____
Savings Period 儲蓄年期	_____ year(s) 年	_____ year(s) 年	_____ year(s) 年	_____ year(s) 年
	港幣HK\$	港幣HK\$	港幣HK\$	港幣HK\$
Education Fund Needs (FV) 所需教育經費 (將來值) (A)	_____	_____	_____	_____
Reserved Education Fund (FV) 已作出之教育經費儲備 (將來值) (B)	_____	_____	_____	_____
Shortfall in Education Fund 教育經費差額 (A) - (B)	_____	_____	_____	_____
Monthly Savings Required 每月所需供款 OR 或	_____	_____	_____	_____
Lump Sum Investment Required 所需一筆過投資	_____	_____	_____	_____

**FOR INDIVIDUALS AS THE APPLICANT 由個人作申請人**

**Note: Please answer all questions in this section. Do NOT sign on this form if any questions are unanswered and have not been crossed out.**

**註：請回答此部分內的所有問題。如有任何未回答的問題未被刪去，請不要在表格上簽署。**

**[Note: You must reply this question. Do not leave it blank. We will reject your application if you do not reply]**

**[註：閣下必須回答此問題。請不要留空。如閣下不回答，本公司必須拒絕閣下的申請。]**

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

閣下選購保險產品的目標為何？(可選多於一項)

- i.  Financial protection against adversities (e.g. death, accident, disability etc.) 為應付不時之需的財務保障(例如：死亡、意外、殘疾等)
- ii.  Preparation for health care needs (e.g. critical illness, hospitalization etc.) 為醫療需要作準備(例如：危疾、住院等)
- iii.  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)
- iv.  Saving up for the future (e.g. child education, retirement etc.) 為未來需要儲蓄(例如：子女教育、退休等)  
\* Target Saving Amount 目標儲蓄金額 港幣HK\$ \_\_\_\_\_
- v.  Investment 投資；please answer **question 2** if investment is chosen 如果選擇投資，請回答**問題2**。
- vi.  Others (Please specify \_\_\_\_\_) 其他(請詳述\_\_\_\_\_)

\*您保單的期滿利益包括保證價值和非保證價值(如有)。期滿利益有可能低於您的目標儲蓄金額，因為非保證價值會根據投資回報的表現和其他由本公司決定的因素而改變。詳情請參閱相關產品推銷刊物。

\* The maturity benefit of your policy contains guaranteed value and non-guaranteed value (if any). The maturity benefit may be lower than your target saving amount since the non-guaranteed value may vary based on the performance of the investment return and other factors determined by the company. Please refer to the relevant product brochure for more details.

**(Any suggested single product must match at least one option in this question. 任何建議之單一產品必須符合此問題的最少一項選擇)**

**[Note: you must reply this question if question 1 “v. investment” is chosen. Do not leave it blank. We will reject your application if you do not reply.]**

**[註：如果於問題1中選擇了“v. 投資”，閣下必須回答此問題，請不要留空。如閣下不回答，本公司必須拒絕閣下的申請。]**

2. To meet your “Investment” objective indicated above, how would you 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，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)？(請選一項)

- i.  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)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。
- ii.  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。

**If (ii) is chosen, NO ILAS product should be introduced or recommended to the customer unless professional advice will be provided to the customer by the intermediary.**

如客戶選取了(ii)，除非中介人將會向該客戶提供**專業意見**，否則**不應**向該客戶介紹或建議任何投連壽險產品。

- iii.  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)。

**If (iii) is chosen, NO ILAS product should be introduced or recommended to the customer.**

如客戶選取了(iii)，中介人**不應**向該客戶介紹或建議任何投連壽險產品。

**[Note: You must reply this question. Do not leave it blank. We will reject your application if you do not reply]**

**[註：閣下必須回答此問題。請不要留空。如閣下不回答，本公司必須拒絕閣下的申請。]**

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

閣下保單的得益/保障期/實現目標金額的預期時間為？(請選一項)

- i.  < 1 year 少於一年
- ii.  1 - 5 years 一至五年
- iii.  6 - 10 years 六至十年
- iv.  11至15年
- v.  16-20 years 16至20年
- vi.  > 20 years 超過20年
- viii.  Whole of life 終身

(Any suggested basic plan and rider benefit must 1. match the selected option of this question or

2. provide a benefit/protection period which is longer than the selected option)

(任何所建議之基本計劃及附加保障必須1. 符合此問題所揀選的選擇或2. 提供較所揀選的選擇較長的得益/保障期)

4 Your ability and willingness to pay premiums: 閣下繳付保費的負擔能力及意願：

(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?

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？

- i.  Specific amount: Not less than HK\$ \_\_\_\_\_ per month  
具體金額：每月不少於港幣\$ \_\_\_\_\_

**OR 或**

ii  In the following range : 在以下範圍內：

- (a)  less than HK\$10,000 少於港幣\$10,000
- (b)  HK\$10,000 – HK\$19,999 港幣\$10,000 – 港幣\$19,999
- (c)  HK\$20,000 – HK\$49,999 港幣\$20,000 – 港幣\$49,999
- (d)  HK\$50,000 – HK\$100,000 港幣\$50,000 – 港幣\$100,000
- (e)  Over HK\$100,000 超過港幣\$100,000 (please specify exact amount 請註明實際金額港幣HK\$ \_\_\_\_\_)
- (f)  Exact amount 實際金額港幣HK\$ \_\_\_\_\_

(b) What is your approximate current accumulative amount of liquid assets?

閣下現時累積的流動資產約有多少？

Please specify total amount and type(s) 請註明類別及總金額：( tick one or more 可選多於一項)

i. Type 類別:

Cash 現金

Money in the bank accounts 銀行存款

Money market accounts 貨幣市場帳戶

Bonds and mutual funds 債券及互惠基金

US Treasury bills 美國國庫債券

Others其他 (Please specify 請詳述\_\_\_\_\_)

Actively traded stocks 交投活躍的股票

ii) Total Amount 總金額: 港幣HK\$ : \_\_\_\_\_

Note: Liquid assets are assets which may be easily turned into cash. Real estate, coin collection and artwork are not considered to be liquid assets.

註: 流動資產是指可以容易變為現金的資產。物業、錢幣收藏及藝術品均不被視為流動資產。

#### FOR COMPANY AS THE APPLICANT 由公司作申請人

[Note: You must reply at least either 4(c) or (d). If you do not wish to answer either one of them, please cross it out.]

[註: 閣下必須至少回答4 (c) or (d)。如閣下不欲回答其中一條, 請將之刪去。]

(c) What is your company's average annual net profit (from audited financial statements) in the past 2 years?

在過去兩年裡, 公司的每年平均純利(經審核的財務報表)為?

Specific amount: HK\$ \_\_\_\_\_ per year

具體金額: 每年港幣\$ \_\_\_\_\_

(d) What is your company's approximate current amount of net assets?

公司現時的總資產淨值約有多少?

Amount: HK\$ \_\_\_\_\_

金額: 港幣\$ \_\_\_\_\_

#### For individuals as the Applicant 由個人作申請人

If you choose not to disclose income/asset information under 4 (a) or (b) above, you must indicate your reason(s) **in your own handwriting** in the box below. Please note that the insurance company will **reject your application** if you **choose not to respond to both 4(a) and (b)** above.

如閣下選擇不在上述 4 (a) 或 (b) 透露閣下的收入 / 資產資料, 閣下必須在下欄內親筆詳述有關原因。

如閣下選擇同時不回應上述 4 (a) 及 (b), 保險公司必須拒絕閣下的申請。

#### For company as the Applicant 由公司作申請人

If you choose not to disclose net profit/net asset information under 4 (c) or (d) above, you must indicate your reason(s) **in your own handwriting** in the box below. Please note that the insurance company will **reject your application** if you **choose not to respond to both 4(c) and (d)** above.

如閣下選擇不在上述 4 (c) 或 (d) 透露公司的純利 / 資產資料, 閣下必須在下欄內親筆詳述有關原因。

如閣下選擇同時不回應上述 4 (c) 及 (d), 保險公司必須拒絕閣下的申請。

(Applicant(s) must complete explanation in **own** handwriting in this box)

( 投保人必須親筆於此欄內提供原因 )

[Note: You must reply 4(e), (f) and (g) below. Do not leave any of these questions blank. We will reject your application if you do not reply.]

[註: 閣下必須回答以下4(e), (f) 及 (g)。請不要留空任何一條問題。如閣下不回答, 本公司必須拒絕閣下的申請。]

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

閣下能夠及願意支付保單的年期為? (請選一項)

i.  2-5 years 2至5年

ii.  6 - 10 years 6至10年

iii.  11 - 15 years 11至15年

iv.  16 - 20 years 16至20年

v.  > 20 years 超過二十年 (until \*target retirement age of 至\*目標退休年齡\_\_\_\_\_)

vi.  Whole of life 終身 (including period after target retirement age of 包括目標退休年齡\_\_\_\_\_後的年期)

vii.  A single payment of not more than HK\$ \_\_\_\_\_ 不多於港幣HK\$ \_\_\_\_\_ 的一次性供款

\* Please be reminded other than your salary income, you should have sufficient fund to pay for your insurance policies after reaching your target retirement age.

請留意當您到達了退休年齡後, 除薪酬收入外, 你必須確保有足夠收入來繳付保費。

(Any suggested basic plan must 1. match the selected option of this question or 2. provide a payment period which is shorter than the selected option)

( 任何所建議之基本計劃必須 1. 符合此問題所揀選的選擇或 2. 提供較所揀選的選擇較短的繳款期 )

- (f) 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？（請選一項）
- i.  <10% 少於百分之十                      ii.  10% – 20% 百分之十至二十                      iii.  21% – 30% 百分之二十一至三十  
 iv.  31% – 40% 百分之三十一至四十                      v.  41% – 50% 百分之四十一至五十                      vi.  > 50% 超過百分之五十

- (g) In considering your ability to make payments, what are your sources of funds? (tick one or more)  
 就閣下繳付保費能力，請註明閣下的資金來源？（可選多於一項）

- i.  salary 薪酬                      ii.  income 收入 (other than salary 不包括薪酬)                      iii.  savings 儲蓄  
 iv.  investments 投資                      v.  others 其他 (Please specify 請詳述 \_\_\_\_\_)

\* Please be reminded that other source(s) of fund after retirement should be provided for affordability test.  
 請留意當您退休後，您需要提供其他收入來源以用作負擔能力測試。

- 5 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 need(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:

Objective(s) of Purchasing the insurance Product(s) (Q1)	Name of Insurance Product(s) Introduced (if any)	Product(s) Selected (if any)
選購保險產品的目標 (問題1)	曾介紹的保險產品名稱 (如有)	最終選購的產品 (如有)

(Any suggested single product must match the selected options in question 1, the suggested basic plan must match the selected options in questions 3 and 4e, and rider benefit must match the selected option in question 3.)  
 (任何建議之單一產品必須符合問題1所揀選的選擇，建議之「基本計劃」必須符合問題3及4e所揀選的選擇，而「附加保障」必須符合問題3所揀選的選擇)

- 6a Please fill in one of the following boxes (To be completed by the intermediary) 請填妥下列其中一欄（須由中介人填寫）

Please state the reason(s) for recommendation if the introduced insurance product solution(s) match(es) all the answers in the section of Basic Information.  
 若曾介紹的保險產品方案與基本資料部分所有之答案相符，請註明建議原因。

Advisor's reason(s) for the recommendation: (tick one or more) 顧問建議原因：（可選多於一項）

- The recommendation(s) was suggested with consideration of the applicant's financial goals, protection needs and his/her priority and budget.  
 The applicant would like to have a balanced choice among the aforementioned considerations  
 此建議考慮到申請人的理財目標、保障需要、按申請人的優先次序及財務預算而作出，申請人期望以上各方面取得平衡。

Others 其他 (please specify請詳述) : \_\_\_\_\_

- 6b Please state the reason(s) for recommendation if the introduced insurance product solution(s) does/do not match all the answers in the section of Basic Information.  
 若曾介紹的保險產品方案未能符合基本資料部分所有之答案，請註明建議原因。

For example 例如:	Please state the reason(s) for recommendation 請註明建議原因:
<ul style="list-style-type: none"> <li>The introduced product portfolio does not match the needs identified in Q1. 未能就問題1的選擇，介紹完全符合需要的產品組合。</li> <li>Any introduced product(s) does/do not match the protection period identified in Q3. 未能就問題3的選擇，介紹符合保障期的產品。</li> <li>The suggested total sum assured is 30% higher than the analyzed result. 建議的壽險總保額高於分析結果的30%。</li> </ul>	

## Part IV - Declaration

### 第四部分 - 聲明

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

- the FNA is designed to help me / us assess my / our financial needs as at the date of this Declaration;
- I / We am / are aware that my / our financial needs may change over time depending on my / our personal situation and objectives;
- any incomplete or inaccurate information I / 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 my / 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.

本人/我們確認財務顧問替本人/我們進行了此財務需要分析；本人/我們亦確認本人/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。

本人/我們明白此財務需要分析旨在協助了解本人/我們截至簽署此聲明時的個人財務需要。本人/我們深知本人/我們的財務需要可能因應日後的狀況及目標而轉變。倘本人/我們提供之資料並不完整或準確，或會影響對本人/我們此財務需要分析的結果及/或其後所選之保險產品。

本人/我們明白此財務需要分析只是就本人/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)

本人/我們同時確認本人/我們最終選購之保險產品或會有別與此財務需要分析。

### Personal Information Collection Statement ("PICS") 個人資料收集聲明

#### Purposes of Personal Information Collection 收集個人資料的目的

Your personal information collected by or held by Phillip Financial Advisors (HK) Limited may be used for the purposes of:

輝立理財顧問(香港)有限公司所收集或持有的閣下的個人資料可能會被用於下列目的

- approving, evaluating or processing your insurance application/policy service request;

批核、評審及處理閣下之投保計劃申請/保單服務要求；

- administering, maintaining or reinsuring your policies;

就閣下之保單提供行政、持續或再保險的服務；

- adjudicating your claims, or conducting any investigation or analysis of your claims; or

評核閣下索償，或就閣下之索償進行調查或分析；或

- data matching

資料核對

Please note that failure to provide any information requested by Phillip Financial Advisors (HK) Limited may result in

Phillip Financial Advisors (HK) Limited not being able to process your insurance application/policy service request.

請注意，閣下必須提供輝立理財顧問(香港)有限公司所需的個人資料，否則，輝立理財顧問(香港)有限公司將不能處理閣下之投保申請或就閣下之保單提供服務。

#### Transfer of Personal Information 轉移個人資料

Your personal information collected by or held by Phillip Financial Advisors (HK) Limited may be transferred or disclosed by

Phillip Financial Advisors (HK) Limited to any of the following persons (whether within or outside Hong Kong) for the purposes as specified above

or to governmental/regulatory bodies (whether within or outside Hong Kong) for them to carry out their governmental/regulatory functions:

輝立理財顧問(香港)有限公司可能為達到上述目的或讓政府/監管機構(不論在香港或海外)執行其職務而向以下任何一方(不論在香港或海外)

轉移或透露由輝立理財顧問(香港)有限公司收集或持有屬於閣下的個人資料：

- Phillip Financial Advisors (HK) Limited group companies and their associated / affiliated companies; Phillip Securities Group

集團成員公司及其關聯或相關公司；

- financial institutions, insurance companies, intermediaries and reinsurers;

金融機構、保險公司或再保險公司；

- claims investigation companies or any companies/persons necessary for claims assessment/ investigation;

賠償調查公司及所需有關評核索償之公司及/或人士；

- industry associations/federations and their members;

行業組織/聯會及其成員；

- governmental/regulatory bodies and law enforcement agencies; and

政府部門或監管機構和執法機構；及

- service providers and selected persons which are under a duty of confidentiality to Phillip Financial Advisors (HK) Limited

與輝立理財顧問(香港)有限公司有保密協議的服務提供者及其他人士

#### Access to or Correction of Personal Information 查閱或更改個人資料

You have the right to access to, and to correct, any of your personal information held by Phillip Financial Advisors (HK) Limited by writing to us

at 11/F, United Centre, 95 Queensway, Hong Kong. Phillip Financial Advisors (HK) Limited may charge a reasonable fee for the

processing of such request.

閣下有權查閱和更改任何由輝立理財顧問(香港)有限公司持有屬於閣下的個人資料。如有需要，閣下可與輝立理財顧問(香港)有限公司

提出有關要求，並以書面方式呈交至香港金鐘道95號統一中心11樓。處理上述要求時，輝立理財顧問(香港)有限公司可能會收取合理費用。

\_\_\_\_\_  
Date (DD/MM/YYYY)  
日期 (日/月/年)

\_\_\_\_\_  
Name of the Applicant  
申請人姓名

\_\_\_\_\_  
Signature of the Applicant  
申請人簽署

\_\_\_\_\_  
Date (DD/MM/YYYY)  
日期 (日/月/年)

\_\_\_\_\_  
Name of Financial Advisor (Intermediary)/  
Technical Representative  
財務策劃顧問 / 業務代表姓名

\_\_\_\_\_  
Signature of Financial Advisor  
(Intermediary)/ Technical Representative  
財務策劃顧問 / 業務代表簽署

\_\_\_\_\_  
Financial Advisor (Intermediary) / Technical Representative  
Registration Code  
財務策劃顧問 / 業務代表註冊編號

**Warning : 警告 :**

Please read and fill in all the questions in this form carefully. Do not leave any question blank. Do **NOT** sign if any questions are unanswered and have not been crossed out. We may reject your application if you do not reply.

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去，請不要在表格上簽署，本公司亦將會拒絕閣下的申請。

**Note : 註 :**

You are required to inform us ( Phillip Financial Advisors (HK) Limited ) and the insurance company 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，你在保單未簽發前，必須通知本公司（輝立理財顧問（香港）有限公司）及有關承保人 / 公司。

This Financial Needs Analysis shall have a validity period of one year. In the event that you (the Applicant) purchase additional insurance coverage within a year after signing this form, you will not be required to go through another Financial Needs Analysis provided that there are no substantial changes in your circumstances and there are no mismatch identified.

這份財務需要分析之有效期為一年。如你於簽署此表格的一年內購買額外保障，而財務需要分析表格上填報的資料沒有重大改變及及沒有發現不相配情況，你將不用填寫另外一份表格。