中介渠道財務需要分析表 (適用於(準)保單持有人為個人客戶)
Financial Needs Analysis Form of Broker Channel (Applicable To Individual As (Proposed) Policyholder)

(準)保單持有人姓名 Name of (Proposed) Policyholder	(準)受保人姓名 Name of (Proposed) Insured	要保書/保單號碼 Application/Policy No.

保險中介人資料 INSURANCE INTERMEDIARY'S INFORMATION

保險中介人姓名 Name of Insurance Intermediary

保險中介人編號 Insurance Intermediary's Code

聯絡電話 Contact No.

重要事項 IMPORTANT NOTES

1. 此表格應由(準)保單持有人以正楷填寫及簽署。This form is to be filled in BLOCK LETTERS and signed by (Proposed) Policyholder.
2. 請在適當的格內填上「√」。Please tick the appropriate boxes where applicable.

第一部份 Part I 個人及財務資料 Personal & Financial Information

A1. (準)保單持有人之個人資料 Personal Particulars of (Proposed) Policyholder

(1) 姓名 Full Name (須與身份證明文件相同 As shown on Identification Document)			
中文姓名 Name in Chinese	姓名(全名)		
英文姓名 Name in English	Surname	Middle and Other name(s)	
(2) 出生日期 Date of Birth	____/____/____ 年 Year 月 Month 日 Day	(3) 性別 Sex	☐ 男 M ☐ 女 F
(4) 婚姻狀況 Marital Status	☐ 未婚 Single ☐ 已婚 Married ☐ 其他 Others____________	(5) 職業 Occupation	
(6) 需供養家庭成員數目 No. of Dependent(s)	☐0 ☐1 ☐2 ☐3 ☐4 ☐ 其他 ____________ Others (請註明 Please specify)	(7) 教育程度 Education Level	☐ 小學或以下 Primary or below ☐ 中學 Secondary ☐ 大專或以上 Post-Secondary or above
(8) 目標退休年齡 Target Retirement Age	☐ 60 歲 Age ☐ 65 歲 Age ☐ 其他 Other ________歲 Age (請註明 Please specify) ☐ 已退休 Retired ☐ 不適用 Not Applicable		
(9) 流動電話 Mobile No.	國家/地區名稱 Country/Area Name	☐ 香港 HK ☐ 美國 U.S. ☐ 中國 China ☐ 其他 Others ____________ (請註明 Please specify)	
	國家/地區號碼 Country/Area Code	+	電話號碼 Telephone No.
(10) 閣下是否患有殘障或疾病(如失明、末期疾病等)而可能令閣下(i)難以理解保險產品或(ii)陷於財政困難而難以維持生計？Are you suffering from any impairments or illness(es) (e.g. blindness, terminal illness(es) etc.) which may cause you (i) have difficulty in understanding insurance product(s) or (ii) suffer financial hardship in sustaining your living?			☐ 是 Yes ☐ 否 No

A2. (準)受保人之個人資料[如與(準)保單持有人不同] Personal Particulars of (Proposed) Insured [if different from (Proposed) Policyholder]

(1) 姓名 Full Name (須與身份證明文件相同 As shown on Identification Document)			
中文姓名 Name in Chinese	姓名(全名)		
英文姓名 Name in English	Surname	Middle and Other name(s)	
(2) 出生日期 Date of Birth	____/____/____ 年 Year 月 Month 日 Day	(3) 性別 Sex	☐ 男 M ☐ 女 F

3052001001

要保書/保單號碼 Application/Policy No.

B. (準)保單持有人之個人財務狀況 Personal Financial Details of (Proposed) Policyholder

收入 Income	每月收入 (港幣$) Monthly Income (HK$)	開支 Financial Outgoings	每月支出 (港幣$) Monthly Outgoings (HK$)
(1) 薪金 Salary		(7) 家庭生活支出(包括保險保費) Family Living expenses (including insurance premium)	
(2) 花紅 Bonus		(8) 按揭供款/租金 Mortgage Repayment/rental	
(3) 租金收入 Rental Income		(9) 個人信貸還款 (包括現有保費借貸、抵押貸款及其他個人信貸的利息支出) Personal Loan Payment (including interest expenses for existing Premium Financing, Pledge Loan and other Personal Loans)	
(4) 流動資產收入(如利息/股息) Income from liquid assets (interest / dividends)		(10) 其他開支 Other expenses	
(5) 其他經常收入(如家用) Other recurring income e.g. family contributions		**(11) 每月總支出 Monthly Total Outgoings = (7) + (8) + (9) + (10)**	
(6) 每月總收入 Monthly Total Income = (1) + (2) + (3) + (4) + (5)	**港幣$ / HK$**		
(12) 每月淨收入 / 可動用收入 Monthly Net Income / disposable income = (6) - (11)	**港幣$ / HK$**		
(13) 每年總淨收入 / 可動用收入 Total Annual Net Income / disposable income = (12) x 12	**港幣$ / HK$**		

C. (準)保單持有人之個人資產狀況 Personal Wealth Details of (Proposed) Policyholder

流動資產 Liquid Assets	港幣$ / HK$	債務 Liabilities	港幣$ / HK$
(1) 現金及銀行存款 Cash and deposit(s) in bank		(4) 個人信貸(包括現有保費借貸、抵押貸款及其他個人信貸的貸款) Personal Loan (including loan for existing Premium Financing, Pledge Loan and other Personal Loans)	
(2) 其他流動資產(如股票/證劵/債券/互惠基金/單位信託等) Other liquid assets e.g. Stocks / Securities / Bonds /Mutual Funds /Unit Trust etc.		(5) 物業按揭貸款額 Outstanding mortgage loan	
(3) 流動資產總值 Total Liquid Assets = (1) + (2)		**(6) 總債務 Total Liabilities = (4) + (5)**	
(7) 流動資產總淨值 Total Net Liquid assets = (3) - (4)		**港幣$ / HK$**	
(8) 物業市值 Property Market Value		**港幣$ / HK$**	
(9) 資產總淨值 Total Net Assets = (3) + (8) - (6)		**港幣$ / HK$**	

第二部份 (準)受保人之財務需要 Part II Financial Needs of (Proposed) Insured

A. 家庭保障需要 Family Protection Need

家庭負擔 Family Commitments	港幣$ / HK$	保險保障 Insurance Protections	港幣$ / HK$
(1) 未來家庭生活總支出 Total Future Family Living Expenses		(6) 現有人壽保障金額 Existing Life Insurance Coverage	
(2) 教育支出需要 Education Fund Needs		(7) 正在申請中的人壽保障金額 Life Insurance Coverage Applying	
(3) 負債(按揭/借貸等) Liabilities (Mortgage Loan /Debts etc.)		(8) **現有及申請中的人壽保障金額 Total Life Coverage Including Applying = (6) + (7)**	
(4) 其他支出 (善終費用/遺產稅等) Other Expenses (Funeral Expenses/Estate Duties etc.)			
(5) 總家庭負擔 = (1) + (2) + (3) + (4) Total Family Commitments		(9) **額外總家庭保障需要 Extra Total Family Protection Needs = (5) - (8)**	

B. 危疾/醫療保障計劃 Critical Illness/Medical Protection Planning

家庭負擔 Family Commitments	港幣$ / HK$	保險保障 Insurance Protections	港幣$ / HK$
(1) 未來家庭生活總支出 Total Future Family Living Expenses		(3) 現有危疾/醫療保障金額 Existing Critical Illness/ Medical Coverage	
(2) 預計危疾/醫療護理費用 Expected Critical Illness/Medical Expenses		**(4) 額外危疾/醫療保障需要 Extra Critical Illness/Medical Protection needs = (1) + (2) - (3)**	

C. 財富增值計劃 Wealth Accumulation Planning

(1) 預期儲蓄及/或投資年期 Target Years of Savings and/or Investment	年/Year(s)
(2) 理財目標 Financial Target 除了現時流動資產總值外，在上述預期時間下的額外目標儲蓄及/或投資金額 Apart from current Total Liquid Assets, the extra target saving/ investment amount within the aforesaid expected timeframe	港幣$ HK$

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，以滿足閣下的需要及情況。請回答本表格所述的所有問題。請勿於未完成回答本表格的所有問題或於任何問題被刪除的情況下簽署本表格。請勿在空白的表格上簽署。如在本表格中提供的資料有任何重大變更，請告知保險公司。
Notes to customer: 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 the insurance company if there is any substantial change of information provided in this form.

第三部份「財務需要分析」Part III Financial Needs Analysis

1. 閣下購買保險產品的目標為何？（勾選一項或多項）
What are your objectives for seeking to purchase an insurance product? (tick one or more)
☐ (a) 為應付不時之需提供財務保障 (如身故、意外、殘疾等) Financial protection against adversities (e.g. death, accident, disability etc.)
☐ (b) 為應付醫療保健需要 (如危疾、住院等) Preparation for health care needs (e.g. critical illness, hospitalization etc.)
☐ (c) 為未來提供定期的收入(如退休收入等) Providing regular income in the future (e.g. retirement income etc.)
☐ (d) 為未來需要作儲蓄 (如兒童教育、退休等) Saving up for the future (e.g. child education, retirement etc.)
☐ (e) 投資Investment (請回答1.1 Please answer 1.1)
☐ (f) 其他Others (請說明Please specify ____________________)

以下是問題1的補充問題，僅適用在上述問題1中選擇「投資」作為目標之一的情況
The supplementary question to Q1 below is applicable only if "Investment" is chosen as one of the objectives in Q1 above

1.1 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）？（勾選一項）
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)

☐ (a) 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。
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.

☐ (b) 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。
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.

☐ (c) 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）。
I do not want to choose or manage different investment options/investment choices, if available, under an insurance product.

2. 閣下的保單目標利益／保障期／實現目標金額的預期時間*為？（勾選一項）
What is your target benefit/protection period/expected timeframe for meeting the target amount for insurance policy? (tick one)

(1) ☐ < 1 年 year (2) ☐ 1-5 年 years (3) ☐ 6-10 年 years (4) ☐ 11-15 年 years
(5) ☐ 16 - 20 年 years (6) ☐ > 20 年 years (7) ☐ 終身 Whole of life

註：* 如投保單將不能於實現目標金額的預期時間達至預期總儲蓄金額，請準備足夠收入及/或流動資產去應付突發需要。
Note: *If the expected timeframe for meeting the target amount cannot reach expected total savings amount, please prepare sufficient income and/or liquid asset for emergency use.

3. 閣下繳付保費的能力及意願： Your ability and willingness to pay insurance premiums :

(a) i 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？
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?

每月不少於港幣 Not less than HK$____________________________ per month;

(a) ii 閣下現時的流動資產總淨值約有多少？
What is your approximate current amount of total net liquid assets?

金額 Amount: 港幣 / HK$ ____

(b) i. 在整個保單期內，閣下能夠及願意繳付的保費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？（勾選一項）
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 throughout the entire term of the insurance policy? (tick one)

(1)☐ < 10% (2)☐ 10% - 20% (3)☐ 21% - 30% (4)☐ 31% - 40% (5)☐ 41% - 50% (6)☐ > 50%

及 and

(b) ii. 在整個保單期內，閣下可承擔的保費佔閣下個人的流動資產總淨值比率為？(勾選一項)
Approximately what percentage of your net liquid assets would you be able to use to pay premium throughout the entire term of the insurance policy? (tick one)

(1)☐ < 10% (2)☐ 10% - 20% (3)☐ 21% - 30% (4)☐ 31% - 40% (5)☐ 41% - 50% (6)☐ > 50%

註：＊包括現有的保費開支
Note: * including insurance premium(s) of existing policy(ies)

(c) 閣下能夠及願意為保單支付保費的年期為？（勾選一項）For how long are you able and willing to pay for an insurance policy? (tick one)

(1)☐ 2 - 5 年 years (2)☐ 6-10 年 years (3)☐ 11-15 年 years (4)☐ 16-20 年 years

(5)☐ 超過 20 年（直到________歲的目標退休年齡為止）More than 20 Years (until target retirement age of ___________)

(6)☐ 終身（包括_______歲的目標退休年齡後的時期）Whole of life (including period after target retirement age of __________)

(7)☐ 不超過港幣________________________的一次性付款 A single payment of not more than HK$_________________________

請充分考慮**保費供款能力**包括**退休後**。Please give sufficient consideration on **premium affordability** including **after retirement**.

4 根據閣下的上述選項，持牌保險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：
Based on your answers to the questions above, the licensed insurance intermediary concerned has explored the following insurance product(s) (as available to the licensed insurance intermediary) to meet your objective(s) and need(s):

(i). 目標 (問題1) Objective(s) (Q1)	(ii)「投資」選項/選擇(如適用) (問題1.1) "Investment" options/ choices (if applicable) (Q1.1)	(iii) 曾介紹的保險產品名稱 Name of Insurance Product(s) recommended	(iv) 選購產品(✓) Selected Product (✓)
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐
			☐

要保書/保單號碼 Application/Policy No.

第四部份 保險中介人建議理由 Part IV Reason(s) for Recommendation by Insurance Intermediary

A. 推介的原因 Reason(s) of recommendation

請保險中介人填妥推介保險產品給客戶的原因：
Please complete the reason(s) of recommending insurance product(s) to customer by insurance intermediary:

☐ 根據客戶選購產品的目標及投資選項/選擇(如適用)，推介了上述配合供款年期、保障 / 實現目標金額年期、財政狀況和需要的產品。
According to the customer's objective(s) and "investment" options/choices (if applicable) for seeking to purchase an insurance product, the above is/are recommended which fit(s) premium paying term, protection period/expected timeframe for meeting the target amount, financial situations and needs.

☐ **只有一份**保險產品符合客戶購買保險產品的目標及投資選項/選擇(如適用)、供款年期、保障 / 實現目標金額年期、財政狀況和需要。
Only ONE product fulfills customer's objective(s) and "investment" options/choices (if applicable), premium payment term, protection period/expected timeframe for meeting the target amount, financial situations and needs.

☐ 其他
Other(s)：____

B. 選購產品的投保額未符合客戶需要的原因(如適用) Reason(s) of Selected Product's Insurance Coverage not Matching with Customer's Need(s) (if applicable)

如選購產品為保障型產品(例如**人壽 / 危疾**)，其投保額與客戶的保障需要相差超過 20%，請保險中介人在以下確定原因。
If selected product is a protection product (e.g. **life insurance / Critical illness**) and its coverage has variance of more than 20% versus the protection needs, please complete below by the insurance intermediary.

☐ 投保額**高於**客戶的保障需要超過 20%，以抵抗通脹。
The sum insured is **higher than** the customer's protection needs by **exceeding 20%** for fighting against inflation.

☐ 投保額**低於**客戶的保障需要超過 20%，因為客戶的保費供款限制。
The sum insured is **less than** the customer's protection needs by **exceeding 20%** for the reason of customer's premium payment limitation.

☐ 其他原因：
Other Reason(s):____

C. 選購產品的目標儲蓄/投資金額未符合客戶需要的原因(如適用) Reason(s) of Selected Product's Target Saving/ Investment Amount not Matching with Customer's Need(s) (if applicable)

如選購產品的目標儲蓄/投資金額與客戶的需要(「理財目標」)相差超過 20%，請保險中介人在以下確定原因。
If the target saving/ investment amount of the selected product has variance of more than 20% versus the needs ("Financial Target"), please complete below by the insurance intermediary.

☐ 目標儲蓄/投資金額**高於**客戶的需要超過 20%，以抵抗通脹。
The target saving/ investment amount is **higher than** the customer's needs by **exceeding 20%** for fighting against inflation.

☐ 目標儲蓄/投資金額**低於**客戶的需要超過 20%，因為客戶的保費供款限制。
The target saving/ investment amount is **less than** the customer's needs by **exceeding 20%** for the reason of customer's premium payment limitation.

☐ 其他原因
Other Reason(s):____

第五部份 保費融資風險評估資料(如適用) Part V Risk Evaluation Information of Premium Financing (if applicable)

如閣下有意以保費融資繳付此保單的保費，請確保明白相關風險及限制，並請提供以下資料 * ：
Please make sure you fully understand the relevant risks and limitations in case you intend to fund this policy by premium financing and provide following information*:

1. 預計保費融資的利率 Estimated interest rate of premium financing facility：____________ %
2. 預計還款金額(總額連利息) Estimated Amount of Repayment(total amount with interest)：港幣$ HK$____________
3. 預計還款年期 Estimated Timing of Repayment：____________ 年 Year(s)

註 ： * 如提供的資料與最終財務機構批核的不同及對負擔能力分析構成重大影響，閣下有責任通知本公司作進一步財務需要分析。
Notes: *You have obligation to inform our Company to conduct Financial Needs Analysis again if the information provided is not consistent with the conditions approved by financial institution and there is material influence on affordability assessment.

____
保險中介人簽署
Insurance Intermediary's Signature

____
(準)保單持有人簽署
(Proposed) Policyholder's Signature

________/________/________
年 Year 月 Month 日 Day

警告：請小心細閱及填寫本財務需要分析表格。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。
WARNING: Please read and fill in this form carefully. Do not leave any questions blank. Do NOT sign if any questions are unanswered and have not been crossed out.
警告：請充分考慮保費供款能力包括退休後。
WARNING: Please give sufficient consideration on premium affordability including after retirement.

注意 Note：
若財務需要分析表格上填報的資料有重大改變，閣下在保單未簽發前，必須通知保險公司。
You are required to inform the insurance company if there is any substantial change of information provided in this form before the policy is issued.