

**要保補充陳述書 - 適用於新指引 16 (過渡期適用)**  
**SUPPLEMENTARY INFORMATION FORM – APPLICABLE TO NEW GUIDELINE 16 (TO BE USED DURING TRANSITIONAL PERIOD)**

|   |  |                                    |
|---|--|------------------------------------|
| (準)保單持有人姓名<br>Name of (Proposed) Policyholder | (準)受保人姓名<br>Name of (Proposed) Insured | 要保書/保單號碼<br>Application/Policy No. |
| <input type="text"/>                          | <input type="text"/>                   | <input type="text"/>               |

**保險中介人資料 INSURANCE INTERMEDIARY INFORMATION**

|  |                      |
|--|----------------------|
| 保險中介人姓名 Name of Insurance Intermediary |                      |
| <input type="text"/>                   |                      |
| 保險中介人編號 Insurance Intermediary's Code  | 聯絡電話 Contact No.     |
| <input type="text"/>                   | <input type="text"/> |

**重要事項 IMPORTANT NOTES**

- 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.
- 請在適當的格內填上「√」。Please tick the appropriate boxes where applicable.

**補充陳述資料 SUPPLEMENTARY INFORMATION**

|     |  |
|-----|--|
| 1.  | 閣下是否有財務知識和經驗 (如互惠基金、證券、外匯、人壽保險、金融衍生品等) ?<br>Do you have any financial knowledge and experience (such as mutual funds, securities, foreign exchange, life insurance, financial derivatives, etc.)?<br><input type="checkbox"/> (a) 是 Yes<br><input type="checkbox"/> (b) 否，但保險中介人已向本人介紹了保險相關知識 No, but the insurance intermediary <b>has introduced</b> insurance related knowledge to me<br><input type="checkbox"/> (c) 否，保險中介人沒有向本人介紹保險相關知識 No, the insurance intermediary has <b>NOT</b> introduced insurance related knowledge to me   |
| 2.  | 根據閣下的風險偏好，您是否願意接受含有非保證收益的保險產品？<br>Within your risk appetite, are you willing to accept insurance products with non-guaranteed returns?<br><input type="checkbox"/> (a) 接受 Accept (請回答問題 2.1 Please answer Question 2.1)<br><input type="checkbox"/> (b) 不接受 Do not accept  |
| 2.1 | 根據閣下的風險承受能力，您是否願意接受分紅保險產品將 50%或以上的基礎投資配置於股票類型資產及其他投資工具(如私募基金、互惠基金，以及直接/間接投資於物業和基礎設施等實物資產)？<br>Regarding your risk tolerance level, are you willing to accept that, for participating insurance product, 50% or more of the underlying investment is allocated to equity-type investment and other investments instruments (such as private funds, mutual funds and direct/indirect investment in real assets like properties and infrastructure)?<br><input type="checkbox"/> (a) 接受 Accept<br><input type="checkbox"/> (b) 不接受 Do not accept<br>註：股票類型資產及其他投資工具的投資回報通常較債券及其他固定收入資產波動。<br>Note: The investment returns of equity-type investment and other investment instruments are generally more volatile than that of bonds and other fixed income instruments. |

**聲明 DECLARATION**

本人明白此要保補充陳述書為財務需要分析表的一部份，及所收集的資料僅作財務需要分析之用。  
I acknowledge that this Supplementary Information Form is a part of the Financial Needs Analysis Form, and the information is collected for the purpose of financial needs analysis only.

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表格。請不要留空任何問題。若填報的資料有重大改變，閣下在保單未簽發前，必須通知本公司。  
WARNING: Please read and fill in this form carefully. Do not leave any questions blank. You are required to inform us (the insurance company) if there is any substantial change of information provided in this form before the policy is issued.

