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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 (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

- 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.

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 ☐ 已退休 Retired ☐ 不適用 Not Applicable (請註明 Please specify)		
(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) 閣下是否患有殘疾及/或疾病從而可能會令他/她難以理解保險產品及其所涉及的風險及作出保險決定? Are you suffering from any disabilities and/or diseases which may cause difficulty in understanding insurance product(s), the risks involved and making insurance decision?	☐ 是 Yes ☐ 否 No		
(11) 閣下現是否陷於財政困難以致難以維持生計? Are you experiencing financial hardship in sustaining your living?	☐ 是 Yes ☐ 否 No		
(12) 閣下是否計劃以保費融資方式繳付保費? [如是，請完成及遞交《重要資料聲明書——保費融資》(IFS-PF)]。 Are you planning to pay the premium by premium financing? [if yes, please complete and submit "Important Facts Statement – Premium Financing" (IFS-PF)]	☐ 是 Yes ☐ 否 No		



(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)
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(2) 出生日期 Date of Birth	年 Year 月 Month 日 Day	(3) 性別 Sex	☐ 男 M ☐ 女 F
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經常性收入/固定收入 Regular Income	每月收入 (港幣\$) Monthly Income (HK\$)	開支 Financial Outgoings	每月支出 (港幣\$) Monthly Outgoings (HK\$)
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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\$

流動資產 Liquid Assets	港幣\$ / HK\$	債務 Liabilities	港幣\$ / HK\$
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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.)		(9) 額外總家庭保障需要 Extra Total Family Protection Needs = (5) - (8) - 流動資產總淨值 Total Net Liquid Assets (Part1 Section C (8))	
(5) 總家庭負擔 Total Family Commitments = (1) + (2) + (3) + (4)			

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/退休計劃 Wealth Accumulation Planning /Retirement Planning

(1) 預期儲蓄/投資年期/目標退休年期 Target Years of Savings /Investment /Retirement	年/Year(s)
(2) 理財目標/退休需要 Financial Target/Retirement Needs 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/投資金額/退休資金需要 Apart from current Total Liquid Assets, the extra target saving /investment /retirement needs amount within the aforesaid expected timeframe	港幣\$ HK\$

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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，請告知我們（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 us (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

A 部份 Part A

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）（勾選一項）？
Do you have any financial knowledge and experience (such as mutual funds, securities, foreign exchange, life insurance, financial derivatives, etc.) (tick one)?

- ☐ (a) 是 Yes
☐ (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 has introduced insurance-related knowledge to me
☐ (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 **NOT** 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（勾選一項）？
Within your risk appetite, are you willing to accept insurance products with non-guaranteed returns (tick one)?

- ☐ (a) 接受 Accept (請回答2.1 Please answer 2.1) ☐ (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)（勾選一項）？
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) (tick one)?

- ☐ (a) 接受 Accept ☐ (b) 不接受 Do not accept

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。

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.

B 部份 Part B

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.

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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?

如與第一部份B (12) 的答案相同，毋須作答，否則，請列出每月收入的金額（港幣）：

If same as the answer of Part 1 B (12), No Need to Answer. Otherwise, please state the amount of monthly income (HKD):

- (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?

與第一部份C (8) 的答案相同，毋須作答 Same as the answer of Part 1 C (8), No Need to Answer.

- (b) 閣下支付保費的資金來源是什麼？（勾選一項或多項）

What is the source of funds for your premium payments? (tick one or more)

☐ 淨收入 Net Income (如薪酬/收入/家用等 e.g. Salary, Income, Family Contributions, etc.) (請回答(b)i Please complete (b)i)

☐ 淨流動資產 Net Liquid Assets (如儲蓄/投資等 e.g. Savings, Investments, etc.) (請回答(b)ii Please complete (b)ii)

- (b) i. 在整個保單期內，閣下能夠及願意繳付的保費佔閣下每月淨收入的比率為？（勾選一項）

What percentage of your monthly net income 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%

- (b) ii. 在整個保單期內，閣下能夠及願意繳付的保費佔閣下淨流動資產的比率為？（勾選一項）

What percentage of your net 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%

- (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 (✓)

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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/退休需要未符合客戶需要的原因(如適用) Reason(s) of Selected Product's Target Saving/ Investment Amount /Retirement Needs 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/退休需要高於客戶的需要超過 20%，以抵抗通脹。
The target saving/ investment /retirement needs amount is **higher than** the customer's needs by **exceeding 20%** for fighting against inflation.
- ☐ 目標儲蓄/投資金額/退休需要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 /retirement needs amount is **less than** the customer's needs by **exceeding 20%** for the reason of customer's premium payment limitation.
- ☐ 客戶根據自身當前的資產配置情況，明白與目標儲蓄/投資金額/退休需要相差超過 20%，仍願意投保此產品。
Having reviewed their current asset allocation and acknowledged a variance of **over 20%** from their target saving/ investment /retirement needs, the proposed policyholder is still willing to proceed with the purchase of this product.
- ☐ 其他原因
Other Reason(s): _____

中國人壽保險（海外）股份有限公司（於中華人民共和國註冊成立之股份有限公司）（下稱“本公司”）明白其在《個人資料（私隱）條例》下就個人資料的收集、持有、處理或使用所負有的責任。本公司僅將為合法和相關的目的收集個人資料，並將採取一切切實可行的步驟，確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟，確保個人資料的安全性，及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

在本收集個人資料聲明(“本聲明”), 下列詞語將具有以下含義:

目的：本公司不時有必要使用閣下的個人資料作下列用途：

- 個人資料的移轉：**個人資料將予以保密，但在遵守任何適用法律條文的前提下，可移轉予：

- 閣下的個人資料可能會提供給上述任何一方（該方可能位於香港境內或境外）。而就此而言，閣下同意將閣下的資料移轉至香港境外。

為直接促銷目的而使用個人資料：本公司打算：

- 閣下可隨時撤回給予本公司有關使用閣下的個人資料及提供予第三方作直接促銷用途的同意，而本公司將在不收取任何費用的情況下停止使用該等資料作直接促銷用途。閣下如欲撤回閣下給予本公司的同意，請聯絡本公司的個人資料保護主任（詳情參閱下文）。

查閱和更正的要求，或有關獲取政策、常規及所持的資料種類的資料，均應以書面形式發送至：

個人資料保護主任

中國人壽保險（海外）股份有限公司

香港灣仔軒尼詩道 313 號中國人壽大廈 22 樓

電話：(+852) 3999 5519 傳真：(+852) 2892 0520

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China Life Insurance (Overseas) Company Limited (incorporated in the People's Republic of China with limited liability) (the "Company") recognizes its responsibilities in relation to the collection, holding, processing or use of personal data under the Personal Data (Privacy) Ordinance. Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorized or accidental access, erasure or other use.

The provision of your personal data is voluntary. Please note that if you do not provide us with the required personal information, the Company may not be able to provide your requested information, products or services.

In this Personal Information Collection Statement ("PICS"), the following terms shall have these following meanings:-

"Our affiliates" means any subsidiary undertaking of the Company, any associated company of the Company, and parent undertaking of the Company, any subsidiary undertaking of parent undertaking, any associated companies undertaking of parent undertaking, for the avoidance doubt, undertaking within the group of China Life Insurance (Group) Company ("Our affiliates" shall be construed accordingly).

Purpose: From time to time it is necessary for us to use your personal data for the following purposes:

1. offering, providing and marketing to you the products/services of the Company, our affiliates or our co-branding partners (see "Use of Personal Data for Direct Marketing Purposes" below), and administering, maintaining, managing and operating such products/services;
2. processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates;
3. providing subsequent services (including but not limited to health inspection / management) to you and administering the policies issued including but not limited to additions, alterations, variations, cancellation, renewal or reinstatement;
4. any purposes in connection with any claims made by or against or otherwise involving you or other claimants in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims; detect and prevent fraud (whether or not relating to the policy issued in respect of this application);
5. evaluating your financial needs;
6. designing new or enhancing existing products/services of the Company and/or our affiliates;
7. conducting market or actuarial research for statistical or similar purposes undertaken by the Company and/or our affiliates, the financial services industry or our respective regulators;
8. investigating any data held which relates to you from time to time for any of the purposes listed herein;
9. meeting requirements imposed by any applicable, present, existing or future law, rules, regulations, codes of practice or guidelines or assisting with law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;
10. conducting identity and/or credit checks and/or debt collection;
11. carrying out other services in connection with the operation of the Company's business;
12. sending out administrative communications about any account you may have with the Company or about future changes to this PICS;
13. performing relevant due diligence procedures in accordance with the Common Reporting Standard (or Automatic Exchange of Financial Account Information) as set out in the Inland Revenue Ordinance (Cap. 112); and
14. other purposes directly relating to any of the above.

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be transferred to:

1. any of our affiliates;
2. any person (including private investigators and claims investigation companies) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates;
3. any agent, contractor or third party who provide services in connection with the product/services provided by the Company and/or our affiliates, including any reinsurance company, insurance intermediary, fund management company, health management institution or financial institution;
4. any agent, contractor or third party who provides administrative, technology, data processing, telecommunications, computer, payment, debt collection, call centre services, direct marketing services or other services to the Company and/or our affiliates in connection with the operation of its business;
5. other companies who help gather your information or communicate with you, such as research companies and credit reference agencies or, in the event of default, debt collection agencies;
6. any actual or proposed assignee, transferee, participant or sub-participant of our rights or business;
7. any government department or other appropriate governmental or regulatory authority (which may be further transferred to governmental or regulatory authority of certain other jurisdiction(s)) to whom the Company and/or our affiliates are requested or required by any applicable, present, existing or future law, rules, regulations, codes of practice or guidelines to make disclosures;
8. any financial services provider industry association or federation;
9. any person preventing and detecting insurance fraud, who may collect and use the personal data only as reasonably necessary to carry out the purposes of preventing and detecting insurance fraud: insurance adjusters, agents and brokers; employers; health care professionals; hospitals; accountants; financial advisors; solicitors; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information.

Your personal data may be provided to any of the above parties who may be located in Hong Kong or outside of Hong Kong, and in this regard you consent to the transfer of your data outside of Hong Kong.

Transfer of your personal data will only be made for one or more of the purposes specified above. For our policy on using your personal data for promotional or marketing purposes, please see the section entitled "Use of Personal Data for Direct Marketing Purposes".

Use of Personal Data for Direct Marketing Purposes: The Company intends to:

1. Use your name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company from time to time for direct marketing;
2. Conduct direct marketing (including providing reward, loyalty or privileges programmes) in relation to the following classes of products and services that the Company, our affiliates and our co-branding partners may offer:
 - (a) insurance, annuities, banking, wealth management, retirement plans, investment, financial services, credit cards, securities and related products and services; and
 - (b) health, wellness and medical, food and beverage, sporting activities, memberships and related products and services;
3. The above products and services may be provided by the Company and/or:
 - (a) any of our affiliates;
 - (b) third party financial institutions;
 - (c) the Company, our affiliates and our co-branding partners providing the products and services set out in 2;
 - (d) third party reward, loyalty or privileges programme providers; and
 - (e) external service providers supporting the Company or any of the above listed entities in providing the products and services set out in 2.
4. In addition to marketing the above products and services, the Company also intends to provide the data described in 1 above to all or any of the persons described in 3 above for use by them in marketing those products and services;
5. The Company requires your written consent (which includes an indication of no objection) to use and provide the data to the third parties as set out above for any promotional or marketing purpose.

You may withdraw your consent to the use and provision to a third party of your personal data for direct marketing purposes at any time, and thereafter the Company shall, without charge to you, cease to use such data for direct marketing purposes. If you wish to withdraw your consent, please contact the Company's Personal Data Protection Officer (details below).

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The Company has the right to charge a reasonable fee for the processing of any data request. **Access and correction of personal data:** Under the Personal Data (Privacy) Ordinance, you have the right to ascertain whether the Company holds your personal data, to correct any data that is inaccurate, and to ascertain the Company's policies and practices in relation to personal data. You may also request the Company to inform you of the type of personal data held by it.

Requests for access and correction or for information regarding policies and practices and types of data held should be addressed in writing to:

The Personal Data Protection Officer
China Life Insurance (Overseas) Company Limited
22/F, CLI Building, 313 Hennessy Road,
Wan Chai, Hong Kong
Telephone: (+852) 3999 5519 Fax: (+852) 2892 0520

The Company have the right to charge a reasonable fee for the processing of any data request.

聲明和授權：本人 / 我們確認本人/我們已閱讀並明白收集個人資料聲明（“本聲明”）。本人 / 我們特此確認並同意公司根據本聲明使用和移轉本人/我們的個人資料，包括為直接促銷之目的使用和提供本人 / 我們的個人資料。本人/我們已取得在此申請提供第三方資料（如有）所需的同意。本人 / 我們確認並同意為本聲明中所述之目的將本人 / 我們的個人資料移轉至香港境外給本聲明所述的承轉人的類別。

重要提示：請於以下簽署部份簽名，以示閣下同意。若閣下不同意根據“為直接促銷目的而使用個人資料”部份所述為直接促銷之目的而使用和提供閣下的個人資料，請在以下方格劃上「✓」號。

Declaration and authorization: I/We acknowledge and confirm that I/we have read and understood the Personal Information Collection Statement (“PICS”). I/We hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by the Company in accordance with the PICS, including the use and provision of my/our personal data for the purpose of direct marketing. I/We have obtained the consent to provide the third party information (if any) in this application. I/We acknowledge and consent to the transfer of my/our personal data outside of Hong Kong for the purposes and to the types of transferee as set out in the PICS.

Important: Please indicate your agreement by signing on the space provided below. If you do not agree to the use and provision of your personal data for direct marketing as set out in the section “Use of personal data in direct marketing”, please tick the box below.

- ☐ 本人 / 我們不同意根據以上收集個人資料聲明（參閱“為直接促銷目的而使用個人資料”部份）為直接促銷之目的而使用和提供本人 / 我們的個人資料，亦不希望接收任何推廣及直接促銷材料。
I / We do not agree with the use and provision of my / our personal data for direct marketing purposes as set out above in the Personal Information Collection Statement (see “ Use of Personal Data for Direct Marketing Purposes ”) and do not wish to receive any promotional and direct marketing materials.

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.

警告：若閣下未能為現有保費融資或保單抵押貸款按時支付還款及利息，保單有機會被放款人要求退保。由於保單權益已經轉讓給放款人一方，保單價值將先會用作償還閣下欠放款人的貸款及利息，餘額才會支付給保單持有人或保單受益人。
WARNING: If you fail to repay the principal and interest of your existing premium financing or policy pledge loan, the policy will be surrendered as may be requested by the lender. As the policy is assigned to the lender, the policy value first will be used to repay your outstanding loan balance and interest. The remaining balance will be paid to the Policyholder or the beneficiary thereafter.

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，必須通知本公司。

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.