



Ref. No. : MEMO/050/2015
To : All Members and Chief Executives
From : Jase Yiu – Chief Administrative Executive
Date : 22 December 2015
Page(s) : 9 (Including this page)

Dear all,

Re: PIBA Financial Needs Analysis (“FNA”) Form for both Class A and C Products pursuant to “Initiative on FNA” issued by the Hong Kong Federation of Insurers (“HKFI”)

Following our Memo of 15 July 2015, we wish to advise that a Working Group has been formed by our Executive Committee to review the implications and the logistics likely to be involved in respect of HKFI’s Initiative on FNA. It has then come to a proposition to design a standardized FNA Form which does not only satisfy HKFI’s initiative, but also Individual Insurers’ specific requirements, and the same FNA to be used by our member brokers in policy applications, a lot of administrative work among both of them could naturally be dispensed with at the very outset.

Having taken into account the advices from various stakeholders, we have carefully structured an FNA Form (the “**PIBA FNA Form**”), as herewith attached for your perusal, which may be used by our members at their libertyⁱ and by life insurers who have confirmed to accept the PIBA FNA Form. The PIBA FNA Form will be uploaded to our website on 23 December 2015, and you can view and download the same from “Download Corner”.

List of life insurers of HKFI who have confirmed to accept PIBA FNA Form will be posted on our website by 31 December 2015, and updated regularly.



If you have doubt in using PIBA FNA Form, you should check with the relevant life insurers accordingly or contact the undersigned.

We thank you for your kind attention.

Best Regards,



Jase Yiu
Chief Administrative Executive

Encl.

ⁱ Members who intended to adopt the PIBA FNA Form should take note of the following:

1. Members have the primary duty to ensure that the FNA form you use would be accepted by relevant insurers.
2. Members should follow strictly all the requirements as stipulated in HKFI's Initiative on FNA when conducting FNA for customers and pay attention to the validity period of FNA Form.
3. For members who intended to adopt PIBA FNA Form, and such Form contains the Version Number of PIBA (as indicated in the bottom left hand corner of each page of the PIBA FNA Form), they must NOT make any modifications to the Form (including all preset questions, layout and customer declaration) and ensure all the contents match with the PIBA FNA Form posed on our website.
4. Members who wish to append a cover page (excluding from page count) to the PIBA FNA Form must include the following information on the cover page:
 - a. full title of "Financial Needs Analysis ("FNA") Form" 「財務需要分析表格」;
 - b. full name of the broker member;
 - c. PIBA membership number of the broker member; and
 - d. Version Number of the PIBA FNA Form.
5. For ILAS products, an "Important Facts Statement" and "Risk Profile Questionnaire" should be supplemented along with policy applications.

FINANCIAL NEEDS ANALYSIS ("FNA") FORM (Applicable to Class A & Class C Products)

財務需要分析表格 (適用於類別 A 及類別 C 之產品)

The information contained in this form will be the basis for recommendations developed as part of your personal financial plan. All information will be kept strictly confidential. Please fill out the form **COMPLETELY, TRUTHFULLY** and **AS ACCURATELY AS POSSIBLE**. For item(s) not applicable in your case, please mark "N/A".

此表格中之資料將作為私人理財建議之根據，所有資料絕對保密，請完整及如實地填寫此表格，並盡量確保資料的準確性。若有不適用之項目，請填寫「不適用」。

Section 1: Basic Information

第一部分：基本資料

Personal Particulars 個人資料

English Name 英文姓名				Chinese Name 中文姓名				Mr. / Ms. / Mrs. / Miss 先生 / 女士 / 太太 / 小姐 <i>(Delete as appropriate 刪去不適用者)</i>		
Date of Birth 出生日期	YYYY/MM/DD 年/月/日			Nationality 國籍				<input type="checkbox"/> Smoker 吸煙者 <input type="checkbox"/> Non-smoker 非吸煙者		
Contact Tel. No. 聯絡電話	Mobile 手提			Home 住宅			Office 辦公室			
Email Address 電子郵件地址				Marital Status 婚姻狀況	<input type="checkbox"/> Single 未婚		<input type="checkbox"/> Married 已婚*			
						<input type="checkbox"/> Divorced 離婚		<input type="checkbox"/> Widowed 寡/寡		
Residential Address 住址				Correspondence Address 通訊地址						
				<i>(If differs from residential address 如與住址不同)</i>						
Education 教育程度	<input type="checkbox"/> Primary level or below 小學程度或以下		<input type="checkbox"/> Secondary 中學		<input type="checkbox"/> Non-degree Tertiary 大專(非學位)					
	<input type="checkbox"/> University Degree 大學學位			<input type="checkbox"/> Postgraduate 研究院						
	<input type="checkbox"/> Professional Qualification 專業資格: _____				<input type="checkbox"/> Others 其他: _____					
Employment Status 就業情況# <i>(Tick one or more boxes. 可選擇多於一項)</i>	<input type="checkbox"/> Full-time employed 全職工作		<input type="checkbox"/> Part-time employed 兼職工作		<input type="checkbox"/> Self-employed 自僱					
	<input type="checkbox"/> Freelance 自由職業		<input type="checkbox"/> Housewife/ Househusband 家庭主婦/ 家庭主夫		<input type="checkbox"/> Student/ Vocational Training 學生/ 職業培訓					
	<input type="checkbox"/> Unemployed 待業		<input type="checkbox"/> Retired 退休		<input type="checkbox"/> Others 其他: _____					
Business Nature/ Industry 業務性質/ 行業				Position 職位						
<p>*If your marital status is "Married", please optionally answer the following questions: 如閣下的婚姻狀況為「已婚」，請選擇性地回答以下問題：</p> <p>(a) Age of your Spouse 閣下之配偶的年齡</p> <p>(b) Employment Status of your Spouse 閣下之配偶的就業情況</p> <p><i>(Please answer with reference to the question "Employment Status" above 請參照上述「就業情況」一題回答)</i></p> <p><i>(It will enable the intermediary to better understand your financial needs if you answer the above 2 questions. 假如閣下回答上述兩條問題，將有助閣下的中介人更了解閣下的財務需要。)</i></p>										
Dependent Details 受供養人資料										
No. of Dependent(s) 受供養人數目			1	2	3	4	5	6	7	8
____ Person(s) 人	Age 年齡									
	Relationship 關係									

IMPORTANT NOTE: This Financial Needs Analysis ("FNA") Form contains 7 pages. Please read carefully before you sign this form.
重要提示：此財務需要分析表格共 7 頁，請仔細閱讀，方可簽署。
Version: PIBA-FNA-2015-001

Financial Information 財務資料			
(A) Monthly Income 每月收入	Amount 金額 (HKD 港幣)	(B) Monthly Expenses 每月支出	Amount 金額 (HKD 港幣)
Salary/ Commission 薪金/ 佣金	<input type="text"/>	Personal Expenses 個人開支	<input type="text"/>
Bonus 花紅	<input type="text"/>	Household Expenses 家庭開支	<input type="text"/>
Rental Income 租金收入	<input type="text"/>	Mortgages 按揭	<input type="text"/>
Other Incomes 其他收入	<input type="text"/>	Loans Repayment 借貸還款	<input type="text"/>
		Insurance 保險	<input type="text"/>
		Other Expenses 其他支出	<input type="text"/>
			<input type="text"/>
(i) Total Monthly Income 每月總收入	<input type="text"/>	(ii) Total Monthly Expenses 每月總支出	<input type="text"/>
Estimated Monthly Surplus / (Deficit) 估計每月剩餘/ (超支) (i) - (ii)			<input type="text"/>
(C) Assets 資產	Amount 金額 (HKD 港幣)	(D) Liabilities 負債	Amount 金額 (HKD 港幣)
<i>(I) Liquid Assets 流動資產</i>			
Cash & Deposit 現金及存款	<input type="text"/>	Mortgage Loans 按揭貸款	<input type="text"/>
Actively Traded Stocks 交投活躍的股票	<input type="text"/>		
Bonds & Mutual Funds 債券及互惠基金	<input type="text"/>	Personal Loans 私人貸款	<input type="text"/>
Other Liquid Assets 其他流動資產	<input type="text"/>		
(iii) Total Liquid Assets 流動資產總額	<input type="text"/>	Credit Card Loans 信用卡貸款	<input type="text"/>
<i>(II) Non-Liquid Assets 非流動資產</i>			
Company Shares 公司股份	<input type="text"/>	Other Liabilities 其他債務	<input type="text"/>
Properties 物業	<input type="text"/>		
Other Non-Liquid Assets 其他非流動資產	<input type="text"/>		
(iv) Total Non-Liquid Assets 非流動資產總額	<input type="text"/>	(v) Total Liabilities 總負債額	<input type="text"/>
Estimated Net Assets 估計淨資產 (iii) + (iv) - (v)			<input type="text"/>

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Existing Coverage 已有保障		Sum Insured 總保額 (HKD 港幣)
Life Insurance 人壽保險		
Accidental Insurance 意外保險		
Critical Illness Insurance 危疾保險		
Medical Insurance 醫療保險	Type 種類	
Other Existing Coverage 其他現有保障 (Please specify details 請註明詳情)		
Additional Information/ Remarks 附加資料/ 備註		
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>Applicant's signature 投保人簽署</p> <p><i>(Applicant's signature is required if this Additional Information/ Remarks is applicable 如填寫附加資料/備註，投保人必須簽署)</i></p> </div>		
<hr/> Applicant's Name 投保人姓名	<hr/> Applicant's Signature 投保人簽署	<hr/> Date 日期

IMPORTANT NOTE: This Financial Needs Analysis ("FNA") Form contains 7 pages. Please read carefully before you sign this form.
重要提示: 此財務需要分析表格共 7 頁，請仔細閱讀，方可簽署。
 Version: PIBA-FNA-2015-001

Section 2: Financial Needs Analysis

第二部分: 財務需要分析

The following questions form the minimum required contents of the FNA form:

以下問題為財務分析表格內容的最低要求:

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

註: 請回答財務需要分析表格內的所有問題。如有任何未回答的問題未被刪去, 請不要在表格上簽署。

1.	<p>[Note: You must reply to this question. Do not leave it blank. The insurer 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, 相關的保險公司必須拒絕閣下的申請。]</p> <p>What are your objectives of buying insurance product(s)? (tick one or more) 閣下選購保險產品目標為何? (可選多於一項)</p> <table border="0"><tr><td><input type="checkbox"/> a) 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、傷殘等)</td><td><input type="checkbox"/> b) 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)</td></tr><tr><td><input type="checkbox"/> 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)</td><td><input type="checkbox"/> d) 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)</td></tr><tr><td><input type="checkbox"/> e) Investment 投資</td><td><input type="checkbox"/> f) Others 其他 (Please specify 請詳述: _____)</td></tr></table>	<input type="checkbox"/> a) 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、傷殘等)	<input type="checkbox"/> b) 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)	<input type="checkbox"/> 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)	<input type="checkbox"/> d) 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)	<input type="checkbox"/> e) Investment 投資	<input type="checkbox"/> f) Others 其他 (Please specify 請詳述: _____)
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2.	<p>[Note: You must reply to this question. Do not leave it blank. The insurer 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, 相關的保險公司必須拒絕閣下的申請。]</p> <p>What type(s) of insurance products you are looking for to meet your objectives above? (tick one or more) 閣下考慮以下哪種類型的保險產品迎合閣下上述的目標? (可選多於一項)</p> <table border="0"><tr><td><input type="checkbox"/> a) Pure insurance product (without any savings or investment element) (e.g. term insurance) 純保險產品 (沒有任何儲蓄或投資成分) (例如: 定期保險)</td></tr><tr><td><input type="checkbox"/> b) Insurance product with savings element (with savings but without investment element) (e.g. non-participating policy) 有儲蓄成分的保險產品 (有儲蓄但沒有投資成分) (例如: 非分紅保單)</td></tr><tr><td><input type="checkbox"/> c) Insurance product with investment element (Investment decisions and risks borne by insurer) (e.g. participating policy, universal life insurance) 有投資成分的保險產品 (投資決定及風險由保險公司承擔) (例如: 分紅保單、萬用壽險)</td></tr><tr><td><input type="checkbox"/> d) Insurance product with investment element (investment decisions and risks borne by policyholder) (e.g. Investment-Linked Assurance Schemes) 有投資成分的保險產品 (投資決定及風險由保單持有人承擔) (例如: 投資相連保險計劃)</td></tr><tr><td><input type="checkbox"/> e) Others 其他 (Please specify 請詳述: _____)</td></tr></table>	<input type="checkbox"/> a) Pure insurance product (without any savings or investment element) (e.g. term insurance) 純保險產品 (沒有任何儲蓄或投資成分) (例如: 定期保險)	<input type="checkbox"/> b) Insurance product with savings element (with savings but without investment element) (e.g. non-participating policy) 有儲蓄成分的保險產品 (有儲蓄但沒有投資成分) (例如: 非分紅保單)	<input type="checkbox"/> c) Insurance product with investment element (Investment decisions and risks borne by insurer) (e.g. participating policy, universal life insurance) 有投資成分的保險產品 (投資決定及風險由保險公司承擔) (例如: 分紅保單、萬用壽險)	<input type="checkbox"/> d) Insurance product with investment element (investment decisions and risks borne by policyholder) (e.g. Investment-Linked Assurance Schemes) 有投資成分的保險產品 (投資決定及風險由保單持有人承擔) (例如: 投資相連保險計劃)	<input type="checkbox"/> e) Others 其他 (Please specify 請詳述: _____)	
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4.	<p>[Note: You must reply at least either 4(a) or (b). 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(a)或(b)。如閣下不欲回答其中一條, 請將之刪去。]</p> <p>Your ability to pay premiums: 閣下繳付保費的負擔能力:</p> <p>(a) What is your average monthly income from all sources in the past 2 years? (Please EITHER fill in a specific amount OR tick one from the following range.) 在過去兩年裡, 閣下由所有收入來源所得的每月平均收入為? (請填寫具體金額或從以下範圍內選剔一項)</p> <table border="0"><tr><td><input type="checkbox"/> i. Specific amount 具體金額: Not less than 每月不少於港幣 HK\$ _____ per month</td><td>OR</td><td><input type="checkbox"/> ii. In the following range 在以下範圍內: <input type="checkbox"/> Less than HK\$10,000 少於港幣 10,000 <input type="checkbox"/> HK\$10,000 – HK\$19,999 港幣 10,000 – 19,999 <input type="checkbox"/> HK\$20,000– HK\$49,999 港幣 20,000 – 49,999 <input type="checkbox"/> HK\$50,000 – HK\$100,000 港幣 50,000 – 100,000 <input type="checkbox"/> Over HK\$100,000 超過港幣 100,000</td></tr></table>	<input type="checkbox"/> i. Specific amount 具體金額: Not less than 每月不少於港幣 HK\$ _____ per month	OR	<input type="checkbox"/> ii. In the following range 在以下範圍內: <input type="checkbox"/> Less than HK\$10,000 少於港幣 10,000 <input type="checkbox"/> HK\$10,000 – HK\$19,999 港幣 10,000 – 19,999 <input type="checkbox"/> HK\$20,000– HK\$49,999 港幣 20,000 – 49,999 <input type="checkbox"/> HK\$50,000 – HK\$100,000 港幣 50,000 – 100,000 <input type="checkbox"/> Over HK\$100,000 超過港幣 100,000			
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IMPORTANT NOTE: This Financial Needs Analysis ("FNA") Form contains 7 pages. Please read carefully before you sign this form.

重要提示: 此財務需要分析表格共 7 頁, 請仔細閱讀, 方可簽署。

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	<p>(b) What is your approximate current accumulative amount of liquid assets? (Please specify type(s) and total amount) (tick one or more) 閣下現時累積的流動資產約有多少? (請註明種類及總額) (可選多於一項)</p> <p>[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。]</p> <table border="1"> <tr> <td data-bbox="272 421 379 566">Type 種類</td> <td data-bbox="379 421 699 566"> <input type="checkbox"/> Cash 現金 </td> <td data-bbox="699 421 1018 566"> <input type="checkbox"/> Money in bank accounts 銀行存款 </td> <td data-bbox="1018 421 1444 566"> <input type="checkbox"/> Money market accounts 貨幣市場賬戶 </td> </tr> <tr> <td></td> <td data-bbox="379 477 699 533"> <input type="checkbox"/> Actively traded stocks 交投活躍的股票 </td> <td data-bbox="699 477 1018 533"> <input type="checkbox"/> Bonds and mutual funds 債券及互惠基金 </td> <td data-bbox="1018 477 1444 533"> <input type="checkbox"/> US Treasury bills 美國國庫債券 </td> </tr> <tr> <td></td> <td colspan="3" data-bbox="379 533 1444 566"> <input type="checkbox"/> Others 其他 (Please specify 請註明: _____) </td> </tr> <tr> <td data-bbox="272 566 379 645">Total amount 總額</td> <td colspan="3" data-bbox="379 566 1444 645">HKD 港幣 _____</td> </tr> </table>	Type 種類	<input type="checkbox"/> Cash 現金	<input type="checkbox"/> Money in bank accounts 銀行存款	<input type="checkbox"/> Money market accounts 貨幣市場賬戶		<input type="checkbox"/> Actively traded stocks 交投活躍的股票	<input type="checkbox"/> Bonds and mutual funds 債券及互惠基金	<input type="checkbox"/> US Treasury bills 美國國庫債券		<input type="checkbox"/> Others 其他 (Please specify 請註明: _____)			Total amount 總額	HKD 港幣 _____		
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	<input type="checkbox"/> Others 其他 (Please specify 請註明: _____)																
Total amount 總額	HKD 港幣 _____																
<p>If you choose not to disclose income/ asset information under 4(a) or (b) above, you must indicate your reason(s) <i>in your own writing</i> in the box below. Please note that the insurer is required to 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), 有關保險公司必須拒絕閣下的申請。</p> <div style="border: 1px solid black; height: 200px; width: 100%;"></div> <p>(Applicant must complete explanation <i>in own handwriting</i> in this box. 投保人必須親筆於此欄內提供原因)</p>																	
	<p>[Note: You must reply to 4(c), (d) and (e) below. Do not leave any of these questions blank. The insurer will reject your application if you do not reply.] [註: 閣下必須回答 4(c), (d)及(e), 請不要留空任何一條問題。如閣下不回答, 相關的保險公司必須拒絕閣下的申請。]</p> <p>(c) For how long are you able and willing to contribute to an insurance policy and/or investment plan? (tick one) 閣下能夠及願意支付保單及/ 或投資計劃的年期為? (請選一項)</p> <table border="1"> <tr> <td data-bbox="272 1384 592 1417"> <input type="checkbox"/> < 1 year 少於 1 年 </td> <td data-bbox="592 1384 911 1417"> <input type="checkbox"/> 1-5 years 1-5 年 </td> <td data-bbox="911 1384 1444 1417"> <input type="checkbox"/> 6-10 years 6-10 年 </td> </tr> <tr> <td data-bbox="272 1417 592 1451"> <input type="checkbox"/> 11-20 years 11-20 年 </td> <td data-bbox="592 1417 911 1451"> <input type="checkbox"/> >20 years 超過 20 年 </td> <td data-bbox="911 1417 1444 1451"> <input type="checkbox"/> Whole of life 終身 </td> </tr> </table>	<input type="checkbox"/> < 1 year 少於 1 年	<input type="checkbox"/> 1-5 years 1-5 年	<input type="checkbox"/> 6-10 years 6-10 年	<input type="checkbox"/> 11-20 years 11-20 年	<input type="checkbox"/> >20 years 超過 20 年	<input type="checkbox"/> Whole of life 終身										
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	<p>(d) Approximately what percentage of your disposable income would you be able to use to pay your monthly premium for the entire term of the insurance policy/ investment plan in (c) above? (tick one) 就閣下在(c)所選擇的保單/ 投資計劃之整段供款年期內, 閣下每月可承擔的保費佔閣下個人可動用的收入的比率為? (請選一項)</p> <table border="1"> <tr> <td data-bbox="272 1597 592 1630"> <input type="checkbox"/> < 10% </td> <td data-bbox="592 1597 911 1630"> <input type="checkbox"/> 10-20% </td> <td data-bbox="911 1597 1444 1630"> <input type="checkbox"/> 21-30% </td> </tr> <tr> <td data-bbox="272 1630 592 1664"> <input type="checkbox"/> 31-40% </td> <td data-bbox="592 1630 911 1664"> <input type="checkbox"/> 41-50% </td> <td data-bbox="911 1630 1444 1664"> <input type="checkbox"/> >50 % </td> </tr> </table>	<input type="checkbox"/> < 10%	<input type="checkbox"/> 10-20%	<input type="checkbox"/> 21-30%	<input type="checkbox"/> 31-40%	<input type="checkbox"/> 41-50%	<input type="checkbox"/> >50 %										
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<input type="checkbox"/> 31-40%	<input type="checkbox"/> 41-50%	<input type="checkbox"/> >50 %															
	<p>(e) In considering your ability to make payments, what are your sources of funds? (tick one or more) 就閣下繳付的保費的能力, 請註明閣下的資金來源。(可選多於一項)</p> <table border="1"> <tr> <td data-bbox="272 1765 592 1798"> <input type="checkbox"/> Salary 薪酬 </td> <td data-bbox="592 1765 911 1798"> <input type="checkbox"/> Income 收入 </td> <td data-bbox="911 1765 1444 1798"> <input type="checkbox"/> Savings 儲蓄 </td> </tr> <tr> <td data-bbox="272 1798 592 1832"> <input type="checkbox"/> Investments 投資 </td> <td colspan="2" data-bbox="592 1798 1444 1832"> <input type="checkbox"/> Others 其他 (Please specify 請註明: _____) </td> </tr> </table>	<input type="checkbox"/> Salary 薪酬	<input type="checkbox"/> Income 收入	<input type="checkbox"/> Savings 儲蓄	<input type="checkbox"/> Investments 投資	<input type="checkbox"/> Others 其他 (Please specify 請註明: _____)											
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<input type="checkbox"/> Investments 投資	<input type="checkbox"/> Others 其他 (Please specify 請註明: _____)																

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 needs(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 Buying the product(s) (Q1) 選購產品的目標 (問題 1)	Type(s) of Insurance Product Explored (Q2) 曾討論的保險產品類型 (問題 2)	Name of Insurance Product(s) introduced (if any) 曾介紹的保險產品名稱 (如有)	Product(s) Selected (if any) 最終選擇的產品 (如有)

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。

Note: You are required to inform your intermediary or the insurer if there is any substantial change of information provided in this form before the policy is issued.

註: 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，必須通知閣下的中介人或承保人/公司。

Recommendations and Reasons for Recommendations 建議及原因

<p>_____ Applicant's Name 投保人姓名</p>	<p>_____ Applicant's Signature 投保人簽署</p>	<p>_____ Date 日期</p>
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IMPORTANT NOTE: This Financial Needs Analysis ("FNA") Form contains 7 pages. Please read carefully before you sign this form.

重要提示: 此財務需要分析表格共 7 頁，請仔細閱讀，方可簽署。

Version: PIBA-FNA-2015-001

Section 3: Customer Declaration

第三部分: 客戶聲明

Please review all the information completed above to check whether it is correct before reading this section.

在閱讀此部分前，請覆核上述填寫的所有資料是否正確無誤。

This section contains **IMPORTANT** declaration. Please read **ALL** of them carefully before you sign and date this form. If you have any doubts, you should ask your intermediary for clarification and/or explanation.

此部分包含**重要**聲明，請仔細閱讀所有聲明之內容，方可簽署及填寫日期。如閣下有任何疑問，應要求閣下之中介人作出澄清及／或解釋。

1. I/We confirm that I/we have reviewed the information given in this Financial Needs Analysis Form (hereinafter refer to as "this Form") and all information is true and correct. I/We understand and acknowledge that if I/we choose either not to fully or accurately complete this Form, any recommendations or advices given by my/our intermediary under these circumstances may be unsuitable for my/our needs, possibly leading me/us to acquire unsuitable insurance product(s).

本人／吾等確認已覆審本財務需求分析表格（以下簡稱為「本表格」）的資料，並確認所有資料真實無誤。本人／吾等明白及確認如本人／吾等選擇不完整或不準確地填寫本表格，本人／吾等的中介人在此情況下給予的建議或意見可能不適合本人／吾等的需要，並可能導致本人／吾等購買不適合本人／吾等的保險產品。

2. I/We understand and consent that the information/ data supplied in this Form may be disclosed or transferred to the following institution(s):

本人／吾等明白及同意本表格中所提供的資料或會被披露或轉移至下列機構：

- (i) relevant insurer(s)/ financial institution(s) for processing my/our insurance application and provision of relevant services; and 相關之保險公司／金融機構，以處理本人／吾等的保單申請和為本人／吾等提供相關之服務；及
(ii) government authority(ies), regulator(s) and arbitration institution(s) as they deem necessary. 政府當局、監管機構及仲裁機構，在其認為有需要時。

3. I/We understand that I/we have the rights to request for reviewing/ reconsidering/ modifying/ canceling my/our application before the policy is issued/ has become effective and that I/we am/are entitled to cancel the policy I/we have purchased anytime throughout the "cooling-off period".

本人／吾等明白在保單生效／發出之前，本人／吾等有權利要求重新審視／重新考慮／更改／取消本人／吾等的申請，並有權在整個「冷靜期」內隨時取消本人／吾等已購買的保單。

4. I/We understand that my/our intermediary company receives remuneration from insurers for its services provided to me/us. My/Our agreement to proceed with the insurance transaction with the intermediary company shall constitute my/our consent to its receipt of the aforesaid remuneration.

本人／吾等明白本人／吾等的中介公司就其向本人／吾等提供的服務向保險公司收取酬金，本人／吾等同意與該中介公司進行保險交易，即構成本人／吾等同意其收取上述酬金。

Applicant's Name 投保人姓名		Applicant's Signature 投保人簽署		Date 日期
To be filled by the Intermediary(ies) who conducted the above Financial Needs Analysis 由負責進行以上財務需要分析之中介人填寫				
1.	Name 姓名	PIBA Reg. No. PIBA 登記號碼	Signature 簽署	Date 日期
2. (If any 如有)	Name 姓名	PIBA Reg. No. PIBA 登記號碼	Signature 簽署	Date 日期
Name of Insurance Intermediary Company 保險中介公司名稱			PIBA Membership No. PIBA 會員號碼	

- End of Financial Needs Analysis Form -

- 本表格完 -

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