Ref. No.	:	MEMO/043/2016
To	:	All Members and Chief Executive
From	:	Philip Mak – Chairman
Date	:	28 September 2016
Page(s)	:	3

Re: Enhanced PIBA Financial Needs Analysis ("FNA") Form (Version: PIBA-FNA-2016-002) effective from 30 September 2016

Following our Memo of 28 June 2016, we wish to announce completion of the First Amendment to PIBA FNA Form, of which the contents have sufficiently covered the applicable requirements as well as fulfilling major advice and recommendations of various insurers.

The enhanced PIBA Form (Version: PIBA-FNA-2016-002) will take effect **from 30 September 2016** with major amendments outlined as follows:

1. For Nationality under Section 1, a question asking whether the policy applicant is holding US passport or residing in US has been added. **(Page 1 of the new Form)**

2. For "Financial Information", the Technical Representative is required to record the policy applicant's average monthly incomes and expenses of past 2 years. **(Page 2 of the new Form)**

3. For Question 1 under Section 2, the policy applicant is required to fill in his/her target additional life (death) protection amount when his/her answer contains option A. **(Page 4 of the new Form)**

4. For Question 4 (c) under Section 2, the policy applicant may either specify a term of year or choose from 6 prescribed options of range of years for his/her ability and willingness to contribute an insurance policy. **(Page 5 of the new Form)**

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5. For Question 4(d) under Section 2, a new option, namely "Not Applicable" has been added for policy applicants who intend to purchase non-regular premium product(s) or use liquid assets for premium payment. **(Page 5 of the new Form)**

6. For Question 5 under section 2 **(Page 6 of the new Form)**, major changes include the following:

    a. Two notes have been added to remind the policy applicant of circumstances in which the rider's protection period may cease to be inforce earlier than the basic plan or upon termination of the basic plan.

    b. Column 3 has been added for the Technical Representative to fill in the target benefit/ protection period of the policy applicant.

    c. A box-ticking format is used. The Technical Representative is required to list out the corresponding objective, insurance type and target benefit/ protection period for each recommended insurance product by ticking the relevant boxes.

7. For Recommendations and Reasons for Recommendations under Section 2, the Technical Representative needs to indicate whether there is suitability mismatch and if yes, specify the type(s) of suitability mismatch identified together with reason(s)/ factor(s) considered for his/her product recommendation(s) despite such mismatch. Besides, both the policy applicant and the Technical Representative are required to sign their names below the recommendations part. **(Page 7 of the new Form)**

We enclose herewith copy of the enhanced PIBA FNA Form for your reference and a list of insurers confirmed acceptance of the enhanced PIBA FNA Form for your information.

Please note that the current PIBA FNA Form will be removed from "Download Corner" of our website and replaced by the enhanced PIBA FNA Form from 29 September 2016 onwards. We will continue to liaise with the remaining insurers and seek their acceptance on the same. We will keep members instantly posted of

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any changes to the enhanced PIBA FNA Form. While any updates regarding the Insurer Accepting List will be posted at our "Download Corner" in due course.

Members are encouraged to make good use of the enhanced PIBA FNA Form and reminded to advise their Technical Representatives and general staff of the above changes.

Should there be any queries, please contact our Winnie Mang at 2116 3370.

We thank you for your kind attention.

Best Regards,

Philip Mak
Chairman
Encl.

1. Enhanced PIBA FNA Form (Version: PIBA-FNA-2016-002)
2. List of Insurers confirmed acceptance of Enhanced PIBA FNA Form (Version: PIBA-FNA-2016-002)

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FINANCIAL NEEDS ANALYSIS ("FNA") FORM
財務需要分析表格

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**完整地**及**如實地**填寫此表格，並盡量確保資料的**準確性**。若有不適用的項目，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 (*Delete as appropriate 刪去不適用者*)
Date of Birth 出生日期	YYYY/MM/DD 年/月/日	Nationality 國籍	Are you holding a US passport or residing in US? 閣下是否持有美國護照或於美國居住? ☐ Yes 是 ☐ No 否	☐ Smoker 吸煙者 ☐ 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	☐ Single 未婚 ☐ Divorced 離婚	☐ Married 已婚* ☐ Widowed 鰥/寡
Residential Address 住址		Correspondence Address 通訊地址	*(If differs from residential address 如與住址不同)*	

Education 教育程度	☐ Primary level or below 小學程度或以下	☐ Secondary 中學	☐ Non-degree Tertiary 大專(非學位)
	☐ University Degree 大學學位	☐ Postgraduate 研究院	
	☐ Professional Qualification 專業資格: ______________	☐ Others 其他: ______________	
Employment Status 就業情況# *(Tick one or more boxes 可選擇多於一項)*	☐ Full-time employed 全職工作	☐ Part-time employed 兼職工作	☐ Self-employed 自僱
	☐ Freelance 自由職業	☐ Housewife/ Househusband 家庭主婦/ 家庭主夫	☐ Student/ Vocational Training 學生/ 職業培訓
	☐ Unemployed 待業	☐ Retired 退休	☐ Others 其他: ______________
Business Nature/ Industry 業務性質/ 行業		職位 Position	

***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：*

(a) Age of your Spouse
閣下之配偶的年齡
(b) Employment Status of your Spouse#
閣下之配偶的就業情況#

(#Please answer with reference to the question "Employment Status" above 請參照上述「就業情況」一題回答)

(a) ______________________
(b) ______________________

(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。)

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 8 pages. Please read carefully before you sign this form.
重要提示: 此財務需要分析表格共 8 頁，請仔細閱讀，方可簽署。

Financial Information 財務資料

(A) Average Monthly Incomes of past 2 years 過去 2 年的平均每月收入	Amount 金額 (HKD 港幣)
Salary/ Commission 薪金/ 佣金	
Bonus 花紅	
Rental Income 租金收入	
Other Incomes 其他收入	
______________________	
(i) Total Average Monthly Incomes 每月總平均收入	

(B) Average Monthly Expenses of past 2 years 過去 2 年的平均每月支出	Amount 金額 (HKD 港幣)
Personal Expenses 個人開支	
Household Expenses 家庭開支	
Mortgages 按揭	
Loans Repayment 借貸還款	
Insurance 保險	
Other Expenses 其他支出	
______________________	
(ii) Total Average Monthly Expenses 每月總平均支出	

Estimated Monthly Surplus / (Deficit) 估計每月剩餘/ (超支) (i) – (ii)	

(C) Assets 資產	Amount 金額 (HKD 港幣)
(I) Liquid Assets 流動資產	
Cash & Deposit 現金及存款	
Actively Traded Stocks 交投活躍的股票	
Bonds & Mutual Funds 債券及互惠基金	
Other Liquid Assets 其他流動資產	
(iii) Total Liquid Assets 流動資產總額	
(II) Non-Liquid Assets 非流通資產	
Company Shares 公司股份	
Properties 物業	
Other Non-Liquid Assets 其他非流動資產	
(iv) Total Non-Liquid Assets 非流動資產總額	

(D) Liabilities 負債	Amount 金額 (HKD 港幣)
Mortgage Loans 按揭貸款	
Personal Loans 私人貸款	
Credit Card Loans 信用卡貸款	
Other Liabilities 其他債務	
(v) Total Liabilities 總負債額	

Estimated Net Assets 估計淨資產 (iii) + (iv) – (v)	

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

Applicant's signature 投保人簽署

*(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)*

Applicant's Name 投保人姓名	**Applicant's Signature 投保人簽署**	**Date 日期**

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劃去，請不要在表格上簽署。

1. **[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。]
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)

☐ **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、殘疾等)
Please specify your target additional life (death) protection amount 請詳述閣下目標之額外人壽(身故)保障額 :
________________ **(Currency 貨幣: ________)**

☐ **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)

☐ **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)

☐ **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)

☐ **E** Investment 投資

☐ **F** Others 其他
(Please specify 請詳述: ________________)

2. **[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。]
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)

☐ **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)

☐ **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)

☐ **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)

☐ **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)

☐ **E** Others 其他 (Please specify 請詳述: ________________)

3. **[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。]
What is your target benefit/ protection period for insurance policy and/or investment plan? (tick one)
閣下投購保單及/或投資計劃的目標得益/ 保障年期為多久? (請選一項)

☐ **A** < 1 year 少於 1 年	☐ **B** 1-5 years 1-5 年	☐ **C** 6-10 years 6-10 年
☐ **D** 11-20 years 11-20 年	☐ **E** >20 years 超過 20 年	☐ **F** Whole of life 終身

4. **[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。]
Your ability to pay premiums:
閣下繳付保費的負擔能力:

(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)

☐ **i. Specific amount 具體金額:**
Not less than 每月不少於港幣
HK$ ____________________
per month

OR 或

☐ **ii. In the following range 在以下範圍內:**
- ☐ Less than HK$10,000 少於港幣 10,000
- ☐ HK$10,000 – HK$19,999 港幣 10,000 – 19,999
- ☐ HK$20,000– HK$49,999 港幣 20,000 – 49,999
- ☐ HK$50,000 – HK$100,000 港幣 50,000 – 100,000
- ☐ Over HK$100,000 超過港幣 100,000

(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)
[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。]

Type 種類
- ☐ Cash 現金
- ☐ Money in bank accounts 銀行存款
- ☐ Money market accounts 貨幣市場賬戶
- ☐ Actively traded stocks 交投活躍的股票
- ☐ 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 請註明: ____________________)

Total amount 總額 HKD 港幣 ____________________

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 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**。*

(Applicant 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 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。]

(c) For how long are you able and willing to contribute to an insurance policy and/or investment plan? (Please **EITHER** fill in a specific term of year **OR** tick one from the following range.)
閣下能夠及願意支付保單及/ 或投資計劃的年期為? (請填寫具體年期或從以下範圍內選剔一項)

☐ **i. Specific Term of Year 具體年期: _______ year(s)年**

OR 或

☐ **ii. In the following range 在以下範圍內:**
- ☐ < 1 year 少於 1 年
- ☐ 1-5 years 1-5 年
- ☐ 6-10 years 6-10 年
- ☐ 11-20 years 11-20 年
- ☐ >20 years 超過 20 年
- ☐ Whole of life 終身

(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)
- ☐ < 10%
- ☐ 10% - 20%
- ☐ 21% - 30%
- ☐ 31% - 40%
- ☐ 41% - 50%
- ☐ >50 %
- ☐ Not Applicable 不適用
(for non-regular premium products OR use of liquid assets for premium payment 非定期供款產品或以流動資產支付保費)

(e) In considering your ability to make payments, what are your sources of funds? (tick one or more)
就閣下繳付保費的能力，請註明閣下的資金來源。(可選多於一項)
- ☐ Salary 薪酬
- ☐ Income 收入
- ☐ Savings 儲蓄
- ☐ Investments 投資
- ☐ 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:

Note 註:

- If an intermediary's introduced insurance options include basic plan(s) and rider(s) and the basic plan's protection period is shorter than a rider's protection period, the rider may cease to be inforce upon termination of the basic plan (please refer to Column 3 below).
  倘中介人介紹之保險產品包括基本計劃及附加契約，而基本計劃的保障年期較附加契約的保障年期短，附加契約可能會在基本計劃終止時完結(請參閱下列第 3 行)。
- If an intermediary's introduced insurance option(s) includes basic plan(s) and rider(s), the rider's protection period may be shorter than the basic plan's protection period, which means the rider(s) may cease to be inforce earlier than the basic plan (please refer to Column 3 below).
  倘中介人介紹之保險產品包括基本計劃及附加契約，其附加契約保障年期可能較基本計劃的保障期短，即附加契約可能會早於基本計劃終止(請參閱下列第 3 行)。

第 1 行 Column 1						第 2 行 Column 2					第 3 行 Column 3						第 4 行 Column 4	第 5 行 Column 5
Objective(s) of Buying the product(s) (Section 2 Question 1) 選購產品的目標 (第二部分 問題 1) *Select **one or more** for each product introduced (Please [✓] tick) 每個介紹的產品**可選多於一項** (請以 [✓] 剔號表示)*						Type(s) of Insurance Product Explored (Section 2 Question 2) 曾討論的保險產品類型 (第二部分 問題 2) *Select **one only** for each product introduced (Please [✓] tick) 每個介紹的產品**只可選一項** (請以 [✓] 剔號表示)*					Target benefit / protection period (Section 2 Question 3) 目標得益 / 保障年期 (第二部分 問題 3) *Select **one only** for each product introduced (Please [✓] tick) 每個介紹的產品**只可選一項** (請以 [✓] 剔號表示)*						Name of Insurance Product(s) introduced (if any) 曾介紹的保險產品名稱(如有) *Based on the answer(s) of Section 2 Question 5 Column 1-3 根據第二部分問題 5 第 1-3 行之答案填寫*	Product(s) Selected (if any) 最終選擇的產品 (如有) *Select **one or more** (Please [✓] tick) **可選多於一項** (請以 [✓] 剔號表示)*
A	B	C	D	E	F	A	B	C	D	E	A	B	C	D	E	F		
																		☐
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WARNING: Please read and fill in this form carefully. Do not leave any questions blank. Do <u>NOT</u> 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劃去，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

To be filled by the intermediary conducted the Financial Needs Analysis 由負責進行財務需要分析的中介人填寫 (Tick A or B 剔選 A 或 B)

☐ **A Applicable for recommendation(s) <u>without</u> suitability mismatch 適用於在<u>沒有</u>合適性偏差時**
(Tick one or more 可選多於一項)

☐	(i) The recommendation(s) was suggested with consideration of Applicant's financial objectives, priorities, total protection needs and budget. After discussion with Applicant, the Applicant would like to strike a balance of the above. 此建議考慮到申請人的理財目標、全面保障的需要、各需要的優先重要性及申請人的財務預算而作出，在與申請人商討後，申請人期望以上各方面取得平衡。	☐	(ii) Others 其他 Please specify 請詳述: ______ ______ ______ ______ ______ ______

☐ **B Applicable for recommendation(s) <u>with</u> suitability mismatch 適用於在<u>有</u>合適性偏差時**
(Tick one or more 可選多於一項)

☐	(i) Reasons for recommending insurance product(s) which falls outside Applicant's buying objective(s) or product preference(s) or target benefit/ protection period as stated in Question 1, 2 or 3 of Section 2 of the FNA Form 建議之保險產品與保單申請人的選購目標或產品喜好或目標得益/保障年期（即財務需要分析表格第二部份問題1, 2 或3）不符的原因 ______ ______ ______ ______ ______ ______ ______	☐	(ii) Other reasons considered by Intermediary for the recommendation(s) (applicable for other suitability mismatch, e.g. contribution period of the recommended product deviates from Applicant's choice in Question 4(c); premium of the recommended product exceeds the policy applicant's affordable percentage of disposable income in Question 4(d), etc.) 其他考慮原因（適用於其他合適性偏差的情況，如建議之保險產品的保障/投資年期不同於保單申請人於問題4(c)中的選擇; 建議的保險產品的保費超出於問題4(d)所顯示之保單申請人可承擔之收入比率等） ______ ______ ______ ______ ______

______ **Applicant's Name 投保人姓名**	______ **Applicant's Signature 投保人簽署**	______ **Date 日期**
______ **Intermediary's Name 中介人姓名**	______ **Intermediary's Signature 中介人簽署**	______ **Date 日期**

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／吾等選擇不完整地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 -

IMPORTANT NOTE: This Financial Needs Analysis ("FNA") Form contains 8 pages. Please read carefully before you sign this form.
重要提示: 此財務需要分析表格共 8 頁，請仔細閱讀，方可簽署。

List of Insurers confirmed to accept PIBA Financial Needs Analysis ("FNA") Form (Version: PIBA-FNA-2016-002)
In alphabetical order (Updated on 28 September 2016)*

1	Aviva Life Insurance Company Ltd.
2	Friends Provident International Ltd.
3	Sun Life Hong Kong Limited
4	Old Mutual International Isle of Man Ltd.

*The above list will be continuously updated.