

Financial Needs Analysis (“FNA”) Form 財務需要分析表格

Please complete this form in English and BLOCK CAPITALS. 請以英文正楷填寫本表格

The information contained in this form will be the basis for recommendations developed to you as an applicant. This forms 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”. 此表格中之資料將是你作為申請人的建議根據。此表格成為你個人財務計劃的一部份。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」。

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. 請勿於未完成回答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。請勿在空白表格上簽署。如在表格中提供的資料有任何重大變更，請告知我們(保險公司)。

Please complete ALL sections. We cannot proceed the application if applicant and the intermediary have not completed all applicable questions. 請填寫所有部分。如申請人及中介人未能完成所有適用的問題，我們將無法處理申請。

Section I : Personal particulars of applicant 第一部份：申請人個人資料

Surname 姓氏	<input type="text"/>	First Name 名字	<input type="text"/>
Date of Birth 出生日期	<input type="text" value="(DD/MM/YYYY)"/>	Sex 性別	<input type="checkbox"/> M 男 <input type="checkbox"/> F 女
ID document number 身份證明文件號碼	<input type="text"/>	Nationality 國籍	<input type="text"/>
Contact No 聯絡電話	<input type="text"/>	Occupation 職業	<input type="text"/>
Residential Address 住宅地址	<input type="text"/>		
Correspondence Address 通訊地址	<input type="text" value="(If differs from residential address 如與住宅地址不同)"/>		
Email Address 電郵地址	<input type="text"/>		
Marital Status 婚姻狀況	<input type="checkbox"/> Single 未婚 <input type="checkbox"/> Married 已婚 <input type="checkbox"/> Divorced 離婚		No. of Dependent(s) 要供養的家庭成員數目 <input type="text"/>
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/ Others 其他: <input type="text"/>		

Section II : Affordability assessment 第二部份：承擔能力評估

1. Income 收入	Amount (HK\$) 金額	2. Expenses 開支	Amount (HK\$) 金額
Average Monthly Income of past 24 months 過去24個月之每月平均收入 (Including salary, bonus, commission, other allowances/ compensations, property rental income, interest income from bank deposit, securities and dividend from share, etc) (包括薪金、花紅、佣金、其他薪酬福利、物業租賃收入、銀行存款利息、債券利息及股息等)	<input type="text"/>	Average Monthly Expense of past 24 months 過去24個月之每月平均支出 (including personal expenses, family expenses, mortgage payments, rental expenses, loan redemptions, insurance premiums, etc) (包括個人開支、家庭開支、按揭支出、租金開支、償還貸款、保險費用等)	<input type="text"/>
Average Monthly Disposable Income [(1) - (2)] 每月平均可動用收入		HK\$ <input type="text"/>	
3. Assets 資產	Amount (HK\$) 金額	4. Liabilities 負債	Amount (HK\$) 金額
(i) Total Liquid Assets 總流動資產 (including cash and deposit, actively traded stocks, bonds and mutual funds, etc) (包括現金及存款、交投活躍的股票、債券及互惠基金等)	<input type="text"/>	Total Liabilities 總負債 (including mortgage loans, personal loans, credit card loans, etc) (包括按揭貸款、私人貸款、信用卡貸款等)	<input type="text"/>
(ii) Total Non- Liquid Assets 總非流動資產 (including company shares, properties, etc) (包括公司股份、物業等)	<input type="text"/>		
Estimated Net Assets [3(i) + 3 (ii) - (4)] 估計淨資產 [3(i) + 3 (ii) - (4)]		HK\$ <input type="text"/>	

Section III : Suitability assessment 第三部份：合適性評估

1. What are your objectives for seeking to purchase an insurance product? (choose one or more)

閣下購買保險產品的目標為何？（可選多於一項）

- ☐ A. Financial protection against adversities (e.g. death, accident, disability etc.)
為應付不時之需提供財務保障（例如：身故、意外、殘疾等）
- ☐ B. Preparation for health care needs (e.g. critical illness, hospitalization etc.)
為應付醫療保健需要（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.)
為未來需要作儲蓄（例如：兒童教育、退休等）
- ☐ E. Investment 投資
- ☐ F. Others 其他 (Please specify 請說明: _____)

(The supplementary questions to Q1 below are applicable only if "Investment" is chosen as one of the objectives in Q1 above)

(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)

1a. To meet your "Investment" objective indicated above, how would you prefer to manage different investment options/investment choices, if available, under the insurance product? (choose one only)

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）？（只選一項）

- ☐ 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
本人願意按個人決定（毋須授權保險公司及 / 或持牌保險中介提供任何專業意見），在整個保險產品的目標利益 / 保障期，選擇及管理保險產品的不同投資選項 / 投資選擇（如有）。
- ☐ I want to make my own decisions (with professional advice to be provided by the 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
本人願意按個人決定(需要授權持牌保險中介提供專業意見)，在整個保險產品的目標利益 / 保障期，選擇及管理保險產品的不同投資選項 / 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
本人不願意選擇或管理保險產品的不同投資選項 / 投資選擇（如有）。

1b. I am an investor who is procuring a product for investment and tax/estate planning objective. (choose one only)

我是投資者而購買保險產品的目標為投資及稅項/遺產計劃（只選一項）

- ☐ Yes 是 ☐ No 否

(For Q2 and Q3, a specific period /amount can be stated instead of choosing one of the boxes)

(關於問題2及問題3，您可以不選其中一個選項而選擇填寫一個時段 / 數額)

2. What is your target benefit / protection period / expected timeframe for meeting the target amount for insurance policy (choose one only)

閣下就保單能達到目標金額的目標得益/保障年期/預期時間為多長？(請選一項)

- ☐ A. Less than 1 years 少於1年 ☐ B. 1-5 years 年 ☐ C. 6-10 years 年 ☐ D. 11-15 years 年
- ☐ E. 16-20 years 年 ☐ F. More than 20 years 超過 20 years 年 ☐ G. Whole of life 終身

3. Your ability and willingness to pay insurance premiums (Please correspond to Section II)

閣下願意繳付保費的負擔能力 (請確保與第二部分相符)

(a) What is your average monthly disposable (i.e. after deducting the expenditure) income from all sources (including income from liquid assets) 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(包括流動資產收入) 所得的每月平均可動用收入(即經扣除開支後) 為? (請填寫具體金額或從以下範圍內選別一項)

- ☐ Specific amount 具體金額: Not less than 每月不少於港幣HK\$ _____ per month or 或 ☐ In the following range 在以下範圍內:
- ☐ Less than 少於港幣HK\$10,000 ☐ HK\$港幣10,000 - 19,999
- ☐ HK\$港幣20,000 - 49,999 ☐ HK\$港幣 50,000 - 100,000
- ☐ More than HK\$ 超過港幣 100,000

(b) 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 (including your existing insurance policy(ies)) throughout the entire term of the insurance policy? (choose one only)

就閣下所選擇的保單(包括現時持有的保單如有)/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資產中(包括流動資產)的可動用的收入(減去固定開支)的比率為? (請選一項)

- ☐ Less than 少於10% ☐ 10%-20%
- ☐ 21%-30% ☐ 31%-40%
- ☐ 41%-50% ☐ More than 超過 50%

(c) For how long are you able and willing to pay for an insurance policy? (choose one only)

閣下能夠及願意支付保單及/ 或投資計劃的年期為? (請選別一項)

- ☐ 2-5 years 年 ☐ 6-10 years 年
- ☐ 11-15 years 年 ☐ 16-20 years 年
- ☐ More than 20 years 超過 20 年(until target retirement age of 直至達到目標退休年齡 _____)
- ☐ Whole of life 終身 (including period after target retirement age of 包括目標退休年齡之後_____)

☐ A single payment of not more than HK\$ 一次性付款並不超過港幣 _____

Section IV : Insurance product options (To be completed by intermediary) 第四部份：保險產品選項 (由中介人填寫)

Based on applicant's answers to the questions in Section II and III, the intermediary concerned has explored the following insurance options (as available to the intermediary) to meet the applicant's objective(s) and needs(s):

根據申請人於第二及第三部份所提供的選項，中介人曾與申請人討論下列保險產品的選擇(因應中介人所能提供的產品)，以迎合申請人選購保險產品的目標及需要：

第一行 Column 1							第二行 Column 2							第三行 Column 3			第四行 Column 4	
Objective(s) of Buying the product(s) (Section III Question 1) 選購產品的目標 (第三部分 問題1) Select one or more for each product introduced 每個介紹的產品可選多於一項 (Please tick) (請以剔號表示)							Target benefit / Protection period / Expected timeframe for meeting the target amount for insurance policy (Section III Question 2) 達到目標金額的目標得益/保障年期/預期時間 (第三部分 問題2) (Please tick) (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 IV Column 1-2 根據第四部分 第1-2 行之答案填寫			Product(s) Selected (if any) 最終選擇的產品 (如有) Select one or more 可選多於一項 (Please tick) (請以剔號表示)	
A	B	C	D	E	F:		A	B	C	D	E	F	G					
																	<input type="checkbox"/>	
																	<input type="checkbox"/>	
																	<input type="checkbox"/>	
																	<input type="checkbox"/>	
																	<input type="checkbox"/>	
																	<input type="checkbox"/>	
																	<input type="checkbox"/>	

Section V : Recommendations (To be completed by intermediary) 第五部份：建議 (由中介人填寫)

☐ The insurance products recommended can meet applicant's objective and needs without suitability and affordability mismatch
推薦的保險產品可以滿足申請人的目標和需求，而又不存在適用性和負擔能力不配。

☐ Please record reasons for recommending insurance products with suitability or affordability mismatch in the box below:
請於下格記錄推薦適用性或可負擔性的保險產品不匹配的保險產品予客戶的原因。

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Applicant's declarations and signature 聲明及簽署

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。

Name of the applicant

申請人姓名

Signature of the applicant

申請人簽署

Date (DD/MM/YYYY)

日期 (日/ 月/ 年)

Name of the intermediary company

中介人公司名稱

Name of the intermediary

中介人姓名

HKIA registration number

保監註冊號碼

Signature of the intermediary

中介人簽署

Date (DD/MM/YYYY)

日期 (日/ 月/ 年) :

英國友誠國際有限公司：註冊及總辦事處：Royal Court, Castletown, Isle of Man, British Isles, IM9 1RA

馬恩島的註冊公司號碼為11494C 獲Isle of Man Financial Services Authority認可及監管

人壽保險及投資產品的供應商 獲

香港分公司辦事處：香港九龍灣宏遠街1號一號九龍803室

獲香港保險業監管局授權在香港經營長期保險業務

英國友誠國際為英國友誠國際有限公司的註冊商標及商號

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