

### Electronic Copy 電子副本

## **Client Needs Analysis** 客戶需求分析

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lm	po	rta	nt	Ν	ote	s:

- This form is to be filled in BLOCK LETTERS and signed by the Proposed Owner/Owner.
- Please do not sign on blank form. 2.
- This Client Needs Analysis form is designed in accordance with the requirement of the Insurance Authority to ensure that clients purchase insurance products that are suitable for them and consistent with their needs and risk appetite (if applicable).

- 此表格應由建議持有人/持有人以正階填寫及簽名。
- 請勿在空白表格上簽署。
- 此客戶需求分析表格乃根據保險業監管局之指引設計,旨在確保客戶投保的產品適合他們,並與其要 求及風險取向(如適用)吻合。

#### **Section 1: Financial Needs Analysis ("FNA")**

第一部份:財務需要分析

#### Note註:

Please answer all question is the Financial Needs Analysis form. Do NOT sign on this form if any questions are unanswered and have not been crossed out. 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。

#### Part A 甲部:

Personal Details 個.	Personal Details 個人資料				
Full Name 姓名					
Sex 性別	□ Male 男 □ Female 女	Date of Birth 出生日期			
Marital Status 婚姻狀況	□ Single 未婚 □ Married 已婚	Number of Dependents 需供養的家庭成員數目			
Education 教育程度	□ Primary or below 小學或以下 □ Secondary/Advanced Level 中學 / 預科 □ Tertiary or above 大專或以上	Occupation 職業			

#### Part B 乙部:

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t reply this question. Do not leave it blank. We will reject your application if you do not reply. 您必須回答此問題。請不要留空。如您不回答,本公司必須拒絕您的申請。

- What are your objectives of buying our product? (tick one or more) 您選購本公司產品的目標為何?(可選多於一項)
  - □ a. Financial protection against adversities (e.g. death, accident, disability etc) 為應付不時之需的財務保障(例如:死亡、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 (Please specify): 其他(請詳述):

Application/Policy Number投保書/保單線

The Company'

limited liability)

Company Limited

安盛金融有限公司

"本公司"或"貴公司": AXA China Region Insurance Company (Bermuda) Ltd (Incorporate in Bermuda with

CONFIDENTIAL機密文件

安盛保險(百慕達)有限公司(於

百慕達註冊成立的有限公司)/

AXA China Region Insurance

New Business 新生意 Existing Policy 現有保單

You	e 註 mus 須回	t reply this question. Do not leave it blank. We will reject your application if yo 答此問題。請不要留空。如您不回答,本公司必須拒絕您的申請。	ou do not reply.
2.	Wh 您考	it type(s) of insurance products you are looking for to meet your objectives above? 慮以哪種類型的保險產品迎合您上述的目標?( 可選多於一項)	(tick one or more)
		a. Pure insurance product (without any savings or investment element) (e.g. term in 純保險產品(沒有任何儲蓄或投資成份)(例如:定期保險) b. Insurance product with savings element (with savings but without investment el 有儲蓄成份的保險產品(有儲蓄但沒有投資成份)(例如:非分紅保單) c. Insurance product with investment element (Investment decisions and risks universal life insurance) 有投資成份的保險產品(投資決定及風險由保險公司承擔)(例如:分紅保單,萬用壽d. Insurance product with investment element (Investment decisions and risks bo Assurance Schemes) 有投資成份的保險產品(投資決定及風險由保單持有人承擔)(例如:投資相連保險計e. Others (Please specify): 其他(請詳述):	ement) (e.g. non-participating policy) borne by insurer) (e.g. participating policy, 除) rne by policyholder) (e.g. Investment-Linked
	mus		ou do not reply.
3.	您找	at is your target benefit/protection period for insurance policy and/or investment pl 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)	an? (tick one)
		<1 year 少於1年   □ 1-5 years 年    □ 6-10 years 年 11-20 years 年   □ > 20 years 超過20年  □ Whole of life 終身	
	<b>mus</b> 須至 You	t reply at least either 4(a) or (b). If you do not wish to answer either one of the 少回答 4(a) 或 (b)。如您不欲回答其中一條,請將之刪去。 r ability to pay premiums: 付保費的負擔能力:	m, please cross it out.
	a. b.	i. What is your average monthly income from all sources in the past 2 years? (tick one or more) 在過去兩年裡,您由所有收入來源所得的每月平均收入為?(可選多於一項)  Specific amount: Not less than HK\$ per month; OR 具體金額: 每月不少於港幣 ;或 In the following range: (tick one) 在以下範圍內:(只可選其中一項) less than HK\$10,000 少於港幣10,000 至港幣19,999 港幣10,000 至港幣19,999 日 HK\$20,000 - HK\$49,999 港幣20,000 至港幣49,999 日 HK\$50,000 - HK\$100,000 港幣50,000 至港幣100,000 回 over HK\$100,000 超過港幣100,000	expenses in the past 2 years? (including living expenses and other family expenses, education expenses, rent, mortgage repayment, loan repayment and other expenses) 過去兩年裡,您的每月平均支出為多少?(包括生活開支和其他家庭開支、教育支出、租金、按揭供款、貸款還款及其他支出)  HK\$ 港幣 (per month 每月)  ii. What is the approximate amount of your existing liabilities? (including outstanding mortgage on property and other outstanding debts/loans) 您現時的負債約有多少?(包括未償還
		Type(s) 種類:(tick one or more 可選多於一項)	

аррисации и уои споозе пот to respond to potn 4(a) and (b) above. 如您選擇不在上述 4(a) 或 (b) 透露您的收入及支出/資產及負債資料,您必須在下欄內親筆詳述有關原因。如您選擇**同時不回應上述** 4(a) 及 (b),本公司必須**拒絕您的申請**。

(Proposed Owner/Owner must complete explanation in **own** handwriting in this box. 建議持有人/持有人必須**親筆**於此欄內提供原因。)

您能夠及願意支付保單及/或投資計畫	ot leave any of these questio 何一條問題。如您不回答,本公	on blank. We will reject your application if y	
您能夠及願意支付保單及/或投資計畫		公可必須比給心的中萌°	ou do not reply.
d. Approximately what percentage of entire term of the insurance policy/就您在(c)所選擇的保單/投資計劃之:	ng to contribute to an insurar 劃的年期為?(請選一項)	nce policy and/or investment plan? (tick one)	
entire term of the insurance policy/就您在(c)所選擇的保單/投資計劃之:	5 years 年     □ 20 years 超過 20 年    □	6-10 years年 Whole of life 終身	
□ < 10% 少於 10% □ 10 □ 31% - 40% □ 41  e. In considering your ability to make 就您繳付保費的能力,請註明您的資: □ Salary 薪酬 □ Inc □ Ot Investments 投資 □ Ot 其  5. Based on your answers to the question available to the intermediary) to meet your discontinuous discontinuou	investment plan in (c) above:	uld you be able to use to pay your monthly ? (tick one) 擔保費佔您個人可動用收入的比率為?( 請選一耳	
就您繳付保費的能力,請註明您的資:  Salary 薪酬		21% - 30% > 50% 超過 50%	
□ Investments 投資 □ Ot 其  5. Based on your answers to the question available to the intermediary) to meet you 根據您的上述選項,中介人曾與您討論下列	payments, what are your sou 金來源:(可選多於一項)	rces of funds? (tick one or more)	
available to the intermediary) to meet yo 根據您的上述選項,中介人曾與您討論下列	come 收入 :hers (Please specify): .他(請詳述):	Savings 儲蓄	
	our objective(s) and need(s):	concerned has explored the following insur f能提供的產品),以如合您撰購保險產品的目標	•
Products(s) (Q1)	e(s) of Insurance Products Explored (Q2) 曾討論的保險產品的類型 (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) 最終選購的產品 (如有)
financial outgoings and liabilities, as variable to the Financial Consultant introduced, to ensure the introduced budget have been taken into considera 此建議已考慮客戶的理財目標、全面保障料),並已評估介紹之保險產品的適合性財務預算。客戶期望以上各方面取得平衡Note 註:  If Financial Consultant has considered Application – For General Information"	nsideration of client's financi well as client's willingness a ). An evaluation is performe product meets client's needs ition. Client would like to strik 章需要、可動用資產、支出及 及負擔能力,以確保該保險產 other reasons for the recom form and submit it together	負債、願意並能夠支付的保費及年期 ( 因應理財品符合客戶的需要及負擔能力,同時亦考慮客戶 品符合客戶的需要及負擔能力,同時亦考慮客戶 mendation, please supplement by using the	of payment (as the product(s) al priorities and 顧問可獲得的資理財優先次序及 "Supplement to

#### Noto ÷→ ·

Please refer to the "Insurance Options Leaflet" and/or the Insurance Authority's education pamphlet entitled "Questions you need to ask before taking out an ILAS product", or visit the Company's website at www.axa.com.hk for details of different insurance options.

請參閱「保險選擇簡介」及/或保險業監管局的「購買投資相連壽險 – 問多點知多點」教育小冊子,或瀏覽本公司的網站www.axa.com. hk,以了解不同保險選擇的詳請。

#### Declaration and Acknowledgement 聲明及確認

- (1) I HEREBY DECLARE AND AGREE on behalf of myself and other persons referred to in this application (hereinafter referred to as "Relevant Persons", "We", "Our" or "Us") (for the avoidance of doubt, the expressions "Relevant Persons", "We", "Our" or "Us" include myself and such other persons) that this Analysis and the results or answers provided by myself or the Relevant Persons therein serves only as a reference for my/Our consideration. It does not constitute as an investment advice and should not be regarded as an offer to sell or a solicitation to buy any insurance products or service. I/We represent that the information provided by me/Us in this Analysis is true, accurate and complete to the best of my/Our knowledge. The Company shall not be held responsible or liable for any loss incurred by me/Us or any persons/parties in reliance on the accuracy or completeness of the information, results or answers provided by the Relevant Persons.
- (2) İ, on behalf of myself and other persons referred to in this application (hereinafter referred to as "We" or "Our"), acknowledge that this form is a supplemental to the application for insurance, change or reinstatement (the "Application Form") in relation to the above Application No./Policy No. signed by me/Us. I agree and confirm that (1) to the best of my knowledge and belief the above statements and answers to all questions are true and complete; (2) We have not had any change in material facts and/or medical consultation since the date I/We signed the Application Form of the above mentioned application; (3) the declarations, agreements and authorisations made by me/Us under the Declaration & Authorisation Section and Personal Information Collection Statement Section of the Application Form shall also apply to this form; and (4) this statement shall form the basis and become a part of the policy to be issued/reinstated or issued by the Company.
- (1) 本人謹此代表本人及其他在此客戶需求分析提及之人士(下稱「相關人士」或「我們」)(為免存疑,「相關人士」或「我們」指包括本人及此客戶需求分析提及之其他人士)聲明及同意本人/相關人士就本客戶需求分析所提供之結果或答案,只供我/我們作為個人投資決定的參考,並不可當為投資建議及不可視為對任何保險產品及服務的銷售或誘使購買之邀請。我/我們表示我/我們在客戶需求分析所提供的資料,就我/我們所知所言,均為事實之全部及確實無訛。貴公司就相關人士所提供的資料、結果或答案之準確性或完整性或因而導致我/我們或任何人士/一方有任何損失並不負上任何責任或法律責任。
- (2) 本人,代表本人及其他在此投保申請提及之人士(下稱「我們」)確認此表格補充本人/我們就有關上述投保書編號/保單編號已簽署的投保、保單更改或保單復效申請書(「申請書」)。本人同意及確認(1)上述一切陳述及問題的所有答案,就本人所知所言,均為事實之全部及確實無訛;(2)自簽署上述申請書,我們之重要事項並無轉變,亦沒有接受任何醫療診治;(3)載於申請書上聲明及授權部份及收集個人資料的聲明部份內的聲明、協議及授權均適用於此表格;及(4)此聲明將作為貴公司發出/復效的保單的根據,並作為保單一部份。

  Signature of Proposed Owner/Owner 建議持有人/持有人簽署	 Date signed in Hong Kong (YYYY/MM/DD) 在香港簽署日期(年/月/日)

#### WARNING 警告:

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.

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 註:

You are required to inform us if there is any substantial change of information provided in this form before the policy is issued. 若此表格上填報的資料有重大改變,您在保單未簽發前,必須通知本公司。

# Section 2: Risk Profile Questionnaire ("RPQ") - Applicable to Investment-Linked Assurance Scheme ("ILAS") only 第二部份:風險承擔能力問卷-只適用於投資連繫式壽險計劃

#### Part A 甲部:

ar	t A 甲部:			
1.	stocks, unit trusts/mutual funds, fu insurance schemes?	tures and options, derivatives, stru	such as bonds/certificate of deposits, ictured products or Investment-linked	Score 得分
	您有多少年投資於債卷、存款證、股票、 的經驗?	單位信託基金、互惠基金、期貨、期權、	衍生工具、結構性產品式投資相連壽險計劃	
	<1year年			0
	1 – 4 years 年			1
	5 – 10- years 年			1
	> 10 years年			1
2.	By what mean(s) have you used or ar 您曾透過或現正透過什麼渠道涉取投資方		nt knowledge? (Tick one or more)	Score 得分
	Review and research investment relate 從多處獲得相關投資材料(如課堂、研討	d materials from various sources such a 會或書籍 ) 作參考及研究。	s classes, seminars or books.	2
	Pay attention to investment or finance 留意投資或金融相關新聞。	related news.		2
	Discuss investment or finance related t 跟朋友,親戚和/或同事討論投資或金融	opics with friends, relatives and/or colle 相關話題。	eagues.	1
	No and/or not interested in any investn 沒有任何投資知識和/或對投資知識不感			0
3.	Which statement best describes your f 當您的投資組合之價值出現波動時,以下吸	eeling when the value of your investi 『一句子最能表達您的感受:	ment portfolio goes up and down:	Score 得分
	I am very depressed. I cannot tolerate an 我感到沮喪,不能接受任何波動。	y volatility.		1
	I am nervous. I am concerned more about capital preservation than capital growth. 我感到非常焦慮,我著重資本的保值多於增長。			2
	I am upset but I understand that high investment return bears high volatility. 我感到不安,但我明白追求高投資回報必要承受大幅波動。			3
	I am rather unhappy but I realize the volatility of my investment and I accept occasional negative investment return. 縱使有點不開心,但我理解投資必涉及波動,並接受偶爾出現的投資虧損。			4
	I am not bothered at all. I eye on high cap 無任何情緒上的波動,因我著眼資本增長並	ital growth and I anticipate that my inve 直且已預料到投資會有虧損。	estment return is sometimes negative.	5
4.	If your investment portfolio drops 20% 若您的投資組合之價值在3個月內下跌20%			Score 得分
	Liquidate my portfolio to cut loss. 止蝕離場。			1
	Sell out more than half of my portfolio to 拋售過半投資組合以保存資本。	preserve capital.		2
	Sell out less than half of my portfolio and 拋售不多於一半的投資組合,然後留意市場	d see how the market moves. 影走勢。		3
	No reaction and wait for rebound. 不作任何行動,等待價值回升。			4
	Invest more to average down the cost. 作進一步投資以沖淡平均成本。			5
5.	Which of the following 10-year investr 您會選擇以下哪一個為期10年的投資組合	nent portfolios do you prefer: ?		Score 得分
	Average annual return 每年平均回報	Maximum return in one year 一年內之最高回報	Minimum return in one year 一年內之最低回報	
	7.5%	16%	-2.5%	1
	8.5%	20.5%	-3.5%	2
	9.0%	25.0%	-4.0%	3
	10.0%	52.0%	-12.0%	4
	10.5%	69.5%	-20.5%	5

6.	How long do you prefer to invest for your long-term goals? 要達成長遠目標,您會選擇以下哪一個投資年期?	Score 得分
	< 5 years年	0
	5–10 years年	2
	> 10 years年	4
7.	Do you anticipate a need to utilize your cash reserve currently in hand within 2 years? 您預計自己有需要在兩年內動用現有的現金儲備嗎?	Score 得分
	Yes是	-4
	No否	0
8.	If you invest now, do you have adequate cash in hand for emergency use? 若於現時作出投資,您仍有足夠現金預留作不時之需?	Score 得分
	Yes是	2
	No否	0
9.	Do you plan to retire within 5 years? 您是否計劃於 5 年內退休?	Score 得分
	Yes是	-8
	No否	0
10.	How many dependant(s) do you have? 您需要供養的家庭成員人數?	Score 得分
	Nil沒有	3
	1-2	2
	3 – 4	1
	> 4	0

Tatal	Canua	總得分	•	
rotat	Score	総177	•	

#### Result 結果

Total Scores 總得分	<-3	>= -3 & < 5	>= 5 & < 13	>= 13 & < 20	>= 20
Risk Tolerance	Low	Low to Medium	Medium	Medium to High	High
風險承擔能力	低	低至中	中	中至高	高
Investment Objective	Preservation	Income	Income & Growth	Growth	Aggressive Growth
投資目的	保本	保守	保守及進取	進取	積極進取

11a.	wa 您	o you have knowledge and/or experience of derivatives? (Derivatives includes but not limited to futures, options, arrants, callable bull/bear contracts, convertible bonds, synthetic exchange traded funds and structured products etc.) 是否擁有衍生工具知識及/或經驗?(衍生工具包括但不限於交易所買賣的期貨/期權、認股權證、牛熊證、可轉換債券、合成交易所賣基金和結構性產品等)
		Yes有 (Please answer the question 11b. 請回答問題 11b。)
		No 沒有(Please note that derivative fund is not suitable as your investment options. 請注意,衍生工具基金不合適作為您的投資選擇。)
11b.		ease choose the best describe the way(s) you acquired your derivatives products' knowledge. (can choose more than one) 問下列哪項陳述最能表達閣下從以下哪種途徑獲得提及的衍生產品的知識?(可選多項)
		Past trading experience in derivative products (whether traded on an exchange or not), derivative funds or selecting derivative funds as underlying investment options(s) (whether held in an insurance product or not), i.e. executed 5 or more transactions in any type of derivative product within the past 3 years 過去曾進行了衍生產品(不論是否於交易所進行交易)、衍生工具基金或衍生工具基金作為相關投資選擇(不論是否保險產品持有)之交易經驗、即過去三年內已進行了五次或以上的任何類型的衍生產品之交易
		Underwent training or attended courses on derivative products 曾接受有關衍生產品的培訓或修讀相關課程
		Current or previous work experience related to derivatives products 現時或過去的工作經驗與衍生產品有關

#### Declaration and Acknowledgement 聲明及確認

- (1) I HEREBY DECLARE AND AGREE on behalf of myself and other persons referred to in this application (hereinafter referred to as "Relevant Persons", "We", "Our" or "Us") (for the avoidance of doubt, the expressions "Relevant Persons", "We", "Our" or "Us" include myself and such other persons) that this Analysis and the results or answers provided by myself or the Relevant Persons therein serves only as a reference for my/Our consideration. It does not constitute as an investment advice and should not be regarded as a recommendation, or an offer to sell or a solicitation to buy any insurance products or service. I/We represent that the information provided by me/Us in this Analysis is true, accurate and complete to the best of my/Our knowledge. The Company shall not be held responsible or liable for any loss incurred by me/Us or any persons/parties in reliance on the accuracy or completeness of the information, results or answers provided by the Relevant Persons.
- (2) I, on behalf of myself and the Relevant Persons, acknowledge that this Risk Profile Questionnaire is supplemental to my/Our signed application for insurance, change or reinstatement (the "Application Form") in relation to the above Application No./Policy No. and relevant application(s)/policy(ies) in my/Our name(s) (if any). I, on behalf of myself and the Relevant Persons, agree and confirm that (1) to the best of my knowledge and belief the above statements and answers to all questions are true and complete; (2) We have not had any change in material facts and/or medical consultation since the date I/We signed the Application Form of the above mentioned application; (3) the declarations, agreements and authorisations made by me/Us under the Declaration & Authorisation Section and Personal Information Collection Statement Section of the Application Form shall also apply to this form; and (4) this statement shall form the basis and become a part of the policy to be issued/reinstated or issued by the Company.
- (1) 本人謹此代表本人及其他在此客戶需求分析提及之人士(下稱「相關人士」或「我們」)(為免存疑,「相關人士」或「我們」指包括本人及此客戶需求分析提及之其他人士)聲明及同意本人/相關人士就本客戶需求分析所提供之結果或答案,只供我/我們作為個人投資決定的參考,並不可當為投資建議及不可視對任何保險產品及服務的銷售或誘使購買之邀請。我/我們表示我/我們在客戶需求分析所提供的資料,就我/我們所知所言,均為事實之全部及確實無訛。貴公司就相關人士所提供的資料、結果或答案之準確性或完整性或因而導致我/我們或任何人士/一方有任何損失並不負上任何責任或法律責任。
- (2) 本人,代表本人及相關人士,確認此風險承擔能力問卷補充本人/我們就有關上述投保書編號/保單編號及本人/我們名下之相關投保/保單之已簽署的投保申請書、保單更改或保單復效申請書(「申請書」)。本人,代表本人及相關人士,同意及確認(1)上述一切陳述及問題的所有答案,就本人所知所言,均為事實之全部及確實無訛;(2)自簽署上述申請書,我們之重要事項並無轉變,亦沒有接受任何醫療診治;(3)載於申請書上聲明及授權部份及收集個人資料的聲明部份內的聲明、協議及授權均適用於此表格;及(4)此聲明將作為貴公司發出/復效的保單的根據,並作為保單一部份。

Full Name of Proposed Owner/Owner	Signature of Proposed Owner/Owner	Date signed in Hong Kong (YYYY/MM/DD)
建議持有人 / 持有人姓名	建議持有人/持有人簽署	在香港簽署日期(年/月/日)

#### Note註:

You are required to inform us if there is any substantial change of information provided in this form before the policy is issued. 若此表格上填報的資料有重大改變,您在保單未簽發前,必須通知本公司。

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I have reviewed the completeness of Financial Need Analysis, Risk Profiling Questionnaire and Important Facts Statement and Applicant's Declaration (if applicable) and the suitable based on information provided if any. 本人已檢閱「財務需要分析」、「風險承擔能力問卷」及「重要資料聲明書及申請人聲明書」(如適用)並確認文件已填妥,及因應客戶提供資料(如有),完成適合性審查程序。			
Full Name of Financial Consultant 理財顧問姓名	Signature of Financial Consultant 理財顧問簽署	Date signed in Hong Kong (YYYY/MM/DD) 在香港簽署日期(年/月/日)	
Full Name of Financial Consultant's Manager 理財顧問之經理姓名	Signature of Financial Consultant's Manager 理財顧問之經理簽署	Date signed in Hong Kong (YYYY/MM/DD) 在香港簽署日期(年/月/日)	

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