

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

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財務需要分析表格

Technical Representative's Name  
業務代表姓名

Technical Representative's  
Telephone No.  
業務代表聯絡電話

Technical Representative's (Brokers)  
Membership Number  
業務代表會員號碼




- Note: Please read and fill in all the questions in this FNA form carefully. Do not leave any questions blank. Do NOT sign if any questions are unanswered and have not been crossed out.  
註：請小心細閱及填寫本財務需要分析表格內的所有問題。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。

A. APPLICANT'S PERSONAL PARTICULARS 申請人之個人資料

Name 姓名

Date of Birth 出生日期

Marital Status

婚姻狀況

☐ Single 未婚

☐ Married 已婚

☐ Widowed 鰥寡

☐ Divorced 離婚

Number of dependents 受養人數目

Occupation 職業

Education Level

教育程度

☐ Primary or below 小學或以下

☐ Secondary 中學

☐ Tertiary or above 大專或以上

Intended Retirement Age 預期退休年齡

☐ 65 years old 歲

☐ \*Others 其他：\_\_\_\_\_

☐ Retired 已退休

\* With reference to the prevailing practice of HKSAR's civil servants, your intended retirement age is set as Age 65 (including housewife and student and unemployed). Unless you have selected 'Retired' under Occupation, you can select your intended retirement age up to Age 80.  
參考現行香港特別行政區公務員做法，您的預期退休年齡會設置為65歲（包括家庭主婦及學生及失業人士）。除非您已於職業一欄填寫「已退休」，您可以選擇您的退休年齡不超過80歲。

B. YOUR ABILITY TO PAY PREMIUM 您繳付保費的負擔能力

For individuals as the Applicant 由個人作申請人

Note : You must reply to at least either question 1 or 2 and 3. If you do not wish to answer either one of them, please cross it out. Please note that we will reject your application if you choose not to respond to both question 1 and 2.

註：您必須至少回答問題1或2及3，如您不欲回答其中一條，請將之刪去。如您選擇不回應問題1和2，本公司必須拒絕您的申請。

Please pay attention: We shall assume level and unchanged annualized premium when assessing your ability to pay premium. Yet, the premium schedule of some products are not level and shall change in accordance with the insured's age or other factors (such as inflation or claims experience).

請注意：本公司於評估您繳付保費的負擔能力時，將假設年度保費均衡及不變；唯部分產品的保費並非均衡並會隨著受保人年齡增長或其他因素而有所改變（如通脹或賠償經驗）。

1. Disposable Income 可動用收入\*

\* Monthly Disposable income equals to Monthly Income minus Monthly Expenses 每月可動用收入等於每月收入減去每月開支

1a. What is your average monthly income from all sources in the past 24 months?

在過去二十四個月裡，您從所有收入來源所得的每月平均收入為？

(Including salary, bonus, commission, other allowances / compensations, property rental income, interest from bank deposit, interest from fixed income securities and dividend from shares, 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)

HK\$ 港幣

/ Month 月

1b. What are your average monthly expenses in the past 24 months?

在過去二十四個月裡，您每月平均開支為？

(Including mortgage installment, rent, clothing, transportation, loans, insurance premium and interest expense incurred due to premium financing etc. 包括樓宇按揭、租金、衣服、交通、借貸、保險費用及保費融資產生的利息等)

HK\$ 港幣

/ Month 月

[illegible]

### C. SUITABILITY ASSESSMENT 適合性評估

Note: You must reply question 1 to 2 below. Do not leave any of these questions blank. We will reject your application if you do not reply.  
註：您必須回答以下問題1至2。請不要留空任何一條問題。如您選擇不回答，本公司必須拒絕您的申請。

1. What are your objectives of buying our product? (tick one or more)  
您購買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)

What is the additional level of life protection needed for the Proposed Insured? (tick one)  
受保人需要的額外人壽保障額為？（請選一項）

- ☐ HK\$ 港幣 \_\_\_\_\_  
☐ US\$ 美元 \_\_\_\_\_  
☐ Not Applicable 不適用

- ☐ 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)

- ☐ (i) The product meets my insurance objective of providing protection against loss of income during hospital confinement, and it is a medical insurance product with hospital income protection.  
產品迎合為我住院時提供入息保障的保險目標，而此產品為醫療保險產品並提供住院入息保障

- ☐ (ii) The product meets my insurance objective of providing protection against increasing expenses for medical and healthcare services, and it is a medical insurance product with hospitalization expense reimbursement benefit.  
產品迎合為我提供保障以應付日益增長的醫療費用的目標，而此產品為醫療保險產品並提供住院費用實報實銷保障

- ☐ (iii) The product meets my insurance objective of providing health protection / critical illness protection for future healthcare services and it offers Lump Sum Payment upon claims of health protection / Critical Illness.  
產品迎合為我提供健康保障 / 危疾保障以應付將來的健康服務的目標，此產品提供健康保障 / 危疾保障一筆過賠償

What is the additional level of Critical Illness protection needed for the Proposed Insured? (tick one)  
受保人需要的額外危疾保障額為？（請選一項）

- ☐ HK\$ 港幣 \_\_\_\_\_  
☐ US\$ 美元 \_\_\_\_\_

**Note: Only applicable if selected Objective B(iii)**  
註：只適用於目標選項B(iii)

- ☐ 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：子女教育，退休等)

- ☐ E Investment  
投資

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)  
為實現上述「投資」的目標，閣下希望如何管理保險產品項目下的不同投資選項 / 投資選擇（如有）？（請選一項）

- ☐ (i) 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目下的不同投資選項 / 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。

- ☐ (ii) 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  
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目下的不同投資選項 / 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。

- ☐ (iii) 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項目下的不同投資選項 / 投資選擇（如有）。

What is the additional target saving amount and / or investment return amount for the applicant? (tick one)  
申請人需要的額外目標儲蓄金額及 / 或額外投資回報金額為？（請選一項）

- ☐ HK\$ 港幣 \_\_\_\_\_  
☐ US\$ 美元 \_\_\_\_\_

What is your expected timeframe to achieve the said target saving amount / investment return amount?  
您預期以多少年達到所述之目標儲蓄金額 / 投資回報金額？

\_\_\_\_\_ Year(s) 年

- ☐ F Others  
其他

- ☐ a. Payor Benefit  
付款人保障

- ☐ b. Critical Illness Payor Benefit  
付款人保障連危疾

- ☐ c. Waiver of Premium  
免付保費

- ☐ d. Legacy Planning  
遺產規劃

- ☐ e. Others, please specify  
其他，請詳述：\_\_\_\_\_

2. What is your target benefit / protection period / expected timeframe for meeting the target amount for insurance policy? (tick one)  
您投保單的目標得益 / 保障年期 / 實現目標金額的預期時間為多久？（請選一項）：

- ☐ A < 1 years 年

- ☐ B 1 - 5 years 年

- ☐ C 6 - 10 years 年

- ☐ D 11 - 15 years 年

- ☐ E 16 - 20 years 年

- ☐ F > 20 years 年

- ☐ G Whole of Life 終身

## D. EVALUATION & RECOMMENDATION 評估及建議

### PART 1: Recommendation made by intermediary – to be completed by intermediary

#### 第一部分：中介人的建議 - 由中介人填寫

Based on your answers to the questions above, the intermediary concerned has explored the following insurance options (as available to the intermediary) to meet the applicant's objective(s) and need(s):

根據您上述選項，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），以符合申請人選購保險產品的目標及需要：

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 in force upon termination of the basic plan (please refer to Column 2 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2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 in force earlier than the basic plan (please refer to Column 2 below).  
倘中介人介紹之保險產品包括基本計劃及附加契約，其保障年期可能較基本計劃的保障年期短，即附加契約可會早於基本計劃終止（請參閱下列第2行）。
- If an intermediary's introduced insurance option(s) falls outside the applicant's buying objective(s) (as stated in Section C of Question 1 above), the intermediary must specify the reason(s) for mismatch and recommendation in PART 2 (B) below.  
倘中介人介紹的保險產品與申請人選購產品的目標（即上述C部份問題1）不符，中介人必須在下列第二部分(B)欄中選擇不符的原因及中介人建議該產品的原因。
- If an intermediary's introduced insurance option(s) includes ILAS [i.e. C1E(i)], to comply with regulatory requirements, the intermediary should introduce another insurance option which is a participating product with Buying Objective 'Investment' to the applicant.  
倘中介人介紹的保險產品包括投資連繫壽險計劃[即C1E(i)]，中介人必須向申請人介紹另一屬分紅保險計劃並符合其投資目標之保險選項，以符合監管要求。

Column 1 第1行										Column 2 第2行							Column 3 第3行							Column 4 第4行
Objectives of Buying the Product(s) (Question C1) 選購產品的目標（問題C1）  <i>May select one or more for each product introduced (please tick)</i> 每個產品介紹可選一項或以上（請打上（✓））										Target Benefit / Protection Period / expected timeframe (Question C2) 目標得益 / 保障年期 / 實現目標金額的預期時間（問題C2）  <i>Select one only for each product introduced (please tick)</i> 每個產品介紹只可選一項（請打上（✓））							Name of Insurance Product(s) Introduced (if any) 曾介紹的保險產品名稱（如有）  <i>Based on the answer(s) of Section D Column 1-2</i> 根據D部分第1-2行之答案填寫							Product(s) Selected (if any) 最終選購產品（如有） <i>May select one or more (please tick)</i> 可選多於一項（請打上（✓））
A	B			C	D	E			F: _____	A	B	C	D	E	F	G								
	(i)	(ii)	(iii)			(i)	(ii)	(iii)																
																	<input type="checkbox"/>							
																	<input type="checkbox"/>							
																	<input type="checkbox"/>							
																	<input type="checkbox"/>							
																	<input type="checkbox"/>							
																	<input type="checkbox"/>							
																	<input type="checkbox"/>							

**PART 2: Intermediary's Reason(s) for the recommendation (tick one or more) – to be completed by intermediary**

**第二部分：中介人建議原因（可選多於一項） - 由中介人填寫**

- ☐ (A) The recommendation(s) was suggested with consideration of applicant's financial objectives, priorities, total protection needs and budget. 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，其需要重要性及申請人的財務預算而作出，申請人期望以上各方面取得平衡。

- ☐ (B) B1. Reason for suitability mismatch between the recommended product(s) and applicant's disclosed information during FNA.

產品推介與申請人財務需要分析選項不相符之原因

- ☐ a. Applicant has no such objective(s) of buying insurance product indicated during the FNA process.  
申請人在進行財務需要分析時沒有表示有此選購產品的目標。
- ☐ b. Benefit/protection period(s) of product(s) selected do(es) not match applicant's target benefit / protection period / expected timeframe.  
最終選購產品的得益 / 保障年期與申請人的目標得益 / 保障年期 / 實現目標金額的預期時間不符。
- ☐ c. The life protection of product(s) selected does not meet Insured's additional level of life protection needed.  
最終選購產品的人壽保障額與受保人需要的額外人壽保障額不符。
- ☐ d. The Critical Illness protection of product(s) selected does not meet Insured's additional level of Critical Illness protection needed.  
最終選購產品的危疾保障額與受保人需要的額外危疾保障額不符。
- ☐ e. The expected saving amount of product(s) selected does not meet applicant's additional target saving amount and / or investment return amount.  
最終選購產品的目標儲蓄金額與申請人需要的額外目標儲蓄金額及 / 或額外投資回報金額為不符。
- ☐ f. Saving/investment period of product(s) selected to achieve the target saving amount does not matches the applicant's expected timeframe.  
最終選購產品達至所述之投資回報金額的所需儲蓄 / 投資年期與申請人期望的年期不符。
- ☐ g. Others (Please specify: \_\_\_\_\_)  
其他（請詳述：\_\_\_\_\_）

**B2. Reason for recommendation (despite suitability mismatch)**

建議原因（縱使適合性不符）

- ☐ a. I (the intermediary) have explained to the client that his/her final selected product(s) is unsuitable to him/her but I made such recommendation upon client's preference  
我（中介人）已向申請人解釋其最終選購的保險產品並不適合其需要，但應申請人的喜好而作出介紹。
- ☐ b. I (the intermediary) have explained to the client that his/her final selected product(s) is unsuitable to him/her but I made such recommendation upon client's decision after going through FNA process.  
我（中介人）已向申請人解釋其最終選購的保險產品並不適合其需要，但申請人經財務需要分析後要求介紹。
- ☐ c. I (the intermediary) have explained to the client that his/her final selected product(s) is unsuitable to him/her but I made such recommendation upon client's decision as his/her family member(s) / friend(s) has purchased the same product(s).  
我（中介人）已向申請人解釋其最終選購的保險產品並不適合其需要，但申請人因其親友購買了同一產品而要求介紹。
- ☐ d. Despite the sum assured / period / return of the applicant's final selected product(s) is mismatched with applicant's disclosed information during FNA, I (the intermediary) am of the view that the recommended product(s) is suitable for the applicant.  
縱使申請人最終選購的保險產品之保額 / 年期 / 回報與其財務需要分析所透露的資料不相符，我（中介人）認為此建議產品適合申請人。
- ☐ e. Others (Please specify: \_\_\_\_\_)  
其他（請詳述：\_\_\_\_\_）



## E. DECLARATION 聲明

I / We understand ZUU will be based on the information I / We provided in the FNA for suitability, affordability and underwriting assessment.

I / We also confirm that all information and documents I / We have provided for the FNA are true, complete and correct.

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

本人 / 我們了解資遇將以本人 / 我們在財務總覽中提供的資料為基礎作適合性，負擔能力和核保評估。

本人 / 我們還確認本人 / 我們為於財務總覽提供的所有資料和文件都是真實，完全和正確的。

註：若財務總覽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。

I / We hereby declare, to the best of my / our knowledge, that the foregoing statements are true and complete and will form part of the basis of any contract of life assurance. I / We, (the Applicant) agree to supply relevant and adequate proof of the above statements when requested by IA.

茲聲明上述乃本人 / 我們所知之事實和全部，並構成選擇任何壽險合約之基礎。本人 / 我們，（申請人）同意對以上申報資料會因應IA要求而提供有關及足夠之證明文件。

## PERSONAL DATA COLLECTION AND USE

I / We confirm that I / we have read and understood the Personal Information Collection Statement ("PIC"). I / We declare and agree that any personal data and other information relating to me / us contained in this form or collected, obtained, compiled or held by the Company by any means from time to time may be collected and utilized in accordance with the PIC. I / We understand that I / we must disclose the information required in this form, otherwise the Company will be unable to process my / our related 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 PIC. and is made available upon request.

### 個人資料收集及使用

本人/我們確認本人/我們已閱讀及明白個人資料收集聲明（「個人資料收集聲明」）。本人/我們聲明及同意在此表格所載或貴公司不時以任何方法收集所得、編製或持有的任何個人資料，可根據個人資料收集及使用。本人/我們明白本人/我們必須於此表格提供所須資料，否則貴公司將無法處理相關申請要求。本人/我們知悉及同意就個人資料收集聲明所述目的轉讓本人/我們的個人資料至香港境外予個人資料收集聲明所載的資料承讓人。可向貴公司索取。

Name of Applicant  
申請人姓名

WANG Yajing

Signature of the Applicant  
(Please do not sign on blank form)  
申請人簽署 (請勿在空白表格上簽署)

MM月

DD日

YYYY年

Technical Representative  
業務代表姓名

Signature of the Technical Representative  
業務代表簽署

MM月

DD日

YYYY年