

香港太古城英皇道1111號13樓
13/F, 1111 King's Road, Taikoo Shing, Hong Kong

注意: 本「財務資料表」(「本表格」)的目的是根據閣下所提供的資料進行分析,以評估您的保障及財務需要。假如您是中銀集團人壽保險有限公司(「本公司」)的現有客戶,您在此所提供的資料將不會用作更新閣下於本公司的個人資料紀錄。如您在填妥本表格後作出投保人壽保險的申請,本表格將會被本公司收集作為處理閣下申請之用。您提供個人資料的保存期,將不會長於滿足上文所列目的之所需時間及遵照法律和監管機構不時作出的要求。

Notes: The purpose of this "Financial Information Form" (the "Form") is for analyzing your provided information in order to evaluate your protection and financial needs. If you are the existing customer of the BOC Group Life Assurance Company Limited (the "Company"/ "we"), your information provided herein will not be used to update your personal information record kept at the Company. In the case that you apply for a life insurance plan subsequent to the completion of this Form, this Form is required to be collected by the Company for the application process. The personal data and information provided by you will not be kept longer than necessary for the fulfillment of the purpose herein and for compliance with the legal and regulatory requirements from time to time.

重要事項: 在閣下填寫本財務資料表之前,持牌業務代表(經紀)應已在銷售過程中就您所完成的財務需要分析,建議適合閣下需要的產品。如閣下屬意採購持牌業務代表(經紀)所建議的中銀人壽之產品,請填寫及簽署本財務資料表。

Important: Before you fill in this Financial Information Form (FIF), your licensed technical representative (broker) should have duly performed the Financial Need Analysis during the sales process and made recommendations that suit your needs. Please fill in and sign this FIF if you wish to apply the recommended product(s) from BOC Life.

甲部 個人資料

Part A Personal Data

中文姓名 Chinese Name	英文姓名 English Name	出生日期 Date of Birth	(年/月/日 YYYY/MM/DD)
婚姻狀況 Marital Status <input type="checkbox"/> 單身 Single <input type="checkbox"/> 已婚 Married <input type="checkbox"/> 鰥寡 Widowed <input type="checkbox"/> 離婚 Divorced	教育程度 Education Level <input type="checkbox"/> 小學或以下 Primary School or Below <input type="checkbox"/> 中學 Secondary School <input type="checkbox"/> 大專/副學士/文憑 Post Secondary School/Associate Degree/Diploma <input type="checkbox"/> 大學或以上 University or Above		
身份證號碼 / 護照號碼 ID No. / Passport No.	職業 Occupation	受供養人數目 No. of Dependents	

閣下對保險有任何認識或經驗嗎? (如沒有任何認識或經驗則不需回答此問題)

Do you have any knowledge or experience in insurance? (Please do **NOT** answer this question, if you do not have any knowledge or experience in insurance)

- ☐ 我已經 / 曾經擁有保險
I own / owned insurance policy(ies)
- ☐ 我曾接受過有關保險的專業訓練
I have been trained professionally on insurance
- ☐ 本次 / 過往銷售時中介人帶來的資訊
Information gathered from my intermediary in this / previous sales
- ☐ 我從公開渠道接收保險資訊 (如: 新聞、書籍、互聯網等)
I receive information from public channels (e.g. news, books, internet, etc)
- ☐ 其他 Others
請詳述 Please specify ()

乙部 個人財務概況

Part B Personal Financial Information

[註: 閣下必須回答此部份的所有問題。請不要留空, 否則本公司將拒絕閣下的申請。]

[Note: You must answer all the questions in this part. Do not leave it blank, otherwise we will reject your application.]

(1) 收入及支出 (過去兩年平均)

Income & Expenses (Past 2 Years Average)

(A) 每月平均收入 (港元) (可選多於一項) Average Monthly Income (HKD) (tick one or more)	
薪金 / 佣金 Salary / Commission	
租金收入 / 其他經常收入 / 生意收入 Rental Income / Other Recurring Income / Business Income	
其他包括 (如有): Others Include (if any): ()	
(B) 每月平均支出 ¹ (港元) Average Monthly Expenses ¹ (HKD)	
(C) 淨收入 Net Income (A) - (B)	\$0

(3) 退休預算

Retirement Planning

目標退休年齡 Target Retirement Age	
預期退休後每月可動用收入 ⁷ (港元) Anticipated monthly disposable income after retirement ⁷ (HKD)	
預期退休後額外獲得的流動資產 ⁸ (港元) Anticipated amount of additional liquid assets after retirement ⁸ (HKD)	

(2) 資產及債務

Assets & Liabilities

(D) 總流動資產 ² (港元) (可選多於一項) Total Liquid Assets ² (HKD) (tick one or more)	
<input type="checkbox"/> 現金 ³ Cash ³	
<input type="checkbox"/> 投資 ⁴ / 其他 Investment ⁴ / Others	
其他包括 (如有): Other Include (if any): ()	
(E) 總債務 (港元) Total Liabilities (HKD)	
保費融資 / 抵押貸款尚欠總額 ⁵ Total Outstanding Amount of Premium Financing / Pledge Loan ⁵ [(i) + (ii) x (iii)]	
(i) 保費融資 / 抵押貸款尚欠本金額 Outstanding principal amount of Premium Financing / Pledge Loan	\$0
(ii) 每年利息開支 Annual Interest Expense	
(iii) 剩餘供款年期 Outstanding Payment Term	
個人信貸 ⁶ Personal Loan ⁶	
(F) 淨流動資產 Net Liquid Assets (D) - (E)	\$0

¹ 包括 "生活開支"、"租金"、"按揭供款"及"保險保費 (不包括中銀人壽保單)"等
不包括 "現有保費融資及保單抵押貸款的還款支出 (包括本金及利息)"
Includes "Living Expenses", "Rent", "Mortgage Payment" and "Insurance Premium" (Excludes BOC Life policy(ies)), etc

Excludes "Repayment Expenses (including the principal and interest) of existing Premium Financing and Policy Pledged Loan"

² 如屬聯權資產, 請填寫你所佔的部分
For joint ownership, please fill in according to your share

³ 包括 "銀行存款"及"貨幣市場賬戶"
Includes "Money in Bank Accounts" and "Money Market Accounts"

⁴ 包括 "證券 (包括交投活躍的股票)"、"債券及互惠基金"及"美國國庫債券"
Includes "Equities (Include Actively Traded Stocks)", "Bonds and Mutual Funds" & "US Treasury Bills"

⁵ 若閣下未能為現有保費融資或保單抵押貸款按時支付任何還款 (包括本金及利息), 保單有機會被放款人要求退保。由於保單權益已經轉讓給放款人一方, 保單價值將先會用作償還閣下欠款人的貸款 (包括本金及利息), 保單價值之餘額才會支付給保單持有人或保單受益人。在最差的情況下, 保單價值之餘額可以為零。

If you fail to repay any repayment (including the principal and interest) of your existing premium financing or policy pledge loan, the policy will be surrendered as may be requested by the lender. As the policy is assigned to the lender, the policy value first will be used to repay your outstanding loan balance (including principal and interest). The remaining balance of policy value will be paid to the policy holder or the beneficiary thereafter. In the worst case scenario, the remaining balance of policy value would be zero.

⁶ 不包括 "現有保費融資及保單抵押貸款總額"
Excludes "Total Outstanding Amount of Premium Financing and Policy Pledged Loan"

⁷ 包括 "銀行存款及債券利息"、"股票股息"、"年金產品所得收入"及"家庭成員或信託所得收入"等
Includes "Interests from Bank Savings or Bonds", "Securities Dividends", "Income from Annuity Product(s)", "Income from Family Member(s) / Trust", etc

⁸ 包括 "強積金"、"退休金"、"銀行存款"、"股票或債券"及"保單的保證花紅/現金"等
Includes "MPF", "Retirement Fund", "Bank Savings", "Securities or Bonds" and "Guaranteed Bonus / Cash Payments from Insurance Policy(ies)", etc

警告: 請小心細閱及填寫本財務需要分析表格。除非特別註明, 請不要留空任何問題。除非特別註明, 如有任何未回答的問題未被刪去, 請不要在表格上簽署。

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丙部 客戶意向

Part C Customer Preference

[註：閣下必須回答此部份的所有問題。請不要留空，否則本公司將拒絕閣下的申請。]

[Note: You must answer all the questions in this part. Do not leave it blank, otherwise we will reject your application.]

1) 閣下選購保險產品或作額外供款的目標為何？(可選多於一項)

What are your objectives of buying an insurance product or making top-up contribution? (tick one or more)

- ☐ (A) 為應付不時之需的財務保障 (例如：死亡、意外、殘疾等)
Financial protection against adversities (e.g. death, accident, disability etc.)
- ☐ (D) 為未來需要儲蓄 (例如：子女教育、結婚、退休等)
Saving up for the future (e.g. child education, marriage, retirement etc.)
- ☐ (B) 為醫療需要作準備 (例如：危疾、住院等)
Preparation for health care needs (e.g. critical illness, hospitalization etc.)
- ☐ (E) 投資
Investment
- ☐ (C) 為未來提供定期的收入 (例如：退休收入等)
Providing regular income in the future (e.g. retirement income etc.)
- ☐ (F) 其他 Others
請詳述 Please specify ()

(以下附加題目只適用於第一條的答案選擇包括“為醫療需要作準備”時)

(The supplementary question to Q1 below is applicable only if "Preparation for health care needs" is chosen as one of the objectives in Q1 above)

(i) 閣下希望選購那種類的保險以滿足閣下上述購買醫療保險產品的目標？(可選多於一項)

What kind of product would you buy to meet your objective of purchasing a medical insurance product indicated above? (tick one or more)

- ☐ 提供實報實銷住院保障的償付性保險 (滿足醫療保健服務費用的增加)
Indemnity Insurance that provide reimbursement of inpatient coverage (meet increasing expenses for medical and healthcare services)
- ☐ 提供住院時每日固定現金的非償付性保險 (滿足收入的損失)
Non-indemnity Insurance that provide a fixed daily cash for loss of income during hospitalization
- ☐ 提供實報實銷門診保障的償付性保險 (滿足醫療保健服務費用的增加)
Indemnity Insurance that provide reimbursement of outpatient coverage (meet increasing expenses for medical and healthcare services)
- ☐ 當患有危疾時提供一筆過現金保障的非償付性保險 (滿足未來的醫療保健需求)
Non-indemnity Insurance that provide lump sum cash benefit for future healthcare needs when diagnosed with critical illness

(以下附加題目只適用於第一條的答案選擇包括“投資”時)

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

(ii) 為滿足閣下上述“投資”目標，閣下希望如何管理保險產品的投資選項/選擇(如有)？(請選一項)

☐ 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)

我想按照自己的決定(不需由獲授權的保險人及/或持牌保險中介人提供的專業建議)，並且願意於整個保險得益/保障期間內選擇及管理保險產品內不同的投資選項/投資選擇，如有。

☐ 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.

我想按照自己的決定(由獲授權的保險人及/或持牌保險中介人提供的專業建議)，並且願意於整個保險得益/保障期間內選擇及管理保險產品內不同的投資選項/投資選擇，如有。

☐ I want to make my own decisions (with professional advice to be provided by the 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.

我不想選擇或管理保險產品內不同的投資選項/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.

2) 閣下額外保障需要為多少？(可選多於一項)

What is the additional protection need for you? (tick one or more)

<input type="checkbox"/> 家庭保障(港元) Family Protection (HKD) :	_____
<input type="checkbox"/> 危疾保障 / 其他醫療保障 (港元) Critical Illness Protection / Other Medical Protection (HKD) :	_____
<input type="checkbox"/> 投資 / 目標儲蓄 / 教育基金 / 退休策劃(港元) Investment / Target Savings / Education Fund / Retirement Planning (HKD) :	_____
預計滿足目標金額需要的時間(年) Expected time frame for meeting the target amount (Year) :	_____

3) 閣下投購保險產品或作額外供款的目標**得益/保障**年期為多久？(請選一項)

What is your target **benefit / protection** period for buying an insurance product or making top-up contribution? (tick one)

- ☐ 少於1年 < 1 year
- ☐ 1 - 5 年 1 - 5 years
- ☐ 6 - 10 年 6 - 10 years
- ☐ 11 - 15 年 11 - 15 years
- ☐ 16 - 20 年 16 - 20 years
- ☐ 超過20 年 More than 20 years
- ☐ 終身 Whole of Life

4) 閣下能夠及願意支付保險產品或作額外供款的最長**供款**年期為多久？(請選一項)

What is the maximum **contribution** period that you are able and willing to contribute to an insurance product or making top-up contribution? (tick one)

- ☐ 躉繳 Single Payment
- ☐ 1 - 5 年 1 - 5 years
- ☐ 6 - 10 年 6 - 10 years
- ☐ 11 - 15 年 11 - 15 years
- ☐ 16 - 20 年 16 - 20 years
- ☐ 超過20 年 More than 20 years
- ☐ 終身(包括目標退休年齡後的時期) Whole of Life (including period after target retirement age)

5a 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)

In considering your ability to make premium payments, what are your sources of funds? (tick one or more)

- ☐ 淨收入 Net Income
- ☐ 淨流動資產 Net Liquid Assets

5b 閣下是否打算使用保費融資繳付是次保單？

Do you intend to fund the purchase of the policy using premium financing?

- ☐ 是 * Yes *
- ☐ 否 No

* 保費融資是閣下與貸款方之間的獨立安排，既不是也不構成閣下與本公司之間的保險合約的一部分。如果閣下對保費融資相關條款及細則有任何疑問，請聯絡貸款方。

Premium financing is a stand-alone arrangement between you and the lender. It is not, and does not form part of the insurance contract between you and the Company. In case you have any questions about the premium financing terms and conditions, please contact the lender.

6) 在保單整段供款年期內，閣下能夠及願意繳付的保費(包括閣下現有中銀人壽之保單)佔閣下個人淨收入及/或淨流動資產的比率為？(請選一項)

What percentage of your Net Income and/or Net Liquid Assets would you be able and willing to use to pay for the insurance premium (including your existing BOCL insurance policy(ies)) throughout the entire contribution period of the insurance policy? (tick one)

- ☐ ≤ 10%
- ☐ 11% - 20%
- ☐ 21% - 30%
- ☐ 31% - 40%
- ☐ 41% - 50%
- ☐ > 50%

7) 若閣下在選擇投購一次性付款的保險產品或作額外供款，閣下能夠及願意支付的最高金額為多少？

What is the maximum amount you are able and willing to pay for if you decide to purchase a single premium insurance product or making top up contribution?

港元

Hong Kong Dollar

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丁部 中介人推介
Part D Intermediary's Recommendation

1) 根據閣下以上的答案，中介人曾與閣下討論下列保險選項(因應中介人所能提供的產品)，以滿足閣下的目標及額外保障需要:
Based on your above answers, the Intermediary has explored the following insurance option(s) (as available to the Intermediary) to meet your objective(s) and additional protection need:

曾介紹的保險產品名稱 (如有)+ Name of Insurance Product Introduced (if any)+	產品的目標 Objective(s) of the Product	得益 / 保障年期 Benefit / Protection Period	供款年期 Contribution Period	最終選購的產品 (如有) Product Selected (if any)

註：就閣下於內部第3題所選擇的目標得益/保障年期只限於基本計劃，而附加於基本計劃的附加利益保障(如適用)可能在基本計劃終止後一併終止。有關已選擇的附加利益保障(如適用)之保障年期，請參閱保單建議書。
Note : Your target benefit / protection period indicated in Question 3 under Part C applies to basic plan only, while any supplementary benefit(s) attached to the basic plan (if applicable) may cease to be in force upon termination of the basic plan. Please refer to the insurance proposal regarding the protection period of the chosen supplementary benefit(s) (if applicable).

*中介人需按投保人的意向推介至少2個保險選擇 (如適用)，而中介人建議該保險選擇的原因如下：
*At least 2 insurance options (if applicable) should be recommended according to the preferences that the applicant has chosen in Part C. The reason(s) for the Intermediary to introduce the insurance options are as below:
請在適當的空格內加上剔號 (請選一項) Please tick the appropriate checkbox (tick one) :

- ☐ 本部第一題的建議可滿足投保人的意向。
The recommendation in Q1 of this part can fulfill the preferences of the applicant.
- ☐ 沒有任何保險選擇符合投保人的意向。
There is no insurance option which fits the preferences of the applicant.
- ☐ 其他，請詳述(如介紹的產品未能滿足投保人的全部意向或與投保人的意向不同，中介人必需提供原因)：
Others, please indicate (you must indicate your reason(s), if the insurance option(s) introduced cannot fulfill all the preferences or deviates from the preferences of the applicant) :

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戊部 聲明及簽署

Part E Declaration and Signature

本人已清楚本表格之目的及所收集的資料用作財務需要分析。

I understand the purpose of the Form and the information is collected for Financial Needs Analysis.

本人確認中介人已向本人介紹了香港保險業監管局網站之「消費者保障」，並清楚解釋了相關內容或本人同意稍後會自行細閱相關內容。(只適用於在甲部選擇**完全沒有保險知識與經驗**)

I confirm that the Intermediary has introduced "Consumer Protection" on the website of the Hong Kong Insurance Authority to me, and has clearly explained the relevant insurance concept to me or I agree to go through the relevant contents thoroughly by myself later. (Only applicable to the situation of **No knowledge and experience at all** as indicated in Part A)

個人資料收集及使用

Personal Data Collection and Use

本人確認已閱讀及明白中銀集團人壽保險有限公司「個人資料收集聲明」。本人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，可根據中銀集團人壽保險有限公司「個人資料收集聲明」收集及使用。本人明白本人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。本人知悉及同意就中銀集團人壽保險有限公司「個人資料收集聲明」所述目的轉讓本人資料至香港特別行政區以外的地區。

I confirm that I have read and understood the Personal Information Collection Statement of BOC Group Life Assurance Company Limited. I declare and agree that any personal data and other information relating to me 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 Personal Information Collection Statement of BOC Group Life Assurance Company Limited. I understand that I must disclose the information required in this form, otherwise the Company will be unable to process my related application. I acknowledge and consent to the transfer of my personal data to a place outside Hong Kong Special Administrative Region for the purposes as set out in the Personal Information Collection Statement of BOC Group Life Assurance Company Limited.

如客戶希望了解中銀集團人壽保險有限公司「個人資料收集聲明」的詳情，歡迎透過以下網址 <http://www.boclif.com.hk/tc/others/privacy-policy.html> 閱讀有關文件。

If you wish to understand the Personal Information Collection Statement of BOC Group Life Assurance Company Limited in detail, you may visit relevant document using the hyperlink below

<http://www.boclif.com.hk/tc/others/privacy-policy.html>

註：若財務資料表上填報的資料有重大改變，閣下在保單未簽發前，必須通知本公司。

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

投保人姓名 Name of Applicant	投保人簽署 Signature of Applicant	日期(年/月/日) Date (YYYY/MM/DD)

請持牌業務代表(經紀)確認已在銷售過程中為客戶進行財務需要分析並通過其公司內部指引的負擔能力及產品合適性評估。

The Licensed Technical Representative (Broker) undertakes that he/she has duly performed the Financial Need Analysis during the sales process and the result has passed the affordability and product suitability test according to the internal guideline of the Broker.

☐ 是
Yes

☐ 否
No

中介人姓名及編號 Name & Number of Intermediary	中介人職位 Title of Intermediary	日期(年/月/日) Date (YYYY/MM/DD)
中介人簽署 Signature of Intermediary	保險代理牌照號碼 Insurance Agent License Number	中介人聯絡電話號碼 Contact Number of Intermediary

警告：請小心細閱及填寫本財務資料表。除非特別註明，請不要留空任何問題。除非特別註明，如有任何未回答的問題未被刪去，請不要在表格上簽署。

Warning: Please read and fill in this Form carefully. Do not leave any question blank unless otherwise specified. Do **NOT** sign on this Form if any questions are unanswered and have not been crossed out unless otherwise specified.