

注意：本「財務需要分析」表格（「本表格」）的目的是根據貴公司所提供的資料進行分析，以評估貴公司的保障及財務需要。假如貴公司是中銀集團人壽保險有限公司（「中銀人壽」）的現有客戶，貴公司在此所提供的資料將不會用作更新於中銀人壽的紀錄。如貴公司在填妥本表格後作出投保人壽保險的申請，本表格將會被中銀人壽收集作為處理貴公司申請之用。貴公司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 Needs Analysis" form (the "Form") is for analyzing the Company's provided information in order to evaluate its protection and financial needs. If the Company is an existing customer of the BOC Group Life Assurance Company Limited (the "BOCL"), the information provided herein will not be used to update the record kept at BOCL. In the case that the Company applies for a life insurance plan subsequent to the completion of this Form, this Form is required to be collected by BOCL for the application process. The personal data and information provided by the Company 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：在貴公司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，建議適合貴公司需要的產品。如貴公司屬意投購持牌業務代表（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。

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甲部 客戶資料
Part A Customer Data

公司名稱 Company Name					
登記/註冊文件類別 Type of Registration Document	<input type="checkbox"/> 公司註冊證 Certificate of Incorporation <input type="checkbox"/> 商業登記證 Business Registration	登記/註冊文件號碼 Registration Document No.		持有人/股東數目 No. of Owners / Shareholders	
商業機構類型 Type of Organization	<input type="checkbox"/> 合夥人 Partnership <input type="checkbox"/> 有限公司 Limited Company <input type="checkbox"/> 上市公司 Listed Company <input type="checkbox"/> 其他 Others				

受保人資料 Information of the Insured

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)
性別 Gender	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	於公司之職位 Job Position in the Company			
身份證/護照號碼 ID Card / Passport No.		公司業務持有權(%) Ownership in the Company(%)			
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				

公司授權簽署人員之資料 Information of the Authorized Signatory of the Company

☐ 與受保人為同一人 (不需填寫此部份) Same as Insured (No need to complete this part)

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)
性別 Gender	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	於公司之職位 Job Position in the Company			
身份證/護照號碼 ID Card / Passport No.		公司業務持有權(%) Ownership in the Company(%)			
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				

乙部 公司財務概況
Part B Financial Situation of the Company

(1) 資產及債務 (過去兩年平均) Assets & Liabilities (Past 2 years average)	(港元) (HKD)	(3) 總淨流動資產² (可選多於一項) Total Net Liquid Assets (tick one or more)	(港元) (HKD)
總資產 Total Assets (A)		<input type="checkbox"/> 存款 ³ (包括現金) Deposits (Including Cash) Only <input type="checkbox"/> 投資 ⁴ Investments Only	
總負債 Total Liabilities (B)			
淨值 Net Worth (A) - (B)	0		
(2) 每年純利 (過去兩年平均) Net Annual Profit (Past 2 years average)	(港元) (HKD)	1 需扣減每月平均支出，包括但不限於“保險保費(不包括中銀人壽保單)” 但不包括“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)” Need to deduct Average Monthly Expenses, including but not limited to "Insurance Premium (Excludes BOCL policy(ies))" Excludes "Repayment Expenses (including the principal and interest) of existing Premium Financing and Policy Pledged Loan" 2 扣除保費融資 / 抵押貸款尚欠總額及其他流動負債 (如有) Deduct Total Outstanding Amount of Premium Financing / Pledge Loan and other liquid liability (if any) 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(Including Actively Traded Stocks)", "Bonds and Mutual Funds" & "US Treasury Bonds"	
每年純利 ¹ Annual Net Profit			

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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.

此表格必須與投保書同時遞上 This Form must be submitted with the Application

重要事項：在貴公司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，建議適合貴公司需要的產品。如貴公司屬意投購持牌業務代表(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。
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乙部 公司財務概況 (續)

Part B Financial Situation of the (Continue)

(4) 保費融資 / 抵押貸款尚欠總額 ⁵ Total Outstanding Amount of Premium Financing / Pledge Loan ² [(i) + (ii) x (iii)]	(港元) (HKD)
(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	

5 若貴公司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貴公司欠放款人的貸款(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 the Company fails to repay any repayment (including the principal and interest) of the Company's 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 the Company's 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.

丙部 客戶意向

Part C Customer Preference

1) 貴公司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 the Company's 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.)
- ☐ (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.)
- ☐ (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.)
- ☐ (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.)
- ☐ (E) 投資
Investment
- ☐ (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)

貴公司希望選購那種類的保險以滿足貴公司上述購買醫療保險產品的目標? (可選多於一項)

What kind of product would the Company buy to meet the 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)

為滿足貴公司上述“投資”目標，貴公司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 the Company's "investment" objective indicated above, how would the Company prefers to manage different investment options / investment choices, if available, under the insurance product? (tick one)

- ☐ 本公司想按照自己的決定 (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。
The Company wants to make 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 the Company is willing to do it throughout the entire duration of the target benefit/protection period of an insurance product.
- ☐ 本公司想按照自己的決定 (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。
The Company wants to make 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 the Company is willing to do it throughout the entire duration of the target benefit/protection period of an insurance product.
- ☐ 本公司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。
The Company does not want to choose or manage different investment options/investment choices, if available, under an insurance product.

2) 貴公司額外保障需要為多少? (可選多於一項)

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

公司保障 Business Protection

- ☐ 要員商業債務保障(港元) Key Person Business Liabilities Protection(HKD) _____
- ☐ 要員盈利保障(港元) Key Person Profit Protection(HKD) _____
- ☐ 互保計劃保障(港元) Buy-Sell Agreement Protection(HKD) _____

留才福利計劃 Employee Retention Benefit

- ☐ 員工人壽保障(港元) Employee Life Protection(HKD) _____
- ☐ 員工退休策劃 / 員工目標儲蓄(港元) Employee Retirement Planning / Employee Target Savings(HKD) _____
預計滿足目標金額需要的時間(年) Expected time frame for meeting the target amount(Year) : _____
- ☐ 員工危疾保障 / 員工其他醫療保障 (港元) Employee Critical Illness Protection / Employee Other Medical Protection(HKD) _____

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丙部 客戶意向 (續)

Part C Customer Preference (Continue)

3) 貴公司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 the Company's target **benefit / protection period** for buying an insurance product or making top-up contribution? (tick one)

☐ 少於1年

☐ 1 - 5 年

☐ 6 - 10 年

☐ 11 - 15 年

☐ 16 - 20 年

☐ 超過20 年*

☐ 受保人終身

< 1 year

1 - 5 years

6 - 10 years

11 - 15 years

16 - 20 years

> 20 years*

Whole of Life of the Insured

4) 貴公司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 the Company is able and willing to contribute to an insurance product or making top-up contribution? (tick one)

☐ 趸繳

☐ 1 - 5 年

☐ 6 - 10 年

☐ 11 - 15 年

☐ 16 - 20 年

☐ 超過20 年*

☐ 受保人終身

Single Payment

1 - 5 years

6 - 10 years

11 - 15 years

16 - 20 years

> 20 years*

Whole of Life of the Insured

*不包括供款年期為終身 (即供款年期至100歲或以上)的保險產品

*Excluding product with Whole Life (i.e. contribution period up to age 100 or above) contribution period

5a) 就貴公司繳付保費的能力，請註明貴公司的資金來源：(可選多於一項)

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

☐ 純利

☐ 淨流動資產

Net Profit

Net Liquid Assets

5b) 貴公司是否打算使用保費融資繳付是次保單？

Does the Company intend to fund the purchase of the policy using premium financing?

☐ 是 *

☐ 否

Yes *

No

*保費融資是貴公司與貸款方之間的獨立安排，既不是也不構成貴公司與「中銀人壽」之間的保險合約的一部分。如果貴公司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 the Company and the lender. It is not, and does not form part of the insurance contract between the Company and BOCL.

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内，貴公司能夠及願意繳付的保費 (包括現有中銀人壽之保單) 佔貴公司純利及/或淨流動資產的比率為？(請選一項)

What percentage of the Company's Net Profit and Net Liquid Assets would be able and willing to use to pay for the insurance premium (including the Company's existing BOCL insurance policy(ies)) throughout the entire contribution period of the insurance policy(ies)? (tick one)

☐ ≤ 10%

☐ 11% - 20%

☐ 21% - 30%

☐ 31% - 40%

☐ 41% - 50%

☐ > 50%

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

What is the maximum amount the Company able and willing to pay for if it decides 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

7) 根據貴公司於上述選項，中介人曾與貴公司討論下列保險選擇 (因應中介人所能提供的產品)，以迎合貴公司選購保險產品的目標及滿足貴公司的額外保障需要：
Based on the Company's above answers, the intermediary has explored the following insurance option(s) (as available to the intermediary) to meet its objective(s) and additional protection need:

曾介紹保險產品的名稱 (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：就貴公司於丙部第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：The Company's 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 inforce upon termination of the basic plan. Please refer to the insurance proposal regarding the protection period of the chosen supplementary benefit(s) (if applicable).

保險中介人建議原因 (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)：
Reason(s) for recommendation made by the Insurance Intermediary (Insurance Intermediary must indicate the reason(s), if the insurance option(s) introduced cannot fulfill all the preferences or deviates from the preferences of the Company)：

聲明及簽署Declaration and Signature

本公司確認已清楚此分析表格之目的及所收集的資料僅作保障分析及參考之用。
The Company confirms that it understands the purpose of this analysis form and the information is collected for protection needs analysis and reference only.

本公司確認公司授權簽署人員代表本公司作出選購保險產品的決定。
The Company confirms that the Authorized Signatory is responsible for making insurance application decision on the Company's behalf.

個人資料收集及使用

本公司確認已閱讀及明白中銀人壽「個人資料收集聲明」。本公司聲明及同意在此表格所載或中銀人壽不時以任何方法收集所得、編製或持有的任何個人資料，可根據中銀人壽「個人資料收集聲明」收集及使用。本公司明白必須於此表格提供所須資料，否則中銀人壽將無法處理相關申請要求。若財務需要分析表格上填報的資料有重大改變，本公司在保單未簽發前，必須通知中銀人壽。本公司知悉及同意就中銀人壽「個人資料收集聲明」所述目的轉讓本公司資料至香港特別行政區以外的地區。

The Company confirms that it has read and understood the Personal Information Collection Statement of BOCL. The Company declares and agrees that any personal data and other information relating to the company contained in this form or collected, obtained, compiled or held by BOCL by any means from time to time may be collected and utilized in accordance with the Personal Information Collection Statement of BOCL. The Company understands that it must disclose the information required in this form, otherwise BOCL will unable to process the related application. The Company is required to inform BOCL if there is any substantial change of information provided in this form before the policy is issued.The Company acknowledges and consents to the transfer of the personal data to a place outside Hong Kong Special Administrative Region for the purposes as set out in the Personal Information Collection Statement of BOCL.

代表公司簽署 Signed for and on behalf of the Company	授權簽署人員姓名 Name of the Authorized Signatory	授權簽署人員職位 Title of the Authorized Signatory	日期 (年/月/日) Date (YYYY/MM/DD)
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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

保險中介人姓名及員工號碼 Name & Staff No. of the Intermediary	中介人職位 Title of the Intermediary	日期 (年/月/日) Date (YYYY/MM/DD)
保險中介人簽署 Signature of Insurance Intermediary	保險代理牌照號碼 Insurance Agent License Number	聯絡電話號碼 Contact Tel. No.

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。
Warning: Please read and fill in this Form carefully. Do no 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.