

財務需要分析表格 Financial Needs Analysis Form

重要事項 Important Note:

- 本財務需要分析表格旨在協助尋找適合的保險產品，以滿足閣下的需要及情況。在推薦任何保險產品之前，已授權/註冊之保險中介人必須在銷售過程中協助閣下進行財務需要分析。
This Financial Needs Analysis (FNA) form is to facilitate the identification of suitable insurance product(s) to meet your needs and circumstances. Before recommending any insurance product to you, the authorized/registered insurance intermediary must carry out financial needs analysis for you during the sales advisory process.
- 每份人壽保單的申請事先必須完成一份財務需要分析表格（包括附加契約及附加保費）。
A FNA form has to be completed for each life insurance application (including rider and top-up).
- 請使用黑色 / 藍色筆以正楷填寫本表格並於適當之空格內填上 √ 號。
Please complete this form in **BLOCK LETTERS** in **BLACK/ BLUE** pen and tick √ the boxes as appropriate.
- 請回答本表格所述的所有問題。請勿於未完成回答本表格的所有問題或於任何問題未被刪除的情況下簽署本表格。請勿在空白的表格上簽署。
Please answer **ALL questions** in this form. Do **NOT** sign on this form if any questions are unanswered and have not been crossed out. Do **NOT** sign on blank form.
- 如在本表格中提供的資料有任何重大變更，請告知立橋人壽。
You need to inform Well Link Life if there is any substantial change of information provided in this form.

第一部份 – 個人資料 Part I - Personal Particulars

適用於個人客戶 For Individual Client

英文姓名 English Name		中文姓名 Chinese Name		性別 Sex	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
聯絡電話號碼 Contact Tel No	<div style="display: flex; justify-content: space-between;"> (國家 Country) (區號 Area Code) (號碼 Number) </div>		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 / Associate Degree/ Diploma <input type="checkbox"/> 大學或以上 University or above	
婚姻狀況 Marital Status	<input type="checkbox"/> 未婚 Single <input type="checkbox"/> 離婚 Divorced <input type="checkbox"/> 已婚 Married <input type="checkbox"/> 寡居 Widowed		出生日期 Date of Birth	<div style="display: flex; align-items: center;"> <div style="border-bottom: 1px solid black; width: 100px; margin-right: 5px;"></div> <div style="text-align: center; font-size: small;">(年/月/日 YYYY/MM/DD)</div> </div>	
需供養人數目 No. of Dependents					

適用於企業客戶 For Corporate Client

公司英文名稱 Company English Name	
公司中文名稱 Company Chinese Name	
被授權人姓名及職位 Name and Position of the Authorized Person	

第二部份 – 客戶意向 Part II – Customer Preference

1. 閣下購買保險產品的目標為何？（勾選一項或多項）
What are your objectives for seeking to purchase an insurance product? (tick one or more)

☐ A. 為應付不時之需提供財務保障（例如：身故、意外、殘疾等）
Financial protection against adversities (e.g. death, accident, disability etc.)

☐ B. 為應付醫療保健需要（例如：危疾、住院等）（請註明：☐ 償款性質或 ☐ 非償款性質）
Preparation for health care needs (e.g. critical illness, hospitalization etc.) (please specify: ☐ indemnity basis or ☐ non-indemnity basis)

☐ 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. 為未來需要作儲蓄（例如：兒童教育、退休等）
Saving up for the future (e.g. child education, retirement etc.)

☐ E. 投資
Investment

☐ F. 其他，請詳述
Others, please specify: _____

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」作為目標之一的情况
The supplementary question to Q1 below is applicable only if "Investment" is chosen as one of the objectives in Q1 above

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）？（勾選一項）
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)

☐ 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。
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（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。
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
- ☐ 本人不願意選擇或管理保險產品項下的不同投資選項 / 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

2. 閣下的保單目標利益/ 保障期/ 實現目標金額的預期時間為？（請選一項）

What is your target benefit/ protection period/ expected timeframe for meeting the target amount for insurance policy? (tick one)

目標利益/ 保障期（如問題 1 選擇 A 及 / 或 B）

Target benefit/ protection period (If A and/or B being chosen in Q1)

- i) ☐ 特定期間：_____ 年
Specific Period: _____ year(s)

或 OR

- ii) ☐ 在以下範圍 In the following range:

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

實現目標金額的預期時間（如問題 1 選擇 C、D 及 / 或 E）

Expected timeframe for meeting target amount (If C, D and/or E being chosen in Q1)

- i) ☐ 特定期間：_____ 年
Specific Period: _____ year(s)

或 OR

- ii) ☐ 在以下範圍 In the following range:

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

第三部份 – 財務狀況 Part III – Financial Information

1. 閣下繳付保費的能力及意願：

Your ability and willingness to pay insurance premiums:

- a. 在過去兩年內，閣下透過所有收入來源（包括流動資產收入）獲得的每月平均可動用收入（即經扣除開支後）為？

What is your average monthly disposable income (i.e. after deducting the expenditure) from all sources (including income from liquid assets) in the past 2 years?

- i) ☐ 不少於港幣
Not less than HK\$ _____

或 OR

- ii) ☐ 在以下範圍 In the following range:

- | | |
|---|--------------------------|
| <input type="checkbox"/> 少於港幣 10,000 | Less than HK\$10,000 |
| <input type="checkbox"/> 港幣 10,000 至 港幣 19,999 | HK\$10,000 – HK\$19,999 |
| <input type="checkbox"/> 港幣 20,000 至 港幣 49,999 | HK\$20,000 – HK\$49,999 |
| <input type="checkbox"/> 港幣 50,000 至 港幣 100,000 | HK\$50,000 – HK\$100,000 |
| <input type="checkbox"/> 超過港幣 100,000 | Over HK\$100,000 |

- b. 閣下現時累積的淨流動資產（即經扣除短期債務後）約有多少？

What is your approximate current accumulative amount of net liquid assets (i.e. after deducting the current liabilities)?

金額 港幣
Amount: HK\$ _____

註：流動資產是指可以容易變為現金的資產。物業、錢幣收藏及藝術品均不被視為流動資產。

Note: Liquid assets are assets which may be easily turned into cash. Real estate, coin collection and artwork are not considered to be liquid assets.

- c. (i) 在整個保單期內，閣下能夠及願意繳付的保費（包括閣下現有的其他保單）佔透過所有收入來源（包括流動資產收入）獲得的每月可動用收入（即經扣除開支）的比率為？（勾選一項）

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? (tick one)

- ☐ 少於 Less than 10%
☐ 10% - 20%
☐ 21% - 30%
☐ 31% - 40%
☐ 41% - 50%
☐ 超過 Over 50%
☐ 不適用（非定期供款產品或以流動資產支付保費）[若閣下選擇此項，必須選擇 c.(ii) 問題的其一比率]

Not Applicable (Non-regular premium OR use of liquid assets for premium payment) [If you tick this box, you must answer c.(ii) with specific percentage.]

- (ii) 在整個保單期內，閣下能夠及願意繳付的保費（包括閣下現有的其他保單）佔閣下累積的淨流動資產（即經扣除短期債務後）比率為？（勾選一項）

What percentage of your accumulative net liquid assets (i.e. after deducting the current liabilities) 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? (tick one)

- ☐ 少於 Less than 10%
☐ 10% - 20%
☐ 21% - 30%
☐ 31% - 40%
☐ 41% - 50%
☐ 超過 Over 50%
☐ 不適用（只以可動用收入支付保費）Not Applicable (For using only disposable income for premium payment)

- d. 閣下能夠及願意為保單支付保費的年期為？（勾選一項）
For how long are you able and willing to pay for an insurance policy? (tick one)
- ☐ 2-5 年 years
☐ 6-10 年 years
☐ 11-15 年 years
☐ 16-20 年 years
☐ 超過 20 年（至 _____ 歲的目標退休年齡） More than 20 years (until target retirement age of _____)
☐ 終身（包括 _____ 歲的目標退休年齡後的時期） Whole of Life (including period after target retirement age of _____)
☐ 不超過 _____ 港元的一次性付款 A single payment of not more than HK\$ _____

閣下的目標退休年齡為？（如以上未有提及） _____ 年齡
What is your target retirement age if not mentioned in the above? Age of _____

- e. 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 payments, what are your sources of funds? (tick one or more)
- ☐ 薪酬 Salary
☐ 收入 Income
☐ 儲蓄 Savings
☐ 投資 Investments
☐ 保費融資 / 貸款 [請確保所有還款金額（連利息）或有可能需即時償還所餘借貸金額都已計算於第三部份問題 1a 有關平均可動用收入及/或問題 1b 有關淨流動資產內]
Premium financing / Loan [please ensure all repayment amount (including interest) or possible immediate repayment of outstanding loan amount are included in the calculation of average disposable income (Part III Q1a) or net liquid assets (Part III Q1b)]
☐ 其他，請詳述 Others, please specify _____

2. 閣下擁有的財富來源？（可選多於一項）
What are your sources of wealth? (tick one or more)
- ☐ 由薪酬儲得的收入（基本及/或花紅） Income-savings from salary (basic and/ or bonus)
☐ 出售物業、股票或其他投資 Sale of property, shares or other investments
☐ 公司利潤 Company profits
☐ 遺產 Inheritance
☐ 保單期滿或退保 Maturity or surrender of insurance policy
☐ 退休收入 Retirement income
☐ 貸款 Loan
☐ 其他，請詳述 Others, please specify: _____

3. 就第二部份問題 1 的目標，請註明所需的額外金額：
For the objective(s) chosen in Part II Qn 1, please specify the additional amount required:
- a. 如第二部份問題 1 選擇 A 及 / 或 B，需要額外的保險保障額（包括家庭及未來責任需要等）為？
If A and/or B is chosen for Part II Qn 1, what is the additional level of insurance protection (including needs for family and future commitment, etc.) amount?
- i) ☐ 特定金額 _____ 港幣
Specific amount: HK\$ _____
- 或 OR**
- ii) ☐ 在以下範圍 In the following range:
- | | |
|--|-------------------------------|
| <input type="checkbox"/> 少於港幣 500,000 | Less than HK\$500,000 |
| <input type="checkbox"/> 港幣 500,000 至 港幣 2,000,000 | HK\$500,000 – HK\$2,000,000 |
| <input type="checkbox"/> 港幣 2,000,001 至 港幣 5,000,000 | HK\$2,000,001 – HK\$5,000,000 |
| <input type="checkbox"/> 港幣 5,000,001 至 港幣 8,000,000 | HK\$5,000,001 – HK\$8,000,000 |
| <input type="checkbox"/> 超過港幣 8,000,000 | Over HK\$8,000,000 |
- (請註明 please specify: _____)
- b. 如第二部份問題 1 選擇 C、D 及 / 或 E，需要額外的目標儲蓄金額為？
If C, D and/or E is chosen for Part II Qn 1, what is the additional level of savings amount?
- i) ☐ 特定金額 _____ 港幣
Specific amount: HK\$ _____
- 或 OR**
- ii) ☐ 在以下範圍 In the following range:
- | | |
|--|-------------------------------|
| <input type="checkbox"/> 少於港幣 500,000 | Less than HK\$500,000 |
| <input type="checkbox"/> 港幣 500,000 至 港幣 2,000,000 | HK\$500,000 – HK\$2,000,000 |
| <input type="checkbox"/> 港幣 2,000,001 至 港幣 5,000,000 | HK\$2,000,001 – HK\$5,000,000 |
| <input type="checkbox"/> 港幣 5,000,001 至 港幣 8,000,000 | HK\$5,000,001 – HK\$8,000,000 |
| <input type="checkbox"/> 超過港幣 8,000,000 | Over HK\$8,000,000 |
- (請註明 please specify: _____)

4. 請於以下提供閣下現有已生效的保單資料（包括人壽、危疾、醫療保險等）及現有保費融資貸款總金額(如有)
Please provide the following information relating to your policy(ies) that is already in force (including life, critical illness, medical, etc.) and total premium financing loan facility amount (if any)

	保障類型 Type of Protection	總投保額（港幣） Total Sum Insured (HK\$)	每年總保費（港幣） Total Annual Premium (HK\$)	剩餘保費繳付期（年） Remaining Premium Payment Period (Years)
於立橋人壽 In Well Link Life				
於其他保險公司 In Other Insurance Company(ies)				

現有保費融資貸款總金額 港幣
Total premium financing load facility amount HK\$ _____

第四部份 - 評估及建議 Part IV – Evaluation and Recommendation

根據閣下的上述選項，中介人曾與閣下討論下列保險產品的選擇（因應中介人所能提供的產品），以迎合閣下選購保險產品的目標及滿足閣下的需要：
Based on your answers to the questions above, the intermediary concerned has explored the following insurance options (as available to the intermediary) to meet your objective(s) and needs(s):

[如以下空格不敷使用，可填寫於補充資料表格。If space below is not enough, please use Supplementary Form.]

曾介紹的保險產品名稱 Name of Insurance Product(s) Introduced	最終選購的產品 Product(s) Selected
	<input type="checkbox"/>
	<input type="checkbox"/>

1. 如果閣下的選擇偏離中介人是在次財務需要分析所介紹的產品，閣下必須親筆書面詳述有關原因：
If your choice deviates from the insurance products introduced by the intermediary during this financial needs analysis, you must indicate your reason(s) in your own handwriting:

(投保人必須親筆於此欄內提供原因 Applicant must complete explanation in own handwriting in this box)

2. 閣下對保險有任何認識嗎？（如人壽保險基本概念、計劃種類等）
Do you have any knowledge in insurance (e.g. basic concept in life insurance, plan type, etc.)

- ☐ 是（請繼續回答第四部份第 3 題）Yes (please continue to answer Part IV question 3)
☐ 否（請繼續回答第四部份第 4 題）No (please continue to answer Part IV question 4)

3. 如閣下回答第四部份第 2 題為「是」，請問閣下是通過下列哪項認識保險？（可選多於一項）
If your answer to Part IV question 2 is "Yes", in which of the following ways have you gained knowledge in insurance? (tick one or more)

- ☐ 我已經擁有保單 I own 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（如新聞、互聯網等）接收保險資訊 I receive information on insurance from public channels (e.g. news, internet, etc)
☐ 其他，請詳述 Others, please specify _____

4. 如閣下回答第四部份第 2 題為「否」，閣下必須於下列簽署確認中介人已向閣下介紹了香港保險業聯會網站之「消費者資訊」，並且中介人已向閣下解釋相關內容或閣下稍後會自行細閱相關內容：
If your answer to Part IV question 2 is "No", please confirm with signature below that your intermediary has already introduced "Consumer Zone" on the website of the Hong Kong Federation of Insurers to you, and your insurance intermediary has already explained the relevant contents to you OR you will go through the relevant contents thoroughly by yourself later:

- ☐ 本人謹此確認中介人已向本人介紹了香港保險業聯會網站之「消費者資訊」，並且中介人已向本人解釋相關內容*，或本人稍後會自行細閱相關內容*
(* 請刪去不適用者)
I hereby confirm my intermediary has already introduced "Consumer Zone" on the website of the Hong Kong Federation of Insurers to me, and my insurance intermediary has already explained the relevant contents to me* / I will go through the relevant contents thoroughly by myself later *
(* please delete if applicable)

投保人簽署（投保人必須於此簽署確認）
Signature of Applicant (Applicant must confirm here by signature)

聲明 Declaration

1. 本人/ 我們確認保險中介人在作出建議（如有）前，已為本人/ 我們清楚講解及進行財務需要分析。
I/ We confirm that the Insurance Intermediary has clearly explained and conducted a Finance Needs Analysis for me/ us before making the recommendation to me/ us, if any.
2. 本人/ 我們確認此表格內所提供之一切陳述及資料，就本人/ 我們所知所信，均為事實之全部並確實無訛。本人/ 我們明白如提供之資料不準確及完整，會影響對本人/ 我們之財務需要分析結果，而立橋人壽保險有限公司（「立橋人壽」）可能因此未能處理本人/ 我們之申請。
I/ We confirm that all statements and information provided in this form are, to the best of my/our knowledge and belief, complete, true and correct. I/ We understand that any incomplete or inaccurate information provided by me/ us may affect the results of the analysis of my/ our needs and Well Link Life Insurance Company Limited ("Well Link Life") may not be able to proceed with my/our application.
3. 本人/ 我們明白本分析及結果只供參考之用及將不會構成任何投保申請書或保單之一部份。
I/ We understand that this Analysis and the results therein serve only as a reference for my/ our consideration and it shall not form part of any application form or any insurance policy.
4. 本人/ 我們同意若「財務需要分析表格」上填報的資料有重大改變，本人/ 我們在保單未簽發前，必須通知立橋人壽。
I/ We agree that I/ We am/ are required to inform Well Link Life if there is any substantial change of information provided in this form before the policy is issued.
5. 本人/ 我們同意立橋人壽要求本人/ 我們應提供相關文件及任何進一步的資料證明，以評估本人/ 我們之財務需求及對接受本人/ 我們的保險之申請作出決定。
I/ We agree that I/ we shall supply the relevant document to prove the information as provided by me/ us and any further information and evidence upon Well Link Life's request for the purposes of assessing my/ our financial needs and making the judgement on accepting my/ our insurance application.
6. 本人/ 我們確認，本人/ 我們已獲提供一份由立橋人壽發出的收集個人資料聲明（「本聲明」）。本人/ 我們確認已經閱讀並且明白本聲明。本人/ 我們同意立橋人壽可依照本聲明的條款收集、使用、儲存、處理、披露、轉移及以其他方式分用本人/ 我們的個人資料。本人/ 我們進一步確認，本人/ 我們已獲得受保人和任何其他有關人士（如適用的話）的明示同意，可以按照本聲明所述的用途將他們的個人資料提供給立橋人壽，並允許立橋人壽可依照本聲明的條款收集、使用、儲存、處理、披露、轉移及以其他方式分用該等個人資料。
I/ We acknowledge that I/ we have been provided with a copy of the Personal Information Collection Statement (the "Statement") issued by Well Link Life. I/ We confirm that I/ we have read and understood the Statement. I/ We agree that Well Link Life may collect, use, store, process, disclose, transfer and otherwise share my/ our personal data in accordance with the terms of the Statement. I/ We further confirm that I/ we have obtained the express consent of the life insureds and any other relevant individuals (where applicable) for providing their personal data to Well Link Life for the purposes stated in the Statement and for allowing Well Link Life to collect, use, store, process, disclose, transfer and otherwise share such personal data in accordance with the terms of the Statement.

警告：請回答本表格所述的所有問題。請勿於未完成回答本表格的所有問題或於任何問題未被刪除的情況下簽署本表格。請勿在空白的表格上簽署。
Warning: Please answer all questions in this form. Do NOT sign on this form if any questions are unanswered and have not been crossed out. Do NOT sign on blank form.

投保人/ 獲授權簽署人士簽署
Signature of Applicant/ Authorized Signatory

簽署日期
Sign Date

X

投保人/ 獲授權簽署人士姓名
Name of Applicant/ Authorized Signatory:

年/ 月/ 日 YYYY/ MM/ DD
(必須於投保申請書簽署日或之前簽妥)
(Must be signed on or before the Application Form sign date)

獲授權簽署人士職位
Position of the Authorized Signatory:

保險中介人簽署
Signature of Insurance Intermediary

簽署日期
Sign Date

X

保險中介人姓名:
Name of Insurance Intermediary

年/ 月/ 日 YYYY/ MM/ DD
(必須於投保申請書簽署日或之前簽妥)
(Must be signed on or before the Application Form sign date)

保險中介人建議原因 - 必須由保險中介人填寫**Insurance Intermediary's Evaluation and Recommendation - must be completed by Insurance Intermediary**

於以上第四部份的建議考慮到上述提供的資料，包括客戶的全面保障需要、儲蓄需要、客戶意願、能夠及願意為保單支付保費（就金額及時期以言）。
The recommendation(s) made in Part IV above was suggested with consideration on the information provided above, including customer's total protection needs, savings needs, customer's preference, and ability and willingness to pay for the insurance premium in terms of amount and time period.

建議計劃的評估及依據：

Evaluation and Rationale(s) for the Recommendation Made:

- ☐ 1. 符合客戶選購之保險產品的目標、保障需要、所要求之目標得益/保障年期/實現目標金額的預期時間、所要求之保費年期及有足夠的支付能力。
Meet customer's objective(s), protection needs, requested target benefit/ protection period/ expected timeframe for meeting the target amount, requested premium term and affordability on buying insurance product.
- ☐ 2. 符合客戶所要求之保費年期及有足夠的支付能力，但未能完全符合選購之保險產品的目標、保障需要或所要求之目標得益/保障年期/實現目標金額的預期時間，因以下原因：
Meet customer's requested premium term and affordability on buying insurance product but do not fully meet his/her objective(s), protection needs or requested target benefit/ protection period/ expected timeframe for meeting the target amount due to the following reason(s):
- ☐ 客戶現時的財務預算
Customer's current budget
- ☐ 其他，請詳述
Others, please specify _____
- _____
- _____
- ☐ 3. 其他，請詳述
Others, please specify _____
- _____
- _____

保險中介人聲明（只適用於以上評估 2 或 3）

Declaration of Insurance Intermediary (for only evaluation 2 or 3 above)

本人聲明本人已清楚及完全向客戶解釋有關未有符合的情況，詳情及原因如下：

I declare that I have clearly and fully explained to the customer the mismatch. Details and reasons as below:

(i)	為何推薦以上第四部份的產品 Why such product being recommended in Part IV above	
(ii)	怎樣決定所建議的保障金額 How the recommended level of insurance protection is determined 及/或 and/or 怎樣決定所建議的儲蓄金額 How the recommended savings amount is determined	
(iii)	其他，請詳述 Others, please specify	

保險中介人簽署
Signature of Insurance Intermediary

簽署日期
Sign Date

X

保險中介人姓名
Name of Insurance Intermediary:

年/月/日 YYYY/ MM/ DD
(必須於投保申請書簽署日或之前簽妥)
(Must be signed on or before the Application Form sign date)

個人資料收集聲明(「本聲明」)

立橋人壽保險有限公司（以下統稱為「我們」或「我們的」）為立橋集團成員；團隊並不時加添新的聯營及附屬公司成員（統稱為「我們集團」或「立橋集團」）。我們明白其根據香港特別行政區個人資料（私隱）條例（第486章）（「私隱條例」）收集、持有、處理、使用、轉移、披露和/或共享該等個人資料所負有的責任，本聲明亦就此而制定。

收集個人資料目的

您須不時向我們提供關於您自己、保單權益人、受保人、索償人及/或其他有關人士的資料，以便我們能向您提供保險產品和服務。向我們提交您的資料是自願性的，然而，若您未能提供有關資料，可能導致我們不能為您或繼續為您提供保險及/或相關產品與服務。

我們可能向您收集、使用、儲存、處理、轉讓、披露或分用您的個人資料，以達到下列目的（包括但不限於）：

1. 確保您及您的電腦能以最有效方式瀏覽我們的網站內容；
2. 確保我們能與您溝通，處理查詢，並驗證您的身份；
3. 確定您可能符合資格投保的保險計劃，並提供報價；
4. 為您處理評核向我們提出的投保申請，管理並進行調整、取消、更新保單、續保或附加批註；
5. 協助我們簽發、管理及處理您的保單、籌劃共同保險及/或再保險、執行付款指令、處理續保通知及相關服務；
6. 協助我們評核及處理索償申請、調查及結清索償、以及偵測和防止欺詐行為（無論是否與該索償申請的保單有關）；
7. 行使代位權（如適用）或追收尚欠金額（如有）；
8. 不時就本條款所列的任何目的核對所持有的與您有關的任何資料；
9. 為統計或其他目的進行市場研究，以改善我們的產品和服務及為您設計產品/服務；
10. 按保單條文履行我們與您之間的合約義務，及我們為向您提供任何產品或服務而牽涉的其他目的；
11. 推廣、管理、經營及促銷我們及立橋集團的保險產品及服務；
12. 就您事前訂明的同意（如有）約束之下，直接促銷下列「直銷」段落所述的產品、服務及其他標的，而您可在任何時間知會我們以行使撤回同意的權利；
13. 在您自願的情況下，讓您參與我們的互動服務；
14. 遵守任何義務、要求、政策、程序、措施或安排與我們及立橋集團分享資料；
15. 遵守任何適用法律、規則、規例、實務守則或指引所要求與我們及立橋集團分享資料、或披露個人資料以協助在香港或以外其他地方的警方或監管機構調查、或遵守與其他任何政府或監管機構協議、執法及進行制裁、預防或調查洗黑錢、恐怖主義融資、欺詐或其他非法活動；及
16. 其他在收集個人資料時或之前列明之目的。

個人資料轉讓

所有收集得來的個人資料將予以保密，但我們可能會按香港境內外的個別情況，把您的個人資料（包括信用資料和索償歷史）披露及轉讓至或由：

- 向我們提供技術或其他服務包括直接營銷服務、任何提供付款、數據處理、網站託管、與業務營運，和/或其他服務予我們之代理、承辦商或第三者和任何為我們提供保單管理和保險服務的服務供應商，包括但不限於保險中介人、財務顧問、為保險公司承保的分保公司、僱主、理賠師、索償調查公司、律師、會計師、醫護組織或專業人士、醫院、其他保險公司（無論是直接地、或是通過防欺詐組織或本段中指名的其他人士）、金融機構和信用卡公司、信貸資料評級機構、追收債務機構等，不論在香港或其他地方，並有同等的保密義務；
- 相關的保險業協會/聯會及其成員、整合保險業索償及承保資料組織、防欺詐組織及保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其營運者）；
- 立橋集團成員、聯營公司和商業合作夥伴；
- 精算或研究機構；

- 政府、司法機構、執法機構、監管機構、稅務局或任何根據法例和/或監管責任而需作出披露的人士；和
- 其他在收集個人資料時列明的轉讓人士

以上情況適用於香港境內或境外的。假如我們需要把您的個人資料轉讓至香港境外地區，我們會確保受讓者擁有至少相當於我們的政策、程序、合適的安全伺服器及其他措施，以保障您的個人資料，而轉讓必須符合上述目的。

直銷

我們可能會不時使用、披露或提供您的姓名、聯絡資料、和個人資料（包括服務及產品組合、交易模式和行為、財務及背景資料）（「相關個人資料」），讓立橋集團的成員及我們的聯營公司和商業合作夥伴（無論有獲利與否）可以使用相關個人資料，為您提供與以下產品和服務進行直接促銷（包括但不於提供獎賞、客戶或會員或優惠計劃）：

- 保險、銀行、金融、證券、資產管理和相關產品及服務；
- 健康、保健及醫療、餐飲、體育運動及會員服務、健身或類似的休閒活動、旅遊及交通、社交網絡、媒體的產品及服務。

我們及立橋集團有意向您送交推廣訊息或資料，及根據上述段落使用包括披露或提供您的相關個人資料，如沒有您的同意（包括不反對的表示），我們不會使用。您亦可以行使權利，撤回先前同意我們使用和/或披露相關個人資料，和/或向第三方提供相關個人資料作直銷用途的決定，假如您選擇行使該權利，我們要確保停止使用或提供相關個人資料作直銷用途，但作續保通知及相關服務則例外。如您不同意我們擬對您相關個人資料的使用、披露或提供，您可於任何時間致函給我們，以行使您不同意或撤回您同意此項安排的權利。

查閱個人資料

按照「私隱條例」規定，您有權查閱及更正我們所持有的個人資料。我們會盡快處理您提出的查閱及更正個人資料要求，但在某些情況下，我們可能會收取合理的費用，以抵銷我們為執行您的資料查閱要求而引致的行政和實際費用。如果我們未能為您提供資料，我們需提供拒絕理由，並提供所憑藉的法律理據。

若您要行使有關權利，或您對我們的私隱政策及個人資料收集聲明有任何疑問，請以書面方式郵寄至：個人資料保護主任（客戶服務），立橋人壽保險有限公司，香港上環干諾道中168-200號信德中心招商局大廈11樓1116-1118室。

資料保安

我們採取切實可行的步驟，確保我們所持有的個人資料受到保護，收集的個人資料亦儲存於安全伺服器內，並在合約或法律訂明的必要保留期限內（以較遲者為準），保留、維護、控制、保護您的個人資料，所有涉及付款交易及收集個人資料的網頁亦使用嚴格的保安程序。

保留權利

我們保留全權及絕對酌情權隨時更改或修改本聲明及私隱政策，以確保本聲明及私隱政策配合我們未來發展、行業發展趨勢和/或任何法律或監管規定的變動。

Personal Information Collection Statement ("Statement")

Well Link Life Insurance Company Limited (referred to hereinafter as "We", "Us", "Our") is a member of Well Link Group with associated, affiliated and subsidiary members companies as added from time to time (referred to hereinafter as "Our Group" or "Well Link Group"). We recognize Our responsibilities in relation to collection, holding, processing, use, transfer, disclose and/or share of personal data under the Personal Data (Privacy) Ordinance (Chapter 486 of the laws of Hong Kong) (the "PDPO") and this Statement is made accordingly.

Purpose of Collection

From time to time, it is necessary for you to supply Us personal information about yourself, policyowner, life insured, beneficiary and/or other relevant individuals in connection with our provision of products and services. Provision of the personal information to Us by you is voluntary. However, failure to supply such information may result in Us not being able to process your case and/or provide you or continue to provide you with insurance products and services you have applied for.

We may also collect, use, store, process, transfer, disclose or share your personal data for purposes including but not limited to:

1. ensuring that content from Our website is presented in the most effective manner for you and for your computer;
2. enabling Us to communicate with you, respond to your queries and to verify your identity;
3. identifying policies of insurance issued by Us for which you may be eligible and to provide you with quotes;
4. assessing, processing any application for policies of insurance that you make and administering and carrying out variations, cancellations, endorsements or renewals of insurance products as the case may be;
5. assisting in the issuance, administration, processing, arranging coinsurance and/or reinsurance of your insurance policies, payment instruction, policy renewal notice and relating services;
6. assessing and processing claims application, investigating and claims settling, detecting and preventing fraud (whether or not relating to the policy issued in respect of the claims application);
7. exercising rights of subrogation (if applicable) and collection of amounts outstanding (if any);
8. matching any data held which relates to you from time to time for purposes as listed here;
9. conducting market research for statistical or other purposes to allow Us to improve our products and services for you and designing products/services for You;
10. carrying out Our obligations arising from any contracts entered into between you and Us and other purposes in connection with the provision of any of Our products or services to you;
11. promoting, managing, conducting and marketing the insurance products and services of Well Link Life Insurance Company Limited and Our Group;
12. direct marketing of products, services and other subjects as described under the heading "Direct Marketing" below subject to your prior prescribed consent (if any), and you can exercise the right of opt-out by notifying Us at any time;
13. allowing you to participate in interactive features of Our service, when you choose to do so;
14. complying with any obligations, requirements, policies, procedures, measures or arrangements for sharing data and information within Us and Our Group;
15. using or making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purpose, investigations by police or other government or regulatory authorities or bodies in Hong Kong or elsewhere and complying with the laws of any applicable jurisdiction in sanctions or prevention or detection of money laundering, terrorist financing, fraud or other unlawful activities within or outside Hong Kong; and
16. other purposes notified to you on or before the time of collection or use.

Data Transfer

Personal data held by Us will be kept confidential but We may, for the purposes set out above, disclose and transfer your personal data (including credit information and claims history) to or from:

- any agent, contractor or third party who provides technology or other services to Us including direct marketing services, payment, data processing, website hosting, administrative and/or other services to us in connection with company's operations and provision of policy administration and insurance services, including but not limited to insurance intermediaries, financial advisors, reinsurers, employers, loss adjusters, claims investigations companies, lawyers, accountants, healthcare entities or professionals, hospitals, other insurance companies (whether directly or through fraud prevention organization or other persons named in this paragraph), financial institutions and credit card companies, credit reference agencies and debt collection

agencies etc. in Hong Kong or elsewhere and who has a duty of confidentiality to the same;

- related insurance industry associations/federations and their members, organizations that consolidate claims and underwriting information for the insurance industry, fraud prevention organizations and databases or registers (and their operators) used by the insurance industry to analyze and check information provided against existing information;
- any member of the Well Link Group, Our associates and business partners;
- organizations conducting actuarial or research studies;
- government, judicial, law enforcement, tax authority or competent regulatory bodies or any person to whom we are under a legal and/or regulatory obligation to make disclosure; and
- other persons as notified to you on or before the time of collection or use,

in each case both within and outside of Hong Kong. Where We transfer your personal data outside of Hong Kong We will ensure that the recipient of your personal data has in place policies, procedures, suitably secure servers and other measures at least equivalent to Our own.

Direct Marketing

We may, from time to time, use, disclose or provide your name, contact details and personal data (including services and products portfolio, transaction pattern and behavior, financial and demographic data) ("Relevant Personal Data") to members of Well Link Group and Our associates and business partners (whether for gain or not) for their use for the purposes of conducting direct marketing (including but not limited to providing reward, loyalty or privileged programs) in relation to the following classes of products and services that We, Our Group and Our associates or business partners may offer:

- Insurance, banking, financial, securities, assets management and related product and services;
- Products and services in relation to health, wellness and medical, food and beverage, sporting activities and membership, fitness or similar leisure activities, travel and transportation, social networking and media.

We and Well Link Group intend to send you marketing communications or material and use, disclose or provide your Relevant Personal Data in accordance with the paragraphs above for direct marketing purpose and we cannot do so without your consent (which includes an indication of no objection). You may exercise your right to withdraw your consent to the use and/ or the disclosure or provision of your Relevant Personal Data by Us to a third party for direct marketing purposes, and if you choose to exercise such right, We shall cease to use and disclose or provide your personal data for direct marketing purposes, save and except for the purpose of Policy renewal and related services. If you do not agree to Our intended use, disclosure or provision of your Relevant Personal Data, you may write to Us to opt out from or withdraw your consent to direct marketing at any time.

Access Requests

You have the right in accordance with the PDPO to request access to and correct your personal data held by Us. Your request to provide information will be dealt with in a reasonable time and We may recover from you Our reasonable cost for processing your request and supplying the information to you. If We do not provide you with access, We will provide you with reasons for the refusal and inform you of any legal exceptions relied upon.

If you wish to access or correct your personal data held by Us, or if you have any questions, comments and requests regarding this Statement and Our Privacy Policy Statement, please submit your request in writing and address to: Data Protection Officer of Customer Service, Well Link Life Insurance Company Limited, Units 16-18, 11/F., China Merchants Tower, Shun Tak Centre, 168-200 Connaught Road Central, Sheung Wan, Hong Kong.

Security

All information you provide to Us is stored on Our secure servers and, are maintained, controlled, protected and retained for either the period of Our business relationship or, for the requisite retention periods as stipulated in any contractual arrangements or applicable laws (whichever is later). Any payment transactions and all pages that require personal information will be processed in secured way.

Reservation of Rights

We reserve Our rights to vary or amend this Statement and Our Privacy Policy Statement at any time and at Our sole and absolute discretion to ensure the consistency with Our future developments, industry trends and/or any changes in legal or regulatory requirements.