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參考編號 Reference No 012601

財務需要分析表格(企業)
FINANCIAL NEEDS ANALYSIS FORM (Corporate)

客户確認書
CUSTOMER CONFIRMATION

I. 總覽 SUMMARY

A. 已選投保計劃資料Selected Insurance Plan(s)			
1	投保申請書編號 Application No.	9315215	A68
2	基本計劃名稱 Basic Plan Name	「悅月賞」18 (整付) Monthly Reward 18 (Single Premium)	
3	附加保障名稱 Supplementary Benefit(s) Name	N/A	
4	保單貨幣 Policy Currency	港幣 HKD	
5	投保時保險金額 / 保險金額¤ (保單貨幣) Initial Sum Assured / Sum Assured¤ (Policy Currency) *包括附加保障 (如有) Includes supplementary benefit(s) (if any)*	1,999,999.20	
6	擬受保人年齡 Age of Proposed Life Insured	42	
7	保障年期 Benefit Term	19	
8	保費供款年期 Premium Payment Term	1	
9	特定保單年期之總金額 (保單貨幣) Total Amount at Particular Policy Year (Policy Currency)	特定保單年期 Particular Policy Year	
		總金額 Total Amount	
10	定期入息開始派發的保單年度 Beginning Policy Year of Regular Income Distribution	第2保單年度 2nd Policy Year	
11	定期入息派發年期 Period of Regular Income Distribution	18 年 Years	
12	總定期入息 (保單貨幣) Total Regular Income (Policy Currency)	派發週期 Distribution Frequency	每月 Monthly
		派發金額 Distribution Amount	11,220.18
13	醫療保險類型 Medical Insurance Type	N/A	
14	每日住院膳宿費保障 (保單貨幣) Daily Hospital Room and Board Expenses Benefit (Policy Currency)	N/A	
15	每日住院現金保障 (保單貨幣) Daily Hospital Income Benefit (Policy Currency)	N/A	
16	危疾保障 (保單貨幣) Dread Disease / Critical Illness Coverage (Policy Currency)	N/A	
17	保費繳費方式 Premium Payment Mode	整付 Single	
18	每期保費 (保單貨幣) Modal Premium (Policy Currency) *包括附加保障 (如有) Includes supplementary benefit(s) (if any)*	1,999,999.20	
19	預繳保費* (保單貨幣) Prepaid Premium* (Policy Currency) *不包括附加保障及只適用年繳方式* *Excludes supplementary benefit(s) and applicable to Annual Premium Mode only*	0.00	
@20	年繳保費／整付保費 (港幣) Annual Premium/Single Premium (HKD) *包括附加保障 (如有) Includes supplementary benefit(s) (if any)*	1,999,999.20	
@#21	總年繳保費 / 整付保費 (港幣) Total Annual Premium / Single Premium (HKD) *包括附加保障及預繳保費 (如有)* *Includes supplementary benefit(s) and Prepaid Premium (if any)*	1,999,999.20	
@+22	總保費 / 整付保費 (港幣) Total Premium / Single Premium (HKD) *包括附加保障 (如有) Includes supplementary benefit(s) (if any)*	1,999,999.20	

註: 若貴公司同時申請多份保險計劃，貴公司的尚欠所需金額(保障/ 目標儲蓄/ 目標定期入息/ 醫療保健)需與申請保險計劃的整體投保時保險金額 / 特定保單年期之總金額/總定期入息/每日住院膳宿費保障/每日住院現金保障/危疾保障一併考慮。

Note: If the company is applying more than one insurance plan at the same time, the overall initial sum assured/ total amount at particular policy year/ total regular income/ daily hospital room and board expenses benefit/ daily hospital income benefit/ dread disease/critical illness coverage of the insurance plan(s) applied against the company's outstanding amount of needs (protection/target savings/ target regular income/ health care planning) should be taken into consideration.

¤ *適用於有「居」心壽險計劃及更「安」心壽險計劃系列*
Applicable for Mortgage Term and Life-at-Ease Level Term Plan Series

* *供款年期為五年以上: 預繳保費須最少為五年之續期年繳保費，及其金額須大於或相等於港幣20,000。*
Premium payment term is more than 5 years: Prepaid premium must be equal to at least 5 years of renewal annual premium and the prepaid amount must be greater than HKD20,0000 or equivalent.
供款年期為五年或以下: 預繳保費須為所有續期年繳保費，其金額須大於或相等於港幣20,000。
Premium payment term is 5 years or less: Prepaid premium must be equal to the total renewal annual premium for all years and the prepaid amount must be greater than HKD20,0000 or equivalent

@ *美元／人民幣與港元的匯率由香港人壽所提供。*
The exchange rate between USD/RMB and HKD is determined by Hong Kong Life.

\# *總年繳保費／整付保費 = 年繳保費或整付保費 (第I部分A20項) + 現有保單於未來仍需繳付的年度保費 (第5部分B1項) +預繳保費 (第I部分A19項)*
Total Annual Premium/Single Premium = Annual Premium or Single Premium (Part I-A20) + Annual Outstanding Premium of existing insurance policies (Part 5-B1) + Prepaid Premium (Part I-A19)

\+ *總保費／整付保費 = 保費供款年期 (第I部分A8項) x 年繳保費或整付保費 (第I部分A20項) + 現有保單未來仍需繳付保費總額 (第5部分C1項)*
Total Premium / Single Premium = Premium Payment Term (Part I-A8) x Annual Premium or Single Premium (Part I-A20) + Total Outstanding Premium of existing insurance policies (Part 5-C1)

^B. 擬保單權益人適合性評估 Suitability Assessment for Proposed Policyowner	
1. 貴公司所選擇之保單是否符合在「第2部分A2項」所選擇之投保目標？ Does the selected insurance policy match with your company's insurance objective(s) (Part 2 A2)?	☑ 是 Yes ☐ 否 No
2. 貴公司所選擇之保單的保障年期是否符合在「第2部分B項」所選擇之目標保障年期？ Does the benefit term of the selected insurance policy match with your company's target benefit term (Part 2B)?	☑ 是 Yes ☐ 否 No
3. 貴公司所選擇之保單的保費供款年期是否符合在「第2部分C項」所選擇之預算支付壽險計劃的年期？ Does the premium payment term of the selected insurance policy match with the target period (Part 2C)?	☑ 是 Yes ☐ 否 No
4. 貴公司所選擇之保單的投保時保險金額是否在「第4部分」之尚欠所需金額(保障策劃)的80%-100%範圍內? Does the initial sum assured of the selected insurance policy fall within 80%-100% of your company's outstanding amount of needs (protection planning) (Part 4)?	☑ 是 Yes ☐ 否 No ☐ 不適用 N/A
5. 貴公司所選擇之保單的特定保單年期之總金額是否在「第4部分」之尚欠所需金額 (目標儲蓄) 的80%-120%範圍內？ Does the total amount at particular policy year of the selected insurance policy fall within 80%-120% of your company's outstanding amount of needs (target savings) (Part 4)?	☐ 是 Yes ☐ 否 No ☑ 不適用 N/A
6a. 貴公司所選擇之保單的定期入息開始派發的保單年度是否在「第4部分」之目標定期入息開始派發的保單年度範圍內？ Does the beginning policy year of regular income distribution of the selected insurance policy fall within the range of your company's expected beginning policy year of target regular income distribution (Part 4)?	☑ 是 Yes ☐ 否 No ☐ 不適用 N/A
6b. 貴公司所選擇之保單的定期入息派發年期是否在「第4部分」之目標定期入息派發年期範圍內？ Does the period of regular income distribution of the selected insurance policy fall within the range of your company's expected period of target regular income distribution (Part 4)?	☑ 是 Yes ☐ 否 No ☐ 不適用 N/A
6c. 貴公司所選擇之保單的特定保單年期之總定期入息是否在「第4部分」之尚欠所需金額 (目標定期入息) 的80%-120%範圍內？ Does the total regular income of the selected insurance policy fall within 80%-120% of your company's outstanding amount of needs (target regular income) (Part 4)?	☑ 是 Yes ☐ 否 No ☐ 不適用 N/A
7. 貴公司所選擇之保單的每日住院膳宿費保障是否在「第4部分」之尚欠每日住院膳宿費保障需要的80%-100%範圍內? Does the daily hospital room and board expenses benefit of the selected insurance policy fall within 80%-100% of your company's outstanding amount of daily hospital room and board expenses needs (Part 4)?	☐ 是 Yes ☐ 否 No ☑ 不適用 N/A
8. 貴公司所選擇之保單的每日住院現金保障是否在「第4部分」之尚欠每日住院現金保障需要的80%-100%範圍內? Does the daily hospital income benefit of the selected insurance policy fall within 80%-100% of your company's outstanding amount of daily hospital income needs (Part 4)?	☐ 是 Yes ☐ 否 No ☑ 不適用 N/A
9. 貴公司所選擇之保單的危疾保障是否在「第4部分」之尚欠危疾所需金額的80%-100%範圍內? Does the dread disease/critical illness coverage of the selected insurance policy fall within 80%-100% of your company's outstanding amount of dread disease / critical illness needs (Part 4)?	☐ 是 Yes ☐ 否 No ☑ 不適用 N/A

^上述任何一題答案(B1 – B9)為「否」，請重新為客戶建議合適產品。 (錯配批核除外)
^Any answers of the above questions (B1 - B4) is "No", please advise customer with suitable product again. (except mismatch approval)

<u>適用於錯配批核Applicable to mismatch approval</u>

* *適用於B4及B7-B9，其百分比在80%以下*
Applicable to B4 and B7-B9. The percentage falls below 80%

\# *適用於B5及B6c，其百分比在50%- <80%或 >120%-150%範圍內*
Applicable to B5 and B6c. The percentage falls within 50%- <80% or >120% - 150%

*C. 擬保單權益人負擔能力評估 Affordability Assessment for Proposed Policyowner		
1. 貴公司於「第I部分A21項」所需要繳付的總年繳保費／整付保費的金額是否等同或少於在「第5部分B2項」之扣減開支後的年度淨收入所預算的百份比？ Does the total annual premium / single premium in (Part I-A21) equal or less than your company's affordable percentage of annual net income after deducting expenses (Part 5- B2)?	☑ 是 Yes ☐ 否 No ☐ 不適用 N/A	
(總年繳保費／整付保費(第 I部分A21項)的金額) ÷扣減開支後的年度淨收入 (第3部分A項) *(Total Annual Premium / Single Premium (Part I- A21)) ÷Annual Net Income after Deducting Expenses (Part 3A)*	13.88	%
2. 貴公司於「第I部分A22項」所需要繳付的總保費／整付保費 是否等同或少於「第5部分C2項」之淨流動資產(已扣減預計緊急事故開支)所預算的百份比？ Does the total premium / single premium (Part I-A22) equal or less than your company's affordable percentage of net liquid assets (after deducting expected expense for emergency events) (Part 5-C2)?	☑ 是 Yes ☐ 否 No ☐ 不適用 N/A	
(總保費／整付保費 (第I部分A22項)) ÷ 淨流動資產值(已扣減預計緊急事故開支) (第3部分F項) *(Total Premium / Single Premium (Part I-A22)) ÷ Net Liquid Assets (after deducting expected expense for emergency events) (Part 3F)*	4.65	%

**上述兩題答案 (C1 - C2) 皆為「否」，請重新為客戶建議合適產品。*
**Answers of the above 2 questions (C1 - C2) are "No", please advise customer with suitable product again.*

**此部分將以客戶於「第5部分A項」所選擇的「資金來源」計算(「第I部分C1項」只適用於選擇以業務收入及/或收入作為資金來源的客戶;「第I部分C2項」只適用於選擇以儲蓄及/或投資作為資金來源的客戶)；並且以「第5部分B1項」之「現有保單於未來仍需繳付年繳保費」、「第5部分B2項」之「扣減開支後的年度淨收入所預算的百份比」、「第5部分C1項」之「現有保單於未來仍需繳付保費總額」及「第5部分C2項」之「淨流動資產(已扣減預計緊急事故開支)所預算的百份比」為考慮因素。上述任何一題答案(C1或C2)為「是」，均代表客戶有能力供款。*
**The calculation is subject to the selection of "Source of Fund" (Part 5A) by customer (Part I-C1 is only applicable if customer chooses Business Revenue and/or Income as source of funds; Part I-C2 is only applicable if customer chooses Savings and/or Investments as source of funds); and also take the factors of " Annual outstanding premium of existing insurance policy(ies)" (Part 5-B1), "affordable percentage of Annual Net Income after Deducting Expenses" (Part 5-B2), " Total outstanding premium of existing insurance policy(ies) " (Part 5-C1) and "affordable percentage of Net Liquid Assets (after deducting expected expense for emergency events)" (Part 5-C2) into consideration. The premium is affordable to customer if any answer of the above questions (C1 or C2) is "Yes".*

II. 隨投保書繳交保費辦法 PAYMENT METHOD OF PREMIUM PAID WITH APPLICATION FORM

A. 隨投保書繳交保費辦法(可選多於 1 項) Payment Method of Premium Paid with Application Form (tick one or more)	☑ 支票 Cheque ☑ 銀行入數 Bank-in ☑ 信用卡 Credit Card ☐ 保費融資 Premium Financing ☐ 其他Others _______________

III. 聲明及簽署 DECLARATION AND SIGNATURE

☑ 本人／我們明白上述分析之結果及保險中介人所提供之相關保險建議將受提供之資料及其準確性影響。
I/We understand that the above analysis result and provision of insurance advice from insurance intermediary is subject to the information given and the accuracy of the information.

☑ 根據財務需要分析結果，本人／我們願意及有能力投保是次所選擇之保險計劃 (一份或多於一份保險計劃)，並知悉所有本人／我們之保險計劃(包括但不限於香港人壽之保單)之保費符合本人／我們之負擔能力。本人／我們亦在此聲明本人／我們願意及有足夠的負擔能力繳付所有該等保險計劃的保費。
According to the results of the Financial Needs Analysis, I am/We are willing and able to apply for the selected insurance plan(s)[one or more than one insurance plan(s)], and also acknowledge that the premiums of all my/our insurance plan(s) [including but not limited to policy(ies) issued by Hong Kong Life] are within my/our affordability. I/We hereby declare that I am/We are willing and able to afford to pay for the premiums of all my such insurance plan(s).

☑ 本人／我們已閱讀、完全明白及接受所投購之保險計劃的產品特點、風險及潛在的損失。倘若本人／我們不能支付計劃所需的全部保費或在保單滿期日前退保，本人／我們能承受損失全部已繳保費和所有計劃內的利益，包括保險金額／基本金額及其他相關保障(如適用)。
I/We have read, fully understood and accepted the insurance plan features, risks, and potential loss involved. I am/We are prepared to suffer the loss of all premium paid and all benefits under the plan including the sum assured/ principal amount and other related protection (if applicable) if I am/We are not able to pay all premiums required by the plan or terminate the plan prior to the maturity date.

☑ 本人／我們確認本人／我們已細閱以上聲明及答覆，就本人／我們所知所信，均為真實無訛，並明瞭以上一切資料將構成香港人壽保險有限公司人壽保險投保申請書之部份內容並為將發出保單之基礎。
I/We confirm that I/We have carefully read the above statements and answers and that they are complete and true to the best of my/our knowledge and belief and form an integral part of the application to HONG KONG LIFE INSURANCE LIMITED and the policy to be issued.

☑ 若本表格上填報的資料有任何重大改變，本人／我們明白在保單未簽發前必須通知香港人壽保險有限公司。
I/We understand that I am/We are required to inform HONG KONG LIFE INSURANCE LIMITED if there is any substantial change of information provided in the form before the policy is issued.

☑ 本人／我們確認及知悉本人／我們於申請書上之保單乃本人／我們之最終決定並可能有別於財務需要分析上顯示之需要。
I/We confirm and acknowledge that it is my/our decision to apply for the insurance policy on the application form and that it might not correspond to my/our financial needs as revealed in the financial needs analysis.

擬保單權益人簽署及公司蓋章： Signature of Proposed Policyowner and Company Chop :	擬保單權益人姓名 / 公司名稱： Name of Proposed Policyowner / Company : 「悅月賞」18 (整付) 公司 Monthly Reward 18 (Single Prem	簽署日期： Sign Date : 日DD 月MM 年YYYY
保險中介人簽署： Signature of Insurance Intermediary:	保險中介人姓名： Name of Insurance Intermediary: B05 UAT	簽署日期： Sign Date : 日DD 月MM 年YYYY
銀行見證人簽署： Signature of Bank Witness :	銀行見證人姓名： Name of Bank Witness :	簽署日期： Sign Date : 日DD 月MM 年YYYY
銀行見證人職位： Title of Bank Witness :		
客戶見證人簽署： Signature of Customer Witness :	客戶見證人姓名： Name of Customer Witness :	簽署日期： Sign Date : 日DD 月MM 年YYYY
客戶見證人與擬保單權益人 / 其授權代表之關係： Relationship of Customer Witness and the Proposed Policyowner / its authorized representative:		