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# Memorandum

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To : All Business Partners

From : IFA Concierge

Date : 21 March 2013

Subject : LO-731 New Business Requirements under the Personal Data (Privacy) (Amendment) Ordinance ("the Ordinance") & Commission Disclosure by Brokers

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In complying with the requirements under the Ordinance and we were informed by The Hong Kong Federation of Insurers (HKFI) about Commission Disclosure by Brokers with effective from 15 April 2013, the following Application Forms and NB Forms will be revised. At the same time, all pending cases which cannot be approved before 1 April 2013 must follow the new requirements as well:

## 1. Revised Application Forms/NB Forms:

### (i) Life Insurance Application Form & Investment-Linked Insurance Application Form

New version of Life Insurance Application Form & Investment-Linked Insurance Application Form will be delivered to all your offices.

### (ii) Protection Needs Analysis (PNA) and Applicant Information Analysis Forms\* (Only for Unit-linked Products)

Both new versions of Protection Needs Analysis and Applicant Information Analysis Forms can be downloaded from B.O.S.S System starting from 2 April 2013.

All new versions of Application Forms and NB Forms can be used immediately. We will accept old version of Application Forms and NB Forms until **30 April 2013**. However, a brand new "Personal Information Collection Statement Form" and "Commission Disclosure Statement Supplement Form" must be signed and submitted with old version of application form. **Starting from 1 May 2013, we will only accept new version of Application Forms and NB Forms.** The new "Personal Information Collection Statement Form", "Commission Disclosure Statement Supplement Form" and the amendment details of all Application Forms, Protection Needs Analysis Forms and Applicant Information Analysis Forms can refer to the attachments of this bulletin.

- \* Please pay attention that the Personal Financial Needs Analysis, Risk Profile Questionnaire and Applicant Declaration must be performed with client before submitting ILAS application. Therefore, the signing date of Applicant Information Analysis Form must be signed on or before application signing date.

## 2. Pending Cases which cannot be approved before 1 April 2013:

According to the new requirements, all Pending Cases which are using old Application Forms and cannot be approved before 1 April 2013, including:

- (i) Waiting for UN Reply;
- (ii) Waiting for accepting Counter-Offer of loading and Exclusion; and
- (iii) Premium Shortage.

The brand new “Personal Information Collection Statement Form” and “Commission Disclosure Statement Supplement Form” must be signed and submitted before approval. New Business Department will issue UN to request for new form.

**3. Revise “Notice of Approval”:**

According to the new guidelines, the “Notice of approval” will be revised and a new content regarding Direct Marketing will be added (the amendments only apply to the clients with the Consent for Use of Personal Data for Direct Marketing). All policies which are approved on or after 1 April 2013 will receive new “Notice of approval”. For details of amendments, please refer to attachment of this bulletin.

**TO COMPLY WITH THE REQUIREMENTS OF THE ORDINANCE EFFECT ON 1 APRIL 2013, NO EXCEPTION WILL BE GRANTED FOR ANY REASON.**

The new versions of NB Forms can be downloaded from:

B.O.S.S > “Community Service” > “Download Library” > “New Business - Form”

We highly appreciate the supports from you and wish you every success!

Please feel free to contact our IFA Concierge Hotline at 3192 8333 should there be any queries.

Thank you for your attention!

IFA Concierge

Please read the following carefully before you retrieve, print or complete this form.  
在索取、列印或填寫表格前，請閣下先詳閱下文。

## Disclaimer

Any form downloaded/printed via any electronic media provided by Ageas Insurance Company (Asia) Limited (“Ageas”) (e.g. corporate website, interactive voice response system) is done at your own discretion and risk. Ageas is not responsible for any printing error that results from the form download/printing and any loss or damage howsoever caused as a result of such printing error. In the event that there is any printing error in the downloaded/printed form, Ageas may require you to fill in a correct form before starting to process your application.

For forms downloaded from the Internet (the “Internet Printed Form”), upon completing and signing the Internet Printed Form, you shall be deemed to have read and understood the contents of the form displayed on computer screen (the “Displayed Form”) which shall prevail in case there is any inconsistency, contradiction or difference of whatever kind between the Displayed Form and the Internet Printed Form and have agreed to all provisions contained therein and to have agreed and undertaken not to raise any objection whatsoever in connection with any inconsistency, contradiction or difference of whatever kind between the Displayed Form and the Internet Printed Form.

Ageas reserves the right to update the forms from time to time as it sees fit and also reserves the right to accept or reject the form submitted by you.

## 免責聲明

閣下凡透過富通保險(亞洲)有限公司 [富通保險] 之電子收發渠道 [如公司網站、互動語音回應系統] 下載或列印任何表格，應自行考慮及衡量需承擔之風險。富通保險概不負責任何因下載或列印表格所引致的列印錯誤及其可能導致之任何損失或毀壞。若閣下提交之下載或列印表格有任何列印錯誤，富通保險有可能在處理閣下的申請前要求閣下填寫一份正確之表格。

當閣下填寫及簽署由網站下載之表格 [互聯網列印表格]，則被視作閣下已詳閱及明白電腦螢幕上出現之表格 [閱覽表格] 之內容，並同意表格內之所有條文。如該閱覽表格與互聯網列印表格出現任何不符、矛盾或分歧時，閣下同意並承諾不會提出任何異議。如閱覽表格與互聯網列印表格出現任何不符、矛盾或分歧時，概以閱覽表格為準。

富通保險有權隨時在認為適當情況下更新表格內容，並保留接受或拒絕閣下遞交之申請表格的權利。

申請編號/保單號碼 \_\_\_\_\_

申請人/保單持有人姓名 \_\_\_\_\_

準受保人/受保人姓名 \_\_\_\_\_

**佣金披露聲明 Commission Disclosure Statement**

申請人明白、確知及同意，富通保險(亞洲)有限公司(以下簡稱“富通保險”)會就申請人購買富通保險簽發的保單，從保單開始及於保單仍生效期間，向獲授權保險經紀支付佣金。這包括但不限於續保、復效、增加附加保障及提升起初訂明保費。假如申請人為法人團體，代表申請人簽署的獲授權人員須向富通保險確認他/她已獲法人團體授權簽署。

The Applicant understands, acknowledges and agrees that, as a result of purchasing the policy to be issued by Ageas Insurance Company (Asia) Limited (“Ageas”), Ageas will pay the authorized insurance broker commission from inception and while the policy remains in force. These include, but may not be limited to, renewals, reinstatement, additional of supplementary cover and increases in the initial contracted premium. Where the Applicant is a body corporate, the authorized person who signs on behalf of the Applicant further confirms to Ageas that he or she is authorized to do so.

申請人亦明白富通保險必須取得申請人的同意，才可以處理有關申請。

The Applicant further understands that the above agreement is necessary for Ageas to proceed with the application.

本人 / 我們 (申請人 / 保單持有人及準受保人 / 受保人) 謹此代表本人 / 我們及所有準受保人 / 受保人聲明及同意 (1) 上述一切資料、陳述及問題的所有答案，無論是否由本人 / 我們親手所寫，就本人 / 我們所知所信均為事實之全部並確實無訛。(2) 所有該等資料、陳述及答案及本聲明，將 (a) 成為上述保單號碼所屬的 (i) 本人 / 我們的保險申請或 (ii) 保單內本人 / 我們的更改要求 / 再核保 / 索償 (視屬何情況而定) 的根據，並 (b) 作為準保單 / 保單的一部份。(3) 由投保申請書 / 保單服務申請書 (如有) 的簽署日起，除在本補充聲明書上另有註明者外，本人 / 我們及所有準受保人 / 受保人在健康及其他方面的情況沒有任何變化，亦無接受任何治療、診斷 或檢驗。(4) 本人 / 我們在該投保申請書 / 保單服務申請書 (如有) 上的所有資料、陳述及答案仍是確實無訛。

本人 / 我們聲明及同意本人 / 我們已獲所有準受保人 / 受保人指示、授權及同意本人 / 我們給予上述資料、陳述及答案和作出上述聲明、同意及授權。

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申請人 / 保單持有人簽署 (如非準受保人 / 受保人)

簽署日期 (日 / 月 / 年)

保險顧問 / 顧問簽署

簽署日期 (日 / 月 / 年)

X  
準受保人 / 受保人簽署 (適用於18歲或以上)

保險顧問 / 顧問姓名

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當閣下填寫及簽署由網站下載之表格 [互聯網列印表格]，則被視作閣下已詳閱及明白電腦螢幕上出現之表格 [閱覽表格] 之內容，並同意表格內之所有條文。如該閱覽表格與互聯網列印表格出現任何不符、矛盾或分歧時，閣下同意並承諾不會提出任何異議。如閱覽表格與互聯網列印表格出現任何不符、矛盾或分歧時，概以閱覽表格為準。

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Application No./Policy No. \_\_\_\_\_

Name of the Applicant/Policy Owner \_\_\_\_\_

Name of the Proposed Insured/Insured \_\_\_\_\_

**佣金披露聲明 Commission Disclosure Statement**

申請人明白、確知及同意，富通保險(亞洲)有限公司(以下簡稱“富通保險”)會就申請人購買富通保險簽發的保單，從保單開始及於保單仍生效期間，向獲授權保險經紀支付佣金。這包括但不限於續保、復效、增加附加保障及提升起初訂明保費。假如申請人為法人團體，代表申請人簽署的獲授權人員須向富通保險確認他/她已獲法人團體授權簽署。

The Applicant understands, acknowledges and agrees that, as a result of purchasing the policy to be issued by Ageas Insurance Company (Asia) Limited (“Ageas”), Ageas will pay the authorized insurance broker commission from inception and while the policy remains in force. These include, but may not be limited to, renewals, reinstatement, additional of supplementary cover and increases in the initial contracted premium. Where the Applicant is a body corporate, the authorized person who signs on behalf of the Applicant further confirms to Ageas that he or she is authorized to do so.

申請人亦明白富通保險必須取得申請人的同意，才可以處理有關申請。

The Applicant further understands that the above agreement is necessary for Ageas to proceed with the application.

I/we, the Applicant/Policy Owner and Proposed Insured/Insured(s), HEREBY DECLARE AND AGREE on behalf of myself/ourselves and all the Proposed Insured/Insured(s) that (1) all the above information, statements and answers to all the questions whether or not in my/our own handwriting are to the best of my/our knowledge and belief, complete and true; (2) all such information, statements and answers, together with this declaration, shall (a) form the basis of my/our (i) abovenumbered application for insurance or (ii) request for change / re-underwriting / claim under the abovenumbered policy (as the case may be) and (b) become a part of the proposed policy/policy; (3) there has been no change in the health condition or other circumstances of, and no medical attention, consultation or examination received by, me/us or any of the Proposed Insured/Insured(s) since the date the application for insurance/request for policy service (if any) was completed (except as otherwise provided in this Supplementary Statement Form); (4) all my/our information, statements and answers as written in the course of the said application/service request (if any) are still true.

I/we DECLARE AND AGREE that I/we have the full instructions, authorities and consents from all the Proposed Insured/insured(s) to give the above information, statements, answers and to make the above declarations, agreements and authorizations.

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X \_\_\_\_\_  
Signature of the Applicant/Policy Owner  
(if other than the Proposed Insured/Insured)

Signed on (dd/mm/yy)

Signature of the Consultant/Advisor

Signed on (dd/mm/yy)

X \_\_\_\_\_  
Signature of the Proposed Insured/Insured  
(Applicable to age 18 or above)

Name of the Consultant/Advisor

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# 備忘錄

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致： 所有生意夥伴

發件： 富通獨立理財顧問服務部

日期： 2013年3月21日

事由： LO-731 有關《個人資料(私隱)(修訂)條例》及佣金披露聲明實施後新生意投保要求事宜

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因需要按照香港個人資料私隱專員公署發出之指引執行有關處理及收集個人資料並接獲香港保險業聯會有關佣金披露聲明將於2013年4月15日生效事宜，以下現時使用中之保險申請書及表格均將會作出修訂。同時，未能於2013年4月1日前批核之投保申請，亦需要按照新的規定：

## 1. 需修訂之申請書/表格，及有關使用安排：

### (i) 人壽保險申請書及投資相連保險申請書

新版本之「人壽保險申請書」及「投資相連保險申請書」將送到獨立理財顧問公司。

### (ii) 客戶保障分析 (Protection Needs Analysis) 及投保人資料分析 (Applicant Information Analysis Form) 表格(投資相連產品專用)\*

新版本之「客戶保障分析」及「投保人資料分析」表格可由2013年4月2日起於B.O.S.S.下載。

所有新版本之申請書及表格，可即時開始使用。各獨立理財顧問仍可使用各舊版本之申請書及表格直至**2013年4月30日**為止，但遞交申請時，必須連同已簽署全新的「收集個人資料聲明」及「佣金披露聲明之補充聲明書」表格一同遞交。**由2013年5月1日起所有遞交之投保申請，必須使用新版本之投保申請書及表格。**各表格的修改詳情及全新的「收集個人資料聲明」及「佣金披露聲明之補充聲明書」表格樣本可參閱附件。

- \* 請注意，各獨立理財顧問應於客戶投保前進行個人財務需要分析、風險意向評估及完成申請人聲明書，故投保人資料分析表格必須於投保申請書簽署日期或之前簽署。

## 2. 於4月1日前未能完成批核之投保申請：

因應新指引的執行，所有使用舊版本投保申請書，而又未能於2013年4月1日前完成批核之投保申請(PENDING CASES)，包括等待回覆：

- (i) 核保要求 (UN);
- (ii) 接受加費及不保事項 (COUNTER-OFFER); 及
- (iii) 首期保費不足 (PREMIUM SHORTAGE)。

均需要簽署「收集個人資料聲明」及「佣金披露聲明之補充聲明書」表格。所有上述3類別未能於2013年4月1日前完成批核之投保申請，新生意部將會發出核保通知，要求簽署全新的「收集個人資料聲明」及「佣金披露聲明之補充聲明書」表格，方可批核。



### 3. 修訂「投保批核通知書 Notice of Approval」:

因應新指引的要求，「投保批核通知書 Notice of Approval」將會作出修改，加入有關直接促銷的資料(有關改訂只適用於同意本公司使用個人資料作直接促銷之客戶)，所有於2013年4月1日或以後完成批核之保單，均會收到新版本之「投保批核通知書 Notice of Approval」。修改詳情可參閱附件。

**為符合於2013年4月1日實施的《個人資料(私隱)(修訂)條例》的要求，任何原因也均不會被豁免。**

各新版本申請書、表格及指引的下載詳情:

B.O.S.S. > 「社區服務」 > 「下載資料庫」> 「新生意 - 表格」下載

公司感謝各獨立理財的支持，預祝閣下更進一步，業績再創高峰。

如對上述資料有任何查詢，歡迎致電 3192 8333 與獨立理財顧問服務部聯絡。

敬希垂注！

富通獨立理財顧問服務部謹啓



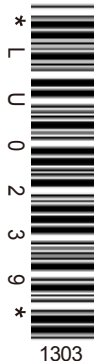
閣下於簽署本表格丙部申請人聲明書前，必須閱讀、理解及同意本表格內所載述的所有聲明及資料真實及準確。閣下於本表格丙部申請人聲明書上的簽署，代表閣下簽署認同本表格甲部至丙部所有部分的內容，包括個人財務需要分析、風險意向問卷及申請人聲明書。

You should read, understand and agree that all statement and information set out in this Form are true and correct before signing the Form. Your signatures provided in the Applicant Declarations under Part C of the Form represent your sign off for part A to part C of the Form, including Personal Financial Needs Analysis, Risk Profile Questionnaire and Applicant Declarations.

**甲部 - 個人財務需要分析**

**Part A - Personal Financial Needs Analysis**

| <b>第一部分 Section 1</b>  |  |                    |  |                           | <b>個人資料 PERSONAL PARTICULARS</b>  |                            |  |                            |  |
|--|--|--------------------|--|---------------------------|---|----------------------------|--|----------------------------|--|
| 姓名：* 先生 / 太太 / 女士 / 小姐<br>Name : * Mr / Mrs / Ms / Miss _____  |  |                    |  |                           | 出生日期：_____ 日 _____ 月 _____ 年<br>Date of Birth : _____ dd _____ mm _____ yy  |                            |  |                            |  |
| 香港身份證 / 護照號碼：<br>HKID Card / Passport No : _____   |  |                    |  |                           | 婚姻狀況：* 單身 / 已婚 / 離婚 / 喪偶<br>Marital Status : * Single / Married / Divorced / Widowed  |                            |  |                            |  |
| 教育程度：* 大學或以上 / 專上或工業學院 / 中學程度 / 小學程度或以下<br>Education Level : * University or Above / College or Technical Institute / Secondary Level / Primary Level or Below   |  |                    |  |                           | 職業 Occupation : _____<br>聯絡電話：_____<br>Contact No : _____   |                            |  |                            |  |
| 居住地址：<br>Residential Address : _____   |  |                    |  |                           |   |                            |  |                            |  |
| 受供養家屬之年齡<br>Age of Dependant(s)  |  | 配偶 Spouse<br>_____ |  | 首名子女 First Child<br>_____ |   | 次名子女 Second Child<br>_____ |  | 第三名子女 Third Child<br>_____ |  |
|  |  | 父親 Father<br>_____ |  | 母親 Mother<br>_____        |   | 其他 Others<br>_____         |  |                            |  |
| * 請圈出適當的答案 Please circle the appropriate answer  |  |                    |  |                           |   |                            |  |                            |  |
| <b>第二部分 Section 2</b>  |  |                    |  |                           | <b>基本資料 BASIC INFORMATION</b>   |                            |  |                            |  |
| 1. 購買富通保險產品的目的 (可「√」一項或以上) Purpose(s) of buying Ageas's Insurance Product(s) (Please 「√」 one or more):<br><input type="checkbox"/> 人壽保障 Life Protection <input type="checkbox"/> 儲蓄 Savings <input type="checkbox"/> 投資 Investment <input type="checkbox"/> 意外 Accident <input type="checkbox"/> 退休 Retirement<br><input type="checkbox"/> 教育 Education <input type="checkbox"/> 醫療保障 Health Protection <input type="checkbox"/> 資本投資者入境計劃 Capital Investment Entrant Scheme ("CIES")<br><input type="checkbox"/> 其他 Others (請註明 Please specify _____ )  |  |                    |  |                           |   |                            |  |                            |  |
| 2. 持有投資相連壽險計劃的目標年期 (只可「√」一項) Target horizon for holding investment-linked assurance scheme (Please 「√」 one only)<br><input type="checkbox"/> <1年/ year <input type="checkbox"/> 1-5年/ years <input type="checkbox"/> 6-10 年/ years <input type="checkbox"/> 11-20年/ years <input type="checkbox"/> >20 年/ years  |  |                    |  |                           |   |                            |  |                            |  |
| <b>第三部分 Section 3</b>  |  |                    |  |                           | <b>保費支付能力 ABILITY TO PAY PREMIUMS</b>   |                            |  |                            |  |
| 1. 閣下過去2年從全部收入來源所得的每月平均收入為：<br>What is your average monthly income from all sources during the past 2 years:<br>i) 請註明金額：不少於每月HK\$ _____；或<br>Please specify amount: Not less than HK\$ _____ per month; or<br>ii) 於下列範圍內 In the following range:<br>a) <input type="checkbox"/> 少於 / Less than HK\$4,000;    b) <input type="checkbox"/> HK\$4,001 – HK\$ 9,999;    c) <input type="checkbox"/> HK\$10,000 – HK 19,999;<br>d) <input type="checkbox"/> HK\$20,000 – HK\$49,999;    e) <input type="checkbox"/> HK\$50,000 – HK\$100,000;    f) <input type="checkbox"/> 超過 / Over HK\$100,000 |  |                    |  |                           |   |                            |  |                            |  |
| 2. 閣下估計現時累積的流動資產，請詳列種類及價值：<br>What is your approximate Current Accumulate Amount of the Liquid Assets?<br>Please specific type and amount:<br><br>註明：流動資產指可以容易變為現金的資產，例如現金、銀行存款、貨幣市場戶口、交投活躍的股票、債券、共同基金及美國國庫券等。然而，房地產、錢幣收集及藝術品均不屬於流動資產。<br>Note: Liquid assets are assets which may easily be turned into cash, for example, cash, money in bank accounts, money market accounts, actively traded stocks, bonds, mutual funds and US Treasury bills, etc. However, real estate, coin collections and artwork are not regarded as liquid assets.   |  |                    |  |                           | 類別 Type: <input type="checkbox"/> 現金 Cash <input type="checkbox"/> 銀行存款 Money in Bank Account<br><input type="checkbox"/> 貨幣市場戶口 Money Market Account <input type="checkbox"/> 交投活躍的股票 Actively Trade Stock<br><input type="checkbox"/> 債券 Bonds <input type="checkbox"/> 共同基金 Mutual Funds<br><input type="checkbox"/> 美國國庫券 US Treasury Bills <input type="checkbox"/> 其他 (請註明 Others (Please specify _____ )<br>HK\$ _____ |                            |  |                            |  |



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| 第三部分(續) Section 3 (Con't)  | 保費支付能力 ABILITY TO PAY PREMIUMS |
|--|--------------------------------|
| 3. 閣下可為投資相連壽險計劃投資供款的年期為(只可「√」一項):<br>The period you will be able to contribute to an investment-linked assurance scheme is (please 「√」 one only):<br><input type="checkbox"/> <1年/ year <input type="checkbox"/> 1-5年 / years <input type="checkbox"/> 6-10 年/ years <input type="checkbox"/> 11-20年/ years <input type="checkbox"/> >20 年/ years  |                                |
| 4. 就閣下在第三部分第3題內所選擇的投資相連壽險計劃之整段年期內，閣下每月可承擔的保費，佔閣下收入的比率為(只可「√」一項):<br>The percentage of the income that you will be able to pay your monthly premium for the entire term of investment-linked assurance scheme stated in your answer to Question 3 of Section 3 above is (please 「√」 one only):<br><input type="checkbox"/> 10% - 20% <input type="checkbox"/> 21% - 30% <input type="checkbox"/> 31% - 50% <input type="checkbox"/> >50%  |                                |
| 5. 就支付投資供款方面，閣下的資金/財富/收入來源為(可「√」一項或以上):<br>The sources of funds/wealth/income to be used to make your contribute to investments are (Please 「√」 one or more):<br><input type="checkbox"/> 薪金 Salary <input type="checkbox"/> 收入 Income <input type="checkbox"/> 儲蓄 Savings <input type="checkbox"/> 從其他投資獲取的收入 Income from other Investments<br><input type="checkbox"/> 儲蓄及投資儲備 Accumulative Savings and Investments <input type="checkbox"/> 其他來源 Other source(s) (請註明 Please specify _____) |                                |

如閣下選擇不填報上述「個人財務需要分析」的任何部份，閣下必須書面詳述有關原因。

If you choose to deviate in any respect from the Personal Financial Needs Analysis, you must indicate your reason(s) in writing.

(申請人必須於此方格親自填寫相關原因)  
(Applicant must complete explanation in own handwriting in this box)

申請人姓名  
Name of Applicant

申請人簽署  
Signature of Applicant

日期：日 / 月 / 年  
Date : dd/mm/yy

註：若本表格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 (the insurance company) if there is any substantial change of information provided in the form before the policy is issued.

**乙部 - 風險意向問卷****Part B - Risk Profile Questionnaire**

在確定適合閣下的投資選擇時，風險承受力是一個關鍵的考慮因素

Tolerance for risk is a key consideration in determining your probable level of comfort with varying investing choices.

| 第一部分 Section 1 期限 Time Horizon  |   |
|---|---|
| <b>閣下的現況與未來收入需求 Your current situation and future income needs</b>  |   |
| 1. 閣下現在的年齡？<br>What is your current age?  | <input type="checkbox"/> A. 45 歲以下<br>Less than age 45<br><input type="checkbox"/> B. 45 歲至 55 歲<br>Age 45-55<br><input type="checkbox"/> C. 56 歲至 65 歲<br>Age 56-65<br><input type="checkbox"/> D. 66 歲至 75 歲<br>Age 66-75<br><input type="checkbox"/> E. 75 歲以上<br>Older than age 75  |
| 2. 閣下希望甚麼時候開始提取您的投資？<br>When do you expect to start withdrawing your investment?  | <input type="checkbox"/> A. 20 年後<br>After 20 years<br><input type="checkbox"/> B. 10 至 20 年內<br>In 10 to 20 years<br><input type="checkbox"/> C. 5 至 10 年內<br>In 5 to 10 years<br><input type="checkbox"/> D. 現在不會，但 5 年內會<br>Not now, but within 5 years<br><input type="checkbox"/> E. 現在<br>Immediately   |
| 第二部分 Section 2 長期目標與期望 Long-Term Goals and Expectations   |   |
| <b>閣下對長期投資表現的看法 Your views of how investment should perform over the long term</b>  |   |
| 3. 閣下對這項投資的目標是甚麼？<br>What is your goal for this investment?   | <input type="checkbox"/> A. 大幅增長<br>To grow aggressively<br><input checked="" type="checkbox"/> B. 顯著增長<br>To grow significantly<br><input type="checkbox"/> C. 適量增長<br>To grow moderately<br><input type="checkbox"/> D. 些微增長<br>To grow slightly<br><input type="checkbox"/> E. 避免虧損<br>To avoid losing money   |
| 4. 在正常市況下，閣下對這項投資有何期望？<br>Under normal market condition, what would you expect from this investment over time?                              | <input type="checkbox"/> A. 與股市表現大致相若<br>To generally keep pace with the stock market<br><input type="checkbox"/> B. 略遜於股市表現，但仍能取得豐厚盈利<br>To slightly trail the stock market, but still make a good profit<br><input type="checkbox"/> C. 遜於股市表現，但仍能取得適量盈利<br>To trail the stock market, but still make a moderate profit<br><input type="checkbox"/> D. 維持穩健，但仍能取得一般盈利<br>To have some stability, but still make modest profits<br><input type="checkbox"/> E. 維持高度穩健，但仍略有薄利<br>To have a high degree of stability, but still make small profits |
| 5. 假如股市在今後十年表現極差，閣下對這項投資有何期望？<br>Suppose the stock market performs poorly over the next decade. What would you expect from this investment? | <input type="checkbox"/> A. 引至虧損<br>To lose money<br><input type="checkbox"/> B. 略賺或持平<br>To make very little gain or nothing<br><input type="checkbox"/> C. 維持少量盈利<br>To make a little gain<br><input type="checkbox"/> D. 取得適量盈利<br>To make a modest gain<br><input type="checkbox"/> E. 幾乎不受股市表現的影響<br>To be slightly affected by what happens in the stock market   |

### 第三部分 Section 3

### 對短期風險的態度 Short-Term Risk Attitudes

#### 閣下對短期波動的態度 Your attitude towards short-term volatility

6. 下列陳述中，哪一項最符合閣下對這項投資未來三年表現的態度？  
Which of these statements best describes your attitude about the performance of this investment over the next three years?

- ☐ A. 我不介意虧損  
I don't mind if I lose money
- ☐ B. 我能接受虧損  
I can tolerate a loss
- ☐ C. 我能接受少量虧損  
I can tolerate a small loss
- ☐ D. 我難以接受任何虧損  
I cannot tolerate any losses
- ☐ E. 我期望至少能略有盈利  
I expect to have at least a little gain

7. 下列陳述中，哪一項最符合閣下對這項投資今後三個月表現的態度？  
Which of these statements best describes your attitude about the performance of this investment over the next three months?

- ☐ A. 無所謂，一個季度的表現沒有任何意義  
Who cares? One calendar quarter means nothing
- ☐ B. 我不會因於這段時間出現的虧損感到憂慮  
I wouldn't worry about losses in that time frame
- ☐ C. 若虧損高於10%，我會感到不安  
If I suffered a loss of greater than 10%, I'd get concerned
- ☐ D. 我只能接受少量短期虧損  
I can only tolerate small short-term losses
- ☐ E. 我難以接受任何虧損  
I cannot tolerate any losses

#### 風險意向問卷結果 Risk Profile Questionnaire Result

這問卷基礎根據影響投資決策的三種因素對閣下的風險承受力評分，這三種因素是期限、長期目標與期望及對短期風險的態度。這問卷結果綜合地反映所有問題的答案，而並不會按個別的問題再作考慮。

Your attitude to risk is a critical factor in determining a suitable approach to investment for your goal. In simple terms, attitude to risk is influenced by three factors. They are Time Horizon, Long-Term Goals and Expectations, and Short-Term Risk Attitudes. This result is an integrated reflection based on the answers of all questions, and does not take individual questions into consideration.

#### 分數表 Scoring Table

| 答案<br>Answer | A | B | C | D | E |
|--------------|---|---|---|---|---|
| 分數<br>Score  | 5 | 4 | 3 | 2 | 1 |

閣下得分  
Your Score

#### 投資者意向分析 Investor Profile Analysis

| 分數<br>Score     | 投資者意向<br>Investor Profile<br>(請「√」閣下得分所屬的投資者意向)<br>(Please 「√」 the corresponding Investor Profile of your score) |  |
|-----------------|--|--|
| 7-10 分 / score  | 1) 非常保守 Very Conservative  |  |
| 11-17 分 / score | 2) 保守 Conservative   |  |
| 18-24 分 / score | 3) 穩健 Moderate   |  |
| 25-31 分 / score | 4) 積極 Aggressive   |  |
| 32-35 分 / score | 5) 非常積極 Very Aggressive  |  |

| 投資者意向 Investor Profile       |  |
|------------------------------|--|
| 1. 非常保守<br>Very Conservative | <p>對於非常保守的投資者，其投資組合將投資於風險最小的領域，例如現金和固定收入證券。這種投資方法具有較高穩定性，應盡量減少短期大幅波動。其綜合回報沒有保證，但應不會大起大落。但是，相對於風險較高的投資方法，這種方法的回報率相對較低，五年以上的投資尤其如此。</p> <p>As a very conservative investor, your portfolio will be invested in the most risk-averse areas such as cash and fixed-income securities. This approach offers a high degree of stability and should minimize the chances of substantial short-term volatility. The overall return, while not guaranteed, should fall within a narrow range of possibilities. However, particularly for time periods greater than five years, these returns may underperform the returns achievable from a higher-risk approach.</p>   |
| 2. 保守<br>Conservative        | <p>對於保守的投資者，其投資組合將主要投資於風險最小的領域，例如現金和固定收入證券，只投入適量資金購買股票。這種投資方法注重穩定性，而不追求最大回報，並應當限制短期大幅波動。其綜合回報沒有保證，但相對而言，應不會大起大落。但是，相對於風險較高的投資方法，這種方法的回報率相對較低，五年以上的投資尤其如此。</p> <p>As a conservative investor, your portfolio will be invested primarily in risk-averse areas such as cash and fixed-income securities with only a modest exposure to equities. This approach concentrates on stability rather than maximizing return and should limit the chances of substantial short-term volatility. The overall return, while not guaranteed, should fall within a relatively narrow range of possibilities. However, particularly for time periods greater than five years, these returns may underperform the returns achievable from a higher-risk approach.</p>   |
| 3. 穩健<br>Moderate            | <p>對於穩健的投資者，其投資組合中包含股票投資，但同時也投資於較為安全的領域，例如現金、固定收入證券和房地產，藉此衝淡風險。這種方法追求平穩與回報間的平衡，可能涉及一些短期波動。其綜合回報沒有保證，但也不會過於出乎意料。大多數情形下，相對於較為保守的投資方法，這種方法的回報率相對較高，但又不及風險較高的投資方法，五年以上的投資更是如此。</p> <p>As a moderate investor, your portfolio will include investment in equities, balanced by exposure to more risk-averse areas of the market such as cash, fixed-income securities, and real estate. This approach aims to achieve a balance between stability and return but is likely to involve at least some short-term volatility. The overall return is not guaranteed, although the range of possible outcomes should not be extreme. In most circumstances, particularly for time periods greater than five years, these returns should outperform the returns achievable from a more conservative approach but may underperform the returns achievable from a higher-risk approach.</p> |
| 4. 積極<br>Aggressive          | <p>對於積極的投資者，其投資組合主要是股票。這種方法注重獲得豐厚的綜合投資回報，但又對大多數投機領域敬而遠之。投資價值在短期內可能會有大幅波動。投資期限內，最終獲得的回報較難預料。大多數情形下，相對於較為保守的投資方法，這種方法的回報率較高，五年以上的投資尤其如此。</p> <p>As an aggressive investor, your portfolio will be invested primarily in equities. This approach concentrates on achieving a good overall return on your investment while avoiding the most speculative areas of the market. Significant short-term fluctuations in value can be expected. The eventual return for the time period over which you invest could fall within a relatively wide range of possibilities. In most circumstances, particularly for time periods greater than five years, these returns should outperform the returns achievable from a more conservative approach.</p>  |
| 5. 非常積極<br>Very Aggressive   | <p>對於非常積極的投資者，其投資組合將投資於股票，並且敢於涉足一些投機領域。這種方法追求最大回報，同時願意承受投資價值的短期大幅波動，甚至長期虧損。投資期限內，最終獲得的回報很難預料。大多數情形下，其回報率應高於較為保守的方法。</p> <p>As a very aggressive investor, your portfolio will be invested in equities and will include exposure to more speculative areas of the market. The aim is to maximize return while accepting the possibility of large short-term fluctuations in value and even the possibility of longer-term losses. The eventual return for the time period over which you invest could fall within a wide range of possibilities. In most circumstances, the return should outperform the returns achievable from a more conservative approach.</p>  |

如閣下選擇不填報上述「風險意向問卷」的任何部份，閣下必須書面詳述有關原因。

If you choose to deviate in any respect from the Risk Profile Questionnaire process, you must indicate your reason(s) in writing.

(申請人必須於此方格親自填寫相關原因)  
(Applicant must complete explanation in own handwriting in this box)

申請人姓名  
Name of Applicant

申請人簽署  
Signature of Applicant

日期：日 / 月 / 年  
Date : dd/mm/yy

註：若本表格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 (the insurance company) if there is any substantial change of information provided in the form before the policy is issued.

## 聲明 Disclaimer

本 Morningstar 風險意向問卷(問卷) 由富通保險(亞洲)公司提供。此問卷目的在於協助閣下認識閣下的風險承受程度。此評估只提供一般的指引，而不可被視為獨特的投資意見。此評估並未能覆蓋閣下在投資時應考慮的所有因素。閣下的投資取向和決定可能與以上分析結果不同。作出任何投資決定前，閣下應全面了解有關產品的風險和回報，確定該投資符合閣下的投資目標，且有關風險亦在閣下承受能力之內。如對投資有任何疑問，請尋求獨立專業意見。

This Morningstar source Risk Profile Questionnaire (Questionnaire) is provided to you by Ageas Insurance Company (Asia) Limited. This Questionnaire is to help you identify your risk tolerance level. It is intended to provide general guidance only. It should not be treated as specific investment advice. The Questionnaire does not cover all issues you should consider while investing. Your preference and investment decision may be different from what is indicated above. Before making any investment decision, you should fully understand the product risks and merits, determine that the investment is consistent with your objectives and that you are able to assume the risk. If you have any questions about investment, you are strongly advised to seek independent professional advice.



## 丙部 - 申請人聲明書

### Part C - Applicant's Declarations

#### 投資相連壽險計劃申請人聲明書

#### INVESTMENT-LINKED ASSURANCE SCHEME APPLICANT'S DECLARATIONS

##### 第一部分 披露聲明 Section 1 Disclosure Declaration

保險經紀（姓名：\_\_\_\_\_及保險經紀登記號碼：\_\_\_\_\_）已為本人分析財務需要，本人已閱讀本人所申請計劃的產品資料概要、主要推銷刊物及銷售資料。本人聲明及同意本人完全明白並接受以下有關本人申請投購本保單的資料：

The insurance broker, (Name: \_\_\_\_\_ and Insurance Broker Registration No. \_\_\_\_\_), has conducted a financial needs analysis for me and I have read the Product Key Facts Statement, Principal Brochure and marketing materials of the product(s) that I am applying for. I declare and agree that I fully understand and accept the following relating to my application(s) for this insurance policy:

- 產品特色，包括保單年期及所有收費與費用；  
Product features including the policy term and all charges and fees;
- 保費金額及繳付保費年期；  
Amount of premium and premium term;
- 任何因本人選擇提早退保、提取現金、遞減保費及任何保單提供的暫停繳付保費/ 保費假期等而引致之損失；  
Any loss that I may suffer as a result of early surrender of my policy, any cash withdrawal, premium reduction, and any permissible premium suspension/premium holiday entitlement;
- 投資回報並非保證；  
Investment returns are not guaranteed;
- 市場價格調整帶來之潛在損失；  
Potential loss associated with any market value adjustment;
- 產品資料概要披露的潛在風險，與本人的投資有關之回報及損失；  
The potential risks as disclosed in the Product Key Facts Statement, returns, and losses associated with my investments;
- 若本人轉換投資選擇，可能需要支付費用，及本人相關之投資風險會因此而增加或減低。如有疑問，本人有權尋求專業的財務意見；  
If I switch my investment choices, I may be subject to a charge and my risk may be increased or decreased. I have the right to seek professional financial advice when in doubt;
- 保險經紀是根據本人在「個人財務需要分析」及「風險意向問卷」填寫的資料，包括本人向保險經紀以書面形式提供之任何補充資料，向本人提供關於是項投資的投資及資產分配意見。在整個銷售過程中，保險公司只負責制定及簽發產品，並沒有評估本人的投資或資產分配之風險；  
The investment and asset allocation advice associated with this investment has been formulated by the insurance broker, based on information given by me to the insurance broker in the Personal Financial Needs Analysis and Risk Profile Questionnaire, including any supplementary information provided by me to my insurance broker in writing, and not by the insurance company that manufactures and issues the product ("Insurance Company"). The Insurance Company does not assess the investment or asset allocation risk at any time during this process;
- 本申請為「資本投資者入境計劃」之用（如適用者）；以及  
This application is for the purpose of the Capital Investment Entrant Scheme ("CIES") (if applicable); and
- 本人確認已收到由香港保險業聯會印製的「購買投資相連壽險-問多點 知多點」教育小冊子一份。  
I confirm that I have received a copy of the HKFI's education pamphlet entitled "Questions you need to ask before taking out an ILAS product"

申請人姓名  
Name of Applicant

申請人簽署  
Signature of Applicant

日期：日 / 月 / 年  
Date : dd/mm/yy

##### 第二部分 適合性聲明 Section 2 Suitability Declaration

本人明白並同意（任擇一項）： I understand and agree that (tick one only):

- A ☐ 根據本人填寫「個人財務需要分析」及「風險意向問卷」時向保險經紀披露的現時需要及投資風險概況，有關產品之特色及其風險級別與本人所選擇的相關投資組合均適合本人。有關分析是由保險經紀進行，而非由保險公司完成。  
或 OR the features and risk level of the product(s) and my selected mix of underlying investment choices are suitable for me based on my disclosed current needs and risk profile as disclosed to my insurance broker during the completion of a Personal Financial Needs Analysis and Risk Profile Questionnaire. These needs have been assessed by the insurance broker, and not by the Insurance Company.
- B ☐ 儘管根據本人填寫「個人財務需要分析」及「風險意向問卷」時披露的現時需要及投資風險概況，有關產品之特色及/ 或風險級別及/ 或本人選擇的相關投資組合可能並不適合本人，但本人確認基於下述原因，本人打算及意欲申請本保險計劃。  
或 OR despite the fact that the features and/or risk level of the product(s) and/or my selected mix of underlying investment choices may not be suitable for me based on the information disclosed to my insurance broker during the completion of a Personal Financial Needs Analysis and Risk Profile Questionnaire, I confirm that it is my intention and desire to proceed with my application(s) as explained below:
- C ☐ 儘管本人必須完成「個人財務需要分析」及「風險意向問卷」，以確保所選購的產品適合本人，但本人確認基於下述原因，不遵從有關要求的情況下，本人打算及意欲申請本保險計劃。  
despite the fact that I am required to complete the Personal Financial Needs Analysis and Risk Profile Questionnaire to ensure that the product(s) to be purchased is/are suitable for me, I confirm that it is my intention and desire to proceed with my application(s) without complying with the said requirement for the reason(s) below:

(如選擇「B」項或「C」項，申請人必須親筆於此欄內提供原因)  
(If Box B or C is ticked, then Applicant must complete explanation in own handwriting in this box)

本人確認，除非本人清楚了解本產品和相關投資項目的選擇組合，並得悉本產品如何切合本人的需要，否則本人不應選購此產品。本人擁有最終的決定權。

I acknowledge I should not purchase this product and/or the selected mix of underlying investment choices unless I understand these and their suitability has been explained to me and that the final decision is mine.

本人明白保險公司：

- (i) 對獨立代表我的保險經紀所提供之財務意見，概不負責；及
- (ii) 將保留已填妥的「個人財務需要分析」及「風險意向問卷」副本作記錄之用，但對保險產品及其相關投資項目是否適合本人之評估，概不負責。

I understand that the Insurance Company :-

- (a) does not provide/accept any responsibility for the financial advice given by my appointed insurance broker who acts on my behalf and independently of the Insurance Company; and
- (b) will retain copy(ies) of the completed Personal Financial Needs Analysis and Risk Profile Questionnaire for record purpose but will have no responsibility for reviewing/assessing whether a particular insurance product and any underlying investment choices are suitable for me in light of my personal circumstances.

申請人姓名  
Name of Applicant

申請人簽署  
Signature of Applicant

日期：日 / 月 / 年  
Date : dd/mm/yy

### 中介人聲明 Declaration by Intermediary

本人(姓名：\_\_\_\_\_及保險中介人登記號碼 \_\_\_\_\_) 確認已採用申請人選擇之語言，向申請人詳盡解釋「申請人聲明書」的內容。

I, (Name: \_\_\_\_\_ and Insurance Broker Registration No. \_\_\_\_\_), confirm that I have fully explained the contents of the Applicant's Declarations to the Applicant in a language of the Applicant's choice.

保險中介人姓名及編號  
Name and Code of  
Insurance Intermediary

保險中介人簽署  
Signature of Insurance Intermediary

日期：日 / 月 / 年  
Date : dd/mm/yy

注意：1. 就本聲明書而言，單數等同複數；「本人」包括「我們」的涵義；及「本人的」包括「我們的」的涵義。若為聯名申請人，所有申請人必須在甲、乙兩部內簽署。  
Note: For the purpose of these Declarations, the singular shall impart the plural; the word "I" shall include "we"; and the word "my" shall include "our". For joint applicants, all applicants must sign both sections.

2. 本表格內提供的資料如有更改，閣下在保單未簽發前需要通知本公司或閣下的中介人。  
You are required to inform your intermediary or us (the insurance company) if there is any substantial change of information provided in the form before the policy is issued.



## 丁部 - 收集個人資料聲明

### Part D - Personal Information Collection Statement

在富通保險（亞洲）有限公司（以下簡稱“富通保險”），保護客戶的個人資料私隱是富通保險所持的其中一個核心價值。作為一個提供保險產品和服務的公司，客戶的個人資料收集和使用是富通保險業務的重要一環。我們尊重您的個人資料的私隱，並致力於完全遵守“個人資料（私隱）條例”（以下簡稱“條例”）。

At Ageas Insurance Company (Asia) Limited (“Ageas”), we hold as one of our core values the protection of privacy of our customer's personal data. As a provider of insurance products and services, collection and use of personal data of our customers is at the heart of our business. We respect the privacy of your personal data and are committed to fully complying with the Personal Data (Privacy) Ordinance (“the Ordinance”).

#### 1. 富通保險所收集及/或持有的個人資料 Personal Data collected and/or held by Ageas

我們所收集及/或持有的個人資料（不論是否從此表格或以其他方式獲得）包括您的個人資料，聯絡資料，保單資料，交易記錄，學歷及培訓資料，就業資料，財政資料，醫療及健康記錄和您的家庭、生活方式及社會環境資料。

The personal data that we collect and/or hold (whether contained in this form or otherwise obtained) includes your personal details, contact information, policy details, transaction records, education and training details, employment details, financial details, medical and health records and information on your family, lifestyle and social circumstances.

#### 2. 收集個人資料的重要性 Importance of Personal Data Collection

富通保險會不時地要求您提供您的個人資料。您提供個人資料予富通保險是出於自願的。然而，如果您沒有按我們所要求而提供您的個人資料予富通保險，富通保險可能無法提供或繼續提供產品和服務給您。

From time to time, you will be requested to provide your personal data to Ageas. Provision of personal data to Ageas by you is voluntary. However, Ageas may not be able to provide or continue to provide products and services to you if you fail to provide your personal data as requested by us.

#### 3. 個人資料收集和使用的目的 Purposes of Personal Data Collection and Usage

富通保險所持有您的個人資料可能會用於以下目的：

Your personal data held by Ageas may be used for the following purposes:

- i. 保險管理或再保險業務有關的用途，其中包括承保，處理和評估申請，身份和信用檢查，適用性檢查，保單服務，理賠處理，調查，帳戶/債務追收，訴訟，通訊，製作統計，數據分析和研究，內部/外界審計，保持優質的服務，銷售和促銷，建設企業品牌和建設客戶忠誠度的活動；

administration of insurance or reinsurance related business, which includes underwriting, processing and evaluation of applications, identity and credit checking, suitability checking, policy servicing, claims processing, investigation, account/debt collection, litigation, communications, preparing statistics, data analysis and research, internal and external audit, maintaining quality services, sales and marketing, corporate brand building and customer loyalty building;

- ii. 直接促銷，包括透過電子或其他的渠道推廣，促銷或銷售富通保險的保險或保險相關的產品或服務及/或由第三者金融機構所提供及/或促銷的任何金融相關的產品或服務；及  
direct marketing, which includes promoting, marketing or selling, of Ageas insurance or insurance related products or services and /or any financial related products or services provided and/or marketed by third party financial institutions by electronic or other means; and

- iii. 為遵守下列適用於富通保險或富通保險應該遵守的有關披露及使用資料的責任、規定或安排：

complying with the obligations, requirements or arrangements for disclosing and using data that apply to Ageas or with which it is expected to comply according to:

- a) 在香港境內或境外，現行或將會存在的，並對其具約束力或適用於其的任何法律；

any law binding or applying to it within or outside Hong Kong existing currently and in the future;

- b) 在香港境內或境外，現行或將會存在的，並由任何法定、監管、政府、稅務、執法或其他機構，或由金融服務提供者的自我監管或業界的團體或組織所發出或提供之任何指引或指導；

any guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers within or outside Hong Kong existing currently and in the future;

- c) 富通保險因其在本地或海外的司法管轄區或與該司法管轄區相關的金融、商業、營業或其他利益或活動而須承擔與該本地或海外的法定、監管、政府、稅務、執法或其他機構或金融服務提供者的自我監管或業界的團體或組織之間的現有或將來之任何合約承諾或其他承諾。

any present or future contractual or other commitment with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers that is assumed by or imposed on Ageas by reason of its financial, commercial, business or other interests or activities in or related to the jurisdiction of the relevant local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations.

#### 4. 直接促銷 Direct Marketing

在獲得您的同意下，富通保險可能會使用您的姓名，電話號碼，電郵地址和通訊地址作如第3（ii）段所載的直接促銷。請您在以下第8段確認您的同意。如果在您提交此表格後，您不希望收到我們的推廣性要約或信息，請通知我們，我們將立即停止使用您的個人資料，並不收取任何費用。請把您的有關要求以書面通知我們的保障資料主任，其聯絡地址載於第7.3段。

Ageas may use your name, telephone number, email address and correspondence address for direct marketing as set out in section 3(ii) only with your consent. Please confirm if you consent in section 8 below. If subsequent to your submission of this form you do not wish to receive our promotional offers or information, please let us know and we will cease to use your personal data immediately, without any charge. Please send your written request to our Data Protection Officer at the address provided in section 7.3.

#### 5. 個人資料保密 Personal Data Confidentiality

富通保險會對您提供的個人資料加以保密，除了可能會與下列各方共享：

The personal data you provide to Ageas will be kept confidential, except that it may be shared with the following parties:

- i. 代表你的任何保險經紀，獨立財務顧問作在第3（i）段中所列出的任何用途；

any insurance broker, independent financial advisor acting on your behalf for any of the purposes set out in section 3(i);

- ii. 任何富通保險的附屬公司，控股公司，聯營公司或聯屬公司作在第3（i）-（iii）段中所列出的任何用途；

any subsidiary, holding company, associated company or affiliates of Ageas for any of the purposes set out in section 3(i)-(iii);

- iii. 任何富通保險的代理人，承包商或會向富通保險提供行政，電訊，電腦，網際網路，付款或其他服務的第三方服務供應商（包括但不限於風險分析顧問，損失公估人，私人調查員，信函裝封服務機構及債務追收員）作在第3 (i) 和3 (ii) 段中所列出的任何用途；  
any agent, contractor or third party service provider, including but not limited to providers of risk intelligence, loss adjusters, private investigators, letter shopping service providers and debt collectors who provides administrative, telecommunications, computer, Internet, payment or other services to Ageas for any of the purposes set out in section 3(i) and (ii);
- iv. 任何富通保險的實際或建議再保險公司作在第3 (i) 段中所列出的任何用途；及  
any actual or proposed reinsurers of Ageas for any of the purposes set out in section 3(i); and
- v. 富通保險在根據對其本身或其任何集團公司具約束力或適用的任何法律規定下的責任或其他原因，或按照及為實施其應該遵守的由任何法定、監管、政府、稅務、執法或其他機構或金融服務提供者的自我監管或業界的團體或組織所提供或發出的指引或指導，或根據與本地或海外之法定、監管、政府、稅務、執法或其他機構或金融服務提供者的自我監管或業界的團體或組織之間的任何合約承諾或其他承諾，而必須對其作出披露的任何人士，而該等人士可能處於香港境內或境外及可能是已存在、現有或將來出現的人士。  
any person to whom Ageas is under an obligation or otherwise required to make disclosure under the requirement of any law binding on or applying to Ageas or any of its group companies, or any disclosure under and for the purposes of any guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers with which Ageas is expected to comply or any disclosure pursuant to any contractual or other commitment of Ageas with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers, all of which may be within or outside Hong Kong and may be existing currently and in the future.

#### 6. 移轉個人資料至香港以外的地方 Transfer of Personal Data Outside Hong Kong

富通保險可能會不時地將您的個人資料移轉至香港以外的地方作在第3 (i) 和 3 (iii) 段中所列出的任何用途，包括資料處理或貯存。  
Ageas may from time to time transfer your personal data outside Hong Kong for any of the purposes set out in section 3(i) and (iii) including data processing or storage.

#### 7. 個人資料的查閱/改正要求 Personal Data Access / Correction Request

##### 7.1 根據條例的規定，您有下列權利：

In accordance with the Ordinance, you have the right to

- i. 查詢富通保險是否持有您的個人資料，如有，您有權獲得這些資料的副本；  
check whether Ageas holds personal data about you and, if so, obtain a copy of such data;
- ii. 要求富通保險改正任何有關您的不準確的個人資料；及  
require Ageas to correct any personal data relating to you which is inaccurate; and
- iii. 確定富通保險對個人資料處理的有關政策和做法，並獲告知由富通保險持有您個人資料的種類。  
ascertain Ageas policies and practices in relation to personal data and to be informed of the kind of personal data held by Ageas.

##### 7.2 富通保險有權就處理任何個人資料查閱要求收取合理的費用。

Ageas has the right to charge a reasonable fee for the processing of any personal data access request.

##### 7.3 有關要求可向位於香港特別行政區上環干諾道中111號永安中心27樓富通保險（亞洲）有限公司客戶服務中心的「保障資料主任」以書面形式提出。

Requests shall be made in writing to our Data Protection Officer, Ageas Customer Service Centre, Ageas Insurance Company (Asia) Limited, 27/F, Wing On Centre, 111 Connaught Road Central, Hong Kong SAR.

#### 8. 同意使用個人資料作直接促銷 Consent for Use of Personal Data for Direct Marketing

- ☐ 富通保險（亞洲）有限公司只可在您的同意下使用從您收集的個人資料作直接促銷用途。如果您不希望收到我們的推廣性要約或信息，請在左邊的框中打勾。  
Ageas Insurance Company (Asia) Limited may use the data collected from you for direct marketing purpose only with your consent. If you do not wish to receive our promotional offers or information, please put a tick in the box on the left.

由此文件所示之日開始，此收集個人資料聲明將被視為您與富通保險之間已經簽署或準備簽署的所有合約，協定和其他具有約束力的安排的一個組成部分。

This Personal Information Collection Statement shall from the date hereinafter appearing be deemed to form an integral part of all contracts, agreements and other binding arrangements which you have entered into or intend to enter into with Ageas.

在英文和中文版本之間出現差異的情況下，應以英文版本為準。

In case of discrepancies between the English and Chinese version, the English version shall prevail.

申請人姓名 (如非準受保人)  
Name of the Applicant  
(if other than the Proposed Insured)

申請人簽署 (如非準受保人)  
Signature of the Applicant  
(if other than the Proposed Insured)

簽署日期 (日 / 月 / 年)  
Signed on (DD / MM / YY)

準受保人姓名 (適用於18歲或以上)  
Name of the Proposed Insured  
(Applicable to age 18 or above)

準受保人簽署 (適用於18歲或以上)  
Signature of the Proposed Insured  
(Applicable to age 18 or above)

簽署日期 (日 / 月 / 年)  
Signed on (DD / MM / YY)

# 人壽保險申請書

## Life Insurance Application Form

ageas®

申請編號  
Application No.

獨立理財顧問公司名稱  
Name of IFA Company

☐ 免驗身投保申請  
Non-medical Application

☐ 驗身投保申請  
Medical Application

獨立理財顧問公司編號  
IFA Company Code

### 重要提示 IMPORTANT NOTE:

申請人必須在此申請書上填報一切有關事實，因為您與富通保險(亞洲)有限公司的合約將以此為依據，否則所發出的保單將告無效/可使無效。如您不清楚某一事項是否重要，也請將此事項在第9項的附註說明。如要更改任何答案，申請人須在旁簽署。如選用支票繳付保費，請在劃線支票抬頭寫「富通保險(亞洲)有限公司」，而不是任何其他個人或團體。  
You need to disclose ALL material facts in this application, which shall form the basis of the proposed contract between you and Ageas Insurance Company (Asia) Limited, otherwise any policy issued may be void or voidable. If you are in doubt whether a fact is material, please disclose it at Q9. All changes shall be initiated by the Applicant. If premium payment is made by cheque(s), crossed cheque(s) shall be made payable to "Ageas Insurance Company (Asia) Limited" and not to any other individual or party.

如果您申請投資相連保險，本表格須連同「產品指南」、「投資指南」、「產品資料概要」和說明文件一併發出。

If you apply for Investment-linked insurance, this form shall be issued in conjunction with the "Product Guide", "Investment Guide", "Product Key Facts Statement" and illustration document.

| 第一部份 Part I  |   | * 請刪去不適用者 Please delete as appropriate  |  |
|--|---|---|--|
| <b>1. 個人資料 Personal Information</b>  |   | <b>準受保人 Proposed Insured</b>  |  |
| <b>申請人 (如與準受保人不同) Applicant (if different from the Proposed Insured)</b>   |   |   |  |
| 姓名 Name  | 英文姓名(以英文正楷填寫) Name in English (Use BLOCK letters)   | 英文姓名(以英文正楷填寫) Name in English (Use BLOCK letters)   |  |
| 以身份證 / 護照 / 商業登記證為準 As shown on I.D. card / Passport / Business Registration   | 姓 Surname 名 Given Name  | 姓 Surname 名 Given Name  |  |
|  | 中文姓名 Name in Chinese  | 中文姓名 Name in Chinese  |  |
|  | 姓 Surname 名 Given Name  | 姓 Surname 名 Given Name  |  |
| 性別 Sex   | <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female   | <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female   |  |
| 出生日期 Date of Birth   | 日DD 月MM 年YYYY   | 日DD 月MM 年YYYY   |  |
| 國籍 Nationality   |   |   |  |
| 永久居留身份(您享有永久居留權的國家) Permanent resident status (countries that you have permanent resident status)  |   |   |  |
| 身份證明文件類型和號碼 Type and number of the Identity Document   | 香港居民 For HK resident:<br>*香港身份證 HKID card / 其他 Others (please specify):<br>證件號碼 Identification number: _____<br>非香港居民 For non-HK resident:<br>*國民身份證 National identity card / 護照 Passport / 旅遊證件 Travel Document / 其他 Others (please specify):<br>發行國家 Country of issue: _____<br>證件號碼 Identification number: _____ | 香港居民 For HK resident:<br>*香港身份證 HKID card / 其他 Others (please specify):<br>證件號碼 Identification number: _____<br>非香港居民 For non-HK resident:<br>*國民身份證 National identity card / 護照 Passport / 旅遊證件 Travel Document / 其他 Others (please specify):<br>發行國家 Country of issue: _____<br>證件號碼 Identification number: _____ |  |
| 請遞交身份證明文件副本 Please submit a copy of the Identity Document  |   |   |  |
| #如非香港永久性居民身份證持有人，請提供旅遊證件副本 #For non permanent HKID card holder, please provide a copy of travel document for nationality verification  |   |   |  |
| 與準受保人關係 Relationship with the Proposed Insured   | 不適用 Not applicable  |   | 與準受保人關係: Relationship with the Proposed Insured:   |
| 教育程度 Level of Education  | <input type="checkbox"/> 大學或以上 University or above <input type="checkbox"/> 專上或工業學院 College or Technical Institute <input type="checkbox"/> 中學 Secondary School <input type="checkbox"/> 小學或以下 Primary School or below  | <input type="checkbox"/> 大學或以上 University or above <input type="checkbox"/> 專上或工業學院 College or Technical Institute <input type="checkbox"/> 中學 Secondary School <input type="checkbox"/> 小學或以下 Primary School or below  |  |
| 婚姻狀況 Marital Status  | <input type="checkbox"/> 單身 Single <input type="checkbox"/> 已婚 Married  | <input type="checkbox"/> 單身 Single <input type="checkbox"/> 已婚 Married  |  |
| 聯絡資料 Contact Information.  | <b>目前通訊地址 Current Correspondence Address:</b><br>室 Room/Flat 樓 Floor 座數/大廈 Block/Building<br>屋苑名稱 Name of Estate/Court<br>街道名稱及號碼 No. and Name of Street/Road<br>地區 District<br>#省 Province #國家 Country #郵政編號 Postal Code<br>* HK / KLN / NT 香港/九龍/新界<br>#如非香港地址必須填寫此項 Must be completed for addresses out of HK    |   | <b>聯絡電話 Contact Phone Numbers:</b><br>住宅 Residential: _____ 手提 Mobile: _____<br>公司 Office: _____<br><b>電郵 E-mail:</b><br><input type="checkbox"/> 選擇不申請客戶網上服務戶口 (詳情請參閱本申請書內聲明及授權部份)<br>Opt-out of customer e-Service account (Please refer to the Declaration and Authorizations section of this application form for details) |
| 不接受郵政信箱 Post Box will not be accepted (如提供英文地址，請以英文正楷填寫) (If English address is provided, please use block letters)  |   |   |  |
| 請提供地址證明 Please submit address proof  |   |   |  |
| 目前居住地址 (若與以上目前通訊地址不同) Current Residential Address (If different from the above current correspondence address)   |   |   | 請提供目前居住地址證明 Please submit current residential address proof.   |
| 目前永久地址 (若與以上目前居住地址不同) Current Permanent Address (If different from the above current residential address)  |   |   | 請提供目前永久地址證明 Please submit current permanent address proof  |
| <b>連同此申請繳交之首期保費總額 Amount of total initial premium paid together with this application</b><br>(退款金額將按照本公司的兌換率計算 The Company will use its designated currency exchange rate to compute the amount of premium to be refunded) |   |   |  |
| <input type="checkbox"/> 支票 By Cheque  | 所有預繳保費或於扣除首期保費後之保費餘額，均會被自動存放於保費餘額戶口，不會享有利息 All prepaid premium or balance of overpaid premium (after deduction of initial Premium) will be automatically deposited into the Premium Suspense Account and will not be entitled to any interest   |   |  |
| <input type="checkbox"/> 富通保險信用卡 By Ageas Credit Card  | 以首期保費總額足繳的月數: No. of Months for which the total initial premium is paid: * 港幣 HK\$ / 美元 US\$  |   |  |
| <input type="checkbox"/> 其他信用卡 By Other Credit Card  |   |   |  |
| <input type="checkbox"/> 其他 (請註明) Others (Please specify):   |   |   |  |

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| 2. 職業資料 (甲部)<br>Occupation Information<br>(Part A)            | 必須提供準受保人以下的資料<br>The following information of the Proposed Insured must be provided<br>(如職業為學生，請提供學校名稱及地址)<br>(If your occupation is a Student, please provide the name & address of your school)  | 必須提供申請人以下的資料<br>The following information of the Applicant must be provided  |
|---|--|--|
| 僱主/學校名稱<br>Name of Employer/School                            |  |  |
| 公司業務性質/行業<br>Nature of Business/Industry                      |  |  |
| 主要職業、職位及確實職務<br>Principal Occupation, Position & Exact Duties |  |  |
| 每月平均收入<br>Average Monthly Income                              | 港幣 HK\$<br>包括所有工作收入來源(不包括投資及租金收入)<br>Include all incomes from employment (Not from investment/rental income)   | 港幣 HK\$<br>包括所有工作收入來源(不包括投資及租金收入)<br>Include all incomes from employment (Not from investment/rental income)   |
| 僱主/學校地址<br>Address of Employer/School                         | <div> <div>室 Room/Flat</div> <div>樓 Floor</div> <div>座數/大廈 Block/Building</div> </div> <div>街道名稱及號碼 No. and Name of Street/Road</div> <div> <div>地區 District</div> <div>* HK / KLN / NT<br/>香港/九龍/新界</div> </div> <div> <div>#省 Province</div> <div>#國家 Country</div> <div>#郵政編號 Postal Code</div> </div> <div>#如非香港地址必須填寫此項 Must be completed for addresses out of HK</div> | <div> <div>室 Room/Flat</div> <div>樓 Floor</div> <div>座數/大廈 Block/Building</div> </div> <div>街道名稱及號碼 No. and Name of Street/Road</div> <div> <div>地區 District</div> <div>* HK / KLN / NT<br/>香港/九龍/新界</div> </div> <div> <div>#省 Province</div> <div>#國家 Country</div> <div>#郵政編號 Postal Code</div> </div> <div>#如非香港地址必須填寫此項 Must be completed for addresses out of HK</div> |

**如欲投保101或105產品，無須填寫以下職業資料(乙部)**  
**Please skip the following Occupation Information (Part B) if you intend to apply for 101 or 105 products only**

| <b>職業資料 (乙部)</b><br><b>Occupation Info. (Part B)</b>           | <b>必須填寫準受保人以下資料</b><br><b>The following information of the Proposed Insured must be completed</b><br><i>(職業為學生者除外) (Students excepted)</i>   | <b>如欲申請「付款人保障」，必須填寫申請人以下資料</b><br><b>The following information of the Applicant must be completed, if you intend to apply for "Payor Benefit"</b>  |
|--|--|--|
| <b>工作性質</b><br><b>Job Nature</b>                               | 1. 是否自僱? Self-employed? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No<br>2. 有否體力勞動工作? Any manual work? <input type="checkbox"/> 有 Yes <input type="checkbox"/> 否 No<br>3. 有否高空工作? Any work at height? <input type="checkbox"/> 有 Yes <input type="checkbox"/> 否 No<br><br>如有 if yes: 高度 Height _____ *英呎 ft / 米 m | 1. 是否自僱? Self-employed? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No<br>2. 有否體力勞動工作? Any manual work? <input type="checkbox"/> 有 Yes <input type="checkbox"/> 否 No<br>3. 有否高空工作? Any work at height? <input type="checkbox"/> 有 Yes <input type="checkbox"/> 否 No<br><br>如有 if yes: 高度 Height _____ *英呎 ft / 米 m |
| <b>其他職業及確實職務</b><br><b>Other Occupation &amp; Exact Duties</b> |  |  |

3a. 投保目的 Purpose of Insurance :

☐ 人壽保障 Life Protection      ☐ 儲蓄 Savings      ☐ 投資 Investment      ☐ 教育 Education  
☐ 退休 Retirement      ☐ 意外 Accident      ☐ 資本投資者入境計劃 Capital Investment Entrant Scheme  
☐ 醫療保障 Health Protection      ☐ 其他(請詳述) Others (please specify) \_\_\_\_\_

3b. 投保資料 (如無特別指明, 將以中文作為保單語言)  
Information of Insurance Applied For (The policy language is in Chinese by default, unless otherwise specified)

|   |   |   |  |   |
|---|---|---|--|---|
| 保單貨幣<br>Policy Currency<br><br><input type="checkbox"/> 港元 HKD<br><br><input type="checkbox"/> 美元 USD<br><br><input type="checkbox"/> 其他 Other: _____ | 保單語言<br>Policy Language<br><br><input type="checkbox"/> 中文 Chinese<br><br><input type="checkbox"/> 英文 English | 繳費方式<br>Payment Mode<br><br><input type="checkbox"/> 年繳 Annual<br><br><input type="checkbox"/> 半年繳 Semi-annual<br><br><input type="checkbox"/> 月繳 Monthly | 續期繳費方法<br>Payment Method for Renewal Premium<br><br><input type="checkbox"/> 富通保險信用卡<br>Ageas Credit Card<br><br><input type="checkbox"/> 自動轉賬 Autopay<br><br><input type="checkbox"/> 其他 Others | 紅利分派方式 (如適用)<br>Dividend Payment Option (if applicable)<br><br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 現金 Cash<br/><br/> <input type="checkbox"/> 遞減保費<br/>Premium Reduction<br/><br/> <input type="checkbox"/> 積存 Accumulation         </div> <div> <input type="checkbox"/> 付清額外保險<br/>Paid-up Additional Insurance<br/>(不適用於保證現金儲蓄)<br/>Not applicable to Guaranteed<br/>Cash Endowment Benefit)         </div> </div> |
|---|---|---|--|---|

| 基本計劃 - 名稱 / 編號<br>Basic Plan - Name / Code | 保費繳付年期<br>Premium Payment Period (years) | 保額 / 投保額<br>Sum Insured / Face Amount | 每年額外投資保費 / 額外保費(「智選全方位」壽險計劃)金額(如適用)<br>Amount of Annual Top-up Premium / Top-up Premium ("Elite Choice" Insurance Plan) (if applicable) |
|--|--|---------------------------------------|---|
|--|--|---------------------------------------|---|

|  |   |   |
|--|---|---|
| 附加保障 - 名稱/編號<br>Supplementary Benefits - Name / Code | 保額 / 投保額<br>Sum Insured / Face Amount   | 只適用於「非凡」入息計劃<br><b>Applicable to "EXTRA" Income Plan only</b> |
| _____<br>_____<br>_____<br>_____                     | _____<br>_____<br>_____<br>_____  | 累積期<br>Accumulation Period _____ 年 Years                      |
| _____<br>_____<br>_____<br>_____                     | _____<br>_____<br>_____<br>_____  | 入息期<br>Income Period _____ 年 Years                            |
| 豁免保費/付款人保障<br>Waiver of Premium / Payor Benefit      | <input type="checkbox"/> WOP <input type="checkbox"/> WOPDD <input type="checkbox"/> WOPD | 保證每月入息 (美元)<br>Guaranteed Monthly Income (US\$) _____         |



準受保人  
Proposed Insured

申請人(如與準受保人不同)  
Applicant (if different from the Proposed Insured)

投資選擇分配指示 (每個投資選擇的最少分配為10%)

Investment Choice Allocation Instructions (Minimum allocation per Investment Choice is 10%)

基本保費/額外投資保費

Basic Premium/Top-up Premium

投資選擇 — 編號/相關基金名稱

Investment Choice – Code/Name of Underlying Fund

百分比 (整數)  
% (Integer only)

%

%

%

%

%

%

%

%

%

%

總數 Total

100%

一筆過投資保費:

Lump Sum Investment Premium:

投資選擇 — 編號/相關基金名稱

Investment Choice – Code/Name of Underlying Fund

百分比 (整數)  
% (Integer only)

%

%

%

%

%

%

%

%

%

%

總數 Total

100%

貨幣帳戶分配指示 (每個貨幣帳戶的最少分配為10%) - 只適用於「智選全方位」壽險計劃

Currency Account Allocation Instructions (Minimum allocation per Currency Account is 10%) - Only applicable to "Elite Choice" Insurance Plan

基本保費 / 額外保費

Basic Premium / Top-up Premium

貨幣帳戶

Currency Account

百分比 (整數)  
% (Integer only)

港元 HKD

%

美元 USD

%

澳元 AUD

%

人民幣 CNY

%

其他 Other:

%

%

總數 Total: 100%

一筆過保費:

Lump Sum Premium:

貨幣帳戶

Currency Account

百分比 (整數)  
% (Integer only)

港元 HKD

%

美元 USD

%

澳元 AUD

%

人民幣 CNY

%

其他 Other:

%

%

總數 Total: 100%

4. 受益人資料 (此部份必須填寫受益人姓名, 並只接受有可保權益的人為受益人, 包括父母、子女或配偶。如欲指定其他人為受益人, 申請人必須提供書面解釋, 以作個別考慮)

Beneficiary Information (The full name of the beneficiary shall be provided, and only those with insurable interest will be accepted as a beneficiary, including Parents, Son, Daughter or Spouse. For the designation of other people as beneficiaries, the Applicant shall provide written explanation for consideration on a case by case basis)

(a) 不接受以 "OWN ESTATE" (自己的遺產) 或其同義詞或近義詞作為身故賠償之受益人

"OWN ESTATE" or other synonymous or similar terms will not be accepted as a beneficiary of the death benefit

(b) 如受益人超過一人, 除非在此列明分配比例, 否則本保單的身故賠償將平均分配給各受益人

If more than one beneficiary is designated, death proceeds of this policy will be paid to each beneficiary in equal shares unless otherwise specified herein

主要受益人 Primary Beneficiary

| 中文 / 英文姓名 Chinese / English Name | 與準受保人關係 Relationship with the Proposed Insured | *身份證 / 護照號碼 ID Card / Passport No. | 年齡 Age | 身故賠償分配百分比 (只可填寫整數) Percentage share of the Death Benefit (Integer only) |
|----------------------------------|--|------------------------------------|--------|---|
| 姓 Surname                        | 名 Given name                                   |                                    |        | %   |
|                                  |  |                                    |        | %   |
|                                  |  |                                    |        | %   |
| 總數 Total                         |  |                                    |        | 100 %   |

候補受益人 Contingent Beneficiary

| 中文 / 英文姓名 Chinese / English Name | 與準受保人關係 Relationship with the Proposed Insured | *身份證 / 護照號碼 ID Card / Passport No. | 年齡 Age | 身故賠償分配百分比 (只可填寫整數) Percentage share of the Death Benefit (Integer only) |
|----------------------------------|--|------------------------------------|--------|---|
| 姓 Surname                        | 名 Given name                                   |                                    |        | %   |
|                                  |  |                                    |        | %   |
|                                  |  |                                    |        | %   |
| 總數 Total                         |  |                                    |        | 100 %   |

如欲投保101或105產品, 請直接填寫第三部份。

Please complete Part III directly if you intend to apply for 101 or 105 products.

準受保人  
Proposed Insured

申請人(如與準受保人不同)  
Applicant (if different from the Proposed Insured)

|  |                          |            |                        |                |  |                         |                                |  |
|--|--------------------------|------------|------------------------|----------------|--|-------------------------|--------------------------------|--|
| 5. 已生效保單或正在處理中的其他保險申請 (倘“有”，請詳述保額及貨幣。倘“沒有”，請刪去答案部份，不要留下空格)<br>In-force Insurance Policy or Other Pending Insurance Applications<br>(If “Yes”, please specify the sum insured and currency. If “No”, please cross out the field instead of leaving it blank)  |                          |            |                        |                |  |                         |                                |  |
| 承保公司<br>Insurance Co.  | 申請日期<br>Application Date | 人壽<br>Life | 危疾<br>Critical Illness | 意外<br>Accident | 意外每週賠償<br>Accidental Weekly Indemnity  | 住院入息<br>Hospital Income | 傷殘入息<br>Disability Income      |  |
| 準受保人<br>Proposed Insured   |                          |            |                        |                |  |                         |                                |  |
| 申請人<br>Applicant<br>如屬於子女投保，請同時提供父及母親之資料 (子女保障額不可高於父或母其各自的保障額)<br>Please provide both parents' information for Juvenile Application (Coverage of the Juvenile cannot be higher than that of the Parents)   |                          |            |                        |                |  |                         |                                |  |
| 申請人的其他子女<br>Other children of the Applicant<br>如屬於子女投保，必須填寫此欄<br>Must be completed for Juvenile Application  |                          |            |                        |                |  |                         |                                |  |
| 特別問題 - 若沒有投保「付款人保障」，不需要填寫申請人部份<br>Special Questions - No need to complete the Applicant's section if no Payor Benefit has been applied for   |                          |            |                        |                |  |                         |                                |  |
| 如第6至第8項問題的答案是「有」或「是」，請在第9項的附註中詳述情況。<br>If any answer to Q6 – Q8 is “Yes”, please give the details of all such answer(s) as Remarks in Q9.  |                          |            |                        |                | 準受保人<br>Proposed Insured<br>有/是<br>Yes |                         | 申請人<br>Applicant<br>有/是<br>Yes |  |
| 6. 您或準受保人的任何人壽、危疾、意外、醫療、傷殘保險的投保或保單復效申請或續保，曾否被拒絕、延期、加費或有不保事項？如有，請在第9項的附註中註明保險公司名稱、日期、原因及其他詳情。<br>Do you or the Proposed Insured have any application, reinstatement or renewal of life, critical illness, accident, health or disability insurance been declined, postponed, or accepted with loading or coverage exclusion? If yes, please state the name of the insurance company, date, reason and other details as remarks in Q9.   |                          |            |                        |                | <input type="checkbox"/>               |                         | <input type="checkbox"/>       |  |
| 7. 您或準受保人曾否參與或預備參與有危險性的運動或嗜好 (例如潛水、賽車、攀崖、騎馬及拳擊)？如有，請在第9項的附註中詳述活動性質、經驗、次數及裝備類型。<br>Do you or the Proposed Insured engage in or intend to engage in any hazardous sports or hobbies (e.g. diving, motor racing, rock climbing, horse riding and boxing)? If yes, please give details of the nature, experience, frequency and equipment used as remarks in Q9.   |                          |            |                        |                | <input type="checkbox"/>               |                         | <input type="checkbox"/>       |  |
| 8. 您或準受保人於過去或未來一年內曾否或會否離開您或準受保人的原居地超過六個月？倘曾經或將會，請於第9項附註中詳述逗留原因/性質、時間/次數及城市/地區。<br>Have you or the Proposed Insured been, or will you or the Proposed Insured be taking up residence away from your respective places of domicile for more than 6 months in the past or next year? If yes, please provide the reason/nature, duration/frequency of the visit(s) and the name(s) of the resident city(ies) / region(s) as remarks in Q9. |                          |            |                        |                | <input type="checkbox"/>               |                         | <input type="checkbox"/>       |  |
| 9. 附註 / 特別要求<br>Remarks / Special Requests   |                          |            |                        |                |  |                         |                                |  |
|  |                          |            |                        |                |  |                         |                                |  |
|  |                          |            |                        |                |  |                         |                                |  |
|  |                          |            |                        |                |  |                         |                                |  |
|  |                          |            |                        |                |  |                         |                                |  |

準受保人  
Proposed Insured

申請人(如與準受保人不同)  
Applicant (if different from the Proposed Insured)

**第二部份 — 甲. 體格, 吸煙, 飲酒習慣及求診資料 - 若沒有投保「付款人保障」, 不需要填寫申請人部份 (如已安排身體檢查則請刪去及無須填寫此部份)**

**Part II – a. Build, Smoking, Drinking Habit & Medical Consultation - No need to complete the Applicant's section if no Payor Benefit has been applied for (Please cross out and do not complete this section if medical examination has been arranged)**

|     |                          |                      |                      |   |           |
|-----|--------------------------|----------------------|----------------------|---|-----------|
| 10. | <b>體格<br/>Build</b>      | <b>身高<br/>Height</b> | <b>體重<br/>Weight</b> | 在過去6個月內, 如申請人/準受保人體重曾增加或減少7磅 / 3.2 公斤或以上, 請於下列註明詳情<br>If the weight of the Applicant/the Proposed Insured has increased or decreased by 7 lbs / 3.2 kg or more in the past 6 months, please state the details below |           |
|     |                          |                      |                      | 增加 Increase / 減少 Decrease   | 原因 Reason |
|     | 準受保人<br>Proposed Insured | _____ 厘米 cm          | _____ 公斤 kg          | *(+/-)_____ 公斤 kg   |           |
|     | 申請人<br>Applicant         | _____ 厘米 cm          | _____ 公斤 kg          | *(+/-)_____ 公斤 kg   |           |

|        |                          |  |   |   |   |
|--------|--------------------------|--|---|---|---|
| 11.(a) | <b>吸煙<br/>Smoking</b>    | 您有否或曾吸用任何煙草產品(包括但不限於香煙、雪茄、煙斗及咀嚼煙草等)?<br>Do you use or have you EVER used any tobacco products (including but not limited to cigarettes, cigars, pipes & chewing tobacco, etc)? | 如「有」, 請於下列註明詳情。倘您已停止吸用任何煙草產品, 請註明日期和原因, 例如: 經醫生建議等<br>If "Yes", please state details below. If you have stopped using any tobacco products, please state when and for what reason, e.g. doctor's advice, etc. |   |   |
|        |                          |  | <b>產品類別<br/>Type</b>  | <b>每天平均吸用量<br/>Avg. Daily Consumption</b> | <b>吸用年期<br/>No. of Years of consumption</b> |
|        | 準受保人<br>Proposed Insured | <input type="checkbox"/> 是/有 Yes <input type="checkbox"/> 否 No   |   |   |   |
|        | 申請人<br>Applicant         | <input type="checkbox"/> 是/有 Yes <input type="checkbox"/> 否 No   |   |   |   |

|        |                                |  |   |                      |  |
|--------|--------------------------------|--|---|----------------------|--|
| 11.(b) | <b>飲酒習慣<br/>Drinking Habit</b> | 你有否或曾否有每天/每週飲酒的習慣?<br>Do you drink or have you EVER drunk alcohol on a daily / weekly basis? | 如「有」, 請註明每週平均飲用份量, 及酒的種類, 即啤酒、葡萄酒及烈酒等<br>If yes, please state weekly consumption (average) and type of drink, ie beer, wine and spirit, etc |                      |  |
|        |                                |  | <b>份量<br/>Amount</b>  | <b>酒的種類<br/>Type</b> |  |
|        | 準受保人<br>Proposed Insured       | <input type="checkbox"/> 是/有 Yes <input type="checkbox"/> 否 No                               |   |                      |  |
|        | 申請人<br>Applicant               | <input type="checkbox"/> 是/有 Yes <input type="checkbox"/> 否 No                               |   |                      |  |

|        |                                      |  |  |                      |  |
|--------|--------------------------------------|--|--|----------------------|--|
| 11.(c) | <b>求診資料<br/>Medical Consultation</b> | 過去三個月內有否求診? 如「有」, 請註明原因及結果。<br>Has medical consultation been sought within the past 3 months? If yes, please state the Reason & Result | 醫生/診所全名及地址:<br>Full name and address of the doctor/clinic: |                      |  |
|        |                                      |  | <b>原因<br/>Reason</b>                                       | <b>結果<br/>Result</b> |  |
|        | 準受保人<br>Proposed Insured             | <input type="checkbox"/> 是/有 Yes <input type="checkbox"/> 否 No   |  |                      |  |
|        | 申請人<br>Applicant                     | <input type="checkbox"/> 是/有 Yes <input type="checkbox"/> 否 No   |  |                      |  |

**第二部份 — 乙. 準受保人及申請人之健康情況 - 若沒有投保「付款人保障」, 不需要填寫申請人部份 (如已安排身體檢查則請刪去及無須填寫此部份)**

**Part II – b. Health Details of the Proposed Insured & the Applicant - No need to complete the Applicant's section if no Payor Benefit has been applied for (Please cross out and do not complete this section if medical examination has been arranged)**

|  |                          |                  |
|--|--------------------------|------------------|
| 如第12至第16項問題的答案是「有」或「是」, 請在第20項的表格內詳述情況並註明問題編號。(如不適用, 請刪去答案部份, 不要留下空格)<br>If any answer to Q12 - Q16 is "Yes", please give the details of all such answer in the table of Q20 and identify the question no. (If a field is not applicable, please cross it out instead of leaving it blank) | 準受保人<br>Proposed Insured | 申請人<br>Applicant |
|  | 有/是<br>Yes               | 有/是<br>Yes       |
|  | 否<br>No                  | 否<br>No          |

|  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 12. 你或準受保人曾否患有或獲告知患有或曾接受有關任何疾病、身體機能失調、障礙、缺陷或生理上或心智發育緩慢、身體異常、先天性異常或疾病、嚴重受傷、嚴重流血、背痛/頸部疼痛、痛風症、關節炎、骨質疏鬆症、坐骨神經痛、肝炎帶菌、或其他有關情況的治療或打算在近期接受治療或留醫?<br>Have you or the Proposed Insured EVER had, or been told to have or been treated for any disease, disorder, physical impairment, physical defects or shown any sign of slow physical or mental development, deformity, congenital anomalies or disease, severe injury, severe nose bleeds, back/neck pain, sciatica, gout, arthritis, osteoporosis, hepatitis virus carrier or other related conditions or do you or the Proposed Insured intend to be treated or hospitalized in the near future?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. 你或準受保人曾否患有或獲告知患有精神或神經病、焦慮、抑鬱、腦癱症、類風濕性關節炎、系統性紅斑狼瘡、結核病、哮喘、支氣管炎、癰疽、糖尿病、中風、高血壓、或腦部、心臟、冠狀動脈、血、血管、腎、肺、肝、皮膚、消化系統、內分泌系統、泌尿生殖系統、淋巴系統或肌肉骨骼系統的任何疾病, 或曾接受其有關的治療?<br>Have you or the Proposed Insured EVER had or been told to have or been treated for mental or nervous disorder, anxiety, depression, epilepsy, rheumatoid disease, systemic lupus erythematosus, tuberculosis, asthma, bronchitis, cancer, diabetes, stroke, high blood pressure, or any disease or disorder of the brain, heart, coronary artery, blood, blood vessel, kidney, lung, liver or skin or the digestive system, endocrine system, genitourinary system, lymphatic system or musculoskeletal system?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. 您或準受保人曾否患有或獲告知患有後天免疫力缺乏症(愛滋病)或相關症狀或性病或對愛滋病毒抗體呈陽性反應或接受有關愛滋病或性病的治療?<br>Have you or the Proposed Insured EVER had or been told to have or been treated for AIDS, AIDS-related conditions or any other sexually transmitted disease or had a positive blood test for antibodies to the AIDS virus?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. 在過去五年內, 您或準受保人: In the past 5 years, have you or the Proposed Insured:<br>(a) 曾否接受或被建議接受或打算接受如X光、電腦掃描、磁力共振、超聲波、乳房X光照像、心电图、活體檢驗或血液檢驗(包括但不限於膽固醇、肝炎、肝炎帶菌、貧血、愛滋病)等診斷性測試或任何其他身體檢查?<br>Undergone or been advised to undergo or are planning to undergo diagnostic test such as X-ray, CAT scan, MRI, ultrasound, mammogram, ECG, biopsy or blood test for (including but not limited to cholesterol, hepatitis, hepatitis carrier status, anaemia, AIDS) or any other investigation of the body?<br>(b) 曾否患有或獲告知患有以上未述之任何疾病、徵狀或曾否求診或接受或打算接受或被建議接受以上未述之任何外科手術、診治或留醫作診斷性測試或治療?<br>Ever had or been told to have any illnesses or symptoms or visited a doctor or received or been advised to receive or are planning to receive any operation, medical consultation or admission to hospital for diagnostic test or treatment not mentioned above? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. 你或準受保人是否曾服食導致上癮的藥品(包括但不止於鴉片及其衍生物如海洛英、巴比妥酸鹽、大麻、安非他明、迷幻劑、可卡因、及氯胺酮)或曾因飲酒而需要接受治療或輔導(請詳述酒的種類及每週飲用份量)?<br>Have you or the Proposed Insured EVER taken any habit forming drugs (including but not limited to opium and its derivatives such as heroin, or barbiturates, marijuana/cannabis, amphetamines, hallucinogen, cocaine and ketamines) or been treated or advised in connection with your alcohol consumption (For alcohol consumption, please state type and weekly quantity consumed)?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



如第17至第19項問題的答案是「有」或「是」，請在第20項的表格內詳述情況並註明問題編號。(如不適用，請刪去答案部份，及不要留下空格)  
If any answer to Q17 - Q19 is "Yes", please give the details of all such answer in the table of Q20 and identify the question no. (If a field is not applicable, please cross it out instead of leaving it blank)

17. (a) 您或準受保人的任何血緣父母親或兄弟姐妹或子女曾否患有或獲告知患有癌症、精神病、糖尿病、結核病、肝病、腎病(例如多囊性腎病)、心臟病、中風、高血壓或任何遺傳性疾病或曾接受其有關的治療？  
Has any of the natural parent(s) or sibling(s) or children of you or the Proposed Insured EVER had or been told to have or been treated for cancer, mental disease, diabetes, tuberculosis, liver disease, kidney disease (e.g. polycystic kidney disease), heart disease, stroke, high blood pressure or any hereditary disease or disorder?

(b) 如「有」，請填妥以下表格。 If "YES", please complete the following table.

| 關係<br>Relationship       | 疾病性質<br>Nature of disease | 開始患病年齡<br>Age of Onset | 身故年齡<br>Age at Death |
|--------------------------|---------------------------|------------------------|----------------------|
| 準受保人<br>Proposed Insured | 父親 Father                 |                        |                      |
|                          | 母親 Mother                 |                        |                      |
|                          | 兄弟及姐妹 Brother and Sister  |                        |                      |
|                          | 子女 Son and Daughter       |                        |                      |
| 申請人<br>Applicant         | 父親 Father                 |                        |                      |
|                          | 母親 Mother                 |                        |                      |
|                          | 兄弟及姐妹 Brother and Sister  |                        |                      |
|                          | 子女 Son and Daughter       |                        |                      |

18. 只適用於女性 FOR FEMALE ONLY:

(a) 您或準受保人現在是否懷孕？如是，請註明已懷孕多久：  
Are you or the Proposed Insured pregnant at present? If yes, state number of month(s) pregnant: \_\_\_\_\_ 月 month(s)

(b) 您或準受保人曾否患有或獲告知患有或曾接受治療任何乳房、子宮、子宮頸或卵巢等生殖器官疾病，包括任何乳房腫塊、子宮頸抹片異常、於兩次經期間之出血、盆腔炎疾病或在懷孕期間有併發症或曾接受其有關的治療？  
Have you or the Proposed Insured EVER had or been told to have or been treated for any disease or disorder of the breast, uterus, cervix, ovary or the reproductive system including any breast lump, abnormal smear test result, intermenstrual bleeding, pelvic inflammatory disease and complications of pregnancy?

19. 兒童受保人適用 (若受保人之投保年齡是5歲或以下，必須回答以下問題)  
FOR JUVENILE INSURED (Please complete all questions below if the attained age of the Proposed Insured is 5 or below)

(a) 準受保人出生時的醫院名稱  
Name of hospital where the Proposed Insured was born: \_\_\_\_\_

(b) 準受保人是否早產兒(出生時懷孕期不足37週)? 如「是」，請註明出生時的週數及體重：  
Was the Proposed Insured's birth premature (born before 37 weeks of gestation)? If "Yes", please state the exact week of gestation and the weight at birth.

出生時週數: \_\_\_\_\_ 出生時體重: \_\_\_\_\_  
Exact week of gestation: \_\_\_\_\_ Weight at Birth: \_\_\_\_\_ 磅 lb \_\_\_\_\_ 安士 Oz / \_\_\_\_\_ 公斤 kg

20. 問題編號 Question No. 求診原因、檢驗結果、疾病名稱、治療及手術詳情 Reasons of medical consultation, details of investigation results, diagnosis, treatment & operation 徵狀開始 Symptoms Onset 有關日期 Relevant Date 最後覆診 Last follow-up 復發(如有) Recurrence (if any) 現時狀況 Current Condition 醫生、診所及醫院名稱及地址 Names & Addresses of Doctors, Clinics & Hospitals

### 第三部份 - 健康狀況聲明 (只適用於101或105產品投保申請)

#### Part III – Health Declaration (Applicable only if you intend to apply for 101 or 105 Products)

如累計年繳保費超過10,000美元或累計一筆過投資保費超過50,000美元，必須回答以下健康問題。(「累計」是指由2009年11月1日起，就客戶的「101」及「105」投資相連及非投資相連保單累積計算的年繳保費及一筆過投資保費)  
The following health question must be completed if the accumulated annual regular premium is over US\$ 10,000 or the accumulated lump sum premium is over US\$50,000. ("Accumulated" refers to the client's accumulated annual regular premium & lump sum premium of both investment-linked and non investment-linked "101" and "105" policies issued from 1 Nov 2009)

21. 準受保人曾否被診斷患有愛滋病或任何種類之末期癌症或腫瘤或曾接受其有關的治療；或於過去6個月內，因任何疾病而須留院30日或以上；或於過去6個月內，被延期接受其人壽投保申請；或於過去1年內，被拒絕其人壽投保申請？ ☐ 是 Yes ☐ 否 No  
Has the Proposed Insured EVER been diagnosed or treated for AIDS or any kind of terminal cancer or tumor or been hospitalized for 30 days or more for any disease within the past 6 months or been postponed for any life insurance application in the past 6 months or been declined for any life insurance application in the past 1 year?  
如有，請提供日期、疾病性質、治療及現時情況、人壽投保申請被延期 / 拒絕的原因、保險公司名稱及保單號碼(如適用)。  
If yes, please provide the date, nature of illness, details of treatment, current condition, reason of being postponed / declined, name of insurance company and policy number (if applicable).

## 佣金披露聲明 Commission Disclosure Statement

申請人明白、確知及同意，富通保險(亞洲)有限公司(以下簡稱“富通保險”)會就申請人購買富通保險簽發的保單，從保單開始及於保單仍生效期間，向獲授權保險經紀支付佣金。這包括但不限於續保、復效、增加附加保障及提升起初訂明保費。假如申請人為法人團體，代表申請人簽署的獲授權人員須向富通保險確認他/她已獲法人團體授權簽署。

The Applicant understands, acknowledges and agrees that, as a result of purchasing the policy to be issued by Ageas Insurance Company (Asia) Limited (“Ageas”), Ageas will pay the authorized insurance broker commission from inception and while the policy remains in force. These include, but may not be limited to, renewals, reinstatement, additional of supplementary cover and increases in the initial contracted premium. Where the Applicant is a body corporate, the authorized person who signs on behalf of the Applicant further confirms to Ageas that he or she is authorized to do so.

申請人亦明白富通保險必須取得申請人的同意，才可以處理有關申請。

The Applicant further understands that the above agreement is necessary for Ageas to proceed with the application.

X \_\_\_\_\_  
申請人簽署  
Signature of the Applicant

簽署日期(日/月/年)  
Signed on (dd/mm/yy)

## 收集個人資料聲明 Personal Information Collection Statement

在富通保險(亞洲)有限公司(以下簡稱“富通保險”)，保護客戶的個人資料私隱是富通保險所持的其中一個核心價值。作為一個提供保險產品和服務的公司，客戶的個人資料收集和使用是富通保險業務的重要一環。我們尊重您的個人資料的私隱，並致力於完全遵守“個人資料(私隱)條例”(以下簡稱“條例”)。

At Ageas Insurance Company (Asia) Limited (“Ageas”), we hold as one of our core values the protection of privacy of our customer’s personal data. As a provider of insurance products and services, collection and use of personal data of our customers is at the heart of our business. We respect the privacy of your personal data and are committed to fully complying with the Personal Data (Privacy) Ordinance (“the Ordinance”).

### 1. 富通保險所收集及/或持有的個人資料 Personal Data collected and/or held by Ageas

我們所收集及/或持有的個人資料(不論是否從此表格或以其他方式獲得)包括您的個人資料，聯絡資料，保單資料，交易記錄，學歷及培訓資料，就業資料，財政資料，醫療及健康記錄和您的家庭、生活方式及社會環境資料。

The personal data that we collect and/or hold (whether contained in this form or otherwise obtained) includes your personal details, contact information, policy details, transaction records, education and training details, employment details, financial details, medical and health records and information on your family, lifestyle and social circumstances.

### 2. 收集個人資料的重要性 Importance of Personal Data Collection

富通保險會不時地要求您提供您的個人資料。您提供個人資料予富通保險是出於自願的。然而，如果您沒有按我們所要求而提供您的個人資料予富通保險，富通保險可能無法提供或繼續提供產品和服務給您。

From time to time, you will be requested to provide your personal data to Ageas. Provision of personal data to Ageas by you is voluntary. However, Ageas may not be able to provide or continue to provide products and services to you if you fail to provide your personal data as requested by us.

### 3. 個人資料收集和使用的目的 Purposes of Personal Data Collection and Usage

富通保險所持有您的個人資料可能會用於以下目的：

Your personal data held by Ageas may be used for the following purposes:

i. 保險管理或再保險業務有關的用途，其中包括承保，處理和評估申請，身份和信用檢查，適用性檢查，保單服務，理賠處理，調查，帳戶/債務追收，訴訟，通訊，製作統計，數據分析和研究，內部/外部審計，保持優質的服務，銷售和促銷，建設企業品牌和建設客戶忠誠度的活動；  
administration of insurance or reinsurance related business, which includes underwriting, processing and evaluation of applications, identity and credit checking, suitability checking, policy servicing, claims processing, investigation, account/debt collection, litigation, communications, preparing statistics, data analysis and research, internal and external audit, maintaining quality services, sales and marketing, corporate brand building and customer loyalty building;

ii. 直接促銷，包括透過電子或其他的渠道推廣，促銷或銷售富通保險的保險或保險相關的產品或服務及/或由第三者金融機構所提供及/或促銷的任何金融相關的產品或服務；及  
direct marketing, which includes promoting, marketing or selling, of Ageas insurance or insurance related products or services and/or any financial related products or services provided and/or marketed by third party financial institutions by electronic or other means; and

iii. 為遵守下列適用於富通保險或富通保險應該遵守的有關披露及使用資料的責任、規定或安排：  
complying with the obligations, requirements or arrangements for disclosing and using data that apply to Ageas or with which it is expected to comply according to:

- 在香港境內或境外，現行或將會存在的，並對其具約束力或適用於其的任何法律；  
any law binding or applying to it within or outside Hong Kong existing currently and in the future;
- 在香港境內或境外，現行或將會存在的，並由任何法定、監管、政府、稅務、執法或其他機構，或由金融服務提供者的自我監管或業界的團體或組織所發出或提供之任何指引或指導；  
any guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers within or outside Hong Kong existing currently and in the future;
- 富通保險因其在本地或海外的司法管轄區或與該司法管轄區相關的金融、商業、營業或其他利益或活動而須承擔與該本地或海外的法定、監管、政府、稅務、執法或其他機構或金融服務提供者的自我監管或業界的團體或組織之間的現有或將來之任何合約承諾或其他承諾。  
any present or future contractual or other commitment with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers that is assumed by or imposed on Ageas by reason of its financial, commercial, business or other interests or activities in or related to the jurisdiction of the relevant local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations.

### 4. 直接促銷 Direct Marketing

在獲得您的同意下，富通保險可能會使用您的姓名，電話號碼，電郵地址和通訊地址作如第3(ii)段所載的直接促銷。請您在以下第8段確認您的同意。如果在您提交此表格後，您不希望收到我們的推廣性要約或信息，請通知我們，我們將立即停止使用您的個人資料，並不收取任何費用。請把您的有關要求以書面通知我們的保障資料主任，其聯絡地址載於第7.3段。

Ageas may use your name, telephone number, email address and correspondence address for direct marketing as set out in section 3(ii) only with your consent. Please confirm if you consent in section 8 below. If subsequent to your submission of this form you do not wish to receive our promotional offers or information, please let us know and we will cease to use your personal data immediately, without any charge. Please send your written request to our Data Protection Officer at the address provided in section 7.3.

## 5. 個人資料保密 Personal Data Confidentiality

富通保險會對您提供的個人資料加以保密，除了可能會與下列各方共享：

The personal data you provide to Ageas will be kept confidential, except that it may be shared with the following parties:

- 代表你的任何保險經紀，獨立財務顧問作在第3(i)段中所列出的任何用途；  
any insurance broker, independent financial advisor acting on your behalf for any of the purposes set out in section 3(i);
- 任何富通保險的附屬公司，控股公司，聯營公司或聯屬公司作在第3(i)-(iii)段中所列出的任何用途；  
any subsidiary, holding company, associated company or affiliates of Ageas for any of the purposes set out in section 3(i)-(iii);
- 任何富通保險的代理人，承包商或會向富通保險提供行政，電訊，電腦，網際網路，付款或其他服務的第三方服務供應商（包括但不限於風險分析顧問，損失公估人，私人調查員，信函裝封服務機構及債務追收員）作在第3(i)和3(ii)段中所列出的任何用途；  
any agent, contractor or third party service provider, including but not limited to providers of risk intelligence, loss adjusters, private investigators, letter shopping service providers and debt collectors who provides administrative, telecommunications, computer, Internet, payment or other services to Ageas for any of the purposes set out in section 3(i) and (ii);
- 任何富通保險的實際或建議再保險公司作在第3(i)段中所列出的任何用途；及  
any actual or proposed reinsurers of Ageas for any of the purposes set out in section 3(i); and
- 富通保險在根據對其本身或其任何集團公司具約束力或適用的任何法律規定下的責任或其他原因，或按照及為實施其應該遵守的由任何法定、監管、政府、稅務、執法或其他機構或金融服務提供者的自我監管或業界的團體或組織所提供或發出的指引或指導，或根據與本地或海外之法定、監管、政府、稅務、執法或其他機構或金融服務提供者的自我監管或業界的團體或組織之間的任何合約承諾或其他承諾，而必須對其作出披露的任何人士，而該等人士可能處於香港境內或境外及可能是已存在、現有或將來出現的人士。  
any person to whom Ageas is under an obligation or otherwise required to make disclosure under the requirement of any law binding on or applying to Ageas or any of its group companies, or any disclosure under and for the purposes of any guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers with which Ageas is expected to comply or any disclosure pursuant to any contractual or other commitment of Ageas with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers, all of which may be within or outside Hong Kong and may be existing currently and in the future.

## 6. 移轉個人資料至香港以外的地方 Transfer of Personal Data Outside Hong Kong

富通保險可能會不時地將您的個人資料移轉至香港以外的地方作在第3(i)和3(iii)段中所列出的任何用途，包括資料處理或貯存。

Ageas may from time to time transfer your personal data outside Hong Kong for any of the purposes set out in section 3(i) and (iii) including data processing or storage.

## 7. 個人資料的查閱/改正要求 Personal Data Access / Correction Request

7.1 根據條例的規定，您有下列權利：

In accordance with the Ordinance, you have the right to

- 查詢富通保險是否持有您的個人資料，如有，您有權獲得這些資料的副本；  
check whether Ageas holds personal data about you and, if so, obtain a copy of such data;
- 要求富通保險改正任何有關您的不準確的個人資料；及  
require Ageas to correct any personal data relating to you which is inaccurate; and
- 確定富通保險對個人資料處理的有關政策和做法，並獲告知由富通保險持有您個人資料的種類。  
ascertain Ageas policies and practices in relation to personal data and to be informed of the kind of personal data held by Ageas.

7.2 富通保險有權就處理任何個人資料查閱要求收取合理的費用。

Ageas has the right to charge a reasonable fee for the processing of any personal data access request.

7.3 有關要求可向位於香港特別行政區上環干諾道中111號永安中心27樓富通保險（亞洲）有限公司客戶服務中心的「保障資料主任」以書面形式提出。

Requests shall be made in writing to our Data Protection Officer, Ageas Customer Service Centre, Ageas Insurance Company (Asia) Limited, 27/F, Wing On Centre, 111 Connaught Road Central, Hong Kong SAR.

## 8. 同意使用個人資料作直接促銷 Consent for Use of Personal Data for Direct Marketing

☐ 富通保險（亞洲）有限公司只可在您的同意下使用從您收集的個人資料作直接促銷用途。如果您不希望收到我們的推廣性要約或信息，請在左邊的框中打勾。

Ageas Insurance Company (Asia) Limited may use the data collected from you for direct marketing purpose only with your consent. If you do not wish to receive our promotional offers or information, please put a tick in the box on the left.

由此文件所示之日開始，此收集個人資料聲明將被視為您與富通保險之間已經簽署或準備簽署的所有合約，協定和其他具有約束力的安排的一個組成部分。

This Personal Information Collection Statement shall from the date hereinafter appearing be deemed to form an integral part of all contracts, agreements and other binding arrangements which you have entered into or intend to enter into with Ageas.

在英文和中文版本之間出現差異的情況下，應以英文版本為準。

In case of discrepancies between the English and Chinese version, the English version shall prevail.

申請人姓名 (如非準受保人)  
Name of the Applicant  
(if other than the Proposed Insured)

申請人簽署 (如非準受保人)  
Signature of the Applicant  
(if other than the Proposed Insured)

簽署日期: (日 / 月 / 年)  
Signed on (dd / mm / yy)

準受保人姓名 (適用於18歲或以上)  
Name of the Proposed Insured  
(Applicable to age 18 or above)

準受保人簽署 (適用於18歲或以上)  
Signature of the Proposed Insured  
(Applicable to age 18 or above)

簽署日期: (日 / 月 / 年)  
Signed on (dd / mm / yy)



## 聲明及授權 Declaration and Authorizations

本人 / 我們 (申請人 / 準受保人)謹此代表本人 / 我們及準受保人聲明及同意 (1)上述一切資料、陳述及問題的所有答案，無論是否由本人 / 我們親手所寫，就本人 / 我們所知所信均為事實之全部並確實無訛。(2)上述所有資料、陳述及問題的所有答案及本聲明，將成為發出保單的根據，並作為保單一部份。(3)本人 / 我們對任何人所發出的聲明，如沒有在本申請書上填寫或印出，富通保險(亞洲)有限公司(以下簡稱“富通保險”)不須受其約束。(4)於本申請書簽署後及準保單發出前，若本人/我們的健康情況或可保性有所改變，本人/我們必須以書面方式通知富通保險，否則富通保險有權選擇將任何已發出的保單作廢。(5)所申請的任何保險，須在本人/我們生存和身體繼續健康的情況下，首期保費已全數付清及富通保險發出準保單後，方行生效。(6)所申請的保險並不是由本人/ 我們代表另一人事務，以及所有用以繳交保費的資金並非來自任何非法活動。本人 / 我們確認已細讀並明白有關準保單的建議書與保險利益說明/說明文件及(如果本人申請任何投資相連保險)「產品指南」、「投資指南」和「產品資料概要」。

I/we, the Applicant/Proposed Insured, HEREBY DECLARE AND AGREE on behalf of myself/ourselves and the Proposed Insured that (1) all the above information, statements and answers to all the questions in this application whether or not in my/our own handwriting are to the best of my/our knowledge and belief, complete and true; (2) all such information, statements and answers to such questions, together with this declaration, shall form the basis and become a part of the proposed policy; (3) Ageas Insurance Company (Asia) Limited (“Ageas”) is not bound by any statement or answer which I/we may have made to any person if not written or printed in this application; (4) in the event of any change in my/our health or insurability after this application is signed and before the proposed policy is issued, I/we shall inform Ageas of the same in writing, otherwise any policy issued is voidable at the option of Ageas; (5) any insurance applied for shall not take effect until the first premium for the proposed policy is paid in full and the proposed policy is issued by Ageas during my/our lifetime and continued good health. (6) the insurance applied for is not acted by me/us on behalf of another person, and the funds that are and will be used for this application and subsequent premium payment are not derived from any illegal activities. I/we confirm that I/we have read and understood the proposal and illustration document for the proposed policy and the “Product Guide”, “Investment Guide” and “Product Key Facts Statement” in case of any investment-linked insurance.

本人 / 我們謹此授權凡知道或擁有任何有關本人 / 我們或準受保人記錄的僱主、任何註冊西醫、醫院、診所、保險公司、其他機構或人士，均可將該等資料提供給富通保險。即使本人或任何準受保人死亡或喪失能力，此授權書仍然有效，所有本人及準受保人之繼承人及承讓人亦會受此授權書約束。本授權書的影印本與正本具有同等效力。

I/we HEREBY AUTHORIZE any employer, registered medical practitioner, hospital, clinic, insurance company or other institution or person, that has any records or knowledge of me/us or the Proposed Insured to give such information to Ageas. This authorization shall bind the successors and assignees of me/the Proposed Insured(s) and remain valid notwithstanding the death or incapacity of me/the Proposed Insured. A photocopy of this authorization shall be as valid as the original.

本人 / 我們聲明及同意本人 / 我們已獲準受保人指示、授權及同意本人 / 我們給予上述資料、陳述及答案和作出上述聲明、同意及授權。

I/we DECLARE AND AGREE that I/we have the full instructions, authorities and consents from all the Proposed Insured(s) to give the above information, statements, answers and to make the above declarations, agreements and authorizations.

本人(申請人)明白在此申請書得到富通保險批准後，富通保險將自動為本人開設富通保險客戶網上服務戶口 (如本人並未擁有此戶口)。本人亦明白本人有權在本申請書第一部分「個人資料」中選擇不申請有關客戶網上服務戶口。如本人選擇不申請有關客戶網上服務戶口或未有提供電郵地址，富通保險將不會為本人開設有關戶口，除非本人於日後向富通保險遞交有關客戶網上服務戶口之申請表並成功獲富通保險批核該申請。

I, the Applicant, understand that an account of Ageas Customer e-Service (if I do not possess an account) will be automatically created for me when this application is accepted by Ageas. I also understand that I have the right to choose the option of “opt-out of customer e-Service account” under Part I - Personal Information in this application form. Ageas will not generate a new account for me if I choose not to have this account or do not provide any e-mail address, unless I submit an application form to Ageas for the customer e-Service account subsequently and obtain approval for such application.

本人 / 我們明白若此申請書的中、英文兩個版本有任何抵觸或不相符之處，應以英文版本為準。

I/we understand that if there is any inconsistency or ambiguity between the English version and the Chinese version of this application form, the English version shall prevail.

### 取消保單權益及發還保費 (不適用於定期保險計劃轉換申請)

### Cancellation Right and Refund of Premium(s) (Not Applicable for Application for Term Conversion)

本人 (申請人) 明白本人有權以書面通知要求取消保單，取回所有已繳保費(惟投資相連壽險計劃須扣除市值調整)，但是本人必須將親筆簽署要求取消保單之函件交到富通保險 (亞洲) 有限公司於香港干諾道中 111 號永安中心 27 樓的辦事處並確保該份函件於以下的時段內直接收妥：保單交付本人/ 本人的代表後或投保批核通知書 (告知已經可以領取本保單和冷靜期的屆滿日) 發予本人/ 本人的代表後，起計的二十一天內 (以較早者為準)。

I, the Applicant, understand that I have the right to cancel and obtain a refund of any premium(s) paid (less any market value adjustment for any investment-linked insurance) by giving a written notice. Such notice must be signed by me and received directly by Ageas Insurance Company (Asia) Limited at 27/F, Wing On Centre, 111 Connaught Road Central, Hong Kong within 21 days after the delivery of the policy or issue of the Notice of Approval of insurance application (informing the availability of the policy document and the expiry date of the cooling-off period) to me or my representative, whichever is the earlier.

Signed at

香港 Hong Kong  
簽署地

X

申請人簽署 (如非準受保人)  
Signature of the Applicant  
(if other than the Proposed Insured)

簽署日期 (日 / 月 / 年)  
Signed on (dd/mm/yy)

見證人 / 保險顧問簽署  
Signature of the Witness/  
Consultant

簽署日期 (日 / 月 / 年)  
Signed on (dd/mm/yy)

(見證人/保險顧問簽署日期  
必須跟申請人簽署日期相同)  
(Date of Signature of both the  
Witness/Consultant & the Applicant  
must be the same)

X

準受保人簽署 (適用於18歲或以上)  
Signature of the Proposed Insured  
(Applicable to age 18 or above)

見證人/保險顧問姓名  
Name of the Witness/  
Consultant

見證人/保險顧問香港身份證號碼  
HKID Card no.  
of the Witness/Consultant

## 轉保聲明 Replacement Declaration

申請人姓名  
Name of the Applicant : \_\_\_\_\_

保單號碼  
Policy No. : \_\_\_\_\_

本「轉保聲明」乃「壽險轉保守則」(下稱「守則」)及保險業監督根據「保險公司條例」指明的「最低限度規定」(下稱「最低限度規定」)的**重要部份**，但並不是投保申請書其中一部份。填寫本「轉保聲明」之前請先詳閱「註釋」。在申請人簽署本「轉保聲明」之前，保險代理/經紀必須向申請人解釋「轉保聲明」的內容。

This is an **IMPORTANT PART** of the Code of Practice for Life Insurance Replacement ("Code") and the Minimum Requirements as specified by the Insurance Authority under the Insurance Companies Ordinance ("Minimum Requirements") but does not form part of the application. Please refer to the Explanatory Notes before completing this Replacement Declaration. The agent/broker must explain this Replacement Declaration to the applicant before the latter signs it.

a) 閣下是否於過去 12 個月內以這份投保申請書取代 (註 1) 閣下任何現有壽險保單，或取代任何現有壽險保單內大部份的壽險成分？  
**Have you replaced** (Note 1) in the past 12 months any or a substantial part of your existing life insurance policy(ies) with this application?

☐ 是 (請填寫「客戶保障聲明書」)

Yes (Please complete "Customer Protection Declaration Form")

☐ 否 (請回答下列問題 b)

No (Please answer question b below)

b) 閣下是否打算於未來 12 個月內以這份投保申請書取代閣下任何現有壽險保單，或取代任何現有壽險保單內大部份的壽險成分？  
**Do you intend to replace** in the next 12 months any or a substantial part of your existing life insurance policy(ies) with this application?

☐ 是 (請填寫「客戶保障聲明書」)

Yes (Please complete "Customer Protection Declaration Form")

☐ 否 (請詳閱下列聲明及簽署)

No (Please read carefully & sign below)

本人知道如果本人就上述兩條問題都選擇「否」，但其實：

(i) 這份投保申請書卻於過去12個月內，取代本人任何現有壽險保單或任何現有壽險保單內大部份的壽險成分；或者

(ii) 本人現正打算於未來12個月內，以這份投保申請書取代本人任何現有壽險保單或任何現有壽險保單內大部份的壽險成分，即使日後發現因是次轉保導致本人蒙受損失，本人或會因此而有損日後的追討權益。

**I realize if I answer "No" to both questions above but in fact:**

(i) **this application has replaced any or a substantial part of my existing life insurance policy(ies) in the past 12 months; or**

(ii) **my current intention is to replace any or a substantial part of my existing life insurance policy(ies) within the next 12 months by this application, I may jeopardize my future right of redress if I discover later that I have been disadvantaged because of such replacement.**

本人現授權新壽險保單的保險公司向保險代理登記委員會、香港保險顧問聯會、香港專業保險經紀協會、保險業監督、香港保險業聯會、所有已被取代或將會被取代的現有壽險保單的保險公司(如適用者)，或為了有效管理/執行/履行「守則」及「最低限度規定」所需的其他機構，提供本「轉保聲明」的副本，以及任何有關紀錄或資料。

I hereby authorize the Insurer of the new life insurance policy to give the Insurance Agents Registration Board, the Hong Kong Confederation of Insurance Brokers, the Professional Insurance Brokers Association, the Insurance Authority, the Hong Kong Federation of Insurers, the insurer(s) of the life insurance policy(ies) that is/are being or has/have been replaced (if applicable) or other parties, as required for proper administration/implementation/execution of the Code of Practice for Life Insurance Replacement and the Minimum Requirements, a copy of this "Replacement Declaration" and any related records or information.

註 1：任何購買壽險的交易，如涉及(i)任何現有壽險保單或其基本壽險保障的大部份保額已被終止或將被終止，或(ii)現有壽險保單內大部份的保證現金價值已被減少/將被減少，包括：大部份的保證現金價值已被提取/將被提取作為保單借貸，均會被視為「轉保」。現有壽險保單包括在新購壽險保單生效日前後的12個月內，申請人已經終止或將會終止的任何壽險保單。壽險保單包括所有類型的傳統壽險、年金及其他非傳統壽險保單。終止保單包括：讓保單失效、退保、或根據現有壽險保單的不能作廢條款，將保單轉為減額繳清/展期保單。「大部份」指「50%或以上」。若根據現有壽險保單的保單條款，將定期壽險保單轉為終身壽險保單(或某些形式的長期壽險保單)，則不會被視為「轉保」。

Note 1 : Any transaction involving the purchase of life insurance is construed as a "Replacement" if (i) any existing life insurance policy(ies) or a substantial part of the sum insured of its/their basic life coverage has been/have been/will be terminated or (ii) a substantial part of the guaranteed cash value of the existing life insurance policy(ies) was reduced/will be reduced including where a policy loan was/will be taken out against a substantial part of the guaranteed cash value. Existing life insurance policy(ies) include(s) all types of traditional life, annuity and other non-traditional policy(ies) of the applicant, which has/have been terminated within 12 months before or will be terminated within 12 months after the new life insurance policy's issue date. Termination includes lapse, surrender, converted to reduced paid-up or extended-term insurance under the non-forfeiture provision of the existing life insurance policy(ies), "A substantial part" means "50% or above". However, converting term life insurance to whole life insurance (or some forms of permanent life insurance) under policy provisions of the existing life insurance policy(ies) is not construed as a "Replacement".

X

申請人簽署  
Signature of the Applicant

X

簽署日期 (日/月/年)  
Signed on (dd/mm/yy)



1209

# 投資相連保險申請書 Investment-Linked Insurance Application Form



申請編號  
Application No.

獨立理財顧問公司名稱  
Name of IFA Company

主保單(只適用於申請附屬保單)  
Master Policy No.  
(only applicable if this is an application  
for a supplementary policy)

獨立理財顧問公司編號  
IFA Company Code

## 重要提示 IMPORTANT NOTE:

申請人必須在此申請書上填報一切有關事實，因為您與富通保險(亞洲)有限公司的合約將以此為依據，否則所發出的保單將告無效/可使無效。如您不清楚某一事項是否重要，也請將此事項在第6項的附註說明。如要更改任何答案，申請人須在旁簽署。如選用支票繳付保費，請在劃線支票抬頭寫「富通保險(亞洲)有限公司」，而不是任何其他個人或團體。You need to disclose ALL material facts in this application, which shall form the basis of the proposed contract between you and Ageas Insurance Company (Asia) Limited, otherwise any policy issued may be void or voidable. If you are in doubt whether a fact is material, please disclose it at Q6. All changes shall be initiated by the Applicant. If premium payment is made by cheque(s), crossed cheque(s) shall be made payable to "Ageas Insurance Company (Asia) Limited" and not to any other individual or party.

本表格須連同「產品指南」、「投資指南」、「產品資料概要」和說明文件一併發出。

This form shall be issued in conjunction with the "Product Guide", "Investment Guide", "Product Key Facts Statement" and illustration document.

| 第一部份 Part I   |  | * 請刪去不適用者 Please delete as appropriate   |  |
|---|--|--|--|
| <b>1. 個人資料<br/>Personal Information</b>   |  | <b>準受保人<br/>Proposed Insured</b>   |  |
| <b>姓名<br/>Name</b><br>以身份證 / 護照 / 商業登記證為準<br>As shown on I.D. card /<br>Passport / Business Registration  |  | <b>英文姓名(以英文正楷填寫) Name in English (Use BLOCK letters)</b><br>姓 Surname 名 Given Name<br><b>中文姓名 Name in Chinese</b><br>姓 Surname 名 Given Name  |  |
| <b>性別 Sex</b><br><input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female  |  | <b>英文姓名(以英文正楷填寫) Name in English (Use BLOCK letters)</b><br>姓 Surname 名 Given Name<br><b>中文姓名 Name in Chinese</b><br>姓 Surname 名 Given Name  |  |
| <b>出生日期 Date of Birth</b><br>日 DD 月 MM 年 YYYY   |  | <b>英文姓名(以英文正楷填寫) Name in English (Use BLOCK letters)</b><br>姓 Surname 名 Given Name<br><b>中文姓名 Name in Chinese</b><br>姓 Surname 名 Given Name  |  |
| <b>國籍 Nationality</b>   |  | <b>英文姓名(以英文正楷填寫) Name in English (Use BLOCK letters)</b><br>姓 Surname 名 Given Name<br><b>中文姓名 Name in Chinese</b><br>姓 Surname 名 Given Name  |  |
| <b>永久居留身份(您享有永久居留權的國家)<br/>Permanent resident status (countries that you have permanent resident status)</b>  |  | <b>英文姓名(以英文正楷填寫) Name in English (Use BLOCK letters)</b><br>姓 Surname 名 Given Name<br><b>中文姓名 Name in Chinese</b><br>姓 Surname 名 Given Name  |  |
| <b>身份證明文件類型和號碼<br/>Type and number of the Identity Document</b><br>請遞交身份證明文件副本<br>Please submit a copy of the Identity Document<br>#如非香港永久性居民身份證持有人，請提供旅遊證件副本<br>#For non permanent HKID card holder, please provide a copy of travel document for nationality verification |  | <b>香港居民 For HK resident:</b><br>*香港身份證 HKID card / 其他 Others (please specify):<br>證件號碼 Identification number:<br><b>非香港居民 For non-HK resident:</b><br>*國民身份證 National identity card / 護照 Passport / 旅遊證件 Travel Document / 其他 Others (please specify):<br>發行國家 Country of issue:<br>證件號碼 Identification number:  |  |
| <b>與準受保人關係<br/>Relationship with the Proposed Insured</b>   |  | <b>香港居民 For HK resident:</b><br>*香港身份證 HKID card / 其他 Others (please specify):<br>證件號碼 Identification number:<br><b>非香港居民 For non-HK resident:</b><br>*國民身份證 National identity card / 護照 Passport / 旅遊證件 Travel Document / 其他 Others (please specify):<br>發行國家 Country of issue:<br>證件號碼 Identification number:  |  |
| <b>教育程度<br/>Level of Education</b>  |  | <b>與準受保人關係<br/>Relationship with the Proposed Insured:</b>   |  |
| <input type="checkbox"/> 大學或以上 University or above<br><input type="checkbox"/> 中學 Secondary School  |  | <input type="checkbox"/> 大學或以上 University or above<br><input type="checkbox"/> 中學 Secondary School   |  |
| <input type="checkbox"/> 專上或工業學院 College or Technical Institute<br><input type="checkbox"/> 小學或以下 Primary School or below   |  | <input type="checkbox"/> 專上或工業學院 College or Technical Institute<br><input type="checkbox"/> 小學或以下 Primary School or below  |  |
| <b>婚姻狀況 Marital Status</b><br><input type="checkbox"/> 單身 Single <input type="checkbox"/> 已婚 Married  |  | <input type="checkbox"/> 單身 Single <input type="checkbox"/> 已婚 Married   |  |
| <b>聯絡資料<br/>Contact Information</b><br>不接受郵政信箱<br>Post Box will not be accepted<br>(如提供英文地址，請以英文正楷填寫)<br>(If English address is provided, please use block letters)<br>請提供地址證明<br>Please submit address proof   |  | <b>聯絡電話 Contact Phone Numbers:</b><br>住宅 Residential: 手提 Mobile:<br>公司 Office:<br><b>電郵 E-mail:</b><br><input type="text"/><br><input type="checkbox"/> 選擇不申請客戶網上服務戶口(詳情請參閱本申請書內聲明及授權部份)<br>Opt-out of customer e-Service account (Please refer to the Declaration and Authorizations section of this application form for details)                    |  |
| <b>目前通訊地址(若與以上目前通訊地址不同)<br/>Current Residential Address (If different from the above current correspondence address)</b>  |  | <b>目前通訊地址 Current Correspondence Address:</b><br>室 Room/Flat 樓 Floor 座數/大廈 Block/Building<br>屋苑名稱 Name of Estate/Court<br>街道名稱及號碼 No. and Name of Street/Road<br>地區 District * HK / KLN / NT 香港/九龍/新界<br>#省 Province #國家 Country #郵政編號 Postal Code<br>#如非香港地址必須填寫此項 Must be completed for addresses out of HK  |  |
| <b>目前居住地址(若與以上目前居住地址不同)<br/>Current Permanent Address (If different from the above current residential address)</b>   |  | <b>請提供目前居住地址證明<br/>Please submit current residential address proof</b>   |  |
| <b>連同此申請繳交之首期保費總額<br/>(退款金額將按照本公司的兌換率計算 The Company will use its designated currency exchange rate to compute the amount of premium to be refunded)</b>   |  | <b>Amount of total initial premium paid together with this application</b>   |  |
| <input type="checkbox"/> 支票 By Cheque<br><input type="checkbox"/> 富通保險信用卡 By Ageas Credit Card<br><input type="checkbox"/> 其他信用卡 By Other Credit Card<br><input type="checkbox"/> 其他(請註明) Others (Please specify):  |  | 所有預繳保費或於扣除首期保費後之保費餘額，均會被自動存放於保費餘額戶口，不會享有利息<br>All prepaid premium or balance of overpaid premium (after deduction of Initial Premium) will be automatically deposited into the Premium Suspense Account and will not be entitled to any interest<br>以首期保費總額足繳的月數:<br>No. of Months for which the total initial premium is paid:<br>* 港幣 HK\$ / 美元 US\$ |  |

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| 3a. 投保目的 Purpose of Insurance :   |  |  |  |   |  |
| <input type="checkbox"/> 人壽保障 Life Protection   |  | <input type="checkbox"/> 儲蓄 Savings                                  |  | <input type="checkbox"/> 投資 Investment                                |  |
| <input type="checkbox"/> 退休 Retirement  |  | <input type="checkbox"/> 意外 Accident                                 |  | <input type="checkbox"/> 教育 Education                                 |  |
| <input type="checkbox"/> 醫療保障 Health Protection   |  | <input type="checkbox"/> 資本投資者入境計劃 Capital Investment Entrant Scheme |  |   |  |
| <input type="checkbox"/> 其他(請詳述) Others(please specify)   |  |  |  |   |  |
| 3b. 投保資料 (如無特別指明，將以中文作為保單語言)<br>Information of Insurance Applied For (The policy language is in Chinese by default, unless otherwise specified) |  |  |  |   |  |
| 保單貨幣<br>Policy Currency   |  | 保單語言<br>Policy Language  |  | 繳費方式<br>Payment Mode  |  |
| <input type="checkbox"/> 港元 HKD   |  | <input type="checkbox"/> 中文 Chinese                                  |  | <input type="checkbox"/> 年繳 Annual                                    |  |
| <input type="checkbox"/> 美元 USD   |  | <input type="checkbox"/> 英文 English                                  |  | <input type="checkbox"/> 半年繳 Semi-annual                              |  |
| <input type="checkbox"/> 其他 Other:  |  |  |  | <input type="checkbox"/> 月繳 Monthly                                   |  |
| 續期繳費方法<br>Payment Method for Renewal Premium  |  |  |  |   |  |
| <input type="checkbox"/> 富通保險信用卡 Ageas Credit Card  |  |  |  |   |  |
| <input type="checkbox"/> 自動轉賬 Autopay   |  |  |  |   |  |
| <input type="checkbox"/> 其他 Others  |  |  |  |   |  |
| 基本計劃<br>Basic Plan  |  | 保費繳付年期<br>Premium Payment Period (years)                             |  | 每年定期保費 / 投資保費金額<br>Annual Regular Premium / Investment Premium Amount |  |
|   |  |  |  |   |  |
| 投資選擇分配指示<br>Investment Choice Allocation Instructions   |  |  |  |   |  |
| 每年定期保費 / 投資保費金額<br>Annual Regular Premium / Investment Premium Amount   |  |  | 一筆過投資保費:<br>Lump Sum Investment Premium:                             |   |  |
| 投資選擇 — 編號/相關基金名稱<br>Investment Choice – Code/Name of Underlying Fund  |  |  | 投資選擇 — 編號/相關基金名稱<br>Investment Choice – Code/Name of Underlying Fund |   |  |
| 百分比 (整數)<br>% (Integer only)  |  |  | 百分比 (整數)<br>% (Integer only)   |   |  |
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| 總數 Total  |  |  | 總數 Total   |   |  |
| 100%  |  |  | 100%   |   |  |



準受保人  
Proposed Insured

申請人(如與準受保人不同)  
Applicant (if different from the Proposed Insured)

4. 受益人資料 (此部份必須填寫受益人姓名, 並只接受有可保權益的人為受益人, 包括父母、子女或配偶。如欲指定其他受益人, 申請人必須提供書面解釋, 以作個別考慮)

Beneficiary Information (The full name of the beneficiary shall be provided, and only those with insurable interest will be accepted as a beneficiary, including Parents, Son, Daughter or Spouse. For the designation of other people as beneficiaries, the Applicant shall provide written explanation for consideration on a case by case basis)

(a) 不接受以“OWN ESTATE”(自己的遺產)或其同義詞或近義詞作為身故賠償之受益人

“OWN ESTATE” or other synonymous or similar terms will not be accepted as a beneficiary of the death benefit

(b) 如受益人超過一人, 除非在此列明分配比例, 否則本保單的身故賠償將平均分配給各受益人

If more than one beneficiary is designated, death proceeds of this policy will be paid to each beneficiary in equal shares unless otherwise specified herein

主要受益人 Primary Beneficiary

| 中文 / 英文姓名 Chinese / English Name | 與準受保人關係<br>Relationship with the Proposed Insured | *身份證 / 護照號碼<br>ID Card / Passport No. | 年齡<br>Age | 身故賠償分配百分比 (只可填寫整數)<br>Percentage share of the Death Benefit (Integer only) |
|----------------------------------|---|---------------------------------------|-----------|--|
| 姓 Surname                        | 名 Given name                                      |                                       |           |  |
|                                  |   |                                       |           | %  |
|                                  |   |                                       |           | %  |
|                                  |   |                                       |           | %  |
|                                  |   |                                       |           | %  |
| 總數 Total                         |   |                                       |           | 100 %  |

候補受益人 Contingent Beneficiary

| 中文 / 英文姓名 Chinese / English Name | 與準受保人關係<br>Relationship with the Proposed Insured | *身份證 / 護照號碼<br>ID Card / Passport No. | 年齡<br>Age | 身故賠償分配百分比 (只可填寫整數)<br>Percentage share of the Death Benefit (Integer only) |
|----------------------------------|---|---------------------------------------|-----------|--|
| 姓 Surname                        | 名 Given name                                      |                                       |           |  |
|                                  |   |                                       |           | %  |
|                                  |   |                                       |           | %  |
|                                  |   |                                       |           | %  |
|                                  |   |                                       |           | %  |
| 總數 Total                         |   |                                       |           | 100 %  |

5. 健康狀況聲明

Health Declaration

準受保人曾否被診斷患有愛滋病或任何種類之末期癌症或腫瘤或曾接受其有關的治療; 或於過去6個月內, 因任何疾病而須留院30日或以上; 或於過去6個月內, 被延期接受其人壽投保申請; 或於過去1年內, 被拒絕其人壽投保申請? ☐ 是 Yes ☐ 否 No

Has the Proposed Insured EVER been diagnosed or treated for AIDS or any kind of terminal cancer or tumor or been hospitalized for 30 days or more for any disease within the past 6 months or been postponed for any life insurance application in the past 6 months or been declined for any life insurance application in the past 1 year?

如有, 請提供日期、疾病性質、治療及現時情況、人壽投保申請被延期 / 拒絕的原因、保險公司名稱及保單號碼 (如適用)。

If yes, please provide the date, nature of illness, details of treatment, current condition, reason of being postponed / declined, name of insurance company and policy number (if applicable).

6. 附註 / 特別要求

Remarks / Special Requests

佣金披露聲明 Commission Disclosure Statement

申請人明白、確知及同意, 富通保險(亞洲)有限公司(以下簡稱“富通保險”)會就申請人購買富通保險簽發的保單, 從保單開始及於保單仍生效期間, 向獲授權保險經紀支付佣金。這包括但不限於續保、復效、增加附加保障及提升起初訂明保費。假如申請人為法人團體, 代表申請人簽署的獲授權人員須向富通保險確認他/她已獲法人團體授權簽署。

The Applicant understands, acknowledges and agrees that, as a result of purchasing the policy to be issued by Ageas Insurance Company (Asia) Limited (“Ageas”), Ageas will pay the authorized insurance broker commission from inception and while the policy remains in force. These include, but may not be limited to, renewals, reinstatement, additional of supplementary cover and increases in the initial contracted premium. Where the Applicant is a body corporate, the authorized person who signs on behalf of the Applicant further confirms to Ageas that he or she is authorized to do so.

申請人亦明白富通保險必須取得申請人的同意, 才可以處理有關申請。

The Applicant further understands that the above agreement is necessary for Ageas to proceed with the application.

X

申請人簽署  
Signature of the Applicant

簽署日期 (日 / 月 / 年)  
Signed on (dd/mm/yy)

## 收集個人資料聲明 Personal Information Collection Statement

在富通保險(亞洲)有限公司(以下簡稱“富通保險”),保護客戶的個人資料私隱是富通保險所持的其中一個核心價值。作為一個提供保險產品和服務的公司,客戶的個人資料收集和使用是富通保險業務的重要一環。我們尊重您的個人資料的私隱,並致力於完全遵守“個人資料(私隱)條例”(以下簡稱“條例”)。

At Ageas Insurance Company (Asia) Limited (“Ageas”), we hold as one of our core values the protection of privacy of our customer’s personal data. As a provider of insurance products and services, collection and use of personal data of our customers is at the heart of our business. We respect the privacy of your personal data and are committed to fully complying with the Personal Data (Privacy) Ordinance (“the Ordinance”).

### 1. 富通保險所收集及/或持有的個人資料 Personal Data collected and/or held by Ageas

我們所收集及/或持有的個人資料(不論是否從此表格或以其他方式獲得)包括您的個人資料,聯絡資料,保單資料,交易記錄,學歷及培訓資料,就業資料,財政資料,醫療及健康記錄和您的家庭、生活方式及社會環境資料。

The personal data that we collect and/or hold (whether contained in this form or otherwise obtained) includes your personal details, contact information, policy details, transaction records, education and training details, employment details, financial details, medical and health records and information on your family, lifestyle and social circumstances.

### 2. 收集個人資料的重要性 Importance of Personal Data Collection

富通保險會不時地要求您提供您的個人資料。您提供個人資料予富通保險是出於自願的。然而,如果您沒有按我們所要求而提供您的個人資料予富通保險,富通保險可能無法提供或繼續提供產品和服務給您。

From time to time, you will be requested to provide your personal data to Ageas. Provision of personal data to Ageas by you is voluntary. However, Ageas may not be able to provide or continue to provide products and services to you if you fail to provide your personal data as requested by us.

### 3. 個人資料收集和使用的目的 Purposes of Personal Data Collection and Usage

富通保險所持有您的個人資料可能會用於以下目的:

Your personal data held by Ageas may be used for the following purposes:

- i. 保險管理或再保險業務有關的用途,其中包括承保,處理和評估申請,身份和信用檢查,適用性檢查,保單服務,理賠處理,調查,帳戶/債務追收,訴訟,通訊,製作統計,數據分析和研究,內部/外界審計,保持優質的服務,銷售和促銷,建設企業品牌和建設客戶忠誠度的活動;  
administration of insurance or reinsurance related business, which includes underwriting, processing and evaluation of applications, identity and credit checking, suitability checking, policy servicing, claims processing, investigation, account/debt collection, litigation, communications, preparing statistics, data analysis and research, internal and external audit, maintaining quality services, sales and marketing, corporate brand building and customer loyalty building;
- ii. 直接促銷,包括透過電子或其他的渠道推廣,促銷或銷售富通保險的保險或保險相關的產品或服務及/或由第三者金融機構所提供及/或促銷的任何金融相關的產品或服務;及  
direct marketing, which includes promoting, marketing or selling, of Ageas insurance or insurance related products or services and /or any financial related products or services provided and/or marketed by third party financial institutions by electronic or other means; and
- iii. 為遵守下列適用於富通保險或富通保險應該遵守的有關披露及使用資料的責任、規定或安排:  
complying with the obligations, requirements or arrangements for disclosing and using data that apply to Ageas or with which it is expected to comply according to:
  - a) 在香港境內或境外,現行或將會存在的,並對其具約束力或適用於其的任何法律;  
any law binding or applying to it within or outside Hong Kong existing currently and in the future;
  - b) 在香港境內或境外,現行或將會存在的,並由任何法定、監管、政府、稅務、執法或其他機構,或由金融服務提供者的自我監管或業界的團體或組織所發出或提供之任何指引或指導;  
any guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers within or outside Hong Kong existing currently and in the future;
  - c) 富通保險因其在本地或海外的司法管轄區或與該司法管轄區相關的金融、商業、營業或其他利益或活動而須承擔與該本地或海外的法定、監管、政府、稅務、執法或其他機構或金融服務提供者的自我監管或業界的團體或組織之間的現有或將來之任何合約承諾或其他承諾。  
any present or future contractual or other commitment with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers that is assumed by or imposed on Ageas by reason of its financial, commercial, business or other interests or activities in or related to the jurisdiction of the relevant local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations.

### 4. 直接促銷 Direct Marketing

在獲得您的同意下,富通保險可能會使用您的姓名,電話號碼,電郵地址和通訊地址作如第3(ii)段所載的直接促銷。請您在以下第8段確認您的同意。如果在您提交此表格後,您不希望收到我們的推廣性要約或信息,請通知我們,我們將立即停止使用您的個人資料,並不收取任何費用。請把您的有關要求以書面通知我們的保障資料主任,其聯絡地址載於第7.3段。

Ageas may use your name, telephone number, email address and correspondence address for direct marketing as set out in section 3(ii) only with your consent. Please confirm if you consent in section 8 below. If subsequent to your submission of this form you do not wish to receive our promotional offers or information, please let us know and we will cease to use your personal data immediately, without any charge. Please send your written request to our Data Protection Officer at the address provided in section 7.3.

### 5. 個人資料保密 Personal Data Confidentiality

富通保險會對您提供的個人資料加以保密,除了可能會與下列各方共享:

The personal data you provide to Ageas will be kept confidential, except that it may be shared with the following parties:

- i. 代表您的任何保險經紀,獨立財務顧問作在第3(i)段中所列出的任何用途;  
any insurance broker, independent financial advisor acting on your behalf for any of the purposes set out in section 3(i);
- ii. 任何富通保險的附屬公司,控股公司,聯營公司或聯屬公司作在第3(i)-(iii)段中所列出的任何用途;  
any subsidiary, holding company, associated company or affiliates of Ageas for any of the purposes set out in section 3(i)-(iii);
- iii. 任何富通保險的代理人,承包商或會向富通保險提供行政,電訊,電腦,網際網路,付款或其他服務的第三方服務供應商(包括但不限於風險分析顧問,損失公估人,私人調查員,信函裝封服務機構及債務追收員)作在第3(i)和3(ii)段中所列出的任何用途;  
any agent, contractor or third party service provider, including but not limited to providers of risk intelligence, loss adjusters, private investigators, letter shopping service providers and debt collectors who provides administrative, telecommunications, computer, Internet, payment or other services to Ageas for any of the purposes set out in section 3(i) and (ii);
- iv. 任何富通保險的實際或建議再保險公司作在第3(i)段中所列出的任何用途;及  
any actual or proposed reinsurers of Ageas for any of the purposes set out in section 3(i); and

- v. 富通保險在根據對其本身或其任何集團公司具約束力或適用的任何法律規定下的責任或其他原因，或按照及為實施其應該遵守的由任何法定、監管、政府、稅務、執法或其他機構或金融服務提供者的自我監管或業界的團體或組織所提供或發出的指引或指導，或根據與本地或海外之法定、監管、政府、稅務、執法或其他機構或金融服務提供者的自我監管或業界的團體或組織之間的任何合約承諾或其他承諾，而必須對其作出披露的任何人士，而該等人士可能處於香港境內或境外及可能是已存在、現有或將來出現的人士。

any person to whom Ageas is under an obligation or otherwise required to make disclosure under the requirement of any law binding on or applying to Ageas or any of its group companies, or any disclosure under and for the purposes of any guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers with which Ageas is expected to comply or any disclosure pursuant to any contractual or other commitment of Ageas with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers, all of which may be within or outside Hong Kong and may be existing currently and in the future.

#### 6. 移轉個人資料至香港以外的地方 Transfer of Personal Data Outside Hong Kong

富通保險可能會不時地將您的個人資料移轉至香港以外的地方作在第3 (i) 和 3 (iii) 段中所列出的任何用途，包括資料處理或貯存。

Ageas may from time to time transfer your personal data outside Hong Kong for any of the purposes set out in section 3(i) and (iii) including data processing or storage.

#### 7. 個人資料的查閱/改正要求 Personal Data Access / Correction Request

##### 7.1 根據條例的規定，您有下列權利：

In accordance with the Ordinance, you have the right to

- 查詢富通保險是否持有您的個人資料，如有，您有權獲得這些資料的副本；  
check whether Ageas holds personal data about you and, if so, obtain a copy of such data;
- 要求富通保險改正任何有關您的不準確的個人資料；及  
require Ageas to correct any personal data relating to you which is inaccurate; and
- 確定富通保險對個人資料處理的有關政策和做法，並獲告知由富通保險持有您個人資料的種類。  
ascertain Ageas policies and practices in relation to personal data and to be informed of the kind of personal data held by Ageas.

##### 7.2 富通保險有權就處理任何個人資料查閱要求收取合理的費用。

Ageas has the right to charge a reasonable fee for the processing of any personal data access request.

##### 7.3 有關要求可向位於香港特別行政區上環干諾道中111號永安中心27 樓富通保險（亞洲）有限公司客戶服務中心的「保障資料主任」以書面形式提出。

Requests shall be made in writing to our Data Protection Officer, Ageas Customer Service Centre, Ageas Insurance Company (Asia) Limited, 27/F, Wing On Centre, 111 Connaught Road Central, Hong Kong SAR.

#### 8. 同意使用個人資料作直接促銷 Consent for Use of Personal Data for Direct Marketing

☐ 富通保險（亞洲）有限公司只可在您的同意下使用從您收集的個人資料作直接促銷用途。如果您不希望收到我們的推廣性要約或信息，請在左邊的框中打勾。

Ageas Insurance Company (Asia) Limited may use the data collected from you for direct marketing purpose only with your consent. If you do not wish to receive our promotional offers or information, please put a tick in the box on the left.

由此文件所示之日開始，此收集個人資料聲明將被視為您與富通保險之間已經簽署或準備簽署的所有合約，協定和其他具有約束力的安排的一個組成部分。

This Personal Information Collection Statement shall from the date hereinafter appearing be deemed to form an integral part of all contracts, agreements and other binding arrangements which you have entered into or intend to enter into with Ageas.

在英文和中文版本之間出現差異的情況下，應以英文版本為準。

In case of discrepancies between the English and Chinese version, the English version shall prevail.

申請人姓名 (如非準受保人)  
Name of the Applicant  
(if other than the Proposed Insured)

申請人簽署 (如非準受保人)  
Signature of the Applicant  
(if other than the Proposed Insured)

簽署日期: (日 / 月 / 年)  
Signed on (dd / mm / yy)

準受保人姓名 (適用於18歲或以上)  
Name of the Proposed Insured  
(Applicable to age 18 or above)

準受保人簽署 (適用於18歲或以上)  
Signature of the Proposed Insured  
(Applicable to age 18 or above)

簽署日期: (日 / 月 / 年)  
Signed on (dd / mm / yy)



## 聲明及授權 Declaration and Authorizations

本人 / 我們 (申請人 / 準受保人) 謹此代表本人 / 我們及準受保人聲明及同意 (1) 上述一切資料、陳述及問題的所有答案，無論是否由本人 / 我們親手所寫，就本人 / 我們所知所信均為事實之全部並確實無訛。(2) 上述所有資料、陳述及問題的所有答案及本聲明，將成為發出保單的根據，並作為保單一部份。(3) 本人 / 我們對任何人所發出的聲明，如沒有在本申請書上填寫或印出，富通保險(亞洲)有限公司(以下簡稱「富通保險」)不須受其約束。(4) 於本申請書簽署後及準保單發出前，若本人/我們的健康情況或可保性有所改變，本人/我們必須以書面方式通知富通保險，否則富通保險有權選擇將任何已發出的保單作廢。(5) 所申請的任何保險，須在本人/我們生存和身體繼續健康的情況下，首期保費已全數付清及富通保險發出準保單後，方行生效。(6) 所申請的保險並不是由本人/我們代表另一人行事，以及所有用以繳交保費的資金並非來自任何非法活動。本人 / 我們確認已細讀並明白有關準保單的建議書與保險利益說明/說明文件及(如果本人申請任何投資相連保險)「產品指南」、「投資指南」和「產品資料概要」。

I/we, the Applicant/Proposed Insured, HEREBY DECLARE AND AGREE on behalf of myself/ourselves and the Proposed Insured that (1) all the above information, statements and answers to all the questions in this application whether or not in my/our own handwriting are to the best of my/our knowledge and belief, complete and true; (2) all such information, statements and answers to such questions, together with this declaration, shall form the basis and become a part of the proposed policy; (3) Ageas Insurance Company (Asia) Limited ("Ageas") is not bound by any statement or answer which I/we may have made to any person if not written or printed in this application; (4) in the event of any change in my/our health or insurability after this application is signed and before the proposed policy is issued, I/we shall inform Ageas of the same in writing, otherwise any policy issued is voidable at the option of Ageas; (5) any insurance applied for shall not take effect until the first premium for the proposed policy is paid in full and the proposed policy is issued by Ageas during my/our lifetime and continued good health. (6) the insurance applied for is not acted by me/us on behalf of another person, and the funds that are and will be used for this application and subsequent premium payment are not derived from any illegal activities. I/we confirm that I/we have read and understood the proposal and illustration document for the proposed policy and the "Product Guide", "Investment Guide" and "Product Key Facts Statement" in case of any investment-linked insurance.

本人 / 我們謹此授權凡知道或擁有任何有關本人 / 我們或準受保人記錄的僱主、任何註冊西醫、醫院、診所、保險公司、其他機構或人士，均可將該等資料提供給富通保險。即使本人或任何準受保人死亡或喪失能力，此授權書仍然有效，所有本人及準受保人之繼承人及承讓人亦會受此授權書約束。本授權書的影印本與正本具有同等效力。

I/we HEREBY AUTHORIZE any employer, registered medical practitioner, hospital, clinic, insurance company or other institution or person, that has any records or knowledge of me/us or the Proposed Insured to give such information to Ageas. This authorization shall bind the successors and assignees of me/the Proposed Insured(s) and remain valid notwithstanding the death or incapacity of me/the Proposed Insured. A photocopy of this authorization shall be as valid as the original.

本人 / 我們聲明及同意本人 / 我們已獲準受保人指示、授權及同意本人 / 我們給予上述資料、陳述及答案和作出上述聲明、同意及授權。

I/we DECLARE AND AGREE that I/we have the full instructions, authorities and consents from all the Proposed Insured(s) to give the above information, statements, answers and to make the above declarations, agreements and authorizations.

本人(申請人)明白在此申請書得到富通保險批准後，富通保險將自動為本人開設富通保險客戶網上服務戶口(如本人並未擁有此戶口)。本人亦明白本人有權在本申請書第一部分「個人資料」中選擇不申請有關客戶網上服務戶口。如本人選擇不申請有關客戶網上服務戶口或未有提供電郵地址，富通保險將不會為本人開設有關戶口，除非本人於日後向富通保險遞交有關客戶網上服務戶口之申請表並成功獲富通保險批核該申請。

I, the Applicant, understand that an account of Ageas Customer e-Service (if I do not possess an account) will be automatically created for me when this application is accepted by Ageas. I also understand that I have the right to choose the option of "opt-out of customer e-Service account" under Part I - Personal Information in this application form. Ageas will not generate a new account for me if I choose not to have this account or do not provide any e-mail address, unless I submit an application form to Ageas for the customer e-Service account subsequently and obtain approval for such application.

本人 / 我們明白若此申請書的中、英文兩個版本有任何抵觸或不相符之處，應以英文版本為準。

I/We understand that if there is any inconsistency or ambiguity between the English version and the Chinese version of this application form, the English version shall prevail.

### 取消保單權益及發還保費 (不適用於定期保險計劃轉換申請)

#### Cancellation Right and Refund of Premium(s) (Not Applicable for Application for Term Conversion)

本人(申請人)明白本人有權以書面通知要求取消保單，取回所有已繳保費(惟投資相連壽險計劃須扣除市值調整)，但是本人必須將親筆簽署要求取消保單之函件交到富通保險(亞洲)有限公司於香港干諾道中 111 號永安中心 27 樓的辦事處並確保該份函件於以下的時段內直接收受：保單交付本人/ 本人的代表後或投保批核通知書(告知已經可以領取本保單和冷靜期的屆滿日)發予本人/ 本人的代表後，起計的二十一天內(以較早者為準)。

I, the Applicant, understand that I have the right to cancel and obtain a refund of any premium(s) paid (less any market value adjustment for any investment-linked insurance) by giving a written notice. Such notice must be signed by me and received directly by Ageas Insurance Company (Asia) Limited at 27/F, Wing On Centre, 111 Connaught Road Central, Hong Kong within 21 days after the delivery of the policy or issue of the Notice of Approval of insurance application (informing the availability of the policy document and the expiry date of the cooling-off period) to me or my representative, whichever is the earlier.

Signed at

香港 Hong Kong

簽署地

X

申請人簽署 (如非準受保人)  
Signature of the Applicant  
(if other than the Proposed Insured)

簽署日期 (日 / 月 / 年)  
Signed on (dd/mm/yy)

見證人 / 保險顧問簽署  
Signature of the Witness/  
Consultant

簽署日期 (日 / 月 / 年)  
Signed on (dd/mm/yy)

(見證人/保險顧問簽署日期  
必須跟申請人簽署日期相同)  
(Date of Signature of both the  
Witness/Consultant & the Applicant  
must be the same)

X

準受保人簽署 (適用於18歲或以上)  
Signature of the Proposed Insured  
(Applicable to age 18 or above)

見證人/保險顧問姓名  
Name of the Witness/  
Consultant

見證人/保險顧問香港身份證號碼  
HKID Card no.  
of the Witness/Consultant

**轉保聲明**  
**Replacement Declaration**

申請人姓名  
Name of the Applicant : \_\_\_\_\_

保單號碼  
Policy No. : \_\_\_\_\_

本「轉保聲明」乃「壽險轉保守則」(下稱「守則」)及保險業監督根據「保險公司條例」指明的「最低限度規定」(下稱「最低限度規定」)的**重要部份**，但並不是投保申請書其中一部份。填寫本「轉保聲明」之前請先詳閱「註釋」。在申請人簽署本「轉保聲明」之前，保險代理／經紀必須向申請人解釋「轉保聲明」的內容。

This is an **IMPORTANT PART** of the Code of Practice for Life Insurance Replacement ("Code") and the Minimum Requirements as specified by the Insurance Authority under the Insurance Companies Ordinance ("Minimum Requirements") but does not form part of the application. Please refer to the Explanatory Notes before completing this Replacement Declaration. The agent/broker must explain this Replacement Declaration to the applicant before the latter signs it.

a) 閣下是否於過去 12 個月內以這份投保申請書取代 (註 1) 閣下任何現有壽險保單，或取代任何現有壽險保單內大部份的壽險成分？  
**Have you replaced** (Note 1) in the past 12 months any or a substantial part of your existing life insurance policy(ies) with this application?

☐ 是 (請填寫「客戶保障聲明書」)

Yes (Please complete "Customer Protection Declaration Form")

☐ 否 (請回答下列問題 b)

No (Please answer question b below)

b) 閣下是否打算於未來 12 個月內以這份投保申請書取代閣下任何現有壽險保單，或取代任何現有壽險保單內大部份的壽險成分？  
**Do you intend to replace** in the next 12 months any or a substantial part of your existing life insurance policy(ies) with this application?

☐ 是 (請填寫「客戶保障聲明書」)

Yes (Please complete "Customer Protection Declaration Form")

☐ 否 (請詳閱下列聲明及簽署)

No (Please read carefully & sign below)

本人知道如果本人就上述兩條問題都選擇「否」，但其實：

(i) 這份投保申請書卻於過去12個月內，取代本人任何現有壽險保單或任何現有壽險保單內大部份的壽險成分；或者

(ii) 本人現正打算於未來12個月內，以這份投保申請書取代本人任何現有壽險保單或任何現有壽險保單內大部份的壽險成分，即使日後發現因是次轉保導致本人蒙受損失，本人或會因此而有損日後的追討權益。

**I realize if I answer "No" to both questions above but in fact:**

**(i) this application has replaced any or a substantial part of my existing life insurance policy(ies) in the past 12 months; or**

**(ii) my current intention is to replace any or a substantial part of my existing life insurance policy(ies) within the next 12 months by this application, I may jeopardize my future right of redress if I discover later that I have been disadvantaged because of such replacement.**

本人現授權新壽險保單的保險公司向保險代理登記委員會、香港保險顧問聯會、香港專業保險經紀協會、保險業監督、香港保險業聯會、所有已被取代或將會被取代的現有壽險保單的保險公司(如適用者)，或為了有效管理／執行／履行「守則」及「最低限度規定」所需的機構，提供本「轉保聲明」的副本，以及任何有關紀錄或資料。

I hereby authorize the Insurer of the new life insurance policy to give the Insurance Agents Registration Board, the Hong Kong Confederation of Insurance Brokers, the Professional Insurance Brokers Association, the Insurance Authority, the Hong Kong Federation of Insurers, the insurer(s) of the life insurance policy(ies) that is/are being or has/have been replaced (if applicable) or other parties, as required for proper administration/implementation/execution of the Code of Practice for Life Insurance Replacement and the Minimum Requirements, a copy of this "Replacement Declaration" and any related records or information.

註 1：任何購買壽險的交易，如涉及(i)任何現有壽險保單或其基本壽險保障的大部份保額已被終止或將被終止，或(ii)現有壽險保單內大部份的保證現金價值已被減少／將被減少，包括：大部份的保證現金價值已被提取／將被提取作為保單借貸，均會被視為「轉保」。現有壽險保單包括在新購壽險保單生效日前後的12個月內，申請人已經終止或將會終止的任何壽險保單。壽險保單包括所有類型的傳統壽險、年金及其他非傳統壽險保單。終止保單包括：讓保單失效、退保、或根據現有壽險保單的不能作廢條款，將保單轉為減額繳清／展期保單。「大部份」指「50%或以上」。若根據現有壽險保單的保單條款，將定期壽險保單轉為終身壽險保單(或某些形式的長期壽險保單)，則不會被視為「轉保」。

Note 1 : Any transaction involving the purchase of life insurance is construed as a "Replacement" if (i) any existing life insurance policy(ies) or a substantial part of the sum insured of its/their basic life coverage has been/have been/will be terminated or (ii) a substantial part of the guaranteed cash value of the existing life insurance policy(ies) was reduced/will be reduced including where a policy loan was/will be taken out against a substantial part of the guaranteed cash value. Existing life insurance policy(ies) include(s) all types of traditional life, annuity and other non-traditional policy(ies) of the applicant, which has/have been terminated within 12 months before or will be terminated within 12 months after the new life insurance policy's issue date. Termination includes lapse, surrender, converted to reduced paid-up or extended-term insurance under the non-forfeiture provision of the existing life insurance policy(ies). "A substantial part" means "50% or above". However, converting term life insurance to whole life insurance (or some forms of permanent life insurance) under policy provisions of the existing life insurance policy(ies) is not construed as a "Replacement".

X

申請人簽署  
Signature of the Applicant

X

簽署日期 (日 / 月 / 年)  
Signed on (dd/mm/yy)

\* L U O 2 0 6 0 1 \*

1209

# 收集個人資料聲明

## Personal Information Collection Statement



申請編號/保單號碼  
Application No./Policy No.

保險顧問/顧問姓名  
Name of the Consultant/Advisor

申請人/保單持有人姓名(如與準受保人/受保人不同)  
Name of Applicant/Policy Owner (if different from the Proposed Insured/Insured)

保險顧問/顧問編號  
Consultant/Advisor Code

準受保人/受保人姓名  
Name of the Proposed Insured/Insured

在富通保險(亞洲)有限公司(以下簡稱“富通保險”),保護客戶的個人資料私隱是富通保險所持的其中一個核心價值。作為一個提供保險產品和服務的公司,客戶的個人資料收集和使用是富通保險業務的重要一環。我們尊重您的個人資料的私隱,並致力於完全遵守“個人資料(私隱)條例”(以下簡稱“條例”)。

At Ageas Insurance Company (Asia) Limited (“Ageas”), we hold as one of our core values the protection of privacy of our customer's personal data. As a provider of insurance products and services, collection and use of personal data of our customers is at the heart of our business. We respect the privacy of your personal data and are committed to fully complying with the Personal Data (Privacy) Ordinance (“the Ordinance”).

### 1. 富通保險所收集及/或持有的個人資料 Personal Data collected and/or held by Ageas

我們所收集及/或持有的個人資料(不論是否從此表格或以其他方式獲得)包括您的個人資料,聯絡資料,保單資料,交易記錄,學歷及培訓資料,就業資料,財政資料,醫療及健康記錄和您的家庭、生活方式及社會環境資料。

The personal data that we collect and/or hold (whether contained in this form or otherwise obtained) includes your personal details, contact information, policy details, transaction records, education and training details, employment details, financial details, medical and health records and information on your family, lifestyle and social circumstances.

### 2. 收集個人資料的重要性 Importance of Personal Data Collection

富通保險會不時地要求您提供您的個人資料。您提供個人資料予富通保險是出於自願的。然而,如果您沒有按我們所要求而提供您的個人資料予富通保險,富通保險可能無法提供或繼續提供產品和服務給您。

From time to time, you will be requested to provide your personal data to Ageas. Provision of personal data to Ageas by you is voluntary. However, Ageas may not be able to provide or continue to provide products and services to you if you fail to provide your personal data as requested by us.

### 3. 個人資料收集和使用的目的 Purposes of Personal Data Collection and Usage

富通保險所持有您的個人資料可能會用於以下目的:

Your personal data held by Ageas may be used for the following purposes:

- 保險管理或再保險業務有關的用途,其中包括承保,處理和評估申請,身份和信用檢查,適用性檢查,保單服務,理賠處理,調查,帳戶/債務追收,訴訟,通訊,製作統計,數據分析和研究,內部/外界審計,保持優質的服務,銷售和促銷,建設企業品牌和建設客戶忠誠度的活動;

administration of insurance or reinsurance related business, which includes underwriting, processing and evaluation of applications, identity and credit checking, suitability checking, policy servicing, claims processing, investigation, account/debt collection, litigation, communications, preparing statistics, data analysis and research, internal and external audit, maintaining quality services, sales and marketing, corporate brand building and customer loyalty building;

- 直接促銷,包括透過電子或其他的渠道推廣,促銷或銷售富通保險的保險或保險相關的產品或服務及/或由第三者金融機構所提供及/或促銷的任何金融相關的產品或服務;及

direct marketing, which includes promoting, marketing or selling, of Ageas insurance or insurance related products or services and /or any financial related products or services provided and/or marketed by third party financial institutions by electronic or other means; and

- 為遵守下列適用於富通保險或富通保險應該遵守的有關披露及使用資料的責任、規定或安排:

complying with the obligations, requirements or arrangements for disclosing and using data that apply to Ageas or with which it is expected to comply according to:

- 在香港境內或境外,現行或將會存在的,並對其具約束力或適用於其的任何法律;

any law binding or applying to it within or outside Hong Kong existing currently and in the future;

- 在香港境內或境外,現行或將會存在的,並由任何法定、監管、政府、稅務、執法或其他機構,或由金融服務提供者的自我監管或業界的團體或組織所發出或提供之任何指引或指導;

any guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers within or outside Hong Kong existing currently and in the future;

- 富通保險因其在本地或海外的司法管轄區或與該司法管轄區相關的金融、商業、營業或其他利益或活動而須承擔與該本地或海外的法定、監管、政府、稅務、執法或其他機構或金融服務提供者的自我監管或業界的團體或組織之間的現有或將來之任何合約承諾或其他承諾。

any present or future contractual or other commitment with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers that is assumed by or imposed on Ageas by reason of its financial, commercial, business or other interests or activities in or related to the jurisdiction of the relevant local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations.

### 4. 直接促銷 Direct Marketing

在獲得您的同意下,富通保險可能會使用您的姓名,電話號碼,電郵地址和通訊地址作如第3(ii)段所載的直接促銷。請您在以下第8段確認您的同意。如果在您提交此表格後,您不希望收到我們的推廣性要約或信息,請通知我們,我們將立即停止使用您的個人資料,並不收取任何費用。請把您的有關要求以書面通知我們的保障資料主任,其聯絡地址載於第7.3段。

Ageas may use your name, telephone number, email address and correspondence address for direct marketing as set out in section 3(ii) only with your consent. Please confirm if you consent in section 8 below. If subsequent to your submission of this form you do not wish to receive our promotional offers or information, please let us know and we will cease to use your personal data immediately, without any charge. Please send your written request to our Data Protection Officer at the address provided in section 7.3.





## 5. 個人資料保密 Personal Data Confidentiality

富通保險會對您提供的個人資料加以保密，除了可能會與下列各方共享：

The personal data you provide to Ageas will be kept confidential, except that it may be shared with the following parties:

- i. 代表你的任何保險經紀，獨立財務顧問作在第3(i)段中所列出的任何用途；  
any insurance broker, independent financial advisor acting on your behalf for any of the purposes set out in section 3(i);
- ii. 任何富通保險的附屬公司，控股公司，聯營公司或聯屬公司作在第3(i)-(iii)段中所列出的任何用途；  
any subsidiary, holding company, associated company or affiliates of Ageas for any of the purposes set out in section 3(i)-(iii);
- iii. 任何富通保險的代理人，承包商或會向富通保險提供行政，電訊，電腦，網際網路，付款或其他服務的第三方服務供應商（包括但不限於風險分析顧問，損失公估人，私人調查員，信函裝封服務機構及債務追收員）作在第3(i)和3(ii)段中所列出的任何用途；  
any agent, contractor or third party service provider, including but not limited to providers of risk intelligence, loss adjusters, private investigators, letter shopping service providers and debt collectors who provides administrative, telecommunications, computer, Internet, payment or other services to Ageas for any of the purposes set out in section 3(i) and (ii);
- iv. 任何富通保險的實際或建議再保險公司作在第3(i)段中所列出的任何用途；及  
any actual or proposed reinsurers of Ageas for any of the purposes set out in section 3(i); and
- v. 富通保險在根據對其本身或其任何集團公司具約束力或適用的任何法律規定的責任或其他原因，或按照及為實施其應該遵守的由任何法定、監管、政府、稅務、執法或其他機構或金融服務提供者的自我監管或業界的團體或組織所提供或發出的指引或指導，或根據與本地或海外之法定、監管、政府、稅務、執法或其他機構或金融服務提供者的自我監管或業界的團體或組織之間的任何合約承諾或其他承諾，而必須對其作出披露的任何人士，而該等人士可能處於香港境內或境外及可能是已存在、現有或將來出現的人士。  
any person to whom Ageas is under an obligation or otherwise required to make disclosure under the requirement of any law binding on or applying to Ageas or any of its group companies, or any disclosure under and for the purposes of any guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers with which Ageas is expected to comply or any disclosure pursuant to any contractual or other commitment of Ageas with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers, all of which may be within or outside Hong Kong and may be existing currently and in the future.

## 6. 移轉個人資料至香港以外的地方 Transfer of Personal Data Outside Hong Kong

富通保險可能會不時地將您的個人資料移轉至香港以外的地方作在第3(i)和3(iii)段中所列出的任何用途，包括資料處理或貯存。

Ageas may from time to time transfer your personal data outside Hong Kong for any of the purposes set out in section 3(i) and (iii) including data processing or storage.

## 7. 個人資料的查閱/改正要求 Personal Data Access / Correction Request

7.1 根據條例的規定，您有下列權利：

In accordance with the Ordinance, you have the right to:

- i. 查詢富通保險是否持有您的個人資料，如有，您有權獲得這些資料的副本；  
check whether Ageas holds personal data about you and, if so, obtain a copy of such data;
- ii. 要求富通保險糾正任何有關您的不準確的個人資料；及  
require Ageas to correct any personal data relating to you which is inaccurate; and
- iii. 確定富通保險對個人資料處理的有關政策和做法，並獲告知由富通保險持有您個人資料的種類。  
ascertain Ageas policies and practices in relation to personal data and to be informed of the kind of personal data held by Ageas.

7.2 富通保險有權就處理任何個人資料查閱要求收取合理的費用。

Ageas has the right to charge a reasonable fee for the processing of any personal data access request.

7.3 有關要求可向位於香港特別行政區上環干諾道中111號永安中心27樓富通保險（亞洲）有限公司客戶服務中心的「保障資料主任」以書面形式提出。

Requests shall be made in writing to our Data Protection Officer, Ageas Customer Service Centre, Ageas Insurance Company (Asia) Limited, 27/F, Wing On Centre, 111 Connaught Road Central, Hong Kong SAR.

## 8. 同意使用個人資料作直接促銷 Consent for Use of Personal Data for Direct Marketing

☐ 富通保險只可在您的同意下使用從您收集的個人資料作直接促銷用途。如果您不希望收到我們的推廣性要約或信息，請在左邊的框中打勾。

Ageas Insurance Company (Asia) Limited may use the data collected from you for direct marketing purpose only with your consent. If you do not wish to receive our promotional offers or information, please put a tick in the box on the left.

由此文件所示之日開始，此收集個人資料聲明將被視為您與富通保險之間已經簽署或準備簽署的所有合約，協定和其他具有約束力的安排的一個組成部分。

This Personal Information Collection Statement shall from the date hereinafter appearing be deemed to form an integral part of all contracts, agreements and other binding arrangements which you have entered into or intend to enter into with Ageas.

在英文和中文版本之間出現差異的情況下，應以英文版本為準。

In case of discrepancies between the English and Chinese version, the English version shall prevail.

## 確認書 Confirmation

通過在下面簽字，本人謹此同意此收集個人資料聲明的所有內容。

By signing below, I hereby consent to the contents of this Personal Information Collection Statement.

X  
申請人/保單持有人簽署(如非準受保人/受保人)  
Signature of the Applicant/Policy Owner  
(if other than the Proposed Insured/Insured)

X  
準受保人/受保人(只適用於18歲或以上及新投保申請)  
Signature of the Proposed Insured/Insured (Applicable  
to age 18 or above and for new application only)

X  
簽署日期(日/月/年)  
Signed on (dd / mm / yy)

\* 簽署式樣須與投保申請書之紀錄相同

\* Signature must be consistent with that on the application form



08/03/2013

郵政編號 510800



08032013NB0016\_8219251\_000202650669

#

### 投保批核通知書

投保書號碼：

受保人：

親愛的客戶：

多謝您對富通保險的支持，您的投保申請已獲批核。您的顧問將會很快與您聯絡，安排送上保單。

如果您並非完全滿意這份保單，您有權改變主意。

為保障您的權益，您有權於冷靜期內以書面形式提出取消保單，取回所有已繳的保費\*。您可於符合以下冷靜期內（以較早者為屆滿日），將保單文件及您已親筆簽署要求取消保單之函件直接交回富通保險(亞洲)有限公司於香港干諾道中 111 號永安中心 27 樓的辦事處並確保該等文件於以下時段內收妥：

- 保單交付您或您的代表後起計的 21 天；或
- 發出此投保批核通知書予您或您的代表後起計的 21 天，即 29/03/2013。

而冷靜期將於上述日期（以較早者為準）屆滿。

倘若任何賠償金額已根據保單條款付予您，所有已繳的保費並不能退回。

\* 如果您的保單是「投資相連」或「非投資相連整付保費」保單，於我們接獲您取消保單的書面通知之時，您將可獲退回扣除市值調整後的已付首期保費。市值調整將反映市場價值之變動及富通保險(亞洲)有限公司在贖回以您所繳交的首期保費作投資的資產所招致之損失。

若在此投保批核通知書發出起計 9 天內仍未收到保單或對冷靜期權益有任何疑問，請直接致電本公司客戶服務熱線 2866 8898 聯絡。我們樂意為您更詳盡解釋閣下的冷靜期權益。

\*\*\*\*\*

#### 「財策服務系統」客戶網上服務

再次感謝您選擇富通保險的產品，我們將繼續竭誠為您提供優質服務。為讓您能隨時隨地查閱及處理保單資料，我們誠意邀請您享用「財策服務系統」客戶網上服務，以便您在網上處理您的富通保險保單。詳情請瀏覽本公司網頁 [www.ageas.com.hk](http://www.ageas.com.hk)。

您有權在任何時間拒絕富通保險使用您的個人資料作直接促銷，我們將不會就此要求而收取任何費用。如果您不希望收到我們的推廣性要約或信息，請把您有關的要求以書面通知我們。有關要求可寄往香港干諾道中 111 號永安中心 27 樓富通保險「保障資料主任」收，或致電富通保險的客戶服務熱線，電話：2866 8898。我們收到您的通知後將停止使用您的個人資料作直接促銷。

客戶服務部 謹啟

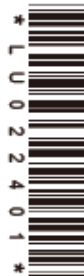
您的顧問及聯絡電話號碼：

NB0016/1001

富通保險一向重視客戶的利益，作為香港保險業聯會屬下的壽險總會成員之一，我們全力支持總會建議為客戶進行「客戶保障分析」，並配合個人需要提供合適的保險 / 投資計劃。閣下所填寫的個人資料將絕對保密，多謝閣下對富通保險的信任及支持。

Ageas strives to provide insurance service in the best interests of our clients. Being a member of the Life Insurance Council of the Hong Kong Federation of Insurers, we fully support the appeal to identify the best insurance / investment solution through undergoing a "Protection needs Analysis" with our valued clients. The personal information provided will be kept confidential and we thank you for your trust and support.

| 第一部份 Part I  |  |
|--|--|
| 個人資料 PERSONAL PARTICULARS  |  |
| 姓名：* 先生 / 太太 / 女士 / 小姐<br>Name * Mr / Mrs / Ms / Miss _____  | 出生日期：____ 日 ____ 月 ____ 年<br>Date of Birth ____ dd ____ mm ____ yy   |
| 職業：<br>Occupation _____  | 婚姻狀況：* 單身 / 已婚<br>Marital Status * Single / Married  |
| 住址：<br>Address _____   | 聯絡電話：<br>Contact No. _____   |
| 受供養家屬之年齡：<br>Age of Dependant(s) _____   | 配偶 Spouse _____<br>父親 Father _____<br>首名子女 First Child _____<br>母親 Mother _____<br>次名子女 Second Child _____<br>第三名子女 Third Child _____<br>其他 Others _____ |
| * 請圈出適當的答案 Please circle the appropriate answer  |  |
| 需要分析 NEEDS ANALYSIS  |  |
| 每年可用作儲蓄 / 投保 / 投資的金額<br>Annual Funds Available For Savings / Insurance / Investment  | HK\$ _____ (F)<br>(F) = (I) - (E)  |
| - 家庭每年總入息 (包括薪酬、花紅、其他收入等)<br>Household Annual Remuneration (inclusive of salary, bonus, other incomes, etc)                  | HK\$ _____ (I)   |
| - 家庭每年總開支 (包括生活開支、租金、按揭供款等)<br>Household Annual Expenses (inclusive of living expenses, rent / mortgage, instalment.....etc) | HK\$ _____ (E)   |
| 可動用資產 (包括儲蓄、股票、債券等)<br>Usable Assets (inclusive of bank saving, stocks, bonds....etc)  | HK\$ _____ (A)   |
| 現有人壽保障額<br>In-force Life Coverage  | HK\$ _____ (L)   |
| 家庭保障 Family Protection   |  |
| 家庭保障所需總額 Family Protection Amount  | HK\$ _____ (P)   |
| <input type="checkbox"/> 樓宇按揭<br>Mortgage Repayment HK\$ _____   | <input type="checkbox"/> 家庭生活開支<br>Living Expenses HK\$ _____  |
| <input type="checkbox"/> 子女教育費<br>Education Fund HK\$ _____  | <input type="checkbox"/> 善終費用<br>Final Expenses HK\$ _____   |
| <input type="checkbox"/> 其他<br>Others HK\$ _____   |  |
| 家庭保障所需淨額 Net Family Protection Amount  | HK\$ _____ (NP)<br>(NP) = (P) - (A) - (L)  |
| 目標儲蓄 Target Savings  |  |
| 目標儲蓄所需總額 Target Savings Amount   | HK\$ _____ (S)   |
| <input type="checkbox"/> 退休基金<br>Retirement Fund HK\$ _____  | <input type="checkbox"/> 教育基金<br>Education Fund HK\$ _____   |
| <input type="checkbox"/> 其他<br>Others HK\$ _____   |  |
| 目標儲蓄所需淨額 Net Target Savings Amount   | HK\$ _____ (NS)<br>(NS) = (S) - (A)  |



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| 建議 RECOMMENDATION   |   |   |
|---|---|---|
| <b>保險 / 投資種類</b><br><b>Product Type(s)</b>  |   |   |
| <input type="checkbox"/> 儲蓄壽險 / Savings Insurance   | <input type="checkbox"/> 投資相連壽險 / Investment – Linked Insurance |   |
| <input type="checkbox"/> 定期壽險 / Term Life Insurance   | <input type="checkbox"/> 其他 / Others _____                      |   |
| <b>投保保額</b><br>Sum Insured HK\$ _____   | <b>每年保費</b><br>Annual Premium HK\$ _____                        |   |
| 評估 EVALUATION   |   |   |
| 所建議的計劃乃切合客戶之：<br>The proposed plan is:  |   |   |
| <input type="checkbox"/> 經濟負擔能力 (F)<br>Affordable by the client   |   |   |
| <input type="checkbox"/> 家庭保障需要淨額 (NP)<br>Designed according to the family protection needs of the client   |   |   |
| <input type="checkbox"/> 目標儲蓄淨額 (NS)<br>Designed according to the savings needs of the client   |   |   |
| <input type="checkbox"/> 財務策劃需要: *樓宇按揭 / 家庭生活開支 / 教育基金 / 退休基金 / 善終費用 / 其他<br>Designed for *mortgage repayment / living expenses / education fund / retirement fund / final expenses / others _____  |   |   |
| <input type="checkbox"/> 所需計劃類別: *儲蓄壽險 / 投資相連壽險 / 定期壽險 / 其他<br>The preferred product type(s): *savings insurance / investment-linked insurance / term life insurance / others _____   |   |   |
| <input type="checkbox"/> 其他<br>Others _____   |   |   |
| 聲明 Declaration  |   |   |
| 本人聲明以上「客戶保障分析」是基於客戶所提供的資料，而作出的建議乃切合其實際需要。<br>I declare that the above "Protection Needs Analysis" is based on the information provided by client in order to recommend the plan that best suits his / her needs.  |   |   |
| 由此文件所示之日開始，此收集個人資料聲明將被視為您與富通保險之間已經簽署或準備簽署的所有合約，協定和其他具有約束力的安排的一個組成部分。<br>This Personal Information Collection Statement shall from the date hereinafter appearing be deemed to form an integral part of all contracts, agreements and other binding arrangements which you have entered into or intend to enter into with Ageas. |   |   |
| _____<br>顧問姓名及編號<br>Consultant Name & Code  | _____<br>簽署<br>Signature  | 日期 _____ 日 _____ 月 _____ 年<br>Date : _____ dd _____ mm _____ yy |
| 本人明白顧問就上述「客戶保障分析」內的資料而作出的分析，並認同顧問所推介的產品切合本人需要及經濟負擔能力。<br>I understand and agree that the consultant has based on the above "Protection Needs Analysis" to recommend insurance / investment plan that is affordable by me and in my best interests.  |   |   |
| _____<br>客戶姓名<br>Name of Client   | _____<br>簽署<br>Signature  | 日期 _____ 日 _____ 月 _____ 年<br>Date : _____ dd _____ mm _____ yy |
| 此「客戶保障分析」之有效期為一年，如閣下在期間向本公司購買額外保障，則毋須再次簽署此表格。<br>The above analysis is valid for one year from date of your signature. If you apply for additional insurance coverage from Ageas during this period, there is no need for you to sign another Protection Needs Analysis Form.   |   |   |



## 第二部份 Part II

### 收集個人資料聲明 Personal Information Collection Statement

在富通保險(亞洲)有限公司(以下簡稱“富通保險”),保護客戶的個人資料私隱是富通保險所持的其中一個核心價值。作為一個提供保險產品和服務的公司,富通保險的個人資料收集和使用是富通保險業務的重要一環。我們尊重您的個人資料的私隱,並致力於完全遵守“個人資料(私隱)條例”(以下簡稱“條例”)。

At Ageas Insurance Company (Asia), we hold as one of our core values the protection of privacy of our customer's personal data. As a provider of insurance products and services, collection and use of personal data of our customers is at the heart of our business. We respect the privacy of our customers' personal data and are committed to fully complying with the Personal Data (Privacy) Ordinance ("the Ordinance").

#### 1. 富通保險所收集及/或持有的個人資料

我們所收集及/或持有的個人資料包括,但不限於:聯絡資料,保單資料,交易記錄,學歷及培訓資料,就業資料,財務資料等。  
The personal data that we collect and/or hold includes, but is not limited to, contact information, policy and health records and information, etc.

### 新加 "收集個人資料聲明" New section of "Personal Information Collection Statement"

Ageas

個人資料,聯絡資料,保單資料,交易記錄,學歷及培訓資料。

(otherwise obtained) includes your personal details, contact information, policy and health records and information, etc., employment details, financial details, medical details, etc.

#### 2. 收集個人資料的重要性 Importance

富通保險會不時地要求您提供您的個人資料,以便我們能夠為您提供富通保險所屬的保險及/或服務。然而,如果您沒有按我們所要求而提供您的個人資料予富通保險,富通保險可能無法提供或繼續提供產品和服務給您。

From time to time, you will be requested to provide your personal data to Ageas. Provision of personal data to Ageas by you is voluntary. However, Ageas may not be able to provide or continue to provide products and services to you if you fail to provide your personal data as requested by us.

#### 3. 個人資料收集和使用的目的 Purposes of Personal Data Collection and Usage

富通保險所持有的您的個人資料可能會用於以下目的:

Your personal data held by Ageas may be used for the following purposes:

i. 保險管理或再保險業務有關的用途,其中包括承保,處理和評估申請,身份和信用檢查,適用性檢查,保單服務,理賠處理,調查,帳戶債務追收,訴訟,通訊,製作統計,數據分析和研究,內部/外界審計,保持優質的服務,銷售和促銷,建設企業品牌和建設客戶忠誠度的活動;

administration of insurance or reinsurance related business, which includes underwriting, processing and evaluation of applications, identity and credit checking, suitability checking, policy servicing, claims processing, investigation, account/debt collection, litigation, communications, preparing statistics, data analysis and research, internal and external audit, maintaining quality services, sales and marketing, corporate brand building and customer loyalty building;

ii. 直接促銷,包括透過電子或其他的渠道推廣,促銷或銷售富通保險的保險或保險相關的產品或服務及/或由第三者金融機構所提供及/或促銷的任何金融相關的產品或服務;及  
direct marketing, which includes promoting, marketing or selling, of Ageas insurance or insurance related products or services and/or any financial related products or services provided and/or marketed by third party financial institutions by electronic or other means; and

iii. 為遵守下列適用於富通保險或富通保險應該遵守的有關披露及使用資料的責任,規定或安排:

complying with the obligations, requirements or arrangements for disclosing and using data that apply to Ageas or with which it is expected to comply according to:

a) 在香港境內或境外,現行或將會存在的,並對其具約束力或適用於其的任何法律;

any law binding or applying to it within or outside Hong Kong existing currently and in the future;

b) 在香港境內或境外,現行或將會存在的,並由任何法定、監管、政府、稅務、執法或其他機構,或由金融服務提供者的自我監管或業界的團體或組織所發出或提供之任何指引或指導;

any guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers within or outside Hong Kong existing currently and in the future;

c) 富通保險因其在本地或海外的司法管轄區或與該司法管轄區相關的金融、商業、營業或其他利益或活動而須承擔與該本地或海外的法定、監管、政府、稅務、執法或其他機構或金融服務提供者的自我監管或業界的團體或組織之間的現有或將來之任何合約承諾或其他承諾。

any present or future contractual or other commitment with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers that is assumed by or imposed on Ageas by reason of its financial, commercial, business or other interests or activities in or related to the jurisdiction of the relevant local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations.

#### 4. 直接促銷 Direct Marketing

在獲得您的同意下,富通保險可能會使用您的姓名,電話號碼,電郵地址和通訊地址作如第3(ii)段所載的直接促銷。請您在以下第8段確認您的同意。如果您提交此表格後,您不希望收到我們的推廣性要約或信息,請通知我們,我們將立即停止使用您的個人資料,並不收取任何費用。請把您的有關要求以書面通知我們的保障資料主任,其聯絡地址載於第7.3段。

Ageas may use your name, telephone number, email address and correspondence address for direct marketing as set out in section 3(ii) only with your consent. Please confirm if you consent in section 8 below. If subsequent to your submission of this form you do not wish to receive our promotional offers or information, please let us know and we will cease to use your personal data immediately, without any charge. Please send your written request to our Data Protection Officer at the address provided in section 7.3.

#### 5. 個人資料保密 Personal Data Confidentiality

富通保險會對您提供的個人資料加以保密,除了可能會與下列各方共享:

The personal data you provide to Ageas will be kept confidential, except that it may be shared with the following parties:

i. 代表您的任何保險經紀,獨立財務顧問作在第3(i)段中所列出的任何用途;

any insurance broker, independent financial advisor acting on your behalf for any of the purposes set out in section 3(i);

ii. 任何富通保險的附屬公司,控股公司,聯營公司或聯屬公司作在第3(i)-(iii)段中所列出的任何用途;

any subsidiary, holding company, associated company or affiliates of Ageas for any of the purposes set out in section 3(i)-(iii);

- iii. 任何富通保險的代理人、承包商或會向富通保險提供行政、電話、電腦、網絡、傳真、付款或其他服務的第三方服務供應商 (包括但不限於風險分析顧問、損失公估人、私人調查員、信函封套服務機構及債務追收員) 作在第3 (i) 和3 (ii) 段中所列出的任何用途;  
any agent, contractor or third party service provider, including but not limited to providers of risk intelligence, loss adjusters, private investigators, letter shopping service providers and debt collectors who provides administrative, telecommunications, computer, Internet, payment or other services to Ageas for any of the purposes set out in section 3(i) and (ii);
- iv. 任何富通保險的實際或建議再保險公司作在第3 (i) 段中所列出的任何用途; 及  
any actual or proposed reinsurers of Ageas for any of the purposes set out in section 3(i); and
- v. 富通保險在根據對其本身或其任何集團公司具約束力或適用的任何法律規定下的責任或其他原因, 或按照及為實施其應遵守的由任何法定、監管、政府、稅務、執法或其他機構或金融服務提供者的自我監管或業界的團體或組織所提供或發出的指引或指導, 或根據與本地或海外之法定、監管、政府、稅務、執法或其他機構或金融服務提供者的自我監管或業界的團體或組織之間的任何合約承諾或其他承諾, 而必須對其作出披露的任何人士, 而該等人士可能處於香港境內或境外及可能是已存在、現有或將來出現的人士。  
any person to whom Ageas is under an obligation or otherwise required to make disclosure under the requirement of any law binding on or applying to Ageas or any of its group companies, or any disclosure under and for the purposes of any guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers with which Ageas is expected to comply or any disclosure pursuant to any contractual or other commitment of Ageas with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers, all of which may be within or outside Hong Kong and may be existing currently and in the future.

**6. 轉移個人資料至香港以外的地方 Transfer of Personal Data Outside Hong Kong**

富通保險可能會不時地將您的個人資料移轉至香港以外的地方作在第3 (i) 和3 (iii) 段中所列出的任何用途, 包括資料處理或貯存。  
Ageas may from time to time transfer your personal data outside Hong Kong for any of the purposes set out in section 3(i) and (iii) including data processing or storage.

**7. 個人資料的查閱/改正要求 Personal Data Access / Correction Request**

**7.1 根據條例的規定, 您有下列權利:**

In accordance with the Ordinance, you have the right to

- i. 查詢富通保險是否持有您的個人資料, 如有, 您有權獲得這些資料的副本;  
check whether Ageas holds personal data about you and, if so, obtain a copy of such data;
- ii. 要求富通保險改正任何有關您的不準確的個人資料; 及  
require Ageas to correct any personal data relating to you which is inaccurate; and
- iii. 確定富通保險對個人資料處理的有關政策和做法, 並獲告知由富通保險持有您個人資料的種類。  
ascertain Ageas policies and practices in relation to personal data and to be informed of the kind of personal data held by Ageas.

**7.2 富通保險有權就處理任何個人資料查閱要求收取合理的費用。**

Ageas has the right to charge a reasonable fee for the processing of any personal data access request.

**7.3 有關要求可向位於香港特別行政區上環干諾道中111號永安中心27樓富通保險(亞洲)有限公司客戶服務中心的「保障資料主任」以書面形式提出。**

Requests should be made in writing to the Data Protection Officer, Ageas Insurance Company (Asia) Limited, 27/F, Wing On Centre, Ageas Insurance Company

**8. 同意使用個人資料**

☐ 富通保險 (Ageas Insurance Company) 希望收到我們的推廣性要約或信  
息, 請在左  
Ageas Ins  
your cons  
left.

客戶必須獨立簽署  
"收集個人資料聲明"  
"Personal Information Collection  
Statement" must be signed  
individually by client

不希望收到我們的推廣性要約或信  
息, 請在右  
Ageas Ins  
your cons  
right.

由此文件所示之日開始, 此收集個人資料聲明將被視為您與富通保險或其集團公司所訂立的所有合約、協定和其他具有約束力的安排的一個組成部分。

This Personal Information Collection Statement shall from the date of its execution and hereinafter appearing be deemed to form an integral part of all contracts, agreements and other binding arrangements entered into or intended to be entered into with Ageas.

在英文和中文版本之間出現差異的情況下, 應以英文版本為準。  
In case of discrepancies between the English and Chinese versions, the English version shall prevail.

申請人姓名 (如非準受保人)  
Name of the Applicant  
(if other than the Proposed Insured)

申請人簽署 (如非準受保人)  
Signature of the Applicant  
(if other than the Proposed Insured)

簽署日期: (日 / 月 / 年)  
Signed on (dd / mm / yy)

準受保人姓名 (適用於18歲或以上)  
Name of the Proposed Insured  
(Applicable to age 18 or above)

準受保人簽署 (適用於18歲或以上)  
Signature of the Proposed Insured  
(Applicable to age 18 or above)

簽署日期: (日 / 月 / 年)  
Signed on (dd / mm / yy)