

**Applicant's Declarations (for business introduced by insurance agents)**

**INVESTMENT LINKED ASSURANCE SCHEME APPLICANT'S DECLARATIONS**

**Section I: Disclosure Declaration**

The insurance intermediary, (insert name and registration number of the relevant insurance agent), has conducted a financial needs analysis for me and I have read the risk disclosure statements as stated in the 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:

- Product features including the policy term and all charges and fees;
- Amount of premium and premium term;
- 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.
- Investment returns are not guaranteed;
- Potential loss associated with any market value adjustment;
- The potential risks as disclosed in the risk disclosure statements, returns, and losses associated with my investment(s);
- 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.

Applicant's Name & Signature \_\_\_\_\_

Date \_\_\_\_\_

**Section II: Suitability Declaration**

I understand and agree that *(tick one only)*:

A  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 indicated in the Needs Analysis Form and Risk Profile Questionnaire.

OR

B  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 my disclosed current needs & risk profile as indicated in the Needs Analysis Form and Risk Profile Questionnaire, I confirm that it is my intention and desire to proceed with my application(s) as explained below:

*(If Box B is ticked, then Applicant must complete explanation in own handwriting in this box)*

OR

C  despite the fact that I am required to complete the Financial Needs Analysis and Risk Profile Questionnaire to ensure that the product(s) to be purchased 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:

*(If Box C is ticked, then Applicant must complete explanation in own handwriting in this box)*

註冊有限公司 Incorporated with limited liability

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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.

\_\_\_\_\_  
Applicant's Name & Signature

\_\_\_\_\_  
Date

*Note: 1 For the purpose of this Declaration, the singular shall impart the plural; the word "I" shall include "we"; & the word "my" shall include "our". For joint applicants, all applicants must sign both sections.*

*2 You are required to inform your agent or us (the insurance company) if there is any substantial change of information provided in the form before the policy is issued.*