

Financial Needs Analysis (“FNA”) Form

The following questions form the minimum required contents of the FNA form:

1. What are your purposes of buying our product? (tick one or more)
 - Life Protection Savings Investment Accident
 - Retirement Education Health Protection
 - Capital Investment Entrant Scheme (“CIES”)
 - Others (Please specify _____)

2. What is your target horizon for insurance policy/investment-linked assurance scheme? (tick one)
 - < 1 year 1-5 years 6-10 years
 - 11-20 years > 20 Years

3. Your capacity to pay premiums for insurance or to contribute to investments:
 - a. What is your average monthly income from all sources in the past 2 years? (tick one or more)
 - i. Specific amount: Not less than HK\$ _____ per month
 - or ii. In the following range:
 - a) less than HK\$4,000
 - b) HK\$4,001 - HK\$9,999
 - c) HK\$10,000 - HK\$19,999
 - d) HK\$20,000 - HK\$49,999
 - e) HK\$50,000 - HK\$100,000
 - f) over HK\$100,000.

 - b. What is your approximate current accumulative amount of liquid assets? Please specify type and amount: Type : _____ [HK\$ _____]

Note: Liquid assets are assets which may be easily turned into cash, for example, cash, money in bank accounts, money market accounts, actively traded stocks, bonds and mutual funds and US Treasury bills. However, real estate, coin collection and artwork are not considered to be liquid assets.

 - c. For how long are you able to contribute to an insurance policy and/or investment plan? (tick one)
 - < 1 year 1-5 years 6-10 years
 - 11-20 years > 20 Years

 - d. Approximately what percentage of your income would you be able to use to pay your monthly premium for the entire term of the insurance policy/investment plan in (c) above? (tick one)
 - i) 10% - 20%
 - ii) 21% - 30%
 - iii) 31% - 50%
 - iv) >50%

- e. In considering your ability to make payments, what are your sources of funds?
(tick one or more)
- i) salary
 - ii) income
 - iii) savings
 - iv) income from other investments
 - v) accumulative savings & investments
 - vi) others (Please specify _____)

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

*(Applicant must complete explanation in **own** handwriting in this box.)*

Applicant's Name

Applicant's Signature

Date

Note: You are required to inform us (the insurance company) if there is any substantial change of information provided in this form before the policy is issued.