

## Financial Needs Analysis ("FNA") Form

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

1. What are your purposes of buying our product? (tick one or more)
 

<input type="checkbox"/> Life Protection	<input type="checkbox"/> Savings	<input type="checkbox"/> Investment	<input type="checkbox"/> Accident
<input type="checkbox"/> Retirement	<input type="checkbox"/> Education	<input type="checkbox"/> Health Protection	
<input type="checkbox"/> Others (Please specify _____)			
  
2. What is your target horizon for insurance policy/investment linked assurance scheme? (tick one)
 

<input type="checkbox"/> < 1 year	<input type="checkbox"/> 1-5 years	<input type="checkbox"/> 6 - 10 years
<input type="checkbox"/> 11-20 years	<input type="checkbox"/> > 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 amount: [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)
 

<input type="checkbox"/> < 1 year	<input type="checkbox"/> 1-5 years	<input type="checkbox"/> 6 - 10 years
<input type="checkbox"/> 11 -20 years	<input type="checkbox"/> > 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)
 

<input type="checkbox"/> 10% - 20%	<input type="checkbox"/> 31% - 50%
<input type="checkbox"/> 21% - 30%	<input type="checkbox"/> >50%
  
  - e. In considering your ability to make payments, what are your sources of funds? (tick one or more)
 

<input type="checkbox"/> salary	<input type="checkbox"/> income from other investments
<input type="checkbox"/> income	<input type="checkbox"/> accumulative savings & investments
<input type="checkbox"/> savings	<input type="checkbox"/> 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 and Signature

\_\_\_\_\_  
Date

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