下載國壽海外APP
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財務需要分析表 - (適用於公司/組織為(準)保單持有人)
Financial Needs Analysis Form - (Applicable To Company/Entity As (Proposed) Policyholder)

(準)保單持有人名稱 Name of (Proposed) Policyholder	(準)受保人姓名 Name of (Proposed) Insured	要保書/保單號碼 Application/Policy No.

保險中介人資料 INSURANCE INTERMEDIARY INFORMATION

保險中介人姓名 Name of Insurance Intermediary

保險中介人編號 Insurance Intermediary's Code

聯絡電話 Contact No.

重要事項 IMPORTANT NOTES

1. 此表格應由(準)保單持有人以正楷填寫及簽署。This form is to be filled in BLOCK LETTERS and signed by (Proposed) Policyholder.
2. 請在適當的格內填上「√」。Please tick the appropriate boxes where applicable.

第一部份 Part I

A1. (準)保單持有人之資料 Particulars of (Proposed) Policyholder

(1)(準)保單持有人名稱 (Proposed) Policyholder's Name		(2) 公司成立日期 Date of Incorporation	______/______/______ 年 Year 月 Month 日 Day
(3) 業務性質 Nature of Business		(4) 公司成立地 Place of Incorporation	
(5) 聯絡電話 Contact No.		(6) 公司要員/員工數目 No. of Key-man/Employee	
(7) 註冊地址 Registered Address			
(8) 營運地址(如與註冊地址不同) Operation Address (If different from Registered Address)			
(9) 投保目的 Purpose of Insurance Application	☐ 要員保險 Key-man Insurance ☐ 僱員福利 Employee Benefit ☐ 其他 Other ____________		
(10) 閣下是否計劃以保費融資方式繳付保費？[如是，請完成及遞交《重要資料聲明書——保費融資》(IFS-PF)] Are you planning to pay the premium by premium financing?[if yes, please complete and submit "Important Facts Statement – Premium Financing" (IFS-PF)]			☐ 是 Yes ☐ 否 No

A2. (準)受保人之個人資料 Personal Particulars of (Proposed) Insured

(1) 姓名 Full Name (須與身份證明文件相同 As shown on Identification Document)			
中文姓名 Name in Chinese	姓名(全名)		
英文姓名 Name in English	Surname	Middle and Other name(s)	
(2) 出生日期 Date of Birth	______/______/______ 年 Year 月 Month 日 Day	(3) 性別 Sex	☐ 男 M ☐ 女 F
(4) 目標退休年齡 Target Retirement Age	☐ 60 歲 Age ☐ 已退休 Retired	☐ 65 歲 Age ☐ 不適用 Not Applicable	☐ 其他 Other ______歲 Age (請註明 Please specify)
(5) 職位 Position		(6) 持有公司股份百分比 Percentage of shares owned	
(7) 每年薪金/收入(港幣$) Annual Salary/ Income (HK$)		(8) 與(準)保單持有人的關係 Relationship with (Proposed) Policyholder	☐ 要員 Key-man ☐ 董事/股東 Director/Shareholder ☐ 其他 Other____________
(9) 在公司任職年期 Years of Working in the Company			

要保書/保單號碼 Application/Policy No.

B. (準)保單持有人之財務狀況 Financial Details of (Proposed) Policyholder

經常性收入/固定收入 Regular Income	每月收入 (港幣$) Monthly Income (HK$)	開支 Financial Outgoings	每月支出 (港幣$) Monthly Outgoings (HK$)
(1)營業收入 Business Turnover		(6) 每月營運生活開支（包括每月商業貸款供款/租金） Monthly operation expenses (including monthly commercial loan repayment / rental)	
(2)租金收入 Rental Income		(7) 月度化保費 Monthly Insurance Premium	
(3)流動資產收入(如利息/股息) Income from liquid assets (interest / dividends)		(8) 所有保險公司的現有保單每月需償還保費融資 / 保單抵押及利息 Monthly repayment and interest for premium financing/ pledging of existing insurance policies in all insurance companies	
(4)其他經常收入(如利息) Other recurring income e.g. interest		(9)其他開支 (如私人貸款/透支還款等) Other expenses (e.g. personal loan/ overdraft repayment, etc.)	
(5)每月總收入 **Monthly Total Income = (1)+(2) +(3)+(4)**		**(10)每月總支出** **Monthly Total Outgoings = (6) +(7) +(8) +(9)**	
(11) 每月淨收入 / 可動用收入 **Monthly Net Income / Disposable Income = (5) – (10)**		**港幣$ / HK$**	
(12) 全年總淨收入 / 可動用收入 **Total Annual Net Income / Disposable Income = (11) x 12**		**港幣$ / HK$**	

C. (準)保單持有人之資產狀況 Asset Details of (Proposed) Policyholder

流動資產 Liquid Assets	港幣$ / HK$	債務 Liabilities	港幣$ / HK$
(1)現金及銀行存款 Cash and deposit(s) in bank		(4)保費融資/保單抵押 **(**所有保險公司的現有未償還的本金及利息**)** Premium financing / Pledging **(**Outstanding principal and interest repayment of existing policies issued by all insurance companies**)**	
(2)其他流動資產 Other liquid assets (如股票/證券/債券/互惠基金/單位信託等 e.g. Stocks / Securities / Bonds /Mutual Funds /Unit Trust etc)		(5)其他未償還欠債 / 貸款 Other outstanding debts / loan	
		(6)物業按揭貸款額 Outstanding mortgage loan	
(3)流動資產總值 **Total Liquid Assets = (1) + (2)**		**(7)總債務** **Total Liabilities = (4) + (5) + (6)**	
(8)流動資產總淨值 **Total Net Liquid Assets = (3) - (4) - (5)**		**港幣$ / HK$**	
(9)固定資產(如物業市值、人壽保險現金價值、公積金 / 強積金總額等) **Fixed Asset** (e.g. property market value, cash value of life insurance, total amount of pension/MPF etc.)		**港幣$ / HK$**	
(10)資產總淨值 **Total Net Assets = (3) + (9) - (7)**		**港幣$ / HK$**	

第二部份 財務需要 Part II Financial Needs

A. 家庭保障需要(準受保人) Family Protection Need (Proposed Insured)

家庭負擔 Family Commitments	港幣$ / HK$	保險保障 Insurance Protections	港幣$ / HK$
(1) 未來家庭生活總支出 Total Future Family Living Expenses		(6) 現有人壽保障金額 Existing Life Insurance Coverage	
(2) 教育支出需要 Education Fund Needs		(7) 正在申請中的人壽保障金額 Life Insurance Coverage Applying	
(3) 負債(按揭/借貸等) Liabilities (Mortgage Loan /Debts etc.)		**(8) 現有及申請中的人壽保障金額** **Total Life Coverage Including Applying = (6) + (7)**	
(4) 其他支出 (善終費用/遺產稅等) Other Expenses (Funeral Expenses/Estate Duties etc.)		**(9) 額外總家庭保障需要** **Extra Total Family Protection Needs = (5) - (8) -流動資產總淨值 Total Net Liquid assets (Part1 Section C (8)**	
(5) 總家庭負擔 = (1) + (2) + (3) + (4) **Total Family Commitments**			

B. 危疾/醫療保障計劃(準受保人) Critical Illness/Medical Protection Planning(Proposed Insured)

家庭負擔 Family Commitments	港幣$ / HK$	保險保障 Insurance Protections	港幣$ / HK$
(1) 未來家庭生活總支出 Total Future Family Living Expenses		(3) 現有危疾/醫療保障金額 Existing Critical Illness/ Medical Coverage	
(2) 預計危疾/醫療護理費用 Expected Critical Illness/Medical Expenses		**(4) 額外危疾/醫療保障需要 Extra Critical Illness/Medical Protection needs = (1) + (2) - (3)**	

C. 財富增值計劃/退休計劃(準保單持有人/準受保人)
Wealth Accumulation Planning /Retirement Planning (Proposed Policyholder /Insured)

(1) 預期儲蓄/投資年期/目標退休年期 Target Years of Savings /Investment /Retirement	年/Year(s)
(2) 理財目標 Financial Target/退休需要 Retirement Needs 除了現時流動資產總值外，在上述預期時間下的額外目標儲蓄/投資金額/退休資金需要 Apart from current Total Liquid Assets, the extra target saving /investment /retirement needs amount within the aforesaid expected timeframe	港幣$ HK$

D. 要員保障需要(準保單持有人) Key-man Protection Need(Proposed Policyholder)

額外要員保障需要 Extra Key-man Protection Needs	**港幣$ / HK$**

客戶須知：本財務需要分析表格旨在協助尋找適合的保險產品，以滿足閣下的需要及情況。請回答本表格所述的所有問題。請勿於未完成回答本表格的所有問題或於任何問題被刪除的情況下簽署本表格。請勿在空白的表格上簽署。如在本表格中提供的資料有任何重大變更，請告知我們（保險公司）。
Notes to customer: This FNA form is to facilitate the identification of suitable insurance product(s) to meet your needs and circumstances. Please answer all questions in this form. Do NOT sign on this form if any questions are unanswered or have been crossed out. Do NOT sign on blank form. You need to inform us (the insurance company) if there is any substantial change of information provided in this form.

第三部份「財務需要分析」Part III Financial Needs Analysis

1. 閣下購買保險產品的目標為何？（勾選一項或多項）
What are your objectives for seeking to purchase an insurance product? (tick one or more)
☐ (a) 為應付不時之需提供財務保障 (如身故、意外、殘疾等) Financial protection against adversities (e.g. death, accident, disability etc.)
☐ (b) 為應付醫療保健需要 (如危疾、住院等) Preparation for health care needs (e.g. critical illness, hospitalization etc.)
☐ (c) 為未來提供定期的收入(如退休收入等) Providing regular income in the future (e.g. retirement income etc.)
☐ (d) 為未來需要作儲蓄 (如兒童教育、退休等) Saving up for the future (e.g. child education, retirement etc.)
☐ (e) 投資Investment (請回答1.1 Please answer 1.1)
☐ (f) 其他Others (請說明Please specify ____________________)

以下是問題1的補充問題，僅適用在上述問題1中選擇「投資」作為目標之一的情況
The supplementary question to Q1 below is applicable only if "Investment" is chosen as one of the objectives in Q1 above

1.1 為實現上述「投資」的目標，閣下希望如何管理保險產品項下的不同投資選項／投資選擇（如有）？（勾選一項）
To meet your "Investment" objective indicated above, how would you prefer to manage different investment options/investment choices, if available, under the insurance product? (tick one)

☐ (a) 本人願意按個人決定（毋須獲授權保險人及／或持牌保險中介人提供任何專業意見的情況）選擇及管理保險產品項下的不同投資選項／投資選擇（如有），並且願意在保險產品的目標利益／保障期的整個期間作出此決定。
I want to make my own decisions (without any professional advice to be provided by the authorized insurer and/or licensed insurance intermediaries) to choose and manage different investment options/investment choices, if available, under an insurance product, and I am willing to do it throughout the entire duration of the target benefit/protection period of an insurance product.

☐ (b) 本人願意按個人決定（經獲授權保險人及／或持牌保險中介人提供專業意見的情況）選擇及管理保險產品項下的不同投資選項／投資選擇（如有），並且願意在保險產品的目標利益／保障期的整個期間作出此決定。
I want to make my own decisions (with professional advice to be provided by the authorized insurer and/or licensed insurance intermediaries) to choose and manage different investment options/investment choices, if available, under an insurance product, and I am willing to do it throughout the entire duration of the target benefit/protection period of an insurance product.

☐ (c) 本人不願意選擇或管理保險產品項下的不同投資選項／投資選擇（如有）。
I do not want to choose or manage different investment options/investment choices, if available, under an insurance product.

2. 閣下的保單目標利益／保障期／實現目標金額的預期時間*為？（勾選一項）
What is your target benefit/protection period/expected timeframe for meeting the target amount for insurance policy? (tick one)

(1) ☐ < 1 年 year　(2) ☐ 1-5 年 years　(3) ☐ 6-10 年 years　(4) ☐ 11-15 年 years
(5) ☐ 16 - 20 年 years　(6) ☐ > 20 年 years　(7) ☐ 終身 Whole of life

註：* 如投保單將不能於實現目標金額的預期時間達至預期總儲蓄金額，請準備足夠收入及/或流動資產去應付突發需要。
Note: *If the expected timeframe for meeting the target amount cannot reach expected total savings amount, please prepare sufficient income and/or liquid asset for emergency use.

3. 閣下繳付保費的能力及意願： Your ability and willingness to pay insurance premiums :

(a) i 在過去兩年內，閣下透過所有收入來源（包括流動資產收入）獲得的平均每月可動用收入（即經扣除開支後）為？
What is your average monthly disposable income (i.e. after deducting the expenditure) from all sources (including income from liquid assets) in the past 2 years?

*如與第一部份B (10)的答案相同，**毋須作答**，否則，請列出每月收入的金額（港幣）:*
*If same as the answer of Part 1 B (10), **No Need to Answer**. Otherwise, please state the amount of monthly income (HKD):*

(a) ii 閣下現時的流動資產總淨值約有多少？
What is your approximate current amount of total net liquid assets?

*與第一部份 C (8)的答案相同，**毋須作答** Same as the answer of Part 1 C (8), **No Need to Answer**.*

(b) 閣下支付保費的資金及/或財富來源是什麼?（勾選一項或多項）
What is the source of funds and/or wealth for your premium payments? (tick one or more)

☐ 淨收入 Net Income (如淨利潤/租金/利息等 e.g. Net Profit, Rental Income, Interest, etc.) (請回答(b)i Please complete (b)i)

☐ 淨流動資產 Net Liquid Assets (如儲蓄/投資等 e.g. Savings, Investments, etc.) (請回答(b)ii Please complete (b)ii)

(b) i.在整個保單期內，閣下能夠及願意繳付的保費佔閣下每月淨收入的比率為？（勾選一項）
What percentage of your monthly net income would you be able and willing to use to pay for the insurance premium throughout the entire term of the insurance policy? (tick one)

(1) ☐ < 10% (2) ☐ 10% - 20% (3) ☐ 21% - 30% (4) ☐ 31% - 40% (5) ☐ 41% - 50% (6) ☐ > 50%

(b) ii.在整個保單期內，閣下能夠及願意繳付的保費佔閣下個人的流動資產總淨值比率為？(勾選一項)
What percentage of your net liquid assets would you be able and willing to use to pay for the insurance premium throughout the entire term of the insurance policy? (tick one)

(1) ☐ < 10% (2) ☐ 10% - 20% (3) ☐ 21% - 30% (4) ☐ 31% - 40% (5) ☐ 41% - 50% (6) ☐ > 50%

(c) 閣下能夠及願意為保單支付保費的年期為？（勾選一項）For how long are you able and willing to pay for an insurance policy? (tick one)

(1) ☐ 2 - 5 年 years (2) ☐ 6-10 年 years (3) ☐ 11-15 年 years (4) ☐ 16-20 年 years

(5) ☐ 超過 20 年 More than 20 Years

(6) ☐ 終身 Whole of life

(7) ☐ 不超過港幣________________________的一次性付款 A single payment of not more than HK$________________________

4 根據閣下的上述選項，持牌保險中介人曾與閣下討論下列保險產品的選擇(因應中介人所能提供的產品)，以迎合閣下選購保險產品的目標及滿足閣下的需要：
Based on your answers to the questions above, the licensed insurance intermediary concerned has explored the following insurance product(s) (as available to the licensed insurance intermediary) to meet your objective(s) and need(s):

(i). 目標 (問題1) Objective(s) (Q1)	(ii)「投資」選項/選擇(如適用) (問題1.1) “Investment” options/ choices (if applicable) (Q1.1)	(iii) 曾介紹的保險產品名稱 Name of Insurance Product(s) recommended	(iv) 選購產品(✓) Selected Product (✓)

要保書/保單號碼 Application/Policy No.

第四部份 保險中介人建議理由 Part IV Reason(s) for Recommendation by Insurance Intermediary

A. 推介的原因 Reason(s) of recommendation

請保險中介人填妥推介保險產品給客戶的原因：
Please complete the reason(s) of recommending insurance product(s) to customer by insurance intermediary:

☐ 根據客戶選購產品的目標及投資選項/選擇(如適用)，推介了上述配合供款年期、保障 / 實現目標金額年期、財政狀況和需要的產品。
According to the customer's objective(s) and "investment" options/choices (if applicable) for seeking to purchase an insurance product, the above is/are recommended which fit(s) premium paying term, protection period/expected timeframe for meeting the target amount, financial situations and needs.

☐ **只有一份**保險產品符合客戶購買保險產品的目標及投資選項/選擇(如適用)、供款年期、保障 / 實現目標金額年期、財政狀況和需要。
Only ONE product fulfills customer's objective(s) and "investment" options/choices (if applicable), premium payment term, protection period/expected timeframe for meeting the target amount, financial situations and needs.

☐ 其他
Other(s)：______________________________

____

B. 選購產品的投保額未符合客戶需要的原因(如適用) Reason(s) of Selected Product's Insurance Coverage not Matching with Customer's Need(s) (if applicable)

如選購產品為保障型產品(例如**人壽 / 危疾**)，其投保額與客戶的保障需要相差超過 20%，請保險中介人在以下確定原因。
If selected product is a protection product (e.g. **life insurance / Critical illness**) and its coverage has variance of more than 20% versus the protection needs, please complete below by the insurance intermediary.

☐ 投保額**高於**客戶的保障需要超過 20%，以抵抗通脹。
The sum insured is **higher than** the customer's protection needs by **exceeding 20%** for fighting against inflation.

☐ 投保額**低於**客戶的保障需要超過 20%，因為客戶的保費供款限制。
The sum insured is **less than** the customer's protection needs by **exceeding 20%** for the reason of customer's premium payment limitation.

☐ 其他原因：
Other Reason(s):______________________________

____

C. 選購產品的目標儲蓄/投資金額/退休需要未符合客戶需要的原因(如適用) Reason(s) of Selected Product's Target Saving/ Investment Amount /Retirement Needs not Matching with Customer's Need(s) (if applicable)

如選購產品的目標儲蓄/投資金額與客戶的需要(「理財目標」)相差超過 20%，請保險中介人在以下確定原因。
If the target saving/ investment amount of the selected product has variance of more than 20% versus the needs ("Financial Target"), please complete below by the insurance intermediary.

☐ 目標儲蓄/投資金額/退休需要**高於**客戶的需要超過 20%，以抵抗通脹。
The target saving/ investment /retirement needs amount is **higher than** the customer's needs by **exceeding 20%** for fighting against inflation.

☐ 目標儲蓄/投資金額/退休需要**低於**客戶的需要超過 20%，因為客戶的保費供款限制。
The target saving/ investmen/retirement needs amount is **less than** the customer's needs by **exceeding 20%** for the reason of customer's premium payment limitation.

☐ 客戶根據自身當前的資產配置情況，明白與目標儲蓄/投資金額/退休需要相差**超過** 20%，仍願意投保此產品。
Having reviewed their current asset allocation and acknowledged a variance of **over 20%** from their target saving/ investment /retirement needs, the proposed policyholder is still willing to proceed with the purchase of this product.

☐ 其他原因
Other Reason(s):______________________________

____

收集個人資料聲明 PERSONAL INFORMATION COLLECTION STATEMENT

中國人壽保險（海外）股份有限公司 （於中華人民共和國註冊成立之股份有限公司）（下稱“本公司”）明白其在《個人資料（私隱）條例》下就個人資料的收集、持有、處理或使用所負有的責任。本公司僅將為合法和相關的目的收集個人資料，並將採取一切切實可行的步驟，確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟，確保個人資料的安全性，及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。
閣下的個人資料為自願提供。敬請注意，如果閣下不向本公司提供所需的個人資料，本公司可能無法提供閣下要求的資料、產品或服務。

在本收集個人資料聲明（“本聲明”），下列詞語將具有以下的含義：
“本公司關聯方”指本公司任何附屬公司、本公司任何聯營公司、以及本公司的母公司、母公司任何附屬公司、母公司任何聯營公司，為避免疑義，中國人壽保險（集團）公司集團內之公司（ “本公司關聯方” 應作相應解釋）。

目的：本公司不時有必要使用閣下的個人資料作下列用途：

1. 向閣下推介、提供和營銷本公司、本公司關聯方或本公司聯合品牌合作夥伴的產品／服務（參閱下文“為直接促銷目的而使用個人資料” 部份），以及提供、維持、管理和操作該等產品／服務；
2. 處理和評估閣下就本公司及本公司關聯方的產品／服務提出的任何申請或要求；
3. 向閣下提供後續服務(包括但不限於健康檢測和／或健康管理服務)及執行/管理已發出的保單，包括但不限於增加、更改、變更、撤銷、續期或恢復；
4. 就本公司和／或本公司關聯方提供的任何產品／服務而由與閣下或其他索賠方提出的、針對閣下或其他索賠方提出的、或者其他涉及閣下或其他索賠方的任何索賠相關的任何目的，包括對索賠進行調查；以及偵測和防止欺詐行為（無論是否與就此申請而發出的保單有關）所需的目的；
5. 評估閣下的財務需求；
6. 為本公司和 / 或本公司關聯方設計新的產品／服務或改進現有的產品 / 服務；
7. 為本公司和 / 或本公司關聯方、金融服務行業或相關的監管機構的統計或類似目的進行市場或精算研究；
8. 基於本聲明所列的任何目的，將本公司不時持有並與閣下有關的任何資料進行調查；
9. 滿足任何適用已存在、現有或將來法律、規則、規例、實務守則或指引要求，或協助在香港或香港以外其他地方的警方或其他政府或監管機構執法及進行調查；
10. 進行身份和／或信用核查和／或債務追收；
11. 開展與本公司業務經營有關的其他服務；
12. 就閣下在本公司持有的任何帳戶或本聲明未來的變更發出行政性通訊；
13. 根據第 112 章 《稅務條例》中自動交換財務帳戶資料的規定，進行所需的盡職審查程序；及
14. 與上述任何目的直接有關的其他目的。

個人資料的移轉：個人資料將予以保密，但在遵守任何適用法律條文的前提下，可移轉予：

1. 任何本公司關聯方；
2. 就本公司和／或本公司關聯方提供的任何產品／服務而由閣下或針對閣下提出的、或其他涉及閣下的任何索賠相關的任何人士（包括私人調查方和索賠調查公司）；
3. 就本公司和／或本公司關聯方所提供產品／服務的任何代理、承包商或第三方，包括任何再保險公司、保險中介、基金管理公司、健康管理機構或金融機構；
4. 就業務經營關係向本公司和／或本公司關聯方提供行政、技術、數據處理、電訊、電腦、支付、債務追收、電話中心服務、直接促銷服務或其他服務的任何代理、承包商或第三方；
5. 協助收集閣下資料或與閣下聯絡的其他公司，例如研究公司、信貸資料機構或（在出現拖欠還款的情況下）追討欠款公司；
6. 本公司權利或業務的任何實際或建議的承讓人、受讓方、參與者或次參與者；
7. 任何適用已存在、現有或將來法律、規則、規例、實務守則或指引要求或規定本公司和／或本公司關聯方向其作出披露的任何政府部門或其他適當的政府或監管機關（被移轉的資料或會進一步轉交予其他司法管轄區的政府部門或適當的政府或監管機關）；及
8. 任何金融服務供應商的行業協會或聯會；
9. 預防保險詐騙偵測的人士，而他們只能在有合理需要履行預防保險詐騙目的之情況下才可收集和使用個人資料：保險理算人、代理和經紀；僱主；醫護專業人士；醫院；會計師；財務顧問；律師；防欺詐組織；其他保險公司（無論是直接地，或是通過防欺詐組織或本段中指名的其他人士）；和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其運營者）。

閣下的個人資料可能會提供給上述任何一方（該方可能位於香港境內或境外）。而就此而言，閣下同意將閣下的資料移轉至香港境外。

閣下的個人資料將僅為上文中規定的一個或多個有關目的而被移轉。如欲瞭解本公司為推廣或促銷目的而使用閣下的個人資料的政策，請參閱下文“為直接促銷目的而使用個人資料”部份。

為直接促銷目的而使用個人資料：本公司打算：

1. 使用本公司不時持有的閣下的姓名、聯絡資料、產品和服務的組合資料、交易模式和行為、財政背景和統計數據以進行直接促銷；
2. 就本公司、本公司關聯方和本公司聯合品牌合作夥伴可能提供下列類別的產品和服務進行直接促銷（包括提供獎賞、客戶或會員優惠計劃）：
   (a) 保險、年金、銀行、財富管理、退休計劃、投資、金融服務、信用卡、證券以及相關產品和服務；及
   (b) 有關健康、保健及醫療、餐飲、體育活動、會籍及相關產品和服務；
3. 上述產品和服務將可能由本公司和／或下列機構提供：
   (a) 任何本公司關聯方；
   (b) 第三方金融機構；
   (c) 提供本部份第 2 段所列的產品及服務的本公司、本公司關聯方和本公司聯合品牌合作夥伴；
   (d) 第三方獎賞、客戶或會員優惠計劃的提供者；及
   (e) 支援本公司或任何以上所列機構提供本部份第 2 段所列的產品及服務的外部服務提供者；
4. 除由本公司促銷上述產品和服務外，本公司亦有意將本部份第 1 段所述的資料提供予本部份第 3 段所述的全部或任何人士，以供該等人士作促銷該等產品及服務之用；
5. 本公司需取得閣下的書面同意（包括表示不反對）方可為任何推廣或促銷目的而使用並向上文所述的第三方提供資料。

閣下可隨時撤回給予本公司有關使用閣下的個人資料及提供予第三方作直接促銷用途的同意，而本公司將在不收取任何費用的情況下停止使用該等資料作直接促銷用途。閣下如欲撤回閣下給予本公司的同意，請聯絡本公司的個人資料保護主任（詳情參閱下文）。

個人資料的查閱和更正：根據《個人資料（私隱）條例》，閣下有權查明本公司是否持有閣下的個人資料，更正任何不準確的資料，以及查明本公司有關個人資料的政策及常規。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。

查閱和更正的要求，或有關獲取政策、常規及所持的資料種類的資料，均應以書面形式發送至：
個人資料保護主任
中國人壽保險（海外）股份有限公司
香港灣仔軒尼詩道 313 號中國人壽大廈 22 樓
電話：(+852) 3999 5519　傳真：(+852) 2892 0520

本公司有權就因處理任何查閱個人資料的要求收取合理費用。

China Life Insurance (Overseas) Company Limited(incorporated in the People's Republic of China with limited liability) (the “Company”) recognizes its responsibilities in relation to the collection, holding, processing or use of personal data under the Personal Data (Privacy) Ordinance. Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorized or accidental access, erasure or other use.
The provision of your personal data is voluntary. Please note that if you do not provide us with the required personal information, the Company may not be able to provide your requested information, products or services.

In this Personal Information Collection Statement (“PICS”), the following terms shall have these following meanings:-
“Our affiliates” means any subsidiary undertaking of the Company, any associated company of the Company, and parent undertaking of the Company, any subsidiary undertaking of parent undertaking, any associated companies undertaking of parent undertaking, for the avoidance doubt, undertaking within the group of China Life Insurance (Group) Company (“Our affiliates” shall be construed accordingly).

Purpose: From time to time it is necessary for us to use your personal data for the following purposes:

1. offering, providing and marketing to you the products/services of the Company, our affiliates or our co-branding partners (see “Use of Personal Data for Direct Marketing Purposes” below), and administering, maintaining, managing and operating such products/services;
2. processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates;
3. providing subsequent services (including but not limited to health inspection / management) to you and administering the policies issued including but not limited to additions, alterations, variations, cancellation, renewal or reinstatement;
4. any purposes in connection with any claims made by or against or otherwise involving you or other claimants in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims; detect and prevent fraud (whether or not relating to the policy issued in respect of this application);
5. evaluating your financial needs;
6. designing new or enhancing existing products/services of the Company and/or our affiliates;
7. conducting market or actuarial research for statistical or similar purposes undertaken by the Company and/or our affiliates, the financial services industry or our respective regulators;
8. investigating any data held which relates to you from time to time for any of the purposes listed herein;
9. meeting requirements imposed by any applicable, present, existing or future law, rules, regulations, codes of practice or guidelines or assisting with law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;
10. conducting identity and/or credit checks and/or debt collection;
11. carrying out other services in connection with the operation of the Company’s business;
12. sending out administrative communications about any account you may have with the Company or about future changes to this PICS;
13. performing relevant due diligence procedures in accordance with the Common Reporting Standard (or Automatic Exchange of Financial Account Information) as set out in the Inland Revenue Ordinance (Cap. 112); and
14. other purposes directly relating to any of the above.

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be transferred to:

1. any of our affiliates;
2. any person (including private investigators and claims investigation companies) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates;
3. any agent, contractor or third party who provide services in connection with the product/services provided by the Company and/or our affiliates, including any reinsurance company, insurance intermediary, fund management company , health management institution or financial institution;
4. any agent, contractor or third party who provides administrative, technology, data processing, telecommunications, computer, payment, debt collection, call centre services, direct marketing services or other services to the Company and/or our affiliates in connection with the operation of its business;
5. other companies who help gather your information or communicate with you, such as research companies and credit reference agencies or, in the event of default, debt collection agencies;
6. any actual or proposed assignee, transferee, participant or sub-participant of our rights or business;
7. any government department or other appropriate governmental or regulatory authority (which may be further transferred to governmental or regulatory authority of certain other jurisdiction(s)) to whom the Company and/or our affiliates are requested or required by any applicable, present, existing or future law, rules, regulations, codes of practice or guidelines to make disclosures;
8. any financial services provider industry association or federation;
9. any person preventing and detecting insurance fraud, who may collect and use the personal data only as reasonably necessary to carry out the purposes of preventing and detecting insurance fraud: insurance adjusters, agents and brokers; employers; health care professionals; hospitals; accountants; financial advisors; solicitors; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information.

Your personal data may be provided to any of the above parties who may be located in Hong Kong or outside of Hong Kong, and in this regard you consent to the transfer of your data outside of Hong Kong.

Transfer of your personal data will only be made for one or more of the purposes specified above. For our policy on using your personal data for promotional or marketing purposes, please see the section entitled “Use of Personal Data for Direct Marketing Purposes”.

Use of Personal Data for Direct Marketing Purposes: The Company intends to:

1. Use your name, contact details, products and services portfolio information, transaction pattern and behaviour , financial background and demographic data held by the Company from time to time for direct marketing;
2. Conduct direct marketing (including providing reward, loyalty or privileges programmes) in relation to the following classes of products and services that the Company, our affiliates and our co-branding partners may offer:
   (a) insurance, annuities, banking, wealth management, retirement plans, investment, financial services, credit cards, securities and related products and services; and
   (b) health, wellness and medical, food and beverage, sporting activities, memberships and related products and services;
3. The above products and services may be provided by the Company and/or:
   (a) any of our affiliates;
   (b) third party financial institutions;
   (c) the Company, our affiliates and our co-branding partners providing the products and services set out in 2;
   (d) third party reward, loyalty or privileges programme providers; and
   (e) external service providers supporting the Company or any of the above listed entities in providing the products and services set out in 2.
4. In addition to marketing the above products and services, the Company also intends to provide the data described in 1 above to all or any of the persons described in 3 above for use by them in marketing those products and services;
5. The Company requires your written consent (which includes an indication of no objection) to use and provide the data to the third parties as set out above for any promotional or marketing purpose.

You may withdraw your consent to the use and provision to a third party of your personal data for direct marketing purposes at any time, and thereafter the Company shall, without charge to you, cease to use such data for direct marketing purposes. If you wish to withdraw your consent, please contact the Company’s Personal Data Protection Officer (details below).

The Company has the right to charge a reasonable fee for the processing of any data request. **Access and correction of personal data:** Under the Personal Data (Privacy) Ordinance, you have the right to ascertain whether the Company holds your personal data, to correct any data that is inaccurate, and to ascertain the Company's policies and practices in relation to personal data. You may also request the Company to inform you of the type of personal data held by it.

Requests for access and correction or for information regarding policies and practices and types of data held should be addressed in writing to:

The Personal Data Protection Officer
China Life Insurance (Overseas) Company Limited
22/F, CLI Building, 313 Hennessy Road,
Wan Chai, Hong Kong
Telephone: (+852) 3999 5519 Fax: (+852) 2892 0520

The Company have the right to charge a reasonable fee for the processing of any data request.

聲明和授權：本人／我們確認本人/我們已閱讀並明白收集個人資料聲明（“本聲明”）。本人／我們特此確認並同意公司根據本聲明使用和移轉本人/我們的個人資料，包括為直接促銷之目的使用和提供本人／我們的個人資料。本人/我們已取得在此申請提供第三方資料（如有）所需的同意。本人／我們確認並同意為本聲明中所述之目的將本人／我們的個人資料移轉至香港境外給本聲明所述的承轉人的類別。

重要提示：請於以下簽署部份簽名，以示閣下同意。若閣下不同意根據“為直接促銷目的而使用個人資料” 部份所述為直接促銷之目的而使用和提供閣下的個人資料，請在以下方格劃上「✓」號。

Declaration and authorization: I/We acknowledge and confirm that I/we have read and understood the Personal Information Collection Statement (“PICS”). I/We hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by the Company in accordance with the PICS, including the use and provision of my/our personal data for the purpose of direct marketing. I/We have obtained the consent to provide the third party information (if any) in this application. I/We acknowledge and consent to the transfer of my/our personal data outside of Hong Kong for the purposes and to the types of transferee as set out in the PICS.

Important: Please indicate your agreement by signing on the space provided below. If you do not agree to the use and provision of your personal data for direct marketing as set out in the section “Use of personal data in direct marketing”, please tick the box below.

☐ **本人／我們不同意根據以上收集個人資料聲明（參閱“為直接促銷目的而使用個人資料” 部份）為直接促銷之目的而使用和提供本人／我們的個人資料，亦不希望接收任何推廣及直接促銷材料。**
I / We do not agree with the use and provision of my / our personal data for direct marketing purposes as set out above in the Personal Information Collection Statement (see “ Use of Personal Data for Direct Marketing Purposes ”) and do not wish to receive any promotional and direct marketing materials.

______________________	______________________	________/________/________
保險中介人簽署 Insurance Intermediary’s Signature	(準)保單持有人簽署 (Proposed) Policyholder’s Signature	年 Year 月 Month 日 Day

警告：請小心細閱及填寫本財務需要分析表格。請不要留空任何問題。如有任何未回答的問題未被刪去，請不要在表格上簽署。
WARNING: Please read and fill in this form carefully. Do not leave any questions blank. Do NOT sign if any questions are unanswered and have not been crossed out.

警告：若閣下未能為現有保費融資或保單抵押貸款按時支付還款及利息，保單有機會被放款人要求退保。由於保單權益已經轉讓給放款人一方，保單價值將先會用作償還閣下欠放款人的貸款及利息，餘額才會支付給保單持有人或保單受益人。
WARNING: If you fail to repay the principal and interest of your existing premium financing or policy pledge loan, the policy will be surrendered as may be requested by the lender. As the policy is assigned to the lender, the policy value first will be used to repay your outstanding loan balance and interest. The remaining balance will be paid to the Policyholder or the beneficiary thereafter.

注意 Note：
若財務需要分析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。
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.