



富昌財富管理

FULBRIGHT WEALTH MANAGEMENT

Financial Needs Analysis 財務需要分析

Name of Applicant :
申請人姓名 :

Date of Completion :
填寫日期 :

Name of Financial Advisor :
理財顧問名稱 :

Name of Financial Advisor Firm :
理財顧問公司名稱 :

Fulbright Wealth Management Limited
富昌財富管理有限公司

IA Licence Number :
保監局會員號碼 :

Private and Confidential
私人及機密資料

1 YOU MUST COMPLETE EVERY PART OF THIS FORM.

你必須填寫此表格的每個部分。

2 In order for your Financial Adviser to make a sound financial recommendation, your Financial Adviser must conduct an analysis of your investment objectives, personal needs and financial situation.

你的理財顧問必須就你的投資目的、個人需要及財務狀況進行分析，方可作出合適的理財建議。

3 The information requested in this form is necessary to enable your Financial Adviser to make a recommendation on a reasonable basis.

If you provide the Financial Adviser with incomplete or inaccurate information, your Financial Adviser may not be able to provide you with products or services you are seeking.

你的理財顧問必須得到此表格要求的資料以作出合理的理財建議。若你向理財顧問提供不完整或不實資料，你的理財顧問或未能向你提供你所尋求的產品或服務。

4 If there is any substantial change of information upon completion of this form, you must inform your Financial Adviser or the relevant insurance company of those changes as soon as possible.

填妥此表格後如有任何重要資料更改，你必須儘快通知你的理財顧問或有關保險公司。

Section 1 - Basic Information 第一部份 - 基本資料	
Personal Particulars - Applicant 個人資料 - 申請人	
Applicant's Name 申請人姓名 (As shown on HKID card / passport 香港身份證/護照上所示)	
Name in English 英文姓名	Name in Chinese 中文姓名
Date of Birth 出生日期	Gender 性別 <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
I.D. Card Number 身份證號碼 / Passport Number 護照號碼	
Marital Status 婚姻狀況 <input type="checkbox"/> Single 未婚 <input type="checkbox"/> Married 已婚 <input type="checkbox"/> Divorced 離婚 <input type="checkbox"/> Widowed 喪偶	
Education Level 教育程度 <input type="checkbox"/> Primary or below 小學或以下 <input type="checkbox"/> Secondary 中學 <input type="checkbox"/> Non-degree Tertiary 大專(非學位) <input type="checkbox"/> University or above 大學或以上	
No. of Dependant(s) 受供養者人數	Contact No. 聯絡電話
Email Address 電郵地址	Nationality / Region 國籍/地區
Residential Address 住宅地址	
Correspondence Address 通訊地址	
Employment Status 就業狀況 <input type="checkbox"/> Full-time employed 全職工作 <input type="checkbox"/> Part-time employed 兼職工作 <input type="checkbox"/> Self-employed 自僱 <input type="checkbox"/> Others 其他	
Business Nature 業務性質	Occupation 職業
Employer Name & Office Address 僱主名稱及辦事處地址	

A. Personal Financial Details 個人財務狀況			
Average Income (past 24 months) 平均收入 (過去 24 個月)	Monthly Income 每月收入	Average Expense (past 24 months) 平均支出 (過去 24 個月)	Monthly Expense 每月支出
Earned Income: Salary and Bonus 賺取的收入: 薪金及花紅	HK\$	Family Living Expenses 家庭生活支出	HK\$
Unearned Income (such as Rental, Dividend etc) 非賺取的收入 (如: 租金、股息等)	HK\$	Insurance Premium 保險保費	HK\$
Commission 佣金收入	HK\$	Mortgage Repayment / Rental 按揭供款/租金	HK\$
Other Recurring Income (e.g. Family Contribution) 其他經常收入 (如: 家用)	HK\$	Other Expenses (e.g. Personal Loan etc) 其他支出 (如: 私人貸款等)	HK\$
Monthly Total Income 每月總收入 (A)	HK\$	Monthly Total Expenses 每月總支出 (B)	HK\$
Monthly Net Income 每月淨收入	(C) = (A) - (B)	HK\$	
Total Annual Net Income 全年總淨收入	(D) = (C) x 12	HK\$	

B. Personal Wealth Details 個人資產狀況			
Liquid Asset 流動資產		Liabilities 債務	
Cash & Deposit(s) in Bank 現金及銀行存款	HK\$	Outstanding Mortgage Loan 物業按揭貸款	HK\$
Actively Traded Stocks 交投活躍的股票	HK\$	Personal Loan 私人貸款	HK\$
Bonds & Mutual Funds 債券及互惠基金	HK\$	Credit Card Loan 信用卡貸款	HK\$
Other Liquid Assets 其他流動資產	HK\$	Other Liabilities 其他債務	HK\$
Total Liquid Assets 流動資產總值 (E)	HK\$	Total Liabilities 總負債 (F)	HK\$
Total Net Liquid Assets 流動資產總淨值	(G) = (E) - (F)	HK\$	
Fixed Asset 固定資產	(H)	HK\$	
Total Net Assets 資產總淨值	(I) = (E) + (H) - (F)	HK\$	

C. Family Protection Planning 家庭保障計劃

Family Commitments 家庭負擔		Insurance Protections 保險保障	
Total Future Family Living Expenses 未來家庭生活總支出	HK\$	Existing Life Insurance Coverage 現有人壽保障金額	HK\$
Education Expenses Needs 教育支出需要	HK\$	Applying Life Insurance Coverage 正在申請中的人壽保障金額	HK\$
Liabilities (Mortgage Loan / Debts etc) 負債 (按揭 / 借貸等)	HK\$	Total Life Coverage including Applying 現有及申請中的人壽保障金額	(K) HK\$
Other Expenses (Funeral Expenses / Estate Duties etc.) 其他支出 (善終費用 / 遺產稅等)	HK\$		
Total Family Commitments 總家庭負擔	(J) HK\$		
Total Family Protection Needs 總家庭保障需要	(L) = (J) - (K) - (E)		HK\$

D. Retirement Planning 退休計劃

Expected Retirement Age 預計退休年齡		Years of Retirement Life Needed 所需退休生活年期	(N)	Years 年
Expected Annual Expenses 預計每年開支	(M) HK\$	Total Retirement Budget 退休預算總金額	(O) = (M) x (N)	HK\$
Expected Total Available Monies after Retirement (e.g. ORSO / MPF) 預期退休後可得總額 (如: 公積金 / 強積金)	(P) HK\$	Total Retirement Fund Needed 總退休儲備需要	(Q) = (O) - (P)	HK\$

E. Savings Planning 儲蓄計劃

Intended Annual Savings 預期每年可儲蓄金額	(R) HK\$	Year of Savings Affordable 預期可負擔儲蓄年期	(S)	Years 年
Expected Total Savings Amount 預期總儲蓄金額	(T) = (R) x (S)			HK\$

F. Critical Illness / Medical Protection Planning 危疾 / 醫療保障計劃

Critical Illness / Medical Protection Needs 預期危疾 / 醫療保障需要	(U) HK\$	Existing Critical Illness / Medical Coverage 現有危疾 / 醫療保障金額	(V)	HK\$
Critical Illness / Medical Protection Needs 危疾 / 醫療保障需要	(W) = (U) - (V)			HK\$

Section 2 - Financial Needs Analysis 第二部份 - 財務需要分析

Note 1: Please answer all questions in this form. Do **NOT** sign on this form if any questions are unanswered and have not been crossed out.

註 1: 請回答財務需要分析表格內的所有問題。如有任何未回答的問題未被刪去，請不要在表格上簽署。

Note 2: You must reply all questions. Do not leave it blank. We will reject your application if you do not reply.

註 2: 閣下必須回答所有問題。請不要留空。如閣下不回答，本公司必須拒絕閣下的申請。

A. For Individual as the Applicant 由個人作申請人

1 What are your objectives of buying the product? (tick one or more)

閣下選購產品的目標為何? (可選多於一項)

- a Financial protection against adversities (e.g. death, accident, disability etc) 為應付不時之需的財務保障 (如：死亡、意外、殘疾等)
- b Preparation for health care needs (e.g. critical illness, hospitalization etc) 為醫療需要作準備 (如：危疾、住院等)
- c Providing regular income in the future (e.g. retirement income etc) 為未來提供定期的收入 (如：退休收入等)
- d Saving up for the future (e.g. child education, retirement etc) 為未來需要儲蓄 (如：子女教育、退休等)
- e Investment 投資
- f Others (Please specify) _____ 其他 (請詳述) _____

2 What type(s) of insurance products you are looking for to meet your objectives above? (tick one or more)

閣下考慮以哪種類型的保險產品迎合閣下上述的目標? (可選多於一項)

- a Pure insurance product (without any savings or investment element) (e.g. Term insurance)
純保險產品 (沒有任何儲蓄或投資成份) (如：定期保險)
- b Insurance product with savings element (with savings but without investment element) (e.g. non-participating policy)
有儲蓄成份的保險產品 (有儲蓄但沒有投資成份) (如：非分紅保單)
- c Insurance product with investment element (Investment decisions and risks borne by insurer)
(e.g. participating policy, universal life insurance)
有投資成份的保險產品 (投資決定和風險由保險公司承擔) (如：分紅保單、萬用壽險)
- d Insurance product with investment element (Investment decisions and risks borne by policyholder)
(e.g. Investment-Linked Assurance Schemes)
有投資成份的保險產品 (投資決定和風險由保單持有人承擔) (如：投資相連保險計劃)
- e Others (Please specify) _____ 其他 (請註明) _____

3 What is your target benefit / protection period for insurance policy and/or investment plan? (tick one)

閣下投購保單及/或投資計劃的目標得益/保障年期為多久? (請選一項)

- a < 1 year 少於 1 年
- b 1 - 5 years 1 - 5 年
- c 6 - 10 years 6 - 10 年
- d 11 - 20 years 11 - 20 年
- e > 20 years 超過 20 年
- f Whole of life 終身

4 Your ability to pay premiums : 閣下繳付保費的負擔能力 :

(a) What is your average monthly income from all sources in the past 2 years? (tick one or more)

在過去兩年裡，閣下由所有收入來源所得的每月平均收入為? (可選多於一項)

- i. Specific amount : Not less than HK\$ _____ per month 具體金額：每月不少於港幣 _____

OR 或

ii In the following range : 在以下範圍內 :

- a less than HK\$10,000 少於港幣 10,000
- b HK\$10,000 – HK\$19,999 港幣 10,000 – 港幣 19,999
- c HK\$20,000 – HK\$49,999
港幣 20,000 – 港幣 49,999
- d HK\$50,000 – HK\$100,000
港幣 50,000 – 港幣 100,000
- e over HK\$100,000 超過港幣 100,000

(b) What is your approximate current accumulative amount of liquid assets? Please specify type(s) and total amount :

閣下現時累積的流動資產約有多少? 請註明種類及金額:

i. Type: 種類:

- | | |
|--|---|
| <input type="checkbox"/> Cash 現金 | <input type="checkbox"/> Bonds and mutual funds 債券及互惠基金 |
| <input type="checkbox"/> Money in the bank accounts 銀行存款 | <input type="checkbox"/> US Treasury bills 美國國庫債券 |
| <input type="checkbox"/> Money market accounts 貨幣市場帳戶 | <input type="checkbox"/> Others 其他 (Please specify 請詳述 _____) |
| <input type="checkbox"/> Actively traded stocks 交投活躍的股票 | |

and 及

ii Amount 金額: HK\$ 港幣: _____

Note: Liquid assets are assets which may be easily turned into cash. Real estate, coin collection and artwork are not considered to be liquid assets.

註: 流動資產是指可以容易變為現金的資產。物業、金幣收藏和藝術品均不被視為流動資產。

B. For Company as the Applicant 由公司作申請人

(c) What is your company's average annual net profit (from audited company accounts) in the past 2 years ?

在過去兩年裡, 公司的每年平均純利 (經核證之帳目)?

Specific amount 具體金額: HK\$ 每年港幣 _____ per year

(d) What is your company's approximate current amount of net assets? 公司現時的總資產淨值約有多少?

Amount 金額: HK\$ 港幣 _____

For Individual as the Applicant 由個人作申請人

If you choose not to disclose income/asset information under 4(a) or (b) above, you must indicate your reason(s) in **your own handwriting** in the box below. Please note that the insurance company will reject your application if you choose not to respond to both 4(a) and (b) above.

如閣下選擇不在上述 4(a) 或 (b) 透露閣下的收入 / 資產資料, 閣下必須在下欄內親筆詳述有關原因。

如閣下選擇同時不回應上述 4(a) 及 (b), 保險公司必須拒絕閣下的申請。

For Company as the Applicant 由公司作申請人

If you choose not to disclose net profit/net asset information under 4(c) or (d) above, you must indicate your reason(s) in **your own handwriting** in the box below. Please note that the insurance company will reject your application if you choose not to respond to both 4(c) and (d) above.

如閣下選擇不在上述 4(c) 或 (d) 透露公司的純利 / 資產資料, 閣下必須在下欄內親筆詳述有關原因。

如閣下選擇同時不回應上述 4(c) 及 (d), 保險公司必須拒絕閣下的申請。

(Applicant must complete explanation in **own handwriting** in this box. 申請人必須親筆於此欄內提供原因。)

(e) For how long are you able and willing to contribute to an insurance policy and/or investment plan? (tick one)

閣下能夠及願意支付保單及/或投資計劃的年期為? (請選一項)

- | | |
|---|--|
| i. <input type="checkbox"/> < 1 year 少於 1 年 | iv. <input type="checkbox"/> 11 - 20 years 11 - 20 年 |
| ii. <input type="checkbox"/> 1 - 5 years 1 - 5 年 | v. <input type="checkbox"/> > 20 years 超過 20 年 |
| iii. <input type="checkbox"/> 6 - 10 years 6 - 10 年 | vi. <input type="checkbox"/> Whole of life 終身 |

(fi) Approximately what percentage of your disposable income would you be able to use to pay your monthly premium for the entire term of the insurance policy / investment plan in (e) above ? (tick one)

就閣下在 (e) 所選擇的保單 / 投資計劃之整段供款年期內，閣下每月可承擔的保費佔閣下個人可動用收入的比率為？(請選一項)

- i. < 10% 少於百分之十
 ii. 10% – 20% 百分之十至二十
 iii. 21% – 30% 百分之二十一至三十
 iv. 31% – 40% 百分之三十一至四十
 v. 41% – 50% 百分之四十一至五十
 vi. > 50% 超過百分之五十

OR 或

(fii) Approximately what percentage of your net liquid assets would you be able to use to pay your premium for the entire term of the insurance policy / investment plan in (e) above ? (tick one)

就閣下在 (e) 所選擇的保單 / 投資計劃之整段供款年期內，閣下可承擔的保費佔閣下個人的流動資產總淨值比率為？(請選一項)

- i. < 10% 少於百分之十
 ii. 10% – 20% 百分之十至二十
 iii. 21% – 30% 百分之二十一至三十
 iv. 31% – 40% 百分之三十一至四十
 v. 41% – 50% 百分之四十一至五十
 vi. > 50% 超過百分之五十

g. In considering your ability to make payments, what are your sources of funds ? (tick one or more)

就閣下繳付保費的能力，請註明閣下的資金來源？(可選多於一項)

- i. salary 薪金
 ii. income 收入
 iii. savings 儲蓄
 iv. investments 投資
 v. others 其他 (Please specify 請詳述 _____)

5 Based on your answers to the questions above, the intermediary concerned has explored the following insurance options (as available to the intermediary) to meet your objective(s) and need(s) :

根據閣下的上述選項，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：

Objective(s) of Buying the Product(s) (Q1) 選購產品的目標 (問題1)	Type(s) of Insurance Product Explored (Q2) 曾討論的保險產品的類型 (問題2)	Name of Insurance Product(s) Introduced (if any) 曾介紹的保險產品名稱 (如有)	Product(s) Selected (if any) 最終選購的產品 (如有)

6 Intermediary's reason(s) for the recommendation (tick one) : 中介人建議原因 (請選一項) :

- The recommendation(s) was suggested with consideration of client's financial objectives, priorities, total protection needs and budget.

Client would like to strike a balance of the above :

此建議考慮到客戶的理財目標、全面保障的需要、其需要重要性及客戶的財務預算而作出，客戶期望以上各方面取得平衡。

- Others 其他 (Please specify 請詳述 _____)

I / We confirm that my / our financial advisor has conducted a Financial Needs Analysis (FNA) for me / us. I / We also confirm that all information and documents I / we have provided for the FNA are true, complete and correct. I / We understand that :

- * any incomplete or inaccurate information I / we provided may affect the result of the FNA and any insurance product chosen as a result of it ;
- * the FNA is only a basic assessment of my / our affordability and suitability for those products (up until and including the date of this FNA) ;
- * and any final selection of insurance product(s) may vary from the FNA.

本人/我們確認財務顧問替本人/我們進行了此財務需要分析；本人/我們亦確認本人/我們為此財務需要分析所提供之資料或文件皆為真實、完整及正確。

- * 本人/我們明白倘本人/我們提供之資料並不完整或準確，或會影響對本人/我們此財務需要分析的結果及/或其後所選之保險產品；
- * 本人/我們明白此財務需要分析只是就本人/我們對負擔能力及對保險產品適合性之初步評估(直至及包括此財務需要分析日期)；
- * 本人/我們同時確認本人/我們最終選購之保險產品或會有別與此財務需要分析。

Personal Information Collection Statement (PICS) 個人資料收集聲明

A. Purposes of Personal Information Collection 收集個人資料的目的：

Your personal information collected by or held by Fulbright Wealth Management Limited may be used for the purposes of :

富昌財富管理有限公司所收集或持有的閣下的個人資料可能會被用於下列目的：

- * approving, evaluating or processing your insurance application / policy service request ;
批核、評審及處理閣下之投保計劃申請／保單服務要求；
- * administering, maintaining or reinsuring your policies ;
就閣下之保單提供行政、持續或再保險的服務；
- * adjudicating your claims, or conducting any investigation or analysis of your claims ; or
評核閣下索償，或就閣下之索償進行調查或分析；或
- * data matching 資料核對

Please note that failure to provide any information requested by Fulbright Wealth Management Limited may result in Fulbright Wealth Management Limited not being able to process your insurance application / policy service request.

請注意，閣下必須提供富昌財富管理有限公司所需的個人資料，否則，富昌財富管理有限公司將不能處理閣下之投保申請或就閣下之保單提供服務。

B. Transfer of Personal Information 轉移個人資料：

Your personal information collected by or held by Fulbright Wealth Management Limited may be transferred or disclosed by Fulbright Wealth Management Limited to any of the following persons (whether within or outside Hong Kong) for the purposes as specified above or to governmental / regulatory bodies (whether within or outside Hong Kong) for them to carry out their governmental / regulatory functions :

富昌財富管理有限公司可能為達到上述目的或讓政府／監管機構（不論在香港或海外）執行其職務而向以下任何一方（不論在香港或海外）轉移或透露由富昌財富管理有限公司收集或持有屬於閣下的個人資料：

- * Fulbright Wealth Management Limited group companies and their associated / affiliated companies ;
集團成員公司及其關聯或相關公司；
- * financial institutions, insurance companies, intermediaries and reinsurers ;
金融機構、保險公司或再保險公司；
- * claims investigation companies or any companies / persons necessary for claims assessment / investigation ;
賠償調查公司及所需有關評核索償之公司及／或人士；
- * industry associations / federations and their members ;
行業組織／聯會及其成員；
- * governmental / regulatory bodies and law enforcement agencies ; and
政府部門或監管機構和執法機構；及
- * service providers and selected persons which are under a duty of confidentiality to Fulbright Wealth Management Limited
與富昌財富管理有限公司有保密協議的服務提供者及其他人士

C. Access to or Correction of Personal Information 查閱或更改個人資料：

You have the right to access to, and to correct, any of your personal information held by Fulbright Wealth Management Limited by writing to us at Unit 2612, 26/F, Wing On Centre, 111 Connaught Road Central, Hong Kong. Fulbright Wealth Management Limited may charge a reasonable fee for the processing of such request.

閣下有權查閱和更改任何由富昌財富管理有限公司持有屬於閣下的個人資料。如有需要，閣下可與富昌財富管理有限公司提出有關要求，並以書面方式呈交至香港中環干諾道中111號永安中心26樓2612室。處理上述要求時，富昌財富管理有限公司可能會收取合理費用。

Cooling-off Period 冷靜期

I / We understand that I / We have the rights to cancel the policy upon receipt of my / our written request and get back all premiums paid, without any interest, within the cooling-off period, which is 21 days after the delivery of the policy or issue of a notice to me/us, which is the earlier. 本人 / 我們明白本人 / 我們有權在冷靜期內 <即將保單交付保單持有人後或將通知書(通知保單持有人保單已可領取)發予保單持有人後起計的 21天，以較先者為準> 以書面方式要求取消保單，並獲退還已繳保費金額，但不包括任何利息。

Remuneration Disclosure 佣金披露聲明

I / We understand and acknowledge that my / our intermediary company receives commission, fee or other rewards from insurers for its services provided to me / us. My / Our agreement to proceed with the insurance transaction with the intermediary company shall constitute my / our consent to its receipt of the aforesaid remuneration.

本人 / 我們明白及確知本人 / 我們的中介公司就其向本人 / 我們提供的服務向保險公司收取佣金，費用或其他獎賞，本人 / 我們同意與該中介公司進行保險交易即構成本人 / 我們同意其收取上述酬金。

Declaration from Non - Hong Kong ID Cardholders 非香港身份證持有人的聲明

I / We hereby confirm and declare that any representative of the broker did not solicit insurance business from me / us in the People's Republic of China (excluding Hong Kong) or in my / our original country / territory of residence and that the signing of this FNA has taken place in Hong Kong SAR. 本人 / 我們謹此確認及聲明中介公司的理財顧問並不是在中華人民共和國境內（除香港）或本人 / 我們的原居地向本人 / 我們推銷保險業務，而此財務需要分析亦是在香港特別行政區簽署。

Date (dd/mm/yyyy)

日期(日/月/年)

Name of the Applicant

申請人姓名

Signature of the Applicant

申請人簽署

To be filled by the Financial Advisor who conducted the above Financial Needs Analysis : 由負責進行以上財務需要分析之理財顧問填寫：	
Name of Financial Advisor 理財顧問姓名：	Signature of Financial Advisor 理財顧問簽署：
IA Licence No. 保監局會員號碼：	
Date (dd/mm/yyyy) 日期(日/月/年)：	