請掃二維碼註冊/登入客戶專頁，查閱投保進度。
https://cs.chinalife.com.hk

中國人壽 CHINA LIFE | 海外

財務需要分析表 (適用於(準)保單持有人為個人客戶)
Financial Needs Analysis Form (Applicable To Individual As (Proposed) Policyholder)

(準)保單持有人姓名 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'S 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 個人及財務資料 Personal & Financial Information

A1. (準)保單持有人之個人資料 Personal Particulars of (Proposed) Policyholder

(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) 婚姻狀況 Marital Status	☐ 未婚 Single ☐ 已婚 Married ☐ 其他 Others_____	(5) 職業 Occupation	
(6) 需供養家庭成員數目 No. of Dependent(s)	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 其他 _____ Others (請註明 Please specify)	(7) 教育程度 Education Level	☐ 小學或以下 Primary or below ☐ 中學 Secondary ☐ 大專或以上 Post-Secondary or above
(8) 目標退休年齡 Target Retirement Age	☐ 60 歲 Age ☐ 65 歲 Age ☐ 已退休 Retired ☐ 不適用 Not Applicable ☐ 其他 Other _____歲 Age (請註明 Please specify)		
(9) 流動電話 Mobile No.	國家/地區名稱 Country/Area Name	☐ 澳門 MA ☐ 香港 HK ☐ 中國 China ☐ 美國 U.S. ☐ 其他 _____ Others (請註明 Please specify)	
	國家/地區號碼 Country/Area Code	+	電話號碼 Telephone No.
(10) 閣下是否患有殘障或疾病(如失明、末期疾病等)而可能令閣下(i)難以理解保險產品或(ii)陷於財政困難而難以維持生計？Are you suffering from any impairments or illness(es) (e.g. blindness, terminal illness(es) etc.) which may cause you (i) have difficulty in understanding insurance product(s) or (ii) suffer financial hardship in sustaining your living?			☐ 是 Yes ☐ 否 No

A2. (準)受保人之個人資料[如與(準)保單持有人不同] Personal Particulars of (Proposed) Insured [if different from (Proposed) Policyholder]

(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

要保書/保單號碼 Application/Policy No.

B. (準)保單持有人之個人財務狀況 Personal Financial Details of (Proposed) Policyholder

收入 Income	每月收入 (澳門元) Monthly Income (MOP)	開支 Financial Outgoings	每月支出 (澳門元) Monthly Outgoings (MOP)
(1) 薪金 Salary		(7) 家庭生活支出(包括保險保費) Family Living expenses (including insurance premium)	
(2) 花紅/獎金 Bonus		(8) 按揭供款/租金 Mortgage Repayment/rental	
(3) 租金收入 Rental Income		(9) 個人信貸還款 (包括現有保費借貸、抵押貸款及其他個人信貸的利息支出) Personal Loan Payment (including interest expenses for existing Premium Financing, Pledge Loan and other Personal Loans)	
(4) 流動資產收入(如利息/股息) Income from liquid assets (interest / dividends)		(10) 其他開支 Other expenses	
(5) 其他經常收入(如家用) Other recurring income e.g. family contributions		**(11) 每月總支出 Monthly Total Outgoings = (7) + (8) + (9) + (10)**	

(6) 每月總收入 Monthly Total Income = (1) + (2) + (3) + (4) + (5)	**澳門元 / MOP**
(12) 每月淨收入 / 可動用收入 Monthly Net Income / disposable income = (6) - (11)	**澳門元 / MOP**
(13) 每年總淨收入 / 可動用收入 Total Annual Net Income / disposable income = (12) x 12	**澳門元 / MOP**

C. (準)保單持有人之個人資產狀況 Personal Wealth Details of (Proposed) Policyholder

流動資產 Liquid Assets	澳門元 / MOP	債務 Liabilities	澳門元 / MOP
(1) 現金及銀行存款 Cash and deposit(s) in bank		(4) 個人信貸(包括現有保費借貸、抵押貸款及其他個人信貸的貸款) Personal Loan (including loan for existing Premium Financing, Pledge Loan and other Personal Loans)	
(2) 其他流動資產(如股票/證券/債券/互惠基金/單位信託等) Other liquid assets e.g. Stocks / Securities / Bonds /Mutual Funds /Unit Trust etc.		(5) 物業按揭貸款額 Outstanding mortgage loan	
(3) 流動資產總值 Total Liquid Assets = (1) + (2)		**(6) 總債務 Total Liabilities = (4) + (5)**	

(7) 流動資產總淨值 Total Net Liquid assets = (3) - (4)	**澳門元 / MOP**
(8) 物業市值 Property Market Value	**澳門元 / MOP**
(9) 資產總淨值 Total Net Assets = (3) + (8) - (6)	**澳門元 / MOP**

第二部份 (準)受保人之財務需要 Part II Financial Needs of (Proposed) Insured

A. 家庭保障需要 Family Protection Need

家庭負擔 Family Commitments	澳門元 / MOP	保險保障 Insurance Protections	澳門元 / MOP
(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.)			
(5) 總家庭負擔 = (1) + (2) + (3) + (4) Total Family Commitments		**(9) 額外總家庭保障需要 Extra Total Family Protection Needs = (5) - (8)**	

要保書/保單號碼 Application/Policy No.

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

家庭負擔 Family Commitments	澳門元 / MOP	保險保障 Insurance Protections	澳門元 / MOP
(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 Wealth Accumulation Planning

(1) 預期儲蓄及/或投資年期 Target Years of Savings and/or Investment	年/Year(s)
(2) 理財目標 Financial Target 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及/或投資金額 Apart from current Total Liquid Assets, the extra target saving/ investment amount within the aforesaid expected timeframe	澳門元 MOP

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？（可選多於一項）
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
☐ (f) 其他Others (請說明Please specify _____)

2 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)
What type(s) of insurance products you are looking for to meet your objectives above? (tick one or more)
☐ (a) 純保險產品(沒有任何儲蓄或投資的成份) (例如：定期保險)
Pure insurance product (without any savings or investment element) (e.g. term insurance).
☐ (b) 有儲蓄成份的保險產品(有儲蓄但沒有投資成份) (例如：非分紅保單)
Insurance product with savings element (with savings but without investment element)(e.g. non-participating policy)
☐ (c) 有投資成份的保險產品(投資決定和風險由保險公司承擔) (例如：分紅保單、萬用壽險)
Insurance product with investment element(Investment decisions and risks borne by insurer) (e.g. participating policy, universal life insurance)
☐ (d) 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) (例如：投資相連保險計劃)
Insurance product with investment element (Investment decisions and risks borne by policyholder) (e.g. Investment-Linked Assurance Schemes)
☐ (e) 其他Others(請註明Please specify_____)

3. 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)
What is your target benefit / protection period for insurance policy and/or investment plan? (tick one)
(1) ☐ < 1 年 year (2) ☐ 1-5 年 years (3) ☐ 6-10 年 years (4) ☐ 11-20 年 years
(5) ☐ > 20 年 years

4 閣下繳付保費或投資項目的負擔能力 Your ability to pay premiums or contribute to investments :

(a) 在過去兩年裡，閣下由所有收入來源所得的每月平均**淨**收入為？(可選多於一項)
What is your average monthly **net** income from all sources in the past 2 years? (tick one or more)
i. ☐ 具體金額 Specific amount : 每月不少於 Not less than 澳門元_____ per month

或 or
ii. ☐ 在以下範圍內 In the following range :
(1) ☐ 少於 < MOP10,000
(2) ☐ MOP10,000 - MOP19,999
(3) ☐ MOP20,000 - MOP49,999
(4) ☐ MOP50,000 – MOP100,000
(5) ☐ 超過 > MOP100,000

(b) 閣下現時累積的流動資產約有多少？請註明種類及金額：
What is your approximate current accumulative amount of liquid assets? Please specify type(s) and total amount :

i. 種類: Type :
(1) ☐ 現金 Cash
(2) ☐ 銀行存款 Money in the bank accounts
(3) ☐ 貨幣市場賬戶 Money market accounts
(4) ☐ 交投活躍的股票 Actively traded stocks
(5) ☐ 債券及互惠基金 Bonds and mutual funds
(6) ☐ 美國國庫債券 US Treasury bills
(7) ☐ 其他Others(請詳述 Please specify_____)

及 and

ii. 金額 Amount: MOP _____

註 Note:
流動資產是指可以容易於變為現金的資產。物業、錢幣收藏和藝術品均不被視為流動資產。
Liquid assets are assets which may be easily turned into cash. Real estate, coin collection and artwork are not considered to be liquid assets.

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)**，本公司必須**拒絕閣下的申請**。
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 we (the insurance company) will **reject your application** if you **choose not to respond to both 4(a) and (b)** above.

((準)保單持有人必須**親筆**於此欄內提供原因) ((Proposed) Policyholder must complete explanation in **own** handwriting in this box.)

(c) 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)
For how long are you able and willing to contribute to an insurance policy and/or investment plan? (tick one)
(1) ☐ 少於 < 1 年 year (2) ☐ 1-5 年 years (3) ☐ 6-10 years (4) ☐ 11-20 年 years (5) ☐ 超過 > 20 年 years

(d) 就閣下在(c)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比率為？(請選一項)
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 (c) above? (tick one)
(1) ☐ 少於< 10% (2) ☐ 10% - 20% (3) ☐ 21% - 30% (4) ☐ 31% - 50% (5) ☐ 超過 > 50%

(e) 就閣下繳付保費的能力，請閣下註明資金來源？(可選多於一項)
In considering your ability to make payments, what are your sources of funds? (tick one or more)
(1) ☐ 薪酬 salary (2) ☐ 收入 income (3) ☐ 儲蓄 savings (4) ☐ 投資 investments (5) ☐ 其他 others(請詳述 Please specify _____)

5 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) 曾討論的保險產品的類型(問題2) Type(s) of Insurance Product Explored (Q2)	(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

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)：_____

第五部份 保費融資風險評估適用 Part V Applicable to Premium Financing Risk Assessment

如閣下有意以保費融資繳付此保單的保費，請確保明白相關風險及限制，並請提供以下資料 * ：
Please make sure you fully understand the relevant risks and limitations in case you intend to fund this policy by premium financing and provide following information*:

預計保費融資的利率 Estimated interest rate of premium financing facility	%
預計還款金額(總額連利息) Estimated Amount of Repayment(total amount with interest)	幣制 Currency ( )
預計還款年期 Estimated Timing of Repayment	年 Year(s)
客戶自付保費金額 Customer pays premium at his/her own cost	幣制 Currency ( )

註 ： * 如提供的資料與最終財務機構批核的不同及對負擔能力分析構成重大影響，閣下有責任通知本公司作進一步財務需要分析。
Notes: *You have obligation to inform our Company to conduct Financial Needs Analysis again if the information provided is not consistent with the conditions approved by financial institution and there is material influence on affordability assessment.

第六部份 風險承擔能力問卷 Part VI Risk Profile Questionnaire

適用於產品目標有投資(e)保險計劃，請另外填寫《風險承擔能力問卷》
For Product Objectives Investment (e) Plan only，Please fill in Risk Profile Questionnaire.

註 ：如提供的資料與最終財務機構批核的不同及對負擔能力分析構成重大影響，閣下有責任通知本公司作進一步財務需要分析。
Notes: You have obligation to inform our Company to conduct Financial Needs Analysis again if the information provided is not consistent with the conditions approved by financial institution and there is material influence on affordability assessment.

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《個人資料保護法》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、實務守則或指引規定的要求，或協助在澳門或澳門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 5/2017 號法律《稅務信息交換法律制度》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、或者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/服務提供服務的任何代理、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、規定、法規、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（該方可能位於澳門境內或境外）。而就此而言，閣下同意將閣下的資料移轉至澳門境外。

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、客戶或會員或優惠計劃）：
   (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和/或關聯方之聯合品牌合作夥伴；
   (d) 第三方獎賞、客戶或會員或優惠計劃的提供者；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。

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。**個人資料的查閱和更正：**根據《個人資料保護法》，閣下有權查明本公司是否持有閣下的個人資料，獲取該資料的副本，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。

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。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：
中國人壽保險（海外）股份有限公司

澳門新口岸宋玉生廣場263號中土大廈22樓A、B、K-P座

電話：(853) 2859 5519
傳真：(853) 2878 7287

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 . 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 Data Protection Act, 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, other companies of the China Life Insurance (Overseas) Group ("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 as assisting with law enforcement purposes, investigations by police or other government or regulatory authorities in Macau 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 Personal Data Protection Act;
13. performing relevant due diligence procedures in accordance with the Common Reportting Standard (or Automatic Exchange of Financial Account Information) as set out in the Inland Revenue Ordinance Law no. 5/2017<Exchange of Information Law>; 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; and
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 Macau or outside of Macau, and in this regard you consent to the transfer of your data outside of Macau.

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 co-branding partners of the Company and/or affiliates 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 transfer 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 Protection Act:** Under the Personal Data ,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:

China Life Insurance (Overseas) Company Limited
Alameda Dr. Carlos D'Assumpcao No.263,,
22 Andar A,B,K-P, Edif, China Civil Plaza, Macau
Telephone: (+853) 285 95519 Fax: (+853) 2878 7287

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澳門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 Data Protection Act. 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 Macau for the purposes and to the types of transferee as set out in the Personal Data Protection Act.

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 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：請充分考慮保費供款能力包括退休後。
WARNING: Please give sufficient consideration on premium affordability including after retirement.

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.