



Supplement to Financial Needs Analysis / Risk Profile Questionnaire (For New Business / Top Up only) 「財務需要分析」 / 「風險承擔能力問卷」 補充表格 (只適用於新生意 / 增加投資)

Notes for completing this form 填寫此表格須注意之事項

- This Supplement to Financial Needs Analysis / Risk Profile Questionnaire only applicable if Financial Needs Analysis / Risk Profile Questionnaire have been completed within past 12 months. 本補充表格只適用於在過去十二個月內遞交的「財務需要分析」 / 「風險承擔能力問卷」。
- Please complete this Supplement to Financial Needs Analysis / Risk Profile Questionnaire in BLOCK LETTERS and countersign against any manual changes made. 請以英文正楷填寫此補充表格並在所有刪改處加簽。

Name of Insurance Plan:
保險計劃名稱

Proposal/Policy No:
申請書 / 保單號碼

Name of First Proposed Policy Owner:
第一準保單持有人姓名

Name of Second Proposed Policy Owner (if any):
第二準保單持有人姓名 (如有)

Please choose the appropriate box. 請剔選適當空格。

For First Proposed Policy Owner 第一準保單持有人：

Within the past 12 months, is there any change of information provided in your Financial Needs Analysis / Risk Profile Questionnaire* you signed earlier? 在過去十二個月內，閣下有否需要在之前已簽下的「財務需要分析」 / 「風險承擔能力問卷」* 上的資料作出任何改變？

Yes (please complete Financial Needs Analysis / Risk Profile Questionnaire*)
有 (請填妥「財務需要分析」 / 「風險承擔能力問卷」*)

No
沒有

For Second Proposed Policy Owner 第二準保單持有人：

Within the past 12 months, is there any change of information provided in your Financial Needs Analysis / Risk Profile Questionnaire* you signed earlier? 在過去十二個月內，閣下有否需要在之前已簽下的「財務需要分析」 / 「風險承擔能力問卷」* 上的資料作出任何改變？

Yes (please complete Financial Needs Analysis / Risk Profile Questionnaire*)
有 (請填妥「財務需要分析」 / 「風險承擔能力問卷」*)

No
沒有

*Please delete as appropriate. 請刪去不適用者。

I/We hereby DECLARE and AGREE that:

本人 / 吾等現聲明及同意：

the information and statements given by me/us in this Supplement To Financial Needs Analysis / Risk Profile Questionnaire are true and complete and not misleading to the best of my/our knowledge. If any of the information and statements given here is inaccurate or if any material facts have not been disclosed, the Company shall be entitled to cancel the Policy or to re-issue the Policy with modifications. 根據本人 / 吾等所知所信，由本人 / 吾等在此補充表格中提供的資料及陳述均為真實、完整及並無誤導。假如有任何在此提供的資料及陳述為失實，或如有任何重要資料未被披露，則貴公司將有權取消該保單或對其條款進行修訂後重新將之繕發。

Signature of First Proposed Policy Owner
第一準保單持有人簽署

Date Signed (dd/mm/yy)
簽署日期 (日 / 月 / 年)

Signature of Second Proposed Policy Owner (if any)
第二準保單持有人簽署 (如有)

Date Signed (dd/mm/yy)
簽署日期 (日 / 月 / 年)