



Application/Policy Number 投保書/保單編號:

--	--	--	--	--	--	--	--	--	--	--	--

Name of the ILAS Policy 投連壽險保單名稱:

Nova Investment Insurance Plan
雋銘投資保險計劃

Important Facts Statement and Applicant's Declarations Investment-Linked Assurance Scheme ("ILAS") Policy – Agency (Macau)

重要資料聲明書及投保人聲明書

投資連繫式壽險計劃「投連壽險」保單– Agency (澳門)

Important Notes:

- This form is applicable to an application for a new ILAS policy or for making top-up premium payments. For the purposes of this form, top-up premium payments include any additional premium payments made under the basic plan of an existing ILAS policy in the form of an increase in regular premium, lump sum premium, increase in the basic sum insured or addition of a new benefit account but exclude any additional premium payments pursuant to an index-linked increase.
- This form is to be filled in block letters and signed by the Proposed Owner/Owner (Applicant).
- Please do not sign on blank form.

重要事項:

- 此表格適用於新的投連壽險保單之申請或適用於繳付「額外保費」之申請。對於此表格而言，「額外保費」包括就現有投連壽險保單的基本計劃繳付任何額外的保費，其中包括增加定期保費、一筆過投資保費、增加基本保額或新增新的保障戶口，但不包括因增值權益而增加的任何保費。
- 此表格應由建議持有人 / 持有人 (投保人) 以正楷填寫及簽名。
- 請勿在空白表格上簽署。

The expression the "Company" means AXA China Region Insurance Company (Hong Kong) Limited
“本公司”或“貴公司”指安盛金融保險(香港)有限公司

Internal Ref: NOVB-AGTM-2511

Part 1: Important Facts Statement 第1部：重要資料聲明書

You should carefully consider the information in this statement and the product documents (including the Principal Brochure (which consists of the Product Key Facts Statement, the Product Brochure and the Investment Options Leaflet) and the Illustration Document). **If you do not understand any of the following paragraphs or do not agree to that particular paragraph or what your insurance intermediary has told you is different from what you have read in this statement, please do not sign the confirmation and do not purchase the ILAS policy or apply for making top-up premium payments.**

閣下應細閱本聲明書及產品計劃文件(包括主要銷售刊物(其中包括產品資料概要、產品說明書及投資選擇簡介)及說明文件)。若閣下不明白、不同意以下聲明的任何一段、或此聲明內容與保險中介人的講述有異，請勿簽署確認或投購此投連壽險保單或申請繳付「額外保費」。

SOME IMPORTANT FACTS YOU SHOULD KNOW 此乃重要資料 閣下必須細閱

- Statement of Purpose:** Please set out in your own handwriting your reasons/considerations for procuring this ILAS policy or making top-up premium payments under this policy. The insurance intermediary is required to take due account of the reasons/ considerations set out by you, together with other relevant information, in assessing whether a particular ILAS policy or this application for making top-up premium payments is suitable for you.
目標概要：請閣下以親筆填寫投購此投連壽險保單或就此保單繳付額外保費的原因 / 考慮因素。保險中介人必須就閣下列明的原因及考慮因素，以及相關資料，一併評估此投連壽險保單或繳付「額外保費」之申請是否適合閣下。
- Cooling-off period (not applicable to application for lump sum premium payments):** You have the right to cancel this ILAS policy within the cooling-off period, which is the period of **21 calendar days** immediately following the day of delivery of the policy to you or your nominated representative. You will then obtain a refund of any premium(s) paid less any Market Value Adjustment (if applicable). Market Value Adjustment is calculated solely with reference to the loss in realising the value of any assets acquired through investment of the premiums under the policy. For details of how you can exercise this right, please refer to the application form.
冷靜期 (不適用於繳付一筆過投資保費之申請)：閣下有權在「冷靜期」內取消此投連壽險保單，冷靜期為緊接保單交付予閣下或閣下的指定代表之日起計的**21個曆日**的期間。閣下可取回經扣除市值調整金額後(如適用)之已繳付保費。市值調整的計算是僅參照於變現以保單的保費所作之投資而獲取的資產時，其所可能出現的虧損。詳情請參閱投保申請書上的「冷靜期」權益聲明。
- No ownership of assets and no guarantee for investment returns:** You do not have any rights to or ownership over any of the underlying/reference investment assets of this ILAS policy. Your recourse is against the Company only. You are subject to the credit risk of the Company. Investment returns are not guaranteed.
沒有資產擁有權及沒有投資回報保證：對於此投連壽險保單的相關 / 參考投資資產，閣下均沒有任何權利或擁有權。任何追討賠償，只可向本公司提出，閣下亦須承擔本公司的信貸風險。投資回報並沒有保證。

I confirm that I have read and understood and agree to be bound by paragraphs (1), (2) and (3) above.
本人現確認已閱讀及明白，並同意受以上第(1)，(2)及(3)段約束。

Name of Proposed Owner/Owner (Applicant)
建議持有人 / 持有人 (投保人) 姓名

Signature of Proposed Owner/Owner (Applicant)
建議持有人 / 持有人 (投保人) 簽署

Date signed in Macau (YYYY/MM/DD)
在澳門簽署日期 (年 / 月 / 日)

(4) **Long-term features 計劃的長期性質：**

- (a) **Upfront charge:** If you pay any lump sum premium for this ILAS policy, you will be subject to a premium charge which is equal to 7% of the lump sum premium. The premium charge will be deducted upfront from the lump sum premium you pay and will not be available for investment. **This means that the remaining amount of the lump sum premium available for investment will be 93% of your lump sum premium paid.** No premium charge will be imposed in respect of regular premium. For details, please refer to the product documents of this ILAS policy.

前期收費：若閣下為此保單繳付一筆過投資保費，閣下須繳付相等於一筆過投資保費中的7%的保費費用。保費費用將會從閣下繳付的一筆過投資保費中預先扣除，有關款項將不會用作投資。換言之，可供投資的尚餘一筆過投資保費金額為已繳付一筆過投資保費的93%。定期保費不會徵收保費費用。詳情請參閱此投連壽險保單的產品計劃文件。

- (b) **Early encashment charge:** You will be subject to an **early encashment charge and possible loss of entitlement to bonuses** if your policy is surrendered or terminated (other than the death of the insured) prior to the end of the target contribution period. During the target contribution period, the early encashment charge is calculated by multiplying:

- the early encashment charge rate (as set out in the table below) which differs according to your chosen target contribution period, and
- the relevant minimum account balance (which is the aggregate of 18 months of the original monthly regular premium committed at policy issuance), and
- the number of years[^] from the date of surrender or termination till the end of your chosen target contribution period.

提早贖回費：若閣下在目標供款年期結束前退保或終止保單（但被保人身故除外），均須支付提早贖回費，並可能因此喪失獲得獎賞的權利。於目標供款年期內，提早贖回費為以下各項相乘之價值：

- 因應您所選的目標供款年期而不同的提早贖回費比率（如下表所列），及
- 關最低戶口結餘（即保單簽發時原定的每月定期保費之18個月總和），及
- 由退保或終止保單日期起直至您所選的目標供款年期完結之年期[^]。

Target contribution period (years) 目標供款年期 (年)	Early encashment charge rate 提早贖回費比率
10	6.0%
11	5.9%
12	5.7%
13	5.6%
14	5.5%
15	5.3%
16	5.0%
17	4.8%
18	4.5%
19	4.3%
20	4.0%
25	3.7%
30	3.3%

[^] Each incomplete year will be rounded up to a full year
每個不完整年度將向上調整為整個年度

For details, please refer to the product documents of this ILAS policy.
詳情請參閱此投連壽險保單的產品計劃文件。

- (c) **Start-up bonus, loyalty bonus and policy maintenance fee refund:** You will be entitled to a start-up bonus, a loyalty bonus and a policy maintenance fee refund if you meet certain conditions. For details, please refer to the product documents of this ILAS policy.

首年獎賞、長期客戶獎賞及保單管理費回贈：若閣下符合指定的條件，可享首年獎賞、長期客戶獎賞及保單管理費回贈。詳情請參閱此投連壽險保單的產品計劃文件。

- (5) **Fees and charges:** Some fees/charges will be deducted from the premiums you pay and/or the account value of your ILAS policy, and will reduce the amount available for investment. Accordingly, **the return on your ILAS policy as a whole may considerably be lower than the return of the reference funds which correspond to the investment options you selected.** For details, please refer to the product documents of this ILAS policy.

費用及收費：某些費用 / 收費將從閣下支付的保費及 / 或閣下的投連壽險保單之戶口價值中扣減，有關費用及收費會減少可供投資的金額。因此，閣下投連壽險保單的整體回報有可能遠低於閣下所選取的投資選擇所對應的參考基金的回報。詳情請參閱此投連壽險保單的產品計劃文件。

- (6) **Switching of investment option:** If you switch your investment options, you may be subject to a switching fee (switching fee is currently waived) and your risk may be increased or decreased. For details, please refer to the product documents of this ILAS policy.

投資選擇轉換：若閣下轉換投資選擇，可能需要支付轉換費（現時轉換費獲豁免），而閣下所承受的投資風險亦有可能因而增加或減少。詳情請參閱此投連壽險保單的產品計劃文件。

I confirm that I have read and understood and agree to be bound by paragraphs (4), (5) and (6) above. I understand and accept all the fees and charges, including the upfront charges (if applicable) and early encashment charges (if applicable).

本人現確認已閱讀及明白，並同意受以上第(4)，(5)及(6)段約束。本人明白及接受所有費用及收費，包括前期收費（如適用）及提早贖回費（如適用）。

Name of Proposed Owner/Owner (Applicant)
建議持有人 / 持有人 (投保人) 姓名

Signature of Proposed Owner/Owner (Applicant)
建議持有人 / 持有人 (投保人) 簽署

Date signed in Macau (YYYY/MM/DD)
在澳門簽署日期 (年 / 月 / 日)

- (7) **Premium holiday:** Please check with your insurance intermediary and the product documents whether and under what specific conditions a premium holiday (during which premium payment is suspended) may be taken. If your ILAS policy allows a premium holiday, you should note that:
保費假期: 請向保險中介人查詢及參閱產品計劃文件, 以確定此保單是否設有保費假期 (即在此期間可暫停供款), 以及可行使保費假期需符合的指定條件。若此投連壽險保單設有保費假期, 閣下必須注意以下事項:
- (a) Premium holiday means that you may temporarily suspend your regular premium payments after the first 18 months commencing from the policy date. **It does not mean that you are only required to make premium contribution during the first 18 months.**
保費假期指閣下可在保單日期起計首18個月後暫停繳付定期保費, 但並不表示閣下只須在首18個月內繳付保費。
- (b) All the policy maintenance fee, insurance charge and investment management fee will continue to be deducted from the account value of your ILAS policy during the premium holiday. **This will therefore lead to a significant reduction in the account value,** and accordingly the death benefit and any loyalty bonus will be reduced. Premium holiday may possibly lead to termination of your policy if the account value is insufficient to pay the relevant policy charges.
由於在保費假期內所有保單管理費、保險費用及投資管理費仍會繼續從閣下的投連壽險保單之戶口價值中扣除, 因此戶口價值將會大幅減少, 繼而減低身故賠償及任何長期客戶獎賞之金額。如果戶口價值不足以繳付相關的保單收費, 保費假期亦可能令您的保單終止。
- (c) The policy maintenance fee is calculated based on the **annual regular premium originally committed at policy issuance** and will not be reduced by reducing the regular premium or during the premium holiday.
保單管理費乃根據於保單簽發時原本所定的全年定期保費計算, 並不會因調低定期保費或於保費假期期間而減少。
- For details, please refer to the product documents of this ILAS policy.
詳情請參閱此投連壽險保單的產品計劃文件。
- (8) **Risk of early termination:** Your ILAS policy may be automatically early terminated and you could lose all your premiums paid and benefits accrued if any condition of automatic early termination is triggered. This may happen if (i) during the first 18 months of the policy, regular premium remains outstanding after the expiry of the grace period; or (ii) after the first 18 months of the policy, policy charges remain outstanding after the expiry of the grace period; or (iii) the account value falls below the relevant minimum account balance as a result of a partial withdrawal. There are other circumstances that may trigger automatic early termination. For details, please refer to the product documents of this ILAS policy.
提早終止風險: 若有任何啟動保單自動提早終止的情況出現, 閣下的投連壽險保單或會被自動提早終止, 而閣下亦會因此損失所有已繳保費及累算權益。可能啟動保單自動提早終止的情況包括: (i) 於保單的首18個月內, 在寬限期完結後仍有尚未繳付的定期保費; 或 (ii) 於保單的首18個月後, 在寬限期完結後仍有尚未繳付的保單收費; 或 (iii) 在提取部份款項後, 戶口價值低於相關最低戶口結餘。此外, 尚有其他情況會啟動保單自動提早終止。詳情請參閱此投連壽險保單的產品計劃文件。
- (9) **Post-sale Controls:** The Company's staff shall conduct a post-sale call with you on or before the 5th working day from the issue date of the ILAS policy. The purpose of the call is to confirm your consent to the suitability assessment in the Financial Needs Analysis, Risk Profile Questionnaire, Important Facts Statement and Applicant's Declarations, and to confirm your understanding of the important points of the ILAS policy. Please complete the call to ensure that your rights are fully respected and protected.
售後監控措施: 本公司職員將於此投連壽險保單簽發後的第5個工作天或之前與閣下進行售後跟進電話服務。有關電話服務的目的是確認閣下同意在「財務需要分析」、「風險承擔能力問卷」及「重要資料聲明書及投保人聲明書」上的適合性分析, 以及確認閣下明白所投保投連壽險保單的重要內容。請閣下完成售後跟進電話服務, 以確保閣下的權益獲得充分尊重及保障。

I confirm that I have read and understood and agree to be bound by paragraphs (7), (8) and (9) above.
本人現確認已閱讀及明白, 並同意受以上第(7), (8)及(9)段約束。

Name of Proposed Owner/Owner (Applicant)
建議持有人 / 持有人 (投保人) 姓名

Signature of Proposed Owner/Owner (Applicant)
建議持有人 / 持有人 (投保人) 簽署

Date signed in Macau (YYYY/MM/DD)
在澳門簽署日期 (年 / 月 / 日)

(10) Intermediaries' Remuneration: If you take up this ILAS policy or make additional premium payments under this ILAS policy, the insurance intermediary will on average receive remuneration as stated below.

中介人的酬勞：若閣下選擇投購此投連壽險保單或就此投連壽險保單繳付額外保費，保險中介人將平均獲取以下所列之酬勞。

Premium type 保費類別	Target contribution period (years) 目標供款年期 (年)	Average remuneration receivable per \$100 of the premium that you pay 以閣下每繳付\$100元保費金額計所 獲取的平均酬勞
Regular Premium 定期保費	10	\$3.03
	11-15	\$4.07
	16-20	\$4.82
	25	\$5.31
	30	\$5.59
Premium type 保費類別	Average remuneration receivable per \$100 of the premium that you pay 以閣下每繳付\$100元保費金額計所獲取的平均酬勞	
Optional Lump Sum Premium 可選一筆過投資保費	\$10.86	

The remuneration is an average figure calculated on the assumption that (a) the payment of optional lump sum premium in the amount of \$1,000,000/regular premium in the amount of \$120,000 per annum, and (b) you will pay all the premiums throughout the entire premium payment period. It covers all payments to the insurance intermediary directly attributable to the sale of this policy or this application for making top-up premium payments (including upfront and future commissions, bonuses and other incentives).

The amount of remuneration actually receivable by the insurance intermediary may vary from year to year and is higher in the first policy year.

Certain benefits that are immaterial, not directly attributable to the sale of this policy or this application for making top-up premium payments and not readily convertible to cash are not included in the calculation.

Please consult your insurance intermediary if you wish to know more about the remuneration that he/she/they may receive in respect of this policy.

保險中介人的酬勞是基於 (a) 可選一筆過投資保費供款金額為\$1,000,000 / 定期保費供款金額為每年\$120,000，及 (b) 閣下會繳付整個供款期內所有供款的假設下計算所得的平均值。該酬勞包括所有直接因銷售此保單或因此「額外保費」之申請而向保險中介人支付的金額（包括前期及其後的佣金、花紅及其他獎金）。

保險中介人每年實際上可獲取的酬勞金額可能不同，而酬勞金額於保單首年會較高。

一些並非直接因銷售此保單或因此「額外保費」之申請而支付的不重大及不易兌換為現金的酬勞並不包括在計算當中。

如欲進一步了解閣下的保險中介人就此投連壽險保單所收取的酬勞詳情，請向該保險中介人查詢。

I confirm that I have read and understood and agree to be bound by paragraph (10) above.

本人現確認已閱讀及明白，並同意受以上第 (10) 段約束。

Name of Proposed Owner/Owner (Applicant) 建議持有人 / 持有人 (投保人) 姓名	Signature of Proposed Owner/Owner (Applicant) 建議持有人 / 持有人 (投保人) 簽署	Date signed in Macau (YYYY/MM/DD) 在澳門簽署日期 (年 / 月 / 日)

Part 2: Applicant's Declarations 第 2 部：投保人聲明書

If you do not agree to that particular section in this document or have any doubt of the following statements, please do not sign the declarations.
若閣下不同意以下聲明的任何部分、或對此聲明內容有任何疑問，請勿簽署此聲明書。

Section I : Disclosure Declaration 甲部：披露聲明

- I confirm that the insurance intermediary, _____ (full name of the relevant insurance intermediary)
_____ (registration number of the relevant insurance intermediary), has conducted a Financial Needs Analysis and Risk Profiling for me.
本人確認保險中介人 _____ (有關保險中介人之姓名) _____ (有關保險中介人之登記號碼) 已為本人進行「財務需要分析」及「風險承擔能力問卷」調查。
- I have received, read and understood the following documents (not applicable to application for top-up premium payments):
本人已收取、閱讀及明白以下文件 (不適用於繳付額外保費之申請)：
 - Principal Brochure (which consists of the Product Key Facts Statement, the Product Brochure and the Investment Options Leaflet)
主要銷售刊物 (包括產品資料概要、產品說明書及投資選擇簡介)
 - Illustration Document
說明文件
 - Insurance Options Leaflet
保險選擇簡介
- I fully understand and accept the potential loss associated with any market value adjustment, where the Company has the right under the situations stated in the Principal Brochure (e.g. cancelling during the cooling-off period) to apply a downward/negative market value adjustment to the ILAS policy.
本人完全明白及同意承受可能因市場價格調整所引致的潛在損失，及貴公司按照主要推銷刊物中所闡明的特定的情況下 (例如：在冷靜期內取消保單)，貴公司有權對投連壽險保單的價值作出市值下調 / 負市值調整。

_____ Name of Proposed Owner/Owner (Applicant) 建議持有人 / 持有人 (投保人) 姓名	_____ Signature of Proposed Owner/Owner (Applicant) 建議持有人 / 持有人 (投保人) 簽署	_____ Date signed in Macau (YYYY/MM/DD) 在澳門簽署日期 (年 / 月 / 日)
---	--	---

Section II: Affordability Declaration 乙部：負擔能力聲明

- I anticipate that my disposable income and/or savings is/are sufficient to pay the regular premium payments for the entire payment term of the ILAS policy;
and
本人預計本人的可支配收入及 / 或儲蓄將足以支付此投連壽險保單的整段供款年期的定期保費；以及
- I confirm that I am willing to pay the premiums for the entire payment term of the ILAS policy.
本人確認本人願意支付此投連壽險保單的整段供款年期的定期保費。

_____ Name of Proposed Owner/Owner (Applicant) 建議持有人 / 持有人 (投保人) 姓名	_____ Signature of Proposed Owner/Owner (Applicant) 建議持有人 / 持有人 (投保人) 簽署	_____ Date signed in Macau (YYYY/MM/DD) 在澳門簽署日期 (年 / 月 / 日)
---	--	---

Section III: Suitability Declaration 丙部：適合性聲明

I understand and agree that (tick one only) 本人明白並同意 (只可選一項) :

- A the features and risk level of the ILAS policy and my selected mix of underlying investment options are suitable for me based on my disclosed current needs and risk profile as indicated in the Financial Needs Analysis and the Risk Profile Questionnaire.
根據本人於「財務需要分析」及「風險承擔能力問卷」所披露的現時需要及投資風險概況，此投連壽險保單之特色及其風險級別與本人所選擇的相關投資選擇組合均適合本人。

OR 或

- B despite the fact that the features and/or risk level of the ILAS policy and/or my selected mix of underlying investment options may not be suitable for me based on my disclosed current needs & risk profile as indicated in the Financial Needs Analysis and the Risk Profile Questionnaire, I confirm that it is my intention and desire to proceed with my application(s) as explained below:
儘管根據本人於「財務需要分析」及「風險承擔能力問卷」所披露的現時需要及投資風險概況，此投連壽險保單之特色及 / 或風險級別及 / 或本人選擇的相關投資選擇組合可能並不適合本人，但本人確認基於下述原因，本人打算及意欲申請本保險計劃：

(If **Box B** is ticked, then the Proposed Owner / Owner (Applicant) must complete explanation in **own handwriting** in this box)
(如選擇「B」項，建議持有人 (投保人) 必須於此欄親筆填寫原因)

I confirm that I have been offered different insurance options which are available to meet my specific needs and financial circumstances and I consider that the ILAS policy is more suitable for me over the other insurance option(s).

本人確認本人已被提供其他適合本人具體需要及財務情況的保險選擇，而本人認為此投連壽險保單較其他保險選擇更適合本人。

I acknowledge I should not purchase this ILAS policy and/or the selected mix of underlying investment options unless I understand these and their suitability has been explained to me and that the final decision is mine.

本人確認，除非本人清楚了解此產品和相關投資項目的選擇組合，並得悉此產品如何切合本人的需要，否則本人不應投購此投連壽險保單。本人擁有最終的決定權。

Name of Proposed Owner/Owner (Applicant) 建議持有人 / 持有人 (投保人) 姓名	Signature of Proposed Owner/Owner (Applicant) 建議持有人 / 持有人 (投保人) 簽署	Date signed in Macau (YYYY/MM/DD) 在澳門簽署日期 (年 / 月 / 日)
--	---	--

Notes 註：

- For the purposes of this Statement and Declarations, the singular shall include the plural; the word "I" shall include "we"; & the word "my" shall include "our". For joint applicants, all applicants must sign all sections.
就本聲明書而言，單數等同複數；「本人」包括「我們」的涵義；及「本人的」包括「我們的」的涵義。若為聯名投保人，所有投保人必須在所有部份內簽署。
- You are required to inform your insurance intermediary or us (the Company) if there is any substantial change of information provided in this Statement and Declarations before the policy is issued.
若本聲明書上所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或閣下的保險中介人。