



Policy Number 保單編號：

Name of the ILAS Policy 投連壽險保單名稱：

Honey Pot
康利之寶

IMPORTANT FACTS STATEMENT AND APPLICANT'S DECLARATIONS INVESTMENT-LINKED ASSURANCE SCHEME ("ILAS") POLICY-AGENCY (MACAU)

重要資料聲明書及申請人聲明書 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 making top-up premium payments under an existing ILAS policy. For the purposes of this form, top-up premium payments include any additional premium payments made under the basic plan of the 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 Owner.
- Please do not sign on blank form.

重要事項：

- 此表格適用於就現有投連壽險保單繳付「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。
- 此表格應由持有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: HOP-AGTM

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 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 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

- (1) **Statement of Purpose:** Please set out **in your own handwriting** your reasons/considerations for making top-up premium payments under this ILAS 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 this application for making top-up premium payments is suitable for you.

目標概要：請閣下親筆填寫就此投連壽險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，一併評估此繳付額外保費的申請是否適合閣下。

- (2) **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。

- (3) **Fees and charges:** Some fees/charges will be deducted from the premiums you pay and/or your ILAS policy value, 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 underlying/reference funds 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/或閣下所選取計劃的價值中扣減，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相關/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。

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 Owner
持有人姓名Signature of Owner
持有人簽署Date signed in Macau (YYYY/MM/DD)
在澳門簽署日期(年/月/日)

- (4) **Switching of investment:** If you switch your investment choices, you may be subject to a charge and your risk may be increased or decreased.
轉換投資選項: 若閣下轉換投資選項，可能需要支付相關收費，而閣下所承受的投資風險亦有可能因而增加或減少。
- (5) **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:
(a) Premium holiday means that you may temporarily suspend your regular premium payments. **It does not mean that you are only required to make premium contribution during the initial contribution period; and**
(b) As all relevant fees and charges will continue to be deducted from your ILAS policy value during the premium holiday, **the value of your ILAS policy may be significantly reduced.**
供款假期: 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供款假期條款（即在此期間可暫停供款），以及可行使供款假期需符合的指定條件。若此保單設有供款假期條款，閣下必須注意以下事項：
(a) 供款假期指閣下可在該期間暫停定期供款，**但並不表示閣下只須在最初的供款期內繳付保費；及**
(b) 由於在供款假期內所有費用及收費仍會繼續從閣下的投連壽險保單價值中扣除，因此，**閣下的投連壽險保單價值或會因此而大幅減少。**
- (6) **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 you fail to make premium contribution (for regular premium payment), or if your policy has very low or negative value (e.g. poor investment performance, exercise of premium holiday), etc.
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，閣下的保單或會被自動提早終止，而閣下亦會因此損失所有已付保費及累算權益。可能啟動保單自動提早終止的情況包括：閣下未能定期支付保費，或閣下的保單總值處於十分低或負數的水平（例如：投資表現不理想或於行使供款假期後等）。
- (7) **Intermediaries' Remuneration:** If you make top-up 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的酬勞。

Premium type 保費類別	Average remuneration receivable per \$100 of the premium that you pay 以閣下每繳付 \$100 元保費金額中所獲取的酬勞
Optional Lump Sum Premium 可選一筆過投資保費	1.56

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 / optional top-up premium in the amount of \$120,000 per annum, and (b) you will pay all the premiums throughout the entire premium payment period (if applicable). It covers all payments to the insurance intermediary directly attributable to this application (including upfront and future commissions, bonuses and other incentives).

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 / 可選額外投資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 (如適用) 計算所得的平均值。該酬勞包括所有直接因此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)。

The amount of remuneration actually receivable by the insurance intermediary may vary from year to year and may be higher in the first year/early years since the payment of the top-up premiums or since the first payment of the top-up premiums relating to this application (as applicable).

保險中介人每年實際上可獲取的酬勞金額可能不同，而酬勞金額於繳付有關此申請的額外保費或首次額外保費 (以適用者為準) 起計首年 / 早年可能會較高。

Certain benefits that are immaterial, not directly attributable to this application and not readily convertible to cash are not included in the calculation.

一些並非直接因此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。

If this application involves whole-life premium payment, a 30-year period has been adopted for calculating both the total premiums and the total remuneration.

若此申請涉及終生供款，計算時總保費及總酬勞金額以三十年期作為假設計算。

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

如欲進一步了解閣下的保險中介人就此申請所收取的酬勞詳情，請向該保險中介人查詢。

I confirm that I have read and understood and agree to be bound by paragraphs (4), (5), (6) and (7) above. I understand and accept all the fees and charges, including the upfront charges (if applicable) and charges for encashment, withdrawal, surrender or premium adjustment (if applicable).

本人現確認已閱讀及明白，並同意受以上第 (4)，(5)，(6) 及 (7) 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) 及就兌現、提取款項、退保或保費調整收取的收費 (如適用)。

Name of Owner 持有人姓名	Signature of Owner 持有人簽署	Date signed in Macau (YYYY/MM/DD) 在澳門簽署日期 (年/月/日)
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PART 2: APPLICANT'S DECLARATIONS 第 2 部: 申請人聲明書

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- 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 fully understand and accept the potential loss associated with any market value adjustment, where the Company has the right under the situations (e.g. early policy surrender) 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情況下(例如：提早退保)，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 Owner 持有人姓名	_____ Signature of Owner 持有人簽署	_____ Date signed in Macau (YYYY/MM/DD) 在澳門簽署日期(年/月/日)
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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 owner must complete explanation in **own** handwriting in this box)
(如選擇「B」項，持有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 application for making top-up premium payments under this ILAS policy is more suitable for me over taking up 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，而本人認為就此投連壽險保單繳付額外保費較投購其他保險選擇更適合本人。

I acknowledge I should not apply for making top-up premium payments under this ILAS policy and/or purchase 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繳付額外保費之申請和相關投資項目的選擇組合，並得悉此申請如何切合本人的需要，否則本人不應作出此申請。本人擁有最終的決定權。

_____ Name of Owner 持有人姓名	_____ Signature of Owner 持有人簽署	_____ Date signed in Macau (YYYY/MM/DD) 在澳門簽署日期(年/月/日)
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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。若為聯名申請人，所有申請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。