

# Important Facts Statement And Applicant's Declarations Investment-Linked Assurance Scheme ("ILAS") Policy

Policy No.:	Proposed Insured:	Applicant/Policyowner: (if other than Proposed Insured)
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**Chubb Life Insurance Hong Kong Limited**

**Name of the ILAS Policy: Ultra+ Single Premium Investment Plan (WLPS3)**

## PART I: Important Facts Statement

You should carefully consider the information in this statement and the product documents (including the Product Brochure, Investment Options Brochure, Product Key Facts Statement and the Illustration Document). **If you do not understand any of the following paragraphs or do not agree to any particular paragraph or what your licensed insurance agent has told you is different from what you have read or understood from this statement, please do not sign the confirmation and do not purchase the ILAS policy.**

**You may request the Chinese version of this statement from your licensed insurance agent.**  
閣下可向銷售的持牌保險代理人索取本文件的中文版本。

### SOME IMPORTANT FACTS YOU SHOULD KNOW

**(1) Statement of Purpose:** Please set out your reasons/considerations for \*(procuring this ILAS policy/making this lump sum premium). The licensed insurance agent is required to take due account of the reasons/considerations as set out by you, together with other relevant information, in assessing whether \*(a particular ILAS policy/making this lump sum premium) is suitable for you. *(Customer must set out your own reasons/considerations.)*

**(2) Cooling-off Period (only applicable for new policy application):** You have the right to cancel this ILAS policy and get back your original investments (subject to market value adjustment) within the cooling-off period, which is the period of **21 calendar days** immediately following either the day of delivery of (i) the policy; or (ii) the Cooling-off Notice to you or your nominated representative containing the information regarding your right within the cooling-off period, whichever is the earlier. For details of how you can exercise this right, please refer to the application form.

**\*Delete as appropriate**

(3) **No Ownership of Assets and No Guarantee for Investment Returns:** You do not have any rights to or ownership over any of the underlying investment assets of this ILAS policy. Your recourse is against Chubb Life Insurance Hong Kong Limited only. You are subject to the credit risk of Chubb Life Insurance Hong Kong Limited. Investment returns are not guaranteed.

(4) **Long-term Features:**

(a) **Early surrender/withdrawal charges:** You will be subject to an early surrender or withdrawal charge (“Surrender Charge”) and possible loss of entitlement to bonuses, if policy termination or surrender, partial withdrawal occurs within the initial 5 years of the policy term. The Surrender Charge is calculated as follows:

Policy year	Surrender Charge %
Within 1 <sup>st</sup> policy year	5%
Within 2 <sup>nd</sup> policy year	4%
Within 3 <sup>rd</sup> policy year	3%
Within 4 <sup>th</sup> policy year	2%
Within 5 <sup>th</sup> policy year	1%
6 <sup>th</sup> policy year or after	0%

i. For partial withdrawal (**counting from and inclusive of the Policy Date**) Surrender Charge = Applicable Surrender Charge rate as set out in the above table x partial withdrawal amount

ii. For surrender (**counting from and inclusive of the Policy Date**)  
Surrender Charge = Applicable Surrender Charge rate as set out in the above table x Account Value upon policy surrender

(b) **Loyalty bonuses:** You will be entitled to a loyalty bonus if you meet certain conditions. For details, please refer to the policy documents of this ILAS policy.

(5) **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 funds you selected.** For details, please refer to the product documents of this ILAS policy.

(6) **Switching of Investment:** If you switch your investment options, you may be subject to a charge and your risk may be increased or decreased.

(7) **Risks Associated with Investment Options with an Objective to Distribute Cash Dividends on a Regular Basis:** If you choose any investment option which aims to distribute cash dividends on a regular basis, please note that the distribution of cash dividends is **NOT GUARANTEED**. Also, the distribution of cash dividends may be/effectively be paid out of the capital of the corresponding underlying fund of the investment option, which may therefore result in a drop in the unit price of that investment options.

(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 your policy has very low or negative value (e.g. poor investment performance), etc. For details, please refer to the product documents of this ILAS policy.

(9) **Licensed Insurance Intermediaries' Remuneration:** If you **\*(take up this ILAS policy/pay lump sum premium under your ILAS policy)**, the licensed insurance agent will on average receive remuneration of:

**\*For initial premium at the sale of this ILAS policy**  
**- \$2.2 per \$100 of the initial premium that you pay**

**\*For subsequent lump sum premium**  
**- \$0.0 per \$100 of the lump sum premium that you pay**

The above remuneration is an average figure which covers all payments to the licensed insurance agent directly attributable to the sale of this policy (including upfront and future commissions, bonuses and other incentives).

Certain benefits that are immaterial, not directly attributable to the sale of this policy and not readily convertible to cash are not included from the calculation.

You are entitled to make enquiry with your licensed insurance agent if you wish to know more about the remuneration that he/she/they may receive in respect of this policy.

*I ("Applicant/Policyowner") confirm that I have read and understood and agree to be bound by paragraphs above.*

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Name of Applicant/Policyowner

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Signature of Applicant/Policyowner

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Date

---

Name of Licensed Insurance  
Agent

---

Name of Licensed Insurance  
Agent

---

Date

**\*Delete as appropriate**

## PART II: Applicant's/Policyowner's Declarations

### Section I: Disclosure Declaration

- I ("Applicant/Policyowner") confirm that the licensed insurance agent \_\_\_\_\_  
\_\_\_\_\_ (insert name and registration number of the relevant licensed insurance intermediary), has conducted a Financial Needs Analysis and a Risk Profile Questionnaire for me.
- I have received, read and understood the following documents:
  - Product Brochure
  - Product Key Facts Statement
  - Illustration Document (optional for lump sum premium)
  - Investment Options Brochure
- I fully understand and accept the potential loss associated with any market value adjustment, where the authorized insurer has the right and absolute discretion under certain situations (e.g. early policy surrender) to apply a downward/negative market value adjustment to the ILAS policy.

\_\_\_\_\_  
Name of Applicant/Policyowner

\_\_\_\_\_  
Signature of Applicant/Policyowner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Licensed Insurance Agent

\_\_\_\_\_  
Signature of Licensed Insurance Agent

\_\_\_\_\_  
Date

## Section II: Suitability Declaration

1. I ("Applicant/Policyowner") understand and agree that (tick one only):

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, etc. as indicated in the Financial Needs Analysis and Risk Profile Questionnaire.

OR  
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 and risk profile, etc. as indicated in the Financial Needs Analysis and Risk Profile Questionnaire, I confirm that it is my intention and desire to proceed with my application(s) as explained below:

(If Box **B** is ticked, Applicant/Policyowner **must** complete explanation in this box.)

I acknowledge I should not purchase this ILAS policy and/or make top-up investment to my existing 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.

\_\_\_\_\_  
Name of Applicant/Policyowner

\_\_\_\_\_  
Signature of Applicant/Policyowner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Licensed Insurance Agent

\_\_\_\_\_  
Signature of Licensed Insurance Agent

\_\_\_\_\_  
Date

Please complete this section for retirees.

I declare that the money to be invested in the policy throughout the whole policy term will not be used to maintain my standard of living and/or to fulfil my other financial commitments. I also confirm I understand and accept that surrendering the policy and/or making partial withdrawal from Account Value during the surrender charge period (which will end at the end of 5th policy year) will incur surrender charge, and declare that during the surrender charge period I have no immediate need of such amount to be invested in the policy.

\_\_\_\_\_  
Name of Applicant/Policyowner

\_\_\_\_\_  
Signature of Applicant/Policyowner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Licensed  
Insurance Agent

\_\_\_\_\_  
Signature of Licensed  
Insurance Agent

\_\_\_\_\_  
Date

2. Please complete this section for top up request with Financial Needs Analysis and Risk Profile Questionnaire as appropriate.

- (a) I declare that Financial Needs Analysis and Risk Profile Questionnaire have been completed within 1 year for the policy number \_\_\_\_\_ with a copy of the same attached.
- (b) I declare that there are no material changes in my circumstances, no mismatch in needs and risks tolerance level and affordability to the top up investment since the date when the above mentioned Financial Needs Analysis and Risk Profile Questionnaire were completed.

_____ Name of Applicant/Policyowner	_____ Signature of Applicant/Policyowner	_____ Date
_____ Name of Licensed Insurance Agent	_____ Signature of Licensed Insurance Agent	_____ Date

**Notes:**

1. *In this Statement & Declaration, "I" refers to the applicant/policyowner. The singular shall include the plural; the word "I" shall include "we"; & the word "my" shall include "our". For joint applicants/policyowners, all applicants/policyowners must sign all sections.*
2. *The applicant(s)/policyowner(s) are required to inform your licensed insurance agent or us (Chubb Life Insurance Hong Kong Limited) if there is any material change of information provided in these Declarations before the policy is issued.*


## 《重要資料聲明書》及《申請人聲明書》 投資相連壽險計劃（「投連壽險」）保單

保單編號:	準受保人:	保單申請人/保單持有人: (如非準受保人)

安達人壽保險香港有限公司

投連壽險保單名稱: 「超凡」整付保費投資計劃 (WLPS3)

### 第一部份: 重要資料聲明書

閣下應細閱本聲明書及產品資料文件（包括產品介紹冊、投資選擇指南、產品資料概要及利益說明文件）。若閣下不明白以下的任何一段、或不同意以下的任何特定段落、或閣下的持牌保險代理人的講述與閣下所閱讀或理解本聲明的內容有異，請勿簽署確認或購買此投連壽險保單。

閣下可向銷售的持牌保險代理人索取本文件的英文版本。

You may request the English version of this statement from your licensed insurance agent.

### 此乃重要資料 閣下必須細閱

(1) **目標概要:** 請閣下列出\*（購買此投連壽險保單/繳付此整付保費）的原因/考慮因素。持牌保險代理人必須就閣下列明的原因/考慮因素，以及其他相關資料，一併評估\*（某特定投連壽險保單/繳付此整付保費）是否適合閣下。（客戶必須列出自己的原因/考慮因素。）

(2) **冷靜期(只適用於新保單申請):** 閣下有權在冷靜期內取消此投連壽險保單，並取回已作投資的款額（須按市值調整計算），冷靜期為緊接 (i) 此保單；或 (ii) 冷靜期通知書（當中包含閣下在冷靜期內的權利）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，以較早者為準。詳情請參閱投保申請書上有關行使「冷靜期」權利的解釋。

(3) **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投資資產，閣下均沒有任何權利或擁有權。任何追索只可向安達人壽保險香港有限公司提出，閣下亦須承擔安達人壽保險香港有限公司的信貸風險。投資回報並沒有保證。



**(4) 計劃的長期性質:**

**(a) 提前退保/提取保單款項的收費:**

若閣下在保單首5個保單年度內終止保單、退保、提取部份保單款項，均須支付**提前退保或提取保單款項的收費**（「退保費用」），並可能因此損失獲得長期客戶獎賞的權利。退保費用的計算方法如下：

保單年度	退保費用率
第1個保單年度內	5%
第2個保單年度內	4%
第3個保單年度內	3%
第4個保單年度內	2%
第5個保單年度內	1%
第6年保單年度或其後	0%

i. 提取部分款項（從保單日期開始計算並包括在內）

退保費用 = 上表所列的適用退保費用率 × 提取部分款項金額。

ii. 退保（從保單日期開始計算並包括在內）

退保費用 = 上表所列的適用退保費用率 × 退保時的戶口價值。

**(b) 長期客戶獎賞：**

若閣下符合指定的要求，可享有長期客戶獎賞。詳情請參閱此投連壽險保單的產品資料文件。

**(5) 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價值中扣減，並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基金的回報。詳情請參閱此投連壽險保單的產品資料文件。

**(6) 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，而閣下所承受的風險亦有可能因而增加或減少。

**(7) 有關以定期派發現金股息為目的之投資選項的相關風險：**若閣下選擇任何以定期派發現金股息為目的之投資選項，請注意有關的現金股息分派並非保證。此外，現金股息的分派亦有可能從/實際上從投資選項之相關基金的資本中支付，因而或會導致投資選項的單位價格下跌。

**(8) 提早終止的風險:** 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付保費及累算權益。此可能啟動保單自動提早終止的情況包括：閣下的保單價值處於十分低或負數的水平（例如：投資表現不理想等）。詳情請參閱此投連壽險保單的產品資料文件。



(9) 持牌保險代理人的酬勞: 若閣下 **\*(選擇購買此投連壽險保單/於閣下的保單繳付整付保費)\***，持牌保險代理人將會獲取:

**\* 就銷售此投連壽險保單時的首次保費**

- 平均\$2.2的酬勞(就閣下每繳付\$100元首次保費金額計)

**\* 就閣下其後所繳付的整付保費**

- 平均\$0.0的酬勞(就每\$100元整付保費金額計)

上述的酬勞是一個平均值，該酬勞包括所有直接因銷售此保單而向該持牌保險代理人支付的款項(包括前期及其後的佣金、花紅及其他獎金)。

某些無關重要、並非直接因銷售此保單而支付及難以兌現為現金的酬勞並不包括在計算當中。

如果閣下希望進一步了解持牌保險代理人就此投資相連壽險保單可能取得的酬勞，閣下有權向閣下的持牌保險代理人查詢。

本人(「保單申請人/保單持有人」)現確認已閱讀及明白，並同意受以上各段之約束。

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保單申請人/保單持有人姓名

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保單申請人/保單持有人簽署

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日期

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持牌保險代理人姓名

---

持牌保險代理人簽署

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日期

## 第二部份: 保單申請人/保單持有人聲明

### 甲部: 披露聲明

- 本人(「保單申請人/保單持有人」)確認持牌保險代理人\_\_\_\_\_ (填上相關持牌保險代理人的姓名及登記編號)已為本人進行「財務需要分析」及「風險承擔能力問卷」。
- 本人已收取、閱讀及明白下列文件：
  - 產品介紹冊
  - 產品資料概要
  - 利益說明文件(自選整付保費)
  - 投資選擇指南
- 本人完全明白及同意承受可能因市值調整所引致的潛在損失，及保險公司在一些特定的情況下(例如：提前退保)有權及擁有絕對的酌情權對投連壽險保單作出市場價值下調/負市場價值調整。

\_\_\_\_\_  
保單申請人/保單持有人姓名

\_\_\_\_\_  
保單申請人/保單持有人簽署

\_\_\_\_\_  
日期

\_\_\_\_\_  
持牌保險代理人姓名

\_\_\_\_\_  
持牌保險代理人簽署

\_\_\_\_\_  
日期

## 乙部: 合適性聲明

1. 本人（「保單申請人/保單持有人」）明白並同意:（只可選一項）

A ☐ 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風險承擔能力等資料，此投連壽險保單之特點和其風險水平，及本人所選擇的相關投資選項組合均適合本人。

或

B ☐ 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風險承擔能力等資料，此投連壽險保單之特點及/或風險水平及/或本人所選擇的相關投資選項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此投連壽險保單:

（如選擇「B」項，保單申請人/保單持有人必須於此欄內提供解釋）

本人確認，除非本人清楚了解此投連壽險保單及/或額外投資供款及/或所選擇的相關投資選項組合，並已獲解釋此投連壽險保單的合適性；否則，本人不應購買此投連壽險保單及/或額外投資供款及/或選取相關的投資選項組合。本人擁有最終的決定權。

保單申請人/保單持有人姓名

保單申請人/保單持有人簽署

日期

持牌保險代理人姓名

持牌保險代理人簽署

日期

### 退休人士請填報此部份

本人謹此聲明本人於整個保單年期將會投資於保單中的資金將不會用作維持本人的生活水平及/或履行其他的財政承諾。本人亦確認本人理解並接受如本人在退保費用徵收年期內（退保費用徵收年期將於第5個保單年度結束時完結）作出退保及/或從戶口價值提取部份款項，貴公司將收取退保費用，而本人聲明在退保費用徵收年期內本人對於將會投資於保單中的資金並沒有迫切需要。

保單申請人/保單持有人姓名

保單申請人/保單持有人簽署

日期

持牌保險代理人姓名

持牌保險代理人簽署

日期

2. 申請額外投資供款相關投資項目及填寫過財務需要分析及風險承擔能力問卷，請填妥及提供以下資料：

<p>(a) 本人謹此確認於過去一年內就保單編號_____已完成財務需要分析及風險承擔能力問卷並附上相關文件副本。</p> <p>(b) 本人謹此確認在上述之財務需要分析及風險承擔能力問卷的簽署日期後本人的狀況並無重大改變，而就此額外投資供款，本人的財務需要、風險承擔能力及負擔能力亦無錯配。</p>		
_____ 保單申請人/保單持有人姓名	_____ 保單申請人/保單持有人簽署	_____ 日期
_____ 持牌保險代理人姓名	_____ 持牌保險代理人簽署	_____ 日期

**註釋：**

- 就《重要資料聲明書》及《申請人聲明書》而言，「本人」指保單申請人/保單持有人。單數包含複數；「本人」包括「我們」的涵義；及「本人的」包括「我們的」之涵義。若為聯名保單申請人/保單持有人，所有保單申請人/保單持有人必須在所有部分內簽署。
- 若《重要資料聲明書》及《申請人聲明書》上填報的資料有任何重大變更，閣下在保單發出前，必須通知閣下的持牌保險代理人或保險公司（安達人壽保險香港有限公司）。