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「中銀集團人壽保險有限公司」以下簡稱：「本公司」或「貴司」
BOC Group Life Assurance Company Limited referred to hereinafter as “the Company”

IMPORTANT FACTS STATEMENT AND APPLICANT’S DECLARATIONS
INVESTMENT-LINKED ASSURANCE SCHEME (“ILAS”) POLICY
(Applicable to Regular Top-Up Contribution / Extra Contribution)

BOC Group Life Assurance Company Limited
Wisdom Investment Linked Insurance Plan

PART I - IMPORTANT FACTS STATEMENT (*Applicable to Regular Top-Up Contribution / Extra Contribution*)

You should carefully consider the information in this statement and the product documents (including the Product Brochure, Product Key Facts Statement, and the Illustration Document, if applicable). **If you do not understand any of the following paragraphs or do not agree to any particular paragraph or what the customer service officer has told you is different from what you have read or understood from this statement, please do not sign the confirmation and do not make Regular Top-Up Contribution/Extra Contribution for this ILAS policy.**

You may request the Chinese version of this statement from the customer service officer. 閣下可向客戶服務主任索取本文件的中文版本。

SOME IMPORTANT FACTS YOU SHOULD KNOW

- (1) (*Applicable to Regular Top-Up Contribution / Extra Contribution only*) **Statement of Purpose:** Please set out your reasons/considerations for making this Regular Top-Up Contribution/Extra Contribution. The customer service officer 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 Regular Top-Up Contribution/Extra Contribution is suitable for you. (Policy Owner must set out your own reasons/considerations.)
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- (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 investment assets of this ILAS policy. Your recourse is against BOC Group Life Assurance Co. Ltd. only. You are subject to the credit risk of BOC Group Life Assurance Co. Ltd.. Investment returns are not guaranteed.

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

Surrender charges / withdrawal charges: You will not be subject to any surrender charges / withdrawal charges if policy termination or surrender, partial withdrawal, or suspension of or reduction in premium payment occurs within a prescribed period before the end of the policy term. However, you are only given 6 free partial withdrawals per policy year (any subsequent partial withdrawal is generally not allowed).

(4) **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.

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

(6) **Contribution Holiday:** Please check with the customer service officer and the product documents whether and under what specific conditions a contribution holiday (during which premium payment is suspended) may be taken. This ILAS policy allows a contribution holiday, you should note that:

(a) Contribution holiday means that you may temporarily suspend your regular contributions (which consists of Regular Basic Contribution and any Regular Top-Up Contribution). It **does not mean that you are only required to make premium contribution during the initial contribution period.**

(b) As all relevant fees and charges will continue to be deducted from your ILAS policy value during the contribution holiday, **the value of your ILAS policy may be significantly reduced.**

(7) **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 basic premium payment), or if your policy has very low or negative value (e.g. poor investment performance, exercise of contribution holiday), etc. For details, please refer to the product documents of this ILAS policy.

(8) *(Applicable to Regular Top-Up Contribution / Extra Contribution only)* **Licensed Insurance Intermediaries' Remuneration:** If you make Regular Top-Up Contribution/Extra Contribution for this ILAS policy, the bank will on average receive remuneration of US\$3.30 per US\$100 of the Regular Top-Up Contribution/Extra Contribution that you pay.

The remuneration is an average figure calculated on the assumption that you will pay (i) all Regular Top-Up Contributions throughout the entire premium payment period or (ii) Extra Contribution. It covers all payments to the bank directly attributable to the Regular Top-Up Contribution/Extra Contribution under the policy (including upfront and future commissions, bonuses and other incentives).

Certain benefits that are immaterial, not directly attributable to the Regular Top-Up Contribution/Extra Contribution under the policy and not readily convertible to cash are not included from the calculation.

In this statement, "bank" refers to a licensed bank, restricted licensed bank or deposit-taking company.

You are entitled to make enquiry with the customer service officer if you wish to know more about the remuneration that the bank may receive in respect of this policy.

I ("policy owner") confirm that I have read and understood and agree to be bound by paragraphs above.

Name of Policy Owner(s)	Signature of Policy Owner(s)	Date (YYYY / MM / DD)
Name of Customer Service Officer (Explainer)	Signature of Customer Service Officer (Explainer)	Date (YYYY / MM / DD)

PART II – APPLICANT’S DECLARATIONS (*Applicable to Regular Top-Up Contribution / Extra Contribution only*)

Section I: Disclosure Declaration

- I ("Policy Owner") confirm that the customer service officer, _____ (name and registration number of the relevant staff), has conducted a Financial Needs Analysis and Risk Profiling Questionnaire for me.
- I have received, read and understood the following documents:
 - Illustration Document
 - Investment Choice Brochure (Please refer to the website of BOC Life at <https://www.boclife.com.hk/en/fund.html>)

Name of Policy Owner(s)	Signature of Policy Owner(s)	Date (YYYY / MM / DD)
Name of Customer Service Officer (Explainer)	Signature of Customer Service Officer (Explainer)	Date (YYYY / MM / DD)

Section II: Affordability Declaration (*Applicable to Regular Top-Up Contribution only*)

- I ("Policy Owner") anticipate that my disposable income and/or savings is/are sufficient to pay the Regular Top-Up Contribution payments for the entire payment term of the ILAS policy; and
- I confirm that I am willing to pay the Regular Top-Up Contribution for the entire payment term of the ILAS policy.

Name of Policy Owner(s)	Signature of Policy Owner(s)	Date (YYYY / MM / DD)
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Name of Customer Service Officer (Explainer)	Signature of Customer Service Officer (Explainer)	Date (YYYY / MM / DD)
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Section III: Suitability Declaration

I ("Policy Owner") understand and agree that (tick one only):

A the features and risk level of the ILAS policy and my selected mix of underlying investment choices are suitable for me based on my disclosed current needs and risk profile, etc. as indicated in the Financial Needs Analysis and Risk Profiling 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 choices may not be suitable for me based on my disclosed current needs & risk profile, etc. as indicated in the Financial Needs Analysis and Risk Profiling Questionnaire, I confirm that it is my intention and desire to proceed with my top-up application(s) as explained below:

((If Box B is ticked, Policy Owner must complete explanation in this box.))

I acknowledge I should not make this Regular Top-Up Contribution/Extra Contribution and/or the selected mix of underlying investment choices unless I understand these and their suitability has been explained to me and that the final decision is mine.

Name of Policy Owner(s)	Signature of Policy Owner(s)	Date (YYYY / MM / DD)
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Name of Customer Service Officer (Explainer)	Signature of Customer Service Officer (Explainer)	Date (YYYY / MM / DD)
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Notes:

1. In this Statement & Declaration, "I" refers to Policy Owner. The singular shall include the plural; the word "I" shall include "we"; & the word "my" shall include "our". For joint Policy Owners, all Policy Owners must sign all sections.
2. The Policy Owner(s) are required to inform the customer service officer or us (the authorized insurer) if there is any material change of information provided in these Declarations before the Regular Top-Up Contribution/Extra Contribution is approved.