

Application Request Form (Lump Sum/Regular Savings Investment Plans)

Please FAX to **0080185303** or Email to helpdesk.z2@athenabest.com

Please contact us by calling **00801853039** (toll-free) for any fill-in problem.

CALL OUT Arrangement: ___(mm)___(dd) to ___(dd)* 9:00-12:30 14:00-18:00; Office Home Mobile
 Date for signing application in HK: ___(mm)___(dd)*; Signing Location: Provider Office Athena Best
 *Do not accept reservation on Sat/Sun/HK Public Holiday

Part 1. Personal Details of Applicant

| | | |
|---|--|--|
| English Name (same as passport): Mr./Miss | | Chinese Name (if any): |
| Date of Birth: _____(yyyy) _____(mm) _____(dd) | ID/Passport No.: | |
| Residential Address (same as address proof): | | |
| Time Residing at the above Address: _____ years | | |
| Correspondence Address (for mailing): | | |
| Telephone: (Office) _____ (Home) _____ (Mobile) _____ | | |
| Nationality: | Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others _____ | Smoker: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Education: <input type="checkbox"/> Primary or below <input type="checkbox"/> Secondary <input type="checkbox"/> College <input type="checkbox"/> University <input type="checkbox"/> Post-Graduate <input type="checkbox"/> Others _____ | | |
| Email: | | |

Part 2. Employment Status & Details of Applicant *(If retired, please fill in employment details before retirement)*

Self-Employed/Owner Employee Retired Student* Housewife* (Please continue to Part 4)
**For student or housewife, please fill in the details of the payer (e.g. spouse, parents, etc.)*

| | | |
|----------------------------------|--|------------------------|
| <input type="checkbox"/> Parents | English Name (same as passport): Mr./Miss | Chinese Name (if any): |
| <input type="checkbox"/> Spouse | Date of Birth: _____(yyyy) _____(mm) _____(dd) | Contact No.: |

Company Name:
 Company Address:
 Business Nature: Occupation/Position:
 Length of Services: _____ years Current Salary: USD _____/year Bonus: USD _____

Part 3. Personal Details of Proposed Life/Lives Insured *(If different from applicant)*

| | | |
|---|--|--|
| English Name (same as passport): Mr./Miss | | Chinese Name (if any): |
| Date of Birth: _____(yyyy) _____(mm) _____(dd) | ID/Passport No.: | |
| Residential Address (same as address proof): | | |
| Time Residing at the above Address: _____ years | | |
| Correspondence Address (for mailing): | | |
| Telephone: (Office) _____ (Home) _____ (Mobile) _____ | | |
| Nationality: | Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others _____ | Smoker: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Education: <input type="checkbox"/> Primary or below <input type="checkbox"/> Secondary <input type="checkbox"/> College <input type="checkbox"/> University <input type="checkbox"/> Post-Graduate <input type="checkbox"/> Others _____ | | |
| Email: | | |
| Company Name: | | |
| Company Address: | | |
| Business Nature: | | Occupation/Position: |

| | |
|---|---|
| Part 4. Cash Flow and Liquid Assets of Applicant <i>(Premiums should be under 30% of income)</i> *Currency: USD | |
| Monthly Income: <input type="checkbox"/> Salary _____ <input type="checkbox"/> Others _____ | Total _____ /per month |
| Monthly Cash Outflow: <input type="checkbox"/> Loan _____ <input type="checkbox"/> Regular Expenses _____ <input type="checkbox"/> Others _____ | Total _____ /per month |
| Liquid Assets: Type (e.g. Cash, Deposit, etc.) _____ Amount _____ | |
| Part 5. Plan Details | |
| Please tick appropriate box | FPI: <input type="checkbox"/> Premier <input type="checkbox"/> Premier Ultra <input type="checkbox"/> Premier Advance <input type="checkbox"/> Ultra Advance <input type="checkbox"/> Zenith <input type="checkbox"/> Summit |
| | Generali: <input type="checkbox"/> Vision <input type="checkbox"/> Choice <input type="checkbox"/> RL360- Quantum <input type="checkbox"/> Others _____ |
| Advisory Fee (if applicable): _____% | Regular Savings: <input type="checkbox"/> Capital Appreciation <input type="checkbox"/> Absolute Return Single Premium: <input type="checkbox"/> Stable (Medium to low risk) <input type="checkbox"/> Growth (Medium to high risk) |
| Plan Currency: _____ | Investment Amount: _____ Investment Term (if applicable): _____ years |
| Contribution Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Annually <input type="checkbox"/> Single | |
| Initial Premium Payment Method: <input type="checkbox"/> Credit Card <input type="checkbox"/> TT <input type="checkbox"/> BSO <input type="checkbox"/> DDA (for HKD plan only) | |
| Subsequent Premiums Payment Method: <input type="checkbox"/> Credit Card <input type="checkbox"/> TT <input type="checkbox"/> BSO <input type="checkbox"/> DDA (for HKD plan only) | |
| Part 6. Payment Method <i>(Please fill in the details according to the option selected at Part 5)</i> | |
| Credit Card details | |
| Name on Credit Card: _____ | <input type="checkbox"/> VISA <input type="checkbox"/> MASTERR Issued Country: _____ |
| Credit Card No.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Expiry Date: _____ / _____ (MM/YYYY) |
| Cardholder's Address on Credit Card Statement: _____ | |
| BSO/DDA Bank Details <i>*For HK Bank Account Only</i> | |
| Account Name: _____ | |
| Account Number (Including Bank Code & Branch Code): <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| Bank Name and Branch: _____ | |
| Bank Address: _____ | |
| Account Type (e.g. USD, HKD, Integrated, etc.): _____ | |
| ID/Passport No. (same as the record of Bank Account): _____ | |
| Part 7. Investment Background / Risk Profile | |
| Investment Experience: <input type="checkbox"/> None <input type="checkbox"/> Below 1 year <input type="checkbox"/> 1 to 5 years <input type="checkbox"/> Above 5 years | |
| Risk Tolerance: <input type="checkbox"/> Defensive <input type="checkbox"/> Cautious <input type="checkbox"/> Balanced <input type="checkbox"/> Growth <input type="checkbox"/> Aggressive | |
| Purposes of Purchasing the Product: <input type="checkbox"/> Life Protection <input type="checkbox"/> Target Savings <input type="checkbox"/> Retirement <input type="checkbox"/> Investment <input type="checkbox"/> Education Planning <input type="checkbox"/> Health Protection <input type="checkbox"/> Accident <input type="checkbox"/> Others _____ | |
| Part 8. Valuation Statement | |
| Method of Delivery: <input type="checkbox"/> By E-mail <input type="checkbox"/> By Mailing <input type="checkbox"/> No Delivery | Language of Statement: <input type="checkbox"/> Chinese <input type="checkbox"/> English |
| Part 9. Beneficiary Details <i>(Total Sum Must be 100%)</i> | |
| 1 | Name: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F Relationship to Insured: _____ Percentage: _____ ID/Passport No.: _____ Address: _____ |
| 2 | Name: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F Relationship to Insured: _____ Percentage: _____ ID/Passport No.: _____ Address: _____ |
| 3 | Name: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F Relationship to Insured: _____ Percentage: _____ ID/Passport No.: _____ Address: _____ |
| Part 10. Remarks | |
| | |

I confirmed that I understand the related risks and particulars of product, and purchase the above product from a Hong Kong Introducing Insurance Intermediary at my own request. I also understand the product that I purchase is a product issued in Hong Kong or other jurisdictions and an unauthorized offshore insurance product in _____ (Country / Place). I confirmed it is all my own consent and request to purchase and have not been introduced by anyone who is in _____ (Country / Place). I am willing to answer the call from Athena Best in Hong Kong to confirm all the above information provided is complete, accurate, and true. The details in the application form are according to this application request, if any false or change, I will take all the responsibility.

Signature of Client: _____