

# Application Request Form (Life)

Please FAX to **0080185303** or Email to [helpdesk.z2@athenabest.com](mailto: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 or Proposed Life/Lives Insured

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:  Single  Married  Others \_\_\_\_\_ Smoker:  Yes  No

Education:  Primary or below  Secondary  College  University  Post-Graduate  Others \_\_\_\_\_

Email: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Business Nature: \_\_\_\_\_ Occupation/Position: \_\_\_\_\_

Length of Services: \_\_\_\_\_ years Current Salary: USD \_\_\_\_\_/year Bonus: USD \_\_\_\_\_

Non-employed:  Housewife  Unemployed\*  Retired\*  Student

\*Previous Job: Occupation/Position: \_\_\_\_\_ Major Duties: \_\_\_\_\_

How long have you been Unemployed/Retired? Since \_\_\_\_\_(yyyy)\_\_\_\_(mm)

## Part 2. 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 (if different from applicant and please provide address proof):  
 \_\_\_\_\_  
 \_\_\_\_\_

Time Residing at the above Address: \_\_\_\_\_ years

Telephone: (Office)\_\_\_\_\_ (Home)\_\_\_\_\_ (Mobile)\_\_\_\_\_

Nationality: \_\_\_\_\_ Marital Status:  Single  Married  Others \_\_\_\_\_ Smoker:  Yes  No

Education:  Primary or below  Secondary  College  University  Post-Graduate  Others \_\_\_\_\_

Company/School Name: \_\_\_\_\_

Company/School Address: \_\_\_\_\_

Business Nature: \_\_\_\_\_ Occupation/Position: \_\_\_\_\_

Length of Services: \_\_\_\_\_ years Current Salary: USD \_\_\_\_\_/year Bonus: USD \_\_\_\_\_

Non-employed:  Housewife  Unemployed\*  Retired\*  Student

\*Previous Job: Occupation/Position: \_\_\_\_\_ Major Duties: \_\_\_\_\_

How long have you been Unemployed/Retired? Since \_\_\_\_\_(yyyy)\_\_\_\_(mm)

## Part 3. Cash Flow and Liquid Assets of Applicant (Premiums should be below 30% of income) Currency: USD

Monthly Income:  Salary \_\_\_\_\_  Others \_\_\_\_\_ Total \_\_\_\_\_/per month

Monthly Cash Outflow:  Loan \_\_\_\_\_  Regular Expenses \_\_\_\_\_  Others \_\_\_\_\_ Total \_\_\_\_\_/per month

Liquid Assets: Type (e.g. Cash, Deposit, etc.) \_\_\_\_\_ Amount \_\_\_\_\_

**Part 4. Plan Details**

Please tick appropriate box	AXA: <input type="checkbox"/> SPT20B <input type="checkbox"/> SJVC <input type="checkbox"/> SJV05C <input type="checkbox"/> SJV10C <input type="checkbox"/> SJV20C		
	FWD: <input type="checkbox"/> Easy Plus	Prudential: _____	China Life: _____
	MassMutual: <input type="checkbox"/> TAS _____ years <input type="checkbox"/> TES _____ years		U-Life: _____
	<input type="checkbox"/> FPI International Protector (Asia) _____ years		<input type="checkbox"/> Others: _____
Plan Currency: _____ Term: <input type="checkbox"/> _____ years / <input type="checkbox"/> Whole-life			
Each Premium Amount: _____ Sum Insured: _____			
Initial Premium Payment Method: <input type="checkbox"/> Credit Card <input type="checkbox"/> TT <input type="checkbox"/> Bank Draft <input type="checkbox"/> Personal Cheque issued by Banks in HK			
Initial Premium Payment Method: <input type="checkbox"/> Credit Card <input type="checkbox"/> TT <input type="checkbox"/> Bank Draft <input type="checkbox"/> Personal Cheque issued by Banks in HK <input type="checkbox"/> DDA/BSO			
Dividend Options (if applicable): <input type="checkbox"/> Cash <input type="checkbox"/> Accumulate <input type="checkbox"/> Reduce Premium <input type="checkbox"/> Purchase Paid-Up Additions			

**Part 5. Payment Method (Please fill in the details according to the option selected at Part 4)**

**Credit Card Details**

**(Initial – Applicable for USD/HKD policy and both will be deducted in HKD; Renewal – AXA: Only applicable for USD policy; FWD: Not applicable)**

Name Printed on Credit Card :	<input type="checkbox"/> VISA <input type="checkbox"/> MASTER
Credit Card No.: <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	Expiry Date: ____/____(MM/YYYY)

**Bank Details (Applicable for DDA or BSO payment method; DDA for HKD policy only)**

Account Name:
Account Number (including Bank Code & Branch Code): <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 6. Existing Personal Insurance Details**

Do you have any in force insurance plans (including any currently applying for)? (if yes, please fill in the details)							<input type="checkbox"/> YES <input type="checkbox"/> NO
	Name of Insurance Company	Sum Insured/Benefit (USD)					Date of Issuance (YY/MM)
		Life	Disability Income	Critical Illness	Personal Accident	Hospital Benefit/Income	
Owner							
Insured							

**Part 7. Personal Health Details**

Have you been diagnosed and/or treated for any disorders or diseases? (if yes, please fill in the details)							<input type="checkbox"/> YES <input type="checkbox"/> NO
	Diseases	Date	Diagnosis	Duration	Results	Name of Physicians	Name of Hospital/Clinic
Owner							
Insured							

**Part 8. Beneficiary Details (Beneficiary must be father/mother for Juvenile Application)**

Name of Beneficiary	Gender	Age	Relationship to Insured	ID/Passport No.	Share Percentage (Total 100%)

**Part 9. Investment Background / Risk Profile**

Investment Experience: None Below 1 year 1 to 5 years Above 5 years

Risk Tolerance: Defensive Cautious Balanced Growth Aggressive

Purposes of Purchasing the Product: Life Protection Target Savings Retirement Investment  
Education Planning Health Protection Accident Others \_\_\_\_\_

**Part 10. Valuation Statement**

Method of Delivery: By E-mail By Mailing No Delivery

Language of Statement: Chinese English

I confirm that I am aware of the nature and possible risks associated with the above product and it is my intention to purchase the above product from a Hong Kong Introducing Insurance Intermediary at my own request. I also understand the above product that I purchase is a product issued in Hong Kong or other jurisdictions and it is an unauthorized offshore insurance product in \_\_\_\_\_ (Country / Place). I confirm it is my own consent and request to purchase which have not been introduced by anyone who is in \_\_\_\_\_ (Country / Place). I agree that I will answer the call from Athena Best in Hong Kong to confirm all the above information provided in this application request form are complete and true to the best of my knowledge and belief. The details in the application form will be according to this application request; I acknowledge that it is my responsibility if the details are false or change.

Signature of Client: \_\_\_\_\_