



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

- Name of the ILAS Policy: Treasure Advantage 2 (FOR MACAU POLICIES ONLY)

Policy Number	Applicant's Name	ID Card Number / Passport Number
Area Code	Agency Name	Agent Code
	Agent's Name	Agent's Tel. No



P1662030

THIS STATEMENT WILL ONLY BE ACCEPTED IF IT IS SIGNED BY YOU AND YOUR LICENSED INSURANCE INTERMEDIARY.

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 intermediary 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 intermediary.
您可向您的持牌保險中介人索取本聲明書的中文版本。

SOME IMPORTANT FACTS YOU SHOULD KNOW

(1) Statement of Purpose:

Please set out in your reasons / considerations for procuring this ILAS policy. The licensed insurance intermediary 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 is suitable for you. *(Customer must set out your own reasons / considerations)*

I ("customer") confirm that I have read and understood and agree to be bound by paragraph (1) above.

_____ Name of the Customer	_____ (Please do not sign on blank form) Signature of Customer	_____ Date: (MM / DD / YYYY)
_____ Name of Licensed Insurance Intermediary	_____ Signature of Licensed Insurance Intermediary	_____ Date: (MM / DD / YYYY)

(2) Cooling-off Period:

You have the right to cancel this ILAS policy within cooling-off period and get back your original investments (subject to market value adjustment). Cooling-off period is a period of **21 calendar days** immediately following either the day of delivery of the Policy or a notice to you or your representative, whichever is earlier. Such notice should inform you of the availability of the Policy and expiry date of the cooling-off period. For details of how you can exercise cooling-off right, please refer to the Product Brochure.

(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 / reference investment assets of this ILAS policy. Your recourse is against AIA International Limited only. You are subject to the credit risk of AIA International Limited. Investment returns are not guaranteed.

(4) Long-term Features

(a) Early surrender / encashment charges:

You will be subject to an **early surrender or encashment charge (“Early Encashment Charge”)** and **possible loss of entitlement to bonuses**, if policy termination or surrender, partial withdrawal, or suspension of or reduction in premium payment occurs within the initial 5-10 years of the policy term, subject to your selected premium payment period.

(b) Loyalty bonuses:

You will be entitled to a loyalty or special bonus if you meet certain conditions. For details, please refer to the product documents of this ILAS policy.

(5) Fees and Charges:

Some fees / charges will be deducted from 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.

I (“customer”) confirm that I have read and understood and agree to be bound by paragraphs (2), (3), (4) and (5) above.

Name of the Customer

(Please do not sign on blank form)
Signature of Customer

Date: (MM / DD / YYYY)

Name of Licensed
Insurance Intermediary

Signature of Licensed Insurance
Intermediary

Date: (MM / DD / YYYY)

(6) Switching of Investment:

There is no switching fee for this ILAS policy. If you switch your investment options, your risk may be increased or decreased.

(7) Key Risks in Investing:

(a) Credit risk:

This product is an insurance policy issued by AIA. Your investments are subject to the credit risks of AIA. The investment options available under this product can have very different features and risk profiles. Some may be of high risk. Please read the principal brochure and the offering documents of the underlying funds involved for details.

(b) Liquidity risk:

This ILAS policy is designed to be held for a long term period. Early surrender or policy lapse (insufficient value of the ILAS policy to cover ongoing fees and charges due to partial withdrawal of the policy value / suspension of or reduction in premium) is subject to an early encashment charge and may result in a significant loss of principal and bonuses awarded. Poor performance of underlying funds may further magnify your investment losses, while all charges are still deductible.

(c) Foreign exchange risk:

The investment returns of your ILAS policy may be subject to foreign exchange risks as some of the underlying funds may be denominated in a currency which is different from that of your ILAS policy.

(d) Market risk:

Return of this ILAS policy is contingent upon the performance of the underlying funds and therefore there is a risk of capital loss.

(e) Derivatives Risk:

The underlying fund of an investment option may invest in derivatives and be exposed to counterparty, leverage, liquidity, market, volatility or other relevant risks, all of which may adversely impact the net asset value of the underlying fund of the investment option.

(f) Counterparty Risk:

The underlying fund of an investment option may be exposed to credit or default risk of the fixed income securities that it invests in. In the event of default or bankruptcy of an issuer, the underlying fund may experience significant losses. The actual or perceived downgrading of a rated fixed income security will also decrease in value and liquidity, and may have an adverse impact on the net asset value of the underlying fund.

I ("customer") confirm that I have read and understood and agree to be bound by paragraph (6) and (7) above.

Name of the Customer

(Please do not sign on blank form)
Signature of Customer

Date: (MM / DD / YYYY)

Name of Licensed
Insurance Intermediary

Signature of Licensed Insurance
Intermediary

Date: (MM / DD / YYYY)

(8) Premium Holiday:

Please check with your licensed 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.

(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.**

(9) 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. For details, please refer to the product documents of this ILAS policy.

I ("customer") confirm that I have read and understood and agree to be bound by paragraphs (8), and (9) above.

Name of the Customer

(Please do not sign on blank form)
Signature of Customer

Date: (MM / DD / YYYY)

Name of Licensed
Insurance Intermediary

Signature of Licensed Insurance
Intermediary

Date: (MM / DD / YYYY)

(10) Licensed Insurance Intermediaries' Remuneration:

If you take up this ILAS policy, the licensed insurance agent will on average receive remuneration of **\$2.70 – 5.40 (subject to the selected premium payment period as tabulated below) per \$100 of the premium that you pay.**

Premium payment period	Average remuneration per \$100 premium paid
5 years	\$2.70
6 years	\$3.17
7 years	\$3.50
8 years	\$4.19
9 years	\$4.78
10 years	\$5.40

The remuneration is an average figure calculated on the assumption that you will pay all the premiums throughout the entire premium payment period. It 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).

- The amount of remuneration actually receivable by the licensed insurance agent may vary from year to year and is higher in the first policy year / early policy years.
- 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.

(11) Post-sale Controls:

The Company's staff shall conduct a post-sale call with you on or before the 5th working day from the issue date of the ILAS policy. The purpose of the call is to confirm your consent to the suitability assessment in the Financial Needs Analysis, Risk Profile Questionnaire, Important Facts Statement and Applicant's Declarations, and to confirm your understanding of the important points of the ILAS policy. Please complete the call to ensure that your rights are fully respected and protected.

(12) Applicable to Vulnerable Customer*:

This plan is an ILAS policy. The investment choices available under the ILAS policy can have different features and risk profiles. Some may be of high risks. You are subject to investment risk and you should understand that the liquidity risk of the plan may make it impossible for you to cash out the policy value within a short period of time to cover sudden expenses. You should consider your risk profile and premium affordability. You should fully understand the plan and can make your own decision to choose investment choices, otherwise you should contact a professional for advice.

*A vulnerable customer is a person (i) over 65 years of age, (ii) whose education level is "primary level" or below, or (iii) who has "limited means" or no regular source of income or both.

I ("customer") confirm that I have read and understood and agree to be bound by paragraphs (10), (11) and (12) above.

Name of the Customer

(Please do not sign on blank form)
Signature of Customer

Date: (MM / DD / YYYY)

Name of Licensed
Insurance Intermediary

Signature of Licensed Insurance
Intermediary

Date: (MM / DD / YYYY)

PART II – APPLICANT’S DECLARATIONS

Section I: Disclosure Declaration

- I (“customer”) confirm that the licensed insurance intermediary, _____ (agent’s name) _____ (agent’s registration number), has conducted a Financial Needs Analysis and risk profiling through the Risk Profile Questionnaire for me.
- I have received, read, understood and agreed to comply with the following documents (to the extent relevant):
 - Product Brochure
 - Product Key Facts Statement
 - Illustration Document
 - Investment Options Brochure
- I understand that apart from the relevant product materials, I should also read, and I agree to comply with, the offering documents of the underlying fund of each respective investment option (including any dealing restrictions) before making any investment decision. I also understand and agree to accept any associated risks.
- 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. cancelling the policy during cooling off period or the insured committing suicide within the first year after policy issuance or reinstatement) to apply a downward / negative market value adjustment to the ILAS policy. The market value adjustment is calculated with reference to the loss in realizing the value of any assets acquired from the premiums you pay.

_____ Name of the Customer	_____ (Please do not sign on blank form) Signature of Customer	_____ Date: (MM / DD / YYYY)
-------------------------------	--	---------------------------------

_____ Name of Licensed Insurance Intermediary	_____ Signature of Licensed Insurance Intermediary	_____ Date: (MM / DD / YYYY)
---	--	---------------------------------

Section II: Affordability Declaration (For regular premium payment)

- I (“customer”) anticipate that my disposable income and / or savings is / are sufficient to pay the regular premium payments for the entire payment term of the ILAS policy; and
- I confirm that I am willing to pay the premiums for the entire payment term of the ILAS policy.

_____ Name of the Customer	_____ (Please do not sign on blank form) Signature of Customer	_____ Date: (MM / DD / YYYY)
-------------------------------	--	---------------------------------

_____ Name of Licensed Insurance Intermediary	_____ Signature of Licensed Insurance Intermediary	_____ Date: (MM / DD / YYYY)
---	--	---------------------------------

Section III: Suitability Declaration

I (“customer”) 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 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 choices 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, customer must complete explanation in this box.)

I acknowledge I should not purchase this ILAS policy 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 the Customer	(Please do not sign on blank form) Signature of Customer	Date: (MM / DD / YYYY)
----------------------	---	------------------------

Name of Licensed Insurance Intermediary	Signature of Licensed Insurance Intermediary	Date: (MM / DD / YYYY)
--	---	------------------------

- Notes:**
1. In this Statement & Declaration, “I” refers to customer. The singular shall include the plural; the word “I” shall include “we”; & the word “my” shall include “our”. For joint customers, all customers must sign all sections.
 2. The customer(s) are required to inform the licensed insurance intermediary or us (AIA International Limited) if there is any material change of information provided in these Declarations before the policy is issued.