



# THE FINANCIAL PLANNING PROFILE

**CONFIDENTIAL**

NAME(S):

  

TECHNICAL  
REPRESENTATIVE:

INTERNAL USE:

COUNTRY:

DATE:

## **Disclaimer**

The Private information that you provide within this document will be treated in the strictest confidence. The content of this Profile is compliant with “Know Your Client” directives enabling Platinum Financial Services to formulate specific solutions and give “Best Advice” based on an accurate overview of your current financial circumstances. “Best practice and advice” benefits you the client and the industry as a whole.

**PERSONAL DETAILS**

**SELF**

Name: \_\_\_\_\_  
DOB: \_\_\_\_\_

Gender:  Male  Female

Marital Status:  Single  Married  
 Divorced  Widowed

Nationality: \_\_\_\_\_

Contact:  
Work: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Which currency do you think in?  
\_\_\_\_\_

Highest education level achieved?  
 No Schooling  Primary  
 Secondary  Tertiary or above

**PARTNER**

Name: \_\_\_\_\_  
DOB: \_\_\_\_\_

Gender:  Male  Female

Marital Status:  Single  Married  
 Divorced  Widowed

Nationality: \_\_\_\_\_

Contact:  
Work: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Which currency do you think in?  
\_\_\_\_\_

Highest education level achieved?  
 No Schooling  Primary  
 Secondary  Tertiary or above

**EMPLOYMENT DETAILS** (Current employment & remuneration details)

**SELF**

Employer: \_\_\_\_\_  
Position: \_\_\_\_\_  
Time in Service: \_\_\_\_\_  
Salary: \_\_\_\_\_  
Bonuses: \_\_\_\_\_  
Pension Scheme: \_\_\_\_\_

ORSO:  Yes  No  
MPF:  Yes  No

Length of current contract: \_\_\_\_\_  
Disposable Income: \_\_\_\_\_

**PARTNER**

Employer: \_\_\_\_\_  
Position: \_\_\_\_\_  
Time in Service: \_\_\_\_\_  
Salary: \_\_\_\_\_  
Bonuses: \_\_\_\_\_  
Pension Scheme: \_\_\_\_\_

ORSO:  Yes  No  
MPF:  Yes  No

Length of current contract: \_\_\_\_\_  
Disposable Income: \_\_\_\_\_

**INCOME AND EXPENDITURE DETAILS**

<b>Income</b>	<b>Details</b>	<b>Amount</b>
Base Income Self		
Annual Bonus / 12		
Base Income Partner		
Annual Bonus / 12		
Rental Income		
Other Income		
<b>Monthly Total Income</b>		
<b>Expenditure</b>	<b>Details</b>	<b>Amount</b>
Mortgage 1		
Mortgage 2		
Rent		
Pension/MPF		
School Fees		
Utilities 1		
Utilities 2		
Utilities 3		
Investment 1		
Investment 2		
Insurance Life		
Insurance Income Disability		
Insurance Health		
Insurance Home		
Insurance Motor		
Insurance Other		
Food		
Clothing		
Sundries 1		
Sundries 2		
Sundries 3		
Sundries 4		
Sundries 5		
<b>Monthly Total Expenditure</b>		
<b>Monthly Income Expenditure</b>		

**PROPERTY DETAILS**

Property Type:				
Location:				
Market Value:				
Date of Purchase:				
Outstanding Loans:				
Loan to Value (LTV):				
Existing Lender:				
Mortgage Type:				
Interest Rate:				
Term:				
Expenditure Mortgage and Maintenance:				
Income:				
Penalty:				
Major Liabilities:				
Mortgage Protection:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you intend to purchase any other properties in the near future?  Yes  No

Property Location: \_\_\_\_\_

Do you view property as a long term investment?  Yes  No

When does your current tenancy expire? \_\_\_\_\_

**DEPENDANTS** (Children and financial dependants)

Name:				
Age:				
School:				
Fees:				
Employer Contribution:				
Higher Education:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current cost:				
Years to Requirement:				
Employer Contribution:				
Current Arrangement:				
Family Protection:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**BANKING** (Worldwide bank account details)

Name:				
Location:				
Currency:				
Type:				
Amount:				
Interest:				
Purpose:				

Name:				
Location:				
Currency:				
Type:				
Amount:				
Interest:				
Purpose:				

**INVESTMENTS** (Include all Paid Up, Lapsed and Suspended Policies)

Provider:				
Type: (Regular/Lump Sum)				
Start Date:				
Maturity Date:				
Ownership: (Self/Joint)				
Currency:				
Investment Amount:				
Frequency:				
Current Value:				
Performance:				
Objective:				
Restructure:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Your current ratio of annual regular premiums to your declared base income is \_\_\_\_\_%.

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**INVESTMENT CHOICE**

Based on the description in Section 20 of our Financial Planning Terms of Business do you consider yourself to be a Professional Investor?

Yes  No

**What is your preference with regard to investment risk?**

1. Are you willing to invest in products and their underlying funds in which you bear the investment risk?

Yes  No

2. Are you willing to invest in products where you bear no investment risk and have no input or control over where your premiums are invested?

Yes  No

3. I/we have no preference for either product type and I am/we are willing to consider both.

Yes  No

## RETIREMENT

Planned Retirement Age: \_\_\_\_\_

Desired Location: \_\_\_\_\_

Currency: \_\_\_\_\_

Annual Income Required: \_\_\_\_\_ x20

Current Value of Pensions: \_\_\_\_\_

Retirement Shortfall: \_\_\_\_\_

Have you ever paid into any other pension schemes?  Yes  No

If so, where \_\_\_\_\_

MPF Provider: \_\_\_\_\_

ORSO Provider: \_\_\_\_\_

## PROTECTION (Include all Paid Up, Lapsed and Suspended Policies)

Existing Liabilities (Mortgages & Debts): \_\_\_\_\_

Current Life Cover: \_\_\_\_\_

What level of income would you require for your dependants in the event of death:

\_\_\_\_\_ x20

Current Arrangements: \_\_\_\_\_

Protection Shortfall: \_\_\_\_\_

**EXISTING PERSONAL AND FAMILY PROTECTION**

Provide details of existing protection policies below:

**SELF**

	Life Insurance	Mortgage Protection	Critical Illness	Income Protection
Provider				
Product				
Start Date				
Term				
Sum Assured				
Ownership (Single/Joint)				

**PARTNER**

	Life Insurance	Mortgage Protection	Critical Illness	Income Protection
Provider				
Product				
Start Date				
Term				
Sum Assured				
Ownership (Single/Joint)				

Notes:



**EXISTING GENERAL INSURANCE PROTECTION**

Provide details of your existing policies below:

	Annual Health	Motor Insurance	Annual Travel	Home Contents	Business Insurance
Provider					
Renewal Date					
Current Premium					

**ASSET PROTECTION**

Have you made a will?  Yes  No

If so for which jurisdiction(s) is it valid? \_\_\_\_\_

Details

Do you have your own trust/foundation/offshore company for investments?  Yes  No

Details

Have you any structures in place to protect your assets in the event of death/incapacity?  Yes  No

Details

Have you decided who would be the guardians of your children in the event of death?  Yes  No

Details

Have they sufficient financial resources to do so?  Yes  No

Details

## PRIORITIES

### FINANCIAL SERVICES

Regular Savings: \_\_\_\_\_

Retirement Planning: \_\_\_\_\_

Family Protection: \_\_\_\_\_

Mortgage Protection: \_\_\_\_\_

Critical Illness: \_\_\_\_\_

Income Protection: \_\_\_\_\_

Children's Education: \_\_\_\_\_

Capital Investments: \_\_\_\_\_

Portfolio Management (DMS): \_\_\_\_\_

Health Insurance: \_\_\_\_\_

Pension Transfer QROPS/QNUPS \_\_\_\_\_

Pension Transfer MPF/ORSO: \_\_\_\_\_

Inheritance Tax (IHT) \_\_\_\_\_

### PROPERTY

SDLT \_\_\_\_\_

Re-mortgage: \_\_\_\_\_

New Purchase: \_\_\_\_\_

Equity Release: \_\_\_\_\_

Credit Line: \_\_\_\_\_

## RISK PROFILE QUESTIONNAIRE

This questionnaire is designed to help assess your attitude towards investment risks. This is an important process in assisting to identify an appropriate investment strategy and make recommendations that suit your specific requirements. By completing the questionnaire below, you will be provided with some indication of your overall attitude towards risk of a particular type of investor and investment characteristics. Please note that this evaluation is for reference only which may not accurately reflect your actual attitude towards risks-taking and risk tolerance level.

### FOR JOINT APPLICATIONS

People who hold assets jointly often have differing views regarding the level of risk they are prepared to accept. If you have different views to your partner, please complete a separate questionnaire.

### QUESTION 1. TIMEFRAME AND INCOME

Our Portfolios are constructed with a minimum 3-5 year investment horizon

Is your priority capital appreciation?  Yes  No

Will you require an income?  Yes  No

If yes, how much and when would you require it?

Currency & Amount

Frequency

Date


### QUESTION 2. PREVIOUS INVESTMENT

Have you ever invested in shares, bonds, ETFs or managed funds before?  Yes  No

#### QUESTION 2(A)

Do you have knowledge and/or experience of derivatives? (Derivatives includes but is not limited to futures, options, warrants, callable bull/bear contracts, convertible bonds, synthetic exchange traded funds and structured products etc.)

Yes (Please answer question 2B)

No (Please note that derivative funds are not suitable as your investment options)

#### QUESTION 2(B)

Please choose the best description of the way(s) you acquired your derivatives products' knowledge. (You can choose more than one)

Past trading experience in derivatives products (whether traded on an exchange or not), derivative funds or selecting derivative funds as underlying investment option(s) (whether held in an insurance product or not), i.e. executed 5 or more transactions in any type of derivatives product within the past 3 years

Underwent training or attended courses on derivatives products

Current or previous work experience related to derivatives products

**QUESTION 3. RISK PROFILE ASSESSMENT**

1. I would feel comfortable if my investments could easily rise and fall by a quarter or more in a year.

- STRONGLY AGREE     
  SOMEWHAT AGREE     
  SOMEWHAT DISAGREE     
  STRONGLY DISAGREE

2. If my investments fell significantly in value I might see this as an opportunity to buy more at cheaper prices.

- STRONGLY AGREE     
  SOMEWHAT AGREE     
  SOMEWHAT DISAGREE     
  STRONGLY DISAGREE

3. I would feel uncomfortable if my investments could fall in value at all.

- STRONGLY AGREE     
  SOMEWHAT AGREE     
  SOMEWHAT DISAGREE     
  STRONGLY DISAGREE

4. I prefer the security of bank accounts to stock market related investments.

- STRONGLY AGREE     
  SOMEWHAT AGREE     
  SOMEWHAT DISAGREE     
  STRONGLY DISAGREE

5. I can sleep at night knowing that my investments might rise and fall quite rapidly in the short term.

- STRONGLY AGREE     
  SOMEWHAT AGREE     
  SOMEWHAT DISAGREE     
  STRONGLY DISAGREE

**WHAT IS YOUR SCORING OF THE RISK PROFILE QUESTIONNAIRE?**

	STRONGLY AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	STRONGLY DISAGREE	YOUR SCORE
QUESTION 1	7	5	2	1	
QUESTION 2	7	5	2	1	
QUESTION 3	1	1	4	7	
QUESTION 4	1	1	4	7	
QUESTION 5	7	4	2	1	
<b>YOUR TOTAL SCORE IS:</b>					

**WHAT TYPE OF INVESTOR ARE YOU?**

**SCORE      RISK PROFILE DESCRIPTION**

**5 – 10      Risk Level 1: Very Defensive**

As a very defensive investor you are looking for the security of a deposit-based type of investment. Protecting the value of your investment in money terms is more important than the protection against the long term erosion of its spending value by inflation.

**11 – 15      Risk Level 2: Defensive**

As a defensive investor you are seeking security of your investment but are prepared to consider a portfolio of low risk assets that can offer the potential to provide better returns than deposits over the longer term. You understand that there may be short periods when the value of your investments could fall, but these are expected to be of limited impact due to the highly diversified asset mix.

**16 – 19      Risk Level 3: Cautious**

As a cautious investor you are looking to preserve the value of your investment against the erosion of inflation and are therefore prepared to consider a combination of low risk alternatives to deposits to help generate a steady return over the long-term. You understand that there may be periods when the value of your investments could fall, but these are expected to be of limited impact because of the diversified investment strategy adopted.

**20 – 23      Risk Level 4: Balanced**

As a balanced investor you are looking to grow the value of your investment over the longer term and generate an absolute return ahead of inflation. You are prepared to invest across a diversified portfolio of assets to achieve this goal and understand that there may be periods when the value of your capital can fall.

**24 – 29      Risk Level 5: Moderately Adventurous**

As a moderately adventurous investor you are looking to grow the value of your investment over the longer term and generate an absolute return well ahead of inflation. You are comfortable with a more focused portfolio of assets to achieve this goal and understand that there may be periods when the value of your capital can fall sharply.

**30 – 32      Risk Level 6: Adventurous**

As an adventurous investor you are looking to considerably grow the value of your investment over the longer term by selecting a concentrated portfolio of more speculative asset types and are comfortable with a higher risk and reward strategy this approach involves. You understand that periods of strong gains as well as significant falls in the value of your investment are likely in future.

**33 – 35      Risk Level 7: Very Adventurous**

As a very adventurous investor you are looking to maximise the value of your investment over the longer term by selecting a very concentrated portfolio of more speculative asset types and are comfortable with a higher risk and reward strategy this approach involves. You understand that periods of strong gains as well as significant falls in the value of your investment are likely in future.

This risk profile questionnaire serves as a discussion basis between you and your Financial Adviser on setting investment objective(s) and selecting investment product(s) appropriate for you. It is considered as a reference when you make an investment decision. It is recommended that you fully understand the risks associated with individual investments before making any investment decisions. You should not purchase an investment product unless you understand it and it has been explained to you how it is suitable to you. The final decision is yours.

**QUESTION 4. PROFILE**

Indicate your risk profile by marking in the space(s) below, what percentage of your investment should be cautious, balanced and/or adventurous.

<input type="text"/>	% Defensive	<input type="text"/>	% Balanced
<input type="text"/>	% Cautious	<input type="text"/>	% Adventurous

**QUESTION 5. INCOME CURRENCY**

In which currency do you earn most of your income?

**QUESTION 6. TARGETED RETURN**

Keeping in mind the fact that the higher return, per annum%  the higher the risk, approximately what annual rate of return would you need to meet your goals?

**QUESTION 7. RETIREMENT**

Which country do you intend to return/retire to?

**QUESTION 8. ASSET ALLOCATION**

Indicate preferred asset allocation by class, area and/or sector.

I/We have no asset allocation preference, allocate according to my/our profile.

**CLASS**

- |                                   |   |                                      |
|-----------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Cash     | <input type="checkbox"/> Fixed Interest | <input type="checkbox"/> Equity      |
| <input type="checkbox"/> Property | <input type="checkbox"/> Alternatives   | <input type="checkbox"/> Derivatives |

**GEOGRAPHICAL AREA**

- |                                |   |  |
|--------------------------------|---|--|
| <input type="checkbox"/> USA   | <input type="checkbox"/> UK             | <input type="checkbox"/> Europe        |
| <input type="checkbox"/> Japan | <input type="checkbox"/> Eastern Europe | <input type="checkbox"/> Pacific       |
| <input type="checkbox"/> India | <input type="checkbox"/> China          | <input type="checkbox"/> Latin America |

**SECTOR**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Commodities/Currencies  | <input type="checkbox"/> Technology     | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Oil & Natural Resources | <input type="checkbox"/> Finance/Banks  | <input type="checkbox"/> Media              |
| <input type="checkbox"/> Retailers/Cyclical      | <input type="checkbox"/> Health/Bio-med | <input type="checkbox"/> Other              |

**QUESTION 9. CURRENCY EXPOSURE**

Investing in currencies other than that of your base currency can have a detrimental effect on investment performance.

I am willing to accept exposure to additional currencies:     Yes     No

I will accept the following exposure:                             20%     40%     60%

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**APPLICANT SIGNATURES**

Name of the First (or only) Applicant

Name of the Second Applicant

Signature of the First (or only) Applicant

Signature of the Second Applicant

Date of Completion

Date of Completion

**NOTE**

You are required to inform us (insurance company) if there is any substantial change of information provided in the form before the policy is issued.

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I hereby declare that the information contained in the Financial Needs Analysis Form and Risk Profile Questionnaire above are accurate and complete record of the information provided to me by the proposed policyholder(s). The advice and recommendations are based on the information on the information provided in these documents.

Name of the Financial Consultant

Signature of the Financial Consultant

Date of Completion

**DISCLAIMER**

The adviser is responsible for the advice and recommendation provided in this document.

## FINANCIAL NEEDS ANALYSIS

**Note: Please answer all questions on the form. Do NOT sign on this form if any questions are unanswered or have not been crossed out.**

### 1. Applicant - Personal Details

Surname: \_\_\_\_\_ Title: \_\_\_\_\_  
Forename(s): \_\_\_\_\_  
Residential address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Home Telephone: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Gender:  Male  Female  
Marital Status: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Occupation and nature of employment: (if retired, please state former occupation)  
\_\_\_\_\_  
\_\_\_\_\_  
Education Level:  Primary  Secondary  Tertiary/University or Above

**Note: You must reply to this question. Do not leave it blank. We will reject your application if you do not reply.**

### 2. What are your objectives of buying this product? (tick one or more)

- a)  Financial protection against adversities (e.g. death, accident, disability etc)
- b)  Preparation for health care needs (e.g. critical illness, hospitalization etc)
- c)  Providing regular income in the future. (e.g. retirement income etc.)
- d)  Saving up for the future (e.g. child education, retirement etc.)
- e)  Investment
- g)  Others (Please specify \_\_\_\_\_ )

If "Investment" is chosen as one of the objectives in Q2 above please answer the following question: To meet your "Investment" objective indicated above, how would you prefer to manage different investment options/investment choices, if available, under the insurance product? (tick one)

- I want to make my own decisions (without any professional advice to be provided by the authorized insurer and/or licensed insurance intermediaries) to choose and manage different investment options/investment choices, if available, under an insurance product, and I am willing to do it throughout the entire duration of the target benefit/protection period of an insurance product
- I want to make my own decisions (with professional advice to be provided by the authorized insurer and/or licensed insurance intermediaries) to choose and manage different investment options/investment choices, if available, under an insurance product, and I am willing to do it throughout the entire duration of the target benefit/protection period of an insurance product
- I do not want to choose or manage different investment options/investment choices, if available, under an insurance product

**Note: You must reply to this question. Do not leave it blank. We will reject your application if you do not reply.**



3. What type of insurance products are you looking for to meet your objectives above? (tick one or more)

- a)  Pure insurance product (without any savings or investment element) (e.g.term insurance)
- b)  Insurance product with savings element (with savings but without investment element)  
(e.g. non participating policy)
- c)  Insurance product with investment element (Investment decisions and risks borne by insurer)  
(e.g. participating policy, universal life insurance)
- d)  Insurance product with investment element (Investment decisions and risks borne by policyholder)  
(e.g Investment-linked Assurance Schemes)
- e)  Others (Please specify \_\_\_\_\_ )

**Note: You must reply to this question. Do not leave it blank. We will reject your application if you do not reply.**

4. What is your target benefit/protection period for the insurance policy/investment linked assurance scheme?  
(tick one)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> 1-5 years     | <input type="checkbox"/> 6-10 years    |
| <input type="checkbox"/> 11-20 years      | <input type="checkbox"/> Over 20 Years | <input type="checkbox"/> Whole of life |

**Note: You must reply to 5(a) or 5(b). If you do not wish to answer either one of them please cross it out.**

5. Your ability to pay premiums:

a. What is your average monthly income from all sources in the past 2 years? (tick one or more)

- i.  Specific amount: Not less than HK\$ \_\_\_\_\_ per month  
or
- ii.  In the following range:
  - a)  Less than HK\$10,000
  - b)  HK\$10,000 - HK\$19,999
  - c)  HK\$20,000 - HK\$49,999
  - d)  HK\$50,000 - HK\$100,000
  - e)  More than HK\$100,000

b. What is your approximate current accumulative amount of liquid assets?

Please specify type(s) and total amount:

- Type: Cash
- Money in bank accounts
- Money market accounts
- Actively traded stocks
- Bonds and mutual funds
- US Treasury bills
- Others (Please specify \_\_\_\_\_ )

Amount: HK\$ \_\_\_\_\_.

**Note: Liquid assets are assets which may be easily turned into cash, for example, real estate, coin collections and artwork are not considered to be liquid assets.**

If you choose not to disclose income/asset information under 5(a) or 5(b) above, you must indicate your reason(s) **in your own handwriting** in the box below. **Please note that the insurance company/broker is required to reject your application if you choose not to respond to 5(a), 5(b) above.**

(Applicant must complete explanation in their **own** handwriting in this box.)

**Note: You must reply to 5(c), 5(d) and 5(e) below. Do not leave any questions blank. We will reject your application if you do not reply.**

c. For how long are you able and willing to contribute to an insurance policy and/or investment plan? (tick one)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> 1-5 years     | <input type="checkbox"/> 6-10 years    |
| <input type="checkbox"/> 11-20 years      | <input type="checkbox"/> Over 20 Years | <input type="checkbox"/> Whole of life |

d. Approximately what percentage of your disposable income would you be able to use to pay your monthly premium for the entire term of the insurance policy/investment plan in (c) above? (tick one)

- |  |                                    |  |
|--|------------------------------------|--|
| <input type="checkbox"/> Less than 10% | <input type="checkbox"/> 10%-20%   | <input type="checkbox"/> 21%-30%       |
| <input type="checkbox"/> 31%-40%       | <input type="checkbox"/> 41% - 50% | <input type="checkbox"/> More than 50% |

e. In considering your ability to make payments, what are your sources of funds? (tick one or more)

- |  |   |                                       |
|--|---|---------------------------------------|
| i) <input type="checkbox"/> Salary       | ii) <input type="checkbox"/> Income                         | iii) <input type="checkbox"/> Savings |
| iv) <input type="checkbox"/> Investments | v) <input type="checkbox"/> Others (please specify: _____ ) |                                       |

## 6. Financial Status

a. Financial outgoings

- Monthly living expenses please specify amount: HK\$ .....
- Rent/mortgage redemption. Please specify amount: HK\$ .....
- Others (please specify: ..... )  
Please specify amount: HK\$ .....

b. Liabilities

- Mortgage loans, please specify amount: HK\$ .....
- Debts, please specify amount: HK\$ .....
- Others (please specify: ..... )  
Please specify amount: HK\$ .....

c. Family commitments

Number of dependents:     1             2             3             > 3

- Education, please specify amount: HK\$ .....

- Funds, please specify amount: HK\$ .....
- Others (please specify: ..... )  
Please specify amount: HK\$ .....

d. Funeral and associated expenses and estate duties

- Please specify amount: HK\$ .....

## DATA PRIVACY

The Company recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) (“PDPO”). Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorised or accidental access, erasure or other use. Please note that if you do not provide us with your personal data, we may not be able to provide the information, products or services you need or process your request.

To keep you informed we intend to use your personal data for direct marketing Business Class Group brands and entities: Business Class Asia, PFS International, Platinum Financial Services, Soteria Trusts, Discretion Wealth Management, Lifestyle Brokers, Lifestyle Property, Lifestyle Insurance. We shall use the following personal data for marketing our services: your name, your residential address, your mobile phone number, your residential phone number, your email address.

Your personal data will be used for marketing our services of ILAS products, Hong Kong & International Property, Mortgages and General Insurance as well as Trust and Fiduciary Services. Signing at the end of this document indicates your agreement to such use.

There may be circumstances in which we need to transfer personal information outside Hong Kong. If we do so, we strive to ensure that any Business Class Group company to which the information is transferred will be subject to binding privacy obligations.

In Line with the GDPR requirements for EU residents BCG will not disclose or transfer your personal data to a third party data controller located outside the European Economic Area (EEA) unless we notify you about the transfer and the third party data controller processes the personal data in accordance with the HK PDPO that we consider provides adequate data protection for clients.

### Access and correction of personal data

Under the PDPO, you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it. Requests for access and correction, or for information regarding policies and practices and kinds of data held by the Company, should be addressed in writing to: Data Privacy Officer, Business Class Group, 15/F, Skyway Centre, 23 Queen’s Road West, Sheung Wan, Hong Kong.

## DISCLAIMER

I/We certify that the information provided within this document is an accurate reflection of my/our financial circumstances and the recommendations made by Platinum Financial Services are based upon the information provided. This document does not constitute a contract to do business with Platinum Financial Services Ltd.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

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## ASSET ALLOCATION REPRESENTATIVE DECLARATION

I declare that this questionnaire is an accurate and complete record of the information supplied by the client. I declare that I only gave advice for which I am authorised to do and the information provided is in line with the needs and objectives of you, the client. In all cases my primary concern is for the financial well-being of my clients.

## TECHNICAL REPRESENTATIVE

Signature \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

**NOTES**

Empty box for notes.

**NOTES**

Empty box for notes.

**NOTES**

Empty box for notes.



**PLATINUM**  
FINANCIAL SERVICES LIMITED

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