



INDIVIDUAL



SUITABILITY ASSESSMENT FORM

This Suitability Assessment Form will guide you in choosing the unlisted capital market products that suit your investment objectives, risk tolerance, financial profile and investment experience. The information you provide will form the basis of our recommendation. It is important to provide accurate and complete information to ensure that suitable unlisted capital market products are recommended according to your investment needs and objectives.

DISCLAIMER
THE RECOMMENDATION IS MADE BASED ON INFORMATION OBTAINED FROM THE SUITABILITY ASSESSMENT. INVESTORS ARE ADVISED TO EXERCISE JUDGEMENT IN MAKING AN INFORMED DECISION IN RELATION TO THE UNLISTED CAPITAL MARKET PRODUCT.

Name (As per NRIC/Passport)

New Client Existing Client (Annual review / Update)* *delete whichever not applicable

A. KNOW-YOUR-CLIENT PROCESS (Please note that Q1 to Q4 are mandatory.)

1. **Category of investor** Retail Investor High Net-Worth Individual Accredited Investor

2. **Employment status** Employed Self-employed Unemployed

3. **Age group as per default age group** 18 to 39 years old 40 to 49 years old 50 years old and above

4. **Number of dependents** None 1 - 2 3 and above

Please select one (1) only.

I agree to provide all information requested in this form.

I am an Accredited Investor or a High Net-Worth Individual and wishes to opt-out from completing this suitability assessment. (Please proceed to Section G & H accordingly.)

I decline to provide certain information and this may adversely impact the suitability assessment exercise. I further confirm that any transaction I have decided to make is based on my own judgement. (Please proceed to Section G & H accordingly.)

[Please tick your answer(s) in the box provided].

B. INVESTMENT KNOWLEDGE & INVESTMENT SKILL ASSESSMENT

5. **Highest level of education** High school and below (e.g. STPM, A-level, SPM) College (e.g. Diploma, advanced diploma) Bachelor's degree Master's degree / Ph.D. degree / Professional qualification (e.g. ACCA, CPA)

6. **Choose the statement that best describes your current investment experience**

1 pt Other than cash savings accounts or fixed deposits, I do not have or have very limited investment experience.

2 pts I have invested some money into stocks, bonds, or mutual funds with the balance of my investments in savings accounts or fixed deposits.

3 pts The majority of my investment holdings are in a variety of stocks, bonds or mutual funds with a small portion held in a savings account for liquidity purposes.

Score:

C. CLIENT'S RISK PROFILE

7. **Which of the following investments are currently held in your investment portfolio or you have previously invested?**

1 pt Fixed deposit 2 pts Private Retirement Scheme / Unit Trust Funds / Wholesale Funds

3 pts Fixed Income Securities 4 pts Equity securities (e.g. shares) 5 pts Derivatives/Structured Products

8. **Which of the following best describe your asset allocation of your investment?**

1 pt I spread my investment over a diversified portfolio to reduce my risk

2 pts I diversified my investment by spreading over a diversified portfolio and further reduce it through the use of asset allocation of not more than 30% each.

3 pts Each of my investment is often a very large percentage of my portfolio with high return.

9. **For how many months can you maintain your lifestyle without any income?**

1 pt < 3 months 2 pts 3 - 6 months 3 pts > 6 months - 1 year

4 pts > 1 - 3 year(s) 5 pts > 3 years

10. What is your expected return from this investment and to what extent are you willing to bear the risk of capital loss?*
- | | | |
|-------|--------------------------|---|
| 1 pt | <input type="checkbox"/> | I can't accept any capital loss |
| 2 pts | <input type="checkbox"/> | My expected return is up to 3% and potential loss up to 3% |
| 3 pts | <input type="checkbox"/> | My expected return is up to 6% and potential loss up to 6% |
| 4 pts | <input type="checkbox"/> | My expected return is up to 10% and potential loss up to 10% |
| 5 pts | <input type="checkbox"/> | My expected return is up to 15% and potential loss up to 15% |
| 6 pts | <input type="checkbox"/> | My expected return is more than 15% and potential loss is more than 15% |

*Note: If you cannot accept any capital loss, you are NOT suitable to invest in any non-capital guaranteed or non-capital protected products.

Score:

D. CLIENT'S NEEDS ANALYSIS

11. Purpose of making this investment
- | | | | | | |
|-------|--------------------------|------------------------------------|-------|--------------------------|--|
| 1 pt | <input type="checkbox"/> | Saving for specific purpose | 4 pts | <input type="checkbox"/> | To achieve moderate income growth |
| 2 pts | <input type="checkbox"/> | Supplementing income in retirement | 5 pts | <input type="checkbox"/> | To achieve maximum income growth |
| 3 pts | <input type="checkbox"/> | Tax savings relief | 0 pts | <input type="checkbox"/> | Investor refuses to provide sufficient information |
12. Investment horizon you wish to invest in the private retirement scheme/ unit trust funds
- | | | | | | | | | |
|-------|--------------------------|----------------|-------|--------------------------|---------------|-------|--------------------------|---------------|
| 1 pt | <input type="checkbox"/> | < 1 year | 2 pts | <input type="checkbox"/> | > 1 - 3 years | 3 pts | <input type="checkbox"/> | > 3 - 5 years |
| 4 pts | <input type="checkbox"/> | > 5 - 10 years | 5 pts | <input type="checkbox"/> | > 10 years | | | |
13. Percentage of investment out of your assets (excluding your residential property)
- | | | | | | |
|-------|--------------------------|-------------|-------|--------------------------|-------------|
| 1 pt | <input type="checkbox"/> | < 10% | 2 pts | <input type="checkbox"/> | > 10% - 25% |
| 3 pts | <input type="checkbox"/> | > 25% - 50% | 4 pts | <input type="checkbox"/> | > 50% |

Score:

E. PRODUCT KNOWLEDGE ASSESSMENT

14. Please indicate your investment product knowledge and experience in overall:

Investment Experience

- | | | |
|--|---|--|
| <input type="checkbox"/> Fixed Income Fund | <input type="checkbox"/> Balanced Fund | <input type="checkbox"/> Others (please specify _____) |
| <input type="checkbox"/> Money Market Fund | <input type="checkbox"/> Wholesale Fund | <input type="checkbox"/> No investment experience |
| <input type="checkbox"/> Bond Fund | <input type="checkbox"/> Equity Fund | |
| <input type="checkbox"/> Fund-of-funds | <input type="checkbox"/> Real Estate (REITs) Fund | |

Years of Experience

- | | | |
|------|--------------------------|---|
| 1 pt | <input type="checkbox"/> | Less than a year |
| 2 pt | <input type="checkbox"/> | 1 – 3 years |
| 3 pt | <input type="checkbox"/> | More than 3 years but less than 6 years |
| 4 pt | <input type="checkbox"/> | 6 years and above |

Score :

F. RECOMMENDATIONS (to be completed by UT/PRS Consultant)

Total Score

Risk Profile	Low	Medium	High
	Your risk profile indicates that you can only tolerate minimal downside risks and potential capital loss.	Your risk profile indicates that you only tolerate moderate downside risks and potential capital loss.	Your risk profile indicates that you only tolerate relatively high market volatility and potential capital loss.
Score	Below 14	14 – 27	Above 27
Recommendation			

Recommended product:

Basis of Recommendation:

Notes:

- 1) Please refer to Product Risk Category Reference Sheet for product recommendation.
- 2) For investors who choose more than one answer in the suitability assessment, the highest score will be taken for scoring purposes.
- 3) There are risks involved and Investors should rely on their own evaluation to assess the merits and risks when investing in any product.

G. INVESTOR'S DECLARATION

Yes, I wish to proceed to purchase the product as recommended above by the UT/PRS Consultant.

I, hereby, do not wish to purchase the product as recommended above by the UT/PRS Consultant. I understand the investment risks involved and decided to continue to purchase another unlisted capital market product that is not recommended by the UT/PRS Consultant.

The product(s) I wish to purchase is/are as below:

1. _____
2. _____
3. _____

H. ACKNOWLEDGEMENT

I hereby acknowledge that:

- The UT/PRS Consultant has explained and I have understood the features and risks of the product.
- I acknowledge receipt of a copy of completed Suitability Assessment Form, Product Highlights Sheet and the relevant disclosure document/ prospectus/ information memorandum which have been given to me.
- All information disclosed is true, complete and accurate. I understand that any misleading, inaccurate or incomplete information provided will affect the outcome of the recommendation made. In such case, the UT/PRS Consultant will not be held liable for such recommendation (if any).
- I agree and acknowledge that the Risk Profile derived from this Suitability Assessment Form shall remain unchanged unless and until a new review of my Risk Profile is requested by me at any future time.
- If I decline to provide certain information required for product suitability assessment, it may adversely affect my suitability assessment.

<p>.....</p> <p>Signature of Client</p>	<p>.....</p> <p>Signature of UT/PRS Consultant</p>
Name: (As per NRIC/Passport) New NRIC No. / Passport No.: Date:	Name: (As per NRIC/Passport) New NRIC No. / Passport No.: Date:

Total Score

	Risk Profile	<u>Conservative</u> Your risk profile indicates that you can only tolerate minimal downside risks and potential capital loss.	<u>Moderate</u> Your risk profile indicates that you only tolerate moderate downside risks and potential capital loss.	<u>Aggressive</u> Your risk profile indicates that you only tolerate relatively high market volatility and potential capital loss.
	Score	Below 14	14 – 27	Above 27
	Recommendation			

Recommended product: _____

Basis of Recommendation: _____

G. INVESTOR'S DECLARATION

Yes, I wish to proceed to purchase the product as recommended above by the UT/PRS Consultant.

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H. ACKNOWLEDGEMENT

I hereby acknowledge that:

- The UT/PRS Consultant representative has explained and I have understood the features and risks of the product(s).
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- All information disclosed is true, complete and accurate. I understand that any misleading, inaccurate or incomplete information provided will affect the outcome of the recommendation made. In such case, the UT/PRS Consultant will not be held liable for such recommendation (if any).
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- If I decline to provide certain information required for product suitability assessment, it may adversely affect my suitability assessment.

<p style="text-align: center;">Signature of Client</p> <p>Name: _____ (As per NRIC/Passport)</p> <p>New NRIC No. / Passport No.: _____</p> <p>Date: _____</p>	<p style="text-align: center;">Signature of UT/PRS Consultant</p> <p>Name: _____ (As per NRIC/Passport)</p> <p>New NRIC No. / Passport No.: _____</p> <p>Date: _____</p>
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