INDIVIDUAL



SUITABILITY ASSESSMENT FORM

This Suitability Assessment Form will guide you in choosing the unlisted capital market products that suit your age, investment objectives, risk tolerance, level of knowledge, 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. Any misleading, inaccurate or incomplete information provided by you will affect the result of the suitability assessment.

DISCLAIMER

Our recommendation is based on the suitability assessment result and is only for your consideration. Our recommendation should not be construed as investment advice or offer/solicitation for the purchase or sale of any units in AmInvest's funds. You are advised to read and understand the contents of the respective fund's Prospectus/Information Memorandum/Disclosure Document, including any supplementary(ies) made thereof and its Product Highlights Sheet ("PHS") before making an investment decision. You are advised to evaluate and assess the merits and risks of the investment. If you are unable to make your own evaluation, you may consult professional advisers.

N	ame (As per NRIC/Passport)						
	Name (As per NRIC/Passport)		Existing Client(Annu	al rev	riew / Update)* *	delete w	hichever not applicable
A.	A. KNOW-YOUR-CLIENT PROCESS (Please note that Q1 to Q4 are mandatory.)						
1. 2.	Category of investor Employment status		Retail Investor Employed		High-Net Worth Individual Self-employed		Accredited Investor Unemployed
3.	Age group as per default age group		18 to 39years 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 choose to opt out from completing this suitability assessment. (Please proceed to Section G & H accordingly.) I choose to opt out from providing certain information/document(s) and I am aware that this may adversely impact the suitability assessment result. I further confirm that any transaction I have decided to make is based on my own judgement. (Please proceed to Section G & H accordingly.)							
В.	CLIENT'S RISK PROFILE (You ma	ay select n	nore than one (1) answer. Wh	ere the	re is more than one (1) answer, the high	est score wi	ll be taken for scoring purposes)
5.	investment portfolio that	pt 🗌	Fixed deposit/Saving Fixed Income Securities	_	Wholesale Funds		me/Unit Trust Funds/ Derivatives/Structured Products
6.	that best describes your 2 current asset allocation	pt pts pts	I diversified my invest through the use of a	tmen isset a	ver a diversified portfolio to t by spreading over a diversifi allocation of not more than 3 often a very large percentag	ed portfo 30% each	olio and further reduce it n.

7.	For how many months can you maintain your lifestyle without any income?	1 pt	2 pts 3 - 6 m 5 pts > 3 year		3 pts 🗌 >	6 months - 1 y	/ear
						Score:	
8.	What is your expected return from this investment and to what extend are you willing to bear the risk of capital loss?*	1 pt					
*	* Note: If you cannot accept any capital loss, you are NOT suitable to invest in any non-capital guaranteed or non-capital protected products.						
						Total Score: (Section B)	
c.	CLIENT'S NEEDS ANALYSIS	(Please select one answer only	·)				
9.	Purpose of making this investment	1 pt Saving for specific pu 2 pts Supplementing incom 3 pts Tax savings relief	rpose ne in retirement	4 pts 5 pts 0 pts	To achieve mode To achieve maximum Investor refuse information	ximum income	growth
10.	Investment horizon you wish to invest in the private retirement scheme/ unit trust funds	1 pt	2 pts		3 pts 🗌 >	3 - 5 years	
11.	Percentage of investment out of your assets (excluding your residential property)	1 pt	2 pts > 10% 4 pts > 50%	- 25%		Total Score: (Section C)	
D.	PRODUCT KNOWLEDGE AS	SSESSMENT					
12.	Please indicate your investorieste Investment Experience	ment product knowledge and ex	xperience in overa	ıll:			
	Fixed Income Fund Money Market Fund Bond Fund Real Estate (REITs)	Balanced Fund/Mixed Wholesale Fund Fund-of-funds Exchange-traded Fund	\exists		lease specify_ ment experienc nd	.e)	
1 pt 2 pts 3 pts 4 pts	More than 3 years but	less than 6 years				Total Score: (Section D)	
E.	INVESTMENT KNOWLEDGE	E & INVESTMENT SKILL ASSESSI	MENT				
13.	Highest level of education	High school and below (e.g. STPM, A-level, SPM	College (e.g. Diplo	ıma, advar	nced diploma)	Bachelor's	s degree
		Master's degree / Ph.D.	degree / Profession	onal qualifi	cation (e.g. ACC	CA, CPA)	
14.	Choose the statement that	1pt Other than cash savings accounts or fixed deposits, I do not have or have very limited					
	best describes your current investment experience 2pts I have invested some money into stocks, bonds, or mutual funds with the balan my investments in savings accounts or fixed deposits. 3pts 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 purpose.						
						Total Score: (Section E)	

RECOMMENDATIONS (to be completed by UT/PRS Consultant) **Total Score** Low **Medium High** Your risk profile Your risk profile Your risk profile indicates that you can indicates that you only indicates that you only Risk Profile only tolerate minimal tolerate moderate tolerate relatively high market volatility and potential capital loss. downside risks and downside risks and potential capital loss. potential capital loss. Score Below 14 14 - 27 Above 27 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) Investment involve risks and investors are advised to evaluate and assess the merits and risks before investing in any product. 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. I hereby declare that I: agree with the recommended product, basis of recommendation and the risk profile rating by the UT/PRS Consultant, I wish to proceed with the purchase of the product recommended by the UT/PRS Consultant. disagree with the recommended product, basis of recommendation and the risk profile rating by the UT/PRS Consultant. I do not wish to purchase the product as recommended by the UT/PRS Consultant. I understand the investment risk 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: 2. **ACKNOWLEDGEMENT** I hereby agree and acknowledge that: The UT/PRS Consultant has explained and I have understood the features and risks of the product. I received of a copy of completed Suitability Assessment Form, Product Highlights Sheet and the relevant disclosure document/ prospectus/ information memorandum. All information disclosed is true, complete and accurate. I understand that any misleading, inaccurate or incomplete information provided by me will affect the result of the suitability assessment and the recommendation made by the UT/PRS Consultant. 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. Signature of UT/PRS Consultant Signature of Client (As per NRIC/Passport) (As per NRIC/Passport) New NRIC No. / Passport No.: New NRIC No. / Passport No.:

Date:

Date:

F. RECOMMENDATIONS (to be completed by UT/PRS Consultant)							
Total Score	Total Score						
	Risk Profile	Low Your risk profile indicates that you can only tolerate minimal downside risks and potential capital loss.	Medium Your risk profile indicates that you only tolerate moderate downside risks and potential capital loss.	High 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 DECLAR	RATION						
Yes, I wish to procee	ed to purchase the product	as recommended above b	by the UT/PRS Consultant.				
I hereby declare that I: agree with the recommended product, basis of recommendation and the risk profile rating by the UT/PRS Consultant. I wish to proceed with the purchase of the product recommended by the UT/PRS Consultant. disagree with the recommended product, basis of recommendation and the risk profile rating by the UT/PRS Consultant. I do not wish to purchase the product as recommended by the UT/PRS Consultant. I understand the investment risk 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							
H. ACKNOWLEDGEME	NT						
 I hereby agree and acknowledge that: The UT/PRS Consultant has explained and I have understood the features and risks of the product. I received of a copy of completed Suitability Assessment Form, Product Highlights Sheet and the relevant disclosure document/ prospectus/ information memorandum. All information disclosed is true, complete and accurate. I understand that any misleading, inaccurate or incomplete information provided by me will affect the result of the suitability assessment and the recommendation made by the UT/PRS Consultant. 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. 							
_	gnature of Client		Signature of UT/PRS Co	onsultant			
Name: (As per NRIC/Passport) New NRIC No. / Passport	t No.:	(As per NRI	Name: (As per NRIC/Passport) New NRIC No. / Passport No.:				

Date:

Date: