



INVESTOR SUITABILITY ASSESSMENT FORM

This Investor 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.

Please complete in BLOCK LETTERS and tick (✓) where applicable. Any alterations made must be countersigned.

New Client Existing Client (Annual review/Update) Opt out (only for corporate client)

1. INVESTOR DETAILS

Full Name <i>(as per NRIC/ Passport/ Registration Certificate)</i>			
NRIC/Passport No./ Company Registration No.			
Email			
Contact No.	Home:	Office:	H/P:

2. INVESTMENT KNOWLEDGE & INVESTMENT SKILL ASSESSMENT

Question	Financial Capacity	Score
01	How old will you be on your next birthday?	
	[1] 61 and above	<input type="checkbox"/>
	[2] 41 to 60	<input type="checkbox"/>
	[3] 26 to 40	<input type="checkbox"/>
02	Which sentence best describes your experience as an investor?	
	[1] Inexperienced	<input type="checkbox"/>
	[2] Some experience	<input type="checkbox"/>
	[3] Experienced	<input type="checkbox"/>
03	What percentage of your investable assets are you considering investing now?	
	[1] Up to 10%	<input type="checkbox"/>
	[2] 11 % to 25%	<input type="checkbox"/>
	[3] 26% to 50%	<input type="checkbox"/>
04	Pick one of the following that best describes your current and future earning sources:	
	[1] I/We expect my/our earnings to decrease (due to retirement, economy, etc)	<input type="checkbox"/>
	[2] I/We expect my/our earnings to remain stagnant (increment does not keep in pace with inflation, or minimal increment)	<input type="checkbox"/>
	[3] I/We expect my/our earnings to increase in pace with inflation	<input type="checkbox"/>
	[4] I/We expect my/our earnings increase to outpace inflation	<input type="checkbox"/>

05	Choose from the following that accurately reflects your profile as an investor:		
	[1] I/We want to preserve my/our capital, even if that means the rate of returns on my/our investment(s) is not kept in pace with inflation, i.e. lower than inflation rate	<input type="checkbox"/>	
	[2] I/We am/are willing to incur some risks as long as the returns on my/our investment(s) is kept in pace with inflation	<input type="checkbox"/>	
	[3] I/We am/are comfortable with taking moderate risk in order to achieve capital growth slightly above inflation rate	<input type="checkbox"/>	
	[4] I/We am/are willing to accept higher degree of risk for potentially greater returns	<input type="checkbox"/>	
06	More volatile investments may offer greater potential in long term while conservative investments may earn less than the inflation rate. How much volatility in the market can you tolerate?		
	[1] Very little	<input type="checkbox"/>	
	[2] Some	<input type="checkbox"/>	
	[3] Moderate	<input type="checkbox"/>	
	[4] Considerable Amount	<input type="checkbox"/>	
07	What is your expected investment period?		
	[1] Short term: Less than 1 year	<input type="checkbox"/>	
	[2] Short/ Medium term: 1 to 3 years	<input type="checkbox"/>	
	[3] Medium term: Up to 5 years	<input type="checkbox"/>	
	[4] Long term: 5 years or more	<input type="checkbox"/>	
Total Score:			

3. RECOMMENDATIONS (to be completed by Consultant)

RISK Profile			
Score	Investment tolerance Level	Investment Profile	Recommendation
7-10	Conservative	Your risk profile indicates that you only tolerate minimal downside risks and potential capital loss	
11-20	Moderate	Your risk profile indicates that you only tolerate moderate downside risks and potential capital loss.	
21-28	Aggressive	Your risk profile indicates that you only tolerate relatively high market volatility and potential capital loss.	

4. INVESTOR DECLARATION (if applicable)

I/We disagree with the above profiling. I/We fully understand the investment risks involved and have decided to continue with my/our subscription in the product(s)/fund(s) stated overleaf.

Signature of Client

Name:

Date:

Signature of Consultant (Distributor/ Referral)

Name:

Date:

5. ACKNOWLEDGEMENT

1. The Consultant has explained and I have understood the features and risks of the product
2. I acknowledge receipt of a copy of completed Suitability Assessment Form, Product Highlights Sheet and the relevant disclosure document/information memorandum which have been given to me.
3. All information disclosed is true and accurate. I understand that any misleading, inaccurate or misleading information provided will affect the outcome of the recommendation made. In such case, the Consultant will not be held liable for such recommendation (if any).
4. 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.
5. If I decline to provide certain information required for product suitability assessment, it may adversely affect my suitability assessment.

Signature of Client

Name:

Date:

Signature of Consultant (Distributor/ Referral)

Name:

Date:

WARNING

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