

IMPORTANT:

Your request will only be processed when this completed original form is received, verified and processed by PIAS. **Please use One (1) Client Transfer Form for One (1) Client.** All sections below need to be completed. Once completed, please send this form to Professional Investment Advisory Services Pte Ltd ("PIAS"), attention to Client Transfer, 6 Shenton Way, #09-08, OUE Downtown, Singapore, 068809.

Section A: Client Details						
Full name of Client/ Company:						
NRIC/Passport No. Company Registration No./ Unique Entity No.:		Nationality:				
Corporate/Residential Address:						
Contact number:		Email address:				
Occupation/ Nature of Business:						
Section Ai: Additional Information (For NEW Client)						
Client Type: (*For AI Client, please complete AI Declaration Form)		Retail Client		Accredited Investor (AI)*		
		Corporate Client				
Source of wealth: (pls tick at least one)		Salary		Insurance Benefits		
		Retirement Assets		Family Gifts		
		Financial Investments		Compensation or remuneration		
		Others (specify): _____				
If the answer is No to any of the following questions, please proceed to submit the Enhanced Customer Due Diligence Form:	Please fill in this section (excluding Corporate Client)				Please tick accordingly	
	I/We am/are not Political Exposed Person(s)				Yes	No
	I/We am/are the beneficial owner and have not appointed any natural person to act on my/our behalf.				Yes	No
	I/We declare that, to the best of my knowledge, I/we have not committed or been convicted of any serious tax crimes.				Yes	No
Section B: Details of Client's Transfer Request (Please tick accordingly)						
<input type="checkbox"/>	Request to change PIAS Financial Advisor Representative (FAR) Name of current FAR: _____ PIAS Code: _____ Branch: _____ Name of new FAR: _____ PIAS Code: _____ Branch: _____					
<input type="checkbox"/>	Request to transfer out of PIAS to another Financial Advisory firm Name of current PIAS FAR: _____ Branch: _____ PIAS Code: _____ Name of new Financial Advisory firm: _____					
<input type="checkbox"/>	Request to transfer into PIAS from another Financial Advisory firm Name of PIAS FAR: _____ Branch: _____ Name of previous Financial Advisory firm/Provider: _____ Please submit the following documents together with this form: a. Certified true copy of client's identification (i.e. NRIC/Passport/ ACRA) b. Proof of address (only if applicable) c. ONLY iFAST / Navigator: Original copy of product provider's change of representative form (One form per product provider). Other product providers' change of representative form to send DIRECT to the providers.					

Section C: Products to be effected by this change request						
Please list down each insurance policy and/or investment account.				Note: *Mandatory fields		
S/N	*Product Provider	*Product Name	*Policy Number/ *Investment account number	*Type of Product (please tick accordingly)		
				Life	GI	CIS

Section D: Declaration by Client	
<p>I/We:</p> <ul style="list-style-type: none"> (in the case of individual subscriber(s)) confirm that I/we am/are not an undischarged bankrupt(s), have not committed any act of bankruptcy within the last 12 months and no bankruptcy order has been made against me/us during that period, and I/we am/are not subject to any order made under the Mental Disorders and Treatment Act (Cap. 178 of Singapore); (in the case of a corporate subscriber) confirm that we are not insolvent and that no order has been made nor a resolution has been passed for our winding up, judicial management or other similar action; represent that all information given to PIAS herein is true and correct; consent to the disclosure to or by PIAS of any information in relation to my/our Policy(ies) or investment account(s) by or to any of its affiliates or any person or entity required to facilitate the operation of the Policy(ies) or investment account(s), and/or to comply with all applicable laws, regulations, notices and/or guidelines; acknowledge that PIAS may reject any of my/our instructions including, but not limited to, those that, in PIAS's sole and absolute discretion, are deemed incomplete, unclear or ambiguous, or if my/our signature(s) differ(s) from what was originally provided as a specimen to PIAS, and PIAS will not be responsible for any losses that may be suffered by me/us due to such rejection of any of my/our instructions; agree that any communication from PIAS (including notices, confirmations and policy statements) may be sent to me/us via secured electronic mail or via such other methods as may be determined by PIAS from time to time at its sole and absolute discretion; consent to PIAS transferring my/our personal data to PIAS related group of companies and/or third party service providers, reinsurers, suppliers or intermediaries, whether located in Singapore or elsewhere, for the above purposes. also consent to PIAS collecting, using, processing and disclosing my personal data for the processing of above request in accordance with the Company's data protection policy available at www.proinvest.com.sg/pdpa 	
Signature of Client/ Company Authorised Officer:	Date:

Section E: Declaration by Representative			
I hereby agree to be responsible for the above mentioned products in Section C of this form from the effective date of change. I also understand that for all General Insurance policies will be effected only when lodgement is submitted to Client Transfer Team.			
Full Name of Representative:	Representative Code:	Signature of Rep:	Date:

For Internal Use Only			
Received by: (Client Transfer Team)	Name of officer:	Date of Receipt:	Date sent to Comm Team: (if applicable)