

Financial Needs Analysis (FNA)



Name of Client _____

Name of Spouse / Others _____

Name of Representative _____

Designation of Representative _____

MAS Representative Number _____

Case Number _____

I declare I am authorized to:

- ☐ Advise / arrange contract of Insurance in respect of Life Policies
- ☐ Advise / market Collective Investment Schemes

Important Notice to Client(s)

Professional Investment Advisory Services Pte Ltd (PIAS) is regulated by the Monetary Authority of Singapore and is a licensed Financial Adviser under the Financial Advisers Act (Chapter 110) and an exempt insurance broker under the Insurance Act (Chapter 142). **PIAS is wholly owned by Singapore Life Ltd. ("Singlife").** Recommendations provided to you may include insurance or investment products from Singapore Life Holdings Pte. Ltd. We work with various product providers. For more details, please visit <https://www.proinvest.com.sg/our-services/our-partners>

The purpose of this Financial Needs Analysis (FNA) is to allow your Representative to (i) identify your needs through a fact-finding process, (ii) analyse these needs using the FNA and (iii) recommend suitable products to you. In order to make suitable recommendation your Representative requires sufficient information from you; including your financial situation, investment objectives and any other specific needs you may have. Your Representative must have a reasonable basis for the recommendation(s) they make to you. Purchasing a product without completing the questions in the FNA, or based on incomplete information, may affect the suitability of any recommendation(s).

PIAS is authorised to conduct the following regulated activities under the Financial Advisers Act:

- advising others, either directly or through publications or writings, and whether in electronic, print or other form, other than advising on corporate finance within the meaning of the Securities and Futures Act (Chapter 289), concerning life policies, securities and units in a collective investment scheme;
- advising others by issuing or promulgating research analyses or research reports, whether in electronic, print or other form, concerning life policies, securities and units in a collective investment scheme; and
- arranging of any contract of insurance in respect of life policies, other than a contract of reinsurance.

The information that you provide in the FNA relating to your investment objectives, financial situation and any other specific needs will be the basis on which recommendation will be made. It is important to note your Representative's recommendations may not be appropriate for you in the event of any incomplete or inaccurate information provided during the Know Your Client process.

Service Quality Checks

Please be informed that PIAS Corporate Office may, at random, contact clients (phone or postal) to assess the quality of financial advisory services provided by the Representative. You are strongly encouraged to participate in the client surveys.

If you have any feedback or concerns, you may contact your Representative or our main line at +65 6372 5700 or email at pias.compliance@singlife.com. For independent help to conclude a dispute, you may contact the Financial Industry Dispute Resolution Centre. For more information, please see www.FIDReC.com.sg

Fees and Commissions

We may receive fees and commissions from our product providers for marketing and selling their products to you. We may share these fees or commission with our Representatives.

Remuneration

A select group of Representatives may have received or will be paid transitional allowances as a form of compensation paid to some industry-experienced Representatives who opt for a career switch to join PIAS ("Transitional Allowance Scheme"); or a monthly allowance which is payable on a monthly basis under the Financial Consultant Programme (FCP)/ Advanced FCP (AFCP). The terms of payment are determined in accordance with the Representative's contribution to the annual premium equivalent of life insurance products manufactured by Singapore Life Ltd.

If your Representative is receiving such allowance from PIAS, they will inform you via a statement stated in the Basic of Recommendation of the FNA.

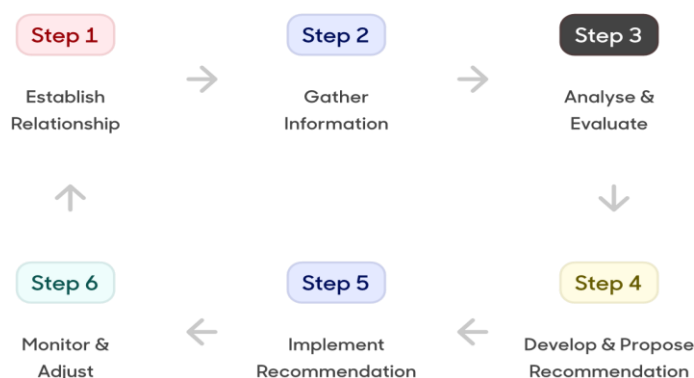
Prevailing CPF Rates

If you are using your Central Provident Fund (CPF) monies to purchase an investment product, the prevailing CPF interest rates are at a minimum 2.5% per annum for CPF Ordinary Account (OA) and a minimum 4% per annum for CPF Special Account (SA) and Retirement Account (RA).

Cancellation

You are entitled to a 7-day cancellation period for purchase of Collective Investment Schemes and a 14-day free-look period for life policies. The risk of fall in value of the underlying investment may have to be borne by you.

The Sales Advisory Process



SECTION 1 - CLIENT INFORMATION

(This section is compulsory, please complete the entire Section)

A. Name & Identification

	Client	Spouse / Others
Title	<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Mdm <input type="radio"/> Ms <input type="radio"/> Dr	<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Mdm <input type="radio"/> Ms <input type="radio"/> Dr
Full Name (as per NRIC / Passport)		
Race		
Identity Type		
Identity Number		

B. Personal Information

	Client	Spouse / Others
Gender	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Male <input type="radio"/> Female
Date of Birth (DD/MM/YYYY)		
Marital Status	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widowed	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widowed
Country of Birth		
Country of Nationality		
(Complete Enhanced Customer Due Diligence Form for Nationals from High Risk Countries Jurisdictions)		
Residential Status in Singapore	<input type="radio"/> Singaporean <input type="radio"/> Singapore PR <input type="radio"/> Others	<input type="radio"/> Singaporean <input type="radio"/> Singapore PR <input type="radio"/> Others
If others, please specify:		
Politically Exposed Person	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
(If yes, complete Enhanced Customer Due Diligence Form) Politically Exposed Person means: (a) a natural person who is or has been entrusted with prominent public functions whether in Singapore or a foreign country; (b) immediate family members of such a person; or (c) close associates of such a person. "Prominent public functions" includes the roles held by a head of state, a head of government, government ministers, senior civil servants, senior judicial or military officials, senior executives of state owned corporations, and senior political party officials.		
Are you a Smoker	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

C. Contact

	Client	Spouse / Others
Mobile Number		
Email		
Home Number (Optional)		
Office Number (Optional)		

SECTION 1 - CLIENT INFORMATION

D. Residential

	Client	Spouse / Others
Country of Residence		
Postal Code		
Block Number		
Street Name		
Unit Number		
Building Name (Optional)		
This is a landed property	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

E. Employment & Education

	Client	Spouse / Others
Employment Status	<input type="radio"/> Full Time <input type="radio"/> Retired* <input type="radio"/> Part Time <input type="radio"/> Others <input type="radio"/> Self Employed	<input type="radio"/> Full Time <input type="radio"/> Retired* <input type="radio"/> Part Time <input type="radio"/> Others <input type="radio"/> Self Employed
Occupation		
Employer		
Highest Qualification	<input type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> N / O Level <input type="radio"/> Post Sec/A levels/Diploma <input type="radio"/> Degree & Above	<input type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> N / O Level <input type="radio"/> Post Sec/A levels/Diploma <input type="radio"/> Degree & Above
Is your occupation involved in any of the nature of business listed below? <ul style="list-style-type: none"> Dealers in Precious Metals or Stones Oil/ Petroleum Industry Money Services Business (exclude Banks) Casino or Other Types of Gaming Operators Virtual/ Digital Currencies 	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

* Retired option is selected, please state your last employer and occupation prior to retirement.

F. Languages

	Client	Spouse / Others
Proficiency in both Spoken and Written English?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Conversant in Spoken Language (Tick all that apply)	<input type="radio"/> English <input type="radio"/> Malay <input type="radio"/> Mandarin <input type="radio"/> Tamil <input type="radio"/> Others: _____	<input type="radio"/> English <input type="radio"/> Malay <input type="radio"/> Mandarin <input type="radio"/> Tamil <input type="radio"/> Others: _____
Proficient in Written Languages (Tick all that apply)	<input type="radio"/> English <input type="radio"/> Malay <input type="radio"/> Mandarin <input type="radio"/> Tamil <input type="radio"/> Others: _____	<input type="radio"/> English <input type="radio"/> Malay <input type="radio"/> Mandarin <input type="radio"/> Tamil <input type="radio"/> Others: _____

SECTION 2 - TRUSTED INDIVIDUAL

It is **recommended** for you to be accompanied by a Trusted Individual if you belong to **one** of the following profiles. If you belong to **two or more** of the following profiles, it is **compulsory** for you to be accompanied by a Trusted Individual.

如果您符合以下 3 项标准中的任何 1 项，我们建议一位信托人士陪您进行这项销售咨询程序。倘若您符合以下 3 项标准中的任何 2 项，您必须有一位信托人士陪您进行这项销售咨询程序。

C S/O

- ☐ ☐ Clients who cannot communicate, read or write in English / 不善英文（口语或读写）
- ☐ ☐ Client who are aged 62 and above / 年龄 62 岁或以上
- ☐ ☐ Clients who do not have a minimum of "N" or "O" levels / 教育程度未达到 GCE 'N' 或 'O' 水准

Selected Client Declaration

☐ I acknowledge that I have been identified as Selected Client.

Would the client like to be accompanied by a Trusted Individual?

☐ Yes ☐ No

☐ I consent to permit the Trusted Individual to be privy to my personal information.

Trusted Individual Declaration

☐ I, the appointed Trusted Individual, acknowledge that the information I have provided below is true, and that I will be present alongside the Selected Client during the sales process.

Trusted Individual's Information & Declaration

This form has been explained by me in this language/ dialect		
Full Name (As per NRIC/Passport)		
Identity Number		
Date of Birth (DD/MM/YYYY)		
Country of Nationality		
Relationship with Client		
Contact Number		
Email		
		Signature of Trusted individual

Trusted Individual has to be an individual whom the client trusts and is between age 18-61, has a minimum of "N" or "O" levels and is able to communicate, read and write in English. Fellow Representative / Manager cannot be appointed as a Trusted Individual.

Client Declaration

- ☐ I decline to have a Trusted Individual, despite my Representative's recommendations and will be responsible for the decision to purchase the product(s) based on my own judgement.
- ☐ I acknowledge that since I decline to have a Trusted Individual, I can only proceed with the sales process through a face-to-face meeting.

The Selected Client has declined to have a Trusted Individual, please state any additional safeguards performed:

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SECTION 3 - DEPENDANT'S DETAILS

C **S/O**

- ☐ ☐ I do not have any dependants.
- ☐ ☐ I do not wish to disclose my dependants information and for it to be taken into consideration for needs analysis and recommendations.

Please provide details:

C. Dependant's Details (A dependant is a person who relies on another as a primary source of income)

	Dependant 1	Dependant 2
Full Name (As per NRIC/Passport)		
Race		
Identity Type		
Identity Number		
Gender		
Relationship with the Client		
Date of Birth (DD/MM/YYYY)		
Years to Support		
Remarks		
	Dependant 3	Dependant 4
Full Name (As per NRIC/Passport)		
Race		
Identity Type		
Identity Number		
Gender		
Relationship with the Client		
Date of Birth (DD/MM/YYYY)		
Years to Support		
Remarks		

SECTION 4 - FINANCIAL OBJECTIVES

Health Declaration

Do you or any applicants have any medical condition that requires regular attention from the clinic or hospital?

C

S/O

☐
☐

Yes

C

S/O

☐
☐

No

Please specify the medical condition:

Please Acknowledge Before Proceeding:

C

S/O

☐
☐

Applicants with pre-existing conditions may be subject to further health underwriting and undergo further health checkups/medical tests. You have also been made aware that subject to underwriting outcomes, your pre-existing conditions may not be covered, and your policy may be imposed with additional conditions, or your application may be rejected.

Tick the following objectives where applicable - HIGH, MEDIUM or LOW.

For financial objective(s) which are very important and you would like to address in this financial review, please tick under HIGH (H).

For financial objective(s) which are important and you would like to address in this or future financial reviews please tick MEDIUM (M) and/or LOW (L).

	Client			Spouse / Others		
	H	M	L	H	M	L
A. Protection						
Protecting my Family / Assets in the event of Death	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing for Critical Illnesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing for Disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing for Long Term Care / Disability Income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing for Hospital, Surgical, Medical Costs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing for Personal Accident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing for Pregnancy Complications / Pregnancy Related Death	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing for Dependant's Protection Needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Wealth Accumulation						
Planning for Retirement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing for Children's Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Saving for Other Purposes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION 4 - FINANCIAL OBJECTIVES

	Client			Spouse / Others		
C. Wealth Preservation / Distribution*	H	M	L	H	M	L
<p>SRS and Estate planning are financial planning tools. If SRS and/or Estate planning is/are selected, please select at least one (1) of the Financial Objectives in 'Protection' or 'Wealth Accumulation' where you wish to apply the financial planning tool(s).</p>						
Supplementary Retirement Scheme (SRS) Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Estate Planning (e.g. Will, Trusts, CPF Nomination, Lasting power of Attorney)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>Additional Notes:</p>						

SECTION 5 - INFLOW AND OUTFLOW

This section is compulsory.

C S/O

☐ ☐ I do not wish to disclose my cash flow information and for it to be taken into consideration for needs analysis and recommendations.

Please provide details:

A. Monthly Inflow	Client	Spouse / Others		Client	Spouse / Others
Net Employment Income (Less CPF Contributions)			Dividend Income		
Bonus			Rental Income		
Other Income					
			Total Monthly Inflow		
B. Monthly Expenses	Client	Spouse / Others		Client	Spouse / Others
Household			Personal		
Utilities			Mobile / Internet / Cable		
Groceries			Food & Dining		
Property Tax			Grooming / Shopping		
Maid Services			Entertainment		
Cash Mortgage			Vacation		
Others:			Income Tax		
			Others:		
Total Household Expenses			Total Personal Expenses		
Dependants			Transportation		
Allowances - Parents			Public Transport		
Allowances - Children			Car Insurance		
School Fees			Road Tax & Car Servicing		
Medical			Parking & Petrol		
Others:			Car Loan		
			Others:		
			Others:		
Total Dependants Expenses			Total Transportation Expenses		
Insurance - Cash Premiums			Regular Investments - Cash (Incl. SRS)		
Personal			Unit Trusts		
Children			Shares / Stocks		
Parents			Endowment		
Others:			Others:		
Total Premiums (Cash)			Total Regular Investments – Cash (Incl. SRS)		

SECTION 5 - INFLOW AND OUTFLOW

Monthly CPF Info			Miscellaneous Expenses		
CPF Inflow [Total amount here should not be greater than \$37,740. If yes, please complete question 3 below.]			Charity/ Tithes		
Ordinary Account			Other Loans:		
Special Account			Others:		
Medisave Account			Others:		
Total CPF Inflow			Total Miscellaneous Expenses		
CPF Outflow					
OA Mortgage			Total Monthly Outflow		
OA Regular Investments					
SA Regular Investments					
MA Outflow			Monthly Surplus / (Shortfall)		
Total CPF Outflow			Annual Surplus / (Shortfall)		
CPF Surplus / (Shortfall)					

☐ C ☐ S/O

☐ I do not wish to fully disclose my cash flow information.

Any changes to your income and expenditure?

Are there any factors within the next 12 months which may significantly increase or decrease your current income and expenditure position?

☐ C ☐ S/O

☐ Yes

☐ C ☐ S/O

☐ No

Justification(s)

1. Not disclosing expenses

Not entering a value in expense field(s).

Input justification for not disclosing expenses.

2. Not entering value or \$0 was entered in any of the CPF Inflow/Outflow Fields

Not entering value or \$0 is entered to all CPF Inflow/Outflow fields (OA, SA or MA).

Input justification for not entering value or \$0 was entered in any of the CPF Inflow/Outflow fields (OA, SA or MA).

3. Sum of CPF Amount Disclosed Exceeds Stipulated CPF Guidelines

The sum of annualised CPF Inflow (OA, SA, MA) amount disclosed is beyond the stipulated CPF guidelines of \$37,740.

Input justification for annualised CPF (OA, SA, MA) amount disclosed beyond the stipulated CPF guidelines.

Additional Notes:

SECTION 6 - ASSETS & LIABILITIES

This section is compulsory.

C S/O

☐ ☐ I do not wish to disclose my assets and liabilities information and for it to be taken into consideration for needs analysis and recommendations.

Please provide details:

A. Assets (Current Market Value)	Client	Spouse / Others		Client	Spouse / Others
Cash / Near Cash			Invested Assets		
Savings			Unit Trusts		
Fixed Deposits			Stocks		
Others:			ILPs		
Total Cash / Near Cash			Bonds		
Personal Use Assets			Business Interest		
Property - Residence			Insurance Endowments		
Motor Vehicle(s)			CPF Balance (OA)		
Others e.g. (Valuables / Collections)			CPF Balance (SA)		
Total Personal Use Assets			CPF Medisave (MA)		
			SRS		
			Property - Investment 1		
			Property - Investment 2		
			Property - Investment 3		
			Others:		
			Others:		
			Others:		
			Total CPF Balance		
			Total Invested Assets		
			Total Assets		
B. Liabilities (Outstanding Amount Owing on Liability)	Client	Spouse / Others		Client	Spouse / Others
Short Term			Long Term		
Credit Card(s)			Mortgage Loan on Residential Property		
Bank Overdraft			Mortgage Loan on Investment Property 1		
Outstanding Tax			Mortgage Loan on Investment Property 2		
Others:			Mortgage Loan on Investment Property 3		
Others:			Car Loan		
Others:			Others:		
Total Short Term Liabilities			Others:		
			Others:		
			Total Long Term Liabilities		
			Total Liabilities		
			Net Worth		

SECTION 6 - ASSETS & LIABILITIES

C S/O

☐ ☐ I do not wish to fully disclose my assets and liabilities.

Any changes to your net worth?

Are there any factors within the next 12 month that may significantly increase or decrease your net worth?

C

☐

S/O

☐

Yes

C

☐

S/O

☐

No

Justification(s)

1. No mortgage loan value

The Cash/OA Mortgage has a value in 'Inflow & Outflow', please input a value at least one mortgage loan in 'Assets & Liabilities'.

Input justification for not entering a value for at least one mortgage loan.

2. No Cash / OA mortgage value

The mortgage type has a value in 'Assets & Liabilities', please input a value for Cash/OA Mortgage in 'Inflow & Outflow'.

Input justification for not entering a value for Cash/OA Mortgage.

3. No property type value

The mortgage type has a value in 'Assets & Liabilities', please input a value for property type in this section.

Input justification for not entering a value for property type in 'Assets & Liabilities'.

4. Not disclosing property value

There is Rental Income/Property Tax that has been disclosed under 'Inflow & Outflow', but no property value is disclosed in 'Assets & Liabilities'. Please input a property value in 'Assets & Liabilities'.

Input justification for not entering a property value in 'Assets & Liabilities'.

5. Not entering value or \$0 was entered in any of the CPF Balance Fields

Please input value to all CPF Balance fields (OA, SA or MA).

Input justification for not entering value or \$0 was entered in any of the CPF Balance fields (OA, SA, MA).

6. CPF Medisave Balance Disclosed Exceeds Stipulated CPF Guidelines

The CPF Medisave balance disclosed is beyond the stipulated CPF Guidelines of \$71,500.

Input justification for the CPF Medisave balance amount disclosed being beyond the stipulated CPF guidelines.

Additional Notes:

SECTION 7 - EXISTING INVESTMENTS AND INSURANCE

This section is compulsory. Please provide attachments with similar format, if required.

A. Existing Investments

(C) (S/O)

☐

I do not have any existing investments.

☐

I do not wish to disclose my existing investment information and for it to be taken into consideration for needs analysis and recommendations.

Please provide details:

--

Existing Investments (An existing investment could be Stocks, Bonds, Unit Trusts, Managed Accounts etc.)

Owner	Type of Investment	Cash/CPF/SRS	Investment Amount (SP/RSP)	Current Value	Remarks

(C) (S/O)

☐

I do not wish to fully disclose my existing investments.

Additional Notes:

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B. Existing Insurance

(C) (S/O)

☐

I do not have any existing insurance.

☐

I do not wish to disclose my existing insurance information and for it to be taken into consideration for needs analysis and recommendations.

Please provide details:

--

SECTION 7 - EXISTING INVESTMENTS AND INSURANCE

Existing Life / Health Insurance Policies

(An existing insurance includes CPF Dependants' Protection Scheme, Investment-Linked, Endowment, Income Protection, Hospitalisation, Total Permanent Disability, Whole Life etc.)

Is this a Hospital Plan Cover? [Yes/No]	Life Assured	Owner	Commencement Date (DD/MM/YYYY)	Company	Type of Policy	Annual Premiums	Sum Assured - Death	Sum Assured - Total Permanent Disability	Sum Assured - Critical illness	Sum Assured - Personal Accident	Sum Assured - Maternity	Monthly Benefit – Long Term Care / Disability Income	Cash Value/ Maturity	Remarks

(C) (S/O)

☐ ☐ I do not wish to fully disclose my existing insurance.

Additional Notes:

Justification(s)

1. Total premiums do not match

Total premiums entered here do not match with total insurance cash premium and Medisave outflow in 'Inflow & Outflow'.

Input justification as the premiums stated in this section do not match with the Total Cash Premiums and Medisave outflow in 'Inflow & Outflow'.

Additional Notes:

SECTION 8 - INVESTMENT RISK PROFILE

This section is compulsory.

The following questions are designed to determine your investment risk profile, taking into account your financial needs, circumstances, and objectives. Please indicate your preferences and **answer ALL questions**.

Portfolio 1 Name: _____

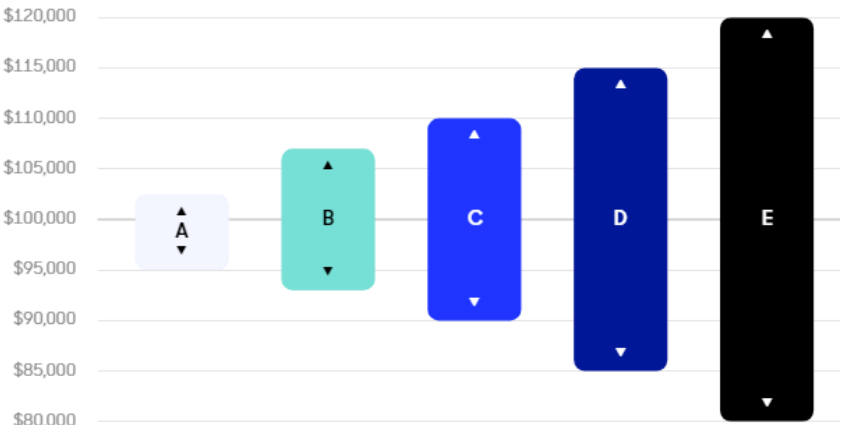
Portfolio 2 Name: _____

		Score	
Risk Profile Assessment		Portfolio 1	Portfolio 2
1. Choose your preferred risk/return objective.			
Lowest Risk and Lowest Potential Return <div style="display: flex; align-items: center; justify-content: space-around; margin: 10px 0;"> <div style="text-align: center;"> <div style="width: 1px; height: 40px; background-color: black; margin: 0 auto;"></div> <div style="width: 1px; height: 40px; background-color: black; margin: 0 auto;"></div> <div style="width: 1px; height: 40px; background-color: black; margin: 0 auto;"></div> <div style="width: 1px; height: 40px; background-color: black; margin: 0 auto;"></div> <div style="width: 1px; height: 40px; background-color: black; margin: 0 auto;"></div> </div> <div style="text-align: center;"> <div style="width: 1px; height: 40px; background-color: black; margin: 0 auto;"></div> <div style="width: 1px; height: 40px; background-color: black; margin: 0 auto;"></div> <div style="width: 1px; height: 40px; background-color: black; margin: 0 auto;"></div> <div style="width: 1px; height: 40px; background-color: black; margin: 0 auto;"></div> <div style="width: 1px; height: 40px; background-color: black; margin: 0 auto;"></div> </div> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> 1 2 3 4 5 </div> <div style="text-align: right; margin-top: 10px;"> Highest Risk and Highest Potential Return </div>	<input type="radio"/> 1	<input type="radio"/> 1	
	<input type="radio"/> 2	<input type="radio"/> 2	
	<input type="radio"/> 3	<input type="radio"/> 3	
	<input type="radio"/> 4	<input type="radio"/> 4	
	<input type="radio"/> 5	<input type="radio"/> 5	
2. Time Horizon: How much time have you set aside to achieve your investment/financial objectives?			
3 years or less	<input type="radio"/> 1	<input type="radio"/> 1	
> 3 - 5 years	<input type="radio"/> 2	<input type="radio"/> 2	
> 5 - 7 years	<input type="radio"/> 3	<input type="radio"/> 3	
> 7 - 10 years	<input type="radio"/> 4	<input type="radio"/> 4	
More than 10 years	<input type="radio"/> 5	<input type="radio"/> 5	
3. What is the average annualised gross return you reasonably expect to achieve from your investment portfolio(s), over a longer period of at least 10 years?			
0 - 2%	<input type="radio"/> 1	<input type="radio"/> 1	
> 2 - 4%	<input type="radio"/> 2	<input type="radio"/> 2	
> 4 - 6%	<input type="radio"/> 3	<input type="radio"/> 3	
> 6 - 8%	<input type="radio"/> 4	<input type="radio"/> 4	
More than 8%	<input type="radio"/> 5	<input type="radio"/> 5	

SECTION 8 - INVESTMENT RISK PROFILE

Risk Profile Assessment	Score	
	Portfolio 1	Portfolio 2
4. In your opinion, what percentage drop in the major market indices (e.g. STI, Dow Jones, NASDAQ, S&P etc.) would you consider as a severe crisis?		
-10%	<input type="radio"/> 1	<input type="radio"/> 1
-20%	<input type="radio"/> 2	<input type="radio"/> 2
-30%	<input type="radio"/> 3	<input type="radio"/> 3
-45%	<input type="radio"/> 4	<input type="radio"/> 4
-60%	<input type="radio"/> 5	<input type="radio"/> 5
5. If stock markets have dropped by at least 20% in value over a year, how will you potentially respond?		
I would probably be very upset and sell off all my investments.	<input type="radio"/> 1	<input type="radio"/> 1
I would be upset and will only sell off those with little or no losses.	<input type="radio"/> 2	<input type="radio"/> 2
I would not be happy but will keep my investments in the hope of a recovery.	<input type="radio"/> 3	<input type="radio"/> 3
I would think it is a good buying opportunity and buy cautiously.	<input type="radio"/> 4	<input type="radio"/> 4
I would think it is a great buying opportunity and buy aggressively.	<input type="radio"/> 5	<input type="radio"/> 5

SECTION 8 - INVESTMENT RISK PROFILE

		Score	
Risk Profile Assessment		Portfolio 1	Portfolio 2
6. The following chart shows the possible range of values for 5 different investments of \$100,000 after one year. Which investment would you be most comfortable in owning?			
		<input type="radio"/> A (1)	<input type="radio"/> A (1)
		<input type="radio"/> B (2)	<input type="radio"/> B (2)
		<input type="radio"/> C (3)	<input type="radio"/> C (3)
		<input type="radio"/> D (4)	<input type="radio"/> D (4)
		<input type="radio"/> E (5)	<input type="radio"/> E (5)

Investment (Including ILP) Score (Q1 to Q6)	Client Investment Risk Profile	Score	
		Portfolio 1	Portfolio 2
6 to 9	Conservative		
10 to 14	Moderate		
15 to 21	Balanced	Investment Rating	
22 to 26	Growth		
27 to 30	Aggressive		

SECTION 8 - INVESTMENT RISK PROFILE

Your Investment Risk Profile

Conservative - Score 6 to 9

Your investment risk profile suggests that you are able to take on low risk investments. Your main priority is safeguarding your investment capital. You are prepared to sacrifice higher returns for peace of mind. This indicates that you wish to take a conservative approach towards investing and the recommended asset allocation strategy would range between 80% to 90% products with risk = 1 (Developed Govt Fixed Income) and 10% to 20% products with risk = 5 (Regional or Single Country Equities).

Portfolio Risk Allocation:
Less than or equal to (\leq) 1.8

Moderate - Score 10 to 14

Your investment risk profile suggests that you have some understanding of investment markets and their behaviour. You do not wish to see all your capital eroded away by taxes and inflation and you are prepared to take short- to medium-term risk in order to gain longer-term capital growth. This indicates that you wish to have a moderate approach towards investing and the recommended asset allocation strategy would range between 60% to 70% products with risk = 1 (Developed Govt Fixed Income) and 30% to 40% products with risk = 5 (Regional or Single Country Equities).

Portfolio Risk Allocation:
More than ($>$) 1.8 and less than or equal to (\leq) 2.6

Balanced - Score 15 to 21

Your investment risk profile suggests that you are seeking a greater growth component in your investment portfolio to help protect your capital from the eroding effect of taxes and inflation. While you remain cautious towards taking high levels of risk, your general understanding of investment markets enables you to feel comfortable with some short- to medium-term risk. Your priority is consistent capital growth with some income to smooth out any volatility in your returns. This indicates that you wish to have a balanced approach towards investing and the recommended asset allocation strategy would range between 40% to 50% products with risk = 1 (Developed Govt Fixed Income) and 50% to 60% products with risk = 5 (Regional or Single Country Equities).

Portfolio Risk Allocation:
More than ($>$) 2.6 and less than or equal to (\leq) 3.4

Growth - Score 22 to 26

Your investment risk profile suggests that you are an investor who understands the movement of the investment markets. You are most interested in maximising the value of your investments through long-term capital growth, although you do not wish to make imbalanced investment decisions. You are comfortable with short- to medium-term volatility from your portfolio to maximise the potential for long-term capital growth. This indicates that you wish to have an assertive approach towards investing and the recommended asset allocation strategy would range between 20% to 30% products with risk = 1 (Developed Govt Fixed Income) and 70% to 80% products with risk = 5 (Regional or Single Country Equities).

Portfolio Risk Allocation:
More than ($>$) 3.4 and less than or equal to (\leq) 4.2

Aggressive - Score 27 to 30

Your investment risk profile suggests that you are prepared to sacrifice your investment capital in pursuit of highest long-term potential capital growth. You have a good understanding of the behaviour of investment markets and you are interested in negating the effects of taxation and inflation. This indicates that you wish to have an aggressive approach towards investing and the recommended asset allocation strategy would range between 0% to 10% products with risk = 1 (Developed Govt Fixed Income) and 90% to 100% products with risk = 5 (Regional or Single Country Equities).

Portfolio Risk Allocation:
More than ($>$) 4.2 and less than or equal to (\leq) 5.0

SECTION 9 - CUSTOMER KNOWLEDGE ASSESSMENT / CUSTOMER ACCOUNT REVIEW

This section is **mandatory** to complete for ALL types of planning.

It is important to find out if you have the knowledge or investment experience to understand the risk and features of "Specified Investment Products" (SIP). This assessment, known as the Customer Knowledge Assessment (CKA) / Customer Account Review (CAR), helps to assess your knowledge or investment experience before solution(s) is/are offered to you. The accuracy or completeness of the information provided may affect the suitability of the recommendations made. A copy of the form will be submitted to the relevant investment platform when necessary.

By proceeding to provide this information, you have given consent to the collection, use and disclosure of this information.

Part 1: Knowledge Acquired		Client	Spouse / Others																																																
Educational Qualifications	<p>Do you have a diploma or higher qualifications in any of the following?</p> <table border="0"> <tr> <td>C</td><td>S/O</td><td></td><td>C</td><td>S/O</td><td></td></tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>Accountancy</td><td><input type="radio"/></td><td><input type="radio"/></td><td>Economics</td></tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>Actuarial Science</td><td><input type="radio"/></td><td><input type="radio"/></td><td>Financial Engineering</td></tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>Capital Markets</td><td><input type="radio"/></td><td><input type="radio"/></td><td>Financial Planning</td></tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>Commerce</td><td><input type="radio"/></td><td><input type="radio"/></td><td>Finance</td></tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>Computational Finance</td><td><input type="radio"/></td><td><input type="radio"/></td><td>Business / Business Admin /</td></tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>Insurance</td><td></td><td></td><td>Business Management/</td></tr> <tr> <td></td><td></td><td></td><td></td><td></td><td>Business Studies</td></tr> </table> <p>Please also specify the full name of the qualification(s), Education Institution(s) in which the qualification(s) were obtained and any other relevant information:</p>	C	S/O		C	S/O		<input type="radio"/>	<input type="radio"/>	Accountancy	<input type="radio"/>	<input type="radio"/>	Economics	<input type="radio"/>	<input type="radio"/>	Actuarial Science	<input type="radio"/>	<input type="radio"/>	Financial Engineering	<input type="radio"/>	<input type="radio"/>	Capital Markets	<input type="radio"/>	<input type="radio"/>	Financial Planning	<input type="radio"/>	<input type="radio"/>	Commerce	<input type="radio"/>	<input type="radio"/>	Finance	<input type="radio"/>	<input type="radio"/>	Computational Finance	<input type="radio"/>	<input type="radio"/>	Business / Business Admin /	<input type="radio"/>	<input type="radio"/>	Insurance			Business Management/						Business Studies	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
C	S/O		C	S/O																																															
<input type="radio"/>	<input type="radio"/>	Accountancy	<input type="radio"/>	<input type="radio"/>	Economics																																														
<input type="radio"/>	<input type="radio"/>	Actuarial Science	<input type="radio"/>	<input type="radio"/>	Financial Engineering																																														
<input type="radio"/>	<input type="radio"/>	Capital Markets	<input type="radio"/>	<input type="radio"/>	Financial Planning																																														
<input type="radio"/>	<input type="radio"/>	Commerce	<input type="radio"/>	<input type="radio"/>	Finance																																														
<input type="radio"/>	<input type="radio"/>	Computational Finance	<input type="radio"/>	<input type="radio"/>	Business / Business Admin /																																														
<input type="radio"/>	<input type="radio"/>	Insurance			Business Management/																																														
					Business Studies																																														
<p>Client</p> <div></div>	<p>Spouse / Others</p> <div></div>																																																		
Professional Qualification	<p>Do you have a professional finance-related qualification? (e.g. AFP/AWP/CFP, AFC/ChFC, ACCA, CLU, CFA/CAIA, CPA/CA, FRM, CISI, CFTe, CMFAS M6A/M8A/M9A)</p>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No																																																
	<p>If yes, please specify the full name of the qualification(s), Education Institution(s) in which the qualification(s) were obtained and any other relevant information:</p> <p>Client</p> <div></div> <p>Spouse / Others</p> <div></div>																																																		

SECTION 9 - CUSTOMER KNOWLEDGE ASSESSMENT / CUSTOMER ACCOUNT REVIEW

Part 1: Knowledge Acquired		Client	Spouse / Others
Investment Experience	<p>Have you made at least 6 transactions in the following "Specified Investment Products" in the past 3 years?</p> <div style="display: flex; justify-content: space-around;"> <div> <p>C S/O</p> <p><input type="radio"/> <input type="radio"/> Unlisted Specified Investment Products (e.g. Unit Trusts, Investment-Linked Policies)</p> </div> <div> <p>C S/O</p> <p><input type="radio"/> <input type="radio"/> Listed Specified Investment Products (e.g. Exchange Traded Funds, Daily Leverage Certificates, Structured Warrants, Exchange Traded Notes, Futures, Callable Bull/Bear Contracts, Options)</p> </div> </div> <p>If yes, please specify the full name of the Financial Institution(s) where the transactions were carried out and any other relevant information:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Client</p> <div style="border: 1px solid black; height: 50px; margin-top: 5px;"></div> </div> <div style="width: 45%;"> <p>Spouse / Others</p> <div style="border: 1px solid black; height: 50px; margin-top: 5px;"></div> </div> </div>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Work Experience	<p>Do you have a minimum of 3 continuous years of working experience* in the preceding 10 years involving the following fields?</p> <div style="display: flex; justify-content: space-around;"> <div> <p>C S/O</p> <p><input type="radio"/> <input type="radio"/> Development / Structuring / Management / Sale / Trading / Research / Analysis of Investment Products</p> </div> <div> <p>C S/O</p> <p><input type="radio"/> <input type="radio"/> Provision of training on investment products</p> </div> <div> <p>C S/O</p> <p><input type="radio"/> <input type="radio"/> Accountancy, Actuarial Science, Treasury, Financial Risk Management and Legal work in financial areas</p> </div> </div> <p>*Provision of general support functions in the above mentioned areas such as operations, HR, corporate services and IT will not be considered as relevant experience.</p> <p>Please also specify the full name of the business organisation(s) where the above work experience was obtained and any other relevant information:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Client</p> <div style="border: 1px solid black; height: 50px; margin-top: 5px;"></div> </div> <div style="width: 45%;"> <p>Spouse / Others</p> <div style="border: 1px solid black; height: 50px; margin-top: 5px;"></div> </div> </div>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

SECTION 9 - CUSTOMER KNOWLEDGE ASSESSMENT / CUSTOMER ACCOUNT REVIEW

Part 2: Outcome of CKA & CAR

Note:

1. If all your responses in PART 1 are "No", you do not have the relevant knowledge or experience to transact the relevant SIPs.

[Failed CKA and CAR*]

2. If you only have Investment Experience in Unlisted SIPs as answered in Question 3 of Part 1, you do not have the relevant knowledge or experience to transact in Listed SIPs.

[Passed CKA; Failed CAR*]

3. If you only have Investment Experience in Listed SIPs as answered Question 3 in Part 1, you do not have the relevant knowledge or experience to transact in Unlisted SIPs.

[Failed CKA; Passed CAR*]

* If you would like to transact in listed SIPs, please submit this form with the Listed SIP Activation Form.

Based on the guidelines prescribed by the Monetary Authority of Singapore (MAS), you are assessed:	CKA Unlisted SIPs		CAR Listed SIPs	
	C	S/O	C	S/O
To have acquired the relevant knowledge and / or experience to understand and purchase the relevant "Specified Investment Products".	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not to have acquired the relevant knowledge and / or experience to understand and purchase the relevant "Specified Investment Products".	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Note:
In the event of a joint investment, both clients will be deemed to have not fulfilled the criteria in the CKA / CAR if one of them is assessed not to have possessed the knowledge or experience in a Specified Investment Product.

The personal information gathered here by the Representative, including the statement(s) and other documents provided by you, is for the purpose of providing you, the client, with suitable financial recommendations and will be kept confidential.

Client Acknowledgement of CKA / CAR Outcome

I acknowledge that

- I have been given a clear explanation of the objectives for the Customer Knowledge Assessment / Customer Account Review.
- I have answered all the relevant questions to the best of my knowledge.
- I understand and agree with the outcome of the Customer Knowledge Assessment / Customer Account Review.
- I have provided the correct information as above and understand that any inaccurate or incomplete information provided by me may affect the outcome of the CKA / CAR.

SECTION 10A - NEEDS ANALYSIS (PROTECTION)

1. In the Event of Death

Income	Client	Spouse / Others
Monthly Amount Required	\$ _____ Monthly	\$ _____ Monthly
Annual Amount Required (pmt)	\$ _____ Annually	\$ _____ Annually
Number of Years Required (n) #	_____ Years	_____ Years
Investment Rate of Return (%) (R) (To input a value between 0% - 9%. If deviate, Representative to justify)	_____	_____
Assumed Inflation Rate (%) (i) (To input a value between 0% - 9%. If deviate, Representative to justify)	_____	_____
Inflation-adjusted Rate of Return from Investments (%) (i)	_____	_____
(A) Funds Required to Provide Income (pv)	\$ _____	\$ _____
Liabilities		
Outstanding Mortgage	\$ _____	\$ _____
Debt (Loans, Credit cards, Overdraft, etc.)	\$ _____	\$ _____
Funds Required for Dependants' Education (tertiary, etc.)	\$ _____	\$ _____
Final Expenses (Medical, Taxes, Funeral, etc.)	\$ _____	\$ _____
Others:	\$ _____	\$ _____
(B) Funds Required to Settle Liabilities	\$ _____	\$ _____
(A + B) = (C) Total Funds Required	\$ <div></div>	\$ <div></div>
Existing Resources Allocated (Current Values)		
Life Insurance Coverage	\$ _____	\$ _____
Cash Assets (Savings, Fixed Deposits, etc.)	\$ _____	\$ _____
CPF	\$ _____	\$ _____
Investments (Bonds, Unit Trusts, Shares, etc.)	\$ _____	\$ _____
Others: _____	\$ _____	\$ _____
(D) Total	\$ <div></div>	\$ <div></div>
(D - C) = Surplus / (Shortfall)	\$ <div></div>	\$ <div></div>

Reason(s) for Deviations:

"Number of Years Required (n)" should base on life expectancy of client less client's year of birth. If greater than this recommended guide, Representative to justify. Life expectancy for male is 82 and female is 86.

SECTION 10A - NEEDS ANALYSIS (PROTECTION)

2. In the Event of Critical Illness

Critical Illness Needs	Client	Spouse / Others
Monthly Amount Needs for Living Expenses and/or Dependants	\$ _____ Monthly	\$ _____ Monthly
Annual Amount Needs for Living Expenses and/or Dependants (pmt)	\$ _____ Annually	\$ _____ Annually
Number of Years Required (n)	_____ Years	_____ Years
Investment Rate of Return (%) (R) (To input a value between 0% - 9%. If deviate, Representative to justify)	_____	_____
Assumed Inflation Rate (%) (i) (To input a value between 0% - 9%. If deviate, Representative to justify)	_____	_____
Inflation-adjusted Rate of Return from Investments (%) (i)	_____	_____
Funds Required (pv)	\$ _____	\$ _____
Lump Sum Required for Treatment of Illness	\$ _____	\$ _____
Others: _____	\$ _____	\$ _____
(A) Total Critical Illness Needs	\$ <div style="border: 1px solid black; width: 150px; height: 25px;"></div>	\$ <div style="border: 1px solid black; width: 150px; height: 25px;"></div>
Existing Resources Allocated (Current Values)		
Life insurance coverage	\$ _____	\$ _____
Cash Assets (Savings, Fixed Deposits, etc.)	\$ _____	\$ _____
Others: _____	\$ _____	\$ _____
(B) Total	\$ <div style="border: 1px solid black; width: 150px; height: 25px;"></div>	\$ <div style="border: 1px solid black; width: 150px; height: 25px;"></div>
(B - A) = Surplus / (Shortfall)	\$ <div style="border: 1px solid black; width: 150px; height: 25px;"></div>	\$ <div style="border: 1px solid black; width: 150px; height: 25px;"></div>
Reason(s) for Deviations:		

SECTION 10A - NEEDS ANALYSIS (PROTECTION)

3. In the event of Disability

Income	Client	Spouse / Others
Monthly Amount Needs for Living Expenses and/or Dependents	\$ _____ Monthly	\$ _____ Monthly
Annual Amount Needs for Living Expenses and/or Dependents (pmt)	\$ _____ Annually	\$ _____ Annually
Number of Years Required (n) #	_____ Years	_____ Years
Investment Rate of Return, (%) (R) (To input a value between 0% - 9%. If deviate, Representative to justify)	_____	_____
Assumed Inflation Rate, (%) (i) (To input a value between 0% - 9%. If deviate, Representative to justify)	_____	_____
Inflation-adjusted Rate of Return from Investments (%) (i)	_____	_____
(A) Funds Required to Provide Income (pv)	_____	_____
Expenses		
Provision for Medical Expenses	\$ _____	\$ _____
Others: _____	\$ _____	\$ _____
(B) Total Expenses	\$ _____	\$ _____
(A + B) = (C) Total Funds Required	\$ <input type="text"/>	\$ <input type="text"/>
Existing Resources Allocated (Current Values)		
Existing Total Permanent Disability (TPD) payout	\$ _____	\$ _____
Others: _____	\$ _____	\$ _____
(D) Total Funds Available	\$ <input type="text"/>	\$ <input type="text"/>
(D - C) = Surplus / (Shortfall)	\$ <input type="text"/>	\$ <input type="text"/>

Reason(s) for Deviations:

'Number of Years Required (n)' should base on life expectancy of client less client's year of birth. If greater than this recommended guide, Representative to justify.
Life expectancy for male is 82 and female is 86.

4. In the event of Disability (Long Term Care / Disability Income)

	Client	Spouse / Others
(A) Monthly Needs Required	\$ _____ Monthly	\$ _____ Monthly
Preferred Benefit Payout Period (Lifetime or Years)	_____ Years	_____ Years
(B) Current Monthly Benefits	\$ _____ Monthly	\$ _____ Monthly
(B - A) = Surplus / (Shortfall)	\$ <input type="text"/>	\$ <input type="text"/>

Reason(s) for Deviations:

SECTION 10A - NEEDS ANALYSIS (PROTECTION)

5. In the Event of Hospitalisation / Medical Expenses

Preferred Hospital Type and Ward?

Client

☐ Private

Government Restructured

☐ A ☐ B1 ☐ B2/C

☐ Deductible ☐ Co-insurance

☐ Deductible & Co-insurance

☐ Not Applicable

Spouse / Others

☐ Private

Government Restructured

☐ A ☐ B1 ☐ B2/C

☐ Deductible ☐ Co-insurance

☐ Deductible & Co-insurance

☐ Not Applicable

Provision for Deductible and/or Co-Insurance?

Existing type of hospital plan cover?

Insurer name and plan type?

Reason(s) for Deviations:

6. In the Event of Personal Accident

Client

Spouse / Others

(A) Personal Accidental Death Needs

\$ _____

\$ _____

(B) Existing Resources (if any)

\$ _____

\$ _____

(B - A) = Surplus / (Shortfall)

\$

\$

Reason(s) for Deviations:

7. In the Event of Pregnancy–Complications/ Pregnancy–Related Death

Client

Spouse / Others

No. of Fetus

Pregnancy through IVF [Yes/No]

(A) Coverage Amount

\$ _____

\$ _____

(B) Existing Resources (if any)

\$ _____

\$ _____

(B - A) = Surplus / (Shortfall)

\$

\$

Reason(s) for Deviations:

SECTION 10A - NEEDS ANALYSIS (PROTECTION)

8. Planning for Dependants Protection

Dependant(s)

Name of Dependant:

A. In the Event of Hospitalisation

Preferred Hospital Type and Ward?

☐ Private

Government
Restructured

☐ A ☐ B1 ☐ B2/C

Provision for Deductible?

☐ Yes ☐ No

Provision for Co-Insurance?

☐ Yes ☐ No

Existing Type of Hospital Plan Cover?

Insurer name and plan type?

☐ Private

Government
Restructured

☐ A ☐ B1 ☐ B2/C

☐ Yes ☐ No

☐ Yes ☐ No

☐ Private

Government
Restructured

☐ A ☐ B1 ☐ B2/C

☐ Yes ☐ No

☐ Yes ☐ No

☐ Private

Government
Restructured

☐ A ☐ B1 ☐ B2/C

☐ Yes ☐ No

☐ Yes ☐ No

Reason(s) for Deviations:

B. In the Event of Critical illness

Total Funds Required

\$ _____

\$ _____

\$ _____

\$ _____

Existing Resources (if any)

\$ _____

\$ _____

\$ _____

\$ _____

Surplus / (Shortfall)

\$ _____

\$ _____

\$ _____

\$ _____

Reason(s) for Deviations:

C. In the Event of Disability

Total Funds Required

\$ _____

\$ _____

\$ _____

\$ _____

Existing Resources (if any)

\$ _____

\$ _____

\$ _____

\$ _____

Surplus / (Shortfall)

\$ _____

\$ _____

\$ _____

\$ _____

Reason(s) for Deviations:

SECTION 10A - NEEDS ANALYSIS (PROTECTION)

D. In the Event of Death

Final Expenses	\$ _____	\$ _____	\$ _____	\$ _____
Loans (e. education loan etc.)	\$ _____	\$ _____	\$ _____	\$ _____
Others: _____	\$ _____	\$ _____	\$ _____	\$ _____
Total Cash Needs	\$ _____	\$ _____	\$ _____	\$ _____
Existing Resources (if any)	\$ _____	\$ _____	\$ _____	\$ _____
Surplus / (Shortfall)	\$ _____	\$ _____	\$ _____	\$ _____

Reason(s) for Deviations:

E. In the Event of Personal Accident

Personal Accidental Death Needs	\$ _____	\$ _____	\$ _____	\$ _____
Existing Resources (if any)	\$ _____	\$ _____	\$ _____	\$ _____
Surplus / (Shortfall)	\$ _____	\$ _____	\$ _____	\$ _____

Reason(s) for Deviations:

Important Note to Representative

Fact find should always be completed on the proposer. In the case of adult child(ren) paying for parents' ElderShield / CareShield and ElderShield / CareShield supplements, fact find should be completed on the parents i.e. the proposer.

SECTION 10B - NEEDS ANALYSIS (WEALTH ACCUMULATION)

9. Planning for Retirement

	Client	Spouse / Others
Desired Retirement Age	_____	_____
Number of Years to Retirement (n)	_____ Years	_____ Years
Desired Monthly Retirement Income in Today's Value (pv) *	\$ _____ Monthly	\$ _____ Monthly
Desired Annual Retirement Income in Today's Value (pv) *	\$ _____ Annually	\$ _____ Annually
Assumed Inflation Rate (%) (i) *	_____	_____
<small>(To input a value between 0% - 9%. If deviate, Representative to justify)</small>		
Desired Annual Retirement Income (fv)	\$ _____ Annually	\$ _____ Annually
Investment Rate of Return (%) (R) *	_____	_____
<small>(To input a value between 0% - 9%. If deviate, Representative to justify)</small>		
Inflation-adjusted Investment Rate After Retirement, (%) (i)	_____	_____
Number of Years to Provide for Retirement (n1) ^	_____ Years	_____ Years
(A) Funds Required at Retirement Age	\$ _____	\$ _____
(B) Remaining Liabilities at Retirement (if any)	\$ _____	\$ _____
(A) + (B) = (C) Total Retirement Fund Needed	\$ _____	\$ _____
Existing Resources Allocated for Retirement (Projected Values)		
Life insurance Cash Value	_____ ROI (%)	\$ _____
Cash Assets (Savings, Fixed Deposits, etc.) #	_____	\$ _____
Investments (Bonds, Unit Trusts, Shares, etc.) #	_____	\$ _____
Others : _____	_____	\$ _____
(D) Funds Available at Retirement Age (fv)	\$ _____	\$ _____
(D) - (C) = Surplus / (Shortfall) at Retirement	\$ _____	\$ _____

Reason(s) for Deviations:

^ 'Number of Years to Provide for Retirement (n1)' should base on life expectancy of client less statutory retirement age. If deviate, Representative to justify.
Life expectancy for male is 82 and female is 86. Statutory retirement age is 63.

Summation of Cash Assets allocated in needs analysis for retirement, children's education and/or savings for other purposes should not exceed 100% of Total Cash/Near Cash declared in Section 6. If deviate, Representative to justify.
Similarly for Investments, summation of Investments allocated in needs analysis for retirement, children's education and/or savings for other purposes should not exceed 100% of Unit Trust + Stocks + Bonds declared in Section 6. If deviate, Representative to justify.

SECTION 10B - NEEDS ANALYSIS (ACCUMULATION)

10. Planning for Children's Tertiary Education

Client

Spouse / Others

Name of Child:

Number of Years to University (n)

_____ Years

_____ Years

Current Annual Cost of Tertiary Education (Tuition+Allowances) (pv)

\$ _____ Annually

\$ _____ Annually

Education Inflation Rate (%) (i)

(To input a value between 0% - 9%. If deviate, Representative to justify)

Course Duration (years)

_____ Years

_____ Years

(A) Funds Required (fv)

\$ _____

\$ _____

Existing Resources Allocated for Children's Education

(Projected Values)

ROI (%)

Life Insurance Cash Value

\$ _____

\$ _____

Cash Assets (Savings, Fixed Deposits, etc.) #

\$ _____

\$ _____

Investments (Bonds, Unit Trusts, Shares, etc.) #

\$ _____

\$ _____

Others : _____

\$ _____

\$ _____

(B) Funds Available

\$ _____

\$ _____

(B) - (A) = Surplus / (Shortfall)

\$ _____

\$ _____

Reason(s) for Deviations:

11. Savings for other Purposes

Client

Spouse / Others

Purpose

(A) Target Amount

\$ _____

\$ _____

Years to target (n)

_____ Years

_____ Years

Existing Resources Allocated for Savings for other Purposes

(Projected Values)

ROI (%)

Cash Assets (Savings, Fixed Deposits, etc.) #

\$ _____

\$ _____

Investments (Bonds, Unit Trusts, Shares, etc.) #

\$ _____

\$ _____

(B) Future Value of Current Savings and Investment (fv)

\$ _____

\$ _____

(B - A) = Surplus / (Shortfall)

\$ _____

\$ _____

Reason(s) for Deviations:

Summation of Cash Assets allocated in needs analysis for retirement, children's education and/or savings for other purposes should not exceed 100% of Total Cash/Near Cash declared in Section 6. If deviate, Representative to justify.

Similarly for Investments, summation of Investments allocated in needs analysis for retirement, children's education and/or savings for other purposes should not exceed 100% of Unit Trust + Stocks + Bonds declared in Section 6. If deviate, Representative to justify.

SECTION 11 - AFFORDABILITY

Please indicate the amount that is within your affordability to set aside for your objectives and whether the amount is a substantial portion of your assets and income.

As a guide, the amount you are willing to invest should not be more than 50% of:

Annual Cashflow (i.e. Client's annual surplus) and/or **Total Cash / Near Cash**, for Cash

CPF Balance (OA) in Section Assets & Liabilities, for CPF Ordinary Account

CPF Balance (SA) in Section Assets & Liabilities, for CPF Special Account

CPF Balance (MA) in Section Assets & Liabilities, for CPF Medisave Account

For SRS, you should not invest more than 100% of your total SRS in Section Assets & Liabilities

It is recommended that you should also set aside **3 to 6 months of your monthly outflow if income is regular or 12 months if income is irregular**, for emergency purposes.

Funds	Client			Spouse / Others		
	Annual Amount	Single Amount	Substantial Amount	Annual Amount	Single Amount	Substantial Amount
Cash			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
CPF Ordinary Account			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
CPF Special Account			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
CPF Medisave Account			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Supplementary Retirement Scheme Account			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No

The cash budget is taken from

Annual Surplus

Total Cash / Near Cash

Both Annual Surplus and Total Cash / Near Cash

Client

☐

☐

☐

Spouse / Others

☐

☐

☐

If both Annual Surplus and Total Cash / Near Cash are selected, input the amount for each allocation:

Annual Surplus

Client

\$ _____

Spouse / Others

\$ _____

Total Cash / Near Cash

\$ _____

\$ _____

We noticed that this client's budget is substantial

The amount to be invested is substantial. Please explain how the client intends to sustain the plan in the textbox below.

Reason(s) for Deviations:

SECTION 12 – ADVICE AND RECOMMENDATIONS

Basis of Recommendations (Complete this section for Life & Health Advice)

Attach additional copy of this page only if the space given below is insufficient.

Points to note:

- For each of the recommended insurance product (including ILPs), the number of years for 'Premium Term' should not exceed the 'number of years to retirement' or statutory retirement age of 63, whichever is shorter.
- Client's Budget declared in 'Section 11 – Affordability' are to be utilised at least 80% for premiums of client's choice of insurance and/or investment products.

☐ I confirm that I have taken into consideration the client's time horizon in recommending the relevant insurance products.

Plan(s) Recommended (including the name of insurance Provider and additional add-on riders)	Name of Life Assured	Sum Assured	Policy Term	Premium Amount	Premium Term	Payment Frequency	Settlement Mode	Client's Choice
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>

SECTION 12 – ADVICE AND RECOMMENDATIONS

Basis of Recommendations (Complete this section for Investment Advice) Attach additional copy of this page only if the space given below is insufficient.

Point to note:

Client's Budget declared in 'Section 11 – Affordability' are to be utilised at least 80% for premiums of client's choice of insurance and/or investment products.

☐ I confirm that I have taken into consideration the client's time horizon in recommending the relevant investment products.

Action	Collective Investment Scheme / Managed Account / Model Portfolio etc.	Investment Amount	Sales Charge	Platform (iFAST / Navigator)	Payment Frequency	Settlement Mode	# For	Client's Choice
Portfolio 1 <input type="checkbox"/> Buy <input type="checkbox"/> Switch								<input type="checkbox"/>
Portfolio 2 <input type="checkbox"/> Buy <input type="checkbox"/> Switch								<input type="checkbox"/>
Portfolio 3 <input type="checkbox"/> Buy <input type="checkbox"/> Switch								<input type="checkbox"/>
Portfolio 4 <input type="checkbox"/> Buy <input type="checkbox"/> Switch								<input type="checkbox"/>
Portfolio 5 <input type="checkbox"/> Buy <input type="checkbox"/> Switch								<input type="checkbox"/>
Portfolio 6 <input type="checkbox"/> Buy <input type="checkbox"/> Switch								<input type="checkbox"/>
Portfolio 7 <input type="checkbox"/> Buy <input type="checkbox"/> Switch								<input type="checkbox"/>
Portfolio 8 <input type="checkbox"/> Buy <input type="checkbox"/> Switch								<input type="checkbox"/>
Portfolio 9 <input type="checkbox"/> Buy <input type="checkbox"/> Switch								<input type="checkbox"/>
Portfolio 10 <input type="checkbox"/> Buy <input type="checkbox"/> Switch								<input type="checkbox"/>

Y = Yourself, S = Spouse, J = Joint, C = Child, P = Parent

Basis of Recommendations

Please elaborate on the following points (where applicable)

- How does the products/riders feature(s) & benefit(s) meet the client's financial objectives and needs?
- What are the risks, disadvantages and limitations of the products/riders?
- How does the product(s) fits client's risk profile and time horizon?
- What are the fees and charges?
- Has affordability, sustainability and liquidity of the client been assessed? [Justification, if any, should be documented]
- For ILP Sub-funds and/or Unit Trusts: Have the fund feature been explained to Client and documented?
- What are the reasons for switching / replacement of products?

Please note:

You understand that if you have chosen to backdate the policy and you would like this policy to be issued on your Age Next Birthday, you understand that the premiums are payable starting from the policy inception date and there is no insurance coverage provided over this period. You confirm that you understand the above and you wish to proceed with the backdating.

SECTION 12 – BASIS OF RECOMMENDATION

- What are the reasons for deviations? E.g.
 - Funds risk class is higher or lower than client's risk profile (Refer to Section 8)
 - Policy term of recommended plan is longer or shorter than client's time horizon [Wealth Accumulation Needs] (Refer to Section 10)
 - Premium more than client's affordability, client's budget not fully utilized when recommended sum assured is less than client's shortfall (Refer to Section 11)
- Please document client's awareness and acceptance of the deviations, if applicable.
- Additional Notes

SECTION 13 - SWITCHING / REPLACEMENT OF POLICY

1. Are you switching/replacing in full or in part any existing or recently terminated collective investment scheme or insurance policy, whether purchased from PIAS or other Financial Institution?

☐ Yes ☐ No

If "Yes", please proceed to the next question. Your Representative should provide the reasons in detail, in Basis of Recommendation (for replacement of CIS, life and health policy(ies)). If "No", please proceed to Section 14.

2. Did your Representative recommend that you switch/replace in full or in part any collective investment scheme or insurance policy, whether purchased from PIAS or other financial advisers?

☐ Yes ☐ No

3. Did the Representative provide the basis of the recommendation and inform you of the transaction costs and/or possible disadvantages listed below?

- Incurring transaction costs without gaining any real benefit from the switch/replacement
- The new investment product/insurance plan may offer a lower level of benefit at a higher cost or at the same cost, or offer the same level of benefit at a higher cost
- Incurring penalties for terminating the existing investment products/insurance plans
- The new investment product/insurance plan may be less suitable and the terms and conditions may differ
- I may not be insurable at standard terms
- Loss I may incur as a result
- I may be entitled to free fund switching, if any.

☐ Yes ☐ No

4. I hereby confirm that I wish to proceed with the switch/replacement notwithstanding that the fees, charges or disadvantages that may arise could outweigh any potential benefits.

☐ Yes ☐ No

SECTION 14 - CLIENT ACKNOWLEDGEMENT AND DECLARATION

1. I acknowledge receipt and I have read and understood the following documents (where applicable)

- Financial Needs Analysis including Important Notice to client
- Copy of the cover page, product summary, policy illustration, bundled product disclosure document and product highlights sheet (if applicable) in respect of the life policy
- Fund Factsheet(s) - Cash/SRS/CPFOA (if applicable)
- High Conviction List - Cash/SRS/CPFOA (if applicable)
- PIAS Model Portfolio factsheet(s) (if applicable)
- Prospectus / Profile Statement including a supplementary prospectus or supplementary profile statement and Product Highlight Sheet (if applicable) in respect of the collective investment scheme

I have been directed to the following guides available online on LIA website: <https://www.lia.org.sg/tools-and-resources/consumer-guides/>

- Your Guide to Life Insurance
- Your Guide to Investment-Linked Insurance Plans
- Your Guide to Participating Policies
- Your Guide to Health Insurance
- Infographic "Evaluating My Health Insurance Coverage"
- Infographic "Moratorium on Genetic Testing and Insurance"

I have been briefed on the Basic Financial Planning Guide and directed to the MoneySense website for full details (www.go.gov.sg/financialplanningguide).

2. Investment Risk and Disclosure (where applicable)

I understand and acknowledge that I have been given a clear explanation on the possible investment risk involved. The value of a Collective Investment Scheme ("CIS") may rise or fall and the potential returns are non-guaranteed. I may lose some or all of my investment depending on the performance of the underlying securities of which performance factors include, without limitation, market risks, fluctuations in interest rates, foreign exchange rates and political instability. I am aware of the nature and objective of the product, details of the product provider, the product's intended investment time horizon, the liquidity and the commitment level required for the product and my expected level of risk tolerance. I am aware that there may be a price difference between the order placement date and the trade execution date. I am advised to refer to the fund's prospectus and product highlights sheet for more information and I should not invest in the product if I do not understand or I am not comfortable with such risks. I understand and acknowledge that if I choose to transfer my securities holdings to an account under "iFAST", PIAS and its representatives will be unable to provide advice and/or recommendations on the securities that I have transferred into my iFAST account. I understand and acknowledge that PIAS and its representatives shall not be held responsible and liable for any market performance of the investments.

SECTION 14 - CLIENT ACKNOWLEDGEMENT AND DECLARATION

3. Exchange Traded Funds (where applicable)

Collective Investment Schemes are made up of units in collective investment schemes that are either listed or not listed on the Exchange. I understand, acknowledge and am aware that the Representative is authorised to advise/market Exchange Traded Funds, which are units in collective investment scheme listed on the exchange. The Representative has recommended the Exchange Traded Funds to me based on my Needs Analysis and has taken into account the information disclosed by me in this PIAS Financial Needs Analysis.

4. Payer's Source of Funds*

- | | | |
|---|---|--|
| <input type="checkbox"/> Salary | <input type="checkbox"/> Financial Investment | <input type="checkbox"/> Inheritance |
| <input type="checkbox"/> Business Income | <input type="checkbox"/> Insurance Benefits | <input type="checkbox"/> Family Gifts |
| <input type="checkbox"/> Compensation or Remuneration | <input type="checkbox"/> Retirement Assets | <input type="checkbox"/> Others (please specify) |
| <input type="checkbox"/> Payment by Third Party | | |

Please specify the source if you selected "Others"

--

For Payment by Third Party, please complete the following fields and provide a copy of third party payer's identification document (e.g. NRIC/Passport etc.)

Third Party Payer's Name:	Payer's Nationality:
Identity Number:	Payer's Country of Residence:
Reason for Third Party Payment:	Relationship with the Client:
Insurance Products & Investment Portfolios:	

5. Third Party Payer's Source of Funds

- | | | |
|---|---|--|
| <input type="checkbox"/> Salary | <input type="checkbox"/> Financial Investment | <input type="checkbox"/> Inheritance |
| <input type="checkbox"/> Business Income | <input type="checkbox"/> Insurance Benefits | <input type="checkbox"/> Family Gifts |
| <input type="checkbox"/> Compensation or Remuneration | <input type="checkbox"/> Retirement Assets | <input type="checkbox"/> Others (please specify) |

Please specify the source if you selected "Others"

--

6. Payer's Source of Wealth*

- | | | |
|---|---|--|
| <input type="checkbox"/> Salary | <input type="checkbox"/> Financial Investment | <input type="checkbox"/> Inheritance |
| <input type="checkbox"/> Business Income | <input type="checkbox"/> Insurance Benefits | <input type="checkbox"/> Family Gifts |
| <input type="checkbox"/> Compensation or Remuneration | <input type="checkbox"/> Retirement Assets | <input type="checkbox"/> Others (please specify) |

Please specify the source if you selected "Others"

--

*: Compulsory to complete.

SECTION 14 - CLIENT ACKNOWLEDGEMENT AND DECLARATION

7. Tax Declaration*

Have I committed or been convicted of any serious tax crimes?

☐ Yes ☐ No

If Yes, Client(s) name:

.....

If Yes, please complete an ECDD form and provide more information in the box below.

8. Beneficial Owner*

"Beneficial Owner" means the natural person who ultimately owns or controls a customer or the natural person on whose behalf a transaction is conducted or business relations are established and includes any person who exercises ultimate effective control over a legal person or legal arrangement.

Is there a beneficial ownership arrangement for the insurance plan(s)/account(s)?

☐ Yes ☐ No

If Yes, please complete an ECDD form and indicate below for which plan(s)/account(s).

9. Are you currently receiving Additional Premium Support (APS) to pay for your MediShield Life and/or CareShield Life premiums?#

**(Compulsory to complete if client is getting Integrated Shield Plan and/or Long Term Care Plans.)*

☐ Yes ☐ No

10. Warning on Eligibility of Additional Premium Support from Government#

**(Compulsory to complete if client is getting Integrated Shield Plan and/or Long Term Care Plans.)*

Anyone who pays for, or is insured under Integrated Shield Plan and/or ElderShield or CareShield Supplement is not eligible for Additional Premium Support (APS) from the Government.®

If you are currently receiving APS to pay for your MediShield Life and/or CareShield Life premiums, and you choose to be insured under this Integrated Shield Plan and/or ElderShield or CareShield Supplement, you will stop receiving APS. This applies even if you are not the person paying for this Integrated Shield Plan and/or ElderShield or CareShield Supplement.

In addition, if you choose to be insured under this Integrated Shield Plan and/or ElderShield or CareShield Supplement, the person paying for this Integrated Shield Plan and/or ElderShield or CareShield Supplement will stop receiving APS, if he or she is currently receiving APS.

®APS is for families who need assistance with MediShield Life and/or CareShield Life premiums, even after receiving premium subsidies and making use of MediSave to pay for these premiums.

☐ I acknowledge that I have read and understood the above warning clause on the eligibility of APS.

SECTION 14 - CLIENT ACKNOWLEDGEMENT AND DECLARATION

11. Personal Data Notice and Consent Clause

- Let's stay in touch!

I consent to Professional Investment Advisory Services Pte Ltd ("PIAS") collecting, processing, disclosing and/or transferring my personal data to PIAS related companies, service providers and agents and contractors of PIAS to provide me with information about PIAS' services and product provider's products and services (including marketing offers and promotions).

Please tick the box if you wish to provide your consent:

☐ Mail ☐ Email ☐ Messages on any messaging platform (including SMS) ☐ Call

I consent to Professional Investment Advisory Services Pte Ltd ("PIAS") collecting, processing and/or disclosing my personal data (whether contained in this form or obtained from other sources; existing data in PIAS' record or to be collected in future) for the following purposes ("Purposes"):

- i) administering, servicing or dealing with the financial advisory services provided by PIAS (including processing my applications for financial products);
- ii) managing my financial products that I have purchased pursuant to the financial advisory services provided by PIAS;
- iii) statistical, research, audit, regulatory and compliance purposes; and
- iv) providing me with general awareness and educational materials, and general information on product enhancements and services relevant to my needs or policies (including increasing benefits, adding riders/supplements and/or Lives Assured), as well as to provide financial advice or product recommendations to me, where applicable.

I also consent to PIAS disclosing and/or transferring my personal data to PIAS related companies (including Singapore Life Ltd.), third party service providers, agents and contractors of PIAS, and product providers, whether located in Singapore or elsewhere, for the above Purposes.

Where applicable, I confirm that for the personal data of other individuals (contained in this form) that I have disclosed to PIAS, that I have prior to disclosing such personal data to PIAS, obtained the appropriate consent from the individual(s) to:

- permit me to collect, use and/or disclose the individual's(s') personal data to PIAS for the above Purposes;
- permit PIAS to collect, use and/or disclose the individual's(s') personal data for the above Purposes; and
- permit PIAS to disclose and/or transfer the individual's(s') personal data to PIAS related companies (including Singapore Life Ltd.), third party service providers, agents and contractors of PIAS, and product providers, whether located in Singapore or elsewhere, for the above Purposes.

I confirm that I have read, understood and agree to be bound by the terms of PIAS' Personal Data Protection Policy (which may be found on <https://www.proinvest.com.sg/pdpa/>) as may be amended, supplemented and/or substituted by PIAS from time to time, and confirm that I am aware that the latest version of such terms (amended, supplemented and/or substituted version) will be posted on PIAS' website and such version shall bind me upon posting and/or where I continue to use the relevant services offered by PIAS to which such terms relate to.

Should you wish to withdraw your consent, please contact PIAS Data Protection Officer at pias.dataprotection@singlife.com.

12. Mode of Acquisition* (Please choose one (1) option)

- | | | |
|---|---|---|
| <input type="checkbox"/> Roadshow ^{^*} | <input type="checkbox"/> Seminar at Client Premise | <input type="checkbox"/> Existing Client |
| <input type="checkbox"/> Retailer tie-up ^{^*} | <input type="checkbox"/> Seminar at Branch / Office Premise | <input type="checkbox"/> Referrals |
| <input type="checkbox"/> Door-to-Door prospecting ^{^*} | <input type="checkbox"/> Cold Calling / Telemarketing ^{^*} | <input type="checkbox"/> Others (e.g. Self-purchased, family, Online Marketing+ (Please specify): |
| <input type="checkbox"/> Street Canvassing ^{^*} | <input type="checkbox"/> Approved Introducer | |

Please specify the mode of acquisition if you select "Others"

Please fill in the following details

[^]Please specify location of event:

Event Date: (DD MMM YYYY)

*Client call back will take place for Roadshow, Retailer tie-up, Door-to-Door Prospecting, Street Canvassing, Cold calling/Telemarketing and Online Marketing.

SECTION 14 - CLIENT ACKNOWLEDGEMENT AND DECLARATION

13. Place of Sales Advisory Meeting* (Please choose one (1) option)

Face to Face Meeting:

- | | | |
|--|---|---|
| <input type="checkbox"/> Branch/Office Premise | <input type="checkbox"/> Event Site of Roadshow / Retailer Tie-up / Seminar | <input type="checkbox"/> Representative's Home |
| <input type="checkbox"/> Public/Outdoor Areas (Hospitals, MRT station, Parks, etc.) | <input type="checkbox"/> Client's own/relative home (including Void Deck, Lift Lobby, Condo Club House, etc.) | <input type="checkbox"/> Retailer/Shopping area (Shopping mall, Cafe, Restaurant, Fast Food, Foodcourt, Coffeeshop, etc.) |
| <input type="checkbox"/> Client's office/shop/workplace (including Office Lobby, etc.) | | |

Non-Face-to-Face Meeting:

- | | |
|---|--|
| <input type="checkbox"/> Non-Face-to-Face - Telephone | <input type="checkbox"/> Non-Face-to-Face - Virtual Meeting (Webex, Zoom, Teams, Video call, etc.) |
|---|--|

14. Relationship with the PIAS Representative making this recommendation*

- ☐ Yes ☐ No

If yes, please specify the relationship:

SECTION 14 - CLIENT ACKNOWLEDGEMENT AND DECLARATION

15. Customer Knowledge Assessment/Customer Account Review Declaration

Note: In the event of a joint investment, both clients will be deemed to have not fulfilled the criteria in the CKA/CAR if one of them is assessed not to have possessed the knowledge or experience in an/a unlisted/listed Specified Investment Product.

Important Notice to Clients

Please note that should you choose to proceed with the investment after being advised that the product/s is/are not suitable for you, you will not be able to rely on Section 36 of Financial Advisers Act (FAA) to file a civil claim should you suffer a loss in future. I acknowledge that I have been given a clear explanation of the objectives for CKA/CAR, as well as understand and agree with the outcome of the CKA/CAR.

Customer Knowledge Assessment (CKA)

C	S/O	
<input type="checkbox"/>	<input type="checkbox"/>	I understand that I have PASSED CKA and I DO NOT WISH to receive any advice offered by my Representative. I understand that by choosing not to receive any advice, I will not be able to rely on Section 36 of Financial Advisers Act (FAA) to file a civil claim in the event of a loss.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that I have PASSED CKA and WISH to receive advice offered to me by my Representative. Based on the assessment of the suitability of the investment product, I have been advised that the investment product/s that I intend to invest in is/are SUITABLE for me, and I would like to PROCEED with the investment.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that I DID NOT PASS CKA and I WISH TO PROCEED with my investment. I understand that I will need to receive advice from my Representative, who will assess me on the suitability of the investment product for my investment. Based on the assessment of the suitability of the investment product, I have been advised that the investment product/s that I intend to invest in is/are SUITABLE for me, and I would like to PROCEED with the investment.

Customer Account Review (CAR)

C	S/O	
<input type="checkbox"/>	<input type="checkbox"/>	I understand that I have PASSED CAR and I DO NOT WISH to receive any advice offered by my Representative. I understand that by choosing not to receive any advice, I will not be able to rely on Section 36 of Financial Advisers Act (FAA) to file a civil claim in the event of a loss.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that I have PASSED CAR and WISH to receive advice offered to me by my Representative. Based on the assessment of the suitability of the investment product, I have been advised that the investment product/s that I intend to invest in is/are SUITABLE for me, and I would like to PROCEED with the investment.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that I DID NOT PASS CAR and I WISH TO PROCEED with my investment. I understand that I will need to receive advice from my Representative, who will assess me on the suitability of the investment product for my investment. Based on the assessment of the suitability of the investment product, I have been advised that the investment product/s that I intend to invest in is/are SUITABLE for me, and I would like to PROCEED with the investment.

Financial Advisers Act Section 36 Extract

Recommendations by licensed financial advisers

1. A licensed financial adviser must not make a recommendation with respect to any investment product to a person who may reasonably be expected to rely on the recommendation if the licensed financial adviser does not have a reasonable basis for making the recommendation to the person.
2. For the purposes of subsection (1), a licensed financial adviser does not have a reasonable basis for making a recommendation to a person unless:
 - (a) the licensed financial adviser had, for the purposes of ascertaining that the recommendation is appropriate, having regard to the information possessed by the licensed financial adviser concerning the investment objectives, financial situation and particular needs of the person, given such consideration to, and conducted such investigation of, the subject matter of the recommendation as is reasonable in all the circumstances; and
 - (b) the recommendation is based on the consideration and investigation mentioned in paragraph (a).
3. Where:
 - (a) a licensed financial adviser, in making a recommendation to a person, contravenes subsection (1);
 - (b) the person, in reliance on the recommendation, does a particular act, or refrains from doing a particular act;
 - (c) it is reasonable, having regard to the recommendation and all other relevant circumstances, for the person to do that act, or to refrain from doing that act (as the case may be) in reliance on the recommendation; and
 - (d) the person suffers loss or damage as a result of doing that act, or refraining from doing that act (as the case may be), then, without affecting any other remedy available to that person, the licensed financial adviser is liable to pay damages to that person in respect of that loss or damage.
4. In this section, a reference to the making of a recommendation is a reference to the making of a recommendation expressly or by implication.
5. This section does not apply to any licensed financial adviser or class of licensed financial advisers in such circumstances or under such conditions as may be prescribed.

SECTION 14 - CLIENT ACKNOWLEDGEMENT AND DECLARATION

I acknowledge that:

- a) The recommendation(s) prepared by my Representative is/are based on the facts furnished by me in this form, and any incomplete or inaccurate information provided by me may affect the suitability of the recommendation(s) made. As such, PIAS shall have no responsibility for any errors and/or omissions.
- b) In the event I choose not to provide information requested, I am aware that it is my responsibility to ensure the suitability of the product(s) selected.
- c) In the event that this intended transaction is a substantial portion of my assets/income, I am aware and willing to proceed with the transaction and bear the responsibility of this decision.
- d) The Representative has explained to me in detail the recommendation(s) made and
 - i) by affirming it with my signature below, I agree to proceed with the proposed recommendation(s) as indicated with tick(s) in Client's Choice in Section 12 (Advice and Recommendations); or
 - ii) by NOT affirming it with my signature below, I disagree to proceed with the proposed recommendation(s).
- e) "Beneficial owner is a natural person who contributes to or exercises control over the account(s)/policy(ies). I am the beneficial owner and have not appointed any natural person to act on my behalf. If you are not the beneficial owner or have appointed natural person(s) to act on behalf of you, kindly complete the Enhanced Customer Due Diligence Form."

Signature of Client

Signature of Spouse / Others

Date (DD/MM/YYYY)

Date (DD/MM/YYYY)

SECTION 15 - REPRESENTATIVE'S DECLARATION

I declare that the recommendation(s) made by me is/are based on the above needs analysis which has taken into account the information disclosed by the client in this form. The information will be treated as confidential and will be used as part of fact find to recommend suitable investment product(s) and shall not be used for any other purposes without client's consent.

I have verified the identity of the client(s) against identification document(s) and have obtained copies of them with this application.

For Switching / Replacement of Policy (where applicable):

- 1. I have explained to the client the possible disadvantages of the Switching / Replacement and where applicable, informed him of other options besides Switching / Replacement.
- 2. I have also explained the basis for Switching / Replacement and why the Switching / Replacement is suitable for the client as stated in Section 12 (Advice and Recommendations)

Name of Representative

Signature of Representative

Date (DD/MM/YYYY)

SECTION 16 - SUPERVISOR'S REVIEW AND ACKNOWLEDGEMENT

I declare that I have reviewed the information disclosed in this form which relates to the client's priorities and objectives, investment profile, cash flow and budget, assets and liabilities, insurance portfolio, CKA / CAR outcome and the client's acknowledgement.

I agree with the Representative's needs analysis and recommendation(s).

(If you disagree, please indicate the reasons below and advise on the follow-up action to be taken, where applicable.)

Name of Supervisor

Signature of Supervisor

Date (DD/MM/YYYY)

Form received by Supervisor on: _____