

### To: Professional Investment Advisory Services Pte Ltd

I \_\_\_\_\_ (Insert Name of Client) of \_\_\_\_\_ [Insert NRIC/ Passport No.] acknowledged that \_\_\_\_\_ [Insert name of Adviser/manager] from PIAS has met up with me on \_\_\_\_/ \_\_\_\_/ \_\_\_\_ [Insert date of meeting] to conduct relevant needs analysis and/or clarify and explain the features, benefits, risks/limitations and the basis of recommendation of the product(s) clearly to me in \_\_\_\_\_ (Insert Communicated Language), which I am conversant in. I am satisfied with the product(s) purchased.

Client acquired from (please delete accordingly) Roadshow/ Door-to-Door / Street Canvassing at venue: \_\_\_\_\_

### Details of product(s)

S/N	Name of Product	Investment/ Premium Amount	Date of purchase

### Basis of recommendation/ Clarifications on features and limitations of the recommended product(s)

No:	Acknowledgment from Client:	Yes	No
1	My adviser takes steps to understand my needs, financial situation and budget.	<input type="checkbox"/>	<input type="checkbox"/>
2	I am aware of the features and limitations of the product(s).	<input type="checkbox"/>	<input type="checkbox"/>
3	I understand my adviser's recommendation and how it meets my needs.	<input type="checkbox"/>	<input type="checkbox"/>
4	The premiums/investment amount of \$_____ is within my affordability.	<input type="checkbox"/>	<input type="checkbox"/>
5	I have set aside enough funds for emergency purposes.	<input type="checkbox"/>	<input type="checkbox"/>
6	I was informed how much I need to pay for this purchase. Client is aware of the transaction costs and / or possible disadvantages of switching (if applicable).	<input type="checkbox"/>	<input type="checkbox"/>
7	My adviser has furnished me with the sales documents, e.g. PIAS Financial Planner.	<input type="checkbox"/>	<input type="checkbox"/>
8	<b><u>APPLICABLE FOR POLICY/POLICIES PAYABLE BY CPF MEDISAVE ACCOUNT ONLY;</u></b> My adviser has informed me that premiums are deducted through CPF Medisave account and cash top-ups may be required in the event of failed deduction due to insufficient funds / increase in premiums.	<input type="checkbox"/>	<input type="checkbox"/>
9	<b><u>APPLICABLE FOR SHIELD PLAN ONLY;</u></b> My adviser has informed me that if I have an existing Integrated Shield Plan with any other insurer, the purchase of this Shield plan that is recommend, will automatically cancel my existing Shield plan, and my existing insurer will write to me and give you 30 days to reconsider the switch?	<input type="checkbox"/>	<input type="checkbox"/>

*This form is to be returned to AMU upon completion of the Client Service Recovery as soon as possible but **no later than 7 days upon the receipt of notification from AMU.** This is to ensure that clients have understood their purchase. Kindly attach any relevant documents (e.g. updated Financial Planner) if required.*

\_\_\_\_\_  
Signature of Client / Date

\_\_\_\_\_  
Signature of Adviser / Date

\_\_\_\_\_  
Signature of Supervisor / Date