

Financial Planner



Name of Client

Name of Spouse / Others

Completion Date

/

Y

Y

Y

Y

M

M

D

D

Name of Adviser

- I declare I am authorized to:
- ☐

 Advise / arrange contract of Insurance in respect of Life Policies
- ☐

 Advise / market Collective Investment Schemes

Professional Investment Advisory Services Pte Ltd is an affiliate of Aviva group of companies

SECTION 1 - PERSONAL INFORMATION

A. Personal Details (This section is compulsory, please complete the entire Section A)

	Client	Spouse / Others
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Mdm <input type="checkbox"/> Ms <input type="checkbox"/> Dr	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Mdm <input type="checkbox"/> Ms <input type="checkbox"/> Dr
Full Name (As in NRIC / Passport)		
Underline Surname		
Date of Birth		
Nationality	<input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR	<input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR
(Complete Enhanced Customer Due Diligence Form for Nationals from High Risk Countries and Jurisdictions)	<input type="checkbox"/> Others	<input type="checkbox"/> Others
NRIC / Passport No		
FIN No (if applicable)		
Residential Address		
Contact Details		
Home		
Office		
Mobile		
Email		
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Highest Qualification	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> N/ O Levels <input type="checkbox"/> Post Sec/ A Levels/ Diploma <input type="checkbox"/> Degree and Above	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> N/ O Levels <input type="checkbox"/> Post Sec/ A Levels/ Diploma <input type="checkbox"/> Degree and Above
Language Proficiency		
Conversant in Spoken Language	<input type="checkbox"/> English <input type="checkbox"/> Malay <input type="checkbox"/> Others <input type="checkbox"/> Mandarin <input type="checkbox"/> Tamil	<input type="checkbox"/> English <input type="checkbox"/> Malay <input type="checkbox"/> Others <input type="checkbox"/> Mandarin <input type="checkbox"/> Tamil
Proficient in Written Language	<input type="checkbox"/> English <input type="checkbox"/> Malay <input type="checkbox"/> Others <input type="checkbox"/> Mandarin <input type="checkbox"/> Tamil	<input type="checkbox"/> English <input type="checkbox"/> Malay <input type="checkbox"/> Others <input type="checkbox"/> Mandarin <input type="checkbox"/> Tamil
Smoker	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Politically Exposed Person	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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.

B. Employment Details (This section is compulsory, please complete the entire Section B)

Employment Status	<input type="checkbox"/> Full Time <input type="checkbox"/> Retired <input type="checkbox"/> Part Time <input type="checkbox"/> Others <input type="checkbox"/> Self Employed	<input type="checkbox"/> Full Time <input type="checkbox"/> Retired <input type="checkbox"/> Part Time <input type="checkbox"/> Others <input type="checkbox"/> Self Employed
Employer		
Occupation		
Client type	<input type="checkbox"/> Retail <input type="checkbox"/> Accredited	<input type="checkbox"/> Retail <input type="checkbox"/> Accredited

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

- (C) (S/O)
- ☐ ☐ Clients who are aged 62 and above
- ☐ ☐ Clients who do not have a minimum of "N" or "O" levels
- ☐ ☐ Clients who cannot communicate, read or write in English

Trusted Individual's Declaration

This form has been explained in _____ (language) by _____ (name of Trusted Individual)

Trusted Individuals details

NRIC Number

Relationship with Client

Contact Number

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 Adviser / Manager cannot be appointed as a Trusted Individual.

Client Declaration

☐ I decline to have a Trusted Individual, despite my Adviser's recommendations and will be responsible for the decision to purchase the product(s) based on my own judgement

Client Signature

SECTION 3 - DEPENDANTS' DETAILS

If you do not have any dependants, please indicate "Nil" or "None".

A. Dependants' details (Eg. Children, Elderly Relatives, Others)

Name	Relationship	DOB (DD/MM/YY)	Years to support	Remarks
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

Please provide reasons:

SECTION 4 - FINANCIAL OBJECTIVES

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 family / assets in the event of death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing for disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing for critical illnesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing for long term care / disability income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing for hospital, surgical, medical costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing for dependants' protection needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Client			Spouse / Others		
	H	M	L	H	M	L
B. Wealth Accumulation						
Providing for children's education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning for retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saving for other purposes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Client			Spouse / Others		
	H	M	L	H	M	L
C. Wealth preservation / Distribution						
Supplementary Retirement Scheme (SRS) Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estate planning (e.g. Will, Trusts, CPF Nomination, Lasting power of Attorney)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Client			Spouse / Others		
	H	M	L	H	M	L
D. Others						
1 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes

Health Declaration

Do you or any applicants have any pre-existing medical conditions?

☐ Yes ☐ No

If yes, please specify the medical condition:

SECTION 5 - INFLOW AND OUTFLOW

This section is compulsory. If you are providing information on Section 5A and 5B, it is not required to tick the box under Section 5C.

A. Monthly Inflow

	Client	Spouse / Others		Client	Spouse / Others
Net Employment Income	\$	\$	Dividend Income	\$	\$
Bonus	\$	\$	Rental Income	\$	\$
Other Income	\$	\$			
			Total Monthly Inflow	\$	\$

B. Monthly Expenses

Household			Personal		
Utilities	\$	\$	Mobile / Internet / Cable	\$	\$
Groceries	\$	\$	Food / Dining	\$	\$
Property Tax	\$	\$	Grooming / Shopping	\$	\$
Maid Services	\$	\$	Entertainment	\$	\$
Cash Mortgage	\$	\$	Vacation	\$	\$
Others:	\$	\$	Income Tax	\$	\$
Total Household Expenses	\$	\$	Others:	\$	\$
			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	\$	\$
Total Dependants Expenses	\$	\$	Others:	\$	\$
			Others:	\$	\$
			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 Cash / SRS	\$	\$

Monthly CPF Info			Miscellaneous		
Inflow			Charity / Tithes	\$	\$
Ordinary Account	\$	\$	Other Loans:	\$	\$
Special Account	\$	\$	Others:	\$	\$
Medisave Account	\$	\$	Others:	\$	\$
Total Inflow	\$	\$	Total Miscellaneous Expenses	\$	\$
Outflow					
OA Mortgage	\$	\$	Total Monthly Outflow	\$	\$
OA Regular Investments	\$	\$			
SA Regular Investments	\$	\$			
MA Outflow	\$	\$	SURPLUS / (SHORTFALL)	\$	\$
Total Outflow	\$	\$			
CPF Surplus / (Shortfall)	\$	\$	ANNUAL SURPLUS / (SHORTFALL)	\$	\$

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

☐ Yes ☐ No (If yes, please provide details)

C. ☐ I do not wish to disclose my cash flow information and for it to be taken in to consideration for needs analysis and recommendations. Please provide reasons:

SECTION 6 - ASSETS AND LIABILITIES

This section is compulsory. If you are providing information on Section 6A and 6B, it is not required to tick the box under Section 6C.

A. Assets (Current Market Value)

	Client	Spouse / Others		Client	Spouse / Others
Cash/Near Cash			Invested Assets		
Savings	\$	\$	Unit Trusts	\$	\$
Fixed Deposits	\$	\$	Stock	\$	\$
Others:	\$	\$	ILP	\$	\$
Total Cash/Near Cash	\$	\$	Bonds	\$	\$
Personal Use Assets			Business Interests	\$	\$
Property - Residence	\$	\$	Insurance	\$	\$
Motor Vehicle(s)	\$	\$	Endowments	\$	\$
Others e.g. (Valuables / Collections)	\$	\$	CPF Balance (OA)	\$	\$
Total Personal Use Assets	\$	\$	CPF Balance (SA)	\$	\$
			CPF Medisave (MA)	\$	\$
Total Personal Use Assets	\$	\$	SRS	\$	\$
			Property - Investment 1	\$	\$
			Property - Investment 2	\$	\$
			Property - Investment 3	\$	\$
			Others:	\$	\$
			Others:	\$	\$
			Others:	\$	\$
			Total Invested Assets	\$	\$
			Total Assets	\$	\$

B. Liabilities (Please Indicate Outstanding Amount Owing on Liability)

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:	\$	\$
			Total Long Term Liabilities	\$	\$
			Total Liabilities	\$	\$
			NET WORTH	\$	\$

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

☐ Yes ☐ No (If Yes, please provide details)

C. ☐ 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 reasons:

SECTION 7 - EXISTING INVESTMENTS AND INSURANCE

This section is compulsory. If you do not have either Investment or Insurance, please indicate "Nil" or "None" in the respective Investment or Insurance sub-sections.

A. Existing Investments (e.g. Stocks, Bonds, Unit Trusts, Managed Accounts etc)

This sub-section is compulsory. Please indicate "Nil" or "None" if you do not have any existing investments.

*Please provide attachments with similar format, if required.

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

B. Existing Life / Health Insurance Policies (i.e. CPF Dependants' Protection Scheme, Investment-Linked, Endowment, Income Protection, Hospitalisation, Total Permanent Disability, Whole Life etc)

This sub-section is compulsory.

Please indicate "Nil" or "None" if you do not have any existing insurance.

*Please provide attachments with similar format, if required.

Owner	Life Assured	Commencement Date (DD/MM/YY)	Life Company and Type of Policy	Premium	Sum Assured - Death	Sum Assured - Total & Permanent Disability (TPD)	Sum Assured - Critical Illness	Maturity / Remarks

- C. ☐ I do not wish to disclose my existing investment and insurance information and for it to be taken into consideration for needs analysis and recommendations.
Please provide reasons:

SECTION 8 - INVESTMENT RISK PROFILE

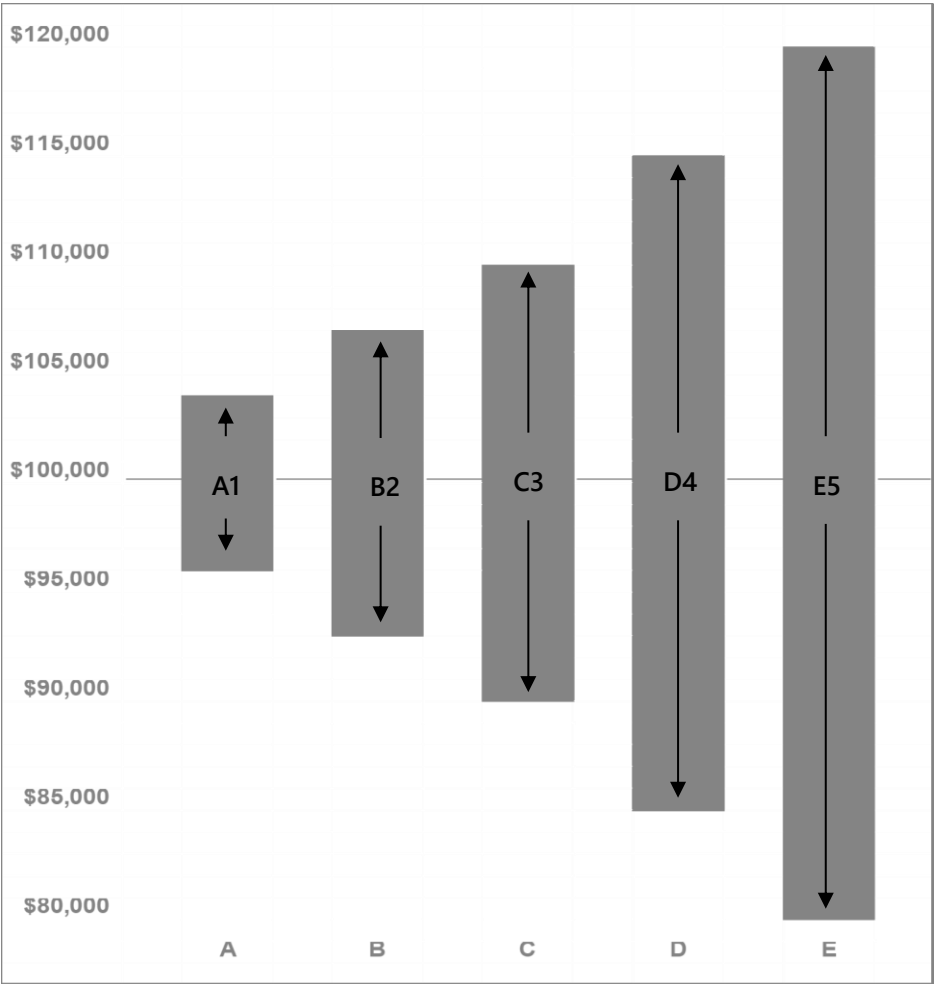
The following questions are designed to determine your investment risk profile taking into account your financial needs, circumstances and objectives. Please indicate your preferences.

For insurance planning excluding ILPs, answer minimally Q1.
For investment planning including ILPs, answer ALL questions.

	Portfolio 1	Portfolio 2
Name		
Purpose		
	Score	
	Portfolio 1	Portfolio 2
1. Please circle the number on the line below indicating your preferred risk / return objective.	<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
Lowest RISK and Lowest potential RETURN		
1 2 3 4 5		
Highest RISK and Highest potential RETURN		
2. Investment Time Horizon: What is the expected time frame for your investment?		
1 3 years or less	<input type="radio"/> 1	<input type="radio"/> 1
2 >3 - 5 years	<input type="radio"/> 2	<input type="radio"/> 2
3 >5 - 7 years	<input type="radio"/> 3	<input type="radio"/> 3
4 >7 - 10 years	<input type="radio"/> 4	<input type="radio"/> 4
5 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 term period of at least 10 years?		
1 0 - 2%	<input type="radio"/> 1	<input type="radio"/> 1
2 >2 - 4%	<input type="radio"/> 2	<input type="radio"/> 2
3 >4 - 6%	<input type="radio"/> 3	<input type="radio"/> 3
4 >6 - 8%	<input type="radio"/> 4	<input type="radio"/> 4
5 More than 8%	<input type="radio"/> 5	<input type="radio"/> 5
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?		
1 -10%	<input type="radio"/> 1	<input type="radio"/> 1
2 -20%	<input type="radio"/> 2	<input type="radio"/> 2
3 -30%	<input type="radio"/> 3	<input type="radio"/> 3
4 -45%	<input type="radio"/> 4	<input type="radio"/> 4
5 -60%	<input type="radio"/> 5	<input type="radio"/> 5
5. If stock markets have dropped by at least 20% in its value over a year, how will you potentially respond?		
1 I would probably be very upset and sell off all my investments	<input type="radio"/> 1	<input type="radio"/> 1
2 I would be upset and will only sell off those with little or no losses	<input type="radio"/> 2	<input type="radio"/> 2
3 I would not be happy but will keep my investments in the hope of a recovery	<input type="radio"/> 3	<input type="radio"/> 3
4 I would think it is a good buying opportunity and buy cautiously	<input type="radio"/> 4	<input type="radio"/> 4
5 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

6. The following chart shows the possible range of values for five different investments of \$100,000 after one year. Which investment would you be most comfortable in owning?



Score	
Portfolio 1	Portfolio 2
<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

Insurance Only Score (Q1 only)	Insurance and Investment Score (Q1 to Q6)	Client Investment Risk Profile	Score	Portfolio 1	Portfolio 2
1	6 to 9	Conservative			
2	10 to 14	Moderate			
3	15 to 21	Balanced			
4	22 to 26	Growth			
5	27 to 30	Aggressive			
			Investment Risk Profile		

Client Investment Risk Profile Choice

(Complete this only if client DISAGREES with the Investment Risk Profile above)

Notwithstanding the Investment Risk Profile questionnaire, I hereby declare that my risk profile is

Investment Profile - Portfolio 1	
Investment Profile - Portfolio 2	

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 enable you to feel comfortable with some short- to medium-term risk. Your priority is consistent capital growth with some income to smoothen 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(s) 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

It is important to find out if you have the knowledge or investment experience to understand the risk and features of unlisted "Specified Investment Products" (SIP) which include Investment-Linked Policies (ILP)s, unit trusts or similar products. This assessment, known as the Customer Knowledge Assessment (CKA), helps to assess your knowledge or investment experience before a 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

Educational Qualifications

Client

Spouse / Others

☐ Yes ☐ No

☐ Yes ☐ No

1. Do you have a diploma or higher qualification in any of the following fields?

(C) (S/O)

☐ ☐ Accountancy

(C) (S/O)

☐ ☐ Actuarial Science

(C) (S/O)

☐ ☐ Economics

☐ ☐ Capital Markets

☐ ☐ Commerce

☐ ☐ Financial Planning

☐ ☐ Finance

☐ ☐ Financial Engineering

☐ ☐ Business / Business Admin / Business Management / Business Studies

☐ ☐ Computational Finance

☐ ☐ Insurance

Please also specify the full name of the Education Institution(s) in which the above qualification(s) were obtained and any other relevant information:

Client:

Spouse / Others:

2. Do you possess any professional finance-related qualifications?

☐ Yes ☐ No

☐ Yes ☐ No

(e.g. AFP / AWP / CFP, AFC / ChFC, ACCA, CLU, CFA / CAIA, CPA / CA, FRM / PRM, CISI)

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:

Client:

Spouse / Others:

Investment Experience

3. Have you made at least 6 transactions in the following unlisted "Specified Investment Products" in the past 3 years?

☐ Yes ☐ No

☐ Yes ☐ No

(C) (S/O)

☐ ☐ Collective Investment Schemes (CIS) (e.g. Unit Trusts)

☐ ☐ Investment-Linked Policies (ILP). includes intra-fund switches

If yes, please specify the full name of the Financial Institution(s) where the transactions were carried out and any other relevant information:

Client:

Spouse / Others:

Work Experience

4. Do you have a minimum of 3 continuous years of working experience* in the preceding 10 years involving the following fields?

☐ Yes ☐ No

☐ Yes ☐ No

(C) (S/O)

☐ ☐ Development / Structuring / Management / Sale / Trading / Research / Analysis of Investment Products

☐ ☐ Provision of training on Investment Products

☐ ☐ Accountancy, Actuarial Science, Treasury, Financial Risk Management and Legal work in financial areas

* 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.

Please also specify the full name of the business organisation(s) where the above work experience was obtained and any other relevant information:

Client:

Spouse / Others:

SECTION 9 - CUSTOMER KNOWLEDGE ASSESSMENT

PART 2 : Outcome of CKA

Based on the guidelines prescribed by the Monetary Authority of Singapore (MAS), if any of the above response is 'Yes", you are deemed to have the relevant investment knowledge and / or experience for the purpose of this assessment.

	Client	Spouse / Others
You are assessed to have acquired the relevant knowledge and / or experience to understand and purchase "Specified Investment Products".	<input type="checkbox"/>	<input type="checkbox"/>
You are assessed not to have acquired the relevant knowledge and / or experience to understand and purchase "Specified Investment Products".	<input type="checkbox"/>	<input type="checkbox"/>

Note 1: In the event of a joint investment, both clients will be deemed to have not fulfilled the criteria in the CKA if one of them is assessed not to have possessed the knowledge or experience in an unlisted Specified Investment Product.

☐ I declare the above information provided to be correct and understand that any inaccurate or incomplete information provided by me may affect the outcome of the CKA.

The personal information gathered here by the adviser, 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 Outcome

I acknowledge that

- I have been given a clear explanation of the objectives for the Customer Knowledge Assessment (CKA);
- I have answered all the relevant questions to the best of my knowledge;
- I understand and agree with the outcome of the Client Knowledge Assessment.

SECTION 10A - NEEDS ANALYSIS (PROTECTION)

1. In the Event of Death

	Client	Spouse / Others
Income		
Monthly needs for dependants	\$ monthly	\$ monthly
Annual amount (pmt)	\$ annually	\$ annually
Number of years required (n)	years	years
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	\$	\$
Existing Resources Allocated (Current Values)		
Life insurance coverage	\$	\$
Cash assets (Savings, Fixed Deposits, etc.)	\$	\$
CPF	\$	\$
Investments (Bonds, Unit Trusts, Shares, etc.)	\$	\$
Others:	\$	\$
(D) Total	\$	\$
(D - C) = Surplus / (Shortfall)	\$	\$
Notes		

2. In the Event of a Critical Illness

	Client	Spouse / Others
Critical Illness Needs		
Monthly needs required for living expenses and / or dependants	\$ monthly	\$ monthly
Annual amount (pmt)	\$ annually	\$ annually
Number of years required (n)	years	years
Funds required (pv)	\$	\$
Lump sum required for treatment of illness	\$	\$
Others:	\$	\$
(A) Total critical illness needs	\$	\$
Existing Resources Allocated (Current Values)		
Life insurance coverage	\$	\$
Cash assets (Savings, Fixed Deposits, etc.)	\$	\$
Others:	\$	\$
(B) Total	\$	\$
(B - A) = Surplus / (Shortfall)	\$	\$
Notes		

SECTION 10A - NEEDS ANALYSIS (PROTECTION)

3. In the Event of Disability

	Client	Spouse / Others
Income		
Monthly needs for living expenses and / or dependants	\$ _____ monthly	\$ _____ monthly
Annual amount (pmt)	\$ _____ annually	\$ _____ annually
Number of years required (n)	_____ years	_____ years
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	\$ _____	\$ _____
Existing Resources Allocated (Current Values)		
Existing total permanent disability (TPD) payout	\$ _____	\$ _____
Existing disability income benefit payout (total)	\$ _____	\$ _____
Others: _____	\$ _____	\$ _____
(D) Total funds available	\$ _____	\$ _____
(D - C) = Surplus / (Shortfall)	\$ _____	\$ _____
Notes		

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

	Client	Spouse / Others
(A) Monthly needs required	\$ _____ monthly	\$ _____ monthly
Preferred benefit payout period (years)	_____ years	_____ years
(B) Current monthly benefits	\$ _____	\$ _____
(B - A) = Surplus / (Shortfall)	\$ _____	\$ _____
Notes		

5. In the Event of Hospitalisation / Medical Expenses

	Client	Spouse / Others
What is the preferred hospital type and ward?	<div><div><input type="radio"/> Private</div><div><input type="radio"/> Government / Restructured</div><div><input type="radio"/> A <input type="radio"/> B1 <input type="radio"/> B2/C</div></div>	<div><div><input type="radio"/> Private</div><div><input type="radio"/> Government /</div><div><input type="radio"/> A <input type="radio"/> B1 <input type="radio"/> B2/C</div></div>
Provision for Deductible and / or Co-Insurance?	<div><input type="checkbox"/> Deductible</div> <div><input type="checkbox"/> Co-Insurance</div>	<div><input type="checkbox"/> Deductible</div> <div><input type="checkbox"/> Co-Insurance</div>
Existing type of hospital plan cover?	_____	_____
Insurer name and plan type?	_____	_____
Do you require coverage for outpatient treatment expenses?	<div><input type="radio"/> Yes <input type="radio"/> No</div>	<div><input type="radio"/> Yes <input type="radio"/> No</div>
Notes		

SECTION 10A - NEEDS ANALYSIS (PROTECTION)

6. Planning for Dependants Protection				
	Dependant(s)			
Name of Dependant:				
A. In the Event of Hospitalisation				
Preferred hospital type? Private or Government / Restructured?				
Provision for deductible?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Provision for co-insurance?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Existing type of hospital plan cover? (Insurer name and plan type)				
B. In the Event of Critical Illness				
Total Funds Required	\$	\$	\$	\$
Less existing resources (if any)	\$	\$	\$	\$
Surplus / (Shortfall)	\$	\$	\$	\$
C. In the Event of Disability				
Annual expenses (pmt)	\$	\$	\$	\$
Years to provide for (n)				
Net rate of return (inflation adjusted) (i)				
(A) Capital Sum Required (pv)	\$	\$	\$	\$
(B) Medical Expenses	\$	\$	\$	\$
(A + B) = Total Funds Required	\$	\$	\$	\$
Less existing resources (if any)	\$	\$	\$	\$
Surplus / (Shortfall)	\$	\$	\$	\$
D. In the Event of Death				
Final expenses	\$	\$	\$	\$
Loans (e.g. education loan etc)	\$	\$	\$	\$
Others:	\$	\$	\$	\$
Total Cash Needs:	\$	\$	\$	\$
Less existing resources (if any)	\$	\$	\$	\$
Surplus / (Shortfall)	\$	\$	\$	\$
Notes				
Important Note to Adviser				
Fact find should always be completed on the proposer. In the case of adult child(ren) paying for parents' Eldershiield and Eldershiield supplements, fact find should be completed on the parents i.e. the proposer.				

SECTION 10B - NEEDS ANALYSIS (ACCUMULATION)

7. 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
Assumed inflation rate, (%) (i)		
Desired monthly retirement income (fv)	\$ _____ monthly	\$ _____ monthly
Annual amount	\$ _____ annually	\$ _____ annually
Inflation adjustment 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	<u>\$ _____</u>	<u>\$ _____</u>
Existing Resources Allocated for Retirement (Projected Values)	ROI(%)	
Life insurance cash value	\$ _____	\$ _____
Cash assets (Savings, Fixed Deposits, etc.)	\$ _____	\$ _____
Investments (Bonds, Unit Trusts, Shares, etc.)	\$ _____	\$ _____
Others: _____	\$ _____	\$ _____
(D) Funds Available at Retirement Age (fv)	<u>\$ _____</u>	<u>\$ _____</u>
(D) - (C) = Surplus / (Shortfall) at Retirement	<u>\$ _____</u>	<u>\$ _____</u>
Notes		

8. Planning for Children's Tertiary Education

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)		
Course duration (years)		
(A) Funds Required (fv)	<u>\$ _____</u>	<u>\$ _____</u>
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	<u>\$ _____</u>	<u>\$ _____</u>
(B) - (A) = Surplus / (Shortfall)	<u>\$ _____</u>	<u>\$ _____</u>
Notes		

SECTION 10B - NEEDS ANALYSIS (ACCUMULATION)

9. Savings for Other Purposes

Purpose	Client	Spouse / Others
(A) Target Amount	\$	\$
Years to target (n)	years	years
Current savings and investments (pv)	\$	\$
Estimated rate of return (%) (i)		
(B) Future Value of Current Savings and Investments (fv)	\$	\$
(B - A) = Surplus / (Shortfall)	\$	\$

Notes

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 that you are willing to invest should not be more than 50% of your total assets or 20% of your total monthly inflow. It is also recommended that you should also set aside 3 to 6 months of your monthly outflow for emergency purposes.

Source of 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	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 12 - ADVICE AND RECOMMENDATIONS

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

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

Plan(s) Recommended	Sum Assured	Premium	Frequency	Settlement Mode	#For	Client's Choice
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

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

SECTION 12 - ADVICE AND RECOMMENDATIONS

Basis of Recommendations (Complete this section for Investment Advice)

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

Action	Fund(s) Recommended	Invested Amount	Platform (iFast / Navigator)	Frequency	Settlement Mode	#For	Client's Choice
<div>Portfolio 1</div> <div><input type="checkbox"/> Buy</div> <div><input type="checkbox"/> Switch</div>							<input type="checkbox"/>
<div>Portfolio 2</div> <div><input type="checkbox"/> Buy</div> <div><input type="checkbox"/> Switch</div>							<input type="checkbox"/>
<div>Portfolio 3</div> <div><input type="checkbox"/> Buy</div> <div><input type="checkbox"/> Switch</div>							<input type="checkbox"/>
<div>Portfolio 4</div> <div><input type="checkbox"/> Buy</div> <div><input type="checkbox"/> Switch</div>							<input type="checkbox"/>

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

SECTION 12 - ADVICE AND RECOMMENDATIONS

Basis of Recommendations

Please elaborate on the following points (where applicable)

- How does the product feature & benefits meets client's financial objectives and needs?
- How does the product fit client's risk profile and time horizon?
- What are the reasons for switching / replacement of products?
- How does the product meet client's financial situation?
- Has affordability and liquidity of the client been assessed?

SECTION 12 - ADVICE AND RECOMMENDATIONS

- What are the risks, disadvantages and limitations of the products and recommendations?
- What are the products fees & charges?

- What are the reasons for deviations? Eg Premium more than client's affordability (Refer to Section 11). Funds risk class is higher than client's risk profile (Refer to Section 8).
- 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 Adviser 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 Adviser 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 Adviser 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)

- Important Notice To Client
- Financial Planner Form
- Your Guide to Life Insurance
- Your Guide to Investment-Linked Insurance Plans
- Your Guide to Health Insurance
- Your Guide to Participating Policy
- 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.
- Prospectus / Profile Statement including a supplementary prospectus or supplementary profile statement and Product Highlight Sheet (if applicable) in respect of the collective investment scheme

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 acknowledge that before I invest in the recommended CIS, 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 the expected level of risk tolerance of the client. 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 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. Source of Funds

☐ CPF Investment Scheme - Ordinary Account

☐ Credit Card

☐ Supplementary Retirement Scheme

☐ CPF Investment Scheme - Special Account

☐ GIRO

☐ CPF Medisave Account

☐ Personal Cheque

☐ Others (specify):

☐ Payment by Third Party (Please specify the Payer's Name, NRIC / Passport, Nationality of Payer and Relationship with client)

Name:

NRIC / Passport No.:

Nationality of Payer & Relationship with client:

4. Source of Wealth

☐ Salary

☐ Financial Investments

☐ Inheritance

☐ Business Income

☐ Insurance Benefits

☐ Family Gifts

☐ Compensation or remuneration

☐ Retirement Assets

☐ Others (specify):

(e.g. one time receipts, sale of properties etc.)

5. Tax Declaration

I declare that, to the best of my knowledge, I have not committed or been convicted of any serious tax crimes.

6. Personal Data Notice and Consent Clause

- a. I understand, acknowledge and consent to PIAS processing, collecting and using my personal data provided by me in this form and from time to time, to PIAS and disclosing my personal data to Permitted Parties for the following Purposes:

i) administering, servicing or dealing with the financial advisory services provided by PIAS (including processing my applications for financial products);

ii) managing with my financial products that I have purchased pursuant to the financial advisory services provided by PIAS;

iii) observing any legal, governmental or regulatory requirements of any relevant jurisdiction (including any disclosure or notification requirements to which PIAS is subject to);

iv) carrying out due diligence, monitoring or other screening activities in accordance with PIAS' legal or regulatory obligations or risk management procedures; and

v) providing me with marketing, advertising and promotional information, materials and / or documents relating the financial advisory services provided by PIAS (including the financial products of PIAS' business partners and product providers) that PIAS may be selling, marketing, offering or promoting (whether such products or services exist now or are created in the future) which in the opinion of PIAS may be of interest or benefit to me, by way of postal mail and electronic transmission to my email and postal address(es).* For withdrawal of consent for marketing via email and/ or postal mail, please contact PIAS Data Protection Officer for more information at dataprotection@pias.asia
- b. ☐ (Please tick ✓ the box if you wish to provide your consent)

By ticking the box, I hereby consent to PIAS providing me with marketing, advertising and promotional information, materials and / or documents relating the financial advisory services provided by PIAS (including the financial products of PIAS' business partners and product providers) that PIAS may be selling, marketing, offering or promoting (whether such products or services exist now or are created in the future) which in the opinion of PIAS may be of interest or benefit to me, by way of telephone calls, SMS / MMS and facsimile to me, to the telephone number(s) provided by me to PIAS in this form and any other telephone number(s) provided by me to PIAS from time to time.

I understand that if my consent is not provided, PIAS will be unable to provide me with such marketing and promotional information using such modes of communication.*
- c. I hereby represent and warrant that I am the user and / or subscriber of all the telephone number(s) provided by me to PIAS from time to time (including without limitation the telephone number(s) provided by me to PIAS in this consent form and on all other forms, or documents from time to time), and that I have read and understood PIAS' Personal Data Notice and Consent Policy and the above provisions.
- d. I represent and warrant that for any personal data of my dependant(s) that I disclose to PIAS, that I am validly acting on behalf of my dependant(s) and that, prior to disclosing my dependant(s)' personal data to PIAS, I have informed my dependant(s) that their personal data will be disclosed to, and obtained the consent from my dependant(s) for their personal data to be disclosed to, PIAS so that PIAS can process, collect and use my dependant(s)' personal data for one or more of the Purposes and PIAS can disclose my dependant(s)' personal data to the Permitted Parties for one or more of the Purposes.

* For details about PIAS' Personal Data Notice and Consent Policy, please visit <http://www.proinvest.com.sg/about-pias/pdpa>.

SECTION 14 - CLIENT ACKNOWLEDGEMENT AND DECLARATION

7. Customer Knowledge Assessment Declaration

Note: In the event of a joint investment, both clients will be deemed to have not fulfilled the criteria in the CKA if one of them is assessed not to have possessed the knowledge or experience in an unlisted 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 27 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, as well as understand and agree with the outcome of the CKA.

Client

PASS CKA

- ☐ I understand that I have **PASSED** CKA and I **DO NOT WISH** to receive any advice offered by my Adviser. I understand that by choosing not to receive any advice, **I will not be able to rely on Section 27 of Financial Advisers Act (FAA) to file a civil claim in the event of a loss.**
- ☐ I understand that I have **PASSED** CKA and **WISH** to receive advice offered to me by my Adviser. 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.

DID NOT PASS CKA

- ☐ 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 Adviser, 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.

Spouse / Others

PASS CKA

- ☐ I understand that I have **PASSED** CKA and I **DO NOT WISH** to receive any advice offered by my Adviser. I understand that by choosing not to receive any advice, **I will not be able to rely on Section 27 of Financial Advisers Act (FAA) to file a civil claim in the event of a loss.**
- ☐ I understand that I have **PASSED** CKA and **WISH** to receive advice offered to me by my Adviser. 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.

DID NOT PASS CKA

- ☐ 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 Adviser, 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 27 Extract
<div>Recommendations by licensed financial advisers</div> <div><div>1. No licensed financial adviser shall make a recommendation with respect to any investment product to a person who may reasonably be expected to rely on the recommendation if the licensee does not have a reasonable basis for making recommendation to the person.</div><div>2. For the purposes of subsection (1), a licensed financial adviser does not have a reasonable basis for making recommendation to a person unless:<div><div>(a) he has, for the purposes of ascertaining that the recommendation is appropriate, having regard to the information possessed by him 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</div><div>(b) the recommendation is based on the consideration and investigation referred to in paragraph (a).</div></div></div><div>3. Where:<div><div>(a) a licensee, in making a recommendation to a person, contravenes subsection (1);</div><div>(b) the person, in reliance on the recommendation, does a particular act, or refrains from doing a particular act;</div><div>(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</div><div>(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,</div></div>then, without prejudice to any other remedy available to that person, the licensed financial adviser is liable to pay damages to that person in respect of the loss or damage.</div><div>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.</div><div>5. This section shall not apply to any licensed financial adviser or class of licensed financial advisers in such circumstances or under such conditions as may be prescribed.</div></div> <div><div>[2/2005]</div><div>[SF Bill, Clause 121]</div></div>

SECTION 14 - CLIENT ACKNOWLEDGEMENT AND DECLARATION

I acknowledge that

- a) The recommendation(s) prepared by my Adviser 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 Adviser 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 / Date

Signature of Spouse / Others / Date

SECTION 15 - ADVISER'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.

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 Adviser

Adviser's Signature

Date

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 outcome and the client's acknowledgement.

I agree with the Adviser'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.)

Reason(s) and Follow-up Action

Name of Supervisor

Supervisor's Signature

Date

Form received by Supervisor on