



PROFESSIONAL INVESTMENT ADVISORY SERVICES
PIAS is wholly owned by Singapore Life Ltd.

Financial Planner



Name of Client _____

Name of Spouse / Others _____

Name of Adviser _____

MAS Representative 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

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 <http://www.proinvest.com.sg/our-services/global-product-service-providers>.

The purpose of this Financial Planner is to allow your Adviser to (i) identify your needs through a fact-finding process, (ii) analyse those needs using the fact-find and (iii) recommend suitable products to you. In order to make suitable recommendation your Adviser will need sufficient information from you; including your financial situation, your investment objectives and any other particular needs you have. Your Adviser must have a reasonable basis for the recommendation(s) he or she makes to you, and a product purchased without completing the questions in the fact-find form, 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:

- a) 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;
- b) 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
- c) arranging of any contract of insurance in respect of life policies, other than a contract of reinsurance.

The information that you provide in the Financial Planner relating to your investment objectives, financial situation and your particular needs will be the basis on which recommendation will be made. It is important to note your Financial Consultant'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 Financial Consultant 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 Financial Consultants.

Remuneration

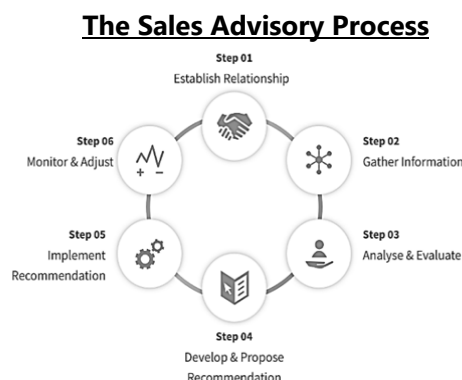
A select group of Financial Consultants may have received or will be paid transitional allowances as a form of compensation paid to some industry-experienced Financial Consultants who opt for a career switch to join PIAS ("Transitional Allowance Scheme"); or a monthly allowance which is payable on a monthly basis under the Financial Consultant Programme (FCP) / Advanced FCP (AFCP). The terms of payment are determined in accordance with the Financial Consultant's contribution to the annual premium equivalent of life insurance products manufactured by Singapore Life Ltd. If your Financial Consultant is receiving such allowance from PIAS, he/she will inform you via a statement stated in the Advice and Recommendations section of the Financial Planner.

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 freelook period for life policies. The risk of fall in value of the underlying investment may have to be borne by you.



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)	<input type="text"/>	<input type="text"/>
Date of Birth (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>
Nationality^	<input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others: <input type="text"/>	<input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others: <input type="text"/>
NRIC / Passport No	<input type="text"/>	<input type="text"/>
FIN No (if applicable)	<input type="text"/>	<input type="text"/>
Residential Address^	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

^Complete Enhanced Customer Due Diligence Form for Nationals and/or Residencies in High Risk Countries & Jurisdictions.

Contact Details

Home	<input type="text"/>	<input type="text"/>
Office	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>

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
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Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Highest Qualification	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> N / O Levels <input type="checkbox"/> Post Sec / A <input type="checkbox"/> Degree & Above <input type="checkbox"/> Levels / Diploma	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> N / O Levels <input type="checkbox"/> Post Sec / A <input type="checkbox"/> Degree & Above <input type="checkbox"/> Levels / Diploma
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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
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Politically Exposed Person	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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(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	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>

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

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)

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

Trusted Individual's Declaration

This form has been explained in this language / dialect: * _____ by _____	
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 / 客户声明

- | | |
|------------------------------|---|
| <input type="checkbox"/> | 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. / 尽管我的财务顾问的建议，我拒绝有一位信托人士陪我进行这项销售咨询程序。我将以自己的判断购买，并负全责。 |
| _____
Signature of Client | _____
Signature of Spouse/Others |

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:

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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 / pregnancy 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 critical illnesses	<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 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						
Planning for retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing for children's education	<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"/>

* 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 (A) or (B) where you wish to apply the financial planning tool(s).

	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	Client	Spouse / Others		Client	Spouse / Others
Household Expenses			Personal Expenses		
Utilities			Mobile / Internet / Cable		
Groceries			Food / Dining		
Property Tax			Grooming / Shopping		
Maid Services			Entertainment		
Cash Mortgage			Vacation		
Others:			Income Tax		
Others:			Others:		
Total Household Expenses			Total Personal Expenses		
Dependants			Transportation (Tpt.)		
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 Tpt. Expenses		
Insurance - Cash Premiums			Investments - Cash (Incl. SRS)		
Personal			Unit Trusts		
Children			Shares / Stocks		
Parents			Endowment		
Others:			Others:		
Total Premiums (Cash)			Total Cash / SRS		
Monthly CPF Info			Miscellaneous (Misc.)		
Inflow			Charity / Tithes		
Ordinary Account			Other Loans:		
Special Account			Others:		
Medisave Account			Others:		
Total Inflow			Total Misc. Expenses		
Outflow					
OA Mortgage			Total Monthly Outflow		
OA Regular Investment			MONTHLY SURPLUS / (SHORTFALL)		
SA Regular Investment					
MA Outflow			ANNUAL SURPLUS / (SHORTFALL)		
Total Outflow					
CPF 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

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			Stocks		
Others:			ILP		
Total Cash / Near Cash			Bonds		
Personal Use Assets			Business Interests		
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 Invested Assets		
			Total Assets		

B. Liabilities (Please Indicate 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:			Others:		
Others:			Others:		
Total Short Term Liabilities			Others:		
			Others:		
			Others:		
			Others:		
			Others:		
			Total Long Term		
			Total Liabilities		
			NET WORTH		

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

☐ Yes ☐ No

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

SECTION 7 - EXISTING INVESTMENTS AND INSURANCE

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

*Please provide attachments with similar format, if required.

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

Owner	Type of Investment	Cash / SRS / CPF	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)

Life Assured	Owner	Commencement Date (DD/MM/YY)	Company & Type of Policy	Premium	Sum Assured: Death	Sum Assured: 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

Lowest RISK and
Lowest potential
RETURN

1	2	3	4	5
---	---	---	---	---

Highest RISK and
Highest potential
RETURN

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

2. Time Horizon: How much time have you set aside to achieve your investment / financial objectives?

- 1 3 years or less
2 > 3 - 5 years
3 > 5 - 7 years
4 > 7 - 10 years
5 More than 10 years

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 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%
2 > 2 - 4%
3 > 4 - 6%
4 > 6 - 8%
5 More than 8%

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 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%
2 -20%
3 -30%
4 -45%
5 -60%

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

5. If stock markets have dropped by at least 20% in its value over a year, how will you potentially respond?

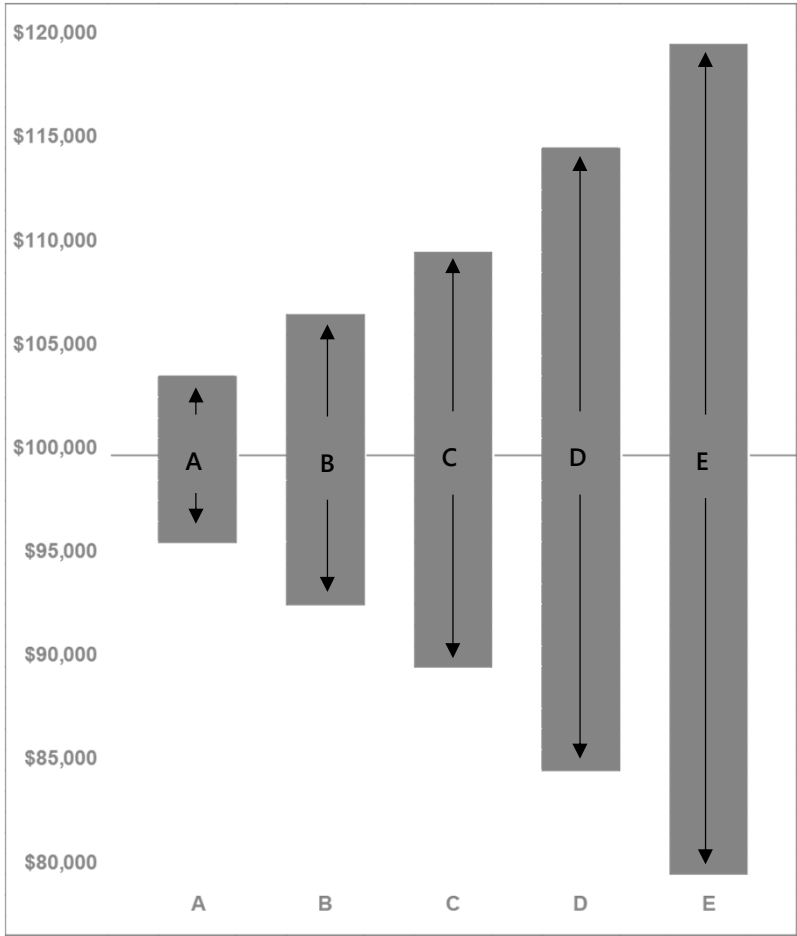
- 1 I would probably be very upset and sell off all my investments
2 I would be upset and will only sell off those with little or no losses
3 I would not be happy but will keep my investments in the hope of a recovery
4 I would think it is a good buying opportunity and buy cautiously
5 I would think it is a great buying opportunity and buy aggressively

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 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="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5

Insurance Only (Excluding ILP) Score (Q1 only)	Investment (Including ILP) Score (Q1 to Q6)	Client Investment Risk Profile	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 (<) 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 (<) 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 (<) 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 (<) 5.0

SECTION 9 - CUSTOMER KNOWLEDGE ASSESSMENT / CUSTOMER ACCOUNT REVIEW

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

Educational Qualifications

1. Do you have a diploma or higher qualification in any of the following fields? ☐ Yes ☐ No ☐ Yes ☐ No

(C)	(S/O)	(C)	(S/O)	(C)	(S/O)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Accountancy		Actuarial Science		Financial Planning
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Capital Markets		Commerce		Insurance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Finance		Financial Engineering		Business / Business Admin / Business
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Management / Business Studies
	Computational Finance		Economics		

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:
<input type="text"/>	<input type="text"/>

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, CISI, CFTe, CMFAS M6A/M8A/M9A)

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:
<input type="text"/>	<input type="text"/>

Investment Experience

3. Have you made at least 6 transactions in the following "Specified Investment Products" in the past 3 years? ☐ Yes ☐ No ☐ Yes ☐ No

(C)	(S/O)
<input type="checkbox"/>	<input type="checkbox"/>
	Unlisted Specified Investment Products (e.g. Unit Trusts, Investment-Linked Policies)
<input type="checkbox"/>	<input type="checkbox"/>
	Listed Specified Investment Products (e.g. Exchange Traded Funds, Daily Leverage Certificates, Structured Warrants, Exchange Traded Notes, Futures, Callable Bull/Bear Contracts, Options)

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

Client:	Spouse / Others:
<input type="text"/>	<input type="text"/>

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)
<input type="checkbox"/>	<input type="checkbox"/>
	Development / Structuring / Management / Sale / Trading / Research / Analysis of Investment Products
<input type="checkbox"/>	<input type="checkbox"/>
	Provision of training on investment products
<input type="checkbox"/>	<input type="checkbox"/>
	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:
<input type="text"/>	<input type="text"/>

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.

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

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 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 / 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

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

Provision for Medical Expenses

Debt (Loans, Credit cards, Overdraft, etc.)

Funds required for dependants' education (tertiary, etc)

Final expenses (Medical, Taxes, Funeral, etc.)

Maternity

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 Funds Available

(D - C) = Surplus / (Shortfall)

Notes

2. In the Event of Critical Illness

Client

Spouse / Others

Monthly needs required 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)

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 Funds Available

(B - A) = Surplus / (Shortfall)

Notes

SECTION 10A - NEEDS ANALYSIS (PROTECTION)

3. In the Event of Disability

Client

Spouse / Others

Income

Monthly needs required for living expenses and/or dependants

Annual amount (pmt)

Number of years required (n)

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

monthly

annually

years

monthly

annually

years

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

Client

Spouse / Others

(A) Monthly Needs Required

Preferred benefit payout period

(B) Current Monthly Benefits

(B - A) = Surplus / (Shortfall)

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

Notes

monthly

years

monthly

years

☐ Yes ☐ No

☐ Yes ☐ No

5. In the Event of Hospitalisation / Medical Expenses

Client

Spouse / Others

What is the preferred hospital type and ward?

☐ Private

Government / Restructured

☐ A ☐ B1 ☐ B2 / C

Provision for Deductible and/or Co-Insurance?

☐ Deductible ☐ Co-Insurance

Existing type of hospital plan cover?

Insurer name and plan type?

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

Notes

☐ Yes ☐ No

☐ Yes ☐ No

☐ Private

Government / Restructured

☐ A ☐ B1 ☐ B2 / C

☐ Deductible ☐ Co-Insurance

SECTION 10A - NEEDS ANALYSIS (PROTECTION)

6. Planning for Dependants Protection	Dependant 1	Dependant 2	Dependant 3	Dependant 4
Name of Dependant:	_____	_____	_____	_____
A. In the Event of Hospitalisation				
Preferred hospital type? Private or Government / Restructured?	_____	_____	_____	_____
Provision for Deductible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provision for Co-Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Existing type of hospital plan cover?	_____	_____	_____	_____
Are you currently receiving Additional Premium Support (APS) to pay for your MediShield Life and/or CareShield Life premiums?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. In the Event of Critical Illness				
Total Funds Required	_____	_____	_____	_____
Less existing resources (if any)	_____	_____	_____	_____
Surplus / (Shortfall)	<div></div>	<div></div>	<div></div>	<div></div>
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)	<div></div>	<div></div>	<div></div>	<div></div>
Are you currently receiving Additional Premium Support (APS) to pay for your MediShield Life and/or CareShield Life premiums?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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)	<div></div>	<div></div>	<div></div>	<div></div>
Notes				
<div></div>				
Important Note to Adviser				
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 (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

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)

(D) - (C) = Surplus / (Shortfall) at Retirement

Notes

8. 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)

Course duration

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)

Notes

SECTION 10B - NEEDS ANALYSIS (ACCUMULATION)

9. Savings for Other Purposes

Purpose

(A) Target Amount

Years to target (n)

Current savings and investments (pv)

Estimated rate of return (%) (i)

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

(B - A) = Surplus / (Shortfall)

Client

Spouse / Others

_____ years

_____ years

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.

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

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.

[illegible]

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
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"/>

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? 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 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)**

- Financial Planner Form 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
- Prospectus / Profile Statement including a supplementary prospectus or supplementary profile statement and Product Highlight Sheet (if applicable) in respect of the collective investment scheme
- High Conviction List - Cash/SRS/CPFOA (if applicable)
- PIAS Model Portfolio factsheet(s) (if applicable)

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: 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 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 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

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 Adviser is authorised to advise / market Exchange Traded Funds, which are units in collective investment scheme listed on the exchange. The Adviser 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 Planner.

4. 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.

5. 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 (specify): _____ |

Third Party Payment

Please complete the following fields and provide a copy of third payer's identification document (e.g. NRIC/Passport etc.)

Name:	NRIC/Passport No:	Relationship to Payer:
Reason:	Nationality & Residency:	

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 (specify): _____ (e.g. one time receipts, sale of properties) | | |

7. Tax Declaration*

Have I committed or been convicted of any serious tax crimes? ☐ Yes ☐ No

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).

*: Compulsory to complete.

SECTION 14 - CLIENT ACKNOWLEDGEMENT AND DECLARATION

9. 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:

☐ Mail

☐ Email

☐ SMS

☐ Call

(Please tick ✓ the box if you wish to provide your consent)

*For definition of "Permitted Parties", please see PIAS' Personal Data Notice and Consent Policy at <https://www.proinvest.com.sg/pdpa/>.

For withdrawal of consent for marketing via email and/ or postal mail, please contact PIAS Data Protection Officer for more information at pias.dataprotection@singlife.com.

- b) I hereby represent and warrant that I have read, understood and agree to PIAS' Personal Data Notice and Consent Policy at <http://www.proinvest.com.sg/pdpa/> and the above provisions.
- c) For any individual's personal data that I disclose to PIAS ("Personal Data"), I represent, warrant and undertake that I have obtained the consent of the individual to disclose the Personal Data to PIAS and for PIAS to collect, use and disclose the Personal Data to Permitted Parties for the above Purposes.

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

☐ Roadshow^*

☐ Seminar at Client Premise

☐ Existing Client

☐ Retailer tie-up^*

☐ Seminar at Branch / Office Premise

☐ Referrals

☐ Door-to-Door prospecting^*

☐ Cold Calling / Telemarketing^*

☐ Others (eg. Self-purchased, family, Online Marketing*) Please specify: _____

☐ Street Canvassing^*

☐ Approved Introducer

^ Please specify location of event: _____

* Client Call back will take place _____

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

☐ Branch / Office Premise

☐ Event Site of Roadshow / Retailer Tie-up / Seminar

☐ Client's Home

☐ Retailer (e.g. restaurant / café)

☐ Adviser's Home

☐ Non F2F - Video Conference

☐ Others (Please specify): _____

☐ Non F2F - Telephone

12. Relationship with the PIAS Adviser Making This Recommendation*

☐ Yes. Please specify _____

☐ No

*: Compulsory to complete.

SECTION 14 - CLIENT ACKNOWLEDGEMENT AND DECLARATION

13. 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 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/CAR, as well as understand and agree with the outcome of the CKA/CAR.

Customer Knowledge Assessment (CKA)

(C) (S/O)

- ☐ ☐ 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.
- ☐ ☐ 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.

Customer Account Review (CAR)

(C) (S/O)

- ☐ ☐ I understand that I have **PASSED CAR** 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 CAR** 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.
- ☐ ☐ 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 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	[2/2005] [SF Bill, Clause 121]
Recommendations by licensed financial advisers	
<ol style="list-style-type: none">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.2. For the purposes of subsection (1), a licensed financial adviser does not have a reasonable basis for making recommendation to a person unless:<ol style="list-style-type: none">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 reasonableb) the recommendation is based on the consideration and investigation referred to in paragraph (a).3. Where:<ol style="list-style-type: none">a) a licensee, 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; andd) 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 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.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 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.	

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).

Signature of Client

Signature of Spouse / Others

Date (DD/MM/YYYY)

Date (DD/MM/YYYY)

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

Signature of Adviser

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 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.)

Name of Supervisor

Signature of Supervisor

Date (DD/MM/YYYY)

Form received by Supervisor on: _____