



PROFESSIONAL INVESTMENT ADVISORY SERVICES

PIAS is wholly owned by Singapore Life Ltd.

Abridged Financial Planner



Name of Client

NRIC / Passport

Name of Spouse / Others

NRIC / Passport

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

You would have provided your PIAS Adviser information about you and in relation to your investment objectives, financial situation and your particular needs before the purchase of any products. Please inform your PIAS Adviser if your circumstances have changed significantly as it may affect your financial needs. Alternatively, you may request for comprehensive financial review with your Adviser before proceeding with this transaction request.

I acknowledge and confirm that there are NO significant changes in my personal circumstances, investment objectives, financial situation and risk profile. (E.g. Life stage changes, change in assets / liabilities / cashflow etc)

Last Financial Planner Date
(DD/MM/YYYY)

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.

The Sales Advisory Process



SECTION 1 - 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

Client

☐ Yes ☐ No

Spouse / Others

☐ Yes ☐ No

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

(C) (S/O)

- ☐ ☐ Accounting
☐ ☐ Capital Markets
☐ ☐ Finance
☐ ☐ Computational Finance

(C) (S/O)

- ☐ ☐ Actuarial Science
☐ ☐ Commerce
☐ ☐ Financial Engineering
☐ ☐ Economics

(C) (S/O)

- ☐ ☐ Financial Planning
☐ ☐ Insurance
☐ ☐ Business / Business Admin / Business Management / Business Studies

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:

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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:

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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)

- ☐ ☐ Unlisted Specified Investment Products (e.g. Unit Trusts, Investment-Linked Policies)
☐ ☐ 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 information:

Client:

Spouse / Others:

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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:

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SECTION 1 - CUSTOMER KNOWLEDGE ASSESSMENT / CUSTOMER ACCOUNT REVIEW

PART 2 : Outcome of CKA

Note:

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

[Failed CKA and CAR*]

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

[Passed CKA; Failed CAR*]

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

[Failed CKA; Passed CAR*]

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

Based on the guidelines prescribed by the Monetary Authority of Singapore (MAS), you are assessed:

To have acquired the relevant knowledge and / or experience to understand and purchase the relevant "Specified Investment Products".

Not to have acquired the relevant knowledge and / or experience to understand and purchase the relevant "Specified Investment Products".

CKA		CAR	
Unlisted SIPs		Listed SIPs	
(C)	(S/O)	(C)	(S/O)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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 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 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

- ☐ 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 3A - 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	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Existing Resources Allocated (Current Values)		
Life insurance coverage	_____	_____
Cash assets (Savings, Fixed Deposits, etc.)	_____	_____
CPF	_____	_____
Investments (Bonds, Unit Trusts, Shares, etc.)	_____	_____
Others: _____	_____	_____
(D) Total Funds Available	=====	=====
(D - C) = Surplus / (Shortfall)	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
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
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)	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Notes		

SECTION 3A - 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)	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Notes	<div style="border: 1px solid black; height: 30px;"></div>	

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

	Client	Spouse / Others
(A) Monthly needs required for Long Term Care		
Preferred benefit payout period	_____ monthly _____ years	_____ monthly _____ years
(B) Current monthly benefits	=====	=====
(B - A) = Surplus / (Shortfall)	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></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
Notes	<div style="border: 1px solid black; height: 30px;"></div>	

5. In the Event of Hospitalisation / Medical Expenses

	Client	Spouse / Others
What is the preferred hospital type and ward?	<input type="checkbox"/> Private <input type="checkbox"/> Government / Restructured <input type="checkbox"/> A <input type="checkbox"/> B1 <input type="checkbox"/> B2 / C	<input type="checkbox"/> Private <input type="checkbox"/> Government / Restructured <input type="checkbox"/> A <input type="checkbox"/> B1 <input type="checkbox"/> B2 / C
Provision for Deductible and / or Co-Insurance?	<input type="checkbox"/> Deductible <input type="checkbox"/> Co-Insurance	<input type="checkbox"/> Deductible <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes	<div style="border: 1px solid black; height: 30px;"></div>	

SECTION 3A - 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				
Important Note to Adviser				
Fact find should always be completed on the proposer. In the case of adult child(ren) paying for parents' Eldersshield / Careshield and Eldersshield / Careshield supplements, fact find should be completed on the parents i.e. the proposer.				

SECTION 3B - 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, (%)	_____	_____
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	<div style="border: 3px double black; width: 100px; height: 20px;"></div>	<div style="border: 3px double black; width: 100px; height: 20px;"></div>
Notes	<div style="border: 1px solid black; height: 30px;"></div>	

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	_____ years
(A) Funds Required (fv)	=====	=====
Existing Resources Allocated for Children's Education	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)	<div style="border: 3px double black; width: 100px; height: 20px;"></div>	<div style="border: 3px double black; width: 100px; height: 20px;"></div>
Notes	<div style="border: 1px solid black; height: 30px;"></div>	

SECTION 3B - NEEDS ANALYSIS (ACCUMULATION)

9. Savings for Other Purposes

	Client	Spouse / Others
Purpose	_____	_____
(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)	<div style="border: 2px solid black; width: 100px; height: 20px;"></div>	<div style="border: 2px solid black; width: 100px; height: 20px;"></div>
Notes		

SECTION 4 - 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 asset 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			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 5 - 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 (including the name of Insurance Provider and additional add-on riders, if any)	Sum Assured	Policy Term	Premium Amount	Permium Term	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 5 - 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 5 - 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 5 - 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 of the last Financial Planner). Policy term of recommended plan is longer or shorter than client's time horizon [Wealth Accumulation Needs] (Refer to Section 3). 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 4).
- Please document client's awareness and acceptance of the deviations, if applicable.
- Additional Notes

SECTION 6 - 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 7.

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 7 - CLIENT ACKNOWLEDGEMENT AND DECLARATION

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

- Abridged 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 SRS (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 7 - 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[#]

[#] (Compulsary 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:
Reasons:	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 7 - 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)

- | | | |
|--|--|--|
| <input type="checkbox"/> Roadshow [^] | <input type="checkbox"/> Seminar at Client Premise | <input type="checkbox"/> Existing Client |
| <input type="checkbox"/> Retailer tie-up [^] | <input type="checkbox"/> Seminar at Branch / Office Premise | <input type="checkbox"/> Referrals |
| <input type="checkbox"/> Door-to-Door prospecting [^] | <input type="checkbox"/> Cold Calling / Telemarketing [^] | <input type="checkbox"/> Others (eg. Self-purchase, family, Online Marketing*) Please specify: _____ |
| <input type="checkbox"/> Street Canvassing [^] | <input type="checkbox"/> Approved Introducers | |

[^] Please specify location of event: _____

*Client Call Back will take place _____

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

- | | |
|---|---|
| <input type="checkbox"/> Branch / Office Premise | <input type="checkbox"/> Event Site of Roadshow / Retailer Tie-up / Seminar |
| <input type="checkbox"/> Client's Home | <input type="checkbox"/> Retailer (e.g. restaurant / café) |
| <input type="checkbox"/> Adviser's Home | <input type="checkbox"/> Non F2F - Video Conference |
| <input type="checkbox"/> Others (Please specify): _____ | <input type="checkbox"/> Non F2F - Telephone |

12. Relationship with the PIAS Adviser Making This Recommendation*

- ☐ Yes. Please specify: _____
- ☐ No

*: Compulsory to complete.

SECTION 7 - CLIENT ACKNOWLEDGEMENT AND DECLARATION

13. 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/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] [SFBill, Clause 121]

Recommendations by licensed financial advisers

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
 - (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 in all the circumstances; and
 - (b) the recommendation is based on the consideration and investigation referred to in paragraph (a).
3. Where:
 - (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; and
 - (d) the person suffers loss or damage as a result of doing that act, or refraining from doing that act, as the case may be, then, without 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 7 - 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 5 (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 8 - 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 5 (Advice and Recommendations).

Name of Adviser

Signature of Adviser

Date (DD/MM/YYYY)

SECTION 9 - 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 _____