



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

Corporate Financial Planner (Business Insurance)



Name of Organisation _____

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 a wholly owned subsidiary of Professional Advisory Holdings Ltd, whose majority shareholder is 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 compliance@pias.asia. 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 - ORGANISATION INFORMATION

A. Organisation Entity Details (This section is compulsory, please complete the entire section)

Full Name of Organisation

Incorporation No. / Business Registration No. / Organisation Registration No.

Date of Incorporation / Registration

Place of Incorporation / Registration¹

Registered Address

Type of Business Structure

☐ Sole Proprietor ☐ Partnership ☐ Private Limited ☐ Public Limited

☐ Others, Please Specify

Nature of Business

Number of Key Personnel²

(Please provide the relevant information in the table below)

Name of Key Personnel ^{2, 3} (As In NRIC / Passport)	Designation	Nationality	NRIC / Passport Number	Date of Birth (DD / MM / YYYY)

Details of Authorised Officer(s)

Full Name

Designation

NRIC / Passport Number

Date of Birth (DD / MM / YYYY)

Nationality³

Politically Exposed Person⁴

Contact Telephone Number

Fax Number

Email

Authorised Officer 1

☐ Yes ☐ No

Authorised Officer 2

☐ Yes ☐ No

¹Organisation incorporated in High Risk Countries and Jurisdictions, please complete Enhanced Customer Due Diligence Form.

²Key personnel includes Chief Executive Officer, Chief Financial Officer or equivalent. It also includes Partners, Directors and Shareholders who own more than 25% shareholdings.

³For CEO / CFO / Partners / Shareholders / Directors / Authorised Officer who are Nationals from High Risk Countries and Jurisdictions, and / or is a Politically Exposed Person, please complete Enhanced Customer Due Diligence Form

⁴Politically 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.

SECTION 2 - FINANCIAL DETAILS

A. Financial Details of Last 3 years (This section is compulsory, please complete the entire section)

(In Singapore Dollars)	Year :	Year :	Year :
Annual Turnover			
Gross Profit			
Net Profit Before Tax			
Liabilities			
Net Assets			

B. Source of Wealth

- ☐ Trade Income
- ☐ Investment Returns
- ☐ Rental Income
- ☐ Others (Please Specify) _____

C. Are there any business plans or factors within the next 12 months which may significantly affect the financial performance of the organisation?

☐ Yes ☐ No If Yes, Please elaborate

SECTION 3 - FINANCIAL OBJECTIVES

Financial Objectives (This section is compulsory, please complete the entire section)

Tick the following objective(s) that the organisation wants to address in this review.

- ☐ Shares Buy / Sell Agreement & Succession Planning
- ☐ Key Person Protection
- ☐ Employee Benefits (Individual Life)
- ☐ Loan Protection

Additional Notes:

SECTION 4 - SHARES BUY / SELL AGREEMENT & SUCCESSION PLANNING

	Partner / Shareholder 1	Partner / Shareholder 2	Partner / Shareholder 3
Name (As in NRIC / Passport)			
NRIC / Passport No.			
Date of Birth (DD / MM / YYYY)			
Gender (M / F)			
Smoker (Y / N)			
Percentage of Shares Owned (%)			
Agreed Value of Shares Owned (A)			
Existing Insurance Coverage on Owner of Shares (B)			
(Shortfall) / Surplus (A) - (B)			

Which of the following event(s) do partners / shareholders wish to fund for their shares buy / sell agreement & succession plan?

☐ Death ☐ Disablement ☐ Critical Illness ☐ Retirement ☐ Others _____

Are any policies being effected or proposals being made on the lives of all partners / shareholders?

- ☐ Yes (Please attach details of insurance coverage on all partners / shareholder
- ☐ No (Please provide reason(s) for not insuring the other partners / shareholde

Additional Notes:

SECTION 5 - KEY PERSON PROTECTION

	Key Person 1	Key Person 2	Key Person 3
Name (as in NRIC / Passport)			
NRIC / Passport No.			
Date of Birth (DD / MM / YYYY)			
Gender (M / F)			
Smoker (Y / N)			
Past 3 Years of Salary (Total Taxable)			
Year			
Year			
Year			
Length of Service (Years)			
Position in Company			
Duties & Responsibilities			
Estimated Duration to Replace Key Person (Years)			
Replacement Cost (A)			
Estimated Losses in Profit (B)			
Existing Coverage (C)			
(Shortfall) / Surplus (A) + (B) - (C)			

Which of the following event(s) do the organisation wish to protect against having the key person departing the business?

☐ Death ☐ Disablement ☐ Critical Illness

Additional Notes:

SECTION 6 - EMPLOYEE BENEFITS (INDIVIDUAL LIFE)

	Employee 1	Employee 2	Employee 3
Name (as in NRIC / Passport)			
NRIC / Passport No.			
Date of Birth (DD / MM / YYYY)			
Gender (M / F)			
Smoker (Y / N)			
Past 3 Years of Salary (Total Taxable)			
Year			
Year			
Year			
Length of Service (Years)			
Position in Company			
Duties & Responsibilities			
Coverage Amount (Death)			
Coverage Amount (Total & Permanent Disability)			
Coverage Amount (Critical Illness)			
Coverage Amount (Others)			

How do you wish to structure your Employee Benefits?

☐ Endowment ☐ Whole Life ☐ Term ☐ Others

Additional Notes:

SECTION 7 - LOAN PROTECTION

	Loan 1	Loan 2	Loan 3
Name of Bank / Financial Institution			
Purpose of Loan			
Loan Type			
Loan Amount			
Loan Balance (A)			
Remaining Loan Tenure (Years)			
Loan Rate %			
Existing Insurance Coverage (B)			
(Shortfall) / Surplus (A) - (B)			

Which of the following event(s) do the organisation wish to provide coverage for?

☐ Death ☐ Disablement ☐ Critical Illness

Additional Notes:

SECTION 8 - ADVICE AND RECOMMENDATIONS

Basis of Recommendations

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

Product(s) Recommended	Sum Assured	Premium	Frequency	Settlement Mode	Organisation's Choice
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SECTION 8 - ADVICE AND RECOMMENDATIONS

Basis of Recommendations

Please elaborate on the following points (where applicable)

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

SECTION 8 - 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?
- Additional Notes

SECTION 9 - 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 10.

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
- The insured may not be insurable at standard terms
- Loss the organisation may incur as a result
- The organisation 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 10 - ORGANISATION ACKNOWLEDGEMENT AND DECLARATION

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

- Corporate Financial Planner (Business Insurance) Form including Important Notice to Client
- Copy of the cover page, product summary, policy illustration, bundled product disclosure document and product highlight 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

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 10 - ORGANISATION 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. Source of Funds

- ☐ Company Cheque
- ☐ Third Party Cheque (Please specify the Payer's Name, NRIC/Passport and Relationship with organisation)
- ☐ Others (Please Specify) :

5. Tax Declaration

Have the organisation 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.

6. 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).

7. 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 dataprotection@pias.asia.

- 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.

SECTION 10 - ORGANISATION 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 the organisation's assets / revenue, 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 Organisation's Choice in Section 8 (Advice and Recommendations);
- or
- ii) by **NOT affirming** it with my signature below, I **disagree** to proceed with the proposed recommendation(s).

Signature of Company Authorised Office
Co Stamp (Where Applicable)

Name:
Date (DD/MM/YYYY):

Signature of Company Authorised Office
Co Stamp (Where Applicable)

Name:
Date (DD/MM/YYYY):

SECTION 11 - 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 organisation 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 the authorised officer's consent.

For Switching / Replacement of Policy (where applicable):

- 1. I have explained to the organisation 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 organisation as stated in section 8 (Advice and Recommendations).

Name of Adviser

Signature of Adviser

Date (DD/MM/YYYY)

SECTION 12 - SUPERVISOR'S REVIEW AND ACKNOWLEDGEMENT

I declare that I have reviewed the information disclosed in this form which relates to the organisation's priorities and objectives, financial details, and the authorised officer'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

CORPORATE FINANCIAL PLANNER (BUSINESS INSURANCE)

APPENDIX - INVESTMENT RISK PROFILE

The following questions are designed to determine the organisation's investment risk profile taking into account its financial needs, circumstances and objectives. Please indicate its preferences.

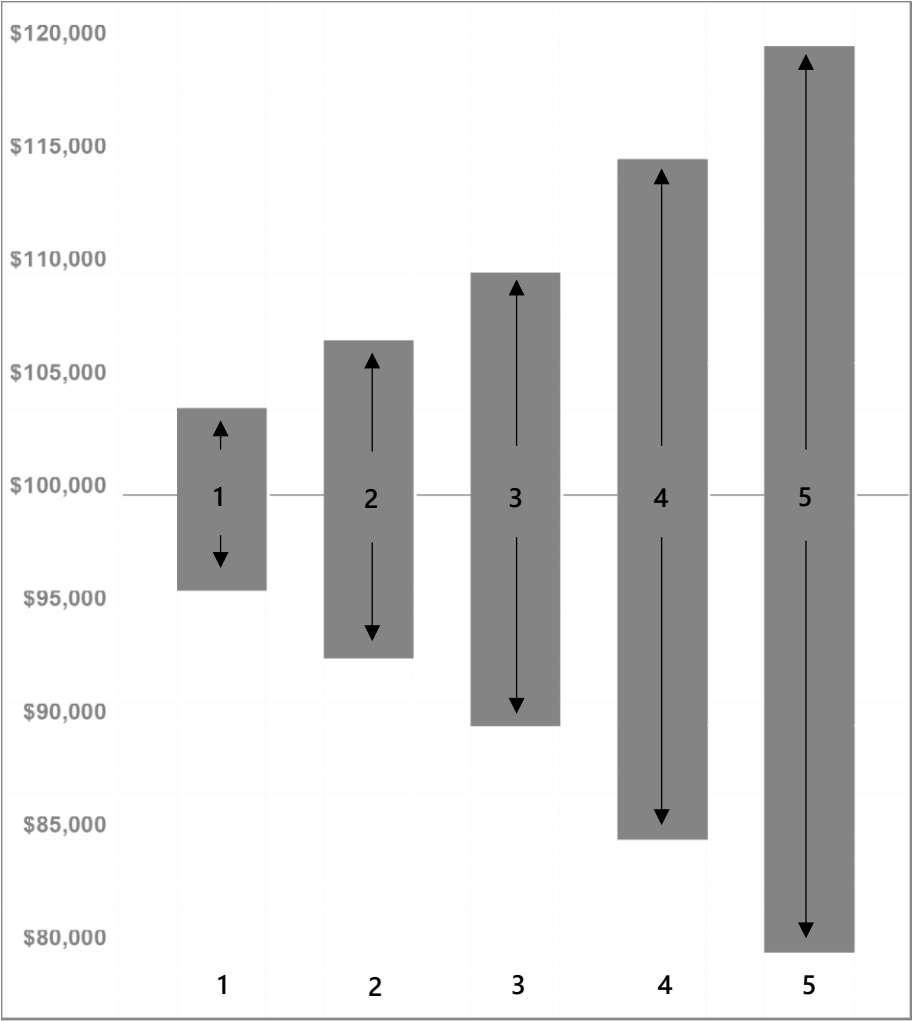
Please answer ALL questions.

	Portfolio 1	Portfolio 2
Name		
Purpose		
	Score	
	Portfolio 1	Portfolio 2
1. Please circle the number on the line below indicating your preferred risk / return objective.	<input type="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
2. Investment Time Horizon: What is the expected time frame for your investment?	<input type="checkbox"/> 1	<input type="checkbox"/> 1
1 3 years or less	<input type="checkbox"/> 2	<input type="checkbox"/> 2
2 >3 - 5 years	<input type="checkbox"/> 3	<input type="checkbox"/> 3
3 >5 - 7 years	<input type="checkbox"/> 4	<input type="checkbox"/> 4
4 >7 – 10 years	<input type="checkbox"/> 5	<input type="checkbox"/> 5
5 More than 10 years		
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?	<input type="checkbox"/> 1	<input type="checkbox"/> 1
1 0 - 2%	<input type="checkbox"/> 2	<input type="checkbox"/> 2
2 >2 - 4%	<input type="checkbox"/> 3	<input type="checkbox"/> 3
3 >4 - 6%	<input type="checkbox"/> 4	<input type="checkbox"/> 4
4 >6 - 8%	<input type="checkbox"/> 5	<input type="checkbox"/> 5
5 More than 8%		
4. In your opinion, what percentage drop in major market indices (e.g. STI, Dow Jones, NASDAQ, S&P, etc) would you consider as a severe crisis?	<input type="checkbox"/> 1	<input type="checkbox"/> 1
1 -10%	<input type="checkbox"/> 2	<input type="checkbox"/> 2
2 -20%	<input type="checkbox"/> 3	<input type="checkbox"/> 3
3 -30%	<input type="checkbox"/> 4	<input type="checkbox"/> 4
4 -45%	<input type="checkbox"/> 5	<input type="checkbox"/> 5
5 -60%		
5. If stock markets have dropped by at least 20% in its value over a year, how will you potentially respond?	<input type="checkbox"/> 1	<input type="checkbox"/> 1
1 I would probably be very upset and sell off all my investments	<input type="checkbox"/> 2	<input type="checkbox"/> 2
2 I would be upset and will only sell off those with little or no losses	<input type="checkbox"/> 3	<input type="checkbox"/> 3
3 I would not be happy but will keep my investments in the hope of a recovery	<input type="checkbox"/> 4	<input type="checkbox"/> 4
4 I would think it is a good buying opportunity and buy cautiously	<input type="checkbox"/> 5	<input type="checkbox"/> 5
5 I would think it is a great buying opportunity and buy aggressively		

CORPORATE FINANCIAL PLANNER (BUSINESS INSURANCE)

APPENDIX - 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 1Portfolio 2

☐ 1

☐ 1

☐ 2

☐ 2

☐ 3

☐ 3

☐ 4

☐ 4

☐ 5

☐ 5

Insurance and Investment Score (Q1 to Q6)	Organisation Investment Risk Profile
6 to 9	Conservative
10 to 14	Moderate
15 to 21	Balanced
22 to 26	Growth
27 to 30	Aggressive

Score

Portfolio 1Portfolio 2

Investment Risk Profile

Organisation Investment Risk Profile Choice

(Complete this only if organisation 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