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).

See Supp Form	N.A.
Signature of Client	Signature of Spouse / Others
See Supp Form	N.A.
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).

Rep to type Name	See Supp Form	See Supp Form
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 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.)

Rep to type Supervisor Name	See Email	See Email
Name of Supervisor	Signature of Supervisor	Date (DD/MM/YYYY)

Form received by Supervisor on: See Email

(Note: Supervisor email to include the date of submission by Rep by replying with history)