

Date Received:

Processed by:

## CHANGE IN DESIGNATION / SUPERVISORY CONTROL / BANDING FOR A REPRESENTATIVE

| Representative's Information                              |                              |   |
|---|------------------------------|---|
| Name as in NRIC / Passport:<br>(please underline surname) |                              | PIAS Rep Code:                          |
| Current Reporting Structure                               |                              |   |
| Branch Name:  | Financial Services Director: | Financial Services Manager:<br>(if any) |

| Section A: Change in Designation  |   |                 |   |   |  |  |   |   |  |  |   |   |  |  |   |   |  |  |   |   |   |
|---|---|-----------------|---|---|--|--|---|---|--|--|---|---|--|--|---|---|--|--|---|---|---|
| <input type="checkbox"/>  | Effective From: (DD/MM/YYYY)  |                 |   |   |  |  |   |   |  |  |   |   |  |  |   |   |  |  |   |   |   |
| <table border="1"> <thead> <tr> <th>Current Designation</th> <th>New Designation</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Wealth Management Consultant</td> <td><input type="checkbox"/> Wealth Management Consultant</td> </tr> <tr> <td><input type="checkbox"/> Senior Wealth Management Consultant</td> <td><input type="checkbox"/> Senior Wealth Management Consultant</td> </tr> <tr> <td><input type="checkbox"/> Associate Director (Advisory) (T1)</td> <td><input type="checkbox"/> Associate Director (Advisory) (T1)</td> </tr> <tr> <td><input type="checkbox"/> Associate Financial Services Manager (T1)</td> <td><input type="checkbox"/> Associate Financial Services Manager (T1)</td> </tr> <tr> <td><input type="checkbox"/> Financial Services Manager</td> <td><input type="checkbox"/> Financial Services Manager</td> </tr> <tr> <td><input type="checkbox"/> Senior Financial Services Manager</td> <td><input type="checkbox"/> Senior Financial Services Manager</td> </tr> <tr> <td><input type="checkbox"/> Associate Financial Services Director (T2)</td> <td><input type="checkbox"/> Associate Financial Services Director (T2)</td> </tr> <tr> <td><input type="checkbox"/> Financial Services Director</td> <td><input type="checkbox"/> Financial Services Director</td> </tr> <tr> <td><input type="checkbox"/> Senior Financial Services Director</td> <td><input type="checkbox"/> Senior Financial Services Director</td> </tr> </tbody> </table> | Current Designation   | New Designation | <input type="checkbox"/> Wealth Management Consultant | <input type="checkbox"/> Wealth Management Consultant | <input type="checkbox"/> Senior Wealth Management Consultant | <input type="checkbox"/> Senior Wealth Management Consultant | <input type="checkbox"/> Associate Director (Advisory) (T1) | <input type="checkbox"/> Associate Director (Advisory) (T1) | <input type="checkbox"/> Associate Financial Services Manager (T1) | <input type="checkbox"/> Associate Financial Services Manager (T1) | <input type="checkbox"/> Financial Services Manager | <input type="checkbox"/> Financial Services Manager | <input type="checkbox"/> Senior Financial Services Manager | <input type="checkbox"/> Senior Financial Services Manager | <input type="checkbox"/> Associate Financial Services Director (T2) | <input type="checkbox"/> Associate Financial Services Director (T2) | <input type="checkbox"/> Financial Services Director | <input type="checkbox"/> Financial Services Director | <input type="checkbox"/> Senior Financial Services Director | <input type="checkbox"/> Senior Financial Services Director | <p><b>Applicable for New Designation: SFSD, FSD, SFSD &amp; FSM</b></p> <p>Are there any advisers reporting to the new representative? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes", please attach the advisers' structure under its span of control.</p> |
| Current Designation   | New Designation   |                 |   |   |  |  |   |   |  |  |   |   |  |  |   |   |  |  |   |   |   |
| <input type="checkbox"/> Wealth Management Consultant   | <input type="checkbox"/> Wealth Management Consultant               |                 |   |   |  |  |   |   |  |  |   |   |  |  |   |   |  |  |   |   |   |
| <input type="checkbox"/> Senior Wealth Management Consultant  | <input type="checkbox"/> Senior Wealth Management Consultant        |                 |   |   |  |  |   |   |  |  |   |   |  |  |   |   |  |  |   |   |   |
| <input type="checkbox"/> Associate Director (Advisory) (T1)   | <input type="checkbox"/> Associate Director (Advisory) (T1)         |                 |   |   |  |  |   |   |  |  |   |   |  |  |   |   |  |  |   |   |   |
| <input type="checkbox"/> Associate Financial Services Manager (T1)  | <input type="checkbox"/> Associate Financial Services Manager (T1)  |                 |   |   |  |  |   |   |  |  |   |   |  |  |   |   |  |  |   |   |   |
| <input type="checkbox"/> Financial Services Manager   | <input type="checkbox"/> Financial Services Manager                 |                 |   |   |  |  |   |   |  |  |   |   |  |  |   |   |  |  |   |   |   |
| <input type="checkbox"/> Senior Financial Services Manager  | <input type="checkbox"/> Senior Financial Services Manager          |                 |   |   |  |  |   |   |  |  |   |   |  |  |   |   |  |  |   |   |   |
| <input type="checkbox"/> Associate Financial Services Director (T2)   | <input type="checkbox"/> Associate Financial Services Director (T2) |                 |   |   |  |  |   |   |  |  |   |   |  |  |   |   |  |  |   |   |   |
| <input type="checkbox"/> Financial Services Director  | <input type="checkbox"/> Financial Services Director                |                 |   |   |  |  |   |   |  |  |   |   |  |  |   |   |  |  |   |   |   |
| <input type="checkbox"/> Senior Financial Services Director   | <input type="checkbox"/> Senior Financial Services Director         |                 |   |   |  |  |   |   |  |  |   |   |  |  |   |   |  |  |   |   |   |

| Section B: Change in Supervisory Control  |                              |                         |  |  |  |             |  |  |  |                             |       |                |  |                                     |       |                |  |
|---|------------------------------|-------------------------|--|--|--|-------------|--|--|--|-----------------------------|-------|----------------|--|-------------------------------------|-------|----------------|--|
| <input type="checkbox"/>  | Effective From: (DD/MM/YYYY) |                         |  |  |  |             |  |  |  |                             |       |                |  |                                     |       |                |  |
| <table border="1"> <thead> <tr> <th colspan="4">New Reporting Structure</th> </tr> </thead> <tbody> <tr> <td>Branch Name</td> <td colspan="3"></td> </tr> <tr> <td>Financial Services Director</td> <td>Name:</td> <td>PIAS Rep Code:</td> <td></td> </tr> <tr> <td>Financial Services Manager (if any)</td> <td>Name:</td> <td>PIAS Rep Code:</td> <td></td> </tr> </tbody> </table> |                              | New Reporting Structure |  |  |  | Branch Name |  |  |  | Financial Services Director | Name: | PIAS Rep Code: |  | Financial Services Manager (if any) | Name: | PIAS Rep Code: |  |
| New Reporting Structure   |                              |                         |  |  |  |             |  |  |  |                             |       |                |  |                                     |       |                |  |
| Branch Name   |                              |                         |  |  |  |             |  |  |  |                             |       |                |  |                                     |       |                |  |
| Financial Services Director   | Name:                        | PIAS Rep Code:          |  |  |  |             |  |  |  |                             |       |                |  |                                     |       |                |  |
| Financial Services Manager (if any)   | Name:                        | PIAS Rep Code:          |  |  |  |             |  |  |  |                             |       |                |  |                                     |       |                |  |

| Section C: Change in Banding                |                              |                 |
|---|------------------------------|-----------------|
| <input type="checkbox"/>                    | Effective From: (DD/MM/YYYY) |                 |
|   | Current Banding (%)          | New Banding (%) |
| Representative's Percentage                 |                              |                 |
| Management Sub-Unit's Percentage (SFSD/FSM) |                              |                 |
| Management Unit's Percentage (SFSD/FSD)     |                              |                 |

| Acknowledgement |             |         |     |            |
|-----------------|-------------|---------|-----|------------|
| Name            | Current FSD | New FSD | BDM | Head of BD |
| Signature       |             |         |     |            |
| Date            |             |         |     |            |

| For Official Use  |  |
|---|--|
| Does the change in Supervisory control exceed Team Leader's SOC?<br>LIA Guideline: 1: 10: 15 unless SOC deviation is given<br>If Yes, highlight what is allowed to be deviated and period of deviation in assessment. |  |