



Name of Client	CHAN MEI CHENG
Name of Spouse / Others	
Name of Representative	TAY SIEW LING
MAS Representative Number	TSL200165677
Case Number	GEN006250710120141

I declare I am authorised to:

- ☒ Advise / Arrange Contract of Insurance in respect of Life Policies
- ☒ Advise / Market Collective Investment Schemes

Important Notice to Client(s)

Your Financial Planner is issued with a Representative Number by the Monetary Authority of Singapore (MAS) to conduct regulated activities under the Financial Advisers Act (FAA). GEN Financial Advisory (GEN) 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).

Your Financial Planner must have sufficient information about you and your needs before making a suitable recommendation. The information you provide in relation to your investment objectives, financial situation and your particular needs will be the basis on which advice will be given. Policies and financial products purchased without the completion of the GEN Financial Planner (GFP) Form, or following partial or inaccurate completion, may not be appropriate to your needs.

Strictly Confidential

Completion of the GEN Financial Planner (GFP) Form will enable your Financial Planner to obtain information to conduct an overall needs analysis and to offer you suitable advice to address your core wealth needs and lifestyle goals. We would like to assure you that any information you provide will be treated with strictest confidence and will be used for financial planning purpose only.

Personal Data Protection and Promotional Marketing Materials Consent

I/We hereby authorise, agree and consent to the following:

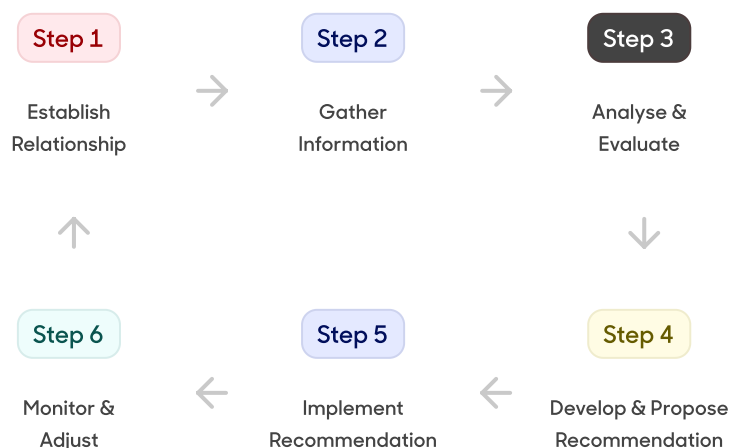
GEN Financial Advisory (GEN) / its representatives to collect my/our personal information, use it to analyse my/our financial situation, provide financial planning strategies and recommendations on investment and/ or insurance products to achieve my/our financial objectives. My/our personal circumstance may change, affecting my/our financial position and financial objectives, hence periodic reviews will be needed. Implementations of financial planning strategies require the purchase of financial products and disclosure of my/our personal data to product providers for their issuance of contracts and creation of customer accounts. Personal data is also used for compliance, audit and regulatory purposes. GEN takes reasonable steps to ensure client's personal data are protected and/ or secured in accordance with the requirements under the FAA and/or PDPA.

GEN Financial Advisory & / its representatives to collect, use and/or disclose my/our personal data to ensure maintenance of my/our investment and/or insurance plan/s and notify me/us of any new product information and services relevant to my/our needs or policies and/or accounts.

GEN Financial Advisory & / its representatives to call, text or email me/us any new marketing, advertising and promotional materials on new financial products and services relevant to my/our financial plan.

I/We am/are aware that I/we may withdraw my/our consent provided by me/us anytime by submitting the GEN Financial Advisory PDPA Withdrawal Consent Form to GEN Financial Advisory by mail or email at dataprotection@gen.com.sg. Our Data Protection Officer can be reached at +65 6589 8388 or email at dataprotection@gen.com.sg for further queries. GEN Data Protection Policy can be made available upon request.

The Sales Advisory Process



A. Name & Identification

	Client (C)	Spouse / Others (S/O)
Title	<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Mdm <input checked="" type="radio"/> Ms <input type="radio"/> Dr	<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Mdm <input type="radio"/> Ms <input type="radio"/> Dr
Full Name (as per NRIC / Passport)	<div>CHAN MEI CHENG</div>	
Race	Chinese	
Identity Type	NRIC	
Identity Number	S8522164G	

B. Personal Information

	Client (C)	Spouse / Others (S/O)
Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female	<input type="radio"/> Male <input type="radio"/> Female
Date of Birth (DD/MM/YYYY)	19/08/1985	
Marital Status	<input type="radio"/> Single <input checked="" type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widowed	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widowed
Country of Birth	SINGAPORE	
Country of Nationality	SINGAPORE	
(Complete Enhanced Customer Due Diligence Form for Nationals from High Risk Countries and Jurisdictions)		
Residential Status in Singapore	<input checked="" type="radio"/> Singaporean <input type="radio"/> Singapore PR <input type="radio"/> Others	<input type="radio"/> Singaporean <input type="radio"/> Singapore PR <input type="radio"/> Others
Please Specify:	SINGAPORE	
Politically Exposed Person	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
(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.		
Are you a Smoker	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

C. Contact

	Client (C)	Spouse / Others (S/O)
Mobile Number	+65 97899743	
Email	hopecmc@gmail.com	
Home Number (Optional)		
Office Number (Optional)		

D. Residential

	Client (C)	Spouse / Others (S/O)
Country of Residence	SINGAPORE	
Postal Code	487213	
Block Number	169	
Street Name	Sunbird Road	
Unit Number		
Building Name (Optional)		
This is a Landed Property	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

E. Employment & Education

	Client (C)	Spouse / Others (S/O)
Employment Status	<input checked="" type="radio"/> Full Time <input type="radio"/> Retired <input type="radio"/> Part Time <input type="radio"/> Others <input type="radio"/> Self Employed	<input type="radio"/> Full Time <input type="radio"/> Retired <input type="radio"/> Part Time <input type="radio"/> Others <input type="radio"/> Self Employed
Occupation	Police Officer / Police Work	
Employer	Singapore Police Force	
Highest Qualification	<input type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> N / O Level <input type="radio"/> Post Sec/A levels/Diploma <input checked="" type="radio"/> Degree & Above	<input type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> N / O Level <input type="radio"/> Post Sec/A levels/Diploma <input type="radio"/> Degree & Above
Is your occupation involved in any of the nature of business listed below? <ul style="list-style-type: none"> Dealers in Precious Metals or Stones Oil/ Petroleum Industry Money Services Business (exclude Banks) Casino or Other Types of Gaming Operators Virtual/ Digital Currencies 	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

F. Languages

	Client (C)	Spouse / Others (S/O)
Proficiency in Both Spoken and Written English?	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Conversant in Spoken Language (Tick all that apply)	<input checked="" type="radio"/> English <input type="radio"/> Malay <input checked="" type="radio"/> Mandarin <input type="radio"/> Tamil <input type="radio"/> Others:	<input type="radio"/> English <input type="radio"/> Malay <input type="radio"/> Mandarin <input type="radio"/> Tamil <input type="radio"/> Others:
Proficient in Written Languages (Tick all that apply)	<input checked="" type="radio"/> English <input type="radio"/> Malay <input type="radio"/> Mandarin <input type="radio"/> Tamil <input type="radio"/> Others:	<input type="radio"/> English <input type="radio"/> Malay <input type="radio"/> Mandarin <input type="radio"/> Tamil <input type="radio"/> Others:

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

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

Selected Client Declaration

- ☐ I acknowledge that I have been identified as Selected Client

Would the client like to be accompanied by a Trusted Individual?

☐ Yes ☐ No

- ☐ I consent to permit the Trusted Individual to be privy to my personal information

Trusted Individual Declaration

- ☐ I, the appointed Trusted Individual, acknowledge that the information I have provided above is true, and that I will be present alongside the Selected Client during the sales process

Trusted Individual's Information & Declaration

This form has been explained by me in this language / dialect		
Full Name (As per NRIC/Passport)		
Identity Number		
Date of Birth (DD/MM/YYYY)		
Country of Nationality		
Relationship with Client		
Contact Number		
Email		

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 Representative / Manager cannot be appointed as a Trusted Individual.

Client Declaration

- ☐ 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.
- ☐ I acknowledge that since I decline to have a Trusted Individual, I can only proceed with the sales process through a face-to-face meeting.

C S/O

- ☐ ☐ I do not have any dependants
- ☒ ☐ I do not wish to disclose my dependants information and for it to be taken into consideration for needs analysis and recommendations.

Please provide details:

Client does not wish to disclose her dependants information for the purpose of this planning.

Dependant's Details (A dependant is a person who relies on another as a primary source of income)

	Dependent 1 (Client)	Dependent 2 (Client)
Full Name (As per NRIC/Passport)		
Race		
Identity Type		
Identity Number		
Gender		
Relationship with the Client		
Date of Birth (DD/MM/YYYY)		
Years to Support		
Remarks		

	Dependent 3 (Client)	Dependent 4 (Client)
Full Name (As per NRIC/Passport)		
Race		
Identity Type		
Identity Number		
Gender		
Relationship with the Client		
Date of Birth (DD/MM/YYYY)		
Years to Support		
Remarks		

	Dependent 3 (Client)	Dependent 4 (Client)

Health Declaration

Do you or any applicants have any medical condition that requires regular attention from the clinic or hospital?

C☐**S/O**☐

Yes

C☒**S/O**☐

No

Please specify the medical condition:

Acknowledgement on Pre-existing Medical Condition:**C S/O**☒ ☐

Applicants with pre-existing conditions may be subject to further health underwriting and undergo further health checkups/medical tests. You have also been made aware that subject to underwriting outcomes, your pre-existing conditions may not be covered, and your policy may be imposed with additional conditions, or your application may be rejected.

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		
A. Protection	H	M	L	H	M	L
Protecting my Family / Assets in the Event of Death	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing for Disability	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing for Critical Illnesses	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing for Long Term Care / Disability Income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing for Hospital, Surgical, Medical Costs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing for Pregnancy Complication / Pregnancy-Related Death	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing for Personal Accident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing for Dependant's Protection Needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Wealth Accumulation						
Planning for Retirement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing for Children's Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Saving for Other Purposes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Client			Spouse / Others		
C. Wealth Preservation / Distribution	H	M	L	H	M	L
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 'Protection' or 'Wealth Accumulation' where you wish to apply the financial planning tool(s).						
Supplementary Retirement Scheme (SRS) Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Estate Planning (e.g. Will, Trusts, CPF Nomination, Lasting power of Attorney)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Notes:						

C S/O

☐ I do not wish to disclose my cash flow information and for it to be taken into consideration for needs analysis and recommendations.

Please provide details:

A. Monthly Inflow	Client	Spouse / Others		Client	Spouse / Others
Net Employment Income (Less CPF Contributions)	9,520		Dividend Income	0	
Bonus	0		Rental Income	0	
Other Income	0				
			Total Monthly Inflow	9,520	
B. Monthly Expenses	Client	Spouse / Others		Client	Spouse / Others
Household			Personal		
Utilities	100		Mobile / Internet / Cable	50	
Groceries	100		Food & Dining	900	
Property Tax	0		Grooming / Shopping	100	
Maid Services	0		Entertainment	0	
Cash Mortgage	0		Vacation	0	
Others:Maintenance Fees	300		Income Tax	2,120	
			Others:	0	
Total Household Expenses	500		Total Personal Expenses	3,170	
Dependants			Transportation		
Allowances - Parents	1,100		Public Transport	150	
Allowances - Children	0		Car Insurance	0	
School Fees	0		Road Tax & Car Servicing	0	
Medical	0		Parking & Petrol	0	
Others:	0		Car Loan		
			Others:	0	
			Others:	0	
Total Dependants Expenses	1,100		Total Transportation Expenses	150	
Insurance - Cash Premiums			Regular Investments - Cash (Incl. SRS)		
Personal	115		Unit Trusts	0	
Children	0		Shares / Stocks	0	
Parents	0		Endowment	0	
Others:	0		Others:	0	
Total Premiums (Cash)	115		Total Regular Investments - Cash (Incl. SRS)	0	

Monthly CPF Info			Miscellaneous Expenses		
CPF Inflow			Charity/ Tithes	1,500	
Ordinary Account	1,554		Other Loans:	0	
Special Account	518		Others:	0	
Medisave Account	666		Others:	0	
Total CPF Inflow	2,738	0	Total Miscellaneous Expenses	1,500	0
CPF Outflow					
OA Mortgage	0		Total Monthly Outflow	6,535	0
OA Regular Investments	0		Monthly Surplus / (Shortfall)	2,985	0
SA Regular Investments	0		Annual Surplus / (Shortfall)	35,820	0
MA Outflow	0				
Total CPF Outflow	0	0			
CPF Surplus / (Shortfall)	2,738	0			

C S/O

☐ ☐ I do not wish to fully disclose my cash flow information
Any Changes to Your Income and Expenditure?

Are there any factors within the next 12 months which may significantly increase or decrease your current income and expenditure position?

C

S/O

☐☐

Yes

C

S/O

☒☐

No

Justification(s)

1. Not Disclosing Expenses

Not entering a value in expense field(s)

Input justification for not disclosing expenses

2. Not Entering Value to All CPF Inflow Fields

Not entering value to all CPF Inflow fields (OA, SA or MA)

Input justification for not entering value to all CPF Inflow fields (OA, SA or MA)

3. Sum of CPF Amount Disclosed Exceeds Stipulated CPF Guidelines

The sum of annualised CPF Inflow (OA,SA,MA) amount disclosed is beyond the stipulated CPF guidelines of \$37,740.

Input justification for annualised CPF (OA,SA,MA) amount disclosed beyond the stipulated CPF guidelines:

Additional Notes:

SECTION 6 - ASSETS & LIABILITIES

GEN006250710120141

C S/O

☐ ☐ 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 details:

A. Assets (Current Market Value)	Client	Spouse / Others		Client	Spouse / Others
Cash / Near Cash			Invested Assets		
Savings	40,000		Unit trusts	0	
Fixed Deposits	0		Stocks	0	
Others:	0		ILPs	0	
Total Cash / Near Cash	40,000		Bonds	0	
Personal Use Assets			Business Interest	0	
Property - Residence	0		Insurance Endowments	0	
Motor Vehicle(s)	0		CPF Balance (OA)	397,002	
Others e.g (Valuables / Collections)	0		CPF Balance (SA)	221,955	
Total Personal Use	0		CPF Medisave (MA)	71,500	
			SRS	0	
			Property - Investment 1	0	
			Property - Investment 2	0	
			Property - Investment 3	0	
			Others:	0	
			Others:	0	
			Others:	0	
			Total CPF Balance	690,457	
			Total Invested Assets	690,457	
			Total Assets	730,457	
B. Liabilities (Outstanding Amount Owning on Liability)	Client	Spouse / Others		Client	Spouse / Others
Short Term			Long Term		
Credit Card(s)	0		Mortgage Loan Residential Property	0	
Bank Overdraft	0				
Outstanding Tax	0		Mortgage Loan on Investment Property 1	0	
Others:	0				
Others:	0		Mortgage Loan on Investment Property 2	0	
Others:	0				
Total Short Term	0		Mortgage Loan on Investment Property 3	0	
			Car Loan	0	
			Others:	0	
			Others:	0	
			Others:	0	
			Total Long Term Liabilities	0	
			Total Liabilities	0	
			Net Worth	730,457	

C S/O

☐ ☐ I do not wish to fully disclose my assets and liabilities**Any Changes to Your Net Worth?**

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

C

S/O

☐☐

Yes

C

S/O

☒☐

No

Justification(s)**1. No Mortgage Loan Value**

The Cash/OA Mortgage has a value in 'Inflow & Outflow', please input a value at least one mortgage loan in 'Assets & Liabilities'.
Input justification for not entering a value for at least one mortgage loan

2. No Cash / OA Mortgage Value

The has a value in 'Assets & Liabilities', please input a value for Cash/OA Mortgage in 'Inflow & Outflow'.
Input justification for not entering a value for Cash/OA Mortgage

3. No Property Type Value

The has a value in 'Assets & Liabilities', please input a value for property type in this section.
Input justification for not entering a value for property type in 'Assets & Liabilities'

4. Not Disclosing Property Value

There is Rental Income/Property Tax that has been disclosed under 'Inflow & Outflow', but no property value is disclosed in 'Assets & Liabilities'. Please input a property value in 'Assets & Liabilities'.
Input justification for not entering a property value in 'Assets & Liabilities'

5. Not Entering Value to All CPF Balance Fields

Please input value to all CPF Balance fields (OA, SA or MA)

Input justification for not entering value to all CPF Balance fields (OA, SA, MA)



6. CPF Medisave Balance Disclosed Exceeds Stipulation CPF Guidelines

The CPF Medisave balance disclosed is beyond the stipulated CPF Guidelines of \$75,500.

Input justification for the CPF Medisave balance amount disclosed being beyond the stipulated CPF guidelines:

Additional Notes:

SECTION 7 - EXISTING INVESTMENTS AND INSURANCE

GEN006250710120141

A. Existing Investments

C S/O

- ☐ I do not have any existing investments.
- ☒ I do not wish to disclose my existing investment information and for it to be taken into consideration for needs analysis and recommendations.

Please Provide Details:

Client does not wish to use existing investment for the purpose of this planning .

Existing Investments (An existing investment could be Stocks, Bonds, Unit Trusts, Managed Accounts etc)

Owner	Type of Investment	Cash/CPF/SRS	Investment Amount (SP/RSP)	Current Value	Remarks
-------	--------------------	--------------	----------------------------	---------------	---------

C S/O

- ☐ I do not wish to fully disclose my existing investments.

Additional Notes:

B. Existing Insurance

C S/O

- ☐ I do not have any existing insurance.
- ☐ I do not wish to disclose my existing insurance information and for it to be taken into consideration for needs analysis and recommendations.

Please Provide Details:

Existing Life / Health Insurance Policies (An existing insurance includes CPF Dependants' Protection Scheme, Investment-Linked, Endowment, Income Protection, Hospitalisation, Total Permanent Disability, Whole Life etc)

Hospital plan cover	Life Assured	Owner	Commencement Date (DD/MM/YY)	Life Company and Type of Policy	Annual Premium	Sum Assured - Death	Sum Assured - Total Permanent Disability
<input type="radio"/>	CHAN MEI CHENG	CHAN MEI CHENG		Combined	1,380	203,000	200,000
	Sum Assured - Critical Illness	Sum Assured - Personal Accident	Sum Assured - Maternity	Monthly Benefit - Long term Care/Disability Income	Cash Value/ Maturity	Remarks	
	300,000						

C **S/O**
☐ ☐ I do not wish to fully disclose my existing insurance.

Additional Notes:

Justification(s)

1. Total Premiums Do Not Match

Total premiums entered here do not match with total insurance cash premium & Medisave outflow in 'Inflow & Outflow'

Input justification as the premiums stated in this section do not match with the Total Cash Premiums & Medisave outflow in 'Inflow & Outflow'

Additional Notes:

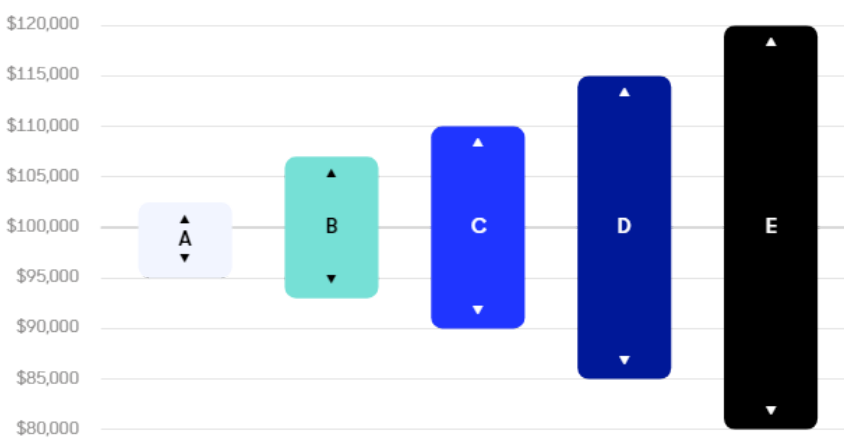
The following questions are designed to determine your investment risk profile, taking into account your financial needs, circumstances, and objectives. Please indicate your preferences.

Portfolio 1 Name: CHAN MEI CHENG

Portfolio 2 Name:

	Score	
Risk Profile Assessment	Portfolio 1	Portfolio 2
1. Choose your preferred risk/return objective		
<div style="display: flex; align-items: center;"> <div style="text-align: right; margin-right: 10px;">Lowest Risk and Lowest Potential Return</div> <div style="text-align: center; flex-grow: 1;"> </div> <div style="text-align: left; margin-left: 10px;">Highest Risk and Highest Potential Return</div> </div>	<input type="radio"/> 1	<input type="radio"/> 1
	<input type="radio"/> 2	<input type="radio"/> 2
	<input checked="" type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4
	<input type="radio"/> 5	<input type="radio"/> 5
2. Time Horizon: How much time have you set aside to achieve your investment/financial objectives?		
3 years or less	<input type="radio"/> 1	<input type="radio"/> 1
> 3 - 5 years	<input type="radio"/> 2	<input type="radio"/> 2
> 5 - 7 years	<input checked="" type="radio"/> 3	<input type="radio"/> 3
> 7 - 10 years	<input type="radio"/> 4	<input type="radio"/> 4
More than 10 years	<input type="radio"/> 5	<input type="radio"/> 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?		
0 - 2%	<input type="radio"/> 1	<input type="radio"/> 1
> 2 - 4%	<input checked="" type="radio"/> 2	<input type="radio"/> 2
> 4 - 6%	<input type="radio"/> 3	<input type="radio"/> 3
> 6 - 8%	<input type="radio"/> 4	<input type="radio"/> 4
More than 8%	<input type="radio"/> 5	<input type="radio"/> 5

	Score	
Risk Profile Assessment	Portfolio 1	Portfolio 2
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?		
-10%	<input type="radio"/> 1	<input type="radio"/> 1
-20%	<input type="radio"/> 2	<input type="radio"/> 2
-30%	<input checked="" type="radio"/> 3	<input type="radio"/> 3
-45%	<input type="radio"/> 4	<input type="radio"/> 4
-60%	<input type="radio"/> 5	<input type="radio"/> 5
5. If stock markets have dropped by at least 20% in value over a year, how will you potentially respond?		
I would probably be very upset and sell off all my investments	<input type="radio"/> 1	<input type="radio"/> 1
I would be upset and will only sell off those with little or no losses	<input type="radio"/> 2	<input type="radio"/> 2
I would not be happy but will keep my investments in the hope of a recovery	<input checked="" type="radio"/> 3	<input type="radio"/> 3
I would think it is a good buying opportunity and buy cautiously	<input type="radio"/> 4	<input type="radio"/> 4
I would think it is a great buying opportunity and buy aggressively	<input type="radio"/> 5	<input type="radio"/> 5

		Score	
Risk Profile Assessment		Portfolio 1	Portfolio 2
6. The following chart shows the possible range of values for 5 different investments of \$100,000 after one year. Which investment would you be most comfortable in owning?			
	<input type="radio"/> A	<input type="radio"/> A	
	<input type="radio"/> B	<input type="radio"/> B	
	<input checked="" type="radio"/> C	<input type="radio"/> C	
	<input type="radio"/> D	<input type="radio"/> D	
	<input type="radio"/> E	<input type="radio"/> E	

Score (Q1 to Q6)	Investment Risk Profile	Score	
		Portfolio 1	Portfolio 2
6 to 9	Conservative	17	0
10 to 14	Moderate		
15 to 21	Balanced	Investment Risk Profile	
22 to 26	Growth	Balanced	
27 to 30	Aggressive		

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 (\leq) 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 (\leq) 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 enables you to feel comfortable with some short- to medium-term risk. Your priority is consistent capital growth with some income to smooth 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 (\leq) 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 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 (\leq) 5.0

SECTION 9 - CUSTOMER KNOWLEDGE ASSESSMENT / CUSTOMER ACCOUNT REVIEW

GEN006250710120141

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		Client	Spouse / Others																													
Educational Qualifications	1. Do you have a diploma or higher qualifications in any of the following?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No																													
	<table><tbody><tr><td>C</td><td>S/O</td><td>C</td><td>S/O</td><td>C</td><td>S/O</td></tr><tr><td><input type="radio"/></td><td><input type="radio"/> Accountancy</td><td><input type="radio"/></td><td><input type="radio"/> Economics</td><td><input type="radio"/></td><td><input type="radio"/> Computational Finance</td></tr><tr><td><input type="radio"/></td><td><input type="radio"/> Actuarial Science</td><td><input type="radio"/></td><td><input type="radio"/> Financial Engineering</td><td><input type="radio"/></td><td><input type="radio"/> Insurance</td></tr><tr><td><input type="radio"/></td><td><input type="radio"/> Capital Markets</td><td><input type="radio"/></td><td><input type="radio"/> Financial Planning</td><td><input type="radio"/></td><td><input type="radio"/> Business / Business Admin / Business Management/Business Studies</td></tr><tr><td><input type="radio"/></td><td><input type="radio"/> Commerce</td><td><input type="radio"/></td><td><input type="radio"/> Finance</td><td></td><td></td></tr></tbody></table>	C	S/O	C	S/O	C	S/O	<input type="radio"/>	<input type="radio"/> Accountancy	<input type="radio"/>	<input type="radio"/> Economics	<input type="radio"/>	<input type="radio"/> Computational Finance	<input type="radio"/>	<input type="radio"/> Actuarial Science	<input type="radio"/>	<input type="radio"/> Financial Engineering	<input type="radio"/>	<input type="radio"/> Insurance	<input type="radio"/>	<input type="radio"/> Capital Markets	<input type="radio"/>	<input type="radio"/> Financial Planning	<input type="radio"/>	<input type="radio"/> Business / Business Admin / Business Management/Business Studies	<input type="radio"/>	<input type="radio"/> Commerce	<input type="radio"/>	<input type="radio"/> Finance			
C	S/O	C	S/O	C	S/O																											
<input type="radio"/>	<input type="radio"/> Accountancy	<input type="radio"/>	<input type="radio"/> Economics	<input type="radio"/>	<input type="radio"/> Computational Finance																											
<input type="radio"/>	<input type="radio"/> Actuarial Science	<input type="radio"/>	<input type="radio"/> Financial Engineering	<input type="radio"/>	<input type="radio"/> Insurance																											
<input type="radio"/>	<input type="radio"/> Capital Markets	<input type="radio"/>	<input type="radio"/> Financial Planning	<input type="radio"/>	<input type="radio"/> Business / Business Admin / Business Management/Business Studies																											
<input type="radio"/>	<input type="radio"/> Commerce	<input type="radio"/>	<input type="radio"/> Finance																													
Please also specify the full name of the qualification(s), Education Institution(s) in which the qualification(s) were obtained and any other relevant information:																																
<table><tbody><tr><td>Client</td><td>Spouse / Others</td></tr><tr><td><div></div></td><td><div></div></td></tr></tbody></table>	Client	Spouse / Others	<div></div>	<div></div>																												
Client	Spouse / Others																															
<div></div>	<div></div>																															
Professional Qualifications	2. Do you have a professional finance-related qualification? (e.g. AFP/AWP/CFP, AFC/ChFC, ACCA, CLU, CFA/CAIA, CPA/CA, FRM, CISI, CFTe, CMFAS M6A/M8A/M9A)	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No																													
	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:																															
	<table><tbody><tr><td>Client</td><td>Spouse / Others</td></tr><tr><td><div></div></td><td><div></div></td></tr></tbody></table>	Client	Spouse / Others	<div></div>	<div></div>																											
Client	Spouse / Others																															
<div></div>	<div></div>																															

SECTION 9 - CUSTOMER KNOWLEDGE ASSESSMENT / CUSTOMER ACCOUNT REVIEW

GEN006250710120141

Part 1: Knowledge Acquired		Client	Spouse / Others
Investment Experience	<p>3. Have you made at least 6 transactions in the following "Specified Investment Products" in the past 3 years?</p> <div style="display: flex; justify-content: space-around;"> <div> <p>C S/O</p> <p><input type="radio"/> <input type="radio"/> Unlisted Specified Investment Products (e.g. Unit Trusts, Investment-Linked Policies)</p> </div> <div> <p>C S/O</p> <p><input type="radio"/> <input type="radio"/> Listed Specified Investment Products (e.g. Exchange Traded Funds, Daily Leverage Certificates, Structured Warrants, Exchange Traded Notes, Futures, Callable Bull/Bear Contracts, Options)</p> </div> </div> <p>If yes, please specify the full name of the Financial Institution(s) where the transactions were carried out and any other relevant information:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>Client</p> <div style="border: 1px solid black; height: 70px; margin-top: 5px;"></div> </div> <div style="width: 48%;"> <p>Spouse / Others</p> <div style="border: 1px solid black; height: 70px; margin-top: 5px;"></div> </div> </div>	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Work Experience	<p>4. Do you have a minimum of 3 continuous years of working experience* in the preceding 10 years involving the following fields?</p> <div style="display: flex; justify-content: space-around;"> <div> <p>C S/O</p> <p><input type="radio"/> <input type="radio"/> Development / Structuring / Management / Sale / Trading / Research / Analysis of Investment Products</p> </div> <div> <p>C S/O</p> <p><input type="radio"/> <input type="radio"/> Provision of training on investment products</p> </div> <div> <p>C S/O</p> <p><input type="radio"/> <input type="radio"/> Accountancy, Actuarial Science, Treasury, Financial Risk Management and Legal work in financial areas</p> </div> </div> <p>*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:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>Client</p> <div style="border: 1px solid black; height: 70px; margin-top: 5px;"></div> </div> <div style="width: 48%;"> <p>Spouse / Others</p> <div style="border: 1px solid black; height: 70px; margin-top: 5px;"></div> </div> </div>	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

SECTION 9 - CUSTOMER KNOWLEDGE ASSESSMENT / CUSTOMER ACCOUNT REVIEW

GEN006250710120141

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.

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

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.

**1. In the Event of Death
Income****Client****Spouse / Others**

Monthly Amount Required	\$3,000	Monthly	\$	Monthly
Annual Amount Required (pmt)	\$36,000	Annually	\$	Annually
Number of Years Required (n)	20	Years		Years

Investment Rate of Return (%) (R)

0

Assumed Inflation Rate (%) (i)

0

Inflation-adjusted Rate of Return from Investments (%) (i)

0

(A) Funds Required to Provide Income (pv)

\$720,000

\$

Liabilities

Outstanding Mortgage

\$

\$

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

\$

\$

Funds Required for Dependents' Education (tertiary, etc.)

\$

\$

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

\$10,000

\$

Others: Gift for Family

\$500,000

\$

(B) Funds Required to Settle Liabilities

\$510,000

\$

(A + B) = (C) Total Funds Required

\$1,230,000

\$

Existing Resources Allocated (Current Values)

Life Insurance Coverage

\$203,000

\$

Cash Assets (Savings, Fixed Deposits, etc.)

\$40,000

\$

CPF

\$690,457

\$

Investments (Bonds, Unit Trusts, Shares)

\$

\$

Others:

\$

\$

(D) Total

\$933,457

\$

(D - C) = Surplus / (Shortfall)

\$(296,543)

\$

Reason(s) for Deviations:

2.In the Event of Critical Illness**Client****Spouse / Others**

Monthly Needs Required for Living Expenses and/or dependants	\$3000	Monthly	\$	Monthly
Annual Amount Needs Required for Living Expenses and/or dependants (pmt)	\$36,000	Annually	\$	Annually
Number of Years Required (n)	20	Years		Years
Investment Rate of Return (%) (R)	0			
Assumed Inflation Rate (%) (i)	0			
Inflation-adjusted Rate of Return from Investments (%) (i)	0			
Funds Required (pv)	\$720,000		\$	
Lump Sum Required for Treatment of Illness	\$300,000		\$	
Others:	\$		\$	
(A) Total Critical Illness Needs	\$1,020,000		\$	
Existing Resources Allocated (Current Values)				
Life Insurance Coverage	\$300,000		\$	
Cash Assets (Savings, Fixed Deposits, etc.)	\$40,000		\$	
Others:	\$		\$	
(B) Total	\$340,000		\$	
(B - A) = Surplus / (Shortfall)	\$(680,000)		\$	

Reason(s) for Deviations:

Client would like to use 20 years to plan for critical illness.

3. In the Event of Disability Income**Client****Spouse / Others**

Monthly Amount Needs for Living Expenses and/or Dependants	\$3,000	Monthly	\$	Monthly
Annual Amount Needs for Living Expenses and/or Dependants (pmt)	\$36,000	Annually	\$	Annually
Number of Years Required (n)	25	Years		Years

Investment Rate of Return, (%) (R)

0

Assumed Inflation Rate, (%) (i)

0

Inflation-adjusted Rate of Return from Investments (%) (i)

0

(A) Funds Required to Provide Income (pv)

\$900,000

\$

Expenses

Provision for Medical Expenses

\$100,000

\$

Others:

\$

\$

(B) Total Expenses

\$100,000

\$

(A + B) = (C) Total Funds Required

\$1,000,000

\$

Existing Resources Allocated (Current Values)

Existing Total Permanent Disability (TPD) payout

\$200,000

\$

Others:

\$

\$

(D) Total Funds Available

\$200,000

\$

(D - C) = Surplus / (Shortfall)

\$(800,000)

\$

Reason(s) for Deviations:

4. In the Event of Disability (Long Term Care / Disability Income)**Client****Spouse / Others****(A) Monthly Needs Required**

\$

Monthly

\$

Monthly

Preferred Benefit Payout Period (Lifetime or Years)

Years

Years

(B) Current Monthly Benefits

\$

\$

(B - A) = Surplus / (Shortfall)

\$

\$

Reason(s) for Deviations:

5. In the Event of Hospitalisation / Medical Expenses

Preferred Hospital Type and Ward?

Client☐ Private

Government Restructured

☐ A ☐ B1 ☐ B2/C☐ Deductible ☐ Co-insurance☐ Deductible & Co-insurance☐ Not Applicable**Spouse / Others**☐ Private

Government Restructured

☐ A ☐ B1 ☐ B2/C☐ Deductible ☐ Co-insurance☐ Deductible & Co-insurance☐ Not Applicable

Provision for Deductible and/or Co-Insurance?

Existing Type of Hospital Plan Cover?

Insurer Name and Plan Type?

Reason(s) for Deviations:

6. In the Event of Personal Accident

(A) Personal Accidental Death Needs

(B) Existing Resources (if any)

(B - A) = Surplus / (Shortfall)

Reason(s) for Deviations:

Client

\$

\$

\$

Spouse / Others

\$

\$

\$

7 In the Event of Pregnancy-Complications / Pregnancy-Related Death

No. of Foetus

Pregnancy through IVF

(A) Coverage Amount

(B) Existing Resources (if any)

(B - A) = Surplus / (Shortfall)

Reason(s) for Deviations:

Client

\$

\$

\$

Spouse / Others

\$

\$

\$

8.Planning for Dependants Protection**Dependant(s)**

Name of Dependant:

.....

A. In the Event of Hospitalisation

Preferred Hospital Type and Ward?

☐ Private☐ Private☐ Private☐ Private☐ Government☐ Government☐ Government☐ Government

Restructured - A

Restructured - A

Restructured - A

Restructured - A

☐ Government☐ Government☐ Government☐ Government

Restructured - B1

Restructured - B1

Restructured - B1

Restructured - B1

☐ Government☐ Government☐ Government☐ Government

Restructured - B2/C

Restructured - B2/C

Restructured - B2/C

Restructured - B2/C

Provision for Deductible?

☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No

Provision for Co-Insurance?

☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No

Existing Type of Hospital Plan Cover?

.....

Reason(s) for Deviations:

B. In the Event of Critical Illness

Total Funds Required

\$

\$

\$

\$

Existing Resources (if any)

\$

\$

\$

\$

Surplus / (Shortfall)

\$

\$

\$

\$

Reason(s) for Deviations:

C. In the Event of Disability

Total Funds Required

\$

\$

\$

\$

Existing Resources (if any)

\$

\$

\$

\$

Surplus / (Shortfall)

\$

\$

\$

\$

Reason(s) for Deviations:

D. In the Event of Death

Final Expenses	\$	\$	\$	\$
Loans (e.g. education loan etc)	\$	\$	\$	\$
Others:	\$	\$	\$	\$
Total Cash Needs	\$	\$	\$	\$
Existing Resources (if any)	\$	\$	\$	\$
Surplus / (Shortfall)	\$	\$	\$	\$

Reason(s) for Deviations:

E. In the Event of Personal Accident

Personal Accidental Death Needs	\$	\$	\$	\$
Existing Resources (if any)	\$	\$	\$	\$
Surplus / (Shortfall)	\$	\$	\$	\$

Reason(s) for Deviations:

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.

9.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
Desired Annual Retirement Income in Today's Value (pv)	\$ Annually	\$ Annually
Assumed Inflation Rate (%) (i)		
Desired Annual Retirement Income (fv)	\$ Annually	\$ Annually
Investment Rate of Return (%) (R)		
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)		
Life Insurance Cash Value	\$	\$
Cash Assets (Savings, Fixed Deposits, etc.)	\$	\$
Investments (Bonds, Unit Trusts, Shares, etc.)	\$	\$
Others:	\$	\$
(D) Funds Available at Retirement Age (fv)	\$0	\$
(D) - (C) = Surplus / (Shortfall) at Retirement	\$0	\$
Reason(s) for Deviations:		

SECTION 10B - NEEDS ANALYSIS (WEALTH ACCUMULATION)

GEN006250710120141

10. Providing for Children's Tertiary Education

Name of Child:

Number of Years to University (n)

Current Annual Cost of Tertiary Education (Tuition+Allowances) (pv)

Education Inflation Rate (%) (i)

Course Duration (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)

Reason(s) for Deviations:

Client

Spouse / Others

Years

Years

Annually

Annually

Years

Years

\$0

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$0

\$

0

11. Savings for Other Purposes

Purpose

(A) Target Amount

Years to target (n)

Cash Assets (Savings, Fixed Deposits, etc.)

Investments (Bonds, Unit Trusts, Shares, etc.)

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

(B - A) = Surplus / (Shortfall)

Reason(s) for Deviations:

Client

Spouse / Others

Years

Years

ROI (%)

\$

\$

\$

\$

\$

\$

\$

\$

Justification(s)

1. Over-utilisation of Cash assets (Savings, Fixed Deposits, etc)

Over-utilising of Cash assets (Savings, Fixed Deposits, etc)

2. Under-utilisation of Cash assets (Savings, Fixed Deposits, etc)

Not fully utilising Cash assets (Savings, Fixed Deposits, etc)

3. Over-utilisation of Investments (Bonds, Unit Trusts, Shares)

Over-utilising of Investments (Bonds, Unit Trusts, Shares)

4. Under-utilisation of Investments (Bonds, Unit Trusts, Shares)

Not fully utilising Investments (Bonds, Unit Trusts, Shares)

Additional Notes:

SECTION 11 - AFFORDABILITY

GEN006250710120141

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 you are willing to invest should not be more than 50% of:

Annual Cashflow and/or Total Cash / Near Cash, for Cash

CPF Balance (OA) in Section Assets & Liabilities, for CPF Ordinary Account

CPF Balance (SA) in Section Assets & Liabilities, for CPF Special Account

CPF Balance (MA) in Section Assets & Liabilities, for CPF Medisave Account

For SRS, you should not invest more than 100% of your total SRS in Section Assets & Liabilities

It is recommended that you should also set aside 3 to 6 months of your monthly outflow if income is regular or 12 months if income is irregular, for emergency purposes.

Funds	Client			Spouse / Others		
	Annual Amount	Single Amount	Substantial Amount	Annual Amount	Single Amount	Substantial Amount
Cash	5,300		<input type="checkbox"/> Yes <input checked="" 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

The cash budget is taken from
Annual Surplus

Client

☒

Spouse / Others

☐

Total Cash / Near Cash

☐
☐

Both Annual Surplus and Total Cash/ Near Cash

☐
☐

If both Annual Surplus and Total Cash / Near Cash is selected, input the amount for each allocation:

Client

Spouse / Others

Annual Surplus

Total Cash / Near Cash

Basis of Recommendations (Complete this section for Life & Health Advice)

FWD - FWD Life Protection

☒ Client's Choice

CHAN MEI CHENG (Proposer)

Needs: Death, Disability, Critical Illness

Life Assured	Payment Frequency	Settlement Mode	Client's Risk Profile
CHAN MEI CHENG	Annual	Cash	Balanced
Base Cover			
Sum Assured	Premium	Premium Term	Policy Term
\$100,000	\$2,284	20 years	Whole life
Rider 1: FWD Life Protection (Booster) Base Cover			
Sum Assured	Premium	Premium Term	Coverage Term
\$200,000	\$348	20 years	Whole life
Rider 2: FWD Early CI Protection Rider Base Cover			
Sum Assured	Premium	Premium Term	Coverage Term
\$100,000	\$709	20 years	Whole life
Rider 3: FWD Early CI Protection (Booster) Base Cover			
Sum Assured	Premium	Premium Term	Coverage Term
\$200,000	\$1,878.2	20 years	Whole life

Please elaborate on the following points (where applicable):

- How does the product features & benefits meet the client's financial objectives and needs?
- How does the product meet the client's financial situation?
- How does the product fit the client's risk profile and time horizon?
- Has affordability and liquidity of the client been assessed?

FWD - FWD Life Protection

 **Client's Choice**

CHAN MEI CHENG (Proposer)

Needs: Death, Disability, Critical Illness

Life Assured CHAN MEI CHENG	Payment Frequency Annual	Settlement Mode Cash	Client's Risk Profile Balanced
---------------------------------------	------------------------------------	--------------------------------	--

Base Cover

Sum Assured \$100,000	Premium \$2,284	Premium Term 20 years	Policy Term Whole life
---------------------------------	---------------------------	---------------------------------	----------------------------------

Rider 1: FWD Life Protection (Booster) Base Cover

Sum Assured \$200,000	Premium \$348	Premium Term 20 years	Coverage Term Whole life
---------------------------------	-------------------------	---------------------------------	------------------------------------

Rider 2: FWD Early CI Protection Rider Base Cover

Sum Assured \$100,000	Premium \$709	Premium Term 20 years	Coverage Term Whole life
---------------------------------	-------------------------	---------------------------------	------------------------------------

Rider 3: FWD Early CI Protection (Booster) Base Cover

Sum Assured \$200,000	Premium \$1,878.2	Premium Term 20 years	Coverage Term Whole life
---------------------------------	-----------------------------	---------------------------------	------------------------------------

Basis of Recommendation

I am recommending the following product / rider based on an analysis of the client's needs:

Recommended Product/Rider(s): FWD - FWD Life Protection, FWD Life Protection (Booster), FWD Early CI Protection Rider, FWD Early CI Protection (Booster)

Life Assured: CHAN MEI CHENG

Client's Needs: Death, Disability, Critical Illness

Upon recommendation, the client, CHAN MEI CHENG (Proposer), has chosen the following product / rider:

FWD - FWD Life Protection with the premium amount of 2,284 and payment frequency of Annual with a term of 20 years.

FWD Life Protection (Booster) with the premium amount of 348 and payment frequency of Annual with a term of 20

FWD Early CI Protection Rider with the premium amount of 709 and payment frequency of Annual with a term of 20

FWD Early CI Protection (Booster) with the premium amount of 1,878.2 and payment frequency of Annual with a term of 20

Reasons for Recommendation:

After comparing with Singlife Whole Life Choice, FWD Life Protection is preferred as the premium is more competitive.

1. FWD Life Protection – This plan will provide insurance protection of \$100,000 for Death/Total and Permanent Disability and \$100,000 for Early Illness to reduce the shortfalls uncovered. The premium payment term is limited to 20 years which is within your intended retirement age and this matches your desire to have premium payment end before retirement (i.e. age 65). If death, disability and illness happen before age 75, there is a guaranteed benefit (3 times Sum Assured).

Please note:

You understand that if you have chosen to backdate the policy and you would like this policy to be issued on your Age Next Birthday, you understand that the premiums are payable starting from the policy inception date and there is no insurance coverage provided over this period. You confirm that you understand the above and you wish to proceed with the back dating.

Switching / Replacement of Policy

Is there switching/replacement of policy?

☐ Yes

☒ No

Reasons for switching / replacing policy (where applicable):

Need(s) Covered and Surplus / (Shortfall) (\$)

CHAN MEI CHENG

1. Protecting my Family/Assets in the event of Death - (Shortfall)	(296,543)
2. Providing for Disability - (Shortfall)	(800,000)
3. Providing for Critical Illness - (Shortfall)	(680,000)

Additional Details:

There will be surplus in your death needs after taking up the plan because of the additional cover under FWD Life Protection and you are aware of it. You don't mind the excess coverage as you would like your family to be amply provided should death occur.

Risk Profile & CKA / CAR

CHAN MEI CHENG

Risk Profile	Balanced
CKA	Fail
CAR	Fail

Additional Details:

Budget (\$), Affordability & Sustainability

CHAN MEI CHENG

Cash (Annual)	5300
---------------	------

Additional Details:

The premium for this plan is limited to 20 years. The total annual premium is \$5,219.20 which is within your given budget.

Product Features, Risks & Limitations**FWD - FWD Life Protection****Features**

FWD Life Protection is a participating whole of life policy with a limited premium payment term that covers death, terminal illness and total and permanent disability. This plan offers high protection coverage with a non-participating supplementary benefit (Life Protection Booster).

Risks

This participating policy allows you to take part in the performance of the Participating Fund, in the form of bonuses that are not guaranteed. An early termination of the policy usually involves high costs and the surrender value, if any, that is payable to you may be zero or less than the total premiums paid.

Limitations

Future bonuses of this plan, which have yet to be added to your policy, are not guaranteed.

Rider - FWD Life Protection (Booster)**Features**

The booster is the additional protection coverage that is applicable during the booster cover period for the basic benefits and selected supplementary benefits.

Risks

The Life Protection Booster amount will be reduced once the person insured reaches the chosen Minimum Protection Level (MPL) age option, and this reduction will continue for a period of 5 years.

Limitations

This cover does not have any cash value.

Rider - FWD Early CI Protection Rider

Features

This FWD Early CI Protection Rider covers the person insured for all stages of critical illnesses, special and juvenile conditions, pre-early cancer, and admission into an intensive care unit (ICU).

Risks

The premium rates are level throughout the premium term but not guaranteed which may be adjusted based on future claims experience.

Limitations

This plan does not have any cash value.

Rider - FWD Early CI Protection (Booster)

Features

Early CI Protection Booster is a reducing, non-participating supplementary benefit.

Risks

The Early CI Protection Booster amount will be reduced once the person insured reaches the chosen Minimum Protection Level (MPL) age option, and this reduction will continue for a period of 5 years. Thereafter, it will remain constant until this rider expires.

Limitations

This cover does not have any cash value.

Additional Information**Your Recommendation Covers Extra Needs**

CHAN MEI CHENG

Edit your recommendation or delete it and create a new one for FWD - FWD Life Protection, or provide the reason for deviation.

Provide reason for deviation:

Mismatch of Policy Terms & Number of Years Required In the Event of Death.

CHAN MEI CHENG

Time Horizon: Mismatch of Policy Term for FWD - FWD Life Protection with Section Need Analysis In the Event of Death - Number of years required (n) for CHAN MEI CHENG.

Provide reason for the mismatch of Policy Term & Number of years required:

Whole Life Protection is preferred

Mismatch of Policy Term & Investment Time Horizon

CHAN MEI CHENG

Mismatch of Policy Term for FWD Life Protection with CHAN MEI CHENG investment time horizon. Please note that the time horizon selected in the Risk Profile Assessment (Qn 2) is used to match with the recommended product policy term.

Provide reason for the mismatch of policy term & client's investment time horizon:

Total Annualised Cash Premium Plus Expenses Is Greater than Savings.

CHAN MEI CHENG

The sum of annualised premium and Total Annual Outflow (in section Inflow & Outflow) have exceeded CHAN MEI CHENG's Total Cash / Near Cash (in section Assets & Liabilities).

Provide explanation how client will sustain the premium payments:

Client will be using her monthly surplus to fund for the plan

SECTION 13 - SWITCHING / REPLACEMENT OF POLICY

GEN006250710120141

1. Are you switching / replacing in full or in part any existing or recently terminated collective investment scheme or insurance policy, whether purchased from GEN FA or other Financial Institution?

☐ Yes ☒ No

If "Yes", please proceed to the next question. Your Representative 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 Representative recommend that you switch / replace in full or in part any collective investment scheme or insurance policy, whether purchased from GEN FA or other financial advisers?

☐ Yes ☐ No

3. Did the Representative 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

GEN006250710120141

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

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

I have been directed to the following guide 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 "Evaluating My Health Insurance Coverage"
- 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 my expected level of risk tolerance. 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 "Navigator", GEN FA and its representatives will be unable to provide advice and/or recommendations on the securities that I have transferred into my GEN FA account. I understand and acknowledge that GEN FA and its representatives shall not be held responsible and liable for any market performance of the investments.

3.Exchange Traded Funds (where applicable)

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

4.Payer's Source of Funds

- ☒ Salary
- ☐ Financial Investment
- ☐ Inheritance
- ☐ Business Income
- ☐ Insurance Benefits
- ☐ Family Gifts
- ☐ Compensation or Remuneration
- ☐ Retirement Assets
- ☐ Others (please specify)
- ☐ Payment by Third Party

Please specify the source if you selected "Others"

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

Third Party Payer's Name:	Payer's Nationality:
Identity Number:	Payer's Country of Residence:
Relationship with the Client:	Specify the Relationship with the Client:
Reason for Third Party Payment:	
Insurance Products & Investment Portfolios:	

5. Third Party Payer's Source of Funds

- ☐ Salary
- ☐ Financial Investment
- ☐ Inheritance
- ☐ Business Income
- ☐ Insurance Benefits
- ☐ Family Gifts
- ☐ Compensation or Remuneration
- ☐ Retirement Assets
- ☐ Others (please specify)

Please specify the source if you selected "Others"

6. Payer's Source of Wealth

- ☒ Salary
- ☐ Financial Investment
- ☐ Inheritance
- ☐ Business Income
- ☐ Insurance Benefits
- ☐ Family Gifts
- ☐ Compensation or Remuneration
- ☐ Retirement Assets
- ☐ Others (please specify)

Please specify the source if you selected "Others"

7. Tax Declaration

Have I committed or been convicted of any serious tax crimes?

☐ Yes ☒ No

If Yes, Client(s) name:

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

9. Are you Currently Receiving Additional Premium Support (APS) to pay for your MediShield Life and/or CareShield Life premiums?

Not applicable

10. Warning on Eligibility of Additional Premium Support from Government*

Not applicable

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.

11. Personal Data Notice and Consent Clause

I/We hereby authorise, agree and consent to the following: 1. GEN Financial Advisory & / its representatives to collect my/our personal information, use it to analyse my/our financial situation, provide financial planning strategies and recommendations on investment and/ or insurance products to achieve my/our financial objectives. My/our personal circumstance may change, affecting my/our financial position and financial objectives, hence periodic reviews will be needed. Implementations of financial planning strategies require the purchase of financial products and disclosure of my/our personal data to product providers for their issuance of contracts and creation of customer accounts. Personal data is also used for compliance, audit and regulatory purposes. GEN Financial Advisory takes reasonable steps to ensure client's personal data are protected and/ or secured in accordance with the requirements under the FAA and/or PDPA. 2. GEN Financial Advisory &/our representatives to collect, use and/or disclose my/our personal data to ensure maintenance of my/our investment and/or insurance plan/s and notify me/us of any new product information and services relevant to my/our needs or policies and/or accounts. 3. GEN Financial Advisory &/our representatives to provide any new marketing, advertising and promotional materials on new financial products and services relevant to my/our financial plan, by way of:

Please tick the box if you wish to provide your consent:

☒ Mail ☒ Email ☒ Messages on any messaging platform (including SMS) ☒ Call

I/We am/are aware that I/we may withdraw my/our consent provided by me/us anytime by submitting the GEN Financial Advisory PDPA Withdrawal Consent Form to GEN Financial Advisory by mail or email at dataprotection@gen.com.sg. Our Data Protection Officer can be reached at +65 6589 8388 or email at dataprotection@gen.com.sg for further queries. GEN Financial Advisory Data Protection Policy can be made available upon request.

12. Mode of Acquisition (Please choose one (1) option)

- | | | |
|---|---|---|
| <input type="checkbox"/> Roadshow | <input type="checkbox"/> Seminar at Client Premise | <input checked="" 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 (Please specify): |
| <input type="checkbox"/> Street Canvassing | <input type="checkbox"/> Approved Introducer | |

Please specify the mode of acquisition if you selected "Others"

SECTION 14 - CLIENT ACKNOWLEDGEMENT AND DECLARATION

GEN006250710120141

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

Face to Face Meeting:

- | | | |
|---|--|--|
| <input type="checkbox"/> Branch/Office Premise | <input type="checkbox"/> Event Site of Roadshow/Retailer Tie-up/Seminar | <input type="checkbox"/> Adviser's Home |
| <input type="checkbox"/> Public/Outdoor Areas (Hospitals, MRT station, Parks, etc) | <input type="checkbox"/> Client's own/relative home (including Void Deck, Life Lobby, Condo Club House, etc) | <input type="checkbox"/> Retailer/Shopping area (Shopping mall, Cafe, Restaurant, Fast Food, Foodcourt, Coffeeshop, etc) |
| <input type="checkbox"/> Client's office/shop/workplace (including Office Lobby, etc) | | |

Non-Face-to-Face Meeting:

- | | |
|---|--|
| <input type="checkbox"/> Non-Face-to-Face - Telephone | <input checked="" type="checkbox"/> Non-Face-to-Face - Virtual Meeting (Webex, Zoom, Teams, Video call, etc) |
|---|--|

14. Relationship with the GEN FA Representative making this recommendation

- | | |
|---|--|
| <input type="checkbox"/> Yes. Please specify: | <input checked="" type="checkbox"/> No |
|---|--|

Please specify the relationship:

15. Customer Knowledge Assessment/Customer Account Review Declaration
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 36 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	
<input type="checkbox"/>	<input type="checkbox"/>	I understand that I have PASSED CKA and I DO NOT WISH to receive any advice offered by my Representative. I understand that by choosing not to receive any advice, I will not be able to rely on Section 36 of Financial Advisers Act (FAA) to file a civil claim in the event of a loss.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that I have PASSED CKA and WISH to receive advice offered to me by my Representative. 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.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	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 Representative, 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	
<input type="checkbox"/>	<input type="checkbox"/>	I understand that I have PASSED CAR and I DO NOT WISH to receive any advice offered by my Representative. I understand that by choosing not to receive any advice, I will not be able to rely on Section 36 of Financial Advisers Act (FAA) to file a civil claim in the event of a loss.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that I have PASSED CAR and WISH to receive advice offered to me by my Representative. 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.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	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 Representative, 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 36 Extract

Recommendations by licensed financial advisers

1. A licensed financial adviser must not make a recommendation with respect to any investment product to a person who may reasonably be expected to rely on the recommendation if the licensed financial adviser does not have a reasonable basis for making the recommendation to the person.
2. For the purposes of subsection (1), a licensed financial adviser does not have a reasonable basis for making a recommendation to a person unless:
 - a. the licensed financial adviser has, for the purposes of ascertaining that the recommendation is appropriate, having regard to the information possessed by the licensed financial adviser 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;
 - b. the recommendation is based on the consideration and investigation mentioned in paragraph (a).
3. Where:
 - a. a licensed financial adviser, 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 affecting any other remedy available to that person, the licensed financial adviser is liable to pay damages to that person in respect of that 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 does 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

GEN006250710120141

I acknowledge that:

- a) The recommendation(s) prepared by my Representative 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, GEN FA 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 Representative 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).
- e) "Beneficial owner is a natural person who contributes to or exercises control over the account(s)/policy(ies). I am the beneficial owner and have not appointed any natural person to act on my behalf. If you are not the beneficial owner or have appointed natural person(s) to act on behalf of you, kindly complete the Enhanced Customer Due Diligence Form."

Signature of Client

Signature of Spouse / Others

Date

Date

SECTION 15 - REPRESENTATIVE'S DECLARATION

GEN006250710120141

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.

I have verified the identity of client(s) against identification document(s) and have obtained copies of them with this application.

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).

TAY SIEW LING

Name of Representative

Signature of Representative

Date