



Your Financial Plan

Name of Client 1	Hee Siew Lie
Name of Client 2	
Name of Financial Planner	LEE MENG
Date of Review (dd/mm/yyyy)	16/07/2024
Date of Next Review (dd/mm/yyyy)	16/07/2025

This document includes:

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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) and is authorized to arrange contracts and provide advice on the following products:

Financial Advisory Services:

- Life Insurance
- Accident & Health Products
- General Insurance

- Investment-Linked Products
- Unit Trusts
- Others:

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, or following partial or inaccurate completion, may not be appropriate to your needs.

Strictly Confidential

Completion of the GEN Financial Planner 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:

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 call, text or fax me/us any new marketing, advertising and promotional materials on new financial products and services relevant to my/our financial plan.

Yes No

4. I represent and warrant that for any personal data of my dependant(s) that I disclose to GEN Financial Advisory, that I am validly acting on behalf of my dependant(s) and that, prior to disclosing my dependant(s)' personal data to GEN Financial Advisory, I have informed my dependant(s) that their personal data will be disclosed to, and obtained the consent from my dependant(s) for their personal data to be disclosed to, GEN Financial Advisory so that GEN Financial Advisory can process, collect and use my dependant(s)' personal data for one or more of the Purposes and GEN Financial Advisory can disclose my dependant(s)' personal data to the Permitted Parties for one or more of the Purposes.

Yes No

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.

Life Insurance Association (LIA) MU 20/12: LIA Minimum standard for Life Insurance Advisory Process



Section 1. About You

a. Personal Details

	Client 1					Client 2				
Title	<input type="radio"/> Dr	<input type="radio"/> Mr	<input type="radio"/> Mrs	<input type="radio"/> Mdm	<input checked="" type="radio"/> Miss	<input type="radio"/> Dr	<input type="radio"/> Mr	<input type="radio"/> Mrs	<input type="radio"/> Mdm	<input type="radio"/> Miss
Name (as in NRIC/FIN/Passport No.)	Hee Siew Lie									
NRIC/FIN/Passport No.	S8032060D									
Date of Birth	15/10/1980									
Gender	<input type="radio"/> Male	<input checked="" type="radio"/> Female	<input type="radio"/> Male	<input type="radio"/> Female						
Citizenship	<input checked="" type="radio"/> Singaporean	<input type="radio"/> Singapore PR ¹	<input type="radio"/> Singaporean	<input type="radio"/> Singapore PR ¹						
	<input type="radio"/> Singapore Pass Holder ¹	<input type="radio"/> Other Citizenship ¹	<input type="radio"/> Singapore Pass Holder ¹	<input type="radio"/> Other Citizenship ¹						
¹ Please specify:										
Contact No	Home: HP: 96600171		Home: HP:							
Email	Heeslie@yahoo.com.sg									
Residential Address	13 Saraca Terrace Singapore 805475									
Postal Code	805475									
Residential Country	SINGAPORE									
Marital Status	<input checked="" type="radio"/> Single	<input type="radio"/> Married	<input type="radio"/> Single	<input type="radio"/> Married						
	<input type="radio"/> Divorced	<input type="radio"/> Widowed	<input type="radio"/> Divorced	<input type="radio"/> Widowed						
Smoker	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No						
Employment Status	<input checked="" type="radio"/> Full Time	<input type="radio"/> Self Employed	<input type="radio"/> Full Time	<input type="radio"/> Self Employed						
	<input type="radio"/> Part Time	<input type="radio"/> Not Employed ²	<input type="radio"/> Part Time	<input type="radio"/> Not Employed ²						
² Please specify:										
Intended Retirement Age	65									
Occupation/Designation ²	Senior Deputy Director									
Exact Duties ² / Function ²	Management									
Company Name ²	The Institute of Banking & Finance SG									
Are you involved in any of the following activities/sector ³ ?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No						
Please specify:										

¹ Please indicate nationality if "Singapore Pass Holder", "Singapore PR" or "Other Citizenship" is ticked and complete the Enhanced Customer Due Diligence Form for Nationals from High Risk Countries and Jurisdictions.

² Please provide details of previous / last employment should "Not employed" is ticked for "Employment Status"

³ money changer, remittance agent, casino, pawnbroker, moneylender, senior management or equivalent of non-profit organization, precious stones & metal dealer, virtual currency (eg.bitcoins, precious metal backed digital currency etc), antique trader, owner of cash-intensive (eg. hawker, convenience store, second-hand dealer, coffee shop operator etc), activities related to production / distribution of arms related products, trading of oil and natural gas (eg. crude oil, processed oil), agriculture (eg. wheat, barley, livestock, fruit, cotton), mineral resource trader (eg. phosphate mines, salt mines, cement plants, sulphuric manufacturer)

Section 1. About You

	Client 1		Client 2	
Annual Income (S\$)	<input type="radio"/> < 30,000 <input type="radio"/> 50,001 - 100,000 <input checked="" type="radio"/> 150,001 - 300,000	<input type="radio"/> 30,000 - 50,000 <input type="radio"/> 100,001 - 150,000 <input type="radio"/> > 300,000	<input type="radio"/> < 30,000 <input type="radio"/> 50,001 - 100,000 <input type="radio"/> 150,001 - 300,000	<input type="radio"/> 30,000 - 50,000 <input type="radio"/> 100,001 - 150,000 <input type="radio"/> > 300,000
Highest Education Level Completed	<input type="radio"/> Primary & below <input type="radio"/> GCE 'O/N' Level <input type="radio"/> Diploma <input type="radio"/> Post Graduate	<input type="radio"/> Secondary <input type="radio"/> Pre-U/JC <input checked="" type="radio"/> Degree	<input type="radio"/> Primary & below <input type="radio"/> GCE 'O/N' Level <input type="radio"/> Diploma <input type="radio"/> Post Graduate	<input type="radio"/> Secondary <input type="radio"/> Pre-U/JC <input type="radio"/> Degree
Spoken Language (Tick all that apply)	<input checked="" type="radio"/> English <input checked="" type="radio"/> Mandarin <input type="radio"/> Others:	<input type="radio"/> Malay <input type="radio"/> Tamil	<input type="radio"/> English <input type="radio"/> Mandarin <input type="radio"/> Others:	<input type="radio"/> Malay <input type="radio"/> Tamil
Written Language (Tick all that apply)	<input checked="" type="radio"/> English <input checked="" type="radio"/> Chinese <input type="radio"/> Others:	<input type="radio"/> Malay <input type="radio"/> Tamil	<input type="radio"/> English <input type="radio"/> Chinese <input type="radio"/> Others:	<input type="radio"/> Malay <input type="radio"/> Tamil

b. Dependents

Name (as in NRIC/FIN/Passport)	NRIC/FIN/Passport No.	Date of Birth (dd/mm/yyyy)	Age	Gender (Male/Female)	Years to Support ⁴	Relationship to Client
Hee Kiock Thin	S0101769A	30/09/1953	71	male	12	Father

⁴Suggested Years to Support: • Son: to Age 25 • Daughter: to Age 22 • Male: to Age 83 • Female: to Age 88

c. Client's Accompaniment

You are defined as Selected Client if you meet any 2 of the following criterion and it is recommended that you are accompanied by a Trusted Individual if you satisfy the Selected Client criteria.

C1 C2

- Age 62 & above
- Secondary education & below
- Not proficient in spoken or written English

Assessment Outcome : There is no Selected Client

Would you like to be accompanied by a Trusted Individual?

- Yes
- No
- NA

If 'Yes', please complete the details below:

Particulars of Trusted Individual

(A Trusted Individual is a person who is age at least 18 years old; has at least GCE "N", "O" or "A" Level Certification or equivalent; has the trust of the client; is proficient in spoken and written English.)

Name of Trusted Individual :		Relationship to Client(s) :	
NRIC/FIN/Passport No :		Contact Number :	

Please contact the Trusted Individual for the Client Call Back Survey?

- Yes
- No

If 'Yes', please state the preferred:

Time :		Date :	
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Section 2. Your Priorities

Identifying Your Priorities

Select the Priority Type which you want your Financial Planner to plan for and tick High (H), Medium (M), Low (L) or Not Applicable (N/A) to indicate your level of priority.

			Client 1					Client 2			
Priority Type	Protection	To plan for	H	M	L	N/A	To plan for	H	M	L	N/A
P1	In the Event of Death	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P2	In the Event of a Critical Illness	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>							
P3	In the Event of Disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
P4	Long Term Care Protection/Disability Income Protection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accident & Health											
H1	Personal Accident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H2	In the Event of Hospitalisation / Medical Expenses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Saving & Investment											
S1	Planning for Retirement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S2	Savings for Other Purposes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S3	Investment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S4	Education Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Others (Please Specify)											
M1		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M2		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Remarks: In this review, you want to look into your critical illness coverage, especially covering the early stages of critical illness.											

Note:

- H (High) - To address now
- M (Medium) - To review again within the next 12 months
- L (Low) - To review again after 12 months

Section 3. Your Finances

a. Cash Flow

This information helps to ascertain the affordability of the recommendation(s) and plan(s) for your financial needs. Would you like your Cash Flow to be taken into consideration for this financial review?

Yes, please complete the details below

No, please provide reasons:

You have indicated that your annual income is \$230,000 and you can save at least \$5,000 a month.

Monthly Inflow Calculation	Client 1 (\$)	Client 2 (\$)
Employment (less CPF)		
Business		
Investment		
Dividends		
Rental Income		
Others :		
Others :		
Total Monthly Inflow (i)		
Monthly Outflow Calculation	Client 1 (\$)	Client 2 (\$)
Personal Expenses		
Transportation		
Household		
Dependents		
Insurance Premiums		
Regular Savings Investments		
Others :		
Total Monthly Outflow (ii)		
Monthly Surplus/Shortfall (i - ii)		
Annual Surplus/Shortfall		

Additional Notes:

b. Net Worth

This information helps to facilitate the planning of your financial needs. Would you like your Net Worth to be taken into consideration for this financial review?

Yes, please complete the details below

No, please provide reasons:

You do not want your net worth to be taken into consideration for this review.

Assets Calculation	Client 1 (\$)	Client 2 (\$)
Cash/Cash Equivalents		
Bank Deposits		
Others :		
Others :		
Total Cash/Cash Equivalents		
Invested Assets		
Stocks / Shares		
Unit Trust		
Others :		
Others :		
CPF : Ordinary		
: Special		
: Medisave		
Total Invested Assets:		
Personal Use Assets		
Residential Property		
Others :		
Others :		
Total Personal Used Assets		
Total Assets (iii)		
Liabilities Calculation	Client 1 (\$)	Client 2 (\$)
Mortgage Loan		
Car Loan		
Personal Loans		
Credit Card		
Tax		
Others :		
Others :		
Total Liabilities (iv)		
Net Worth (iii - iv)		

Section 3. Your Finances

c. Changes to Cash Flow/Net Worth

Do you have any plans or are there any factors within the next 12 months which may significantly increase or decrease your current income/expenditure positions and budget (e.g. receiving an inheritance or borrowing money for investment or purchased a house, etc.)?

Client 1 <input type="radio"/> Yes <input checked="" type="radio"/> No	(If 'Yes', please provide details) <hr/> <hr/> <hr/>
Client 2 <input type="radio"/> Yes <input type="radio"/> No	(If 'Yes', please provide details) <hr/> <hr/> <hr/>

Section 4. Your Current Plans

This information helps to evaluate if your existing insurance portfolio is adequate to meet your financial needs. Would you like your existing insurance portfolio to be taken into consideration for the financial review?

- Yes, please complete the details below
- No, please provide reasons:

Your Existing Insurance Portfolio

PO	Ins Co	PLA	NOP	AP (\$)	PT	IDT	DP	TPD	CIP	Maturity Value	Remarks
C1	Singlife	C1	Singlife CareShield	596	Life	01/10/2020	0	0	0	0	-
C1	Income Insurance Limited	C1	Lady360	471	10 years	10/04/2017	10,000	0	25,000	0	-
C1	Singlife	C1	Singlife Health Plus	169	Life	01/08/2010	0	0	0	0	-
C1	Singlife	C1	Singlife Shield	1,255	Life	01/01/2008	0	0	0	0	-
C1	Tokio Marine	C1	TM Legacy LifeFlex	2,712	Life	13/04/2012	80,000	80,000	80,000	0	-
C1	HSBC Life	C1	Life Manager	1,800	Life	07/06/2005	50,000	50,000	100,000	0	-
C1	AIA	C1	Premier Life	1,200	Life	07/01/2000	50,000	50,000	0	0	-
C1	Great Eastern	C1	Supreme Living	1,176	Life	31/12/1999	50,000	50,000	50,000	0	-
C1	Great Eastern	C1	Whole Life	333	Life	15/11/1994	25,000	25,000	0	0	-

Summary of Existing Insurance Portfolio

Life Assured	AP (\$)	DP (\$)	TPD (\$)	CIP (\$)	MV (\$)
Client 1	9,712	265,000	255,000	255,000	0
Client 2	0	0	0	0	0
Others	0	0	0	0	0

Policy Owner / Policy Life Assured Info: C1: Hee Siew Lie
D1: Hee Kiock Thin

TPD - Total Permanent Disability
CIP - Critical Illness
MV - Maturity Value

PO - Policy Owner
Ins Co - Insurance Company
PLA - Policy Life Assured
NOP - Name of Policy

AP - Annual Premium
PT - Policy Term
IDT - Incipied Date
DP - Death Protection

Section 5. Your Needs Analysis

b. Needs Analysis Calculation

Protection	Client 1	Client 2
P1. In the Event of Death		
Income		
Monthly needs for dependants (\$)		
Annual amount (pmt) (\$)		
Number of years required (n)		
Inflation-adjusted rate of return from investments (%) (i)		
(A) Funds required to provide income (pv) (\$)		
Liabilities		
Outstanding mortgage (\$)		
Final expenses (Medical, Taxes, Funeral, etc.) (\$)		
Others :		
(B) Funds required to settle liabilities (\$)		
(A + B) = (C) Total funds required (\$)		
Existing Resources Allocated (Current Values)		
Life insurance coverage (\$)		
Other Resources (\$)		
(D) Total Funds Available (\$)		
(D - C) = Surplus / (Shortfall) (\$)		
P2. In the Event of a Critical Illness		
Income		
Monthly needs required for living expenses and / or dependants (\$)	3,000	
Amount (PMT) (\$)	36,000	
Number of years required (n)	16	
Inflation-adjusted rate of return from investments (%) (i)	1.94	
Funds required (PV) (\$)	500,657	
Lump sum required for treatment of illness (\$)	100,000	
Others :		
(A) Total critical illness needs (\$)	600,657	
Existing Resources Allocated (Current Values)		
Life insurance coverage (\$)	255,000	
Other Resources (\$)	0	
(B) Total Funds Available (\$)	255,000	
(B - A) = Surplus / (Shortfall) (\$)	(345,657)	

Protection	Client 1	Client 2
P3. In the Event of Disability		
Income		
Monthly needs for living expenses and / or dependants (\$)		
Annual amount (pmt) (\$)		
Number of years required (n)		
Inflation-adjusted rate of return from investments (%) (i)		
(A) Funds required to provide income (pv) (\$)		
Expenses		
Provision for medical and other expenses (\$)		
(B) Total Expenses (\$)		
(A + B) = (C) Total funds required (\$)		
Existing total permanent disability (TPD) payout (\$)		
Other Resources (\$)		
(D) Total Funds Available (\$)		
Surplus / (Shortfall) (\$)		

P4. In the Event of Disability (Long Term Care / Disability Income)		
(A) Monthly needs required (\$)		
Preferred benefit payout period (years)		
(B) Current monthly benefits (\$)		
(B - A) = Surplus / (Shortfall) (\$)		

Additional Notes:

You only want to use your existing insurance coverage for this calculation.

Section 5. Your Needs Analysis

b. Needs Analysis Calculation

Accident & Health	Client 1	Client 2	Saving & Investment	Client 1	Client 2
H1. Personal Accident			S1. Planning for Retirement		
Desired amount for personal accident benefit (\$)			Desired Retirement Age		
+ Immediate expenses and liabilities (\$)			Number of years to retirement (n)		
- Current resources/provisions (\$)			Desired Monthly Retirement Income in Today's Value (pv) (\$)		
Surplus / (Shortfall) (\$)			Assumed inflation rate (%)		
H2. In the Event of Hospitalisation / Medical Expenses			(i) Desired monthly retirement income (fv) (\$)		
Existing type of hospital plan cover?			Total retirement income required for retirement (at retirement age)		
Insurer name and plan type?			Annual amount (\$)		
What is the preferred hospital type?	<input type="radio"/> Public <input type="radio"/> Private	<input type="radio"/> Public <input type="radio"/> Private	Number of years to provide for retirement (n1)		
Preferred ward type	<input type="radio"/> A <input type="radio"/> B1 <input type="radio"/> B2 <input type="radio"/> C	<input type="radio"/> A <input type="radio"/> B1 <input type="radio"/> B2 <input type="radio"/> C	Inflation adjustment investment rate after retirement (%)		
Provision for Deductible and / or Co-Insurance?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	(A) Funds Required at Retirement Age (\$)		
Additional Notes:			Existing Resources Allocated for Retirement (Projected Values)		
			Life insurance cash value (\$)		
			Other Resources (\$)		
			(B) Funds Available at Retirement Age (fv) (\$)		
			(A - B) = Surplus / (Shortfall) at Retirement (\$)		
			S2. Savings for Other Purposes		
			Purpose		
			Years to target (n)		
			(A) Target Amount (\$)		
			Current savings and investments (pv) (\$)		
			Estimated rate of return (%) (i)		
			(B) Future Value of Current Savings and Investments (fv) (\$)		
			(B - A) Surplus / (Shortfall) (\$)		
			S3. Investment		
			Purpose		
			Years to target (n)		
			(A) Target Amount (\$)		
			Current savings and investments (pv) (\$)		
			Estimated rate of return (%) (i)		
			(B) Future Value of Current Savings and Investments (fv) (\$)		
			(B - A) Surplus / (Shortfall) (\$)		

Section 5. Your Needs Analysis

b. Needs Analysis Calculation

Saving & Investment	Child 1	Child 2	Child 3	Child 4	Child 5
Name of child					
Annual cost of education today / Amount needed (\$) (Tuition + Allowances)					
Number of years to university (n)					
Education inflation rate (i)					
Course Duration (years)					
(A) Funds Required (fv) (\$)					
Life insurance cash value (\$)					
Other resources (\$)					
(B) Funds Available (\$)					
(B - A) Surplus / (Shortfall) (\$)					

Others	Client 1	Client 2	Others	Client 1	Client 2
M1. Others1			M2. Others2		
What are you planning for			What are you planning for		
Who is this provided for			Who is this provided for		
Amount needed (\$)			Amount needed (\$)		
- Existing relevant benefits (\$)			- Existing relevant benefits (\$)		
Surplus / (Shortfall) (\$)			Surplus / (Shortfall) (\$)		

Additional Notes:

c. Global Planning Assumptions for Needs Analysis Calculation

	Annual Inflation (%)	Annual Investment Return (%)	Annual Increase in Education Costs (%)	Annual Salary Increment (%)	Retirement Income (% of last drawn pre-retirement salary)
	3	5	4	3	75

Remarks:

Section 6. Your Budget

Budget

The amount you are willing to set aside to address your financial needs.

	Regular Amount (\$)		Single Amount (\$)				
	Cash (per Annum)	Cash (per Month)	Cash	CPF Ordinary Account	CPF Special Account	CPF Medisave Account (per Annum)	SRS Account
Client 1	2,700	0	0	0	0	Yes	0
Client 2							

		Client 1	Client 2
Source of Funds	Employment / Trade Income	<input checked="" type="radio"/>	<input type="radio"/>
	Saving (Including CPF Fund)	<input type="radio"/>	<input checked="" type="radio"/>
	Others :	<input type="radio"/>	<input checked="" type="radio"/>
	Others :	<input type="radio"/>	<input checked="" type="radio"/>
Source of Wealth	Employment / Trade Income	<input checked="" type="radio"/>	<input type="radio"/>
	Investment Income	<input type="radio"/>	<input checked="" type="radio"/>
	Rental Income	<input type="radio"/>	<input checked="" type="radio"/>
	Others :	<input type="radio"/>	<input checked="" type="radio"/>

Is the budget to be committed more than 50% of the Net Worth or 50% of total monthly surplus of the person paying the premium?

Note: Budget is considered to be substantial if it is more than 50% of Net Worth or 50% of total monthly surplus and you may encounter a potential risk in the future of not being able to continue paying your premiums.

<input type="radio"/> Yes	I/We agree and want my/our Financial Planner to make the recommendation with given budget because
<input checked="" type="radio"/> No	The budget committed is not a substantial portion of my/our Net Worth or Surplus.

Are you paying the premiums for the policy(ies)?

If you are not the payor of the premium, please complete the form below:

Payor's Details	Client 1	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA	Client 2	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA
Name of Payor:								
Contact Number of payor:								
NRIC/FIN/Passport No./Corporation No of payor:								
Reason for 3rd Party payor:								
Relationship of payor to Client(s):								
Occupation/position of payor:								
For which insurance product/investment account(s):								

Note: Please provide a copy of third party payor's identification document (e.g. NRIC/Passport etc.)

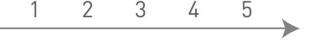
Section 7. Your Investment Risk Profile

a. Risk Profile Assessment

Notice to Client(s)

- If you are planning to purchase an ILP/CIS product, you must complete ALL questions, otherwise answer minimally Question 1.
- The Risk Profile Assessment is merely a guide and is general in nature. Therefore, you must still carefully assess the recommendation and appropriateness of any investment to your circumstances before proceeding with any investment.

IMPORTANT. The information in this risk profile assessment describes the risks you are willing and able to take AND your investment objectives are intended to remain valid for a period of at least one year from the date of original completion as specified on the cover page of the GEN Financial Planner. Should your circumstances change significantly before the expiration of the one year period or before an update of your risk profile is done, please contact your Financial Planner immediately to effect relevant revisions to ensure your risk profile, investment objectives and any investment advice(s) we may give remain aligned.

My/Our Investment Risk Profile Assessment	Client 1	Client 2
<p>Q1 Please select your preferred risk / return objective.</p> <p>Lowest risk and Lowest potential return  Highest risk and Highest potential return</p>	3	
<p>Q2 Investment Time Horizon: What is the expected time frame for your investment?</p> <p>1. 3 years or less 4. > 7 – 10 years 2. > 3 - 5 years 5. More than 10 years 3. > 5 - 7 years</p>		
<p>Q3 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?</p> <p>1. 0 - 2% 4. > 6 - 8% 2. > 2 - 4% 5. More than 8% 3. > 4 - 6%</p>		
<p>Q4 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?</p> <p>1. -10% 4. -45% 2. -20% 5. -60% 3. -30%</p>		
<p>Q5 If stock markets have dropped by at least 20% in its value over a year, how will you potentially respond?</p> <p>1. I would probably be very upset and sell off all my investments 2. I would be upset and will only sell off those with little or no losses 3. I would not be happy but will keep my investments in the hope of a recovery 4. I would think it is a good buying opportunity and buy cautiously 5. I would think it is a great buying opportunity and buy aggressively</p>		

Section 7. Your Investment Risk Profile

My/Our Investment Risk Profile Assessment	Client 1	Client 2																								
<p>Q6 The following chart shows the possible range of values for five different investments of \$100,000 after one year. Which investment would you be most comfortable in owning?</p> <table border="1"> <caption>Data for Investment Range Chart</caption> <thead> <tr> <th>Investment Profile</th> <th>Base Value (k)</th> <th>Min Value (k)</th> <th>Max Value (k)</th> </tr> </thead> <tbody> <tr> <td>1. Conservative</td> <td>100</td> <td>95</td> <td>105</td> </tr> <tr> <td>2. Moderate</td> <td>100</td> <td>92</td> <td>107</td> </tr> <tr> <td>3. Balanced</td> <td>100</td> <td>87</td> <td>113</td> </tr> <tr> <td>4. Growth</td> <td>100</td> <td>84</td> <td>116</td> </tr> <tr> <td>5. Aggressive</td> <td>100</td> <td>82</td> <td>120</td> </tr> </tbody> </table>	Investment Profile	Base Value (k)	Min Value (k)	Max Value (k)	1. Conservative	100	95	105	2. Moderate	100	92	107	3. Balanced	100	87	113	4. Growth	100	84	116	5. Aggressive	100	82	120		
Investment Profile	Base Value (k)	Min Value (k)	Max Value (k)																							
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5. Aggressive	100	82	120																							
Total score for the Risk Profile Assessment is	3																									
Your Investment Risk Profile is	Balanced																									
Risk profile scoring: <table> <tr> <td>Insurance Only Score (Q1 only)</td> <td>Insurance and Investment Score (Q1 to Q6)</td> <td>Client Investment Risk Profile</td> </tr> <tr> <td>1</td> <td>6 to 9</td> <td>Conservative</td> </tr> <tr> <td>2</td> <td>10 to 14</td> <td>Moderate</td> </tr> <tr> <td>3</td> <td>15 to 21</td> <td>Balanced</td> </tr> <tr> <td>4</td> <td>22 to 26</td> <td>Growth</td> </tr> <tr> <td>5</td> <td>27 to 30</td> <td>Aggressive</td> </tr> </table>	Insurance Only Score (Q1 only)	Insurance and Investment Score (Q1 to Q6)	Client Investment Risk Profile	1	6 to 9	Conservative	2	10 to 14	Moderate	3	15 to 21	Balanced	4	22 to 26	Growth	5	27 to 30	Aggressive								
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5	27 to 30	Aggressive																								
Client's Declaration (Risk Profile Assessment)	Client 1	Client 2																								
I/We have also reviewed the risk profile and the analysis of my/our investment preferences. I/We understand that the risk profile and the matching investment preferences ascertained here for me/us will form a significant basis for investment decisions and portfolio construction.	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No																								
I/We* agree with the risk profile assessment above.	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No																								
My/Our* preferred risk profile is/are*:																										

Section 7. Your Investment Risk Profile

Risk Profiles	Description of Risk Profiles
1 Conservative Score 6 to 9	<p>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).</p> <p>Portfolio Risk Allocation: Less than or equal to (\leq) 1.8</p>
2 Moderate Score 10 to 14	<p>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).</p> <p>Portfolio Risk Allocation: More than ($>$) 1.8 and less than or equal to (\leq) 2.6</p>
3 Balanced Score 15 to 21	<p>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 enable you to feel comfortable with some short to medium-term risk. Your priority is consistent capital growth with some income to smoothen 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).</p> <p>Portfolio Risk Allocation: More than ($>$) 2.6 and less than or equal to (\leq) 3.4</p>
4 Growth Score 22 to 26	<p>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(s) 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).</p> <p>Portfolio Risk Allocation: More than ($>$) 3.4 and less than or equal to (\leq) 4.2</p>
5 Aggressive Score 27 to 30	<p>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).</p> <p>Portfolio Risk Allocation: More than ($>$) 4.2 and less than or equal to (\leq) 5.0</p>

Section 7. Your Investment Risk Profile

- I/We am/are not completing the Customer Knowledge Assessment as I/we am/are not planning for Specific Investment Products (SIP) which includes Collective Investment Schemes (CIS) and Investment Linked Policies (ILP).

b. Customer Knowledge Assessment

Notice to Client(s)

- The purpose of the Customer Knowledge Assessment (CKA) is to assess whether you have the relevant knowledge or experience to understand the features and risk of unlisted "Specific Investment Products" (SIP) which includes Collective Investment Schemes (CIS) and Investment Linked Policies (ILP).
- If you satisfy any of the CKA criteria, you are deemed to have the knowledge or experience of unlisted SIP. However, if you do not wish to receive advice or accept Financial Planner's recommendations, it is your responsibility to ensure the suitability of the unlisted SIP selected.
- Any inaccurate or incomplete information provided by you may affect the assessment outcome and the suitability of the product recommended.
- In the event of a joint investment, both clients will be deemed to have not fulfilled the criteria in the CKA if one of them is assessed not to have possessed the knowledge or experience in an unlisted Specified Investment Product.

Customer Knowledge Assessment Criteria			Client 1	Client 2																
Education / Qualification	Do you have a Diploma or higher qualifications in any of the following? If 'Yes', please select accordingly.			<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No																
	Type of Qualification: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">C1 C2</td> <td style="width: 33%; text-align: center;">C1 C2</td> <td style="width: 33%; text-align: center;">C1 C2</td> </tr> <tr> <td><input type="radio"/> <input type="radio"/> Accountancy</td> <td><input type="radio"/> <input type="radio"/> Capital Markets</td> <td><input type="radio"/> <input type="radio"/> Financial Planning/ Insurance</td> </tr> <tr> <td><input type="radio"/> <input type="radio"/> Actuarial Science</td> <td><input type="radio"/> <input type="radio"/> Commerce</td> <td><input type="radio"/> <input type="radio"/> Computation Finance</td> </tr> <tr> <td><input type="radio"/> <input type="radio"/> Business/ Business Administration/ Business Management/ Business Studies</td> <td><input type="radio"/> <input type="radio"/> Economics</td> <td><input type="radio"/> <input type="radio"/> Finance/ Financial Engineering</td> </tr> </table> <p>If 'Yes', please specify the full name of the education institution(s) in which the above qualification(s) were obtained and any other relevant information.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">C1</td> <td style="width: 50%; text-align: center;">C2</td> </tr> <tr> <td><hr/><hr/></td> <td><hr/><hr/></td> </tr> </table>				C1 C2	C1 C2	C1 C2	<input type="radio"/> <input type="radio"/> Accountancy	<input type="radio"/> <input type="radio"/> Capital Markets	<input type="radio"/> <input type="radio"/> Financial Planning/ Insurance	<input type="radio"/> <input type="radio"/> Actuarial Science	<input type="radio"/> <input type="radio"/> Commerce	<input type="radio"/> <input type="radio"/> Computation Finance	<input type="radio"/> <input type="radio"/> Business/ Business Administration/ Business Management/ Business Studies	<input type="radio"/> <input type="radio"/> Economics	<input type="radio"/> <input type="radio"/> Finance/ Financial Engineering	C1	C2	<hr/> <hr/>	<hr/> <hr/>
C1 C2	C1 C2	C1 C2																		
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C1	C2																			
<hr/> <hr/>	<hr/> <hr/>																			
Professional Qualification	Do you have a professional finance-related qualification? If 'Yes', please select accordingly.			<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No																
	Type of Qualification: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">C1 C2</td> <td style="width: 33%; text-align: center;">C1 C2</td> <td style="width: 33%; text-align: center;">C1 C2</td> </tr> <tr> <td><input type="radio"/> <input type="radio"/> Chartered Financial Consultant (CFA)</td> <td><input type="radio"/> <input type="radio"/> Association Chartered Certified Accountants (ACCA)</td> <td><input type="radio"/> <input type="radio"/> Certified Financial Planner (CFP) or Chartered Financial Consultant (ChFC) or Fellow Chartered Financial Practitioner (FChFP)</td> </tr> </table> <p>If 'Yes', please specify the full name of the qualification(s) in which the above qualification(s) were obtained and any other relevant information.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">C1</td> <td style="width: 50%; text-align: center;">C2</td> </tr> <tr> <td><hr/><hr/></td> <td><hr/><hr/></td> </tr> </table>				C1 C2	C1 C2	C1 C2	<input type="radio"/> <input type="radio"/> Chartered Financial Consultant (CFA)	<input type="radio"/> <input type="radio"/> Association Chartered Certified Accountants (ACCA)	<input type="radio"/> <input type="radio"/> Certified Financial Planner (CFP) or Chartered Financial Consultant (ChFC) or Fellow Chartered Financial Practitioner (FChFP)	C1	C2	<hr/> <hr/>	<hr/> <hr/>						
C1 C2	C1 C2	C1 C2																		
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C1	C2																			
<hr/> <hr/>	<hr/> <hr/>																			

* For avoidance of doubt, C1 refers to Client 1 and C2 refers to Client 2.

Section 7. Your Investment Risk Profile

Customer Knowledge Assessment Criteria		Client 1	Client 2
Investment Experience	Have you transacted at least 6 times in a Collective Investment Scheme (e.g. Unit Trust) or Investment Linked Policy (ILP) in the last 3 years? If 'Yes', please select accordingly.	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
	Type of Investment: C1 C2 <input type="radio"/> <input type="radio"/> Collective Investment Scheme <input type="radio"/> <input type="radio"/> Investment Linked Policies	Distributor: C1 C2 <input checked="" type="radio"/> <input type="radio"/> Insurance Company <input type="radio"/> <input type="radio"/> Bank	C1 C2 <input type="radio"/> <input type="radio"/> Broker <input type="radio"/> <input type="radio"/> Others
	If 'Yes', please specify the full name of the financial institution(s) where the transactions were carried out and any other relevant information. C1 HSBC Life _____ _____		
Work Experience	Do you have at least 3 consecutive years of working experience in the last 10 years in any of the following areas? If 'Yes', please select accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
	Type of Work Experience: C1 C2 <input type="radio"/> <input type="radio"/> Accountancy <input type="radio"/> <input type="radio"/> Actuarial Science <input type="radio"/> <input type="radio"/> Treasury	C1 C2 <input type="radio"/> <input type="radio"/> Financial Risk Management <input type="radio"/> <input type="radio"/> Development / structuring / management / training / sale / trading / research and analysis of investment products <input type="radio"/> <input type="radio"/> Provision of legal advice in the field of financial areas	
	If 'Yes', please specify the full name of the business organization(s) where the above work experience was obtained and other relevant information. C1 _____ C2 _____		

* For avoidance of doubt, C1 refers to Client 1 and C2 refers to Client 2.

Please indicate the Customer Knowledge Assessment Outcome accordingly:	Client 1	Client 2
I am informed that I have PASSED the Customer Knowledge Assessment criteria and deemed to possess the knowledge or experience for transactions in an unlisted SIP. My financial planner will be providing advice to me based on my financial objectives to ensure that the recommendation(s) offered to me are suitable for me.	<input checked="" type="radio"/>	<input type="radio"/>
I am informed that I DID NOT PASS the Customer Knowledge Assessment criteria and deemed not to possess the knowledge or experience for transactions in an unlisted SIP. My financial planner will be providing advice to me based on my financial objectives to ensure that the recommendation(s) offered to me are suitable for me.	<input type="radio"/>	<input checked="" type="radio"/>

Section 8. Our Recommendation – For Insurance and Investment

In the course of our discussion, you have provided the following information which is summarised here. Based on this information and the subsequent analysis, I recommend the following solutions. Please note that any inaccurate or incomplete information provided may affect the suitability of the recommendations that I have made. Comparison of minimum two plan(s) / product(s) for client's consideration (where applicable).

- | | |
|---|--|
| P1. In the Event of Death | H1. Personal Accident |
| P2. In the Event of a Critical Illness | H2. In the Event of Hospitalisation / Medical Expenses |
| P3. In the Event of Disability | |
| P4. In the Event of Disability (Long Term Care / Disability Income) | |

- S1. Planning for Retirement
 - S2. Savings for Other Purposes
 - S3. Investment
 - S4. Education Planning

- M1.
M2.

Policy Owner / Policy Life Assured Info: C1: Hee Siew Lie
D1: Hee Klok Thin

Section 8. Basis of Recommendation

i. Time horizon	Client 1	Client 2
a. Recommended plan is in line with Client's protection horizon.	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
b. Recommended plan is in line with Client's investment/savings horizon.	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
If 'No', please elaborate on reasons for deviation: C1 _____ C2 _____		
ii. Risk Tolerance (Not applicable if only term and accident & health policies recommended)	Client 1	Client 2
a. Client's selected risk profile	Balanced	
b. Recommended plans/funds are in line with client's risk profile	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
If 'No', please elaborate on reasons for deviation: C1 _____ C2 _____		
iii. Concentration of Risk (Not applicable if only term and accident & health policies recommended)	Client 1	Client 2
a. Client's investments are not concentrated in high risk products	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
If 'No', please elaborate on reasons for deviation: C1 _____ C2 _____		
iv. Liquidity	Client 1	Client 2
a. Client has at least 3 to 6 months of emergency funds set aside	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
b. For CPF investment, client has taken into consideration the existing housing loan (if any)	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
If 'No', please elaborate on reasons: C1 _____ C2 _____		

Section 8. Basis of Recommendation

v. Reason(s) for recommendation

- State how plan(s)/ product(s) meets the client(s)'s need(s) and financial objective(s)
- State and explain benefits and features of plan(s)/ product(s)

Singlife - Singlife Multipay Critical Illness

This is a regular payment, non-participating plan that offers protection against different severities of Critical Illnesses (CI) and allows multiple claims on early, intermediate and severe stage critical illnesses as well as specified re-diagnosed and recurrent critical illnesses during the period of the policy term. It also provides additional benefits such as the Intensive Care Benefit, Benign and Borderline Malignant Tumour Benefit and Special Benefit. This plan also provides coverage for death.

Benefits of the plan includes:

1. Pays a lump sum of S\$5,000 (or equivalent currency) in the event of death.
2. Pays a critical illness benefit of up to 600% of the sum assured in total
3. Pays a recurrent critical illness benefit of 150% of the sum assured per claim, up to 2 claims
4. Opt for advance care option which pays an additional 100% of the sum assured when your first severe stage critical illness benefit claim under the critical illness benefit is made for any one of the eligible severe stage critical illnesses. Once this option is exercised, the recurrent critical illness benefit shall cease.
5. Pays an intensive care benefit of an additional 20% of the sum assured upon admission to Intensive Care Unit (ICU) for 4 days or more in one hospital admission, up to S\$25,000 (or equivalent currency) per life.
6. Pays a benign and borderline malignant tumour benefit of an additional 20% of the sum assured upon a complete surgical excision of a benign tumour (suspected malignancy) requiring surgical excision or upon diagnosis of a borderline malignant tumour, up to S\$25,000 (or equivalent currency) per life.
7. Pays a special benefit of an additional 20% of the sum assured upon diagnosis of any one of the 27 conditions covered, up to S\$25,000 (or equivalent currency) per life per condition.

After comparing with TM MultiCare, Singlife - Singlife Multipay Critical Illness is preferred for its competitive premium and the choice of coverage term.

Singlife - Singlife Multipay Critical Illness - This plan is a regular payment, a non-participating plan that offers protection of \$100,000 protection against severities of Critical Illness and Re-Diagnosed Cancer during the period of the policy term of 16 years. This plan allows multiple claims on early, intermediate and severe stage critical illnesses as well as specified re-diagnosed and recurrent critical illnesses during the period of the policy term. There is a coverage of \$5,000 for death. You are aware that the plan is payable for 16 years with a policy term of 16 years. The annual premium is \$2,609.

The annual premium suggested is within your budget of \$2,700 for your needs as discussed which is a level of commitment that you are comfortable with.

You have set aside sufficient funds to meet your liquidity needs.

Section 8. Basis of Recommendation

vi. Risk(s) and limitation(s) of plan(s)

- State possible disadvantage(s) of plans based on circumstances of client(s).

Singlife - Singlife Multipay Critical Illness

This plan does not have any cash value. The premium rates are level throughout the premium term but not guaranteed which may be adjusted based on future experience. This is not a Medisave-approved policy and you may not use Medisave to pay the premiums for this Policy.

The key features, benefits and limitations of the solutions recommended include:

Singlife - Singlife Multipay Critical Illness

You prefer this plan as it provides coverage for re-diagnosis of cancer even after claiming from early and severe stages of critical illness and the premium suits your budget.

While the implementation of the plan recommended will reduce the shortfalls identified, there are still shortfalls not fully covered and will be addressed in the next review

Section 8. Basis of Recommendation

I/We understand that the above recommendation(s) is/are based on the facts furnished in the form; and any incomplete or inaccurate information provided by me/us may affect the suitability of the recommendation(s) made.
If I/we choose not to provide information requested or accept the Financial Planner's recommendation(s), then it is my/our responsibility to ensure the suitability of product(s) selected.

The Financial Planner has explained to me/us* in detail the recommendations made and I/we wish to proceed with the following product(s):

Calculated Premium/ Amount	Client 1	Client 2
Total Annualised Premium (\$)	2,609	0
Total Single Premium (\$)	0	0
<input type="radio"/> I/we do not agree/fully agree with the proposed recommendation(s) but would like to give specific instructions.		

Please elaborate:

Section 8. Basis of Recommendation

IMPORTANT NOTICE TO CLIENTS

Please note that should you choose to proceed with the investment after being advised that the product/s is/are not suitable for you, you will not be able to rely on section 27 of Financial Advisers Act (FAA) to file a civil claim should you suffer a loss in the future.

I acknowledge that I have been given a clear explanation of the objectives for CKA, as well as understand and agree with the outcome of the CKA.

ix. CKA Declaration	Client 1	Client 2
I understand that I have PASSED CKA and I DO NOT WISH to receive any advice offered by my Adviser. I understand that by choosing not to receive any advice, I will not be able to rely on section 27 of Financial Advisers Act (FAA) to file a civil claim in the event of a loss.	<input type="radio"/>	<input type="radio"/>
I understand that I have PASSED CKA and WISH to receive advice offered to me by my Adviser. Based on the assessment of the suitability of the investment product, I have been advised that the investment product/s that I intend to invest in is/are SUITABLE for me, and I would like to PROCEED with the investment.	<input checked="" type="radio"/>	<input type="radio"/>
I understand that I DID NOT PASS CKA and I WISH TO PROCEED with my investment. I understand that I will need to receive advice from my Adviser, who will assess me on the suitability of the investment product for my investment. Based on the assessment of the suitability of the investment product, I have been advised that the investment product/s that I intend to invest in is/are SUITABLE for me, and I would like to PROCEED with the investment.	<input type="radio"/>	<input type="radio"/>
Financial Advisers Act SECTION 27 Extract		
Recommendations by licensed financial advisers		
1. No licensed financial adviser shall make a recommendation with respect to any investment product to a person who may reasonably be expected to reply on the recommendation if the licensee does not have a reasonable basis for making recommendation to the person.		
2. For the purposes of subsection (1), a licensed financial adviser does not have a reasonable basis for making recommendation to a person unless:		
a) he has, for the purposes of ascertaining that the recommendation is appropriate, having regard to the information possessed by him concerning the investment objectives, financial situation and particular needs of the person, given such consideration to, and conducted such investigation of, the subject-matter of the recommendation as is		
b) the recommendation is based on the consideration and investigation referred to in paragraph (a).		
3. Where:		
a) a licensee, in making a recommendation to a person, contravenes subsection (1);		
b) the person, in reliance on the recommendation, does a particular act, or refrains from doing a particular act;		
c) it is reasonable, having regard to the recommendation and all other relevant circumstances, for the person to do that act, or to refrain from doing that act, as the case may be, in reliance on the recommendation; and		
d) the person suffers loss or damage as a result of doing that act, or refraining from doing that act, as the case may be, then, without prejudice to any other remedy available to that person, the licensed financial adviser is liable to pay damages to that person in respect of the loss or damage.		
4. In this section, a reference to the making of a recommendation is a reference to the making of a recommendation expressly or by implication.		
5. This section shall not apply to any licensed financial adviser or class of licensed financial advisers in such circumstances or under such conditions as may be prescribed.		
[2/2005] [SF Bill, Clause 121]		

Section 9. Replacement / Switching

If any of the plan(s) proposed above is to replace in part or full any existing or recently terminated insurance policy or investment product, then the reasons for replacement should be documented in the basis of your recommendation.	Client 1	Client 2
a. Have there been any policies surrendered or terminated within the last 12 months?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
b. Is this recommendation you wish to purchase intended to replace in full or part of any collective investment scheme or existing insurance from other insurers, bank or independent financial advisory firms?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
c. Have you been advised by the Financial Planner to replace in full or part, any of your existing investment plan, or a life or accident & health plan from any financial adviser, such as from an insurance company, bank and/ or independent financial advisory firms?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Please complete below if you have ticked 'Yes' to any of the above

	Client 1	Client 2
1. Name of New Replacement Product		
Details of Original Product		
Product Name		
Name of Financial Institution		
Type of investment e.g. life or accident & health plan		
Policy/Product Number		
Inception Date		
Surrender Date		
Benefits Provided		
Reason(s) for Replacement: (Note: You may attach additional papers if you require more writing space.)		
2. Name of New Replacement Product		
Details of Original Product		
Product Name		
Name of Financial Institution		
Type of investment e.g. life or accident & health plan		
Policy/Product Number		
Inception Date		
Surrender Date		
Benefits Provided		
Reason(s) for Replacement: (Note: You may attach additional papers if you require more writing space.)		

Section 9. Replacement / Switching

Replacement/Switching Notice to Client(s)

My/Our Financial Planner has explained to me/us the following to my/our satisfaction in the event a replacement takes place.

- a. I/We may **NOT** be insurable at standard terms
- b. I/We may incur transaction costs without gaining any real benefit from the replacement e.g. duplicate sales charges
- c. I/We may incur penalties for terminating any of our existing policies e.g. surrender charges
- d. The replacement plan may offer a lower benefit at a higher/same cost or same benefit at higher cost e.g. higher mortality charges
- e. Replacement plan may be less suitable and terms and conditions may differ
- f. There may be other options available such as free switching facilities for investment products

Replacement/Switching Declaration by Financial Planner

- I have explained to the client(s) the possible disadvantages of policy replacement and where applicable, informed him/her of other options available besides policy replacement.

I have also explained the basis for policy replacement and why the replacement is suitable for the client(s) below:

Section 10. Important Notice and Disclaimers

GEN Financial Advisory Pte Ltd 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).

GEN is authorised to conduct the following regulated activities under the Financial Advisers Act:

1. Advising others, either directly or through publications or writings, and whether in electronic, print or other form, concerning the following investment products
 - Units in a collective investment scheme
 - Life policies
 - other than -
 - a) in the manner set out in paragraph 2 of the Second Schedule to the Financial Advisers Act (Cap. 110); or
 - b) advising on corporate finance within the meaning of the Securities and Futures Act (Cap. 289)
2. Arranging of any contract of insurance in respect of life policies, other than a contract of reinsurance.

The information that you provide in the Financial Planner relating to your investment objectives, financial situation and your particular needs will be the basis on which recommendation will be made. It is important to note your Financial Planner's recommendations may not be appropriate for you in the event of any incomplete or inaccurate information provided during the Know Your Client process.

Service Quality Checks

Please be informed that GEN Corporate Office may, at random, contact clients (phone or postal) to assess the quality of financial advisory services provided by the representative. You are strongly encouraged to participate in the client surveys. If you have any feedback or concerns, you may contact your Financial Planner or our main line at +65 6589 8388 or email at compliance@gen.com.sg. For independent help to conclude a dispute, you may contact the Financial Industry Dispute Resolution Centre. For more information, please see www.FIDReC.com.sg

Fees and Commissions

We may receive fees and commissions from our product providers for marketing and selling their products to you. We may share these fees or commission with our Financial Planners.

Remuneration

A select group of Financial Planners may have received or will be paid transitional allowances as a form of compensation paid to some industry-experienced Financial Planners who opt for a career switch to join GEN ("Transitional Allowance Scheme"); or an allowance which is payable on a monthly/quarter basis under the Financial Planner Programme (FCP) / Transition Allowances(TA). The terms of payment are determined in accordance with the Financial Planner's contribution to the annual premium equivalent of life insurance products manufactured by the programme sponsor. If your Financial Planner is receiving such allowance, he/she will inform you via a statement stated in the Advice and Recommendations section of the Financial Planner.

Prevailing CPF Rates

If you are using your Central Provident Fund (CPF) monies to purchase an investment product, the prevailing CPF interest rates are at a minimum 2.5% per annum for CPF Ordinary Account (OA) and a minimum 4% per annum for CPF Special Account (SA) and Retirement Account (RA).

Cancellation

You are entitled to a 7-day cancellation period for purchase of Collective Investment Schemes authorised under Section 286(2) of Securities and Futures Act (Chapter 289) and a 14-day free-look period for life policies. The risk of fall in value of the underlying investment during this period may have to be borne by you.

Section 11. Client's Reference Checklist

My/Our Financial Planner has disclosed to me/us the following:

i. About himself/herself and the Company he/she represents

- Types of advisory service he/she is authorised to advise
- Given me his/her business card showing he/she represents GEN Financial Advisory Pte Ltd
- Given me a copy of GEN Financial Advisory Pte Ltd Advisory Disclosure
- The relationship between GEN Financial Advisory Pte Ltd and the product provider(s)

ii. About the Product

My/Our GEN Financial Advisory Planner has taken me/us through the Product Summary, Cover Page, Bundled Product Disclosure Document (for insurance policies), prospectus and the product highlight sheet, fund fact sheet (for CIS), and his/her explanation included the following information:

- Nature and objective of the product
- Amount, frequency and period over which I/we need to make payment
- Warnings, exclusions and disclaimers (e.g. inaccurate or incomplete information could affect the suitability of the recommended product and may, in the case of an insurance policy, make the policy invalid)
- Free look options and period for various types of products:
- Features, benefits and limitations of the product, and where applicable, the amount and timing of benefit payments
- Fees and charges
- Premium rates might not be guaranteed and insurer reserves the right to adjust the premium by giving 30 days written notice.
- Risks of the product including the benefits payable could be less than the illustrated values
- How I/we can convert my/our investment into cash
- How I/we can sell unit or switch funds
- How often I/we will receive updates and reports on the performance of the investment
- Any illustrations of past performance are not necessarily indicative of future performance and the value of my/our investment could appreciate or depreciate.

iii. About the Policy Illustration (PI) (where applicable)

My/Our GEN Financial Advisory Planner has taken me/us through the Policy Illustration (PI) and his/her explanation including the following information:

- The illustration is just a projection and which components are guaranteed and which are non-guaranteed
- I/We may incur penalties for terminating any of my/our existing policies
- Total Distributions costs & effects of deductions
- Changes in the projected investment rate would affect projected values
- Alternative scenarios (death, surrender, different projected investment rate of return) indicated in PI

iv. About the documents that I/we should receive

I/We know that I/we should receive a copy of the following from my/our GEN Financial Advisory Planner:

- Policy Illustration
- Your Guide to Life Insurance (view or download a copy from www.lia.org.sg/media/2524/ygtli_english_may-2020_low-res.pdf)
- Your Guide to Health Insurance and Infographic: Evaluating my health insurance coverage (view or download a copy from www.lia.org.sg/media/3674/ygthi_english_2020-revised.pdf)
- Your Guide to Investment Linked Insurance Plans (view or download a copy from www.lia.org.sg)
- Your Guide to Participating Policies (view or download a copy from www.lia.org.sg)
- The relevant product summary, prospectus, product highlights sheet and fund fact sheet
- GEN Financial Planner, together with my/ our insurance contract and/ or confirmation of unit trust purchase.

Section 12. Client's Declaration

Beneficial Owner ⁵		Please tick	
Are you the sole-person with exclusive interest and rights to this/these policy(ies) / investment plan(s)? If 'No', please complete the "Enhanced Customer Due Diligence Form"		Client 1	Client 2
<p>⁵A Beneficial Owner is defined as the natural person(s) who ultimately owns or controls a customer and/or the person on whose behalf a transaction is being conducted and includes the person who exercises ultimate effective control over body corporate or unincorporated. "Ultimately effective control" refers to situations in which ownership/control is exercised through a chain of ownership or by means of control other than direct control.</p>		<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Politically Exposed Person (PEP) ⁶		Please tick	
Are you, or any immediate family members or close associates a politician / royalty / prominent public function / high ranking public official locally and / or abroad? If 'Yes', please complete the "Enhanced Customer Due Diligence Form"		Client 1	Client 2
<p>⁶Politically Exposed Person means a domestic politically exposed person, foreign politically exposed person or international organization politically exposed person.</p>		<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Disclosures and Declaration: Know Your Client and Needs Analysis			
a. I/We was/were introduced to the Financial Planner by: Name of introducer : _____ NRIC/FIN/Passport No. : _____		<input type="radio"/> Yes <input checked="" type="radio"/> Not Applicable	
b. The Financial Planner has explained the fees and charges to be borne by me/us, including the commission payable.		<input checked="" type="radio"/> Yes <input type="radio"/> No	
c. About the advisory process Do you agree with the following statements with regard to your experience with the full advisory process conducted by your Financial Planner?		<input checked="" type="radio"/> Yes <input type="radio"/> No	
<ul style="list-style-type: none"> • I/We agree to purchase the product(s) / service(s) at my/our own free will. • I/We am/are satisfied and clear with the Financial Planner's explanation as to why an investment product is suitable for me/us. • I/We am/are satisfied with the professionalism, sales process and service provided by the financial planner. • I/We have answered the Risk Profile Assessment truthfully and independently. • The Financial Planner was present and provided financial advice to me/us in all the meetings with me/us during the advisory process. 			

Section 12. Client's Declaration

Trusted Individual/Client's Accompaniment

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.

This GEN Financial Planner has been explained in (language):

English Malay Others:
 Mandarin Tamil _____

I confirm that I understand the explanations and recommendations made by the Financial Planner. As a Trusted Individual, I have translated/explained them to the Selected Client.

Name of Trusted Individual : _____

NRIC/FIN/Passport No : _____

Relationship to Client(s) : _____

Contact Number : _____

Signature of
Trusted individual : _____

Date : _____

Payment Details

Please make your cheque payable to the insurance company or fund nominee(s) and hand them over to your Financial Planner or post them to GEN Financial Advisory Pte Ltd. Please **DO NOT** make cash or cheque payments to GEN Financial Advisory Pte Ltd or its representatives.

Next Review Date

We suggest you review your financial objectives and situation on a regular basis (at least annually) or when significant change in your economic situation and/or personal circumstances warrants it. In the event of any significant changes, please inform our Financial Planner soonest possible to update your records to ensure that the records which we have are up-to-date.

Suggested date of
next financial update : 16/07/2025

You are reminded to read the "Important Notice and Disclaimers" and the "Client's Reference Checklist" before making a committed decision.

- I/We declare that the above statements made by me/us are true and accurate.
 I/We acknowledge that the Financial Planner has provided me/us a copy of the GEN Financial Planner and I/we have read the "Important Notice and Disclaimers" and the "Client's Reference Checklist".

Signature of Client 1 : _____

Signature of Client 2 : _____

Name of Client 1 : Hee Siew Lie

Name of Client 2 : _____

NRIC/FIN/Passport No : S8032060D

NRIC/FIN/Passport No : _____

Date : _____

Date : _____

Section 13.Financial Planner's Declaration

Declaration by Financial Planner:	Please Tick
a. I have personally met the client(s):	
Date (DD/MM/YYYY) : 26/07/2024	
At Time : 09:00	
Venue : Non F2F - Telephone	
b. I have submitted an Enhanced Customer Due Diligence Form in this application.	<input type="radio"/> Yes <input checked="" type="radio"/> No

- The recommendation(s) made by me is based on the above needs analysis which has taken into account the information disclosed by the client(s) in the GEN Financial Planner. The information provided to me in this GEN Financial Planner is strictly confidential and is only to be used for the purpose of fact-finding as part of the process of recommending suitable insurance/investment products and shall not be used for any other purposes unless stated otherwise in this GEN Financial Planner.
- I declare that the above statements made by me are true and accurate.

Signature of Financial Planner : _____

Name of Financial Planner : LEE MENG

Date : _



GEN Financial Advisory Pte Ltd
Company Registration Number: 201917227Z
FA Licence Number: FA100073

GEN Financial Advisory Pte Ltd (GEN) is a licensed financial adviser authorized under the Financial Advisers Act to provide financial advisory services and arrange contracts for life, accident and health and investment-linked insurance. It is also licensed to advise on and market collective investment scheme (unit trust) and arrange contracts for general insurance.

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