

My Financial Compass

Client : _____
Joint applicant : _____
Client Adviser : _____
SFA Code/
MAS Representative No. : _____
Mobile : _____
Appointment date : _____
Next financial review date : _____



Important Notice to Clients

Synergy Financial Advisers Pte Ltd is a Licensed Financial Adviser under the Financial Advisers Act to provide financial advisory services and arrange contracts for life, accident & health and investment-link insurance.

Declaration by Client Adviser

Your Client Adviser 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 authorised to arrange contracts and provide advice on the following products :

☐ Life Insurance

☐ Collective Investment Scheme

☐ Others (please specify)

☒ Investment-Link Products

☐ Accident and Health Products

Completion of the SFA My Financial Compass will enable your Client Adviser 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 the strictest confidence and will be used for financial planning purpose only.

SECTION 1: About Myself

Date of Review	12/5/2015		
Personal Details			
Title	Mr	Mr	
Name (as in NRIC)	Sam	Sam	
NRIC/ Passport No	1234567	1234567	
Nationality	Singaporean PR	Singaporean PR	
<p>Please note that with the implementation of FATCA, some services may not be available to a US person.</p> <p>(a) A citizen or lawful permanent resident (including US green card holder) of the US; or</p> <p>(b) A partnership or corporation organised in the US or under the laws of the US or any State thereof, or a trust if:</p> <p>(i) a court within the US would have authority under the applicable law to render orders or judgments concerning substantially all issues regarding the administration of the trust; and</p> <p>(ii) one or more US persons have the authority to control all substantial decisions of the trust, or an estate of a decedent that is a citizen or resident of the US.</p>			
Country Of Birth	Timbuktoo	Timbuktoo	
Relationship to Main Applicant	father		
Marital Status	Single	Single	
Date of Birth (dd:mm:yyyy)	32nd December 2030	32nd December 2030	
Smoker	No	No	
Address	Residential Address	Middle of Nowhere	Middle of Nowhere
	Post Code	123456	123456
	Country	Singapore	Singapore
Race	Others	Others	
Employment Status	selfemployed	selfemployed	
Education Level	Tertiary and Above	Tertiary and Above	
Occupation	Programmer	Programmer	
Company Name	Piecoded	Piecoded	
Contact No	Home		12345678
	Office	-NA-	-NA-
	HP	12345678	12345678
	Fax	-NA-	-NA-
	E-mail	someone@somewhere.com	someone@somewhere.com
Income Range	Above \$15,000	Above \$15,000	
Would you like to receive promotional marketing materials?	Yes	Yes	

Conversant in spoken language	<input checked="" type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay <input type="checkbox"/> Tamil <input type="checkbox"/> Other	<input checked="" type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay <input type="checkbox"/> Tamil <input type="checkbox"/> Other
Proficient in written language	<input checked="" type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay <input type="checkbox"/> Tamil <input type="checkbox"/> Other	<input checked="" type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay <input type="checkbox"/> Tamil <input type="checkbox"/> Other
Would you like to be accompanied by a trusted individual	Eugene	Eugene
If Yes, name of trusted individual:	Eugene	Eugene
Relationship to Client	Father	Father
NRIC No:	SXXXXXXXXXZ	SXXXXXXXXXZ
<p>Note: It is recommended for you to be accompanied by a trusted individual if you belong to one of the following profile:</p> <p>(i) Above age 62</p> <p>(ii) Secondary education and below</p> <p>(iii) Not conversant in spoken or written English</p>		

SECTION 2: Accredited Investor (AI) and Overseas Investor (OI)

ACCREDITED INVESTOR (AI)

(i) According to Section 4A of the Securities & Futures Act (SFA) (Chapter 289), an AI is defined as an individual:		
a) Whose net personal assets exceed in value SGD2 million (or its equivalent in foreign currency) or;	Yes	Yes
b) Whose income in preceding 12 months is not less than SGD300,000 (or its equivalent in foreign currency)	Yes	Yes
(ii) According to Section 4A of the Securities & Futures Act (SFA) (Chapter 289), an AI is defined as a corporation with net assets exceeding SGD10 million (or its equivalent in foreign currency) or such other amount as the Authority may prescribe, in place of the first amount, as determined by:		
a) the most recent audited balance-sheet of the corporation; or	Yes	Yes
b) where the corporation is not required to prepare audited accounts regularly, a balance-sheet of the corporation certified by the corporation as giving true and fair view of the state of affairs of the corporation as of the date of the balance-sheet, which date shall be within the preceding 12 months;	Yes	Yes
(iii) The trustee of such trust as the Authority may prescribe, when acting in that capacity	Yes	Yes

OVERSEAS INVESTOR (OI)

You are an OI if you are not a citizen or permanent resident of Singapore and you are not wholly or partly dependent on a citizen or permanent resident of Singapore or have no commercial or physical presence in Singapore	Yes	Yes
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Declaration for AIs and/or OIs:

- I/We declare that all information provided and supporting documents (if any), is true and accurate.
- I/We undertake to inform the Company if there is any subsequent change in my AI or OI status.
- I/We may be required to provide documentary evidence of my AI and/or OI status to SingCapital or to the relevant product providers.

EXEMPTIONS FOR ADVISING AI and/or OI:

For AIs, exemption from Section 25, 27 and 36 of the Financial Advisers Act (FAA)	Yes	Yes
For OIs, exemption from Section 25 to 29, 32, 34 and 36 of the Financial Advisers Act (FAA)	Yes	Yes

Extract from the FAA (Cap 110):

- Section 25 - Obligation to disclose product information to clients,
- Section 26 - False or misleading statements, etc, by licensed financial advisers
- Section 27 - Recommendations by licensed financial advisers,
- Section 28 - Prohibits the receipt or dealing with client's money or property,
- Section 29 - Obligation to furnish information to Authority,
- Section 32 - Insurance Broking premium accounts,
- Section 34 - Representations by licensed financial advisers,
- Section 36 - Licensed financial adviser to disclose certain interests in securities

SECTION 3: Know your needs		
Protection		
A. Family income protection	High	High
B. Critical illness protection		
C. Disability protection	Low	Low
D. Planning for children's protection	N/A	N/A
Accident and Health		
E. Hospitalization expenses protection	High	High
Preferred type of hospital	Gouvernement	Gouvernement
Preferred type of ward	Ward B1	Ward B1
Other Benefit	Non As Charged	Non As Charged
Rider for deductible & Co-Insurance	Yes	Yes
F. Outpatient medical expenses protection	High	High
G. Lost of income due to illness or sickness	High	High
H. Personal accident protection	High	High
I. Long-term care protection	Medium	Medium
J. Dental expenses protection	N/A	N/A
Wealth Accumulation and Preservation		
K. Retirement planning	Medium	Medium
L. Education funds planning	Medium	Medium
M. Planning for specific goals	N/A	N/A
Others		
N. Others		Low
Health Condition		
Do you or any family members have any medical condition that requires regular attention from clinic or hospital?		
If 'Yes', please comment medical condition below	Hepatitis	

SECTION 4: My dependent(s)

Would you like your dependant(s) to be taken into consideration for the Needs Analysis and Recommendation(s)?

Yes

Details of My Family (e.g. Spouse, Children, Parents)

Name	Relationship	Age	Occupation	Gender	Yrs to Support*
Mary Tan	Mother	55	Teacher	Female	10
Joe Tan	Father	60	Professor	Male	10

* For client who does not have this need/objective.

** Suggested years to support: Son: to Age 25 Daughter: to Age 22

Based on financial planning practice, suggested years to support parents/other dependents are derived by adding 8 years to the average life expectancy age for male (79.9) and female (84.5) respectively. (Source: <http://www.singstat.gov.sg>)

Health Condition

Do you or any family members have any medical condition that requires regular attention from clinic or hospital?

Yes

If 'Yes', please comment medical condition below

Hepatitis

SECTION 5: My net worth

Would you like your assets and liabilities to be taken into consideration for the Needs Analysis and Recommendation(s)?

Yes

Assets

Cash	200	200
Fixed deposits	200	200
Investment	200	200
CPF (OA)	200	200
CPF (SA)	200	200
CPF Medisave	200	200
SRS	200	200
Others	200	200
Total Assets	1600	1600

Liabilities

Mortgage loan	200	200
Motor loan	200	200
Education loan	200	200
Income tax	200	200
Credit card balance / overdraft	200	200
Others	200	200
Total Liabilities	200	200
Net Worth (Total assets - total liabilities)	200	200

Legacy Planning Questionnaire

Do you have a will?	Yes	Yes
If Yes when was it last written?	01/01/2014	01/01/2014
Where is it kept?	Bank safe	Bank safe
Person who knows about the will	Timmy	Timmy
Do you have a valid CPF Nomination?	No	No
Do you have a Lasting Power of Attorney?	Yes	Yes

SECTION 6: My cash flow		
Would you like your cash flow to be taken into consideration for the Needs Analysis and Recommendation(s)?	Yes	
Cash Inflow		
Gross Income	2000	2000
Less CPF	200	200
Investment	200	200
Other Income	200	200
Estimated total annual income	30000	30000
Cash Outflow		
Personal expenses	250	250
Household expenses	250	250
Insurance Premiums	250	250
Regular savings	250	250
Loan repayments	250	250
Others	250	250
Estimated Total annual expenses	300	300
Your annual Surplus (Shortfall) (Total annual income total annual expenses)	3500	3500
Do you foresee any significant increase or decrease in your current income or expenses within the next 12 months? (Such as getting an inheritance, loan for property, marriage, having a child, salary increment.) If no, please leave section blank.	Yes	
If 'Yes', please fill up the section	Promotion	

SECTION 7: My existing insurance and investment portfolio

Would you like your existing insurance and investment portfolio to be taken into consideration for the Needs Analysis and Recommendation(s)?

Yes, please complete the details below:

Existing insurance portfolio

Insurance Company	Policy Type	Life Assured	Annual premiums (S\$)	DE (S\$)	DI (S\$)	CI (S\$)	PA (S\$)	H&S (S\$)	Others (S\$)	Maturity value (S\$)	Matured at Age
AXA	protection	Client 1	3000	250	250	250	250	250	250	250	67
AIA	protection	Client 2	3400	550	630	650	750	250	370	250	45

Total premium/coverage/benefit amount (S\$)

Insurance Company	Policy Type	Life Assured	Annual premiums (S\$)	DE (S\$)	DI (S\$)	CI (S\$)	PA (S\$)	H&S (S\$)	Others (S\$)	Maturity value (S\$)	Matured at Age
		Client 1	3000	250	250	250	250	250	250	250	N/A
		Client 1	3000	250	250	250	250	250	250	250	N/A

Legend: DE-Death, DI-Disability Income, CI-Critical Illness, PA-Personal Accident, H&S-Hospital & Surgical.

Existing Investment portfolio

Fund name	Asset Type	Owned by	Current Realisable Value	Investment amount RSP(S\$)
Aberdeen	Cash	Client 1	2000	4000
Aberdeen	Cash	Client 1	2000	4000

SECTION 8: My budget

Regular Amount	2350	2350
Mode of Payment	Monthly	Monthly
Source of fund	Retirement	Retirement
Single Amount	3260	3260
Source of fund	Pension	Pension
Is the budget you set aside a substantial portion of your assets or surplus?	Yes	Yes

SECTION 9: My investment risk profile

Section applicable as advice or recommendation is given on CIS and/or products with cash value.

Yes

The risk profiling process is to assist you and your Client Adviser to have a better understanding of your financial needs and situation, your personal approach to investing and the choice of investment products you choose. However, you must understand that this profiling is not exhaustive and may not cover all the aspects that you should be considering while making an investment decision and your actual profile may be significantly different from what have been indicated above.

Please ensure that you fully understand the risks associated with each and every product you choose to invest into and further that the product chosen is consistent with your overall investment objectives and the product risk is in line with your personal risk taking ability.

Our advice: There are no right or wrong answers, please follow your instincts and answer the questions by selecting only one response to each question.

What is your current age?

b

b

a) 18 to 30 years old

b) 31 to 40 years old

c) 41 to 47 years old

d) 48 to 55 years old

e) Above 55 years old

How familiar are you with investing?

a

a

a) Not familiar at all with investment, I find it too complicated

b) Slightly familiar, I understand basic investment concepts such as High risk/High return

c) Quite familiar, I understand advanced investment concepts such as Price Earnings Ratio

d) Very familiar, I keep myself up-to-date on investment news and understand complex investment products such as Derivatives

Q3: Which of the following best describes your investment

a

a

a) Capital preservation

b) Regular stream of stable income

c) Combination of income and capital growth

d) Achieve substantial long term capital growth

e) High capital appreciation

Q4: The value of investments can fluctuate over time. What is the maximum loss of value you can accept

e

e

a) 0%

b) -4%

c) -10%

d) -25%

e) -40%

Q5: How long can you keep your money invested before you require access to it?

c

c

a) Less than 1 year b) 1 - 3 years c) 3 - 5 years d) More than 5 years		
Q6: Which one of the following statements describes your feelings towards choosing an investment?	c	c
a) I would prefer investments that are low risk and I am willing to accept the lower return. b) I prefer to diversify with a mix of investments that have an overall lower risk but I am also willing to have a small proportion of the portfolio invested in higher risk assets to achieve a slightly higher return. c) I prefer to have a spread of investments in a balanced portfolio that is made up of high risk and low risk assets. d) I prefer to diversify with a mix of investments that have an overall higher risk but I am also willing to have a small proportion of the portfolio invested in lower risk assets. e) I would prefer investments that are high risk so that I can potentially earn higher long term returns.		
Total Score	20	20

Risk profile description:

The following descriptions indicate the investment approach that a typical investor is expected to take based on the total score. Please be reminded that this questionnaire is designed to assist you to evaluate your risk profile from the responses to the questions above.

Conservative (<-16)

A conservative investor is someone who demonstrates a very low ability and willingness to take risk. The investment portfolio advised for such an investor would have to be mainly made up of stable investments such as low risk bonds. Limited exposure to emerging market debts, Asian bonds and high yield bonds may be considered if they can enhance the yield to the overall portfolio. A small portion of equities would be included in the portfolio as a form of diversification, as well as to act as a hedge against inflation.

Moderately Conservative (-16 to -6)

A moderately conservative investor is someone who demonstrates a low ability and willingness to take risk. The investment portfolio advised for such an investor would have to be largely made up of stable investments such as low risk bonds. Exposure to emerging market debts, Asian bonds and high yield bonds may be considered if they can enhance the yield to the overall portfolio. A small portion of equities would be included in the portfolio as a form of diversification as well as to act as a hedge against inflation. The recommended proportion of equities within the portfolio would be higher relative to the conservative investor to help generate potentially higher return.

Balanced (-5 to 5)

A balanced investor is someone who demonstrates an average ability and willingness to take risk. The portfolio would adopt a neutral allocation of 50% equities and 50% bonds which is subjected to change during economic cycle. The allocation within the bonds portion would be mainly into low risk bonds, with some exposure to emerging market debts, Asian bonds and high yield bonds if they are able to enhance the yields of the overall portfolio. The recommended proportion of equities within the portfolio would be higher relative to the moderately conservative investor to help generate potentially higher return.

Moderately Aggressive (6 to 15)

A moderately aggressive investor is someone who demonstrates a high ability and willingness to take risk. The portfolio would aim to generate returns through higher allocation to equities as compared with the balanced investor's portfolio. Limited exposure to less diversified sector funds or foreign single-country funds would be considered if potential returns are expected to be higher than diversified regional equities funds. The allocation within the bonds portion would be mainly into low risk bonds, with exposure to emerging market debts, Asian bonds and high yield bonds if they are able to enhance the yields of the overall portfolio. The bonds allocation helps to mitigate the downside risk of the portfolios during equity markets downturn.

Aggressive (>15)

An aggressive investor is someone who demonstrates a very high ability and willingness to take risk. The portfolio would aim to generate returns through higher allocation to equities as compared with the moderately aggressive

Risk Profile	Aggressive	Aggressive
Do you agree with your risk profile?	No	No
If No, please indicate your chosen risk profile	Balanced	Balanced
Reasons for alteration:	Feels inaccurate	Feels inaccurate

SECTION 10: Customer Knowledge Assessment (CKA)

Advice is given on unlisted "Specified Investment Products"(SIP) which include unit trusts or Investment linked Policies

Yes

Notice to Client

It is important for a customer who wishes to transact in an unlisted Specified Investment Product (unlisted SIP, e.g. Investment-Linked Plans) to possess knowledge or experience in such a product. As a financial institution, we are required to conduct a CKA to find out whether you have the knowledge or experience to understand the features and risks of an unlisted Specified Investment Product.

For more information on investing in unlisted Specified Investment Products, please visit:

<http://www.moneysense.gov.sg/Understanding-Financial-Products/Investments/Guides-and-Articles/Investing-in-Specified-In>

If you satisfy any of the following, you may be assessed as possessing the knowledge or experience in an unlisted Specified Investment Product for the purpose of the satisfaction of the CKA in the unlisted Specified Investment Product concerned:

Customer Knowledge Assessment criteria

PART 1: KNOWLEDGE ACQUIRED

Education/Professional Qualifications

1. You have a diploma or a higher qualification in:	Yes	Yes
If yes, please indicate as applicable:	<input type="checkbox"/> Accountancy <input type="checkbox"/> Acturial Science <input type="checkbox"/> Business/Business Admin <input type="checkbox"/> Capital Markets <input type="checkbox"/> Commerce <input checked="" type="checkbox"/> Finance <input type="checkbox"/> Finance Engineering <input type="checkbox"/> Computational Finance <input type="checkbox"/> Insurance	<input type="checkbox"/> Accountancy <input type="checkbox"/> Acturial Science <input type="checkbox"/> Business/Business Admin <input type="checkbox"/> Capital Markets <input type="checkbox"/> Commerce <input checked="" type="checkbox"/> Finance <input type="checkbox"/> Finance Engineering <input type="checkbox"/> Computational Finance <input type="checkbox"/> Insurance
Please also specify the full name of the Education Institution(s) in which the above qualification(s) were obtained and any other relevant information:	NTU	NTU
2. You have professional finance-related qualifications?(e.g, AFP/AWP/CFP, AFC/ChFC, ACCA, CLU, CFA/CAIA, CPA/ACCA, CISI, CFTe, FRM, CMFAS M6/M7/M8)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify the full name of the qualification(s), Education Institution(s) in which the qualification(s) were obtained and any	SIM	SIM

other relevant information:		
Investment Experience		
3. Have you made at least 6 transactions in the following unlisted "Specified Investment Products" in the past 3 years?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Please tick the type of investment traded, you may tick more than one box.	<input type="checkbox"/> Collective Investment Schemes (CIS) (e.g. Unit Trusts) <input checked="" type="checkbox"/> Investment-Linked Policies (ILP)	<input type="checkbox"/> Collective Investment Schemes (CIS) (e.g. Unit Trusts) <input checked="" type="checkbox"/> Investment-Linked Policies (ILP)
If yes, please specify the full name of the Financial Institution(s) where the transactions were carried out and any other relevant information:	SIM	SIM
Work Experience		
4. Do you have a minimum of 3 continuous years of working experience* in the past 10 years involving the following fields?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please indicate as applicable:	<input type="checkbox"/> Development/Structuring/ Management/ Sale/ Trading/ Research/ Analysis of Investment Products <input checked="" type="checkbox"/> Provision of training on Investment Products <input type="checkbox"/> Accountancy, Actuarial Science, Treasury, Financial Risk Management and Legal work in financial areas	<input type="checkbox"/> Development/Structuring/ Management/ Sale/ Trading/ Research/ Analysis of Investment Products <input checked="" type="checkbox"/> Provision of training on Investment Products <input type="checkbox"/> Accountancy, Actuarial Science, Treasury, Financial Risk Management and Legal work in financial areas
*Provision of general support functions in the above mentioned areas such as operations, HR, corporate services and IT is not 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:	AIA	AIA
PART 2: OUTCOME OF CKA (from Part 1)		
Based on guidelines prescribed by the Monetary Authority of Singapore (MAS), if any of the above response 'Yes', you are deemed to have the relevant investment knowledge.		

You are assessed:	<input checked="" type="checkbox"/> TO HAVE the relevant knowledge and/or experience to understand and purchase specified investment products. <input type="checkbox"/> NOT TO HAVE the relevant knowledge and/or experience to understand and purchase specified investment products.	<input checked="" type="checkbox"/> TO HAVE the relevant knowledge and/or experience to understand and purchase specified investment products. <input type="checkbox"/> NOT TO HAVE the relevant knowledge and/or experience to understand and purchase specified investment products.
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PART 3: CLIENT ACKNOWLEDGE OF CKA OUTCOME

I/We acknowledge that

- I/We have been given a clear explanation of the objectives for the Customer Knowledge Assessment (CKA);
- I/We have answered all the relevant questions to the best of my knowledge;
- I/We understand and agree with the outcome of the Client Knowledge Assessment.
- For joint policies, if one of the intended joint policy owners is assessed to have failed CKA, overall result will be a fail.

Please TICK and ACKNOWLEDGE as appropriate:

PASS CKA	<input type="checkbox"/> I/We have PASSED the CKA assessment and I/We DO NOT WISH to receive any advice offered by my/our Financial Consultant. I/We understand that by choosing not to receive advice, I/we will not be able to rely on section 27 of the Financial Advisers Act (FAA) to file a civil claim in the event of a loss. <input checked="" type="checkbox"/> I/We have PASSED the CKA assessment and WISH to receive advice offered to me/us by my/our Financial Consultant.
Based on assessment of the suitability of the investment project, I/We have been advised that:	<input type="checkbox"/> The investment product/s that I/we intend to invest in is/are SUITABLE for me/us, and I/we would like to PROCEED with the investment. <input checked="" type="checkbox"/> The investment product/s that I/we intend to invest in is/are NOT SUITABLE for me/us, and I/we would like to PROCEED with the investment.
DID NOT PASS CKA	<input type="checkbox"/> I/We DID NOT PASSED the CKA assessment and WISH TO PROCEED with my/our investment. I/we understand that I/we will need to receive advice from my/our Financial Consultant, who will assess and advise me on the suitability of the investment product for my investment.
Based on assessment of the suitability of the investment project, I/We have been advised that:	<input type="checkbox"/> The investment product/s that I/we intend to invest in is/are SUITABLE for me/us, and I/we would like to PROCEED with the investment. <input checked="" type="checkbox"/> The investment product/s that I/we intend to invest in is/are NOT SUITABLE for me/us, and I/we would like to PROCEED with the investment*. *To be submitted together with the Senior Management's Approval Form.

Section 27, FAA - 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 rely on the recommendation if the licensee 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) 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 reasonable in all the circumstances; and

(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 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 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.

SECTION 11: My planning priorities

Protection

A. Family income protection	High	■ Planning	High	■ Planning
B. Critical illness protection	Medium	■ Planning	Medium	■ Planning
C. Disability protection	Low	■ Planning	Low	■ Planning
D. Planning for children's protection	N/A	■ Planning	N/A	■ Planning

Accident and Health

E. Hospitalization expenses protection	High	■ Planning	High	■ Planning
F. Outpatient medical expenses protection	High	■ Planning	High	■ Planning
G. Lost of income due to illness or sickness	High	■ Planning	High	■ Planning
H. Personal accident protection	High	■ Planning	High	■ Planning
I. Long-term care protection	Medium	■ Planning	Medium	■ Planning
J. Dental expenses protection	N/A	□ Planning	N/A	□ Planning

Wealth Accumulation and Preservation

K. Retirement planning	Medium	■ Planning	Medium	■ Planning
L. Education funds planning	Medium	■ Planning	Medium	■ Planning
M. Planning for specific goals	N/A	■ Planning	N/A	■ Planning

Others

N. Others	Low	□ Planning	□ Planning	
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SECTION 12: Needs analysis calculations (I)**A. Family income protection**

Need Required for Financial Consultant Planning	Yes	Yes
Amount required by your dependents (today's value)	1000	1000
*Annual replacement income	1000	1000
*Years income is required	1000	1000
*Inflation adjusted rate of return	1000	1000
Lump sum required (PV)	1000	1000
Add: Total liabilities	1000	1000
Add: Final expenses (includes funeral expenses, last hospitalization bill)	1000	1000
Add: Other funding needs:	1000	1000
Total required	1000	1000
Less: Existing life insurance	1000	1000
Less: Other funds available	1000	1000
Total Shortfall	1000	1000

B. Critical illness protection

Need Required for Financial Consultant Planning	Yes	Yes
Amount required by your dependents (today's value)	1000	1000
*Annual replacement income	1000	1000
*Years income is required	1000	1000
*Inflation adjusted rate of return	1000	1000
Lump sum required (PV)	1000	1000
Add: Cost of medical treatment	1000	1000
Add: Other provisions	1000	1000
Total coverage required	1000	1000
Less: Other funds available	1000	1000
Less: Existing critical illness insurance	1000	1000
Total Shortfall	1000	1000

C. Disability protection

Need Required for Financial Consultant Planning	Yes	Yes
*Living expenses	1000	1000
*Years income is required	1000	1000
*Inflation adjusted rate of return	1000	1000
Total Income required (PV)	1000	1000
Add: Lump sum required upon occurrence	1000	1000
Total coverage required	1000	1000
Less: Monthly existing disability benefit	1000	1000
Other funds available (e.g rental income etc.)	1000	1000

Total Surplus/Shortfall		
D. Planning for children's protection		
Need Required for Financial Consultant Planning	Yes	Yes
*You have indicated that you would like to provide protection for	1000	1000
*The priority is	1000	1000
*I would like to provide him/her with a sum assured of	1000	1000
Less: Existing insurance	1000	1000
Total Shortfall	1000	1000

SECTION 12: Needs analysis calculations (II)**E. Hospitalization cost protection (H&S)**

Need Required for Financial Consultant Planning	Yes	Yes
Existing Hospital and Surgical Coverage	1000	1000
Existing Co-insurance and Deductible	1000	1000
*Desired Hospital and Surgical Coverage	1000	1000
*Preferred Type of Hospital	1000	1000
*Preferred Type of Ward	1000	1000
*Other Benefit	1000	1000
*Rider for deductible & Co-Insurance	1000	1000

F. Outpatient medical expenses protection

Need Required for Financial Consultant Planning	Yes	Yes
*Amount I would like to have	1000	1000
Less: Existing insurance	1000	1000
Total Amount to plan for	1000	1000

G. Income due to illness or sickness protection

Need Required for Financial Consultant Planning	Yes	Yes
*Amount I would like to have	1000	1000
Less: Existing insurance		
Total Amount to plan for	1000	1000

H. Personal accident protection

Need Required for Financial Consultant Planning	Yes	Yes
*Desired Personal Accident Benefit	1000	1000
Less: Current Resources/Provisions	1000	1000
Total Shortfall	1000	1000

I. Long term care protection

Need Required for Financial Consultant Planning	Yes	Yes
*Monthly amount needed	1000	1000
Total amount needed	1000	1000
*Less: Existing insurance	10000	10000
Total Amount to plan for	1000	1000

J. Dental expenses protection

Need Required for Financial Consultant Planning	Yes	Yes
*Amount I would like to have	1000	1000
Less: Existing insurance	1000	1000
Total Amount to plan for	3000	3000

SECTION 12: Needs analysis calculations (III)**K. Retirement planning**

Need Required for Financial Consultant Planning	Yes	Yes
Annual Retirement income required at retirement age	1000	1000
*Annual income required (PV)	1000	1000
*Years to retirement	1000	1000
*Average inflation rate (%)	1000	1000
Annual income required (FV)	1000	1000
Less existing regular income (annualised)	1000	1000
Total retirement income required for retirement (at retirement age)	1000	1000
First year income required at retirement age (PMT)	1000	1000
*Duration of retirement	1000	1000
*Inflation adjusted rate return	1000	1000
Total amount required at start of retirement	1000	1000
Less: Other funds available	1000	1000
Less: Available funds to meet this need	1000	1000
Total asset to be used or liquidated for this need	1000	1000
Maturity value of insurance plan(s) at retirement	1000	1000
Total Shortfall (at start of retirement)	1000	1000

L. Education fund planning

Need Required for Financial Consultant Planning	Yes	Yes
Total cost of education	1000	1000
*Name of Child	Johnny	Johnny
*Current age of child	10	10
*Country of Study	UK	UK
*Cost of education today (PV)	1000	1000
*Number of years to save	10	10
*Average education inflation rate	1000	1000
Total cost of education at entry age	1000	1000
Less: Available funds to meet this need	1000	1000
Value of funds to be used	1000	1000
Maturity value of insurance policies	1000	1000
Total Shortfall	1000	1000

M. Planning for specific goals:

Need Required for Financial Consultant Planning	Yes	Yes
Amount needed for your specific goals (future value)	1000	1000
*Lifestyle goals (today's value)	350000	350000
*Accumulation period	10	10

Total Amount Needed (FV)	468999	468999
Value of fund to be used	1000	1000
Interest rate	2	2
Less: Total funds available (FV)	1000	1000
Total Surplus/Shortfall	1000	1000
Assuming investment rate of return to reach your savings goal you will need to save:	1000	1000
Monthly REGULAR Contribution required	1000	1000
SINGLE Lump Sum required	1000	1000
N. Other needs		
Need Required for Financial Consultant Planning	Yes	Yes
You have indicated that you would like to plan for:	1000	1000
Total Amount to plan for	28890	28890
Less: Existing insurance	10000	10000
Total Shortfall	1000	1000

SECTION 13: Needs Analysis Summary							
		Client 1			Client 2		
Profile	Budget - Regular amount (Monthly)	\$0.00			\$0.00		
	Budget - Single amount	\$0.00			\$0.00		
	Investment risk profile	Balanced			Balanced		
	Accredited Investor or Overseas Investor?	No			No		
	CKA result (Passed/Failed/Exempted)	Passed			Passed		
Protection needs		(Shortfall) or Surplus	To address needs	Time horizon	(Shortfall) or Surplus	To address needs	Time horizon
Protection	Family income protection	1000	Yes	5	1000	Yes	5
	Critical illness protection	2010	No	5	2010	No	5
	Children protection goal 1:	2010	No	5	2010	No	5
	Children protection goal 2:	2010	No	5	2010	No	5
	Accident and health	2010	No	5	2010	No	5
	Desired Hospital and Surgical Coverage	2010	No	5	2010	No	5
	Outpatient medical expenses protection	2010	No	5	2010	No	5
	Loss of income due to illness or sickness	2010	No	5	2010	No	5
	Personal accident protection	2010	No	5	2010	No	5
	Long term care protection	1000	Yes	5	1000	Yes	5
	Dental expenses protection	1000	Yes	5	1000	Yes	5
Wealth accumulation and preservation							
Savings	Retirement planning	1000	Yes	5	1000	Yes	5
	Education planning - Joe	1000	Yes	5	1000	Yes	5
	Education planning -	2010	No	5	2010	No	5
	Education planning -	1000	Yes	5	1000	Yes	5
	Specific goal: Mortgage	1000	Yes	5	1000	Yes	5
	Specific goal: Renovation	2010	No	5	2010	No	5
Others							
Others	Others goal - Joe	1000	Yes	5	1000	Yes	5
	Others goal -	2010	No	5	2010	No	5

SECTION 14: My Client Adviser's recommendations (I)

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:

Product Recommendations - Insurance Plans

Rec'd	Chosen Needs	Rider	Product Name	Benefit Amount	Premium Amount	Mode	Client's Choice
Joint	Protection - All	NTUC Income	Income Vivo Life	10,000	1,000	AP	Yes
Joint	Protection - All	NTUC Income	Income Vivo Life	10,000	1,000	AP	Yes

Product Recommendations - ILP Funds & Unit Trusts

Rec'd	Fund Name	Asset Class	Type	Amount	Mode	Client's Choice
Joint	Deutsche Lion Bond Fund	Income	ILP	10,000	AP	Yes
Joint	Deutsche Lion Bond Fund	Income	ILP	10,000	AP	Yes

SECTION 14: My Client Adviser's recommendations (I)

Reasons for every Plan and Rider recommended

Not suitable

Risks/Limitations of every Plan and Rider recommended

Hold for at least 1 year

Reason(s) for Deviation(s)

Not suitable

For full details of the benefits and limitations of the plan and rider, please refer to your Product Summary, Benefit Illustration, Prospectus (for unit trust), Product Highlight Sheet(for Investment-linked plan/Unit trust) as presented by your Client Adviser.

Note: Client Adviser may attach additional 'My Client Adviser's recommendation' pages, to be dated and endorsed by Client, Client Adviser and Supervisor on each page.

SECTION 16: Client's acknowledgement

Is this proposal to replace or intended to replace any insurance plan or other investment product from any financial institution such as an insurance company or bank?

No

Replacement

If Yes, please complete this section:

If I/we are replacing an investment plan, or a life or health insurance plan, I/we declare that my Client Adviser has explained to me/us the disadvantages (if any) of the replacement and that I/we have understood them.

I/We also understand that it is usually disadvantageous to replace an existing life insurance plan or other investment product

I/We also understand that it is usually disadvantageous to replace an existing life insurance plan or other investment product with a new one. I/We have considered some of the factors, including:

1. I/We may suffer a penalty for terminating the original plan or other investment product.
2. I/We may incur transaction costs without gaining any real benefit from replacing the plan or other investment product.
3. I/We may not be insurable on standard terms or may have to pay a higher premium in view of higher age or the financial benefits accumulated over the years may be lost.

Reason(s) for replacement of existing investment plans or life or health insurance plan:

Not suitable

Client's reference checklist

My Client Adviser has explained the following to me/us:

1. About himself /herself and the company he/she represents

- Given me/us his/her business card showing he/she represents Synergy Financial Advisers Pte Ltd	Yes	Yes
- Informed me/us in writing, the types of products he/she can provide advice on	Yes	Yes

2. About the product

My/Our Client Adviser has taken me/us through the product summary (for insurance policies) or prospectus (for Unit Trust - UT) and his/her explanation included the following:	Yes	Yes
--	-----	-----

- Nature and objective of the product
- Amount, frequency and period over which I/we need to make payments
- Risks involved
- Warnings, exclusions and disclaimers (e.g. inaccurate or incomplete information could affect suitability of the recommended product and may, in the case of an insurance policy, make the policy invalid)
- My/Our right to have a 14-day free-look period (insurance policies) 7-day (UT)
- Fees and charges
- How I/we can convert my/our investment into cash
- How can I/we sell units or switch funds
- How often I/we will receive updates and reports on the performance of investment
- That past performance is not necessary indicative of future performance and the value of my/our investment could go up or down

3. About the benefit illustration (where applicable)

My/Our Client Adviser has taken me/us through the benefit illustration and his/her explanation included the following information:	Yes	Yes
<ul style="list-style-type: none"> - The illustration is just a projection - Which components are guaranteed and which are not - Distribution costs - That assumptions are used in illustrating the projected values - Changes in the projected investment rate would affect projected values 		
4. About the document I/we should receive		
I/We know that I/we should receive a copy of the following from my/our Client Adviser	Yes	Yes
<ul style="list-style-type: none"> - Benefit Illustration - Your Guide to Life Insurance booklet - Your Guide to Health Insurance booklet - SFA Approved Product List (Version No.): - Product Summary (for insurance policies), Prospectus (for UT), Product Highlight Sheet (for Investment-Linked Plan/UT), Fund Classification Table (for Investment-Linked Plan) - A copy of "My Financial Compass" 		
Personal data protection notice & content		
<p>Our Personal Data Protection Policy set out how we will collect, use, disclose and retain your personal data with Synergy Financial Advisers Pte Ltd. In line with the Personal Data Protection Act 2012, we want to ensure that our existing practices and policies are compliant in relation to the collection, use, disclosure, retention and security of your personal data.</p> <p>I agree to allow Synergy Financial Advisers Pte Ltd and its employees, agents and third party service providers (collectively "SFA") to:</p> <p>(a) provide me with marketing, advertising and promotional information relating to products and/or services that SFA may be selling, marketing, offering or promoting now or in the future and for such purpose, to process personal data about me that I had previously, now or may in future provide to SFA.</p> <p>(b) send me such marketing, advertising and promotional information through the following modes of communication*:</p>		
(i) postal mail and/or electronic transmission to my email address; and (ii) to my telephone number(s)	Yes	Yes
by way of:	<input type="checkbox"/> Voice call / phone call <input type="checkbox"/> SMS/MMS (text messages) <input checked="" type="checkbox"/> Fax	<input checked="" type="checkbox"/> Voice call / phone call <input type="checkbox"/> SMS/MMS (text messages) <input type="checkbox"/> Fax
<p>(* Please indicate that you agree to SFA using that mode of communication by ticking the relevant box.)</p> <p>Under the Personal Data Protection Act 2012, you have a right to withdraw your consent, to make a data access or correction request concerning your personal data held by us. You may make such request through your Client Adviser or by writing to our Data Protection Officer at the address provided on our website at www.synergy.com.sg</p>		
Date of next review		
Date of next review (dd/mm/yyyy)	26/08/2015	

SECTION 17: Representative's declaration

Client Adviser's Declaration

I declare that the information provided to me is strictly confidential and is only to be used in the process of recommending suitable insurance products and for post-sales transaction usage. Information shall not be used for any other purposes.

I declare that this document (and Financial Plan if applicable) is an accurate and complete record of the advice and recommendation, if any, that I gave to you, the client(s). I also declare that I have acted within my authorised scope of services.

Supervisor's Validation

I agree with the Client Adviser's recommendation and MFC is completed to my satisfaction in accordance to the following:

Yes

- All sections are completed in accordance to the application type
- The assumptions used for the needs analysis are reasonable and the calculations are correct
- The risk level of the fund(s) is consistent with the client's risk profile. If it is not, my Client Adviser has documented the deviation correctly
- The risk level of the fund(s) is consistent with the client's risk profile. If it is not, my Client Adviser has documented the deviation correctly
- The reasons of recommendation are written clearly and framed in the context of the client's situation addressing client's financial objectives and concerns
- All dates and signature in the MFC, Benefit Illustration, Product Summaries and Proposal Forms are in order

I disagree with the Client Adviser's recommendation.

Yes

Reason(s) for disagreement

Too expensive to maintain



Speak to your Client Adviser
customercare@synergy.com.sg
Main Line: 6654 1888
Fax: 6654 1887
www.synergy.com.sg

Synergy Financial Advisers Pte Ltd
FA License No. FA100050-1
Company Reg. No. 201217738K
229 Mountbatten Road #01-11
Mountbatten Square
Singapore 398007