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INVESTOR SUITABILITY ASSESSMENT FORM - INDIVIDUAL

Please complete this form in BLOCK LETTERS and with BLACK INK only. Please tick (✓) where applicable and circle either YES / NO as appropriate.

This Investor Suitability Assessment Form - Individual will guide you in choosing the unlisted capital market products that suit your investment objectives, risk tolerance, financial profile and investment experience. The information you provide will form the basis of our recommendation. It is important to provide accurate and complete information to ensure that suitable unlisted capital market products are recommended according to your investment needs and objectives.

Warning: The recommendation is made based on information obtained from the suitability assessment. Investors are advised to exercise judgement in making an informed investment decision in relation to the unlisted capital market products.

***Denotes mandatory field which must be properly disclosed and completed by the applicant.**
Note: This suitability assessment form is to be completed by Principal Holder.

☐ New Investor ☐ Review

PART 1: PERSONAL DETAILS

Full Name of Principal Holder* *(as per NRIC/Passport)*				
NRIC/Passport No.*		**Age**		
Highest Education	( ) Degree & above	( ) Diploma	( ) STPM	( ) SPM & below
Monthly Disposable Income	( ) Below RM5,000	( ) RM5,001-RM8,000	( ) RM8,001-RM15,000	( ) RM15,001 & above
Total Monthly Commitment	( ) Below RM2,000	( ) RM2,001-RM5,000	( ) RM5,001-RM10,000	( ) RM10,001 & above
Percentage of Investment in Your Total Asset *(excluding this investment)*	( ) Below 10%	( ) 11% - 20%	( ) 21% - 30%	( ) 31% - 40%
	( ) 41% - 50%	( ) 50% & above		

PART 2: UNDERSTANDING INVESTOR'S INVESTMENT PURPOSE AND KNOWLEDGE ASSESSMENT

1	What do you expect to get out of investing in this product? ( ) Capital Growth ( ) Regular Income ( ) Capital Protection
2	What is your purpose of investing? ( ) Asset accumulation ( ) Saving for children's education fund ( ) Saving for retirement ( ) Investing for regular income ( ) Others. Please specify: ________________
3	What is the reason(s) for considering this product? ( ) Meet my investment objective ( ) Compatible with my risk-return expectation ( ) Meet my overall investment strategy (e.g. diversification)
4	What is your current investment portfolio? *(Please state for applicable investment type.)* Unit trust:______years Bond:______years Equities:______years Derivatives:______years PRS:______years Other investment(s):______years

PART 3: INVESTOR'S NEEDS ANALYSIS/ RISK PROFILING

		Score
1	What is your current age? ( ) 51 & above [1] ( ) 35 to 50 [3] ( ) below 35 [5]	
2	How will you classify yourself as an investor? ( ) No experience [1] ( ) 1-3 years' experience [3] ( ) More than 3 years' experience [5]	
3	Do you have any understanding on unit trust investment? ( ) No understanding at all [1] ( ) Some understanding [3] ( ) Fully understand [5]	
4	What is your investment objective? ( ) To achieve income/returns slightly better than bank savings/fixed deposits [1] ( ) To achieve income & capital growth [3] ( ) To achieve capital growth [5]	
5	What is the expected duration for this investment? ( ) Less than 3 years [1] ( ) 3 to 5 years [3] ( ) More than 5 years [5]	
6	Which of the following statement best describe you? ( ) I cannot accept any capital loss. [1] ( ) If my investment drop by 5% -10%, I will do dollar cost averaging or wait for it to appreciate. [3] ( ) I am a long term investor and am not overly concerned about short term market trend. [5]	
	TOTAL	

PART 4: FUND/ PORTFOLIO RECOMMENDATION (TO BE COMPLETED BY UNIT TRUST CONSULTANT)

Total Score	**6-13**	**14-22**	**23-30**
Risk Profile	**Conservative**	**Moderate**	**Aggressive**
Category of fund that matches the risk profile	Money Market Bond PRS Conservative	Mixed Asset Balanced PRS Moderate	Mixed Asset Equity PRS Growth
UTC to tick the recommended category of fund/portfolio based on risk profile	☐	☐	☐

Basis for recommendation of fund(s)/portfolio as per transaction form (*multiple answers allowed*)

- ☐ Suitable to the investor's risk profile
- ☐ In line with the investor's investment objectives and investment horizon
- ☐ Complements investor's portfolio to meet his/her financial goals
- ☐ Others (please specify): ______________________________

☐ UTC to tick if investor opts to invest in fund(s)/portfolio with risks that are above the investor's assessed risk tolerance. Please state the fund(s)/portfolio below.

Fund(s)/Portfolio

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5.

Basis for not following recommended fund(s)/portfolio (*multiple answers allowed*)

- ☐ Investor's own decision to invest in a fund(s)/portfolio that is above the assessed risk level in this form.
- ☐ Others (please explain): ______________________________

PART 5: VULNERABLE CUSTOMER ASSESSMENT

Please tick (✓) for applicable attributes and (X) for those that are not applicable.

Customer Attributes (by investor)

Principal Holder	**Joint Holder**	
☐	☐	Elderly (60 and above; and uncomfortable with using technology for investment Purposes); and/or
☐	☐	Education level of Primary School or below; and/or
☐	☐	No capital market investment experience; and/or
☐	☐	Limited financial means (e.g. low net worth, coupled with low income and or high Debts against income, multiple dependents); and/or
☐	☐	Have experienced death or total permanent disablement of main bread winner; and/or
☐	☐	Have any hearing, visual, speech, physical or learning impairments.
☐	☐	None of the above

Assessment (by UTC)

Principal Holder	**Joint Holder**	
☐ Yes	☐ Yes	Vulnerable client
☐ No	☐ No	Non-vulnerable client

For vulnerable customer only

☐ I hereby confirm that the information provided by me in this form is true and correct. I confirm that I AGREE with the unit trust consultant's assessment result of my vulnerable customer status based on the information provided by me in the form as well as his/her observations. I also acknowledge that the unit trust consultant has taken the following measures in consideration of my status:

a. Allowed sufficient time for me to process the information that has been provided; and
b. Clarified with me on the method of communication available and offered to provide details in alternate format such as, post or email for clarity; and
c. Asked me whether I would like to consult someone else first or would like to have someone present with me when receiving advice

PART 6: ACKNOWLEDGEMENT

Please choose and circle either YES / NO where applicable.

1	All information provided is true, complete and accurate. I understand that any misleading, inaccurate or incomplete information provided by me will affect the outcome of the assessment.	YES / NO
2	The consultant has explained and I have understood the terms, features and risks of the product.	YES / NO
3	I hereby acknowledge that I have received a copy of Product Highlights Sheet and the relevant Disclosure Document (e.g. Prospectus, Information Memorandum, etc.)	YES / NO
4	I decline to provide certain information required in this assessment form. I understand that the result of the assessment will be affected by the non-disclosure of certain information.	YES / NO
5	I have decided to purchase into another portfolio of fund(s) that do not match with my risk profile and I understand the different risks involved in the fund(s).	YES / NO

SIGNATURE OF PRINCIPAL HOLDER	SIGNATURE OF UNIT TRUST CONSULTANT (UTC)
Name: Date:	Name: UTC Code: Date:

FOR PMB USE ONLY

	Department	Signature	Staff Name	Date	Remarks
Received by	Phillip Investor Centre				
	Customer Service				
	Operations				
Reviewed by	Compliance				
Processed and Verified by	Operations				