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INVESTOR SUITABILITY ASSESSMENT FORM

This Investor Suitability Assessment Form 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.

Please complete in BLOCK LETTERS and tick (√) where applicable. Any alterations made must be countersigned.

☐ New Client ☐ Existing Client (Annual review/Update) ☐ Opt out (only for corporate client)

1. INVESTOR DETAILS

Full Name *(as per NRIC/ Passport/ Registration Certificate)*	
NRIC/Passport No./ Company Registration No.	
Email	
Contact No.	Home: Office: H/P:

2. INVESTMENT KNOWLEDGE & INVESTMENT SKILL ASSESSMENT

Question	Financial Capacity		Score
01	**How old will you be on your next birthday?**		
	[1] 61 and above	☐	
	[2] 41 to 60	☐	
	[3] 26 to 40	☐	
	[4] 18 to 25	☐	
02	**Which sentence best describes your experience as an investor?**		
	[1] Inexperienced	☐	
	[2] Some experience	☐	
	[3] Experienced	☐	
	[4] Very experienced	☐	
03	**What percentage of your investable assets are you considering investing now?**		
	[1] Up to 10%	☐	
	[2] 11 % to 25%	☐	
	[3] 26% to 50%	☐	
	[4] Over 50%	☐	
04	**Pick one of the following that best describes your current and future earning sources:**		
	[1] I/We expect my/our earnings to decrease (due to retirement, economy, etc)	☐	
	[2] I/We expect my/our earnings to remain stagnant (increment does not keep in pace with inflation, or minimal increment)	☐	
	[3] I/We expect my/our earnings to increase in pace with inflation	☐	
	[4] I/We expect my/our earnings increase to outpace inflation	☐	

05	**Choose from the following that accurately reflects your profile as an investor:**			
	[1]	I/We want to preserve my/our capital, even if that means the rate of returns on my/our investment(s) is not kept in pace with inflation, i.e. lower than inflation rate	☐	
	[2]	I/We am/are willing to incur some risks as long as the returns on my/our investment(s) is kept in pace with inflation	☐	
	[3]	I/We am/are comfortable with taking moderate risk in order to achieve capital growth slightly above inflation rate	☐	
	[4]	I/We am/are willing to accept higher degree of risk for potentially greater returns	☐	
06	**More volatile investments may offer greater potential in long term while conservative investments may earn less than the inflation rate. How much volatility in the market can you tolerate?**			
	[1]	Very little	☐	
	[2]	Some	☐	
	[3]	Moderate	☐	
	[4]	Considerable Amount	☐	
07	**What is your expected investment period?**			
	[1]	Short term: Less than 1 year	☐	
	[2]	Short/ Medium term:1 to 3 years	☐	
	[3]	Medium term: Up to 5 years	☐	
	[4]	Long term: 5 years or more	☐	
			Total Score:	

3. RECOMMENDATIONS (to be completed by Consultant)

RISK Profile			
Score	**Investment tolerance Level**	**Investment Profile**	**Recommendation**
7-10	Conservative	Your risk profile indicates that you only tolerate minimal downside risks and potential capital loss	
11-20	Moderate	Your risk profile indicates that you only tolerate moderate downside risks and potential capital loss.	
21-28	Aggressive	Your risk profile indicates that you only tolerate relatively high market volatility and potential capital loss.	

4. INVESTOR DECLARATION (if applicable)

☐ I/We disagree with the above profiling. I/We fully understand the investment risks involved and have decided to continue with my/our subscription in the product(s)/fund(s) stated overleaf.

Signature of Client	Signature of Consultant (Distributor/ Referral)
Name:	Name:
Date:	Date:

5. ACKNOWLEDGEMENT

1. The Consultant has explained and I have understood the features and risks of the product
2. I acknowledge receipt of a copy of completed Suitability Assessment Form, Product Highlights Sheet and the relevant disclosure document/information memorandum which have been given to me.
3. All information disclosed is true and accurate. I understand that any misleading, inaccurate or misleading information provided will affect the outcome of the recommendation made. In such case, the Consultant will not be held liable for such recommendation (if any).
4. I agree and acknowledge that the Risk Profile derived from this Suitability Assessment Form shall remain unchanged unless and until a new review of my Risk Profile is requested by me at any future time.
5. If I decline to provide certain information required for product suitability assessment, it may adversely affect my suitability assessment.

Signature of Client	Signature of Consultant (Distributor/ Referral)
Name:	Name:
Date:	Date:

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