



Please complete this form in **BLOCK LETTERS** and with **BLACK INK** only. Kindly tick (✓) in  where applicable.

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**

<b>Full Name of Principal Holder*</b> <i>(as per NRIC/Passport)</i>			
<b>NRIC/Passport No.*</b>		<b>Age</b>	
<b>Highest Education</b>	( ) Degree & above	( ) Diploma	( ) STPM ( ) SPM & below
<b>Monthly Disposable Income</b>	( ) Below RM5,000	( ) RM5,001-RM8,000	( ) RM8,001-RM15,000 ( ) RM15,001 & above
<b>Total Monthly Commitment</b>	( ) Below RM2,000	( ) RM2,001-RM5,000	( ) RM5,001-RM10,000 ( ) RM10,001 & above
<b>Percentage of Investment in Your Total Asset</b> <i>(excluding this investment)</i>	( ) 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? <i>(Please state for applicable investment type.)</i> 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]	
<b>TOTAL</b>		

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

<b>Total Score</b>	<b>6-13</b>	<b>14-22</b>	<b>23-30</b>
<b>Risk Profile</b>	<b>Conservative</b>	<b>Moderate</b>	<b>Aggressive</b>
<b>Category of fund that matches the risk profile</b>	Money Market Bond PRS Conservative	Mixed Asset Balanced PRS Moderate	Mixed Asset Equity PRS Growth
<b>UTC to tick the recommended category of fund/portfolio based on risk profile</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basis for recommendation of fund(s)/portfolio as per transaction form (multiple answers allowed)	<input type="checkbox"/> Suitable to the investor's risk profile <input type="checkbox"/> In line with the investor's investment objectives and investment horizon <input type="checkbox"/> Complements investor's portfolio to meet his/her financial goals <input type="checkbox"/> Others (please specify): _____		
<input type="checkbox"/> 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)	<input type="checkbox"/> Investor's own decision to invest in a fund(s)/portfolio that is above the assessed risk level in this form. <input type="checkbox"/> Others (please explain): _____		

**PART 5: ACKNOWLEDGEMENT**

Please tick (✓) to acknowledge the applicable statement(s) below.

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.	
2	The consultant has explained and I have understood the terms, features and risks of the product.	
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.)	
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.	
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).	

**SIGNATURE OF PRINCIPAL HOLDER**

**SIGNATURE OF UNIT TRUST CONSULTANT (UTC)**

Name: Date:	Name: UTC Code: Date:
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**FOR PMB USE ONLY**

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