

**INDIVIDUAL / JOINT**

This 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.

**FILE SPECIFIC INFORMATION**

Date Undertaken	
CMSRL/ Distributor Representative/ Adviser/ Consultant's Name	
Product Issuer	Inter-Pacific Asset Management Sdn Bhd
Name of Product	
Category of Product	

**SECTION A: GENERAL INFORMATION**

The Principal Investor should complete this Suitability Assessment Form.

Full Name (as per NRIC / Passport)	
NRIC/Passport No.	
Account Type	<input type="checkbox"/> Individual <input type="checkbox"/> Joint
Nationality	
Marital Status	
No. of Dependents	
Contact Number	
Email Address	

**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.

**SECTION B: FINANCIAL CAPACITY**

Share with us your age: - <input type="checkbox"/> > 60 (0) <input type="checkbox"/> 51 - 60 (1) <input type="checkbox"/> 41 - 50 (2) <input type="checkbox"/> 30 - 40 (3) <input type="checkbox"/> < 30 (4)	Score
Tell us about your annual income (RM): - <input type="checkbox"/> 0 – 100,000 (0) <input type="checkbox"/> 100,001 – 150,000 (1) <input type="checkbox"/> Above 150,000 (2)	Score
As of the date of this assessment, share with us your estimated liability (RM): - <input type="checkbox"/> Above 1,000,001 (0) <input type="checkbox"/> 100,001 – 1,000,000 (1) <input type="checkbox"/> 0 - 100,000 (2)	Score
As of the date of this assessment, share with us your estimated net worth (RM): - <input type="checkbox"/> 0 - 100,000 (0) <input type="checkbox"/> 100,001 - 1,000,000 (2) <input type="checkbox"/> Above 1,000,000 (4)	Score
What is your investment objectives? <input type="checkbox"/> Capital Preservation (0) <input type="checkbox"/> Income (1) <input type="checkbox"/> Balanced (2) <input type="checkbox"/> Income and Growth (3) <input type="checkbox"/> Growth (4)	Score
How long will you hold your investments for? <input type="checkbox"/> <3 years (0) <input type="checkbox"/> ≥ 3 to 5 years (2) <input type="checkbox"/> > 5 years (4)	Score
Share with us, your expectation of annualized gain that you would expect (%)? <input type="checkbox"/> 0.00 - 4.00 (0) <input type="checkbox"/> 4.01 – 6.00 (1) <input type="checkbox"/> 6.01 – 8.00 (2) <input type="checkbox"/> 8.01 – 12.00 (3) <input type="checkbox"/> Above 12.00 (4)	Score
What is your risk tolerance? <input type="checkbox"/> Capital preservation is very important (0) <input type="checkbox"/> Capital preservation is my objective but I can accept some capital reduction (2) <input type="checkbox"/> I understand market risk and willing to accept capital reduction in my investment (4)	Score
Share with us your investment experience: - Bonds <input type="checkbox"/> < 1 year (0) <input type="checkbox"/> > 1year (1); and Derivatives <input type="checkbox"/> < 1 year (0) <input type="checkbox"/> > 1year (1); and Equities <input type="checkbox"/> < 1 year (0) <input type="checkbox"/> > 1year (1); and Unit Trust Fund <input type="checkbox"/> < 1 year (0) <input type="checkbox"/> > 1year (1); and  Please specify fund category: <input type="checkbox"/> Balance <input type="checkbox"/> Income <input type="checkbox"/> Bond <input type="checkbox"/> Equity	Score
<b>Grand Total</b>	

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**SECTION C: RECOMMENDATIONS**

Group*	Funds	Rationale	CMSRL/Distributor Representative/Adviser/Consultant's Signature
*See Appendix A for fund groupings.			
1			I attended to this Client: -
2			
3			Signature
4			Name:
5			UTC Code:
			Date:

**SECTION D: DECLARATION (PLEASE TICK WHICHEVER IS APPLICABLE)**

<input type="checkbox"/> I understand my risk profile and the recommendation as prescribed in Section C above.	<input type="checkbox"/> I agree with the recommendation.	<input type="checkbox"/> I do not agree with the recommendation.
<input type="checkbox"/> I hereby declare and confirm that all the information provided herein is accurate, complete and true.	<p>Client's Signature</p> <p>Date:</p>	
<input type="checkbox"/> I hereby acknowledge and agree that I am in receipt of the Product Highlight Sheet, Master Prospectus or Prospectus, Information Memorandum and/or disclosure documents (including any supplemental/replacement thereof).		
<input type="checkbox"/> I hereby acknowledge and agree that the product(s) mentioned herein have been explained to me and I am fully aware of the features and risk arising out of and/ or in connection with the products(s).		
<input type="checkbox"/> I decline to provide certain information required for product suitability assessment and that this may adversely affect my suitability assessment.		
<input type="checkbox"/> I have decided to purchase another unlisted capital market product that is not recommended by the product distributor.		

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If the **product is not recommended** by the product distributor, please provide as follow:

Reasons product is not recommended: \_\_\_\_\_

**APPENDIX A**

<b>Group</b>	<b>Fund Category</b>	<b>Score</b>	<b>Risk Category</b>
G1	Money Market	0-8	Low
G2	<ul style="list-style-type: none"> <li>• Balanced</li> <li>• Bond</li> </ul>	9-15	Moderate
G3	Equity	16-32	High

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