

SUITABILITY ASSESSMENT FORM

This Suitability Assessment Form will guide you in choosing the unlisted capital market products that suit your age, investment objectives, risk tolerance, level of knowledge, 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. Any misleading, inaccurate or incomplete information provided by you will affect the result of the suitability assessment.

DISCLAIMER

Our recommendation is based on the suitability assessment result and is only for your consideration. Our recommendation should not be construed as investment advice or offer/solicitation for the purchase or sale of any units in AmInvest's funds. You are advised to read and understand the contents of the respective fund's Prospectus/Information Memorandum/Disclosure Document, including any supplementary(ies) made thereof and its Product Highlights Sheet ("PHS") before making an investment decision. You are advised to evaluate and assess the merits and risks of the investment. If you are unable to make your own evaluation, you may consult professional advisers.

Name (As per NRIC/Passport)

☐ Name (As per NRIC/Passport) ☐ Existing Client(Annual review / Update)* **delete whichever not applicable*

A. KNOW-YOUR-CLIENT PROCESS (Please note that Q1 to Q4 are mandatory.)

- | | | | |
|---------------------------------------|--|--|---|
| 1. Category of investor | <input type="checkbox"/> Retail Investor | <input type="checkbox"/> High-Net Worth Individual | <input type="checkbox"/> Accredited Investor |
| 2. Employment status | <input type="checkbox"/> Employed | <input type="checkbox"/> Self-employed | <input type="checkbox"/> Unemployed |
| 3. Age group as per default age group | <input type="checkbox"/> 18 to 39years old | <input type="checkbox"/> 40 to 49 years old | <input type="checkbox"/> 50 years old and above |
| 4. Number of dependents | <input type="checkbox"/> None | <input type="checkbox"/> 1 - 2 | <input type="checkbox"/> 3 and above |

Please select one (1) only.

- ☐ I agree to provide all information requested in this form
- ☐ I am an Accredited Investor or a High-Net Worth Individual and choose to opt out from completing this suitability assessment. (Please proceed to Section G & H accordingly.)
- ☐ I choose to opt out from providing certain information/document(s) and I am aware that this may adversely impact the suitability assessment result. I further confirm that any transaction I have decided to make is based on my own judgement. (Please proceed to Section G & H accordingly.)

B. CLIENT'S RISK PROFILE (You may select more than one (1) answer. Where there is more than one (1) answer, the highest score will be taken for scoring purposes)

5. What are the type of investment portfolio that you currently hold or previously invested in?
- | | |
|--|--|
| 1 pt <input type="checkbox"/> Fixed deposit/Savings | 2 pts <input type="checkbox"/> Private Retirement Scheme/Unit Trust Funds/ Wholesale Funds |
| 3 pts <input type="checkbox"/> Fixed Income Securities | 4 pts <input type="checkbox"/> Equity securities (e.g.shares) 5 pts <input type="checkbox"/> Derivatives/Structured Products |
- Score:
6. Choose the statement that best describes your current asset allocation in investment.
- | |
|---|
| 1 pt <input type="checkbox"/> I spread my investment over a diversified portfolio to reduce my risk |
| 2 pts <input type="checkbox"/> I diversified my investment by spreading over a diversified portfolio and further reduce it through the use of asset allocation of not more than 30% each. |
| 3 pts <input type="checkbox"/> Each of my investment is often a very large percentage of my portfolio with high return. |
- Score:

7. For how many months can you maintain your lifestyle without any income?
- | | | | | | |
|--------------------------------|-----------------|--------------------------------|--------------|--------------------------------|---------------------|
| 1 pt <input type="checkbox"/> | < 3 months | 2 pts <input type="checkbox"/> | 3 - 6 months | 3 pts <input type="checkbox"/> | > 6 months - 1 year |
| 4 pts <input type="checkbox"/> | > 1 - 3 year(s) | 5 pts <input type="checkbox"/> | > 3 years | | |

Score:

8. What is your expected return from this investment and to what extend are you willing to bear the risk of capital loss?*
- | | |
|--------------------------------|---|
| 1 pt <input type="checkbox"/> | I can't accept any capital loss |
| 2 pts <input type="checkbox"/> | My expected return is up to 3% and potential loss up to 3% |
| 3 pts <input type="checkbox"/> | My expected return is up to 6% and potential loss up to 6% |
| 4 pts <input type="checkbox"/> | My expected return is up to 10% and potential loss up to 10% |
| 5 pts <input type="checkbox"/> | My expected return is up to 15% and potential loss up to 15% |
| 6 pts <input type="checkbox"/> | My expected return is more than 15% and potential loss is more than 15% |

Score:

* Note: If you cannot accept any capital loss, you are NOT suitable to invest in any non-capital guaranteed or non-capital protected products.

Total Score:
(Section B)

C. CLIENT'S NEEDS ANALYSIS (Please select one answer only)

9. Purpose of making this investment
- | | | | |
|--------------------------------|------------------------------------|--------------------------------|--|
| 1 pt <input type="checkbox"/> | Saving for specific purpose | 4 pts <input type="checkbox"/> | To achieve moderate income growth |
| 2 pts <input type="checkbox"/> | Supplementing income in retirement | 5 pts <input type="checkbox"/> | To achieve maximum income growth |
| 3 pts <input type="checkbox"/> | Tax savings relief | 0 pts <input type="checkbox"/> | Investor refuses to provide sufficient information |
10. Investment horizon you wish to invest in the private retirement scheme/ unit trust funds
- | | | | | | |
|--------------------------------|----------------|--------------------------------|---------------|--------------------------------|---------------|
| 1 pt <input type="checkbox"/> | < 1 year | 2 pts <input type="checkbox"/> | > 1 - 3 years | 3 pts <input type="checkbox"/> | > 3 - 5 years |
| 4 pts <input type="checkbox"/> | > 5 - 10 years | 5 pts <input type="checkbox"/> | > 10 years | | |
11. Percentage of investment out of your assets (excluding your residential property)
- | | | | |
|--------------------------------|-------------|--------------------------------|-------------|
| 1 pt <input type="checkbox"/> | < 10% | 2 pts <input type="checkbox"/> | > 10% - 25% |
| 3 pts <input type="checkbox"/> | > 25% - 50% | 4 pts <input type="checkbox"/> | > 50% |

Total Score:
(Section C)

D. PRODUCT KNOWLEDGE ASSESSMENT

12. Please indicate your investment product knowledge and experience in overall:

Investment Experience

- | | | |
|--|--|--|
| <input type="checkbox"/> Fixed Income Fund | <input type="checkbox"/> Balanced Fund/Mixed Asset | <input type="checkbox"/> Others (please specify _____) |
| <input type="checkbox"/> Money Market Fund | <input type="checkbox"/> Wholesale Fund | <input type="checkbox"/> No investment experience |
| <input type="checkbox"/> Bond Fund | <input type="checkbox"/> Fund-of-funds | <input type="checkbox"/> Equity Fund |
| <input type="checkbox"/> Real Estate (REITs) | <input type="checkbox"/> Exchange-traded Fund | |

Investment Experience

- | | |
|--------------------------------|---|
| 1 pt <input type="checkbox"/> | Less than a year |
| 2 pts <input type="checkbox"/> | 1 - 3 years |
| 3 pts <input type="checkbox"/> | More than 3 years but less than 6 years |
| 4 pts <input type="checkbox"/> | 6 years and above |

Total Score:
(Section D)

E. INVESTMENT KNOWLEDGE & INVESTMENT SKILL ASSESSMENT

13. Highest level of education
- | | | |
|---|---|--|
| <input type="checkbox"/> High school and below (e.g. STPM, A-level, SPM) | <input type="checkbox"/> College (e.g. Diploma, advanced diploma) | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> Master's degree / Ph.D. degree / Professional qualification (e.g. ACCA, CPA) | | |
14. Choose the statement that best describes your current investment experience
- | | |
|-------------------------------|--|
| 1pt <input type="checkbox"/> | Other than cash savings accounts or fixed deposits, I do not have or have very limited investment experience. |
| 2pts <input type="checkbox"/> | I have invested some money into stocks, bonds, or mutual funds with the balance of my investments in savings accounts or fixed deposits. |
| 3pts <input type="checkbox"/> | The majority of my investment holdings are in a variety of stocks, bonds or mutual funds with a small portion held in a savings account for liquidity purpose. |

Total Score:
(Section E)

F. RECOMMENDATIONS (to be completed by UT/PRS Consultant)

Total Score

	Risk Profile	<u>Low</u> Your risk profile indicates that you can only tolerate minimal downside risks and potential capital loss.	<u>Medium</u> Your risk profile indicates that you only tolerate moderate downside risks and potential capital loss.	<u>High</u> Your risk profile indicates that you only tolerate relatively high market volatility and potential capital loss.
	Score	Below 14	14 - 27	Above 27
	Recommendation			

Notes:

- 1) Please refer to Product Risk Category Reference Sheet for product recommendation.
- 2) For investors who choose more than one answer in the suitability assessment, the highest score will be taken for scoring purposes.
- 3) Investment involve risks and investors are advised to evaluate and assess the merits and risks before investing in any product.

Recommended

product:

Basis of

Recommendation:

G. INVESTOR'S DECLARATION

☐ Yes, I wish to proceed to purchase the product as recommended above by the UT/PRS Consultant.

I hereby declare that I:

- ☐ agree with the recommended product, basis of recommendation and the risk profile rating by the UT/PRS Consultant. I wish to proceed with the purchase of the product recommended by the UT/PRS Consultant.
- ☐ disagree with the recommended product, basis of recommendation and the risk profile rating by the UT/PRS Consultant. I do not wish to purchase the product as recommended by the UT/PRS Consultant. I understand the investment risk involved and decided to continue to purchase another unlisted capital market product that is not recommended by the UT/PRS Consultant.

The product(s) I wish to purchase is/are as below:

1. _____
2. _____
3. _____

H. ACKNOWLEDGEMENT

I hereby agree and acknowledge that:

- The UT/PRS Consultant has explained and I have understood the features and risks of the product.
- I received of a copy of completed Suitability Assessment Form, Product Highlights Sheet and the relevant disclosure document/ prospectus/ information memorandum.
- All information disclosed is true, complete and accurate. I understand that any misleading, inaccurate or incomplete information provided by me will affect the result of the suitability assessment and the recommendation made by the UT/PRS Consultant. In such case, the UT/PRS Consultant will not be held liable for such recommendation (if any).
- 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.
- If I decline to provide certain information required for product suitability assessment, it may adversely affect my suitability assessment.

<hr/> Signature of Client Name: (As per NRIC/Passport) New NRIC No. / Passport No.: Date:	<hr/> Signature of UT/PRS Consultant Name: (As per NRIC/Passport) New NRIC No. / Passport No.: Date:
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F. RECOMMENDATIONS (to be completed by UT/PRS Consultant)

Total Score

	Risk Profile	<u>Low</u> Your risk profile indicates that you can only tolerate minimal downside risks and potential capital loss.	<u>Medium</u> Your risk profile indicates that you only tolerate moderate downside risks and potential capital loss.	<u>High</u> Your risk profile indicates that you only tolerate relatively high market volatility and potential capital loss.
	Score	Below 14	14 - 27	Above 27
	Recommendation			

Recommended product:

Basis of

Recommendation:

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☐ Yes, I wish to proceed to purchase the product as recommended above by the UT/PRS Consultant.

I hereby declare that I:

☐ agree with the recommended product, basis of recommendation and the risk profile rating by the UT/PRS Consultant. I wish to proceed with the purchase of the product recommended by the UT/PRS Consultant.

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Signature of Client

Name:
(As per NRIC/Passport)
New NRIC No. / Passport No.:
Date:

Signature of UT/PRS Consultant

Name:
(As per NRIC/Passport)
New NRIC No. / Passport No.:
Date: