

# INVESTOR SUITABILITY ASSESSMENT FORM (ISAF) INDIVIDUAL

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.

Applicant	<input type="checkbox"/> First	<input type="checkbox"/> Joint		
Title	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Madam	<input type="checkbox"/> Others
Name				
NRIC/Passport No.				

INVESTOR'S NEEDS ANALYSIS			SCORE	
1. Age range	<input type="checkbox"/> ≤ 39 <b>(3)</b>	<input type="checkbox"/> 40 - 55 <b>(2)</b>	<input type="checkbox"/> ≥ 56 <b>(1)</b>	
2. How would you describe your investment style?	<input type="checkbox"/> Conservative <b>(1)</b>	<input type="checkbox"/> Moderate <b>(2)</b>	<input type="checkbox"/> Aggressive <b>(3)</b>	
3. How familiar are you with investing?	<input type="checkbox"/> I do not know anything about investing. <b>(1)</b> <input type="checkbox"/> I am reasonably familiar with the basic types of investments, including unit trust funds. <b>(2)</b> <input type="checkbox"/> I am both knowledgeable and experienced in general investment. <b>(3)</b>			
4. How long do you plan to hold your investment?	<input type="checkbox"/> ≤ 2 years <b>(1)</b>	<input type="checkbox"/> 3 - 5 years <b>(2)</b>	<input type="checkbox"/> ≥ 6 years <b>(3)</b>	
5. Which of the following best describes your investing needs?	<input type="checkbox"/> I do not need much capital growth. Rather, I need a steady, relatively predictable flow of income. <b>(1)</b> <input type="checkbox"/> I need capital growth to keep building towards future goals, but I do not want to put a major portion of my assets in investments that may fluctuate a lot. <b>(2)</b> <input type="checkbox"/> I do not need income right now. I am more interested in gaining as much capital growth as possible over the long term. <b>(3)</b>			
6. Do you have an emergency fund for short-term cash needs? (e.g. 3 to 6 months' salaries)	<input type="checkbox"/> No. <b>(1)</b> <input type="checkbox"/> I am in the process of saving. <b>(2)</b> <input type="checkbox"/> Yes. I have an adequate emergency fund. <b>(3)</b>			
7. What would you do if you have invested a large amount of money in an equity fund which has a good historical performance record, but subsequently fell 15% over the course of a few months?	<input type="checkbox"/> Sell my investment in an effort to avoid possible further losses. <b>(1)</b> <input type="checkbox"/> Sit tight and hope the fund would bounce back. <b>(2)</b> <input type="checkbox"/> Make additional investment as the investment could be acquired at a lower price. <b>(3)</b>			
8. What would you do if you can significantly increase your investment returns by taking more risks?	<input type="checkbox"/> Unlikely to take any more risk. <b>(1)</b> <input type="checkbox"/> Willing to take higher risks with some of my money. <b>(2)</b> <input type="checkbox"/> Willing to take a lot higher risks with all of my money. <b>(3)</b>			
9. Which statement best describes your long-term investment strategy?	<input type="checkbox"/> I am willing to accept only a small degree of investment risks. <b>(1)</b> <input type="checkbox"/> I am willing to take a moderate degree of risks with my investment today for potentially higher rewards in the future. <b>(2)</b> <input type="checkbox"/> I am willing to take the highest investment risks to reap potential substantial rewards. <b>(3)</b>			
10. Which statement best describes your investment objective?	<input type="checkbox"/> <b>To preserve capital</b> – I prefer to earn a steady stream of income and at the same time, achieve modest capital growth over the medium to long-term period. <b>(1)</b> <input type="checkbox"/> <b>To achieve moderate income and/or capital growth</b> – I prefer moderate capital growth with reasonable preservation of capital over the medium to long-term period. <b>(2)</b> <input type="checkbox"/> <b>To maximise capital growth</b> – I prefer high capital growth over the medium to long-term period. <b>(3)</b>			
<b>Total Score</b>			0	

Based on the above, your risk profile falls under:

Risk Category	Total Score	Tick (✓)
Conservative	≤ 10	
Moderate	11 - 20	
Aggressive	≥ 21	

**RECOMMENDATIONS SECTION (to be completed by product distributor)**

<b>Investor Risk Category (please tick only one)</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<b>Conservative</b>	<b>Moderate</b>	<b>Aggressive</b>
<b>Fund Category</b>	<b>Money Market / Bonds / Fixed Income</b>	✓	✓	✓
	<b>Balanced / Mixed Asset</b>	✗	✓	✓
	<b>Equity</b>	✗	✗	✓

Is the product recommended by the product distributor?

Yes  No

Basis of recommendation / non-recommendation (Product distributor MUST complete this section):

Date of recommendation: \_\_\_\_\_

**AS PART OF THE ON-GOING COMPLIANCE TO SECURITIES COMMISSION MALAYSIA'S GUIDELINES ON SALES PRACTICES OF UNLISTED CAPITAL MARKET PRODUCTS, YOU ARE REQUIRED TO COMPLETE A NEW ISAF TO SUPERSEDE THIS SIGNED VERSION IF YOU HAVE ANY MATERIAL CHANGES TO YOUR RISK PROFILE IN THE FUTURE.**

**ACKNOWLEDGEMENT (please acknowledge only one of the details below)**

Acknowledgement	First Applicant's Signature / Authorised Signatory (1)	Joint Applicant's Signature / Authorised Signatory (2)
<p><b>1. I/We confirm that all information disclosed in this form is true, complete and accurate</b> I/We have understood the features and risks of the category(ies) of fund(s) recommended as suitable for me/us based on the assessment and shall bear full responsibility for my/our investment decision. I/We also acknowledge receipt of the PHS* (where applicable) given to me/us.</p>	<p><b>Name</b> <b>Date</b></p>	<p><b>Name</b> <b>Date</b></p>
<p><b>2. I/We decline to provide certain information required for this product suitability assessment</b> I/We confirm that all information disclosed in this form is true, complete and accurate. I/We understand that the outcome of this assessment may be adversely affected by my/our non-disclosure of certain information. I/We have understood the features and risks of the category(ies) of fund(s) recommended as suitable for me/us based on the assessment and shall bear full responsibility for my/our investment decision. I/We also acknowledge receipt of the PHS* (where applicable) given to me/us.</p>	<p><b>Name</b> <b>Date</b></p>	<p><b>Name</b> <b>Date</b></p>
<p><b>3. I/We have decided to invest in fund(s) that is/are not recommended by the product distributor</b> I/We confirm that all information disclosed in this form is true, complete and accurate. I/We confirm that I/we have decided to purchase other fund(s) based on my/our own judgment/preference. I/We shall bear full responsibility for my/our investment decision and have understood the features and risks of the fund(s) that I/we intend to invest in. I/We also acknowledge receipt of the PHS* (where applicable) given to me/us.</p>	<p><b>Name</b> <b>Date</b></p>	<p><b>Name</b> <b>Date</b></p>

Product Distributor Representative's Signature  
Name

Product Distributor Code

Date

**WARNING**  
THE RECOMMENDATION IS MADE BASED ON INFORMATION OBTAINED FROM THE SUITABILITY ASSESSMENT. INVESTORS ARE ADVISED TO EXERCISE JUDGMENT IN MAKING AN INFORMED DECISION IN RELATION TO INVESTING IN THE UNLISTED CAPITAL MARKET PRODUCT.

FOR OFFICE USE ONLY			
Remarks	Form Verified By	Date	Receipt Stamp
Signature	Verified By	Date	
	Authorised By	Date	

\*PHS – Product Highlights Sheet.