

Note: Please complete in **CAPITAL LETTERS** and **BLACK INK** only. Any alteration made must be countersigned.

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. THE CONSULTANT/DISTRIBUTOR WILL NOT BE HELD LIABLE IN SUCH A CASE FOR INACCURATE INFORMATION GIVEN.

WARNING: The recommendation is made based on information obtained from the suitability. Investors are advised to exercise judgement in making an informed decision in relation to the unlisted capital market product.

Part 1: Investor's Details

New Investor Existing (To specify Acc. No): _____

Client's Name	
NRIC/Passport/Others	
Nationality	
Source of Income	<input type="checkbox"/> Employment <input type="checkbox"/> Inheritance <input type="checkbox"/> Business <input type="checkbox"/> Others, please specify

Part 2: Category of Investor

Category	Investor	Tick
High Net Worth Investor	An individual whose total net personal assets, or total net joint assets with his or her spouse, exceed RM3 million or its equivalent in foreign currencies, excluding the value of the individual's primary residence	
	An individual who has a gross annual income exceeding RM300,000 or its equivalent in foreign currencies per annum in the preceding 12 months	
	An individual who, jointly with his or her spouse, has a gross annual income of RM400,000 or its equivalent in foreign currencies per annum in the preceding 12 months	
Accredited Investor	An executive director or chief executive officer of a holder of a Capital Markets Services License.	
Retail Investor	Neither a high net worth individual nor accredited investor as defined above	

Part 3: Investor's Need Analysis/Risk Profiling

	Need Analysis/Risk Profiling	Score
1.	Your current age: - <input type="checkbox"/> 60 & above (1) <input type="checkbox"/> 45-59 (2) <input type="checkbox"/> 30-44 (3) <input type="checkbox"/> 18-29 (4)	
2.	Your annual income: - <input type="checkbox"/> < RM50,000 (1) <input type="checkbox"/> RM50,001 - 100,000 (2) <input type="checkbox"/> RM 100,001 – 299,999 (3) <input type="checkbox"/> > RM 300,000 (4)	
3.	Your latest estimated asset: - <input type="checkbox"/> < RM 100,000 (1) <input type="checkbox"/> RM 100,000 – 999,999 (2) <input type="checkbox"/> RM 1,000,000 – 2,999,999 (3) <input type="checkbox"/> > RM 3,000,000 (4)	
4.	Your latest estimated liability: - <input type="checkbox"/> > RM1,000,000 (1) <input type="checkbox"/> RM 500,000 – 1,000,000 (2) <input type="checkbox"/> RM 100,001- 500,000 (3) <input type="checkbox"/> RM 0 – 100,000 (4)	
5.	Your investment objective: - <input type="checkbox"/> Capital preservation (1) <input type="checkbox"/> Balanced (2) <input type="checkbox"/> Income & Growth (3) <input type="checkbox"/> Growth (4)	
6.	How long will you hold investment for? <input type="checkbox"/> < 1 year (1) <input type="checkbox"/> 1 – 3 years (2) <input type="checkbox"/> 3 – 5 years (3) <input type="checkbox"/> > 5 years (4)	
7.	Your expectation of annualized gain: - <input type="checkbox"/> 0-4 % (1) <input type="checkbox"/> 4-8 % (2) <input type="checkbox"/> 9-13 % (3) <input type="checkbox"/> Above 13 % (4)	
8.	Your investment experience: - Unit Trust Fund: <input type="checkbox"/> No experience (0) <input type="checkbox"/> < 1 year (1) <input type="checkbox"/> > 1 year (2) Equities: <input type="checkbox"/> No experience (0) <input type="checkbox"/> < 1 year (1) <input type="checkbox"/> > 1 year (2) Bond: <input type="checkbox"/> No experience (0) <input type="checkbox"/> < 1 year (1) <input type="checkbox"/> > 1 year (2) Derivatives: <input type="checkbox"/> No experience (0) <input type="checkbox"/> < 1 year (1) <input type="checkbox"/> > 1 year (2)	
9.	Your risk tolerance: - <input type="checkbox"/> Capital preservation is very important (1) <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 (3)	
Total Score		

Part 4: Investor's Risk Tolerance Matrix				
Risk Profiling Total Score	8 - 14	15 - 21	22 - 27	28 and above
Risk Tolerance	Conservative	Moderate	Moderately Aggressive	Aggressive
Tick (v)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Category of fund that match with the risk level	Apex Dana Al-Kanz Apex Dana Aman*	Apex Dana Aslah Apex Quantum Fund Apex Dana Al-Faiz-I	Apex Dana Al-Sofi-I	Apex Dynamic Fund Apex Malaysia Growth Trust Apex Asian (Ex Japan) Fund
Description	This portfolio seeks to preserve capital and generate a regular income stream over time, with capital growth being of secondary importance. It is expected to be more stable in portfolio value compared to other more aggressive portfolios	This portfolio seeks to provide stable income with some potential for capital growth. Short-term fluctuation is expected in anticipation of a higher return.	This portfolio aims to generate capital growth. A fair level of fluctuations is expected in return of possible higher returns with some level of income (if any).	This portfolio aims to generate long-term capital growth. Significant fluctuations may be expected in the short-term in anticipation of the highest possible return over the long-term.

*For High Net Worth Investor Only

Part 5: Recommendation	
To be completed by Consultant/Distributor	
<p>(Refer to the above list for Fund Group)</p> <p>I recommended the product to the investor</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Fund Name (if you tick Yes):</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p>If YES, I recommended the product because (multiple answers allowed)</p> <p><input type="checkbox"/> Suitable to investor's risk profile</p> <p><input type="checkbox"/> In line with investor's investment objective and investment horizon</p> <p><input type="checkbox"/> Complements investor's portfolio of products to meet his/her financial goal</p> <p><input type="checkbox"/> Others: (please specify): _____</p> <p>If NO, the reason for the non-recommendation (multiple answers allowed)</p> <p><input type="checkbox"/> Not suitable for investor's risk profile</p> <p><input type="checkbox"/> Not in line with investor's objective and investment horizon</p> <p><input type="checkbox"/> Others: (please specify): _____</p>

Part 6: Declaration by Investor			
<p>Please tick (v) whichever applicable.</p> <p>A. All information disclosed/provided by me is true, complete and accurate.</p> <p>B. The consultant/distributor has explained and I understood the features, nature, associated risks and conditions of the recommended fund(s) as suitable for me based on the assessment and I shall bear full responsibility for my investment decision</p> <p><input type="checkbox"/> C. I have decided to purchase another unlisted capital market product that is/are not recommended by the consultant/distributor. I shall bear full responsibility for my Investment decision and have understood the features and risks of the funds(s) that I intend to invest. (This could be in addition to the recommended funds)</p> <p>The name of fund(s) is:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1. _____</td></tr> <tr><td>2. _____</td></tr> <tr><td>3. _____</td></tr> </table> <p><input type="checkbox"/> D. I acknowledge receipt of the copy of the Product Highlight Sheet and the relevant Disclosure Document (e.g. Prospectus, Information Memorandum and including any Supplemental thereof) which have been given to me.</p> <p><input type="checkbox"/> E. I have previously completed suitability assessment and there has been no material change in the information provided.</p>	1. _____	2. _____	3. _____
1. _____			
2. _____			
3. _____			

<p>For Client,</p> <p>Signature of Client</p> <p>Date:</p>	<p>For Consultant/Distributor,</p> <p>Signature:</p> <p>Name:</p> <p>Code:</p> <p>Date:</p>
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WARNING
YOU SHOULD NOT MAKE PAYMENT IN CASH TO A UNIT TRUST CONSULTANT OR ISSUE A CHEQUE IN THE NAME OF A UNIT TRUST CONSULTANT