

This Suitability Assessment Form will guide you in assessing whether this Unit Trust Fund suits your investment objective, 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 this product meets your investment needs and objectives. Please understand that any misleading, inaccurate or incomplete information provided by you will affect the outcome of recommendation made. In such a case, the Unit Trust Consultant may not be held liable for such recommendation.

## SUITABILITY ASSESSMENT FORM (SAF) - INDIVIDUAL

### A. GENERAL

(Please tick (✓) where applicable)

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

### B. INVESTOR'S NEEDS ANALYSIS

1. What is your current age?	<input type="checkbox"/> < 35 <input type="checkbox"/> 35 - 51 <input type="checkbox"/> > 52
2. What is your expected investment period?	<input type="checkbox"/> 1-3 years short term <input type="checkbox"/> > 5 years long term <input type="checkbox"/> 3-5 years medium term
3. Relevant knowledge or experience to understand risks associated with the Saham Amanah Sabah (SAS)?	Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/>
4. Level of Investment experience do you have?	<input type="checkbox"/> Low < 2 years <input type="checkbox"/> Moderate > 4 years <input type="checkbox"/> High > 5 years
5. Ability to understand risks involved by investing in SAS	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High
6. Your monthly disposable income?	<input type="checkbox"/> < RM5,000 <input type="checkbox"/> RM5,000-RM10,000 <input type="checkbox"/> > RM10,000
7. What percentage of your investable assets are you considering investing now?	<input type="checkbox"/> 0-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> > 50%

### C. WHAT IS YOUR MAIN OBJECTIVE FOR INVESTMENT (SELECT ONE ONLY)

1. Retirement	<input type="checkbox"/>
2. Children's Education	<input type="checkbox"/>
3. Capital Gain	<input type="checkbox"/>
4. Capital Preservation	<input type="checkbox"/>

### D. RECOMMENDATIONS SECTION (TO BE COMPLETED BY UNIT TRUST CONSULTANT)

Investor category (Risk Profile) (Please tick one)	Conservative <input type="checkbox"/>	Moderate <input type="checkbox"/>	Aggressive <input type="checkbox"/>
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Saham Amanah Sabah (SAS) fund category (*Based on fund volatility score from Lipper analytic report)	Low / Moderate / high _____
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\*Please refer current fund fact sheet dated: \_\_\_\_\_

- ☐ Portfolio of product (SAS) is in accordance with the investor's risk profile.
- ☐ Portfolio of product (SAS) does NOT match with the investor's risk profile.

Is Saham Amanah Sabah (SAS) recommended for the prospective investor?

☐

Yes

☐

No

Basis of recommendation / non-recommendation (Please tick (✓) where applicable)

Based on:

Part B. 1. ☐ 2. ☐ 3. ☐ 4. ☐ 5. ☐ 6. ☐ 7. ☐

Part C. 1. ☐ 2. ☐ 3. ☐ 4. ☐

Please comment if SAS not matched with the investor's risk profile:

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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 SAF TO SUPERSEDE THIS SIGNED VERSION IF YOU HAVE ANY MATERIAL CHANGES TO YOUR RISK PROFILE IN THE FUTURE.

**E. ACKNOWLEDGEMENT (To be completed by investor)**

1. A) I confirm that all information disclosed in this form is true, complete and accurate.

I understand that any misleading, inaccurate or incomplete information provided by me will affect the result of the assessment. I have understood the features and risks of this fund and find recommendation as suitable for me based on the assessment and shall bear full responsibility for my investment decision. I also acknowledge receipt of the PHS and the Prospectus which has been given to me.

OR

- B) I decline to provide certain information required for this product suitability assessment.

I confirm that all information disclosed in this form is true, complete and accurate. I understand that the outcome of this assessment may be adversely affected by my **non-disclosure of certain information**. I have understood the features and risks of this fund as suitable for me based on the assessment and shall bear full responsibility for my investment decision. I also acknowledge receipt of the PHS and the Prospectus which has been given to me.

2. I have decided to invest in fund outside the risk category(ies) of fund deemed suitable for me.

Notwithstanding the assessment result, I confirm that I have decided to purchase fund of higher risk category(ies) based on my own judgement/ preference. I confirm that all information disclosed in the form is true, complete and accurate. I shall bear full responsibility for my investment decision and have understood the features and risks of this fund that I intend to invest in. I also acknowledge receipt of the PHS and the Prospectus which has been given to me.

First applicant's Signature	Unit Trust Consultant's Signature
Name: Date:	Name: Date:

**WARNING**

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

\*PHS – Product Highlight Sheet