

INVESTOR SUITABILITY ASSESSMENT FORM (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 suitable unlisted capital market products are recommended according to your investment needs and objectives.

IMPORTANT: Please complete this form and tick (✓) the box where applicable. Any alterations made must be countersigned.

SECTION 1: KNOW MY PROFILE

- ☐ This is my/our first suitability assessment.
- ☐ I/We have previously completed a suitability assessment. My/Our recent suitability assessment was datedand rated as: ☐ Conservative ☐ Moderate ☐ Aggressive

SECTION 2: PARTICULARS OF INDIVIDUAL APPLICANT(S)

	Primary Applicant	Joint Applicant
Salutation/Title :	<input type="checkbox"/> Mr <input type="checkbox"/> Madam <input type="checkbox"/> Ms <input type="checkbox"/> Others:	<input type="checkbox"/> Mr <input type="checkbox"/> Madam <input type="checkbox"/> Ms <input type="checkbox"/> Others:
Name (as in NRIC/Passport) :
NRIC/Passport No. :
Nationality :

SECTION 3: CATEGORY OF INVESTOR (Please refer to Appendix for Sophisticated Investor Category)

I/We hereby declare

- ☐ I am/ we are Sophisticated Investor under the category Code
- ☐ I am/ we are not a Sophisticated Investor as defined in the Sophisticated Investor Category.

SECTION 4: SUITABILITY ASSESSMENT QUESTIONNAIRE (Please circle one option per question)

- 1) The information provided in this suitability assessment serves as a GUIDANCE ONLY for the purpose of fact finding in the process of assessing your risk tolerance level.
- 2) For joint accounts, both applicants agree that the responses provided in the suitability assessment questionnaire below shall reflect the primary applicant's response.

1) What is your age? a) 60 and above b) 45 to 59 c) 30 to 44 d) Below 30	Score 1 2 3 4	2) What is your primary investment objective? a) Capital Preservation b) Income c) Growth / Capital Gain d) Aggressive Growth	Score 1 2 3 4																									
3) How many years do you intend to invest in OpusAsset? a) Less than 1 year b) 1 to 3 years c) 3 to 5 years d) More than 5 years	Score 1 2 3 4	4) What is your total annual income? a) Up to RM 50,000 b) RM 50,001 to RM 100,000 c) RM 100,001 to RM 200,000 d) Above RM 200,000	Score 1 2 3 4																									
5) What sort of returns/losses do you expect from your investments (per annum)?																												
<table border="1"> <thead> <tr> <th></th> <th>Best Scenario</th> <th>Average</th> <th>Worst Scenario</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>a)</td> <td>8%</td> <td>4%</td> <td>0%</td> <td>1</td> </tr> <tr> <td>b)</td> <td>12%</td> <td>8%</td> <td>-5%</td> <td>2</td> </tr> <tr> <td>c)</td> <td>18%</td> <td>12%</td> <td>-10%</td> <td>3</td> </tr> <tr> <td>d)</td> <td>25%</td> <td>18%</td> <td>-20%</td> <td>4</td> </tr> </tbody> </table>		Best Scenario	Average	Worst Scenario	Score	a)	8%	4%	0%	1	b)	12%	8%	-5%	2	c)	18%	12%	-10%	3	d)	25%	18%	-20%	4			
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Total Score

Suitability Assessment – Individual Risk Tolerance Matrix

Risk Profiling Total Score	5 – 10	11 – 15	16 – 20
Risk Tolerance	CONSERVATIVE	MODERATE	AGGRESSIVE
Tick (✓)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 5: CMSRL HOLDER / UTC RECOMMENDATION

Low risk funds have the lowest volatility, whereas high risk funds may bring substantial losses to your capital.

High Risk	Medium Risk	Low Risk
1.	1.	1.
2.	2.	2.
3.	3.	3.

SECTION 6: VULNERABLE CLIENT ASSESSMENT (Please tick (✓) the relevant attributes from the list below)**Customer Attributes (by Investor)**

Primary Applicant	Joint Applicant
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- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Education level of primary school or lower; |
| <input type="checkbox"/> | <input type="checkbox"/> | Senior citizen (60 years and above) with difficulty using technology for investment purpose; |
| <input type="checkbox"/> | <input type="checkbox"/> | Have experienced death or total permanent disablement of the primary breadwinner; |
| <input type="checkbox"/> | <input type="checkbox"/> | Limited financial resilience (eg: being overly indebted, have cash flow problems); |
| <input type="checkbox"/> | <input type="checkbox"/> | Physical Impairments (e.g. hearing, vision, speech, physical disabilities, or learning difficulties). |
| <input type="checkbox"/> | <input type="checkbox"/> | None of the above |

Assessment (by CMSRL HOLDER / UTC)

Primary Applicant	Joint Applicant
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- | | | |
|--------------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Non-Vulnerable Client |
| <input type="checkbox"/> | <input type="checkbox"/> | Vulnerable Client |

SECTION 7: DECLARATION (Please tick (✓) where appropriate.)**I/We hereby declare and confirm that:**

- All information disclosed in this suitability assessment form is true, complete and accurate.
- The Unit Trust Consultant (UTC) which is registered under Opus Asset Management Sdn Bhd [Registration No. 199601042272 (414625-T)] has shown me/us his/her active and valid digital authorisation on Federation of Investment Managers Malaysia (FIMM) via website <https://www.fimm.com.my>.
- ☐ I/We have understood the features and risks of the category(ies) of recommended fund(s) as suitable for us based on the assessment and shall bear full responsibility for our investment decision.
 OR
☐ I/We have understood the features and risks of the category(ies) of recommended fund(s) as suitable for us based on the assessment. However, I/we have decided to purchase other fund(s) based on my/our own judgment / preference which is not recommended as suitable for us. 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 as follows:
 - Fund Name:
 - Fund Name:
- I/We acknowledge receipt a copy of the abovementioned fund(s)' Product Highlights Sheet and the disclosure document which has been given to me/us.
- I agree with the unit trust consultant's assessment of my status as a vulnerable client based on the information I have provided and their professional observations. I further acknowledge that the unit trust consultant has taken additional measures in consideration of my status. (Applicable to *Vulnerable Clients Only*)

A scanned copy of the duly completed suitability assessment form and application form will be sent to your stated correspondence e-mail address(es) within 3 business days together with the confirmation of investment, upon submission of the duly completed application documents as stipulated in the respective fund's disclosure documents.

Primary Applicant's Signature:**Joint Applicant's Signature:**

Name:

Date:

Name:

Date:

SECTION 8: LICENSE HOLDER* DECLARATION (FOR DISTRIBUTOR AND OPUSASSET USE ONLY)

* License Holder refers to CMSRL Holder / Unit Trust Consultants

- I have explained to the investor the features and risks of investing in the abovementioned fund(s) provided the necessary documentation as listed above.
- I have assessed the investors' suitability and vulnerability. For any investor identified as a vulnerable client, I have taken additional measures in consideration of their status and have verified all responses in Section 6 (Vulnerable Client Assessment).

OpusAsset / Distributor's License Holder's Signature:

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 PRODUCTS.

Name:

Company Name:

FIMM/CMSRL No:

Date: