# 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 ( $\checkmark$ ) the box where applicable. Any alterations made must be countersigned.

## SECTION 1: KNOW MY PROFILE

This is my/our first suitability assessment.

# SECTION 2: PARTICULARS OF INDIVIDUAL APPLICANT(S)

		Primary Applicant			Joint Applicant		
Salutation/Title	÷	🗌 Mr	🗌 Madam	🗌 Ms	🗌 Mr	🗌 Madam	🗌 Ms
		Others:			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 is strictly confidential and serves as a GUIDANCE ONLY for the purpose of fact finding in the process of assessing your risk tolerance level.

2) This suitability assessment recommendation is valid for 2 years from the date of this suitability assessment form. However, you may request to re-assess your risk profile with your financial advisor / CMSRL holder / UTC from time-to-time to meet your latest investment objective.

3) This suitability assessment need not be conducted if the investor tops-up his/her investment in an existing fund where he/she has previously conducted a suitability assessment before.

1)	What is your age?	Score	2) What is your primary investment objective?	Score
	a) 60 and above	1	a) Capital Preservation	1
	b) 45 to 59	2	b) Income	2
	c) 30 to 44	3	c) Growth / Capital Gain	3
	d) Below 30	4	d) Aggressive Growth	4
3)	How many years do you intend to invest in	Score	4) What is your total annual income?	Score
	OpusAsset? a) Less than 1 year	1	a) Up to RM 50,000	1
	b) 1 to 3 years	2	b) RM 50,001 to RM 100,000	2
				•
	c) 3 to 5 years	3	c) RM 100,001 to RM 200,000	3

### 5) What sort of returns/losses do you expect from your investments (per annum)?

	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
				Total Score

Suitability Assessment – Individual Risk Tolerance Matrix						
Risk Profiling Total Score	5 – 10	11 – 15	16 – 20			
Risk Tolerance	CONSERVATIVE	MODERATE	AGGRESSIVE			
Tick (√)						

# SECTION 5: FINANCIAL ADVISOR / 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: DECLARATION (Please tick (\/) where appropriate.)

#### I/We hereby declare and confirm that:

- 1. 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 <u>valid</u> digital authorisation on Federation of Investment Managers Malaysia (FiMM) via website <u>https://www.fimm.com.my</u>.
- 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:

- i. Fund Name: ..... ii. Fund Name: .....
- 4. 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.

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:

Name: Date:

Date:

## SECTION 7: LICENSE HOLDER\* DECLARATION (FOR DISTRIBUTOR AND OPUSASSET USE ONLY)

\* License Holder refers to CMSRL Holder / Unit Trust Consultants

1. I have explained to the investor the features and risks of investing in the abovementioned fund(s) provided the necessary documentation as listed above.

**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.

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Name:

Company Name:

Date: