

This Investor Suitability Assessment Form will guide you in choosing the unlisted capital market products that best 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 products are recommended according to your investment needs and objectives. Any misleading, inaccurate or incomplete information provided by the investor will affect the outcome of the recommendation made and in such a case, Kenanga Investors Berhad ("KIB") and its authorized distributors may not be held liable for such recommendation. (This Form is to be completed by PRINCIPAL HOLDER only.)

1. PERSONAL DETAILS

Name of Applicant : _____ <small>(As per NRIC/Passport/Other ID)</small>	Review Date : _____
NRIC/Passport/Other ID No. : _____	Nationality : _____

2. INVESTMENT PROFILE

1. Investment Purpose : Savings Children Education Retirement Funding Lifestyle Funding
(multiple choices allowed) Regular Income Capital Gain Asset Accumulation

2. Mode of Investment : Lump Sum Regular Lump Sum & Regular

3. FINANCIAL CAPACITY

	SCORE
Please tick (✓) the appropriate box and fill in your score in the column provided.	
1. What is your age on your next birthday? <input type="checkbox"/> >60 (1) <input type="checkbox"/> 51 - 60 (2) <input type="checkbox"/> 41 - 50 (3) <input type="checkbox"/> 31 - 40 (4) <input type="checkbox"/> ≤30 (5)	
2. Could you share with us your current investment portfolio? (please add up your score if you tick more than one option) <input type="checkbox"/> Savings and deposit (1) <input type="checkbox"/> Bonds (2) <input type="checkbox"/> Unit trusts (3) <input type="checkbox"/> Stocks and shares (4) <input type="checkbox"/> Derivatives (5)	
3. What is your primary investment objective? <input type="checkbox"/> Capital preservation (1) <input type="checkbox"/> Income (2) <input type="checkbox"/> Income and Growth (3) <input type="checkbox"/> Growth (4)	
4. What is your risk tolerance? <input type="checkbox"/> Conservative. I am a risk averse investor (1) <input type="checkbox"/> Moderate. Able to tolerate some risk (3) <input type="checkbox"/> Aggressive. Able to tolerate high risk (5)	
5. If your portfolio declines below 15% of your original investment, what would you do? <input type="checkbox"/> Redeem all my investment (1) <input type="checkbox"/> Redeem all my investment partially (2) <input type="checkbox"/> Do nothing / hold (3) <input type="checkbox"/> Switch into a conservative type of fund (4) <input type="checkbox"/> Buy more (5)	
6. What is your current annual income? <input type="checkbox"/> ≤RM50K (1) <input type="checkbox"/> RM50,001-RM100K (2) <input type="checkbox"/> RM100,001-RM200K (3) <input type="checkbox"/> RM200,001-RM300K (4) <input type="checkbox"/> >RM300K (5)	
7. What is your current annual liability? <input type="checkbox"/> >RM240K (1) <input type="checkbox"/> RM120,001-RM240K (2) <input type="checkbox"/> RM60,001-RM120K (3) <input type="checkbox"/> RM30,001-RM60K (4) <input type="checkbox"/> ≤RM30K (5)	
8. What is your current estimated net worth ? <input type="checkbox"/> Below RM50K (1) <input type="checkbox"/> RM50K - RM100K (2) <input type="checkbox"/> RM100K - RM200K (3) <input type="checkbox"/> RM200K - RM500K (4) <input type="checkbox"/> RM500K - RM1Mil (5) <input type="checkbox"/> RM1Mil - RM3Mil (6) <input type="checkbox"/> Above RM3Mil (7)	
Total Risk Profile Score	

4. RISK PROFILE

Risk score: < 25 Expected range of returns: 4% - 6% per annum Type: Income / Growth Choice of funds: Local funds Your risk profile indicates that you can only tolerate minimal downside risks and potential capital loss. Your investment objective is skewed towards generating income as well some capital growth. The suggested investment choice may include any of the following: a. Standalone funds: Fixed income and/or Balanced funds b. Actively Managed Portfolios: AMP 1	Risk score: 25 - 35 Expected range of returns: 6% - 8% per annum Type: Income / Growth Choice of funds: Local funds Your risk profile indicates that you can only tolerate minimal downside risks and potential capital loss. Your investment objective is to generate income and capital growth. The suggested investment choice may include any of the following: a. Standalone funds: Fixed income, Balanced funds and/or Equity funds. b. Actively Managed Portfolios: AMP 2	Risk score: > 35 Expected range of returns: 8% - 10% per annum Type: Growth Choice of funds: Local and / or offshore funds Your risk profile indicates that you can tolerate relatively high market volatility and potential capital loss. Your investment objective is to generate high capital growth. The suggested investment choice may include any of the following: a. Standalone funds: Fixed income, Balanced funds and/ or Equity funds. b. Actively Managed Portfolios: AMP 2
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5. RECOMMENDATION (To be completed by authorised distributor)			
Investment Fund / Portfolio:			
1.		4.	
2.		5.	
3.		6.	
I recommended the above investment fund/portfolio to the investors		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES , the reason for recommendation <i>(multiple answers allowed)</i>		<input type="checkbox"/> Suitable to the investor's risk profile. <input type="checkbox"/> In line with the investor's investment objectives and investment horizon. <input type="checkbox"/> Complements investor's portfolio to meet his/her financial goals. <input type="checkbox"/> Others: _____ <i>(please specify)</i>	
If NO , the reason for the non-recommendation <i>(multiple answers allowed)</i>		<input type="checkbox"/> Not suitable to the investor's risk profile <input type="checkbox"/> Not in line with the investor's investment objectives and investment horizon. <input type="checkbox"/> Others: _____ <i>(please specify)</i>	
_____		_____	
Unit Trust Consultant's Signature	Unit Trust Consultant's Name	NRIC/Passport/Other ID No.	Date

6. ACKNOWLEDGEMENT BY INVESTOR	
The authorised distributor has explained and I have understood the features and the risks of the recommended investment fund/portfolio.	<input type="checkbox"/> Yes <input type="checkbox"/> No
All information disclosed herein is true, complete and accurate.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I acknowledge receipt of the copy of the Product Highlights Sheet and the relevant Disclosure Document (e.g. Prospectus, Information Memorandum, etc.) which have been given to me.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Applicable:	
I decline to provide certain information required for the investor suitability assessment and acknowledge that this may adversely affect my suitability assessment. <i>(This is applicable for Accredited Investors only)</i>	<input type="checkbox"/> Yes
I have decided to purchase another unlisted capital market product that is not recommended by the authorised distributor.	<input type="checkbox"/> Yes
_____	_____
Principal Holder's Signature	Principal Holder's Name
_____	_____
NRIC/Passport/Other ID No.	Date
<i>(Note: Pre-signed and/or pre-thumb printed forms are not allowed by Kenanga Investors Berhad and regulators for the protection of our investors.)</i>	
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.	

Kenanga Investors Berhad (199501024358), Level 14, Kenanga Tower, 237, Jalan Tun Razak, 50400 Kuala Lumpur.
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ACKNOWLEDGEMENT TO INVESTOR

5. RECOMMENDATION (To be completed by authorised distributor)

Investment Fund / Portfolio:			
1.	4.		
2.	5.		
3.	6.		
I recommended the above investment fund/portfolio to the investors		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES , the reason for recommendation <i>(multiple answers allowed)</i>		<input type="checkbox"/> Suitable to the investor's risk profile <input type="checkbox"/> In line with the investor's investment objectives and investment horizon <input type="checkbox"/> Complements the investor's portfolio to meet his/her financial goals <input type="checkbox"/> Others: _____ <small>(please specify)</small>	
If NO , the reason for the non-recommendation <i>(multiple answers allowed)</i>		<input type="checkbox"/> Not suitable to the investor's risk profile <input type="checkbox"/> Not in line with the investor's investment objectives and investment horizon <input type="checkbox"/> Others: _____ <small>(please specify)</small>	
_____	_____	_____	_____
Unit Trust Consultant's Signature	Unit Trust Consultant's Name	NRIC/Passport/Other ID No.	Date

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The authorised distributor has explained and I have understood the features and the risks of the recommended investment fund/portfolio.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
All information disclosed herein is true, complete and accurate.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
I acknowledge receipt of the copy of the Product Highlights Sheet and the relevant Disclosure Document (e.g. Prospectus, Information Memorandum, etc.) which have been given to me.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Applicable: I decline to provide certain information required for the investor suitability assessment and acknowledge that this may adversely affect my suitability assessment. <i>(This is applicable for Accredited Investors Only)</i>	<input type="checkbox"/> Yes		
I have decided to purchase another unlisted capital market product that is not recommended by the authorised distributor.	<input type="checkbox"/> Yes		
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