

This Investor **Suitability Assessment (SA) 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.

IMPORTANT: Please tick (✓) the appropriate box and fill in your score in the column provided. Any alterations made must be countersigned.

SECTION A: KNOW YOUR INVESTOR (FIRST INDIVIDUAL APPLICANT)		
Name (Full name as in MyKad)		
Identification No (NRIC/Passport/Police or Army ID)		
SECTION B: RISK PROFILE		
Your risk preference and investment purpose may determine the type of funds that is most suitable for you.		
1 What is your age? <input type="checkbox"/> Above 60 (2) <input type="checkbox"/> 50 - 59 (3) <input type="checkbox"/> 40 - 49 (5) <input type="checkbox"/> 30 - 39 (6) <input type="checkbox"/> Below 30 (8) SCORE:	4 Risk Tolerance: What is your willingness to take risks in your investments? <input type="checkbox"/> Very conservative. Capital preservation is my top priority. (2) <input type="checkbox"/> Conservative. I can accept small risks for some growth. (3) <input type="checkbox"/> Moderate. I can accept moderate risks for balanced growth. (5) <input type="checkbox"/> Aggressive. I am willing to take significant risks for high returns. (6) <input type="checkbox"/> Highly aggressive. I seek maximum returns and accept very high risks. (8) SCORE:	
2 How knowledgeable are you about capital market products? <input type="checkbox"/> No knowledge (2) <input type="checkbox"/> Basic knowledge (3) <input type="checkbox"/> Moderate knowledge (5) <input type="checkbox"/> Well-versed (6) <input type="checkbox"/> Expert (8) SCORE:	5 Financial Preparedness (Emergency Fund) <ul style="list-style-type: none"> • If you experience a sudden loss of income, how long can your emergency fund sustain your lifestyle? <input type="checkbox"/> No emergency fund (2) <input type="checkbox"/> Less than 6 months (3) <input type="checkbox"/> 6 to 12 months (5) <input type="checkbox"/> More than 12 months (6) <input type="checkbox"/> More than 12 months and regularly reviewed (8) SCORE:	
3 How many years of experience do you have investing in capital market products? <input type="checkbox"/> Never invested before (2) <input type="checkbox"/> < 1 year (3) <input type="checkbox"/> 1 - 3 years (5) <input type="checkbox"/> 3 - 5 years (6) <input type="checkbox"/> > 5 years (8) SCORE:	TOTAL SCORE:	
TOTAL SCORE	RISK PROFILE	DESCRIPTION
<input type="checkbox"/> Up to 12	(G1) Very Low	Your risk profile indicates that you have a very low tolerance for investment risks and potential losses. You are better suited for investments that offer returns based on current interest rates.
<input type="checkbox"/> 13 to 18	(G2) Low	Your risk profile indicates that you have a low tolerance for investment risks and potential capital losses. You are more suitable for investment products that may offer returns slightly higher than current interest rates.
<input type="checkbox"/> 19 to 29	(G3) Medium	Your risk profile indicates that you demonstrate moderate tolerance for investment risks and potential capital losses. You are better suited for investment products that may offer returns moderately higher than current interest rates.
<input type="checkbox"/> 30 to 35	(G4) High	Your risk profile indicates that you have a high tolerance for investment risks and potential capital losses, making you more suitable for investment products that could offer higher returns but may experience significant price fluctuations.
<input type="checkbox"/> 36 to 40	(G5) Very High	Your risk profile indicates that you have a very high tolerance for investment risks and potential capital losses. You are more suited for investment products that may expose you to significant price fluctuations in exchange for the potential of very high returns.

➤ This risk profile valid for 2 years. However, you may re-assess your risk with your consultant from time to time to meet your latest investment objective.

Investor's initial:

SECTION C: VULNERABLE CLIENT (To be completed by Investor & Consultant)

This section is to acknowledge and document the identification and assessment of vulnerable client. Vulnerable client include those who face challenges such as:

- ❖ Aged 65 and above*
- ❖ Physical/Cognitive Disabilities*
- ❖ Low Financial Resilience*
- ❖ Low Financial Capabilities*
- ❖ Adverse Life Events*

INVESTOR DECLARATION:

Do you belong to any groups mentioned above?
(Please note that it is compulsory to tick **YES** or **NO** at the box below)

YES NO

CONSULTANT DECLARATION:

I confirm that I have assessed the client's vulnerability status as follows:
(Please note that it is compulsory to tick one of the box below)

Investor is a vulnerable client
 Investor is not a vulnerable client

If the investor is a vulnerable client, provide additional explanation below:

TRUSTED THIRD-PARTY INVOLVEMENT (Optional):

If applicable, provide details of the trusted third party involved in the decision-making process:

Name: _____ Relationship to investor: _____

Mobile No: _____ Remarks: _____

Investor Acknowledgment:

By signing below, I confirm that the information I provided is accurate and I have been given adequate explanations and time to make informed decisions.

I am comfortable with the method of communication that has been employed by PMBI/ the consultant and I confirm that I fully understand my right to receive details in an alternate format such as, via post or email if I were to request for it.

I acknowledge that I have the option to involve a trusted third party in the decision-making process and I confirm whether or not such involvement was required.

Investor Signature: _____

Date: _____

Consultant Acknowledgment:

By signing below, I confirm that I have thoroughly assessed the client's vulnerability status and all necessary actions have been taken to ensure the suitability of investment recommendations.

I confirm that I have provided the client with the option to involve a trusted third party, and have documented any such involvement appropriately.

Consultant Signature: _____

Date: _____

DISCLAIMER:

This section ensures that vulnerable investors receive fair treatment and additional support tailored to their unique needs. Vulnerable investors are not denied access to any capital market products or services based solely on their status. Instead, additional measures are implemented to promote informed decision-making, including providing sufficient time, utilizing appropriate communication methods, and involving trusted third parties when necessary. All information provided by the client will be treated with strict confidentiality and used solely to ensure the suitability of investment recommendations. Consultants are trained to engage with vulnerable clients empathetically, ensuring fair treatment and support during the assessment and recommendation process.

NOTE:

*Age - 65 and above.

*Physical/Cognitive Disabilities – Disabilities that could impact their ability to make an informed decision.

*Low Financial Resilience - Limited ability to withstand financial shocks, such as those who are heavily indebted, face cash flow issues or have no savings

*Low Financial Capabilities - Limited knowledge of financial matters, low confidence in managing money or limited capability in other relevant areas such as literacy, language or digital skills.

*Adverse Life Events – One who have experienced adverse life events resulting in temporary or long-term financial hardship such as unemployment, death or total permanent disability of the main breadwinner.

THE FINDINGS IN THIS SECTION MUST BE REVIEWED AND CONSIDERED IN THE FUND RECOMMENDATION PROCESS OUTLINED IN SECTION D

SECTION D: FUND RECOMMENDATION (To be completed by Consultant)

Based on the vulnerability assessment in Section C, the recommended funds must align with the investor's specific needs and adjusted risk profile (if applicable). If a vulnerable client is identified, the risk profile should be adjusted to reflect their capacity for risk.

Adjustment Based on Section C Findings:

If the assessment in Section C identifies the investor as a **vulnerable client**, their risk profile may be adjusted downward to better align with their capacity for risk tolerance:

- (G5) Very High to (G4) High
- (G4) High to (G3) Medium
- (G3) Medium to (G2) Low
- (G2) Low to (G1) Very Low
- (G1) Very Low remains (G1) Very Low

If **no vulnerabilities are identified** in Section C, the risk level remains as originally assessed.

Refer to table below for further understanding:

Initial Risk Profile	Vulnerability	Adjusted Risk Profile
(G5) Very High	Yes	(G4) High
(G4) High	Yes	(G3) Medium
(G3) Medium	Yes	(G2) Low
(G2) Low	Yes	(G1) Very Low
(G1) Very Low	Yes	(G1) Very Low

DISCLAIMER:

The adjustment of the risk profile for vulnerable investors is implemented solely to enhance the suitability of investment recommendations. This process is designed to ensure alignment with the investor's capacity to withstand financial risks. It is not intended to restrict investment opportunities or discriminate against any group.

The recommended funds based on your investor's risk tolerance assessment are:

(G1) Very Low Up to 12 <input type="checkbox"/>	(G2) Low 13 to 18 <input type="checkbox"/>	(G3) Medium 19 to 29 <input type="checkbox"/>	(G4) High 30 to 35 <input type="checkbox"/>	(G5) Very High 36 to 40 <input type="checkbox"/>
1. PMB Shariah Cash Management Fund	1. PMB Sukuk Fund	1. PMB-An-Nur Waqf Income Fund 2. PMB Shariah Index Fund	1. PMB Dana Al-Aiman 2. PMB Dana Mutiara 3. PMB Dana Bestari 4. PMB Shariah Aggressive Fund 5. PMB Shariah Growth Fund 6. PMB Shariah Small-Cap Fund 7. PMB Shariah Premier Fund 8. PMB Shariah Dividend Fund 9. PMB Shariah Equity Fund 10. PMB Shariah Global Equity Fund 11. PMB Shariah ESG Global Equity Fund	1. PMB Shariah ASEAN Stars Equity Fund 2. PMB Shariah Greater China Equity Fund

SECTION D: ACKNOWLEDGEMENT (To be completed by Investor)

a) I wish to invest in the recommended unit trust fund(s) that is/are within or under my assessed risk tolerance.

b) I have decided to purchase other/additional unit trust fund(s) which are not recommended by the consultant. The list of funds is as follows:

1. _____ 3. _____ 5. _____
2. _____ 4. _____ 6. _____

I decline to provide my personal information for the completion of the suitability assessment. I will make all current and future investment decisions based on my own judgment and any independent advice I deemed appropriate. I acknowledge that I understand the purpose of the suitability assessment which is to evaluate my risk tolerance, investment needs and objectives to identify unit trust fund(s) and products that are suitable for me.

The consultant, where applicable, has explained the features, nature, associated risks and terms and conditions of the relevant unit trust fund(s) and I confirm my understanding of these.

All information provided by me is true, complete and accurate. I understand that any misleading, inaccurate or incomplete information I provide may affect the recommendation outcome. In such cases, the consultant will not be held liable for the recommendation (if any).

I acknowledge receipt of the Product Highlight Sheet and relevant disclosure documents provided to me.

Investor's name:	Consultant's name:
Signature:	Signature:
Date:	Date:

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



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 Email: clients@pelaburanmara.com.my Website: www.pmbinvestment.com.my

Account No: Account type: Cash EPF**TRANSACTION FORM** Redemption Cooling-off SwitchingTick [✓] where appropriate. Please complete in **BLOCK LETTERS** and **BLACK INK** only. **Pre-signing** form are strictly prohibited.**1. PARTICULARS OF UNIT HOLDER**You **MUST** be 18 years and above as at the date of this application. Kindly note that it is **COMPULSORY** to fill in the information below including your **mobile number, email address and mailing address** as these details will be updated in our records. This will help us provide you with better services in the future.**Note:** If there are **NO CHANGES** to the existing registered mobile number, email address and mailing address, please fill in the registered column only and tick on declaration box that there are no changes to the existing registered mobile number, email address and mailing address.**Name**

NRIC / Passport No. / Police or Army ID

Mobile No. (as registered with PMBI, if any)

 -

Mobile No. (NEW)

 -

Email (as registered with PMBI, if any)

Email (NEW)

Mailing Address (as registered with PMBI, if any)

Mailing Address (NEW)

 There are no changes to my existing mobile number, email address and mailing address**2. PARTICULARS OF JOINT HOLDER****Name**

NRIC / Passport No. / Police or Army ID

Mobile No. (as registered with PMBI, if any)

 -

Mobile No. (NEW)

 -

Email (as registered with PMBI, if any)

Email (NEW)

Mailing Address (as registered with PMBI, if any)

Mailing Address (NEW)

3. PARTICULARS OF NON-INDIVIDUAL APPLICANT (CORPORATION / PARTNERSHIP / OTHER ENTITIES)

Please provide a certified true copy of Board Resolution/Extract of Minutes of Meeting/Signatories List/Copy of NRIC or Passport (where applicable)

Registration No. **Name****Person to Contact**Tel. No. - **4. REDEMPTION/COOLING-OFF REQUEST** Full Redemption/Cooling-off

Name(s) of Fund(s)

 Partial Redemption

Amount in Units

Credit into account as per details below:
(No payment to third-party account will be accepted)Bank Name : Bank Account no.: Reason for Redemption: Profit Taking Personal Use: **5. SWITCHING REQUEST****SWITCH FROM**Name of Fund Amount in Units **SWITCH TO**Name of Fund(s) Percentage (%) of original fund

Distribution Instruction

 Reinvest Cheque/e-Payment Reinvest Cheque/e-Payment**TOTAL : 100%****6. DECLARATION & SIGNATURES**

I/We have read and fully understood the latest Master Prospectus, Prospectus(es) and any supplemental documents related to the redemption, switching or cooling-off process. I/We are fully aware of the fees and charges that will be incurred, both directly and indirectly and agree to be bound by the Terms and Conditions. By completing this Form, I/we acknowledge and accept that PMB Investment Berhad has absolute discretion to rely on this confirmation form and undertake to indemnify and hold harmless PMB Investment Berhad, its employees and consultants against all costs, expenses, loss of liabilities, claims and demands arising out of this confirmation. I/We fully understand that PMB Investment Berhad will not proceed with the request stated in this form unless the relevant documents are furnished and completed.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature/Company Stamp	Date	Signature/Company Stamp	Date

*Signatories for non-individual must be an authorised signatories

For Office Use Only

Submitted by: <input type="checkbox"/> Unit Holder <input type="checkbox"/> Unit Holder <input type="checkbox"/> Joint Holder <input type="checkbox"/> Both Holders <input type="checkbox"/> Consultant (Name, code and mobile number)	HQ/BRANCH STAFF Received by: Checked by: Remarks:	TRANSACTION SERVICES Checked and Processed by: Remarks:
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TERMS & CONDITIONS

REDEMPTION

- **Redemption for Funds other than PMB SCMF**
 - For a request to redeem units received or deemed to have been received by us on or before 3.30 p.m. on any Business Day, units will be redeemed at the NAV per unit calculated at the end of Business Day on which the request is received ("forward pricing").
 - Where the repurchase request is received after the cut-off time, i.e. after 3.30 p.m., the request will be deemed to have been received on the next Business Day.
- Payment will be made within 7 Business Days of the receipt of redemption request, provided that all required documents are completed and verified.
- The proceeds of payment will be directly credited to your bank account via online banking services or telegraphic transfer.
- We reserve the right to vary the terms and conditions of redemption mode from time to time, which shall be communicated to you in writing.
- **Redemption for PMB SCMF**
 - Where a repurchase request is received on or before 3.30 p.m. on a Business Day, units will be redeemed at the NAV per unit calculated at the end of the Business Day on which the request is received. The redemption proceeds will be paid within 4 Business Day.
 - Where a repurchase request is received after 3:30 p.m. on a Business Day, the request is deemed to have been received on the next Business Day and accordingly units will be redeemed at the NAV per unit calculated at the end of the next Business Day.
 - In the event of any technical difficulties beyond the Manager's control or should the redemption request in the sale of units cannot be liquidated at an appropriate price or on adequate terms and is as such not in the interest of the existing Unit Holders, redemption monies may be paid at such other period or as may be permitted by the relevant authorities from time to time.
- **Redemption related to EPF-MIS**
 - Redemption proceeds will be paid to the EPF and to be credited into your EPF account 1.
- **General**
 - You may redeem your investment wholly or partially. There is no minimum number of units for redemption but you must meet the minimum holding of units after a repurchase transaction. If you insist on making a repurchase request knowing that after the transaction you will hold less than minimum holdings of units, we may withdraw all your units and we will pay the proceeds to you. We may, with the consent of the Trustee, reserve the right to defer your purchase request if such transaction would adversely affect the Fund or the interest of the Unit Holders.
 - The value of the repurchase/ redemption price will be the NAV per unit at the end of the business day on which the request for repurchase/ redemption of units is received by us.
 - No restriction is set on the frequency of redemption. For certificate holders, you can only redeem your units upon surrendering the unit certificate(s).
 - No redemption fee is charged. However, bank charges and other bank fees, if any, will be borne by the Unit Holder.
 - Third-party withdrawal is PROHIBITED. The account holder's name for the Bank Account provided MUST be the same as the name of the investor. PMB Investment will only make payment to the client's account.
 - If the units are held in the names of more than one Unit Holder, where the mode of holding is specified as "Joint Application", redemption request will have to be signed by all the joint holders unless the joint applicant is a minor.
 - All redemption proceeds will be made payable only to the principal unit holder, unless there is a request by the principal unit holder that the proceeds be made payable to the joint holder

SWITCHING

- **Applicable to all Funds**
 - You may switch wholly or partially your investment in the Fund to other funds managed by us provided that units intended to be switched are denominated in the same currency. Cross currency switching is not permitted.
 - Your switching request should reach us on or before 3.30 p.m. on a business day to be effected on the same business day. Any request after the cut-off time will be effected on the next business day.
 - Processing is subject to receipt of a complete transaction form and such other documents as may be required by us. Unit Holders are required to enclose the certificate of investment (if any) upon switching.
 - The minimum units you can switch is 1,000 units per transaction or such other minimum number of units as the Manager may determine from time to time.
 - The Manager does not impose any switching fee. However, if the amount of sales charge of the fund (or class) that the Unit Holder intends to switch into is higher than the sales charge imposed by the fund (or class) being switched from, then the difference in the sales charge between the two (2) funds (or class) shall be borne by the Unit Holder.
 - In addition, you shall be liable to pay any Tax imposed on you by virtue of any law, regulation, directive or order by any governmental authority in relation to the switching fee.
 - After a switching application is made, units in a Unit Holder's account for both the Fund and the fund to be switched into should maintain the minimum holding of units.
 - If the units in the Unit Holder's account for the Fund are less than the minimum holding of units after a switching application is made, all units that the Unit Holder holds in the Fund will be switched automatically.
 - If the units in the Unit Holder's account for the Fund to be switched into are less than the minimum holdings of units after a switching application is made, the Manager may at its sole discretion disallow switching.

COOLING-OFF

- A first time individual investor with the Manager shall have the right, within 6 Business Days, commencing from the day the completed application is received and accepted by the Manager to withdraw his/her investment in the Fund. However, this cooling-off period does not apply to a staff of the Manager and a person registered with a body approved by the SC to deal in unit trusts.
- The refund pursuant to an exercise of a cooling-off right will be as follows:-
 - a) If the original price of a unit is higher than the price of a unit at the point of exercise of the cooling-off right ("market price"), the market price at the point of cooling-off; or
 - b) If the market price is higher than the original price, the original price at the point of cooling-off.
- The Manager will refund the charges imposed on the day the units were purchased.
- The money payable out of this transaction will be refunded to the investor within seven (7) Business Days of the Manager's receipt of the repurchase request.