

VULNERABLE CUSTOMER ASSESSMENT FORM

(THIS FORM IS APPLICABLE FOR UNIT TRUST AND PRIVATE RETIREMENT SCHEME ONLY)

GUIDANCE NOTES FOR KENANGA GROUP'S REPRESENTATIVES / CONSULTANTS

- This Form is compulsory for onboarding and/or periodic review on Vulnerable Customers.
- This Form only needs to be completed for Customers who declare themselves as "vulnerable customers".
- Prior to completing the Form, it is essential to initiate contact with the customer to understand the nature of the vulnerability.
- You are required to setup the account / product offering that appropriately meets the customer needs and risk profile.
- In the event the product offerings do not meet the customer's needs or the risk profile, you may decline / reject the account by providing the basis on which the decision was made.
- You are encouraged to read and understand the SECURITIES COMMISSION's GUIDELINES ON CONDUCT FOR CAPITAL MARKET INTERMEDIARIES – SC-GL/3-2021 (R1-2024) on the Treatment of Vulnerable Customers.

PARTICULARS OF CUSTOMER

Name (As per NRIC/Passport)	
NRIC/Passport No	
Account No	

ASSESSMENT AND ACKNOWLEDGEMENT BY SERVICING ADVISER

Please tick (✓) where applicable.

No	Assessment	Yes	No
1	Does the customer have any hearing, visual, speech, physical, learning impairment?		
2	Does the customer have difficulty in understanding the conversation or stay focused?		
3	Did the customer experience any adverse life events i.e. temporary or long-term financial hardship or overly indebted?		
4	Does the customer exhibit very low confidence level to manage his finances or very low level of financial literacy?		
5	Does the customer require support from other person(s) due to age factor with less technology's ability?		
6	Did the customer fully understand and consent to the terms and conditions of opening the account?		

I agree to accept and acknowledge the business relationship with the vulnerable customer as declared above. I further recommend the following measures be placed to protect the customer. I have explained and the customer fully understands the inherent risk in investing in the capital market products.

Section	Condition(s) Imposed		
A	<u>UNIT TRUST PRODUCTS</u>		
	<i>Select Account Type</i>		
	ACCOUNT TYPE	Yes (✓)	No (✓)
	Cash - Individual Investment Account		
	Cash - Joint Investment Account		
	EPF - Investment Account		

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B	PRIVATE RETIREMENT SCHEME PRODUCTS Select Account Type <table border="1"> <thead> <tr> <th>ACCOUNT TYPE</th><th>Yes (✓)</th><th>No (✓)</th></tr> </thead> <tbody> <tr> <td>PRS - Individual Investment Account</td><td></td><td></td></tr> <tr> <td>PRS - Investment Account (Employer Contribution)</td><td></td><td></td></tr> <tr> <td>PRS - Investment Account (Employer Contribution - <i>Vesting Schedule</i>)</td><td></td><td></td></tr> <tr> <td>PRS - Investment Account (Employer Contribution - <i>Payroll Deduction</i>)</td><td></td><td></td></tr> </tbody> </table>	ACCOUNT TYPE	Yes (✓)	No (✓)	PRS - Individual Investment Account			PRS - Investment Account (Employer Contribution)			PRS - Investment Account (Employer Contribution - <i>Vesting Schedule</i>)			PRS - Investment Account (Employer Contribution - <i>Payroll Deduction</i>)		
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C	OTHERS List down any other protective measures or exclusions based on your assessment of the customer's vulnerability. For complete rejection of the account, please provide the basis and justification. 															
Servicing Adviser Signature																
Adviser Name																
NRIC/Passport No.																
Adviser Code																
Date																
Note: "Kenanga Group" means Kenanga Investment Bank Berhad or any of its subsidiaries, including branches, and shall include its respective successors in title and assignees.																
D) FOR OFFICE USE ONLY																
Date Entry by : _____ Date : _____ Verified by : _____ Date : _____ Approved by : _____ Date : _____																