AFFIN HWANG CAPITAL

Asset Management
Individual Investor
Sub Account Opening Form

In accordance with the Capital Markets and Services Act 2007, this form should not be circulated unless accompanied by the applicable prospectus, information memorandum, disclosure document and supplemental thereto (if any). You should read and understand the contents of the relevant prospectus, information memorandum, disclosure document and supplemental thereto (if any) before completing this form.

IMPORTANT: Please complete in CAPITAL LETTERS and BLACK INK only, and tick ☑ where applicable. Any alteration made must be countersigned.

Account Type ☐ Single ☐ Joint **Client Type** ☐ New ☐ Existing

Master Account No.

DETAILS OF FIRST APPLICANT

Full Name (as per NRIC / Passport)

NRIC No. - -

Passport No. / Other

DETAILS OF JOINT-APPLICANT

Full Name (as per NRIC / Passpport)

NRIC No. - -

Passport No. / Other

SUB ACCOUNT AND INVESTMENT DETAILS

Sub Account 1 **Sub Account No.**

*For office use only

Objective 1

☐ Retirement ☐ Healthcare ☐ Education ☐ Lifestyle

Sub Account Name

1. Fund Name

Investment Amount .

Sales Charge (%) .

***Distribution Instruction**

☐ Reinvest ☐ Credit to Bank Account

Smart Save Plan ☐

SSP Investment Amount .

Date of Deduction

☐ 5th ☐ 20th ☐ Both Dates

2. Fund Name

Investment Amount

Sales Charge (%)

***Distribution Instruction**

Reinvest Credit to Bank Account

Smart Save Plan

SSP Investment Amount

Date of Deduction

5th 20th Both Dates

Sub Account 2

Sub Account No.

*For office use only

Objective 2

Retirement Healthcare Education Lifestyle

Sub Account Name

1. Fund Name

Investment Amount

Sales Charge (%)

***Distribution Instruction**

Reinvest Credit to Bank Account

Smart Save Plan

SSP Investment Amount

Date of Deduction

5th 20th Both Dates

2. Fund Name

Investment Amount

Sales Charge (%)

***Distribution Instruction**

Reinvest Credit to Bank Account

Smart Save Plan

SSP Investment Amount

Date of Deduction

5th 20th Both Dates

Sub Account 3

Sub Account No.

*For office use only

Objective 3

Retirement Healthcare Education Lifestyle

Sub Account Name

1. Fund Name

Investment Amount

Sales Charge (%)

***Distribution Instruction**

☐ Reinvest ☐ Credit to Bank Account

Smart Save Plan ☐

SSP Investment Amount

Date of Deduction

☐ 5th ☐ 20th ☐ Both Dates

2. Fund Name

Investment Amount

Sales Charge (%)

***Distribution Instruction**

☐ Reinvest ☐ Credit to Bank Account

Smart Save Plan ☐

SSP Investment Amount

Date of Deduction

☐ 5th ☐ 20th ☐ Both Dates

Sub Account 4

Sub Account No.

*For office use only

Objective 4

☐ Retirement ☐ Healthcare ☐ Education ☐ Lifestyle

Sub Account Name

1. Fund Name

Investment Amount

Sales Charge (%)

***Distribution Instruction**

☐ Reinvest ☐ Credit to Bank Account

Smart Save Plan ☐

SSP Investment Amount

Date of Deduction

☐ 5th ☐ 20th ☐ Both Dates

2. Fund Name

Investment Amount

Sales Charge (%)

***Distribution Instruction**

☐ Reinvest ☐ Credit to Bank Account

Smart Save Plan ☐

SSP Investment Amount

Date of Deduction

☐ 5th ☐ 20th ☐ Both Dates

INVESTMENT PAYMENT MODE

1. ☐ Cheque: Bank ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Cheque No. ☐☐☐☐☐☐

☐ Interbank Transfer ☐ JomPAY

2. ☐ Cheque: Bank ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Cheque No. ☐☐☐☐☐☐

☐ Interbank Transfer ☐ JomPAY

SOPHISTICATED INVESTOR DECLARATION

I / We hereby confirm that I am / we are sophisticated investor(s). ☐ Yes ☐ No

SOPHISTICATED INVESTOR DECLARATION (SEE CLAUSE 1.6 OF THE TERMS AND CONDITIONS)

I / We hereby agree that the opening of these sub-accounts are governed by the terms and conditions contained in the Terms and Conditions for Account Opening and further warrant and represent to Affin Hwang Asset Management Berhad ("Affin Hwang AM") that I / we have read, understood and accept the contents of the relevant Prospectus, Information Memorandum, Disclosure Document and any supplemental and/or replacement thereto (if any) prior to me / us completing this form and agree to be bound by them for my initial and subsequent transactions with Affin Hwang AM.

I / We acknowledge that I / we am / are aware of the fees and charges that I / we will incur directly and indirectly when investing in the relevant fund, and such fees and charges are exclusive of goods and services tax (if applicable).

I / We acknowledge that I / we have received a copy of the Unit Trust Loan Financing Risk Disclosure Statement and understand its contents.
I / We hereby agree to indemnify Affin Hwang AM against all actions, suits, proceedings, claims, damages and losses which may be suffered by Affin Hwang AM as a result of any inaccuracy of declarations herein.

Signature of First Applicant

Date:

Signature of Joint-applicant

Date:

COMPULSORY FOR DISTRIBUTOR (AUTHORISED UTC/PRC)

Name (as per NRIC)

_____

*UTC / PRC Code ☐☐☐☐☐☐☐

*Delete where not applicable

Reporting Branch

_____

Tel No. _____

Form Verified By:

Name:

Date:

Processed By:

Name:

Date: