CIMB WEALTH ADVISORS

Financial Health Check Questionnaire

Prepared For:

Name: ____

Date: ____

By : ____

Private & Confidential

All information contained herein will be kept strictly confidential unless the release of such materials or any parts thereof is authorized by the client or required by law.

Disclaimer

Any analysis done based on the information provided herein is solely for the facilitation of unit trust and other financial product sales.

I. Personal Details

Client Information

Title	Name *(as in NRIC)*			Sex	Preferred Name
	Given	Middle Name	Surname		
Marital Status:	❑ Married	❑ Single	❑ Widowed	❑ Separated	

	Client	Spouse	
NRIC (New)			
Birth Date	*dd/mm/yyyy*	*dd/mm/yyyy*	
Race	❑ Bumi ❑ Chinese ❑ Indian ❑ Others	❑ Bumi ❑ Chinese ❑ Indian ❑ Others	
Occupation			
Retire by			**Inflation:** %
Mortality			
EPF Contribution by Employee	%		
EPF Contribution by Employer	%		
Home Phone		**Client Date:**	
Hand phone			

Correspondence Address			
	City :	**State:**	**Postcode :**
Email Address			

Dependants (Children / Parents / Siblings)

Name	Birth Date	Relationship	Support For No. Of Years	Cost

Ii My greatest financial needs are …

	NEEDS	Very	Moderate	Not
		CONCERN LEVEL		
1.	**Protection/ Insurance Planning** In the event I am no longer around/disabled/striken with critical illness:	**Very**	**Moderate**	**Not**
	I. Have replacement income if disabled / stricken with critical illness	❑	❑	❑
	II. Ensure dependents to maintain same living standards.	❑	❑	❑
	III. Pay off mortgages and debts.	❑	❑	❑
2.	**Investment Planning** Maximise investment returns.	❑	❑	❑
	Choose the right investment options.	❑	❑	❑
	Structure a more efficient investment portfolio.	❑	❑	❑
3.	**Education Planning** Provide funds for children's education.	❑	❑	❑
4.	**Tax Planning** Minimize tax burden.	❑	❑	❑
5.	**Cash Flow Management** Reduce liabilities/debts.	❑	❑	❑
6.	**Retirement Planning** I. To determine retirement plan options.	❑	❑	❑
	II. Select the most appropriate investments for retirement funds.	❑	❑	❑
	III. Provide for long term care. (nursing home & medical care.)	❑	❑	❑
7.	**Estate Planning** I. Ensure survivors are adequately provided in the event of my death.	❑	❑	❑
	II. Assure distribution of my estate according to my wishes.	❑	❑	❑
	III. Determine the best way of disposing business interests.	❑	❑	❑
	IV. To provide regular income / gift to my grandchildren	❑	❑	❑
8.	Other (Please Describe): ______________________________	❑	❑	❑

Assets

E.g.: Saving/Current Accounts, FD, Stocks, Bonds, Real Estate, Residence, Investments, Motor Vehicles etc.

Description	Account Types	Asset Class	Current Value	Managed Tick if UT are hse funds + 3rd party funds (√)	Ownership (%)	Earmark for which Goal? Education/ Retirement/ Wealth Accumulation
	❑EPF ❑O ❑B/O ❑PU				__C__ S__ J__ T	
	❑EPF ❑O ❑B/O ❑PU				__C__ S__ J__ T	
	❑EPF ❑O ❑B/O ❑PU				__C__ S__ J__ T	
	❑EPF ❑O ❑B/O ❑PU				__C__ S__ J__ T	
	❑EPF ❑O ❑B/O ❑PU				__C__ S__ J__ T	
	❑EPF ❑O ❑B/O ❑PU				__C__ S__ J__ T	
	❑EPF ❑O ❑B/O ❑PU				__C__ S__ J__ T	
	❑EPF ❑O ❑B/O ❑PU				__C__ S__ J__ T	
	❑EPF ❑O ❑B/O ❑PU				__C__ S__ J__ T	
	❑EPF ❑O ❑B/O ❑PU				__C__ S__ J__ T	
	❑EPF ❑O ❑B/O ❑PU				__C__ S__ J__ T	
	❑EPF ❑O ❑B/O ❑PU				__C__ S__ J__ T	
	❑EPF ❑O ❑B/O ❑PU				__C__ S__ J__ T	
	❑EPF ❑O ❑B/O ❑PU				__C__ S__ J__ T	
	❑EPF ❑O ❑B/O ❑PU				__C__ S__ J__ T	
	❑EPF ❑O ❑B/O ❑PU				__C__ S__ J__ T	
	❑EPF ❑O ❑B/O ❑PU				__C__ S__ J__ T	

Account Types: EPF=KWSP; O=Open; B/O=Business/Other; PU=Personal Use
Ownership: C=Client; S=Spouse; J=Joint; T=Trust

Unit Trust Assets

Company	Date	Fund Name	EPF Tick if UT is purchase through EPF Investment scheme	Ownership (%)	Units	Current Value (RM)	Managed Tick if UT are hse funds + 3rd party funds (√)	Earmark for which Goal? Education/ Retirement/ Wealth Accumulation
			❑	__C__ S__ J__ T				
			❑	__C__ S__ J__ T				
			❑	__C__ S__ J__ T				
			❑	__C__ S__ J__ T				
			❑	__C__ S__ J__ T				
			❑	__C__ S__ J__ T				
			❑	__C__ S__ J__ T				
			❑	__C__ S__ J__ T				
			❑	__C__ S__ J__ T				
			❑	__C__ S__ J__ T				
			❑	__C__ S__ J__ T				
			❑	__C__ S__ J__ T				

Ownership: C=Client; S=Spouse; J=Joint; T=Trust

Liabilities

E.g.: Real Estate Mortgages, Residence, Investments, Motor Vehicles Hire Purchase, Education/Personal Loan, Credit Card Balance, Overdraft etc.

Description	Amount Borrowed (RM)	Date Borrowed	Outstanding Amount (RM)	Pay 100% of liability on death
				❑ Client ❑ Spouse
				❑ Client ❑ Spouse
				❑ Client ❑ Spouse
				❑ Client ❑ Spouse
				❑ Client ❑ Spouse
				❑ Client ❑ Spouse
				❑ Client ❑ Spouse
				❑ Client ❑ Spouse

Insurance

Type of Insurance: Whole Life; Investment-linked; Term; Group Term Life; Endowment

Description	Insured – Client	Insured – Spouse
Type	**Benefit (RM)**	**Benefit (RM)**
Whole Life		
Term		
Disability		
Critical Illness		
HB & HS		
Endowment		
Investment Linked		
MRTA		

Cash Flow Management

Income

Description of Inflows	Client	Spouse	Total
a. Employment Income			
• **Salary**			
• **Bonus**			
• **Non-taxable Income**			
• **Business Income**			
b. Pension Income			
Pension			
c. Investment Income			
• **Interest** ***(FD, Savings, UT)***			
• **Dividend Income** ***(Shares, UT)***			
• **Realised Capital Gains**			
• **Rental Income**			

Savings

d. Savings			
• **EPF Savings**			
• **Other Savings**			
• **Education Savings**			

Expenses

	RM
Family & Living Expenses **(Eg groceries/clothing/maid/medical/tuition**	
Transportation **(E.g .car loan/petrol/parking/car insurance)**	
Accommodation **(E.g rent/mortgage payment/property insurance)**	
Personal Expenses **(E.g insurance premiums/holidays/credit card /entertainment/club memberships)**	

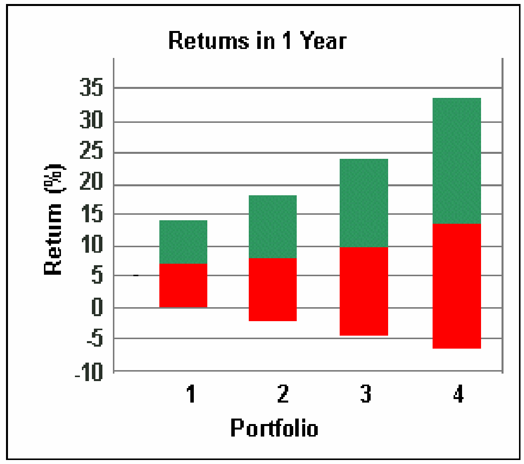
Objectives

Life Goals (After Tax)	Ownership (%)	Annual Amount (RM)	From Year	To Year	Index Rate	Rank
	__C __S __J				%	
	__C __S __J				%	
	__C __S __J				%	
	__C __S __J				%	
	__C __S __J				%	
	__C __S __J				%	
	__C __S __J				%	
	__C __S __J				%	
	__C __S __J				%	
	__C __S __J				%	
	__C __S __J				%	
	__C __S __J				%	

Investor Profile

Investment Philosophy

1. How concerned are you about fluctuations in your investment capital? (Choose the portfolio that reflects your comfort level relative to variability)



Portfolio 1 ❑	Portfolio 2 ❑	Portfolio 3❑	Portfolio 4❑
3	**7**	**11**	**15**

2. Over the balance of your lifetime, what impact do you feel inflation will have on your lifestyle?

0	❑	I am not concerned about inflation.
0	❑	Inflation might erode my lifestyle but I would not make changes to my portfolio.
0	❑	Inflation could significantly erode my lifestyle if I do not attempt to earn a higher return.

3. Choose the statement that best describes your current investment strategy or experience.

3	❑	Other than savings accounts or fixed deposits, I have very little investment experience.
9	❑	I have invested some money into stocks, bonds or unit trusts with the balance of my investments in savings accounts or fixed deposits.
15	❑	The majority of my investment holdings are in a variety of stocks, bonds or unit trusts with a small portion held in a savings account for liquidity purposes.

4. How actively involved do you want to be in the investment decision-making process?

2	❑	I rely heavily on my advisor for recommendations and trust their opinion.
6	❑	I review recommendations in considerable detail.
10	❑	I monitor the markets regularly and will draw my advisor's attention to investments I like.

5. How interested are you in trying to "catch" short-term trends versus adopting a long-term buy and hold strategy

0	❑	I am a long-term buy and hold investor and am not overly concerned about short-term market trends.
0	❑	I would consider purchasing a "popular stock" but it is not critical.
0	❑	I believe in trying to catch market trends as doing so may considerably enhance my returns.

Investment Philosophy		
6. How knowledgeable are you about investing?	3	❑ Novice
	6	❑ Not very knowledgeable
	9	❑ Average knowledge
	12	❑ Quite knowledgeable
	15	❑ An expert
7. How important is it to generate interest or dividend income today from your portfolio?	0	❑ I do not require any income from my investments before retirement.
	0	❑ I would prefer some income to be generated from my investments.
	0	❑ I require income immediately to support my lifestyle.
8. How important is it for you to see growth in the value of your investments?	0	❑ Not Very Important – "Portfolio growth is not that important for me. "
	0	❑ Important – "I want higher returns even if I am subject to declines in my portfolio."
	0	❑ Very important – "I am a long –term investor and want higher returns even if I must live through significant market drops."
9. How important is it to have cash available for emergencies or opportunities?	0	❑ I do not require any funds before retirement.
	0	❑ I may need some funds in the next 5 to 8 years.
	0	❑ I require some amount to be available at all times.

Your View **CIMB Wealth Advisors** provides both Portfolio with Cash and Portfolio without Cash for the investors. How would you prefer to have your portfolio constructed?

❑ **Portfolio with Cash**

Scoring

Total Score achieved through questions 1 to 9

QUESTION	1	2	3	4	5	6	7	8	9	Total
SCORE		[redacted]			[redacted]		[redacted]	[redacted]	[redacted]	

Investment Approach (based on your total score)

Conservative Cash	Moderate Cash	Moderately Aggressive Cash	Aggressive Cash
13 - 25	26 - 39	40 - 52	54 - 77

Iii. Client Authorisation Statement

I / We hereby declare that the information set out in this form is true and correct to the best of my / our knowledge. I / We give permission for this information to be used for the preparation of a financial health report and understand that the product recommendations made are based on the information supplied in this form.

I acknowledge that for me to receive the best in class service for my unit trust investment portfolio, it should preferably manage in a consolidated manner and hence if I have multiple servicing consultants from CIMB Wealth Advisors, it is in my best interest to authorize a designated consultant to oversee my unit trust investment portfolio.

I / We acknowledge that I /We understand the product advise given.

____
Name:
Date:

________ _______________________________
Name:
Date:

iV. Authorised Consultants

I acknowledge that I had briefed the client on the importance of the information set out in this form for the preparation of the client's Financial Health Report.

____
Name:

Rank : ❑ UTC ❑ AS ❑ AM ❑ GAM
Agency :
LO No :
Date: