

**Provident Fund Member Risk Profile Questionnaire**

Mr./Mrs./Ms./Name..... Family Name.....ID/Passport No.

Employee ID No.....Company.....Dept.....

Member ID No. ....Registered Provident Fund Name.....

The purpose of this “Provident Fund Member Risk Profile Questionnaire” is to assist members to know their acceptable level of risk and thus being used as guideline in selecting the appropriate investment policy

**Age or Investment Horizon**

1. When are you expecting to retire?
- |                                      |              |
|--------------------------------------|--------------|
|                                      | <u>Score</u> |
| a) Within 5 years or already retired | (1)          |
| b) Within 5 – 10 years               | (2)          |
| c) Within 10 - 15 years              | (3)          |
| d) More than 15 years                | (4)          |

**Financial Status**

2. What percentage of your monthly expenses is to your monthly income?
- |                  |              |
|------------------|--------------|
|                  | <u>Score</u> |
| a) More than 80% | (1)          |
| b) 50% - 80%     | (2)          |
| c) 20% - 50%     | (3)          |
| d) Less than 20% | (4)          |
3. If you should lose your job today, how many months will your current saving cover the expenses?
- |                       |              |
|-----------------------|--------------|
|                       | <u>Score</u> |
| a) Less than 3 months | (1)          |
| b) 3 months – 1 year  | (2)          |
| c) 1 - 3 years        | (3)          |
| d) More than 3 years  | (4)          |
4. What percentage of your current provident fund money is to your total asset?
- |                  |              |
|------------------|--------------|
|                  | <u>Score</u> |
| a) More than 75% | (1)          |
| b) 50% - 75%     | (2)          |
| c) 25% - 50%     | (3)          |
| d) Less than 25% | (4)          |
5. After retirement, which source of fund do you plan to use for your health care and hospital expenses?
- |                                     |              |
|-------------------------------------|--------------|
|                                     | <u>Score</u> |
| a) Your own saving money            | (1)          |
| b) Share responsibility with family | (2)          |
| c) Other welfares                   | (3)          |
| d) Health insurance                 | (4)          |

**Knowledge of Investment and Risk Appetite**

6. What investment instruments do you have knowledge about?
- |  |              |
|--|--------------|
|  | <u>Score</u> |
| a) Deposit   | (1)          |
| b) Deposit, Government & Corporate Bond  | (2)          |
| c) Deposit, Government & Corporate Bond, Mutual Fund, Stock                                | (3)          |
| d) Deposit, Government & Corporate Bond, Mutual Fund, Gold Fund, Property Fund, and others | (4)          |
7. What investment experiences do you have?
- |  |              |
|--|--------------|
|  | <u>Score</u> |
| a) Deposit   | (1)          |
| b) Deposit, Government & Corporate Bond  | (2)          |
| c) Deposit, Government & Corporate Bond, Mutual Fund, Stock                                | (3)          |
| d) Deposit, Government & Corporate Bond, Mutual Fund, Gold Fund, Property Fund, and others | (4)          |
8. What is your investment attitude?
- |  |              |
|--|--------------|
|  | <u>Score</u> |
| a) Cannot tolerate any losing of principal   | (1)          |
| b) I can tolerate losing part of principal for an opportunity of higher returns                  | (2)          |
| c) I can tolerate losing a moderate proportion of principal for an opportunity of higher returns | (3)          |
| d) Opportunity of highest returns with no limit of risk  | (4)          |
9. What is your investment objectives
- |   |              |
|---|--------------|
|   | <u>Score</u> |
| a) Preservation of principal in spite of lower than inflation rate of return                | (1)          |
| b) Accept risk of losing part of investment to create higher return than inflation rate     | (2)          |
| c) Moderate risk of losing from investment to create much higher return than inflation rate | (3)          |
| d) Fully accept risk of investment in return for highest return than inflation rate         | (4)          |

10. What is your level of annual expected return from your investment in provident fund?

- |  | <u>Score</u> |
|--|--------------|
| a) Regular 2% - 3%   | (1)          |
| b) Chance of getting 5% with possibility of 0% in some year                      | (2)          |
| c) Chance of getting 8% with possibility of 3% loss of investment in some year   | (3)          |
| d) Chance of getting 25% with possibility of 15% loss of investment in some year | (4)          |

For funds investing in foreign instruments, are you able to accept the exchange rate risk?

- Yes                       No

Investor's Guidelines in selecting investment policy / investment plan

Sum up your score in parenthesis at the end of each item and use the total scores as guideline to select the appropriate investment policy or investment plan as follows

Total Score	Acceptable Risk Level	Proportion of Risk Asset Class in Your Portfolio
10-16	Low	Not more than 5% in Risk Asset Class
17-22	Low to Medium	Not more than 10% in Risk Asset Class
23-28	Medium	Not more than 30% in Risk Asset Class
29-34	Medium to High	Not more than 50% in Risk Asset Class
35-40	High	More than 50% in Risk Asset Class

**Note :** The above table is only part of guideline to assist member's decision in selecting the appropriate investment policy. This is not intended to guarantee that such investment policy is totally suitable for the member in all aspects. Members are therefore required to study other relevant information carefully before making the decision

**Term and Condition Attached to "Provident Fund Member Risk Profile Questionnaire"**

- I am hereby acknowledged and agreed that I have to review and update the data in my "Provident Fund Member Risk Profile Questionnaire" in accordance to time stipulated by the relevant regulator or the Asset Management Company, included those amendment that might occur in the future.
- In case that the Asset Management Company does not receive my updated "Provident Fund Member Risk Profile Questionnaire" within stipulated period, I agree and consent that the Asset Management Company take my latest questionnaire as the updated information until my new questionnaire is submitted.
- I hereby declare that I have personally accomplished this entire questionnaire by myself and thus sign herein after.

Name .....Member  
(.....)