

Client Suitability Assessment (CSA) Waiver Form



IMPORTANT NOTES & INSTRUCTIONS:

The accomplished and signed **Client Suitability Assessment (CSA) Waiver Form** must be submitted via email to your SLIMTC Relationship Manager or to your Certified UITF Sales Personnel, along with the required documents. All signed documents shall be treated as original copies.

For Joint Accounts, SLIMTC shall only require the Primary Account Holder/s to complete the CSA Waiver Form. Secondary Account Holder/s should proceed to the Client Acknowledgment portion directly.

This CSA will be used in assessing your investment profile based on your investment objectives, cash flow requirements, tolerance to risk, and financial profile. There are no right or wrong answers. Simply indicate what is most applicable to you under the circumstances cited. Please ensure that all questions are answered before submitting the form to SLIMTC.

As your circumstances and attitude to risk can change over time, we will require you to update your risk profile at least once every three (3) years. However, should there be any change in your financial status before the end of this period, kindly notify SLIMTC so that the appropriate client records can be updated immediately.

FOR CUSP / RM USE ONLY

Advisor Code / CUSP Code

CLIENT INFORMATION

Account Number

Date Accomplished (mm-dd-yyyy)

**For submission of this document as part of account opening, kindly leave this blank. Otherwise, please provide your account number.*

Client Name/s

A CLIENT ACKNOWLEDGEMENT

In reference to our institution's duly accomplished Client Suitability Assessment Form (CSA Form) dated , we do not agree with the recommended investment products presented corresponding to our resulting risk profile.

By signing below, we acknowledge the following:

1. I/We do not agree with or accept the investment portfolio/strategy recommendation based on the results of the suitability assessment and I/we want to avail of the investment product/portfolio/strategy other than that which is consistent with the results of the suitability assessment;
2. I/We acknowledge that SLIMTC has advised me/us of the protections I/we may lose and conversely, of the risks that I/we will be exposed to with respect to the investment portfolio/strategy that I/we want to engage in;
3. Knowing the risks involved, I/we still wish to proceed with the investment portfolio/strategy despite the result of the suitability assessment;
4. I/We fully understand, are willing, and have the capacity to take the risks attendant to the investment portfolio/strategy to be availed of;
5. I/We represent that I/we have the sufficient risk management process and tools in place to monitor and manage any risks in connection with the investment portfolio/strategy with higher risk profiles I/we want to engage in; and
6. I/We shall hold SLIMTC, its representatives, employees, officers, directors and successor-in-interest, free and harmless from any and all, liabilities, claims, opportunity cost and causes of action of whatever kind or nature in connection with the foregoing investment portfolio/strategy

B CLIENT ACKNOWLEDGEMENT

I/We understand that this assessment is based on the information/data I/We provided and is designed to help us evaluate our financial needs as at the date of this declaration. I/We is/are aware that our financial needs may change over time depending on our financial situation and objectives; and understands that any incomplete or inaccurate information provided may affect this assessment. No guarantee is given as to the accuracy or completeness of the suggestions and recommendations provided as a result of this assessment.

The authorized representative whose signature appears below, is designated to transact with Sun Life Investment Management and Trust Corporation, on behalf of the Client, and without prejudice to the compliance of the foregoing signing arrangement of the Client

(NOTE: For joint accounts, all accountholders must sign below.

For corporate accounts, please sign according to the signing instructions of your institution.)

Primary Account Holder / Authorized Signatory (1)

Printed Name

Signature

Place of signing (City/Municipality, Country)

Date Signed (e.g. mm-dd-yyyy)

Secondary Account Holder / Authorized Signatory (2)

Printed Name

Signature

Place of signing (City/Municipality, Country)

Date Signed (e.g. mm-dd-yyyy)

Secondary Account Holder / Authorized Signatory (3)

<input type="text"/>	<input type="text"/>
Printed Name	Signature
<input type="text"/>	<input type="text"/>
Place of signing (City/Municipality, Country)	Date Signed (e.g. mm-dd-yyyy)

Secondary Account Holder / Authorized Signatory (4)

<input type="text"/>	<input type="text"/>
Printed Name	Signature
<input type="text"/>	<input type="text"/>
Place of signing (City/Municipality, Country)	Date Signed (e.g. mm-dd-yyyy)

Secondary Account Holder / Authorized Signatory (5)

<input type="text"/>	<input type="text"/>
Printed Name	Signature
<input type="text"/>	<input type="text"/>
Place of signing (City/Municipality, Country)	Date Signed (e.g. mm-dd-yyyy)

RELATIONSHIP MANAGER / CERTIFIED UITF SALES PERSONNEL ATTESTATION

- 1. I declare that I have obtained complete, timely and accurate KYC information of the client.
- 2. I declare that I have performed sufficient fact-finding and analysis to ensure that the investment portfolio/strategy we recommended is suitable to the client based on the needs, objectives, risk profile, other holdings, financial situation and other facts the company has disclosed.
- 3. I also declare that the recommended investment strategy/portfolios are consistent with the clients' financial condition and risk appetite. In case the client opted to engage in an investment strategy / portfolios other than those recommended, I also declare that I have explained all the risks related to the same.
- 4. I have considered the complexity of the investment strategy/portfolio and the underlying securities/financial products involved and the client's ability to understand it prior to making an investment strategy/portfolio recommendation.

Relationship Manager / Certified UITF Sales Personnel

<input type="text"/>	<input type="text"/>
Printed Name	Signature
<input type="text"/>	<input type="text"/>
Place of signing (City/Municipality, Country)	Date Signed (e.g. mm-dd-yyyy)

FOR SLIMTC USE ONLY

Signature Verified by		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Printed Name	Signature	Date (e.g. mm-dd-yyyy)
Approved by		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Printed Name	Signature	Date (e.g. mm-dd-yyyy)