

# Client Suitability Assessment Form

## IMPORTANT NOTES & INSTRUCTIONS:

The accomplished and signed **Client Suitability Assessment Form** must be submitted via email to your SLIMTC Relationship Manager or to your Certified UITF Sales Personnel, along with the required documents.

For Joint Accounts, SLIMTC shall only require the Primary Account Holder/s to complete the CSA 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.

<b>Account Number</b>	<b>Date Accomplished (mm-dd-yyyy)</b>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<i>*For submission of this document as part of account opening, kindly leave this blank. Otherwise, please provide your account number.</i>	
<b>Client Type</b>	<b>CSA Type</b>
<input type="checkbox"/> Corporate <input type="checkbox"/> Individual	<input type="checkbox"/> New <input type="checkbox"/> Updating of last CSA dated: <input style="width: 150px;" type="text"/>
<b>Client name/s</b>	
<input style="width: 95%;" type="text"/>	

### FOR CUSP / RM USE ONLY

**Advisor Code / RM Code**

### A INVESTMENT OBJECTIVE AND RISK PROFILE

1. How many years of investment experience do you have?	<input type="checkbox"/> No experience	<input type="checkbox"/> Less than one year	<input type="checkbox"/> One year to less than three years	<input type="checkbox"/> Three years to less than five years	<input type="checkbox"/> Five years or above
2. What portion of your assets will be invested and managed by SLIMTC?	<input type="checkbox"/> Less than 5%	<input type="checkbox"/> 5% to 15%	<input type="checkbox"/> More than 15% to 25%	<input type="checkbox"/> More than 25% to 50%	<input type="checkbox"/> More than 50%
3. Will you require the ability to withdraw your investment from SLIMTC?	<input type="checkbox"/> Yes, I/we need to withdraw regular income and may use a portion of the principal in the next 12 months	<input type="checkbox"/> Yes, I/we need to withdraw regular income but may not use the principal in the next 12 months	<input type="checkbox"/> I/We do not need to withdraw regular income nor use the principal in the next 2 to 3 years	<input type="checkbox"/> I/We do not need to withdraw regular income nor use the principal in the next 4 to 5 years	<input type="checkbox"/> I/We do not need to withdraw regular income nor use the principal for more than 5 years
4. In general, what is the time period intended for your investment?	<input type="checkbox"/> 1 year or less	<input type="checkbox"/> More than 1 year to less than 2 years	<input type="checkbox"/> More than 2 years to less than 5 years	<input type="checkbox"/> More than 5 years but less than 10 years	<input type="checkbox"/> More than 10 years or more
5. What is your key investment objective?	<input type="checkbox"/> I/We want to preserve capital and generate short term steady returns. Exposure includes but not limited to savings, time deposits, money market funds, etc.	<input type="checkbox"/> I/We am/are willing and able to expose my/our funds to a minimal degree of risk and fluctuation to achieve modest returns over the short term. Exposure is predominantly fixed income with a small portion in equities.	<input type="checkbox"/> I/We am/are willing and able to expose my/our funds to a moderate level of risk and fluctuation to achieve income and capital growth over the medium term. Almost equal exposure in fixed income and equities	<input type="checkbox"/> I/We am/are willing and able to expose my/our funds to higher degree of risk and fluctuation to achieve higher income and capital growth over the medium term. Exposure is predominantly equities with a small portion in fixed income	<input type="checkbox"/> I/We am/are willing and able to accept significantly higher risks involving absolute/uncorrelated returns and even possible loss of investment for potentially higher long-term results. Exposure is predominantly, if not all, in equities.
<b>6.a. FOR CORPORATE INVESTORS ONLY</b>					
6.a.1. How much is your company's approximate investible funds?	<input type="checkbox"/> Less than PhP 500 million	<input type="checkbox"/> PhP 500 billion to less than PhP 1 billion	<input type="checkbox"/> PhP 1 billion to less than PhP 3 billion	<input type="checkbox"/> PhP 3 billion to less than PhP 5 billion	<input type="checkbox"/> PhP 5 billion and above
6.a.2. How much is your company's approximate financial commitments?	<input type="checkbox"/> Less than PhP 500 million	<input type="checkbox"/> PhP 500 billion to less than PhP 1 billion	<input type="checkbox"/> PhP 1 billion to less than PhP 3 billion	<input type="checkbox"/> PhP 3 billion to less than PhP 5 billion	<input type="checkbox"/> PhP 5 billion and above
<b>6.b. FOR INDIVIDUAL INVESTORS ONLY</b>					
6.b.1. How much is your approximate investible funds?	<input type="checkbox"/> Less than PhP 1 million	<input type="checkbox"/> PhP 1 million to less than PhP 5 million	<input type="checkbox"/> PhP 5 million to less than PhP 20 million	<input type="checkbox"/> PhP 20 million to less than PhP 100 million	<input type="checkbox"/> PhP 100 million and above
6.b.2. How much is your approximate financial commitments?	<input type="checkbox"/> Less than PhP 1 million	<input type="checkbox"/> PhP 1 million to less than PhP 5 million	<input type="checkbox"/> PhP 5 million to less than PhP 20 million	<input type="checkbox"/> PhP 20 million to less than PhP 100 million	<input type="checkbox"/> PhP 100 million and above

TOTAL SCORE	CLIENT SUITABILITY RESULTS - RISK PROFILE	
<input type="checkbox"/>	<input type="checkbox"/> Conservative	Client prefers an investment where the primary goal is to prevent the loss of principal.
	<input type="checkbox"/> Moderately Conservative	Client is willing and able to expose funds to a minimal degree of risk and fluctuation to achieve modest returns.
	<input type="checkbox"/> Moderate	Client is willing and able to expose funds to a moderate level of risk and fluctuation to achieve income and capital growth.
	<input type="checkbox"/> Moderately Aggressive	Client is willing and able to expose funds to higher degree of risk and fluctuation to achieve higher income and capital growth over the medium term.
	<input type="checkbox"/> Aggressive	Client is willing and able to accept significantly higher risks involving absolute/uncorrelated returns and even possible loss of investment for potentially

**B INVESTMENT KNOWLEDGE AND EXPERIENCE**

1. How would you describe your knowledge of investments?	<input type="checkbox"/> No experience	<input type="checkbox"/> Low degree of knowledge or experience dealing with investment securities or products	<input type="checkbox"/> Reasonable degree of knowledge or experience dealing with investment securities or products	<input type="checkbox"/> High degree of knowledge or experience dealing with investment securities or products
2. Which of the following investment products have you invested in the past three (3) years?	<input type="checkbox"/> Savings Account <input type="checkbox"/> Time Deposit Account <input type="checkbox"/> Principal Protected Products	<input type="checkbox"/> Short-Term Funds/ Money Market Funds <input type="checkbox"/> Government Securities/ ROPs <input type="checkbox"/> Investment Grade Bonds <input type="checkbox"/> Fixed Income Funds	<input type="checkbox"/> Corporate Bonds/ Notes <input type="checkbox"/> Balanced Funds/ Multi-Asset Funds <input type="checkbox"/> Structured Products/ Derivatives	<input type="checkbox"/> Listed Stocks/ ETFs <input type="checkbox"/> Private Equity <input type="checkbox"/> Equity Funds <input type="checkbox"/> Foreign currency transactions <input type="checkbox"/> Alternative Investments
3. Do you have existing securities/derivatives license or authority?	<input type="checkbox"/> No experience	<input type="checkbox"/> Has Derivatives End-User License from the Bangko Sentral ng Pilipinas (BSP) or equivalent regulatory authority	<input type="checkbox"/> Has Broker/Dealer License from the Bangko Sentral ng Pilipinas (BSP) or equivalent regulatory authority	<input type="checkbox"/> Has Broker/Dealer License from the Securities and Exchange Commission (SEC) or equivalent foreign regulatory authority

TOTAL SCORE	CLIENT SUITABILITY RESULTS - FINANCIAL SOPHISTICATION
<input type="checkbox"/>	<input type="checkbox"/> Market Counterparty
	<input type="checkbox"/> Sophisticated Corporate / Individual Client
	<input type="checkbox"/> Other Corporate / Individual Client

**C 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.

I/We understand that the products and services offered by SLIMTC are not covered by the Philippine Deposit Insurance Corporation (PDIC). Any income or loss from the said products and services shall be for the account of the client. SLIMTC is not liable for losses unless upon willful default, bad faith or gross negligence.

I/We understand that my/our circumstances and attitude to risk can change over time, as such, SLIMTC will require me/us to update my/our risk profile at least once every three (3) years. However, should there be any change in my/our financial status before the end of this period, I/we can notify SLIMTC so that my/our records can be updated immediately.

**For Joint Accounts**, the Secondary Account Holder/s acknowledge/s that SLIMTC shall use the Primary Account Holder's CSA Score for the account which shall be binding on all of them.

**DATA PRIVACY**

I/We authorize Sun Life Investment Management and Trust Corp (SLIMTC) to process, use and transfer information herein, including this form, to any SLIMTC's branches, subsidiaries, affiliates, agents, representatives and third parties, selected by any of them, wherever situated, for purposes of complying with anti-money laundering and tax monitoring, review and reporting, statistical and risk analysis; and providing any products, services, or offers, made through mail/email/SMS/telephone, client satisfaction surveys. I/We am/are aware of my/our rights under the Data Privacy Act of 2012, which include the right to be informed, to access my/our personal data, to rectify errors, to object to processing, and to file a complaint with SLIMTC's Data Protection Officer and/or the National Privacy Commission. I/We understand and agree with the declarations and authorizations above and SLIMTC's privacy policy at [privacy.slimtc@sunlife.com](mailto:privacy.slimtc@sunlife.com).

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)**

Printed Name

Signature

Place of signing (City/Municipality, Country)

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

**Secondary Account Holder / Authorized Signatory (4)**

Printed Name

Signature

Place of signing (City/Municipality, Country)

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

**Secondary Account Holder / Authorized Signatory (5)**

Printed Name

Signature

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**

Printed Name

Signature

Place of signing (City/Municipality, Country)

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

**FOR SLIMTC USE ONLY**

**Signature Verified by**

Printed Name

Signature

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

**Approved by**

Printed Name

Signature

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

Sun Life Investment Management and Trust Corporation is a member of the Sun Life group of companies | [www.slimtc.ph](http://www.slimtc.ph)

For inquiries, feedback, requests, or complaint, you may contact us through (02) 8849 9888 or email us at [SLIMTC.Communications.Notice@sunlife.com](mailto:SLIMTC.Communications.Notice@sunlife.com)  
Sun Life Investment Management and Trust Corporation (SLIMTC) is regulated by the Bangko Sentral ng Pilipinas (BSP). BSP Telephone Number (02) 8708 7087; Email: [consumeraffairs@bsp.gov.ph](mailto:consumeraffairs@bsp.gov.ph); BSP Webchat: <http://www.bsp.gov.ph>