

## DOCUMENTATION CHECKLIST - INDIVIDUAL ACCOUNT

### Forms and documents required to be submitted:

#### Part A: Forms and Identification Documents Required

- ☐ Duly signed and completed PRIVATE RETIREMENT SCHEME (PRS) JOINT ACCOUNT OPENING AND INVESTMENT FORM (PRSAPP)
- ☐ Duly signed and completed Notice on Personal Data and Privacy to Customer Form (PDPA)
- ☐ Assessment Form (SA Form - Individual)
- ☐ Photocopy of the NRIC / Passport for Applicant

#### Part B: Tax Documentation

- ☐ Individual / Controlling Person Self-certification Form (FATCA and CRS) for Beneficial Owner (if any)
- ☐ FATCA - W8 / W9 Form / Certificate of loss of nationality of U.S. / Form i-407

#### Part C: Other Supporting Documentation (if necessary)

- ☐ Photocopy of Bank Passbook / Bank Statement
- ☐ Payment proof - Bank-in Slip / Online Transfer Receipt / Others

### Nature of Business Code and Description:

Code	Nature of Business	Code	Nature of Business	Code	Nature of Business	Code	Nature of Business
001	Accountant/Accountancy	018	Currency Dealer/Exchange	035	Small Business Corp (IBC)	052	Private Investment Co
002	Agriculture/ Mining	019	Dealer in Car/Boat/Plane	036	IT	053	Professional Service Co
003	Antique Dealer	020	Dealer in Precious Jewel	037	Lawyer Solicitors Attorney (Legal)	054	Properties
004	Arms Manufacturer/Dealer	021	Education and Teaching	038	Leather Goods Stores	055	Real Estate Agents Brokers
005	Art Dealer	022	Finance	039	Liquor Store (non-govt)	056	Restaurants
006	Arts/Entertainment	023	Financial Institution	040	Media/Publisher	057	Retail Stores - private owned
007	ATMs Operating Business (non-gov)	024	Food & Beverage	041	Mining	058	Share Broker/Dealer Unregulated
008	Auction House	025	Foreign Financial Colnst	042	Money Service Businesses	059	Shipping Business
009	Bank in non FATF country	026	Government	043	Money Transmitters	060	Technology
010	Casino/Gambling Business	027	Government-Misc	044	None/ Not Applicable	061	Telemarketers
011	Charitable Organisation	028	Government-Political	045	Non-Govtal Organization (NGO)	062	Tourism and Hospitality
012	Cheq Cashing Facilities	029	Healthcare and Medical	046	Not-for-Profit Organization (NFPO)	063	Trading / Services
013	Cigarette Distributors	030	Hotels	047	Others	064	Transport Service
014	Construction	031	Import/ Export Business	048	Parking Garages (non-gov)	065	Travel Agencies
015	Construction/Tradess	032	Industrial Product	049	Pawn Brokers	066	Vending Machine Operator
016	Consumer Product	033	Infrastructure	050	Plantation		
017	Convenience Store	034	Insurance	051	Political Organisation		

## PRIVATE RETIREMENT SCHEME (PRS) ACCOUNT OPENING FORM

Application Received Digital Data Stamp



*In compliance with the Capital Markets and Services Act 2007, this Form must not be circulated unless accompanied by copy of Manulife PRS NESTEGG Series or/and Manulife Shariah PRS NESTEGG Series Disclosure Document(s) respectively and Supplementary Disclosure Document(s) (if any). You are required to read and understand the contents of the Disclosure Document, Supplementary Disclosure Document(s) (if any) and the Terms and Conditions specified herein before completing this Form. If in doubt, please consult a professional adviser. You must be **18 years and above** as at the date of this application. Please provide a clear copy of your NRIC or Passport. Please complete this Form in **BLACK** and **BLOCK Letters** and (v) where appropriate.*

Campaign Code: 

PPA Member ☐ New ☐ Existing

Channel ☐ PRS Consultant (Provider) ☐ Corporate PRS Distributor

☐ Institutional PRS Advisor

PPA Account No: 

PRS Account No: 

Applicant Type: ☐ Individual ☐ Corporate Employee

### INVESTOR DETAILS

Full Name:   
(as per NRIC/Passport)

Given Name:  Family Name: 

(Given Name and Family Name are mandatory if your tax residency is other than Malaysia)

Title / Salutation:

☐ Mr ☐ Mrs ☐ Ms ☐ Others 

Manulife Staff No.:

Relationship with Staff:

NRIC No.:  Date of Birth:  Age:  Gender: ☐ Male ☐ Female

Other ID:

☐ Old NRIC ☐ Passport ☐ Military ID

☐ Police ID ☐ Permanent Resident (PR)

Passport Country of Issuance:

Religion: ☐ Muslim ☐ Non-Muslim

Mother's Maiden Name:

Monthly Income:

☐ Not Specified ☐ Up to RM1,500 ☐ RM 1,501 to RM 3,000 ☐ RM 3,001 to RM 5,000 ☐ RM 5,001 to RM 8,000  
☐ RM 8,001 to RM 15,000 ☐ RM 15,001 to RM 20,000 ☐ RM 20,001 to RM 50,000 ☐ RM 50,001 to RM 100,000 ☐ 100,001 to RM 200,000  
☐ Above RM 200,000

Purpose of Investment:

☐ Education ☐ Retirement ☐ Wealth Accumulation ☐ Savings

### PERMANENT / CORRESPONDENCE ADDRESS

Permanent Residential:

Address line 1: 

Address line 2: 

Address line 3: 

Town/City:  Postcode: 

State:  Country: 

Corresponding Address (if different from above. If corresponding address is using P.O.Box, please submit P.O.Box justification form):

Address line 1: 

Address line 2: 

Address line 3: 

Town/City:  Postcode: 

State:  Country: 

### CONTACT DETAILS

Mobile:  Office:  Ext: 

House:  Fax: 

Email: 

*Note: By providing your email address and/or mobile number to us, we have your consent to communicate and send information to you via email and/or short messages (SMS). Notices delivered to you via email or SMS are deemed to have been sent and received on the date of transmission.*

EMPLOYMENT / BUSINESS DATA

Employment Status: ☐ Employed ☐ Self-employed ☐ Not Applicable (e.g student, housewife, pensioner)

Name of Employer/Business:

Nature of Business: Code  Others   
(Please refer to the list provided) (Please specify)

Employment/Business Corresponding Address:

Postcode:  City:

State:

Country:

Telephone Number:

VULNERABLE CUSTOMER

Do any of the vulnerabilities listed below apply to you?

☐ AGED 65 AND ABOVE ☐ PHYSICAL/COGNITIVE DISABILITIES ☐ LOW FINANCIAL RESILIENCE ☐ LOW FINANCIAL CAPABILITIES ☐ LIFE EVENTS

☐ Yes ☐ No

Note:  
**Age - 65 and above**  
**Physical/Cognitive Disabilities** - Refers to long-term: (a) hearing impairment; (b) visual impairment; (c) speech impairment; (d) physical impairment; or (e) learning impairment such as dyslexia or low spectrum autism.  
**Low Financial Resilience** - Overly indebted, low ability to withstand financial shocks, have cash flow problems and have no savings.  
**Low Financial Capabilities** - Lack of confidence in managing money or knowledge about financial matters.  
**Life Events** - One who have experienced adverse life events resulting in temporary or long-term financial hardship such as unemployment, or death or total permanent disability of the main breadwinner.

CONTRIBUTION DETAILS

Contribution Type: ☐ Individual Contribution ☐ Employer Contribution (Vesting Schedule) ☐ Employer Contribution (Immediate Vesting)

Contribution Option:  
 (Note: If you do not select a fund under the Scheme (as per your selection below), all contributions to the scheme will automatically allocated in accordance with default option; This means that the contributions will be allocated for the purchase of Units in the core funds according to your choice at the time of contribution. Default option is not applicable for non-core funds)

☐ Default Option (For Investor opt for Default Option, please select fund class and NESTEGG Series) Sales Charge:  %

☐ Manulife PRS NESTEGG Series ☐ Class A ☐ Class C  
☐ Manulife Shariah PRS NESTEGG Series ☐ Class A ☐ Class C

☐ Self Selection Option

No	PRS Fund Name	Allocation Percentage(%)		Allocation Amount (MYR)	
		Class A	Class C	Class A	Class C
1	Manulife PRS - Growth Fund				
2	Manulife PRS - Moderate Fund				
3	Manulife PRS - Conservative Fund				
4	Manulife <b>Shariah</b> PRS - Growth Fund				
5	Manulife <b>Shariah</b> PRS - Moderate Fund				
6	Manulife <b>Shariah</b> PRS - Conservative Fund				
	<b>Total</b>	<b>100%</b>		<b>RM</b>	

PAYMENT DETAILS

All payment must be made payable to "Manulife Investment Management (M) Berhad – Client Trust Account"  
 Alert to Investor: Manulife Investment Management (M) Berhad (MIMMB) **DOES NOT** accept cash/cash deposit and unauthorized 3rd party transfer as form of payment. PRS consultants (PRCs) and staff of Manulife are not authorized to collect investment amount in cash under any circumstances. Unitholders are reminded **NOT** to provide cash nor make payment directly to PRS consultant bank accounts. Manulife Investment Management (M) Berhad (MIMMB) will not be liable for any loss incurred.

Payment Mode: (Please enclose proof of payments, original Bank-in Slips)

☐ Online Banking/Telegraphic Transfer ☐ Cheque/Bank Draft ☐ Others, Please Specify

Payment Frequency: ☐ One-Off Payment ☐ Monthly Payment (Please select the monthly programmes option)

Monthly Payment Programme (for Individual Contribution):

☐ Direct Debit Application (DDA) (Please submit PRS DDA Form)  
☐ Manulife PRS Staff Salary Deduction (Please submit Manulife PRS Salary Deduction Form)  
☐ Corporate Employee Salary Deduction (Please refer to your company HR on Salary Deduction Arrangement)

Payment Amount:

Payment Reference:

Bank Name\*\*:

Bank Account Name\*\*:

Bank Account Number\*\*:

\* \*Please provide account details screenshot as proof to ensure the accuracy of the bank account details provided. Provided bank account will be utilized for redemption pay out and other payment purposes.

**A. GENERAL TERMS AND CONDITIONS applicable to Providers and PPA (Governed by and construed in accordance with laws of Malaysia).**

- 1) Account Opening
  - a) By applying for Units of the Funds managed by the Provider, the Applicant are bound by these terms and conditions, the constituting documents such as the Disclosure Document, the Supplementary Document(s) (if any), the Deed and the Supplementary Deed (if any) of the scheme and also the terms and conditions stated in this application form and the webpage of the Provider and the Private Pension Administrator ("PPA"), in respect of all transactions.
  - b) The Provider and/or PPA shall be entitled at any time and without prior reference to the Applicant to add, vary or amend any or all of the terms and conditions herein at its sole and absolute discretion.
  - c) Upon submission of this form as well as other supporting documents, the information contained therein will be used by the Provider and PPA for creation of account and record purposes.
  - d) The Provider and PPA shall have the absolute discretion in the opening of an account.
  - e) All instructions and/or information given in writing to the Provider and/or PPA, including this form are binding on the Applicant.
- 2) Change of Contact Details  
The Applicant acknowledges that it is the Applicant's obligation to notify the Provider and the PPA of any change in address, e-mail and contact number immediately to ensure continuity in the receipt of communication from the Provider and the PPA.
- 3) Anti-Money Laundering  
The Applicant hereby warrants that:-
  - a) No person other than the applicant has or will have any interest in the account (where applicable); and
  - b) All monies as may be paid to the Provider and/or PPA from time to time shall come from a legitimate (and not illegal) source;
  - c) The Applicant agrees to provide all such information and documents as may be necessary to verify the Applicant's identity and do all such acts and things as may be necessary to enable the Provider and/or PPA to comply with all applicable anti-money laundering and counter financing terrorism (AML/CFT) and the governing law, rules and regulations (whether in Malaysia or elsewhere). The Applicant agrees that the Provider and/or PPA shall not be liable or responsible in anyway whatsoever and shall be held harmless against any loss arising as a result of or in connection with any delay or failure to process any application or transaction if such information or documents requested by the Provider and/or PPA have not been promptly provided by the Applicant to the Provider and/or PPA.
  - d) The Provider and/or PPA reserves the right to terminate the relationship if any documents requested pursuant to the AML/CFT requirements are not received within 14 days.

**B. PPA'S TERMS AND CONDITIONS**

(Note:-The full terms and conditions of the PPA will be mailed to you upon successful account opening. You are advised to familiarize yourself with all the terms and conditions in the provision of services to you by the PPA).

- 1) The PPA members have been informed of the fees payable to the PPA. The PPA fees payable to the PPA are as follow:-
  - a) Account opening fee (RM10)
  - b) Annual maintenance fee (RM8) (payable only when there is contribution)
  - c) Administration fee of 0.04% of the Fund's NAV charged to the funds by Provider
 The above may be collected by the PPA's Provider acting on behalf of the PPA. For further information on the PPA's fees and charges, please refer to <http://www.ppa.my/ppa/member-service> for transactions.
- 2) PPA reserves the right after 6 months of notification to the member to close a PPA account that does not reflect any balance in the PPA account due to the following reasons:-
  - a) Full amount withdrawn (upon attaining retirement age)/permanent departure and account has zero units for 6 months; or
  - b) Upon release of the deceased member's funds to beneficiaries/next-of-kin pursuant to a Letter of Administration or Grant of Probate.
- 3) Variation  
The PPA shall be entitled at any time and without prior reference to the PPA member to add, vary or amend any or all of the terms and conditions herein and/or the PPA's website and/or the joint application form at its sole and absolute discretion.

**C. PROVIDER'S TERMS AND CONDITIONS**

- 1) Documents Required  
Applicant is required to submit this Application Form together with a copy of Applicant's NRIC/Passport (original sighted), or other form of identification documents, as named in this Form or otherwise in writing are binding on the applicant.  
The Provider reserves the right to request for additional documents to support the application.
- 2) Instruction/Voice Recordings  
  - a) All instructions given in writing, delivered or sent by facsimile transmission by the Applicant as named in this application shall be binding on the Applicant. The Provider is not obliged to verify the authenticity of any such instructions or the identity of any person giving such instructions.
  - b) The Provider shall be entitled to use voice recording devices to record instructions communicated and such recording(s) will constitute evidence of the instructions.
- 3) Representation  
The Applicant shall not rely on any information or representations other than those contained in the relevant Deed and Disclosure Document including any Supplementary Disclosure Document(s) and Supplementary Deed(s).
- 4) Rights of the Manager  
The Provider reserves the right to:
  - a) Accept or reject any application in whole or in part without assigning any reason;
  - b) Request for additional documents from the applicant to support the application;
  - c) Set off any claim which the Provider or the relevant Trustee(s) may have against any of the assets, Units or cash of the applicant held by the Provider or the relevant Trustee(s).
  - d) Vary these terms and conditions at any time without notifying the applicant.
- 5) Indemnity
  - a) The applicant shall fully indemnify the Provider and the relevant Trustee(s) and any of their authorised agents against any actions, proceedings, claims, losses, damages, costs and expenses which may be brought against, suffered or incurred by any or all of them arising either directly or indirectly out of or in connection with the Provider accepting, relying on or failing to act on any instructions given by or on behalf of the applicant(s) unless due to the wilful default or negligence of the Provider.
  - b) The applicant acknowledges and accepts that the Provider has the absolute discretion to rely on facsimile and confirmation from the Applicant and undertakes to indemnify and hold harmless the Provider, its employees and agents against all costs, expenses, loss of liabilities, claims and demands arising out of reliance on the Applicant's confirmation.
- 6) Payment for Contribution  
Applicant is required to submit this Joint Account Opening and Investment Form together with the contribution payment and/or any payment documents as proof of payment.  
The Provider reserves the right to request for additional documents to support the application.

Mode	Proof of Payment
Cheque/Deposit Cheque	Applicant required to submit the original copy of the bank-in slip stating his/her name and ID No. for cheque deposited directly by him/her as proof of payment. The PPA Account no. should also be stated if available.
Online/Telegraphic Transfer	Applicant required to submit the original copy of the online/telegraphic transfer statement as proof of payment.

**Note:**

- The Provider does not accept cash payment / cash deposit for purchase of units.
- Where the Member opts for PRS contribution via salary deduction or standing instruction, the actual contribution amount received will be deemed the final amount that the Member intends to invest.
- The Provider shall not be liable for any discrepancy of information/instruction received from the Member's Employer and/or Bank.

**7) Transaction**

- The minimum investment amount is RM 100 or such other amount as we may decide from time to time.
- Creation of Units will be based on the Provider's NAV per Unit on the same Business Day if the Provider receives the contribution and completed documents before 12:30pm. For contribution and completed documents that are received by the Provider after 12:30pm, the creation of Units will be based on the Provider's NAV per Unit on the next Business Day (Please refer to the Disclosure Document on forward pricing).

**8) Default Option**

If you do not select a Fund under the Scheme or selected Default Option;

- All contributions to the Scheme will be automatically allocated in accordance with the default option; this means that the contributions will be allocated for the purchase of Units in the following core funds depending on your age at the time of contribution:

Name of Fund	Manulife PRS – Growth Fund Manulife Shariah PRS - Growth Fund	Manulife PRS – Moderate Fund Manulife Shariah PRS - Moderate Fund	Manulife PRS – Conservative Fund Manulife Shariah PRS - Conservative Fund
Age at time of contribution	Below 45 years of age	45– below 55 years of age	55 years of age and above

- Notwithstanding the above default option of the Scheme, and provided no written notification to the contrary has been given to the Provider, the first contribution made by or for a Member:
  - If made within thirty (30) days before he attains the age of forty-five (45) years or fifty-five (55) years, as the case may be, shall be allocated for the purchase of Units in the Manulife PRS-Moderate Fund/Manulife Shariah PRS - Moderate Fund and Manulife PRS-Conservative Fund/Manulife Shariah PRS - Conservative Fund respectively.
- Members who are investing under the default option will be notified in writing at least thirty (30) days before attaining the age of forty-five (45) and fifty-five (55) as the case may be that their investments in the core funds will be automatically switched in accordance with the rules of default option unless the Provider has been instructed otherwise.
- Your contributions will be automatically switched in equal proportions over a 5-year period based on remaining number of units in relevant core fund upon reaching the specific age group.

**9) Cooling-off Right**

The Applicant can utilize his/her cooling off right not later than six (6) business days commencing from the date of receipt of this application by the Provider. The cooling-off right is only given to an individual, other than those listed below, who makes a contribution in a private retirement scheme for the first time:

- a staff of the Provider; and
- persons registered with a body approved by the SC to deal in private retirement schemes.

**10) Monies**

- All instructions given in writing, delivered or sent by facsimile transmission by the Member as named in this application shall be binding on the Member. The provider is not obliged to verify the authenticity of any such instructions or the identity of any person giving such instructions.
- If an application is rejected in whole or in part, the application monies or balance thereof will be returned (without interest, or any returns in the case of Islamic funds) by the Provider by cheque or, at the cost of the Applicant, by telegraphic transfer, within 10 days from the date of application.
- The Provider shall not be liable to pay any interest or return on the case of Islamic funds) to Member for any monies held by the Provider for any reason(s) whatsoever.

**11) Statement and Report**

- Member Benefits Statement will be issued to Members within a reasonable time as a record of each and every payment or transaction made.
- A half-yearly Member Benefits Statement will be issued to summarize all transactions during the said period to enable Member(s) to keep track of his/her investment.
- All details shown in the Member Benefits Statement are deemed to be correct unless the Provider is informed in writing of any discrepancy within 14 days of issue.
- Semi-Annual and Annual Report of the Fund(s) will be sent to the member within 3 months from the end of each financial period/year.
- All correspondences will be sent to the Applicant's last known address or email address as notified by the Applicant. All correspondences are deemed received by the Applicant 3 business days from the date the letter is posted/sent.

**12) Legal and Tax Implication**

The Applicant shall acquaint himself with the relevant tax laws and exchange control regulations in force in the countries of his citizenship, residence or domicile.

**13) Consent on Personal Data and Privacy**

By this Privacy Notice, we seek your consent on collection, processing, using, sharing of your information by and for Manulife (which means Manulife Holdings Berhad and all its subsidiary companies) and its products and services.

**Information we collect and how we use it**

In order to process and handle your application, we will collect from you personal information, such as your name, identification number, address, phone number and email address as well as other non-public information including your financial, familial and non-familial information for the applicable product or service ("Personal Information"). All Personal Information are processed on our behalf by our related/affiliate companies as well as external service providers, where necessary. As your Private Retirement Scheme ("PRS") Provider, we will come into possession of your Personal Information and the disclosure and retention of such Personal Information is a crucial and necessary part in order to process, approve and manage your investment and all necessary activities and/or events related to it.

**Sharing and disclosure of Personal Information**

We may share and disclose your Personal Information as follows:-

- To our subsidiaries, associated or related companies or their respective employees, professional advisors, agents or representatives;
- To third party service providers, suppliers and vendors;
- To comply with all applicable laws, rules, regulations, guidelines and/or other legal requirements;
- To litigate, defend or respond accordingly to an actual or potential lawsuit or queries involving regulatory and non-regulatory bodies; and
- To generally protect the rights and property of Manulife and to ensure the technical competence and functioning of our systems.

**Choices for Personal Information**

You may choose whether or not to provide your Personal Information to us. If you choose not to do so, you can continue to interact with Manulife, but you may not be able to take advantage of these PRS services that depend on Personal Information. In the event we propose to use your Personal Information for any purposes other than those described above in this privacy notice or such other supplementary privacy notices (if any), we will offer you a way to opt-out of the use or process of your Personal Information for those other purposes.

**Access and change requests**

If you wish to access, update or change your Personal Information, we will use reasonable efforts to accommodate the access and make the changes as soon as possible with a fee. However, before allowing such access or making such changes, we may request verification of your identity or other details to help us address your request appropriately.

**Inquiries and complaints**

If you need to contact us or if you have any inquiries or complaints, please contact us at:

- Address: MIMMB Customer Service,  
13th Floor, Menara Manulife, 6, Jalan Gelenggang, Damansara Height, 50490 Kuala Lumpur.
- E-mail: PRSInfo\_MY@manulife.com
- Hotline: (03) 2719 9271

**14) Government Tax**

All fees and charges (e.g. sales charge, switching fee, transfer fee, management fee, trustee fee and any other relevant fee(s) and/or charge(s), where applicable, may be subject to tax that may be introduced by the Government of Malaysia from time to time. The Manager, the Trustee and/or other service providers reserve the right to collect from you and/or the Fund an amount equivalent to the prevailing rate of tax payable for all charges and fees, where applicable.

## 15) INFORMATION OF INDIVIDUAL SELF-CERTIFICATION FOR FATCA (Foreign Account Tax Compliance Act) AND CRS (Common Reporting Standard)

"Regulations based on Foreign Account Tax Compliance Act ("FATCA") and Organisation for Economic Co-operation and Development ("OECD") Common Reporting Standard ("CRS") require financial institutions to collect and report certain required information based on an individual account holder's or controlling person of an entity account holder's tax residence. Each jurisdiction has its own rules for defining tax residence. In general, tax residence is the country in which you live. Special circumstances (such as studying abroad, working overseas, or extended travel) may cause you to be resident elsewhere or resident in more than one country at the same time (multiple residencies). The country/countries in which you pay income tax are likely to be your country/countries of tax residence. For more information on tax residence, please consult your tax adviser or the information at the following link for FATCA and CRS at <https://www.irs.gov/> and <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/> respectively.

If your tax residence (or the account holder, if you are completing the form on their behalf) is located outside of the country in which this account is maintained, we may be legally obliged to pass on the information in this form and other financial information with respect to your financial accounts to the tax authorities in the country where the financial institution is located.

As a financial institution, we are not allowed to give tax or legal advice.

If you have any questions about this form, these instructions, or defining your tax residency status, please speak to your tax adviser or domestic tax authority.

**DECLARATION OF BENEFICIAL OWNER**

A beneficial owner is defined as the natural person who ultimately owns or controls a customer or the person on whose behalf a transaction is being conducted and includes the person who exercises ultimate effective control over a body corporate or unincorporated.

Is there a beneficial owner in this application?

☐ Yes [Please complete the Individual / Controlling Person Self-certification Form (FATCA & CRS) Form] ☐ No

If yes, please indicate the following and enclose a copy of his/her NRIC / Passport :

Name:

NRIC:  Passport No:

Source of Funds:  Source of Wealth:

Relationship with Applicant:

I hereby undertake to notify the Company of any changes in the beneficial ownership of the account holder.

**DECLARATION PURSUANT TO FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)**

Are you a United States citizen / United States resident / United States Permanent Resident Alien (i.e. a so-called U.S. green card holder)?

☐ Yes ☐ No

If Yes, please submit Form W-9 of US Department of the Treasury Internal Revenue Service. A copy of Form W-9 can be obtained from the US IRS website at <http://www.irs.gov/pub/irs-pdf/fw9.pdf>. If you were born in the U.S., but is not a U.S. tax resident, please provide the following documents:

- Certificate of loss of nationality of U.S.
- Form i-407

**DECLARATION PURSUANT TO COMMON REPORTING STANDARD (COMMON TAX RESIDENCY)**

1. Are you a Malaysia tax resident? ☐ Yes ☐ No
2. Are you a tax resident in any country other than Malaysia? ☐ Yes ☐ No

If YES, please list all countries/jurisdictions other than U.S. where you are a resident for tax purposes and the associated taxpayer identification numbers ("TIN"). If there are more than 5 countries/jurisdictions, please use a separate sheet. Please refer to the OECD AEOI Portal for more information on tax residency: <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/#en.347760>

Place of Birth:

Country: ☐ Malaysia ☐ Other Countries

(Please specify)

City:

No	Country / Jurisdiction of Tax Residency	Taxpayer Identification Number (TIN) / Income Tax Reference Number	Please provide reason(s) for not providing the TIN/ Income Tax Reference Number
1			
2			
3			
4			
5			



## NEW ACCOUNT OPENING REQUIREMENT CHECKLIST (FOR OFFICE USE ONLY)

PRIVATE RETIREMENT SCHEME ACCOUNT	SUBMITTED	REMARKS
JOINT ACCOUNT OPENING FORM		
SUITABILITY ASSESSMENT FORM		
INDIVIDUAL FATCA AND CRS DECLARATION FORM		
ORIGINAL SIGHTED PHOTOCOPY OF NRIC /PASSPORT		
PAYMENT PROOF		
STAFF SALARY DEDUCTION FORM (FOR MANULIFE STAFF ONLY)		
DDA FORM- REGULAR SAVING PLAN		
P.O.BOX JUSTIFICATION FORM		
IRS RELATED FORM (FOR NON US PERSON BORN IN US)		

## DECLARATION AND UNDERTAKINGS

I/We declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete.

I/We acknowledge and understand that the information contained in this self-certification and any reportable account(s) may be reported to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which I may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I/We have read and understood the applicable provisions of the latest prospectus of the relevant fund (the "Fund") to which this account relates with respect to the gathering, storage, use, processing, disclosure and reporting of information provided by me in connection with the satisfaction of any governmental and/or regulatory requirements and/or other legal obligations relating to, but not limited to, information sharing and tax reporting, which may be applicable to the Fund from time to time, and agree and undertake to be bound by such terms (as they may be amended from time to time) and to perform all obligations thereunder.

I/We acknowledge, consent to and instruct (a) the gathering, retention and procession of any information contained in this form (as such information may be updated from time to time) and any other information regarding the account holder provided by me, by the Fund and/or any distributor of the Fund and/or any other entity duly designated by the Fund, (b) the transfer of such information to any administrative support provider and processor located within the EEA, Canada and India, where the transfer is necessary for the maintenance of records or administration of the information, and (c) the disclosure and reporting of any such information to any governmental or regulatory authority, including relevant tax authorities, of the country in which this account is maintained and the exchange of such information with any governmental, regulatory or tax authorities of any other country or countries in which the account holder may be tax resident where such countries (or governmental, regulatory or tax authorities of such countries) have entered into agreements to exchange financial account information in connection with FATCA and/or OECD CRS.

I/We understand and agree that Manulife IM (Malaysia) can, on giving me/us reasonable notice: withhold on payments of any amounts due to me/us; or Manulife IM (Malaysia) can suspend or terminate my/our account; or I/we (or any successor owner or payee under the terms and conditions of my/our account) fail to provide the information referenced above or any part thereof or if at any time I/we (or any successor owner or payee under your account) withdraw the consent or contest the waiver provided above.

I/We undertake to advise Manulife IM (Malaysia) as soon as possible of any change in circumstances which affects the tax residency status of the individual identified in this form or causes the information contained herein to become incorrect or incomplete and to provide Manulife IM (Malaysia) with a suitably self-certification and Declaration within 30 DAYS of such change in circumstances.

I declare that I have not been convicted by any court for any criminal offence whether within or outside Malaysia.

I declare that I have not been subjected to any bankruptcy proceedings or failed to meet any financial debts whether within or outside Malaysia.

I acknowledge that I have received, read and fully understand the Disclosure Document, Supplementary Disclosure Document(s) (if any), the Deed and Supplementary Deed(s) (if any) for the Fund(s) to be invested in and the terms and conditions stipulated in (i) Manulife Investment Management (M) Berhad (the Provider) website (www.manulifeim.com.my); (ii) the PPA's website (www.ppa.my); and (iii) all the notes, terms and conditions of this form and I undertake to be bound by them for my initial and subsequent transactions with the PRS Provider. I acknowledge that the same have been explained to me by my Provider, and/or licensed PRS consultant.

I hereby declare that all information and supporting documents provided herein are true, correct and complete and that I have not withheld any material facts or information which may influence the acceptance of this application.

I acknowledge and accept that the Provider reserves the right to reject, withdraw or terminate forthwith without notice my application without assigning any reasons thereto and under no circumstances shall the Provider be liable for any loss or damage for such action.

I am aware of the fees and charges that will be incurred directly or indirectly when investing in the PRS Fund(s).

Save and except in the event of gross negligence, I agree to indemnify the Provider, Trustee and any of their agents against any actions, proceedings, claims, losses, damages, costs and expenses which may be brought against, suffered or incurred by any or all of them either directly or indirectly out of or in connection with carrying out this request.

I hereby declare that the investment decision indicated under Contribution Details has been reached as a result of my own independent judgment and opinion.

## Private Pension Administrator Malaysia (PPA)

The Private Pension Administrator (PPA) is a body approved under section 139C of the Capital Markets and Services Act 2007 to perform the function of record keeping, administration and customer service for members and contributors in relation to contributions made in respect of a private retirement scheme. All PRS applicants are required to open an account with the PPA and upon successful creation of the respective account, the PRS applicants are subsequently referred to as PPA members.

## FOR PRS ADVISER &amp; CONSULTANT'S USE

PRS Adviser/Consultant Code:

PRS Adviser/Consultant Name:

PRS Adviser/Consultant H/P No:

## FOR MIMMB OFFICE USE

Attended by:

Branch Staff Name:

Branch Code:

Sales Charge Approval: ☐ Yes (Please attached proof of approval from HOD upon submission)

## Applicant's Signature

(This signature shall also act as a specimen signature for future correspondence.)

Signed Date:

## Manulife Investment Management (M) Berhad

### NOTICE ON PERSONAL DATA AND PRIVACY TO CUSTOMERS

This Privacy Notice is issued pursuant to the Personal Data Protection Act 2010.

#### Information we collect and how we use it

You have supplied Manulife (which means Manulife Holdings Berhad and all its subsidiary companies) with your personal information in connection with the application for any of our products and the provision of services or compliance with any laws or guidelines issued by regulatory or other authorities. These include and are not limited to details such as your name, identification number, address, phone number and email address as well as other non-public information including your financial, familial and non-familial information ("Personal Information"). Manulife may from time to time request for other Personal Information that may be relevant to consider your request for any other products or services.

The purposes for which your Personal Information are processed and/or used are as follows:-

- The processing of your application(s) for products and services offered by Manulife;
- Manulife's normal operation in relation to our products, services and facilities provided, including but not limited to marketing; business/regulatory/financial/risk reporting, monitoring and management; updating and communication; product design and development; fraud or crime prevention or investigation; audit; debt collection; statistical research or analysis; seeking advice or enforcement of legal rights; ancillary purposes such as registration for facilities;
- The compliance with the requirements to make disclosure under any law or regulations binding on Manulife or any of its affiliates, representatives and
- Other purposes directly relating to any of the above.

All customers' Personal Information will be kept confidential. However Manulife may disclose such information to subsidiaries, associated or related companies, professional advisors, agents, representatives, third party service providers, suppliers and vendors and their respective employees. Such Personal Information may be transferred to places outside of Malaysia as Manulife may deem fit.

Your continued usage of our products and Services is deemed as consent for Manulife to process your Personal Information for all the purposes as described above. You may choose not to give your consent or to limit your consent for Manulife to process and retain your Personal Information by writing in to us. If you choose not to give Manulife your consent, you can continue to interact with Manulife, but products and services may be limited.

#### Access and change requests

If you wish to access / change your Personal Information or withdraw consent for use of your Personal information for direct marketing purposes, please contact Customer Service, Manulife Investment Management (M) Berhad at 03-2719 9271 / [MY\\_CustomerService@Manulife.com](mailto:MY_CustomerService@Manulife.com).

#### Inquiries and complaints

If you have any queries or complaints relating to this Notice, you may contact Manulife's Personal Data Protection Officer at 03-2719 9228 / [MIMMB\\_PDPA@manulife.com](mailto:MIMMB_PDPA@manulife.com).

Manulife may review and update this Notice from time to time. You can log on to our website or contact Manulife's Personal Data Protection Officer to obtain the latest version of this Notice.

I have read and I understand and consent to the above terms.

First Applicant / Authorised Signatory(ies)	
<b>*Please tick one:</b>	
I <input type="checkbox"/> agree / <input type="checkbox"/> disagree that any personal information collected or held by Manulife (whether contained in this application or otherwise obtained) may be held, used and disclosed by Manulife to third parties for the purpose of marketing and promotions.	
Signature	:
Name	:
NRIC	:
Date	:

\* You may request for the Bahasa Malaysia version of this Form.

\*\* In the event of any discrepancy between the English and Bahasa Malaysia versions of this Notice, the English version would prevail.



SA Form - Individual

This Investor Suitability Assessment Form will guide you in choosing the Unit Trust / Private Retirement Scheme (PRS) funds distributed by Manulife Investment Management (M) Berhad Registration No: 200801033087 (834424-U) (hereinafter referred to as “Manulife IM (Malaysia)”) that suit your investment objectives, risk tolerance, financial profile and investment experience. The information you provide will form the basis of our recommendation. It is important to provide accurate and complete information to ensure that suitable Unit Trust / PRS funds are recommended according to your investment needs and objectives.

<b>Investor Name</b>		<b>Account No.</b>	
<b>NRIC No. / Passport No.</b>		<b>Age</b>	
<b>Annual Income</b>	<input type="checkbox"/> < RM100,000 <input type="checkbox"/> RM200,001 - RM300,000 <input type="checkbox"/> RM100,000 - RM200,000 <input type="checkbox"/> > RM300,000		
<b>Category of Investor</b>	<input type="checkbox"/> Retail Investor <input type="checkbox"/> High Net - Worth Investor - Gross annual income for individual exceeds RM300,000 or jointly with spouse exceeds RM400,000; or - Total net personal assets or total net joint assets with spouse exceeds RM3 million <input type="checkbox"/> Accredited Investor <b>(Not required to complete Suitability Assessment Form, please proceed to Section E)</b> (CMSL holder, Executive Director / CEO of a CMSL holder)		
<b>Work Experience</b> <b>(Related to investment)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Training Attended</b> <b>(Related to investment)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Objective</b>	<input type="checkbox"/> Education <input type="checkbox"/> Retirement (Expected Age: _____) <input type="checkbox"/> Wealth Accumulation <input type="checkbox"/> Saving for specific purposes: _____ (e.g. house, car, holiday)
<b>Targeted Amount</b>	RM _____

This questionnaire helps ("Manulife IM (Malaysia)") to determine the indicative asset allocation range of Unit Trust / PRS portfolio that suits your personal risk profile. Your answer to the questions below only provide some indication of your general personal risk profile which may or may not accurately reflect your risk tolerance level.

Please select / circle where applicable.

Dimension	Question	Score
Demographic Factors (Age and Financial Situation)	1. Which of the following best describes your current stage of life?	
	(a) <input type="checkbox"/> Young (18-35 years old) with little financial burden	[9]
	(b) <input type="checkbox"/> Young (18-35 years old) with some financial burden	[5]
	(c) <input type="checkbox"/> Middle-aged (36-55 years old) with little financial burden	[10]
	(d) <input type="checkbox"/> Middle-aged (36-55 years old) with some financial burden	[7]
	(e) <input type="checkbox"/> Retired or nearing retirement (above 55 years old) with little financial burden	[3]
	(f) <input type="checkbox"/> Retired or nearing retirement (above 55 years old) with some financial burden	[1]

General Investment Experience	2. How many years of investment experience in financial markets (excluding mandatory pension scheme if any) do you have? (a) <input type="checkbox"/> No experience <i>[Note: Your answer to Q3 should be (f) by default]</i> (b) <input type="checkbox"/> Less than 1 year (c) <input type="checkbox"/> 1 year to less than 3 years (d) <input type="checkbox"/> 3 years to less than 5 years (e) <input type="checkbox"/> 5 years or above	[0] [1] [2] [3] [4]
Investment Product Knowledge, Experience and Portfolio	3. Which of the following investment products have you invested in during the past 3 years? <i>(Tick one or more, if applicable. Your answer with the highest score is final)</i> (a) <input type="checkbox"/> Principal-protected products / Investment-grade bonds (b) <input type="checkbox"/> Foreign currencies / Gold (c) <input type="checkbox"/> Balanced funds / Mixed allocation funds (d) <input type="checkbox"/> Stocks / ETFs / Equity funds (e) <input type="checkbox"/> High yield bond funds / Hedge funds / Derivatives / Leveraged products / Cryptocurrency (f) <input type="checkbox"/> None of above	[1] [2] [3] [5] [7] [0]
Investment Horizon	4. In general, what is the time period intended for your financial investment? (a) <input type="checkbox"/> Less than 1 year (b) <input type="checkbox"/> 1 year to less than 3 years (c) <input type="checkbox"/> 3 years to less than 5 years (d) <input type="checkbox"/> 5 years or above	[1] [2] [3] [4]
Risk Attitude	5. What is the price fluctuation on financial investment you can tolerate within one year? (a) <input type="checkbox"/> less than 5% (b) <input type="checkbox"/> 5% to less than 10% (c) <input type="checkbox"/> 10% to less than 15% (d) <input type="checkbox"/> 15% to less than 25% (e) <input type="checkbox"/> 25% or above	[1] [2] [3] [4] [5]
Investment Objective	6. Which of the following best describes your overall investment objective? (a) <input type="checkbox"/> Capital preservation - keep investment loss at a minimum with little concern on returns (b) <input type="checkbox"/> Income orientation - earn stable income or beat inflation (c) <input type="checkbox"/> Income-and-growth - achieve returns on the balance of modest income and capital appreciation (d) <input type="checkbox"/> Growth orientation - aim at returns with focus on capital appreciation (e) <input type="checkbox"/> Aggressive growth - look for maximum returns possibly from high-risk financial investments	[1] [2] [3] [4] [5]
Please total your points from the six questions and write your risk score in the box:		

#### Due Diligence Process

- Owing to the possibility of more than one choice in question 3, the choice of the highest score is only applied to scoring in this question.
- For the sake of consistency, answer 2(a) cannot coexist with any one of answers 3(a) to 3(e).

**D. RISK ASSESSMENT RESULT (to be completed by Unit Trust / PRS Adviser):**
**(i) Risk Profile (Please select one in accordance to Risk Score)**

Risk Score	General Risk Profile Description		Recommended Asset Allocation	Your Score	Maximum Risk Score
4 – 14	<b>Conservative</b>	You can accept investments with low risk returns.	Equity: 10% - 30% Bond/ Money market: 70% - 90%		2.90
15 – 25	<b>Moderate</b>	You can accept investments with medium risk exposure and price fluctuation for capital growth potential.	Equity: 40% - 60% Bond/ Money market: 40% - 60%		3.80
26 – 35	<b>High Risk</b>	You can accept investments with high risk exposure and price fluctuation for substantial capital growth.	Equity: 70% - 90% Bond/ Money market: 10% - 30%		4.70

**(ii) Decision (Please select one)**
With Servicing Adviser

- ☐ **Within Risk Profile** - Portfolio of products recommended by Unit Trust / PRS Adviser is **in accordance** with the investor's risk profile.
- ☐ **Exceeds Risk Profile** - Notwithstanding the result of this assessment, the investor confirms and decides to purchase the portfolio of products based on the investor's judgement / preference which the portfolio's risk profile may be **exceeding** the investor's risk profile.
- ☐ **Self-Execution - Adviser only provides administrative service** to investor who has investment knowledge. The investor confirms and decides to purchase the portfolio of products based on the investor's judgement / preference which the portfolio's risk profile may be **exceeding** the investor's risk profile.

Without Servicing Adviser

- ☐ **Self-Execution - Investor decided to select own funds to invest**  
Notwithstanding the result of this assessment, the investor confirms and decides to purchase the portfolio of products based on the investor's judgement / preference which the portfolio's risk profile may be **exceeding** the investor's risk profile.

**E. ACKNOWLEDGEMENT & DECLARATION:**

No.	Remarks	Yes (✓) / No (X)
1	I declare that all information disclosed is true, complete and accurate.	
2	I acknowledge receipt of a copy of the prospectus / product high yield sheet (PHS) / Disclosure Document (if any) and the relevant disclosure document which have been given to me.	
3	(a) <b>With Servicing Adviser</b> - The Unit Trust / PRS adviser has explained and I have understood the features and risks of the fund(s). I understand and shall bear full responsibility for my investment decisions.	
	(b) <b>Without Servicing Adviser</b> - I have understood the features and risks of the fund(s). I understand and shall bear full responsibility for my investment decisions.	
4	I decline to provide certain information required for product suitability assessment and understand that this may adversely affect my suitability assessment.	

<div style="text-align: center; margin-bottom: 10px;"> <div style="border-bottom: 1px solid black; width: 100%;"></div>             Investor's Signature </div> <div>             Name: _____               Date Undertaken: _____ </div>	<div style="text-align: center; margin-bottom: 10px;"> <div style="border-bottom: 1px solid black; width: 100%;"></div>             Unit Trust / PRS Adviser's Signature </div> <div>             Adviser Name: _____              Adviser Code: _____              Date Undertaken: _____ </div>
<b>Remarks:</b> _____	

**WARNING**

THE RECOMMENDATION IS MADE BASED ON INFORMATION OBTAINED FROM THE SUITABILITY ASSESSMENT. INVESTORS ARE ADVISED TO EXERCISE JUDGMENT IN MAKING AN INFORMED DECISION IN RELATION TO THE UNIT TRUST / PRS FUNDS.

THE ASSESSMENT RESULTS ONLY SERVE AS A REFERENCE FOR YOUR CONSIDERATION AND SHOULD NOT BE CONSTRUED AS AND SHALL NOT FORM PART OF AN OFFER OR SOLICITATION TO BUY OR SELL ANY UNIT TRUST / PRS FUNDS.