

DOCUMENTATION CHECKLIST - INDIVIDUAL ACCOUNT

Forms and documents required to be submitted:

| Part A: Forms and Identification Docume | nts Re | quired | | | | |
|---|----------|-------------------------------|-------------|--------------------------|-------------|-----------------------|
| Duly signed and completed PRIVATE R | ETIRE | MENT SCHEME (PRS) JOINT | T ACCOUN | T OPENING AND INVESTM | ENT FORM (P | RSAPP) |
| Duly signed and completed Notice on | Persor | nal Data and Privacy to Cust | tomer Forr | n (PDPA) | | |
| Assessment Form (SA Form - Individua | l) | | | | | |
| Photocopy of the NRIC / Passport for A | Applic | ant | | | | |
| Part B: Tax Documentation | | | | | | |
| Individual / Controlling Person Self-ce | rtificat | ion Form (FATCA and CRS) f | for Benefic | ial Owner (if any) | | |
| FATCA - W8 / W9 Form / Certitificate of | of loss | of nationality of U.S. / Form | n i-407 | | | |
| Part C: Other Supporting Documentation | (if ne | cessary) | | | | |
| Photocopy of Bank Passbook / Bank S | tatem | ent | | | | |
| Payment proof - Bank-in Slip / Online | Transf | er Receipt / Others: | | · | | |
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| Nature of Business Code and | Des | cription: | | | | |
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| Code Nature of Business | - | Nature of Busi | Coc | lature of Business | Code | Nature of Business |
| 001 Accountant/Accountancy | 018 | Currency Dealer/Ex | 035 | nt'l Business Corp (IBC) | 052 | Private Investment Co |

| Code | Nature of Business | Code | Nature of Busi | Coc | Nature of Business | Code | Nature of Business |
|------|-----------------------------------|------|-------------------------|-----|------------------------------------|------|---------------------------------|
| 001 | Accountant/Accountancy | 018 | Currency Dealer/Ex ngc | 035 | Int'l Business Corp (IBC) | 052 | Private Investment Co |
| 002 | Agriculture/ Mining | 019 | Dealer in Car/Boat/Plan | J36 | IT | 053 | Professional Service Co |
| 003 | Antique Dealer | 020 | Dealer it Pres. Lewel | 037 | Lawyer Solicitors Attorney (Legal) | 054 | Properties |
| 004 | Arms Manufacturer/Dealer | 021 | Education and Totaling | 038 | Leather Goods Stores | 055 | Real Estate Agents Brokers |
| 005 | Art Dealer | 02 | ance | 039 | Liquor Store (non-govt) | 056 | Restaurants |
| 006 | Arts/Entertainment | J23 | Financial Inst. tion | 040 | Media/Publisher | 057 | Retail Stores - private owned |
| 007 | ATMs Operating Business (non-gov) | 21 | od & Bearage | 041 | Mining | 058 | Share Broker/Dealer Unregulated |
| 008 | Auction House | 025 | Foreign F ancial Colnst | 042 | Money Service Businesses | 059 | Shipping Business |
| 009 | Bank in non FATF country | 026 | ment | 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 | | |



Email:

PRIVATE RETIREMENT SCHEME (PRS) ACCOUNT OPENING FORM

PRIVATE PENSION

Application Received Digital Data Stamp

| NESTEGGS You are req If in doubt, | 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 or/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 PPA Account No: PP P A PRS Consultant (Provider) Corporate PRS Distributor PRS Account No: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Mr [| Mr Mrs Ms Others Others | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NRIC No.: | Mr Mrs Ms Others Date of Birth: Age: Gender: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Date of Birth: Age: Gender: Male Female | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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 transcations.
- 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 at as follows:
 - 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 PRS Provider acting on behalf of the PPA. For further inform ion or the PPA's fees and charges, please refer to http://www.ppa.my/ppa/member-services/prs-transactions/

- 2) PPA reserves the right after 6 months of notification to the member to close a PPA account to does not reflect any balance in the PPA account due to the following reasons:
 - a) Full amount withdrawn (upon attaining retirement age)/permanent departure, a account has ze fur a for 6 months; or
 - b) Upon release of the deceased member's funds to beneficiaries/nominees/part-of-kin pyruant to a softer of Administration or Grant of Probate.
- 3) Variation

The PPA shall be entitled at any time and without prior reference to the PPA's website and/or the joint application form at its sole and absolute dis tensor.

C. PROVIDER'S TERMS AND CONDITIONS

Documents Required

Applicant is required to submit this Application For together with a copy of Applicant's NRIC/Police/Arm Forces/Passport (original sighted), or other form of identification documents, as named in this Form or other form of identification documents, as named in this Form or other form of identification documents, as named in this Form or other form of identification documents, as named in this Form or other form of identification documents, as named in this Form or other form of identification documents, as named in this Form or other form of identification documents, as named in this Form or other form of identification documents, as named in this Form or other form of identification documents, as named in this Form or other form of identification documents, as named in this Form or other form of identification documents, as named in this Form or other form of identification documents, as named in this Form or other form of identification documents, as named in this Form or other form of identification documents, as named in this Form or other form of identification documents.

The Provider reserves the right to request for additional ocume support the application.

- 2) Instruction/Voice Recordings
 - a) All instructions given in writing, deliver a section by a simile transmission by the Applicant as named in this application shall be binding on the Applicant. The Provider is not obliged to verify the chenticity of any sections or the identity of any person giving such instructions.
 - b) The Provider shall be entitled to se voices to record instructions communicated to it and such recording(s) will constitute evidence of the instructions.
- 3) Representation

The Applicant shall not rely on any inform 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;

a) 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 |

- b) 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 e 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 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

- (a) All instructions given in writing, delivered or sent by facsimile transmission by the Member as named in ation shall be binding on the Member. The provider is not obliged to verify the authenticity of any such instructions or the identity If an application is rejected in whole or in part, the application monies or balance there any person givin instructions.
- out interest, or any returns in the case of Islamic be returned (wi funds) by the Provider by cheque or, at the cost of the applicant, by telegraphic 0 days f n the date of application.
- monies held by the Provider for any reason(s) whatsoever. (c) The Provider shall not be liable to pay any interest or returns (in the case of Islan

11) Statement and Report

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

12) Legal and Tax Implication

The Applicant shall acquaint himself with the relevant d exch 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 cons essing, using, sharing of your information by and for Manulife (which means Manulife Holdings Berhad s and se and all its subsidiary companies) and its

Information we collect and how we

ollect from you personal information, such as your name, identification number, address, phone number and In order to process and handle your ap . we wil cluding your financial, familial and non-familial information for the applicable product or service ("Personal email address as well as other non-public information Information"). All Personal Information are processor. 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:-

- (1) To our subsidiaries, associated or related companies or their respective employees, professional advisors, agents or representatives;
- (2) To third party service providers, suppliers and vendors;
- (3) To comply with all applicable laws, rules, regulations, guidelines and/or other legal requirements;
- (4) To litigate, defend or respond accordingly to an actual or potential lawsuit or queries involving regulatory and non-regulatory bodies; and
- (5) 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:

a) Address: MIMMB Customer Service,

13th Floor, Menara Manulife, 6, Jalan Gelenggang, Damansara Height, 50490 Kuala Lumpur. PRSinfo_MY@manulife.com

b) F-mail:

c) 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 instruction | | o your tax adviser or domestic tax authority. | | | | | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
| DECLARATION OF BENEFICIAL OWNER | | | | | | | | | | | | | | |
| A beneficial owner is defined as the natural person who ultimincludes the person who exercises ultimate effective control over the subject of | er a body corporate or unincorporated. | | | | | | | | | | | | | |
| Yes [Please complete the Individual / Controlling Person S | |) | | | | | | | | | | | | |
| If yes, please indicate the following and enclose a copy of his/I Name: | Ter 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 th | e beneficial ownership of the account holder. | | | | | | | | | | | | | |
| DECLARATION PURSUANT TO FOREIGN ACCOUNT | IT TAX COMPLIANCE ACT (ATCA) | | | | | | | | | | | | | |
| re you a United States citizen / United States resident / United States Permanent Residence (i.e. asso-called ass. green card holder)? Yes No Yes, please submit Form W-9 of US Department of the Treasury Interval Revenue Pervice. A copy of Form W-9 can be obtained from the US IRS website at ttp://www.irs.gov/pub/irs-pdf/fw9.pdf. If you were born in the U.S. but the long is 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 REPORT | TING V. PARL CRS ON TAX RESIDENCY | , | | | | | | | | | | | | |
| Are you a Malaysia tax resident? | □ □ No | | | | | | | | | | | | | |
| 2. Are you a tax resident in any country other than Malaysia | Ves No | | | | | | | | | | | | | |
| If YES, please list all countries/jurisdictions of than ("TIN"). If there are more than 5 countries/jurisdiction residency: http://www.oecd.org/tax/a comations | | ne OECD AEOI Portal for more information on tax | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | |
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| NEW ACCOUNT OPENING REQUIREMENT CHECKLIST (FOR OFFICE USE ONLY) PRIVATE RETIREMENT SCHEME ACCOUNT SUBMITTED REMARKS | | | | | | | | | | | | | |
|--|---------|--|--|--|--|--|--|--|--|--|--|--|--|
| PRIVATE RETIREMENT SCHEME ACCOUNT | REMARKS | | | | | | | | | | | | |
| JOINT ACCOUNT OPENING FORM | | | | | | | | | | | | | |
| SUITABILITY ACCESSMENT 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 y 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 programme to any administrative support provider and administrative support support support provider and support suppo r located within the EEA, Canada and India, where the transfer is necessary for the maintenance of records or administration of the information, and (c) th sclosur and reporting of any such information to any governmental or regulatory authority, including relevant tax authorities, of the country in which this act ained and the exchange of such information with any governmental, regulatory or tax authorities of any other country or countries in which the acco may tax resident where such countries (or governmental, regulatory or tax authorities in such countries) have entered into agreements to exchange jancial a unt information in connection with FATCA and/or OECD CRS.

I/We understand and agree that Manulife IM (Malaysia) can upon giving me/us reasonable ce: withhold on t ents of any amounts due to me/us; or Manulife der the terms and conditions of my/our account) fail to provide the nunder your account) withdraw the consent or contest the waiver IM (Malaysia) can suspend or terminate my/our account if I/We (or any successor owner or payer information referenced above or any part thereof or if at any time I/We (or any successor provided above

I/We undertake to advise Manulife IM (Malaysia) as soon as possible of any chan h affects the tax residency status of the individual identified ances whic in this form or causes the information contained herein to become incorre nd 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 will itside Malavsia.

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

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

I hereby declare that all information and supporting doci ein are true, correct and complete and that I have not withheld any material facts or information which may influence the acceptance of this appli

I acknowledge and accept that the Provider re he rig eject, withdraw or terminate forthwith without notice my application without assigning any reasons thereto and under no circumstances shall the r any loss or damage for such action. be liable

| Save and except in the event of gross negliging agree to indemnify the | e Provider, Trustee and any of their and any of their and any of their and any of them either | | | | | | | | | | | |
|---|---|--------|--------|--------|--------|-------------------|-------|-------------------|--------|--------------------|--------|-------------------|
| I hereby declare that the investment decision indicated under Contribution D | Details has been reached as a result o | of my | own | indep | ende | nt jud | gmen | t and | opin | ion. | | |
| Private Pension Administrator Malsysia (PPA) The Private Pension Administrator (PPA) is a body approved under sectio keeping, administration and customer service for mambers and contribuapplicants are required to open an account with the PPA and upon success PPA members. | tors in relation to contributions ma | ide in | resp | ect of | Гар | rivate | retir | remen | ıt scl | heme. | All P | RS |
| | FOR PRS ADVISER & CONSULT | TANT | "S US | Ε | | | | | | | | |
| | PRS Adviser/Consultant Code: | | П | T | | П | | П | | \top | T | |
| | PRS Adviser/Consultant Name: | | | Ť | Ī | $\overline{\Box}$ | | $\overline{\Box}$ | | Ŧ | T | $\overline{\Box}$ |
| | | | | Ī | | $\overline{\Box}$ | | \Box | | Ī | T | $\overline{\Box}$ |
| | PRS Adviser/Consultant H/P No: | | | - | | | | | | $\overline{\perp}$ | | |
| | FOR MIMMB OFFICE USE Attended by: | | | | | | | | | | | |
| Applicant's Signature | Branch Staff Name: | | | | | | | | | \Box | | |
| (This signature shall also act as a specimen signature for future correspondence.) | Branch Code: | | | | | | | | | \perp | | |
| Signed Date: D D - M M - Y Y Y Y | Sales Charge Approval: | Yes (| Please | attaci | ned pr | roof of | appro | val froi | m HC | DD upo | n subr | nissi |
| | | | | | | | | | | | | PAG |



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 as amended by Personal Data Protection (Amendment) Act 2024.

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, email address and biometric data 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, used and/or transferred outside Malaysia are as follows:-

- a) The processing of your application(s) for products and services offered by Manulife;
- b) 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;
- c) The compliance with the requirements to make disclosure under any law regulations binding on Manulife or any of its affiliates, representatives; and
- d) Other purposes directly relating to any of the above.

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

Your continued usage of our products and Services is deemed a content for Manulife to process your Personal Information for all the purposes as described above. You may choose not regive your consent or to limit your consent for Manulife to process and retain your Personal Information by writin in to use 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 Cus ins. Service, Manulife Investment Management (M) Berhad at 03-2719 9271 / MY CustomerService@Manulife.com.

Inquiries and complaints

If you have any queries or compaints that Notice, you may contact Manulife's Personal Data Protection Officer at 03-2719 9228 / MIMMB_PDPA@manulife.c m.

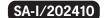
Manulife may review and update this scarce from time to time. You can log on to our website or contact Manulife's Personal Data Protection Officer to obtain the latest version of this Notice.

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

| | First Applicant / Authorised Signatory(ies) | | | | | | | | | | | | | |
|-------------|---|---|--|--|--|--|--|--|--|--|--|--|--|--|
| *Please tic | k o | ne: | | | | | | | | | | | | |
| application | or |] disagree that any personal information collected or held by Manulife (whether contained in this otherwise obtained) may be held, used and disclosed by Manulife to third parties for the purpose of 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 Calculator Ref. No. | | | | | | | | | |
| | | | | | | | | | |

SA Form - Individual

INVESTOR SUITABILITY ASSESSMENT FORM

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.

A. PERSONAL DETAILS

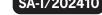
| Investor Name | | | | | | | Acc | ount No. | | | |
|---|-------|-------------|---|---|--------|--------------|----------|-----------|--------|------------|---------------|
| NRIC No. / Passport | No. | | | | | | Age | | | | |
| Annual Income | | □ < RM10 | 0,000 | | RM200, | 001 - RM300, | ,000 | | | | |
| | | ☐ RM100, | 000 - RM200,000 | | > RM30 | 0,000 | | | | | |
| Category of Investor | . | ☐ Retail Ir | nvestor | | | | | | | | |
| | | - Gross a | t - Worth Investor annual income for indi et personal assets or t | | | | | | | M400,00 | 0; or |
| | | | ed Investor (Not requ older, Executive Direct | | | | sessm | ent Form, | please | proceed t | o Section E) |
| Work Experience (Related to investme | ent) | ☐ Yes | | |] No | | | | | | |
| Training Attended (Related to investme | ent) | ☐ Yes | | |] No | | Y | | | | |
| B. INVESTMENT OBJE | ECTIV | ES | | • | | | | | | | |
| Objective | | Education | Retirement | V | | Wealth Accu | mulation | | Saving | for specif | fic purposes: |
| | | | (Expected Age: | | | | | | | | |
| | | | | | | | | | (e.g | house, ca | ar, holiday) |
| Targeted Amount | RM | | | | | | | | | | |

C. RISK PROFILE QUESTIONNAIRE

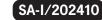
This questionnaire helps ("Manulife IM Malaysia)") to etermine the indicative asset allocation range of Unit Trust / PRS portfolio that suits your personal risk profile. Your answer to be questionable beloating provide some indication of your general personal risk profile which may or may not accurately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

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) □ Young (18-35 years old) with little financial burden (b) □ Young (18-35 years old) with some financial burden (c) □ Middle-aged (36-55 years old) with little financial burden (d) □ Middle-aged (36-55 years old) with some financial burden (e) □ Retired or nearing retirement (above 55 years old) with little financial burden | [9] [5] [10] [7] [3] |
| | (f) ☐ Retired or nearing retirement (above 55 years old) with some financial burden | [1] |



SA Form - Individual





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

<u>Due Diligence Process</u>

- 1. 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.
- 2. For the sake of consistency, answer 2(a) cannot coexist with any one of answers 3(a) to 3(e).

SA Form - Individual



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 | Conservative | You can accept investments with low risk returns. | Equity: 10% - 30% Bond/ Money market: 70% - 90% | | 2.90 |
| 15 - 25 | Moderate | 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 | High Risk | 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 |

| | cision (Please select one) <u>ervicing Advise</u> r |
|---------------|--|
| | Vithin Risk Profile - Portfolio of products recommended by Unit Trust / PRS Adviser is in accordance vith the investor's risk profile. |
| p | Exceeds Risk Profile - Notwithstanding the result of this assessment, the investor confirms and decides to burchase the portfolio of products based on the investor's judgment / reference which the portfolio's risk profile may be exceeding the investor's risk profile. |
| L k | Self-Execution <u>- Adviser only provides administrative set ice</u> investor who has investment knowledge. The investor confirms and decides to purchas, the portfolio products based on the investor's sudgement / preference which the portfolio's risk profile may be <u>exceeding</u> the investor's risk profile. |
| <u>Withou</u> | at Servicing Adviser |
| N p | Self-Execution - Investor decided to select on Funds to invest Notwithstanding the result of this assessment be investor confirms and decides to purchase the portfolio of products based on the investor's judgent in preference which the portfolio's risk profile may be exceeding the investor's risk profile. |

E. ACKNOWLEDGEMENT & DECLARATION:

| No. | Renvarks | | | |
|-------|--|---|--------|--|
| 1 | I declare that all information on closed is true, complete and accurate. | | | |
| 2 | I acknowledge receipt of a control heterospectus / product highlight sheet (PHS) / Disclosure Document (if any) and the relevant of sclosure document which have been given to me. | | | |
| 3 | | / PRS adviser has explained and I have understood the and shall bear full responsibility for my investment decisions. | | |
| 3 | (b) Without Servicing Adviser - 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. | | | |
| | | | | |
| | Investor's Signature | Unit Trust / PRS Adviser's Sig | nature | |
| Name: | | Adviser Name: | | |
| | | Adviser Code: | | |
| | | | | |

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.