



HSBC Life (Singapore) Pte. Ltd. (Reg. No. 199903512M)
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Customer Knowledge Assessment Form

Please complete this form and submit it together with the relevant policy amendment form(s).

Full Name of policyowner as shown in NRIC/Passport including alias	Policy no.	
	NRIC / Passport no.	
	Contact no.	(+) Country/Region Code
For Takaful policy, please read "certificate" for policy, "certificate holder" for policyowner, "Wakil" for financial consultant, "participant" for life insured, "takaful benefit" for sum insured.		

Pursuant to the Notice on Recommendation on Investment Products (FAA-N16) issued by the Monetary Authority of Singapore pursuant to the Financial Advisers Act, where the underlying investment product is an unlisted Specified Investment Product ("SIP"), a Financial Adviser (i.e. HSBC Life (Singapore) Pte. Ltd.) is required to conduct a Customer Knowledge Assessment ("CKA") before making any recommendation. The purpose of the CKA is to assess if you have the relevant knowledge or experience to understand the risks and features of unlisted SIPs, which include investment-linked insurance products ("ILP"). The list of policy changes to an unlisted SIP for which a CKA is required is as follows

- a) Fund switch
- b) Top-up (One-time or recurring)
- c) Premium redirection
- d) Increase in premium

If you are assessed **to have** the relevant experience and/or knowledge to transact in ILPs, you may proceed with the policy change(s). However, you are strongly encouraged to talk to your financial consultant to better understand the risks and implications involved in the policy change(s).

If you are assessed **not to have** the relevant experience and/or knowledge to transact in ILPs, you **must** approach your financial consultant or visit our Customer Service Centre to complete a Personal Financial Review ("PFR") before you can proceed with the policy change(s).

Consent to use of personal data

I understand that HSBC's Data Privacy Policy (which may be found at <https://www.insurance.hsbc.com.sg/privacy-and-security/>) forms a part of the terms and conditions governing my relationship with HSBC. I consent to the collection, use and disclosure of my personal data for the purposes set out in the Data Privacy Policy.

PART A: CUSTOMER KNOWLEDGE ASSESSMENT (CKA)		
You should provide complete and accurate information to us for this CKA. If you do not fill in the entire form or if you give inaccurate information, this will affect the outcome of this CKA.		
Educational Qualifications	Yes	No
1a) Do you hold a diploma or higher qualification in any of the following fields? Accountancy Actuarial science Business / Business administration Capital markets Commerce Economics Finance Financial engineering Financial planning Computational finance Insurance If yes, please specify the name of the qualification and the year the qualification is obtained: Name of academic qualification: _____ Year qualification obtained: _____	<input type="checkbox"/>	<input type="checkbox"/>
1b) Do you have a professional finance-related qualification#? Name of academic qualification: _____ Year qualification obtained: _____ # Examples of this would include <ul style="list-style-type: none"> • Chartered Financial Analyst Examination conducted by the CFA Institute • Association of Chartered Certificate Accountants Qualifications • Associate Wealth Planner or Certified Financial Planner by the Certified Financial Planners Board of Standards • Certified Financial Risk Manager Programme by the Global Association of Risk Professionals • Chartered Alternative Investment Analyst Examination conducted by the Chartered Alternative Investment Analyst Association • Chartered Financial Consultant by the American College 	<input type="checkbox"/>	<input type="checkbox"/>

Investment Experience	Yes	No
<p>2) Have you made at least 6 transactions in the following unlisted "Specified Investment Products" in the past 3 years? If yes, please indicate the type of products (you may select more than one) and specify date of most recent transaction:</p> <p><input type="checkbox"/> Collective Investment Schemes (e.g. Unit trusts)</p> <p><input type="checkbox"/> Investment-Linked Insurance Policies</p> <p><input type="checkbox"/> Other Unlisted Specified Investment Products*</p> <p>Type of transactions: _____</p> <p>Date of most recent transaction: _____</p> <p><small>* Unlisted Specified Investment Product means a Specified Investment Product ("SIP") that is not approved in-principle for listing and quotation on, or listed for quotation nor quoted on, a securities market or a futures market. Please check with your financial institution if you are not sure whether the prior transactions you have made are transactions in unlisted SIPs.</small></p>	<input type="checkbox"/>	<input type="checkbox"/>
Work Experience	Yes	No
<p>3) Do you have a minimum of 3 consecutive years of working experience in the past 10 years in the following fields? If yes, please indicate as appropriate and specify the number of years of service:</p> <p><input type="checkbox"/> Development / Structuring / Management / Sale / Trading / Research / Analysis of investment products</p> <p><input type="checkbox"/> Provision of training on investment products</p> <p><input type="checkbox"/> Accountancy, Actuarial Science, Treasury, Financial Risk Management and Legal Work in financial areas</p> <p>Areas of relevance: _____</p> <p>Number of years of service: _____</p>	<input type="checkbox"/>	<input type="checkbox"/>

PART B: CKA OUTCOME/DECLARATION AND AUTHORISATION (MANDATORY)

I understand the purpose of the CKA and the outcome of my CKA. I confirm that I have provided complete and accurate information for this CKA and any inaccurate or incomplete information provided by me may affect the outcome of this CKA

Please tick one option which applies to you.

<input type="checkbox"/>	<ul style="list-style-type: none"> • I have answered "Yes" to at least one of the questions in Part A. • I am assessed to have the relevant knowledge and/or experience to transact in the relevant ILPs and I wish to proceed with the policy change(s). • I understand that I have been offered advice and that if I have chosen not to receive advice, I have also waived the right to seek compensation under Section 27 of the Financial Adviser's Act (Cap 110). • I understand that I am strongly encouraged to talk to my financial consultant to better understand the risks and implications involved in the policy change(s)
<input type="checkbox"/>	<ul style="list-style-type: none"> • I have answered "No" to all the questions in Part A. • I am assessed not to have the relevant knowledge and/or experience to transact in ILPs. I understand that I need to approach my financial consultant or visit the Customer Service Centre to complete a Personal Financial Review ("PFR") before I can proceed with the policy change(s).

Signature of policyowner/trustee/assignee

Date (dd/mm/yyyy)