

**FOR OFFICE USE ONLY**

Received Date:

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10/2021

# FUND INVESTMENT INSTRUCTION FORM

**Who can complete this form**

Policyholder/Assignee/Trustee, whichever is applicable.

**3 Simple Steps to file a request**

- (1) Read the "Before you proceed" section for some important reminders
- (2) Complete this form
- (3) You can submit this form through any 1 of these channels: (We do not accept photocopies.)

**a.) By Post to:**

Operations Dept.  
AXA Insurance Pte Ltd  
8 Shenton Way #24-01 AXA Tower  
Singapore 068811

**b.) By Hand to:**

- (i) your Financial Consultant; or
- (ii) Customer Care Counter at AXA Tower

Policy Number			
Name of Policyholder/Assignee/Trustee		NRIC No.	
Name of Life Assured		NRIC No.	

<b>MY SERVICE REQUEST</b>	<input type="checkbox"/> Update My Contact Information	<input type="checkbox"/> One-Time Top-Up Premium	<input type="checkbox"/> Premium Holiday
	<input type="checkbox"/> Recurring Single Premium (RSP)	<input type="checkbox"/> Change of Fund Allocation	<input type="checkbox"/> Regular Withdrawal

**1. BEFORE YOU PROCEED**

- a.) Statement pursuant to section 25(5) of the insurance act, you are to disclose fully and faithfully, all the facts which you know or ought to know, otherwise the policy issued may be void.
- b.) I/We, the Policyholder / Assignee, hereby make the application(s) as indicated below subject to the relevant terms and conditions of the above policy.
- c.) When the form indicates "\$", it refers to the policy currency i.e. Singapore dollar or US dollar

**2. CUSTOMER KNOWLEDGE ASSESSMENT (CKA)**

The purpose of this CKA is to assess whether you have the relevant knowledge or experience to understand the risks and features of an unlisted Specified Investment Product, such as Collective Investment Scheme (CIS) or Investment-linked Policy (ILP).  
(Please tick accordingly for ALL questions) Please note that any inaccurate or incomplete information may affect the outcome of the CKA.

<b>Educational Qualification</b>	<b>1. Do you possess any of the below stated qualifications?</b> <u>Diploma or Higher Qualification in:</u> Accountancy Actuarial Science Business / Business Administration / Business Management / Business Studies Capital Markets Commerce Economics Finance Financial Engineering Financial Planning Computational Finance Insurance	<input type="checkbox"/> YES <input type="checkbox"/> NO

Educational Qualification	<p>If <b>"Yes"</b> is chosen for any of the above, please answer the following questions (Please specify for client and/or joint):</p> <p>(i). Diploma/Higher Qualification attained. (please indicate area of specialization, if any)</p> <hr/> <p>(ii). Name of institution issuing the above qualification.</p> <hr/> <p>(iii). Period of study.</p> <hr/>	
Educational Qualification	<p><b>2. Do you possess any of the below stated professional finance-related qualifications?</b> For example: Chartered Financial Analyst Examination conducted by CFA Institute, USA; or Association of Chartered Certified Accountants (ACCA)</p>	<input type="checkbox"/> YES  <input type="checkbox"/> NO
	<p>If <b>"Yes"</b> is chosen for any of the above, please answer the following question:</p> <p>(i). Period of study.</p> <hr/>	
Investment Experience	<p><b>3. Have you ever invested in the following unlisted Specified Investment Products and transacted at least 6 times in the last 3 years in:</b> ~ Collective Investment Schemes (e.g. Unit Trusts) ~ Investment-Linked life insurance plans</p>	<input type="checkbox"/> YES  <input type="checkbox"/> NO
	<p>If <b>"Yes"</b> is chosen from any of the above, please specify the type of transaction(s) and unlisted Specified Investment Product(s) that was made in the last 3 years:</p> <hr/> <hr/>	
Work Experience	<p><b>4. Do you have a minimum of 3 consecutive years of working experience in the past 10 years in the development / structuring / management / sale / trading / research / analysis of investment products or the provision of training in investment products?</b> NOTE: Work experience in accountancy, actuarial science, treasury or financial risk management activities will also be considered as relevant experience. Work experience would also include the provision of legal advice or possession of legal expertise on the relevant area.</p>	<input type="checkbox"/> YES  <input type="checkbox"/> NO
	<p>If <b>"Yes"</b> is chosen from any of the above, please indicate the area of working experience you have or had and the number of years of experience:</p> <hr/> <hr/> <hr/>	

#### Outcome of Customer Knowledge Assessment (CKA)

**You are assessed to have the relevant experience and/or knowledge to purchase an Investment-Linked Policy /Unit Trusts.**  
(Answered "YES" in at least one of the above questions)

If you do not wish to receive advice concerning an Investment-Linked Policy (ILP) and/or Unit Trust (UT), then it is your sole responsibility to ensure the suitability of the ILP/UT selected. Furthermore, you will not be able to rely on section 27 of Financial Advisers Act to file a civil claim should you suffer a loss.

**You are assessed NOT to have the relevant experience and/or knowledge to purchase an Investment- Linked Policy / Unit Trusts.** (Answered "NO" to ALL the above 4 questions)

If you intend to perform an investment-related transaction, please seek advice from your AXA Financial Consultant.

Please be informed that you are required to read & complete Section 9.

### 3. RISK PROFILE

The purpose of this Risk Profile questionnaire is to help to assess your risk tolerance as it is important to select the suitable products that reflect your risk preferences.

Please select one of the options for each question and circle the score accordingly.

#### Question 1

There is a link between risk and return - higher potential returns often come with higher risk.  
Based on the scale below, how much risk (and so potential return) would you prefer?

Lowest risk &  
potential return

1

2

3

4

5

Highest risk &  
potential return

**My  
Score**

1

2

3

4

5

#### Question 2

What yearly gross return (before fees and charges) do you reasonably expect to achieve from your investments each year, averaged over a period of at least 10 years?

1) 2 to 3.5%

2) 3.51 to 5%

3) 5.1 to 6.5%

4) 6.6 to 8%

5) 8.1 % and above

Please note that fees and charges vary depending on the type of product or fund you invest in.

**My  
Score**

1

2

3

4

5

<p>Question 3</p> <p>Over the period of your investments, there will be times when the market faces a downturn. If stock markets fell by 15% to 20% in value over a year, what would you most likely do?</p> <ol style="list-style-type: none"> <li>1) Sell the whole investment – I wouldn't want to lose any more money</li> <li>2) Sell part of the investment – it could go back up, but I don't want to risk everything just in case it doesn't</li> <li>3) Hold the investment – it's likely that it will increase in value again soon</li> <li>4) Buy cautiously while the value is low – when the value goes up, I'll likely make a reasonably good return</li> <li>5) Buy aggressively while the value is low – this is a great buying opportunity</li> </ol>	<table border="1"> <tr><td><b>My Score</b></td></tr> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> <tr><td>5</td></tr> </table>	<b>My Score</b>	1	2	3	4	5
<b>My Score</b>							
1							
2							
3							
4							
5							
<p>Question 4</p> <p>A bear market is a situation where stock markets fall by 20% or more. What is the acceptable level of estimated losses you can accept in a bear market period?</p> <ol style="list-style-type: none"> <li>1) 8%</li> <li>2) 14%</li> <li>3) 20%</li> <li>4) 30%</li> <li>5) 40%</li> </ol>	<table border="1"> <tr><td><b>My Score</b></td></tr> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> <tr><td>5</td></tr> </table>	<b>My Score</b>	1	2	3	4	5
<b>My Score</b>							
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<p>Question 5</p> <p>Different people have different reasons for investing. Depending on what you are planning to use the investment for, when do you expect to withdraw a significant amount of your investment?</p> <ol style="list-style-type: none"> <li>1) Within 3 years</li> <li>2) After 3 years to 5 years</li> <li>3) After 5 years to 7 years</li> <li>4) After 7 years to 10 years</li> <li>5) After more than 10 years</li> </ol>	<table border="1"> <tr><td><b>My Score</b></td></tr> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> <tr><td>5</td></tr> </table>	<b>My Score</b>	1	2	3	4	5
<b>My Score</b>							
1							
2							
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<p><b>Question 6</b></p> <p>You make investments with different financial goals in mind. Before reaching your goals and your intended investment period, their value may rise or fall. How would you describe your investment preference?</p> <ol style="list-style-type: none"> <li>1) I have a short-term investment focus (less than 3 years) and prefer to take as little risk as possible because I cannot accept losses in my investments.</li> <li>2) I have a short-term investment focus (less than 3 years) and accept low risk in my investments.</li> <li>3) I have a medium-term investment focus (3 to 10 years) and accept moderate risk in my investments.</li> <li>4) I have a medium-term investment focus (3 to 10 years) and accept risk in my investments. <b>OR</b> I have a long-term investment focus (more than 10 years) and accept risk in my investments.</li> <li>5) I actively trade investments in the short-term to take advantage of short-term market movements. <b>OR</b> I have a long-term investment focus (more than 10 years) and accept high risk as I can ride out the good times and the bad times.</li> </ol>	<table border="1"> <tr> <td><b>My Score</b></td> </tr> <tr> <td>1</td> </tr> <tr> <td>2</td> </tr> <tr> <td>3</td> </tr> <tr> <td>4</td> </tr> <tr> <td>5</td> </tr> </table>	<b>My Score</b>	1	2	3	4	5
<b>My Score</b>							
1							
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<b>Total Score (Questions 1 to 6)</b>	
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**YOUR RISK PROFILE**

- Use the total scores above to indicate you and your spouse's risk profile.
- Tick the appropriate box on the right

Risk profile score	Risk profile	
6 to 9 points	Conservative	<input type="checkbox"/>
10 to 14 points	Moderate conservative	<input type="checkbox"/>
15 to 21 points	Balanced	<input type="checkbox"/>
22 to 26 points	Moderately aggressive	<input type="checkbox"/>
27 to 30 points	Aggressive	<input type="checkbox"/>

If, according to the CKA, you are not considered to have the knowledge or experience needed, you must keep to your risk profile as indicated above.

If, according to the CKA, you are considered to have the knowledge or experience needed, you can choose a different risk profile.

If you are considered to have the knowledge or experience and would like to change your risk profile, which risk profile do you prefer?	
Explain why you prefer this risk profile.	

#### 4. CLIENT'S ACKNOWLEDGEMENT

Please tick ✓ one of the below:

- ☐ I declare that there have been no changes to the information in the fact find form within the last 12 months, done on \_\_\_\_\_. This is inclusive of the CKA. (Note: CKA is valid for a period of one year from the date of the CKA)
- ☐ I have completed a new fact find with my Financial Consultant.
- ☐ I have completed a new CKA with my Financial Consultant, as above.

Profile	Description of Investor
Conservative	You are a conservative investor if you need a very secure income with no drastic change in the value of your investment. You do not accept much risk and may need the proceeds from your investment in the next few years.
Moderately Conservative	You are a moderately conservative investor if you need a stable income and expect small increases or decreases in value to gain modest growth.
Balanced	You are a balanced investor if you want a reasonable stable income, but also a steady growth in value. You are prepared for moderate decreases to achieve reasonable growth over the investment period.
Moderately Aggressive	You are a moderately aggressive investor if you have little or no need for a regular income from your investments. Your investment goal is to achieve potentially higher returns and so you are prepared to accept significant rises and falls in value.
Aggressive	You are an aggressive investor if you have little or no need for an income from your investments. Your investment goal is to achieve potentially higher returns over your investment period. You are prepared to accept drastic increases and decreases in value and may invest extra amounts when necessary.

#### 5. MY INVESTMENT REQUEST

**Add One-Time Top-Up Premium** (Please complete Sections 2 to 4)

Top-up Amount	S\$
S\$ Premium Charge (%)^	

^This is applicable for Cash and SRS policies ONLY

**Invest my top-up premium to the funds below** (Please complete Sections 2 to 4)

Fund Name Or Fund Code	Allocation (%)
<b>Total</b>	<b>100%</b>

Note:

**Pulsar Plan:**

Top-up payments will be credited to the Accumulation Unit Account.

**AXA Wealth Treasure & AXA Wealth Harvest:**

Top-up & RSP payments will be credited to "Top-up Account".

**Change in Regular Premium (RP)** (Please complete Sections 2 to 4)

Increase* of Regular Premium (RP) to	\$
Decrease of Regular Premium (RP) to	\$

\*(Please complete Sections 2 to 4)

**Change in Recurring Single Premium (RSP)**

<input type="radio"/> Add*	<input type="radio"/> Increase*	<input type="radio"/> Decrease
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\*(Please complete Sections 2 to 4)

RSP Amount	\$
Payment Mode	M / Q / S / A
Premium Charge (%) <sup>^</sup>	

<sup>^</sup>This is applicable for Cash and SRS policies ONLY☐ Cancellation of Recurring Single Premium (RSP) effective from (MM/YYYY) \_\_\_\_\_**Premium Redirection** (Please complete Sections 2 to 4)

Redirect To Target Fund(s) Name or Fund Code	New Allocation (%)
<b>TOTAL</b>	<b>100%</b>

Note:  
All future premiums/RSP redirection will apply to BOTH Regular Premium and RSP (if any).

**Note:**

- ✓ The change of premium allocation will apply to both Regular Premium and Recurring Single Premium (if any).
- ✓ New allocation minimum is at least at 1% per fund.

**Request for Premium Holiday**

<b>Start</b> Premium Holiday	From (MM/YYYY)	To (MM/YYYY)

<b>Stop</b> Premium Holiday (Please select your option)	MM/YYYY
<input type="radio"/> Stop Premium Holiday from the <b>last Premium Due Date</b>	
<input type="radio"/> Stop Premium Holiday on the <b>current Premium Due Date</b>	

## 6. REGULAR WITHDRAWAL

Regular Withdrawal Amount of	\$
I want to receive it every (encircle the mode)	M / Q / S / A
Starting from (MM/YYYY)	
To end on (MM/YYYY)	

### *What I need to know if I make regular withdrawals on my policy*

- This feature is allowed for Cash/Cheque plan only.
- Minimum regular withdrawal amount are as follows:  
**Monthly (M): \$ 100.00    Quarterly (Q) : \$ 300.00    Semi-Annual (S) : \$ 600.00    Annual (A) : \$ 1,200.00**
- Regular Withdrawal Start Date:  
The regular withdrawal feature will not commence if:
  - a. The regular withdrawal causes the remaining fund balance of your policy to fall below the minimum balance stipulated in your policy contract.
- Regular Withdrawal End Date:  
The regular withdrawal feature may end earlier than the end date indicated above on the earliest occurrence of any of the following events:
  - a. The regular withdrawal will result in the remaining fund balance of your policy to fall below the minimum balance stipulated in your policy contract.
  - b. AXA Insurance Pte Ltd has received and accepted your written request to terminate the regular withdrawal feature.
- On each withdrawal date, units will be deducted from your fund balance(s) in proportion to the individual fund's contribution to the total fund value of your policy. These units will be cancelled based on the Unit Price on the Valuation Date following the withdrawal date.

## 7. MEDICAL DECLARATION

### **MEDICAL HISTORY (on the Life Assured)**

Please complete the following questions, if:

- i. Inclusion/increase of RSP and/or Top up is/are chosen, and/or;
- ii. Increase in RP is chosen where there is a Waiver of Premium Rider attached to your policy.

(Not required for AXA DIMENSIONS, INSPIRE flexi2, INSPIRE FlexiSaver, INSPIRE FlexiProtector, AXA Flexi Protector, Pulsar, Polaris, Optimus, AXA Wealth Treasure & AXA Wealth Harvest plans).

1. Have you ever made an application for a life disability or dread disease insurance which has been accepted with an extra premium or on special terms, postponed, declined, withdrawn or is still being considered?

☐ YES      ☐ NO

2. Have you ever suffered or do you now suffer from heart disorder, high blood pressure, chest pains, kidney disease, diabetes, asthma, blood disorder, liver disease, Hepatitis B, cancer, growths or other malignancies, mental disorder, HIV infection, AIDS, sexually transmitted disease, or any other illness or physical disabilities, or any symptoms requiring the consultation of any doctors or investigation?

☐ YES      ☐ NO

3. Do you engage or have any intention of engaging in any hazardous occupation, sport, and pastime? (e.g. scuba diving, private flying, motor-racing, parachuting, etc.)

☐ YES      ☐ NO

If the answer is "Yes", please provide details on type of illness / condition, name of doctor, clinic / hospital, date, duration of illness and whether you are still on treatment / follow-up or fully recovered.



**Note: This part is to be completed by AXA Financial Consultant for the recommendations (if applicable)**

**Name of Financial Consultant**

**Signature and Date**

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**Supervisor's Validation** (Note: This part is to be completed by the Supervisor if advice was given by AXA Financial Consultant.)

☐ Agree

☐ Do Not Agree (please provide reasons)

**Name of the Supervisor**

**Signature and Date**

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## 8. UPDATE MY CONTACT INFORMATION

**Residential Address**

**Mailing Address (if different from Residential Address)**

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New Mailing address applies to all existing Life/ILP/Shield /GlobalCare policies with AXA. (Except for General Insurance policies).

☐ Yes ☐ No

If you have selected No, please specify the Policy Number for the new address to be applied on.

Home Telephone Number (with country code)	
Mobile Number (with country code)	
Office Telephone Number (with country code)	
Email Address (Please ensure that email is clear and legible)	

I wish to receive policy information through the communication modes selected below. **Please tick one option only:**

☐ SMS and Email

☐ Email

**Note:**

We will be sending a notification of the change of address to your new address.

For P.O.Box, please provide proof of ownership.

**For Residential Address, please provide:**

- NRIC or Passport or Proof of new address (utility bill, fixed telephone line, bank statement etc.)

## 9. CLIENT'S DECLARATION

I, \_\_\_\_\_ of NRIC No. /Passport No. \_\_\_\_\_  
acknowledge that I am aware of the outcome of the Customer Knowledge Assessment (CKA).

- ☐ The outcome of the CKA indicated that I do not possess the relevant knowledge or experience to transact and/or invest in the relevant Unlisted Specified Investment Products.  
I am aware that the risk category of the selected funds needs to be aligned with my assessed risk profile.  
I have received advice from my Financial Consultant for this transaction.
- ☐ The outcome of the CKA indicated that I have relevant knowledge or experience to transact and/or invest in the relevant Unlisted Specified Investment Products.  
I am aware that the risk category of the selected funds needs to be aligned with my assessed risk profile.  
I am aware that I am entitled to receive advice from a Financial Consultant from AXA Insurance Pte Ltd for this transaction.

## 10. DECLARATION AND AUTHORISATION

1. I hereby declare that the information given in this fund investment instruction form, to the best of my knowledge, is true and complete and that I have not withheld any relevant information which may affect your acceptance of my above-mentioned request(s).
2. I confirm that the decision to invest into any AXA ILP sub-funds is based solely on my own judgment and I have received and understood the latest version of the Fund Information Booklet/Fund Summary (including the Product Summary, where applicable) and Product Highlights Sheet(s) provided by the Financial Consultant before making this decision. I also understand that any past performance is not necessarily indicative of future performance of AXA ILP sub-funds.
3. I accept and agree that If my application is received by AXA by 2.00pm Monday to Friday (cut-off time excluding public holidays), the transaction will be processed on the current business day. The number of units deducted from the Original Fund shall be determined by the Unit/Bid Price established on the Valuation Day on which the transaction was processed. The number of units credited to the Other Fund shall be purchased and determined in accordance with the provisions of the Policy Contract. Transactions are irrevocable after the cut-off time.
4. I accept and agree that if I have any pending unit-linked transaction for this policy (e.g. Top-Up, Withdrawal, Fund Switch and Benefits Billing), this application will be processed on the next business day following the completed processing of the pending transaction(s).
5. I accept and agree that if there are any issues with the written inputs in this form, there will be delays to the trading as AXA will seek clarification from me and/or the Financial Consultant before proceeding. I accept and agree that a new form may be required if the existing one is not clear enough to be accepted by AXA.

**SIGNATURE\***

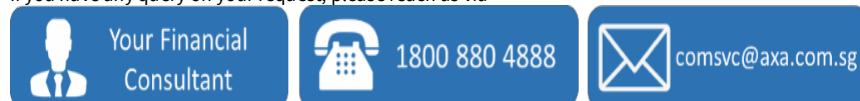
**DATE**

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*\*The signature(s) of Policyholder / Assignee / Trustee should be signed in the same manner as they appear in our records.*

## 9. TRACK STATUS OF YOUR REQUEST

If you have any query on your request, please reach us via



AXA is committed to making your service experience as easy and stress-free as possible. Thank you for insuring with us. We are always glad to be of service.