

## **IMPORTANT:**

Your request will only be processed when this completed original form is received, verified and processed by PIAS. **Please use One (1) Client Transfer Form for One (1) Client.** All sections below need to be completed. Once completed, please send this form to Professional Investment Advisory Services Pte Ltd ("PIAS"), attention to Client Transfer, 6 Shenton Way, #09-08, OUE Downtown, Singapore, 068809.

Section A: Client Details													
Full name of Company:	Client/												
NRIC/Passport No. Company Registration No./ Unique Entity No.:				Nationality:									
Corporate/Re Address:													
Contact number:				Email address:									
Occupation/ Nature of Business:													
Section Ai: Additional Information (For NEW Client)													
Client Type: (*For AI Client, please complete AI Declaration Form)		Retail Client				Acc	Accredited Investor (AI		)*				
			Corporate Client										
Source of wealth: (pls tick at least one)			Salary		4	ance B	enefi					ome	
			Retirement Assets Financial Investments		Family Gifts Inheritance								
			Others (specify):		Compensation or remuneration								
If the answer is No to any of the following questions, please proceed to submit the Enhanced Customer Due Diligence Form:		Please fill in this section (excluding Corporate Client) Please tick accordingly											
		I/We am/are not Political Exposed Person(s)							1100	Yes		No	
		I/We am/are the beneficial owner and have not appointed any natural person								Yes		No	
		to act on my/our behalf.										Na	
		been convicted of any serious tax crimes.									Yes		No
Section B: Details of Client's Transfer Request (Please tick accordingly)													
	Request to	change	PIAS Financial Advisor	Repres	sentati	ve (FA	R)			_			
	Name of cu	rrent FA	R:				PIAS	G Code:		Bran	ch:		
	Name of new FAR: PIAS Code: Branch:												
Request to transfer out of PIAS to another Financial Advisory firm													
Name of current PIAS FAR:Branch:													
PIAS Code: Name of new Financial Advisory firm:													
Request to transfer into PIAS from another Financial Advisory firm									1				
Name of PIAS FAR: Branch:									ł				
	Name of previous Financial Advisory firm/Provider:												
Please submit the following documents together with this form: a. Certified true copy of client's identification (i.e. NRIC/Passport/ ACRA)													
<ul> <li>b. Proof of address (only if applicable)</li> <li>c. ONLY iFAST / Navigator: Original copy of product provider's change of representative form (One form per product</li> </ul>								product					
	provide	er). Othe	r product providers' chang	ge of rep	present	ative fo	rm to	send DIREC	CT to the	e provi	ders.		



Section C: Products to be effected by this change request Please list down each insurance policy and/or investment account. Note: *Mandatory fields										
S/N	*Product Provider	*Product Name	*Policy Number/ *Investment account number			*Type of Product (please tick accordingly) Life GI CIS				
						LIIE				
Sectio	on D: Declaratio	on by Client								
<ul> <li>I/we am/are not subject to any order made under the Mental Disorders and Treatment Act (Cap. 178 of Singapore);</li> <li>(in the case of a corporate subscriber) confirm that we are not insolvent and that no order has been made nor a resolution has been passed for our winding up, judicial management or other similar action;</li> <li>represent that all information given to PIAS herein is true and correct;</li> <li>consent to the disclosure to or by PIAS of any information in relation to my/our Policy(ies) or investment account(s) by or to any of its affiliates or any person or entity required to facilitate the operation of the Policy(ies) or investment account(s), and/or to comply with all applicable laws, regulations, notices and/or guidelines;</li> <li>acknowledge that PIAS may reject any of my/our instructions including, but not limited to, those that, in PIAS's sole and absolute discretion, are deemed incomplete, unclear or ambiguous, or if my/our signature(s) differ(s) from what was originally provided as a specimen to PIAS, and PIAS will not be responsible for any losses that may be suffered by me/us due to such rejection of any of my/our instructions;</li> <li>agree that any communication from PIAS (including notices, confirmations and policy statements) may be sent to me/us via secured electronic mail or via such other methods as may be determined by PIAS from time to time at its sole and absolute discretion;</li> <li>consent to PIAS transferring my/our personal data to PIAS related group of companies and/or third party service providers, reinsurers, suppliers or intermediaries, whether located in Singapore or elsewhere, for the above purposes.</li> <li>also consent to PIAS collecting, using, processing and disclosing my personal data for the processing of above request in accordance with the Company's data protection policy available at www.proinvest.com.sg/pdpa</li> </ul>										
Signat Office		ompany Authorised			Date:					
Section E: Declaration by Representative										
I hereby agree to be responsible for the above mentioned products in Section C of this form from the effective date of change. I also understand that for all General Insurance policies will be effected only when lodgement is submitted to Client Transfer Team.										
	Full Name of Representative:			Representative Code:			Date:			
For Internal Use Only										
	ved by: t Transfer Team)	Name of officer:	Dat	e of Receipt:	Date sent to C	Comm Team: (if applicable)				

Client Transfer Form (Version April 2022)