



RG Wealth Solutions

Specialized Consultation Services

Client Financial Review

Introduction

RG Wealth Solutions and your advisor are required to have due regard for your best interest when providing advice. This Personal Financial Review and the questions within are important to allow your advisor to understand your situation and make appropriate recommendations to you.

We work on the basis of a full disclosure and full advice, the alternative is restricted disclosure and advice. The more thorough you can be with completing this review, the better we will be able to advise you.

<p>Please confirm if you would like to have full disclosure, or restricted disclosure, for your fact find:</p> <p>Full Disclosure <input type="checkbox"/> Restricted Disclosure <input type="checkbox"/></p>	<p>Please confirm if you would like to have full scope advice, or restricted scope advice, for your statement of advice. If you chose restricted disclosure, it is only possible to choose restricted advice.</p> <p>Full Advice <input type="checkbox"/> Restricted Advice <input type="checkbox"/></p>
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Introductory Questions

What is the primary reason for you seeking financial advice?

What expectations do you have about seeking financial advice?

Are there any circumstances which might suggest that you are potentially vulnerable?

Is third party assistance required? For instance, should a family member or trusted friend be present in meetings?

Do you foresee any changes to your future circumstances?

What major expenditure do you foresee over the next five years and how do you plan to fund it? E.g. holidays, new car, school fees, house purchase, etc.

Are you expecting any inheritance or cash lump sum payments from pensions? Please provide a description in terms of approximate amount and timescale.

What lifestyle objectives are important to you?

What issues or events may affect your lifestyle objectives in the short, medium and long term?

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Personal Information**Primary Applicant****Secondary Applicant**

Title and Full Name

Preferred Name

Gender

Date of Birth (DD/MM/YYYY)

Marital Status

Country of Birth

Country of Residence

Country of Nationality

Passport Number or NRIC

If you are Malaysian, do you have
Bumiputera status?Yes No Yes No

Dual Nationality

Country of Domicile

Residential Address
(and correspondence address if different)

Employment Status

What is your current occupation (or
former occupation if you are retired?)

Employer

Employer Address

Tax Identification Number

National Insurance Number (UK)

Where do you pay your taxes?

If you live abroad, how long have you
been doing so?Do you see yourself leaving your current
country of residence?

Who usually makes financial decisions?

Have you ever been a US citizen, US
Connected person, lived in the US, or held
a US Green Card?Yes No Yes No If you are self employed or own a
company, what is the nature of your
Business?

Annual Turnover

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Will and Estate (please use DD/MM/YYYY)

Do you have a will in place in both your home country and current country of residence?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
When was it last reviewed? /...../.....			
Self in Home Country :	Yes <input type="checkbox"/> No <input type="checkbox"/>	Partner in Home Country :	Yes <input type="checkbox"/> No <input type="checkbox"/>
Self in Country of Residence :	Yes <input type="checkbox"/> No <input type="checkbox"/>	Partner in Country of Residence :	Yes <input type="checkbox"/> No <input type="checkbox"/>

	Primary Applicant	Secondary Applicant
Who are the executors of your will?		
Does your Will incorporate a testamentary trust?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a Power of Attorney for your finances and health?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you nominated beneficiaries for your pension and protection policies? If yes, who?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you appointed guardians for your dependents? If yes, who?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you possess an aide-memoire to help your loved ones such as a "My Documents in the event of your death or loss of mental capacity"? Would you like help with this?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide the details of any other advisers you have including financial advisers, lawyers, accountants and tax advisers.		

Children and Dependents

Name	Date of Birth	Occupation or Current School	Gender	Are they financially dependent on you?	Relationship	Country of Residence
				Yes <input type="checkbox"/> No <input type="checkbox"/>		
				Yes <input type="checkbox"/> No <input type="checkbox"/>		
				Yes <input type="checkbox"/> No <input type="checkbox"/>		
				Yes <input type="checkbox"/> No <input type="checkbox"/>		
				Yes <input type="checkbox"/> No <input type="checkbox"/>		
				Yes <input type="checkbox"/> No <input type="checkbox"/>		

Have you ever considered securing another citizenship or residency for you, your spouse, or family? Yes No

Income, Expenses, Assets, and Liabilities

Income and Expenses

Income Details	Frequency	Pre/Post Tax	Currency	Primary Applicant	Secondary Applicant
Basic Earned Income	Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>			
Bonus / Commission	Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>			
Housing allowance	Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>			
Investment income	Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>			
Pension Income	Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>			
Rental Income	Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>			
Other	Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>			
Other	Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>			
Total (Annual)		

Expense Details	Frequency	Pre/Post Tax	Currency	Primary Applicant	Secondary Applicant
Accommodation	Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>			
Food	Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>			
Utilities	Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>			
Travel	Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>			
Debt Payments	Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>			
Lease Payments	Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>			
Savings	Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>			
Insurance Premiums	Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>			
Investment Purchases	Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>			
Other	Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>			
Other	Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>			
Total (Annual)		

Net Income

Net Income	Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>			
Combined Income	Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	Pre <input type="checkbox"/> Post <input type="checkbox"/>			
Total Income available to pursue financial goals		

Assets and Liabilities

In the section below, please specify your assets, such as bank and cash deposits, real estate, cars, personal property, and so forth. If you have an asset held at a company, such as a bank account or an investment account, the company can be specified as well.

	Primary Applicant	Secondary Applicant
Do you have cash set aside for a "rainy day" fund?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how much? (Please specify currency).		
How long would this support you?		
How many years of investment experience do you have?		
Could you describe your experience with investments?		

Asset Name	Company	Held by	Currency	Value
		Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Joint <input type="checkbox"/>		
		Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Joint <input type="checkbox"/>		
		Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Joint <input type="checkbox"/>		
		Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Joint <input type="checkbox"/>		
		Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Joint <input type="checkbox"/>		
		Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Joint <input type="checkbox"/>		
		Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Joint <input type="checkbox"/>		
		Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Joint <input type="checkbox"/>		
Total		

In the section below, please specify your liabilities, such as mortgages and loans, car leases, credit card debt, and so forth.

Liability Name	Term (Years)	Company	Held by	Currency	Value
			Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Joint <input type="checkbox"/>		
			Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Joint <input type="checkbox"/>		
			Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Joint <input type="checkbox"/>		
			Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Joint <input type="checkbox"/>		
			Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Joint <input type="checkbox"/>		
			Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Joint <input type="checkbox"/>		
			Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Joint <input type="checkbox"/>		
Total			

Family Security and Protection

This section is to assess and document the financial safeguards and insurance in place for you and your family. It includes an evaluation of life insurance policies, health and disability coverage and critical illness cover. The goal is to ensure comprehensive protection against unforeseen circumstances, providing peace of mind and financial stability. We can identify potential gaps in coverage and make recommendations to strengthen your family's financial security.

	Primary Applicant	Secondary Applicant
Please describe your health?	Average <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/>	Average <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/>
Do you smoke? (cigars, cigarettes, and vape)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you on any medication? If yes, what types?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have private health insurance? If yes, please note the following details: Insurer, Policy Type, Term, Cost.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have critical illness insurance? If yes, please note the following details: Insurer, Policy Type, Term, Cost, Sum Assured.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have life insurance? If yes, please note the following details: Insurer, Policy Type, Term, Cost, Sum Assured.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any other insurance to protect you and any dependents? If yes, please detail.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your existing life cover held under trust? If yes, who are the trustees and beneficiaries?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you do have insurance policies, what countries are they set up in?		
Other Notes:		

Retirement Planning**Primary Applicant****Secondary Applicant**

Do you have any existing pension arrangements? If yes, please provide full details including any state pension entitlement. Are you currently contributing to your pension arrangements?

Who are your nominated pension beneficiaries?
What is their relationship to you?
What is their nationality?
Are they more than 10 years younger than you?

At what age do you plan to retire?

In which country/countries do you plan to spend your retirement?

What is your target level of income in retirement?

Have you had a pension crystallization event? What percentage of your lifetime allowance has been used? (Post 5th April 2006 only) (UK specific)

Do you have pension protection in place? If so, what type? Primary, Enhanced, Fixed. (UK specific)

Have you taken a pension commencement lump sum? If so, how much?

What percentage of your pension would need to carry on being paid to your spouse or partner in the event of your death?

If you have not yet taken one, will you require a cash lump sum from your pension? Do you intend to use the lump sum for any specific reason?

Have you received any advice on your options for taking benefits at retirement? (e.g. Annuity, drawdown).

Do you know where your funds are invested, including risk and diversification levels?

Estate Planning**Primary Applicant****Secondary Applicant**

Have you taken advice on the potential taxation of your estate on death?

Yes No Yes No

Have you ever been an executor and dealt with probate?

Yes No Yes No

Have you established a trust, been appointed as a trustee or the beneficiary to a trust? If yes, please specify.

Yes No Yes No

Are you expecting an inheritance in the future? If yes, please specify.

Yes No Yes No

Have you made any gifts to individuals or trusts in the last 14 years? (UK specific)

Yes No Yes No

If yes, please specify. You should include the values and beneficiaries.

Yes No Yes No

Have you inherited assets within the past two years? (UK specific).

Yes No Yes No

Internal Compliance**Primary Applicant****Secondary Applicant**

Would you consider yourself a Politically Exposed Person (PEP)?

Yes No Yes No

Please confirm your source of wealth. For example, Savings from Income, Sale of Business, Sale of Property, Divorce Settlement, Pension Lump Sum, Proceeds from Trusts, Other please specify.

Would you like to sign a Letter of Authority (LOA) should that MCG can provide advice on your plans?

Yes No Yes No

Investor and Risk Profile

<p>1. What is your current age?</p> <input type="checkbox"/> 18 to 30 years old [4] <input type="checkbox"/> 31 to 43 years old [3] <input type="checkbox"/> 44 to 55 years old [2] <input type="checkbox"/> Above 55 years old [1]	<p>2. How do you normally feel after making a significant financial decision?</p> <input type="checkbox"/> Optimistic that the decision will bring substantial benefits [4] <input type="checkbox"/> Content that it is a right decision [3] <input type="checkbox"/> Concerned that it could be a wrong decision. [2] <input type="checkbox"/> Oh my god! What if it fails? [1]
<p>3. How many months of expenses can your emergency funds cover?</p> <input type="checkbox"/> More than 8 months [4] <input type="checkbox"/> 4 to 8 months [3] <input type="checkbox"/> Less than 3 months [2] <input type="checkbox"/> I have no emergency funds [1]	<p>4. How many people depend on you financially?</p> <input type="checkbox"/> 0 [4] <input type="checkbox"/> 1 [3] <input type="checkbox"/> 2 to 3 [2] <input type="checkbox"/> More than 3 [1]
<p>5. I plan to keep the money invested for</p> <input type="checkbox"/> More than 7 years [4] <input type="checkbox"/> 5 to 7 years [3] <input type="checkbox"/> 2 to 4 years [2] <input type="checkbox"/> Less than 1 year [1]	<p>6. I prefer to keep capital safe rather than have high returns.</p> <input type="checkbox"/> Disagree [4] <input type="checkbox"/> Neutral [3] <input type="checkbox"/> Somewhat agree [2] <input type="checkbox"/> Strongly agree [1]
<p>7. In the event that the Net Asset Value (NAV) of the fund that you invested falls below 15% of your original investment, what would you do?</p> <input type="checkbox"/> Top up aggressively [4] <input type="checkbox"/> Hold on to it, no action will be taken. [3] <input type="checkbox"/> Switch into a conservative type of fund. [2] <input type="checkbox"/> Redeem and fully hold cash [1]	
<p>8. My current and future income sources (e.g. salary, pension) are:</p> <input type="checkbox"/> Very stable [4] <input type="checkbox"/> Stable [3] <input type="checkbox"/> Unstable [2] <input type="checkbox"/> Very unstable [1]	<p>9. Which investment would you make?</p> <input type="checkbox"/> Portfolio that has a potential loss of < 25% - 50% (or even more) p.a. with a potential return of 12% p.a. [4] <input type="checkbox"/> Portfolio that has a potential loss of < 10% - 15% p.a. with a potential return of 7% p.a. [3] <input type="checkbox"/> Portfolio that has a potential loss of < 5% - 10% p.a. with a potential return of 5% p.a. [2] <input type="checkbox"/> Portfolio that has a potential loss of < 5% p.a. with a potential return of 3% p.a. [1]
<p>10. What is your primary investment objective?</p> <input type="checkbox"/> Capital Gain [4] <input type="checkbox"/> Children Education [3] <input type="checkbox"/> Retirement Planning [2] <input type="checkbox"/> Capital Preservation [1]	<p>11. What percentage of monthly income can be invested?</p> <input type="checkbox"/> More than 30% [4] <input type="checkbox"/> 16 to 30% [3] <input type="checkbox"/> 0 to 15% [2] <input type="checkbox"/> I currently have no income [1]
<p>Total Risk Score:</p>	

Risk Profile Results:

<input type="checkbox"/> 11 to 17 Points	<input type="checkbox"/> 18 to 25 Points	<input type="checkbox"/> 26 to 32 Points	<input type="checkbox"/> 33 to 40 points	<input type="checkbox"/> Above 40
Conservative	Moderately Conservative	Balanced	Moderately Aggressive	Aggressive

Goals and Objectives

This section is to capture your financial goals and objectives. It includes both short-term and long-term aspirations, such as retirement plans, education funding, major purchases, and investment targets. The aim is to understand your priorities and align your financial strategy accordingly. By clearly defining your goals, we can provide tailored advice and develop a roadmap to help you achieve them.

For each of the items below, please note on a scale of 1 to 5 how important they are to you.

	Primary Applicant	Secondary Applicant
Financial protection for myself, and/or family from death, illness, and injury.		
Saving and accumulating wealth, including building a portfolio.		
Investing and managing existing wealth, including providing an income.		
Mortgage and finance.		
Retirement Planning including pension consolidation.		
Tax Planning.		
Property / Real Estate Investment.		
Will and Estate Planning (including IHT and Succession).		
Review of existing arrangements and previous advice.		
Other Planning Areas		

Specific Goals

Goal or Planning Area	Owner	Priority (1 – 5)
	Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Joint <input type="checkbox"/>	
	Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Joint <input type="checkbox"/>	
	Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Joint <input type="checkbox"/>	
	Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Joint <input type="checkbox"/>	
	Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Joint <input type="checkbox"/>	

Avenue for Recourse

If you are unhappy with the Statement of Advice or our services in any way, please direct your dissatisfaction at the first instance to us and we will make every endeavour to resolve your complaints in a prompt and fair manner.

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Malaysia
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Agreement

We are committed to the relationship with you and thank you for giving us the opportunity to assist you in your affairs.

Should you have any questions on the above, please do not hesitate to contact us. If the above terms of engagement are acceptable to you, kindly sign below us as confirmation of our Engagement.

Signature :
Name :
Designation :
Date :
CMSRL :

Signature :
Name :
Designation :
Date :

I/We hereby declare that the information provided in this form accurately represents my/our investment objectives, financial situation, and particular needs. I/We are not aware of any other information that may be relevant to the preparation of my/our Statement of Advice. I/We fully understand that a Statement of Advice or investment recommendation will be based on the information supplied in this form. In the event that I/We choose not to proceed with the provided advice, I/We acknowledge that the advice would have been formulated based on the information furnished herein.

Main Applicant
Signature :
Name :
Passport No./NRIC :
Date :

Joint Applicant (if applicable).
Signature :
Name :
Passport No./NRIC :
Date :