

AIA PRS
(General Guide)
How To Fill Up
PRS Account Opening Form
& Payment Methods
(Version July 2025)



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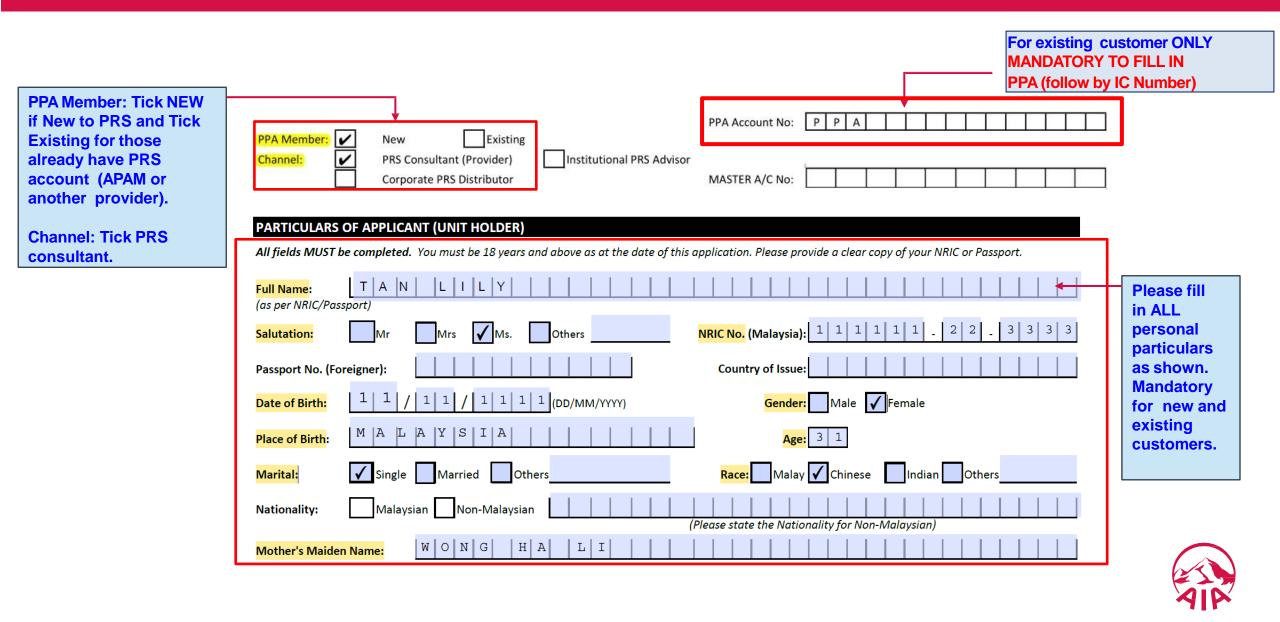
HOW TO FILL UP GUIDE

Guide to:

- 1. AIA PRS Account Opening Form (AOF)
- 2. Customer Profiling Form (part of AOF)
- 3. Payment Methods
- 4. PRS Submissions (Common Mistakes)

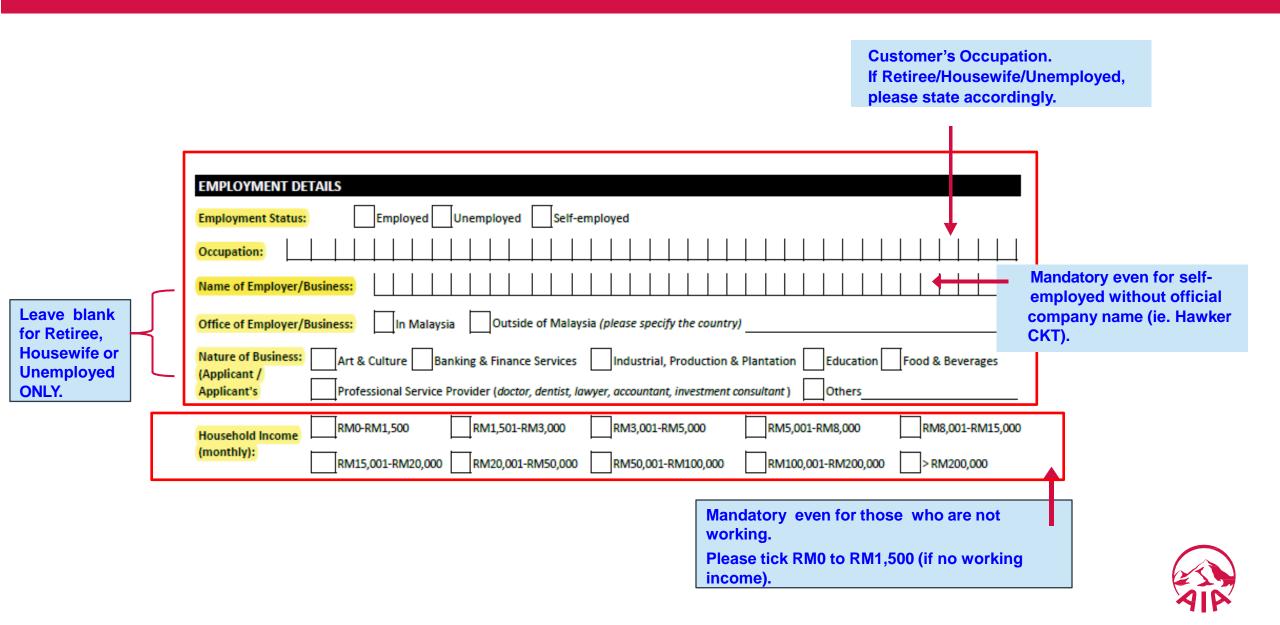
Version July 2025





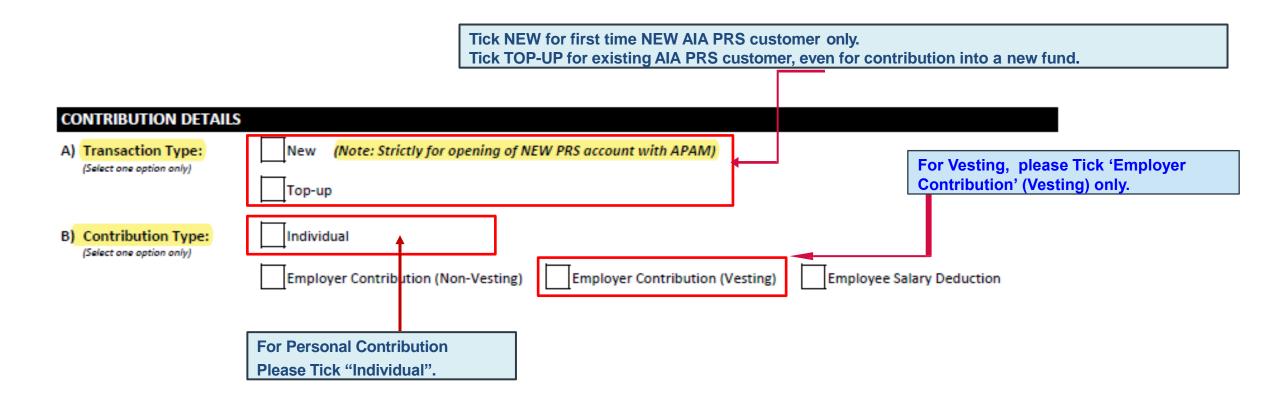
Please fill in ALL personal particulars as shown.	Source of Fund Salary / Business income Personal savings Sales of assets Sales of other investments Inheritance Others, please specify	
Mandatory for new and existing customers.	Source of Wealth Salary or commission from current and/or past employment Sales of assets Sales of investments (shares / unit employment or Business Business or trade income Inheritance or gift Source of Wealth Sales of investments (shares / unit employment or Business Trusts etc.) Rental income	
Mandatory for FOREIGN INVESTORS ONLY.	[FOR FOREIGN NATIONAL ONLY] Are you residing outside Malaysia? Yes No If yes, what reason(s) has / have been provided for investing in Malaysia? To diversify investment portfolio To enjoy higher investment returns Others, please specify	



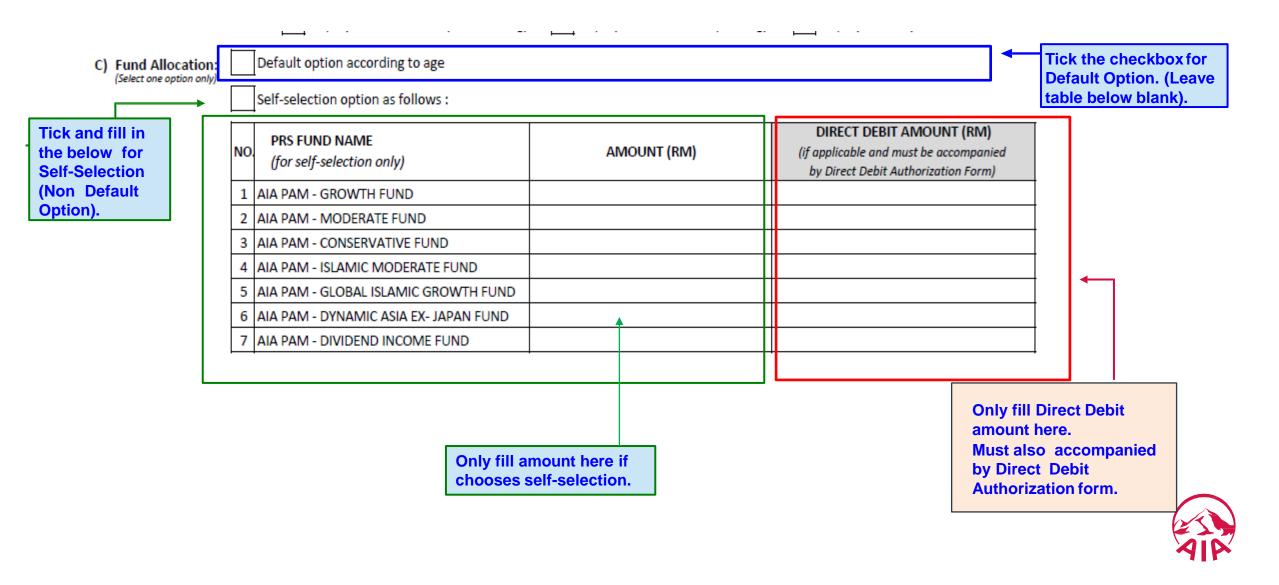


CORRESPONDENCE ADDRESS AND CONTACT DETAILS Correspondence Address: **Mandatory** Postcode: for new and State: Country: existing customers. Tel: Home (with Country Codes) **Email Address:** CURRENT RESIDENCE ADDRESS (please only complete if different from Correspondence Address above) Residence Fill in ONLY if the Address: residence address is different from Postcode: City: correspondence address. State: Country:









For Lump Sum contribution, just fill up ONE based on chosen payment only (choose A or B only). **PAYMENT MODE / METHOD** All payment MUST be made payable to APAM Sdn Bhd Reminder: APAM DOES NOT accept cash as a form of payment. For the purpose of investing in any of AIA PRS Funds, unitholders are reminded NOT to provide cash nor to make payments to the bank accounts of the PRS Consultant as intermediary to re-transfer payments to APAM Sdn Bhd. All payment should be made directly by the Unitholder (or an allowable third-party) to APAM Sdn Bhd in the forms of cheque/ bank draft/ telegraphic or bank transfer. Please state member's Name and NRIC No. as "recipient reference" when executing online payment. Cheque/Bank Draft: Payer Bank Amount (RM) Cheque No. Telegraphic/Internet Banking Transfer: Amount (RM) 10,000 MAYBANK 528491 Payer Bank Ref No. **√** 12th c) Direct Debit: Monthly ✓ Annually Deduction date: 25th Amount (RM) 5,000 MAYBANK 111-222-111-0 Payer Bank Account No. d) Transfer In From (Provider's Name): Amount (RM) Fill up if you would like to proceed with **Monthly Direct Debit and tick Monthly/Annual Transfer In: For customers** with one of the two dates given. transferring their PRS funds from Ensure to attach with Direct Debit form. **OTHER PRS providers into APAM**



If self-payment, please tick 'YES' and leave the below table blank.

Note: For Joint bank account, it is **MANDATORY** to attached with the bank statement.

If third-party payment, please tick 'NO' and fill the table below with the Payor/Contributor details.

PRS CUSTOME	R DUE DILIGENCE (ALLOWABLE THIRD PARTY PAYMI	ENT)	
Yes	Unit Holder, are you also the Payor/Contributor of the fund(s If your answer is Yes (i.e. self-payment), you need NOT comp (Note: For payment from bank joint account, please substant the account holders) If your answer is No (i.e. third party payment), please comple BUTOR DETAILS (Only fill in if your answer is No for the above	plete the section on Payor/Contributor Details below. ntiate/support with bank statement to show proof that the applicant is one ete the Payor/Contributor Details below	Important: Please provide IC copy of Third Party Payor
•			with Certified True
Name of Payor	r:	NRIC / Passport Number : (Note: MANDATORY to provide copy of NRIC / Passport)	Copy (CTC) by the
Date of Birth :	(DD/MM/YYYY)	Gender : Male Female	consultant.
Nationality:		Occupation :	
Contact No :		E-mail Address :	
Payor/Contribe Correspondence			
Relationship w	vith Payor Spouse	Parent Children	
Source of Fund	Salary / Business income Personal saving Inheritance Others, please s		
Source of Wea	Salary or commission from current and/ or past employment Sales of assets Inheritance or gift	Savings from past employment or Business etc.) Business or trade income Rental income Others, please specify	ts
I, being the un	nit holder, hereby confirm that:		
the payn	-	ontributing towards the PRS fund(s) selected by myself and the Payor	
THIS SECTION	IS APPLICABLE FOR FOREIGN NATIONAL ONLY		
Are you residin	ng outside Malaysia? Yes No		
If yes, what rea	ason(s) has / have been provided for investing in Malaysia?		
	y investment portfolio To enjoy higher investment ret	Others, please specify	27



(a) U.S Person Declaration

Tick all FATCA checkboxes (US Person cannot invest in PRS).

The term U.S. person or United States person means a person described in section 7701(a)(30) of the Internal Revenue Code:

The term "United States person" means – a citizen or resident of the United States

Please check "/" Yes or No for each of the following questions:

1 Are you a U.S. citizen?

2 Did you hold a U.S. Permanent Resident Card (Green Card)?

3 Are you a U.S. Resident?

U.S. person – if you have ticked "Yes" to any of the thre I hereby declare and agree that, by contributing this AIA federal income tax purposes. I understand that AIA Pens on it and act on it. In the event this statement is false, m less charges and tax penalty, if any at point of terminati entitled to terminate my account.

Non-U.S. person – if you have ticked "No" to all the thre I hereby declare and agree that, by contributing this AIA U.S. federal income tax purposes and that I am not acting Bhd. ("APAM"), believing this statement to be true, will I which case APAM shall notify me and repay my investme In view that this is a fundamental term, APAM shall be er

U.S. Person – Change of Circumstances*:

I agree to notify APAM within thirty days (30) of any change in mapplicable to U.S. persons or residents contributing AIA Private R *Note: A false statement or misrepresentation of tax status by Account holders who have or may have U.S. Indicia: *Note: The I (i) U.S. persons for U.S. federal income tax purposes; or (ii) If yo connection with this AIA Private Retirement Scheme contribution be in fact a U.S. person for U.S. federal income tax purposes (inclindicia" as used below refers to any of the three circumstances d Indicia and fail after request to provide such information, conser comply with its contractual, legal and/or regulatory obligations reporting to the Internal Revenue Service of information relationtribution, APAM reserves the right and shall be entitled to take your account, withholding the necessary monies to be remitted penalty, if any at point of termination in the event of such termination in the event of such termination.

FATCA Data Privacy Waiver (applicable to both individuals and corporates

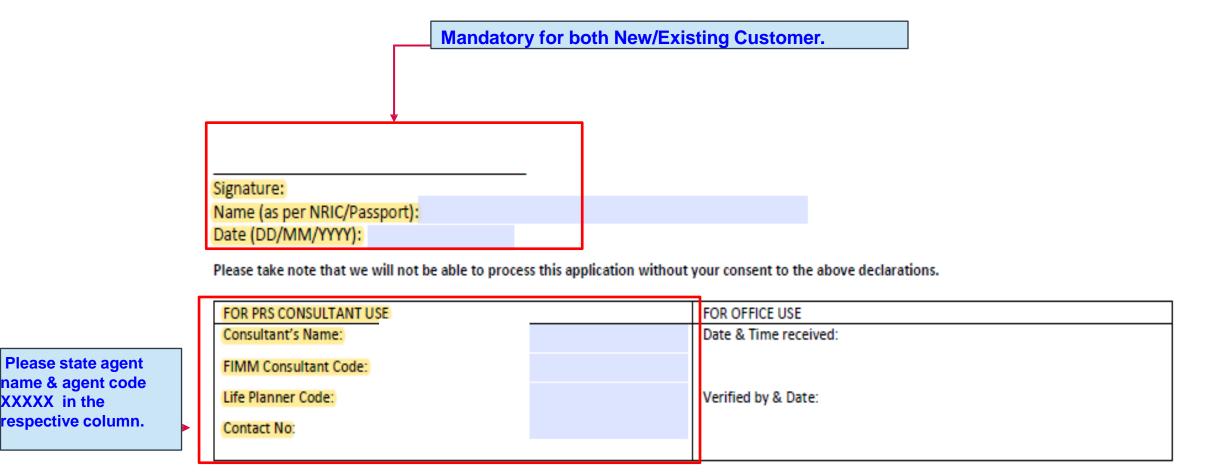
APAM and its affiliates ("the Group") are subject to and required (the "Reporting Requirements"). As such, I provide my express of the such is a such in the such in the such in the such is a such in the such in the such is a such in the such in the such is a such in the such in the such in the such is a such in the s



Part 1 Do you	Identification of PRS member have any tax residency in country(i	es) other th	an Malaysi	a and United State	es (U.S.)?		
	Yes (Please complete Part 2)	~	No		***************************************	If tick Yes, please fill up bel	ow table.
Part 2	Country of Tax Residence and Ta	axpayer Ide	ntification	Number or its Fun	ctional Equivalent (1	TIN)	
Please o	complete the following table by prov	/iding:					
(a) ALL	current country of tax residence; an	nd					
(b) Your	Taxpayer Identification Number or	its Function	al Equivaler	nt (TIN) for each co	ountry indicated.		
If the TI	N is unavailable, please select one (2	1) reason, A,	, B or C as b	elow:			
Reason	A - The country where I am a tax re	sident does	not issue T	INs to its residents			
Reason	B - I am not able to obtain the TIN (please prov	ide explana	ation).			↓
Reason	C - TIN is not required. Select this re	eason only if	f the author	rities of the countr	v of tax residence do	not require disclosure of TIN.	•

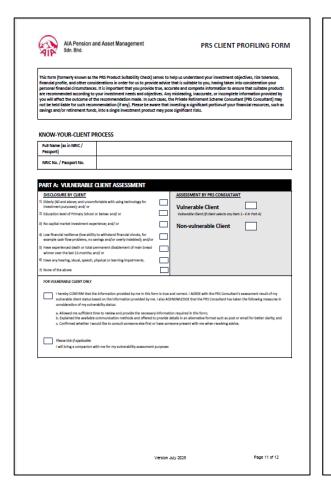
Country of Tax Residence	TIN	If no TIN is available enter Reason A,B or C	Please provide explanation if Reason B is selected
(1)			
(2)			
(3)			
(4)			
(5)			

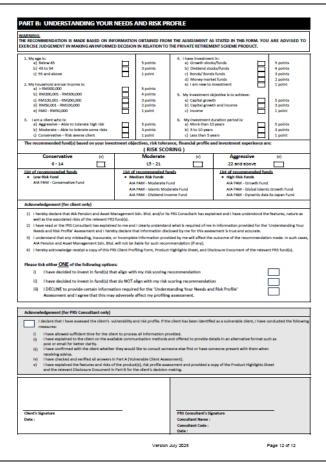






XXXXX in the





In line with the implementation of the TCF Policy, a Client Profiling Form (CPF) is introduced

This form will replace the Product Suitability Form and attached along with the Account Opening Form

Important Note:

Both new and existing customers are required to complete and submit the form during new enrolment and/or existing top-up.

All fields are mandatory and any incomplete CPF will be rejected accordingly.

Note: A copy of the CPF is also required for Switching and Transfer In cases.



KNOW-YOUR-CLIENT PROCESS

Full Name (as in NRIC / Passport)	
NRIC No. / Passport No.	

Please fill in accordingly

PART A: VULNERABLE CLIENT ASSESSMENT ASSESSMENT BY PRS CONSULTANT DISCLOSURE BY CLIENT Elderly (60 and above; and uncomfortable with using technology for Vulnerable Client investment purposes); and/ or Vulnerable Client (If client selects any item 1 - 6 in Part A) Education level of Primary School or below: and/or No capital market investment experience; and/ or Non-vulnerable Client 4) Low financial resilience (low ability to withstand financial shocks, for example cash flow problems, no savings and/or overly indebted); and/or 5) Have experienced death or total permanent disablement of main bread winner over the last 12-months; and/or 6) Have any hearing, visual, speech, physical or learning impairments. 7) None of the above

Part A: Vulnerable Client Assessment

Assessment By PRS Consultant

Consultant to tick accordingly

Important Note:

The assessment cannot be solely relying on the customer's disclosure.

Disclosure by Client

Client to tick accordingly (where applicable)



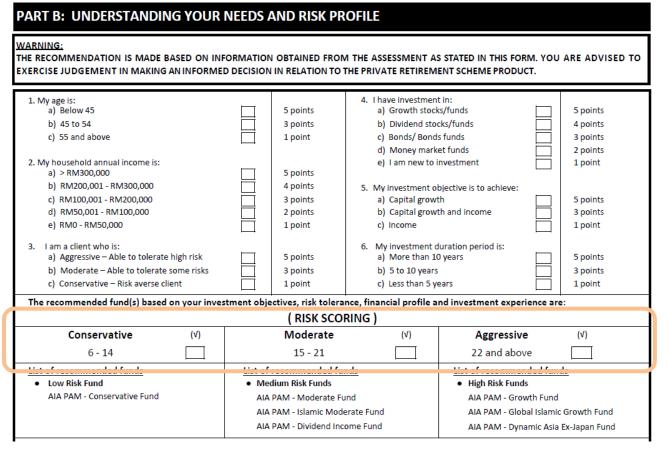
FOR VULNERABLE CLIENT ONLY I hereby CONFIRM that the information provided by me in this form is true and correct. I AGREE with the PRS Consultant's assessment result of my vulnerable client status based on the information provided by me. I also ACKNOWLEDGE that the PRS Consultant has taken the following measures in consideration of my vulnerabilty status: a. Allowed me sufficient time to review and provide the necessary information required in this form; b. Explained the available communication methods and offered to provide details in an alternative format such as post or email for better clarity; and c. Confirmed whether I would like to consult someone else first or have someone present with me when receiving advice. Please tick if applicable I will bring a companion with me for my vulnerability assessment purposes

Part A: Vulnerable Client Assessment



Client to tick **ONLY IF** identified as a Vulnerable Client and where applicable





Part B Understanding Your Needs and Risk Profile



- Client to complete all 6 questions
- Question 2 & Question 6 have been revised from previous version.
- Client to total up the points to indicate their risk scoring

Important Note:

 Client may still choose to invest for other funds despite the risk scoring recommendation, and to tick Option ii under suitability assessment section (see next page) to acknowledge the risks



Acknowledgement (for client only)

- 1) I hereby declare that AIA Pension and Asset Management Sdn. Bhd. and/or its PRS Consultant has explained and I have understood the features, nature as well as the associated risks of the relevant PRS fund(s).
- I have read or the PRS Consultant has explained to me and I clearly understand what is required of me in information provided for the 'Understanding Your Needs and Risk Profile' Assessment and I hereby declare that information disclosed by me for this assessment is true and accurate.
- 3) I understand that any misleading, inaccurate, or incomplete information provided by me will affect the outcome of the recommendation made. In such cases, AIA Pension and Asset Management Sdn. Bhd. will not be liable for such recommendation (if any).
- 4) I hereby acknowledge receipt a copy of this PRS Client Profiling Form, Product Highlights Sheet, and Disclosure Document of the relevant PRS fund(s).

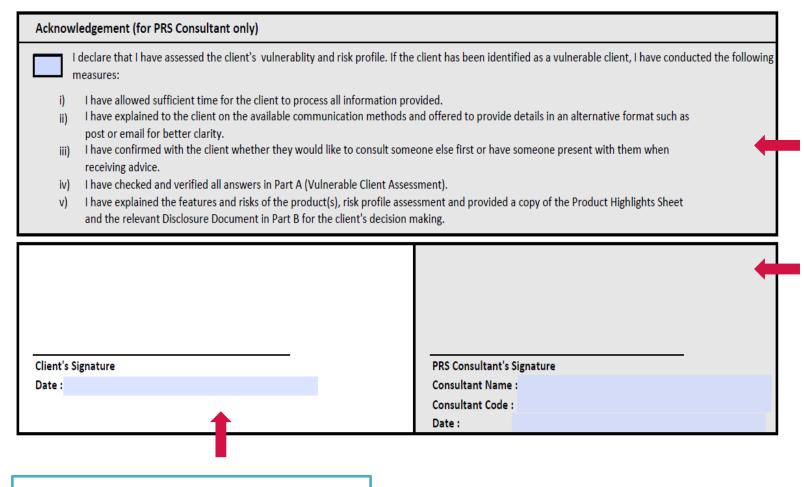
Please tick either ONE of the following options:

- i) I have decided to invest in fund(s) that align with my risk scoring recommendation
- ii) I have decided to invest in fund(s) that do NOT align with my risk scoring recommendation
- iii) I DECLINE to provide certain information required for the 'Understanding Your Needs and Risk Profile' Assessment and I agree that this may adversely affect my profiling assessment.

Part B - Acknowledgement

- Client to tick either one of the three boxes
- Option (ii) if client choose to invest for other funds despite the risk scoring recommendation
- Option (iii) shall only be ticked if Client declines to disclose information required for "Understanding Your Needs and Risk Profile"



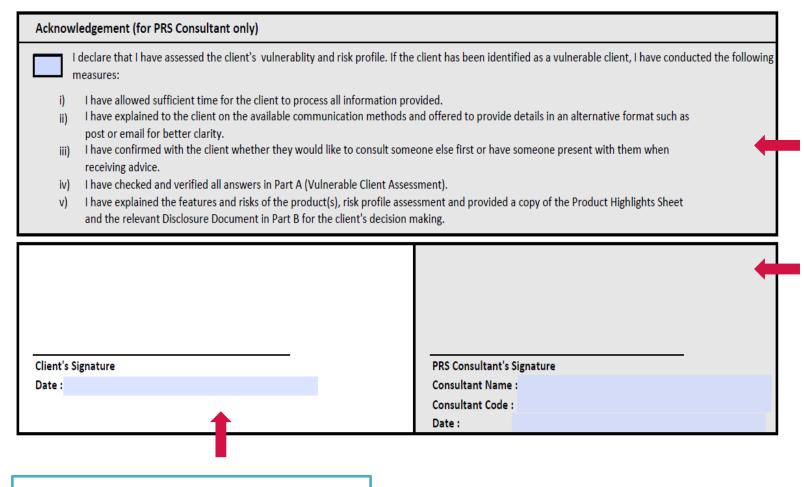


Part B Acknowledgement

Consultant to acknowledge, sign and provide required details & date (Grey Box)

Client to sign and date (white box)





Part B Acknowledgement

Consultant to acknowledge, sign and provide required details & date (Grey Box)

Client to sign and date (white box)



Large Amount Questionnaire (LAQ)

Important Reminder:

- Large Amount Questionnaire (LAQ) is required for total accumulated contribution of RM200,000 and above.
- Form can be obtained via ALPP.

PIR	AIA Pension and Asset Management Bdn. Bhd., nonexe-y Level 10, Menara AIA, 99 Jalan Ampang. 59450 Kusa Lumpur P.O. Box 10717, 50722 Kusa Lumpur T : 1300 22 7771 F: 03-2056 1091
Large Amount Questionaire Enhanced Due Diligence	
Name of Investor :	
NRIC / Passport No. :	
Agency Code Agent Code Agent Na	Agent Tel. No.
To be Completed for Investment Amount of RM2((Please tick where applicable. You may choose)	
Purpose of the investment	
Savings	Others (Please specify):
Supplementing income in retirement	
2. Source of funds	
Salary	Savings
Own Business	Rental Income
Inheritence	Others (Please specify):
Investment (UT/Shares)	
3. Nature of business / employment	
Art & Culture	Education
Banking & Financial Service	Food and Beverages
Industrial, production and plantation	Others (Please specify):
Professional services provider (doctor, dentist, lawyer.accountant, investment of	consultant)
4. Beneficial Owner	
Own	Others (Please specify):



Payment Methods Reminder

Via Cheque	
Payable to	APAM Sdn Bhd

Important Note:

- Do not use the full name ie. AIA Pension and Asset Management and/or Sendirian Berhad
- For joint account (husband & wife), ensure customer name is on the cheque
- If not, must provide bank statement to show
- For individual contribution, strictly no company cheques



Payment Methods Reminder

Via Internet Banking	
Account Name	APAM Sdn Bhd
Bank	Deutsche Bank
Account Number	0018440000
Recipient Reference	<pre><investor's ic="" number=""> Example:1998145513</investor's></pre>

Important Note:

- Please tick as "NO" for Beneficiary ID/IC Type or
 Recipient ID Type for Payment via Instant Transfer / Giro
- Payment via Instant Transfer is preferable instead of Giro to prevent payment failure
- Please use the "Reference Number" generated from your Internet Banking transaction to fill up the Account Opening Form's – Payment Mode/Method" section under the Ref. No
- Please note that payment via ATM or cash is not permitted.

rovide cash nor to make payments to the bank acco	ounts of the PRS Consultant as intermediary to wable third-party) to APAM Sdn Bhd in the form:	of AIA PRS Funds, unitholders are reminded NOT t re-transfer payments to APAM Sdn Bhd. All paymen s of cheque/ bank draft/ telegraphic or bank transfer
) Cheque/Bank Draft : Payer Bank	Cheque No.	Amount (RM)
) Telegraphic/Internet Banking Transfer: Payer Bank	Ref No.	Amount (RM)
Monthly Direct Debit: 12th Payer Bank	25th Account No.	Amount (RM)
) Transfer In From (Provider's Name):		Amount (RM)



Thank you

