



SURPLUS CASH FACILITY - APPLICATION FORM

1 PARTICULARS OF APPLICANT	
Full Name of Account Holder(s) ("Client"):	Account No.:

2 CLIENT INSTRUCTION
Apply SURPLUS CASH FACILITY – Subscribe PHILLIP HKD MONEY MARKET FUND (“Fund”)

3 ADVISORY
<p>I/We recognize the Fund via the following channels:</p> <p><input type="checkbox"/> Via website or marketing material from Phillip ; or</p> <p><input type="checkbox"/> Via AE or dealer providing the following rationale(s) :</p> <ul style="list-style-type: none"> <input type="checkbox"/> The Fund provides a flexible investment opportunity for my/ our idle cash assets. <input type="checkbox"/> The Fund offers a relatively high liquidity. <input type="checkbox"/> The Fund’s risk rating matches my/our risk tolerance level. <input type="checkbox"/> The Fund is a good portfolio diversifier. <input type="checkbox"/> Others (Please Specify) _____

4 CLIENT ACKNOWLEDGEMENT
<p>Product Risk Rating of the Fund : Low</p> <p>The Company has taken into consideration various factors to assess the risk level of the Fund, which includes the nature of its underlying assets, diversification of geographical regions and sectors of the underlying assets, and historical volatility of the Fund etc.</p> <p>*****</p> <p><input type="checkbox"/> OFFERING DOCUMENTS I/We have been provided with and understood the offering documents¹ (including Product Key Facts Statement and Explanatory Memorandum). I/We understand the importance of the specific terms and risks mentioned in the relevant offering documents before investing.</p> <p><input type="checkbox"/> CONCENTRATION RISK I am/We are aware that the Surplus Cash Facility automatically subscribes Fund units according to the thresholds² as they are mandated in the Standing Authority. I/We understand that where a large proportion of the assets in my/our account are in cash, close to all of the money will be used to purchase Fund units. This may constitute a concentration risk³ and I/we agree to manage my/our overall investment portfolio in consideration of said risk.</p> <p><input type="checkbox"/> RISKS OF THE FUND I/We understand and am/are able to take the risks of investing in the Fund.</p> <p><input type="checkbox"/> CERTIFICATION OF NON-U.S. TAX RESIDENCY I/We certify that I am/we are the beneficial owner(s) of the account to which this form relates and that I am/we are not a citizen or resident of the U.S.</p> <p>Remarks:</p> <p>1. <i>Offering Documents</i> - please refer to http://www.poems.com.hk/zh-hk/capital-management/phillip-wealth-fund/phillip-hkd-money-market-fund/#Related Documents.</p> <p>2. <i>Threshold</i> - please refer to section 6 (1) of this form “Client Standing Authority on Facility”.</p> <p>3. <i>Concentration Risk</i> - please refer to section 6 (c) of this form “Client Standing Authority on Facility”.</p>

Client Declaration:

- (1) I/We wish to subscribe to the Fund with all surplus funds in my/our account according to the prescribed thresholds (please refer to section 6 "Client Standing Authority on Facility", point 1 in this form for details) as they are mandated in the Standing Authority.
- (2) I/We fully understand that Fund units are not bank deposits and are not endorsed or guaranteed by, and do not constitute obligation of the Company or its affiliates.
- (3) I/We acknowledge that I/we have been given a copy of this form together with all associated documents such as the Explanatory Memorandum and Product Key Facts Statement.
- (4) I/We have read all offering documents including, without limitation, the relevant Explanatory Memorandum, Product Key Facts Statement and annual report and agree to the terms set out in such offering documents. I/We am/are fully aware of and understand the terms set out in the offering documents, including, without limitation, the risks of investing in the Fund. The above are provided in a language of my/our choice (English or Chinese). I/We have been invited to read them, to ask questions and take independent advice if I/we wish. I/We agree to the contents as set out in such documents, and I/we hereby declare that I am/we are fully responsible for bearing the risk of loss involved in investing in the Fund.
- (5) I/We fully understand that the offering documents are not intended to provide, and must not be relied upon for, tax, legal or accounting advice, a credit or other evaluation of the Fund nor as assurance or guarantee as to the expected return (if any) of the Fund. I/We should consult my/our tax, legal, accounting, investment, financial and/or other advisors.
- (6) I/We certify that I am/we are not prohibited from purchasing or holding units, and I am/ we are acting on behalf of any person or entity who is prohibited from purchasing or holding units, as provided in the documents mentioned in Statement 4 above. I/We declare that I am/we are not citizen(s) or resident(s) of the countries set out in the documents referred to in Statement 4 above who are not permitted to invest in the Fund. I/We undertake to inform the Company immediately if I/we become citizen(s) or resident(s) of these countries, in which circumstances I/we may be obliged to redeem the units of the Fund.
- (7) I/We fully understand that the past performance of the Fund is not a guarantee of its future performance and that the value of units of the Fund may go down as well as up. Although the fund manager may seek to maintain or preserve the principal value of the Fund, there can be no assurance that the Fund will be able to meet my/our objectives.
- (8) I/We understand that any discount on service and/or handling fees will be provided by the Company on a discretionary basis only.
- (9) I/We understand that the Company acts as my agent in the transactions. I/We understand the relevant fees, charges and expenses incurred from this instruction. I/We hereby authorise the Company to accept and retain for its own benefit any commission, rebate, reallowance, benefit and/or other advantage arising out of or in connection with the handling of the above transaction(s).
- (10) I/We understand that the Company is entitled to receive a trailer fee from the fund house - Phillip Capital Management (HK) Limited up to 30% of the Fund's annual management fees as ongoing commission every year throughout the term of your investment. The Fund is managed by Phillip Capital Management (HK) Limited, a subsidiary of the Company and may have an interest, relationship or arrangement that could be material and/or give rise to a conflict of interest in relation to a transaction effected with or for the Client ("Material Interest"). In such event, subject to any applicable regulations, the Client consents that in the absence of a Material Interest and disadvantage to the Client, the Company may act in any manner that it considers appropriate and the Company or any Associate may retain for its own benefit any related profit, charges, commission or other remuneration.
- (11) I/We understand that this instruction will be conclusive and binding on me/us upon my/our placement of this instruction but is subject to final execution and acceptance by the Company.
- (12) I/We understand that the Company is NOT an independent intermediary because: 1. The Company receive fees, commissions, or other monetary benefits from other parties (which may include product issuers) in relation to its distribution of investment products to me/us*, and/or 2. The Company receive non-monetary benefits from other parties, or have close links or other legal or economic relationships with issuers of products that the Company may distribute to me/us.

*For details, client should refer to the disclosure on monetary benefits stated in Point 10 of client declaration.

Companion Arrangement (Not applicable to client(s) aged 65 or below, or Education Level above Primary 6) :

- As I am/We are :
- Elderly (aged 66 or above)
- Education Level (Primary 6 or below)

I/We hereby acknowledge and understand that I am/we are entitled to have a companion to accompany me/us for the entire application process to ensure I/we understand all of the product features, associated risks and relevant fees and charges.

- I/We wish to have a companion accordingly and acknowledge and confirm that _____ ("Companion" Relationship with me/us: _____) has accompanied me/us in the present process and this Companion is aged between 18 to 65, with secondary school education or above, proficient in the language used during the course of explanation, and with the required knowledge and experience to assist me/us to make this investment decision.
- I/We acknowledge that I am/we are strongly advised by the Company to bring along a companion to attend this meeting so as to make an informed decision. However, I/we confirm that I/we am/are capable to understand the product features, associated risks, fees and charges without the involvement of a companion.

Signature of Primary Account Holder
Date :

Signature of Secondary Joint Account Holder
Date :

This document of authority is in respect of any surplus Hong Kong Dollar (“HKD”) in my/our cash/margin account with Phillip Securities (Hong Kong) Limited (“Company”). The purpose of this document is to apply the Surplus Cash Facility and grant authority to the Company conduct the following:

- (1) Transfer surplus HKD in my/our cash/margin account (“Account”) to Phillip HKD Money Market Fund (“Fund”) when I/we have surplus of HKD 2,000 or more in my/our Account. All surplus funds shall be transferred except HKD 500 as a balance for any fees and charges.
- (2) Redeem the Fund in my/our Account for the purposes of executing trade settlements, the payment of trading fees and charges and/or the payment of any actions as mandated by me/us when there is insufficient cash balance in my/our Account such that a balance of HKD 500 is restored to my/our Account.
- (3) Redeem the Fund in my/our Account for the purposes of settling any shortfall incurred such that a balance of HKD 500 is restored to my/our Account.

With regard to authorizing the transfer of surplus HKD in my Account with the Company, I/we understand that:

- (a) The application to the Surplus Cash Facility is subject to the approval of the Company.
- (b) Surplus HKD (above the prescribed level) in Account applied to the Surplus Cash Facility of the Company will be automatically transferred into the Fund.
- (c) Possible concentration risk may arise if a 30% or more of my/our total assets are invested in the Fund.
- (d) The Fund is a SFC authorized fund which only invests in/with investment grade instruments/counter parties.
- (e) The Fund will be redeemed automatically for settlement of any local and foreign stock trading, withdrawals, transfers, payments and charges denominated in HKD from the designated local stock account.
- (f) The facility is applicable to foreign stock trading only in situations where the Client gives instructions to settle such trades in HKD.
- (g) The Surplus Cash Facility is applicable to the Account designated on the application form only.
- (h) The Surplus Cash Facility operates under a prescribed settlement time frame. Cash withdrawal instructions issued after the daily cut off time as prescribed on www.poems.com.hk will be executed on the next trading day.
- (i) Any instructions given by me/us regarding my/our Account may cause a shortfall to arise in said Account and I/we are liable for all interest payments that result from such a shortfall. A shortfall may arise as a result of a range of different situations. They include but are not limited to corporate actions such as rights subscription, fund transfer between accounts requested after daily cut off time, etc.
- (j) Any redemption of units in the Fund under the Surplus Cash Facility will be credited into my/our Account number as listed above.

This authority is valid for a period of 12 months from the date of signing this document. It may be revoked by giving the Company written notice addressed to the Customer Service Department. Such notice shall take effect upon the expiry of two weeks from the date of the Company’s actual receipt of such notice. I/We understand that this authority shall be deemed to be renewed on a continuing basis without my/our written consent if the Company issues me/us a written reminder at least 14 days prior to the expiry date of this authority, and I/we do not object to such deemed renewal before such expiry date.

This document has been explained to me/us and I/we understand the contents of this document.

Signature of Primary Account Holder

Date :

Signature of Secondary Joint Account Holder

Date :

FOR INTERNAL USE ONLY

Performed “Suitability Assessment” before making any recommendation(s), provided rationales and explained relevant product features and risks to the Client(s).

Signature :

AE Code :

Name :

Date :

Checker Confirmation

CLIENT RISK PROFILE QUESTIONNAIRE (“RPQ”)

The Client’s risk tolerance level has been analyzed under the RPQ :

Low Risk Medium Risk High Risk Completion Date (must be within 1 year): _____

The risk tolerance level was obtained from : Intranet Physical RPQ Form and System Input

Checked the following particulars of the Client(s) : Non-U.S. Status E-Statement Service RPQ Level

Signature :

Name :

Date :

Settlement:

Client signature verified by:

System input by:

Input checked by:

Physical RPQ filed by:

Date: