

**INDIVIDUAL / JOINT / CORPORATE**

In accordance with the requirements of the Capital Markets and Services Act 2007 (CMSA), this Transfer Form should not be circulated unless accompanied by the latest Master Prospectus / Prospectus / Information Memorandum and Supplemental(s) / Replacement thereto (if any) and Product Highlights Sheet. You should read and understand the contents of the latest Master Prospectus / Prospectus / Information Memorandum and Supplemental(s) / Replacement thereto (if any) and Product Highlights Sheet before completing this form. Please complete this form in BLOCK LETTERS and tick (√) where appropriate.

Individual  Joint  Corporate

Related Party  Staff

**1. PARTICULARS OF TRANSFEROR(S)**

Full Name of First Applicant (as per NRIC / Passport)  
 \_\_\_\_\_  
 NRIC No. : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Passport No.: \_\_\_\_\_  
 Full Name of Joint-Applicant (as per NRIC / Passport /  
 \_\_\_\_\_  
 NRIC No. : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Passport / Birth Certificate No.: \_\_\_\_\_  
 Name (as in Certificate of Incorporation)  
 \_\_\_\_\_  
 Company Registration No: \_\_\_\_\_

**2. PARTICULARS OF TRANSFEREE(S)**

Full Name of First Applicant (as per NRIC / Passport)  
 \_\_\_\_\_  
 NRIC No. : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Passport No.: \_\_\_\_\_  
 Relationship with Transferor :  First Applicant  Joint-Applicant  Others, please specify: \_\_\_\_\_  
 Type of Relationship:  Spouse  Parent / Child  Others, please specify: \_\_\_\_\_  
 Full Name of Joint-Applicant (as per NRIC / Passport / Birth Certificate)  
 \_\_\_\_\_  
 NRIC No. : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Passport / Birth Certificate No.: \_\_\_\_\_  
 Relationship with Transferor :  First Applicant  Joint-Applicant  Others, please specify: \_\_\_\_\_  
 Type of Relationship:  Spouse  Parent / Child  Others, please specify: \_\_\_\_\_  
 Name (as in Certificate of Incorporation)  
 \_\_\_\_\_  
 Company Registration No: \_\_\_\_\_  
 Relationship with Transferor :  First Applicant  Joint-Applicant  Others, please specify: \_\_\_\_\_  
 Type of Relationship: \_\_\_\_\_

**3. FUND(S) TRANSFER PARTICULARS**

Transfer to :  New (Please complete Account Opening Form)  Existing (Please provide Holder No.): \_\_\_\_\_  
 1. Fund Name  
 \_\_\_\_\_  
 Units to Transfer :  Full  Partial \_\_\_\_\_ Units  
 2. Fund Name  
 \_\_\_\_\_  
 Units to Transfer :  Full  Partial \_\_\_\_\_ Units  
 3. Fund Name  
 \_\_\_\_\_  
 Units to Transfer :  Full  Partial \_\_\_\_\_ Units

**Please Note:**

- 1) The minimum number of units for a transfer is 200 units or such other number of units as the Manager may at their discretion deem appropriate..
- 2) An Administration Charge of RM5.00 will be imposed for any transfer request that is received by the Manager.

**4. DISTRIBUTION INSTRUCTION (ONLY APPLICABLE FOR NEW ACCOUNT OPENING)**

Reinvest       Credit to Bank Account

Bank Account Particulars	Bank Name: _____ A/C Name.: _____ A/C No.: _____
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**5. DECLARATION AND SIGNATURE(S)**

- 1) I/We have read and fully understood the Master Deed, the Deed and the Supplementary(ies) Deed (if any), the Master Prospectus / Prospectus and Supplementary(ies) / Replacement Prospectus (if any), the Information Memorandum and the Supplementary(ies) / Replacement Information Memorandum (if any) and Product Highlights Sheet (collectively as Disclosure Documents) for the Fund(s) to be invested in and agree to be bound by the Disclosure Documents and the aforementioned notes.
- 2) I/We hereby declare that the particulars and information given in this Transfer Form are true and correct and I/We have not withheld any material facts or information which may influence the acceptance of this application.
- 3) I am /We are aware of the fees and charges that I/We will incur directly or indirectly when investing in the fund(s).
- 4) I/We agree that the Company reserves the right to reject, withdraw or terminate forthwith without notice my/our application without assigning any reasons thereto and under no circumstances shall the Company be liable for any loss or damage for such action.

\_\_\_\_\_  
Signature or of First Transferor/ Authorised Signatory

\_\_\_\_\_  
Signature or of Joint Transferor/ Authorised Signatory

Company Stamp

\_\_\_\_\_  
Signature or of First Transferee/ Authorised Signatory

\_\_\_\_\_  
Signature or of Joint Transferee/ Authorised Signatory

Company Stamp

Signature of Witness:
Name of Witness:
IC / Passport:
Address:
Occupation:
Telephone No.:
Date:

For Distributor / Introducer Use Only		For Office Use Only	
<i>IUTA</i>	<i>UTC/MR</i>		
Name : _____	Name : _____	Date & Time Received : _____	Transaction Date : _____
Branch : _____	Code : _____	Input By : _____	Holder No. : _____
Rubber Stamp : _____	Signature : _____	Checked By : _____	
Date : _____	Date : _____	Approved By : _____	