



Please complete this form in **BLOCK LETTERS** and with **BLACK INK** only.

An Internal Transfer Form must be completed to effect a transfer of Units in a Fund distributed by Phillip Mutual Berhad (PMB) from the name(s) of the existing registered Unitholder(s) [the "Transferor(s)"] to the name(s) of new registrant(s) [the "Transferee(s)"]. If Units in more than one Fund are to be transferred, a Transfer Form must be executed for **each** individual Fund. Similarly, if Units are to be transferred to more than one Transferee, and are to be registered in the individual name of each Transferee, not jointly, a separate Form of Transfer must be executed in each name. In such case, a photocopy of this Transfer Form can be made and ensure that each is completed and signed accordingly.

*Denotes mandatory field which must be properly disclosed and completed by the applicant.

PARTICULARS OF TRANSFEROR(S)

Transferor's Investment Account Number*				
Full/Registered Name of Principal Holder/Corporation* <i>(as per NRIC/Passport/Company Registration)</i>				
NRIC/Passport/Company Registration No.*	Contact No.*		Email-Address*	
Full Name of Joint Holder (if applicable) <i>(as per NRIC/Passport)</i>				
NRIC/Passport No.	Contact No.*		Email-Address*	

PARTICULARS OF TRANSFEREE(S)

Transferee's Investment Account Number*				
Full/Registered Name of Principal Holder/Corporation* <i>(as per NRIC/Passport/Company Registration)</i>				
NRIC/Passport/Company Registration No.*	Contact No.*		Email-Address*	
Full Name of Joint Holder (if applicable) <i>(as per NRIC/Passport)</i>				
NRIC/Passport No.	Contact No.*		Email-Address*	

DETAILS OF TRANSFER

No	Fund to be Transferred		Cash/EPF	Units to be Transferred
	Fund Name	Currency		
1				
2				
3				
4				
5				

Close account

SINGATURE(S) OF TRANSFEROR(S)		SIGNATURE(S) OF TRANSFEREE(S)	
IN THE PRESENCE OF: SIGNATURE OF WITNESS		IN THE PRESENCE OF: SIGNATURE OF WITNESS	
Full Name of Witness* <i>(as per NRIC/Passport)</i>		Full Name of Witness* <i>(as per NRIC/Passport)</i>	
NRIC/Passport No.*		NRIC/Passport No.*	
Date		Date	

Subject to the terms and conditions below upon which the said Fund Units are now held by the Transferor(s), and the Transferee(s) hereby agree to accept and hold the said Units subject to the terms and conditions below.

TERMS AND CONDITIONS

1. This Transfer Form must be signed by the Transferor(s) and Transferee(s) based on the operating mandate for each account.
2. The original copy of the Form must be returned to PMB.
3. Units can be transferred to a joint account.
4. In the case of a partial transfer, the Transferor's remaining holding in the Fund must not be less than the minimum investment requirement. Similarly, the Transferee must also satisfy the minimum investment requirement.
5. If a Transfer Form is submitted after a distribution has been declared, but before the distribution payment date, the Transferor must indicate whether the distribution should also be transferred to the Transferee(s).
6. If a Transferee has yet to open an Investment Account with PMB, and in the absence of instructions to the contrary, all distributions which may be declared or paid by the Fund(s) will be automatically reinvested into the same Fund.

FOR UNIT TRUST CONSULTANT/ FINANCIAL PLANNER

Name:	Signature
Code :	
Date :	

FOR PMB USE ONLY

	Department	Signature	Staff Name	Date	Remarks
Received by	Phillip Investor Centre				
	Customer Service				
	Operations				
Processed and Verified by	Operations				