



## **UNIT HOLDER RECORD MAINTENANCE FORM**

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Please take note that Section	1 A2, A	3, A4	and Se	ection	B are	e not	appli	cabl	e to l	PRS a	ссои	nt.		,	70000	, 0,,,00	#0 trat	ui	iii rioid	or arre	,	0#16 110	.do,	u.,y,	muot i	JO 01 11.	o odino	
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ACC. HOLDER NAME																												Ш
NRIC NO. (New)					-							NRI	C (O	ld) /	PAS	SSF	PORT	ΓNC	Э.									
Please complete the field	(s) tha	t req	uired	chan	iges:																							
1. FIRST APPLICANT PAR	RTICUL	_ARS	(Chan	ges if a	any) *I	Please	provi	de a	photo	сору (	of NRI	C / Pa	sspor	t														
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SIGNATURE (New Signatu	ıre)																											
For change of signature, both holder	rs must s	sign an	nd be wit	nessed	d by MI	IMMB s	staff													Wit	nes	sed	by /	/ Da	te			
2. JOINT APPLICANT PAR	RTICUL	_ARS	(Chan	ges if a	any) *F	Please	provi	de a j	ohoto	сору с	f NRIC	C / Pas	ssport	/ Birt	h Ce	ertific	cate											
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RELATIONSHIP WITH FIRST APPLICANT																			Ш									Ш
SIGNATURE (New Signatu	ıre)																			_				_				
For change of signature, both holder	rs must s	sian an	nd be wit	nessec	d by MI	IMMB s	staff									_				Wit	nes	sed	hy /	/ Da	ıte.			

3. AUTHORITY TO OPER	ATE ACCOUNT
JOINT ACCOUNT *For Joint Account, both holders me	PRINCIPAL HOLDER TO SIGN EITHER ONE TO SIGN BOTH TO SIGN st sign for request to change the Authority To Operate Account
4. INCOME DISTRIBUTIO	N OPTION (Please provide bank account details if you opt for payout)
ALL FUNDS	
FUND NAME / FUND COD	E
	REINVEST PAYOUT
	REINVEST PAYOUT REINVEST PAYOUT
	REINVEST PAYOUT
	REINVEST PAYOUT
5 BANK ACCOUNT DETA	ILS (For Redemption, *Income Distribution Payout and Other Payment Purposes) *Except for PRS Account
	ils (For Redemption, income distribution Payout and Other Payment Purposes) Exception PRS Account
BANK NAME	
BANK ACCOUNT NAME(S	
BANK ACCOUNT NO.	
6. NOMINEE FOR INSURA	NCE (If Free Insuranceis provided). Only principal holder can request for change of the Nominee.
INSURANCE COMPANY	
NAME	
NRIC NO. (New)	
NRIC (Old) / PASSPORT I	IO.           RELATIONSHIP TO PRINCIPAL HOLDER
Note: Please provide a photoc	opy of NRIC / Passport / Birth Certificate of the nominee
7. TAX RESIDENCY	
MALAYSIA TAX RESI	DENT ONLY MALAYSIA AND NON-MALAYSIA TAX RESIDENT NON-MALAYSIA TAX RESIDENT ONLY
	B. CORPORATE ACCOUNT USE ONLY
RECORD WITH MANULIF	E INVESTMENT MANAGEMENT (M) BERHAD (MIMMB)
ORGANIZATION NAME	
REGISTRATION NO.	
	(s) that required changes:
1. COMPANY INFORMAT	
CORRESPONDENCE	
ADDRESS	
	POSTCODE POSTCODE
E-MAIL ADDRESS	
CONTACT NO.	(FAX)
CHANGE OF SHAREHOL	DERS / DIRECTOR(S)** CHANGE OF AUTHORIZED SIGNATORY(IES)**

<sup>\*\*</sup> Please provide certified true copy of the updated Board Resolution, sample signature(s) and photocopy of ID.

2. TAX RESIDENCY												
MALAYSIA TAX RESIDENT ON	NLY MALAYS	SIA AND NON-MALAYSIA TAX F	RESIDENT NON-MALAYSIA TAX RESIDENT ONLY									
2.1 MALAYSIA TAX INFORMATION	N											
INCOME TAX REFERENCE NUMB	BER											
3. INCOME DISTRIBUTION OPTIO	ON (Please provide bank	k account details if you opt for payou	ut)									
ALL FUNDS												
FUND NAME / FUND CODE												
			REINVEST PAYOUT									
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			REINVEST PAYOUT									
4. BANK ACCOUNT DETAILS (For	or Redemption, Incor	ne Distribution Payout and Otl	ther Payment Purposes)									
BANK NAME												
BANK ACCOUNT NAME(S)												
BANK ACCOUNT NO.												
	TACT DEDOON											
5. CHANGE OF COMPANY CONTA	ACT PERSON											
1st Contact Person												
NAME	+++++	<del>                                     </del>										
CONTACT NO.	┦.   + + +											
E-MAIL ADDRESS												
2nd Contact Person												
NAME												
CONTACT NO.	1   -											
E-MAIL ADDRESS												
	C. S	GNATURE(S) (Similar in MIMN	MB's record)									
11 - the reserved that the phase have			wid s record)									
I hereby request that the above be a	amended / changeu v	with immediate effect.										
Signature of Principal Ho	lolder /	_	Signature of Joint Holder /									
Authorized Signatory			Authorized Signatory									
	1 1 1											
Date			Date									
Submitted by		FOR OFFICE USE ONLY										
Submitted by Walk-in Account Holder			Remarks :									
Principal Holder	Joint Holder	Both Holders										
Witnessed by MIMMB staff												
(Name, signature of staff and br	ranch stamp)											
UT/ PRS Adviser (Name, Code	and Contact No.)	Verified by / Date :										
01/11/07/03/05/(1/03/05)	and comact to,		Verified by / Bate .									
-												
Remarks :												

Manulife Investment Management (M) Berhad 200801033087 (834424-U)

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