

PHEIM UNIT TRUSTS BERHAD (545919-A)

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TRF No:

Please complete this form in **BLOCK LETTER** and in **BLACK INK** only, and tick (✓) where applicable.

TRANSFER FORM

TRANSFEROR(S) DETAILS

Trust Account No.	<input type="text"/>	Account Type	<input type="text"/>
Primary Account Holder Name <i>(in full)</i>	<input type="text"/>		
New N.R.I.C. / Passport / Company Registration No.	<input type="text"/>		
Joint Account Holder Name <i>(in full)</i>	<input type="text"/>		
New N.R.I.C. / Passport / Birth Certificate No.	<input type="text"/>		

TRANSFEEE (S) DETAILS

Trust Account No.	<input type="text"/>	Account Type	<input type="text"/>	<i>(for existing account holder)</i>
Primary Account Holder / Applicant Name <i>(in full)</i>	<input type="text"/>			
New N.R.I.C. / Passport / Company Registration No.	<input type="text"/>	N.R.I.C. No. <i>(old)</i>	<input type="text"/>	
Joint Account Holder / Applicant Name <i>(in full)</i>	<input type="text"/>			
New N.R.I.C. / Passport / Birth Certificate No.	<input type="text"/>			

Please complete the Trust Account Application Form if the transferee(s) is/are not an existing account holder.

TRANSFER DETAILS

Name of Fund	Investment Plan			No. of Units to be Transferred
	Cash	Regular Investment	EPF	
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

IMPORTANT NOTES

- Your investment must be not less than the minimum amount set in the respective fund's Prospectus.
- Statement of Investments will be issued Half-Yearly.

TRANSFEROR(S) / TRANSFEEE(S) DECLARATION / SIGNATURE

- I/We agree that I/we will absorb all charges incurred in executing the above transaction(s), if any.
- By completing this Form, I/we acknowledge and accept that Pheim Unit Trusts Berhad has absolute discretion to rely on this confirmation from me/us and I/we undertake to indemnify and hold harmless Pheim Unit Trusts Berhad, its employees and agents against all costs, expenses, loss of liabilities, claims and demands arising out of this confirmation/instruction.
- I/We hereby give consent to the Manager of my/our investments to disclose to its related companies, associates, agents or authorities.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of Transferor(s)	Signature of Transferee(s)	Company's Stamp	Date

FOR AGENT USE ONLY

Agent Code	Agent Name	Submit Date	Agent Verification/Signature
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FOR OFFICE USE ONLY

Received By / Date	Checked By / Date	Approved By / Date	
Entered By / Date	Verified By / Date	Confirmed by	
Transferor CIN	Fund Account No.	Transfer Fee	
Transferee CIN	Fund Account No.	New AI No.	