


ACCOUNT DETAILS

Account No	0 0 0		
Account Name (in full)		New NRIC No./Passport No./ Company Registration No.	
Joint Holder Name (in full)		New NRIC No./Passport No.	

REDEMPTION / COOLING-OFF (Not Applicable to EPF) DETAILS

Fund Name	Mode of Redemption / Cooling-Off		Redemption / Cooling-Off Total	Investment Plan		
	In Units Tick (✓)	In MYR Tick (✓)		Cash	Regular	EPF
Pheim Emerging Companies Balanced Fund	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dana Makmur Pheim	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pheim Income Fund	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pheim Asia Ex-Japan Fund	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pheim Asia Ex-Japan Islamic Fund	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pheim Greater China Islamic Fund	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pheim ASEAN Islamic Fund	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pheim Global ESG Islamic Fund	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PAYMENTS INSTRUCTION FOR REDEMPTION / COOLING-OFF TRANSACTION

Please make payment in the name of:

<input type="checkbox"/> Primary Holder Only	<input type="checkbox"/> Credit proceeds into bank account maintained with:
<input type="checkbox"/> Joint Holder Only	Name of Bank _____ Branch _____
<input type="checkbox"/> Both Holders (Joint Name)	Account No. _____

SWITCHING DETAILS (Please complete Investor Suitability Assessment Form (ISAF))

Switching From <Fund Name>	Number of Units to be switched	Investment Plan			Switching To <Fund Name>	ISAF submitted ?	
		Cash	Regular	EPF		Yes	No
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

Distribution instruction for each switching transaction will be same as the instruction originally nominated (before this "switch" application), unless PUTB has been given a duly signed notice in writing.

NOTES AND CONDITIONS

- This application form should not be circulated unless accompanied by the Master Prospectus.
- Investor should read and understand the contents of the Master Prospectus and/or Supplementary Master Prospectus(if any) before completing this form.
- Applicant is entitled to a cooling-off period of 6 working days. Cooling-off rights are as prescribed in the Master Prospectus.
- Your switching and redemption must not less than the minimum units set in the Master Prospectus.
- For Unit Holder invest through EPF-Members Investment Scheme, redemption/switching transaction will further subject to the guidelines issued by the EPF authority.
- Statement of investments will be issued every Quarterly.
- Instructions for a partial switch/redemption will only be carried out if the remaining portion of the investment meets the requirement of the relevant Fund(s). Otherwise, your entire holding in that Fund will be automatically switched/redeemed.

DECLARATION AND SIGNATURE(S)

- I/We aware of all fees/charges that I/we will directly/indirectly incur in relation to fund redemption(s) and/or switching transaction(s) and/or cooling-off transaction(s). I/We agree that I/we will absorb all fees/charges incurred in executing the above transaction(s), as per prospectus and/or inform from time to time.
- I/We agree that the Manager reserves the right to accept or reject any application in whole or in part thereof without assigning any reasons in respect thereof.
- With the completion of 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.

 Signature of Individual Account Holder /
 Authorised Signatory

 Signature of Joint Account Holder /
 Authorised Signatory

 Company's Stamp
 (for Corporate Account Holder only)

 Date

FOR UNIT TRUST CONSULTANT (UTC) USE ONLY (not applicable for direct walk-in clients)

Agent Code:	Agent Name:	Date:	Agent Verification / Signature:
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FOR BACK OFFICE USE ONLY (Signature Verification)

Verifier 1: _____ Verifier 2: _____