

## TRANSACTION FORM

Kindly complete the form in CAPITAL LETTERS and tick (✓) whenever appropriate.

For joint account holders, please ensure that the first and joint applicant's details are filled completely.

Date  /  /

Investment Type  Wholesale Fund  Unit Trust Fund  
 Transaction Type  Initial Investment  Additional Investment  Withdrawal

### A. PARTICULAR OF FUND

Scheme Name / Fund Name

### B. PARTICULARS OF FIRST APPLICANT

Full Name   
 (as per NRIC / Passport No.)  
 New NRIC / Passport No.   
 Old NRIC

### C. PARTICULARS OF JOINT APPLICANT (IF APPLICABLE)

Full Name   
 (as per NRIC / Passport No.)  
 New NRIC / Passport No.   
 Old NRIC

### D. PARTICULARS OF COMPANY / INSTITUTION

Name of Company / Institution   
 (as per Certificate of Incorporation)  
 Business Registration /  
 Certificate of Incorporation No.

### E. INITIAL INVESTMENT / ADDITIONAL INVESTMENT

Kindly invest RM \_\_\_\_\_ into Scheme Name / Fund Name as stated above.

Please provide the credit advice / copy of the Telegraphic Transfer (TT) together with this transaction form for our reference.

### F. WITHDRAWAL

Full Withdrawal  Partial Withdrawal RM \_\_\_\_\_ / \_\_\_\_\_ units  
 Cooling-off (If applicable)

Please credit the fund into my / our bank detailed below

Account No.\*   
 Name of Account\*   
 Bank Name

\* Note: Third Party Account is not allowed

### G. SWITCHING / TRANSFER (APPLICABLE FOR UNIT TRUST FUNDS ONLY)

A. Please switch \_\_\_\_\_ no. of units from (fund name) \_\_\_\_\_  currency to  
 \_\_\_\_\_  (fund name)

B. Please transfer \_\_\_\_\_ no. of units from (fund name) \_\_\_\_\_  currency  
 from my / our account to (Transferee 1\*)   
 (Transferee 2\*)

\*Note: If transferee is a non-Maybank Asset Management customer, please provide a completed Account Opening Form to ensure successful transfer.

First Applicant's Signature /  
 \*Authorised Signatory  
 Name : \_\_\_\_\_  
 Date :  /  /

Joint Applicant's Signature /  
 \*Authorised Signatory  
 Name : \_\_\_\_\_  
 Date :  /  /

\*Authorised signatory(ies) as per Board Resolution with Maybank

Affix Seal or Company Stamp Here  
 (Applicable for Institutional Applicant only)

### FOR INTERNAL USE ONLY

Signature : \_\_\_\_\_  
 Name : \_\_\_\_\_ UTC / CMSRL Holder Name : \_\_\_\_\_  
 PF No. / Staff ID No. : \_\_\_\_\_ FIMM / CMSRL No. : \_\_\_\_\_  
 Date :  /  /  Originating Centre/ Branch : \_\_\_\_\_