

REQUEST FOR

REPURCHASE **SWITCHING**

THROUGH SWITCHING, you may change funds and SAVE ON SERVICE CHARGE

MUTUAL GOLD
 EPF INVESTMENT

Please complete in 'BLOCK LETTERS' and tick (✓) where applicable and delete where not applicable. Any alteration made must be countersigned.

A FIRST HOLDER PARTICULARS

NRIC NO. (New) 680808-08-0808 NRIC NO. (Old) / PASSPORT NO. _____
NAME (Full name as in NRIC) LIM SUAN HIN

B JOINT HOLDER / DESIGNATED ACCOUNT HOLDER PARTICULARS

NRIC NO. (New) _____ - _____ - _____ NRIC NO. (Old) / PASSPORT NO. _____
BIRTH CERT. NO. _____
NAME (Full name as in NRIC) _____

C CORPORATE PARTICULARS

REGISTRATION NO. _____
NAME _____
CONTACT PERSON _____ DESIGNATION _____

D REPURCHASE REQUEST (The account holders must be the same)

<p>FULL</p> <p>ACCOUNT NO. _____ - _____</p> <p>_____ - _____</p> <p>_____ - _____</p>	<p>CHEQUE PAYABLE TO</p> <p><input type="checkbox"/> First Holder <input type="checkbox"/> Both Unitholders</p>
<p>PARTIAL</p> <p>ACCOUNT NO. _____ UNITS _____</p> <p>_____ - _____ _____</p> <p>_____ - _____ _____</p> <p>_____ - _____ _____</p>	<p>MODE TO RELEASE REPURCHASE CHEQUE</p> <p>(i) BANK-IN <input type="checkbox"/> PBB <input type="checkbox"/> MBB</p> <p>BANK A/C NO. _____</p> <p>(ii) COLLECT CHEQUE</p> <p><input type="checkbox"/> HQ <input type="checkbox"/> PUBLIC MUTUAL BRANCH _____ (please specify)</p> <p>(iii) BY MAIL <input type="checkbox"/> COURIER <input type="checkbox"/> NORMAL MAIL <input type="checkbox"/> REGISTERED MAIL</p>

E SWITCHING REQUEST (Please read the Prospectus and Supplemental Prospectus(es) (if any) of the fund(s) which you are switching to for the first time)

<p>FULL</p> <p>SWITCH FROM ACCOUNT NO. <u>38888888</u> - <u>8</u></p> <p>_____ - _____</p> <p>_____ - _____</p>	<p>SWITCH TO - FUND NAME</p> <p><u>PFEDF</u></p> <p>_____</p> <p>_____</p>
<p>PARTIAL</p> <p>SWITCH FROM ACCOUNT NO. _____ UNITS _____</p> <p>_____ - _____ _____</p> <p>_____ - _____ _____</p> <p>_____ - _____ _____</p>	<p>SWITCH TO - FUND NAME</p> <p>_____</p> <p>_____</p> <p>_____</p>

F SIGNATURE OF UNITHOLDER(S) / AUTHORISED SIGNATORY(IES)

I/We have read and understood the Prospectus and Supplemental Prospectus(es) (if any) of the fund(s) which I/we are switching to for the first time, that accompanied this form. I/We are aware of the fees and charges that I/we will incur directly or indirectly with this request. I/We also agree to be bound by the terms and conditions as specified in this form and the provisions of the Deed.

Signature of First Holder / Authorised Signatory: Lim Signature of Joint Holder / Authorised Signatory: _____ Date: xx/xx/xx
Signature(s) must be the same with Public Mutual's record Tel No. 016-321234

<p>FOR CUSTOMER SERVICE / BRANCH USE ONLY (Not to be completed by agents/unitholders)</p> <p>FORM SUBMITTED BY:</p> <p><input type="checkbox"/> First Holder <input type="checkbox"/> NRIC verified against biometric</p> <p><input type="checkbox"/> Joint Holder <input type="checkbox"/> NRIC verified against biometric</p> <p><input checked="" type="checkbox"/> Agent Name <u>CHONG YUAN YUAN</u> Code <u>101111-1</u> Tel No. <u>016-321234</u> <input type="checkbox"/> NRIC verified against biometric</p> <p><input type="checkbox"/> Others: Name _____ NRIC No. _____ Tel No. _____ <input type="checkbox"/> NRIC verified against biometric & print screen attached</p> <p>Name and Signature of Staff: _____ Date: _____</p>	<p>FOR CUSTOMER ADMINISTRATION USE ONLY</p> <p>REMARKS: _____</p> <p>Signature Verified by / Date: _____</p> <p>Processed by / Date: _____</p> <p>Checked by / Date: _____</p>
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