



# Request For Change Form

**IMPORTANT:** 1. Please complete in CAPITAL LETTERS and BLACK INK only, and tick  where applicable. Any alteration made must be countersigned.  
2. Your request for change will be automatically updated for all your products if you do not tick any product below.

**Account Type**  Single  Joint  Corporate **Account No. / Portfolio Code**

**Product**  
 All  UTF  PRS  DPM  NDPM

**DETAILS OF APPLICANT**

**Full Name (as per NRIC / Passport / Certificate of Incorporation)**

**NRIC No.**  -  -  **Passport No. / Other**

**Certificate of Incorporation No.**  **Office No.**

**Contact Person**

**DETAILS OF JOINT-APPLICANT**

**Full Name (as per NRIC / Passport)**

**NRIC No.**  -  -  **Passport No. / Other**

**CHANGE OF INSTRUCTION FOR SMARTSAVE PLAN**

Fund Name	Change of Deduction Date	Change of Regular Investment Amount	Termination of SmartSave Plan
	<input type="checkbox"/> 5th <input type="checkbox"/> 20th <input type="checkbox"/> Both Dates	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>
	<input type="checkbox"/> 5th <input type="checkbox"/> 20th <input type="checkbox"/> Both Dates	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>
	<input type="checkbox"/> 5th <input type="checkbox"/> 20th <input type="checkbox"/> Both Dates	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>
	<input type="checkbox"/> 5th <input type="checkbox"/> 20th <input type="checkbox"/> Both Dates	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>

Change Fund for SmartSave Plan

From (Fund Name)	To (Fund Name)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**Note:** 1. If the maximum amount indicated in the previous Direct Debit Authorisation (DDA) form is higher than the monthly deduction amount, the amount changed must be lower / equal to the maximum amount indicated in the previous DDA form.  
 2. For termination of SmartSave Plan, please complete the Direct Debit Authorisation Form.  
 3. The change / termination of SmartSave Plan instruction(s) will be effective immediately provided the request is received by Affin Hwang AM fourteen (14) days before the next deduction due date.



### CHANGE OF PRS FUND CONTRIBUTION

- Salary Deduction       SmartSave Plan       Immediate Vesting  
 Graded Vesting       Cliff Vesting

1. Fund Name

Effective date

DD / MM / YYYY

From

To

2. Fund Name

Effective date

DD / MM / YYYY

From

To

*Note: The change / termination of SmartSave Plan instruction(s) will be effective immediately provided the request is received by Affin Hwang AM fourteen (14) days before the next deduction due date.*

### CHANGE OF CORRESPONDENCE ADDRESS / EMAIL / CONTACT DETAILS

Address

Town / City

Postcode

State

Country

Contact Details

Mobile

Office

House

Fax

Email

By completing the email column above, you will receive statement via email only. If you wish to receive statement in hard copies instead of email, please tick here

### CHANGE OF INCOME DISTRIBUTION INSTRUCTION

Fund Name

1.

Reinvest       Credit To Bank Account

2.

Reinvest       Credit To Bank Account

*Note: Not applicable to funds where the distribution policy is reinvestment only.*



**DECLARATION AND SIGNATURE(S)**

I / We acknowledge that I / we have received, read and understood the relevant Prospectus, Information Memorandum, Disclosure Document dated 22 September 2014 and any supplemental and/or replacement thereto (if any) and agree to be bound by them for my initial and subsequent transactions with Affin Hwang Asset Management Berhad ("Affin Hwang AM").

I / We acknowledge that I / we am / are aware of the fees and charges that I / we will incur directly and indirectly when investing in the relevant fund, and such fees and charges are exclusive of goods and services tax (if applicable).

I / We hereby acknowledge and agree to be responsible for ensuring the accuracy and completeness of the information provided in this form and I / we shall not hold Affin Hwang AM responsible and liable for any losses suffered by me / us due to inaccurate information provided herein.

I / We acknowledge and accept that Affin Hwang AM has absolute discretion to rely on the information and/or instruction provided herein from me / us and I / we undertake to indemnify and hold harmless Affin Hwang AM, its' employees, agents against all cost, liabilities, claims and demands arising out of the information and/or instruction provided herein.

Signature of First Applicant /  
Authorised Signatory

Date:

Affix Seal Or  
Company Stamp Here

Signature of Joint-applicant /  
Authorised Signatory(ies)

Date:

**COMPULSORY FOR DISTRIBUTOR (AUTHORISED UTC / PRC)**

**FOR OFFICE USE ONLY**

Name (as per NRIC)  _____										
*UTC / PRC Code <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										
*Delete where not applicable.										

Reporting Branch  _____
Tel No. _____

Form Verified By:  Name: _____ Date: _____	Processed By:  Name: _____ Date: _____
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