

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

REGULAR INVESTMENT PLAN

TRUST ACCOUNT DETAILS

Primary Account Name (in full)

New N.R.I.C. / Passport No.

Joint Account Name (in full)

New N.R.I.C. / Passport / Birth Certificate No.

Trust Account No. (for existing account holder)

Name of Fund _____ **Regular Investment Amount (RM)** **Frequency** (please select one)

Monthly
 Quarterly
 Half Yearly

Payment to be made on _____ (Date) until _____ (Specify Date) or until further notice.

Investment Plan and Instruction
 *Please make cheque / bank draft / money order payable to "PHEIM UNIT TRUSTS BERHAD"

Direct Bank-In to Maybank *Cheque / Bank Draft / Money Order No. _____

IMPORTANT NOTES

- Your minimum regular investment must not be less than the minimum amount set in the respective fund's Prospectus.
- Cash payment is strictly not allowed. Our Agents are not authorised to accept cash in any circumstances. Applicant who give our Agents cash do so at their own risk. The Manager shall not be held responsible.
- Statement on Investments will be issued Half-Yearly.
- Units will be allotted on the day payment is cleared.

APPLICANT DECLARATION / SIGNATURE

- I/We agree that I/we will absorb all charges incurred in executing the above transaction(s), if any.
- I/We agree that all instructions in the initial investment application form remain unchanged unless instructed otherwise in writing.
- 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.
- I/We hereby give consent to the Manager of my/our investments to disclose to its related companies, associates, agents or authorities.

Signature of Primary Account Holder / Authorised Signatory _____ Signature of Joint Account Holder / Authorised Signatory _____ 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	Fund A/C No.
CIN	Discount	Unit Price / Date