Manulife Investment Management

UH-M Form
(UT & PRS)

UNIT HOLDER RECORD MAINTENANCE FORM

ACCOUNT NO. ☐☐☐☐☐☐☐☐☐☐ ☐ **UT Account Only** ☐ **PRS Account Only** ☐ **All Accounts** ☐ **MPC**

(Please ensure that the unit holder and the joint holder, if any, must be of the same entity)

Please take note that Section A2, A3, A4 and Section B are not applicable to PRS account.

A. INDIVIDUAL ACCOUNT USE ONLY

RECORD WITH MANULIFE INVESTMENT MANAGEMENT (M) BERHAD (MIMMB)

ACC. HOLDER NAME

NRIC NO. (New) - - NRIC (Old) / PASSPORT NO.

Please complete the field(s) that required changes:

1. FIRST APPLICANT PARTICULARS *(Changes if any) *Please provide a photocopy of NRIC / Passport*

NAME

NAME TITLE DATE OF BIRTH *(dd/mm/yyyy)* - -

NRIC NO. *(New)* - - NRIC (old) / PASSPORT NO.

PERMANENT RESIDENTIAL ADDRESS

POSTCODE

CORRESPONDENCE ADDRESS *(Please complete if different from the above)*

POSTCODE

CONTACT NO. (H) - (FAX) -

(O) - (H/P) -

E-MAIL ADDRESS

☐ *Please tick if you wish to update your email address for e-statement purposes*

OCCUPATION

SIGNATURE (New Signature) _____ _____

For change of signature, both holders must sign and be witnessed by MIMMB staff Witnessed by / Date

2. JOINT APPLICANT PARTICULARS *(Changes if any) *Please provide a photocopy of NRIC / Passport / Birth Certificate*

NAME

NRIC NO. *(New)* - - DATE OF BIRTH *(dd/mm/yyyy)* - -

NRIC (Old) / PASSPORT NO./ BC NO.

PERMANENT RESIDENTIAL ADDRESS

POSTCODE

CORRESPONDENCE ADDRESS *(Please complete if different from the above)*

POSTCODE

CONTACT NO. (H) - (FAX) -

(O) - (H/P) -

E-MAIL ADDRESS

OCCUPATION

RELATIONSHIP WITH FIRST APPLICANT

SIGNATURE (New Signature) _____ _____

For change of signature, both holders must sign and be witnessed by MIMMB staff Witnessed by / Date

3. AUTHORITY TO OPERATE ACCOUNT

JOINT ACCOUNT ☐ PRINCIPAL HOLDER TO SIGN ☐ EITHER ONE TO SIGN ☐ BOTH TO SIGN

**For Joint Account, both holders must sign for request to change the Authority To Operate Account*

4. INCOME DISTRIBUTION OPTION *(Please provide bank account details if you opt for payout)*

☐ ALL FUNDS

FUND NAME / FUND CODE		
	☐ REINVEST	☐ PAYOUT
	☐ REINVEST	☐ PAYOUT
	☐ REINVEST	☐ PAYOUT
	☐ REINVEST	☐ PAYOUT
	☐ REINVEST	☐ PAYOUT
	☐ REINVEST	☐ PAYOUT
	☐ REINVEST	☐ PAYOUT
	☐ REINVEST	☐ PAYOUT
	☐ REINVEST	☐ PAYOUT
	☐ REINVEST	☐ PAYOUT
	☐ REINVEST	☐ PAYOUT
	☐ REINVEST	☐ PAYOUT
	☐ REINVEST	☐ PAYOUT
	☐ REINVEST	☐ PAYOUT
	☐ REINVEST	☐ PAYOUT

5. BANK ACCOUNT DETAILS (For Redemption, *Income Distribution Payout and Other Payment Purposes) *Except for PRS Account

BANK NAME

BANK ACCOUNT NAME(S)

BANK ACCOUNT NO.

6. NOMINEE FOR INSURANCE *(If Free Insuranceis provided). Only principal holder can request for change of the Nominee.*

INSURANCE COMPANY

NAME

NRIC NO. *(New)* - - DATE OF BIRTH *(dd/mm/yyyy)* - -

NRIC (Old) / PASSPORT NO. RELATIONSHIP TO PRINCIPAL HOLDER

Note: Please provide a photocopy of NRIC / Passport / Birth Certificate of the nominee

7. TAX RESIDENCY

☐ MALAYSIA TAX RESIDENT ONLY ☐ MALAYSIA AND NON-MALAYSIA TAX RESIDENT ☐ NON-MALAYSIA TAX RESIDENT ONLY

B. CORPORATE ACCOUNT USE ONLY

RECORD WITH MANULIFE INVESTMENT MANAGEMENT (M) BERHAD (MIMMB)

ORGANIZATION NAME

REGISTRATION NO.

Please complete the field(s) that required changes:

1. COMPANY INFORMATION

CORRESPONDENCE ADDRESS

POSTCODE

E-MAIL ADDRESS

CONTACT NO. - (FAX) -

CHANGE OF SHAREHOLDERS / DIRECTOR(S)** ☐ CHANGE OF AUTHORIZED SIGNATORY(IES)** ☐

*** Please provide **certified true copy** of the updated Board Resolution, sample signature(s) and photocopy of ID.*

2. TAX RESIDENCY

☐ MALAYSIA TAX RESIDENT ONLY ☐ MALAYSIA AND NON-MALAYSIA TAX RESIDENT ☐ NON-MALAYSIA TAX RESIDENT ONLY

3. INCOME DISTRIBUTION OPTION *(Please provide bank account details if you opt for payout)*

☐ ALL FUNDS

FUND NAME / FUND CODE		
	☐ REINVEST	☐ PAYOUT
	☐ REINVEST	☐ PAYOUT
	☐ REINVEST	☐ PAYOUT
	☐ REINVEST	☐ PAYOUT
	☐ REINVEST	☐ PAYOUT
	☐ REINVEST	☐ PAYOUT
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	☐ REINVEST	☐ PAYOUT
	☐ REINVEST	☐ PAYOUT
	☐ REINVEST	☐ PAYOUT
	☐ REINVEST	☐ PAYOUT

4. BANK ACCOUNT DETAILS (For Redemption, Income Distribution Payout and Other Payment Purposes)

BANK NAME

BANK ACCOUNT NAME(S)

BANK ACCOUNT NO.

5. CHANGE OF COMPANY CONTACT PERSON

1st Contact Person

NAME

CONTACT NO. -

E-MAIL ADDRESS

2nd Contact Person

NAME

CONTACT NO. -

E-MAIL ADDRESS

C. SIGNATURE(S) (Similar in MIMMB's record)

I hereby request that the above be amended / changed with immediate effect.

Signature of Principal Holder / Authorized Signatory

- -
Date

Signature of Principal Holder / Authorized Signatory

- -
Date

FOR OFFICE USE ONLY

Submitted by

☐ Walk-in Account Holder

☐ Principal Holder ☐ Joint Holder ☐ Both Holders

Witnessed by MIMMB staff

(Name, signature of staff and branch stamp)

☐ UT/ PRS Adviser (Name, Code and Contact No.)

Remarks :

Remarks :

Verified by / Date :

MIMMB/UT/UHM/202112

Manulife Investment Management (M) Berhad 200801033087 (834424-U)
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