Manulife Investment Management

DirectDebit AUTHORIZATION FORM

MBB

IMPORTANT NOTE: ALL FIELDS WITH (*) ARE MANDATORY. PLEASE USE CAPITAL LETTERS, BLACK INK AND ☒ ON THE RELEVANT BOXES.

FOR ACCOUNT HOLDER'S COMPLETION

Type of Application * ☐ New Application ☐ Maintenance ☐ Termination

Account Holder's Name (Primary) *

ID Number *(without '-' or '/')* * ☐ New IC ☐ Passport ☐ Old IC ☐ Business Reg.

Saving, Current or Card Account No *(without '-' or '/')* *

Telephone Number

Bank Abbreviation * *(Refer Guideline for abbreviation list)*

E-Mail

Purpose of Payment * PRS CONTRIBUTIONS

Maximum amount to debit per transaction (RM)* 00 (Subject to maximum limit specified by the DD Operator)

Maximum frequency * 002

Mode of frequency * ☐ Daily ☐ Weekly ☒ Monthly ☐ Yearly

Effective Date * (**DDMMYY**) DDMMYY

Expiry Date (**DDMMYY**) DDMMYY

SAMPLE

Declaration:

a. I/We hereby acknowledge that the information in this form will be disclosed or released to the Corporation, Corporation's bank and the Direct Debit Operator for the purpose of the Direct Debit collection.
b. I/We hereby acknowledge that a fee/charge will be charged to me/us in the event my/our Account has insufficient balance to make Direct Debit payment instruction(s). I/We hereby agree the Bank to debit related fees/charges from my/our Account as a consequence of having insufficient fund for Direct Debit payment(s).
c. I/We hereby confirm that I/we have checked the accuracy and correctness of the details furnished by me/us in this application form and I/we are aware of the content and the scope of the services provided therein.
d. I/We hereby declare that all information provided is to the best of my/our knowledge true and correct.
e. I/We hereby agree to be bound by the Terms and Conditions.
f. This Direct Debit authorization will remain in force until terminated by I/we with prior written notice sent to Bank/Corporation.
g. I/We hereby authorise the Bank to debit my/our Account for the Direct Debit payment(s) including the relevant transaction fees/charges not payable by the Corporation.

Signature / Company Stamp* _____

Account Holder's Signatures as per Bank's record
(***For Joint Account*** *- Signature as per Bank's signing condition*)

Date* (**DDMMYY**) DDMMYY

FOR CORPORATION'S COMPLETION

Biller ID * SE0000897 7

Date* (**DDMMYY**) DDMMYY

Payment Reference No. *(e.g. Policy No., etc.)* (**Must be unique**) * -

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Operations Dept. Received Date Stamp

Monthly Contribution Details: *For terms and conditions, please refer to www.manulifeinvestment.com.my*

(Total Allocation % should equivalent to 100%)

Fund Code: _____ Allocation (%): _____
Fund Code: _____ Allocation (%): _____
Fund Code: _____ Allocation (%): _____
Received By:

Other Remarks: _____

Total Contribution (RM): _____.00 per month

_____
Branches /Dept. Staff Name & Designation

Branches / Dept. Digital Time Stamp: