UNIT HOLDER RECORD MAINTENANCE FORM

☐ ACCOUNT NO. ☐ INSURANCE RECORD ☐ ALL ACCOUNT ☐ MPC

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

MIMMB 'S RECORD

UNIT HOLDER'S NAME

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

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

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

SIGNATURE (New Signature) _____ _____

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

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*

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

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

Bank Name

Bank Account Name(s)

Bank Account No.

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

SIGNATURE(S) *(Similar in MIMMB's record)*

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

Signature of Principal Holder / Date

Signature of Joint Holder / Date

FOR OFFICE USE ONLY

Submitted by

☐ Walk-in Unit Holder

☐ Principal Holder ☐ Joint Holder ☐ Both Holders

Witnessed by MIMMB staff

(Name, signature of staff and branch stamp)

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

Remarks :

Remarks :

Verified by / Date :

MIMMB/UT/UHM/202003

Manulife Investment Management (M) Berhad (formerly known as Manulife Asset Management Services Berhad) 200801033087 (834424-U)
13th Floor, Menara Manulife, 6, Jalan Gelenggang, Damansara Heights, 50490 Kuala Lumpur. Tel: 03-2719 9271 Fax: (603) 2093 7377
Email: MY_CustomerService@manulife.com www.manulifeinvestment.com.my