Manulife Investment Management

TR-D Form

Date Received

TRANSACTION REQUEST FOR DECEASED ACCOUNT

REQUEST FOR	ACCOUNT NO.	
☐ **REPURCHASE** (*Please complete A, B and D*) ☐ **TRANSFER** (*Please complete A, C and D*)	☐ NON-EPF ☐ EPF	☐ **MIMMB PRIVILEGE CLUB**

Change of Risk Profile ☐ **Yes** (*Please submit a new SA Form*) ☐ **No** **Decision** ☐ **Self Execution** ☐ **Recommended by Adviser**

A ADMINISTRATOR / EXECUTOR

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

NAME *(As per NRIC)*

MAILING ADDRESS

POSTCODE

CONTACT NO. (R) - (H/P) -

(O) - (FAX) -

being the Administrator / Executor of the estate of the late (name) _____
authorise you to process the following to me.

B REPURCHASE REQUEST

REPURCHASE INSTRUCTION:

(State the no. of units or ALL)

_____ FUND . UNITS

_____ FUND . UNITS

_____ FUND . UNITS

MODE TO RELEASE REPURCHASE CHEQUE

i) Please bank into my/our account below: "Please enclose a copy of your bank passbook, validated bank-in-slip or bank statement".

MBB / RHB _____ BRANCH BANK ACCOUNT NO.

The bank account holder(s) must be the repurchase cheque payee(s)

ii) BY ☐ NORMAL MAIL
☐ COURIER *
☐ REGISTERED MAIL * (*Charges will be imposed*)

iii) BY HAND ☐ MIMMB _____ BRANCH

C TRANSFER REQUEST

TRANSFER FROM

(State the no. of units or ALL)

_____ FUND . UNITS

_____ FUND . UNITS

_____ FUND . UNITS

TRANSFER TO ☐ EXISTING ACCOUNT NO. ☐ NEW ACCOUNT
(Please fill up Account Opening Form)

NAME OF TRANSFEREE(S) _____

RELATIONSHIP _____

D SIGNATURE(S)

Signature of Administrator / Executor **Date** **Signature of Administrator / Executor**

For office use only

Submitted by:

☐ Walk-in Applicant

Branch stamp

☐ Witnessed by MIMMB Staff
(Name, signature of staff and branch stamp) _____

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

Remarks: _____

TRANSACTION NO.

Remarks: _____

Verified by / Date: _____

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