



PMB Investment Berhad 199301001702 (256439-D)
 (A member of Pelaburan MARA Group)
 2nd Floor, Wisma PMB, No. 1A, Jalan Lumut, 50400 Kuala Lumpur
 General Line: 03-4145 3800 Investor Care Line: 03-4145 3900 Fax: 03-4145 3901
 Email: clients@pelaburanmara.com.my Website: www.pmbinvestment.com.my

Account No: Account type: Cash EPF**MASTER APPLICATION FORM**

Instructions to applicant : Individual - Kindly Complete Parts 1, 2, 3, 4 & 6
 Non-Individual - Kindly Complete Parts 3, 4, 5 & 6

Individual Joint
 Non-Individual

Tick [✓] where appropriate. Please complete in **BLOCK LETTERS** and **BLACK INK** only.

Please read the latest **Master Prospectus(es)** and its **Supplementary(ies)** (if any) of the Fund(s) to be invested in before completing this Form. This Form should be circulated together with the **Master Prospectus(es)** and its **Supplementary(ies)** (if any) in accordance with the requirement of the Capital Markets & Services Act 2007 (CMSA).

1. PARTICULARS OF THE FIRST INDIVIDUAL APPLICANT / BENEFICIAL OWNER *

You **MUST** be 18 years and above as at the date of this application. Please ensure that a photocopy of NRIC / passport is attached with this form.

Full Name (Mr/Mrs/Ms/Mdm) (as in NRIC / Passport):

| | | | | | | | |
|----------------------------|---|---|---|--|---|----------------------|----------------------|
| NRIC (Old) / Passport No. | <input type="text"/> | NRIC No. (New) | <input type="text"/> | - | <input type="text"/> | - | <input type="text"/> |
| Date of Birth (dd/mm/yyyy) | <input type="text"/> | - | <input type="text"/> | - | <input type="text"/> | | |
| | | Sex | <input type="checkbox"/> Male | <input type="checkbox"/> Female | | | |
| Marital Status | <input type="checkbox"/> Single | <input type="checkbox"/> Married | <input type="checkbox"/> Widowed | <input type="checkbox"/> Divorced | No. of Dependents (please indicate) | <input type="text"/> | |
| Nationality/Status | <input type="checkbox"/> Malaysian/Bumiputera | <input type="checkbox"/> Malaysian/Non-Bumiputera | <input type="checkbox"/> Non-Malaysian (please specify) | <input type="text"/> | | | |
| Religion | <input type="checkbox"/> Muslim | <input type="checkbox"/> Others (please specify) | <input type="text"/> | | | | |
| Race | <input type="checkbox"/> Malay | <input type="checkbox"/> Chinese | <input type="checkbox"/> Indian | <input type="checkbox"/> Others (please specify) | <input type="text"/> | | |
| Educational Level | <input type="checkbox"/> Primary | <input type="checkbox"/> Secondary | <input type="checkbox"/> STPM / Diploma / PreU | <input type="checkbox"/> Degree | <input type="checkbox"/> Post Graduate | | |
| Annual Household Income | <input type="checkbox"/> Below RM18,000 | <input type="checkbox"/> RM18,001 - RM36,000 | <input type="checkbox"/> RM36,001 - RM60,000 | <input type="checkbox"/> RM60,001 - RM96,000 | <input type="checkbox"/> RM96,001 and Above | | |
| Purpose of Transaction | <input type="checkbox"/> Investment | <input type="checkbox"/> Savings | <input type="checkbox"/> Retirement | | | | |
| Source of Income | <input type="checkbox"/> Employment | <input type="checkbox"/> Business | <input type="checkbox"/> Savings / Inheritance | | | | |

| | | | | |
|----------|----------------------|----------------------|---|----------------------|
| Address | Mailing | <input type="text"/> | Residential (Only if Mailing Address is different or is a PO Box Address) | <input type="text"/> |
| | | <input type="text"/> | | <input type="text"/> |
| | | <input type="text"/> | | <input type="text"/> |
| Postcode | <input type="text"/> | | | <input type="text"/> |
| City | <input type="text"/> | | | <input type="text"/> |
| State | <input type="text"/> | | | <input type="text"/> |
| Country | <input type="text"/> | | | <input type="text"/> |
| Tel. No. | <input type="text"/> | - | <input type="text"/> | (Mobile) |
| | | | <input type="text"/> | - |
| | | | <input type="text"/> | (House) |
| Email | <input type="text"/> | | | <input type="text"/> |

2. EMPLOYMENT PARTICULARS OF THE FIRST INDIVIDUAL APPLICANT / BENEFICIAL OWNER *

| | | | |
|----------------------|-----------------------------------|-------------------------------------|--|
| Employment Status | <input type="checkbox"/> Employed | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Self-employed |
| Occupation | <input type="text"/> | | |
| Name of Employer | <input type="text"/> | | |
| Nature of Business | <input type="text"/> | | |
| Office Address | <input type="text"/> | | |
| | <input type="text"/> | | |
| Office Telephone No. | <input type="text"/> | - | <input type="text"/> |

3. FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA), COMMON REPORTING STANDARD(CRS) & POLITICAL EXPOSED PERSON (PEP)

3.1 Please tick (✓) the box if you are: U.S tax resident Other foreign tax resident

3.2 Do you hold a position (or related to such persons) in any public or political offices including serving as committee or council member? Yes No

* Owner / Director of the company / corporation / partnership / other entities

4. PARTICULARS OF JOINT INDIVIDUAL APPLICANT / BENEFICIAL OWNER * / DESIGNATED SECOND ACCOUNT HOLDER **

Full Name (Mr/Mrs/Ms/Mdm) (as in NRIC / Passport / Birth Certificate):

| | | | | | | | | | | |
|----------------------------|--------------------------|----------------------|--------------------------|--------------------------|--------------------------|--------------------------------|--------------------------|-------------------------|---|---------------|
| NRIC (Old) / Passport No. | | <input type="text"/> | NRIC No. (New) | <input type="text"/> | - | <input type="text"/> | - | <input type="text"/> | | |
| Date of Birth (dd/mm/yyyy) | <input type="text"/> | - | <input type="text"/> | - | <input type="text"/> | Sex | <input type="checkbox"/> | Male | <input type="checkbox"/> | Female |
| Marital Status | <input type="checkbox"/> | Single | <input type="checkbox"/> | Married | <input type="checkbox"/> | Widowed | <input type="checkbox"/> | Divorced | No. of Dependents (please indicate) _____ | |
| Nationality/Status | <input type="checkbox"/> | Malaysian/Bumiputera | <input type="checkbox"/> | Malaysian/Non-Bumiputera | <input type="checkbox"/> | Non-Malaysian (please specify) | _____ | | | |
| Religion | <input type="checkbox"/> | Muslim | <input type="checkbox"/> | Others (please specify) | _____ | | | | | |
| Race | <input type="checkbox"/> | Malay | <input type="checkbox"/> | Chinese | <input type="checkbox"/> | Indian | <input type="checkbox"/> | Others (please specify) | _____ | |
| Educational Level | <input type="checkbox"/> | Primary | <input type="checkbox"/> | Secondary | <input type="checkbox"/> | STPM / Diploma / PreU | <input type="checkbox"/> | Degree | <input type="checkbox"/> | Post Graduate |
| Annual Household Income | <input type="checkbox"/> | Below RM18,000 | <input type="checkbox"/> | RM18,001 - RM36,000 | <input type="checkbox"/> | RM36,001 - RM60,000 | | | | |
| | <input type="checkbox"/> | RM60,001 - RM96,000 | <input type="checkbox"/> | RM96,001 and Above | | | | | | |
| Purpose of Transaction | <input type="checkbox"/> | Investment | <input type="checkbox"/> | Savings | <input type="checkbox"/> | Retirement | | | | |
| Source of Income | <input type="checkbox"/> | Employment | <input type="checkbox"/> | Business | <input type="checkbox"/> | Savings / Inheritance | | | | |

| | | | | | | | | |
|----------|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|---------|
| Address | Mailing | <input type="text"/> | Residential (Only if Mailing Address is different or is a PO Box Address) | <input type="text"/> | | | | |
| | | <input type="text"/> | | <input type="text"/> | | | | |
| | | <input type="text"/> | | <input type="text"/> | | | | |
| Postcode | <input type="text"/> | | <input type="text"/> | | | | | |
| City | <input type="text"/> | | <input type="text"/> | | | | | |
| State | <input type="text"/> | | <input type="text"/> | | | | | |
| Country | <input type="text"/> | | <input type="text"/> | | | | | |
| Tel. No. | <input type="text"/> | - | <input type="text"/> | (Mobile) | <input type="text"/> | - | <input type="text"/> | (House) |
| Email | <input type="text"/> | | | | | | | |

Relationship to Principal Applicant Parent Spouse Child Sibling Relative Others (please specify) _____

For joint application, please tick (✓) account opening mode for future transaction.

 Principal Applicant to sign Either one to sign Both to sign

* Owner or Director of the company / corporation / partnership / other entities

** A minor (i.e. below 18 years) can be named as a Designated Account Holder. Please provide a copy of the minors's Birth Certificate /NRIC
Adult applicants must submit a copy of NRIC.

5. EMPLOYMENT PARTICULARS OF THE JOINT INDIVIDUAL APPLICANT

| | | | | | | |
|----------------------|--------------------------|----------|--------------------------|------------|--------------------------|---------------|
| Employment Status | <input type="checkbox"/> | Employed | <input type="checkbox"/> | Unemployed | <input type="checkbox"/> | Self-employed |
| Occupation | <input type="text"/> | | | | | |
| Name of Employer | <input type="text"/> | | | | | |
| Nature of Business | <input type="text"/> | | | | | |
| Office Address | <input type="text"/> | | | | | |
| | <input type="text"/> | | | | | |
| Office Telephone No. | <input type="text"/> | - | <input type="text"/> | | | |

6. FOREIGN ACCOUNT TAX COMPLIANCE ACT(FATCA), COMMON REPORTING STANDARD(CRS) & POLITICAL EXPOSED PERSON (PEP)

6.1 Please tick (✓) the box if you are: U.S tax resident Other foreign tax resident6.2 Do you hold a position (or related to such persons) in any public or political offices including serving as committee or council member? Yes No

7. DISTRIBUTION INSTRUCTION (INDIVIDUAL / NON-INDIVIDUAL)

- Reinvest
- Cheque/e-Payment

For e-Payment please provide:

Bank Account No.
(Please attach a supporting document on bank account number)

8. PARTICULARS OF NON-INDIVIDUAL APPLICANT (COMPANY / CORPORATION / PARTNERSHIP / OTHER ENTITIES)

Please provide certified true copy of Board Resolution/Extract of Minutes of Meeting/Signatories List/Copy of NRIC or passport (where applicable).

Name of Applicant (as in certificate of incorporation)**Nature of Business****Company / Registration No****Status** Incorporated in Malaysia/Bumiputera Controlled Incorporated in Malaysia/Non-Bumiputera Controlled Incorporated Outside Malaysia (please specify) _____**Source of Income** Disposal of non-core business / asset / investments Cash in hand / surplus fund / working capital Fund raising exercise such as right issue**Contact Person (1)****Designation****Department****Tel. No.**

(Office)

Ext.**Fax No.****Email****Contact Person (2)****Designation****Department****Tel. No.**

(Office)

Ext.**Fax No.****Email****9. DECLARATIONS AND SIGNATURES**

I/We have read and fully understood the latest Master Prospectus(es) and its Supplementary(ies) (if any) for the Fund(s) to be invested in, and fully aware of the fees and charges that will directly and indirectly incur when investing in the Fund(s) and agree to be bound by the Terms and Conditions. By completing this Form, I/We acknowledge and accept that PMB Investment Berhad has absolute discretion to rely on this confirmation form and undertake to indemnify and hold harmless PMB Investment Berhad, its employees and consultants against all costs, expenses, loss of liabilities, claims and demand arising out of this confirmation. I/We fully understand that PMB Investment Berhad will not proceed with the request stated in this form unless the relevant documents are furnished and completed.

I hereby agree and consent to PMB Investment Berhad to send statement(s), report(s) and other communication(s) for my investment account(s) with PMB Investment Berhad via electronic means. I understand and accept the risk associated with my request to have e-statement(s), report(s) and other communication sent via electronic means. I am responsible for maintaining the confidentiality of my account information and update PMB Investment Berhad if there are any changes of my email address.

| | |
|--|---------------------------|
| _____ First Applicant/Authorised Signatory(ies)/ Company Stamp | _____ Second Applicant |
| Date | Date |

Your personal information collected and maintained by us in this form (or any other legitimate source) may be processed by us or any other institution directly related to or authorized by us for the processing of this and subsequent application for units, providing services incidental to your investment, communicating to you on any other services and financial products or events that may interest you and developing our client's statistical data. Certain information such as name, identification number, contact address, occupation/employment are obligatory and if not provided, your application may not be processed. You may request access to and/or modify your information by contacting our Customer Services Unit.

10. CONSULTANT DETAILS (IF APPLICABLE)**Name (as per NRIC)****Reporting Branch****Agent Code****FIMM Code****Telephone No.****FOR OFFICE USE****Registered Date****FORM VERIFIED BY:****PROCESSED BY:****Initial****Initial****Date****Date**