

Sub Account Opening Form

				ccompanied by the applicable Prospectus, li ion Memorandum, Disclosure Document, a							
IMPORTANT: Please c	omplete in CAPITA	AL LETTERS and BL	ACK INK	Conly, and tick 🕢 where ap	pplicable. Any	alteratio	ns mad	e must b	e count	tersign	ed.
Account Type	Single	Joint		Master Acco	ount No.						
Client Type	New	Existing									
DETAILS OF FII	RST APPLICAN	NT									
Full Name (as per N	NRIC / Passport	/ Others)									
NRIC No.		-	-	Passpo	ort No. / Ot	her					
DETAILS OF JO	INT APPLICA	NT									
Full Name (as per N	NRIC / Passport	/ Others)									
NRIC No.		-	-	Passpo	ort No. / Ot	her					
SUB ACCOUNT	AND INVEST	MENT DETAILS									
Sub Account 1			Su	b Account No.					-		
Objective 1	Retirement	Healtho	are	Education	Lifestyl	е			Fo	or office	use only.
Sub Account Name											
1. Fund Name											
Investment Amoun	t			Sales Charge (%)	Distribution		uction				
,	, ,				Reir	nvest		Credit	to Ban	k Acc	ount**
Smart Save Plan***											
Investment Amoun	t			Sales Charge (%)	Mode of F	requen	су				
,	, ,			•	Mor	nthly		Yearly			
Date of Deduction	5th	20th	Both	n Dates							
2. Fund Name											
Investment Amoun	t			Sales Charge (%)	Distribution	on Instr	uction	*			
,	, ,			-	Rein	nvest		Credit	to Ban	k Acc	ount**
Smart Save Plan***											
Investment Amoun	t			Sales Charge (%)	Mode of F	requen	су				
3	, ,			-	Mor	nthly		Yearly			
Date of Deduction	5th	20th	Both	n Dates							

<u>Sub Account 2</u>	ub Account No.						
Objective 2 Retirement Healthcare	Education	For office use only. Lifestyle					
Sub Account Name							
1. Fund Name							
Investment Amount	Sales Charge (%)	Distribution Instruction* Reinvest Credit to Bank Account**					
, , , , , , .		Reinvest Credit to Bank Account**					
Smart Save Plan							
Investment Amount	Sales Charge (%)	Mode of Frequency					
, , , , , , , , , , , , , , , , , , , ,	•	Monthly Yearly					
Date of Deduction 5th 20th Bo	th Dates						
2. Fund Name							
Investment Amount	Sales Charge (%)	Distribution Instruction*					
, , , , , , , , , , , , , , , , , , , ,	•	Reinvest Credit to Bank Account**					
Smart Save Plan ***							
Investment Amount	Sales Charge (%)	Mode of Frequency					
, , , , , .		Monthly Yearly					
Date of Deduction 5th 20th Bo	th Dates						
Sub Account 3 s	ub Account No.	For office use only.					
Sub Account 3 Objective 3 Retirement Healthcare	ub Account No.	For office use only. Lifestyle					
Objective 3 Retirement Healthcare Sub Account Name							
Objective 3 Retirement Healthcare							
Objective 3 Retirement Healthcare Sub Account Name 1. Fund Name	Education	Lifestyle					
Objective 3 Retirement Healthcare Sub Account Name		Lifestyle Distribution Instruction*					
Objective 3 Retirement Healthcare Sub Account Name 1. Fund Name Investment Amount	Education Sales Charge (%)	Lifestyle					
Objective 3 Retirement Healthcare Sub Account Name 1. Fund Name Investment Amount , , , , ,	Sales Charge (%)	Distribution Instruction* Reinvest Credit to Bank Account**					
Objective 3 Retirement Healthcare Sub Account Name 1. Fund Name Investment Amount	Sales Charge (%) Sales Charge (%)	Distribution Instruction* Reinvest Credit to Bank Account** Mode of Frequency					
Objective 3 Retirement Healthcare Sub Account Name 1. Fund Name Investment Amount , , , , ,	Sales Charge (%)	Distribution Instruction* Reinvest Credit to Bank Account**					
Objective 3 Retirement Healthcare Sub Account Name 1. Fund Name Investment Amount , , , , , . Smart Save Plan*** Investment Amount , , , , , , .	Sales Charge (%) Sales Charge (%)	Distribution Instruction* Reinvest Credit to Bank Account** Mode of Frequency					
Objective 3 Retirement Healthcare Sub Account Name 1. Fund Name Investment Amount , , , , , . Smart Save Plan*** Investment Amount , , , , , , .	Sales Charge (%) Sales Charge (%) Sales Charge (%)	Distribution Instruction* Reinvest Credit to Bank Account** Mode of Frequency					
Objective 3 Retirement Healthcare Sub Account Name 1. Fund Name Investment Amount , , , , , , . Date of Deduction 5th 20th Bo	Sales Charge (%) Sales Charge (%) Line Line Line Line Line Line Line Line	Distribution Instruction* Reinvest Credit to Bank Account** Mode of Frequency					
Objective 3 Retirement Healthcare Sub Account Name 1. Fund Name Investment Amount y Smart Save Plan Investment Amount y Date of Deduction 5th 20th Bo 2. Fund Name Investment Amount	Sales Charge (%) Sales Charge (%) th Dates Sales Charge (%)	Distribution Instruction* Reinvest Credit to Bank Account** Mode of Frequency Monthly Yearly Distribution Instruction*					
Objective 3 Retirement Healthcare Sub Account Name 1. Fund Name Investment Amount , , , , , , . Smart Save Plan*** Investment Amount , , , , , , , , , , , , , , , , , , ,	Sales Charge (%) Sales Charge (%) Line Line Line Line Line Line Line Line	Distribution Instruction* Reinvest Credit to Bank Account** Mode of Frequency Monthly Yearly					
Objective 3 Retirement Healthcare Sub Account Name 1. Fund Name Investment Amount y Smart Save Plan Investment Amount y Date of Deduction 5th 20th Bo 2. Fund Name Investment Amount	Sales Charge (%) Sales Charge (%) th Dates Sales Charge (%)	Distribution Instruction* Reinvest Credit to Bank Account** Mode of Frequency Monthly Yearly Distribution Instruction*					
Objective 3 Retirement Healthcare Sub Account Name 1. Fund Name Investment Amount y Investment Amount y Date of Deduction 2. Fund Name Investment Amount y Investment Amount	Sales Charge (%) Sales Charge (%) th Dates Sales Charge (%)	Distribution Instruction* Reinvest Credit to Bank Account** Mode of Frequency Monthly Yearly Distribution Instruction*					
Objective 3 Retirement Healthcare Sub Account Name 1. Fund Name Investment Amount Smart Save Plan*** Investment Amount Date of Deduction 5th 20th Bo 2. Fund Name Investment Amount Smart Save Plan*** Investment Amount Smart Save Plan*** Investment Amount Smart Save Plan***	Sales Charge (%) Sales Charge (%) th Dates Sales Charge (%)	Distribution Instruction* Reinvest Credit to Bank Account** Mode of Frequency Monthly Yearly Distribution Instruction* Reinvest Credit to Bank Account**					

<u>Sub Account 4</u> Su	ub Account No.	
Objective 4 Retirement Healthcare	Education	For office use only Lifestyle
Sub Account Name		
1. Fund Name		
Investment Amount	Sales Charge (%)	Distribution Instruction*
, , , , .		Reinvest Credit to Bank Account**
Smart Save Plan		
Investment Amount	Sales Charge (%)	Mode of Frequency
, , , ,	•	Monthly Yearly
Date of Deduction 5th 20th Bot	h Dates	
2. Fund Name		
Investment Amount	Sales Charge (%)	Distribution Instruction*
, , , ,	•	Reinvest Credit to Bank Account**
Smart Save Plan		
Investment Amount	Sales Charge (%)	Mode of Frequency
, , , .	•	Monthly Yearly
Date of Deduction 5th 20th Bot	h Dates	
Note: * This instruction is only applicable for new fund(s) that you are investing for your existing fund(s). ** Bank account registration required. *** Plans complete the Direct Debit Authorisation Form	g in. Kindly fill up the Request fo l	r Change Form if you would like to change the distribution instruction

DECLARATION AND SIGNATURE(S)

I/We acknowledge that there has been no material changes to the information provided in the previous Suitability Assessment. My/Our risk profile and product recommendation declaration remains valid.

I / We hereby agree that the opening of these sub-accounts are governed by the terms and conditions contained in the Terms and Conditions for Account Opening and further warrant and represent to AHAM Asset Management Berhad ("AHAM Capital") that I / we have read, understood, and accept the contents of the relevant Prospectus, Information Memorandum, Disclosure Document, and any supplemental and / or replacement thereto (if any) prior to me / us completing this form and agree to be bound by them for my initial and subsequent transactions with AHAM Capital.

I/We acknowledge that I/we am/are aware of the fees and charges that I/we will incur directly and indirectly when investing in the relevant fund, and such fees and charges are exclusive of goods and services tax (if applicable).

I/We acknowledge that I/we have received a copy of the Unit Trust Loan Financing Risk Disclosure Statement and understood its contents.

I/We hereby agree to indemnify AHAM Capital against all actions, suits, proceedings, claims, damages, and losses which may be suffered by AHAM Capital as a result of any inaccuracy of declarations herein.

Signature of First Applicant	Signature of Joint Applicant
Date:	Date:

IMPORTANT NOTE:

Please note that AHAM Capital and its distributors, including individual consultants and sales representatives, are not allowed to accept cash payment for the purchase of units of a fund. All investment payments should be made via telegraphic transfer / cheque to AHAM Asset Management Berhad only.

You are encouraged to verify the registration status of your Unit Trust Consultant with Federation of Investment Managers Malaysia (FIMM). Please visit https://www.fimm.com.my/search to check whether the individuals you are dealing with is an Authorised Consultant of AHAM Capital.

COMPULSORY FOR DISTRIBUTOR (AUTHORISED UTC / PRC)	FOR OFFICE USE ONLY			
Name (as per NRIC)	Form Verified By:	Processed By:		
	Name:	Name:		
UTC / PRC Code	Branch:	Date:		
Delete where not applicable.	Date:			