

Change Fund for SmartSave Plan

From (Fund Name)	To (Fund Name)	Sales Charge (%)
		<input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
		<input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
		<input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
		<input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>

Note: 1. If the maximum amount indicated in the previous **Direct Debit Authorisation (DDA) Form** is higher than monthly deduction amount, the amount change must be lower / equal to the maximum amount indicated in the previous DDA form.
 2. For termination of SmartSave Plan, please complete the **Direct Debit Authorisation Form**.
 3. The change / termination of SmartSave Plan instruction(s) will be effective immediately provided the request is received by AHAM Capital three (3) business days before the next deduction due date.
 4. Distribution Instruction for DDA funds is defaulted to Reinvest unless stated otherwise. Kindly fill up the Change of Income Distribution Instruction section below if you would like to change the distribution instruction for your existing funds.

CHANGE OF PRS FUND CONTRIBUTION

Default Option - Conventional
 Default Option - Shariah
 Self-Selection
 Salary Deduction
 Cliff Vesting
 Immediate Vesting
 Graded Vesting

1. Fund Name Effective date / /

From

To

2. Fund Name Effective date / /

From

To

CHANGE OF INCOME DISTRIBUTION INSTRUCTION

Fund Name
 1.

Reinvest Credit To Bank Account*

2.

Reinvest Credit To Bank Account*

3.

Reinvest Credit To Bank Account*

4.

Reinvest Credit To Bank Account*

Note: Not applicable to fund(s) invested via the EPF Member Investment Scheme, and fund(s) where the distribution policy is reinvestment only.
 *Bank Account registration is required.

DECLARATION AND SIGNATURE(S)

I / We hereby agree to be bound by the terms and conditions contained in the Terms and Conditions for Account Opening (as amended from time to time).

I / We acknowledge that I / we have received, read and understood the relevant Prospectus, Information Memorandum, Disclosure Document, and any supplemental and / or replacement thereto (if any) and agree to be bound by them for my / our initial and subsequent transactions with AHAM Asset Management Berhad ("AHAM Capital").

I / We undertake to be bound by the provision of the documents constituting the fund(s) subscribed to as if I was / we were a party thereto.

I / We acknowledge that I am / we are aware of the fees and charges that will be incurred directly and indirectly when investing into the fund(s) and such fees and charges are exclusive (if applicable).

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

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

Signature of First Applicant / Authorised Signatory

Date:

Signature of Joint Applicant / Authorised Signatory

Date:

COMPULSORY FOR DISTRIBUTOR (AUTHORISED UTC / PRC)

FOR OFFICE USE ONLY

Name (as per NRIC)

UTC / PRC Code

Delete where not applicable.

Form Verified By:	Processed By:
Name:	Name:
Branch:	Date:
Date:	