

**UNIT HOLDER RECORD MAINTENANCE FORM**

ACCOUNT NO.   UT Account Only  PRS Account Only  All Accounts  MPC  
(Please ensure that the unit holder and the joint holder, if any, must be of the same entity)

*Please take note that Section A2, A3, A4 and Section B are not applicable to PRS account.*

**A. INDIVIDUAL ACCOUNT USE ONLY**

**RECORD WITH MANULIFE INVESTMENT MANAGEMENT (M) BERHAD (MIMMB)**

ACC. HOLDER NAME   
 NRIC NO. (New)  -  -  NRIC (Old) / PASSPORT NO.

*Please complete the field(s) that required changes:*

**1. 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

**2. 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   
 RELATIONSHIP WITH FIRST APPLICANT

SIGNATURE (New Signature) \_\_\_\_\_  
For change of signature, both holders must sign and be witnessed by MIMMB staff \_\_\_\_\_ Witnessed by / Date

**3. 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

**4. INCOME DISTRIBUTION OPTION (Please provide bank account details if you opt for payout)**

ALL FUNDS

FUND NAME / FUND CODE


<input type="checkbox"/> REINVEST	<input type="checkbox"/> PAYOUT
<input type="checkbox"/> REINVEST	<input type="checkbox"/> PAYOUT
<input type="checkbox"/> REINVEST	<input type="checkbox"/> PAYOUT
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<input type="checkbox"/> REINVEST	<input type="checkbox"/> PAYOUT

**5. BANK ACCOUNT DETAILS (For Redemption, \*Income Distribution Payout and Other Payment Purposes) \*Except for PRS Account**

BANK NAME

BANK ACCOUNT NAME(S)

BANK ACCOUNT NO.

**6. NOMINEE FOR INSURANCE (If Free Insurance is 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

**7. TAX RESIDENCY**

MALAYSIA TAX RESIDENT ONLY  MALAYSIA AND NON-MALAYSIA TAX RESIDENT  NON-MALAYSIA TAX RESIDENT ONLY

**B. CORPORATE ACCOUNT USE ONLY**

**RECORD WITH MANULIFE INVESTMENT MANAGEMENT (M) BERHAD (MIMMB)**

ORGANIZATION NAME

REGISTRATION NO.

Please complete the field(s) that required changes:

**1. COMPANY INFORMATION**

CORRESPONDENCE ADDRESS

POSTCODE

E-MAIL ADDRESS

CONTACT NO.  (FAX)

CHANGE OF SHAREHOLDERS / DIRECTOR(S)\*\*  CHANGE OF AUTHORIZED SIGNATORY(IES)\*\*

\*\* Please provide certified true copy of the updated Board Resolution, sample signature(s) and photocopy of ID.

**2. TAX RESIDENCY**

MALAYSIA TAX RESIDENT ONLY     MALAYSIA AND NON-MALAYSIA TAX RESIDENT     NON-MALAYSIA TAX RESIDENT ONLY

**2.1 MALAYSIA TAX INFORMATION**

INCOME TAX REFERENCE NUMBER

**3. INCOME DISTRIBUTION OPTION** (Please provide bank account details if you opt for payout)

ALL FUNDS

FUND NAME / FUND CODE

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<input type="checkbox"/> REINVEST	<input type="checkbox"/> PAYOUT
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**4. BANK ACCOUNT DETAILS** (For Redemption, Income Distribution Payout and Other Payment Purposes)

BANK NAME

BANK ACCOUNT NAME(S)

BANK ACCOUNT NO.

**5. CHANGE OF COMPANY CONTACT PERSON**

**1st Contact Person**

NAME

CONTACT NO.  -

E-MAIL ADDRESS

**2nd Contact Person**

NAME

CONTACT NO.  -

E-MAIL ADDRESS

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

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

\_\_\_\_\_  
Signature of Principal Holder /  
Authorized Signatory

-  -   
Date

\_\_\_\_\_  
Signature of Joint Holder /  
Authorized Signatory

-  -   
Date

**FOR OFFICE USE ONLY**

<p><b>Submitted by</b></p> <p><input type="checkbox"/> Walk-in Account Holder    <input type="checkbox"/> Principal Holder    <input type="checkbox"/> Joint Holder    <input type="checkbox"/> Both Holders</p> <p>Witnessed by MIMMB staff (Name, signature of staff and branch stamp) _____</p> <p><input type="checkbox"/> UT/ PRS Adviser (Name, Code and Contact No.) _____</p> <p>Remarks : _____</p>	<p><b>Remarks :</b> _____ _____ _____</p> <p><b>Verified by / Date :</b> _____</p>
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