

MIMMB/UHM/202408

UH-M Form (UT & PRS)

UNIT HOLDER RECORD MAINTENANCE FORM

| ACCOUNT NO. | UT Account Only PRS Account Only | All Accounts MPC |
|---|---|--------------------------------------|
| Please take note that Section | n A2, A4, A5 and Section B are not applicable to PRS account. | |
| RECORD WITH MANULIE | A. INDIVIDUAL ACCOUNT USE ONLY E INVESTMENT MANAGEMENT (M) BERHAD (MIMMB) | |
| ACC. HOLDER NAME | | |
| NRIC NO. (New) | NRIC (Old) / PASSPORT NO. | |
| | (s) that required changes: RTICULARS *Please provide a photocopy of NRIC / Passport / fill in Individual or Controlling Person Se | elf-Certification Form if applicable |
| NAME | | |
| NAME TITLE | | |
| NRIC NO. (New) | - NRIC (old) / PASSPORT NO. | |
| NATIONALITY | MALAYSIAN NON-MALAYSIAN (please specify) | |
| MARITAL STATUS | Single Married Divorced Widowed | |
| PERMANENT RESIDENTIAL ADDRESS | | |
| | | |
| TOWN/CITY | | |
| STATE | | |
| CORRESPONDENCE | | |
| ADDRESS (Please complete if different from the above) | | |
| different nom the above) | | |
| TOWN/CITY | | |
| STATE | | |
| CONTACT NO. | (H) - (FAX) | |
| | (O) - (H/P) | |
| E-MAIL ADDRESS | | |
| | Note: By providing your email address and/or mobile number to us, we have your consent to cor email and/or short messages (SMS). Notices delivered to you via email or SMS are deemed to r transmission. | |
| OCCUPATION | | |
| EMPLOYMENT STATUS | EMPLOYED SELF-EMPLOYED Not Applicable (e.g. Student, Housew | vife/Househusband, Pensioner) |
| NATURE OF BUSINESS | CODE OTHERS I | |
| | (Please refer to the business code list provided) (please specify) | |
| NAME OF EMPLOYER/ COMPANY NAME | | |
| SOURCE OF INCOME | EMPLOYMENT BUSINESS SAVING / INHERITANCE | OTHERS |
| MONTHLY INCOME | NOT SPECIFED UP TO RM1,500 RM1,501 TO RM | I3,000 RM3,001 TO RM5,000 |
| | RM5,001 TO RM8,000 RM8,001 TO RM15,000 RM15,001 TO RI | M20,000 RM20,001 TO RM50,000 |
| | RM50,001 TO RM100,000 RM100,001 TO RM200,000 ABOVE RM200,0 | 000 |
| PURPOSE OF INVESTMENT | EDUCATION RETIREMENT WEALTH ACCUMULATION | SAVINGS |
| SIGNATURE (New Signatu | IFE) rs must sign and be witnessed by MIMMB staff | Witnessed by / Date |
| | RTICULARS *Please provide a photocopy of NRIC / Passport / Birth Certificate / fill in Individual or Controll | |
| | | |
| | | |
| NRIC NO. (New) | | |
| NRIC (Old) / PASSPORT N NATIONALITY | MALAYSIAN NON-MALAYSIAN (please specify) | |
| | | |

| PERMANENT RESIDENTIAL ADDRESS | |
|---|--|
| | |
| TOWN/CITY | |
| STATE | |
| CORRESPONDENCE ADDRESS (Please complete if | |
| different from the above) | |
| | POSTCODE |
| TOWN/CITY | |
| STATE | |
| CONTACT NO. | (H) (FAX) |
| | (O) - (H/P) - |
| E-MAIL ADDRESS | |
| OCCUPATION | |
| EMPLOYMENT STATUS | EMPLOYED SELF-EMPLOYED Not Applicable (e.g. Student, Housewife/Househusband, Pensioner) |
| | |
| NATURE OF BUSINESS | CODE OTHERS OF Interview (Please specify) |
| NAME OF EMPLOYER/ COMPANY NAME | |
| SOURCE OF INCOME | EMPLOYMENT BUSINESS SAVING / INHERITANCE OTHERS |
| MONTHLY INCOME | NOT SPECIFED UP TO RM1,500 RM1,501 TO RM3,000 RM3,001 TO RM5,000 |
| | RM5,001 TO RM8,000 RM8,001 TO RM15,000 RM15,000 RM20,000 RM20,001 TO RM50,000 |
| | RM50,001 TO RM100,000 RM100,001 TO RM200,000 ABOVE RM200,000 |
| RELATIONSHIP WITH FIRST APPLICANT | |
| PURPOSE OF INVESTMENT | EDUCATION RETIREMENT WEALTH ACCUMULATION SAVINGS |
| | |
| | rs must sign and be witnessed by MIMMB staff Witnessed by / Date |
| For change of signature, both holder 3. VULNERABLE CUSTOM | rs must sign and be witnessed by MIMMB staff Witnessed by / Date ER |
| For change of signature, both holder 3. VULNERABLE CUSTOM | rs must sign and be witnessed by MIMMB staff Witnessed by / Date |
| For change of signature, both holder 3. VULNERABLE CUSTOM | rs must sign and be witnessed by MIMMB staff Witnessed by / Date ER ders listed above belong to any of the following groups? |
| For change of signature, both holder 3. VULNERABLE CUSTOM Do any of the account hold | rs must sign and be witnessed by MIMMB staff Witnessed by / Date ER Witnessed by of the following groups? Ders listed above belong to any of the following groups? > PHYSICAL/COGNITIVE DISABILITIES > PHYSICAL/COGNITIVE DISABILITIES > LOW FINANCIAL RESILIENCE |
| For change of signature, both holder 3. VULNERABLE CUSTOM Do any of the account hold AGED 65 AND ABOVE | rs must sign and be witnessed by MIMMB staff Witnessed by / Date ER Witnessed by of the following groups? E > PHYSICAL/COGNITIVE DISABILITIES > LOW FINANCIAL RESILIENCE |
| For change of signature, both holder 3. VULNERABLE CUSTOM Do any of the account hold > AGED 65 AND ABOVE > LOW FINANCIAL CAP/ FIRST APPLICANT Note: Age - 65 and above Physical/Cognitive Disabilities dyslexia or low spectrum autism. Low Financial Resilience - Over, Low Financial Capabilities - Lau Life Events – One who have exp main breadwinner. | In smust sign and be witnessed by MIMMB staff Witnessed by / Date ER Iders listed above belong to any of the following groups? E > PHYSICAL/COGNITIVE DISABILITIES > LOW FINANCIAL RESILIENCE ABILITIES > LIFE EVENTS YES NO JOINT APPLICANT YES NO - Refers to long-term: (a) hearing impairment; (b) visual impairment; (c) speech impairment; (d) physical impairment; or (e) learning impairment such as rly indebted, low ability to withstand financial shocks, have cash flow problems and have no savings. ck of confidence in managing money or knowledge about financial matters. perienced adverse life events resulting in temporary or long-term financial hardship such as unemployment, or death or total permanent disability of the |
| For change of signature, both holder 3. VULNERABLE CUSTOM Do any of the account hold > AGED 65 AND ABOVE > LOW FINANCIAL CAP/ FIRST APPLICANT Note: Age - 65 and above Physical/Cognitive Disabilities dyslexia or low spectrum autism. Low Financial Resilience - Ove Low Financial Capabilities - Lau Life Events - One who have exp | In smust sign and be witnessed by MIMMB staff Witnessed by / Date ER Iders listed above belong to any of the following groups? E > PHYSICAL/COGNITIVE DISABILITIES > LOW FINANCIAL RESILIENCE ABILITIES > LIFE EVENTS YES NO JOINT APPLICANT YES NO - Refers to long-term: (a) hearing impairment; (b) visual impairment; (c) speech impairment; (d) physical impairment; or (e) learning impairment such as rly indebted, low ability to withstand financial shocks, have cash flow problems and have no savings. ck of confidence in managing money or knowledge about financial matters. perienced adverse life events resulting in temporary or long-term financial hardship such as unemployment, or death or total permanent disability of the |
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| For change of signature, both holder 3. VULNERABLE CUSTOM Do any of the account hold > AGED 65 AND ABOVE > LOW FINANCIAL CAP/ FIRST APPLICANT Note: Age - 65 and above Physical/Cognitive Disabilities dyslexia or low spectrum autism. Low Financial Capabilities - Lai Life Events – One who have exp main breadwinner. 4. AUTHORITY TO OPER/ JOINT ACCOUNT *For Joint Account, both holders mu | rs must sign and be witnessed by MIMMB staff Witnessed by / Date |
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| 6. BANK ACCOUNT DETA | ILS (Fo | or Re | eden | nptic | on, * | Inco | me l | Dist | ribu | tio | n Pa | ayoı | ut a | nd (| Oth | er l | Pay | /me | nt l | Purp | oos | es) [,] | *Exce | ept fo | or PF | rs a | ccou | int | | | | |
|--|-------------|----------|---------|--------|--------|---------|----------|----------|--------|--------|-------|-------|-------|--------|-------|------|------|----------|-------|------|-------|------------------|------------|--------|-------|--------|--------|-------|--------|-------|-------|------|
| BANK NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BANK ACCOUNT NAME(S |) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BANK ACCOUNT NO. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Note: Please provide proof of b | ank acc | count | detai | ls for | upda | ating | ourp | oses | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. NOMINEE FOR INSURA | NCE (I | If Free | e Insui | rance | is pr | ovideo | l). On | ly pr | incipa | al ho | lder | can r | requ | est fo | or ch | ang | e of | the I | Vomi | nee. | For I | PRS I | Free I | nsur | ance | e, ple | ase s | subm | it PP. | A Noi | mina | tion |
| INSURANCE COMPANY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NRIC NO. (New) | | | | | | - 🗋 | | - | | | | | | DA | TE | OF | BI | RTH | H (de | d/mm | /уууу | 1) | | | - | | | - | | | | |
| NRIC (Old) / PASSPORT N | 0. | | | | | | | | | | RE | LAT | ΓΙΟΙ | NSH | ΗP | то | PF | RINC | CIP | AL F | IOL | DEF | ۲ | | | | | | | | | |
| Note: Please provide a photoco | py of N | IRIC / | / Pass | sport | / Birt | h Cer | tifica | te o | fthe | nom | ninee | 9 | | | | | | | | | | | | | | | | | | | | |
| 8. TAX RESIDENCY (Please | fill in Inc | dividu | al or C | contro | | | | | | | | - | | | | | | | | | | | | | | | | | | | | |
| MALAYSIA TAX RESID | ENT O |)NLY | , | | N | DN-N | IALA | AYS | IA T. | AX | RE | SIDE | EN | T ON | NLY | · | | | M/ | ALA | YSI | A Al | ND | ION | N-M | ALA | 4YS | IA T | ΓAΧ | RES | SIDE | ENT |
| | | | | | | B | . CO | DRF | OR/ | ATE | E AC | cco | UN | IT U | SE | ON | ILY | ' | | | | | | | | | | | | | | |
| RECORD WITH MANULIFE | E INVE | STM | IENT | ' MA | NAG | SEME | ENT | (M) | BEI | RH/ | AD (| (MIN | MMI | B) | | | | | | | | | | | | | | | | | | |
| ORGANIZATION NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REGISTRATION NO. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please complete the field | s) tha | t req | uire | d ch | ang | es: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. COMPANY INFORMATIO | NC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CORRESPONDENCE ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| TOWN/CITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STATE | | | | | | | | | | | | | | COI | UN | TR۱ | ſ | | | | | | | | | | | | | | | |
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| E-MAIL ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Note: By providing your email a Notices delivered to you via em | | | | | | | | | | | | | | | | | | | | form | atio | n to y | /ou v | via e | mail | and | ¹∕or s | short | mes | sage | es (S | MS). |
| CONTACT NO. | | | - | | | | | | | | | | | | | | | AX | | | | | | - | 1 | 1 | | | | | | |
| PURPOSE OF INVESTMENT | · 🗌 (| CAPI | | PRE | SEI | | | 1 | | Г | 1 | INC | | ЛE | | | | | | CON | 1E / | | GR | ow | тн | _ | _ | F | GF | RON | /ТН | |
| CHANGE OF SHAREHOLD | | | | | | | _ | 1 | | | | | | | Cŀ | IAN | IGE | E OF | | | | | | | | DRY | (IE | S)** | 1 - | | | |
| ** Please provide certified true cop | | | | `` | ' | ion, sa | ample | sign | ature(| (s) ai | nd ph | notoc | ору | of ID. | | | | | | | | | | | | | | , | | | | |
| 2. TAX RESIDENCY (Please | e fill in l | ndivid | dual o | r Cor | ntroll | ing Pe | ersor | n Sel | lf-Cei | rtific | atior | n Foi | rm) | | | | | | | | | | | | | | | | | | | |
| MALAYSIA TAX RESID | ENT C | DNLY | , | | NC | N-M | ALA | YSI | A TA | AX F | RES | SIDE | ENT | ON | ILY | | | | MA | ALA | YSI | A AI | ND I | 10/ | N-M | ALA | ٩YS | IA T | AX | RES | SIDE | INT |
| 2.1 MALAYSIA TAX INFOR | | ON | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INCOME TAX REFERENCE | E NUN | /BEF | २ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. INCOME DISTRIBUTION | | ION | (Plea | se pro | ovide | bank | acc | ount | t deta | ails i | f yoı | ı opt | t for | payo | out) | | | | | | | | | | | | | | | | | |
| ALL FUNDS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FUND NAME / FUND CODE | Ξ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 4. BANK ACCOUNT DETA | ILS (F | or Re | eden | nptic | on, I | ncon | ne D | listr | ibut | ion | Pa | you | t ar | nd C | Othe | er P | ay | mei | nt P | urp | ose | s) | | | 1 | | | | | | | |
| BANK NAME BANK ACCOUNT NAME(S | | | | | | | | | | | | | | | | | | | | | | | 1 | | | | | | | | | |
| BANK ACCOUNT NO. | | | | | | | | | | | | | L | | L | | | | | | | | | | | | | | | | | |

Note: Please provide proof of bank account details for updating purposes.

| 5. CHANGE OF COMP | ANY 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 N | MIMMB's record) | | | | | | | | | | |
| I hereby request that the | above be amended / changed with immediate effect. | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | Principal Holder / | Signature of Joint Holder / | | | | | | | | | | |
| Authorized S | Ignatory | Authorized Signatory | | | | | | | | | | |
| - | | | | | | | | | | | | |
| Date (dd/ | mm/yyyy) | Date (dd/mm/yyyy) | | | | | | | | | | |
| | FOR OFFICE USE C | ONLY | | | | | | | | | | |
| Submitted by | | Remarks : | | | | | | | | | | |
| Walk-in Account H | | | | | | | | | | | | |
| Principal I | | | | | | | | | | | | |
| Witnessed by MIM | MB staff | | | | | | | | | | | |
| (Name, signature o | | | | | | | | | | | | |
| | f staff and branch stamp) | - | | | | | | | | | | |
| UT/ PRS Adviser (| of staff and branch stamp) Name, Code and Contact No.) | Verified by / Date : | | | | | | | | | | |
| UT/ PRS Adviser (| | | | | | | | | | | | |
| | | Verified by / Date : | | | | | | | | | | |
| UT/ PRS Adviser (Remarks : | | | | | | | | | | | | |

Manulife Investment Management (M) Berhad 200801033087 (834424-U)

13th Floor, Menara Manulife, 6, Jalan Gelenggang, Damansara Heights, 50490 Kuala Lumpur. Tel: 03-2719 9271 Email: MY_CustomerService@manulife.com www.manulifeim.com.my

Nature of Business Code and Description:

| Code | Nature of Business | Code | Nature of Business | Code | Nature of Business | Code | Nature of Business |
|------|-----------------------------------|------|--------------------------|------|------------------------------------|------|---------------------------------|
| 001 | Accountant/Accountancy | 018 | Currency Dealer/Exchange | 035 | Int'l Business Corp (IBC) | 052 | Private Investment Co |
| 002 | Agriculture/ Mining | 019 | Dealer in Car/Boat/Plane | 036 | IT | 053 | Professional Service Co |
| 003 | Antique Dealer | 020 | Dealer in Precious Jewel | 037 | Lawyer Solicitors Attorney (Legal) | 054 | Properties |
| 004 | Arms Manufacturer/Dealer | 021 | Education and Teaching | 038 | Leather Goods Stores | 055 | Real Estate Agents Brokers |
| 005 | Art Dealer | 022 | Finance | 039 | Liquor Store (non-govt) | 056 | Restaurants |
| 006 | Arts/Entertainment | 023 | Financial Institution | 040 | Media/Publisher | 057 | Retail Stores - private owned |
| 007 | ATMs Operating Business (non-gov) | 024 | Food & Beverage | 041 | Mining | 058 | Share Broker/Dealer Unregulated |
| 008 | Auction House | 025 | Foreign Financial Colnst | 042 | Money Service Businesses | 059 | Shipping Business |
| 009 | Bank in non FATF country | 026 | Government | 043 | Money Transmitters | 060 | Technology |
| 010 | Casino/Gambling Business | 027 | Government-Misc | 044 | None/ Not Applicable | 061 | Telemarketers |
| 011 | Charitable Organisation | 028 | Government-Political | 045 | Non-Govtal Organization (NGO) | 062 | Tourism and Hospitality |
| 012 | Cheq Cashing Facilities | 029 | Healthcare and Medical | 046 | Not-for-Profit Organization (NFPO) | 063 | Trading / Services |
| 013 | Cigarette Distributors | 030 | Hotels | 047 | Others | 064 | Transport Service |
| 014 | Construction | 031 | Import/ Export Business | 048 | Parking Garages (non-gov) | 065 | Travel Agencies |
| 015 | Construction/Tradess | 032 | Industrial Product | 049 | Pawn Brokers | 066 | Vending Machine Operator |
| 016 | Consumer Product | 033 | Infrastructure | 050 | Plantation | | |
| 017 | Convenience Store | 034 | Insurance | 051 | Political Organisation | | |