

Date: 1 April 2026

Dear Valued Customer,

RE: Manulife Asian Small Cap Equity Fund (the “Fund”) – Fund Termination Notice

The Fund was launched on 8 April 2015 as a wholesale feeder fund designed to provide long-term capital growth by investing in the Manulife Global Fund – Asian Small Cap Equity Fund (the “Target Fund”). The Target Fund invests in equity and equity-related investments of smaller capitalisation companies across the Asian and/or Pacific region, including common stocks, preferred stocks, and depositary receipts. As at 28 February 2026, the Fund remained relatively small in size, with a net asset value of approximately RM16.4 million.

After reviewing the Total Expense Ratio (TER) against the fund size, Manulife Investment Management (M) Berhad (the “Manager”) and the Trustee are of the view that it is in the best interests of the unit holders to terminate the trust and wind up the Fund.

As permitted by the deed and disclosed in the Information Memorandum of the Fund, the Fund may be terminated without a special resolution passed at unit holder’s meeting provided if in the reasonable opinion of the Manager it is impracticable or inadvisable to continue the Fund or Class, as the case may be and the termination of the Fund or Class, as the case may be, is in the best interest of the Unit Holders of the Fund or Class.

In view of the impending Fund’s termination, all subscriptions, transfers and switching of units into the Fund will be ceased with effect from 20 March 2026. In consideration of that, we strongly encourage you to switch out or redeem from the Fund before 16 June 2026. You may refer to Appendix A for the list of recommended funds.

Please note that the Manager will begin liquidating the Fund on 19 June 2026 (the “Commencement Date”) and complete on 26 June 2026 (the “Termination Date”). During this period, the Fund may not be able to fully adhere to its investment objective and strategy. For unit holders who remained invested in the Fund after 19 June 2026, cash proceeds from assets disposal (less any administrative expenses and fees due) will be returned to the unit holders after the Termination Date. A confirmation advice slip will be sent to you.

For your reference, the Fund’s termination exercise (including Fund’s audit) is expected to complete by 28 August 2026 (the “Completion Date”). Termination costs of the Fund, including legal and administrative fees are borne by the Manager. The Fund’s final review and audit related fees are charged to the Fund as permitted by the Deed. In view that the final financial period will fall on the Fund’s Termination Date, there will be no additional termination cost and expense incurred apart from the normal fund expenses as mentioned above.

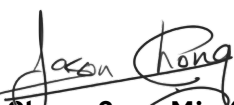
Key dates:

- 19 March 2026 – Last day to submit any subscriptions/transfers in/switching in (before cut off time)
- 20 March 2026 – Cessation of Subscriptions/transfers in/switching in
- 16 June 2026 – Recommended last day to redeem/switch out
- 19 June 2026 (Commencement Date) – Liquidation begins
- 26 June 2026 (Termination Date) – Liquidation expected to be completed and Fund terminated
- 28 August 2026 (Completion Date) – Completion of termination exercise (including audit)

Thank you for your continued support. Do reach out to your servicing adviser or our Customer Service personnel at 03-2719 9271 if you require any clarification and/or further information.

Yours faithfully,

For Manulife Investment Management (M) Berhad



Chong Soon Min (Jason)
Chief Executive Officer and Executive Director
cc 1. HSBC Trustees Berhad
2. Securities Commission Malaysia

Summary

		Action required	Forms / Documents to Submit	Remarks
Unit holders with...	Regular Saving Plan (RSP)	➤ Re-direct RSP to another fund	Regular Investment Amendment (RIA) Form	If unit holder does not amend or cancel the RSP, the autodebit/ standing instruction will cease.
		➤ Cancel RSP	Regular Investment Amendment (RIA) Form	
	Cash Investment	➤ Switch Out	Switching Form	<p>If unit holder does not switch out or redeem by Fund's Termination Date, proceeds from the termination will be returned to the unit holder via telegraphic transfer.</p> <p>Note: If the Company does not have the unit holder's bank account details, we will issue a cheque in his/her name and post it to his/her last registered mailing address.</p>
		➤ Redeem	Redemption Form and Unit Holder Record Maintenance form (if your particulars require updating)	

List of Recommended Fund

	Fund Name	Asset Allocation	Risk Rating	Fund Category	Fund Type	Distribution Frequency	Maximum Sales Charge (% NAV per unit)	Annual Management Fee (% NAV per annum)
Terminated Fund	Manulife Asian Small Cap Equity Fund	<p>Min 85% in Manulife Global Fund – Asian Small Cap Equity Fund (Target Fund) which invest into equity and equity related investments of smaller capitalisation companies in the Asian and/or Pacific region. Such equity and equity related securities include common stocks, preferred stocks and depository receipts.</p> <p>Remaining NAV in Cash, money market instruments, placement of deposits with financial institutions for liquidity purposes, and/ or derivative for hedging purposes</p>	Very High	Wholesale feeder fund	Growth	Incidental	6.00%	1.80%
	Manulife Asia Technology Fund	<p>Min 85% in Wellington Asia Technology Fund (Target Fund) that invest into the equity securities of technology and technology related companies listed or operating in the Asia region.</p> <p>Remaining NAV in liquid assets such as money market instruments, placement of short-term deposits with financial institutions and/or derivatives for hedging purposes</p>	Very High	Retail Feeder Fund	Growth	Incidental	5.00%	1.80%
Recommended Funds	Manulife Asia Pacific Opportunities Fund	<p>Min 85% in share class P (USD) of the Allianz Global Investors Fund – Allianz Oriental Income (Target Fund), that invests in equities and/or debt securities in Asia-Pacific.</p> <p>Remaining NAV in liquid assets such as cash, money market instruments, placement of deposits with financial institutions for liquidity purposes and/or derivative for hedging purposes.</p>	Very High	Retail Feeder Fund	Growth	Incidental	5.00%	1.80%

	Manulife Investment Asia-Pacific ex Japan	70% to 98% in a diversified portfolio of equities and equity-related securities of companies domiciled in/ listed in or have significant operations in the Asia-Pacific ex Japan region. Min 2% in liquid assets	High	Retail equity	Growth	Incidental	6.50%	1.50%
	Manulife Investment Shariah Asia-Pacific ex Japan	70% to 98% in in a diversified portfolio of Shariah-compliant equities and Shariah-compliant equity-related securities of companies domiciled in/ listed in or have significant operations in the Asia-Pacific ex Japan region. Min 2% in liquid assets	High	Retail equity (Shariah-compliant)	Growth	Incidental	6.50%	1.75%

Performance of Funds

	Fund Name	Returns (%)			
		YTD	1-Year	3-Years	5-Years
Terminated Fund	Manulife Asian Small Cap Equity Fund	12.79	30.73	8.78	1.48
Recommended Funds	Manulife Asia Technology Fund	15.20	48.02	-	-
	Manulife Asia Pacific Opportunities Fund	17.61	48.68	16.13	-
	Manulife Investment Asia-Pacific ex Japan	17.33	44.40	18.09	7.64
	Manulife Investment Shariah Asia-Pacific ex Japan Fund	19.28	51.72	16.06	6.66

Source: Lipper. Performance Data as at 28 Feb 2026, returns more than 1 year are annualized.

SA Calculator Ref. No.

SWITCHING FORM
SW Form

ACCOUNT NO. EPF MPC

Change of Risk Profile Yes (Please submit a new SA Form) No Decision Within Risk Profile Exceeds Risk Profile Self-Execution

Please read the terms and conditions for switching as specified overleaf before completing this form. Tick (✓) where applicable.
Any alteration made must be countersigned by unit holder.

A PRINCIPAL HOLDER PARTICULARS

NRIC NO. (New) - - NRIC (Old) / PASSPORT NO.
NAME (As per NRIC)
CONTACT NO. (H/P) -

B JOINT HOLDER PARTICULARS

NRIC NO. (New) - - NRIC (Old) / PASSPORT NO.
NAME (As per NRIC)

C CORPORATE PARTICULARS

ORGANISATION NAME
REGISTRATION NO.
CONTACT PERSON CONTACT NO. -

D SWITCHING DETAILS

SWITCHING FROM	SWITCH TO	Income Distribution Pay Out*
(State the no. of units or ALL) _____ FUND <input type="text"/> . <input type="text"/> UNITS	_____ FUND <input type="checkbox"/>	(Please select or it will be defaulted to auto reinvest. Please refer to item 7 of Terms and Conditions for further details) * Please select the option only if you are investing into a new fund
_____ FUND <input type="text"/> . <input type="text"/> UNITS	_____ FUND <input type="checkbox"/>	
_____ FUND <input type="text"/> . <input type="text"/> UNITS	_____ FUND <input type="checkbox"/>	
_____ FUND <input type="text"/> . <input type="text"/> UNITS	_____ FUND <input type="checkbox"/>	
_____ FUND <input type="text"/> . <input type="text"/> UNITS	_____ FUND <input type="checkbox"/>	
_____ FUND <input type="text"/> . <input type="text"/> UNITS	_____ FUND <input type="checkbox"/>	
_____ FUND <input type="text"/> . <input type="text"/> UNITS	_____ FUND <input type="checkbox"/>	

E BANK ACCOUNT DETAILS (for Income Distribution Payout)

BANK NAME BANK ACCOUNT NUMBER
BANK ACCOUNT NAME(S)

F SIGNATURE OF UNIT HOLDER (S) / AUTHORISED SIGNATORY (IES) (Similar to Manulife IM (Malaysia) record)

I / We acknowledge that this switching form has been circulated with the Product Highlights Sheet / Prospectus(es) / Information Memorandum. I / We have read and understood the. Product Highlights Sheet / Prospectus / Supplemental Prospectus(es) (if any) and Information Memorandum before completing this switching form. I / We are aware of the fees and charges that I / we will incur directly or indirectly when investing in the fund. I / We also agree to be bound by the terms and conditions as specified in this form and provisions of the Deed.

Signature of Principal Holder/
Authorised Signatory(ies)

/ /
Date

Signature of Joint Holder/
Authorised Signatory(ies)

For Office Use Only

Submitted by :
 Walk-in Unit Holder
 Principal Holder Joint Holder Both Holders
Witnessed by Manulife IM (Malaysia) Staff
(Name, signature of staff and branch stamp) _____
 UT Adviser (Name, Code and Contact No.) _____
Remarks : _____

Branch Stamp

TRANSACTION NO. : _____
Remarks : _____
Verified by / Date : _____

TERMS AND CONDITIONS – SWITCHING

1. The minimum number of units switched is subject to the minimum balance, terms and conditions for the respective funds.
2. For switching request made to a new fund, the net amount switched must meet the minimum requirement of the intended fund's initial investment amount.
3. The price (NAV) will be determined at the end of the Business Day (forward pricing) on which the valid switching request is received and accepted by the Manager.
4. For full switching, you are required to fill up the Regular Investment Amendment (RIA) Form if you wish to switch the monthly deduction to the new fund.
5. For partial switching, please leave a minimum balance of units required to maintain your fund(s) account. In the event any request for partial switching results in the unit holder holding less than the minimum balance of units required, the Manager reserves the right to fully switch all the units held by the unit holder.
6. Cancellation of request for switching is not allowed.
7. Please refer to the relevant Master Prospectus, Prospectus, Supplementary Prospectus (if any) and/or Information Memorandum for income distribution policy.

If you opt for payout option, you are required to provide your bank account details for direct crediting purpose. In the absence of a valid bank account, the distribution (if any) will be reinvested.

Payment cannot be made to accounts in the name of third parties. For joint account, the bank account provided could either be in the name of the principal account holder or in the names of both account holders.

8. Request for switching is not applicable for EPF float units.
9. All EPF investment into approved money market funds must NOT be more than six (6) consecutive months. Please switch the investment out to approved non money market funds before the expiry date, failing which the investment will be redeemed and returned to your EPF account without further notice.
10. The unit holder signature(s) on the Switching Form must be the same with the 'Authority To Operate Account' and the specimen signature(s) in Manulife Investment Management (M) Berhad Registration No: 200801033087 (834424-U) (hereinafter referred to as "Manulife IM (Malaysia)") record.
11. The Manager will charge a Switching fee as stated in the relevant Prospectus or Information Memorandum.
12. All fees and charges (e.g. sales charge, switching fee, transfer fee, management fee, trustee fee and any other relevant fee(s) and/or charge(s), where applicable, may be subject to tax that may be introduced by the Government of Malaysia from time to time. The Manager, the Trustee and/or other service providers reserve the right to collect from you and/or the Fund an amount equivalent to the prevailing rate of tax payable for all charges and fees, where applicable.

Your obligation to pay any applicable taxes shall form part of the Terms and Conditions.

13. Manulife IM (Malaysia) reserves the rights to off-set and/or deduct any amount from the switching amount that may be owed by the unit holder(s) to Manulife IM (Malaysia).

RIGHTS OF MANAGER

The Manager reserves the right to accept or reject any application in whole or part thereof without assigning any reasons.

The unit holder shall indemnify and shall keep owed by the unit fully indemnified against all losses, damages, fees, costs, charges and expenses which owed by the unit may sustain or incur and which shall have arisen either directly or indirectly out of or in connection with carrying out this request.

Any inconsistency between the terms and conditions herein and the Prospectus(es) or Information Memorandum the latter will prevail. If you require further clarification, please contact your personal UT Adviser, our branch nearest to you or our Customer Service at:

ACCOUNT NO.

MPC EPF

Please read the terms and conditions for redemption as specified overleaf before completing this form. Tick (✓) where applicable.
Any alteration made must be countersigned by unit holder.

A PRINCIPAL HOLDER PARTICULARS

NRIC NO. (New) - - NRIC (Old) / PASSPORT NO.
 NAME (As per NRIC)
 CONTACT NO. (H/P) -

B JOINT HOLDER PARTICULARS

NRIC NO. (New) - - NRIC (Old) / PASSPORT NO.
 NAME (As per NRIC)

C CORPORATE PARTICULARS

ORGANISATION NAME
 REGISTRATION NO.
 CONTACT PERSON CONTACT NO. -

D REPURCHASE DETAILS

SCHEME

- NON-EPF
- EPF (Please specify reason for redemption)
- Normal Redemption
 - Age 55
 - Death
 - Incapacitation
 - Leaving Country
 - Pensionable Employee and Optional Retirement

REDEMPTION INSTRUCTION

(State the no. of units or ALL)

_____ FUND . UNITS

_____ FUND . UNITS

_____ FUND . UNITS

_____ FUND . UNITS

_____ FUND . UNITS

_____ FUND . UNITS

PAYABLE TO *

- PRINCIPAL HOLDER
- BOTH HOLDERS
- JOINT HOLDER (Please select one of the below)
- Deceased - Please provide supporting documents
 - Related to Principal Holder - Please provide proof of relationship

MODE TO RELEASE PAYMENT

(i) BANK-IN / PAYMENT VIA GIRO

BANK NAME
 BANK ACCOUNT NO.
 BANK ACCOUNT NAME(S)

(ii) COLLECT CHEQUE AT

HQ Manulife IM (Malaysia) _____ Branch / Service Centre

(iii) BY MAIL

NORMAL MAIL COURIER* REGISTERED MAIL*
 (*Charges will be imposed)

** This is not applicable to joint accounts where only the 1st holder is authorised to sign. The redemption payment for such accounts is payable to Principal Holder only.*

E SIGNATURE OF UNIT HOLDER(S) / AUTHORISED SIGNATORY(IES) (Similar to Manulife IM (Malaysia) record)

I / We agree that Manulife Investment Management (M) Berhad Registration No: 200801033087 (834424-U) (hereinafter referred to as "Manulife IM (Malaysia)") accepts this Redemption request subject to the terms and conditions as specified overleaf and in accordance with the relevant Deeds.

Signature of Principal Holder/Authorised Signatory(ies) _____ Date _____ Signature of Joint Holder/Authorised Signatory(ies) _____

F AUTHORISATION FOR CHEQUE COLLECTION (Similar to Authority To Operate Account)

I / We hereby authorise that _____ NRIC No. _____
 contact no. _____ to collect my / our cheque on my / our behalf.

Signature of Principal Holder/Authorised Signatory(ies) _____ Date _____ Signature of Joint Holder/Authorised Signatory(ies) _____

For Office Use Only

Submitted by :

- Walk-in Unit Holder Branch Stamp
- Principal Holder Joint Holder Both Holders

Witnessed by Manulife IM (Malaysia) Staff

(Name, signature of staff and branch stamp) _____

UT Adviser (Name, Code and Contact No.) _____

Remarks : _____

TRANSACTION NO. :

Remarks : _____

Verified by / Date : _____



TERMS AND CONDITIONS – REDEMPTION

1. The Manager shall repurchase units from a unit holder at the price (NAV) to be determined at the end of the business day on which the valid redemption request is received by the Manager.
2. Request for redemption of units for EPF scheme will be made payable to EPF only. Please refer to EPF Members Investment Scheme guideline.
3. Payment to a third party or request for open cheque is strictly prohibited.
4. For joint accounts where only the 1st holder is authorised to sign, redemption payment is payable to Principal Holder Only.
5. Unless otherwise specified, the redemption cheque will be sent to the mailing address as per Manulife Investment Management (M) Berhad Registration No: 200801033087 (834424-U) (hereinafter referred to as “Manulife IM (Malaysia)”) record by normal mail.
6. Charges for request other than normal mail will be deducted from the redemption amount. Any charges deducted from the redemption amount will not be refunded, if there is a request to change the cheque dispatch or collection mode.
7. For request to bank in redemption payment, please ensure that the bank account number is correct and in the name of the payee(s). The Manager will NOT be held responsible for any delay and/or loss incurred due to wrong bank account number provided by the unit holder(s) for bank-in of redemption proceeds. It is recommended that a photocopy of bank passbook, validated bank-in-slip or bank statement is provided for verification.
8. For request on redemption cheque to be collected by hand or on behalf of unit holder(s), it must be collected within 7 days after notification and it must be authorized by unit holder and joint holder if any, for account with authority to operate is “Both To Sign”.
9. Unit holder may request for a replacement cheque if the redemption cheque is not received after 14 days from the date of mailing by Manulife IM (Malaysia).
10. For full redemption of funds with Standing Instruction for regular investment, please advise the bank to cancel the Standing Instruction immediately.
11. For partial redemption, please leave a minimum balance of units required to maintain your fund(s) account. In the event any request for partial redemption results in the unit holder holding less than the minimum balance of units required, the Manager reserves the right to fully redemption all the units held by the unit holder.
12. Cancellation of request for redemption is not allowed.
13. Request for redemption is not applicable for EPF float units.
14. The unit holder signature(s) on the Redemption Form must be the same with the ‘Authority To Operate Account’ and the specimen signature(s) in Manulife IM (Malaysia).
15. The Manager will charge a Redemption fee as stated in the relevant Prospectus or Information Memorandum.
16. All fees and charges (e.g. sales charge, switching fee, transfer fee, management fee, trustee fee and any other relevant fee(s) and/or charge(s), where applicable, may be subject to tax that may be introduced by the Government of Malaysia from time to time. The Manager, the Trustee and/or other service providers reserve the right to collect from you and/or the Fund an amount equivalent to the prevailing rate of tax payable for all charges and fees, where applicable.

Your obligation to pay any applicable taxes shall form part of the Terms and Conditions.
17. Manulife IM (Malaysia) reserves the rights to off-set and/or deduct any amount from the redemption amount that may be owed by the unit holder(s) to Manulife IM (Malaysia).

RIGHTS OF MANAGER

The Manager reserves the right to accept or reject any application in whole or part thereof without assigning any reasons.

The unit holder shall indemnify and shall keep owed by the unit fully indemnified against all losses, damages, fees, costs, charges and expenses which owed by the unit may sustain or incur and which shall have arisen either directly or indirectly out of or in connection with carrying out this request.

Any inconsistency between the terms and conditions herein and the prospectus(es) or Information Memorandum, the latter will prevail. If you require further clarification, please contact your personal UT Adviser, our branch nearest to you or our Customer Service at:

REGULAR INVESTMENT AMENDMENT FORM

REGULAR INVESTMENT TYPE	MIMMB ACCOUNT NO.						
Please select one: <input type="checkbox"/> FPX <input type="checkbox"/> MBB Auto Debit <input type="checkbox"/> Others. Please specify: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 20px; width: 100%;"></td> </tr> <tr> <th style="padding: 2px;">BANK'S PARTICULARS</th> </tr> <tr> <td style="padding: 2px;"> BANK NAME <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 20px;"></td> </tr> </table> </td> </tr> <tr> <td style="padding: 2px;"> ACCOUNT NO. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 20px;"></td> </tr> </table> </td> </tr> </table>		BANK'S PARTICULARS	BANK NAME <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 20px;"></td> </tr> </table>		ACCOUNT NO. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 20px;"></td> </tr> </table>	
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BANK ACCOUNT HOLDER(S) PARTICULARS (Similar to Bank's Record)

Main Holder Name			
NRIC No. (New)		-	
	-		
Contact No. (H/P)		-	
	(R)	-	
Joint Holder Name			
NRIC No. (New)		-	
	-		

AMENDMENT REQUIRED

- Increase my Regular Investment amount from RM _____ to RM _____.
 - Decrease my Regular Investment amount from RM _____ to RM _____.
 - Reinstate my Regular Investment.
 - Cancel my Regular Investment.
 - Change my Regular Investment from _____ fund to _____ fund.
 - Change my Regular Investment deduction date from _____ to _____.
 - Change my Regular Investment from MIMMB A/C _____ to MIMMB A/C _____.
- (Not applicable to 3rd Party Account)**

With effect from _____ (DD/MM/YYYY).

SIGNATURE OF BANK ACCOUNT HOLDER(S) (Similar to Bank's Record)

Signature of Principal Holder
Date :

Signature of Joint Holder
Date :

FOR UT ADVISER USE	FOR OFFICE USE ONLY
UT Adviser (Name):	Received by / Date:
UT Adviser Code:	Signature verified by / Date:
UT Adviser Contact No:	Processed by / Date:
Remark:	Checked by / Date:

UNIT HOLDER RECORD MAINTENANCE FORM

ACCOUNT NO. UT Account Only PRS Account Only All Accounts MPC

Please take note that Section A2, A4, A5 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 *Please provide a photocopy of NRIC / Passport / fill in Individual or Controlling Person Self-Certification Form if applicable

NAME
 NAME TITLE DATE OF BIRTH (dd/mm/yyyy) - -
 NRIC NO. (New) - - NRIC (old) / PASSPORT NO.
 NATIONALITY MALAYSIAN NON-MALAYSIAN (please specify)
 MARITAL STATUS Single Married Divorced Widowed
 PERMANENT RESIDENTIAL ADDRESS
 TOWN/CITY POSTCODE
 STATE COUNTRY
 CORRESPONDENCE ADDRESS (Please complete if different from the above)
 TOWN/CITY POSTCODE
 STATE COUNTRY
 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 communicate and send information to you via email and/or short messages (SMS). Notices delivered to you via email or SMS are deemed to have been sent and received on the date of transmission.

OCCUPATION
 EMPLOYMENT STATUS EMPLOYED SELF-EMPLOYED Not Applicable (e.g. Student, Housewife/Househusband, Pensioner)
 NATURE OF BUSINESS CODE OTHERS
 (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 SPECIFIED UP TO RM1,500 RM1,501 TO RM3,000 RM3,001 TO RM5,000
 RM5,001 TO RM8,000 RM8,001 TO RM15,000 RM15,001 TO RM20,000 RM20,001 TO RM50,000
 RM50,001 TO RM100,000 RM100,001 TO RM200,000 ABOVE RM200,000
 PURPOSE OF INVESTMENT EDUCATION RETIREMENT WEALTH ACCUMULATION SAVINGS

SIGNATURE (New Signature) _____
 For change of signature, both holders must sign and be witnessed by MIMMB staff

Witnessed by / Date _____

2. JOINT APPLICANT PARTICULARS *Please provide a photocopy of NRIC / Passport / Birth Certificate / fill in Individual or Controlling Person Self-Certification Form if applicable

NAME
 NRIC NO. (New) - - DATE OF BIRTH (dd/mm/yyyy) - -
 NRIC (Old) / PASSPORT NO./ BC NO.
 NATIONALITY MALAYSIAN NON-MALAYSIAN (please specify)

6. 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. _____

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

7. NOMINEE FOR INSURANCE (If Free Insurance is provided). Only principal holder can request for change of the Nominee. For PRS Free Insurance, please submit PPA Nomination

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

8. TAX RESIDENCY (Please fill in Individual or Controlling Person Self-Certification Form)

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

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 _____
TOWN/CITY _____
STATE _____ COUNTRY _____
E-MAIL ADDRESS _____

Note: By providing your email address and/or mobile number to us, we have your consent to communicate and send information to you via email and/or short messages (SMS). Notices delivered to you via email or SMS are deemed to have been sent and received on the date of transmission.

CONTACT NO. _____ - _____ (FAX) _____ - _____
PURPOSE OF INVESTMENT CAPITAL PRESERVATION INCOME INCOME AND GROWTH GROWTH
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 (Please fill in Individual or Controlling Person Self-Certification Form)

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

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

REINVEST PAYOUT
 REINVEST PAYOUT
 REINVEST PAYOUT
 REINVEST PAYOUT
 REINVEST PAYOUT
 REINVEST PAYOUT
 REINVEST PAYOUT
 REINVEST PAYOUT
 REINVEST PAYOUT
 REINVEST PAYOUT
 REINVEST PAYOUT

4. BANK ACCOUNT DETAILS (For Redemption, Income Distribution Payout and Other Payment Purposes)

BANK NAME _____
BANK ACCOUNT NAME(S) _____
BANK ACCOUNT NO. _____

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

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 (dd/mm/yyyy)

 Signature of Joint Holder /
 Authorized Signatory

____ - ____ - _____
 Date (dd/mm/yyyy)

FOR OFFICE USE ONLY

<p>Submitted by</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>Remarks :</p> <p>_____ _____ _____</p> <p>Verified by / Date : _____</p>
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Manulife Investment Management (M) Berhad 200801033087 (834424-U)
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 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-Govt'l 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		