

UNIT HOLDER RECORD MAINTENANCE FORM

ACCOUNT NO. INSURANCE RECORD ALL ACCOUNT MPC

(Please ensure that the unit holder and the joint holder, if any, must be of the same entity)

MIMMB 'S RECORD

UNIT HOLDER'S NAME _____
 NRIC NO. (New) _____ - _____ - _____ NRIC (Old) / PASSPORT NO. _____

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

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 _____

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

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*

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

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

Bank Name

Bank Account Name(s)

Bank Account No.

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

SIGNATURE(S) (Similar in MIMMB's record)

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

Signature of Principal Holder / Date

Signature of Joint Holder / Date

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

MIMMB/UT/UHM/202103

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