

Estimated Net Worth*

() Up to RM100,000

() RM100,001-RM500,000

() RM500,001 - RM3,000,000

() Above RM3,000,000

PHILLIP MUTUAL BERHAD (570409-K) (CMSL/A0245/2008)

Agent Code

eUnittrust.com.my
Account Opening Form

B-2-7, BLOCK B, LEVEL 2, UNIT 7, MEGAN AVENUE II, No. 12, JALAN YAP KWAN SENG, 50450 KUALA LUMPUR. Tel: 03-2783 0300 Fax: 03-2711 3036 Website: www.phillipmutual.com E-mail: phillipmutual@poems.com.my Customer Services Hotline: 03-2783 0200

Master Account No

This Fund Master Form is to accompany the latest Master Prospectus and which has been registered with the Securities Commission. Investors are required to read and understand the contents of the Master Prospectus before completing this Account Opening Form. In compliance with the Capital Market and Services Act 2007, this Account Opening Form must be circulated with the Master Prospectus.

Please complete this form in <u>BLOCK LETTERS</u> and tick (\checkmark) in \square where appropriate.

eUnittrust APPLICATION FORM

					(Received			
	CIPAL HOLDER (APPLICANT) nich must be properly disclosed and completed by	v the applicant. Please tick (✔) in	where applicable.		`				
Principal Holder's Name* (as per NRIC/Passport)		, (,							
NRIC/Passport No*		Date of Birth*		Nationality*	() Malaysian () Non-Malaysian	Country:			
Race	() Malay () Chinese () Indian () Others	Email*			()				
Contact No.*	Mobile: Hom	ne:							
Residential Address* (as per NRIC)									
Correspondence Address* (if different from Residential Address)									
EMPLOYMENT/BUSINESS	S OF PRINCIPAL APPLICANT								
Principal Holder's Occupation*	() Employed () Self-Employ Specify:	/ed () Retiree	() Studer	nt () F	Housewife	() Unemployed			
Present Position*		Name of Company*							
Nature of Business*		Company's Address*							
Contact No.	Office: Fax:								
Present Annual Income*	() Up to RM30,000 () RM30,001-RM60,000 () RM60,001 – RM120,000 () Above RM120,000								
Estimated Net Worth*	() Up to RM100,000 () RM100,001-RM500,000 () RM500,001 – RM3,000,000 () Above RM3,000,000								
Source of Funds*	() Salary/Employment/Commission () Inheritance () Investment Returns () Insurance maturity () Own Business Income () Gift () EPF () Others. Please specify:								
PARTICULARS OF JOINT	APPLICANT (IF APPLICABLE)								
Joint Holder's Name* (as per NRIC/Passport)									
NRIC/Passport No*		Date of Birth*		Nationality*	() Malaysian () Non-Malaysian	Country:			
Race	() Malay () Chinese () Indian () Others	Email*							
Contact No.*	Mobile: Home: Office:								
Residential Address* (as per NRIC)									
Correspondence Address* (if different from Residential Address)									
Relationship to Principal Holder*									
EMPLOYMENT/BUSINESS	S OF JOINT APPLICANT								
Joint Holder's Occupation*	() Employed () Self-Em	nployed () Retiree	() Stude	lent ()	Housewife (() Unemployed			
Present Position*		Name of Company*							
Nature of Business		Company's Address*							
Contact No.	Office: Fax:								
Present Annual Income*	() RM30,000 & below () RM30,000-RM60,000 () RM60,001 – RM120,000 () Above RM120,000								

	() Salary/Employment/Commission () Inheritance () Investment Returns				() Insurance maturity							
Source of Funds* () Own Business Income		() Gift () EPF			() Others. Please specify:							
		(,				(, , , , , , , , , , , , , , , , , , ,						
FOREIGN ACCOUNT TAX	COMPLIANCE ACT ("FATCA") / CO	MMON REPORTING	STANDARD ("CR	S")								
SECTION A – PRELIMINARY IDENTIFICATION												
Please complete this section	on and tick ('v") in the "Yes" / "No" colo	ımn respectively for each	ch of the following	questions:								
No. U.S. Indicia						Yes Appl	icant No	Joint A Yes	pplicant No			
 Are you a U.S. cit Is U.S. your place 	izen or resident? (U.S. Passport/greer of birth?	card holder, U.S. taxp	ayer, etc.)									
Do you hold a cur	rent U.S. residence address / mailing rrent U.S. telephone number?	address and U.S. post	office box?									
	ons to pay amounts from Phillip Mutua	I account to an accoun	t maintained in the	U.S.?								
	(INDIVIDUAL & LEGAL ENTITY(S) C	R CORPORATE) ARE	REQUIRED TO (OMPLETE THE FO	LLOWIN	G DECLARATIO	ν.					
SECTION B - DECLAR Please tick ("v") one of	ATION OF US PERSON he following:											
	on / U.S. Legal Entity(s)		S. person with			Non-U.S. person /		Entity(s) with				
Please provide Form W-9 No U.S. indicia one or more U.S. indicia Please provide Form W-8BEN / provide Form W-8BEN-E												
SECTION C - TAX RES	IDENCY											
·	, legal entity or corporate) are require	·	ring declaration.									
I / We declare that I / We	e are Tax resident in Mal	aysia ONLY										
	Foreign tax resident	(other than Malaysia).	Please list ALL th	e countries in which	you are fo	oreign tax resider	t:					
	Name	Co	ountry of Tax Res	sidence			Tax Identific	ation No				
Declaration for Foreign A	scount Tax Compliance Act ("FATO	A") and Common Re	porting Standard	("CRS")								
-		•	-	-	and compl	ete.						
IWe declare that I have examined the information on this form and to the best of my knowledge and belief, it is true, correct, and complete. IWe hereby consent for Phillip Mutual Berhad (PMB) that PMB shall have right to provide my/our personal data and information to regulatory authorities in accordance with the requirements of Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS) for the Automatic Exchange of Financial Account Information as may be stipulated by applicable laws, regulations,												
agreement or regulatory guidelines or directives.												
If there is any update to the account information/ FATCA/ tax residency status/ controlling persons or if updates reveal any change of U.S. indicia or change to FATCA status or tax residency status or controlling persons, I/We hereby agree to notify and furnish PMB with the relevant documentary evidence within 30 Days of such change. I/We consent to and authorise PMB to perform any of the												
following, if applicable:		with the relevant docu	mentary evidence	within 30 Days of sur	ion chang	je. I/We consent t	o and admonse	r wib to periorifi	arry or the			
	levant information relating to or arising											
Terminate (with prior no	tice) my/our contractual relationship(s	with PMB										
OPERATING INSTRUCTION	N FOR INVESTMENT *(MANDATE)											
Joint Account	() First Applicant to sign	() Either	one to sign#	()	Both to s	sign						
	ree that either one of us can give instruction the Manager acting upon this signing instruction							claims or demands	in respect of			
I/We confirm that the above	e information provided to Phillip Mutu	al Berhad (PMB) is true	, accurate and co	mplete to the best of	my/ our l	knowledge and a	ree to notify PM	IB in writing if the	ere is any material			
change in this information. I/We have read and understood the latest prospectus(es) and supplementary prospectus(es) (if any) for the Fund(s) to be invested in and agree to be bound by the ferms and conditions of the master account and the Appointment of Nominee To Hold Unit Trust for all and any future transaction with Phillip Mutual Berhad. I/we acknowledge that I/We have read and understood the contents of the Unit Trust Loan Financing Risk Disclosure Statement (see overleaf). I/We acknowledge and accept that Phillip Mutual Berhad has absolute discretion to rely on this confirmation from												
me/us and I/we undertake confirmation.	e to indemnify and hold harmless Ph	illip Mutual Berhad, its	s employees and	agents against all o	costs, exp	penses, loss of li	abilities, claims	and demands	arising out of this			
Trading Facilities and Ele	ectronic Trading											
-	e supported by computer-based com to risks associated with the systems		-	-	-	-						
•	is not executed at all. The customer	should also be aware th	at the internet is r	ot a completely relia	able transi	mission medium a	and there may b	e delays in servi	ce provisions.			
Personal Data Protection Act (PDPA) Under the Personal Data Protection Act (PDPA) 2010, we are required to obtain your explicit consent when we collect and process your sensitive personal data. We collect your sensitive personal data in order to assess your application and to administer the products and services that you have signed up for.												
By signing, you have read and agree with the Terms & Conditions are stated above												
*Signature of Main Applican	t Signature of Jo	int Applicant		Date								
FOR UNIT TRUST CONSULTANT ("UTC") / FINANCIAL ADVISOR REPRESENTATIVE ("FAR") USE (WHERE APPLICABLE)												
Signature of UTC												
-												
Name : Code :												
Mobile :												

*You may remit fund via cheque deposit or Telegraphic Transfer / Online Transfer Banking.

Bank Name: Malayan Banking Berhad Acc Name: Phillip Mutual Berhad Acc Number: 514011-379755