

## **UNIT TRUST TRANSFER FORM (CASH ONLY)**

## **Important Note**

- Please use one transfer form for each transfer counterparty and transfer type.
- Any inaccurate/ insufficient information provided may delay transfer process.
- Please countersign against any amendments.
- Please attach a copy of the latest statement of holdings (dated within 3 months) with this transfer form.

- 1 100	asc attach a copy of	the latest statement of holdings	G (dated Within 5	months) with t	ns transier form.	•		
Tra	nsfer Type (tick o	ne only):	☐ Transfer <u>In</u>			Transfer <u>Out</u>		
Ben	neficial Owner De	claration (tick one only):	☐ <u>No Chan</u>	<u>ge</u> in Benefi	in Beneficial Owner <u>Change</u> in Beneficial Owner*			
Only a	applicable for Immediate	Family Transfer to iFAST. Please	submit <b>Proof of R</b>	elationship toge	ther with this transf	fer form.		
Counterparty Details								
Counterparty Name and Contact Details:				Account No.:				
Nan	ne of <u>Main</u> Accoun	t Holder:	Name of <u>Joint</u> Account Holder (if applicable):					
NRI	C/Passport No.:			NRIC/Pass	port No.:			
No	Name of Funds					Quantity	Cost per unit in fund currency (Transfer in only)	
1							market value unless stated	
2							market value unless stated	
3							market value unless stated	
4							market value unless stated	
5							market value unless stated	
6							market value unless stated	
7							market value unless stated	
8							market value unless stated	
I/We coassist result of transfer I/We untransfer I/We accepted to the contract of the contract	me/us in the transfer; all of any delay in the trans or has been completed. Inderstand that there may or of the securities set or gree to fully indemnify and and to as an "Indemnified"	ner declaration declared above is tr requests will be done on a best eff sfer due to reasons beyond its cor y be charges involved in administra it below to my/our sub account main and to hold harmless and to procure to Person") harmless and from any and h Indemnified Person may suffer or	ort basis and I/we itrol. I/We understand the transfer. Intained with iFAST and did all losses, claims,	will not hold iFAS and that I/we am  //We do hereby at Financial Pte Lto the directors, offic, costs, damages,	ET Financial Pte Ltd /are not to execute uthorise iFAST Fin. d. cers, agents and er actions, proceedin	d responsible for any le any sell transaction ancial Pte Ltd to act o mployees of any of iFAngs, demands, liabilitie	oss that I/we may incur as a of these securities until the n my/our behalf to effect the AST and group of companies and expenses whatsoever	
FSMOne Account No.:					Signature of Main Account Holder:			
Name of Main Account Holder:					-		<b>∽</b>	
NRI	C/ Passport No.:				Date:			
For Official Use Created By/ Date:					Approval By/ Date:			