Date: Name: Account No.: Address:				
Contact No.:				
To: Schroder Investme 138 Market Street				
TRANSFER/CHANGE OF AGENT INSTRUCTIONS – (CPFIS-OA/SA, SRS)				
Name of Funds	No. of Units	Price per Unit (S\$)	Initial Investment Amt (S\$)	Payment Method (CPFIS- OA/SA,SRS)
I hereby authorise you	to change m	y agent/distrib	utor as follows	:
Transfer From:				
Transfer To :				_
Please proceed to trans historical transactions t				formation including
Signature of Applicant				
NRIC/Passport No			-	