

FORM OF TRANSMISSION OF _____ (Unit Trust)

DECLARATION

Date: _____

To: **Amanah Mutual Berhad** _____

The Trustee of Deed of Trust made between **AMANAH MUTUAL BERHAD** (Formerly known as Mayban Unit Trust Berhad) of the first part, **UNIVERSAL TRUSTEE (MALAYSIA) BERHAD** **MALAYSIAN TRUSTEE BERHAD** **HSBC TRUSTEE (MALAYSIA) BERHAD** **AMANAHRAYA TRUSTEES BERHAD** of the second part and the SEVERAL PERSONS therein mentioned of the Third part. I/We being the Executor(s) of the

Will/Administrator(s) of the Estate of
(unit holder's name)

"Deceased" the Registered Holder of Units, of the Fund Constituted by the abovementioned Deed of Trust, HEREBY CERTIFY AND DECLARE that

1. 2.
is/are the beneficiary(ies) of the Will/Intestacy of the "Deceased" is/are now entitled to the benefit of the said units and I/WE HEREBY AUTHORIZE AND REQUEST you to:

- (1) repurchase the units OR *
- (2) register the additional units and issue a new Certificate or Certificates for the said units in my/our name(s)/the name of the beneficiaries of the estate of the deceased. *

Attached are the Certificates(s) and a certified copy of the Grant of Probate/Letters of Administration and RM3.00 being registration fee thereof.

Name(s) of beneficiary(ies)

Executor(s)/Administrator(s)/ 1.

Personal Representative(s) 2.

Address

Tel no. :

NRIC No./Passport No. of Beneficiary(ies)/Executor(s)/

Administrator(s)/ 1.

Personal Representative(s) 2.

.....
Signature of Beneficiary/ ies

* Please (✓) where applicable

Please tick (✓) in the box where applicable

Trustee:

UNIVERSAL TRUSTEE (MALAYSIA) BERHAD

- AMB Unit Trust Fund
- AMB Balanced Trust Fund
- AMB Income Trust Fund
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Trustee:

HSBC TRUSTEE (MALAYSIA) BERHAD

- AMB Index-linked Trust Fund
- AMB Ethical Trust Fund
- AMB Value Trust Fund
- AMB Lifestyle Trust Fund
- AMB Lifestyle Trust Fund 2009
- AMB Lifestyle Trust Fund 2014
- AMB 2nd Capital Guaranteed Trust Fund
- AMB Dividend Trust Fund
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Trustee:

MALAYSIAN TRUSTEE BERHAD

- AMB Enhanced Bond Trust Fund
- AMB Smallcap Trust Fund
- AMB Dana Fitrah 1 (Capital Protected)
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Trustee:

AMANAHRAYA TRUSTEES BERHAD

- AMB Dana Yakin
- AMB Dana Ikhlas
- AMB Dana Arif
- PNB Structured Investment Fund
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PARTICULARS OF BENEFICIARY(IES)

Name(s): 1. 2.

Tel No 1. (Home) 2.

Tel No 1. (Of?ce) 2.

Date of Birth: 1. 2.

Age: 1. 2.

Sex: 1. 2.

Citizenship: 1. 2.

Occupation: 1. 2.

Transaction No:

Deceased Registration No:

Deceased NRIC No/Passport No:

Date of Death:

Registered Holder/Account No:

For office use only

Date of Application:

Probate/Letter of Administration issued by

..... on

Reference No:

NOTES

(1) If the bene?ciary is below the age of 18 years, units must be registered in the name of a Personal Representative(s).