

PACAM BALANCED FUND REDEMPTION FORM

Date

FULL NAME (as printed on Fund Statement)

CLIENT ID

TELEPHONE NUMBER

EMAIL

REDEMPTION DETAILS (TO BE COMPLETED BY ALL CLIENTS)

Value/Number of Units to be redeemed (in figures)

Value/Number of Units to be redeemed (in words)

PAYMENT DETAILS

BANK

BRANCH

SORT CODE

A/C No.

ACCOUNT NAME

Kindly effect the redemption of the above stated number of units held in my/our name(s) at the bid price prevailing on the date of redemption. Please find attached the relevant unit Certificate evidencing my/our unit holding.

Affix
Company
Seal

Signature of Redeeming Unit Holder

Signature of Joint Redeeming Unit Holder

FOR FUND MANAGER'S USE ONLY

FOR REGISTRAR'S USE ONLY

Total Number of Redeemed Units

Applicable Bid Price:

Gross Value of Redeemed Units

Less: Charges (if applicable):

Net Amount Payable:

DETAILS OF ATTACHED UNIT CERTIFICATE

Certificate Nos.....Previous Redemption.....

Total Number of Units.....Balance.....

Current Redemption.....

Processed by:.....

Note:

- For redemptions within 90 days, 10% of the positive total returns of the units being redeemed will be charged on the date of redemption.
- Upon redemption, payment will only be made in the name of the unit holder(s)
- In the case of partial redemption, the balance Fund Statement will be sent to the email address provided by the client and copied to the fund manager.