

This form can be filled in on a computer; alternatively please print and complete fields in CAPITAL letters using black ink and tick (✓) where appropriate.

1. Customer Detail

Name:

Address:

Street & city

Postal Code: Country:

2. Amendment of Details

I/We shall be grateful if you could amend your records as per details below:

Personal Details

Title:

First Name:

Last Name:

National ID: OR Passport number:

Permanent Residential Address:

Street & City

Postal Code: Country:

Mailing Address:

Street & City

Postal Code: Country:

Phone Number

Residence: Mobile:

Office:

Email:

All correspondence will be sent to the above email address unless you tick here

Initials: _____

Dividend Disposal Instruction

Dividends are automatically re-invested for Education Plan.

Please attach the upper part of your bank statement (showing your name and account number) when specifying a Bank Account Number.

Reinvested at the Issue Price ruling at the time of dividend payment

Credited directly to:

Bank Account Number:

Bank Name & Branch:

Plan Number

Please cancel the above plan

Please amend the above plan number as per the following:

Monthly Contribution

Investment Choice (The new Monthly Contribution will be invested in the split effective on the above Plan unless this section is completed)

Sub-Fund	Class	
MCB General Fund	MCBGF - Retail Income Class	<input type="text"/> %
MCB Tracker Fund	MCBTF - Retail Income Class	<input type="text"/> %
MCB Yield Fund	MCBYF - Retail Income Class	<input type="text"/> %
MCB Domestic Equities Fund	MCBDEF - Retail Income Class	<input type="text"/> %
MCB Overseas Fund	MCBOF - Retail Accumulation Class	<input type="text"/> %
MCB USD Bond Fund	MCBUBF - Retail Accumulation Class	<input type="text"/> %
MCB 2025 Target Date Fund	MCB2025TDF - Retail Accumulation Class	<input type="text"/> %
MCB 2030 Target Date Fund	MCB2030TDF - Retail Accumulation Class	<input type="text"/> %
MCB 2035 Target Date Fund	MCB2035TDF - Retail Accumulation Class	<input type="text"/> %
MCB 2040 Target Date Fund	MCB2040TDF - Retail Accumulation Class	<input type="text"/> %

Term

In years as from today

Annual Escalation 0% 5% 10% 15%

Please cancel existing Direct Debit on MCB ABSA HSBC SBM

Account Number

New Bank Account to be debited MCB ABSA HSBC SBM

Account Number

DD Form to be filled

Please sign below:



Signature:

Signature:

If more than one signature needed

Date: / / (dd/mm/yyyy)

FOR OFFICE USE ONLY

Authorised By:

Processed By:

Signature:

Signature:

Date:

 / /

(dd/mm/yyyy)