PRS WITHDRAWAL FORM FOR PERMANENT TOTAL DISABLEMENT (PTD) / SERIOUS DISEASE (SD) / MENTAL DISABILITY (MD)

Please attach this Withdrawal Form together with the Medical Report Form for Normal Withdrawal (see the attached Guide to complete PRS Withdrawal Form ("Guide") for further details).

Please note for this type of withdrawal, only full withdrawal from all PRS account is allowed. Partial withdrawal is not allowed.

This form is submitted through the following PRS Provider (tick ONE (1) only):

□ Affin Hwang Asset Management Berhad

□ AIA Pension and Asset Management Sdn. Bhd.

□ AmFunds Management Berhad

□ Principal Asset Management Berhad
(formerly known as CIMB-Principal Asset Management Bhd)

□ Kenanga Investors Berhad

□ Manulife Asset Management Services Berhad

□ Public Mutual Berhad

□ RHB Asset Management Sdn. Bhd.

MEMBER'S DETAILS

PPA A/C No. PPA - | | | | | | | | | | | |

Member's Name (as in NRIC/Passport)

NRIC No. (new) / Passport No. (for Foreigner)

Tel No.

DETAILS OF WITHDRAWAL

Method of withdrawal *(Please refer to the attached Guide for description)*

☐ Normal ☐ Fast-track

Withdrawal due to: ☐ Permanent Total Disablement (PTD) ☐ Serious Disease (SD) ☐ Mental Disability (MD)

For Serious Disease

Please tick (√) the type of Serious Disease *(Please refer to Section 3.0 of the attached Guide for description)*

☐ Cancer
☐ Heart Attack
☐ Pulmonary Hypertension
☐ Chronic Kidney Disease
☐ Chronic Liver Disease
☐ Fulminant Viral Hepatitis
☐ Head Injury caused by accident
☐ Tumour And Brain Blood Vessels Defect
☐ Blister and Burn due to Fire
☐ Major Organ Transplant
☐ Parkinson Disease
☐ HIV and Aids
☐ Leg and/or hand transplant
☐ Chronic Skin Disease
☐ Endocrine Disease
☐ Rheumatology
☐ Major Thalassemia

For Mental Disability

Please tick (√) the type of Mental Disability

☐ Bipolar disorder ☐ Major Depression ☐ Schizophrenia

PAYMENT INSTRUCTION (Proceeds is only paid to Member)

☐ **Bank-in**

Bank :_____

Branch : _____

Account No. : _____

☐ **Mail cheque to correspondence address as per Provider's record**
(Please fill up a separate form for change of correspondence address)

DECLARATION AND SIGNATURES

1. I hereby confirm that I have read and understand the contents of this form and that all information provided by me and any subsequent alterations thereof are true and accurate.
2. I undertake to notify the PRS Provider if there are any changes to the information provided.
3. I hereby acknowledge that I am aware of the fees and charges that I may incur directly or indirectly when withdrawing from any of the funds.
4. **I understand that by providing false or misleading information, document or in which there is material omission to the PPA or PRS Provider, I am committing an offence under Section 139ZO of the Capital Market Services Act, and may be imprisoned not exceeding three years or to a fine not exceeding one million ringgit or to both.**
5. I acknowledge and accept that the PRS Provider has absolute discretion to rely on this confirmation from me.

Signature of Member / Applicant*

Date (DD/MM/YY)

For Thumbprint Verification
(Please refer to Section 1.0 of the Guide)

_____
Signature of the Attending Doctor
Name of the Attending Doctor:
Date:

Hospital Official Stamp

***Applicant refers to:**

Persons appointed by the courts or through power of attorney to manage the affairs of the member (for withdrawal due to PTD/ Serious Disease/ Mental Disability).

For Office Use Only

CONSULTANT/STAFF CODE: _____ BRANCH NAME & CODE: _____

CONSULTANT/STAFF NAME: _____ SIGNATURE: _____

CONSULTANT/STAFF H/P NO.: _____ DATE: _____