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

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

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

For Mental Disability

Please tick (V) 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: ____________________________

CONSULTANT/STAFF NAME: ____________________________

CONSULTANT/STAFF NIP NO.: ____________________________

BRANCH NAME & CODE: ____________________________

SIGNATURE: ____________________________

DATE: ____________________________