PRS WITHDRAWAL FORM FOR HEALTHCARE (PPA003D)

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

Please note for this type of withdrawal, full/partial withdrawal from sub-account B only is 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

□ Kenanga Investors Berhad

□ Manulife Investment Management (M) Berhad
(formerly known as Manulife Asset Management Services Bhd)

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

□ Public Mutual Berhad

□ RHB Asset Management Sdn. Bhd.

A) MEMBER'S DETAILS

PPA A/C No. PPA -

Member's Name (as in NRIC/Passport)

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

Tel No.

B) DETAILS OF PATIENT (*Indicate if NOT a Member*)

Relationship

Patient's Name (as in NRIC/ Passport)

NRIC No./ Passport No. (for Foreigner)

Tel No.

C) DETAILS OF WITHDRAWAL

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

☐ Normal ☐ Fast-track

Withdrawal due to: ☐ Medical Cost ☐ Medical Equipment/ Medication

D) DETAILS OF MEDICAL COST

Total Medical Cost from Hospital: R M

Total Medical Equipment/ Medication Cost: R M

E) FUND(s) WITHDRAWAL DETAILS

Total Amount Allow to withdraw from Sub- Account B: R M

FUND NAME	WITHDRAWAL AMOUNT (RM) - Please specify the amount if it is for partial withdrawal
a) _____	☐ Full / ☐ Partial .
b) _____	☐ Full / ☐ Partial .
c) _____	☐ Full / ☐ Partial .
d) _____	☐ Full / ☐ Partial .
e) _____	☐ Full / ☐ Partial .

**Members need to be aware that there will be a time-lag during the withdrawal process as the process involves redemption of units. During this period, the fund prices may change due to market movements.*

F) PAYMENT INSTRUCTION (Proceeds paid to Member only)

☐ **Bank-in**

Bank:_____

Branch: _____

Account No. : _____

G) 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 the Guide)

_____
Signature of the medical practitioner
Name of the medical practitioner:
Date:

Medical institution Official Stamp

***Applicant refers to: Persons appointed by the courts or through power of attorney to manage the affairs of the member**

H) FOR PRS PROVIDER USE ONLY

Fund Name	Withdrawal Units from Sub-Account B	Redemption Price (RM)	Withdrawal Amount (RM) from Sub-Account B
a)			
b)			
c)			
d)			
e)			

TOTAL Withdrawal Amount (RM)

For Office Use Only

CONSULTANT/STAFF CODE: _____
CONSULTANT/STAFF NAME: _____
CONSULTANT/STAFF H/P NO.: _____
BRANCH NAME & CODE: _____
SIGNATURE: _____
DATE: _____