

PRS WITHDRAWAL FORM FOR HEALTHCARE (PPA003D)

<u>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].</u>

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 Pro	vider (tick ONE (1) only):			
□ Manulife Investment Management (M) Berhad	□ Public Mutual Berhad			
☐ AmFunds Management Berhad	 RHB Asset Management Sdn. Bhd. Principal Asset Management Berhad (formerly known as CIMB-Principal Asset Management Bhd) AHAM Asset Management Berhad (formerly known as Affin Hwang Asset Management Berhad) 			
 □ Kenanga Investors Berhad □ AIA Pension and Asset Management Sdn. Bhd. □ Hong Leong Asset Management Berhad 				
A) MEMBER'S DETAILS				
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 G Normal Fast-track	uide for description)			
Withdrawal due to: Medical Cost Medi	cal Equipment/ Medication			

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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) b)	Full / Partial • Full / Partial • Full / Partial • Full / Partial • Full
c)d)	Full / Partial • Full / Partial • Full / Partial • Full / Partial • Full
e) *Members need to be aware that there will be a time-lag d During this period, the fund prices may change due to mark	Full / Partial • • • • • • • • • • • • • • • • • • •
F) PAYMENT INSTRUCTION (Proceeds paid to Member of Bank-in	nly)
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.

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- 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/	<u>/MM/YY)</u>			
For thumbprint verification (Please refer to the Guide)	M	edical institution Offi	cial Stamp	
Signature of the medical practitioner Name of the medical practitioner: Date:				
*Applicant refers to: Persons appointed by the	ne courts or through pov	ver of attorney to ma	anage the affairs of the member	
H) FOR PRS PROVIDER USE ONLY	· .	,		
	Withdrawal Units from Sub-Account B	Redemption Price (RM)	Withdrawal Amount (RM) from Account B	Sub-
H) FOR PRS PROVIDER USE ONLY Fund Name	Withdrawal Units	Redemption Price		Sub-
H) FOR PRS PROVIDER USE ONLY Fund Name	Withdrawal Units	Redemption Price		Sub-
Fund Name a) b)	Withdrawal Units	Redemption Price		Sub-
Fund Name a) b) c)	Withdrawal Units	Redemption Price		Sub-
Fund Name a) b) c) d)	Withdrawal Units	Redemption Price		Sub-
Fund Name a) b) c)	Withdrawal Units	Redemption Price		Sub-
Fund Name a) b) c) d)	Withdrawal Units from Sub-Account B	Redemption Price	Account B	Sub-
Fund Name a) b) c) d)	Withdrawal Units from Sub-Account B	Redemption Price (RM)	Account B	Sub-
Fund Name a) b) c) d)	Withdrawal Units from Sub-Account B	Redemption Price (RM)	Account B	Sub-
Fund Name a) b) c) d) e)	Withdrawal Units from Sub-Account B	Redemption Price (RM)	Account B	Sub-
Fund Name a) b) c) d) e) For Office Use Only	Withdrawal Units from Sub-Account B	Redemption Price (RM) TAL Withdrawal Amo	Account B ount (RM)	s Sub-

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