

TRANSFER FORM



Opus Asset Management Sdn Bhd (414625-T)
 B-19-2, Northpoint Offices, No.1, Medan Syed Putra Utara, Mid Valley City, 59200 Kuala Lumpur
 Client Services: 03-2288 8833 Tel: 03-2288 8882 Fax: 03-2288 8889

In accordance with the requirements of the Capital Markets and Services Act 2007, this form should not be circulated unless accompanied by the applicable prospectus or information memorandum and any supplemental thereto (if any). You should read and understand the contents of the relevant prospectus or information memorandum and any supplemental thereto (if any) and product highlights sheet before completing this form.

TRANSFEROR(S) DETAILS	
Account No.	: _____
Principal Holder / Company Name	: _____
NRIC / Passport / Company Registration No.	: _____
Joint Holder Full Name	: _____ NRIC / Passport No. : _____
Contact Person	: _____ Contact No. : _____

TRANSFEEE(S) DETAILS	
Existing Account No.	: _____ <i>(For new accounts, please complete the Suitability Assessment Form and Application Form.)</i>
Principal Holder / Company Name	: _____
NRIC / Passport / Company Registration No.	: _____
Joint Holder Full Name	: _____ NRIC / Passport No. : _____
Contact Person	: _____ Contact No. : _____
Relationship with Transferor (Mandatory Field)	: _____

TRANSFER DETAILS	
<i>Note: If you're transferring part of your holdings, please ensure that you maintain minimum holdings as specified in the prospectus / information memorandum and its supplemental thereto (if any).</i>	
Fund Name(s)	Units to be Transferred
_____	<input type="checkbox"/> Full <input type="checkbox"/> Partial @ _____ Units
_____	<input type="checkbox"/> Full <input type="checkbox"/> Partial @ _____ Units

DECLARATION AND SIGNATURE(S)

I/We acknowledge receipt and I/we have read and understood the contents of the relevant prospectus or information memorandum and its supplementals thereto (if any) and product highlights sheet for the funds prior completing this form. If I/we am/are acting as a nominee for any undisclosed third party, I/we hereby declare that the beneficial owner of the undisclosed third party have given consent to me/us to effect this transfer and none of the investment monies invested with Opus Asset Management Sdn Bhd was derived from proceeds from an unlawful activity as defined the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001. I/We hereby agree to indemnify Opus Asset Management Sdn Bhd against all actions, suits, proceedings, claim, damages and losses that may be suffered by Opus Asset Management Sdn Bhd as a result of any inaccuracy of declarations herein.

TRANSFEROR(S)		
_____ Primary Account Holder/Authorised Signatory Name: Date:	_____ Joint Account Holder/Authorised Signatory Name: Date:	 Company Stamp (for non-individuals)
TRANSFEEE(S)		
_____ Primary Account Holder/Authorised Signatory Name: Date:	_____ Joint Account Holder/Authorised Signatory Name: Date:	 Company Stamp (for non-individuals)