TA INVESTMENT

AN UNWAVERING COMMITMENT

IMPORTANT: 1. Please complete in CAPITAL LETTERS and BLACK INK only, and tick where applicable. Any alterations made must be countersigned.
Please fill up the details to change/update, as well as mandatory information indicated with (*) for Individual Applicant and (**) for Corporate Applicant.
TA Investment Management Berhad shall change the updated information to all client's accounts maintained with TA Investment Management Berhad, regardless whether the unit holder/client is the Principal Applicant or the Joint Applicant of the accounts(s), unless the specific account number is indicated.

| Applicant Type | Individual | Corporate | Account No./Client Code (for PM) |
|--|------------|-----------|----------------------------------|
| For Individual Applicant, change request for | Principal | Joint | |

INDIVIDUAL PARTICULARS

| Salutation* | Full Name (as per NRIC/Passport/C | thers)* | |
|--|-----------------------------------|-------------------------|----------------------|
| NRIC No.* | | Passport No./Others* | |
| Mobile Phone No. | | Expiry Date* | D / M M / Y Y Y Y |
| Religion | Marital Status | Nationality | |
| Occupation | | | |
| Student Non-Ex | ecutive Executive | Management Dire | ctor |
| Businessman Profess | ional Pensioner | Others (please specify) | |
| Annual Income | | | |
| N/A | ≤RM72,000 | RM7 | 2,001 – RM120,000 |
| RM120,001 - RM300,000 | RM300,001 – RM6 | 00,000 ≥RM | 1600,000 |
| Source of Income | | | |
| Business Employ | ment Savings | Inheritance Othe | ers (please specify) |
| Name of Company/Employer | Nature of Business | Designation | |
| *Mandatory fields for Individual Applicant | | | |

| CORPORATE PARTICULARS | | | | | | | | |
|---|--|-----------------------|-------|-----|-------|----------|------|-----|
| Company Registration No** | Company/Institution Name (as per Certificate of Incorporation)** | | | | | | | |
| BENEFICIAL OWNER | | | | | | | | |
| Salutation | Beneficial Owner (if appliable) | | | | | | | |
| NRIC No. | | Passport No./Others | | | | | | |
| Mobile Phone No. | | Expiry Date | d d / | MM | / | ΥY | Y | Y |
| Nature of Business | | Date of Incorporation | | | | | | |
| Authorized Contact Person 1 | | Mobile Phone No. 1 | | | | | | |
| Authorized Contact Person 2 | | Mobile Phone No. 2 | | | | | | |
| Asset Net Worth | | | _ | | | | | |
| ≤RM100K | RM100,001 - RM500,000 | RM500,001 – RM1.0 Mi | | ≥RM | L.O M | lil – Rl | 43.0 | Mil |
| ≥RM3.0 Mil – RM10.0 Mil | ≥RM10.0 Mil – RM100.0 Mil | ≥RM100.0 Mil | | | | | | |
| Source of Wealth Disposal of non-core business/assets/investments Cash in hand/surplus fund/working capital | | | | | | | | |
| Fund raising exercise such as rights issues Others (please specify) | | | | | | | | |

| CORRESPONDENCE ADDRESS | | | | | | |
|---|---------------------------------|-------------------------------|---|--|--|--|
| Permanent/Home/Registered Office Address | 5 | | | | | |
| | | | | | | |
| Email Address 1 | | Email Address 2 (if a | ny) | | | |
| Please tick if this is your preferred correspon | | | | | | |
| | | | | | | |
| If you are using a P.O. Box, please indicate | the reason No pos | tal service available | Others (please specify) | | | |
| EMERGENCY CONTACT | | | | | | |
| Full Name (as per NRIC/Passport/Others) | | | | | | |
| NRIC No. | | Passport | No./Others | | | |
| Mobile Phone No. | | Expiry Da | | | | |
| Full Address | | | | | | |
| | | | | | | |
| Email Address R | elationship with Applicant | | | | | |
| | | | | | | |
| DISTRIBUTION INSTRUCTION (N | ot applicable for Priva | e Mandate) | | | | |
| Reinvestment of Unit | Cash Payment | | | | | |
| As per bank record, | | | | | | |
| | Joint Account | Corporate Accour | nt | | | |
| Full Name/Company/Institution Name (as pe | er Certificate of Incorporation |) | | | | |
| Bank Name Ba | ank Account No. | | | | | |
| | ank Account No. | | | | | |
| Currency Ba | Currency Bank Swift Code | | | | | |
| | | | | | | |
| ACCOUNT OPERATING INSTRUCT | ION | | | | | |
| Principal Applicant to Sign Either | Principal or Joint Applicant to | o Sign Both to Sig | Dthers (for corporate use only) | | | |
| TAX RESIDENCY DECLARATION | | | | | | |
| Please tick one option and complete as app | ropriate | | | | | |
| I acknowledge that I/this entity am/is a tax resident of Malaysia and do not have any tax residency with other countries. | | | | | | |
| I acknowledge that I/this entity am/is a tax resident of Malaysia and have any tax residency with other countries.*** | | | | | | |
| I acknowledge that I/this entity am/is not a tax resident of Malaysia and do not have any tax residency with other countries. | | | | | | |
| I acknowledge that I/this entity am/is r | not a tax resident of Malaysia | and have tax residence | v with other countries *** | | | |
| ***Complete the details in the following table | | | | | | |
| No Country/Jurisdiction of Tax Tax Id | | inavailable, indicate | If Reason C, explain why unable to obtain TIN | | | |
| 1 Residence (TIN) | Reason A, | B or C | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 If the tax residence is more than five (5) countries | , please add a separate sheet | | | | | |

| Reason A | The country/jurisdiction where the Account Holder is resident does not issue TINs to its resident. |
|----------|---|
| Reason B | No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction). |
| Reason C | The Account Holder is otherwise unable to obtain a TIN or equivalent number. Please explain why you are unable to obtain a TIN in the above table if you have selected this reason. |

TAX RESIDENCY STATUS

| IMPORTANT: FOREIGN ACCOUNT TAX COMPLIANCE ACT ("FATCA") DECLARATION – Only individual app States ("US") indicia questionnaire, legal entity or corporate client does not have to do so. | olicant is required | to complete the following United |
|---|---------------------|----------------------------------|
| Do you possess any of the following US indicia? If "Yes", please indicate | | |
| US citizen/tax resident (US passport/green card holder/US tax payer & etc.)? | No | Yes |
| US place of birth? | No | Yes |
| US address (residency/mailing/P.O. Box)? | No | Yes |
| US telephone number? | No | Yes |
| Standing instructions to pay amount from TA Investment Management Berhad's account to an account maintained in the US? | No | Yes |
| I hereby declare that I am | | |

Non-US individual with no US indicia

Non-US individual with US indicia/Non-US legal entity (please provide Form W-8)

If there is any update to the account information/FATCA status or if updates provided reveal any U.S. indicia or change to FATCA status. I hereby agree to notify and furnish TA Investment Management Berhad with the relevant documentary evidence within 30 days of such change. I consent to and authorise TA Investment Management Berhad to perform any of the following, if applicable:

- 1. Withhold any applicable payments in the account.
- 2. Report or disclose all relevant information relating to or arising from the account.
- 3. Terminate (with prior notice) my/our contractual relationship(s) with TA Investment Management Berhad.

Note: For further clarification, please consult your tax adviser.

DECLARATION AND SIGNATURE(S)

I declare that the above particulars are true and complete.

I irrevocably consent & authorise TA Investment Management Berhad to disclose any information/documents relating to TA Investment Management Berhad from time to time as TA Investment Management Berhad deems fit in its absolute discretion.

I consent to the use of my personal data as per notice (please read the Personal Data Protection Act 2010 on the TA Investment Management Berhad's website).

I declare the personal data information given by me is accurate, complete and not misleading.

I hereby agree to indemnify TA Investment Management Berhad against any actions, proceedings, claims, losses, damages and costs which be brought against, suffered or incurred by TA Investment Management Berhad as a result of any inaccuracy of declarations herein.

I declare am not an undischarged bankrupt nor has any petition for bankruptcy been filed against me.

I declare, where applicable, to be the authorised person to act on behalf of a person where information of such person is declared under section "Beneficial Owner".

Signature is not required for joint applicant who is below 18 years old. In the event there is a change in the Authority To Operate Account when the minor turns 18 years old, a fresh instruction has to be given by the Principal Applicant. (Not applicable for Wholesale Fund investors)

| | Signature of Applicant/Authorised Signatory (if any) Date | Company Seal or Stamp | | | | |
|--------------------------------------|--|-----------------------|--|--|--|--|
| FOR DISTRIBUTORS USE ONLY | | | | | | |
| UTC | Walk In | Name | | | | |
| IUTA | Signature Sighted | Code | | | | |
| Business Centre | | - | | | | |
| TA Investment Management Berhad's HQ | | Date | | | | |
| FOR OFFICE USE ONLY | | | | | | |
| Remarks | | Attended By/Date | | | | |
| | | Approved By/Date | | | | |
| Received By/Date | Processed By/Date | Verified By/Date | | | | |