

Terms & Conditions

Members are advised to read the terms and conditions at the back of the Transfer Form. Members need to be aware that there will be a time-lag during the transfer process as the transfer process involves redemption of units and creation of units by different Providers. During this period, the fund prices may change due to market movements.

Eligibility

The terms & conditions for transfer between PRS Providers are found in Clause 11.87 to 11.89 of the PRS Guidelines:

Terms for Transfers

- (a) Transfers are permitted per PRS Provider once a calendar year;
- (b) First transfer is being made after one full year from first contribution to any fund under any Scheme managed by the Transferor Provider;
- (c) There had been no prior transfer with the Transferor Provider in that calendar year;
- (d) There is sufficient units in the fund(s) selected by the Member for transfer;
- (e) The proceeds from cancellation of units in sub-account A (whether from one or multiple funds) managed by the Transferor Provider must be used to create units in sub-account A of one or multiple funds managed by the Transferee Provider. Similarly the proceeds from cancellation of sub-account B (whether from one or multiple funds) managed by the Transferor Provider must be used to create units in sub-account B of one or multiple funds managed by the Transferee Provider;
- (f) Each transfer request is only between two PRS Providers which must involve a transfer of one or more funds from the Transferor Provider to one or more funds of the Transferee Provider; and
- (g) The amount from a particular fund selected for transfer must be transferred to one (1) other fund

With respect to (d) above, after the conversion of units into Ringgit, the amount for transfer must:

- (a) Be sufficient for transfer after the deduction of transfer fees / redemption charges, where applicable; and
- (b) Meets the Transferee Provider's minimum contribution requirement.

PRS Providers will need to update PPA should there be any revision to its minimum contribution requirement. Transferor Provider may also reject the transfer request if the applicant's signature on the Transfer Form (TF) does not match the records of the Transferor Provider.

Conditions for Transfers

- A Transfer can only be performed subject to there being sufficient units in the fund(s) selected for transfer (after deducting the applicable fees and charges)
- Where the net amount to be transferred meets the minimum contribution requirement of

the Transferee Provider (the receiving Provider)

- A transfer request can only be conducted once per calendar year (there had been no prior transfer with the Transferor Provider (releasing Provider) in that calendar year)
- Members are only allowed to transfer to one fund. Each transfer request is only between two PRS Providers which must involve a transfer of one or more funds from the Transferor Provider to one or more funds of the Transferee Provider. Splitting of funds is not allowed for transfer for example from a single fund to two or more funds.

Transfer Form

See below for an example of a Transfer Form:

TRANSFER FORM

A. PARTICULARS OF APPLICANT
Please complete this Form in BLOCK letters and BLACK Ink. (✓) where appropriate.

Full Name _____

PPA Number _____

B. FROM PROVIDER (TRANSFEROR) - please tick only one Provider

Provider Name (Transfer-Out): CIMB-Principal Asset Management Bhd Manulife Asset Management Services Bhd
 AIA Pension and Asset Management Sdn Bhd Affin Hwang Asset Management Bhd Public Mutual Bhd
 AmFunds Management Berhad Kenanga Investors Bhd RHB Asset Management Sdn Bhd

C. TO PROVIDER (TRANSFEEE)

Provider Name: NEW EXISTING

FROM : FUND NAME / PRS ACCOUNT NO.	TRANSFER-OUT TRANSACTION (please specify UNITS if partial)	TO : FUND NAME / PRS ACCOUNT NO.
a) _____	<input type="checkbox"/> Full / <input type="checkbox"/> Partial _____ + _____	a) _____
b) _____	<input type="checkbox"/> Full / <input type="checkbox"/> Partial _____ + _____	b) _____
c) _____	<input type="checkbox"/> Full / <input type="checkbox"/> Partial _____ + _____	c) _____
d) _____	<input type="checkbox"/> Full / <input type="checkbox"/> Partial _____ + _____	d) _____
e) _____	<input type="checkbox"/> Full / <input type="checkbox"/> Partial _____ + _____	e) _____

D. DECLARATION

- I hereby acknowledge that I have read and understood the terms and conditions at the back of this Transfer Form and agree to be bound by the same.
- I accept any loss/gain of monetary value resulting in the fluctuating price of NAV over the duration of the transfer process.
- I am aware of the fees and charges of the transfer process and agree to pay the same as specified by the PRS Providers (Transferor and Transferee).
- I acknowledge that the Transfer-in amount would be determined after deduction of all relevant fees and charges.
- I hereby declare that the particulars given herein are true, correct and complete and that I have not withheld any material facts or information which may influence the acceptance of this application.
- I agree that information on this form will be transmitted to the relevant PRS Providers for processing, which is necessary for the completion of the transfer.

E. SIGNATURE

Signature must be the same as with the Transferor Provider's record.

Applicant's Signature _____ Date _____

FOR OFFICE USE (To be completed by personnel of the Transferor Provider processing the Transfer-Out)

Fund Name	Transfer Units	Redemption Price (RM)	Gross Amount (RM)		Provider Fees* (RM)	Net Amount (RM)		Total (RM)
			sub-account A	sub-account B		sub-account A	sub-account B	
a) _____								
b) _____								
c) _____								
d) _____								
e) _____								

Status: Approved less than a year since first contribution only from one Provider to another Provider Signature
 Rejected only one transfer per calendar year insufficient balance other _____

Grand Total (to Transferee): _____

*Provider's Fees i.e. Redemption Charge or Transfer Fees, where relevant, will be deducted from sub-account A.

(Note: The Transfer Form needs to be submitted at the Transferee Provider (the receiving Provider). Please consult the Transferee Provider before completing the Transfer Form. Please insert the Transferee Provider's name at Section C of the Transfer Form).