

F) FOR 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: _____

BRANCH NAME & CODE: _____

CONSULTANT/STAFF NAME: _____

SIGNATURE: _____

CONSULTANT/STAFF H/P NO.: _____

DATE: _____