

TRANSFER FORM



A. PARTICULARS OF APPLICANT

Please complete this Form in **BLOCK** letters and **BLACK** ink. (V) where appropriate.

Full Name

PPA Number

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

Provider Name (Transfer-Out):

- ☐ AHAM Asset Management Berhad
 ☐ Principal Asset Management Berhad
 ☐ AmFunds Management Berhad
☐ AIA Pension and Asset Management Sdn Bhd
 ☐ Hong Leong Asset Management Berhad
 ☐ Public Mutual Berhad
☐ Manulife Investment Management (M) Berhad
 ☐ Kenanga Investors Berhad
 ☐ RHB Asset Management Sdn Bhd

C. TO PROVIDER (TRANSFeree)

Provider Name: ☐ NEW ☐ EXISTING

FROM : FUND NAME & PRS ACCOUNT NO.	TRANSFER-OUT TRANSACTION (please specify UNITS if partial)
a) _____	☐ Full / ☐ Partial _____ • _____
b) _____	☐ Full / ☐ Partial _____ • _____
c) _____	☐ Full / ☐ Partial _____ • _____
d) _____	☐ Full / ☐ Partial _____ • _____
e) _____	☐ Full / ☐ Partial _____ • _____

TO : FUND NAME / PRS ACCOUNT NO.
a) _____
b) _____
c) _____
d) _____
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.

TERMS AND CONDITIONS – TRANSFERS OF FUND(S) MANAGED BY A PRS PROVIDER TO FUND(S) MANAGED BY ANOTHER (SINGLE) PRS PROVIDER

1. GENERAL

The Member must read the Disclosure Document of the Transferee Fund(s) before completing the Transfer Form and shall be bound by these Terms and Conditions, terms of the Deed, Disclosure Document(s), the Supplementary Document(s) (if any) and also the terms and conditions stated in this form and the webpage of the Provider and the Private Pension Administrator, Malaysia (PPA). All instructions and/or information given in writing to the Provider and/or PPA, including this form are binding on the Member.

2. DEFINITION

The words and expressions below have the following meaning unless the context otherwise requires:

- The 'Transferee Provider' refers to the Provider whom will be receiving the transfer proceeds.
- The 'Transferor Provider' refers to the Provider whom will be releasing the transfer proceeds.

3. VARIATION

The Provider and/or PPA shall be entitled at any time and without prior reference to the Member, add, vary or amend any or all of the terms and conditions herein at its sole and absolute discretion.

4. PERSONAL DATA/ INFORMATION

Upon submission of this form as well as other supporting documents, the information contained therein will be used by both the Transferee and Transferor Provider and PPA for the purposes of processing and facilitating a transfer request and for record purposes.

Unless the Provider and/or PPA is/are in receipt of written instruction to the contrary from the Member, the Member hereby expressly consents that the Member's personal information provided herein and from time to time thereafter, may be used and/or disclosed by the Provider and/or PPA, whether in Malaysia or otherwise, for the following purpose: -

- a) the use and/or disclosure of the Member's personal information to any party is necessary for the completion of any transactions, dealings or in connection with services that the Providers and/or PPA may provide to Members;
- b) if required by the applicable laws, regulations, directive, guidelines, regulatory authorities, government authorities and/or court of competent jurisdiction; and
- c) to any Provider and/or PPA's delegates, service providers or any third party that the Provider and/or PPA may engage on the basis that the recipient would continue to maintain confidentiality of the Member's personal information.

5. FORMS

Apart from this Transfer Form, if the Transferee Provider is a new Provider, the Member would also be required to complete the Joint Application Form/PRS Provider Application Form and other relevant document as required.

6. CONDITIONS FOR TRANSFER

Pursuant to Clause 11.87 to 11.89 of the Private Retirement Scheme Guidelines, the conditions for requesting a transfer are as follows:-

- (a) Transfers are permitted per PRS Provider once a calendar year;
- (b) The first transfer is being made after one full year from the 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) 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
- (f) All accrued benefits to be transferred from a particular fund must be transferred correspondingly to one other fund managed by the Transferee Provider.

Please be aware that if any one of the above conditions are not met, the transfer request will be rejected.

7. TIME-LAG

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.

8. ALLOCATION OF UNITS

Allocation of units between sub-account A and sub-account B will be based on a 70-30 ratio, whereby 70% of the units will be redeemed from sub-account A of the Transferor Fund(s) and allocated to sub-account A of the Transferee Fund(s), and 30% of the units will be redeemed from sub-account B of the Transferor Fund(s) and allocated to sub-account B of the Transferee Fund(s). In the event there are insufficient units in sub-account B to effect the transfer according to the above mentioned ratio, the Transferor Provider is permitted to redeem the remaining units from sub-account A of the Transferor Fund(s) to fulfil the transfer request and to transfer such proceeds to purchase units for sub-account A of the Transferee Fund(s).

9. APPLICATION OF FEES

The transfer-In amount would be determined after deduction of all relevant fees and charges (such as applicable transfer fees and redemption charges of the Transferor Provider).

10. FEES AND CHARGES

Transferor Providers' fees, where applicable, will need to be deducted from sub-account A. Please note that sales charge may be imposed by Transferee Provider upon creation of units in Transferee fund(s). Please refer to **SCHEDULE A** below.

11. MINIMUM CONTRIBUTION AMOUNT

A minimum contribution amount will be imposed by the Transferee Providers on the net transferred amount. Where it is stated, the initial amount will be applied if the transfer-in is the first contribution to the Transferee fund(s) while the subsequent amount will be applied if the member already has units in the Transferee fund(s). Please refer to **SCHEDULE A** below.

SCHEDULE A

PRS Providers	*Sales Charge (Transferee Provider)	*Transfer Fee (Transferor Provider)	Minimum Contribution Amount (Transferee Provider)
AIA Pension and Asset Management Sdn. Bhd.	None	RM25 per fund	RM100
AmFunds Management Berhad	None	RM25	RM100
Principal Asset Management Berhad	None	RM25	RM100 for class A & C; n/a for class X
AHAM Asset Management Berhad	None	RM25	RM 100 (initial) RM 50 (subsequent)
Kenanga Investors Berhad	Up to 1.50% of NAV per unit	RM25	RM100
Manulife Investment Management (M) Berhad Class A	None	Redemption charge applies: 2nd year: 3%; 3rd year: 2%; 4th year: 1%; thereafter 0%	RM100
Manulife Investment Management (M) Berhad Class C	Up to 3.00% of NAV per Unit	RM25	RM 100
Public Mutual Berhad	None	RM25	RM 100
RHB Asset Management Sdn. Bhd.	Up to 3.00% of NAV per Unit	RM25	RM100
Hong Leong Asset Management Berhad	None	RM25	RM100 (initial) RM50 (subsequent)

(*) Effective 1 October 2025, Sales and Service Tax (SST) will be applicable to the fees stipulated above.



TRANSFER INSTRUCTION – CASH

To: _____
(Transferor - Eg. Banks, Fund House and other Platforms)

FSMOne Account Number	M
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I/We the beneficial unit-holder(s) of the funds identified below do hereby authorize iFAST Capital Sdn. Bhd. to effect the transfer of funds set out below to iFAST Nominees Sdn. Bhd. which is registered by iFAST Capital Sdn. Bhd. I/We request your co-operation in ensuring a smooth and expeditious transfer.

Unit Holdings Details

Fund Name	No. Of Units	Reflect Current #Market Value in Portfolio?	*If “No”, please fill in:	
			Total Investment Amount	Price Per Unit
		☐ Yes ☐ *No		

The system will default it to the latest market value upon completing the whole transfer process if the price per unit or investment amount is not completed. Upon transfer to iFAST, all the dividends of the above mentioned fund(s) will be **reinvested** automatically.

Client's Signatory Status with Transferor (Out)

Signature of Main Applicant:	Signature of Joint Applicant (if applicable):
Name: NRIC/Passport No.: Mailing Address:	Name: NRIC/Passport No.: Mailing Address:
Date:	Date:

Client's Signatory Status with Transferee (In)

Signature of Main Applicant:	Signature of Joint Applicant (if applicable):
Name: NRIC/Passport No.: Mailing Address:	Name: NRIC/Passport No.: Mailing Address:
Date:	Date:

- NOTE: 1. Please use one transfer form for each transferor(s).
2. A copy of the Statement of Unit Holdings OR Initial Subscription Confirmation Note from the transferor must be submitted together with this transfer instruction.
3. Please sign and mail the form to iFAST Capital Sdn Bhd, Level 28 Menara AIA Sentral, No. 30 Jalan Sultan Ismail, Kuala Lumpur 50250, Malaysia

All the information to be provided above will assist us in the process of transfer. Any inaccurate information provided may result in delay of the transfer process.

Date:

Name:

Address:

To whom it may be concerned,

TRANSFER OF UNIT TRUST HOLDINGS TO FSMOne (iFAST CAPITAL SDN.BHD)

I/We, the undersigned, would like to transfer my/our investment in the following unit trust fund(s) which were previously held under _____ to FSMOne (iFAST Capital Sdn. Bhd). I/We request your cooperation in ensuring a smooth and expeditious transfer.

No	Fund Name	No. of Units
1.		
2.		
3.		
4.		
5.		

I/We understand and acknowledge that we must not sell or switch any of the above units before the transfer is completed.

I/we confirm that the above instructions are correct and true to the best of my/our knowledge.

Thank you.

Yours sincerely,

[Signature of Main Applicant]

Name:

Date:

[Signature of Joint Applicant (if applicable)]

Name:

Date: