

INVESTMENT FORM

In accordance with the Capital Markets and Services Act 2007, this Investment Form ("IF") should not be circulated unless accompanied by the latest prospectus or information memorandum and supplementary(ies) thereto (if any). You should read and understand the latest prospectus or information memorandum and supplementary(ies) thereto (if any) before completing this IF. If in doubt, please consult a professional adviser. Note: Use only **BLOCK LETTERS** and **BLACK INK** when completing this IF and tick [✓] where applicable.

PARTICULARS OF FIRST APPLICANT / CORPORATE APPLICANT

Full Name / Name Of Corporation (as per NRIC/Passport/Certificate Of Incorporation)

NRIC (new) / Passport / Business Registration No.

EPF No.

Tel. No.

AAF No.

PARTICULARS OF JOINT APPLICANT

Full Name (as per NRIC/Passport)

NRIC (new) / Passport / Birth Cert. No.

MODE OF PAYMENT

Payment Details (Not applicable for investment via EPF Plan)

Cash (Please attach original cash deposit slip)

Cheque

Bank

Cheque No.

Bank-in Slip (Please attach original bank-in slip)

Others

1. INITIAL INVESTMENT

Fund Name	Plan Type			Type Of Account (Refer To Section A)	Amount/Deposit (RM)	Distribution Option**	
	CASH	EPF	SAVERS*			Reinvest	Online Transfer
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
(*For Saver's Plan, please complete Section 2)					Total		

(**Applicable for Cash / Saver's Plan)

2. ADDITIONAL INFORMATION OF SAVER'S PLAN ABOVE (Please enclose Direct Debit Authorization Form, if any)

Fund Name	Monthly Saving (RM)	Bank	Bank Account No.	No. Of Years
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

Please state the same item no. of the Saver's Plan investment stated in Section 1 above.

ADDITIONAL INVESTMENT

Fund Name	Plan Type			Account No.	Investment Amount (RM)
	CASH	EPF	SAVERS*		
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Total					

SIGNATURE(S)

I/We acknowledge that I/we have received, read and understood the latest prospectus or information memorandum and supplementary(ies) (if any) for the relevant Fund(s), the Terms and Conditions of the BOSWM MY Account Application and the Unit Trust Loan Financing Risk Disclosure Statement and I/we agree to be bound by them. I/We also agree to be bound by the Terms and Conditions stated in this IF. I/We hereby acknowledge that I am / we are aware of the fees and charges that I/we will incur directly or indirectly when investing in the Fund(s).

I/We acknowledge that (a) there has been no material change in the information I/we provided in the latest BOSWM MY Investor Suitability Assessment Form ("ISAF") (unless I/we have otherwise opted out from participating in the assessment); (b) non-disclosure of any material change in the information I/we provided in the ISAF may affect the basic of recommendation for my investment in the relevant Fund(s)/fund categories and I/we shall bear full responsibility for my/our investment decision.

Affix Seal Or
Company
Stamp

Signature of First Applicant/Authorised Signatory (1)
Date:

Signature of Joint Applicant/Authorised Signatory (2)
Date:

FOR STAFF USE ONLY	FOR OFFICE USE ONLY
Name _____ Staff Code _____	Transaction Date _____
Date _____ Signature _____	Form verified by _____ Date _____
	Processed by _____ Date _____
	Authorised by _____ Date _____

A Type of Account
01 Retirement 02 Education 03 Personal 04 Corporate

TERMS AND CONDITIONS OF BOSWM MY INVESTMENT TRANSACTION

Please read the following Terms and Conditions before completing the IF. By applying for units in any Fund(s) managed by BOS Wealth Management Malaysia Berhad (BOSWM MY), the applicant(s) agrees to and will be bound by the following Terms and Conditions, the deed and supplemental deed(s) (if any), the prospectus and supplementary prospectus(es) (if any), information memorandum and supplementary information memorandum(s) (if any) of the relevant Fund(s) [which deed and supplemental deed(s) (if any) are hereinafter referred to collectively as "the deed", the prospectus and supplementary prospectus(es) (if any) are hereinafter referred to collectively as "the prospectus" and the information memorandum and supplementary information memorandum(s) (if any) are hereinafter referred to collectively as "the information memorandum"] in respect of ALL transactions. Where there are conflicting terms, the terms of the relevant deed shall prevail.

1. IMPORTANT POINTS TO NOTE BEFORE COMPLETING THIS FORM

- The APPLICANT(S) MUST NOT USE CORRECTION FLUID on the TF.
- Where there is ANY CORRECTION OR AMENDMENT, the APPLICANT(S) MUST SIGN next to the correction or amendment to indicate that the change is duly authorised by the applicant(s).

2. ELIGIBILITY

Individual Applicant

To apply for units, you must be 18 years old and above on your last birthday.

Joint Applicant

Cash Plan (Lump Sum Purchase) / Saver's Plan

You may nominate a Joint Applicant for your account. If the Joint Applicant is below 18 years old, the Account Application Form (AAF) must be accompanied by a copy of documentary evidence of the minor's age (e.g. birth certificate or identity card). BOSWM MY will only act on instruction given by the First Applicant.

Wholesale Fund

Joint Application with a minor is NOT applicable for wholesale fund.

EPF Plan

Joint Application is NOT allowed.

For joint application, all correspondences relating to the investment units of the relevant Fund will be sent to the First Applicant.

All applications must be accompanied by a copy of the applicant's identity card or passport.

Corporate Applicant

The Corporate Applicant is required to submit the following documents along with the AAF to BOSWM MY.

Entity	Documents Required (Certified True Copy)				
	Certificate of Incorporation	Form 24 & Form 49	Memorandum and Articles of Association or Constitution By Laws	Annual Return Form / Annual Return Report	Company Resolution (include specimen signatures & NRIC or passport of signatories & Directors)
Malaysian Company (Bhd / Sdn Bhd)	✓	✓	✓	✓	✓
Society/ Association/ Cooperative/ Government Body	✓		✓		✓
Sole Proprietor	✓ (include certified true copy of NRIC or passport)				
Pension Fund					✓

3. PAYMENT FOR INVESTMENT

The completed Account Application Form and IF should be accompanied by payment and submitted to any BOSWM MY offices or its authorised representatives.

The allotment of units will be based on the date of receipt of a complete purchase request subject to clearance of the cheque and terms and conditions as stated in the prospectus or information memorandum of the relevant Fund(s). Cheque / bank draft must be made payable to "BOS WEALTH MANAGEMENT MALAYSIA BERHAD". Please include bank commission for outstation cheque and cross 'A/C PAYEE ONLY'.

BOSWM MY does not accept any cheque issued by a third party for the account of the applicant(s) (referred to as "third party cheques").

Bank Details - For Unit Trust Investment

Fund Class	Bank Details
MYR	Account Holder : BOS Wealth Management Malaysia Berhad Account Number : 1011075838 Bank Name (Branch): OCBC Al-Amin Bank Berhad (KL Main Branch) Swift Code : OABBMKXXXX
USD	Account Holder : BOS Wealth Management Malaysia Berhad Account Number : 701-154-0815 Bank Name (Branch): OCBC Bank (Malaysia) Berhad (KL Main Branch) Bank Address : OCBC Bank Berhad, 18 Jalan Tun Perak, 50050 Kuala Lumpur Swift Code : OCBCMYKL (local transfer) Swift Code : OCBCMYKLXXX (foreign transfer) Correspondent Bank : The Bank of New York Mellon New York, NY 10286 New York NY United States of America US Swift Code : IRTVUS3NX

4. FEES, CHARGES AND EXPENSES

The applicant(s) shall be responsible for the payment of any charges, fees, costs, expenses, taxes (if any) and other expenses payable or incurred by BOSWM MY and in holding or executing transaction in respect of any of the units.

BOSWM MY shall not be liable to pay any interest to the applicant(s) for any moneys held by BOSWM MY for the applicant for any reason whatsoever.

5. CONFIRMATION ADVICE (CA)

A computer generated CA showing the transaction details and your unitholdings will be issued to you as proof of transactions. The units stated in the CA shall be conclusive as to the correctness of the units stated therein unless notice in writing of any error is given to BOSWM MY within 14 business days of the date of the CA. In the event that an error is detected in the CA, BOSWM MY may cancel by issuing a Credit Note and reissue a new CA to reflect the correct number of units held by the unitholder.

6. AUTHORITY TO OPERATE FUTURE TRANSACTIONS AND INSTRUCTIONS (FOR JOINT APPLICATION)

First Applicant to sign BOSWM MY will only act on instructions given by the First Applicant.

Both Applicants must sign BOSWM MY will only act on instructions given jointly by both parties (both applicants must be 18 years old and above).

Either Applicant to sign BOSWM MY will only act on instructions given by either of the applicant (both applicants must be 18 years old and above).

For joint application with a minor, BOSWM MY will only act on instructions given by the First Applicant. In the event there is a change in the Authority To Operate Account when minor turns 18 years old, a fresh instruction has to be given by the First Applicant.

In the event of the death of any registered Joint Applicant, the survivor of the Joint Account will be the only person recognised by BOSWM MY and the Trustee as having the title or interest in the investment units, except where such units have been transferred to a financial institution, if such units are used as a collateral. If the surviving Joint Applicant is a minor, BOSWM MY and the Trustee shall recognise the estate of the First Applicant as having the title or interest in the investment units.

7. DISTRIBUTION INSTRUCTION

You may opt for income distributions to be reinvested into further units of the Fund(s) at no cost or paid out to you directly in cash by way of a distribution cheque sent to the latest correspondence address provided to BOSWM MY.

Distribution will be automatically reinvested into further units in the Fund(s) if:

- No distribution option is specified on the IF during the account opening;
- The distribution cheque is returned through post;
- The distribution cheque is uncashed after six (6) months from the date of issuance; amount as determined by BOSWM MY from time to time; or
- The investment is made through the EPF Members Investment Scheme.

8. SOPHISTICATED INVESTOR(S)

Only "sophisticated investor" may invest in a wholesale fund. To obtain the latest definition of "sophisticated investors", kindly refer to the definition section of the respective information memorandum of the relevant Fund.

9. RIGHTS OF BOS WEALTH MANAGEMENT MALAYSIA BERHAD

BOSWM MY reserves the right to:

- accept or reject any applications in whole or in part without assigning any reason whatsoever;
- request for additional documents from the applicant to support the application; and
- vary these Terms and Conditions at any time without notifying the applicant(s).

10. CHANGE OF APPLICATION DETAILS

BOSWM MY must be notified immediately in writing of any change to the correspondence address or resident status or other particulars stated in this form. If the applicant is a Malaysian company, the applicant is required to submit a certified true copy of Form 44 (Notice of Situation of Registered Office and Office Hours and Particulars of Change) to BOSWM MY.

11. INDEMNITY

The applicant(s) hereby agree(s) to indemnify BOSWM MY, the Trustee(s) and any of authorised representatives against any losses, damages, costs and expenses which may be suffered or incurred by any or all of them arising whether directly or indirectly out of or in connection with BOSWM MY accepting, relying on or failing to act on any instructions given by or on behalf of the applicant(s) unless due to the wilful default or negligence of BOSWM MY.

12. NOTICES

Notices and communication are sent at the risk of the applicant(s). BOSWM MY shall not be liable for the interruption, error or failure in transmission or delivery of notices unless due to its wilful default or negligence.