

IMPORTANT

- Please complete all fields from Section A through Section D and, using the self-addressed envelope label overleaf, mail the completed form back to us at:
Oversea-Chinese Banking Corporation Limited, Unit Trust Department, 18 Church Street, #B1-01 OCBC Centre South, Singapore 049479
- You will receive a letter advising you on the result of your request for termination within 14 days of submitting this form. If you do not, please inform us immediately at 1800 438 6088.

A. MAIN HOLDER

Name as in NRIC/Passport (Mr/Ms/Mrs/Mdm/Dr)* (Salutation)	NRIC/Passport	Handphone/Pager No <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address	Office No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Home No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

B. JOINT HOLDER

Name as in NRIC/Passport (Mr/Ms/Mrs/Mdm/Dr)* (Salutation)	NRIC/Passport	Handphone/Pager No <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address	Office No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Home No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

C. TERMINATION INSTRUCTION

I wish to terminate the following Unit Trust Monthly Investment Plan(s)

#	RSP Number	Fund Name	Source of Funds (Please tick)		Investment Amount
1.	RS		<input type="checkbox"/> Cash	<input type="checkbox"/> CPFIS-OA	
			<input type="checkbox"/> CPFIS-SA	<input type="checkbox"/> SRS	
2.	RS		<input type="checkbox"/> Cash	<input type="checkbox"/> CPFIS-OA	
			<input type="checkbox"/> CPFIS-SA	<input type="checkbox"/> SRS	
3.	RS		<input type="checkbox"/> Cash	<input type="checkbox"/> CPFIS-OA	
			<input type="checkbox"/> CPFIS-SA	<input type="checkbox"/> SRS	

Note: Termination will be effective in the following month from the date of receipt of this form.

- I/We hereby instruct you to process the instructions to terminate the authorization to debit payments for the Monthly Investment Plan(s) indicated above in this Termination Instruction.
- I/We understand that the Standing Instruction(s) for the Monthly Investment Plan(s) indicated in the Termination Instruction above is/are to be terminated on the 15th of the following month from the date of bank's receipt of this form.
- I/We agree that the Bank is entitled to reject the Termination Instruction if I/we provide incomplete, insufficient or inaccurate information or if my signature is unclear or differs from the Bank's records, etc.

D. CLIENT AGREEMENT

- I/We have read and fully understood the terms and conditions of OCBC Investment Services and agree to be bound by them.
- I/We hereby declare that the above information (including my/our personal information) given in support of my/our termination request is true and correct and that I/we have not willfully withheld any material fact.
- I/We agree that if there is any discrepancy between the personal information provided by me/us above and those last recorded with OCBC Bank in respect of my/our unit trust investments, the personal information given above shall prevail and apply in respect of my/our unit trust investments.
- I/We agree that all instructions in respect of the Unit Trust Monthly Investment Plan shall be given in accordance with specimen signatures provided to the Bank in respect of the OCBC Savings/Current Account nominated in the MIP Application form.

Main Applicant's signature / Date

Joint Applicant's Signature

E. FOR BANK'S USE

UT Account No.	Date Processed	Processed By	Approved By
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F. FOR FINANCIAL INSTITUTION'S COMPLETION
To: OCBC Bank, Unit Trust Department

This Application is hereby REJECTED (please tick) for the following reason(s):

- | | |
|--|---|
| <input type="checkbox"/> Signature differs from customer's Savings/Current Account | <input type="checkbox"/> Wrong account number / no existing indicated MIP |
| <input type="checkbox"/> Signature is incomplete and/or unclear | <input type="checkbox"/> Amendments were not countersigned by customer |
| <input type="checkbox"/> Incomplete or inaccurate information provided | <input type="checkbox"/> Others _____ |

Name of Approving Officer

Authorised Signature

Date

* Delete where applicable

Postage will be paid by addressee. For posting in Singapore only.

**BUSINESS REPLY SERVICE
PERMIT NO. 00578**



OVERSEA-CHINESE BANKING CORPORATION LIMITED
UNIT TRUST DEPARTMENT
18 CHURCH STREET
#B1-01 OCBC CENTRE SOUTH
SINGAPORE 049479

Co. Reg. no.: 193200032W

Please cut along the dotted lines, paste on your envelope, and mail to OCBC Bank.

FOR QUICK PROCESSING, PLEASE REFER TO THE CHECKLIST BELOW

- | |
|--|
| <input type="checkbox"/> Complete all fields in the Termination application form from Section A to D |
| <input type="checkbox"/> Sign the form, ensuring that the signature is consistent with that for the account on which the GIRO standing instruction is to be terminated. |
| <input type="checkbox"/> Ensure that your handphone number is updated with OCBC Bank.
If not, please call 1800 438 6088 to request the update of your handphone number. |

*Thank you for banking with OCBC Bank.
We look forward to serving you again.*