

Cash       CPFIS-Ordinary Account (OA)       CPFIS-Special Account (SA)       SRS

Please read the terms and conditions before completing this form in BLOCK letters. A corporate applicant must furnish a certified copy of the Memorandum and Articles of Association, Director's Resolution, Certificate of Incorporation, List of Authorised Signatories and specimen signatures.

A. APPLICANT INFORMATION		Main Applicant	Joint Applicant (Only for Joint-Alternate) Accounts	
Name as in NRIC/Passport/Certificate of Incorporation <small>(Please indicate salutation and underline Surname for individual applicant)</small>	(Mr/Ms/Mrs/Mdm/Dr)*	(Mr/Ms/Mrs/Mdm/Dr)*		
NRIC/Passport/Reg <sup>n</sup> No.				
Date of Birth/Incorp <sup>n</sup> (DD/MM/YYYY)				
Contact Telephone No.				
Relationship to Main Applicant				
B. REDEMPTION				
I. Name of Unit Trust / Transaction Reference No.		No. of Units		
		<input type="checkbox"/> ALL UNITS <input type="checkbox"/> PARTIAL : _____ units <small>(please state number of units)</small>		
II. Settlement Method (Please note that settlements to 3 <sup>rd</sup> Party and Joint-And Accounts cannot be processed through a mail-in or fax-in form)				
I/We hereby authorise OCBC Bank to credit the proceeds from the above redemption to the account as stated below.				
<input type="checkbox"/> Credit to		<input type="checkbox"/> CPFIS-OA / CPFIS-SA / SRS		
OCBC Branch : _____		CPFIS Agent Bank _____ SRS Operator _____		
Bank Account No.: _____		CPF Investment Account No. _____ SRS Account No. _____		
Account Name(s) : _____		CPFIS-SA No. / CPF Account No. _____		
C. NON-SWITCHING DECLARATION				
I declare that my Personal Financial Consultant and/or Relationship Manager has not advised or made any recommendation to me to dispose of, or reduce my interest in, all or part of any investment product (whether purchased from the same financial adviser or otherwise) in order to acquire, or increase an interest in, all or part of another investment product whether of a similar or different nature. I have reached my own decision to make a redemption of investment products.			<input type="checkbox"/> True <input type="checkbox"/> False	
I will not be re-investing my proceeds into another investment product with OCBC Bank.			<input type="checkbox"/> True <input type="checkbox"/> False	
If you have answered "False" to any question in section D: Please note that if you are redeeming this UT fund to invest into another investment product (including Bancassurance products) within OCBC, this transaction could be deemed as a switching transaction. Please note that it is not the Bank's policy to advise or recommend switching of investment products. As such our Personal Financial Consultants and/or Relationship Managers are not authorized by the Bank to advise or recommend any switching of investment products to you.				
D. CLIENT AGREEMENT				
1. I/We fully understand that due to delays by the mail or postage service, there may be delays in the form being received and therefore processed by the Bank. As such I/We fully indemnify the Bank from any potential costs/losses that I may incur due to delivery delays. 2. I/We fully understand that proof of postage is not proof of delivery. 3. I/We fully understand that most unit trust funds are priced in a forward-pricing basis, and that there is no guarantee that the NAV on the day of my/our submitting of this redemption form shall be the actual NAV used for calculation of my/our redemption proceeds. 4. I/We fully understand that OCBC Bank will be processing this redemption form one dealing day (excluding Saturdays and Sundays) after receipt of the form, which will result in the NAV used for calculation of redemption proceeds being that of the second dealing day after the Bank receives the form. 5. I/We fully understand that incomplete or incorrectly filled forms cannot be processed, and the form will be returned. 6. I/We fully understand that due to security and identity verification measures, a representative from the Bank may conduct a service call to my registered account contact number to verify this order. I/We also fully understand that the Bank reserves the right to reject an application, should the Bank, in its own view, not be able to adequately verify the identity of the applicant(s). I/We will then be required to complete the application in person at any OCBC Bank Branch in Singapore.				
<b>Central Provident Fund (CPF) Investment Scheme - Ordinary Account</b> 1. I hereby confirm that I have completed the Standing Instruction Form to my CPF Agent Bank to settle all my CPF Investment Scheme-Ordinary Account transactions.				
<b>Central Provident Fund (CPF) Investment Scheme - Special Account</b>				
<b>To: The Central Provident Fund Board ("Board")</b> I hereby irrevocably authorise the Board to :				
1. Credit my CPF Special Account with any income or any proceeds from the liquidation of the approved investment (as above) under the CPFIS-SA that are received from from the product provider (as above). 2. Disclose any particulars or information whatsoever relating to or in connection with my investment with the product provider (as above) to facilitate any transactions that cannot be settled due to data discrepancies or any other reasons that the Board deems fit.				
I understand that the above transactions shall be made, subject to the provisions of the Central Provident Fund Act and the Central Provident Fund (Investment Schemes) Regulations as may be amended from time to time and also to all such terms and conditions as may be imposed by the Board from time to time.				
I hereby agree to indemnify the Board and shall keep the Board indemnified against all actions, proceedings, liabilities, claims, damages, expenses or legal costs whatsoever arising out of or in connection with the Board accepting and acting upon this authorization.				
<b>Supplementary Retirement Scheme (SRS) Account</b> 1. I hereby irrevocably authorise you credit my SRS Account held with you with any payments received from the product provider (as above) in respect of the sale of the approved investment (as above).				
_____ Main Applicant's Signature/Company Stamp/Date <small>(Please use signature as per crediting account records)</small>		_____ Joint Applicant's Signature/Date <small>(Please use signature as per crediting account records)</small>		
E. FOR BRANCH USE				
Branch Code	Date & Time	Attended By	Referred By	Checked By (Name/Signature)

Please submit the completed forms to:  
 OCBC Unit Trust Operations  
 31 Tampines Avenue 4  
 #07-00 OCBC Tampines Centre Two  
 Singapore 529680  
 Fax No. : 6784-9353