

# CHANGE OF SPECIMEN SIGNATURE/SIGNING CONDITION

All Accounts  Account No. 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Note:** Use only **BLOCK LETTERS** and **BLACK INK** when completing this form and tick [x] where applicable.

## 1. PARTICULARS OF FIRST APPLICANT(S)

First Applicant's Name

First Applicant's NRIC (new) / Passport No.

Tel. No.

Joint Applicant's Name

Joint Applicant's NRIC (new) / Passport / Birth Cert. No.

## 2. CHANGE OF SPECIMEN SIGNATURE

I/We hereby agree to change the specimen signature(s) for all account(s) / the accounts as indicated at the top of this form in respect of the units held by me/us. This instruction will supersede all previous specimen signature(s) instructions.

*New Specimen Signature*

*New Specimen Signature*

First Applicant

Date

Joint Applicant

Date

## 3. CHANGE OF AUTHORITY TO OPERATE ACCOUNT

I/We hereby agree to change the signing condition for all account(s) / the accounts as indicated at the top of this form in respect of the units held by me/us. This instruction will supersede all previous Authority To Operate Account instructions.

**Authority To Operate Account(s)**

- First Applicant to sign  
 Both Applicants must sign  
 Either Applicant to sign

## 4. DECLARATIONS AND SIGNATURES

By signing this, I/we acknowledge that I/we have read and understood the Deed and current issue of the Prospectus relating to the Fund(s) and agree to be bound by the Terms and Conditions. In the event my/our signature(s) below differ from BOS Wealth Management Malaysia Berhad (BOSWMM MY) record, I/We hereby agree to indemnify BOSWMM MY, the Trustees and any of their authorised representatives against any actions, proceedings, claims, losses, damages, costs and expenses which may be brought against, suffered or incurred by any or all of them arising either directly or indirectly out of or in connection with BOSWMM 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 BOSWMM MY.

First Applicant

Date

Joint Applicant

Date

## FOR OFFICE USE ONLY

Remarks

Form Verified By

Date

Receipt Stamp

Effective Date

Processed By

Date

Signature Verified By

Date

Authorised By

Date