Principal® | In alliance with CIMB

Private Retirement Scheme ("PRS")
Change Of Instruction Form

1. Please complete this form in **BLOCK LETTERS** and **BLACK INK** only.
2. Please cross [X] where applicable.

1. Particulars Of Applicant

PPA Account No. P P A

PRS Plus Account No.

NRIC No. - -

Other ID No. *(Old IC/Police ID/Army ID/Passport)*

Name *(Full name as in identification document)*

Contact No. -

Email Address

2. Change Of Regular Savings Plan

a) ☐ Change of Bank Account No. *(please specify new bank account no. and enclosed a duly completed direct debit form of the relevant bank)*

Bank **Bank A/C No.**

b) ☐ Change of Deduction Amount *(please specify new deduction amount and enclosed a duly completed direct debit form of the relevant bank)*

RM . 0 0

c) ☐ Change of Deduction Date *(please specify new deduction date and enclosed a duly completed direct debit form of the relevant bank)*

(DD)

d) ☐ Cancellation of Regular Savings Plan

3. Change Of Payroll Contribution

a) ☐ Change of Employee Provident Fund ("EPF") Redirection *(I hereby authorise my employer to contribute to my selected Scheme(s) as per the new percentage specified below, which will be redirected accordingly from my employer's voluntary contribution to the EPF above the statutory requirement. I understand that I may only divert up to the maximum of my employer's voluntary contributions subject to the terms and conditions in my employment contract)*

☐ 1% ☐ 2% ☐ 3% ☐ 4% ☐ 5% ☐ 6% ☐ 7%

b) ☐ Change of Salary Deduction (*I hereby authorised my employer to contribute to my selected Scheme(s) as per the new quantum specified below, which will be diverted monthly from my salary)*

☐ _____% of my salary or ☐ RM_____of my salary

c) ☐ Cancellation of EPF Redirection (*I hereby authorise my employer to cease the PRS contribution via this mode)*

d) ☐ Cancellation of Salary Deduction (*I hereby authorise my employer to cease the PRS contribution via this mode)*

4. General Declaration / Signature

I understand that the above change(s) shall take effect upon Principal Asset Management Berhad 199401018399 (304078-K) ("Principal") receipt and processing thereof. I hereby undertake to indemnify and hold harmless Principal, its employees and consultants against all costs, expenses, loss or liabilities, claims and demands arising out of this change request.

Signature Of Applicant : _____ **Date :** _____

For PRS Consultant / Bank Use

Consultant/Staff Code: _____ **Branch Name & Code:** _____

Consultant/Staff Name: _____ **Signature:** _____

Consultant/Staff H/P No.: _____ **Date:** _____

For Office Use

Transaction Date: *(dd/mm/yyyy)* / /

Initial & Date: _____

SERIAL NO. [0]