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.

**IMPORTANT: Investors are advised not to give CASH or transfer money to any PRS Consultant's bank account. Investors are also reminded not to pre-sign/pre-thumbprint any form relating to their investments. Such practices are prohibited and Principal will not be responsible for any loss incurred.**

## 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. Change of Regular Withdrawal Plan (RWP)

a) ☐ Change of Bank Account No. *(Proceeds is only paid to Applicant. Payment to 3rd party account is not allowed.)*

**Bank** **Bank A/C No.**

b) ☐ Change of RWP instruction

| Fund(s) | Option 1 - Fixed Amount | Option 2 - Fixed No. Of Payment | Frequency *(Choose 1 only)* |
|---|---|---|---|
| | *(Choose 1 option only. Do NOT indicate both)* | | Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually ☐ |
| **Principal RetireEasy Income** | RM . 0 0 | Payment | **Payment starts** *(Choose 1 only)* ☐ *Next payment cycle* ☐ *Specify date:* |
| **Principal Islamic RetireEasy Income** | RM . 0 0 | Payment | **Payment starts** *(Choose 1 only)* ☐ *Next payment cycle* ☐ *Specify date:* |

c) ☐ Cancellation of RWP

***Note:***

1. *The updated RWP instruction will be processed as new application and replace the existing RWP instruction.*
2. *The completed Change of Instruction Form ("Form") must be received by us by 12:00pm of the 10th calendar day of the month ("Cut-Off Time") immediately preceding the month you wish the RWP to commence and/or take effect. If we received the Form after Cut-Off Time, you will be deemed to have submitted the application on the subsequent calendar month.*
3. *Confirmation advice will be sent to you within three (3) business days upon successful RWP application/ cancellation.*

## 5. 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:** _____