



HEALTHIER, LONGER,  
BETTER LIVES

**AIA PRS  
(General Guide)  
How To Fill Up  
PRS Account Opening Form  
& Payment Methods  
(Version July 2025)**

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# HOW TO FILL UP GUIDE

Guide to:

1. AIA PRS Account Opening Form (AOF)
2. Customer Profiling Form (part of AOF)
3. Payment Methods
4. PRS Submissions (Common Mistakes)

## Version July 2025



# Account Opening Form (AOC) Guide

PPA Member: Tick **NEW** if New to PRS and Tick **Existing** for those already have PRS account (APAM or another provider).

Channel: Tick PRS consultant.

For existing customer **ONLY**  
**MANDATORY TO FILL IN**  
PPA (follow by IC Number)

PPA Member: ☒ New ☐ Existing  
Channel: ☒ PRS Consultant (Provider) ☐ Institutional PRS Advisor  
☐ Corporate PRS Distributor

PPA Account No: P P A

MASTER A/C No:

## PARTICULARS OF APPLICANT (UNIT HOLDER)

All fields **MUST** be completed. You must be 18 years and above as at the date of this application. Please provide a clear copy of your NRIC or Passport.

Full Name: T A N L I L Y  
(as per NRIC/Passport)

Salutation: ☐ Mr ☐ Mrs ☒ Ms. ☐ Others

NRIC No. (Malaysia): 1 1 1 1 1 1 - 2 2 - 3 3 3 3

Passport No. (Foreigner):

Country of Issue:

Date of Birth: 1 1 / 1 1 / 1 1 1 1 (DD/MM/YYYY)

Gender: ☐ Male ☒ Female

Place of Birth: M A L A Y S I A

Age: 3 1

Marital: ☒ Single ☐ Married ☐ Others

Race: ☐ Malay ☒ Chinese ☐ Indian ☐ Others

Nationality: ☐ Malaysian ☐ Non-Malaysian

(Please state the Nationality for Non-Malaysian)

Mother's Maiden Name: W O N G H A L I

Please fill in **ALL** personal particulars as shown. **Mandatory** for new and existing customers.



# Account Opening Form (AOC) Guide

Please fill in ALL personal particulars as shown. Mandatory for new and existing customers.

Source of Fund ☐ Salary / Business income ☐ Personal savings ☐ Sales of assets ☐ Sales of other investments  
☐ Inheritance ☐ Others, please specify \_\_\_\_\_

Source of Wealth ☐ Salary or commission from current and/or past employment ☐ Savings from past employment or Business ☐ Sales of investments (shares / unit trusts etc.)  
☐ Sales of assets ☐ Business or trade income ☐ Rental income  
☐ Inheritance or gift ☐ Others, please specify \_\_\_\_\_

[FOR FOREIGN NATIONAL ONLY]

Are you residing outside Malaysia? ☐ Yes ☐ No

If yes, what reason(s) has / have been provided for investing in Malaysia?

☐ To diversify investment portfolio ☐ To enjoy higher investment returns ☐ Others, please specify \_\_\_\_\_

Mandatory for FOREIGN INVESTORS ONLY.

# Account Opening Form (AOC) Guide

**Customer's Occupation.**  
**If Retiree/Housewife/Unemployed,**  
**please state accordingly.**

EMPLOYMENT DETAILS	
Employment Status:	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-employed
Occupation:	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>
Name of Employer/Business:	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>
Office of Employer/Business:	<input type="checkbox"/> In Malaysia <input type="checkbox"/> Outside of Malaysia (please specify the country) _____
Nature of Business:	<input type="checkbox"/> Art & Culture <input type="checkbox"/> Banking & Finance Services <input type="checkbox"/> Industrial, Production & Plantation <input type="checkbox"/> Education <input type="checkbox"/> Food & Beverages
(Applicant / Applicant's)	<input type="checkbox"/> Professional Service Provider (doctor, dentist, lawyer, accountant, investment consultant) <input type="checkbox"/> Others _____

**Mandatory even for self-employed without official company name (ie. Hawker CKT).**

**Leave blank  
for Retiree,  
Housewife or  
Unemployed  
ONLY.**

Household Income (monthly):	<input type="checkbox"/> RM0-RM1,500	<input type="checkbox"/> RM1,501-RM3,000	<input type="checkbox"/> RM3,001-RM5,000	<input type="checkbox"/> RM5,001-RM8,000	<input type="checkbox"/> RM8,001-RM15,000
	<input type="checkbox"/> RM15,001-RM20,000	<input type="checkbox"/> RM20,001-RM50,000	<input type="checkbox"/> RM50,001-RM100,000	<input type="checkbox"/> RM100,001-RM200,000	<input type="checkbox"/> > RM200,000

**Mandatory even for those who are not working.**  
**Please tick RM0 to RM1,500 (if no working income).**



# Account Opening Form (AOC) Guide

Mandatory  
for new  
and  
existing  
customers.

## CORRESPONDENCE ADDRESS AND CONTACT DETAILS

Correspondence  
Address:

Postcode:

City:

State:

Country:

Tel:

Home

Mobile

Office

Email Address:

## CURRENT RESIDENCE ADDRESS *(please only complete if different from Correspondence Address above)*

Residence  
Address:

Postcode:

City:

State:

Country:

Fill in **ONLY** if the  
residence  
address is  
different from  
correspondence  
address.



# Account Opening Form (AOC) Guide

Tick NEW for first time NEW AIA PRS customer only.  
Tick TOP-UP for existing AIA PRS customer, even for contribution into a new fund.

## CONTRIBUTION DETAILS

A) Transaction Type:  
*(Select one option only)*

- ☐ New *(Note: Strictly for opening of NEW PRS account with APAM)*
- ☐ Top-up

B) Contribution Type:  
*(Select one option only)*

- ☐ Individual
- ☐ Employer Contribution (Non-Vesting)
- ☐ Employer Contribution (Vesting)
- ☐ Employee Salary Deduction

For Vesting, please Tick 'Employer Contribution' (Vesting) only.

For Personal Contribution  
Please Tick "Individual".





# Account Opening Form (AOC) Guide

C) Fund Allocation:  
(Select one option only)

☐ Default option according to age

☐ Self-selection option as follows :

Tick the checkbox for Default Option. (Leave table below blank).

Tick and fill in the below for Self-Selection (Non Default Option).

NO	PRS FUND NAME (for self-selection only)	AMOUNT (RM)	DIRECT DEBIT AMOUNT (RM) (if applicable and must be accompanied by Direct Debit Authorization Form)
1	AIA PAM - GROWTH FUND		
2	AIA PAM - MODERATE FUND		
3	AIA PAM - CONSERVATIVE FUND		
4	AIA PAM - ISLAMIC MODERATE FUND		
5	AIA PAM - GLOBAL ISLAMIC GROWTH FUND		
6	AIA PAM - DYNAMIC ASIA EX- JAPAN FUND		
7	AIA PAM - DIVIDEND INCOME FUND		

Only fill amount here if chooses self-selection.

Only fill Direct Debit amount here.  
Must also accompanied by Direct Debit Authorization form.



# Account Opening Form (AOC) Guide

For Lump Sum contribution, just fill up ONE based on chosen payment only (choose A or B only).

## PAYMENT MODE / METHOD

All payment **MUST** be made payable to APAM Sdn Bhd

Reminder: APAM DOES NOT accept cash as a form of payment. For the purpose of investing in any of AIA PRS Funds, unitholders are reminded NOT to provide cash nor to make payments to the bank accounts of the PRS Consultant as intermediary to re-transfer payments to APAM Sdn Bhd. All payment should be made directly by the Unitholder (or an allowable third-party) to APAM Sdn Bhd in the forms of cheque/ bank draft/ telegraphic or bank transfer. Please state member's Name and NRIC No. as "recipient reference" when executing online payment.

a) Cheque/Bank Draft : Payer Bank  Cheque No.  Amount (RM)

b) Telegraphic/Internet Banking Transfer:  
Payer Bank  MAYBANK Ref No.  528491 Amount (RM)  10,000

c) Direct Debit: ☐ Monthly ☒ Annually Deduction date: ☒ 12th ☐ 25th  
Payer Bank  MAYBANK Account No.  111-222-111-0 Amount (RM)  5,000

d) Transfer In From (Provider's Name):  Amount (RM)

Fill up if you would like to proceed with Monthly Direct Debit and tick Monthly/Annual with one of the two dates given.  
Ensure to attach with Direct Debit form.

Transfer In: For customers transferring their PRS funds from OTHER PRS providers into APAM



# Account Opening Form (AOC) Guide

If self-payment, please tick 'YES' and leave the below table blank.

Note: For Joint bank account, it is **MANDATORY** to attached with the bank statement.

If third-party payment, please tick 'NO' and fill the table below with the Payor/Contributor details.

## PRS CUSTOMER DUE DILIGENCE (ALLOWABLE THIRD PARTY PAYMENT)

If you are the Unit Holder, are you also the Payor/Contributor of the fund(s)?

☐

Yes

If your answer is **YES (i.e. self-payment)**, you need **NOT** complete the section on Payor/Contributor Details below.  
(Note : For payment from bank joint account, please substantiate/support with bank statement to show proof that the applicant is one of the account holders)

☐

No

If your answer is **NO (i.e. third party payment)**, please complete the Payor/Contributor Details below

PAYOR/CONTRIBUTOR DETAILS (Only fill in if your answer is No for the above)

Name of Payor :

NRIC / Passport Number :

(Note: **MANDATORY** to provide copy of NRIC / Passport)

Date of Birth :

(DD/MM/YYYY)

Gender :

☐

Male

☐

Female

Nationality :

Occupation :

Contact No :

E-mail Address :

Payor/Contributor  
Correspondence Address

Relationship with Payor

☐

Spouse

☐

Parent

☐

Children

Source of Fund

☐

Salary / Business income

☐

Personal savings

☐

Sales of assets

☐

Sales of other investments

☐

Inheritance

☐

Others, please specify

Source of Wealth

☐

Salary or commission from current and/  
or past employment

☐

Savings from past  
employment or Business

☐

Sales of investments (shares / unit trusts  
etc.)

☐

Sales of assets

☐

Business or trade income

☐

Rental income

☐

Inheritance or gift

☐

Others, please specify

I, being the unit holder, hereby confirm that:

☐

the payment made by the Payor on my behalf is for the purpose of contributing towards the PRS fund(s) selected by myself and the Payor does not exercise trading authority over my account.

THIS SECTION IS APPLICABLE FOR FOREIGN NATIONAL ONLY

Are you residing outside Malaysia?

☐

Yes

☐

No

If yes, what reason(s) has / have been provided for investing in Malaysia?

☐

To diversify investment portfolio

☐

To enjoy higher investment returns

☐

Others, please specify

Important: Please provide IC copy of Third Party Payor with Certified True Copy (CTC) by the consultant.



# Account Opening Form (AOC) Guide

Tick all FATCA checkboxes  
(US Person cannot invest in PRS).

(a) U.S Person Declaration

The term U.S. person or United States person means a person described in section 7701(a)(30) of the Internal Revenue Code:  
The term “United States person” means – a citizen or resident of the United States

Please check “/” Yes or No for each of the following questions:		Yes	No
1	Are you a U.S. citizen?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Did you hold a U.S. Permanent Resident Card (Green Card)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Are you a U.S. Resident?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

☐

**U.S. person – if you have ticked “Yes” to any of the three questions above:**  
I hereby declare and agree that, by contributing this AIA Private Retirement Scheme to APAM for investment purposes, I understand that APAM will be acting as my agent for the purpose of investing my contributions on my behalf and act on it. In the event this statement is false, I shall be liable for any and all charges and tax penalty, if any at point of termination of my account.

☒

**Non-U.S. person – if you have ticked “No” to all the three questions above:**  
I hereby declare and agree that, by contributing this AIA Private Retirement Scheme to APAM for investment purposes and that I am not acting as a U.S. person for U.S. federal income tax purposes, I understand that APAM shall be entitled to terminate my account, in which case APAM shall notify me and repay my investment. In view that this is a fundamental term, APAM shall be entitled to terminate my account.

U.S. Person – Change of Circumstances\*:

☒

I agree to notify APAM within thirty days (30) of any change in my status as a U.S. person or resident contributing AIA Private Retirement Scheme.  
**\*Note: A false statement or misrepresentation of tax status by an individual contributing to the AIA Private Retirement Scheme may result in the account holder being treated as a U.S. person for U.S. federal income tax purposes.**  
Account holders who have or may have U.S. Indicia: **\*Note: The I**  
(i) U.S. persons for U.S. federal income tax purposes; or (ii) If you are a U.S. person for U.S. federal income tax purposes (including U.S. persons who are U.S. citizens or residents of the United States) in connection with this AIA Private Retirement Scheme contribution, you shall be in fact a U.S. person for U.S. federal income tax purposes (including U.S. persons who are U.S. citizens or residents of the United States) if you fail to provide such information, consent to APAM to report to the Internal Revenue Service of information relating to your contribution, APAM reserves the right and shall be entitled to take your account, withholding the necessary monies to be remitted to the Internal Revenue Service, if any at point of termination in the event of such termination.

FATCA Data Privacy Waiver (applicable to both individuals and corporates)

☒

APAM and its affiliates (“the Group”) are subject to and required to comply with the FATCA (the “Reporting Requirements”). As such, I provide my express consent to APAM to report to the Internal Revenue Service of information relating to my contribution, APAM reserves the right and shall be entitled to take your account, withholding the necessary monies to be remitted to the Internal Revenue Service, if any at point of termination in the event of such termination.



# Account Opening Form (AOC) Guide

## Part 1 Identification of PRS member

Do you have any tax residency in country(ies) other than Malaysia and United States (U.S.)?

☐

Yes (Please complete Part 2)

☒

No

If tick Yes, please fill up below table.

## Part 2 Country of Tax Residence and Taxpayer Identification Number or its Functional Equivalent (TIN)

Please complete the following table by providing:

- (a) **ALL current country of tax residence**; and
- (b) Your Taxpayer Identification Number or its Functional Equivalent (TIN) for each country indicated.

If the TIN is unavailable, please select one (1) reason, A, B or C as below:

**Reason A** – The country where I am a tax resident does not issue TINs to its residents.

**Reason B** – I am not able to obtain the TIN (please provide explanation).

**Reason C** – TIN is not required. Select this reason only if the authorities of the country of tax residence do not require disclosure of TIN.

Country of Tax Residence	TIN	If no TIN is available enter Reason A,B or C	Please provide explanation if Reason B is selected
(1)			
(2)			
(3)			
(4)			
(5)			



# Account Opening Form (AOC) Guide

Mandatory for both New/Existing Customer.

Signature:

Name (as per NRIC/Passport):

Date (DD/MM/YYYY):

Please take note that we will not be able to process this application without your consent to the above declarations.

Please state agent name & agent code XXXXX in the respective column.

FOR PRS CONSULTANT USE	FOR OFFICE USE
Consultant's Name:	Date & Time received:
FIMM Consultant Code:	
Life Planner Code:	
Contact No:	Verified by & Date:







# Client Profiling Form (CPF)

## KNOW-YOUR-CLIENT PROCESS

Full Name (as in NRIC / Passport)	
NRIC No. / Passport No.	

Please fill in accordingly

## PART A: VULNERABLE CLIENT ASSESSMENT

DISCLOSURE BY CLIENT	ASSESSMENT BY PRS CONSULTANT
1) Elderly (60 and above; and uncomfortable with using technology for investment purposes); and/ or <input type="checkbox"/>	<b>Vulnerable Client</b> <input type="checkbox"/> <i>Vulnerable Client (If client selects any item 1 - 6 in Part A)</i>
2) Education level of Primary School or below; and/ or <input type="checkbox"/>	<b>Non-vulnerable Client</b> <input type="checkbox"/>
3) No capital market investment experience; and/ or <input type="checkbox"/>	
4) Low financial resilience (low ability to withstand financial shocks, for example cash flow problems, no savings and/or overly indebted); and/or <input type="checkbox"/>	
5) Have experienced death or total permanent disablement of main bread winner over the last 12-months; and/ or <input type="checkbox"/>	
6) Have any hearing, visual, speech, physical or learning impairments. <input type="checkbox"/>	
7) None of the above <input type="checkbox"/>	

## Part A: Vulnerable Client Assessment

### Assessment By PRS Consultant

- Consultant to tick accordingly

### Important Note:

The assessment cannot be solely relying on the customer's disclosure.

### Disclosure by Client

- Client to tick accordingly (where applicable)



# Client Profiling Form (CPF)

## FOR VULNERABLE CLIENT ONLY

☐ I hereby CONFIRM that the information provided by me in this form is true and correct. I AGREE with the PRS Consultant's assessment result of my vulnerable client status based on the information provided by me. I also ACKNOWLEDGE that the PRS Consultant has taken the following measures in consideration of my vulnerability status:

- a. Allowed me sufficient time to review and provide the necessary information required in this form;
- b. Explained the available communication methods and offered to provide details in an alternative format such as post or email for better clarity; and
- c. Confirmed whether I would like to consult someone else first or have someone present with me when receiving advice.

☐ *Please tick if applicable*

I will bring a companion with me for my vulnerability assessment purposes

## Part A: Vulnerable Client Assessment



Client to tick **ONLY IF** identified as a Vulnerable Client and where applicable



# Client Profiling Form (CPF)

## PART B: UNDERSTANDING YOUR NEEDS AND RISK PROFILE

### WARNING:

THE RECOMMENDATION IS MADE BASED ON INFORMATION OBTAINED FROM THE ASSESSMENT AS STATED IN THIS FORM. YOU ARE ADVISED TO EXERCISE JUDGEMENT IN MAKING AN INFORMED DECISION IN RELATION TO THE PRIVATE RETIREMENT SCHEME PRODUCT.

1. My age is: a) Below 45 <input type="checkbox"/> 5 points b) 45 to 54 <input type="checkbox"/> 3 points c) 55 and above <input type="checkbox"/> 1 point	4. I have investment in: a) Growth stocks/funds <input type="checkbox"/> 5 points b) Dividend stocks/funds <input type="checkbox"/> 4 points c) Bonds/ Bonds funds <input type="checkbox"/> 3 points d) Money market funds <input type="checkbox"/> 2 points e) I am new to investment <input type="checkbox"/> 1 point
2. My household annual income is: a) > RM300,000 <input type="checkbox"/> 5 points b) RM200,001 - RM300,000 <input type="checkbox"/> 4 points c) RM100,001 - RM200,000 <input type="checkbox"/> 3 points d) RM50,001 - RM100,000 <input type="checkbox"/> 2 points e) RM0 - RM50,000 <input type="checkbox"/> 1 point	5. My investment objective is to achieve: a) Capital growth <input type="checkbox"/> 5 points b) Capital growth and income <input type="checkbox"/> 3 points c) Income <input type="checkbox"/> 1 point
3. I am a client who is: a) Aggressive – Able to tolerate high risk <input type="checkbox"/> 5 points b) Moderate – Able to tolerate some risks <input type="checkbox"/> 3 points c) Conservative – Risk averse client <input type="checkbox"/> 1 point	6. My investment duration period is: a) More than 10 years <input type="checkbox"/> 5 points b) 5 to 10 years <input type="checkbox"/> 3 points c) Less than 5 years <input type="checkbox"/> 1 point
The recommended fund(s) based on your investment objectives, risk tolerance, financial profile and investment experience are:	
( RISK SCORING )	
Conservative (v) 6 - 14 <input type="checkbox"/>	Moderate (v) 15 - 21 <input type="checkbox"/>
Aggressive (v) 22 and above <input type="checkbox"/>	
• Low Risk Fund AIA PAM - Conservative Fund	• Medium Risk Funds AIA PAM - Moderate Fund AIA PAM - Islamic Moderate Fund AIA PAM - Dividend Income Fund
	• High Risk Funds AIA PAM - Growth Fund AIA PAM - Global Islamic Growth Fund AIA PAM - Dynamic Asia Ex-Japan Fund

## Part B

## Understanding Your Needs and Risk Profile

- Client to complete all 6 questions
- Question 2 & Question 6 have been revised from previous version.
- Client to total up the points to indicate their risk scoring

### Important Note:

- Client may still choose to invest for other funds despite the risk scoring recommendation, and to tick Option ii under suitability assessment section (see next page) to acknowledge the risks

# Client Profiling Form (CPF)

## Acknowledgement (for client only)

- 1) I hereby declare that AIA Pension and Asset Management Sdn. Bhd. and/or its PRS Consultant has explained and I have understood the features, nature as well as the associated risks of the relevant PRS fund(s).
- 2) I have read or the PRS Consultant has explained to me and I clearly understand what is required of me in information provided for the 'Understanding Your Needs and Risk Profile' Assessment and I hereby declare that information disclosed by me for this assessment is true and accurate.
- 3) I understand that any misleading, inaccurate, or incomplete information provided by me will affect the outcome of the recommendation made. In such cases, AIA Pension and Asset Management Sdn. Bhd. will not be liable for such recommendation (if any).
- 4) I hereby acknowledge receipt a copy of this PRS Client Profiling Form, Product Highlights Sheet, and Disclosure Document of the relevant PRS fund(s).

Please tick either ONE of the following options:

- i) I have decided to invest in fund(s) that align with my risk scoring recommendation
- ii) I have decided to invest in fund(s) that do NOT align with my risk scoring recommendation
- iii) I DECLINE to provide certain information required for the 'Understanding Your Needs and Risk Profile' Assessment and I agree that this may adversely affect my profiling assessment.

☐  
☐  
☐

## Part B - Acknowledgement

- Client to tick **either** one of the three boxes
- Option (ii) if client choose to invest for other funds despite the risk scoring recommendation
- Option (iii) shall only be ticked if Client declines to disclose information required for “Understanding Your Needs and Risk Profile”



# Client Profiling Form (CPF)

Acknowledgement (for PRS Consultant only)	
<input type="checkbox"/> I declare that I have assessed the client's vulnerability and risk profile. If the client has been identified as a vulnerable client, I have conducted the following measures:	
<ul style="list-style-type: none"><li>i) I have allowed sufficient time for the client to process all information provided.</li><li>ii) I have explained to the client on the available communication methods and offered to provide details in an alternative format such as post or email for better clarity.</li><li>iii) I have confirmed with the client whether they would like to consult someone else first or have someone present with them when receiving advice.</li><li>iv) I have checked and verified all answers in Part A (Vulnerable Client Assessment).</li><li>v) I have explained the features and risks of the product(s), risk profile assessment and provided a copy of the Product Highlights Sheet and the relevant Disclosure Document in Part B for the client's decision making.</li></ul>	
<div>_____ Client's Signature Date : _____</div>	<div>_____ PRS Consultant's Signature Consultant Name : _____ Consultant Code : _____ Date : _____</div>

## Part B Acknowledgement

Consultant to acknowledge, sign and provide required details & date (Grey Box)

Client to sign and date (white box)

# Client Profiling Form (CPF)

Acknowledgement (for PRS Consultant only)	
<input type="checkbox"/> I declare that I have assessed the client's vulnerability and risk profile. If the client has been identified as a vulnerable client, I have conducted the following measures:	
<ul style="list-style-type: none"><li>i) I have allowed sufficient time for the client to process all information provided.</li><li>ii) I have explained to the client on the available communication methods and offered to provide details in an alternative format such as post or email for better clarity.</li><li>iii) I have confirmed with the client whether they would like to consult someone else first or have someone present with them when receiving advice.</li><li>iv) I have checked and verified all answers in Part A (Vulnerable Client Assessment).</li><li>v) I have explained the features and risks of the product(s), risk profile assessment and provided a copy of the Product Highlights Sheet and the relevant Disclosure Document in Part B for the client's decision making.</li></ul>	
<div>_____ Client's Signature Date : _____</div>	<div>_____ PRS Consultant's Signature Consultant Name : _____ Consultant Code : _____ Date : _____</div>

## Part B Acknowledgement

Consultant to acknowledge, sign and provide required details & date (Grey Box)

Client to sign and date (white box)



# Payment Methods Reminder

Via Cheque	
Payable to	APAM Sdn Bhd

## Important Note:

- Do not use the full name – ie. AIA Pension and Asset Management and/or Sendirian Berhad
- For joint account (husband & wife), ensure customer name is on the cheque
- If not, must provide bank statement to show
- For individual contribution, strictly no company cheques



# Payment Methods Reminder

## Via Internet Banking

Account Name	APAM Sdn Bhd
Bank	Deutsche Bank
Account Number	0018440000
Recipient Reference	<Investor's IC Number> Example:1998145513

### Important Note:

- Please tick as "NO" for Beneficiary ID/IC Type or Recipient ID Type for Payment via Instant Transfer / Giro
- Payment via Instant Transfer is preferable instead of Giro to prevent payment failure
- Please use the "Reference Number" generated from your Internet Banking transaction to fill up the Account Opening Form's – Payment Mode/Method" section under the Ref. No
- Please note that payment via ATM or cash is not permitted.

#### PAYMENT MODE / METHOD

All payment **MUST** be made payable to APAM Sdn Bhd

Reminder: APAM DOES NOT accept cash as a form of payment. For the purpose of investing in any of AIA PRS Funds, unitholders are reminded NOT to provide cash nor to make payments to the bank accounts of the PRS Consultant as intermediary to re-transfer payments to APAM Sdn Bhd. All payment should be made directly by the Unitholder (or an allowable third-party) to APAM Sdn Bhd in the forms of cheque/ bank draft/ telegraphic or bank transfer. Please state member's Name and NRIC No. as "recipient reference" when executing online payment.

a) Cheque/Bank Draft : Payer Bank \_\_\_\_\_ Cheque No. \_\_\_\_\_ Amount (RM) \_\_\_\_\_

b) Telegraphic/Internet Banking Transfer:  
Payer Bank \_\_\_\_\_ Ref No. \_\_\_\_\_ Amount (RM) \_\_\_\_\_

c) Monthly Direct Debit: ☐ 12th ☐ 25th  
Payer Bank \_\_\_\_\_ Account No. \_\_\_\_\_ Amount (RM) \_\_\_\_\_

d) Transfer In From (Provider's Name): \_\_\_\_\_ Amount (RM) \_\_\_\_\_







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# Thank you