

**PHILLIP SECURITIES PTE LTD**

A member of PhillipCapital  
 250 North Bridge Road #06-00 Raffles City Tower Singapore 179101  
 Tel: 6533 6001 www.phillip.com.sg  
 Co. Reg. No. 197501035Z GST Reg. No. M2-0021956-2

**MANAGED ACCOUNTS SERVICES  
 TRANSACTION FORM**

**ACCOUNT DETAILS**

|  |                           |             |
|--|---------------------------|-------------|
| Name of Account Applicant or Joint Applicant               | NRIC/Passport No./Reg No. | Contact No. |
| Type of Managed Account Service<br>Phillip SMART Portfolio |                           | Account No. |

**IMPORTANT:** Please fill in Section A or B as appropriate (\*Original form is required for processing)

**SECTION A: CAPITAL INJECTION**

Amount to be invested: S\$ \_\_\_\_\_ with Upfront fee of \_\_\_\_\_%

**Source of funds:** (Please tick the appropriate box).

- Cheque: Please make cheque in favour of "Phillip Securities Pte Ltd"  
 Bank: \_\_\_\_\_ Cheque No. : \_\_\_\_\_
- Transfer of Shares / Unit Trusts (estd S\$): \_\_\_\_\_
- SRS Bank: \_\_\_\_\_ SRS Account No.: \_\_\_\_\_
- Others: \_\_\_\_\_

**SECTION B: PARTIAL WITHDRAWAL OR TERMINATION OF ACCOUNT #**

- I wish to make a partial funds withdrawal of S\$ \_\_\_\_\_ from my Managed Account.
- I wish to terminate my Managed Account.  
 Liquidation of Portfolio     Others: \_\_\_\_\_

**Funds Remittance:** (Please tick the appropriate box)

Please remit the funds as per instructions below:

- Cheque deposit to Bank: \_\_\_\_\_ Account No.: \_\_\_\_\_
- Transfer to Phillip Account Type: \_\_\_\_\_ Account No.: \_\_\_\_\_
- Collection of Cheque
- SRS Bank: \_\_\_\_\_ SRS Account No.: \_\_\_\_\_
- Others: \_\_\_\_\_

# Liquidation Timeline for Partial Withdrawal or Termination of Account will be within 14 Business Days

**APPLICANT'S CONFIRMATION**

I confirm my instructions as set out above and direct the Company to act accordingly.

\_\_\_\_\_  
 Signature of Account Applicant or Joint Applicant \_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Received /Signature Verified By: \_\_\_\_\_ (MA DEPT) Date: \_\_\_\_\_

Processed by /Date: \_\_\_\_\_ (PSPL) Date: \_\_\_\_\_