

ACCOUNT OPENING FORM



ATTENTION: In accordance with the Capital Markets and Services Act 2007, this form should not be circulated unless accompanied by the applicable prospectus, and any supplemental thereto (if any).

You should read and understand the contents of the relevant prospectus and any supplemental thereto (if any) before completing this form.

| Pl | ease complete and | tick | [√] w | here a | pplic | cable | ١. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------|---|---------|---------|---------------|--------|-------|--------|--------|-------|--------|-------------------|-------|----------|------|------|--------|---|-----------------|-------|------|-------|-------|-------|----------|----------|--------|----------|------|---------------|-------------------------|----------|---------------|-------|---|
| | | | | | | | | | | | | | | | | | | | | | | | F | OR S | SSB | USE | E ON | NLY | | | | | ••••• | |
| TO: | Saham Sabah Berhad Suite 1-9-W2,W3 & W4, 9 th Floor, CPS Tower, Centre Point Sabah No.1, Jalan Centre Point, 88000 Kota Kinabalu Tel: 088-254964/254967/254968 Fax: 088-262588/257864) Email: enquiry@sahamsabah.com.my Website: www.sahamsabah.com.my | | | | | | | | | | NAV PER UNIT (RM) | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | No.of units | | | | | | | <u>L</u> | | | | | | | | | | | | | | | | |
| I/We | hereby apply to inves | | | | • | SAB | AH: | | | | | | | | | | Acct No. Transaction Remarks: Investment Transfer: Normal Deceased | | | | | | | | | | | | | | | | | |
| Mod | e of Payment: | | | | | | | | | | | | | | | į | | vesu | | | | | Ians | | INOI | aı | | | Dec | :ase | ;u | | | |
| | Cash Deposit I | Machi | ne | | RN | Л | Γ | | 1 | | | | | | | | T | | Ren | nark | : | | | | | | | | _ | | | | | |
| Г | *Bank Draft/De | mano | d Draf | t | RN | Л | ļ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ē | *Cheque | | | | RN | Л | - | | | | | | | | | | | | No. | | | | | | | | | | | | | | | |
| | Bank Transfer | | | | RN | Л | - | | | | | | | - | | | | | | | | | | | | | | | | | | | | |
| Plas | - se do not make payn | | in cae | sh to a | | | L C | neult | ant (| or ic | 6110 | a ch | 0011 | in t | ho r | namo | of s | | | | | | | | | | | e of | | oun | ıt: | | | |
| *Plea | ase make payable to \$ Reference No | | | | | | . 00 | iisuit | ant (| | | | | | | ,000. | | | | | OHS | uitai | 11. | | | | Indi | vidu | al | | Joi | nt [| | |
| | PARTICULARS | OF | APP | LICA | NT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A Co | ppy of NRIC / bir | tn c | eritti | cate | mus | st be | at | tacr | iea | | | | | | | | | Bum | ipute | era | | | | \ | lon- | Bum | ipute | era | | | | | | |
| 1. | Title Mr | | Mr | s | Ms | 5 | (| Others | s | | | | | | | | | | _ | | | | | | | | | | | | | | | |
| 2. | Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Т | Т | | ٦ |
| | (as per NRIC/Other I | ID) | | | | - | | | | | | | | | | | | | | | | | | | | | | | | | t | t | | 1 |
| 3. | NRIC (New) | | | | \neg | | - | Τ- | 1 | 1 | | _ | <u> </u> | T | 1 | | | l N | RIC | (O) | 4/ | | | <u>_</u> | <u></u> | | | T | 누 | ᆸ | <u> </u> | Ħ | 1 | ᆿ |
| 4. | Contact Number | | | | | | | | | | | _ | | | | | |] " | NIC | (Oit | 4) | | | | | | | | | | | Щ | | |
| ₹. | Contact Number | | | | | | 1 | | | | | | | | | | | | | | _ | | | | | | | | | | | | | |
| | Re | esider | ntial | $\overline{}$ | _ | 1 | | | | | | | | Mobi | le | | | | | 1 | | | 1 | | <u> </u> | | Of | fice | $\overline{}$ | $\overline{\mathbf{T}}$ | \neg | $\overline{}$ | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | L | L | | | | |
| 5. | Residential | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Э. | Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | Р | ost Co | ode | | | | | | To | wn- | State | Э | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | 1 1 | | | ı | | | | | | | | | | 1 | | ı | ı | | | | | | | | | | | | |
| 6. | Mailing Address (if different from | | | | ┷ | | | | | | | | | | | | | | | | | | | | | | | _ | \perp | \downarrow | \perp | \downarrow | | |
| | the above) | | | \bot | ┷ | | | | | | | | | | | | | | | | | | | | | | | _ | \perp | \downarrow | \perp | \downarrow | | |
| | | Р | ost co | ode | | | | | | To | wn- | State | Э | | | | | | | | | | | | | | | | \perp | \perp | \bot | \perp | | |
| 7. | Email Address _ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. | Date of Birth | | | T | \neg | | | | T | | | | | 9. | | | Ger | nder: | | | Ма | le [| | | Fen | nale | | 7 | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. | . Marital status Single Married Divorced No. of Dependant(s): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. | Do you or any of yo | our fa | mily ı | membe | ers h | old a | pro | mine | nt po | ositi | on ii | n an | y do | nest | ic o | r inte | erna | tiona | al or | gani | zatio | n, ir | nclud | ling | арс | olitic | al p | arty | ? | | | | | |
| | Yes | | No |) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | If yes, please specify | / the p | oositio | on: | | | | | | (Self) | | | | | | | | (Family member) | | | | | | | | | | | | | | | | |

| 12. | State of origin: Sabah | Sabah Permanent Resident Sarawak or West Malaysian | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | (a) Nationality: | and (b) Holder of other country PR (Please Specify the country): | | | | | | | |
| 13. | Race : | Religion: | | | | | | | |
| 14. | Education Level: Primary Secondary STPM/Diploma/Pre-U Bachelor Degree Post Graduate Professional | | | | | | | | |
| 15. 16. | Monthly Income: Below RM3,0 Source of Fund: | 000 RM3,001 - RM7,000 RM7,001 - RM12,000 RM12,001 - RM18,000 RM18,001 above | | | | | | | |
| | Savings Inheritance / Donations / Gifts Employment Income Other Source(s) (please specify) | Child / Spousal support payments Loan / Disposal of properties Withdrawal of other investments / Maturity Passive income (rental, dividends, interest) Retirement / Pension | | | | | | | |
| 17. | Employment Sector / Employment | Details | | | | | | | |
| | (I). Government: State | Federal Government-Linked Company (II). Private Employed | | | | | | | |
| | a. Occupation (Please specify): | Designation (Please specify): | | | | | | | |
| | b. Name of Employer: | | | | | | | | |
| | c. Category of Industry Involved in Education Agriculture/Fish Food Industries Others: (Please | Health/Fitness Telecommunication Construction Retail Developer / Properties Finance / Banking Hotel/Tourism Insurance Manufacturing Law / Legal Oil & Gas Automotive | | | | | | | |
| | (III). Unemployed: Retiree | e Student Others (Please specify: | | | | | | | |
| | (IV). Self-employed: Farmer Own Business Contractor Freelance Others (Please specify) d. Name of Company: (i) Nature of Business: Sole Proprietorship Partnership (ii) Business License No.: For self-employed (own business): Manufacturing Noney Changer Real Estate Noney Changer Real Estate Noney Changer Residence No.: Manufacturing Noney Changer Real Estate Noney Changer Non | | | | | | | | |
| | e. Employer's / Company's | | | | | | | | |
| | Location Address | | | | | | | | |
| | | Post Code Town-State | | | | | | | |
| | | Tel. No. | | | | | | | |
| | | | | | | | | | |
| 18. | Contact Person (In case of emerger | ency) | | | | | | | |
| | Name | Relationship Tel No | | | | | | | |
| В. | INCOME DISTRIBUTION | | | | | | | | |
| | Income distribution (IF ANY) will be reinvested on your behalf. | | | | | | | | |
| Please refer to the relevant Prospectus, Supplementary Prospectus (if any) and/or Information Memorandum for income distribution policy. | | | | | | | | | |
| C | C. ANNUAL/ INTERIM REPORT | | | | | | | | |
| | | | | | | | | | |
| I/We | We preferred to receive Annual/Interim Report by : Email View/download from website | | | | | | | | |
| A1.1. | . The uninted equipment the Devictory | atili anilaha wan mawatifan 2001, Office | | | | | | | |

Note: The printed copies of the Reports are still available upon request from SSB's Office.

| D. PARTICULARS OF JOINT APPLICANT (IF APPLICABLE) | | | | | | | |
|--|--|--|--|--|--|--|--|
| A C | Copy of NRIC / birth ceritficate must be attached Bumiputera Non-Bumiputera | | | | | | |
| 1. | Joint Holder Name (as per NRIC/Other ID) | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2. | NRIC (New) NRIC (Old) | | | | | | |
| 3. | Gender Male Female | | | | | | |
| 4. | State of Origin Sabah Permanent Resident Others (Please specify): | | | | | | |
| 5. | Relationship with Principal Applicant: | | | | | | |
| 6. 7. | | | | | | | |
| | Residential Mobile Office | | | | | | |
| | | | | | | | |
| 8. | Mailing Address | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Post Code Town-State | | | | | | |
| | | | | | | | |
| 9. | Education Level Primary Secondary STPM/Diploma/Pre-U Bachelor Degree Post Graduate Professional | | | | | | |
| 10. | Monthly Income ☐ Below RM3,000 ☐ RM3,001 - RM7,000 ☐ RM7,001 - RM12,000 ☐ RM12,001 - RM18,000 ☐ RM18,001 above | | | | | | |
| 11. | 1. Source of Fund Savings Inheritance / Donations / Gifts Employment Income Child / Spousal support payments Loan / Disposal of properties Passive income (rental, dividends, interest) Trade / Business Withdrawal of other investments / Maturity Retirement / Pension | | | | | | |
| 40 | Other Source(s) (please specify) | | | | | | |
| 12. | Employment Sector (I) Government State Federal Government-Linked Company (II) Private Employed | | | | | | |
| | a. Occupation (Please specify): Designation (Please specify): | | | | | | |
| | b. Name of Employer: | | | | | | |
| | c. Category of Industry Involved in | | | | | | |
| | Education Health/Fitness Telecommunication Construction Retail Agriculture/Fisheries/Aqua Developer / Properties Finance / Banking Hotel/Tourism Insurance Food Industries Manufacturing Law / Legal Oil & Gas Automotive | | | | | | |
| | Others: (Please Specify): | | | | | | |
| | (III). Unemployed: Retiree Student Homemaker Others (Please specify: | | | | | | |
| | (IV). Self-employed: Farmer Own Business Contractor Freelance Others (Please specify) | | | | | | |
| | d. Name of Company: | | | | | | |
| | (i) Nature of Business: Sole Proprietorship Partnership (ii) Business License No. : | | | | | | |
| | For self-employed (own business): | | | | | | |
| | Manufacturing Law Firm Accounting Firm Travel Agency Workshop Money Changer Real Estate Import /Export Jewel / Gem Restaurant Pawn Broker Mobile Phone Dealer Budget Hotel Video Arcade Karaoke Centre Scrap Metal Reflexology Used Car Dealer Grocery Store Financial / Insurance | | | | | | |
| | Others (please specify): | | | | | | |
| 13. | Employer's / Company's | | | | | | |
| | Location Address Post Code Town-State | | | | | | |
| | | | | | | | |
| | Tel. No. | | | | | | |
| E. MANDATE FOR ALL FUTURE TRANSACTIONS – FOR JOINTHOLDER ACCOUNT | | | | | | | |
| | Principal to Sign Both to Sign Either one to Sign | | | | | | |

F. FATCA AND CRS INFORMATION

FATCA information (To be completed by Principle and Joint Holder (if any))

Please complete this section and tick (" ") in the "Yes" / "No" column.

| No. | o. Indicia Stati | lie. | Principa | al Holder | Joint H | older | Initial/Signature | | |
|-----|-------------------|----------------------|----------|-----------|---------|-------|------------------------------|--|--|
| | o. Illulcia Stati | us | Yes | No | Yes | No | (Principal and Joint Holder) | | |
| 1 | Are you a U. | S green card holder? | | | | | | | |

If yes, please submit Form W-9 of US Department of the Treasury Internal Revenue Service. A copy of Form W-9 can be obtained from the US IRS website at http://www.irs.gov/pub/irs-pdf/fw9.pdf

CRS information (To be completed by Principle and Joint Holder (if any))

| | | | Princip | oal Holder | Joint | Holder | Initial/Signature | | |
|-----|-----|---|---------|------------|-------|--------|------------------------------|--|--|
| No. | No. | Indicia Status | Yes | No | Yes | No | (Principal and Joint Holder) | | |
| | 1. | Are you a tax resident in another tax jurisdiction? | | | | | | | |

DECLARATION

- I / We hereby declare that the above information given by me/us are true and accurate and that the the investment herein does not contravene the laws of Malaysia including the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001 (AMLA)
- 2. I / We wish to invest in the above Fund and have read and understood the notes and contents in this Form, in the prevailing Prospectus and the Supplementary Prospectus (if any) issued together with this Application Form. I/We agree to be bound by the Provisions of the Deed relating to the Fund.
- 3. I/We are aware that there are fees and charges that I/We will incur directly or indirectly when investing in the Fund.
- 4. I We hereby consent and authorise SSB to report my information to regulatory authorities in accordance with the requirement of FATCA and CRS as may be stipulated by any applicable laws, regulations, agreement or regulatory guidelines or directives.
- 5. I /We hereby confirm that I/we have read and understood the Privacy Notice available on SSB's website at www.sahamsabah.com.my, and consent on the processing of my personal data in accordance with the said Notice for direct marketing purposes. I/We acknowledged that such Privacy Notice may be revised from time to time and if there is/are any revision(s), it will be posted on SSB's website and/or other means of communication deemed suitable by SSB.

INDIVIDUAL / JOINT ACCOUNT

| Principal Account Holder Sig | Date : nature | Joint Account Signature | Date : |
|------------------------------|------------------|-------------------------|------------------|
| Left Thumbprint | Right Thumbprint | Left Thumbprint | Right Thumbprint |
| | | | |
| | | | |
| | | | |
| | | | |

GUIDELINES AND NOTICE TO APPLICANT:

- 1. The minimum initial investment/ holding is one thousand (1,000) units.
- There is no maximum investment limit (Subject to availability of units).
- 3. The Manager reserves the right to accept or reject any applications in whole or in part thereof.
- 4. A copy of NRIC/ Birth Certificate is required as proof of identity.
- 5. Official receipt will be issued as proof of the investment after the price is obtained and will be sent by ordinary postal services.
- 6. Effective from 1st January 2021, all income distribution (if any) will be automatically reinvested except for Unit Holders that had opted by 31 December 2020 to receive their distribution via online bank transfer.
- 7. An individual applicant must be at least 18 years and must be a Malaysian citizen of Sabah Origin or a Permanent Resident of Sabah.
- 8. For a Joint application, principal holder must be 18 years and above. A joint applicant who is under 18 years of age need not sign this form. Instead, a photocopy of the identity card or Birth Certificate is required.

| FO | R SSB USE ONLY | FOR SSB'S UTC USE |
|------------------------|----------------|--------------------------------|
| RECEIVED BY: | DATE: | NAME: |
| PRE-CHECKED BY: | DATE: | AGENT'S NO: |
| ENTERED BY: | DATE: | DATE: |
| CHECKED & VERIFIED BY: | DATE: | UTC'S RUBBER STAMP & SIGNATURE |

Unit Trust Loan Financing Risk Disclosure Statement

Investing in a Unit Trust Fund with Borrowed Money is More Risky than Investing with Your Own Savings

You should assess if loan financing is suitable for you in light of your objectives, attitude to risk and financial circumstances. You should be aware of the risks, which would include the following:-

- 1. The higher the margin of financing (that is, the amount of money you borrow for every Ringgit of your own money which you put in as deposit or down payment), the greater the loss or gain on your investment.
- 2. You should assess whether you have the ability to service the repayments on the proposed loan. If your loan is a variable rate loan, and if interest rates rise, your total repayment amount will be increased.
- 3. If unit prices fall beyond a certain level, you may be asked to provide additional acceptable collateral (where units are used as collateral) or pay additional amounts on top of your normal instalments. If you fail to comply within the time prescribed, your units may be sold towards the settlement of your loan.
- 4. Returns on unit trusts are not guaranteed and may not be earned evenly over time. This means that there may be some years where returns are high and other years where losses are experienced. Whether you eventually realize a gain or loss may be affected by the timing of the sale of your units. The value of units may fall just when you want your money back even though the investment may have done well in the past.

This brief statement cannot disclose all the risks and other aspects of loan financing. You should therefore carefully study the terms and conditions before you decide to take a loan. If you are in doubt about any aspect of this risk disclosure statement or the terms of the loan financing, you should consult the institution offering the loan.

ACKNOWLEDGEMENT OF RECEIPT OF RISK DISCLOSURE STATEMENT

I acknowledge that I have received a copy of this Unit Trust Loan Financing Risk Disclosure Statement and understand its contents.

| Signature | ÷ |
|-----------|---|
| Full Name | : |
| Date | |