

PLEASE COMPLETE THE FORM USING CAPITAL LETTERS

Principal Holder: _____

Holder Account No.: _____

Joint Holder: _____

Contact No.: _____

CONVERSION INSTRUCTIONS

CONVERT FROM	CONVERT TO	Units/ RM	OFFICE USE		
			NAV per unit	Value (RM)	Bal. Units (af)
Standalone IncomeEXTRA Fund	oneINVEST IncomeEXTRA Fund				

CONVERSION FEE PAYMENT MODE
(Please tick (✓) where appropriate)

- Units deduction
- Cash
- Cheque No.: _____

OFFICE USE		
	RM	Units
Gross Conversion Amount		
Less: Conversion Fee		
Net Conversion Amount		

SWITCHING INSTRUCTIONS (OPTIONAL)

SWITCH
Please switch units in my/our oneINVEST account after the above conversion to effect the following asset allocation:

Fund	Units/ %	OFFICE USE		
		NAV per unit	Value (RM)	Bal. Units (af)
oneINVEST EquityEXTRA Fund				

SIGNATURE

I/We have read and fully understood the terms and conditions in this Form, the Prospectus as well as the Deed and agree to abide by the same, including amendments made thereto from time to time.

Please affix Company Stamp if applicable

Signature: _____ [Signature Box]	Signature: _____ [Signature Box]	Signature: _____ [Signature Box]	Signature: _____ [Signature Box]
Name: _____	Name: _____	Name: _____	Name: _____
NRIC/ Passport: _____	NRIC/ Passport: _____	NRIC/ Passport: _____	NRIC/ Passport: _____
Date: _____	Date: _____	Date: _____	Date: _____

Note: Conversion request is subject to the minimum conversion size and minimum balance requirements specified by the Management Company as disclosed in the Prospectus, unless a full conversion is requested.

All transaction forms transmitted via fax are to reach the Management Company before 3.30 pm for it to take effect on the same day. The ORIGINAL transaction forms must be mailed to the Management Company at -

AVENUE INVEST BERHAD
3rd Floor, Wisma Genting, Jalan Sultan Ismail, 50250 Kuala Lumpur, Malaysia
Tel No.: 03 - 2178 1600 / 03 - 2089 2900 (General Line) Fax No.: 03 - 2020 6268 / 03 - 2089 2808
03 - 2178 1699 / 03 - 2089 2800 (Investor Care Line)

OFFICE USE	
FOR SERVICE PERSONNEL	AUTHORISED OFFICERS
Day & Date: _____	Processed by: _____ Transaction Date: _____
Outlet & Code: _____	Checked by: _____ Transaction No.: _____
Attended / Received by: _____	Signatures Verified: _____
Notes: _____	Notes: _____