

PLEASE COMPLETE THE FORM USING CAPITAL LETTERS

Principal Holder: _____
 Joint Holder: _____

Holder Account No.: _____
 Contact No.: _____

LIQUIDATION INSTRUCTION

Fund	Partial / All	Units	OFFICE USE			
			Trans. No.	NAV	Value	Bal. Units
TOTAL						

Liquidation Reason/Purpose to help us better our services and for our record: _____

MODE OF PAYMENT (Please tick (√) where appropriate.)

Principal Account No. (Maybank): _____ **Maybank Branch:** _____

Joint Holder Account No. (Maybank): _____ **Joint Holder Name:** _____
Maybank Branch: _____

Cheque

Bank into my account at: _____ Account No.: _____

Collected by: _____ NRIC No.: _____

Mail to my address according to record. Others (please specify) _____

SIGNATURE

I/We have read and fully understood the terms and conditions in this Form, the Fund/s Prospectus, Information Memorandum, Deed/s and any Supplemental Prospectus/Information Memorandum/Deed(s) issued thereafter, and agree to abide by the same, including any amendments made thereto from time to time.

Please affix Company Stamp if applicable

Signature: _____ <input type="text"/>	Signature: _____ <input type="text"/>	Signature: _____ <input type="text"/>	Signature: _____ <input type="text"/>
Name: _____	Name: _____	Name: _____	Name: _____
NRIC/Passport: _____	NRIC/Passport: _____	NRIC/Passport: _____	NRIC/Passport: _____
Date: _____	Date: _____	Date: _____	Date: _____

Note: Liquidation request is subject to the minimum liquidation and minimum balance requirements specified by the Management Company as disclosed in the Fund/s Prospectus, Information Memorandum, Deed/s and any Supplemental Prospectus/Information Memorandum/Deed(s) issued thereafter. Units shall be liquidated based on the liquidation price calculated at the end of the business day upon receipt of a duly completed Liquidation Form by the Management Company. Liquidation proceeds may be subjected to an exit fee as disclosed in the Fund/s Prospectus, Information Memorandum, Deed/s and any Supplemental Prospectus/Information Memorandum/Deed(s) issued thereafter. The Management Company strives to pay the liquidation proceeds as soon as possible, at most, within 10 days of receiving the ORIGINAL liquidation request. Liquidation proceeds may be credited directly to the Holders' Maybank account. If other modes of payment are selected, kindly allow sufficient time for the cheques to reach the Holders and/or for the funds to clear. To protect the interest of the Holders, the Management Company is unable to make payments to third parties. Unless otherwise advised, all payments will be made payable to the Principal Holder only.

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 sent to the Management Company at -

LIBRA INVEST BERHAD (formerly known as Avenue Invest Berhad)
2nd Floor, West Wing, Bangunan ECM Libra, 8 Jalan Damansara Endah, Damansara Heights, 50490 Kuala Lumpur
Tel No.: 03-2089 1888 (General Line) Fax No.: 03 - 2096 1020 / 03-2096 1028
03-2089 2800 (Investor Care Line)

OFFICE USE

FOR SERVICE PERSONNEL	AUTHORISED OFFICERS
Day & Date: _____	Processed by: _____ Transaction Date: _____
Outlet & Code: _____	Checked by: _____
Attended/Received by: _____	Signatures Verified: _____
Notes: _____	Notes: _____

PLEASE COMPLETE THE FORM BY USING CAPITAL LETTERS

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 Joint Holder: _____

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Signature: _____ Name: _____ NRIC/ Passport: _____ Date: _____	Signature: _____ Name: _____ NRIC/ Passport: _____ Date: _____	Signature: _____ Name: _____ NRIC/ Passport: _____ Date: _____	Signature: _____ Name: _____ NRIC/ Passport: _____ Date: _____
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