

D. SIGNATURE(S)

I/We hereby authorise ACSB to automatically rebalance my/our account based on the variance and frequency stated above by switching investments to return to my/our target fund mix based on the instructions given above. I/We have read and fully understood the Terms and Conditions in the Product Highlight Sheet and Prospectus(es)/Information Memorandum(s) of the unit trust fund(s) and agree to abide by the same, including any amendments made thereto from time to time.

Please do not pre-sign or sign an incomplete form. Please affix company's stamp here.

Signature	Signature	Signature
Name:	Name:	Name:
Date:	Date:	Date:

FOR ARECA AUTHORISED UTSC USE ONLY

ARECA AUTHORISED UTSC DETAILS		
Signature:	Name:	FIMM Code:
MEETING NOTES		
Date:	Time:	Location:
Other Information:		

FOR OFFICE USE BY ACSB

FOR AUTHORISED OFFICER USE ONLY	
Processed by:	Transaction Date:
Notes:	