



MoneyMasters Limited

Licensed Securities Dealer

Your Money Management Experts

AVAILABLE THROUGH:

- **MoneyMasters Limited**
- Community and Workers Cooperative Credit Union (C&WJ)
- COK Sodality Credit Union (all branches islandwide)
- Infiniti Capital Limited (Kingston and MontegoBay)

# Redemption/Switch Form

## INVESTOR INFORMATION

Name of Account Owner: \_\_\_\_\_ Account Number \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Contact No: (H) \_\_\_\_\_

TRN#: \_\_\_\_\_ (C) \_\_\_\_\_

## REDEMPTION/SWITCH DETAILS

Fund: \_\_\_\_\_

Redeem exactly \$ \_\_\_\_\_

Redeem exactly \_\_\_\_\_ units

Redeem entire balance

Switch exactly \_\_\_\_\_ units to \_\_\_\_\_ (Fund Name)

Switch total balance to \_\_\_\_\_ (Fund Name)

## METHOD OF PAYMENT

### E-LINK/RTGS

BENEFICIARY BANK \_\_\_\_\_

SAVINGS ACCOUNT

BRANCH \_\_\_\_\_ BRANCH CODE \_\_\_\_\_

CHEQUING ACCOUNT

BENEFICIARY'S NAME \_\_\_\_\_

BENEFICIARY'S ACCOUNT NO. \_\_\_\_\_

Please transmit the above instructions at my/our risk and cost, it being understood that I/we release and indemnify you and whatever agents you choose from and against the consequences of any irregularity, delay, omission, error or misrepresentation that may arise and from and against any loss which may be incurred through your agents failing to properly identify the person named in the above instructions or retaining the funds pending confirmation of the identity of any person, or of the above instructions.

Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_

### CHEQUES

Please note that clients are given one free cheque per day. Each additional cheque attracts an additional fee

Manager's Cheque/Draft payable to: \_\_\_\_\_

## MML Redemption/Switch Form

### ENCASHMENT PAYOUT PERIOD

All efforts are made to settle payments within one (1) business day of the day on which units are redeemed, provided that the necessary documentation has been received. I am aware, however, that this process may take longer than three (3) business days and that, pursuant to the Trust Deed, the Fund Manager, MML is entitled to take additional time to complete the process.

### EARLY REDEMPTION

I/we acknowledge that where a redemption is requested before the expiration of the required minimum holding period a penalty may be applied by the Fund Manager.

#### SIGNATURE(S)

Signature \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_  Owner  Authorized Signatory

X \_\_\_\_\_  Other

Signature \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_  Owner  Authorized Signatory

X \_\_\_\_\_  Other

Signature \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_  Owner  Authorized Signatory

X \_\_\_\_\_  Other

Signature \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_  Owner  Authorized Signatory

X \_\_\_\_\_  Other

#### FOR INTERNAL USE

Date Received: \_\_\_\_\_

Branch: \_\_\_\_\_

#### Authorised Officer

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Contact No.: (O) \_\_\_\_\_

(C) \_\_\_\_\_

Company Seal or Corporate/Institutional Stamp