

# MUTUAL FUNDS REDEMPTION FORM



|                 |                                                                                         |                                  |                                                                    |
|-----------------|-----------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------------------|
| REDEMPTION FROM | AMMF <input type="checkbox"/> ABF <input type="checkbox"/> AEF <input type="checkbox"/> | AMOUNT TO BE REDEEMED IN FIGURES | NGN (₦) <input type="checkbox"/> USD (\$) <input type="checkbox"/> |
|-----------------|-----------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------------------|

|                                |  |
|--------------------------------|--|
| AMOUNT TO BE REDEEMED IN WORDS |  |
|--------------------------------|--|

Note: To redeem units from any of the AIICO Capital Mutual Fund, please complete the details below in block letters, execute, date and send the form via email [accs@aiicocapital.com](mailto:accs@aiicocapital.com) or submit the form to the Fund Manager at any office of AIICO Capital Investment Managers Ltd.

## DETAILS OF REDEEMING UNIT HOLDER(S)

|                                                                        |           |
|------------------------------------------------------------------------|-----------|
| Full Name (or Joint Name where applicable as written in the Statement) | (Surname) |
|------------------------------------------------------------------------|-----------|

|              |              |
|--------------|--------------|
| (First Name) | (Other Name) |
|--------------|--------------|

|                                |  |
|--------------------------------|--|
| Residential/Permanent Address: |  |
|--------------------------------|--|

|  |
|--|
|  |
|--|

|                       |                                                                                                                                                                                                                                                             |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mobile Phone Numbers: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                |  |
|----------------|--|
| Email Address: |  |
|----------------|--|

|                         |                                                    |                                                  |                                                          |
|-------------------------|----------------------------------------------------|--------------------------------------------------|----------------------------------------------------------|
| Reason(s) for Redeeming | Investment Objectives Met <input type="checkbox"/> | Urgent Cash Requirement <input type="checkbox"/> | Unsatisfactory Fund Performance <input type="checkbox"/> |
|-------------------------|----------------------------------------------------|--------------------------------------------------|----------------------------------------------------------|

|                                                  |                          |
|--------------------------------------------------|--------------------------|
| Poor Service Experience <input type="checkbox"/> | Others (Please Specify): |
|--------------------------------------------------|--------------------------|

## ACCOUNT DETAILS FOR REDEMPTION PROCEEDS

Please write account name as it appears on your bank statement

|               |  |            |  |
|---------------|--|------------|--|
| Account Name: |  | Bank Name: |  |
|---------------|--|------------|--|

|             |                                                                                                                                                                                                                                                                                                                                                 |     |                                                                                                                                                                                                                                                                                                                                                 |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Account No: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | BVN | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

You are responsible for the accuracy of the bank account details provided and ACIML will not be liable for any loss that may arise due to the inaccuracy of the bank account details provided by you nor will ACIML be liable for any delays experienced in transferring the redemption proceeds which delays are as a result of dormancy or inactivity of the Bank Account details on our records.

Kindly effect the redemption of the above stated amount or number of units held in my/our name(s) at the NAV prevailing on the date of redemption.

| Authorized Signatory | Date        | Authorized Signatory | Date & Seal |
|----------------------|-------------|----------------------|-------------|
| <div></div>          | <div></div> | <div></div>          | <div></div> |

If the applicant is a corporate body please ensure that the Company seal is applied and the document is signed in line with your given signature mandate. The date of redemption is deemed to be the date at which the redemption form is received by the Fund Manager via email at [accs@aiicocapital.com](mailto:accs@aiicocapital.com) or at any office of AIICO Investment Managers Ltd.

## FOR FUND MANAGERS' USE ONLY

|                         |  |
|-------------------------|--|
| Number of Redemmed Unit |  |
|-------------------------|--|

|                       |  |
|-----------------------|--|
| Application Bid Price |  |
|-----------------------|--|

|                               |  |
|-------------------------------|--|
| Gross Value of Redeemed Units |  |
|-------------------------------|--|

|           |  |
|-----------|--|
| (Charges) |  |
|-----------|--|

|         |  |          |  |
|---------|--|----------|--|
| Charges |  | Plus VAT |  |
|---------|--|----------|--|

|       |  |
|-------|--|
| Total |  |
|-------|--|