

ACCOUNT NAME:	ACCOUNT NUMBER:	APPLICATION DATE:
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REDEMPTION DETAILS

NAME OF FUND:		
TYPE OF REDEMPTION <input type="checkbox"/> FULL (All outstanding shares) <input type="checkbox"/> PARTIAL (Please indicate the number of shares or the exact amount) <input type="checkbox"/> FUND SWITCHING	NUMBER OF SHARES/UNITS	AMOUNT TO BE REDEEMED
		OR

SETTLEMENT DETAILS

I/WE UNDERSTAND THAT THE PROCEEDS OF MY/OUR REDEMPTION WILL BE AVAILABLE WITHIN SEVEN (7) BANKING DAYS FROM THE RECEIPT OF THIS TRANSACTION, UPON ADVICE.

SHIFT TO ANOTHER FAMI FUND
 NAME OF RECEIVING FUND: _____

FUND TRANSFER VIA:

BANK NAME		
ACCOUNT NAME		
BANK ACCOUNT NUMBER	SA/CA	

SPECIAL INSTRUCTIONS (IF ANY)

NOTE: IF THE REDEMPTION PROCEEDS ARE NOT RECEIVED WITHIN SEVEN (7) BANKING DAYS, PLEASE CONTACT FAMI AT TELEPHONE NUMBER 8891-2860 TO 65.

DECLARATION

I/WE, THE UNDERSIGNED OWNER/S OF CERTAIN MUTUAL FUND SHARE/UNITS, HEREBY REQUEST FOR THE REDEMPTION OF SUCH SHARES/UNITS AT THE APPLICABLE REDEMPTION PRICE, AS DEFINED IN THE PROSPECTUS WHICH I/WE WARRANT TO HAVE READ AND UNDERSTOOD. FURTHERMORE, FOR VALUE RECEIVED, FOR JOINT ACCOUNTS, I/WE DECLARE UNDER THE PENALTIES OF PERJURY THAT MY/OUR CO-INVESTOR/S IS/ARE STILL LIVING AT THE TIME OF THIS TRANSACTION.

I/WE ALSO DECLARE THAT THIS TRANSACTION IS MADE WITH THE FULL KNOWLEDGE AND CONSENT OF MY/OUR CO-INVESTOR/S. I/WE FURTHER ACKNOWLEDGE AND CONFIRM THAT I/WE HAVE READ AND FULLY UNDERSTOOD THE TERMS AND CONDITIONS STATED AT THE BACK OF THIS DOCUMENT AND AGREE TO BE BOUND THEREBY.

I/WE WILL INDEMNIFY AND HOLD FREE AND HARMLESS FAMI, ITS SHAREHOLDERS, DIRECTORS, OFFICERS, EMPLOYEES AND ITS REPRESENTATIVES FROM ANY COSTS, LOSSES, LIABILITIES, DAMAGES OR EXPENSES WHATSOEVER ARISING FROM THE ACCEPTANCE OR REJECTION, DELAY OR INACTION AND ANY UNSUCCESSFUL CREDITING OF THE REDEMPTION PROCEEDS DUE TO ERROR OR DISCREPANCIES FROM INFORMATION PROVIDED ON THE FAMI FORMS.

I/WE UNDERSTAND THAT THE FAX AND EMAIL INDEMNITY THAT WAS SIGNED DURING ACCOUNT OPENING SHALL BE EFFECTIVE ON THIS DOCUMENT AS WELL. THIS GRANTS FAMI WITH THE RIGHT TO HONOR FAXED/SCANNED/EMAILED COPIES OF THE FILLED OUT REDEPTION FORM, WITHOUT RECEIPT OF THE ORIGINAL DOCUMENT.

SIGNATURES

SIGNATORY 1	PRINTED NAME & SIGNATURE	SIGNATORY 2	PRINTED NAME & SIGNATURE	SIGNATORY 3	PRINTED NAME & SIGNATURE
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BOOKING CONFIRMATION (FOR FAMI USE ONLY)

SIGNATURE VERIFIED BY:	DATE ENCODED	CHECKER
SIGNATURE OVER PRINTED NAME	MAKER	AUTHORIZER