REDEMPTION FORM

FirstBanC Financial Services

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GENERAL TERMS AND CONDITIONS: KINDLY READ BEFORE COMPLETING THE REDEMPTION FORM
* All redemptions must be for at least GH¢10.00. *A minimum balance of GH¢20.00 must be maintained in First Fund and Heritage Fund Account
* Pay-outs are processed 24 hours after submission *Cheque amounts above GH¢5,000.00 are closed *Conditions apply for redemptions in excess of 5% of the total number of shares and/or 3% of the Fund's Net Asset Value. There is a service charge of gh¢5.00 on bank transfers, therefore redemption amount paid will be less gh¢5.00. * Payment to another party other than the account owner must be accompanied by a letter of instruction signed by the account owner * Pay-outs to a third party must be accompanied with any valid National ID

ACCOUNT NAME………………………………………………………………………………………………………..

ADDRESS: ……………………………………………………   **ACCOUNT NUMBER:** …………………………………………………

CONTACT: ……………………………………………………..   **EMAIL:** ……………………………………………………………………

REASON(S): ……………………………………………….   **AMOUNT**: GH¢…………………………………..…………

TICK ONE OPTION: ☐ **First Fund**   ☐ **Heritage Fund**   ☐ **Managed Account**

MODE OF PAYMENT

☐ **CHEQUE**   **PICK-UP BRANCH:** …………………………………………

☐ **BANK TRANSFER**   **ACCOUNT NAME:** ………………………………………..   **ACCOUNT NUMBER:** …………………………………………

                        BANK NAME: ……………………………………………   **BANK BRANCH:** ……………………………………………………..

☐ **MOBILE MONEY**   **WALLET NUMBER** ………………………………………..   **WALLET NAME**…………………………………………………….

☐ **GTBank TOKEN/CASH**   **SECURITY QUESTION**………………………………………   **SECURITY ANSWER**…………………………………………………

SIGNATURE: ……………………………………………………………..   **DATE:** ………………………………………………………………….……

IMPORTANT NOTICE: PROCESSING OF REDEMPTIONS RECEIVED AFTER 4PM STARTS THE NEXT DAY

FOR OFFICE USE ONLY

CLIENT SERVICES UNIT

DATE RECEIVED FROM CLIENT: ………………………………

TIME OF DAY RECEIVED: ……………………………………

RECEIVED BY: ……………………………………………………

CLIENT SIGNATURE VERIFIED: ……………………………….

PROCESSED BY: …………………………………………………

VERIFIED BY: ……………………………………………………

DATE: ………………………………………………………………

COMMENTS: ……………………………………………………

……………………………………………………………………

FAMEL

DATE RECEIVED FROM CSU: ……………………………………… **RECEIVED BY:** …………………………………….

TIME OF DAY RECEIVED: ……………………………………… **PROCESSED BY:** ……………………………………

CLIENT SIGNATURE VERIFIED: ………………………………… **VALUE DATE:** …………………………………………

BALANCE ON CLIENT ACCOUNT B/F: …………………… **ADJUSTMENTS (IF ANY):** ……………………..

ADJUSTED VALUE: ………………………………………………… **BALANCE C/F:** …………………………………………

PAYMENT INSTRUCTION TO ACCOUNTS: Kindly raise an OPEN/CLOSED cheque in the amount of GH¢……………………………. payable to the above-named client from the First Fund/ Asset Management Account to enable us pay the clients' withdrawal request.

PORTFOLIO ACCOUNTANT   **CHIEF INVESTMENT OFFICER**

………………………………………   ………………………………………………