



### ARM MUTUAL FUNDS REDEMPTION FORM

NOTE: To redeem units of any of the ARM Mutual Funds listed below, please complete the details below in BLOCK LETTERS and return the form with your investment certificate to the Fund Manager, Asset & Resource Management Company Limited, 1 Mekunwen Road, off Oyinkan Abayomi Drive, Ikoyi, Lagos. For additional information, please contact Customer Service on 01-4488282.

|                              |                      |  |
|------------------------------|----------------------|--|
| ARM Mutual Fund Account No.: | Date: DD/MM/YYYY     | Control No. <i>(for official use only)</i> |
| <input type="text"/>         | <input type="text"/> | <input type="text"/>                       |

Kindly effect the redemption of the number of units (stated below) held in my/our name(s) at the prevailing bid price. Please find attached the relevant certificate(s) evidencing my/our unit holdings in the Fund.

**FUND:** Please tick as appropriate stating the amount (in Naira) or number of units (in Units) in the spaces provided below

|                          |                                  |                          |                             |
|--------------------------|----------------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | ARM Discovery Fund _____         | <input type="checkbox"/> | ARM Money Market Fund _____ |
| <input type="checkbox"/> | ARM Aggressive Growth Fund _____ |                          |                             |
| <input type="checkbox"/> | ARM Ethical Fund _____           |                          |                             |

#### INVESTOR DETAILS:

Surname/Corporate Name: \_\_\_\_\_

Other Names: \_\_\_\_\_

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

Mobile No.: \_\_\_\_\_

#### PAYMENT INSTRUCTION:

I/We request that the proceeds of my/our redemption be transferred to the below bank account -

\*Account Name: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Account No.: \_\_\_\_\_

Sort Code: \_\_\_\_\_

**\*Please note that the Bank Account Name must be the same as the Investor's Name. If the beneficiary is a minor or payment is to be made to a third-party, you must complete the Indemnity form below.**

|                         |                         |   |
|-------------------------|-------------------------|---|
| Signature or Thumbprint | Signature or Thumbprint | Company Seal/Incorporation No. (Corporate Applicant only) |
| <input type="text"/>    | <input type="text"/>    | _____   |

#### INDEMNITY TO THE FUND MANAGER— ASSET & RESOURCE MANAGEMENT CO. LTD (For Third-Party Payment Requests only)

I/We are investors in the ARM .....Fund and request that you issue the proceeds of the redemption as set out above, in favour of the beneficiary whose details appear on the payment instruction set out above.

In consideration of Asset & Resource Management Company Limited honouring the request, I/We hereby for myself /ourselves and my/our legal representatives, agree to keep Asset & Resource Management Company Limited indemnified against all actions, proceedings, claims and demands which may be brought or made against Asset & Resource Management Company Limited or any of its Authorized Representatives in consequence of complying with My/Our request to pay the proceeds to the above -named Beneficiary. I/We further agree to pay on demand all payments, losses and expenses suffered or incurred by Asset & Resource Management Company Limited in consequence thereof or arising therefrom.

Date \_\_\_\_\_

Name of Investor(s) \_\_\_\_\_ Signature(s) of Investor(s) \_\_\_\_\_  
*(For corporate investors, please append Company Seal on the line provided)*

Name of Witness: \_\_\_\_\_ Signature(s) of Witness \_\_\_\_\_

|                             |   |
|-----------------------------|---|
| <b>REGISTRAR'S USE ONLY</b> | <b>FUND MANAGER'S USE ONLY</b><br>Processed by: |
| <input type="text"/>        | <input type="text"/>                            |