



The Branch Manager

Bank: _____

Branch: _____

I/We hereby authorize you to debit my/our account as stated below with the sum of ₦ _____

(Words) _____
 and credit ARM NOMINEE ACCOUNT for the purpose of purchasing units in the indicated Funds below:

<input type="checkbox"/> ARM Money Market Fund:	₦	_____
<input type="checkbox"/> ARM Discovery Balanced Fund:	₦	_____
<input type="checkbox"/> ARM Aggressive Growth Fund:	₦	_____
<input type="checkbox"/> ARM Ethical Fund:	₦	_____
<input type="checkbox"/> ARM Fixed Income Fund	₦	_____
<input type="checkbox"/> ARM Eurobond Fund	\$	_____

Frequency

Monthly Quarterly Half-Yearly Annually

Bank Details

Bank Name	_____	Bank Branch	_____
Account Name	_____		
Account Number	_____	Sort Code	_____
Email Address	_____		
Phone Number(s)	_____	_____	_____

This amount is to be invested on behalf of the following investor(s)

INVESTOR NAME	Membership No	ARM MMF (₦)	ARM DF (₦)	ARM AGF (₦)	ARM EF (₦)	ARM FIF (₦)	ARM EBF (\$)
1							
2							
3							
4							

*Effective Date: __/__/20__

Signature _____

Joint Signatory _____

Date: _____

*Effective date should be at least 10 working days from the day this document is received.