

## **ACH REGISTRATION/DE-REGISTRATION FORM**

| UNITHOLDER INFORMATION   |                          |                |   |  |
|--|--------------------------|----------------|---|--|
| IF#  |                          |                |   |  |
| Last Name  |                          |                |   |  |
| First Name   |                          | Middle<br>Name |   |  |
| ID NO.   |                          |                |   |  |
| Primary contact  |                          |                |   |  |
| Email  |                          |                |   |  |
| Please enable the ACH Facility using the payment details below   |                          |                | Please disable the ACH Facility for the payment details below |  |
|  |                          |                |   |  |
| PLEASE SELECT ONE BANK   |                          |                |   |  |
| Bank Name  |                          |                |   |  |
| Branch<br>Address  |                          |                |   |  |
| Bank Account<br>Number   |                          |                |   |  |
| Account Type PLEASE TICK ONE (1)   | CHEQUING (DDA)           | SAVINGS        |   |  |
| Name on Bank Account (Must be the same as on UTC Account)  |                          |                |   |  |
| VALIDATION QUESTIONS (PLEASE ANSWER ANY <u>TWO</u> (2) OF THE FOLLOWING)   |                          |                |   |  |
| QUESTION   | ANSWER                   |                |   |  |
| Name of your favourite teacher?  |                          |                |   |  |
| Your favourite place to visit as a child?  |                          |                |   |  |
| Your favourite subject at school?  |                          |                |   |  |
| Your childhood name?   |                          |                |   |  |
| Your preferred musical genre?  |                          |                |   |  |
| Your Grand-mother's maiden name?   |                          |                |   |  |
| The last name of your favourite teacher?   |                          |                |   |  |
| Your dream job as a child?   |                          |                |   |  |
| DISCLAIMER AND SIGNATURE   |                          |                |   |  |
| I hereby declare that the information stated above is correct. I acknowledge that the Automatic Clearing House facility (ACH) is time sensitive and the processing or cancellation of any transaction is dependent on my instructions being received by the Trinidad and Tobago Unit Trust Corporation, before 11 AM on the date the transaction was requested. I acknowledge that the transfer may register to my bank account within 24hrs-48hrs provided that my bank details are accurate. I agree that the Trinidad and Tobago Unit Trust Corporation shall not be held liable for any losses or charges incurred by me due to any incorrect information provided by me or the late submission of my instructions, or for any negligence or system related errors beyond the control of the Trinidad and Tobago Unit Trust Corporation relating to the operations of the ACH system or otherwise. |                          |                |   |  |
| Unitholder<br>Signature  |                          | Date<br>dd/mm  | /уу   |  |
| FOR OFFICIAL USE ONLY  |                          |                |   |  |
| Completed by<br>Name (Block)   | Signature                |                | Date<br>dd/mm/yy  |  |
| Input By<br>Name (Block)   | Input By<br>Signature    |                | Date<br>dd/mm/yy  |  |
| Verified By<br>Name (Block)  | Verified By<br>Signature |                | Date<br>dd/mm/yy  |  |
| IC / AGENT CODE & STAMP  |                          | REGISTER BANK  | DE-REGISTER BANK  |  |