⫘ UOB

FlexiYield Account Withdrawal Instruction

All fields marked with * should be filled up.   Date *   : _____

Account Details

Account Name *   : _____

Account Number *   : _____   Currency*   : _____

Withdrawal Details

Withdrawal Amount *   : _____   Currency *   : _____

Withdrawal Date *ᐱ   : ☐ _____ (dd/mm/yyyy)
(Must be a business day. Select **one** option)

                             ☐ 31 days from date of instruction submittedᐱ

Disposal Instruction *

☐   Pay proceeds after deducting all charges / penalties (if any)

☐   Pay proceeds in full and deduct all charges / penalties (if any) from our account number: _____

☐   Pay proceeds (including accrued interest) after deducting all charges / penalties (if any) and **close the FlexiYield Account thereafter.**

We would like to receive our proceeds:

☐   by crediting our UOB Account: _____

☐   via transfer by MEPs / Telegraphic Transfer to:

Beneficiary Bank Name   _____

Beneficiary Bank Address   _____

Beneficiary Bank SWIFT BIC   _____

Beneficiary Name   _____

Beneficiary Account Number   _____

Purpose of Payment   _____

Charge Type   OUR/ SHA/ BEN *(please delete accordingly)*

Authorisation & Agreement

I/We agree that you may at your discretion confirm the instruction with me/us before acting on it. I/We have read, understood, and hereby agree to be bound by the Terms & Conditions governing the FlexiYield account (copies available at www.uob.com.sg) as may be amended by the Bank from time to time.

Authorised Signature/ Name   Authorised Signature/ Name

ᐱ*Subject to cut-off time of 3pm and all instructions received thereafter to be deemed as received on the following business day.*

If the notice period for withdrawal expires on a non-business day for the Bank such as a Saturday, Sunday or public holiday, the monies will be available on the next business day. Early withdrawal (s) of balances before the 31 calendar days' notice period requirement will incur an early withdrawal penalty as stated in the Terms & Conditions.

Please submit the **ORIGINAL** copy of this Form to any branch of United Overseas Bank Ltd (the 'Bank') or fax it to your Relationship Manager (for customers with fax indemnity service).

Advance instructions (if any) should not be dated more than 3 months from date of submission.