

NDB WEALTH WILL FILL THESE IN

|                     |                                 |
|---------------------|---------------------------------|
| Regular Savings ID: | Regular Savings Reference Name: |
|---------------------|---------------------------------|

1 WHAT WOULD YOU LIKE TO DO?

I / We hereby apply to contribute regularly to the following plan

|                                           |                                                      |                                                       |                                                                |
|-------------------------------------------|------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> NEW Savings Plan | <input type="checkbox"/> AMEND Existing Savings Plan | <input type="checkbox"/> CANCEL Existing Savings Plan | For Amendment or Cancellation please specify following details |
| Regular Savings ID                        |                                                      | Regular Savings Reference Name                        |                                                                |
| Account Name                              |                                                      |                                                       |                                                                |
| Account No                                |                                                      |                                                       |                                                                |

2 SET UP YOUR NEW PLAN

Please specify the following details for new Savings Plans

|                   |                                  |                              |                               |                               |                                    |                |   |   |                                      |                                 |                                        |   |                                 |   |   |   |   |
|-------------------|----------------------------------|------------------------------|-------------------------------|-------------------------------|------------------------------------|----------------|---|---|--------------------------------------|---------------------------------|----------------------------------------|---|---------------------------------|---|---|---|---|
| Account Name      |                                  |                              |                               |                               |                                    |                |   |   |                                      |                                 |                                        |   |                                 |   |   |   |   |
| Account No        |                                  |                              |                               |                               |                                    |                |   |   |                                      |                                 |                                        |   |                                 |   |   |   |   |
| Effective Date    | <input type="checkbox"/> 1st     | <input type="checkbox"/> 7th | <input type="checkbox"/> 15th | <input type="checkbox"/> 20th | <input type="checkbox"/> 25th      | Deposit Method |   |   | <input type="checkbox"/> Cash        | <input type="checkbox"/> Cheque | <input type="checkbox"/> Bank Transfer |   |                                 |   |   |   |   |
| Deposit Frequency | <input type="checkbox"/> Monthly |                              |                               |                               | <input type="checkbox"/> Quarterly |                |   |   | <input type="checkbox"/> Half-yearly |                                 |                                        |   | <input type="checkbox"/> Yearly |   |   |   |   |
| Start Date        | D                                | D                            | M                             | M                             | Y                                  | Y              | Y | Y | End Date                             | D                               | D                                      | M | M                               | Y | Y | Y | Y |

3 SELECT PRODUCTS

Tell us about your preferred Savings Plan

| Product or Model Name | Product or Model Code | Regular Savings Amount (LKR) |
|-----------------------|-----------------------|------------------------------|
|                       |                       |                              |
|                       |                       |                              |
| Total Amount (LKR)    |                       |                              |

4 YOUR BANK

Please mention the Bank Account details where money would be transferred from

|                        |  |                         |  |
|------------------------|--|-------------------------|--|
| Name of the Bank       |  | Name of the Bank Branch |  |
| Bank Account No        |  |                         |  |
| Your Bank Account Name |  |                         |  |
| SWIFT Code             |  | Country of Bank         |  |

5 CONFIRM EVERYTHING

Please confirm everything you've told us is true and accurate with a signature.

|                                                                                                                                                                                                                  |  |   |   |   |   |   |   |                                              |   |               |  |   |   |   |   |   |   |   |   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---|---|---|---|---|---|----------------------------------------------|---|---------------|--|---|---|---|---|---|---|---|---|
| <input type="checkbox"/> I/We hereby acknowledge that I/we have read and understood the Terms and Conditions applicable for standing instructions and agree to accept them                                       |  |   |   |   |   |   |   |                                              |   |               |  |   |   |   |   |   |   |   |   |
| <input type="checkbox"/> I/We hereby agree and authorise NDB Wealth to recover any charges / fees applicable to the standing instruction or any Product or Service related to executing the standing instruction |  |   |   |   |   |   |   |                                              |   |               |  |   |   |   |   |   |   |   |   |
| <input type="checkbox"/> I/We agree to credit all Regular Savings Plans to a separately maintained account with NDB Wealth                                                                                       |  |   |   |   |   |   |   |                                              |   |               |  |   |   |   |   |   |   |   |   |
| Primary Account Holder or Authorised Signatory                                                                                                                                                                   |  |   |   |   |   |   |   | Joint Account Holder or Authorised Signatory |   |               |  |   |   |   |   |   |   |   |   |
| Authorised signatories for Institutional clients, should place their signature with the corporate seal                                                                                                           |  |   |   |   |   |   |   |                                              |   |               |  |   |   |   |   |   |   |   |   |
| Application Date                                                                                                                                                                                                 |  | D | D | M | M | Y | Y | Y                                            | Y | Date Received |  | D | D | M | M | Y | Y | Y | Y |