

**ARM Direct Debit Authorization Form**

1, Mekunwen Road, Off Oyinkan Abayomi Drive, Ikoyi, Lagos.
Tel: + 234 014488282; 0700 CALLARM (0700 2255276). Fax: (01) 2692835.

The Branch Manager

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

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

- ☐ ARM Discovery Fund: ₦ _____
- ☐ ARM Aggressive Growth Fund: ₦ _____
- ☐ ARM Ethical Fund ₦ _____
- ☐ ARM Money Market Fund ₦ _____

Frequency Monthly ☐ Quarterly ☐ Half-yearly ☐ Annually ☐

Bank Details

Bank Name _____

Bank Branch _____

Account Name _____

Account Number _____

Email Address _____

Phone Number _____

This amount should be invested on behalf of the following investor(s):

Investor Name	DF	AGF	ARMEF	ARMMMF
1: _____	₦	₦	₦	₦
2: _____	₦	₦	₦	₦
3: _____	₦	₦	₦	₦
4: _____	₦	₦	₦	₦

Effective Date: ____/____/20__

Signature _____

Joint Account Holder _____

Date: ____/____/20__