

Instructions:

- 1. Please complete in **CAPITAL LETTERS** where applicable. Please answer all items. If an item is not applicable to you, Indicate **N/A**.
- 2. Items marked with an asterisk (*) are mandatory.

* **UPDATING** **NEW ACCOUNT**

CLIENT INFORMATION

BUSINESS NAME *

REGISTERED BUSINESS ADDRESS * (HOUSE/BLDG. NO., STREET, SUBDIVISION/DISTRICT, TOWN/CITY, PROVINCE, COUNTRY, ZIP CODE)

BUSINESS PHONE NO. 1 *

BUSINESS PHONE NO. 2 *

EMAIL ADDRESS *

SOURCE OF FUNDS * **BUSINESS** **DONATION** **REMITTANCE** **OTHERS, PLS. SPECIFY**

ESTIMATED ANNUAL INCOME

NATURE OF LINE OF BUSINESS *

ARE YOU / YOUR BUSINESS ENGAGED IN: *

Yes No
 Jewelry/precious metal
 Gaming/casino
 Real estate

Yes No
 E-money issuer
 Remittance platform service
 NGO / Foundation / Association

Yes No
 Travel Agency
 Pawnshop
 FX Dealer

Yes No
 Money Changer
 Remittance Agent

OTHER INFORMATION

FORM OF BUSINESS * **SOLE PROPRIETORSHIP** **PARTNERSHIP** **COOPERATIVE**
 ASSOCIATION **CORPORATION** **OTHERS, PLS. SPECIFY**

DTI CERTIFICATE NO. *

REGISTRATION DATE *
(MM/DD/YYYY)

SEC REGISTRATION NO. *

REGISTRATION DATE *
(MM/DD/YYYY)

TIN *

CONTACT INFORMATION OF AUTHORIZED REPRESENTATIVE

NAME (LAST NAME, FIRST NAME, MIDDLE NAME) *

MOBILE NO. *

POSITION *

EMAIL ADDRESS *

SETTLEMENT INSTRUCTION FOR INCOME-PAYING FUNDS

I/we authorize ATR FAMI to credit all income and dividend proceeds arising from any income-distributing fund to the account indicated below. I/we understand that if I/we do not provide a settlement account, then ATR FAMI will open a Money Market Fund and/or Dollar Bond Fund for us under the same account name reflected in this application.

For PHP Funds

BANK NAME

ACCOUNT NAME

ACCOUNT NUMBER

For USD Funds

BANK NAME

ACCOUNT NAME

ACCOUNT NUMBER

ENROLLMENT TO ELECTRONIC SERVICES

- I/We authorize ATR FAMI to rely upon and act in accordance with communication received from or purportedly sent by me/us via electronic means.
- I/We would like to receive marketing updates and company notices from ATR FAMI via email, sms or phone.

PROXY AUTHORIZATION

- I hereby appoint ATR FAMI as my proxy to attend and vote at meetings on my behalf, in accordance with applicable guidelines. This proxy is valid for five (5) years from account opening, unless earlier revoked in writing, and shall not apply if I/we attend the meeting personally.

PERSONAL INFORMATION OF AUTHORIZED SIGNATORY

AUTHORIZED SIGNATORY 1

NAME (LAST NAME, FIRST NAME, MIDDLE NAME,SUFFIX) *

PRESENT ADDRESS (HOUSE/BLDG. NO., STREET, SUBDIVISION/DISTRICT, TOWN/CITY, PROVINCE, COUNTRY, ZIP CODE) *

PERMANENT ADDRESS (HOUSE/BLDG. NO., STREET, SUBDIVISION/DISTRICT, TOWN/CITY, PROVINCE, COUNTRY, ZIP CODE) SAME AS ABOVE

PREFERRED MAILING ADDRESS * PRESENT PERMANENT **SEX** * MALE FEMALE

CIVIL STATUS * **TIN** *

NATIONALITY * **PLACE OF BIRTH** *
(city / municipality and province)

EMAIL ADDRESS * **DATE OF BIRTH** *
(MM/DD/YYYY)

TELEPHONE NO. * **MOBILE NO.** *

TYPE OF ID PRESENTED **ID NO.** *

ID ISSUE DATE **ID EXPIRY DATE**

SOURCE OF FUNDS * EMPLOYMENT BUSINESS SALE OF ASSETS OTHERS, PLS. SPECIFY

ESTIMATED ANNUAL INCOME Up to P 500,000 P 500,001 up to P2,000,000 P 2,000,001 up to P5,000,000 P 5,000,001 up to P10,000,000 Above P10,000,000

JOB POSITION / TITLE *

AUTHORIZED SIGNATORY 2

NAME (LAST NAME, FIRST NAME, MIDDLE NAME,SUFFIX)

PRESENT ADDRESS (HOUSE/BLDG. NO., STREET, SUBDIVISION/DISTRICT, TOWN/CITY, PROVINCE, COUNTRY, ZIP CODE)

PERMANENT ADDRESS (HOUSE/BLDG. NO., STREET, SUBDIVISION/DISTRICT, TOWN/CITY, PROVINCE, COUNTRY, ZIP CODE) **SAME AS ABOVE**

PREFERRED MAILING ADDRESS * **PRESENT** **PERMANENT** **SEX** * **MALE** **FEMALE**

CIVIL STATUS * **TIN** *

NATIONALITY * **PLACE OF BIRTH** *
(city / municipality and province)

EMAIL ADDRESS * **DATE OF BIRTH** *
(MM/DD/YYYY)

TEL. NO. * **MOBILE NO.** *

TYPE OF ID PRESENTED **ID NO.** *

ID ISSUE DATE **ID EXPIRY DATE**

SOURCE OF FUNDS * **EMPLOYMENT** **BUSINESS** **SALE OF ASSETS** **OTHERS, PLS. SPECIFY**

ESTIMATED ANNUAL INCOME Up to P 500,000 P 500,001 up to P2,000,000 P 2,000,001 up to P5,000,000 P 5,000,001 up to P10,000,000 Above P10,000,000

JOB POSITION / TITLE *

AUTHORIZED SIGNATORY 3

NAME (LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX) *

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PRESENT ADDRESS (HOUSE/BLDG. NO., STREET, SUBDIVISION/DISTRICT, TOWN/CITY, PROVINCE, COUNTRY, ZIP CODE) *

PERMANENT ADDRESS (HOUSE/BLDG. NO., STREET, SUBDIVISION/DISTRICT, TOWN/CITY, PROVINCE, COUNTRY, ZIP CODE) **SAME AS ABOVE**

PREFERRED MAILING ADDRESS * **PRESENT** **PERMANENT** **SEX** * **MALE** **FEMALE**

CIVIL STATUS * **TIN** *

NATIONALITY * **PLACE OF BIRTH** *
(city / municipality and province)

EMAIL ADDRESS * **DATE OF BIRTH** *
(MM/DD/YYYY)

TEL. NO. * **MOBILE NO.** *

TYPE OF ID PRESENTED **ID NO.** *

ID ISSUE DATE **ID EXPIRY DATE**

SOURCE OF FUNDS * **EMPLOYMENT** **BUSINESS** **SALE OF ASSETS** **OTHERS, PLS. SPECIFY**

ESTIMATED ANNUAL INCOME Up to P 500,000 P 500,001 up to P2,000,000 P 2,000,001 up to P5,000,000 P 5,000,001 up to P10,000,000 Above P10,000,000

JOB POSITION / TITLE *

FATCA OF THE INSTITUTIONAL

YES **NO** Kindly check "NO" if you are confirming that institution is not organized or incorporated in the United States of America (US) or is not governed by the laws of the US.

If your answer is "YES", it is organized / incorporated in the US, please check "YES" and accomplish the Foreign Account Tax and Compliance Act (FATCA) form.

AUTHORIZED SIGNATORY DECLARATION

AUTHORIZED SIGNATORY 1

AUTHORIZED SIGNATORY 2

AUTHORIZED SIGNATORY 3

SIGNATURE OVER PRINTED NAME AND DATE

SIGNING RULES *

ANY ONE **ANY TWO** **ANY THREE** **OTHERS** _____

SPECIMEN SIGNATURES

AUTHORIZED SIGNATORY 1

AUTHORIZED SIGNATORY 2

AUTHORIZED SIGNATORY 3

SIGNATURE OVER PRINTED NAME AND DATE

BENEFICIAL OWNER INFORMATION

BENEFICIAL OWNER 1

NAME * (LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX)

PRESENT ADDRESS * (HOUSE/BLDG. NO., STREET, SUBDIVISION/DISTRICT, TOWN/CITY, PROVINCE, COUNTRY, ZIP CODE)

DATE OF BIRTH *
(MM/DD/YYYY)

PLACE OF BIRTH *
(city / municipality and province)

PERCENTAGE OF OWNERSHIP
(if applicable)

NATIONALITY *

TIN *

SOURCE OF FUNDS *

EMPLOYMENT

BUSINESS

SALE OF ASSETS

OTHERS, PLS. SPECIFY

NATURE OF WORK OR BUSINESS *

BENEFICIAL OWNER SPECIMEN SIGNATURE 1

SIGNATURE OVER PRINTED NAME AND DATE

BENEFICIAL OWNER 2

NAME * (LAST NAME, FIRST NAME, MIDDLE NAME,SUFFIX)

PRESENT ADDRESS *(HOUSE/BLDG. NO., STREET, SUBDIVISION/DISTRICT, TOWN/CITY, PROVINCE, COUNTRY, ZIP CODE)

DATE OF BIRTH *
(MM/DD/YYYY)

PLACE OF BIRTH *
(city / municipality and province)

PERCENTAGE OF OWNERSHIP
(if applicable)

NATIONALITY *

TIN *

SOURCE OF FUNDS *

EMPLOYMENT

BUSINESS

SALE OF ASSETS

OTHERS, PLS. SPECIFY

NATURE OF WORK OR BUSINESS *

BENEFICIAL OWNER SPECIMEN SIGNATURE 2

SIGNATURE OVER PRINTED NAME AND DATE

BENEFICIAL OWNER 3

NAME * (LAST NAME, FIRST NAME, MIDDLE NAME,SUFFIX)

PRESENT ADDRESS *(HOUSE/BLDG. NO., STREET, SUBDIVISION/DISTRICT, TOWN/CITY, PROVINCE, COUNTRY, ZIP CODE)

DATE OF BIRTH *
(MM/DD/YYYY)

PLACE OF BIRTH *
(city / municipality and province)

PERCENTAGE OF OWNERSHIP
(if applicable)

NATIONALITY *

TIN *

SOURCE OF FUNDS *

EMPLOYMENT

BUSINESS

SALE OF ASSETS

OTHERS, PLS. SPECIFY

NATURE OF WORK OR BUSINESS *

BENEFICIAL OWNER SPECIMEN SIGNATURE 1

SIGNATURE OVER PRINTED NAME AND DATE

BENEFICIAL OWNER 4

NAME * (LAST NAME, FIRST NAME, MIDDLE NAME,SUFFIX)

PRESENT ADDRESS *(HOUSE/BLDG. NO., STREET, SUBDIVISION/DISTRICT, TOWN/CITY, PROVINCE, COUNTRY, ZIP CODE)

DATE OF BIRTH *
(MM/DD/YYYY)

PLACE OF BIRTH *
(city / municipality and province)

PERCENTAGE OF OWNERSHIP
(if applicable)

NATIONALITY *

TIN *

SOURCE OF FUNDS* EMPLOYMENT BUSINESS SALE OF ASSETS OTHERS, PLS. SPECIFY

NATURE OF WORK OR BUSINESS*

BENEFICIAL OWNER SPECIMEN SIGNATURE 4

SIGNATURE OVER PRINTED NAME AND DATE

BENEFICIAL OWNER 5

NAME* (LAST NAME, FIRST NAME, MIDDLE NAME,SUFFIX)

PRESENT ADDRESS *(HOUSE/BLDG. NO., STREET, SUBDIVISION/DISTRICT, TOWN/CITY, PROVINCE, COUNTRY, ZIP CODE)

DATE OF BIRTH* (MM/DD/YYYY) PLACE OF BIRTH* (city / municipality and province) PERCENTAGE OF OWNERSHIP (if applicable)

NATIONALITY* TIN*

SOURCE OF FUNDS* EMPLOYMENT BUSINESS SALE OF ASSETS OTHERS, PLS. SPECIFY

NATURE OF WORK OR BUSINESS*

BENEFICIAL OWNER SPECIMEN SIGNATURE 5

SIGNATURE OVER PRINTED NAME AND DATE

CLIENT SUITABILITY ASSESMENT

Objective: In compliance with SEC and BSP regulation, this is being conducted to help the Relationship Managers or Certified Investment Solicitors determine the client’s understanding of risks related to investing.

1. What is your estimated net worth?
 - A. < Php 5M
 - B. Php 5M – Php 10M
 - C. > Php 10M

2. How much of your income is available for investment?
 - A. < 10%
 - B. 10 % - 30 %
 - C. > 30%

3. What financial products have you previously or currently invested in? (Encircle one or more)
 - A. Bank Deposits, certificates of deposits, capital protected products
 - B. Fixed Income direct securities, Fixed Income funds
 - C. Equity securities, equity funds, derivatives and alternative assets (crypto)

4. Which of the following best describes your investment objective?
 - A. I want my investment returns higher than traditional deposit products and willing to take a low level of investment risk.
 - B. I want to make the funds grow and I understand that in order to do this, I need to take on more risks by investing in a mix of fixed income securities and equities, which may require a longer investment time horizon to meet my investment goals.
 - C. I want to maximize the funds in equities for a considerable length of time. I understand that such investments entail high risks and I am willing to ride the ups and downs of the market for potential higher long-term results

5. How long do you intend to keep your funds invested? A. 1-3 years B. 3-5 years C. > 5 years

6. Which of the following gain and loss scenarios are you likely to be comfortable with? A. Maximum gain of 7%, with a potential loss of up to 1% B. Maximum gain of 15%, with a potential loss of up to 5% C. Maximum gain of 25%, with a potential loss of up to 15%

CLIENT SUITABILITY RESULTS (TO BE FILLED OUT BY SALES PERSONNEL ONLY)

ANSWER	SCORE		1	2	3	4	5	6	TOTAL	ITEM	RISK PROFILE	RECOMMENDED INVESTMENT FUND
A	1	ANSWER (A/B/C)								6 to 10	CONSERVATIVE	FIXED INCOME FUNDS
B	2	SCORE (1/2/3)								11 to 14	MODERATE	BALANCED FUNDS
C	3									15 to 21	AGGRESSIVE	EQUITY FUNDS

WAIVER OF SUITABILITY RESULTS

The undersigned acknowledges that the responses provided in the questionnaire are true, accurate, and complete, and may be relied upon by ATR FAMI and understands the explanation given by ATR FAMI personnel regarding the results of the client suitability assessment. I further agree with the recommended investment fund product based on my/our profile and hold ATR FAMI free from any liability should the chosen investment decline in value more than the recommended product. In the case of joint accounts with differing investor profiles, the profile of the primary investor shall prevail, and any change in the primary investor will require a new suitability assessment.

TERMS AND CONDITIONS

I hereby declare, authorize, accept, confirm, and certify:

1. Accuracy of Information

I/We certify that all information provided is true and correct and that I/we will promptly update the institution of any changes in my/our personal, financial, or contact information.

2. Risk Disclosure & Suitability

I/We understand that investments are not bank deposits, are not insured, and may lose value. I/We have been informed of my risk profile, the features and risks of the product, and I/we accept full responsibility for my/our investment decisions.

3. Fees & Transactions

I/We agree to all applicable fees, charges, and transaction cut-off times. I/We authorize the institution to process subscriptions, redemptions, and settlements in accordance with its operating rules.

4. Data Privacy

I/We consent to the collection, processing, storage, and sharing of my/our personal data for account servicing, regulatory reporting, and compliance with the Data Privacy Act of 2012.

5. Anti-Money Laundering Compliance

I/We confirm that all funds used in this account are legitimate and from lawful sources. I/We acknowledge the institution’s right to conduct verification, monitoring, and reporting as required by AML laws.

6. Communications & Notices

I/We agree that statements, notices, and confirmations may be sent electronically and will be considered delivered once sent to my/our registered contact details.

7. Liability & Indemnity

I / We agree to review all statements and notices and inform the institution of any discrepancies within the prescribed period. I/We hold the institution free from liability for losses arising from market movements, third-party actions, or force majeure events.

8. Account Closure

The institution may close, freeze, or limit the account if required by law, regulation, or risk management policies. I/We may close my account subject to settlement of all obligations.

9. Governing Law

These terms are governed by the laws and regulations of the Republic of the Philippines.

ACKNOWLEDGEMENT

I/We have read and fully understood the terms and conditions stated above and the same were explained to me/us by an ATR FAMI Certified Investment Solicitor/Certified UITF Sales Personnel.

[Signature box]

SIGNATURE ABOVE PRINTED NAME AND DATE

[Signature box]

SIGNATURE ABOVE PRINTED NAME AND DATE

TO BE ACCOMPLISHED BY ATR FAMI CERTIFIED INVESTMENT SOLICITOR / CERTIFIED UITF SALES PERSON

[Signature box]

CISOL SIGNATURE ABOVE PRINTED NAME AND DATE

[Signature box]

CIS LICENSE NO. / CUSP ID NO

BOOKING CONFIRMATION (FOR ATR FAMI USE ONLY)

[Signature box]

SIGNATURE ABOVE PRINTED NAME AND DATE

[Signature box]

RECEIVED BY APPROVER