

ACCOUNT NUMBER

ACCOUNT OPENING FORM

FOR FAMI USE ONLY

ACCOUNT NAME

NOMINATED BANK SETTLEMENT ACCOUNT

BANK NAME/ BRANCH <input type="text"/>	BANK ACCT NAME <input type="text"/>	BANK ACCT NUMBER <input type="text"/>
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TYPE OF INSTITUTION/ CORPORATION

CATEGORY <input type="checkbox"/> NON-GOVERNMENT <input type="checkbox"/> RELIGIOUS <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> FOREIGN		TYPE <input type="checkbox"/> SINGLE PROPRIETORSHIP <input type="checkbox"/> STOCK CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> NON-STOCK CORPORATION	
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DTI/SEC REGISTRATION CERTIFICATE NO. <input type="text"/>	DATE REGISTERED WITH DTI/ SEC <input type="text"/>	BUSINESS TAX IDENTIFICATION NO. <input type="text"/>
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NATURE OF BUSINESS/SOURCE OF FUNDS <input type="text"/>	TELEPHONE NO. <input type="text"/>	FACSIMILE NO. <input type="text"/>	NAME OF CONTACT PERSON <input type="text"/>
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BUSINESS ADDRESS: No. & Street, Town & Province/ City, Country <input type="text"/>	POSTAL ZIP CODE <input type="text"/>	TELEPHONE/MOBILE NO. OF CONTACT PERSON <input type="text"/>
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MAILING ADDRESS (IF DIFFERENT FROM BUSINESS ADDRESS): No. & Street, Town & Province/ City, Country <input type="text"/>	POSTAL ZIP CODE <input type="text"/>	EMAIL ADDRESS OF CONTACT PERSON <input type="text"/>
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FOR FATCA ¹ COMPLIANCE

THE ENTITY IS A U.S. PERSON ²

THE ENTITY IS A U.S. CORPORATE ENTITY OR WAS INCORPORATED IN THE U.S.

THE ENTITY IS RESIDING IN THE U.S. (Please state U.S. address and if applicable, U.S. TIN)
 U.S. ADDRESS House/Unit/Floor No. Street, City, State, Postal Code _____ U.S. TIN _____

THE ENTITY IS NOT A U.S. PERSON BUT WITH U.S. INDICIA

U.S. INDICIA MEANS ANY OF THE FOLLOWING IS APPLICABLE (please check all that apply):

THE ENTITY HAS A MAILING ADDRESS/TEL. NO. OR "C/O" OR "HOLD MAIL" U.S. ADDRESS.

THE ENTITY IS PROVIDING STANDING INSTRUCTION TO TRANSFER FUNDS TO A U.S. BASED ACCOUNT.

THE ENTITY IS GRANTING POWER OF ATTORNEY OVER THE ACCOUNT TO A PERSON WITH A U.S. ADDRESS.

MORE THAN 10% OF THE ENTITY'S EQUITY (VOTE OR VALUE) IS OWNED BY A U.S. PERSON.

THE ENTITY IS NOT A U.S. PERSON AND WITHOUT ANY U.S. INDICIA

¹ Foreign Account Tax Compliance Act (FATCA) is a United States (U.S.) tax law covering U.S. persons.

² The term "U.S. Person" means a U.S. citizen or resident individual, a partnership or corporation organized in the U.S. or under the laws of the U.S. or any State thereof, a trust if (i) a court within the U.S. would have authority under applicable law to render orders or judgments concerning substantially all issues regarding administration of the trust, and (ii) one or more U.S. persons have the authority to control all substantial decisions of the trust, or an estate of a decedent that is a citizen or resident of the U.S. This definition shall be interpreted in accordance with the U.S. Internal Revenue Code.

DECLARATION AND SPECIMEN SIGNATURE/S

1. I/ WE CONFIRM THAT THE INFORMATION GIVEN IN THIS FORM IS CORRECT AND COMPLETE, AND AUTHORIZE FIRST METRO ASSET MANAGEMENT, INC. TO CONFIRM THIS FROM ANY SOURCE THE COMPANY MAY CHOOSE.

2. HAVING READ AND UNDERSTOOD THE TERMS AND CONDITIONS ON THIS FORM AND THE FUND'S PROSPECTUS, I/WE HEREBY APPLY FOR THESE FACILITIES AND/OR PRIVILEGES, AND AGREE TO ABIDE BY THE TERMS AND CONDITIONS.

3. I/WE UNDERSTAND THAT THE IMPLEMENTATION OF THESE SERVICES/PRIVILEGES MAY BE DEFERRED OR DISCONTINUED IN CASE ALL OR ANY OF THE REQUIREMENTS FOR THESE ARE NOT SUBMITTED OR COMPLIED WITH.

4. I/WE HOLD FIRST METRO ASSET MANAGEMENT, INC. AND ITS OFFICERS AND OFFICIAL REPRESENTATIVES, FREE AND HARMLESS FROM ALL CLAIMS AND LIABILITIES, DAMAGES, AND SUITS OF WHATEVER NATURE ARISING OUT OF OR IN CONNECTION TO THE IMPLEMENTATION OF THIS ARRANGEMENT.

PLEASE HONOR AND RECOGNIZE THE FOLLOWING SIGNATURES IN PROCESSING (SUBSCRIPTION/SWITCHING/REDEMPTION) OF OUR FUND

PER SECRETARY'S CERTIFICATE/ CORPORATE BOARD RESOLUTION NO. _____ DATED _____,

REQUIRED SIGNATORIES: All Parties Any ____ of ____ Parties Others _____

AUTHORIZED SIGNATORY 1

LAST NAME <input type="text"/>		FIRST NAME <input type="text"/>		MIDDLE NAME <input type="text"/>	
ID PRESENTED/ NUMBER <input type="text"/>	TIN <input type="text"/>	SIGNATURE 1 <input type="text"/>	SIGNATURE 2 <input type="text"/>		

AUTHORIZED SIGNATORY 2

LAST NAME <input type="text"/>		FIRST NAME <input type="text"/>		MIDDLE NAME <input type="text"/>	
ID PRESENTED/ NUMBER <input type="text"/>	TIN <input type="text"/>	SIGNATURE 1 <input type="text"/>	SIGNATURE 2 <input type="text"/>		

AUTHORIZED SIGNATORY 3

LAST NAME <input type="text"/>		FIRST NAME <input type="text"/>		MIDDLE NAME <input type="text"/>	
ID PRESENTED/ NUMBER <input type="text"/>	TIN <input type="text"/>	SIGNATURE 1 <input type="text"/>	SIGNATURE 2 <input type="text"/>		

AUTHORIZED SIGNATORY 4

LAST NAME <input type="text"/>		FIRST NAME <input type="text"/>		MIDDLE NAME <input type="text"/>	
ID PRESENTED/ NUMBER <input type="text"/>	TIN <input type="text"/>	SIGNATURE 1 <input type="text"/>	SIGNATURE 2 <input type="text"/>		

Instructions

- a. Fill out the form completely as required by R.A. 9160, Anti-Money Laundering Act of 2001.
 b. Please complete in block letters and tick where applicable. Do not leave any field blank, indicate N/A when not applicable

 CORPORATE AUTHORIZED SIGNATORIES (AUTHORIZED SIGNATORIES)

GENERAL INFORMATION

LAST NAME			FIRST NAME			MIDDLE NAME			
BIRTHDATE (MM/ DD/ YYYY)		BIRTHPLACE (CITY / MUNICIPALITY & PROVINCE)				GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		CIVIL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED	
CITIZENSHIP <input type="checkbox"/> FILIPINO <input type="checkbox"/> OTHER _____			ACR NO. _____		EXPIRY _____				
PRIMARY OCCUPATION/ POSITION/ RANK			NAME OF EMPLOYER/ BUSINESS			NATURE OF WORK/ BUSINESS (INDICATE PRODUCT OR SERVICE)			
PERMANENT RESIDENCE ADDRESS (NO. & STREET, CITY / MUNICIPALITY & PROVINCE, COUNTRY)						POSTAL ZIP CODE		PREFERRED MAILING ADDRESS <input type="checkbox"/> PERMANENT ADDRESS	
PRESENT RESIDENCE ADDRESS (NO. & STREET, CITY / MUNICIPALITY & PROVINCE, COUNTRY) - IF DIFFERENT FROM PERMANENT RESIDENCE ADDRESS						POSTAL ZIP CODE		<input type="checkbox"/> PRESENT ADDRESS	
BUSINESS ADDRESS (NO. & STREET, CITY / MUNICIPALITY & PROVINCE, COUNTRY)						POSTAL ZIP CODE		<input type="checkbox"/> BUSINESS ADDRESS	
HOME PHONE NUMBER		MOBILE PHONE NUMBER		OFFICE TELEPHONE NUMBER		FACSIMILE NUMBER		E-MAIL ADDRESS	
TIN			SSS or GSIS NUMBER			REASON FOR NOT HAVING TIN, SSS / GSIS NUMBER			
ID PRESENTED			ID NUMBER			ID ISSUE DATE (MM/ DD/ YYYY)		ID EXPIRY DATE (MM/ DD/ YYYY)	
SOURCE OF FUNDS <input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Investment <input type="checkbox"/> Retirement <input type="checkbox"/> Remittance <input type="checkbox"/> Others (pls specify): _____									

DECLARATION AND SPECIMEN SIGNATURE/S

- I, BY PROVIDING SPECIMEN SIGNATURE/S BELOW, CONFIRM THAT ALL THE INFORMATION DISCLOSED IN THIS CUSTOMER DATA SHEET IS CORRECT AND COMPLETE. I AM FULLY AWARE THAT ONLY UPON SUBMISSION OF COMPLETE AUTHENTIC AND LEGITIMATE DOCUMENTARY REQUIREMENTS WILL THE TRANSACTION BE PROCESSED.
- HAVING READ AND UNDERSTOOD THE TERMS AND CONDITIONS ON THIS FORM AND THE FUND'S PROSPECTUS, I HEREBY APPLY FOR THESE FACILITIES AND/OR PRIVILEGES, AND AGREE TO ABIDE BY THE TERMS AND CONDITIONS.
- I UNDERTAKE TO INDEMNIFY AND HOLD FIRST METRO ASSET MANAGEMENT, INC., ITS OFFICERS, EMPLOYEES AND REPRESENTATIVES, FREE AND HARMLESS FROM ALL CLAIMS AND LIABILITIES, DAMAGES, AND SUITS OF WHATEVER NATURE ARISING OUT OF OR IN CONNECTION WITH THE IMPLEMENTATION OF THIS ARRANGEMENT.

SIGNATURE OVER PRINTED NAME	DATE
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BOOKING CONFIRMATION (FOR FAMI USE ONLY)

SIGNATURE VERIFIED BY: SIGNATURE OVER PRINTED NAME	DATE ENCODED	CHECKER	NAME OF FAMI CIS / TPR/ DEALER
	MAKER	AUTHORIZER	AGENT CODE

ACCOUNT NUMBER

SUITABILITY ASSESSMENT FORM

INSTRUCTION THIS FORM SHOULD BE ANSWERED BY ONE OF THE AUTHORIZED SIGNATORIES, AND CONCURRED BY ALL AUTHORIZED SIGNATORIES IN THE SECRETARY'S CERTIFICATE SUBMITTED TO FAMI.

ACCOUNT NAME

FINANCIAL PROFILE

1. ANNUAL INCOME	<input type="checkbox"/> <=500K	<input type="checkbox"/> >500K - 2M	<input type="checkbox"/> >2M - 5M	<input type="checkbox"/> >5M - 10M	<input type="checkbox"/> >10M
2. APPROXIMATE TOTAL NET WORTH	<input type="checkbox"/> <=2M	<input type="checkbox"/> >2M - 5M	<input type="checkbox"/> >5M - 10M	<input type="checkbox"/> >10M - 25M	<input type="checkbox"/> >25M
3. ESTIMATED TOTAL INVESTIBLE FUNDS (IN PHP)	<input type="checkbox"/> <1=M	<input type="checkbox"/> >1M - 5M	<input type="checkbox"/> >5M - 10M	<input type="checkbox"/> >10M	

CUSTOMER SUITABILITY ASSESSMENT

INSTRUCTIONS FOR EACH ROW, READ THE FIRST QUESTION ON THE FIRST BOX AND PUT A CHECK ON THE BOX CORRESPONDING TO THE ANSWER THAT BEST SUITS YOU. FOR QUESTION 7, CHOOSE AS MANY ANSWERS AS APPLICABLE TO YOU.

1. AGE	<input type="checkbox"/> OVER 55	<input type="checkbox"/> OVER 40 TO 55	<input type="checkbox"/> OVER 30 TO 40	<input type="checkbox"/> 30 AND BELOW
2. INVESTMENT SOURCE	<input type="checkbox"/> RETIREMENT	<input type="checkbox"/> EMPLOYMENT/ STIPEND/ ALLOWANCE	<input type="checkbox"/> INHERITANCE/ WINDFALL/ PERSONAL SAVINGS/ INVESTMENT	<input type="checkbox"/> BUSINESS INCOME
3. INVESTMENT OBJECTIVE	<input type="checkbox"/> EMERGENCY FUND	<input type="checkbox"/> LIQUIDITY FUND	<input type="checkbox"/> SAVINGS FOR FUTURE MAJOR PURCHASES/ EXPENSES	<input type="checkbox"/> FUND ACCUMULATION
4. INVESTMENT HORIZON	<input type="checkbox"/> LESS THAN A YEAR	<input type="checkbox"/> 1 YEAR TO LESS THAN 3 YEARS	<input type="checkbox"/> 3 YEARS TO LESS THAN 5 YEARS	<input type="checkbox"/> 5 YEARS OR MORE
5. LIQUIDITY REQUIREMENT	<input type="checkbox"/> AVAILABLE ANYTIME	<input type="checkbox"/> WILL REQUIRE PLANNED REGULAR FUTURE WITHDRAWALS	<input type="checkbox"/> DOES NOT REQUIRE REGULAR WITHDRAWAL; ONLY WHEN NECESSARY	<input type="checkbox"/> WILL NOT WITHDRAW UNTIL INVESTMENT HORIZON
6. RISK TOLERANCE	<input type="checkbox"/> PRINCIPAL SHOULD ALWAYS BE SECURED EVEN W/ LOW RETURNS	<input type="checkbox"/> PREVENT LOSS OF PRINCIPAL EVEN WITH MODEST RETURNS	<input type="checkbox"/> CAN TOLERATE MODERATE LOSSES IN THE INTERIM IN EXCHANGE FOR RETURNS HIGHER THAN TRADITIONAL DEPOSITS	<input type="checkbox"/> CAN TOLERATE SUBSTANTIAL LOSS IN THE INTERIM IN EXCHANGE FOR HIGHER LONG-TERM RETURNS AND GREATER CAPITAL GROWTH
7. FINANCIAL INSTRUMENT(S) YOU HAVE	<input type="checkbox"/> BANK DEPOSITS	<input type="checkbox"/> TIME DEPOSITS	<input type="checkbox"/> GOVT SECURITIES, CORP BONDS/ NOTES, UITF, MF, VUL	<input type="checkbox"/> EQUITIES, STOCKS, DERIVATIVES

WAIVER OF SUITABILITY RESULTS

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

CSA SCORE	RESULTING INVESTMENT PROFILE	RECOMMENDED INVESTMENT FUND/ PRODUCT
<input type="checkbox"/> 9 AND BELOW	RISK AVERSE	BANK SAVINGS PRODUCTS
<input type="checkbox"/> 10 - 15	CONSERVATIVE	FIXED INCOME FUNDS
<input type="checkbox"/> 16 - 22	MODERATE	BALANCED FUNDS
<input type="checkbox"/> 23 AND UP	AGGRESSIVE	EQUITY FUNDS

CUSTOMER'S WAIVER OF SUITABILITY RESULTS

I/WE ACKNOWLEDGE THAT THE ANSWERS TO THE QUESTIONNAIRE ARE TRUE, ACCURATE, AND COMPLETE AND CAN BE RELIED UPON BY FAMI. I/WE UNDERSTAND THE EXPLANATION OF THE FAMI PERSONNEL ON THE RESULTS OF THE CLIENT SUITABILITY ASSESSMENT WITH REGARD TO THE RECOMMENDED INVESTMENT FUND(S) SUITABLE TO MY/OUR NEEDS. BASED ON THE RESULTS OF MY/OUR SUITABILITY ASSESSMENT, THE INVESTMENT FUND(S) MOST SUITABLE FOR ME/ US ARE THOSE INDICATED UNDER MY/OUR RESULTING CLIENT INVESTMENT PROFILE; AND, (PLEASE CHOOSE ONLY ONE ANSWER)

- I/ WE DO NOT AGREE WITH THE RECOMMENDED INVESTMENT FUND APPROPRIATE TO MY/OUR RESULTING CLIENT INVESTMENT PROFILE AND WOULD LIKE TO BE RE-CLASSIFIED ACCORDINGLY.
- I/ WE AGREE WITH THE RECOMMENDED INVESTMENT FUND APPROPRIATE TO MY/OUR RESULTING CLIENT INVESTMENT PROFILE.

I/WE WILL UNCONDITIONALLY AND IRREVOCABLY HOLD THE COMPANY FREE FROM ANY LIABILITY IN CASE MY INVESTMENTS DECLINE IN VALUE MORE THAN THAT OF THE FUND/PORTFOLIO/PRODUCT ASSESSED MOST FITTING FOR ME OR SPECIFICALLY CHOSEN BY ME/US AND FOR ANY AND ALL CONSEQUENCES ARISING FROM THIS INVESTMENT. I/WE ALSO UNDERSTAND THAT IN CASE OF JOINT ACCOUNTS WITH VARYING INVESTMENT PROFILES PER CO-INVESTOR, THE INVESTMENT PROFILE OF THE PRIMARY INVESTOR SHALL PREVAIL, AND THAT IN CASE OF CHANGES TO THE PRIMARY INVESTOR, THE NEW PRIMARY INVESTOR SHALL BE REQUESTED TO UNDERGO A CLIENT SUITABILITY ASSESSMENT.

AUTHORIZED SIGNATORY 1
SIGNATURE OVER PRINTED NAME

AUTHORIZED SIGNATORY 2
SIGNATURE OVER PRINTED NAME

AUTHORIZED SIGNATORY 3
SIGNATURE OVER PRINTED NAME

AUTHORIZED SIGNATORY 4
SIGNATURE OVER PRINTED NAME

AUTHORIZED SIGNATORY 5
SIGNATURE OVER PRINTED NAME

WE HAVE EXPLAINED TO YOU IN DETAIL AND DISCUSSED WITH YOU THE (1) RESULTS OF THE CLIENT SUITABILITY ASSESSMENT, (2) BASIS OF OUR RECOMMENDATION, AND (3) TERMS AND CONDITIONS OF THE RECOMMENDED INVESTMENT FUNDS.

ASSESSED BY:

FAMI CERTIFIED INVESTMENT SOLICITOR
SIGNATURE OVER PRINTED NAME

- 1 ELIGIBLE APPLICATIONS. Under Philippine Law, shares of the Fund may be held by any duly organized and existing corporation, partnership, or any other legal entity. For corporation, partnership, or other legal entity, copies of the articles of incorporation and by-laws, certificate of registration and the resolution of the applicant's Board of Directors authorizing the investment, all duly certified, must be submitted with the application.
- 2 PURCHASE PRICE. The purchase price of one share is its NAVPS plus an entry fee or sales load together with any applicable taxes. If payment is received by First Metro Asset Management, Inc. (FAMI) within the daily cut-off time which is 12 noon, NAVPS on the same banking day will be used. For payments received by FAMI after the daily cut-off time, NAVPS on the following banking day will be used. A banking day is defined as a day when commercial banks in Metro Manila are not required or authorized to close by law. For payments made through our facilities with Metrobank (e.g. MetrobankDirect and Real-time Debit), the cut-off time is 1:30 PM.
- 3 DETERMINATION OF NAVPS. The NAVPS is normally computed by the end of each banking day. It is determined by taking the fair value of the Fund's total assets less all its liabilities, and divided by the total number of shares outstanding.
- 4 RIGHT TO ACCEPT/REJECT AND SCALE DOWN APPLICATIONS. FAMI reserves the right to accept, reject, or reduce the number of shares applied for in any Application at its sole discretion and in such manner it may deem appropriate. In the event this Application is not accepted in whole or in part, FAMI will refund the corresponding investment to the Applicant without interest, within seven (7) days from the submission of this Application.
- 5 ACCEPTANCE OF PAYMENT FOR INVESTMENTS. The Investor shall make available funds for investment or placement in the form of cash, Investor's debit authority from its/ his/ her Metropolitan Bank and Trust Company account, credit or remittance to the Company's designated bank account or manager's check payable to the Company. The Company may accept payments in the form of personal check on a case to case basis. The Company has the right to refuse certain modes of payment to fund investments such as provincial, foreign, stale checks, uncleared remittance or uncleared balance and other similar items.
For investments to be made through third party investment fund providers, the Company shall act only as the Investor's collecting or remitting agent assuming no responsibility beyond the exercise of due care.
- 6 CLOSING OF ACCOUNTS AND TERMINATION The Investor hereby authorizes the Company to close the Account without need of prior notice in case the Investor misrepresented matters concerning its/his/her identity, nature of business and/or any other pertinent information, the Account is used for illegal activities or in any other event when the continuation of the Account is not in the best interest of the Company, or as may be required by law(s) or regulation(s).
In an event of closure or termination by reason of misrepresentation by the Investor, the Company shall issue a cashier's check for the balance of the Account. In an event of closure by reason of illegal activities, the Company shall only release the balance of the Account from a lawful order of a competent court. The Company shall send by registered mail to the Investor at its/his/her last known address indicated in the Company's records, notice of the closure/ termination of the Account and stating the reason(s) thereof and the manner for the Investor to claim or obtain from the Company the balance of the Account, if any, and an instruction to return to the Company the original copy of the promissory note/COS/Investment certificate in its/his/her possession.
The Company may terminate the account without any activity and with zero balance for two years from the date of last transaction without the need of prior notice to the Investor.
- 7 DEPOSIT FOR FUTURE SUBSCRIPTION. In case of deficiency of registered shares, shares that have been applied for will be considered as deposit for future subscription until such time that the Fund has registered new shares with the Securities and Exchange Commission. As such, the deposit for future subscription will be based on the Fund's Net Asset Value per Share at the time of the deposit and any withdrawal from said deposit will likewise be computed using the Fund's Net Asset Value per Share at the time of the withdrawal.
- 8 DELIVERY OF STOCK CERTIFICATE. In the interest of economy and convenience, a stock certificate representing ownership of shares in the Fund will not be issued unless requested by the shareholder in writing. Shares are recorded on a stock register; shareholders who do not elect to receive stock certificates have the same rights of ownership as if certificates had been issued to them. Issued stock certificate/s must be surrendered when redeeming the related shares or when transferring such assets from one fund to another. If the certificate is lost, you cannot carry out such transaction in your account until the certificate has been replaced, a process which, for legal reasons, can take more than one year. A fee of Ps 1,000.00 will be charged to replace a lost certificate. The Applicant shall not assign, transfer, or convey this Application, the Fund shares covered by this Application, and any of the Applicant's rights and obligations under this Application, without the prior written consent of FAMI and/or the Fund.
- 9 REDEMPTION. FAMI shall honor redemption requests any day it is open for business. If complete redemption documents are received by FAMI before 12 noon, NAVPS on the same banking day will be used. For complete redemption documents received by FAMI after 12 noon, NAVPS on the following banking day will be used. Redemption proceeds less fees and taxes (if any), shall be payable not later than seven (7) banking days from the date of verification of the Redemption Form.
- 10 FUND TRANSFER. FAMI will immediately transfer the funds on behalf of the investor following its customary procedures and subjected to bank charges but in no case shall FAMI be liable for delays or additional charges that occur due to acts of correspondent or intermediary financial institutions or through any cause beyond the control of FAMI.
- 11 FAX AND EMAIL INDEMNITY. FAMI shall honor faxed and/or emailed documentations, instructions and forms, without the requirement to submit originally signed copies, with the exception of the initial AOF wherein this fax/email indemnity should be originally signed. I/We am/are aware of the possible risks inherent in the giving of instructions by facsimile such as the possibility of forgery of non-original signatures and transmission to wrong numbers, thus, making the instructions known to third party and never reaching FAMI. I/We do not hold FAMI responsible of verifying the identity of the person/s giving any faxed/emailed instruction made on my/our behalf or the authenticity of any signature on any faxed/emailed instruction. I/We authorize FAMI to act on any faxed/emailed instruction believed to be coming from me/us whether such instruction was made with or without my/our authority, knowledge, or consent.
- 12 AMLA COMPLIANCE In relation to Republic Act No. 9160, otherwise known as The Anti-Money Laundering Act of 2001, as amended by R.A. 9194 ("AMLA") and international anti-money laundering laws and regulations, the Investor authorizes the Company to disclose to local and/or international government entities and to its local and/or foreign correspondents, information which shall include without limitation, the following personal information i.e., birthdate, birthplace, employment, profession, business, contact numbers, address and date when investment or placement was established.
- 13 FATCA COMPLIANCE In relation to Foreign Account Tax Compliance Act of the United States of America ("FATCA"), the Investor hereby undertakes to inform the Company in writing of any change in its/his/her initial declaration in the Company's Customer Data Sheet (CDS) and accompanying forms, on whether or not he/she is a U.S Person. Any information that will affect the accuracy of such declaration should be reported to the Company within thirty (30) calendar days from the date of occurrence of such change. Further, the Investor hereby acknowledges that the Company shall operate the Account on the basis of such declaration. In the event that the Company discovers that the Investor is a U.S. Person, the Company, its subsidiaries and affiliates, are hereby absolutely and unconditionally authorized to report and disclose to U.S. Internal Revenue Service the required information.
- 14 CHANGE OF ADDRESS The Investor shall promptly notify the Company in writing of any change in its/his/her address. All correspondence relative to the Account, including demand letters, summons, subpoenas or notifications for any judicial or extra-judicial action, shall be sent to the Investor in the last known address indicated in the Company's records. The mere act of sending any correspondence by mail or by messenger to said investor's last known address shall be valid and effective notice to the Investor for all legal purposes and the fact that any communication is not actually received by the Investor or returned unclaimed to the Company or that no person was found at the last known address given or the last known address cannot be located despite diligent efforts made by the Company to locate the same, shall not relieve the Investor from the effects of such notice.
- 15 CHANGE OF SPECIMEN SIGNATURE AND SIGNATORIES The investor may from time to time update its/his/her specimen signatures with the Company; provided such update shall be made in person at office hours before any of the Company's authorized officers. The Investor's last specimen signature in the Company's record shall be the basis for any valid, binding and effective transaction of the Account.
It shall be the responsibility of the Investor to inform the Company in writing of any changes in its authorized signatories. For avoidance of doubt, the Company has the right to rely upon the Investor's authorization/ board/ resolution/ certification for its authorized signatories indicated in the Company's records and any and all acts done and transactions made by the Investor's authorized signatories identified thereat shall be valid, binding and effective upon the investor until and unless the Company has received the original copy of the latest resolution(s) of investor's Board of Directors or Secretary's Certificate stating its authorized signatories and duly authenticated samples of specimen signatures of authorized signatories or changes thereto.

The value of your investment may change in relation to changes in market value of the fund. The price at the time of subscription may be lower or higher than the price at the time of redemption. Any reference to historical data should not be interpreted as projections to future performance servicing. Past performance is not an indicative of future returns. References to historical prices are for illustration purposes only.

It is expected that the Investor has read the prospectus prior to investing. Should there be queries, these should be said with the servicing FAMI Certified Investment Solicitor.

ACKNOWLEDGEMENT:

I/We have read and fully understand the terms and conditions stated above. These were explained to me by FAMI Certified Investment Solicitor.

AUTHORIZED SIGNATORY 1: SIGNATURE OVER PRINTED NAME	AUTHORIZED SIGNATORY 2: SIGNATURE OVER PRINTED NAME	AUTHORIZED SIGNATORY 3: SIGNATURE OVER PRINTED NAME
AUTHORIZED SIGNATORY 4: SIGNATURE OVER PRINTED NAME	AUTHORIZED SIGNATORY 5: SIGNATURE OVER PRINTED NAME	SIGNATURE VERIFIED BY

CERTIFICATION OF KYC RELIANCE

THIS IS TO CERTIFY THAT _____ (HEREINAFTER, THE "REFERRED CUSTOMER"), A PROSPECTIVE CUSTOMER OF FIRST METRO ASSET MANAGEMENT (HEREINAFTER THE "RELYING INSTITUTION") IS AN EXISTING CUSTOMER OF _____ OF A COVERED INSTITUTION.

NAME OF CLIENT

BANK/ COMPANY

BRANCH, TBG, TG, SUBSIDIARY, AFFILIATE

IN ACCORDANCE WITH § X806.2.E.1.A OF THE UPDATED ANTI-MONEY LAUNDERING RULES AND REGULATIONS AND ITS OWN MONEY LAUNDERING AND TERRORIST FINANCING PREVENTION PROGRAM (MLPP), WE HAVE CONDUCTED THE REQUIRED CUSTOMER IDENTIFICATION REQUIREMENTS ON THE REFERRED CUSTOMER WHICH INCLUDE AMONG OTHERS FACE-TO-FACE CONTACT AND CUSTODY OF THE MINIMUM INFORMATION AND/OR DOCUMENTS RELATIVE TO THE REFERRED CUSTOMER.

FURTHER, IT IS HEREBY CERTIFIED THAT UPON REQUEST OF THE RELYING INSTITUTION, WE SHALL PROVIDE WITHOUT DELAY (A) AUTHENTICATED COPIES OF THE IDENTIFICATION DOCUMENTS OF THE REFERRED CUSTOMER AND (B) ACCESS TO THE SAME IDENTIFICATION DOCUMENTS BY THE RELEVANT REGULATORY AGENCY(IES) WHICH MAY REQUIRE ACCESS TO THE SAME.

THIS CERTIFICATION IS BEING ISSUED IN COMPLIANCE WITH THE ABOVE CITED REGULATION AND MAY BE RELIED UPON AS LONG AS THE REFERRED CUSTOMER REMAINS A CUSTOMER OF THE SAID BANK AND THE RETENTION PERIOD REQUIRED TO KEEP ALL DOCUMENTS AND INFORMATION REGARDING THE REFERRED CUSTOMER UNDER THE ABOVE CITED REGULATIONS HAS NOT LAPSED.

NAME, POSITION & SIGNATURE OF THE DESIGNATED OFFICER OF THE COMPANY/ HO
UNIT/ SUBSIDIARY/ AFFILIATE

DATE ISSUED

FOR OPERATIONS DEPARTMENT USE ONLY

RECEIVER (NAME AND SIGNATURE)

DATE RECEIVED

TIME RECEIVED