



# REDEMPTION FORM/FUND SWITCHING FORM

ACCOUNT NAME:	ACCOUNT NUMBER:	APPLICATION DATE:
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REDEMPTION DETAILS		
NAME OF MUTUAL FUND		
TYPE OF REDEMPTION <input type="checkbox"/> FULL (all outstanding shares)	<input type="checkbox"/> PARTIAL (Please indicate the number of shares or the exact amount)	NUMBER OF SHARES/UNITS ----- AMOUNT TO BE REDEEMED ----- <div style="text-align: center; font-weight: bold;">OR</div>

SETTLEMENT DETAILS						
<p>I/WE UNDERSTAND THAT THE CHECK REPRESENTING THE PROCEEDS OF MY/OUR REDEMPTION WILL BE AVAILABLE WITHIN SEVEN (7) BANKING DAYS FROM THE RECEIPT OF THIS INSTRUCTION. UPON ADVICE TO ME/US OF THE AVAILABILITY OF THE CHECK, THE SAME SHALL BE:</p> <p><input type="checkbox"/> PICKED UP AT THE FAMI OFFICE</p> <p style="font-size: small;">(AUTHORIZED REPRESENTATIVES ARE REQUIRED TO SUBMIT A WRITTEN AUTHORIZATION LETTER SIGNED BY THE ACCOUNT HOLDER/S, AS WELL AS A COPY OF A VALID ID OF BOTH THE ACCOUNT HOLDER/S AND THE REPRESENTATIVE, BEFORE PROCEEDS COULD BE RELEASED.)</p> <p><input type="checkbox"/> SHIFTED TO ANOTHER FAMI FUND</p> <p style="font-size: small;">NAME OF RECEIVING FUND: _____</p> <p><input type="checkbox"/> DEPOSITED VIA:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 30%; padding: 2px;">BANK NAME</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">ACCOUNT NAME</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">BANK ACCOUNT NUMBER</td> <td style="padding: 2px;"></td> </tr> </table>	BANK NAME		ACCOUNT NAME		BANK ACCOUNT NUMBER	
BANK NAME						
ACCOUNT NAME						
BANK ACCOUNT NUMBER						
NOTE: IF THE REDEMPTION PROCEEDS ARE NOT RECEIVED WITHIN SEVEN (7) BANKING DAYS, PLEASE CONTACT FAMI AT TELEPHONE NUMBER 891-2860 TO 65.						

DECLARATION
<p>I/WE, THE UNDERSIGNED OWNER/S OF CERTAIN MUTUAL FUND SHARES/UNITS, HEREBY REQUEST FOR THE REDEMPTION OF SUCH SHARES/UNITS AT THE APPLICABLE REDEMPTION PRICE, AS DEFINED IN THE PROSPECTUS WHICH I/WE WARRANT TO HAVE READ AND UNDERSTOOD. FURTHERMORE, FOR VALUE RECEIVED, I/WE HEREBY SELL, ASSIGN AND TRANSFER THE NUMBER OF SHARES OF THE CAPITAL STOCK/UNITS OF PARTICIPATION OF THE FUND AS INDICATED BELOW AND DO IRREVOCABLY CONSTITUTE AND APPOINT THE FUND'S TRANSFER OF THE SAID STOCK/UNITS ON THE BOOKS OF THE WITHIN NAME CORPORATION WITH FULL POWER OF SUBSTITUTION IN THE PREMISES.</p> <p>I/WE UNDERSTAND THAT THE FAX AND EMAIL INDEMNITY THAT WAS SIGNED DURING ACCOUNT OPENING SHALL BE EFFECTIVE ON THIS DOCUMENT AS WELL. THIS GRANTS FAMI WITH THE RIGHT TO HONOR FAXED/SCANNED/EMAILED COPIES OF THE FILLED OUT REDEMPTION FORM, EVEN WITHOUT RECEIPT OF THE ORIGINAL DOCUMENT.</p>

SIGNATURES					
SIGNATORY 1	PRINTED NAME & SIGNATURE	SIGNATORY 2	PRINTED NAME & SIGNATURE	SIGNATORY 3	PRINTED NAME & SIGNATURE
SIGNATORY 4	PRINTED NAME & SIGNATURE	SIGNATORY 5	PRINTED NAME & SIGNATURE	<i>(FOR MIP ACCOUNTS ONLY)</i> AUTHORIZED SIGNATORIES OR AUTHORIZED REPRESENTATIVES  PRINTED NAME & SIGNATURE	

BOOKING CONFIRMATION (FOR FAMI USE ONLY)			
SIGNATURE VERIFIED BY:	DATE ENCODED	CHECKER	
SIGNATURE OVER PRINTED NAME	MAKER	AUTHORIZER	

KINDLY FILL OUT THE CUSTOMER DATA SHEET AT THE BACK OF THE REDEMPTION FORM SHOULD YOU HAVE ANY CHANGES IN YOUR INFORMATION/S.

**PERSONAL INFORMATION**
**INVESTOR 1** **INVESTOR 2**

LAST NAME		MIDDLE NAME		FIRST NAME	
BIRTH DATE (MM/DD/YYYY)			BIRTHPLACE		
NATIONALITY	TIN	SSS/GSIS			
COMPLETE NAME, ADDRESS AND CONTACT INFORMATION OF BENEFICIAL OWNER/S IF APPLICABLE					

LAST NAME		MIDDLE NAME		FIRST NAME	
BIRTH DATE (MM/DD/YYYY)			BIRTHPLACE		
NATIONALITY	TIN	SSS/GSIS			
COMPLETE NAME, ADDRESS AND CONTACT INFORMATION OF BENEFICIAL OWNER/S IF APPLICABLE					

**ADDRESS AND CONTACT DETAILS**

PERMANENT ADDRESS (NO. & STREET, CITY/MUNICIPALITY & PROVINCE, COUNTRY)			ZIP CODE
PRESENT ADDRESS (NO. & STREET, CITY/MUNICIPALITY & PROVINCE, COUNTRY)			ZIP CODE
HOME PHONE NUMBER	MOBILE NUMBER	EMAIL ADDRESS	
PREFERRED MAILING ADDRESS <input type="checkbox"/> PERMANENT ADDRESS <input type="checkbox"/> PRESENT ADDRESS <input type="checkbox"/> BUSINESS/EMPLOYER ADDRESS			

PERMANENT ADDRESS (NO. & STREET, CITY/MUNICIPALITY & PROVINCE, COUNTRY)			ZIP CODE
PRESENT ADDRESS (NO. & STREET, CITY/MUNICIPALITY & PROVINCE, COUNTRY)			ZIP CODE
HOME PHONE NUMBER	MOBILE NUMBER	EMAIL ADDRESS	
PREFERRED MAILING ADDRESS <input type="checkbox"/> PERMANENT ADDRESS <input type="checkbox"/> PRESENT ADDRESS <input type="checkbox"/> BUSINESS/EMPLOYER ADDRESS			

**WORK INFORMATION**

EMPLOYER/BUSINESS NAME	
EMPLOYER /BUSINESS ADDRESS (NO. & STREET, CITY/MUNICIPALITY & PROVINCE, COUNTRY)	ZIP CODE
NATURE OF WORK/ BUSINESS	PRIMARY OCCUPATION
OFFICE PHONE NUMBER / EMAIL ADDRESS	SOURCE OF FUNDS

EMPLOYER/BUSINESS NAME	
EMPLOYER /BUSINESS ADDRESS (NO. & STREET, CITY/MUNICIPALITY & PROVINCE, COUNTRY)	ZIP CODE
NATURE OF WORK/ BUSINESS	PRIMARY OCCUPATION
OFFICE PHONE NUMBER / EMAIL ADDRESS	SOURCE OF FUNDS

**SPECIMEN SIGNATURES ( PLEASE SIGN TWICE):**

1. \_\_\_\_\_ 2. \_\_\_\_\_

**SPECIMEN SIGNATURES ( PLEASE SIGN TWICE):**

1. \_\_\_\_\_ 2. \_\_\_\_\_

**DECLARATION AND SPECIMEN SIGNATURE/S**

1. 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.

2. 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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SIGNATURE OVER PRINTED NAME	DATE
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**BOOKING CONFIRMATION (FOR FAMi USE ONLY)**

SIGNATURE VERIFIED BY	DATE ENCODED	CHECKER	NAME OF AGENT/RELATIONSHIP MANAGER
	MAKER	AUTHORIZER	AGENT/MANAGER CODE