



# REDEMPTION FORM/FUND SWITCHING FORM

ACCOUNT NAME:	ACCOUNT NUMBER:	APPLICATION DATE:
---------------	-----------------	-------------------

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 OR AMOUNT TO BE REDEEMED (MAY VARY IF THERE WILL BE CHARGES)

SETTLEMENT DETAILS																											
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:																											
<input type="checkbox"/>	PICKED UP AT THE FAMI OFFICE  (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.)																										
<input type="checkbox"/>	SHIFTED TO ANOTHER FAMI FUND  NAME OF RECEIVING FUND: _____																										
<input type="checkbox"/>	DEPOSITED VIA: <table border="1" style="margin-left: 20px; border-collapse: collapse; width: 80%;"> <tr> <td style="width: 20%; padding: 2px;">BANK NAME</td> <td style="width: 80%;"></td> </tr> <tr> <td style="padding: 2px;">*ACCOUNT NAME</td> <td></td> </tr> <tr> <td style="padding: 2px;">BANK ACCOUNT NUMBER</td> <td style="text-align: center;"> <table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td style="width: 12.5%; height: 15px;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> </td> </tr> </table>	BANK NAME		*ACCOUNT NAME		BANK ACCOUNT NUMBER	<table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td style="width: 12.5%; height: 15px;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>																				
BANK NAME																											
*ACCOUNT NAME																											
BANK ACCOUNT NUMBER	<table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td style="width: 12.5%; height: 15px;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>																										
*ACCOUNT NAME SHOULD MATCH WITH YOUR FAMI'S ACCOUNT NAME																											
NOTE: IF THE REDEMPTION PROCEEDS ARE NOT RECEIVED WITHIN SEVEN (7) BANKING DAYS, PLEASE CONTACT FAMI AT TELEPHONE NUMBER 8891-2860 TO 65.																											

DECLARATION	
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.	
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.	

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	(FOR MIP ACCOUNTS ONLY) 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		FIRST NAME		MIDDLE 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		FIRST NAME		MIDDLE 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		PERMANENT ADDRESS PRESENT ADDRESS BUSINESS 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		PERMANENT ADDRESS PRESENT ADDRESS BUSINESS 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
-----------------------------	------

SIGNATURE OVER PRINTED NAME	DATE
-----------------------------	------

**BOOKING CONFIRMATION (FOR FAMi USE ONLY)**

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

ACCOUNT NUMBER

# SUITABILITY ASSESSMENT FORM INDIVIDUAL

INSTRUCTION THIS FORM SHOULD BE ANSWERED BY THE PRIMARY INVESTOR ONLY.

## FOR PRIMARY INVESTOR ONLY

LAST NAME	FIRST NAME	MIDDLE 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 AGREE WITH THE RECOMMENDED INVESTMENT FUND APPROPRIATE TO MY/OUR RESULTING CLIENT INVESTMENT PROFILE.
- 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 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.

PRIMARY INVESTOR: SIGNATURE OVER PRINTED NAME	CO-INVESTOR 1: SIGNATURE OVER PRINTED NAME	CO-INVESTOR 2: SIGNATURE OVER PRINTED NAME
	CO-INVESTOR 3: SIGNATURE OVER PRINTED NAME	CO-INVESTOR 4: 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