

**SUBSCRIPTION TRANSACTION FORM**

## Instructions

a. Please complete in CAPITAL LETTERS where applicable. Please answer all items. If an item is not applicable to you, indicate N/A or Not Applicable.  
 b. This form is not applicable for online transactions. This form is intended ONLY for investments made thru FAMI Investment Centers and over the counter.

DATE (MM/DD/YY)  -  - FAMI ACCOUNT NUMBER **FUND NAME** Please tick the name of fund/s you wish to make additional subscriptions with.

- |   |  |
|---|--|
| <input type="checkbox"/> Save and Learn Equity Fund, Inc.                   | <input type="checkbox"/> Save and Learn Money Market Fund, Inc.        |
| <input type="checkbox"/> Save and Learn Fixed Income Fund, Inc.             | <input type="checkbox"/> Save and Learn Philippine Index Fund, Inc.    |
| <input type="checkbox"/> Save and Learn Balanced Fund, Inc.                 | <input type="checkbox"/> Save and Learn F.O.C.C.U.S. Dynamic Fund Inc. |
| <input type="checkbox"/> Save and Learn Dollar Bond Fund, Inc.              | <input type="checkbox"/> First Metro Consumer Fund, Inc.               |
| <input type="checkbox"/> First Metro Philippine Equity Exchange-Traded Fund |  |

**ACCOUNT NAME****AMOUNT IN FIGURES****AMOUNT IN WORDS**

<input type="checkbox"/> Initial Investment	<input type="checkbox"/> Additional Investment
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**I. INVESTMENT DETAILS/OPTIONS**

- Cash
- Check    Check No.     DATE (MM/DD/YY)  -  -   
 Drawee Bank
- Direct Deposit    Bank Name     DATE (MM/DD/YY)  -  -   
 Cash     Check    Check No.
- Shift from \_\_\_\_\_  
 To \_\_\_\_\_
- Special Instructions (if any): \_\_\_\_\_

**II. DECLARATION OF SIGNATURES**

- I/We hereby declare that all our information disclosed in this Subscription Transaction Form is correct, complete and truly stated and that the identification documents presented are authentic and legitimate. I/We hereby declare that I/We am/are authorized to make this investment and that the amount invested in the Fund/s is/are through legitimate sources only and does not involve and is/are not designated for the purpose of any contravention or evasion of any act, rules, regulations, notification or direction issued by any regulatory authority in the Republic of the Philippines. I/We am/are fully aware that only upon submission of complete information and documentary requirements will the transaction be processed.
- I/We have read and agreed to all terms and conditions stated at the back of this form. These have been explained to me/us by the Certified Investment Solicitor.

SIGNATURE OVER PRINTED NAME

INVESTOR 1

Verified by:

SIGNATURE OVER PRINTED NAME

INVESTOR 2

Verified by:

SIGNATURE OVER PRINTED NAME

INVESTOR 3

Verified by:

**III. FOR SALES PERSONNEL USE ONLY**

SALES LOAD     PR NUMBER

RNL     PR DATE

CHANNEL  Agency     Banks & Non-Banks     Direct Sales

MARKET  Education and Religious Institutions     OTHERS, PLEASE SPECIFY: \_\_\_\_\_

NAME OF CERTIFIED INVESTMENT SOLICITOR     FAMI AGENT CODE

**IV. FOR TRANSFER AGENCY (TA) USE ONLY**

RECEIVED BY:	DATE RECEIVED:
<input type="text"/>	<input type="text"/>
MAKER	AUTHORIZER
<input type="text"/>	<input type="text"/>
CHECKER	
<input type="text"/>	