

Section 1 - Initial Subscription Order (ISO)
Account Name [As will appear on Account Statements and Confirmation Forms]

Account Type

-
- Institutional
-
-
- Listed Company
-
-
- Non-listed Company
-
-
- Trusteed Account

Names of all Authorized Signatories [If there are more than four, please provide their names on a separate blank ISO and attach herewith.]

1. _____ 2. _____
-
3. _____ 4. _____

Existing ATR Asset Management client? Yes No

Investment Details

Fund Name	Currency	Gross Investment Amount	For ATR AM Use Only		
			Sales Fee +VAT	Net Investment Amount	NAVPS applied
_____	_____	_____	_____	_____	_____

 For minimum net investment amounts and sales fees, please see fund prospectuses, or consult ATR AM's Client Services, or visit our website at www.atram.com.ph
Mode of Investment Funding [Please check only one box]

-
- Check payment thru ATR AM. [Give checks only to persons authorized by ATR AM. Check should be payable to the Fund]
-
-
- Deposit to Fund's bank account [A copy of deposit slip must be given to ATR AM]
-
-
- Check deposit [Check should be payable to the Fund]
-
-
- Electronic transfer to Fund's bank account from
-
-
- Bank (OTC)
-
- Internet
-
-
- Remittance company (OTC)
-
- Mobile phone

Handling of Cash Dividends [Cash dividends will be reinvested automatically unless otherwise indicated]

-
- Pay out cash dividends
-
-
- Credit our account
-
- Bank _____ Branch _____
-
- S/A or C/A? _____ Account No. _____
-
-
- Via check payment to Investor
-
-
- Reinvest cash dividends into the Fund

Agreement and Signatures [If there are more than four Authorized Signatories, please supply the additional Signatures, Names and Designation on a separate ISO and attached here]

By signing this Client Account Form (CAF), we certify that:

- We have received and/or read the prospectus of our chosen Fund and agree to the terms and conditions of the prospectus as explained to us;
- We have the authority and legal capacity to purchase and subscribe to mutual fund shares and believe this investment is suitable for us;
- We understand that this Fund is not insured by the Philippine Deposit Insurance Corporation (PDIC), nor is it guaranteed by ATR Asset Management, Inc. (ATRAM) as Principal Distributor of the Fund or any other person or entity;
- We have not been, and are not, engaged in any activities prohibited by the Anti-Money Laundering Act, as amended and Terrorism Financing Act of 2012 and the moneys to be invested in the chosen Fund are not the fruits of such activities;
- We abide by the definitions set forth in this CAF regarding the type of account we have selected;
- We expressly agree to the disclosure or sharing by ATRAM of our personal information given under this CAF to and between ATRAM's parent company and its subsidiaries/affiliates and employees or to any government regulatory agencies or court of law without incurring any liability from us as a result thereof;
- We understand that ATRAM will not be held liable for any loss suffered by the me/us due to exercise of its duties required by all applicable regulatory rules and regulations.
- We are acting [] / not acting: [] as an agent [] trustee [] nominee [] of this account;
- We certify that all the documents submitted together with this CAF are true copies of the original documents we have on our records;
- We attest that all information furnished herein is true and correct and ATRAM may verify and investigate the information here with from whatever source ATRAM may consider appropriate; and
- We understand that ATRAM is not obliged to and will not proceed with any transaction until the required information is obtained from us.

Date _____

1. Signature _____
-
- Name _____
-
- Position _____
-
3. Signature _____
-
- Name _____
-
- Position _____

2. Signature _____
-
- Name _____
-
- Position _____
-
4. Signature _____
-
- Name _____
-
- Position _____

 Account No: _____ Agent Name: _____ Agent Code: _____
 Sales Channel: _____ Date Received: _____ Time: _____
 Original IDs seen by RM: Yes No Processed by: _____ Account Opening Approved by: _____
 Verified with OFAC's SDN List [] yes [] No

Important: Please read prospectus before completing this form. Read carefully the instructions found at the back of the ISO. All information provided herein shall be treated as confidential.

Important: This Client Account Form (CAF) has 3 sections - (I) Initial Subscription Order, (II) Client Information Sheet, and (III) Specimen Signature. All blanks in the CAF should be filled up. Unfilled blanks may cause delays in processing. "None" or "Not Applicable" must be supplied where appropriate. Please accomplish one Initial Subscription Order per Fund.

INVESTOR INSTRUCTIONS FOR OPENING NEW ACCOUNTS**GENERAL STEPS**

1. Please complete the Client Account Form (CAF), which consists of three distinct parts: the Initial Subscription Order, the Client Information Sheet (CIS), and the Specimen Signature Sheet. All blanks in the Client Account Form (CAF) should be filled up. Unfilled blanks may cause delays in processing. "None" or "Not Applicable" must be supplied where appropriate. The original signed and duly accomplished CAF must be submitted to an authorized representative of ATR AM. Kindly submit photocopies of two (2) valid IDs per Authorized Signatory (*original IDs must be presented to the ATR AM representative for verification*). Please see below a list of IDs considered acceptable. ATR AM reserves the right to ask for additional documents in relation to the type of account you are opening.
2. Please accomplish one Initial Subscription Order for each Fund you will invest in.
3. Kindly contact Client Services, or refer to our Payment Modes in Section 1, or visit our website (www.atram.com.ph) for detailed advice and tips about the many convenient ways in which you can settle your investment. Please note that for USD-denominated ATR AM funds, subscription settlement is only via cash deposit, credit or electronic transfer to the Fund's bank account.
4. Subscription to the ATR AM Funds will be subject to receipt of complete documentation requirements and cleared funds. If payment is not made through an authorized ATR AM representative, the investor must submit proof of payment to ATR AM.
5. The Confirmation Form and Official Receipt of your initial investment will be e-mailed or mailed to your preferred address. Upon receiving these, please check whether the information contained therein is correct. For corrections, kindly contact Client Services via the contact information at the bottom of this page.

TYPES OF ACCOUNTS

You can select from the following account types in establishing your dealings with ATR AM-managed Funds:

1. Institutional Account: The Fund shares are owned and registered in the name of a corporation, foundation, unincorporated association, partnership, or co-operative.
2. Trusteed Account: This account is opened by a Trust Department of a bank for and in behalf of its Trustor/s. This account shall be accompanied with a copy of the Trust Department's authorized signatories and Certification as to the identity and owner of the trust account.

DOCUMENTS REQUIRED WHEN OPENING AN ACCOUNT

- Securities and Exchange Commission-certified true copy of the company's Articles of Incorporation and By-laws (or other constitutive document [i.e. if a partnership, articles of partnership])
- Notarized Corporate Secretary's Certificate authorizing the opening of the account, naming the officers authorized to operate the account and naming the individual majority shareholders (holding 10% or more ownership share of the Corporation)
- Certified true copy of company's latest General Information Sheet
- Copy of latest Financial Statement
- If opening an account for a Trusteed Account, the trust document; a sworn statement as to the existence of beneficial owners; and a document evidencing a Revocable or an Irrevocable Trust. If an irrevocable Trust, evidence of payment of the Donor's Tax.
- Each authorized signatory and shareholders with 10% or more ownership shall submit two valid photo-bearing identification cards or documents, (1 ID should be by a National Government or any of its instrumentalities e.g. passport, driver's license, SSS, GSIS or PhilHealth ID card; postal ID; NBI clearances are also acceptable.
- If the institutional investor is not a resident of the Philippines, authentication of its submitted documents by the relevant Philippine Embassy or Consulate.
- Any other documents which ATR AM may deem necessary or desirable, depending on the type of account being opened or the mode of funding.



Your Future. Our Present.®

CLIENT ACCOUNT FORM

Corporate

March 2013

www.atram.com.ph

Section 2 - Client Information Sheet (CIS)

Complete Company Name

Date of Incorporation

Place of Incorporation

SEC Registration No.

Tax Identification No.

Nature of Business

Office Address

Room/Floor/ Bldg./Street No.

Bldg./Street

District/Barangay

City

Zip Code

Country

Telephone No/s.

Fax No/s.

Mobile No/s. [if applicable]

Email address

Website

Mailing Address [P.O. Box not allowed]

Room/Floor/ Bldg./Street No.

Bldg./Street

District/Barangay

City

Zip Code

Country

Contact Person/s

1. Name _____

Designation _____

Contact No/s. _____

Email address _____

3. Name _____

Designation _____

Contact No/s. _____

Email address _____

2. Name _____

Designation _____

Contact No/s. _____

Email address _____

4. Name _____

Designation _____

Contact No/s. _____

Email address _____

Mailing Options

Send to Mailing address

Go Paperless!*

By selecting Go Paperless! you hereby waive the right to receive hard copies of all statements, confirmations and other written communications; instead you agree to receive these via electronic mail to the email address indicated above - thus helping us to save our forests.

Authorized Signature - I attest that all information supplied herein is true and correct.

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Section 3 - Specimen Signature Sheet

Account Name [As indicated in the Initial Subscription Order]

Specimen Signatures [Please sign **twice**. If there are more than four Authorized Signatories, please provide their signatures, names and designation in a separate Specimen Signature Sheet]

1. Signature _____
 Signature _____
 Name _____
 Designation _____
 Date _____

2. Signature _____
 Signature _____
 Name _____
 Designation _____
 Date _____

3. Signature _____
 Signature _____
 Name _____
 Designation _____
 Date _____

4. Signature _____
 Signature _____
 Name _____
 Designation _____
 Date _____

RELATED ACCOUNTS (Subsidiaries and Affiliates that are substantially owned, controlled or effectively controlled by the Corporation)

Name of Subsidiaries/Affiliates	Percent Ownership	Nationality (Domestic/Foreign)	Address	Other Information

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