

Section 1 - Initial Subscription Order (ISO)

Account Name [As will appear on Account Statements and Confirmation Forms]

Account Type

- Individual
- Joint - and
- Joint - or
- ITF (in trust for)

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

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

TYPES OF ACCOUNTS

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

1. Individual Account An account opened by one person in his or her own name.
2. Joint Account:
 - a. AND Account: An account for which both parties agree with one another and with the Fund that all money heretofore, now or hereafter invested by them or any one of them, to the credit of this account are and shall be received and held by the Fund with the understanding and up-on the condition that said monies invested without reference to previous ownership shall be the property of both parties jointly and shall be payable to and collectible by both parties during their lifetime and after death of any of the parties shall be payable to and collectible jointly by the survivor(s) and the legal heir(s) of the deceased party upon compliance with the Fund requirements.
 - b. OR Account: An account for which both parties agree with one another and with the Fund that all money heretofore, now or hereafter invested by both parties or any one of them to the credit of this account are and shall be received and held by the Fund with the understanding and upon the condition that said moneys invested without reference to previous ownership shall be the property of any one of them as solidary owner and shall be payable to and collectible by any one of them during their lifetime and after death of any one of them shall be payable to and collectible by the survivor or any of the survivors upon compliance with the Fund requirements.
3. "In Trust For" ("ITF") Account: An account opened by an individual or jointly by several persons (of legal age) for the benefit of another person(s). Often, this type of account is used when the beneficiaries are minors.

Existing ATR Asset Management client? Yes No

Investment Details

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

For minimum net investment amounts and sales fees, please see fund prospectuses, or consult ATRAM's Client Services, or visit our website at www.atram.com.ph

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

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

I / We have received and read the prospectus of our chosen Fund, and I / we agree to the terms of the prospectus. I / we have the authority and legal capacity to purchase mutual fund shares, and am / are of legal age and believe this investment is suitable for me / us. I / 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" or "the Principal Distributor") or any other person or entity. I / We have not been, and am / are not, engaged in any activities prohibited by the Anti-Money Laundering Act and the moneys to be invested in the chosen Fund are not the fruits of such activities. I / we abide by the definitions set forth in this CAF regarding the account type I / we selected. I / We expressly agree to the disclosure of sharing of ATRAM of the personal information given under this CAF to the members of the Maybank ATR Kim Eng Group of Companies or its related companies or to any government regulatory agencies without incurring any liability from me/us as a result thereof. I / We, is / are the true or ultimate owner of the account. I / We certify that the documents submitted together with this CAF are true copies of the original documents I / we have on our records. I / We attest that all information contained in this CAF is true and correct and agree to all provisions stated herein. ATRAM may verify and investigate the information herewith from whatever source ATRAM may consider appropriate.

Date _____

- | | |
|----------------------------------|----------------------------------|
| 1. Signature _____
Name _____ | 2. Signature _____
Name _____ |
| 3. Signature _____
Name _____ | 4. Signature _____
Name _____ |

FOR ATRAM use only

Account No: _____ Received by: _____ Agent Code: _____
 Sales Channel: _____ Date Received: _____ Time: _____
 Original IDs seen by RM: Yes No Processed by: _____ Account Opening Approved by: _____

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.

Section 2 - Client Information Sheet (CIS)

Account Name [As indicated in the Initial Subscription Order]

Complete Legal Name (Signatory No.____)			Complete Legal Name (Signatory No.____)		
_____ Surname First Name Middle Name			_____ Surname First Name Middle Name		
Birthdate (mm/dd/yy)	Birthplace	Gender	Birthdate (mm/dd/yy)	Birthplace	Gender
TIN	Nationality/Citizenship	Civil Status	TIN	Nationality/Citizenship	Civil Status
Current Address			Current Address		
_____ House / Bldg./Apt. No. Street			_____ House / Bldg./Apt. No. Street		
_____ District/Barangay/Subd. City Country			_____ District/Barangay/Subd. City Country		
Tel. No/s.:		Mobile No/s.:	Tel. No/s.		Mobile No/s.
Permanent Address			Permanent Address		
_____ House / Bldg./Apt. No. Street			_____ House / Bldg./Apt. No. Street		
_____ District/Barangay/Subd. City Country			_____ District/Barangay/Subd. City Country		
Tel. No/s.:		Email address:	Tel. No/s.:		Email address:
Name of Employer/Business			Name of Employer/Business		
Nature of Business		Occupation/Profession/Position	Nature of Business		Occupation/Profession/Position
Work Address			Work Address		
_____ Bldg./Floor No. Street			_____ Bldg./Floor No. Street		
_____ District/Barangay/Subd. City Country			_____ District/Barangay/Subd. City Country		
Work Tel. No/s.:		Fax No/s.:	Work Tel. No/s.:		Fax No/s.:
Name of Spouse		Mother's Maiden Name	Name of Spouse		Mother's Maiden Name
Source of Funds/Income		<input type="checkbox"/> Employment <input type="checkbox"/> Business/Professional practice	Source of Funds/Income		<input type="checkbox"/> Inherited assets <input type="checkbox"/> Others _____

Mailing Address [please check one box only]

 Home address of Signatory No.____ Work Address of Signatory No.____ Go Paperless!* Email address of Signatory No.____

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 save our forests.

Section 3 – Immediate Family Members

[spouse, children – including adopted and step children, parents, brothers and sisters who are of legal age]

Full Name	Relationship	Age	Occupation	Business Interest

Section 4 – Household Members

[persons related to you or lives with you for the entire year as a member of your household and of legal age. Ex. household helpers, drivers, utility men, other relatives, boarders and close friends]

Full Name	Relationship	Age	Occupation	Business Interest

Section 5 - Specimen Signature Sheet

Account Name [As indicated in the Initial Subscription Order]

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

1. Signature _____

2. Signature _____

Signature _____

Signature _____

Name _____

Name _____

Date _____

Date _____

Section 6 - Fax/E-mail Indemnity

In consideration of your agreeing to accept from me/us from time to time instructions by facsimile of duly signed Investment Application Form or email instructions without requiring original written confirmation in respect of any facsimile or email instructions prior to acting thereon, we confirm that:

- (1) We acknowledge that facsimile of duly signed Investment Application Form or email instructions are not secure means of communication and that we are aware of the risk involved, and that our request for you to accept such facsimile or email instructions is for our convenience.
- (2) You are hereby authorized to act on any facsimile of duly signed Investment Application Form or email instructions which you in your sole discretion believe emanate from us and, provided you exercise reasonable care in verifying the signature of the purported authorized person, you shall not be liable for acting in good faith on facsimile or email instructions which emanate from unauthorized persons.
- (3) Any transaction made pursuant to a facsimile of duly signed Investment Application Form or email instructions acted upon in good faith and in the absence of negligence default or fraud shall be binding upon us whether made with or without our authority, knowledge or consent.
- (4) We understand that ATR Asset Management has absolute discretion to refuse to act upon such instructions if it has any reason to doubt the authenticity of such instructions or the authority of the person giving such instructions.
- (5) I/We undertake to keep you indemnified at all times against, and to save you from all actions, proceedings, claims, losses, damages, costs and expenses which may be brought against you or suffered or incurred by you and which shall have arisen either directly or indirectly out of or in connection with your accepting facsimile or email instructions and acting thereon, whether or not the same are confirmed in writing by us, except to the extent that the same is caused by your negligence, default or fraud or that of your employees.

 I have read and I understand the above terms and conditions **Agree** **Disagree**
Section 7 - KYC

 How did you learn about ATR Funds? Advertisement Newspaper/Magazine Internet Friends Others _____

 Do you have existing investments in mutual funds or unit investment trust funds? YES NO If yes, which funds? _____

Around how much funds do you have set aside for investments in financial products? (e.g. time deposit, mutual funds, UITFs, etc.) _____

How long have you been living at your present home address? _____

If recently moved in - Where did you stay before? _____

 Do you anticipate buying more shares on a regular basis? YES NO

 Is there something else/funds that you will be interested in investing in the near future? YES NO

 Have you worked in a government agency or institution? YES NO

If Yes, what government agency/institution was it? _____ Position _____ Year employed _____

 Do you have any relative who is/was an elected government official? (e.g. president, vice-president, senator, congressman, mayor, councilor, barangay chairman, others) YES NO If yes, please provide name of the elected government official. _____

Position _____ Year elected _____

 Do you have any relative who is/was an appointed government official? (e.g. secretary, commissioner, military official, executive in a government owned corporation (Land Bank, DBP, NAPOCOR, MWSS, others) YES NO

If yes, please provide name of the elected government official. _____

Position _____ Year elected _____

Section 8 - Client Suitability Assessment

Age <input type="checkbox"/> < 30 years old <input type="checkbox"/> 30 to 40 years old <input type="checkbox"/> 41 to 50 years old <input type="checkbox"/> 51 to 60 years old <input type="checkbox"/> > 61 years old	Approx. Gross Annual Income <input type="checkbox"/> < P250,000 <input type="checkbox"/> P250,000 - P500,000 <input type="checkbox"/> P500,000 - P1M <input type="checkbox"/> > P1M	Sources of Investible Funds <input type="checkbox"/> Savings <input type="checkbox"/> Inheritance <input type="checkbox"/> Gifts <input type="checkbox"/> Winnings <input type="checkbox"/> Others (Please Specify)	How much are you planning to invest in the ATR Funds? <input type="checkbox"/> < P100,000 <input type="checkbox"/> 100,000 - P500,000 <input type="checkbox"/> P500,001 - Php 1M <input type="checkbox"/> > P1M	Approximately how much does this amount represent as a percentage of your funds for investment? <input type="checkbox"/> 25% or less <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76%-100%
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Score	Score
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Investment Objective <input type="checkbox"/> Capital Preservation (1 pt.) <input type="checkbox"/> Regular Income Source (2 pts.) <input type="checkbox"/> Capital Appreciation (3 pts.) <input type="checkbox"/> Long Term Growth (2 pts.)	How would you rate your investment knowledge? <input type="checkbox"/> Very Extensive (4 pts.) <input type="checkbox"/> High (3 pts.) <input type="checkbox"/> Average (2 pts.) <input type="checkbox"/> Low or Poor (1 pt.)
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For this investment I am <input type="checkbox"/> Willing to accept high risk for potentially higher returns (3 pts.) <input type="checkbox"/> Willing to accept moderate risk in return for some growth opportunity (2 pts.) <input type="checkbox"/> Willing to accept low to no risk for general stability of principal (1 pt.)	How long do you intend to keep your funds invested in this account? <input type="checkbox"/> In less than 1 year (0 pt.) <input type="checkbox"/> 1-2 years (1 pt.) <input type="checkbox"/> 3-5 years (2 pts.) <input type="checkbox"/> 5-7 years (3 pts.) <input type="checkbox"/> After 8+years (4 pts.)
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How long have you been investing? <input type="checkbox"/> Less than 1 year (1 pt.) <input type="checkbox"/> 1-5 years (2 pts.) <input type="checkbox"/> 5-10 years (3 pts.) <input type="checkbox"/> More than 10 years (4 pts.)	Risk Tolerance: <input type="checkbox"/> High (3 pts.) <input type="checkbox"/> Medium (2 pts.) <input type="checkbox"/> Low (1 pt.)
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What types of investments have you previously invested in? <input type="checkbox"/> Cash and deposit products (1 pt.) <input type="checkbox"/> Government securities (1 pt.) <input type="checkbox"/> Corp. notes, bonds, loans or com. papers (1 pt.) <input type="checkbox"/> Listed shares of stocks (2 pts.) <input type="checkbox"/> Unlisted shares of stocks (2 pts.) <input type="checkbox"/> Pre-need products (2 pts.) <input type="checkbox"/> Mutual Funds or UITFs (2 pts.) <input type="checkbox"/> Insurance Products (2 pts.) <input type="checkbox"/> Offshore Funds (including ETFs, REITs) (2 pts.) <input type="checkbox"/> Structured financial products (2 pts.) <input type="checkbox"/> Commodities (2 pts.) <input type="checkbox"/> Real Estate (2 pts.)	When will you retire? <input type="checkbox"/> Already retired (0 pt.) <input type="checkbox"/> In 5 years or less (1 pt.) <input type="checkbox"/> 6-10 years (2 pts.) <input type="checkbox"/> 11-20 years (3 pts.) <input type="checkbox"/> More than 20 years (4 pts.)
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		Total
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Score	Risk Profile	Description	Recommended Products
6-15	Conservative	Indicates your primary investment objective is to prevent the loss of principal	Time Deposit, BSP SDA, Government Securities, ROP Bonds, Corporate bonds/notes (tenor <1 year), money market funds
16-30	Moderate	Indicates that you are willing to accept a certain level of investment risk in return for potential returns higher than regular deposit products	Time Deposit, BSP SDA, Government Securities, ROP Bonds, Corporate bonds/notes, Bank's Tier 2 issues (tenor =3 year), money market funds, bond funds, balanced funds, equity funds, stocks (maximum 60% of client's investible funds)
31-46	Aggressive	Indicates that you are willing to accept a higher level of investment risk/volatility of returns and even possible loss of principal in return for potential higher return over the long-term	Government Securities, ROP Bonds, Corporate bonds/notes, Bank's Tier 2 issues, structured notes, money market funds, bond funds, balanced funds, stocks

Checklist of Requirements:
 Client Account Form
 Client Suitability Assessment
 KYC
 FATCA
 Valid IDs
 Fax/Email Indemnity

RM/Signature _____

Date/Time _____