

Instructions:

1. Please complete in **CAPITAL LETTERS** where applicable. Please answer all items. If an item is not applicable to you, Indicate **N/A**.
2. Items marked with an asterisk (*) are mandatory.
3. Print in A4

CLIENT PROFILE

TYPE OF ACCOUNT ☐ INDIVIDUAL ☐ JOINT "OR" ☐ MONTHLY INVESTMENT PROGRAM (MIP)

INVESTOR 1

NAME (LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX) *

PRESENT ADDRESS (HOUSE/BLDG. NO., STREET, SUBDIVISION/DISTRICT, TOWN/CITY, PROVINCE, COUNTRY, ZIP CODE) *

PERMANENT ADDRESS (HOUSE/BLDG. NO., STREET, SUBDIVISION/DISTRICT, TOWN/CITY, PROVINCE, COUNTRY, ZIP CODE) ☐ SAME AS ABOVE

PREFERRED MAILING ADDRESS * ☐ PRESENT ☐ PERMANENT **SEX** ☐ MALE ☐ FEMALE

CIVIL STATUS **TIN** *

NATIONALITY * **PLACE OF BIRTH** *
(city / municipality and province)

EMAIL ADDRESS * **DATE OF BIRTH** *
(MM/DD/YYYY)

TEL NO. **MOBILE NO.** *

TYPE OF ID PRESENTED **ID NO.** *

ID ISSUE DATE **ID EXPIRY DATE**

SOURCE OF FUNDS * ☐ EMPLOYMENT ☐ BUSINESS ☐ SALE OF ASSETS ☐ OTHERS, PLS. SPECIFY

ESTIMATED ANNUAL INCOME ☐ Up to P 500,000 ☐ P 500,001 up to P2,000,000 ☐ P 2,000,001 up to P5,000,000 ☐ P 5,000,001 up to P10,000,000 ☐ Above P10,000,000

NAME OF EMPLOYER OR BUSINESS *

NATURE OF WORK OR BUSINESS *

ARE YOU / YOUR BUSINESS ENGAGED IN: *	Yes	No	Yes	No	Yes	No	Yes	No
	☐	☐	☐	☐	☐	☐	☐	☐
	Jewelry/precious metal	E-money issuer	Travel Agency	Money Changer				
	Gaming/casino	Remittance platform service	Pawnshop	Remittance Agent				
	☐	☐	☐	☐	☐	☐	☐	☐
	Real estate	NGO / Foundation / Association	FX Dealer	Legal / Accounting Services				

INVESTOR 2

NAME (LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX) *

PRESENT ADDRESS (HOUSE/BLDG. NO., STREET, SUBDIVISION/DISTRICT, TOWN/CITY, PROVINCE, COUNTRY, ZIP CODE) *

PERMANENT ADDRESS (HOUSE/BLDG. NO., STREET, SUBDIVISION/DISTRICT, TOWN/CITY, PROVINCE, COUNTRY, ZIP CODE) ☐ SAME AS ABOVE

PREFERRED MAILING ADDRESS*

☐ PRESENT☐ PERMANENT

SEX

☐ MALE☐ FEMALE

CIVIL STATUS

TIN *

NATIONALITY*

PLACE OF BIRTH*
(city / municipality and province)

EMAIL ADDRESS

DATE OF BIRTH*
(MM/DD/YYYY)

TEL NO.

MOBILE NO.*

TYPE OF ID*
PRESENTED

ID NO *

ID ISSUE DATE

ID EXPIRY DATE

SOURCE OF FUNDS*

☐ EMPLOYMENT☐ BUSINESS☐ SALE OF ASSETS☐ OTHERS, PLS. SPECIFY

ESTIMATED ANNUAL INCOME

☐ Up to P 500,000☐ P 500,001 up to P2,000,000☐ P 2,000,001 up to P5,000,000☐ P 5,000,001 up to P10,000,000☐ Above P10,000,000

NAME OF EMPLOYER OR BUSINESS *

NATURE OF WORK OR BUSINESS *

ARE YOU / YOUR BUSINESS ENGAGED IN: *	Yes	No	Yes	No	Yes	No	Yes	No
	☐	☐	☐	☐	☐	☐	☐	☐
	Jewelry/precious metal	E-money issuer	Travel Agency	Money Changer				
	☐	☐	☐	☐	☐	☐	☐	☐
	Gaming/casino	Remittance platform service	Pawnshop	Remittance Agent				
	☐	☐	☐	☐	☐	☐	☐	☐
	Real estate	NGO / Foundation / Association	FX Dealer	Legal / Accounting Services				

CLIENT SUITABILITY ASSESSMENT (CSA)

Objective: In compliance with SEC and BSP regulation, this is being conducted to help the Relationship Managers or Certified Investment Solicitors determine the client’s understanding of risks related to investing.

1. What is your estimated net worth?

☐ A. < Php 5M☐ B. Php 5M – Php 10M☐ C. > Php 10M

2. How much of your income is available for investment?

☐ A. < 10%☐ B. 10 % - 30 %☐ C. > 30%

3. What financial products have you previously or currently invested in? (Encircle one or more)

☐ A. Bank Deposits, certificates of deposits, capital protected products☐ B. Fixed Income direct securities, Fixed Income funds☐ C. Equity securities, equity funds, derivatives and alternative assets (crypto)

4. Which of the following best describes your investment objective?

☐ A. I want my investment returns higher than traditional deposit products and willing to take a low level of investment risk.☐ B. I want to make the funds grow and I understand that in order to do this, I need to take on more risks by investing in a mix of fixed income securities and equities, which may require a longer investment time horizon to meet my investment goals.☐ C. I want to maximize the funds in equities for a considerable length of time. I understand that such investments entail high risks and I am willing to ride the ups and downs of the market for potential higher long-term results

5. How long do you intend to keep your funds invested?

☐ A. 1-3 years☐ B. 3-5 years☐ C. > 5 years

6. Which of the following gain and loss scenarios are you likely to be comfortable with?

☐ A. Maximum gain of 7%, with a potential loss of up to 1%☐ B. Maximum gain of 15%, with a potential loss of up to 5%☐ C. Maximum gain of 25%, with a potential loss of up to 15%

CLIENT SUITABILITY RESULTS (TO BE FILLED OUT BY SALES PERSONNEL ONLY)

ANSWER	SCORE		1	2	3	4	5	6	TOTAL	ITEM	RISK PROFILE	RECOMMENDED INVESTMENT FUND
A	1	ANSWER (A/B/C)								6 to 10	CONSERVATIVE	FIXED INCOME FUNDS
B	2									11 to 14	MODERATE	BALANCED FUNDS
C	3	SCORE (1/2/3)								15 to 21	AGGRESSIVE	EQUITY FUNDS

WAIVER OF SUITABILITY RESULTS

- ☐ The undersigned acknowledges that the responses provided in the questionnaire are true, accurate, and complete, and may be relied upon by ATR FAMI and understands the explanation given by ATR FAMI personnel regarding the results of the client suitability assessment. I further agree with the recommended investment fund product based on my/our profile and hold ATR FAMI free from liability for losses resulting solely from market movements or my/our decision to invest contrary to the recommended product, except in cases of fraud, bad faith, gross negligence, willful misconduct, or violation of applicable laws or regulations. In the case of joint accounts with differing investor profiles, the profile of the primary investor shall prevail, and any change in the primary investor will require a new suitability assessment.

SETTLEMENT INSTRUCTION FOR INCOME-PAYING FUNDS

PESO INCOME DISTRIBUTION INSTRUCTIONS

All peso income distributions arising from investments in ATR FAMI income-distributing funds shall be automatically credited to the investor's ATR FAMI Money Market Fund account.

If the investor does not have an existing ATR FAMI Money Market Fund account, one will be established under the same registered account name.

USD INCOME DISTRIBUTION INSTRUCTIONS

For investments in USD income-distributing funds, kindly provide your preferred settlement account for receiving USD income distribution generated from these USD-denominated funds.

The foregoing settlement instructions shall remain effective until ATR FAMI receives written notice of any change.

ACCOUNT NAME

BANK NAME	ACCOUNT NUMBER

FATCA COMPLIANCE

INVESTOR 1 DECLARATION

- ☐ I am not a citizen or resident of the United States ("U.S") for tax purposes nor a holder of Green Card, U.S. laws or reporting obligations under FATCA. I undertake to notify ATR FAMI immediately should there be any change in my tax residency status

INVESTOR 2 DECLARATION

- ☐ I am not a citizen or resident of the United States ("U.S") for tax purposes nor a holder of Green Card, U.S. laws or reporting obligations under FATCA. I undertake to notify ATR FAMI immediately should there be any change in my tax residency status

ENROLLMENT TO ELECTRONIC SERVICES

- ☐ I/We authorize ATR FAMI to rely upon and act in accordance with communication received from or purportedly sent by me/us via electronic means.
- ☐ I/We would like to receive marketing updates and company notices from ATR FAMI via email, sms or phone.

PROXY AUTHORIZATION

- ☐ I hereby appoint ATR FAMI as my proxy to attend and vote at meetings on my behalf, in accordance with applicable guidelines. This proxy is valid for five (5) years from account opening, unless earlier revoked in writing, and shall not apply if I/we attend the meeting personally.

ACCOUNT AUTHORIZATION

- ☐ I/We, hereby authorize _____ to obtain my Statement of Account (SOA) and other pertinent documents on my behalf. Access will be granted solely for this specific purpose and will remain subject to ATR FAMI's data privacy and confidentiality protocols.

BENEFICIAL OWNERSHIP

- ☐ I/We, am/are the beneficial owner/s of this investment account.

SPECIMEN SIGNATURES

INVESTOR 1

SIGNATURE OVER PRINTED NAME AND DATE

INVESTOR 2

SIGNATURE OVER PRINTED NAME AND DATE

VOCTOBER2026

TERMS AND CONDITIONS

I hereby declare, authorize, accept, confirm, and certify:

1. Accuracy of Information

I/We certify that all information provided is true and correct and that I/we will promptly update the institution of any changes in my/our personal, financial, or contact information.

2. Risk Disclosure & Suitability

I/We understand that investments are not bank deposits, are not insured, and may lose value. I/We have been informed of my risk profile, the features and risks of the product, and I/we accept full responsibility for my/our investment decisions.

3. Fees & Transactions

I/We agree to all applicable fees, charges, and transaction cut-off times. I/We authorize the institution to process subscriptions, redemptions, and settlements in accordance with its operating rules.

4. Data Privacy

I/We consent to the collection, processing, storage, and sharing of my/our personal data for account servicing, regulatory reporting, and compliance with the Data Privacy Act of 2012.

5. Anti-Money Laundering Compliance

I/We confirm that all funds used in this account are legitimate and from lawful sources. I/We acknowledge the institution's right to conduct verification, monitoring, and reporting as required by AML laws.

6. Communications & Notices

I/We agree that statements, notices, and confirmations may be sent electronically and will be considered delivered once sent to my/our registered contact details.

7. Liability & Indemnity

I / We agree to review all statements and notices and inform the institution of any discrepancies within the prescribed period. I/We hold the institution free from liability for losses arising from market movements, third-party actions, or force majeure events, except in cases of fraud, bad faith, gross negligence, willful misconduct, or violation of applicable laws or regulation.

8. Account Closure

The institution may close, freeze, or limit the account if required by law, regulation, or risk management policies. I/We may close my account subject to settlement of all obligations.

9. Governing Law

These terms are governed by the laws and regulations of the Republic of the Philippines.

10. Complaints and Concerns

For any inquiries, concerns, or complaints, clients may contact ATR FAMI at (02) 7777-4100 or inquiry@atrファミ.com.ph. ATR FAMI shall resolve all complaints within thirty (30) calendar days from receipt, in accordance with Rule 8, Section 6.2(b) and (c) of SEC Memorandum Circular No. 5, Series of 2023. The Securities and Exchange Commission contact email is: icd_msrd@sec.gov.ph.

ACKNOWLEDGEMENT

I/We have read and fully understood the terms and conditions stated above and the same were explained to me/us by an ATR FAMI Certified Investment Solicitor/Certified UITF Sales Personnel.

INVESTOR 1

SIGNATURE OVER PRINTED NAME AND DATE

INVESTOR 2

SIGNATURE OVER PRINTED NAME AND DATE

TO BE ACCOMPLISHED BY ATR FAMI CERTIFIED INVESTMENT SOLICITOR / CERTIFIED UITF SALES PERSON

CISOL SIGNATURE OVER PRINTED NAME AND DATE

CIS LICENSE NO. / CUSP ID NO

BOOKING CONFIRMATION (FOR ATR FAMI USE ONLY)

SIGNATURE OVER PRINTED NAME AND DATE

RECEIVED BY APPROVER