

Instructions:

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

* UPDATING NEW ACCOUNT

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

Jewelry/precious metal

Yes No

E-money issuer

Yes No

Travel Agency

Yes No

Money Changer

Gaming/casino

Remittance platform service

Pawnshop

Remittance Agent

Real estate

NGO / Foundation / Association

FX Dealer

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			

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.

- What is your estimated net worth?

<input type="checkbox"/> A. < Php 5M	<input type="checkbox"/> B. Php 5M – Php 10M	<input type="checkbox"/> C. > Php 10M
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- How much of your income is available for investment?

<input type="checkbox"/> A. < 10%	<input type="checkbox"/> B. 10% - 30%	<input type="checkbox"/> C. > 30%
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- What financial products have you previously or currently invested in? (Encircle one or more)

<input type="checkbox"/> A. Bank Deposits, certificates of deposits, capital protected products	<input type="checkbox"/> B. Fixed Income direct securities, Fixed Income funds	<input type="checkbox"/> C. Equity securities, equity funds, derivatives and alternative assets (crypto)
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- Which of the following best describes your investment objective?

<input type="checkbox"/> A. I want my investment returns higher than traditional deposit products and willing to take a low level of investment risk.	<input type="checkbox"/> 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.	<input type="checkbox"/> 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
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- How long do you intend to keep your funds invested?

<input type="checkbox"/> A. 1-3 years	<input type="checkbox"/> B. 3-5 years	<input type="checkbox"/> C. > 5 years
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- Which of the following gain and loss scenarios are you likely to be comfortable with?

<input type="checkbox"/> A. Maximum gain of 7%, with a potential loss of up to 1%	<input type="checkbox"/> B. Maximum gain of 15%, with a potential loss of up to 5%	<input type="checkbox"/> C. Maximum gain of 25%, with a potential loss of up to 15%
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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

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 any liability should the chosen investment decline in value more than the recommended product. 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

I authorize ATR FAMI to credit all income and dividend proceeds arising from any income-distributing fund to the account indicated below. I understand that if I do not have an existing Money Market Fund or Dollar Bond Fund, ATR FAMI will open such an account for me under the same account name reflected in this application

ATR FAMI Money Market Fund, Inc. (SAME ACCOUNT NUMBER)

CHECKING / SAVINGS ACCOUNT PHP USD

BANK NAME

ACCOUNT 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

Empty box for Investor 1 signature

Empty box for Investor 1 signature

Empty box for Investor 1 signature

INVESTOR 2

SIGNATURE OVER PRINTED NAME AND DATE

Empty box for Investor 2 signature

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Empty box for Investor 2 signature

TERMS AND CONDITIONS

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

1. Accuracy of Information

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

2. Risk Disclosure & Suitability

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

3. Fees & Transactions

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

4. Data Privacy

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

5. Anti-Money Laundering Compliance

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

6. Communications & Notices

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

7. Liability & Indemnity

I agree to review all statements and notices and inform the institution of any discrepancies within the prescribed period. I hold the institution free from liability for losses arising from market movements, third-party actions, or force majeure events.

8. Account Closure

The institution may close, freeze, or limit the account if required by law, regulation, or risk management policies. I 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.

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