

REDEMPTION FORM

ACCOUNT NAME : _____
 ACCOUNT NUMBER : _____
 DATE (MM//DD/YYYY) : _____

REDEMPTION DETAILS

NAME OF FUND _____

TYPE OF REDEMPTION FULL (All outstanding shares) PARTIAL (Please indicate the number of shares or the exact amount) SWITCH

NUMBER OF SHARES / UNITS _____ **OR** **AMOUNT TO BE REDEEMED** _____

SETTLEMENT DETAILS

I / WE UNDERSTAND THAT THE PROCEEDS OF MY/OUR REDEMPTION WILL BE AVAILABLE WITHIN SEVEN (7) BANKING DAYS FROM RECEIPT OF THIS FORM, PROVIDED, ALL DETAILS ARE COMPLETE, ACCURATE AND VALIDATED

SHIFT TO ANOTHER FUND ATR FAMI ATRAM

NAME OF RECEIVING FUND _____

FUND TRANSFER VIA: _____

BANK NAME _____

ACCOUNT NAME _____

BANK ACCOUNT NUMBER _____

SA CA

SPECIAL INSTRUCTIONS (IF ANY) _____

NOTE: IF YOU DO NOT RECEIVE THE REDEMPTION PROCEEDS WITHIN SEVEN (7) BANKING DAYS, PLEASE CONTACT ATR FAMI AT INQUIRY@ATRFAMI.COM.PH FOR ASSISTANCE.

DECLARATION

I/WE, THE UNDERSIGNED OWNER/S OF CERTAIN MUTUAL FUND SHARE/UNITS, HEREBY REQUEST FOR THE REDEMPTION OF SUCH SHARES/UNITS AT THE APPLICABLE REDEMPTION PRICE, AS DEFINED IN THE PROSPECTUS WHICH I/WE WARRANT TO HAVE READ AND UNDERSTOOD. FURTHERMORE, FOR VALUE RECEIVED, FOR JOINT ACCOUNTS, I/WE DECLARE UNDER THE PENALTIES OF PERJURY THAT MY/OUR CO-INVESTOR/S IS/ARE STILL LIVING AT THE TIME OF THIS TRANSACTION.

I/WE ALSO DECLARE THAT THIS TRANSACTION IS MADE WITH THE FULL KNOWLEDGE AND CONSENT OF MY/OUR CO-INVESTOR/S. I/WE FURTHER ACKNOWLEDGE AND CONFIRM THAT I/WE HAVE READ AND FULLY UNDERSTOOD THE TERMS AND CONDITIONS STATED ON THIS DOCUMENT AND AGREE TO BE BOUND THEREBY.

I/WE WILL INDEMNIFY AND HOLD FREE AND HARMLESS FAMI, ITS SHAREHOLDERS, DIRECTORS, OFFICERS, EMPLOYEES AND ITS REPRESENTATIVES FROM ANY COSTS, LOSSES, LIABILITIES, DAMAGES OR EXPENSES WHATSOEVER ARISING FROM THE ACCEPTANCE OR REJECTION, DELAY OR INACTION AND ANY UNSUCCESSFUL CREDITING OF THE REDEMPTION PROCEEDS DUE TO ERROR OR DISCREPANCIES FROM INFORMATION PROVIDED ON THE ATR FAMI FORMS.

I/WE UNDERSTAND THAT THE FAX AND EMAIL INDEMNITY THAT WAS SIGNED DURING ACCOUNT OPENING SHALL BE EFFECTIVE ON THIS DOCUMENT AS WELL. THIS GRANTS ATR FAMI WITH THE RIGHT TO HONOR FAXED/SCANNED/EMAILED COPIES OF THE FILLED OUT REDEPTION FORM, WITHOUT RECEIPT OF THE ORIGINAL DOCUMENT.

I ACKNOWLEDGE THAT ANY APPLICABLE CHARGES AND FEES SHALL BE DEDUCTED FROM THE REDEMPTION PROCEEDS WHICH MAY RESULT IN AN AMOUNT LESS THAN WHAT HAS BEEN INDICATED IN THE REDEMPTION APPLICATION FORM.

SIGNATURES

SIGNATORY 1	SIGNATORY 2	SIGNATORY 3
SIGNATURE OVER PRINTED NAME AND DATE	SIGNATURE OVER PRINTED NAME AND DATE	SIGNATURE OVER PRINTED NAME AND DATE

BOOKING CONFIRMATION (FOR ATR FAMI USE ONLY)

DATE AND SIGNATURE VERIFIED	MAKER
SIGNATURE OVER PRINTED NAME	AUTHORIZER

REMARKS
