

**INSTRUCTIONS:** Please type all information in CAPITAL LETTERS. Fill out this form completely. Write N/A on fields that are not applicable and do not leave any blank spaces.

**Account Name\*** (This is the name that will appear on your statement of account and other correspondence)

**Reason for Update**

**BUSINESS INFORMATION**

**Business Name\***  **Source of Funds\***

**Business Address\*** (# Street, Subdivision, District, Town/City, Province, Country, Zip Code)

**Communication Address\*** (# Street, Subdivision, District, Town/City, Province, Country, Zip Code)  
Same as Permanent Address

**Business Website**  **Email (Office)\***

**Office Phone Number**  **Business Fax Number**

**AUTHORIZED CONTACT PERSON**

**CONTACT PERSON** Add Remove

**Last Name\***  **First Name\***  **Middle Name\***

**Position\***  **Email Address\***  **Phone Number\***

**CONTACT PERSON** Add Remove

**Last Name\***  **First Name\***  **Middle Name\***

**Position\***  **Email Address\***  **Phone Number\***

**PERSON AUTHORIZED TO RECEIVE DOCUMENTS/CORRESPONDENCES**

Same as Authorized Contact Person

**AUTHORIZED PERSON** Add Remove

**Last Name\***  **First Name\***  **Middle Name\***

**Position\***  **Email Address\***  **Phone Number\***

**AUTHORIZED PERSON** Add Remove

**Last Name\***  **First Name\***  **Middle Name\***

**Position\***  **Email Address\***  **Phone Number\***

**INSTITUTION'S PHILIPPINE BANK ACCOUNT DETAILS (For Redemption Purposes)**

Redemption proceeds will only be deposited to the bank account that matches your PhilEquity Account Name. Your bank account must accept check deposits.

**Bank Name\***  **Branch Name\***  **Account Currency\***  **Type of Account\***

Peso Dollar Savings Checking

**Bank Account Name\***  **Bank Account Number\***

**DECLARATION**

I/ We hereby attest and acknowledge that:

- I/ We is/are the registered owner of the mutual fund shares/units and hereby request to effect the change/s indicated above, any further changes will be communicated to PhilEquity with a revised Account Update Form.
- I/We accept, give full consent and agree to abide by the General Terms and Conditions, a copy of which was provided to me/us together with any and all amendment made thereto from time to time.
- I/we hold PEMI, its officers and representatives, free and harmless from any and all claims, liabilities, damages and suits of whatever nature arising out of or in connection with the changes indicated above.




**Authorized Signatory 1**  
Signature over Printed Name
 **Authorized Signatory 2**  
Signature over Printed Name




**Authorized Signatory 3**  
Signature over Printed Name
 **Authorized Signatory 4**  
Signature over Printed Name

**PHILEQUITY USE ONLY**

**Date / Time Received**  **Distributor / Branch**

**Source of Document**  **Received By**

**Encoder**  **Date Encoded**

**Authorizer**  **Date Authorized**