

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.

GENERAL INFORMATION

Account Name			
Account Number		Email Address	

BANK ACCOUNT DETAILS

Bank Name and Branch	Account Type	Savings	Current
Bank Account Name			
Account Number			




INVESTMENT SCHEDULE

Select One Action	Fund Name	Investment Frequency				Subscription Amount
		Monthly	Quarterly <small>(Mar, Jun, Sep, Dec)</small>	Every 1 st	Every 16 th	
Enroll Amend Cancel	Philequity Alpha One Fund					Php _____
	Philequity Dividend Yield Fund					Php _____
	Philequity Dollar Income Fund					USD _____
	Philequity Fund					Php _____
	Philequity MSCI Philippines Index Fund					Php _____
	Philequity Peso Bond Fund					Php _____
	Philequity PSE Index Fund					Php _____

DECLARATION




AGREEMENT: By signing below, I/we hereby accept and agree that:

1. The information stated herein is correct, complete, truly stated and originally signed;
2. All signatories of the nominated bank account have been made aware of this auto-investment enrollment, have given full consent to debit their bank account with above details, and have signed this form;
3. The amount that will be invested in the funds comes from legitimate sources and does not involve a violation of or is designed to violate any law, rule and regulation;
4. Enrollment to this service entails bank charges. Any bank charges will be debited in addition to the intended subscription amount. Bank charges may change from time to time.
5. Should the debit schedule fall on a weekend or a holiday, the actual debit from my/our bank account and subscription to the fund/s will be on the next available banking day
6. Any changes shall be immediately communicated with PhilEquity with a revised Auto Investment Form;
7. A maximum of three (3) consecutive failed debit attempts shall automatically cancel my/our auto-invest enrollment; Regardless of the funds and frequency.
8. This Form and other documents will be submitted to my/our distributor or agent for initial verification. If I/we am/are a PhilEquity direct client, documents will be submitted directly to PhilEquity Management Inc. at 15th Floor PSE Tower, 5th Avenue corner 28th Street, Bonifacio Global City, Taguig City, 1634
9. This document will be processed based on the date and time received by PhilEquity Management, Inc. Enrollment processing may take up to fifteen (15) banking days from PhilEquity's receipt of complete documents;
10. 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 opening / enrollment in Auto-Investment transactions, including errors inadvertently committed by my/our originating Bank.
11. I/We am/are fully liable for any penalties incurred if there is a failure to debit my/our bank account due to account closure, insufficient funds, or any other reason for which I/we am/are held accountable.

 Authorized Signatory 1 Signature over Printed Name	 Authorized Signatory 2 Signature over Printed Name	 Authorized Signatory 3 Signature over Printed Name
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CONFORMITY OF BANK ACCOUNT OWNER

I/We hereby have given full consent to debit my/our bank account with above details.

 Bank Account Authorized Signatory 1 Signature over Printed Name	 Bank Account Authorized Signatory 2 Signature over Printed Name	 Bank Account Authorized Signatory 3 Signature over Printed Name
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DISTRIBUTOR / AGENT ACKNOWLEDGEMENT

Date / Time Received		Distributor / Branch	
Received By		Confirmed for processing by	
Sales Load	EX DTSL	SSL: _____	

PHILEQUITY USE ONLY

Date / Time Received	Date Processed	
Source of Document	Processor	
Received By	Authorizer	



Auto-Debit Arrangement Enrollment Form

Authority to Debit (Individual / Corporate)

How to enroll / update enrollment

• Read the Terms and Conditions at the back of this form. • Fields with an asterisk (*) are required. • Complete and sign this form and submit it to your maintaining branch.

1. Customer Information

Account name* Please check: Individual Corporate

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Address* Please check: Residence Business

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Contact persons* Tel. No. (residence)* Tel. No. (business)* Fax No.*

2. Customer Payee List Information

- Indicate the following: "E" for enroll - first time ADA set-up with payee or re-enrollment.
"D" for delete - any change in debit account number / change in subscriber number / change in subscriber name / voluntary cancellation / termination of ADA with payee.
- Please enumerate the payee/s that you would like to enroll or delete for auto-debit arrangement (ADA).
- Indicate your subscriber number with that payee/other subscriber number/s you wish to enroll or delete. e.g. account number, service I.D. number, policy number, membership number.
- Indicate your subscriber name/other subscriber name/s you wish to enroll or delete.
- Indicate your default bank account number from which funds will be automatically debited in settlement of your payables to the payee/s once a collection instruction / billing file is sent to the Bank by the payee/s. This may be changed later if desired.

E/D¹ Payee Name² Subscriber Number³ Subscriber Name⁴ Enrolled Debit Account No.⁵

E/D ¹	Payee Name ²	Subscriber Number ³	Subscriber Name ⁴	Enrolled Debit Account No. ⁵

3. Declaration

I/We have read and agree to the ADA terms and conditions printed at the back of this form. I/We declare that the above information are accurate to my /our knowledge.

All Required Signatories

Signatory 1
(Signature over printed name)

Signatory 2
(Signature over printed name)

Signatory 3
(Signature over printed name)

For Bank Use Only

Branch	H. Q. Unit
Signatures Verified by: (signature over printed name)	Processed by: (signature over printed name)
Date and Time:	Date and Time:
Validated/Approved by: (signature over printed name)	Checked/Approved by: (signature over printed name)
Date and Time:	Date and Time:

Auto-Debit Arrangement (ADA) Terms and Conditions

Date of Enrollment : _____
To : BANCO DE ORO UNIBANK, INC.
BDO Corporate Center, 7899 Makati Ave., Makati City

Gentlemen:

This will serve as your authorization to debit my/our enrolled account/s to settle my/our billing/s in favor of my/our enrolled payee/s under the AUTOMATIC DEBIT ARRANGEMENT ("ADA"). My/our ADA enrolled account/s and corresponding payee/s are indicated on the reverse side hereof.

In this regard, I/We hereby agree to be governed by the following ADA terms and conditions:

1. Banco De Oro Unibank, Inc. ("BDO") and my/our payee/s have entered into a Memorandum of Agreement ("MOA") whereby BDO will facilitate the collection of my/our payee's/s' billings to me/us, via auto-debit from my/our enrolled account/s.
2. I/We hereby expressly authorize BDO's unit-in-charge of implementing the collection, to automatically debit from time to time, without need of any further act and deed, from my/our enrolled account/s, the amount/s due to my/our payee/s as described in the collection instruction/billing file as may be transmitted by my/our payee/s to BDO from time to time in accordance with terms of the MOA. Amounts debited from my/our enrolled account/s will be automatically credited to my/our payee's/s' deposit account/s with BDO.

It is agreed and understood that in case the cleared and withdrawable balance of my/our enrolled account/s be insufficient to pay in full the total amount due to my/our payee/s, BDO shall not effect partial payment thereof out of the insufficient balance of my/our enrolled account/s.

3. Any claim which may arise from any discrepancy between the amount/s debited from my/our enrolled account/s and that stated in my/our payee's/s' collection instruction/billing file shall be resolved with my/our payee/s.
4. Payments for past due or overdue accounts with service disconnection/termination or policy/contract lapsation shall be made directly to the collection offices of my/our payee/s.

Payment procedures/stipulations imposed by my/our payee/s not inconsistent herewith or with any terms and conditions hereof or any related documents or instruments executed by BDO and the undersigned or any of us, are deemed incorporated herein by way of reference.

5. For enrolled joint "or" accounts, I/we hereby agree and understand that any and all transaction done by me/us/any of us through the ADA are done with the consent of all of my/our co-depositor/s. Further, I/we hereby declare under the penalties of perjury that all of my/our co-depositor/s is/are living at the time of such transaction/s.
6. For enrolled corporate accounts, I/we hereby agree that the ADA transactions are authorized by my/our company's board resolution covering my/our account maintenance with BDO.
7. I/We hereby agree to waive a separate notice of debit other than that reflected in BDO's passbook or bank statement.
8. I/We hereby agree to reimburse and forever hold BDO, its directors, officers, employees and assigns, free and harmless from any and all claims, actions, and/or liabilities of whatever kind and nature, for checks drawn against my/our enrolled account/s but returned /dishonored as a result of the debit of the amount/s due to my/our payee/s from my/our enrolled accounts; and/or arising out of or in connection with the implementation of this ADA, and/or for BDO's failure to implement this authority due to error/s and omissions inadvertently committed.
9. I/We hereby expressly waive my/our rights under the Secrecy of Bank Deposits Law (R.A. 1405) in connection with any information which may be disclosed by BDO to my/our payee/s from time to time and as may be necessary to implement the MOA between BDO and my/our payee/s. For this purpose, I/we hereby authorize BDO to disclose my/our payee/s any information pertaining to my/our enrolled account/s, as may be necessary for the implementation of this ADA.
10. BDO reserves the right to impose charges on this arrangement within legal/statutory limits.
11. The MOA between BDO and my/our payee/s may be cancelled at anytime by either party without need of prior written notice of termination to me/us.
12. This ADA shall be governed by all applicable rules and regulations of the Bangko Sentral ng Pilipinas, Philippine Clearing House Corporation and other relevant government agency.
13. All terms and conditions of my/our existing savings/current account agreement/s with BDO in so far as not inconsistent herewith shall remain in full force and effect.
14. This ADA shall take effect after BDO receives confirmation of my/our ADA enrollment from my/our payee/s following the date of enrollment as indicated above and shall continue to be effective unless otherwise notified by me/us in writing BDO at least seven (7) days prior to intended date of termination. BDO however, may immediately terminate this Agreement without notice to me/us, in case I/we mishandle my/our enrolled account/s in the reasonable determination of BDO.
15. This ADA and the implementation of the terms hereof shall be subject to the pertinent provisions of the MOA between BDO and my/our payee/s as well as BDO's Implementing Guidelines, which are deemed incorporated herein by way of reference.

WRITE LEGIBLY

1 Write your PhilEquity Account details

2 Write your bank account details.

Ensure that your bank account is not:

- Closed;
- Dormant; or
- Non-existent

3 **For Individual Account**
Sign once under Authorized Signatory 1


For Joint "OR" Account
At least 1 investor must sign

For Joint "AND" Account
All investors must sign

For ITF Account
The beneficiary does not sign

4 All bank account holders must sign even if the account type is a joint "OR" account.

Provide a separate form if more than three signatories.









AUTO INVESTMENT FORM (AIF)

15th Floor PSE Tower, 5th Avenue corner 28th Street, Bonifacio Global City, Taguig City, 1634
 (+632) 8250 8700 | invest@philequity.net | ask@philequity.net | www.philequity.net

DATE: mm/dd/yyyy

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.

GENERAL INFORMATION									
Account Name									
Account Number			Email Address						
BANK ACCOUNT DETAILS									
Bank Name and Branch					Account Type		<input type="radio"/> Savings <input type="radio"/> Current		
Bank Account Name									
Account Number									
INVESTMENT SCHEDULE									
Select One Action			Fund Name		Investment Frequency				Subscription Amount
Enroll	Amend	Cancel			Monthly	Quarterly (Mar, Jun, Sep, Dec)	Every 1 st	Every 16 th	Minimum: PHP500 USD100
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PhilEquity Alpha One Fund		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	Php _____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PhilEquity Dividend Yield Fund		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	Php _____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PhilEquity Dollar Income Fund		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	USD _____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PhilEquity Fund		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	Php _____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PhilEquity MSCI Philippines Index Fund		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	Php _____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PhilEquity Peso Bond Fund		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	Php _____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PhilEquity PSE Index Fund		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	Php _____
DECLARATION									
<p>AGREEMENT: By signing below, I/we hereby accept and agree that:</p> <ol style="list-style-type: none"> 1. The information stated herein is correct, complete, truly stated and originally signed; 2. All signatories of the nominated bank account have been made aware of this auto-investment enrollment, have given full consent to debit their bank account with above details, and have signed this form; 3. The amount that will be invested in the funds comes from legitimate sources and does not involve a violation of or is designed to violate any law, rule and regulation; 4. Enrollment to this service entails bank charges. Any bank charges will be debited in addition to the intended subscription amount. Bank charges may change from time to time. 5. Should the debit schedule fall on a weekend or a holiday, the actual debit from my/our bank account and subscription to the fund/s will be on the next available banking day. 6. Any charges shall be immediately communicated with PhilEquity with a revised Auto Investment Form; 7. A maximum of three (3) consecutive failed debit attempts shall automatically cancel my/our auto-invest enrollment; Regardless of the funds and frequency. 8. This Form and other documents will be submitted to my/our distributor or agent for initial verification. If I/we am/are a PhilEquity direct client, documents will be submitted directly to PhilEquity Management Inc. at 15th Floor PSE Tower, 5th Avenue corner 28th Street, Bonifacio Global City, Taguig City, 1634 9. This document will be processed based on the date and time received by PhilEquity Management, Inc. Enrollment processing may take up to fifteen (15) banking days from PhilEquity's receipt of complete documents; 10. 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 opening / enrollment in Auto-Investment transactions, including errors inadvertently committed by my/our originating Bank. 11. I/We am/are fully liable for any penalties incurred if there is a failure to debit my/our bank account due to account closure, insufficient funds, or any other reason for which I/we am/are held accountable. 									
 Authorized Signatory 1 Signature over Printed Name			 Authorized Signatory 2 Signature over Printed Name			 Authorized Signatory 3 Signature over Printed Name			
CONFORMITY OF BANK ACCOUNT OWNER									
I/We hereby have given full consent to debit my/our bank account with above details.									
 Bank Account Authorized Signatory 1 Signature over Printed Name			 Bank Account Authorized Signatory 2 Signature over Printed Name			 Bank Account Authorized Signatory 3 Signature over Printed Name			
DISTRIBUTOR / AGENT ACKNOWLEDGEMENT									
Date / Time Received					Distributor / Branch				
Received By					Confirmed for processing by				
Sales Load					SSL: _____				
EX					DTSL				
PHILEQUITY USE ONLY									
Date / Time Received					Date Processed				
Source of Document					Processor				
Received By					Authorizer				

Form: AIF v.2020

WRITE LEGIBLY



Auto-Debit Arrangement Enrollment Form
Authority to Debit (Individual / Corporate)

Write your BDO account details. Ensure that your BDO account is not:

- Closed;
- Dormant; or
- Non-existent

1

How to enroll / update enrollment

• Read the Terms and Conditions at the back of this form. • Fields with an asterisk (*) are required. • Complete and sign this form and submit it to your maintaining branch.

1. Customer Information

Account name* Please check: Individual Corporate

Address* Please check: Residence Business

Contact persons* Tel. No. (residence)* Tel. No. (business)* Fax No.*

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Instead of fax, write your email address

2

2. Customer Payee List Information

1. Indicate the following: "E" for enroll - first time ADA set-up with payee or re-enrollment. "D" for delete - any change in debit account number / change in subscriber number / change in subscriber name / voluntary cancellation / termination of ADA with payee.
2. Please enumerate the payee/s that you would like to enroll or delete for auto-debit arrangement (ADA).
3. Indicate your subscriber number with that payee/other subscriber number/s you wish to enroll or delete. e.g. account number, service I.D. number, policy number, membership number.
4. Indicate your subscriber name/other subscriber name/s you wish to enroll or delete.
5. Indicate your default bank account number from which funds will be automatically debited in settlement of your payables to the payee/s once a collection instruction / billing file is sent to the Bank by the payee/s. This may be changed later if desired.

E/D ¹	Payee Name ²	Subscriber Number ³	Subscriber Name ⁴	Enrolled Debit Account No. ⁵

Payee name must be any of the following funds:

- PhilEquity Alpha One Fund, Inc.
- PhilEquity Dividend Yield Fund, Inc.
- PhilEquity Dollar Income Fund, Inc.
- PhilEquity Fund, Inc.
- PhilEquity MSCI Philippines Index Fund, Inc.
- PhilEquity Peso Bond Fund, Inc.
- PhilEquity PSE Index Fund, Inc.

Subscriber Number must be your PhilEquity Account Number (found on SOA)

3

Subscriber Name must be your PhilEquity Account Name (found on SOA)

Enrolled Debit Account No must be your BDO Account Number

3. Declaration

I/We have read and agree to the ADA terms and conditions printed at the back of this form. I/We declare that the above information are accurate to my /our knowledge.

All Required Signatories

Signatory 1 (Signature over printed name)

Signatory 2 (Signature over printed name)

Signatory 3 (Signature over printed name)

All BDO account holders must sign

4

For Bank Use Only

Branch	H. Q. Unit
Signatures Verified by: (signature over printed name)	Processed by: (signature over printed name)
Date and Time:	Date and Time:
Validated/Approved by: (signature over printed name)	Checked/Approved by: (signature over printed name)
Date and Time:	Date and Time:

WRITE LEGIBLY
**Auto-Debit Arrangement (ADA)
Terms and Conditions**

 Write the
date today

5

Date of Enrollment : _____
 To : BANCO DE ORO UNIBANK, INC.
 BDO Corporate Center, 7899 Makati Ave., Makati City

Gentlemen:

This will serve as your authorization to debit my/our enrolled account/s to settle my/our billing/s in favor of my/our enrolled payee/s under the AUTOMATIC DEBIT ARRANGEMENT ("ADA"). My/our ADA enrolled account/s and corresponding payee/s are indicated on the reverse side hereof.

In this regard, I/We hereby agree to be governed by the following ADA terms and conditions:

1. Banco De Oro Unibank, Inc. ("BDO") and my/our payee/s have entered into a Memorandum of Agreement ("MOA") whereby BDO will facilitate the collection of my/our payee/s' billings to me/us, via auto-debit from my/our enrolled account/s.

2. I/We hereby expressly authorize BDO's unit-in-charge of implementing the collection, to automatically debit from time to time, without need of any further act and deed, from my/our enrolled account/s, the amount/s due to my/our payee/s as described in the collection instruction/billing file as may be transmitted by my/our payee/s to BDO from time to time in accordance with terms of the MOA. Amounts debited from my/our enrolled account/s will be automatically credited to my/our payee/s' deposit account/s with BDO.

It is agreed and understood that in case the cleared and withdrawable balance of my/our enrolled account/s be insufficient to pay in full the total amount due to my/our payee/s, BDO shall not effect partial payment thereof out of the insufficient balance of my/our enrolled account/s.

3. Any claim which may arise from any discrepancy between the amount/s debited from my/our enrolled account/s and that stated in my/our payee/s' collection instruction/billing file shall be resolved with my/our payee/s.

4. Payments for past due or overdue accounts with service disconnection/termination or policy/contract lapsation shall be made directly to the collection offices of my/our payee/s.

Payment procedures/stipulations imposed by my/our payee/s not inconsistent herewith or with any terms and conditions hereof or any related documents or instruments executed by BDO and the undersigned or any of us, are deemed incorporated herein by way of reference.

5. For enrolled joint "or" accounts, I/we hereby agree and understand that any and all transaction done by me/us/any of us through the ADA are done with the consent of all of my/our co-depositor/s. Further, I/we hereby declare under the penalties of perjury that all of my/our co-depositor/s is/are living at the time of such transaction/s.

6. For enrolled corporate accounts, I/we hereby agree that the ADA transactions are authorized by my/our company's board resolution covering my/our account maintenance with BDO.

7. I/We hereby agree to waive a separate notice of debit other than that reflected in BDO's passbook or bank statement.

8. I/We hereby agree to reimburse and forever hold BDO, its directors, officers, employees and assigns, free and harmless from any and all claims, actions, and/or liabilities of whatever kind and nature, for checks drawn against my/our enrolled account/s but returned /dishonored as a result of the debit of the amount/s due to my/our payee/s from my/our enrolled accounts; and/or arising out of or in connection with the implementation of this ADA, and/or for BDO's failure to implement this authority due to error/s and omissions inadvertently committed.

9. I/We hereby expressly waive my/our rights under the Secrecy of Bank Deposits Law (R.A. 1405) in connection with any information which may be disclosed by BDO to my/our payee/s from time to time and as may be necessary to implement the MOA between BDO and my/our payee/s. For this purpose, I/we hereby authorize BDO to disclose my/our payee/s any information pertaining to my/our enrolled account/s, as may be necessary for the implementation of this ADA.

10. BDO reserves the right to impose charges on this arrangement within legal/statutory limits.

11. The MOA between BDO and my/our payee/s may be cancelled at anytime by either party without need of prior written notice of termination to me/us.

12. This ADA shall be governed by all applicable rules and regulations of the Bangko Sentral ng Pilipinas, Philippine Clearing House Corporation and other relevant government agency.

13. All terms and conditions of my/our existing savings/current account agreement/s with BDO in so far as not inconsistent herewith shall remain in full force and effect.

14. This ADA shall take effect after BDO receives confirmation of my/our ADA enrollment from my/our payee/s following the date of enrollment as indicated above and shall continue to be effective unless otherwise notified by me/us in writing BDO at least seven (7) days prior to intended date of termination. BDO however, may immediately terminate this Agreement without notice to me/us, in case I/we mishandle my/our enrolled account/s in the reasonable determination of BDO.

15. This ADA and the implementation of the terms hereof shall be subject to the pertinent provisions of the MOA between BDO and my/our payee/s as well as BDO's Implementing Guidelines, which are deemed incorporated herein by way of reference.

 All BDO account
holders must sign.

6

 Signature can be
affixed on any
white/blank space
on the form