

Source of Document

Received By

	¹ Avenue. corne	er 28 th Street, I		ifacio Global City, Taguig City, 1634 quity.net www.philequity.net			ACCOUNT NO. For Philequity Use Only DATE mm/dd/yyyy						
INSTRUCTIONS: Please ty	pe all informati	on in CAPITAL	LETTER	S. Fill out this form comp	etely. Write N/A on fie	elds that ar	e not app	licable and o	lo not leave	any blank s	spaces.		
Account Name*													
				GENERAL IN	IFORMATION								
	PRIMAR	Y INVEST	OR				СО	- INVEST	OR				
Salutation*	Mr.	Miss	Mrs.	Others:	Salutation*		Mr.	Miss	Mrs.	Othe	ers:		
First Name*					First Name*								
Middle Name*					Middle Name*								
Last Name*					Last Name*								
First Name*		MINOR'S		RMATION (only oddle Name*	one beneficial owne	er is allow	ved per a Last Na						
Date of Birth* (mm-dd-yyyy)			Pla	Place of Birth* (Town/City, Province, Country)			Mother's Maiden Name* (First, Middle, Last)						
Citizenship*				Relationship to Investor*			Relationship to Co-Investor*						
Permanent Address* (#	Street, Subdivisi	on, District, Tow	n/City, Prov	rince, Country, Zip Code)									
ID Presented*				ID Number			ID Issued by						
ID Place Issued				ID Issuance Date (mm-dd-yyyy)			ID Expiry Date (mm-dd-yyyy)						
account openir 2. I/we have full a 3. I/We have pres provided hereir 4. In case of deat 5. There is no fo limitations, con the ITF accoun 6. It is my/our res 7. In my/our capa trust and will cc 8. Once the bene account in the payable to the we will ensure 9. There may be professional ta 10. I/We hold PEM	and the funds of the form. There authority to may be ented authening he change, I/we hof any of the formal written to the formal written the process of against the process of the formal written the formal written the formal written the process of the formal written the fore	covered in this e can only be nage the acct tic and legitims a undertake to a investors/shrust agreeme rictions on the ensure that the e(s), I/we must relevant laws the legistrictions on the sensure that the establishment of the ensure that the establishment is a legistriction on the ensure that the establishment is a legistriction of the ensure that the establishment is a legistriction of the ensure that the establishment is a legistriction of the ensure that the ensure th	one benount such atteident identificate identificate in inform Fareholde ent in place powers e ITF accept exercision in acting ork with Fipon subrese approvided solely see in cream o opening and the	count are being held by eficiary per ITF account as to invest, redeem, a diffication documents and PEMI of the same within rs, the provisions in the accept the irrevocable of the Trustee(s) to make the solution of the solution of the account in such capacity. PEMI to have the accountission of the complete yed by the beneficiary. If of the make the period of the period of the period of the make the period of the perio	and that beneficiary and perform other inception that all information of 5 days from the occupant of the performance of the per	is irrevoc cidental acquiven in the urrence of so in the acquiven in the so under nt. PEMI with applit a reason y to the burements. I/we redono legal on cisions for	able. cts. is form isf the char ccount op stand tha will not m icable law nable trus eneficiary In case eem the i r tax repr r the ben	s correct and age. The service of the Restee would early with a service of any with a service of any with a service of the new terms.	d complete. would apply not respon investment epublic of th exercise in redeem the idrawal, the while the be a. I/We have amed bene	Should a sible for r restriction e Philippin investing t investmer proceeds eneficiary e been ad ficiary.	monitoring any in relation to the assets of a still a minor lyised to obtain		
				SIGNATURE STORY							AND THE		
Primary	Investor Sig					Co-Investor Signature over				lame			
		MUTUAL	_ FUN	D REPRESENT	ATIVE ACKNO	DWLE	DGEM	ENT					
Certified Investment Solicitor Signature DIST					CIS License / AGENT ACKNOWLEDG						Date		
Date / Time Received					Distributor / Bra								
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Date / Time Received				PHILEQUIT	Y USE ONLY Date Processed								

Processor

Authorizer



In-Trust-For Account Form

WRITE LEGIBLY

Provide the information of the Primary Investor, Co-Investor (if applicable) and the Minor's Name.

ID Presented: Must be PSA Birth Certificate

ID details provided must match the photocopied ID submitted to Philequity

For Signature

Signatures must match against the photocopied ID submitted to Philequity

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O Phi	Equity	7	IN	-TRUST-	FOR	(ITF)	ACCOUNT FORM				
15th Floor PSE Tower, 5th Avenue. corner 28th Street, Bonifacio Global City, Taguig City, 1634						ACCOUNT NO. For Philequity Use Only					
	invest@philequity.ne		DATE mm/dd/yyyy								
	se type all information in	CAPITAL LE	TTERS. Fill out this form comple	etely. Write N/A on fiel	lds that are	not applicable	and do not leave any blank spaces.				
Account Name*											
			GENERAL IN	FORMATION			(2020)				
Salutation*	PRIMARY II		Mrs. Others:	CO - INVESTOR Mr. Miss Mrs. Others:							
First Name*	U WIII. U I	viiss Oil	ilis. Ouleis	Salutation* First Name*		<u> </u>					
Middle Name*				Middle Name*	+						
Last Name*				Last Name*							
	IIM	NOR'S IN	NFORMATION (only o	ne beneficial owne	r is allow	ed per accou	nt)				
First Name*			Middle Name*			Last Name*					
Date of Birth* (mm-	Date of Birth* (mm-dd-yyyy)			Place of Birth* (Town/City, Province, Country)			Mother's Maiden Name* (First, Middle, Last)				
Citizenship*			Relationship to Investor*			Relationship to Co-Investor*					
Permanent Addres	S* (# Street, Subdivision, D	istrict, Town/Cit	y, Province, Country, Zip Code)								
ID Presented*			ID Number			ID Issued by					
ID Place Issued			ID Issuance Date (mm-dd-yyyy)			ID Expiry Date (mm-dd-yyyy)					
			DECLARATION	OF INVESTO	R						
I/We hereby attest and acknowledge that New declare that the funds covered in this ITF account are being held by me/us as trustee, in trust for and for the sole benefit of the beneficiary named in the account opening form. There can only be one beneficiary per ITF account and that beneficiary is irrevocable. I/We have full authority to manage the account such as to invest, redeen, and perform other incidental acts. I/We have presented authentic and legitimate identification documents and that all information given in this form is correct and complete. Should any information provided herein change, (I/We understee to inform PEMI of the same within 5 days from the occurrence of the change. In case of death of any of the investors/shareholders, the provisions in the terms and conditions in the account opening form would apply. In case of death of any of the investors/shareholders, the provisions in the terms and conditions in the account opening form would apply. In case of death of any of the investors/shareholders, the provisions in the terms and conditions in the account opening form would apply. In case of death of any of the investors/shareholders, the provisions in the terms and conditions in the account opening form would apply. If there is no formal written trust agreement in place for the investosele ITT account. It was also understiff that PEMI is not responsible for monitoring any limitations, conditions or restrictions on the powers of the Trustee(s) to manage the ITT account. PEMI will not monitor any investment restrictions in relation to the ITT account is opened and operated in accordance with applicable laws of the Republic of the Philippines.											
Name of the state					Harden and						
Prin	nted Name	Co-Investor Signature over Printed Name ATIVE ACKNOWLEDGEMENT									
	— Mu	O TUAL F	UND REPRESENT/	ATIVE ACKNO	JVVLEL	JGEWIEN					
Certified Investment Solicitor Signature of				CIS Licer							
Date (Time D		DIST	RIBUTOR / AGENT			ENT					
Date / Time Receive Received By	ea			Distributor / Bra Confirmed for p		a by					
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Received By				Authorizer							