



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*			
GENERAL INFORMATION			
PRIMARY INVESTOR		CO - INVESTOR	
Salutation*	Mr. Miss Mrs. Others: _____	Salutation*	Mr. Miss Mrs. Others: _____
First Name*		First Name*	
Middle Name*		Middle Name*	
Last Name*		Last Name*	
MINOR'S INFORMATION <i>(only one beneficial owner is allowed per account)</i>			
First Name*	Middle Name*	Last Name*	
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 Address* (# Street, Subdivision, District, Town/City, 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 INVESTOR			
<p>I/We hereby attest and acknowledge that:</p> <ol style="list-style-type: none"> I/we 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, redeem, 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 undertake 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. There is no formal written trust agreement in place for the irrevocable ITF account. I/we also understand that PEMI is not responsible for monitoring any limitations, conditions or restrictions on the powers of the Trustee(s) to manage the ITF account. PEMI will not monitor any investment restrictions in relation to the ITF account. It is my/our responsibility to ensure that the ITF account is opened and operated in accordance with applicable laws of the Republic of the Philippines. In my/our capacity as trustee(s), I/we must exercise the skill, care, diligence and judgment that a reasonable trustee would exercise in investing the assets of a trust and will comply with all relevant laws in acting in such capacity. Once the beneficiary is of age, I/we will work with PEMI to have the account transferred directly to the beneficiary. I/we will redeem the investment and open an account in the name of the beneficiary upon submission of the complete documentary requirements. In case of any withdrawal, the proceeds will be made payable to the beneficiary unless otherwise approved by the beneficiary. If on the other hand, I/we redeem the investment while the beneficiary is still a minor, we will ensure that the proceeds will be used solely for the benefit of the minor. There may be legal and tax consequences in creating an ITF account and that PEMI makes no legal or tax representations. I/We have been advised to obtain professional tax and/or legal advice prior to opening the ITF account and making investment decisions for the benefit of the named beneficiary. I/We hold PEMI, its officers, representatives and the Funds, free and harmless from any and all claims, liabilities, loss, damages, expenses and suits of whatever nature arising out of or in connection with the opening of this account. 			
			
Primary Investor Signature over Printed Name		Co-Investor Signature over Printed Name	
MUTUAL FUND REPRESENTATIVE ACKNOWLEDGEMENT			
Certified Investment Solicitor Signature over Printed Name		CIS License Number	Date
DISTRIBUTOR / AGENT ACKNOWLEDGEMENT			
Date / Time Received		Distributor / Branch	
Received By		Confirmed for processing by	
PHILEQUITY USE ONLY			
Date / Time Received		Date Processed	
Source of Document		Processor	
Received By		Authorizer	


WRITE LEGIBLY

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

2 **ID Presented:**
Must be **PSA Birth Certificate**

ID details provided must match the photocopied ID submitted to Philequity

3 **For Signature**
Signatures must match against the photocopied ID submitted to Philequity





IN-TRUST-FOR (ITF) ACCOUNT FORM

ACCOUNT NO. *For Philequity Use Only*

DATE *mm/dd/yyyy*

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

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Account Name*					
GENERAL INFORMATION					
PRIMARY INVESTOR			CO - INVESTOR		
Salutation*	<input type="radio"/> Mr. <input type="radio"/> Miss <input type="radio"/> Mrs. <input type="radio"/> Others: _____		Salutation*	<input type="radio"/> Mr. <input type="radio"/> Miss <input type="radio"/> Mrs. <input type="radio"/> Others: _____	
First Name*			First Name*		
Middle Name*			Middle Name*		
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MINOR'S INFORMATION <i>(only one beneficial owner is allowed per account)</i>					
First Name*	Middle Name*			Last Name*	
Date of Birth* <i>(mm-dd-yyyy)</i>	Place of Birth* <i>(Town/City, Province, Country)</i>		Mother's Maiden Name* <i>(First, Middle, Last)</i>		
Citizenship*	Relationship to Investor*		Relationship to Co-Investor*		
Permanent Address* <i>(# Street, Subdivision, District, Town/City, Province, Country, Zip Code)</i>					
ID Presented*	ID Number			ID Issued by	
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Received By			Authorizer		

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