

# Philequity Management, Inc.

2004A 20/F Philippine Stock Exchange Centre  
Exchange Road, Ortigas Center, Pasig City  
Trunkline: 689-8080 www.philequity.net

## ACCOUNT OPENING FORM

## INDIVIDUALS

### INSTRUCTIONS

1. Please type or print all information in CAPITAL LETTERS
2. Please indicate fields that are not applicable by writing N/A
3. For joint accounts, please fill-out one form per accountholder (maximum of 3 accountholders only)
4. Please fill-out all information below, as required by RA9160 or the Anti-Money Laundering Act of 2001

<b>ACCOUNT NO.</b> (For PHILEQUITY Use Only)
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**ACCOUNT NAME:** \_\_\_\_\_

**ACCOUNT TYPE:**  Individual  
 Joint  
 Others \_\_\_\_\_

PERSONAL INFORMATION					
Last Name		First Name		Middle Name	
Mailing Address					
House/Bldg No	Street	Barangay		Subdivision/District	
Municipality/City		Province			Postal Code
Secondary Address, if any					
House/Bldg No	Street	Barangay		Subdivision/District	
Municipality/City		Province			Postal Code
Other Personal Information					
Email		Home Phone	Mobile Phone		Fax No
Birthdate (mm/dd/yyyy)	Birthplace	Nationality <input type="checkbox"/> Filipino <input type="checkbox"/> Others: _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated		Highest Education Level Attained <input type="checkbox"/> Elementary <input type="checkbox"/> College/University <input type="checkbox"/> High School <input type="checkbox"/> Post-graduate		Spouse's Name (Last, First, Middle)	
FINANCIAL/BUSINESS INFORMATION					
Employer		Type of Organization <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Others _____		Job Designation	
SSS/GSIS No.			TIN No.		
Office Address					
Floor/Unit	Building	Building No	Street	Municipality City	
Postal Code	Office Phone No	Office Fax No	Office Email	Company Website	
Bank Account Details (Redemption proceeds will be deposited to the following account)					
Bank	Branch	Account Name		Account Number	
MARKETING INFORMATION					
I learned about Philequity from:					
<input type="checkbox"/> A Philequity employee or agent		<input type="checkbox"/> Advertisement			
<input type="checkbox"/> An existing Philequity investor		<input type="checkbox"/> Website			
<input type="checkbox"/> A family member or friend		<input type="checkbox"/> Others: _____			
DECLARATION					
1. I/We confirm that the information given in this form is correct and complete. I/We authorize PEML to confirm this information from any source it may choose.					
2. Having read and understood the contents of this form and the Fund's prospectus, I/we hereby agree to abide by the terms and conditions of opening this account and investing in mutual funds.					
3. I/we understand that the opening of this account may be delayed if not all requirements and supporting documents are submitted					
4. I/we hold PEML, 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 of this account.					
SIGNATURE					
Signature				Date	
FOR PHILEQUITY USE ONLY					
Name of Verifier		Signature of Verifier		Date	
Account Officer	Distributor	Referred By	Encoder	Authorizer	Remarks

**FAX AND/OR EMAIL FACILITY (OPTIONAL)**

1. I/We wish to send instructions regarding my account by
  - Fax
  - Email from this email account address: \_\_\_\_\_
2. I/We understand that by enrolling my/our account in this facility, I/we am/are authorizing Philequity Management Inc (PEMI) to process and treat all fax instructions bearing the signatures of the authorized signatories as well as email instructions from the email address indicated above (if email facility selected) as original documents
3. I/We understand that this facility is applicable only for additional investments and redemptions
4. I/We understand that it is my/our responsibility to ensure that fax and/or email instructions are transmitted to PEMI in a timely manner and in a form that is legible and which clearly states all relevant transaction information. I/we understand that PEMI will only process fax and email instructions that conform to these said characteristics. I/we hereby indemnify PEMI for not executing any fax or email instructions that contain illegible or incomplete data.
5. I/We undertake to keep PEMI indemnified at all times against and to save PEMI harmless from all actions, proceedings, claims, loss, damage costs and expenses which may be brought against it or suffered or incurred by it and which shall have arisen either directly or indirectly out of or in connection with its acceptance of fax/email instructions bearing the signatures of the authorized signatories and acting thereon.
6. I/We undertake to send to PEMI the original documents and duly accomplished transaction forms within two (2) weeks from the date of the transaction.
7. I understand that, prior to acting on any fax/email instructions, PEMI reserves the right to require additional documents and/or original letters of instruction for some transactions, as determined appropriate by its Operations Group or as required by legislation and/or regulatory bodies

**SIGNATURE**

Signature	Date
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**ACCOUNT OPENING CHECKLIST (FOR PHILEQUITY USE ONLY)**

- Account Opening Form (3 copies)
- Investment Application Form (3 copies)
- Investor Risk Profiling Questionnaire (2 copies)
- Two (2) Signature Cards
- Two (2) Valid IDs