

**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

<b>Account Name</b>	
<b>Account Number</b>	

### REQUEST FOR ACCOUNT UPDATE

<b>Account Update for</b>	<input type="checkbox"/> Primary Investor <input type="checkbox"/> Co-Investor 1 <input type="checkbox"/> Co-Investor 2 <input type="checkbox"/> Beneficiary <input type="checkbox"/> Authorized Signatory
<b>Reason for Change</b>	<input type="checkbox"/> Contact Number <input type="checkbox"/> Address <input type="checkbox"/> Email Address <input type="checkbox"/> Employment <input type="checkbox"/> Civil Status <input type="checkbox"/> Password

<b>Last Name</b>			
<b>First Name</b>			
<b>Middle Name</b>			
<b>Present Address</b>	<i>House/Bldg. No., Street, Subdivision/District, Town/City, Province, Country, Zip Code</i>		
<b>Permanent Address</b>	<i>House/Bldg. No., Street, Subdivision/District, Town/City, Province, Country, Zip Code</i>		
<b>Contact No.</b>		<b>Mobile No.</b>	
<b>Occupation</b>		<b>Email</b>	
<b>TIN No.</b>		<b>SSS / GSIS No.</b>	
<b>Civil Status</b>		<b>Relationship to Primary Investor</b>	
<b>Employer / Business Name</b>			
<b>Office / Business Address</b>			
<b>Nature of Employment / Business</b>		<b>Office / Business Contact No.</b>	
<b>SEC / DTI Registry No.</b>		<b>Corporate TIN</b>	

### ENROLLMENT TO MUTUAL FUND SERVICES

- Facsimile and Electronic Mail Instructions  
 Electronic Delivery (i.e., Statement, Notice of Annual Stockholders Meeting, Confirmation)

### DECLARATION

I/We hereby attest and acknowledge that:

- a. I/We is/are the registered owners of mutual fund shares and hereby request to effect change/s indicated above.
- b. I/We understand that any investment I/we make/s shall be subject to the terms and conditions set out in the Funds prospectuses
- c. I/We accept, 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.
- d. 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.

		
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**Authorized Signatory**  
 Signature over Printed Name

**Authorized Signatory**  
 Signature over Printed Name

**Authorized Signatory**  
 Signature over Printed Name

### PHILEQUITY USE ONLY

<b>Distributor/Branch</b>		<b>Effective Date of Changed</b>	
<b>Encoder</b>		<b>Date Encoded</b>	
<b>Authorizer</b>		<b>Date Authorized</b>	