

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 and Branch Name						Account Type	Savings				Current				
Bank Account Name															
Account Number															
AUTO-INVESTMENT INSTRUCTIONS															
The provided bank account will be debited on the:															
1 <sup>st</sup> 16 <sup>th</sup> day of everyMonthQuarter (Mar, Jun, Sep and Dec)															
The debited amount will be invested in the following fund/s:															
Fund Name		Subscription Amount (Minimum 1,000.00)*													
PhilEquity Dividend Yield Fund		PHP													
PhilEquity Fund		PHP													
PhilEquity Peso Bond Fund		PHP													
PhilEquity PSE Index Fund		PHP													
Total Amount for Investment		PHP													
PhilEquity Dollar Income Fund		USD													
*Fees apply, see Declaration line items 4 and 5															
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. Upon successful enrollment, a standard one-time set-up fee of PhP 15.00 (Fifteen Pesos) and/or USD 0.50 (Fifty Cents) per enrollment form will be debited from my/our bank account on the initial auto-debit transaction;															
5. In addition to the one-time set-up fee, a standard processing fee of PhP 5.00 (Five Pesos) and/or \$0.25 (Twenty Five Cents) will be added to the debited amount per fund, in the frequency as stated above (ie. Processing fee of PhP 10.00 for a monthly subscription in two PHP funds);															
6. A maximum of three (3) consecutive failed debit attempts shall automatically cancel my/our auto-invest enrollment;															
7. 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;															
8. Any changes shall be immediately communicated with PEMI with a revised PhilEquity form and/or a letter of instruction to opt-out;															
9. My/our auto-investment enrollment to the specified fund/s shall be automatically cancelled if the mutual fund shares are fully redeemed;															
10. The Auto-Investment Form and other documents will be submitted to my/our distributor or agent for initial verification. If I/we are a Philequity direct client, documents will be submitted:															
a. To invest@philequity.net if enrolled in email facility (Philequity Auto-Investment Form only, bank documents must be original) or															
b. Directly to PhilEquity Management Inc. at 2004-A, East Tower, Philippine Stock Exchange Centre, Exchange Rd., Pasig City 1605.															
11. This document will be processed based on the time received by PhilEquity Management, Inc. Enrollment processing may take up to seven (7) banking days from PhilEquity's receipt of complete documents;															
12. 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.															
13. 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.															
<div>SIGNATURE VERIFIED</div>					<div>SIGNATURE VERIFIED</div>					<div>SIGNATURE VERIFIED</div>					
Primary Investor (Signature over Printed Name)					Co-Investor 1 (Signature over Printed Name)					Co-Investor 2 (Signature over Printed Name)					
<div>SIGNATURE VERIFIED</div>					<div>SIGNATURE VERIFIED</div>					<div>SIGNATURE VERIFIED</div>					
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 Received						Distributor / Branch									
Time Received						Sales Load	EX				DTSL		SSL: _____		
Received By						Confirmed for processing by									
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

--

Address\* Please check: ☐ Residence ☐ Business

--

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


### 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<sup>1</sup> Payee Name<sup>2</sup> Subscriber Number<sup>3</sup> Subscriber Name<sup>4</sup> Enrolled Debit Account No.<sup>5</sup>


### 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

<b>Branch</b>	<b>H. Q. Unit</b>
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**

Write your PhilEquity Account details

1

Write your bank account details.








Ensure that your bank account is not:

- Closed;
- Dormant; or
- Non-existent

2

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.

3

PhilEquity		AUTO-INVESTMENT FORM	
DATE mm/dd/yyyy			
<b>INSTRUCTIONS:</b> 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.			
<b>GENERAL INFORMATION</b>			
Account Name			
Account Number		Email Address	
<b>BANK ACCOUNT DETAILS</b>			
Bank and Branch Name		Account Type	<input type="radio"/> Savings <input type="radio"/> Current
Bank Account Name			
Account Number			
<b>AUTO-INVESTMENT INSTRUCTIONS</b>			
The provided bank account will be debited on the:			
<input type="radio"/> 1 <sup>st</sup> <input type="radio"/> 16 <sup>th</sup> day of every <input type="radio"/> Month <input type="radio"/> Quarter (Mar, Jun, Sep and Dec)			
The debited amount will be invested in the following fund/s:			
Fund Name	Subscription Amount (Minimum 1,000.00)*		
PhilEquity Dividend Yield Fund	PHP		
PhilEquity Fund	PHP		
PhilEquity Peso Bond Fund	PHP		
PhilEquity PSE Index Fund	PHP		
Total Amount for Investment	PHP 0.00		
PhilEquity Dollar Income Fund	USD		
*Fees apply, see Declaration line items 4 and 5			
<b>DECLARATION</b>			
<b>AGREEMENT: By signing below, I/we hereby accept and agree that:</b>			
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. Upon successful enrollment, a standard one-time set-up fee of PHP 15.00 (Fifteen Pesos) and/or USD 0.50 (Fifty Cents) per enrollment form will be debited from my/our bank account on the initial auto-debit transaction; 5. In addition to the one-time set-up fee, a standard processing fee of PHP 5.00 (Five Pesos) and/or \$0.25 (Twenty Five Cents) will be added to the debited amount per fund, in the frequency as stated above (ie. Processing fee of PHP 10.00 for a monthly subscription in two PHP funds); 6. A maximum of three (3) consecutive failed debit attempts shall automatically cancel my/our auto-invest enrollment; 7. 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; 8. Any changes shall be immediately communicated with PEMI with a revised PhilEquity form and/or a letter of instruction to opt-out; 9. My/our auto-investment enrollment to the specified fund/s shall be automatically cancelled if the mutual fund shares are fully redeemed; 10. The Auto-Investment Form and other documents will be submitted to my/our distributor or agent for initial verification. If I/we are a PhilEquity direct client, documents will be submitted: a. To invest@philequity.net if enrolled in email facility (PhilEquity Auto-Investment Form only, bank documents must be original) or b. Directly to PhilEquity Management Inc. at 2004-A, East Tower, Philippine Stock Exchange Centre, Exchange Rd., Pasig City 1605. 11. This document will be processed based on the time received by PhilEquity Management, Inc. Enrollment processing may take up to seven (7) banking days from PhilEquity's receipt of complete documents; 12. 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. 13. 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.			
 Primary Investor (Signature over Printed Name)		 Co-Investor 1 (Signature over Printed Name)	
 Co-Investor 2 (Signature over Printed Name)		 Co-Investor 3 (Signature over Printed Name)	
 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)			
<b>DISTRIBUTOR / AGENT ACKNOWLEDGEMENT</b>			
Date Received		Distributor / Branch	
Time Received		Sales Load	EX DTSL SSL: _____
Received By		Confirmed for processing by	
<b>PHILEQUITY USE ONLY</b>			
Date / Time Received		Date Processed	
Source of Document		Processor	
Received By		Authorizer	
Copy Distribution: Original – PhilEquity      2nd copy (blue) – Transfer Agent      3rd copy (yellow) – Investor / Client      Form: AIF v1 - Dec2017			





# Auto-Debit Arrangement Enrollment Form

Authority to Debit (Individual / Corporate)

- Closed;
- Dormant; or
- Non-existent

Instead of fax, write  
your email address

- PhilEquity Fund, Inc.
- PhilEquity Dividend Yield Fund, Inc.
- PhilEquity Dollar Income Fund, Inc.
- PhilEquity Peso Bond Fund, Inc.
- PhilEquity PSE Index Fund, Inc.

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

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

Enrolled Debit Account No  
must be your BDO Account  
Number

All BDO account holders must sign

• 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.

Account name\* Please check: ☐ Individual ☐ Corporate

Address*      Please check: <input type="checkbox"/> Residence <input type="checkbox"/> Business			
Contact persons*      Tel. No. (residence)*      Tel. No. (business)*      Fax No.*			

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.

EID <sup>1</sup>	Payee Name <sup>2</sup>	Subscriber Number <sup>3</sup>	Subscriber Name <sup>4</sup>	Enrolled Debit Account No. <sup>5</sup>

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

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