

Instructions

- a. Please complete in CAPITAL LETTERS where applicable. Please answer all items. If an item is not applicable to you, indicate N/A or Not Applicable.
b. Items marked with an asterisk (*) are mandatory.

I. CLIENT PROFILE

ACCOUNT TYPE Tick only one (1)*

☐ INDIVIDUAL

☐ JOINT "OR"

INVESTOR 1

LAST NAME (Please include suffix if any)*

FIRST NAME*

MIDDLE NAME*

PRESENT ADDRESS House/Bldg. No., Street, Subdivision/District, Town/City, Province, Country*

PERMANENT ADDRESS House/Bldg. No., Street, Subdivision/District, Town/City, Province, Country (only fill out this portion if not same as present address)*

PREFERRED MAILING ADDRESS*

☐ PRESENT ADDRESS

☐ PERMANENT ADDRESS

NATIONALITY*

DATE OF BIRTH (MM-DD-YYYY)*

- -

PLACE OF BIRTH (City or Municipality)*

GENDER*

☐ MALE

☐ FEMALE

CIVIL STATUS*

TELEPHONE NO.*

MOBILE NO.*

EMAIL*

NATURE OF WORK OR BUSINESS (Please indicate the corresponding number only. See Section VI. Nature or Business List for reference)*

TAX IDENTIFICATION NUMBER*

TYPE OF ID PRESENTED*

ID NUMBER*

NAME OF EMPLOYER OR BUSINESS*

SOURCE OF FUNDS*

☐ EMPLOYMENT ☐ BUSINESS ☐ REMITTANCE ☐ PENSION/RETIREMENT ☐ SALE OF ASSETS ☐ OTHERS, PLEASE SPECIFY: _____

INVESTOR 2

LAST NAME (Please include suffix if any)*

FIRST NAME*

MIDDLE NAME*

PRESENT ADDRESS House/Bldg. No., Street, Subdivision/District, Town/City, Province, Country*

PERMANENT ADDRESS House/Bldg. No., Street, Subdivision/District, Town/City, Province, Country (only fill out this portion if not same as present address)*

PREFERRED MAILING ADDRESS*

☐ PRESENT ADDRESS

☐ PERMANENT ADDRESS

NATIONALITY*

DATE OF BIRTH (MM-DD-YYYY)*

- -

PLACE OF BIRTH (City or Municipality)*

GENDER*

☐ MALE

☐ FEMALE

CIVIL STATUS*

TELEPHONE NO.*

MOBILE NO.*

EMAIL*

NATURE OF WORK OR BUSINESS (Please indicate the corresponding number only. See Section VI. Nature or Business List for reference)*

TAX IDENTIFICATION NUMBER*

TYPE OF ID PRESENTED*

ID NUMBER*

NAME OF EMPLOYER OR BUSINESS*

SOURCE OF FUNDS*

☐ EMPLOYMENT ☐ BUSINESS ☐ REMITTANCE ☐ PENSION/RETIREMENT ☐ SALE OF ASSETS ☐ OTHERS, PLEASE SPECIFY: _____

II. BENEFICIAL OWNERSHIP

☐ I/We, am/are the beneficial owner/s of this investment account.

III. FATCA COMPLIANCE

INVESTOR 1 DECLARATION*

☐ I attest that I am not a U.S. Person

INVESTOR 2 DECLARATION*

☐ I attest that I am not a U.S. Person

The term "U.S. Person" means a U.S. citizen or resident individual, a partnership or corporation organized in the U.S. or under the laws of the U.S. or any State thereof, a trust if (i) a court within the U.S. would have authority under applicable law to render orders or judgments concerning substantially all issues regarding administration of the trust, and (ii) one or more U.S. persons have the authority to control all substantial decisions of the trust, or an estate of a decedent that is a citizen or resident of the U.S. This definition shall be interpreted in accordance with the U.S. Internal Revenue Code.

Instructions

a. Please complete in CAPITAL LETTERS where applicable. Do not leave any blank, indicate N/A when applicable.

IV. ENROLLMENT TO SERVICES

- ☐ I/We allow First Metro Asset to process all documents sent via fax, email and/or any electronic/digital means. New accounts application shall still require original copy.
- ☐ I/We allow First Metro Asset to send marketing and promotional announcements via email, phone call or SMS.

V. PROXY AUTHORIZATION

- ☐ I/We, with signature/s appearing below and being shareholder/s, hereby appoint/s First Metro Asset, as my/our proxy to act generally at the Meeting on my/our behalf and to vote in accordance with the guidelines thereof.

This proxy shall be valid for a period of five (5) years from the date of account opening and shall continue to be in effect until and unless withdrawn by written notice delivered to the Corporate Secretary, but shall not apply in instances wherein the undersigned personally attends the meeting.

VI. NATURE OF WORK OR BUSINESS LIST

- | | |
|--|---|
| 1 Agriculture/Fishing/Mining/Forestry | 17 IT/Software |
| 2 Business Process Outsourcing | 18 Medical/Health Services |
| 3 Construction | 19 Manufacturing (food and non-food) |
| 4 Dealer of Jewelry/Precious Metals/Stones | 20 Maritime/Shipping |
| 5 Education | 21 Marketing / Communication |
| 6 Embassy / Foreign Consulate | 22 Non-Government Organization / Foundation / Association / Cooperative |
| 7 Manning/Employment Agencies | 23 Religious Organization |
| 8 Finance/Insurance/Securities | 24 Travel Agencies |
| 9 Gaming / Casino | 25 Transportation |
| 10 Government / Military Service / Judiciary | 26 Utilities |
| 11 Hotel and Restaurant | 27 Pawnshop |
| 12 Import/Export Companies | 28 Repair Services |
| 13 Tourism | 29 FX Dealer |
| 14 Real Estate / Leasing | 30 Money Changer |
| 15 E-money Issuer/Money Service Business | 31 Remittance Agent |
| 16 Remittance Platform Provider | 32 Others, please specify: _____ |

VII. SPECIMEN SIGNATURE

NAME OF INVESTOR 1	NAME OF INVESTOR 2
1	1
2	2
3	3

BOOKING CONFIRMATION (FOR FAMi USE ONLY)

SIGNED IN THE PRESENCE OF:

SIGNATURE OVER PRINTED NAME	CIS LICENSE NUMBER	DATE
RECEIVED BY:	DATE RECEIVED	
ENCODED BY:	APPROVED BY:	

Instructions

a. For each question, **select** the letter which best describes your answer.
All questions must be answered.

- | | | | |
|--|--|--|--|
| 1. WHAT IS YOUR ESTIMATED NET WORTH? | A. < Php 5M | B. Php 5M – Php 10M | C. > Php 10M |
| 2. HOW MUCH OF YOUR INCOME IS AVAILABLE FOR INVESTMENT? | A. < 10% | B. 11-30% | C. > 30% |
| 3. WHAT FINANCIAL PRODUCTS HAVE YOU PREVIOUSLY OR CURRENTLY INVESTED IN? <i>(Encircle one or more)</i> | A. Bank deposit, certificates of deposit, capital-protected products | B. Bonds, bond funds | C. Stocks, equity funds, derivatives |
| 4. WHICH OF THE FOLLOWING BEST DESCRIBES YOUR INVESTMENT OBJECTIVE? | A. I want my investment returns higher than traditional deposit products and willing to take a low level of investment risk. | B. I want to make my funds grow and I understand that in order to do this, I need to take on more risks by investing in a mix of fixed income securities and equities, which may require a longer investment time horizon to meet my investment goals. | C. I want to maximize the growth and profit of my funds. I can afford to invest in equities for a considerable length of time. I understand that such investments entail high risks and I am willing to ride the ups and downs of the market for potential higher long-term results. |
| 5. HOW LONG DO YOU INTEND TO KEEP YOUR FUNDS INVESTED? | A. 1 - 3 years | B. 3 - 5 years | C. > 5 years |
| 6. WHICH OF THE FOLLOWING GAIN AND LOSS SCENARIOS ARE YOU LIKELY TO BE COMFORTABLE WITH? | A. A maximum gain of 7%, with a potential loss of up to 1% | B. A maximum gain of 15%, with a potential loss of up to 5% | C. A maximum gain of 25%, with a potential loss of up to 15% |

CUSTOMER SUITABILITY RESULTS (To be filled out by Sales Personnel only)

ANSWER	SCORE	ITEM NO.	ANSWER	SCORE	TOTAL SCORE	RISK PROFILE	RECOMMENDED INVESTMENT FUND
A	1	1			6-8	Conservative	Fixed Income Funds
B	2	2			9-12	Moderate	Balanced Funds
C	3	3			13-18	Aggressive	Equity Funds
		4					
		5					
		6					

TOTAL SCORE _____

WAIVER OF SUITABILITY RESULTS

I/WE ACKNOWLEDGE THAT THE ANSWERS TO THE QUESTIONNAIRE ARE TRUE, ACCURATE, AND COMPLETE AND CAN BE RELIED UPON BY FAMI. I/WE UNDERSTAND THE EXPLANATION OF THE FAMI PERSONNEL ON THE RESULTS OF THE CLIENT SUITABILITY ASSESSMENT WITH REGARD TO THE RECOMMENDED INVESTMENT FUND(S) SUITABLE TO MY/OUR NEEDS.

(PLEASE CHOOSE **ONLY ONE** ANSWER)

- ☐ I/WE AGREE WITH THE RECOMMENDATION MADE BY THE SALES PERSONNEL ON THE MUTUAL FUND PRODUCT APPROPRIATE TO MY/OUR PROFILE BASED ON THE RESULT OF THE SUITABILITY ASSESSMENT.
- ☐ I/WE DO NOT AGREE WITH THE RECOMMENDATION MADE BY THE SALES PERSONNEL ON THE MUTUAL FUND PRODUCT APPROPRIATE TO MY/OUR PROFILE BASED ON THE RESULT OF THE SUITABILITY ASSESSMENT. I/WE HEREBY WAIVE SUCH RESULTS AND HAVE DECIDED TO AVAIL ANOTHER MUTUAL FUND PRODUCT.

I/WE WILL UNCONDITIONALLY AND IRREVOCABLY HOLD THE COMPANY FREE FROM ANY LIABILITY IN CASE MY INVESTMENTS DECLINE IN VALUE MORE THAN THAT OF THE FUND/PORTFOLIO/PRODUCT ASSESSED MOST FITTING FOR ME OR SPECIFICALLY CHOSEN BY ME/US AND FOR ANY AND ALL CONSEQUENCES ARISING FROM THIS INVESTMENT. I/WE ALSO UNDERSTAND THAT IN CASE OF JOINT ACCOUNTS WITH VARYING INVESTMENT PROFILES PER CO-INVESTOR, THE INVESTMENT PROFILE OF THE PRIMARY INVESTOR SHALL PREVAIL, AND THAT IN CASE OF CHANGES TO THE PRIMARY INVESTOR, THE NEW PRIMARY INVESTOR SHALL BE REQUESTED TO UNDERGO A CLIENT SUITABILITY ASSESSMENT.

SIGNATURE OVER PRINTED NAME
INVESTOR 1

DATE SIGNED _____

SIGNATURE OVER PRINTED NAME
INVESTOR 2

DATE SIGNED _____

FOR FAMI CERTIFIED INVESTMENT SOLICITOR

We have explained to you in detail and discussed with you the(1) results of the client suitability assessment, (2) basis of our recommendation, and (3) terms and conditions of the recommended investment funds.

ASSESSED BY:

SIGNATURE OVER PRINTED NAME
FAMI Certified Investment Solicitor

1. ACCEPTANCE. In signing our account opening forms, signature cards, or by using our services and facilities, you agree to be bound by these Terms and Conditions and such other conditions further stated in the FUND's prospectus and its registration statements both under the Investment Company Act and the Securities Regulation Code filed with the Securities and Exchange Commission ("SEC").

2. ELIGIBLE APPLICANT. Shares of the Fund may be held by any person of legal or any duly organized and existing corporation, or legal entity regardless of citizenship or nationality.

3. JOINT ACCOUNT ("OR" ACCOUNTS). The shares/units in an "OR" Account are owned entirely by any of the Account Holders jointly and severally, and shall be payable to and collectible by any one or more of the Account Holders. The Investors of the "OR" Account authorize FAMI to accept subscription, fund switch and redemption instructions from any of the Investors who is/are Account Holders of the Account and whose signatures are indicated in the specimen signature card, and automatically vests in any one of the Account Holders to do whatever is desired with the shares/units without the need of securing the consent of the other Account Holders/co-Investors.

4. WARRANTY OF INFORMATION. The Investor represents and warrants that all data, information and documents provided or submitted by the Investor pursuant to this Agreement, including the AOF, are true, complete and accurate. In the absence of any change, the Company shall consider all Account information of the Investor as current until the Investor updates its/his/her/their Account information.

5. CUSTOMER INFORMATION UPDATE. It shall be the responsibility of the Investor to update all information/ records relative to it/him/her and its/his/her Account with the Company and to submit documents in support thereof.

6. DETERMINATION OF NAVPS/NAVPU. The NAVPS/NAVPU is normally computed by the end of each banking day. It is determined by taking the fair value of the Fund's total assets less all its liabilities, and divided by the total number of shares/units outstanding.

7. ACCEPTANCE OF SUBSCRIPTION. Application to purchase are subject to confirmation by FAMI as to the amount of shares, the applicable NAVPS and the final approval by the investment manager. FAMI will process transactions only upon its receipt of complete information, documentary requirements and cleared funds from the investor within the cut-off time indicated in the prospectus.

8. PURCHASE PRICE. The purchase price of one share/unit is its NAVPS/NAVPU plus an entry fee or sales load together with any applicable taxes. If payment is received by First Metro Asset Management, Inc. ("FAMI" or "Company") within the daily cut-off time, NAVPS/NAVPU on the same banking day will be used. For payments received by FAMI after the daily cut-off time, NAVPS/NAVPU on the following banking day will be used. A banking day is defined as a day when commercial banks in Metro Manila are required to open for business.

9. LOST OR STALE CHECK. In case of lost or stale check, we are not obliged to replace or honor a request for stop payment unless it complies with all requirements including charges that we may incur and deem necessary to protect its interest.

10. DEPOSIT FOR FUTURE SUBSCRIPTION. In case of deficiency of registered shares/units, shares/units that have been applied for will be considered as deposit for future subscription until such time that the Fund has registered new shares/units with the Securities and Exchange Commission. As such, the deposit for future subscription will be based on the Fund's Net Asset Value per Share/Unit at the time of the deposit and any redemption from said deposit will likewise be computed using the Fund's Net Asset Value per Share/Net Asset Value per Unit at the time of the redemption.

11. MONTHLY INVESTMENT PROGRAM. FAMI shall be responsible only for those investments it has actually received with complete documentation.

12. ACCEPTANCE OF REDEMPTION. FAMI shall honor redemption requests any day it is open for business. If complete redemption documents are received by FAMI before 12 noon, NAVPS/NAVPU on the same banking day will be used. For complete redemption documents received by FAMI after 12 noon, NAVPS/NAVPU on the following banking day will be used. Redemption proceeds less fees and taxes (if any), shall be payable not later than seven (7) banking days from the date of verification of the Company's Redemption Form.

13. SCHEDULED REDEMPTION. FAMI shall execute the scheduled redemptions only if the account's current value is sufficient for such transaction. The number of shares for redemption may vary as it will be based on the NAVPS on the day that the redemption was filed.

14. REDEMPTION CHECK/PROCEEDS. All checks/proceeds will be payable to the investor/s on record only. FAMI reserves the right to not act upon the redemptions/payouts to parties other than investor on record

15. FUND TRANSFER. FAMI will immediately transfer the funds on behalf of the Investor following its customary procedures and subjected to bank charges but in no case shall FAMI be liable for delays or additional charges that occur due to acts of correspondent or intermediary financial institutions or through any cause beyond the control of FAMI. For USD transfers, FAMI may, at its discretion, convert into Philippine Currency the funds transferred to the investor at the prevailing foreign exchange rate on the day such funds are transferred. FAMI's statement in writing that it has effected such conversion shall be conclusive.

16. MANUALLY INITIATED FUND TRANSFERS. FAMI has the absolute discretion to act or not to act upon or to confirm instructions via telephone or email or any electronic means prior to processing any manually initiated funds and transfer application or other instructions received via messenger/agent/representative. FAMI shall be not liable for any failure of or delay in the processing or the application as a result of FAMI electing to defer action prior to receiving confirmation. In consideration of FAMI agreeing to accept and act upon such instruction via messenger, agent or representative, the investor hereby irrevocably undertakes that FAMI, its officers, employees and representatives shall not be held liability, losses, damages and expenses whatsoever arising out of or in connection with FAMI accepting or acting upon such instruction. The investor irrevocably undertakes to indemnify and hold FAMI, its officer, employees and representatives free and harmless from any cause, losses, liabilities, damages and expenses whatsoever arising out of or in connection with FAMI accepting or non-acceptance or action or inaction upon any such instructions.

17. TAXES, EXPENSES AND FEES. The investment manager is authorized, without prior notice to the investor, to incur and deduct from the fund, taxes relative to the acquisition and disposition of investments, expenses (including but not limited to audit and legal fees, documentary stamps, etc.) and in consideration of services rendered herein, the investment manager shall collect on every valuation date a management fee based on the investor's proportionate share of the Net Asset Value (NAVPS) of the Fund.

18. ISSUANCE OF STOCK/UNIT CERTIFICATE. In the interest of economy and convenience, a stock/unit certificate representing ownership of shares/units in the Fund will not be issued unless requested by the shareholder/unitholder in writing. Shares/units are recorded on a stock/unit register; shareholders/unitholders who do not elect to receive stock/unit certificates have the same rights of ownership as if certificates had been issued to them. Issued stock/unit certificate/s must be surrendered when redeeming the related shares/units or when transferring such assets from one fund to another. If the certificate is lost, the Investor cannot carry out such transaction in his/ her/their Account until the certificate has been replaced, a process which, for legal reasons, can take more than one year. The Investor-applicant shall not assign, transfer, or convey this Application, the Fund shares/units covered by this Application, and any of the Investor-Applicant's rights and obligations under this Application, without the prior written consent of FAMI and/or the Fund. Cost of issuance of stock certificates will be borne by the shareholder.

19. CLOSING OF ACCOUNTS AND TERMINATION. The Investor hereby authorizes the Company to close the Account without need of prior notice in case the Investor misrepresented matters concerning its/his/her/their identity, nature of business and/or any other pertinent information, the Account is used for illegal activities or in any other event when the continuation of the Account is not in the best interest of the Company, or as may be required by law(s) or regulation(s). In an event of closure or termination by reason of misrepresentation by the Investor, the Company shall issue a cashier's check for the balance of the Account. In an event of closure by reason of illegal activities, the Company shall only release the balance of the Account from a lawful order of a competent court. The Company shall send by registered mail/e-mail to the Investor at its/his/her last known address/e-mail address indicated in the Company's records, notice of the closure/termination of the Account and stating the reason(s) thereof and the manner for the Investor to claim or obtain from the Company the balance of the Account, if any, and an instruction to return to the Company the original copy of the promissory note/COS/Investment certificate in its/his/her possession.

20. FACSIMILE AND ELECTRONIC MAIL ("E-MAIL"). FAMI shall honor documentations, instructions and forms sent through facsimile ("fax") or e-mail transmissions, without the requirement to submit originally signed copies, with the exception of the initial original AOF wherein this fax/email indemnity should be originally signed. The Investor is aware of the possible risks inherent in the giving of instructions by facsimile such as the possibility of forgery of non-original signatures and transmission to wrong numbers, phishing or spoofing or pharming, internet virus or malware, thus, making the instructions known to third party and never reaching FAMI. The Investor does not hold FAMI responsible of verifying the identity of the person/s giving any faxed/e-mailed instruction made on the Investor's behalf or the authenticity of any signature on any faxed/mailed instruction. The Investor authorizes FAMI to act on any faxed/mailed instruction believed to be coming from him/her/them whether such instruction was made with or without his/her/their authority, knowledge, or consent. The Investor agrees that it/he/she should be held wholly and solely liable for any and any faxed/mailed instruction believed to be coming from him/her/them whether such instruction was made with or without his/her/their authority, knowledge, or consent. The Investor agrees that it/he/she should be held wholly and solely liable for any and all withdrawals from its/his/her Account using its/his/her Account information through phishing/spoofing/pharming (or similar cyber-crimes). The Investor further agrees to indemnify and hold free and harmless the Company, its subsidiaries and affiliates, as well as any of its officers, directors and employees against any and all losses, claims, damages, penalties, liabilities related to this.

21. AUTHORITY TO PROCESS AND SHARE INFORMATION. The Investor hereby knowingly, voluntarily and willfully authorizes and gives its/ his/her/their consent to the Company, its directors, officers and representatives and its subsidiaries and affiliates to process, obtain, collect, record, organize, store, update, modify, use, access, and/or share/disclose within the Metrobank and its subsidiaries, affiliates and partners ("Metrobank Group") and third party service providers that the Company may engage in the conduct of its business in providing services to its clients/Investor, with corresponding duty to keep such information/data/opinion confidential, without prior notice to or consent from the Investor, relevant Account information/data/opinion pertaining to the Investor, including but not limited to personal circumstances, privileged information, sensitive personal information, services to its clients/Investor, with corresponding duty to keep such information/data/opinion confidential, without prior notice to or consent from the Investor, relevant Account information/data/opinion pertaining to the Investor, including but not limited to personal circumstances, privileged information, sensitive personal information, information in the AOF, Account balances and any and all other information pertaining to all of my Account/s now existing or which may

hereafter to be opened, whether or not assigned as collateral, which consent/authorization in favor of the Company and/or Metrobank Group is sufficient and in accordance with all bank deposit secrecy laws, including but not limited to, RA 1405 or the Law on Secrecy of Bank Deposits, RA 6426 or the Foreign Currency Deposit Act and RA 8791 or the General Banking Law, as well as R.A. 10173 or the Data Privacy Act of 2012 and other confidentiality laws enforced or which may hereinafter enforced. The absence of any written notice to the contrary shall be deemed by the Company as a continuing authorization and/or consent by the Investor as given hereto. By availing of the Company and Metrobank Group's over-the-counter payments services via debit from Investor's Account, Investor authorizes and gives his/her/their consent for the Company to disclose his/her/their Account number and Account name to government institutions for record-keeping purposes only. The Investor hereby undertakes to notify the Company in writing if it/he/she/they decide not to consent to the sharing of information provided herein.

22. LIABILITY OF INVESTMENT MANAGER. The price of shares in the mutual fund may rise as well as fall depending on prevailing market conditions. Thus, any "income expectation" or like terms is neither assumed nor guaranteed and it does not entitle the investor to a fixed interest or return on investment. Past performance is not a guarantee of future performance. The investment manager shall not be liable for any loss or depreciation in the value of the fund or in the value of the investor's shareholdings unless attributable to the investment manager's act of fraud, willful default, gross negligence or evident bad faith.

23. NON-GUARANTEED RETURNS. Unlike deposits made with banks, an investment in the Fund is neither insured nor guaranteed by the Philippine Deposit Insurance Corporation ("PDIC"). Hence, investors carry the risk of losing the value of their investment, without any guarantee in the form of insurance.

24. RISK DISCLOSURE. The value of your investment may change in relation to changes in market value of the fund. The price at the time of subscription may be lower or higher than the price at the time of redemption. Any reference to historical data should not be interpreted as projections to future performance servicing. Past performance is not an indicative of future returns. References to historical prices are for illustration purposes only. It is expected that the Investor has read the prospectus prior to investing. Should there be queries, these should be said with the servicing FAMI Certified Investment Solicitor.

ACKNOWLEDGEMENT

I/We have read and fully understood the terms and conditions stated above and the same were explained to me/us by a FAMI Certified Investment Solicitor/authorized officer.

SIGNATURE OVER PRINTED NAME
INVESTOR 1

SIGNATURE OVER PRINTED NAME
INVESTOR 2

TO BE ACCOMPLISHED BY FAMI CERTIFIED INVESTMENT SOLICITOR

NAME OF CERTIFIED INVESTMENT SOLICITOR	CIS LICENSE NUMBER	SIGNATURE	DATE