

| PART I – CLIENT INFORMATION | | | | |
|---|--|---|--|---|
| Client Name (Last Name, First Name, Middle Name if individual) | | RM No. | Date | |
| Is the client a registered Qualified Individual/Institutional Buyer (QIB) under Philippine Securities Regulation Code (or equivalent status in other jurisdictions)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If not registered, does the client meet the qualifications of a Qualified Individual/Institutional Buyer (QIB) under Rule 10.1(l) of the Philippine Securities Regulation Code? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| PART II – CLIENT SUITABILITY ASSESSMENT (CSA) | | | | |
| Instructions: For each row, read the question on the first box and put a check on the circle corresponding to the answer that best suits you. | | | | |
| QUESTIONS | A | B | C | D |
| 1. What is your INVESTMENT OBJECTIVE? | <input type="radio"/> Emergency Fund/ Operational Fund** | <input type="radio"/> Sustenance fund | <input type="radio"/> Saving for future expenditure (e.g. car, vacation, second home) or to provide funds with current income | <input type="radio"/> Wealth enhancement or to achieve capital growth |
| 2. What is your LIQUIDITY REQUIREMENT? | <input type="radio"/> Might require withdrawal anytime ** | <input type="radio"/> Might require withdrawal within 1 year*** | <input type="radio"/> Might require withdrawal within 1-5 years. | <input type="radio"/> Might require withdrawal after 5 years |
| 3. What is your RISK TOLERANCE? | <input type="radio"/> Principal to be safe and insured * | <input type="radio"/> Can tolerate the possibility of minimal loss on my principal in exchange for modest returns higher than traditional deposit products | <input type="radio"/> Can tolerate the possibility of moderate loss on my principal in exchange for moderate returns higher than money market placement | <input type="radio"/> Can tolerate the possibility of substantial loss on my principal in exchange for higher return and long term capital growth |
| 4. What is your INVESTMENT HORIZON? | <input type="radio"/> Less than 30 days** | <input type="radio"/> 30 days to less than 1 year*** | <input type="radio"/> 1 year to less than 5 years | <input type="radio"/> 5 years and above |
| 5. What is the level of your INVESTMENT KNOWLEDGE? | <input type="radio"/> Savings | <input type="radio"/> Savings, Time Deposits/SDA, Government Securities and Money Market Funds | <input type="radio"/> Savings, Time Deposits/SDA, Government Securities, Money Market Funds, Corporate Bonds/Notes and Bond Funds | <input type="radio"/> Savings, Time Deposits/SDA, Government Securities, Money Market Funds, Corporate Bonds/Notes, Bond Funds, Tier 2 Capital, Equities/Stocks, Balanced/Equity Funds, Buy/Sell Real Estate, Derivatives |
| 6. What is the extent of your INVESTMENT EXPERIENCE? | <input type="radio"/> Savings | <input type="radio"/> Savings, Time Deposits/SDA, Government Securities and Money Market Funds | <input type="radio"/> Savings, Time Deposits/SDA, Government Securities, Money Market Funds, Corporate Bonds/Notes and Bond Funds | <input type="radio"/> Savings, Time Deposits/SDA, Government Securities, Money Market Funds, Corporate Bonds/Notes, Bond Funds, Tier 2 Capital, Equities/Stocks, Balanced/Equity Funds, Buy/Sell Real Estate, Derivatives |
| 7. What type of investment are you INTERESTED in? | <input type="radio"/> Savings | <input type="radio"/> Savings, Time Deposits/SDA, Government Securities and Money Market Funds | <input type="radio"/> Savings, Time Deposits/SDA, Government Securities, Money Market Funds, Corporate Bonds/Notes and Bond Funds | <input type="radio"/> Savings, Time Deposits/SDA, Government Securities, Money Market Funds, Corporate Bonds/Notes, Bond Funds, Tier 2 Capital, Equities/Stocks, Balanced/Equity Funds, Buy/Sell Real Estate, Derivatives |
| SAF Score: _____ SAF Profile: <input type="checkbox"/> Risk Averse <input type="checkbox"/> Conservative <input type="checkbox"/> Moderate <input type="checkbox"/> Aggressive | | | | |
| Final Resulting Profile: <input type="checkbox"/> Risk Averse <input type="checkbox"/> Conservative <input type="checkbox"/> Moderate <input type="checkbox"/> Aggressive | | | | |
| PART III – DISCLOSURES | | | | |
| At any time, clients may give instruction for TBG to invest in any one or more of the investment /trust products below the resulting personal investment risk profile. In complying with the instruction, the client agrees to indemnify and hold TBG free and harmless from liability. All investments made shall be understood and implemented based on the client's personal investment preference and/or direction. | | | | |
| The client acknowledges that Suitability Assessment is done individually or on a per client basis and shall be reviewed every three (3) years unless there is a change in the personal / financial circumstance or preference within the 3-year period. | | | | |

PART IV – ACKNOWLEDGEMENT

I attest to the truth and correctness of my given personal/business information.

I was advised that BSP Circular 593 requires that the client suitability assessment form be updated at least once every three years or whenever my characteristics, preferences or circumstances changes, provided that if I do not notify MBTC-TBG of such change, I am deemed to have waived my right for a new client suitability assessment for the prescribed period.

 Client's Signature over
 Printed Name

 Date

Conducted by:

Reviewed by:

 Account Manager's
 Signature over Printed Name

 Date

 Supervising Officer's
 Signature over Printed Name

 Date

CO-TRUSTOR CONFORME

By signing this Suitability Assessment Form (SAF), I/We agree with the suitability assessment result of the Trustor above and I/We consent that it shall be used as basis/reference for the investments of the account/s to be opened.

 Co-Trustor's Signature over Printed Name/Date

 Co-Trustor's Signature over Printed Name/Date

 Co-Trustor's Signature over Printed Name/Date

REFERRER INFORMATION

| | | | |
|--|-----------|---------------------------------|--------------|
| <input type="checkbox"/> TBG | Referrer: | <input type="checkbox"/> Client | Referrer: |
| <input type="checkbox"/> Branch | Referrer: | Branch Code | Branch Name: |
| <input type="checkbox"/> Other Bank Units | Referrer: | Group/Division: | |
| <input type="checkbox"/> Subsidiaries/Affiliates | Referrer: | Company Name: | |