

ADVISORY SERVICES FORM

1. The undersigned Client ("Client") wishes to avail the advisory services of the below-named agent ("Agent") in relation to the following transactions in the Client's account: *(Please tick all that apply and sign on the spaces provided to confirm grant of authority)*

Asset	Commission / Sales Load	Signature
<input type="checkbox"/> PSE-listed securities	_____ % of the amount of securities purchased or sold or PhP20 per executed order, whichever is <i>higher</i>	✓ _____
<input type="checkbox"/> Mutual Fund shares	_____ % of the investment amount	✓ _____

2. In consideration of this added service, the Client agrees to pay the commission and/or sales load, as applicable, at the rates disclosed above. The Client acknowledges that the rates above are set solely by COL and agrees that COL may change the rate structure at any time upon reasonable notice.
3. The Client hereby manifests that the Client has received a copy of the COL Fund Source Terms and Conditions and accepts and consents to the same, as it may be amended from time to time.
4. All other provisions of the OSTA not otherwise amended by this Advisory Services Form shall remain in full force and effect.

 Signature over Printed Name
 (Primary)

Date: _____

 Signature over Printed Name
 (Secondary – if applicable)

Date: _____

Account No.: _____

Agent:

 Signature over Printed Name