RM

| PhilEquity | | | | | | | | | REDEMPTION ORDER FORM | | | | | | | |
|---|--|--|-------------|-----------------------------|------------|------------|---|--|-----------------------|--------------|-------------|-----------|-----------|-----------|---------|--|
| 2004-A East Tower, P | | | | | | | | ines 160 |)5 | DATE m | m/dd/yyyy | | | | | |
| (1) +63 2 689 8080 NSTRUCTIONS: Pleas | | | • | - | • | | | A on field | do that are | not opplio | able and de | | | | | |
| NSTRUCTIONS. Fleas | e type all line | | | | | | N DET | | us triat are | not applic | | Thou leav | e any bia | nk spaces | | |
| Account Name | • | | | | | | | | | | | | | | | |
| Account Num | Contact Nur | | | | | | | Numbe | er | | | | | | | |
| Fund Name | | | | | | | ail Ac | ddress | | | | | | | | |
| Redemption T | уре | Partial Full Number of Shares for Redemption | | | | | | | | | | | | | | |
| Reason for Redemption | | | alizing pro | | | | | | | | ease spe | | | | | |
| | | Transfer to another Philequity fund Not satisfied with investment | | | | | | Transfer to other investment, please specify Others, please specify | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| PAYMENT DETAILS / OPTIONS | | | | | | | | | | | | | | | | |
| Mode of Paym | Deposit to bank account Pick Up Check | | | | | | Remittance (charges apply) Reinvestment to another fund: | | | | | | | | | |
| IF DEPOSIT TO BANK ACCOUNT | | | | | | | | | | | | | | | | |
| Bank Name | | | | | | ch Nai | | | | | | | | | | |
| Account Type Saving | | | ngs | gs Checking A | | | count Currency | | | | USD | | | | | |
| Bank Account Name* | | | | | 1 | | | | | | | | | | | |
| Bank Account | No. | | | | | | | | | | | | | | | |
| *Bank Account Nar | ne must ma | atch your Ph | ilequity Ac | count Name. | Redem | ption pro | ceeds will | l be dep | posited to | the bank | account | of the in | vestor/s | name/s (| only. | |
| IF PICK UP CHECK (OPTIONAL) | | | | | | | | | | | | | | | | |
| I hereby authorize my/our representative whose name and signature appears below, to pick up my/our redemption check from the Philequity office. (The authorized representative must present 1 valid ID upon pick up) | | | | | | | | | | | | | | | | |
| Complete Nam | | t piesent i v | valiu iD up | | | | S | Signat | ure | | | | | | | |
| | - | | | | | | ATION | <u> </u> | | | | | | | | |
| I/We the undersigned registered owners of mutual fund shares, hereby request the redemption of such shares at the applicable redemption price, as defined in the prospectus, which I/we warrant to have read and understood. Furthermore, for value received, I/we hereby sell, assign, and transfer unto the number of shares of the capital stock of the Fund as indicated above and do irrevocably constitute and appoint the Fund's transfer of the said stock on the books of the within named corporation with full power of substitution in the premises. I/We hereby accept that in the event that the bank account name provided above is different from the provided Philequity account name, Philequity shall have the right to accept or reject this form/redemption instruction. Further, I/we agree to indemnify and hold free and harmless Philequity, its officers, employees and its representatives from any costs, losses, liabilities, damages or expenses whatsoever arising from the acceptance or rejection, delay of action or inaction upon any of such instructions. For joint accounts, I/we declare under penalty or perjury that my/our co-investors are still living and that Philequity may at its discretion rely on such continuing declaration and | | | | | | | | | | | | | | | | |
| representation. | | nder periaity | | nat my/our co- | -Investors | | living and t | | | y at its uis | | y on suc | | - | | |
| | | | SIGN AT CH | | | | | olF/o | SIGN ATCH | | | | | | SULTAND | |
| Autho | orized Sign | atory 1 | AF NO. | | Autho | orized Si | ignatory 2 | | VA 30 | | Auth | orized | Signato | rv 3 | AF IN | |
| | re over Prin | | | | | | | | Printed | | | | | | | |
| As proof of your redemption, a Confirmation Notice will be sent to you not later than 7 banking days with the number of shares redeemed. Documents received by 12 noon cut-off will be processed within the same business day using the NAVPS for the day. Anything received past cut-off shall be processed the next business day applying the corresponding NAVPS for that day. Cut-off time may vary depending on your distributor or agent. All redemption proceeds shall be in the form of a check, paid only to the account holder/s. Redemptions for deposit to bank accounts are subject to 3 to 31 banking days clearing. Redemption proceeds. Unclaimed checks that have gone stale will be subject to Philequity and bank charges Redemption orders may be subject to further verification prior to processing. Ensure your contact details are up to date. Digital signatures are strictly prohibited and will cause your Redemption Order Form or instruction to be rejected. Redemption Order Forms should be submitted to your distributor or agent for initial verification. If you are a Philequity direct client, Redemption Order Forms may be: Submitted to PhilEquity Management Inc. with address at 2004-A, East Tower, Philippine Stock Exchange Centre, Exchange Rd., Pasig City 1605 or Emailed to invest@philequity.net (if enrolled to Electronic Mail Instructions). The document will be processed based on the time complete document/s are received by PEMI. | | | | | | | | | | | | | | | | |
| | | | DIST | RIBUTOF | | | | WLE | DGEN | IENT | | | | | | |
| Date Received | | | | | | ibutor / B | | | | | | | | | | |
| Time Received | | | | Confirmed for processing by | | | | | | | | | | | | |
| Received By | | | | | | 111323-6- | | | | | | | | | | |
| Date / Time | | | | | | UITY | USE O | NLY | | _ | | | | | | |
| Received | | | | Date Proce | essed | | | | | Date Ve | rified | | | | | |
| Source of Document | | | | Processor | | | | | | Verified | - | ТМ | M S | | | |
| Received By | | | | Authorizer | | | | | | Verified | Bv | 1 | | | | |