

INVESTMENT APPLICATION FORM

ATR Asset Management, Inc.



Account Name: _____ Date: _____

Account No: _____ Contact No. _____

■ INITIAL SUBSCRIPTION

■ ADDITIONAL SUBSCRIPTION

Fund Name	Currency	Gross Investment Amount	For ATRAM Use Only		
			Sales Fee +VAT	Net Investment Amount	NAVPS applied

Subscription/s will be settled via [Please select only one. Check payments not accepted for USD-denominated funds] :

- Check payment to ATRAM [Check should be payable to the relevant Fund]
 Electronic transfer to Fund's bank account from (RTGS/PDDTS)
 Deposit to Fund's bank account (cash deposit / check deposit)
 Online Banking (Bills payment / e-wallet / emi)

REDEMPTION

Fund Name	No. of Shares	Currency	For ATRAM Use Only			
			NAVPS applied	Gross Redemption Proceeds	Redemption Fee	Net Redemption Proceeds

For Peso denominated funds, redemption proceeds shall be paid out via check payable to the investor. For US Dollar denominated funds, redemption proceeds will be credited to the client's account (please provide details below).

INDEMNITY FOR CHECK DEPOSIT

In relation to my/our request to have the check for redemption proceeds be deposited to the bank account stated below, I/we agree to indemnify and hold harmless ATRAM against any and all actual loss, liability, claim, damage, and/or expense arising from:

- Any delayed deposit or non-deposit of the check due to requirements of client's bank;
- Charges and expenses incurred in respect to the deposit (expenses shall be deducted from total redemption proceeds);
- Failure to deposit checks due to restrictions of client's bank

My/our bank details are:

Account Name _____ Bank _____
 Branch _____ S/A C/A Account No. _____

Note: Please refer to the fund's prospectus for applicable redemption fee. All bank charges and any expenses incurred in respect of remittance of redemption proceeds to the investor shall be borne by the investor.

SWITCHING

Switching to:		From:		
Number of Shares to be Redeemed	Currency	For ATRAM Use Only		
		Redemption Fee	NAVPS applied	Net Redemption Proceeds

WAIVER OF CLIENT SUITABILITY PROFILING, DECLARATIONS, CONSENTS AND DISCLOSURES

- I/we confirm that I/we would like to avail of the investment product/portfolio/strategy of the funds indicated in this Investment Application form which may not be consistent with the results of my/our/its Client Suitability Assessment ("CSA"). In such case, I/we confirm that I/we do not agree with and do not accept the recommendations of ATRAM on the investment product/portfolio/strategy appropriate to my/our profile based on the results of my/our/its CSA. To this end, I/we request and intend to be re-classified outside of the CSA process, and avail of the investment product/portfolio/strategy of the funds indicated in this Investment Application Form. I/we acknowledge that I/we have been warned by ATRAM that by opting to be reclassified out the CSA process, I/we may lose protections provided by the relevant laws, rules, and regulations, and may be exposed to risks associated with or incidental to my/our preferred investment product/portfolio/strategy, which risks I/we fully understand and voluntarily assume. Furthermore, I/we assume full responsibility for the consequences of the investment product/portfolio/strategy of the funds I/we are subscribing to and shall hold ATRAM free and harmless from any losses that may be incurred resulting in the implementation thereof.
- I have read and understood, and agree to be bound by the terms and conditions governing the products and services to be availed of.
- I hereby expressly, absolutely and unconditionally release and discharge the ATRAM Group, and undertake to, at all times, indemnify and keep the ATRAM Group free and harmless from any and all claims, liabilities, obligations, actions, proceedings, loss, damage, costs and expenses arising from or in connection with, directly or indirectly, any erroneous or inaccurate information contained in this form or any instruction I will provide to the ATRAM Group.
- The information provided in this form is true, accurate and complete, and any document submitted along with this form is authentic, genuine, and up to date. I undertake to update this form and inform the ATRAM Group of any change that results in the information contained in this form to become incorrect or incomplete within fifteen (15) days of such change. I agree that in the event that any information provided in this form is inconsistent with any official or government issued document submitted, the latter shall take precedence, and the ATRAM Group may rely on such any official or government issued document and make the necessary corrections to this form.

Authorized Signatory/ies:

Signature over Printed Name

Signature over Printed Name

For ATRAM use only:						
Fund Name	Order Instruction	Value Date	Gross Amount	Sales Fee +VAT	Net Investment Amount	NAVPS applied
	Switch/Subscribe					

Received by: _____ Date Received: _____ Time Received: _____ Signature Verified by: _____