

ACCOUNT NAME:	ACCOUNT NUMBER:	APPLICATION DATE:
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REDEMPTION DETAILS			
NAME OF MUTUAL FUND			
NUMBER OF SHARES	AMOUNT TO BE REDEEMED	TYPE OF REDEMPTION	
OR		<input type="checkbox"/> FULL	<input type="checkbox"/> PARTIAL
FOR ANY QUESTION/CONCERN REGARDING THIS REDEMPTION, KINDLY PROVIDE CONTACT INFORMATION THROUGH WHICH FAMI SOLICITORS COULD BEST REACH YOU.			
TELEPHONE NUMBER	MOBILE PHONE NUMBER	EMAIL ADDRESS	
LATEST RESIDENTIAL / MAILING ADDRESS: NO. & STREET, TOWN & PROVINCE/CITY, COUNTRY			POSTAL ZIP CODE:

SETTLEMENT DETAILS							
<p>I/ WE UNDERSTAND THAT THE CHECK REPRESENTING THE PROCEEDS OF MY/ OUR REDEMPTION WILL BE AVAILABLE WITHIN SEVEN (7) BANKING DAYS FROM THE RECEIPT OF THIS INSTRUCTION. UPON ADVICE TO ME/ US OF THE AVAILABILITY OF THE CHECK, THE SAME SHALL BE:</p>							
<input type="checkbox"/>	<p>PICKED UP AT THE FAMI OFFICE</p> <p style="font-size: small;">(AUTHORIZED REPRESENTATIVES ARE REQUIRED TO SUBMIT A WRITTEN AUTHORIZATION LETTER SIGNED BY THE ACCOUNT HOLDER/S, AS WELL AS A COPY OF A VALID ID OF BOTH THE ACCOUNT HOLDER/S AND THE REPRESENTATIVE, BEFORE PROCEEDS COULD BE RELEASED.)</p>						
<input type="checkbox"/>	<p>SWITCHED TO ANOTHER FAMI FUND</p> <p>NAME OF RECEIVING FUND: _____</p>						
<input type="checkbox"/>	<p>DEPOSITED VIA:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 30%;">BANK NAME</td> <td></td> </tr> <tr> <td>ACCOUNT NAME</td> <td></td> </tr> <tr> <td>BANK ACCOUNT NUMBER</td> <td>SA/CA</td> </tr> </table>	BANK NAME		ACCOUNT NAME		BANK ACCOUNT NUMBER	SA/CA
BANK NAME							
ACCOUNT NAME							
BANK ACCOUNT NUMBER	SA/CA						
NOTE: IF THE REDEMPTION PROCEEDS ARE NOT RECEIVED WITHIN SEVEN (7) BANKING DAYS, PLEASE CONTACT FAMI AT TELEPHONE NUMBERS 891-2860 TO 65.							

DECLARATION
<p>I/ WE, THE UNDERSIGNED OWNER/S OF CERTAIN MUTUAL FUND SHARES, HEREBY REQUEST FOR 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 THE NUMBER OF SHARES OF THE CAPITAL STOCK OF THE FUND AS INDICATED BELOW AND DO IRREVOCABLY CONSTITUTE AND APPOINT THE FUND'S TRANSFER OF THE SAID STOCK ON THE BOOKS OF THE WITHIN NAME CORPORATION WITH FULL POWER OF SUBSTITUTION IN THE PREMISES.</p> <p>I/WE UNDERSTAND THAT THE FAX AND EMAIL INDEMNITY THAT WAS SIGNED UPON ACCOUNT OPENING SHALL BE EFFECTIVE ON THIS DOCUMENT AS WELL. THIS GRANTS FAMI WITH THE RIGHT TO HONOR FAXED/SCANNED/EMAILED COPIES OF THE FILLED OUT REDEMPTION FORM, EVEN WITHOUT RECEIPT OF THE ORIGINAL DOCUMENT.</p>

SIGNATURES					
SIGNATORY 1	PRINTED NAME & SIGNATURE	SIGNATORY 2	PRINTED NAME & SIGNATURE	SIGNATORY 3	PRINTED NAME & SIGNATURE
SIGNATORY 4	PRINTED NAME & SIGNATURE	SIGNATORY 5	PRINTED NAME & SIGNATURE	<p style="font-size: small;">(FOR MIP ACCOUNTS ONLY)</p> AUTHORIZED SIGNATORIES OR HUMAN RESOURCE PRINTED NAME & SIGNATURE	

BOOKING CONFIRMATION (FOR FAMI USE ONLY)			
SIGNATURE VERIFIED BY:	DATE ENCODED	CHECKER	NAME OF CIS / METROBANK BRANCH
SIGNATURE OVER PRINTED NAME	MAKER	AUTHORIZER	AGENT CODE

ACCOUNT NUMBER

SPECIMEN SIGNATURE CARD - INDIVIDUAL

 Individual Account Joint Account (With ___ Account Holders) ITF/ FAO: _____

FOR FAMI USE ONLY

ACCOUNT NAME

PLEASE HONOR AND RECOGNIZE THE FOLLOWING SIGNATURES IN PROCESSING (SUBSCRIPTION/SWITCHING/REDEMPTION) OF OUR FUND

REQUIRED SIGNATORIES:

 All Parties Any ___ of ___ Parties Others _____

PRIMARY INVESTOR

LAST NAME

FIRST NAME

MIDDLE NAME

ID PRESENTED/ NUMBER

SIGNATURE 1

SIGNATURE 2

CO-INVESTOR 1

LAST NAME

FIRST NAME

MIDDLE NAME

ID PRESENTED/ NUMBER

SIGNATURE 1

SIGNATURE 2

CO-INVESTOR 2

LAST NAME

FIRST NAME

MIDDLE NAME

ID PRESENTED/ NUMBER

SIGNATURE 1

SIGNATURE 2

CO-INVESTOR 3

LAST NAME

FIRST NAME

MIDDLE NAME

ID PRESENTED/ NUMBER

SIGNATURE 1

SIGNATURE 2

CO-INVESTOR 4

LAST NAME

FIRST NAME

MIDDLE NAME

ID PRESENTED/ NUMBER

SIGNATURE 1

SIGNATURE 2

CO-INVESTOR 5

LAST NAME

FIRST NAME

MIDDLE NAME

ID PRESENTED/ NUMBER

SIGNATURE 1

SIGNATURE 2

SIGNATURE VERIFICATION (FOR FAMI USE ONLY)

NAME OF SIGNATURE VERIFIER

SIGNATURE OF VERIFIER