

CLIENT ACCOUNT FORM

Individuals



CLIENT INFORMATION

If there is more than one signatory, each must complete a separate Client Account Form.
Person accomplishing this form is the: (tick one): ☐ Accountholder ☐ Beneficial Owner ☐ Authorized signatory ☐ Beneficiary ☐ Primary officer (e.g. President, Treasurer)

Account Type: ☐ Individual ☐ Joint - AND ☐ Joint - OR ☐ ITF (In Trust For)

Account Name [As will appear on Account Statements and Confirmation Forms]

Complete Legal Name

Last Name _____ First Name _____ Middle Name _____

| | | | | |
|------------------------|----------------------|---|-----------------|---------------------------|
| Other Names Used/Alias | Birthdate (mm/dd/yy) | Birthplace (City/Province and Country) | Nationality/ies | Tax Identification Number |
| Government ID Type | SSS / GSIS Number | Philippine Resident? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

Present Address (House / Bldg./Apt. No./ Street / District/Barangay / Subd./City/ Country / Zip Code)

Permanent Address (House / Bldg./Apt. No./ Street / District/Barangay / Subd./City/ Country / Zip Code) ☐ same as above

Office/Business Address (Name of Employer / Business Name / Bldg. / Floor No. / Street / District / Barangay / Municipality /City/ Country / Zip Code)

| | | | |
|------------------|---------------|---------------|--------------------------------|
| Home Tel. Number | Mobile Number | Email Address | Occupation/Profession/Position |
|------------------|---------------|---------------|--------------------------------|

Have you worked in a government agency or institution? ☐ YES ☐ NO

If Yes, what government agency/institution was it? _____ Position _____ Inclusive years _____

Do you have any relative who is/was an elected/appointed government official? (e.g. president, vice-president, senator, congressman, commissioner, executive in a government owned corporation, mayor, councilor, barangay chairman, others) ☐ YES ☐ NO

If yes, please provide name of the elected/appointed government official (please use separate sheet if necessary).

Name _____ Relationship _____ Position _____ Inclusive years _____

Mailing Address [Please check one box only. Required only for Account Holder]

☐ Go Paperless (via e-mail) ☐ Present Residence address ☐ Present Office/Business address ☐ Permanent Address

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

Are you any of the following: a) U.S. citizen? ☐ YES ☐ NO b) U.S. resident? ☐ YES ☐ NO c) resident alien? ☐ YES ☐ NO

Were you born in the U.S.? ☐ YES ☐ NO With current U.S. residence address? ☐ YES ☐ NO

With current U.S. mailing address (including a U.S. P.O. Box)? ☐ YES ☐ NO With current U.S. telephone number? ☐ YES ☐ NO

Have you issued a standing instruction to transfer funds to an account maintained in the U.S.? ☐ YES ☐ NO

Have you issued a power of attorney or granted signatory authority to a person with a U.S. address? ☐ YES ☐ NO

Do you have an "in care of" address or "hold mail" address that is the sole address for an account (whether such address is in the U.S. or outside the U.S.)? ☐ YES ☐ NO

Definition: The term U.S. person is described in Section 7701(a)(30) of the United States Internal Revenue Code as:

(a) a citizen or resident of the United States,

(b) a domestic partnership,

(c) a domestic corporation,

(d) any estate (other than a foreign estate, within the meaning of paragraph Section 7701(a)(31)), and any trust if (i) a court within the United States is able to exercise primary supervision over the administration of the trust, and (ii) one or more United States persons have the authority to control all substantial decisions of the trust.

SPECIMEN SIGNATURE

Specimen Signatures [Please sign thrice]

| | |
|-----------------|-----------------|
| Signature _____ | Signature _____ |
| Signature _____ | Date _____ |

For internal use only

| | | |
|----------------------|-------------------|------------------------------------|
| Received by: _____ | Agent Code: _____ | Processed by: _____ |
| Date Received: _____ | Time: _____ | Account Opening Approved by: _____ |

CLIENT SUITABILITY ASSESSMENT (CSA)

[Required only for Primary Account Holder & Beneficial Owner]

What is the source of your funds?
(select all that apply)

☐ Salary

☐ Savings/Investments

☐ Income (e.g. dividends, business)

☐ Pension

☐ Inheritance

☐ Remittance/Allowances

☐ Others (please specify)

How much do you see yourself investing?

☐ P1,000 or less

☐ P100,001 – 500,000

☐ P1,001 – 50,000

☐ P500,001 – 1,000,000

☐ P50,001 – 100,000

☐ More than P1,000,000

How frequently do you see yourself investing?

☐ Only when I have available cash

☐ Quarterly

☐ Monthly

☐ Weekly

☐ More frequently than once a week

What is your net worth (approximate)?

☐ Less than P1 Million

☐ P1 - less than P10 million

☐ P10 – less than P20 million

☐ P20 million and above

What is the purpose of your investment?

☐ To prevent capital loss while generating income (1 pt)

☐ To have a regular income source (2 pts)

☐ To generate significant capital appreciation (3 pts)

Which of the following have you invested in?
(tick all that apply) (cap at 5 points)

☐ Cash and deposit products (e.g. TDs) (1 pt)

☐ Gov't securities or corp. fixed income sec. (e.g. T-Bills, RTBs, corporate bonds, commercial papers) (1 pt)

☐ Stocks (2 pts)

☐ Mutual funds or UITFs (2 pts)

☐ Insurance products (inc. VUL products and pre-need) (2 pts)

☐ Offshore funds (inc. ETFs, REITs) (2 pts)

☐ Structured financial products (2 pts)

☐ Commodities (2 pts)

☐ Real estate (2 pts)

How knowledgeable are you as an investor?

☐ I am a new or novice investor (1 pt)

☐ I have some knowledge about investing (2 pts)

☐ I am generally knowledgeable about investing (3 pts)

☐ I am very knowledgeable about investing (4 pts)

You are investing for a period of:

☐ Less than 1 year (0 pt)

☐ 1-3 years (1 pt)

☐ 3-5 years (2 pts)

☐ 5-7 years (3 pts)

☐ 7 years and up (4 pts)

Do you have a regular liquidity requirement?

☐ Yes, I will be regularly withdrawing from my investment (1 pt)

☐ I have other liquidity sources and will not be withdrawing from my investment (2 pts)

How much drop/loss in the value of your investment can you accept?

☐ 0% (1 pt)

☐ Up to 10% (2 pts)

☐ Up to 15% (3 pts)

☐ More than 15% (4 pts)

For this investment, you are:

☐ Willing to accept low to no risk for general stability of your money (1 pt)

☐ Willing to accept moderate risk in return for some growth opportunity (2 pts)

☐ Willing to accept high risk for potentially higher return (3 pts)

☐ I am very knowledgeable about investing (4 pts)

☐ I am establishing a joint account. For purposes of such account, kindly adopt the answers and results of the client suitability assessment of my co-account holder and/or the primary account holder/beneficial owner.

CSA RESULT

Total Score

| Minimum | Maximum | Risk Profile | Minimum | Maximum | Risk Profile |
|---------|---------|-------------------------|---------|---------|-----------------------|
| 6 | 9 | Conservative | 18 | 21 | Moderately Aggressive |
| 10 | 13 | Moderately Conservative | 22 | 25 | Aggressive |
| 14 | 17 | Moderate | | | |

I have assessed and explained the results of the CSA to the client and the basis for our recommendations, which include the client's ability to bear the risks and potential losses of an investment outlet.

ATRAM Group Personnel's Signature over Printed Name

DECLARATIONS, CONSENTS AND DISCLOSURES

By my signature below, I hereby declare and certify that:

1.

I have the authority to sign this form and to provide the information contained therein.

2.

I authorize and consent to the collection, processing, and use by ATRAM Trust Corporation, ATR Asset Management, Inc., Seedbox Technologies, Inc., and their respective offices, branches, subsidiaries, affiliates, parent, agents, advisers and representatives (the "ATRAM Group"), of my personal information, including information relating to my account/s or any investments with or through the ATRAM Group for the following purposes: (i) provision of any service or product relating to my account/s or investments; (ii) requesting feedback through the completion of customer satisfaction surveys; (iii) monitoring, review and reporting any actual or perceived anti-money laundering activity; (iv) performing statistical, credit and risk analysis; (v) risk management purposes; (vi) sending marketing materials and promotions about the ATRAM Group's products, services, and special offers; (vii) reports or disclosures required by any law or regulation such as but not limited to the Anti-Money Laundering Act of 2001, FATCA , and OECD Common Reporting Standards.

3.

I authorize and consent to the transfer, disclosure, sharing and communication of personal information collected by ATRAM Group to third-party personal information controllers or processors, and other data processors or sub-contractors for foregoing purposes or any other purposes that will be specified prior to sharing of such information or data.

4.

I acknowledge and consent to the retention by ATRAM Group of the personal information collected for as long as necessary to fulfill the purpose for which it was collected or for as long as it is permitted or required by law.

5.

I confirm that I am aware of my rights under the relevant privacy laws and regulations, which include the right to withdraw my consent and the right to access, rectify, erase, and block my information. I shall immediately notify the ATRAM Group of my decision to exercise any of these rights.

6.

I have read and understood, and agree to be bound by the terms and conditions governing the products and services to be availed of.

7.

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.

8.

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.

9.

In relation to the information provided for purposes of the Foreign Account Tax Compliance Act ("FATCA") of the United States, I confirm that I understand what the term "U.S. Person" means under FATCA.

10.

I authorize and consent to the withholding by the ATRAM Group of any amounts pursuant to the FATCA rules and regulations. I acknowledge that the ATRAM Group may classify me as a recalcitrant account holder and consent to the suspension, recall, or termination of account/s or facilities granted to me should I provide false, inaccurate, or incomplete information to the ATRAM Group or fail to provide any documentation the ATRAM Group may require.

11.

I authorize and consent to the withholding of any amount and/or, if applicable, subjecting the same to the maximum withholding tax rate applicable by the ATRAM Group for any incomplete or inaccurate information in this form.

12.

I authorize and consent to the closure of any of my account/s with the ATRAM Group, should there be no longer any outstanding investments in such accounts.

Signature

Printed Name

Date

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AUTHORITY AND INDEMNITY FOR TELEPHONE, TELEX, FAX AND EMAIL INSTRUCTIONS

Note: Account Holders should consider the possible risks inherent in the giving of instructions by telephone, telex, fax or email. Such instructions may be forged and may be transmitted to wrong numbers, may never reach the ATRAM Group, may thereby become known to third parties thus losing their confidential nature and may incur other risks. The ATRAM Group does not accept any responsibility for the occurrence of any such circumstances or for any action, claim, loss, damage or cost arising or incurred by Account Holders as a result of or in connection with any such circumstances or the giving of any such instructions by telephone, telex or fax. Account Holders are and continue to be solely responsible for making their own independent appraisal and assessment of any possible risks in relation to the giving of any such instructions. Accordingly, Account Holders should not authorize ATRAM Group to accept instructions by telephone, telex, fax or e-mail unless they are prepared to undertake such risks and have satisfied themselves in all respects with regard to such authorization.

In consideration of the ATRAM Group agreeing to accept instructions by facsimile of duly signed Letter of Instruction (LOI) or email instructions from the undersigned Account Holder without requiring an original written confirmation in respect of any facsimile or email instructions prior to acting thereon, the undersigned Account Holder of the ATRAM Group acknowledges, confirms, and agrees that:

- (1) Facsimile of duly signed LOIs or email instructions are not secure means of communication and that Account Holder is aware of the risk involved, and requests the ATRAM Group to accept such facsimile or email instructions for the Account Holder's convenience.
- (2) The ATRAM Group is hereby authorized to act on any facsimile of duly signed LOI or email instructions which in its sole discretion believe emanate from the Account Holder. The ATRAM Group shall not be liable for acting in good faith on facsimile or email instructions which emanate from unauthorized persons.
- (3) Any transaction made pursuant to a facsimile of duly signed LOI or email instructions acted upon in good faith and in the absence of negligence default or fraud shall be binding upon the Account Holder whether made with or without Account Holder authority, knowledge, or consent.
- (4) The Account Holder understands that the ATRAM Group has absolute discretion to refuse to act upon such instructions if it has any reason to doubt the authenticity of such instructions or the authority of the person giving such instructions.
- (5) The Account Holder undertakes to keep the ATRAM Group indemnified at all times against all actions, proceedings, claims, losses, damages, costs and expenses which may be brought against the ATRAM Group or suffered or incurred by the ATRAM Group and which shall have arisen either directly or indirectly out of or in connection with the ATRAM Group accepting facsimile or email instructions and acting thereon, whether or not the same are confirmed in writing by the ATRAM Group.

Very truly yours,

• Individual Account

Signature First Account Holder
Printed Name: _____
Account number: _____
Date: _____

Signature Second Account Holder (if applicable)
Printed Name: _____
Date: _____

• Corporate Account

Company Name: _____
Account Number: _____

Signature Authorized Signatory
Printed Name: _____
Date: _____

Signature Authorized Signatory
Printed Name: _____
Date: _____

Signature Authorized Signatory
Printed Name: _____
Date: _____

Signature Authorized Signatory
Printed Name: _____
Date: _____

INVESTMENT APPLICATION FORM
ATR Asset Management, Inc.



Account Name: _____ Date: _____
Account No: _____ Contact No. _____

Table with 6 columns: Fund Name, Currency, Gross Investment Amount, Sales Fee +VAT, Net Investment Amount, NAVPS applied. Includes sub-headers for INITIAL SUBSCRIPTION and ADDITIONAL SUBSCRIPTION.

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

Table with 7 columns: Fund Name, No. of Shares, Currency, NAVPS applied, Gross Redemption Proceeds, Redemption Fee, Net Redemption Proceeds. Includes sub-header for REDEMPTION.

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 investor'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:

- 1) Any delayed deposit or non-deposit of the check due to requirements of client's bank;
- 2) Charges and expenses incurred in respect to the deposit (expenses shall be deducted from total redemption proceeds);
- 3) 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.

Table with 5 columns: Number of Shares to be Redeemed, Currency, Redemption Fee, NAVPS applied, Net Redemption Proceeds. Includes sub-header for SWITCHING.

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 _____

Table with 7 columns: Fund Name, Order Instruction, Value Date, Gross Amount, Sales Fee +VAT, Net Investment Amount, NAVPS applied. Includes sub-header For ATRAM use only.