

Redemption Checklist

This contains the list of forms and documents you will need to submit in order to successfully redeem your funds. All information shared shall be kept confidential. Thank you!



- Rampver Financials Redemption Survey
- ATRAM Investment Application Form (redemption section)
- Scanned copy of one (1) valid government-issued ID with 3 specimen signatures



- Rampver Financials Redemption Survey
- Soldivo Investment Application Form (redemption section)
- Scanned copy of one (1) valid government-issued ID with 3 specimen signatures



- Rampver Financials Redemption Survey
- Sun Life Request for Redemption/Fund Switch Form
- Scanned copy of one (1) valid government-issued ID with 3 specimen signatures
- Proof of Bank Account



- Rampver Financials Redemption Survey
- PhilEquity Redemption Order Form
- PhilEquity Settlement Account Form
- Scanned copy of one (1) valid government-issued ID with 3 specimen signatures
- Proof of Bank Account



**ALFM & BPI Investment Management Inc. funds*

- Rampver Financials Redemption Survey
- BIMi Letter of Instruction Form
- BIMi Mutual Fund Order Form (redemption section)
- Scanned copy of one (1) valid government-issued ID with 3 specimen signatures



- Rampver Financials Redemption Survey
- FAMI Account Opening Form
- FAMI Redemption Form
- Scanned copy of one (1) valid government-issued ID with 3 specimen signatures

Note: Scan and send the accomplished requirements to transactions@rampver.com. Please make sure you have COMPLETE requirements so we can process your redemption request. Missing or incomplete requirements will result in delays in receiving your proceeds. Upon successful submission, Rampver will process your redemption request within 5-7 business days. Please be advised that this turnaround time only applies upon submission of your COMPLETE requirements. In addition, there may be an exit fee deducted to your proceeds if you haven't completed the holding period of the fund you are invested in. If you have any questions or need further assistance, please email us at transactions@rampver.com.

Rampver Financials Redemption Survey

Your feedback is important to us. Kindly answer this short survey as part of your mutual fund redemption requirements. All information contained in this survey will be kept confidential. Thank you!

Account Name: _____	Name of Servicing Advisor: _____
Account No: _____	Mobile Number: _____

1. Why are you redeeming your mutual fund investment? (Please check all boxes that apply)						
<input type="checkbox"/>	Realized Gains (I have already achieved my financial goal for this investment)					
<input type="checkbox"/>	Fund Switching (I want to invest in a different mutual fund within Rampver's products)					
<input type="checkbox"/>	Use for another financial product (I will use the proceeds from my mutual fund investment to fund another financial product)					
<input type="checkbox"/>	Emergency (I will use the proceeds from my mutual fund investment to pay for an emergency expense)					
<input type="checkbox"/>	Not satisfied with the returns (I am not satisfied with the performance of my mutual fund investment)					
<input type="checkbox"/>	Others (Kindly specify the reason) _____					
2. Are you satisfied with the services that we provided to you? (With 1 being the lowest and 5 being the highest rating)						
	1	2	3	4	5	
Not Satisfied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very Satisfied
3. If you rated us 3 and below, what are the improvements we need to work on to make you consider investing again in the future?						
4. Additional comments and suggestions:						

Name

Signature

Date

MUTUAL FUND ORDER FORM



A. Account Information

Investment Folio Number:	Date:
Customer Name(s):	

B. Order Details

<input type="checkbox"/> SUBSCRIPTION	
Fund Name:	Order Amount:
Fund Name:	Order Amount:
Fund Name:	Order Amount:
Funding Reference Number:	Sales Load <i>(BIMI Use Only)</i> :

<input type="checkbox"/> REDEMPTION			
Fund Name:	Order Amount:	Number of Shares:	Exit Fee:
Fund Name:	Order Amount:	Number of Shares:	Exit Fee:
Fund Name:	Order Amount:	Number of Shares:	Exit Fee:

Settlement Instruction:

Pick up check (for Foreign Currency Denominated Funds only):
 Authorized Representative (optional): _____ Signature: _____

Deposit to Bank Account

Switch to Another Fund: Fund Name: _____

Reasons For Redemption: Purchase of asset (house, car, etc.) Switch to other investment outlet Others *(pls. specify)* _____

C. Declaration of Signatories

By signing below, I/we hereby confirm the validity and accuracy of all the information provided herein and BPI Investment Management, Inc. ("BIMI") is hereby authorized to implement the foregoing instructions in relation to my/our investment account. I/We further acknowledge and confirm that I/we have read and fully understood the Terms and Conditions stated at the back of this document and agree to be bound thereby. I/We are also aware that the investment products referred to herein are not bank deposit products and are not covered by the Philippine Deposit Insurance Corporation (PDIC). Furthermore, the principal amount, income and potential income from the investment are not guaranteed by BIMI.

I/We hereby declare that in case the check or payment representing the proceeds of any redemption from the above account is made payable to one, some or all of us, upon my/our instruction to BIMI, I/we understand and accept that BIMI has the absolute discretion to act or not to act upon instruction. I/We likewise undertake to indemnify and hold BIMI, its directors, officers, employees and representatives free and harmless from any costs, losses, liabilities, damages and expenses whatsoever arising out of or in connection with BIMI's acceptance or non-acceptance, or action or inaction, upon any of such instructions.

For joint accounts, I/we declare under the penalties of perjury that my/our co-investor/s is/are still living. I/We also declare that this transaction is made with the full knowledge and consent of my/our co-investor/s.

I/we likewise acknowledge to have read and understood BIMI's Data Privacy Statement, posted on its website, and I agree that BIMI and/or its agents may, as described in said Data Privacy Statement, process, obtain, collect, record, organize, store, update, modify, use, access, share and/or disclose to the BIMI's parent, subsidiaries, affiliates, and third parties, information relating to me and/or my account(s) of whatever nature. The consent given herein is deemed to be the consent required under relevant confidentiality laws of the Philippines or other jurisdictions and under data privacy laws of the Philippines or other jurisdictions, including but not limited to RA 10173 or the Data Privacy Act of 2012.

Signature of Customer over Printed Name	Signature of Customer over Printed Name	Signature of Customer over Printed Name	Signature Verified <i>(for authorized personnel use only)</i>
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LETTER OF INSTRUCTION

To: BPI Investment Management, Inc.
19th Floor BPI Buendia Center Sen. Gil Puyat Ave., Makati City

Date _____

Thru: BIMi Certified Investment Solicitor

In reference to my/our Mutual Fund Account with account number/s: _____ under the name/s of:
(List all names if "and/or" account)

1. _____ 2. _____ 3. _____

I/We would like to request for: (please check the appropriate item)

CHANGE OF CONTACT INFORMATION: Mailing Address Email Telephone Number

Current Information:

New Information:

_____	_____
_____	_____
_____	_____

CHANGE OF ACCOUNT NAME/S: (List all names if "and/or" account) **CHANGE OF SIGNATORIES** (for corporate account only)

1. _____ 2. _____ 3. _____

For Individual & Joint Accounts

- LOI signed by the client/s (all signatures required if "and/or" account).
- Amended Customer Information Sheet signed by the client/s (all signatures required if "and/or" account).
- To add a signatory/ies, the signature card/s of the added signatory/ies and a photocopy of 2 valid picture IDs.

For Corporate Accounts

- LOI signed by the signatory/ies.
- Amended Customer Referral Sheet signed by all authorized signatories
- For a change in "Corporate Name," the corresponding: (1) Amended Certificate of Registration; and (2) Board Resolution or Secretary's Certificate
- To add/remove a signatory/ies, the original Corporate Secretary's Certificate stating the addition/deletion of signatory/ies and the signature card/s of the added signatory/ies.

CHANGE OF REDEMPTION SETTLEMENT ACCOUNT PHP USD EUR

Account Name: _____

Account Number: _____ Name of Bank: _____

(Bank charges may apply. Redemption proceeds shall be transferred to the bank account in the name of the client only.)

CERTIFICATION OF INVESTMENT AS OF THIS DATE: _____

Purpose: VISA (pls specify country): _____ General / Legal Use Others (pls specify): _____

REGISTER TO E-STATEMENT

1. E-statements will be sent to the registered email address 2. E-mail shall be an encrypted PDF file. Password to open the file is your Folio Number. 3. Folios enrolled in E-statements will no longer be sent paper statements

CHANGE OF AGENT / ACCOUNT OFFICER

Previous Agent / Account Officer:

New Agent / Account Officer:

Name: _____

Name: _____

Broker Code: _____

Broker Code: _____

Reason: Service Issues Consolidation of accounts Client is the CIS Others (pls specify) _____

AUTHORIZED REPRESENTATIVE

I designate my authorized representative to (1) View & inquire about my account; and (2) Pick-up my statements, certificates and other correspondences.

Representative's Name: _____ Contact Details: _____

I/We hereby confirm the validity of this request. Kindly receive this request by signing on the "Date received by" portion below.

Signature of Client
over Printed Name

Signature of Client
over Printed Name

Date

Signature Verified
(for authorized personnel use only)

Rampver Financials Redemption Survey

Your feedback is important to us. Kindly answer this short survey as part of your mutual fund redemption requirements. All information contained in this survey will be kept confidential. Thank you!

Account Name: Juan Dela Cruz Name of Servicing Advisor: Rampver Representative
Account No: 6021234567 Mobile Number: (+63) 912-345-6789

1. Why are you redeeming your mutual fund investment? (Please check all boxes that apply)

- Realized Gains (I have already achieved my financial goal for this investment)
 Fund Switching (I want to invest in a different mutual fund within Rampver's products)
 Use for another financial product (I will use the proceeds from my mutual fund investment to fund another financial product)
 Emergency (I will use the proceeds from my mutual fund investment to pay for an emergency expense)
 Not satisfied with the returns (I am not satisfied with the performance of my mutual fund investment)
 Others (Kindly specify the reason) _____

2. Are you satisfied with the services that we provided to you? (With 1 being the lowest and 5 being the highest rating)

Not Satisfied 1 2 3 4 5 Very Satisfied

3. If you rated us 3 and below, what are the improvements we need to work on to make you consider investing again in the future?

4. Additional comments and suggestions:

Thank you for helping me achieve my financial goals!

Juan Dela Cruz

Name


Signature

January 1, 2024

Date



Write your BIMI account details.

Leave it blank. This is for initial & additional investments only.

Fund Name
BIMI/ALFM Funds that you are invested in.


Order Amount
Indicate how much you want to redeem.

No. of Shares
Indicate the # of shares if PARTIAL or put all shares if FULL redemption.

For Individual Account
Sign once over Printed Name

For Joint "OR" Account
At least 1 investor must sign

For Joint "AND" Account
All investors must sign

MUTUAL FUND ORDER FORM					
A. Account Information					
Investment Folio Number: 6021234567			Date: January 1, 2024		
Customer Name(s): Juan Dela Cruz					
B. Order Details					
<input type="checkbox"/> SUBSCRIPTION					
Fund Name:		Order Amount:			
Fund Name:		Order Amount:			
Fund Name:		Order Amount:			
Funding Reference Number:		Sales Load (BIMI Use Only):			
<input type="checkbox"/> REDEMPTION					
Fund Name: Philam Fund, Inc.		Order Amount:	Number of Shares: 1,000	Exit Fee:	
Fund Name:		Order Amount:	Number of Shares:	Exit Fee:	
Fund Name:		Order Amount:	Number of Shares:	Exit Fee:	
Settlement Instruction:					
<input type="checkbox"/> Pick up check (for Foreign Currency Denominated Funds only):					
Authorized Representative (optional):			Signature:		
<input checked="" type="checkbox"/> Deposit to Bank Account					
<input type="checkbox"/> Switch to Another Fund: Fund Name: _____					
Reasons For Redemption: <input checked="" type="checkbox"/> Purchase of asset (house, car, etc.) <input type="checkbox"/> Switch to other investment outlet <input type="checkbox"/> Others (pls. specify) _____					
C. Declaration of Signatories					
<p>By signing below, I/we hereby confirm the validity and accuracy of all the information provided herein and BPI Investment Management, Inc. ("BIMI") is hereby authorized to implement the foregoing instructions in relation to my/our investment account. I/We further acknowledge and confirm that I/we have read and fully understood the Terms and Conditions stated at the back of this document and agree to be bound thereby. I/We are also aware that the investment products referred to herein are not bank deposit products and are not covered by the Philippine Deposit Insurance Corporation (PDIC). Furthermore, the principal amount, income and potential income from the investment are not guaranteed by BIMI.</p> <p>I/We hereby declare that in case the check or payment representing the proceeds of any redemption from the above account is made payable to one, some or all of us, upon my/our instruction to BIMI, I/we understand and accept that BIMI has the absolute discretion to act or not to act upon instruction. I/We likewise undertake to indemnify and hold BIMI, its directors, officers, employees and representatives free and harmless from any costs, losses, liabilities, damages and expenses whatsoever arising out of or in connection with BIMI's acceptance or non-acceptance, or action or inaction, upon any of such instructions.</p> <p>For joint accounts, I/we declare under the penalties of perjury that my/our co-investor/s is/are still living. I/We also declare that this transaction is made with the full knowledge and consent of my/our co-investor/s.</p> <p>I/we likewise acknowledge to have read and understood BIMI's Data Privacy Statement, posted on its website, and I agree that BIMI and/or its agents may, as described in said Data Privacy Statement, process, obtain, collect, record, organize, store, update, modify, use, access, share and/or disclose to the BIMI's parent, subsidiaries, affiliates, and third parties, information relating to me and/or my account(s) of whatever nature. The consent given herein is deemed to be the consent required under relevant confidentiality laws of the Philippines or other jurisdictions and under data privacy laws of the Philippines or other jurisdictions, including but not limited to RA 10173 or the Data Privacy Act of 2012.</p>					
 Juan Dela Cruz Signature of Customer over Printed Name		Signature of Customer over Printed Name		Signature of Customer over Printed Name	
				Signature Verified <i>(for authorized personnel use only)</i>	




Write your BIMl account details.

Bank Account name should be the same with your BIMl account name. Third party payment is not allowed. Don't forget to sign.

For Individual Account
Sign once over Printed Name

For Joint "OR" Account
At least 1 investor must sign

For Joint "AND" Account
All investors must sign

LETTER OF INSTRUCTION				
To: BPI Investment Management, Inc. 19th Floor BPI Buendia Center Sen. Gil Puyat Ave., Makati City	Date January 1, 2024			
Thru: BIMl Certified Investment Solicitor				
In reference to my/our Mutual Fund Account with account number/s: 6021234567 under the name/s of: <i>(List all names if "and/or" account)</i>				
1. Juan Dela Cruz 2. _____ 3. _____				
I/We would like to request for: <i>(please check the appropriate item)</i>				
<input type="checkbox"/> CHANGE OF CONTACT INFORMATION: <input type="checkbox"/> Mailing Address <input type="checkbox"/> Email <input type="checkbox"/> Telephone Number Current Information: _____ New Information: _____ _____ _____				
<input type="checkbox"/> CHANGE OF ACCOUNT NAME/S: <i>(List all names if "and/or" account)</i> <input type="checkbox"/> CHANGE OF SIGNATORIES <i>(for corporate account only)</i> 1. _____ 2. _____ 3. _____				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> For Individual & Joint Accounts <ul style="list-style-type: none"> LOI signed by the client/s (all signatures required if "and/or" account). Amended Customer Information Sheet signed by the client/s (all signatures required if "and/or" account). To add a signatory/ies, the signature card/s of the added signatory/ies and a photocopy of 2 valid picture IDs. </td> <td style="width: 50%; border: none; vertical-align: top;"> For Corporate Accounts <ul style="list-style-type: none"> LOI signed by the signatory/ies. Amended Customer Referral Sheet signed by all authorized signatories For a change in "Corporate Name," the corresponding: (1) Amended Certificate of Registration; and (2) Board Resolution or Secretary's Certificate To add/remove a signatory/ies, the original Corporate Secretary's Certificate stating the addition/deletion of signatory/ies and the signature card/s of the added signatory/ies. </td> </tr> </table>			For Individual & Joint Accounts <ul style="list-style-type: none"> LOI signed by the client/s (all signatures required if "and/or" account). Amended Customer Information Sheet signed by the client/s (all signatures required if "and/or" account). To add a signatory/ies, the signature card/s of the added signatory/ies and a photocopy of 2 valid picture IDs. 	For Corporate Accounts <ul style="list-style-type: none"> LOI signed by the signatory/ies. Amended Customer Referral Sheet signed by all authorized signatories For a change in "Corporate Name," the corresponding: (1) Amended Certificate of Registration; and (2) Board Resolution or Secretary's Certificate To add/remove a signatory/ies, the original Corporate Secretary's Certificate stating the addition/deletion of signatory/ies and the signature card/s of the added signatory/ies.
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<input type="checkbox"/> CHANGE OF REDEMPTION SETTLEMENT ACCOUNT <input checked="" type="checkbox"/> PHP <input type="checkbox"/> USD <input type="checkbox"/> EUR Account Name: Juan Dela Cruz Account Number: 12-3456-7890 Name of Bank: Bank of the Philippine Islands <i>(Bank charges may apply. Redemption proceeds shall be transferred to the bank account in the name of the client only.)</i>				
<input type="checkbox"/> CERTIFICATION OF INVESTMENT AS OF THIS DATE: _____ Purpose: <input type="checkbox"/> VISA (pls specify country): _____ <input type="checkbox"/> General / Legal Use <input type="checkbox"/> Others (pls specify): _____				
<input type="checkbox"/> REGISTER TO E-STATEMENT 1. E-statements will be sent to the registered email address 2. E-mail shall be an encrypted PDF file. Password to open the file is your Folio Number. 3. Folios enrolled in E-statements will no longer be sent paper statements				
<input type="checkbox"/> CHANGE OF AGENT / ACCOUNT OFFICER Previous Agent / Account Officer: _____ New Agent / Account Officer: _____ Name: _____ Name: _____ Broker Code: _____ Broker Code: _____ Reason: <input type="checkbox"/> Service Issues <input type="checkbox"/> Consolidation of accounts <input type="checkbox"/> Client is the CIS <input type="checkbox"/> Others (pls specify) _____				
<input type="checkbox"/> AUTHORIZED REPRESENTATIVE I designate my authorized representative to (1) View & inquire about my account; and (2) Pick-up my statements, certificates and other correspondences. Representative's Name: _____ Contact Details: _____				
I/We hereby confirm the validity of this request. Kindly receive this request by signing on the "Date received by" portion below.				
 Juan Dela Cruz _____ Signature of Client over Printed Name	_____ Signature of Client over Printed Name	_____ Date		
		_____ Signature Verified <i>(for authorized personnel use only)</i>		
Last updated: 2020/05/02				