

## **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!

| <ul> <li>Carran</li> <li>Rampver Financials Redemption Survey</li> <li>ATRAM Investment Application Form<br/>(redemption section)</li> <li>Scanned copy of one (1) valid government-<br/>issued ID with 3 specimen signatures</li> </ul>  | <ul> <li>Rampver Financials Redemption Survey</li> <li>Soldivo Investment Application Form<br/>(redemption section)</li> <li>Scanned copy of one (1) valid government-<br/>issued ID with 3 specimen signatures</li> </ul>  |
|---|---|
| <ul> <li>Sun Life Support Management</li> <li>Rampver Financials Redemption Survey</li> <li>Sun Life Request for Redemption/Fund Switch Form</li> <li>Scanned copy of one (1) valid governmentissued ID with 3 specimen signatures</li> <li>Proof of Bank Account</li> </ul>  | <ul> <li>C PhilEquity</li> <li>Rampver Financials Redemption Survey</li> <li>PhilEquity Redemption Order Form</li> <li>PhilEquity Settlement Account Form</li> <li>Scanned copy of one (1) valid government-<br/>issued ID with 3 specimen signatures</li> <li>Proof of Bank Account</li> </ul> |
| <ul> <li>*ALFM &amp; BPI Investment Management Inc. funds</li> <li>Rampver Financials Redemption Survey</li> <li>BIMI Letter of Instruction Form</li> <li>BIMI Mutual Fund Order Form<br/>(redemption section)</li> <li>Scanned copy of one (1) valid government-<br/>issued ID with 3 specimen signatures</li> </ul> | <ul> <li>Rampver Financials Redemption Survey</li> <li>FAMI Account Opening Form</li> <li>FAMI Redemption Form</li> <li>Scanned copy of one (1) valid government-<br/>issued ID with 3 specimen signatures</li> </ul>   |

**Note:** Scan and send the accomplished requirements to <u>transactions@rampver.com</u>. 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 <u>transactions@rampver.com</u>.



## **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 o             | f Servicing Ad    | visor:          |                               |
|-------------------------------------|-------------------|------------------|--------------------|-------------------|-----------------|-------------------------------|
| Account No:                         |                   |                  | Mobile I           | Number:           |                 |                               |
|                                     |                   |                  |                    |                   |                 |                               |
| 1. Why are you redeeming            | your mutual fu    | nd investment    | ? (Please cheo     | k all boxes that  | t apply)        |                               |
| Realized Gains (I h                 | ave already achi  | ieved my finand  | cial goal for this | investment)       |                 |                               |
| Fund Switching (I v                 | vant to invest in | a different mut  | ual fund within    | Rampver's prodi   | ucts)           |                               |
| Use for another fin                 | ancial product (I | will use the pro | oceeds from my     | y mutual fund inv | vestment to fu  | nd another financial product) |
| Emergency (I will u                 | se the proceeds   | s from my mutu   | al fund investm    | ent to pay for ar | emergency e     | expense)                      |
| Not satisfied with t                | he returns (I am  | not satisfied wi | th the performa    | ance of my mutu   | al fund investr | nent)                         |
| Others (Kindly spec                 | cify the reason)  |                  |                    |                   |                 |                               |
| 2. Are you satisfied with t         | he services tha   | t we provided    | to you? (With      | 1 being the low   | est and 5 bei   | ng the highest rating)        |
|                                     | 1                 | 2                | 3                  | 4                 | 5               |                               |
| Not Satisfied                       |                   |                  |                    |                   |                 | Very Satisfied                |
| 3. If you rated us 3 and be future? | low, what are t   | he improveme     | ents we need t     | o work on to ma   | ake you consi   | ider investing again in the   |
|                                     |                   |                  |                    |                   |                 |                               |
|                                     |                   |                  |                    |                   |                 |                               |
|                                     |                   |                  |                    |                   |                 |                               |
| 4. Additional comments a            | nd suggestions    | :                |                    |                   |                 |                               |
|                                     |                   |                  |                    |                   |                 |                               |
|                                     |                   |                  |                    |                   |                 |                               |

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### **INVESTMENT APPLICATION FORM**

#### ATR Asset Management, Inc.

| Account Name: |                    |          |                            | Date:          |   |               |
|---------------|--------------------|----------|----------------------------|----------------|---|---------------|
| Account No:   |                    |          |                            | Contact No.    |   |               |
|               | <b>INITIAL SUB</b> | SCRIPTIC | ON 🛛 ADDIT                 | IONAL SUB      | SCRIPTION                                   |               |
| Fund Name     |                    | Currency | Gross Investment<br>Amount | Sales Fee +VAT | For ATRAM Use Only<br>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]

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)

|           | REI           | DEMPTIO  | N                |                              |                   |                            |
|-----------|---------------|----------|------------------|------------------------------|-------------------|----------------------------|
|           |               |          |                  | For ATRAM                    | Use Only          |                            |
| Fund Name | No. of Shares | Currency | NAVPS<br>applied | Gross Redemption<br>Proceeds | Redemption<br>Fee | Net Redemption<br>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;

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 |         |     |             | Ba | ank | <br> |
|--------------|---------|-----|-------------|----|-----|------|
| Branch       | <br>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.

#### Authorized Signatory/ies:

Signature over Printed Name

Signature over Printed Name

#### 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 and intend to be re-classified outside of the CSA process, and avail of 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 ov   | ver Printed Name      |               |
|-------------------------------------|------------------------|------------|--------------|----------------|-----------------------|---------------|
| For ATRAM use only:<br>Received by: | Date                   | Received:  | Time Receive | ed: Sig        | nature Verified by:   |               |
| Fund Name                           | Order Instruction      | Value Date | Gross Amount | Sales Fee +VAT | Net Investment Amount | NAVPS applied |
|                                     |                        |            |              |                |                       |               |

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## **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: INV20000012345  | Mobile Number: (+63) 912-345-6789                                     |
|   |   |
| 1. Why are you redeeming your mutual fund investment? (F          | 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 t          | fund within Rampver's products)                                       |
| Use for another financial product (I will use the proce           | eds from my mutual fund investment to fund another financial product) |
| Emergency (I will use the proceeds from my mutual fu              | und investment to pay for an emergency expense)                       |
| Not satisfied with the returns (I am not satisfied with the       | he performance of my mutual fund investment)                          |
| Others (Kindly specify the reason)                                |   |
| 2. Are you satisfied with the services that we provided to y      | you? (With 1 being the lowest and 5 being the highest rating)         |
| 1 2   | 3 4 5   |
| Not Satisfied   | Very Satisfied  |
| 3. If you rated us 3 and below, what are the improvements future? | we need to work on to make you consider investing again in the        |
| 4. Additional comments and suggestions:                           |   |
| Thank you for helping me achieve my fina                          | ancial goals!   |

Juan Dela Cruz

January I, 2024

Name

Signature

Date

# **©ATRAM** Redemption Guidelines

| ATRAM account   | Account Name: Juan Dela Cruz  |  |   |   | Data   | January I,  | 2024  |   |
|---|---|--|---|---|--|---|---|---|
|   | INV20000012345  |  |   |   | Date:  | (+63) 912-  | -345-6  | 789   |
|   | Account No: INITIAL SUI   | RECEIPTION   |   |   |  | BSCRIPTIC   |   |   |
|   | Fund Name   | Currency   | Gross Investm<br>Amount   |   | Sales Fee +VAT   | For ATRAM U<br>Net Investme   | lse Only  | t NAVPS appli   |
| k. This is for initial &  |   |  | Allount   |   | Sales Tee WAT  | Het investine   | ant Antour  |   |
| vestments only.   |   |  |   |   | 1.18   |   |   |   |
|   |   |  |   |   |  |   |   |   |
|   |   |  |   |   |  |   |   |   |
|   | Subscription/s will be settled via [Please select only one. C<br>Check payment to ATRAM [Check should be payable to<br>Deposit to Fund's bank account (cash deposit / check de  | the relevant Fund]   | Electronic tr   | ansfer to Fu  |  | from (RTGS/PDD  | TS)   |   |
|   |   |  | DEMPTION  |   |  | citity  |   |   |
|   | Fund Name   | No. of Shares  | Currency  | NAVPS   | Fo<br>Gross Rede   | r ATRAM Use Or  |   | Net Redemption  |
| 1 Fund that   | ATRAM Alpha Opportunity Fund, Inc.  |  | PHP   | applied   | Procee   |   |   | Proceeds  |
|   | A ricer Alpha Opportunity Fund, inc.  | 1,000  | FRE   | -   |  |   |   |   |
| w many  |   |  |   |   |  |   | 1257  |   |
|   |   |  |   |   |  |   |   |   |
| shares if FULL.<br>e should be the<br>RAM account   | Note: Please refer to the fund's prospectus for applica   | ow),<br>mption proceeds be<br>mage, and/or expen<br>or requirements of cl<br>sit (expenses shall i<br>bank   | deposited to the b<br>se arising from:<br>ent's bank;<br>be deducted from to<br>C/A Account 1   | oank accour<br>otal redemp<br>No. <b>12-3</b>   | nt stated below, stion proceeds);<br>Bank B<br>456-7890  | We agree to inde  | emnify an<br>Phili  | nd hold harmless  |
| all shares if FULL.<br>ne should be the<br>.TRAM account  | credited to the client's account (please provide details bei<br><b>INDEMNITY FOR CHECK DEPOSIT</b><br>In relation to mylour request to have the check for ndor<br>ATRAM against any and all actual loss, liability, claim, dar<br>1) Any delayed deposit or non-deposit of the check due to<br>2) Failure to deposit checks due to restrictions of client's to<br><b>Mylour bank details are:</b><br>Account Name <b>Juan Dela Cruz</b><br>Branch <b>BPL Ayala Triangle</b><br>Note: Please refer to the fund's prospectus for applica<br>proceeds to the investor shall be borne by the investor.<br><b>Authorized Signatorylies:</b>  | ow),<br>nption proceeds be<br>mage, and/or expen<br>o requirements of cl<br>sit (expenses shall i<br>bank<br>S/A<br>ble redemption fee   | deposited to the b<br>se arising from:<br>ent's bank;<br>be deducted from to<br>C/A Account 1   | oank accour<br>otal redemp<br>No. <b>12-3</b>   | nt stated below, stion proceeds);<br>Bank B<br>456-7890  | We agree to inde  | emnify an<br>Phili  | nd hold harmless<br>ppine Isla  |
| I shares if FULL.<br>Ie should be the<br>TRAM account   | credited to the client's account (please provide details bel<br><b>INDEMNITY FOR CHECK DEPOSIT</b><br>In relation to my/our request to have the check for reder<br>ATRAM against any and all actual loss, liability, claim, dar<br>1) Any delayed deposit or non-deposit of the check due to<br>2) Charges and expenses incurred in respect to the deposit<br>3) Failure to deposit checks due to restrictions of client's to<br><b>My/our bank details are:</b><br>Account Name <b>Juan Dela Cruz</b><br>Branch <b>BPI Ayala Triangle</b><br>Note: Please refer to the fund's prospectus for applica<br>proceeds to the investor shall be borne by the investor.<br><b>Authorized Signatory/les:</b><br><b>Juan Dela C</b>   | ow),<br>mption proceeds be<br>mage, and/or expen<br>or requirements of cl<br>sit (expenses shall i<br>bank<br>S/A<br>ble redemption fee  | deposited to the b<br>se arising from:<br>ent's bank;<br>be deducted from to<br>C/A Account 1   | oank accour<br>otal redemp<br>No. <b>12-3</b>   | nt stated below, interpretended below, inter | We agree to inde  | emnify an<br>Phili  | nd hold harmless<br>ppine Isla  |
| nt all shares if FULL.<br>name should be the<br>• ATRAM account   | credited to the client's account (please provide details bei<br>INDEMNITY FOR CHECK DEPOSIT<br>In reliation to mylour request to have the check for redor<br>ATRAM against any and all actual loss, liability, claim, dar<br>1) Any delayed deposit or non-deposit of the check due to<br>2) Charges and expenses incurred in respect to the depoil<br>3) Failure to deposit checks due to restrictions of clients to<br>Mylour bank details are:<br>Account Name Juan Dela Cruz<br>Branch BPI Ayala Triangle<br>Note: Please refer to the fund's prospectus for applica<br>proceeds to the investor shall be borne by the investor.<br>Authorized Signatory/lies:<br>Juan Dela C<br>Signalure over Printed N<br>WAIVER OF CLENT SUITABILITY PROFILING, DECLARA   | ow),<br>mption proceeds be<br>mage, and/or expen<br>o requirements of cl<br>sit (expenses shall I<br>beank<br>S/A<br>S/A<br>ble redemption fee<br>Arruz<br>Name  | deposited to the b<br>se arising from:<br>ent's bank;<br>e deducted from to<br>C/A Account I<br>All bank charges  | No. 12-3<br>s and any c   | nt stated below, i<br>bition proceeds);<br>Bank B<br>456-7890<br>expenses incurre<br>Signature o   | We agree to ind   | emnify an   | d hold harmless ppine Isla e of redemptior  |
| rant to redeem if<br>put all shares if FULL.<br>Int name should be the<br>pur ATRAM account<br>party payment is not | credited to the client's account (please provide details bei<br><b>INDEMNITY FOR CHECK DEPOSIT</b><br>In reliation to mylour request to have the check for ndor<br>ATRAM against any and all actual loss, liability, claim, dar<br>1) Any delayed deposit or non-deposit of the check due to<br>2) Failure to deposit checks due to restrictions of client's to<br>3) Failure to deposit checks due to restrictions of client's to<br>Mylour bank details are:<br>Account Name Juan Dela Cruz<br>Branch BPI Ayala Triangle<br>Note: Please refer to the fund's prospectus for applica<br>proceeds to the investor shall be borne by the investor.<br>Authorized Signatorylies:<br>Juan Dela CC<br>Signature over Printed N<br>WAIVER OF CLIENT SUITABILITY PROFILING, DECARK<br>• I/we confirm that I/we would like to avail of the investor<br>and intend to be re-classified outside of the CSA proc<br>Form. I/we acknowledge that I/we have been warned<br>relevant laws, rules, and regulations, and may be expo<br>I/we fully understand and voluntarily assume. Furtherms<br>I/we full understand and voluntarily assume. Furtherms<br>I/we and harmless from any and all claims, liabilities, oblig<br>indirectly, any erroneous or inaccurate information contor<br>• The information provided in this form is true, accura<br>I undertake to update this form and inform the ATRAM<br>within fifteen (15) days of such change. I agree that<br>document submitted, the latter shall take precedence, i  | ow),<br>mption proceeds be<br>mage, and/or expen<br>o requirements of cl<br>sit (expenses shall<br>be redemption fee<br>bill be redemption fee<br>and the set of the set of the<br>set of the set of the<br>set of the set of the set of the<br>set of the set of the set of the<br>particular set of the set of the<br>part of the set of the set of the<br>set of the set of the set of the set of the<br>set of the set of the set of the set of the<br>set of the set of the set of the set of the<br>set of the set of the set of the set of the<br>set of the set of the set of the set of the<br>set of the set of the set of the set of the<br>set of the set of the set of the set of the set of the<br>set of the set of th                       | deposited to the base arising from:<br>ent's bank;<br>e deducted from to<br>deducted from to<br>C/A Account I<br>All bank charges<br>AND DISCLOSUR<br>DISCLOSUR<br>CSA?. 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| res if FULL.<br>ould be the<br>Maccount<br>nent is not  | credited to the client's account (please provide details bei<br><b>INDEMNITY FOR CHECK DEPOSIT</b><br>In relation to my/our request to have the check for reduct<br>ATRAM against any and all actual loss, liability, claim, dar<br>1) Any delayed deposit or non-deposit of the check due to<br>2) Charges and expenses incurred in respect to the deposit<br>3) Failure to deposit ocheck due to restrictions of clients to<br><b>My/our bank details are:</b><br>Account Name <b>Juan Dela Cruz</b><br>Branch <b>BPI Ayala Triangle</b><br>Note: Please refer to the fund's prospectus for applica<br>proceeds to the investor shall be borne by the investor.<br><b>Authorized Signatory/ies:</b><br><b>Juan Dela C</b><br><b>WAIVER OF CLENT SUITABILITY PROFILING, DECARI/</b><br>• Wae confirm that live would like to avail of the invest<br>commendations of ATRAM on the investment product<br>and intend to be re-classified outside of the CSA proc<br>Form. 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