

## 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](mailto: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](mailto: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: _____

<b>1. Why are you redeeming your mutual fund investment? (Please check all boxes that apply)</b>						
<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) _____					
<b>2. Are you satisfied with the services that we provided to you? (With 1 being the lowest and 5 being the highest rating)</b>						
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	
Not Satisfied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very Satisfied
<b>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?</b>						
<b>4. Additional comments and suggestions:</b>						

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# INVESTMENT APPLICATION FORM



REV04282021

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.

#### 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 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:

Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_ Signature Verified by: \_\_\_\_\_

Fund Name	Order Instruction	Value Date	Gross Amount	Sales Fee +VAT	Net Investment Amount	NAVPS applied



# 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)

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	
Not Satisfied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:

**Thank you for helping me achieve my financial goals!**

**Juan Dela Cruz**

Name



Signature

**January 1, 2024**

Date



# Redemption Guidelines



Write your SOLDIVO account details.

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

Fund Name: SOLDIVO Fund that you are invested in.

No. of Shares: Indicate how many shares you want to redeem if PARTIAL or all shares if FULL.

Bank Account name should be the same with your SOLDIVO account name. Third party payment is not allowed.

### For Individual Account

Sign once under Printed Name and Signature/Authorized Representative

### For Joint "OR" Account

At least 1 investor must sign

### For Joint "AND" Account

All investors must sign

### For ITF Account

Note: The beneficiary does not need to sign

INVESTMENT APPLICATION FORM						
Account Name: <b>Juan Dela Cruz</b>				Date: <b>January 1, 2024</b>		
Account No: <b>6021234567</b>				Contact No. <b>(+63) 912-345-6789</b>		
■ 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]:						
<input type="checkbox"/> Check payment to ATRAM [Check should be payable to the relevant Fund]			<input type="checkbox"/> Electronic transfer to Fund's bank account from (RTGS/PDDTS)			
<input type="checkbox"/> Deposit to Fund's bank account (cash deposit / check deposit)			<input type="checkbox"/> Online Banking (Bills payment / e-wallet / em)			
REDEMPTION						
Fund Name	No. of Shares	Currency	For ATRAM Use Only			
			NAVPS applied	Gross Redemption Proceeds	Redemption Fee	Net Redemption Proceeds
<b>Soldivo Strategic Growth Fund, Inc.</b>	<b>1,000</b>	<b>PHP</b>				
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).						
<b>INDEMNITY FOR CHECK DEPOSIT</b>						
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.						
<b>My/our bank details are:</b>						
Account Name <b>Juan Dela Cruz</b>			Bank <b>Bank of the Philippine Islands</b>			
Branch <b>BPI Ayala Triangle</b>			Account No. <b>12-3456-7890</b>			
<input type="checkbox"/> S/A <input type="checkbox"/> C/A						
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.						
<b>Authorized Signatory/ies:</b>						
 <b>Juan Dela Cruz</b>						
Signature over Printed Name			Signature over Printed Name			
<b>WAIVER OF CLIENT SUITABILITY PROFILING, DECLARATIONS, CONSENTS AND DISCLOSURES</b>						
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 of 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.						
<b>Authorized Signatory/ies:</b>						
 <b>Juan Dela Cruz</b>						
Signature over Printed Name			Signature over Printed Name			
<b>For ATRAM use only:</b>						
Received by: _____		Date Received: _____		Time Received: _____		Signature Verified by: _____
Fund Name	Order Instruction	Value Date	Gross Amount	Sales Fee +VAT	Net Investment Amount	NAVPS applied

