

CLIENT ACCOUNT FORM

Individuals



REV04022024 ___ QIB ___ NON-QIB

CLIENT INFORMATION

If there is more than one account holder/beneficiary/authorized signatory, each must complete a separate Client Account Form.

Account Type: Individual Joint - AND

Person accomplishing this form is the (tick one):

Account holder Authorized signatory Beneficiary

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) _____ Gender FEMALE MALE Birthplace (City/Province and Country) _____

Government ID Type _____ Government ID Number _____ Philippine Resident? YES NO Nationality/ies _____ Tax Identification Number _____

Present Address _____
Unit _____ Street _____ Barangay _____ City _____ Country _____ Zip Code _____

Permanent Address same as above _____
Unit _____ Street _____ Barangay _____ City _____ Country _____ Zip Code _____

Home Tel. Number _____ Office Tel. Number _____ Mobile Number _____

Email Address _____ Occupation/Profession _____ Rank/Position _____ Nature of work _____

What is the source of your funds? (select all that apply) Salary Income (e.g. dividends, business) Inheritance Others (please specify) _____
 Savings/Investments Pension Remittance/Allowances _____

NAME OF EMPLOYER / BUSINESS NAME _____

OFFICE / BUSINESS ADDRESS (Bldg./Floor No./ Street / District / Barangay / Municipality / City / Country / Zip Code) _____

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 _____

Are you a registered Designated Non-Financial Businesses and Professions (DNFBPs)? YES or NO

<input type="checkbox"/> Jewelry dealer/trader of precious metals/stones	<input type="checkbox"/> Company service provider providing any of the following services: (a) Acting as a formation agent of juridical persons; (b) Acting as a director/partner or corporate secretary; (c) Providing a registered office or business address; (d) Acting as a nominee shareholder	<input type="checkbox"/> Individual or juridical entity, including accountant/accounting firm and lawyer/law firm, and person providing trustee services, who provide any of the following services: (a) Managing of client money, securities or other assets; (b) Management of bank, savings, securities or accounts; (c) Organization of contribution for the creation operation or management of companies; (d) Creation, operation or management of juridical persons or arrangements, and buying and selling business entities	<input type="checkbox"/> Casino, including internet/online gaming business, ship-based casino and offshore gaming operators and their service providers	<input type="checkbox"/> Real estate developer/broker	<input type="checkbox"/> Virtual assets service provider
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If YES, please provide Provisional Certificate and/or Certificate of Registration Number issued by AMLC _____

Mailing Address [Please check one box only. Required only for Account Holder]
 Go Paperless (via e-mail) For pick-up (Hardcopies can be requested and picked up from the main office: 8/F, 8 Rockwell Bldg., Hidalgo Drive, Rockwell Center, Makati City, Philippines 1210)

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 _____

CLIENT SUITABILITY ASSESSMENT (CSA)

[Required only for Primary Account Holder & Beneficial Owner]

How much do you see yourself investing? P1,000 or less P1,001 – 50,000 P50,001 – 100,000
 P100,001 – 500,000 P500,001 – 1,000,000 More than P1,000,000

How frequently do you see yourself investing? Only when I have available cash Weekly Monthly Quarterly Annually 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 To have a regular income source To generate significant capital appreciation

Which of the following have you invested in? Cash and deposit products (e.g. TDs) Gov't securities or corp. fixed income sec. (e.g. T-Bills, RTBs, corporate bonds, commercial papers) Stocks
 Mutual funds or UITFs Insurance products (inc. VUL products and pre-need) Offshore funds (inc. ETFs, REITs)
(tick all that apply) Structured financial products Commodities Real estate

How knowledgeable are you as an investor? I am a new or novice investor I have some knowledge about investing I am generally knowledgeable about investing I am very knowledgeable about investing

You are investing for a period of: Less than 1 year 1-3 years 3-5 years 5-7 years 7 years and up

Do you have a regular liquidity requirement? Yes, I will be regularly withdrawing from my investment I have other liquidity sources and will not be withdrawing from my investment

How much drop/loss in the value of your investment can you accept? 0% Up to 10% Up to 15% More than 15%

For this investment, you are: Willing to accept low to no risk for general stability of your money Willing to accept moderate risk in return for some growth opportunity
 Willing to accept high risk for potentially higher return

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.

Risk Tolerance Assessment

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

Risk Profile	Description	Recommended Investment Horizon	Recommended Financial Securities
Conservative	Indicates your primary investment objective is to prevent loss of principal	Less than a year	current account/savings account, time deposits, government securities, ROP bonds, corporate bonds/notes (investment grade, tenor <1 year), money market funds (predominantly time deposit)
Moderately Conservative	Indicates your primary investment objective prevent loss of principal but does not mind some volatility	1-3 years	current account/savings account, time deposits, government securities, ROP bonds, corporate bonds/notes (investment grade, tenor <3 years), money market funds, fixed income funds (duration <3 years)
Moderate	Indicates that you are willing and able to expose funds to a moderate level of risk in consideration for higher returns or to meet certain objectives	3-5 years	time deposits, government securities, ROP bonds, corporate bonds/notes (investment grade, tenor <5 years), bank's tier 2 issues (tenor <5 years), money market funds, fixed income funds (average investment grade, duration <5 years)
Moderately Aggressive	Indicates that you are willing and able to accept moderate to high risks involving volatility of returns and even possible modest loss of investment in return	5-7 years	government securities, ROP bonds, corporate bonds/notes (investment grade), bank's tier 2 issues, fixed income funds (average investment grade), multi-asset funds, equity funds (global defensive sectors)
Aggressive	Indicates that you are willing and able to accept higher risks involving volatility of returns and even possible large loss of investment return, focused on providing capital appreciation over time	Above 7 years	corporate bonds/notes (investment grade, high yield, securitized), bank's tier 2 issues, stocks, alternative assets (commodities, foreign exchange, cryptocurrency, etc.), fixed income funds (high yield), multi-asset funds, equity funds, hedge funds, commodity funds

Signature _____ Printed Name _____ Date _____

For internal use only

Received by: _____ Agent Code: _____ Processed by: _____
 Date Received: _____ Time: _____ Account Opening Approved by: _____
 F2F Conducted by: _____ Date & Time: _____ Mode of F2F: _____

DNFBP SELF-CERTIFICATION

I, _____, of legal age, with address at _____, certify that:

I am not a “Covered Person” (CP) under the sector of “Designated Non-Financial Business and Professions” (DNFBPs); and not engaged in any of the covered activities under the Anti-Money Laundering Act (AMLA), as amended, and its Implementing Rules and Regulations (IRR).

I am aware that the a “Covered Person” has obligations under the AMLA, as amended, among which is to register with the Anti-Money Laundering Council (AMLC).

Should I decide to engage in any of the covered activities under the AMLA, as amended, I **undertake to register first with the AMLC as a “Covered Person” before engaging in such activities**, otherwise, I will not engage therein at all.

I attest to the truth of this certification and commit myself to the undertaking expressed above.

Client’s Signature over Printed Name/Date

DECLARATIONS, CONSENTS AND DISCLOSURES

For Mutual Fund or UITF Account: I'm enrolling to ATRAM's online facility, www.seedbox.ph, and therefore authorize Seedbox Technologies, Inc. to use the necessary information herein to open my online account. I further confirm that the consents provided below apply to my account with www.seedbox.ph and Seedbox Technologies, Inc.

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 hereby acknowledge and confirm that the results of the Client Suitability Assessment provided above shall be used to formulate the investment mandate/investment policy statement containing the recommended investment strategy, agreement with investment profile and recommended investments.
12. 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.
13. 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.
14. I am bound by obligations set out in the relevant issuances of United Nations Security Council Resolutions (UNSCR), Financial Action Task Force (FATF) and Anti-Money Laundering Council (AMLC) relating to the prevention of money laundering and terrorist financing which may include prohibition from conducting transactions.

Signature

Printed Name

Date

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,

Signature First Account Holder

Printed Name: _____
Account number: _____
Date: _____

Signature Second Account Holder (if applicable)

Printed Name: _____
Date: _____

Signature Third Account Holder (if applicable)

Printed Name: _____
Date: _____

Signature Fourth Account Holder (if applicable)

Printed Name: _____
Date: _____