

Section 1 - Initial Subscription Order (ISO)

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

Account Type

- Individual
 Joint - and
 Joint - and/or
 ITF (in trust for)

Names of all Account Holders [If there are more than four, please provide their names on a separate blank ISO and attach herewith.]

1. _____ 2. _____
3. _____ 4. _____

Existing ATR Kim Eng Asset Management client? Yes No

Investment Details

Fund Name	Currency	Gross Investment Amount	For ATR AM Use Only		
			Sales Fee +VAT	Net Investment Amount	NAVPS applied
_____	_____	_____	_____	_____	_____

For minimum net investment amounts and sales fees, please see fund prospectuses, or consult ATR AM's Investor Relations Department, or visit our website at www.atram.com.ph

Mode of Investment Funding [Please check only one box. Proof of payment must be presented to ATR AM. Failure to present proof of payment may result in delays in processing your investment.]

- Check payment thru ATR AM
[Give checks only to authorized ATR AM persons. Check should be payable to the Fund. ATR AM does not accept USD payment via demand draft/check]
- Deposit to Fund's bank account
[A copy of deposit slip must be given to ATR AM]
 Cash deposit
 Check deposit [ATR AM does not accept USD payments via check]
- Employer's salary deduction
- Electronic transfer to Fund's bank account from
 Bank _____ Internet
 Remittance co. _____ Mobile phone
- Debit my bank account [For regular savings plan]
Bank _____ Branch _____
S/A or C/A? _____ Account No. _____

Handling of Cash Dividends [Cash dividends will be reinvested automatically unless otherwise indicated]

- Payout cash dividends via checks
 Reinvest cash dividends into the Fund
- Credit my/our account [For USD denominated Funds only]
Bank _____ Branch _____
S/A or C/A? _____ Account No. _____

Agreement and Signatures [If there are more than four investors, please supply the additional Signatures and Names on a separate ISO and attached here]

By signing this **Client Account Form (CAF)**, I/we certify that:

I / We have received and read the prospectus of our chosen Fund, and I / we agree to the terms of the prospectus. I / we have the authority and legal capacity to purchase mutual fund shares, and am / are of legal age and believe this investment is suitable for me / us. I / we understand that this Fund is not insured by the Philippine Deposit Insurance Corporation (PDIC), nor is it guaranteed by ATR KimEng Asset Management, Inc. ("ATR AM" or "the Principal Distributor", formerly known as The Mutual Fund Management Company of the Philippines, Inc.) or any other person or entity. I / we abide by the definitions set forth in this CAF regarding the account type I / we selected. Unless otherwise indicated in this CAF, I am / we are the beneficiary / -ies of the account subject to this application. I / we have not been, and am / are not, engaged in any activities prohibited by Anti-Money Laundering regulations, and the monies to be invested in our chosen Fund are not the fruits of such activities. All the signatures contained in this CAF bearing my / our names and which I / we have filled in relation to this application are true, correct and mine / ours. The identification documents submitted together with this CAF are mine / ours. I / We attest that all information contained herein is true and correct.

Date _____

- | | |
|----------------------------------|----------------------------------|
| 1. Signature _____
Name _____ | 2. Signature _____
Name _____ |
| 3. Signature _____
Name _____ | 4. Signature _____
Name _____ |

FOR ATR AM use only

Account No: _____ Agent Name: _____ Agent Code: _____
Sales Channel: _____ Date Received: _____ Time: _____
Original IDs seen by RM: Yes No Processed by: _____ Account Opening Approved by: _____

Important: This Client Account Form (CAF) has 3 sections - (1) Initial Subscription Order, (2) Client Information Sheet, and (3) Specimen Signature. All blanks the CAF should be filled up. Unfilled blanks may cause delays in processing. "None" or "Not Applicable" must be supplied where appropriate. Each signatory must provide information required in the Client Information Sheet. Moreover, any ITF Beneficiary may be requested to fill up Section II (Client Information Sheet) if he or she is a compulsory heir (under the Civil Code of the Philippines) of any one of the signatories to the account.

INVESTOR INSTRUCTIONS FOR OPENING NEW ACCOUNTS

GENERAL STEPS

1. Please complete the Client Account Form (CAF), which consists of three distinct parts: the Initial Subscription Order, the Client Information Sheet (CIS), and the Specimen Signature Sheet. All blanks in the CAF should be filled up. Unfilled blanks may cause delays in processing. "None" or "Not Applicable" must be supplied where appropriate. Each Investor must fill up a separate CIS. An ITF Beneficiary may be requested to fill up a separate CIS if he or she is not a compulsory heir (per the Civil Code of the Philippines) of any one of the Investors in this account. The original signed and duly accomplished CAF must be submitted to an authorized representative of ATR AM. Kindly submit photocopies of two (2) valid IDs per Investor (*original IDs must be presented to the ATR AM representative for verification*). Please see below a list of IDs considered acceptable. ATR AM reserves the right to ask for additional documents in relation to the type of account you are opening.
2. Please accomplish one Initial Subscription Order for each Fund you will invest in.
3. Kindly contact IRD, or refer to our Payment Modes in Section 1, or visit our website (www.atram.com.ph) for detailed advice and tips about the many convenient ways in which you can settle your investment. Please note that for USD-denominated ATR AM funds, subscription settlement is only via cash deposit, credit or electronic transfer to the Fund's bank account.
4. Subscription to the ATR AM Funds will be subject to receipt of complete documentation requirements and cleared funds. If payment is not made through an authorized ATR AM representative, the investor must submit proof of payment to ATR AM.
5. The Confirmation Form and Official Receipt of your initial investment will be e-mailed or mailed to your preferred address. Upon receiving these, please check whether the information contained is correct. For corrections, kindly contact IRD via the contact information at the bottom of this page.

TYPES OF ACCOUNTS

You can select from the following account types in establishing your dealings with ATR AM-managed Funds:

1. Individual Account An account opened by one person in his or her own name.
2. Joint Account:
 - a. AND Account: An account for which both parties agree with one another and with the Fund that all money heretofore, now or hereafter invested by them or any one of them, to the credit of this account are and shall be received and held by the Fund with the understanding and up-on the condition that said monies invested without reference to previous ownership shall be the property of both parties jointly and shall be payable to and collectible by both parties during their lifetime and after death of any of the parties shall be payable to and collectible jointly by the survivor(s) and the legal heir(s) of the deceased party upon compliance with the Fund requirements.
 - b. AND/OR Account: An account for which both parties agree with one another and with the Fund that all money heretofore, now or hereafter invested by both parties or any one of them to the credit of this account are and shall be received and held by the Fund with the understanding and upon the condition that said moneys invested without reference to previous ownership shall be the property of any one of them as solidary owner and shall be payable to and collectible by any one of them during their lifetime and after death of any one of them shall be payable to and collectible by the survivor or any of the survivors upon compliance with the Fund requirements.
3. "In Trust For" ("ITF") Account: An account opened by an individual or jointly by several persons (of legal age) for the benefit of another person(s). Often, this type of account is used when the beneficiaries are minors.

DOCUMENTS REQUIRED WHEN OPENING AN ACCOUNT

- Any two valid photo-bearing government-issued identification cards or documents, (1 ID should be issued by a National Government or any of its instrumentalities e.g.: passport; driver's license; SSS, GSIS or PhilHealth ID card; postal ID; NBI clearances are also acceptable)
- This CAF, duly and fully accomplished
- If investor is not a resident of the Philippines, authentication of its submitted documents by the relevant Philippine Embassy or Consulate
- Your written authorization for ATR AM to debit your bank account, if this is how you will be sourcing monies for investment in your selected Fund
- For ITF accounts, certified true copy of beneficiary's birth certificate
- Any other documents which ATR AM may deem necessary or desirable, depending on the type of account being opened or the mode of funding.

DOCUMENTS NEEDED TO CLAIM INVESTMENT PROCEEDS IN CASE ANY ONE INVESTOR HAS DIED

- Certified True Copy of the deceased's Death Certificate
- The court order allowing the Will and distributing the estate of the deceased to his / her heirs. If there is no Will: if applicable, a Deed of Extrajudicial Settlement of Estate
- Affidavit of Publication of Notice to Creditors of deceased, if applicable
- Marriage Contract, if claimant is the spouse
- Birth Certificates of children, if these are the claimants
- If Beneficiary is a minor, the court order appointing the guardian to take the place of the deceased trustor or trustee
- Any other documents which ATR AM may deem necessary or desirable under the circumstances

ATR AM INVESTOR RELATIONS DEPARTMENT CONTACT DETAILS

Address: G/F Morning Star Center
347 Sen. Gil J. Puyat Avenue,
1200 Makati City, Philippines

Telephone: +632 8963750 or 3734

Telefax No.: +632 8903827

E-mail: ird@atram.com.ph

Important: This Client Account Form (CAF) has 3 sections - (1) Initial Subscription Order, (2) Client Information Sheet, and (3) Specimen Signature. All blanks the CAF should be filled up. Unfilled blanks may cause delays in processing. "None" or "Not Applicable" must be supplied where appropriate. Each signatory must provide information required in the Client Information Sheet. Moreover, any ITF Beneficiary may be requested to fill up Section II (Client Information Sheet) if he or she is a compulsory heir (under the Civil Code of the Philippines) of any one of the signatories to the account.

Section 2 - Client Information Sheet (CIS)

Account Name [As indicated in the Initial Subscription Order]

Complete Legal Name (Signatory No.____)						Complete Legal Name (Signatory No.____)											
Surname			First Name			Middle Name			Surname			First Name			Middle Name		
Other Names Used/Alias						Other Names Used/Alias											
Birthday (mm/dd/yy)		Birthplace		Gender		Birthday (mm/dd/yy)		Birthplace		Gender							
TIN/Passport No.		Nationality/Citizenship		Civil Status		TIN/Passport No.		Nationality/Citizenship		Civil Status							
Current Address						Current Address											
House / Bldg./Apt. No.			Street			House / Bldg./Apt. No.			Street								
District/Barangay/Subd.		City		Country		District/Barangay/Subd.		City		Country							
Tel. No/s.			Mobile No/s.			Tel. No/s.			Mobile No/s.								
Permanent Address						Permanent Address											
House / Bldg./Apt. No.			Street			House / Bldg./Apt. No.			Street								
District/Barangay/Subd.		City		Country		District/Barangay/Subd.		City		Country							
Tel. No/s.			Email address			Tel. No/s.			Email address								
Name of Employer/Business						Name of Employer/Business											
Nature of Business			Occupation/Profession/Position			Nature of Business			Occupation/Profession/Position								
Work Address						Work Address											
Bldg./Floor No.			Street			Bldg./Floor No.			Street								
District/Barangay/Subd.		City		Country		District/Barangay/Subd.		City		Country							
Work Tel. No/s.			Fax No/s.			Work Tel. No/s.			Fax No/s.								
Name of Spouse			Mother's Maiden Name			Name of Spouse			Mother's Maiden Name								
Source of Funds/Income			<input type="checkbox"/> Employment <input type="checkbox"/> Business/Professional practice			Source of Funds/Income			<input type="checkbox"/> Employment <input type="checkbox"/> Business/Professional practice								
<input type="checkbox"/> Inherited assets <input type="checkbox"/> Others _____						<input type="checkbox"/> Inherited assets <input type="checkbox"/> Others _____											
Mailing Address [please check one box only] <input type="checkbox"/> Home address of Signatory No.____ <input type="checkbox"/> Work Address of Signatory No.____ <input type="checkbox"/> Go Paperless!* Email address of Signatory No.____																	
<small>By selecting Go Paperless! you hereby waive the right to receive hard copies of all statements, confirmations and other written communications; instead you agree to receive these via electronic mail to the email address indicated above - thus helping to save our forests.</small>																	
Signature - I attest that all information I have supplied herein is true and correct.						Signature - I attest that all information I have supplied herein is true and correct.											

Important: Please read prospectus before completing this form. Read carefully the instructions found at the back of the ISO. All information provided herein shall be treated as confidential.

Important: This Client Account Form (CAF) has 3 sections - (1) Initial Subscription Order, (2) Client Information Sheet, and (3) Specimen Signature. All blanks the CAF should be filled up. Unfilled blanks may cause delays in processing. "None" or "Not Applicable" must be supplied where appropriate. Each signatory must provide information required in the Client Information Sheet. Moreover, any ITF Beneficiary may be requested to fill up Section II (Client Information Sheet) if he or she is a compulsory heir (under the Civil Code of the Philippines) of any one of the signatories to the account.

Section 3 - Specimen Signature Sheet

Account Name *[As indicated in the Initial Subscription Order]*

Specimen Signatures *[Please sign **twice**. If there are more than four signatories, please provide their signatures and names in a separate Specimen Signature Sheet]*

1. Signature _____
Signature _____
Name _____
Date _____

2. Signature _____
Signature _____
Name _____
Date _____

3. Signature _____
Signature _____
Name _____
Date _____

4. Signature _____
Signature _____
Name _____
Date _____

Important: Please read prospectus before completing this form. Read carefully the instructions found at the back of the ISO. All information provided herein shall be treated as confidential.