

|                        |  |
|------------------------|--|
| <b>Account Name:</b>   | <b>Type of Account</b><br><br><input type="checkbox"/> Individual <input type="checkbox"/> Joint-AND <input type="checkbox"/> Joint-OR <input type="checkbox"/> ITF (In Trust For) |
| <b>Account Number:</b> |  |

| CLIENT INFORMATION   |   |   |  |
|--|---|---|--|
| <b>Complete Legal Name</b><br><br><hr/> <div style="display: flex; justify-content: space-between;"> <span>Surname</span> <span>First Name</span> <span>Middle Name</span> </div>  |   | <b>TIN No.</b>  |  |
|  |   | <b>SSS No.</b>  |  |
|  |   | <b>Valid IDs Submitted / Issue Date / Place of Issue</b>  |  |
| <b>Date of Birth (mm/dd/yyyy)</b>  | <b>Town/City &amp; Country of birth</b> | <b>Nationality / Citizenship</b>  | <b>Civil Status</b><br><br><b>Gender</b> |
| <b>Present Address</b><br><br><hr/> <div style="display: flex; justify-content: space-between;"> <span>House/Bldg./Apt. No.</span> <span>Street</span> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <span>District/Barangay/Subd.</span> <span>City</span> <span>Country</span> </div>    |   | <b>Permanent Address</b><br><br><hr/> <div style="display: flex; justify-content: space-between;"> <span>House/Bldg./Apt. No.</span> <span>Street</span> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <span>District/Barangay/Subd.</span> <span>City</span> <span>Country</span> </div> |  |
| <b>Telephone Numbers</b>   | <b>Mobile Numbers</b>                   | <b>Email Address</b>  |  |
| <b>Name of Employer/Business</b>   |   | <b>Source of Funds/Income</b><br><input type="checkbox"/> Employment <input type="checkbox"/> Inherited assets<br><input type="checkbox"/> Business/Professional practice <input type="checkbox"/> Others _____   |  |
| <b>Business/Office Address</b><br><br><hr/> <div style="display: flex; justify-content: space-between;"> <span>Bldg./Floor No.</span> <span>Street</span> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <span>District/Barangay/Subd.</span> <span>City</span> <span>Country</span> </div> |   | <b>Nature of Work/Business</b>  | <b>Occupation/Profession/Position</b>    |
|  |   | <b>Business / Office Tel. No/s.</b>   | <b>Business Email / Fax Number</b>       |

|                        |  |
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**By signing below, I certify that**

- I have received, read, and understood the prospectus of our chosen Fund, and fully agree to the terms and conditions governing the products and/or services to be availed of.
- I 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 understand that this Fund is not insured by the Philippine Deposit Insurance Corporation (PDIC), nor is it guaranteed by MBG Investment Management, Inc. ("MBG IMI" or "the Principal Distributor") or any other person or entity.
- I abide by the definitions set forth in this Investment Subscription Order form regarding the account type selected.
- I am the true and ultimate owner of the account (or authorized to sign for the account holder) of all the account(s) to which this form relates to.
- I have not been, and am/are not engaged in any activities prohibited by the Anti-Money Laundering Act and the moneys to be invested in the chosen Fund are not the fruits of such activities.
- I authorize the transfer, disclosure and communication of any information given under this document to any of the subsidiaries, affiliates, parent, agents, related companies, brokers, third party providers and representatives of MBG IMI for the purpose of data processing and storage; customer satisfaction surveys; anti-money laundering review and reporting; statistical, credit and risk analysis; and risk management purposes, without incurring any liability from me/us as a result thereof.
- I agree that MBG IMI may disclose the personal information given under this document to the appropriate regulatory bodies (e.g. SEC, AMLC, BIR, BSP, IC, etc.) if required to do so by law, regulations or order of court or any other competent authority.
- I acknowledge that the information contained in this document and information regarding the accountholder/s and any reportable account(s) may be provided to tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction in which the accountholder may be tax resident pursuant to governmental agreements to exchange financial account information.
- I certify that the documents submitted together with this form are true copies of the original documents I/we have on our records.
- I attest that all information contained in this form is true and correct and agree to all the provisions stated herein. MBG IMI may verify and investigate the information herewith from whatever source MBG IMI may consider appropriate.
- I undertake to inform MBG IMI within fifteen (15) business days of any change in circumstances which affects the tax residency status of the individual(s) in this form or causes the information contained herein to become incorrect or incomplete, and to provide MBG IMI with an updated form/document within fifteen (15) business days of such change in circumstances.

\_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relation to the account holder if signatory is not the accountholder

|                        |  |
|------------------------|--|
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| <b>Account Number:</b> |  |

| <b>Specimen Signatures</b>  |  |
|---|--|
| Number of Signatories Required:<br><input type="checkbox"/> All/Joint <input type="checkbox"/> Any One <input type="checkbox"/> Any Two <input type="checkbox"/> Other _____            |  |
| <b>Specimen Signatures</b> <i>[Please sign <b>twice</b>. If there are more than four signatories, please provide their signatures and names in a separate Specimen Signature Sheet]</i> |  |
| 1. Name _____<br><br>Signature _____<br><br>Signature _____<br><br>Signature _____<br><br>Date _____  | 3. Name _____<br><br>Signature _____<br><br>Signature _____<br><br>Signature _____<br><br>Date _____ |
| 2. Name _____<br><br>Signature _____<br><br>Signature _____<br><br>Signature _____<br><br>Date _____  | 4. Name _____<br><br>Signature _____<br><br>Signature _____<br><br>Signature _____<br><br>Date _____ |

|   |             |
|---|-------------|
| <i>For Internal Use Only</i>  |             |
| Signature Verified by: _____<br><div style="text-align: center; margin-top: 5px;">Signature over Printed Name</div> | Date: _____ |