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DATE
CUSTOMER NUMBER

CLIENT INFORMATION SHEET

INSTITUTIONAL

PLEASE PRINT CLEARLY Optima Funds are managed by ATR Asset Management (ATRAM) / BPI Asset Management and Trust Group (BPI AMTG) and made available through Bonds, Equities, Securities and Traders, Inc.(BEST, Inc.) / PLPI Financials and Insurance Brokers, Inc. (PFIBI)

ACCOUNT NAME (This is the name that will appear in your Statement of Account)
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ACCOUNT INFORMATION

NAME OF INSTITUTION			
Date of Incorporation		Place of Incorporation	
Registration No.	Nature of Business	Tax Identification No.	Website
BUSINESS / OFFICE ADDRESS			
Room / Floor / Building		Street	
Barangay / Area	Municipality	Province	Country
			Zip Code

CONTACT INFORMATION		
Office / Business Tel. No/s.	Mobile No/s.	Facsimile No/s.
Email Address	Social Media Sites	

NAMES OF AUTHORIZED SIGNATORIES			
Authorized Signatory 1	Position	Contact Number/s	Email Address
Authorized Signatory 2	Position	Contact Number/s	Email Address
Authorized Signatory 3	Position	Contact Number/s	Email Address
Authorized Signatory 4	Position	Contact Number/s	Email Address

PREFERRED MAILING ADDRESS (Pls. check one box ONLY)

BUSINESS/OFFICE E-MAIL

By selecting EMAIL, 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 and thus helping the environment.

TYPE OF ACCOUNT (Pls. check one box ONLY)

Institutional **Trusted Account**

Listed Company Non-Listed Company

This account's Fund shares are owned and registered in the name of the corporation, foundation, unincorporated association, partnership or co-operative

This account is opened by an entity in behalf of its Trustor/s. The account should be accompanied with a Certification as to the identity and owner of the trust account.

RELATED ACCOUNTS

(Subsidiaries and Affiliates that are substantially owned, controlled or effectively controlled by the Institution)

Name of Subsidiaries / Affiliates	Nationality	Address	Percent Ownership

DECLARATIONS

By signing this CIF, We certify/acknowledge that:

- (1) The information stated herein is true and correct and that all documents submitted together with this CIS are true copies of the original documents we have on our records. Bonds, Equities, Securities and Traders, Inc. (BEST, Inc.), PLPI Financials and Insurance Brokers, Inc. (PFIBI), ATR Asset Management (ATRAM) or BPI Asset Management (BPI AMTG) may verify and investigate the information herewith from whatever source the parties may consider appropriate.
- (2) We have the authority and legal capacity to purchase mutual fund shares/unit investment trust funds and believe this investment is suitable for me / us.
- (3) We are not engaged in any of the unlawful activities listed in the Anti-Money Laundering Law and the funds we shall invest in the Optima Funds as managed by ATR KimEng Asset Management / BPI Asset Management, were not generated from any of the unlawful activities enumerated under the Anti-Money Laundering Law;
- (4) We have received, read and understood the most recent copy of the Prospectus/Information Memorandum of our chosen fund and we agree to the terms of the prospectus
- (5) We acknowledge the risk involved in these investments and we understand that this Fund is not insured by the Philippine Deposit Insurance Corporation (PDIC)
- (6) We acknowledge that investments in the Funds are made in the name of BEST, Inc. / PFIBI "for the account of its clients" subscribing to units/shares at the prevailing Net Asset Value Per Share/unit (NAVPS/U).
- (7) For the initial investment and subsequent purchase of shares/units, the transaction will not be processed into our account until the funds have finally cleared through the banking system and are available to ATR KimEng Asset Management / BPI Asset Management, for investment deployment. Upon final clearing of the funds through the banking system, we authorize BEST, Inc. / PFIBI by virtue of the signature of the Authorized Signatory/ies on this document to process all our subsequent transactions into our account.
- (8) All bank charges and any expenses incurred in respect of remittance of redemption proceeds to the investor shall be borne by the investor.
- (9) We expressly agree to the disclosure of sharing of BEST, Inc. and PFIBI of the information given under this form to the Fund Manager or to any government regulatory agencies without incurring any liability from me/us as a result thereof.
- (10) No representation is being made that any securities or investment offered by BEST, Inc. and PFIBI as a Selling Agent will or is likely to achieve profits. BEST, Inc., PFIBI and its affiliates, directors, employees or agents will not be held liable or responsible for my/our investment decisions or for any losses that we may incur as a result of our investment offered by and coursed through BEST, Inc. and PFIBI. Accordingly, we should not rely solely on the statements or representation of BEST, Inc. in making any investment. we should seek further professional advice if we are uncertain of, or has not understood any aspect of the securities to invest in or the nature of risks involved in trading of securities specially those high risk securities.

FAX / E-MAIL INDEMNITY

In consideration of your agreeing to accept from us from time to time instructions by facsimile of duly signed Subscription/Redemption Form or email instructions without requiring original written confirmation in respect of any facsimile or email instructions prior to acting thereon, we confirm that:

- (1) We acknowledge that facsimile of duly signed Subscription/Redemption Form or email instructions are not secure means of communication and that we are aware of the risk involved, and that our request for you to accept such facsimile or email instructions is for our convenience.
- (2) You are hereby authorized to act on any facsimile of duly signed Subscription/Redemption Form or email instructions which you in your sole discretion believe emanate from us and, provided you exercise reasonable care in verifying the signature of the purported authorized person, you 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 Subscription/Redemption Form or email instructions acted upon in good faith and in the absence of negligence default or fraud shall be binding upon us whether made with or without our authority, knowledge or consent.
- (4) We understand that BEST, Inc./PFIBI 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) We undertake to keep you indemnified at all times against, and to save you from all actions, proceedings, claims, losses, damages, costs and expenses which may be brought against you or suffered or incurred by you and which shall have arisen either directly or indirectly out of or in connection with your accepting facsimile or email instructions and acting thereon, whether or not the same are confirmed in writing by us, except to the extent that the same is caused by your negligence, default or fraud or that of your employees.

We have read and understand the above terms and conditions

Agree Disagree

SIGNATURES

Authorized Signatory 1		Authorized Signatory 2	
1		1	
2		2	
Authorized Signatory 3		Authorized Signatory 4	
1		1	
2		2	

ACCOUNT NAME

TO BE ACCOMPLISHED BY THE SERVICING FUND REPRESENTATIVE

I hereby attest that:

- (1) I have obtained satisfactory evidence of and have the true and full identity, representative capacity, domicile, occupation/business purpose of the Client, as well as other required identifying information on the Client;
- (2) To the best of my knowledge, Client does not engage in any unlawful activities listed in the Anti-Money Laundering Law. I further declare that, to the best of my knowledge, the funds to be invested by the Client in the Optima Funds, as managed by ATRAM / BPI AMTG were not generated from any of the unlawful activities listed in the Anti-Money Laundering Law;
- (3) Should there be any adverse change in my opinion of the standing integrity or reputation of the Applicant, I shall inform BEST, Inc. immediately; and
- (4) I understand and acknowledge that transactions will be processed only upon submission of complete information and documentary requirement

Referrer	Licensed Agent	Optima Authorized Signatory	
Name & Signature Code: _____	Name & Signature Code: _____	Name & Signature Code: _____	
FOR BEST USE ONLY	Date	OR / AR No.	Received By

CHECKLIST OF REQUIREMENTS

Certified True Copy of Certificate of Registration	<input checked="" type="checkbox"/>
Certified True Copy of Articles of Incorporation	<input checked="" type="checkbox"/>
Certified True Copy of Articles of By-Laws	<input checked="" type="checkbox"/>
Copy of latest Financial Statements	<input checked="" type="checkbox"/>
Certified true copy of company's General Information Sheet	<input checked="" type="checkbox"/>
Notarized Corporate Secretary's Certificate / Board Resolution authorizing the opening of the account, naming the officers authorized to operate the account	<input checked="" type="checkbox"/>
Notarized Corporate Secretary's Certificate indicating the percentage holdings according to the nationality of the stockholders of the corporation	<input checked="" type="checkbox"/>
Notarized Corporate Secretary's Certificate indicating the List of Principal Stockholders owning at least 10% or more of the principal capital	<input checked="" type="checkbox"/>
Each authorized signatory and shareholders with 10% or more ownership shall submit two valid photo-bearing identification cards or documents, (1 ID should be 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.	<input checked="" type="checkbox"/>
If opening an account for a Trusteed Account, the trust document; a sworn statement as to the existence of beneficial owners; and a document evidencing a Revocable or an Irrevocable Trust. If an irrevocable Trust, evidence of payment of the Donor's Tax.	<input checked="" type="checkbox"/>
If the institutional investor is not a resident of the Philippines, authentication of its submitted documents by the relevant Philippine Embassy or Consulate.	<input checked="" type="checkbox"/>
Any other documents which the Fund Manager may deem necessary or desirable, depending on the type of account being opened or the mode of funding.	<input checked="" type="checkbox"/>



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