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DATE
CUSTOMER NUMBER

CLIENT INFORMATION SHEET

INDIVIDUAL

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)

PRINCIPAL INVESTOR'S CLIENT INFORMATION

NAME OF INVESTOR				
RESIDENCE ADDRESS				
No. / Street		Village / Subdivision		
Barangay / Area	Municipality	Province	Zip Code	
BUSINESS / OFFICE ADDRESS				
No. / Street		Village / Subdivision		
Barangay / Area	Municipality	Province	Zip Code	
PERSONAL DATA				
Birth Date (MM/DD/YY)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Civil Status	Nationality	Religion
Residence Telephone No.	Office / Business Tel. No.	Mobile No.	Facsimile No.	
Email Address	TIN No.	SSS / GSIS No.	Sources of Income <input type="checkbox"/> Employment <input type="checkbox"/> Investment <input type="checkbox"/> Business <input type="checkbox"/> Others _____	
Occupation / Type of Business	Name of Employer / Business		Mother's Full Maiden Name	

PREFERRED MAILING ADDRESS (Pls. check one box ONLY)

<input type="checkbox"/> RESIDENCE	<input type="checkbox"/> BUSINESS/OFFICE	<input type="checkbox"/> E-MAIL
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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.

CO - INVESTOR'S CLIENT INFORMATION

NAME OF INVESTOR				
RESIDENCE ADDRESS				
No. / Street		Village / Subdivision		
Barangay / Area	Municipality	Province	Zip Code	
BUSINESS / OFFICE ADDRESS				
No. / Street		Village / Subdivision		
Barangay / Area	Municipality	Province	Zip Code	
PERSONAL DATA				
Birth Date (MM/DD/YY)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Civil Status	Nationality	Religion
Residence Telephone No.	Business / Office Tel. No.	Mobile No.	Facsimile No.	
Email Address	TIN No.	SSS / GSIS No.	Sources of Income <input type="checkbox"/> Employment <input type="checkbox"/> Investment <input type="checkbox"/> Business <input type="checkbox"/> Others _____	
Occupation / Type of Business	Name of Employer /Business		Mother's Full Maiden Name	

TYPE OF JOINT ACCOUNT (Pls. check one box ONLY)

<input type="checkbox"/> AND (All signatures must be present for all transactions)	<input type="checkbox"/> OR (Any of these signatures must be present for all transactions)
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IN TRUST FOR ACCOUNT (For Accounts with a Minor Beneficiary)

NAME OF BENEFICIARY

Relationship to Principal Investor

Birth Date (MM/DD/YY)

Birthplace

INVESTOR PROFILE QUESTIONNAIRE

This Investor Profile Questionnaire (IPQ) is done to profile your risk-return orientation and the result is used as basis to recommend the various classes of Optima Funds. IPQ is subsequently revised by you at any time given changes in your circumstances or preferences. In case of revision/s, immediately request us for a new profiling process and changes be made immediately to the investment in the Optima Funds, as applicable.

BACKGROUND INFORMATION

		SCORE			SCORE
1	How old are you?		3	What is your approximate annual income?	
a.	30 and under	10	a.	Under Php 100,000.00	10
b.	31 to 40	8	b.	Php 100,001.00 - Php 250,000.00	8
c.	41 to 50	6	c.	Php 250,001.00 - Php 600,000.00	6
d.	51 to 65	4	d.	Php 600,001.00 - Php 1,000,000.00	4
e.	Over 65	2	e.	Above Php 1,000,000.00	2
2	Approximately how many more years do you plan to work before retiring?		4	How would you rate your immediate family's overall financial situation?	
a.	I am retired	10	a.	Unstable - we have next to no savings	2
b.	5 years or less	8	b.	Not very good - we have a fair amount of debt and little savings	4
c.	6 to 15 years	6	c.	Fairly good - we do have some debts but have been able to	6
d.	16 to 30 years	4	d.	Good - we have few debts and are quite secure	8
e.	More than 30 years	2	e.	Very good - we have paid off most of our debts and are now saving quite regularly	10

INVESTMENT OBJECTIVES AND RISK TOLERANCE

5	What is your major goal for your portfolio?		8	Which of the following statements best describes your investment situation?	
a.	The security of my retirement portfolio is my only priority	2	a.	All of my investments to date have been in Treasury Bills because I need the security of capital.	2
b.	While I do want my retirement portfolio to grow, I don't feel very comfortable with fluctuating returns	4	b.	Most of my investments were made to generate income and preserve capital, but I now need some capital growth	4
c.	I want a balance between growth and security in my retirement portfolio with some protection from the impact of inflation	6	c.	Most of my investments tend to be mutual funds or unit investment trust funds, although they are generally not	6
d.	I'm primarily concerned with the overall growth of my retirement portfolio and I am less concerned about fluctuations in returns	8	d.	Most of my investments tend to be moderately aggressive. My objectives are long-term, therefore I don't often make changes unless my reasons for investing have changed.	8
e.	My sole objective in my retirement portfolio is maximum growth over the long term	10	e.	I tend to choose aggressive mutual funds or unit investment trust funds for long-term growth	10
6	During the next five years, what portion of your portfolio do you expect to be withdrawing?		9	Assuming that you are investing for the long-term, what is the maximum drop in your portfolio's value that you could tolerate in any given year before feeling uncomfortable?	
a.	100%	2	a.	I'd be uncomfortable with any loss	2
b.	75%	4	b.	A 5% drop is all that I could live with	4
c.	50%	6	c.	A 5% - 10% decline is something I could tolerate	6
d.	25%	8	d.	A 10% - 15% drop would be about all I could stand	8
e.	0%	10	e.	I could tolerate more than 15% decline	10
7	How would you rate your investment knowledge?		10	Which of the following statements best describes your investment philosophy?	
a.	Minimal - I consider my knowledge to be fairly limited	2	a.	Preserve capital	2
b.	Modest - I've been investing for a few years and I sometimes read the business press.	4	b.	Achieve modest income	4
c.	Moderate - I've been investing for several years within a broad range of different assets.	6	c.	Achieve moderate asset growth and income	6
d.	Good - I've been investing for quite a while and I've lived through at least one market downturn.	8	d.	Achieves strong asset growth and income	8
e.	Very good - I'm an experienced investor and I'm comfortable with all the ups and downs in the market	10	e.	Achieve maximum asset growth and income	10

TOTAL SCORE

YOUR PROFILE

YOUR SCORE	YOUR PROFILE	PROFILE DESCRIPTION	RECOMMENDED MIX OF OPTIMA FUND/S
25 & below	Risk Averse	Capital preservation is the paramount concern; would settle for lower but steady returns such as those found in traditional time deposits	-
26 - 50	Conservative	Seeks a relatively stable return on investment that is slightly higher than the traditional term deposit and willing to take minor negative fluctuations in returns over a period of 1 year or less	ATRAM Corporate Bond Fund Odyssey Peso Bond Odyssey Philippine Dollar Bond Fund ATRAM Total Return Dollar Bond Fund
51 - 75	Growth-Oriented	Seeks a balance between growth in capital and income and is willing to take negative fluctuations in return for periods of 1 to 3 years.	ATRAM Corporate Bond Fund ATRAM Total Return Dollar Bond Fund ATRAM Dynamic Allocation Fund ATRAM Philippine Balanced Fund Odyssey Philippine Dollar Bond Fund Odyssey Diversified Balanced Fund BPI Philippine Equity Fund
76 & above	Aggressive	Growth and earning the highest returns are the main concerns of the investor and is willing to take negative fluctuations in return for periods of 3 years or longer including possible loss of initial investment.	ATRAM Dynamic Allocation Fund ATRAM Philippine Balanced Fund ATRAM Equity Opportunity Fund ATRAM Alpha Opportunity Fund ATRAM Asia Plus Equity Fund BPI Philippine Equity Fund Odyssey Diversified Balanced Fund Odyssey Philippine Equity Fund Odyssey Asia Pacific High Dividend Equity

DECLARATIONS

By signing this CIF, I/We certify/acknowledge that:

- (1) The information stated herein is true and correct and agree to all provisions stated herein. 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) I/We have the authority and legal capacity to purchase mutual fund shares/unit investment trust funds, I am/We are of legal age and the true or ultimate owner of the account and believe this investment is suitable for me / us.
- (3) I am/We are not engaged in any of the unlawful activities listed in the Anti-Money Laundering Law and the funds I/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) I/We have received, read and understood the most recent copy of the Prospectus/Information Memorandum of my/our chosen fund and I/we agree to the terms of the prospectus
- (5) I/We acknowledge the risk involved in these investments and I / we understand that this Fund is not insured by the Philippine Deposit Insurance Corporation (PDIC)
- (6) I/We acknowledge that investments in the Funds are made in the name of BEST, Inc. (for ATRAM managed funds) / PFIBI (for BPI AMTG managed funds) "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 my/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, I/we authorize BEST, Inc. by virtue of my/our signature on this document to process all my/our subsequent transactions into my/our account.
- (8) All bank charges and any expenses incurred in respect of remittance of redemption proceeds to the investor/s shall be borne by the investor/s.
- (9) I/We expressly agree to the disclosure of sharing of BEST, Inc. and PFIBI of the personal 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 I/We may incur as a result of my investment offered by and coursed through BEST, Inc. and PFIBI. Accordingly, I/we should not rely solely on the statements or representation of BEST, Inc. in making any investment. I/We should seek further professional advice if I am/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 me/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, I/we confirm that:

- (1) I/We acknowledge that facsimile of duly signed Subscription/Redemption Form or email instructions are not secure means of communication and that I am/we are aware of the risk involved, and that my/our request for you to accept such facsimile or email instructions is for my/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 me/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 me/us whether made with or without our authority, knowledge or consent.
- (4) I/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) I/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 me/us, except to the extent that the same is caused by your negligence, default or fraud or that of your employees.

I/We have read and I/we understand the above terms and conditions

Agree Disagree

SIGNATURES

Principal Investor		Co-Investor 1		Co-Investor 2	
1		1		1	
2		2		2	

COMPLIANCE WITH FOREIGN ACCOUNT TAX COMPLIANCE (FATCA) WITH THE UNITED STATES

As part of our due diligence for compliance to the Foreign Account Tax Compliance Act (FATCA) of the United States, kindly answer this questionnaire to enable us to properly classify your account. Additional documentation may be requested from you based on your answers to the questions below. If you do not respond to the request to answer this form or provide additional documentation as may be requested, we shall tag your account as recalcitrant. Thank you for your cooperation.

1	Are you any of the following:	
	a. U.S. citizen?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	b. U.S. resident?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	c. U.S. resident alien?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2	Were you born in the U.S.?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3	Do you have any of the following:	
	a. A current U.S. residence address?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	b. A current U.S. mailing address (including a U.S. P.O. Box)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	c. A current U.S. telephone number?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4	Have you issued a standing instruction to transfer funds to an account maintained in the U.S.?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5	Have you issued a power of attorney or granted signatory authority to a person with a U.S. address?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6	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.)?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Declaration:
 (1) I represent and declare that the information provided above is true, accurate and complete. I understand that the term "U.S. person" means any citizen or resident of the United States.
 (2) I hereby consent for BEST, Inc., PFIBI or any of its affiliates, including branches to report my information to regulatory authorities in accordance with the requirements of Foreign Account Tax Compliance Act as may be stipulated by applicable laws, regulations, agreement or regulatory guidelines or directives.
 (3) I hereby consent that BEST, Inc./PFIBI may withhold from my account(s) such amounts in accordance with the requirements of Foreign Account Tax Compliance Act as may be stipulated by applicable laws, regulations, agreement or regulatory guidelines or directives.
 (4) I hereby consent that BEST, Inc./PFIBI may classify me as a recalcitrant account holder and/or suspend, recall or terminate my account(s) and/or facilities granted to me, in the event I fail to provide accurate and complete information and/or documentation as BEST, Inc./PFIBI may require.
 (5) I undertake to notify BEST, Inc./PFIBI in writing within 30 calendar days if there is a change in any information which I have previously provided.

Principal Investor	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 (e) 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.
Name & Signature	

NOTE: The Co-Investor/s must sign/s a separate COMPLIANCE WITH FOREIGN ACCOUNT TAX COMPLIANCE (FATCA)

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 requirements

Referrer	Licensed Agent	Optima Authorized Signatory
Name & Signature	Name & Signature	Name & Signature
Code:	Code:	Code:

FOR BEST USE ONLY	Date	OR / AR No.	Received By
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CHECKLIST OF REQUIREMENTS

	Individual	Joint ("OR/AND")	In Trust For ("ITF")
Client Information Sheet (This Form)	☑	☑	☑
Subscription and Redemption Order Form	☑	☑	☑
Beneficiary's Birth Certificate			☑
Confirmation of Trust			☑
Photocopy of two valid I.D.s of EACH Investor/Authorized Signatory (with 3 signatures on photocopy)	☑	☑	☑