



2nd Floor, Basic Petroleum Building, 104 Carlos Palanca St., Legaspi Village, Makati City
 Tel. No: (02) 812-8803 / (02) 894-1153 Fax No: (02) 894-1153
 Mobile No: 0917-8368903 (Globe) / 0918-9796004 (Smart)
 Email Address: helpdesk@myoptimafunds.com Website: www.myoptimafunds.com

DATE
INVESTOR NO.

CONFIRMATION OF TRUST

Optima Funds are managed by ATR KimEng Asset Management/ BPI Asset Management and made available through Bonds, Equities, Securities and Traders, Inc./ PLPI Financials and Insurance Brokers, Inc.

Please PRINT Legibly

Trustee and Beneficiary Information

TRUSTEE'S NAME (Last, First, MI)	
ADDRESS	CONTACT NO.
BENEFICIARY'S NAME (Last, First, MI)	
ADDRESS	
BIRTHDAY (MM/DD/YYYY)	CONTACT NO.

Agreement

- The Trustee has full authority to:
 - Invest the assets of the Trust in Mutual Funds and/or Unit Investment Trust Funds
 - Take all actions incidental thereto, including redemption. The Trustee agrees to hold Bonds, Equities, Securities and Traders, Inc. (BEST, Inc.) and the applicable fund/s free and harmless from any liability in connection with such investment and redemption.
- In case of Trustee's death: *(Please CHECK appropriate box. If nothing is chosen, or if the trustee dies during the minority of the Beneficiary, a new trustee will automatically be appointed in accordance with law)*
 - The Trust is automatically terminated and the account is automatically transferred to the Beneficiary's name upon presentation of proof of Trustee's death.
 - A new trustee will be appointed in accordance with law.
- For Beneficiaries who are below 18 years old at the time of the investment: *(Please CHOOSE ONE carefully. Your choice will apply until the investment is redeemed in full. If nothing is chosen, the Trust continues until the investment is redeemed in full)*
 - Upon the Beneficiary's 18th birthday, the account may be transferred to the name of the Beneficiary upon the sole discretion and written request of the Trustee.
 - The Trust is automatically terminated and the account automatically transferred to the name of the Beneficiary upon written request of the Trustee or Beneficiary.

The undersigned Trustee confirms to BEST, Inc. that the foregoing information is true and complete and undertakes to advise BEST, Inc. promptly upon any change in the information.

PRINTED NAME OF TRUSTEE	PRINTED NAME OF WITNESS
SIGNATURE OF TRUSTEE	SIGNATURE OF WITNESS
DATE	DATE

This document is intended to be a summary of certain provisions of the written trust agreement between the Trustor, Trustee, and/or Beneficiary or, where there is no such written trust agreement, the oral agreement between the same parties, as a supplement to the new account application form. BEST, Inc. strongly recommends that the investor obtain independent legal and tax advice before making the investment. The investment may constitute a taxable donation from the Trustor to Beneficiary.