

# Subscription Form

## General Information

Name of Account Owner	Account No.
Account Type <input type="checkbox"/> Individual <input type="checkbox"/> Institution	

## Application for Subscription

Fund Name	Currency	Amount	Payment Mode					Payment Details (Date, Bank Name, Check No.)
			Check	Debit from Account	Wire Transfer	Bank Deposit - Cash	Bank Deposit - Check	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

If paying through Bills Payment Facility: Please fill out this form and email to ph\_subscribe\_mamtc@manulife.com. Please note that application for subscription shall be processed only upon receipt of payment and completely filled out Subscription Form.

Source/s of Funds (indicate all that apply)

- Salary     Savings     Gift/Inheritance     Others: (please specify \_\_\_\_\_ )  
 Business     Sale of Asset     Remittance from (Country: \_\_\_\_\_ )

Notes: Debit from Account is available only for the following Banks: BDO, BPI, China Bank, HSBC, Metrobank and Unionbank.  
 The Client acknowledges that this application is subject to the Company's approval. Please refer to the Unit Investment Trust Funds Omnibus Participating Trust Agreement.

**Important Note:** Please accomplish the Client Waiver form if the New Fund's investment risk profile is higher than the results of your Client Suitability Assessment (CSA) at the time of account opening or the latest CSA.

Please accomplish the Payor Information Form if anyone other than you will be paying for this account.

## For Funds with Unit-Paying Feature (Please fill out only for "Add Fund" transaction)

How would you like to receive your Unit Income Payment?

For Peso Share Class Only

- Please credit to my peso bank account     Current     Savings

Bank: \_\_\_\_\_ Branch of Account: \_\_\_\_\_

Account No. \_\_\_\_\_ Swift Code: \_\_\_\_\_ Branch Address: \_\_\_\_\_

- Top up to the source Fund of my unit income

For Dollar Share Class Only

- Please credit to my dollar bank account     Current     Savings

Bank: \_\_\_\_\_ Branch of Account: \_\_\_\_\_

Account No. \_\_\_\_\_ Swift Code: \_\_\_\_\_ Branch Address: \_\_\_\_\_

Inward fund transfer fee may be charged by your bank for the USD share class.

- Top up to the source Fund of my unit income

Note: Your Bank Account's currency should be the same as the Share Class currency of your UITF investment.

## Client Certification and Authorization

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I am aware that Manulife Investment Management and Trust Corporation (the "Company") collects and uses my personal and sensitive personal information to operate a trust and fiduciary business. By signing this form and continuing to avail of the Company's products and services, I agree that the information I provided and any subsequent changes to it can be processed, shared, disclosed, transferred or used by the Company, including its shareholders, directors, and employees, affiliates, subsidiaries, business partners, any member of the Manulife Financial Group (including those located overseas), advisors, representatives, industry associations and databases, local and foreign authorities having jurisdiction over companies within the Manulife Financial Group, external auditors/counselors, and its third party service providers (whether within or outside the Philippines) within the rules set by the Data Privacy Act of 2012, as may be amended from time to time, relevant regulations and the Company's privacy policy available at [assetmanagement.manulife.com.ph/customer-privacy-policy](http://assetmanagement.manulife.com.ph/customer-privacy-policy) for purposes of: approving this application; administering and servicing the account; marketing (including marketing of products and services offered by any member of the Manulife Financial Group and those of our business partners), promoting, getting feedback on its products and services, and measuring client satisfaction; conducting data analytics and doing automated data processing; preventing money laundering or terrorist financing activities; complying with reportorial and regulatory requirements of both local and foreign regulatory authorities (including local and foreign tax authorities and stock exchanges) as well as other legal, regulatory or contractual obligations of any member within the Manulife Financial Group, relating to information sharing, tax reporting or otherwise; the Company's internal purposes such as governance, risk, compliance, and reporting; and for other reasonable purposes related to the services provided.

For my personal and sensitive personal information I provided to the Company, I am allowing the Company to keep them in line with its records retention policy. I will not hold the Company responsible for any claim, loss, liability and cost as a result of using such information for valid purposes.

\_\_\_\_\_  
Account Owner/Authorized Signatory's Signature over Printed Name

\_\_\_\_\_  
Date Signed (mm/dd/yyyy)

\_\_\_\_\_  
Authorized Signatory's Signature over Printed Name

\_\_\_\_\_  
Date Signed (mm/dd/yyyy)

\_\_\_\_\_  
Authorized Signatory's Signature over Printed Name

\_\_\_\_\_  
Date Signed (mm/dd/yyyy)

## For Manulife Use Only

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Signature Verified By:

\_\_\_\_\_  
CSO's Signature over Printed Name / Date Signed (mm/dd/yyyy)

Branch: \_\_\_\_\_

Processed By:

\_\_\_\_\_  
Manulife Personnel's Signature over Printed Name

\_\_\_\_\_  
Date Signed (mm/dd/yyyy)

Valid ID with Photo and Signature Presented:

ID Type: \_\_\_\_\_

ID Number: \_\_\_\_\_

IMPORTANT NOTE: Acceptable Valid IDs include those issued by any of the following official authorities: 1) The Philippine Government, including its political subdivisions, agencies, and instrumentalities; 2) Government-Owned or -Controlled Corporations (GOCCs); 3) Private entities or institutions registered with and supervised or regulated either by the Bangko Sentral ng Pilipinas (BSP), Securities and Exchange Commission (SEC) or Insurance Commission (IC); 4) For Filipino students, School ID signed by the school principal or head of the educational institution.

Manulife Investment Management and Trust Corporation, its products and services are regulated and governed by the Bangko Sentral ng Pilipinas (BSP) with telephone number (02) 8-708-7087 and email address [consumeraffairs@bsp.gov.ph](mailto:consumeraffairs@bsp.gov.ph). For inquiries or complaints relating to our products and services, you may call our Customer Care Hotline at (02) 8-884-7000 or send an email to [phtrust@manulife.com](mailto:phtrust@manulife.com). To know your rights under BSP Circular No. 857 (Regulations on Financial Consumer Protection), please access a copy at the BSP website ([www.bsp.gov.ph](http://www.bsp.gov.ph)).

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