

Redemption Form

General Information

Account Name _____	Account No. _____
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Account Type Individual Institution

Application for Redemption

Fund Name: _____

Redemption Type Full Partial

Please choose one:

In Amount In Units _____
 PhP _____
 USD _____

Fund Name: _____

Redemption Type Full Partial

Please choose one:

In Amount In Units _____
 PhP _____
 USD _____

Notes: If the amount indicated will cause the remaining balance to fall below the minimum amount of participation required, it will be processed as a full redemption.
 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 (Client's Copy).

Redemption Instructions

How do you want to get your redeemed funds?

For Peso Share Class Only

Please credit to my peso bank account Current Savings

Bank: _____ Branch of Account: _____

Account No. _____ Swift Code: _____ Branch Address: _____

I will pick up the check through my Wealth Specialist

For Dollar Share Class Only

For your benefit, to avoid being charged incoming remittance fees, credit to account option is available only for the banks listed below.

Please credit to my dollar bank account Current Savings

Bank: BDO BPI China Bank HSBC Metrobank Unionbank Branch of Account: _____

Account No. _____ Swift Code: _____ Branch Address: _____

I will pick up the check through my Wealth Specialist

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

Client Certification and Authorization

I am aware that Manulife Asset 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/counsels, 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 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

Authorized Signatory's Signature over Printed Name

Date Signed (mm/dd/yyyy)

Date Signed (mm/dd/yyyy)

Authorized Signatory's Signature over Printed Name

Date Signed (mm/dd/yyyy)

For Manulife Use Only

Signature Verified By: _____

Processed By: _____

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

Manulife Personnel's Signature over Printed Name

Branch: _____

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 Asset Management and Trust Corporation, its products and services are regulated and governed by the Bangko Sentral ng Pilipinas (BSP) with telephone number (02) 708-7087 and email address consumeraffairs@bsp.gov.ph. For inquiries or complaints relating to our products and services, you may call our Customer Care Hotline at (02) 884-7000 or send an email to phcustomer@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).

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