

LETTER OF INSTRUCTION

To: BPI WEALTH – A TRUST CORPORATION
7th Floor BPI Buendia Center Sen. Gil Puyat Ave., Makati City

Date _____

Thru: BPI WEALTH Certified Investment Solicitor

In reference to my/our Mutual Fund Account with account number/s: _____ under the name/s of:
(List all names if "and/or" account)

1. _____ 2. _____ 3. _____

I/We would like to request for: (please check the appropriate item)

CHANGE OF CONTACT INFORMATION: Mailing Address Email Telephone Number

Current Information:

New Information:

CHANGE OF ACCOUNT NAME/S: (List all names if "and/or" account) **CHANGE OF SIGNATORIES** (for corporate account only)

1. _____ 2. _____ 3. _____

For Individual & Joint Accounts

- LOI signed by the client/s (all signatures required if "and/or" account).
- Amended Customer Information Sheet signed by the client/s (all signatures required if "and/or" account).
- To add a signatory/ies, the signature card/s of the added signatory/ies and a photocopy of 2 valid picture IDs.

For Corporate Accounts

- LOI signed by the signatory/ies.
- Amended Customer Referral Sheet signed by all authorized signatories
- For a change in "Corporate Name," the corresponding: (1) Amended Certificate of Registration; and (2) Board Resolution or Secretary's Certificate
- To add/remove a signatory/ies, the original Corporate Secretary's Certificate stating the addition/deletion of signatory/ies and the signature card/s of the added signatory/ies.

CHANGE OF REDEMPTION SETTLEMENT ACCOUNT PHP USD EUR

Account Name: _____

Account Number: _____ Name of Bank: _____

(Bank charges may apply. Redemption proceeds shall be transferred to the bank account in the name of the client only.)

CERTIFICATION OF INVESTMENT AS OF THIS DATE: _____

Purpose: VISA (pls specify country): _____ General / Legal Use Others (pls specify): _____

REGISTER TO E-STATEMENT

1. E-statements will be sent to the registered email address 2. E-mail shall be an encrypted PDF file. Password to open the file is your Folio Number. 3. Folios enrolled in E-statements will no longer be sent paper statements

CHANGE OF AGENT / ACCOUNT OFFICER

Previous Agent / Account Officer:

New Agent / Account Officer:

Name: _____

Name: _____

Broker Code: _____

Broker Code: _____

Reason: Service Issues Consolidation of accounts Client is the CIS Others (pls specify) _____

AUTHORIZED REPRESENTATIVE

I designate my authorized representative to (1) View & inquire about my account; and (2) Pick-up my statements, certificates and other correspondences.

Representative's Name: _____ Contact Details: _____

I/We hereby confirm the validity of this request. Kindly receive this request by signing on the "Date received by" portion below.

Signature of Client
over Printed Name

Signature of Client
over Printed Name

Date

Signature Verified
(for authorized personnel use only)