



# COCOLIFE ASSET MANAGEMENT COMPANY, INC.

8th Floor Cocolife Building, 6807 Ayala Avenue, Makati City 1226  
Customer Service No. (632) 810-1888 (Telefax) Email: cocolifefunds@cocolife.com  
Website: www.cocolifeasset.com

## ACCOUNT OPENING FORM

Please write legibly.

Account Name

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### Institutional / Corporate Investor's Information (if applicable)

Name of Institution / Corporation / Partnership / Cooperative (Full Legal Name)		Nature of Business	
Business Address (Number, Street, Town/City, Province, Zip Code)			
Name of Company Representative		Position	
Name of Company Representative		Position	
Telephone Number	Fax Number	Email Address	TIN

### Individual Investor

Name (Last, First, Middle)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yy)	Birthplace
Present Address (Number, Street, Town/City, Province, Country, Zip Code)				
Permanent Address (Number, Street, Town/City, Province, Country, Zip Code)				
Occupation <input type="checkbox"/> Employed- Private <input type="checkbox"/> Employed- Government <input type="checkbox"/> Self-employed/Entrepreneur <input type="checkbox"/> Professional <input type="checkbox"/> Retired				
Name of Employer/Company			Nature of Business	
Business Address (Number, Street, Town/City, Province, Country, Zip Code)				
Personal Mobile Number	Personal Email Address	Residence Phone Number	Nationality	Civil Status
Business Mobile Number	Email Address	Business Phone Number	Business Fax Number	TIN / SSS
Sources of Funds <input type="checkbox"/> Income/Salary <input type="checkbox"/> Investment <input type="checkbox"/> Insurance <input type="checkbox"/> Savings <input type="checkbox"/> Time Deposit <input type="checkbox"/> Commission <input type="checkbox"/> Others, please specify _____				

### Individual Investor (Co-Investor)

Name (Last, First, Middle)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yy)	Birthplace
Present Address (Number, Street, Town/City, Province, Country, Zip Code)				
Permanent Address (Number, Street, Town/City, Province, Country, Zip Code)				
Occupation <input type="checkbox"/> Employed- Private <input type="checkbox"/> Employed- Government <input type="checkbox"/> Self-employed/Entrepreneur <input type="checkbox"/> Professional <input type="checkbox"/> Retired				
Name of Employer/Company			Nature of Business	
Business Address (Number, Street, Town/City, Province, Country, Zip Code)				
Personal Mobile Number	Personal Email Address	Residence Phone Number	Nationality	Civil Status
Business Mobile Number	Email Address	Business Phone Number	Business Fax Number	TIN / SSS
Sources of Funds <input type="checkbox"/> Income/Salary <input type="checkbox"/> Investment <input type="checkbox"/> Insurance <input type="checkbox"/> Savings <input type="checkbox"/> Time Deposit <input type="checkbox"/> Commission <input type="checkbox"/> Others, please specify _____				

### Preferred Mailing Address

Name of Investor (Last, First, Middle)	Mailing Address <input type="checkbox"/> Present <input type="checkbox"/> Permanent <input type="checkbox"/> Business
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### In Trust For (ITF) Information

Name of Minor (Last, First, Middle)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yy)	Relationship to Investor
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# INVESTOR QUESTIONNAIRE SHEET

FIND OUT YOUR RISK PROFILE! Mark the circle in the left-hand margin that corresponds to your choice.

1. I am comfortable making investment decisions on my own.

- Always (10)
- Sometimes (5)
- Never (1)

2. Inflation is rising faster than my salary and I need extra income. I would be willing to get my money from my savings account for a higher-yielding long-term bond.

- Yes (10)
- Maybe (5)
- No(1)

3. I would be willing to take a loan to put it in an investment that might double my money.

- Very Willing (10)
- Slightly Willing (5)
- Not at all(1)

4. I invested in an individual stock that gave me a loss of 30% six months after I bought it. Given that the overall stock market suffered a similar decline, my reaction to this situation would be to:

- Buy more shares. It's a bargain now (10)
- Hold on to my shares. It's still a good investment. (5)
- Sell all my shares. It's a loser (1)

5. The value of investments can rise and fall over time. The level of fluctuation that I would generally be comfortable with is

- Between -25% to +25% (10)
- Between -15% to +15% (5)
- Between -5% to +5% (1)

6. One basic principle of investing is "the higher return you seek, the more risk you face." Based on my feelings about risk and potential returns, my goal is:

- To potentially increase my portfolio's value as quickly as possible while accepting higher levels of risk. (10)
- Income is of primary concern while capital appreciation is secondary. (5)
- The safety of my investment principal. (1)

7. An important consideration when making investment decisions is how long before you will need to start withdrawing the funds. I intend to withdraw my money in:

- Over 10 years (10)
- 5-10 years (5)
- 1-4 years (1)

**SCORING SYSTEM: Add the Number at the side of your choice and refer to the results below:**

- 48 - 70      Aggressive**
- 21 - 47      Moderate**
- 1 - 20        Conservative**

## Beneficial Ownership Declaration

1. Do you have a beneficial owner?       Yes       No

2. If yes, please indicate the following information of the Beneficial Owner/s:

Beneficial Owner 1

- a. Name: \_\_\_\_\_
- b. Date of Birth: \_\_\_\_\_
- c. Address: \_\_\_\_\_
- d. Valid ID: \_\_\_\_\_
- e. Source of Funds: \_\_\_\_\_

Beneficial Owner 2

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Note:** A Beneficial Owner refers to any natural person who:

- 1. Ultimately owns or controls the customer and/or whose behalf a transaction or activity is being conducted
- 2. Has ultimate effective control over a legal person or arrangement

## PEP Declaration

1. Are you considered as Politically Exposed Person?       Yes       No

2. Are any of your family members or close associates considered as Politically Exposed Person?       Yes       No

**Note:** A Politically Exposed Person (PEP) refers to an individual who is or has been entrusted with prominent position in the Philippines with substantial authority over policy, operations or the use or allocation of government-government owned resources; a foreign state, or an international organization. The term PEP shall include immediate family members, and close relationships and associates that are reputedly known to have: (1) Joint beneficial ownership of a legal entity or legal arrangement with the main/principal PEP; or (2) Sole beneficial ownership of a legal entity or legal arrangement that is known to exist for the benefit of the main/principal PEP.

**Note:** Immediate Family Member of PEPs - Spouse or partner; children and their spouses; and parents and parents-in-law.

Close Associates of PEPs – refer to persons who are widely and publicly known to maintain a particularly close relationship with the PEP, and include persons who are in a position to conduct substantial domestic and international financial transactions on behalf of the PEP.

## Declaration:

I/We hereby attest that (a) I have presented authentic and legitimate identification documents, and disclosed accurate information, as to my identity, representative capacity, domicile, legal capacity, occupation/business purposes, as well as other required identifying information. (b) I am not engaged in any of the unlawful activities listed in the Anti-Money Laundering Law. (c) I understand and acknowledge that transactions will be processed only upon submission of complete information and documentary requirements.

I/We, the undersigned hereby certify that I/We explicitly consent to the collection, processing, sharing, storing of my/our personal and sensitive personal information by CAMCI. I/We hereby certify that I/We have carefully read and fully understood the purposes described in the Privacy Policy before giving our consent.

I/We also certify that I/we have read and understood and agree to be bound by the terms and conditions governing my/our account including any and all amendments thereto. All charges on the transactions under this account shall be for my/our sole and exclusive account and responsibility. All the terms and conditions and provisions pertinent to this account shall also be binding and enforceable upon my/our heirs, successor-in-interest and assignees.

\_\_\_\_\_  
Signature of Investor

\_\_\_\_\_  
Signature of Investor

## Checklist of Requirements: (FOR IRO USE ONLY)

### For Individual/ Joint

- Filled out Account Opening Form
- Signed Purchase Form
- Signed Signature Card
- Photocopy of 2 valid IDs.

### For Institutional (Corporation/Partnership)

- Filled out Account Opening Form
- Signed Purchase Form
- Certified True Copy of SEC Certificate of Registration
- Certified True Copy of Articles of Incorporation or Articles of Partnership
- Certified True Copy of By-Laws
- Sworn statement re-existence or non-existence of beneficial owners, if any
- Secretary's Certificate or Board Resolution authorizing the:
  - Signatory to sign in behalf of the company
  - Purchase of Shares
  - Valid ID's for each authorized signatory
- General Information Sheet

### For Cooperative

- Filled out Account Opening Form
- Signed Purchase Form
- Latest Certificate of Operations
- Certificate of Registration authenticated by Cooperative Development Authority (CDA)
- Articles of Cooperation and By-Laws authenticated by CDA
- Latest General Information Sheet signed by the Secretary and Chairman
- Board Resolution signed by members of the Board of Directors authorizing the:
  - Signatory to sign in behalf of the company
  - Purchase of Shares
  - Valid ID's for each authorized signatory

### For Individual/ Programmed Investment Accumulation

- Requirements FOR INSTITUTIONAL
- Memorandum of Agreement (4 copies)
- Signed Payroll Deduction Authority

## Information Verification

I hereby attest that (a) I have obtained satisfactory evidence of and have verified the true and full identity, representative capacity, domicile, legal capacity, occupation/business purposes of the Investor, as well as other required identifying information on the Investor; (b) To the best of my knowledge, the Investor does not engage in any unlawful activities listed in the Anti-Money Laundering Law; (c) should there be any adverse change in my opinion of the standing integrity or reputation of the Investor, I shall inform Cocolife Asset Management Company, Inc. immediately; (d) I understand and acknowledge that transactions will be processed only upon submission of complete information and documentary requirements.

Initial Verification (Company Representative)  _____ Signature over Printed Name / Date and Time	Final Verification (CAMCI Home Office)  _____ Signature over Printed Name / Date and Time
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