

Note: Please print legibly in **BLOCK LETTERS**. Fill-out completely, write "N.A." if not applicable.

FOR PBCOM TRUST
USE ONLY

TRUST ACCOUNT NUMBER

TELL US ABOUT
YOUR PREFERRED
SERVICE

ACCOUNT TYPE

☐ SOLE ACCOUNT

☐ JOINT ACCOUNT (CHOOSE ONE)

☐ AND

☐ OR

TRUST SERVICE

☐ INVESTMENT MANAGEMENT ACCOUNT

☐ UNIT INVESTMENT TRUST FUND

☐ PERSONAL MANAGEMENT TRUST

☐ OTHERS (PLEASE SPECIFY)

ACCOUNT NAME

TELL US ABOUT
YOURSELF
(FIRST TRUSTOR/
CLIENT)

CLIENT NAME

Last Name

Given Name

Middle Name

BIRTHDATE (MM/DD/YYYY)

PLACE OF BIRTH

NATIONALITY

GENDER

☐ MALE

☐ FEMALE

CIVIL STATUS

☐ SINGLE

☐ MARRIED

☐ OTHERS (SPECIFY)

IF MARRIED, NAME OF SPOUSE

MOTHER'S MAIDEN NAME (First Name, Last Name)

TAX IDENTIFICATION NUMBER

ARE YOU A U.S. PERSON?

☐ YES

☐ NO

GSIS/SSS/UMID NUMBER

MOBILE NUMBER

RESIDENTIAL NUMBER

EMAIL ADDRESS

OFFICE NUMBER

PRESENT ADDRESS (House No./Building, Street, Barangay, City, Province, Country, Zip Code)

PRESENT ADDRESS SAME AS PERMANENT ADDRESS?

☐ YES

☐ NO

PERMANENT ADDRESS (IF PERMANENT ADDRESS IS DIFFERENT FROM PRESENT ADDRESS) (House No./Building, Street, Barangay, City, Province, Country, Zip Code)

BUSINESS/EMPLOYER NAME

BUSINESS/OFFICE ADDRESS (Floor No., Building, Street, Village, Barangay, City, Province, Country, Zip Code)

EMPLOYMENT STATUS

☐ EMPLOYED

☐ RETIRED

☐ STUDENT

☐ HOUSEWIFE/HOUSEHUSBAND

☐ BUSINESS PROPRIETOR

☐ OTHERS (SPECIFY)

OCCUPATION

NATURE OF BUSINESS

SOURCE OF FUNDS

☐ ALLOWANCE

☐ BUSINESS OWNERSHIP

☐ COMMISSION

☐ DONATION

☐ FINANCIAL ASSISTANCE

☐ INHERITANCE

☐ INVESTMENT

☐ PENSION

☐ PROCEEDS FROM SALE (Goods, Retail)

☐ PROCEEDS FROM SALE (Property)

☐ PROFESSIONAL/SERVICE FEES

☐ PROPERTY RENTAL

☐ REMITTANCES

☐ SALARY

☐ WINNINGS (Casino/Lottery)

☐ OTHERS (SPECIFY)

PLEASE LIST DOWN YOUR OTHER BANKING RELATIONSHIPS. IF NONE, PLEASE INDICATE "NONE"

PLEASE LIST DOWN THE NAME(S) OF COMPANY WHERE YOU ARE A DIRECTOR, OFFICER, STOCKHOLDER.* IF NONE, PLEASE INDICATE "NONE"

Note: Please print legibly in **BLOCK LETTERS**. Fill-out completely, write "N.A." if not applicable.

TELL US ABOUT
YOUR
CO-TRUSTOR
(SECOND TRUSTOR/
CLIENT)

CLIENT NAME

Last Name

Given Name

Middle Name

BIRTHDATE (MM/DD/YYYY)

PLACE OF BIRTH

NATIONALITY

GENDER

MALE

FEMALE

CIVIL STATUS

SINGLE

MARRIED

OTHERS (SPECIFY)

IF MARRIED, NAME OF SPOUSE

MOTHER'S MAIDEN NAME (First Name, Last Name)

TAX IDENTIFICATION NUMBER

ARE YOU A U.S. PERSON?

YES

NO

GSIS/SSS/UMID NUMBER

MOBILE NUMBER

RESIDENTIAL NUMBER

EMAIL ADDRESS

OFFICE NUMBER

PRESENT ADDRESS (House No./Building, Street, Barangay, City, Province, Country, Zip Code)

PRESENT ADDRESS SAME AS PERMANENT ADDRESS?

YES

NO

PERMANENT ADDRESS (IF PERMANENT ADDRESS IS DIFFERENT FROM PRESENT ADDRESS) (House No./Building, Street, Barangay, City, Province, Country, Zip Code)

BUSINESS/EMPLOYER NAME

BUSINESS/OFFICE ADDRESS (Floor No., Building, Street, Village, Barangay, City, Province, Country, Zip Code)

EMPLOYMENT STATUS

EMPLOYED

RETIRED

STUDENT

HOUSEWIFE/HOUSEHUSBAND

BUSINESS PROPRIETOR

OTHERS (SPECIFY)

OCCUPATION

NATURE OF BUSINESS

SOURCE OF FUNDS

ALLOWANCE

DONATION

INVESTMENT

PROCEEDS FROM SALE (Property)

REMITTANCES

OTHERS (SPECIFY)

BUSINESS OWNERSHIP

FINANCIAL ASSISTANCE

PENSION

PROFESSIONAL/SERVICE FEES

SALARY

COMMISSION

INHERITANCE

PROCEEDS FROM SALE (Goods, Retail)

PROPERTY RENTAL

WINNINGS (Casino/lottery)

PLEASE LIST DOWN YOUR OTHER BANKING RELATIONSHIPS. IF NONE, PLEASE INDICATE "NONE"

PLEASE LIST DOWN THE NAME(S) OF COMPANY WHERE YOU ARE A DIRECTOR, OFFICER, STOCKHOLDER.* IF NONE, PLEASE INDICATE "NONE"

Note: Please print legibly in **BLOCK LETTERS**. Fill-out completely, write "N.A." if not applicable.

TELL US ABOUT
YOUR
CO-TRUSTOR
(THIRD TRUSTOR/
CLIENT)

CLIENT NAME

Last Name

Given Name

Middle Name

BIRTHDATE (MM/DD/YYYY)

PLACE OF BIRTH

NATIONALITY

GENDER

☐ MALE☐ FEMALE

CIVIL STATUS

☐ SINGLE☐ MARRIED☐ OTHERS (SPECIFY)

IF MARRIED, NAME OF SPOUSE

MOTHER'S MAIDEN NAME (First Name, Last Name)

TAX IDENTIFICATION NUMBER

ARE YOU A U.S. PERSON?

☐ YES☐ NO

GSIS/SSS/UMID NUMBER

MOBILE NUMBER

RESIDENTIAL NUMBER

EMAIL ADDRESS

OFFICE NUMBER

PRESSENT ADDRESS (House No./Building, Street, Barangay, City, Province, Country, Zip Code)

PRESSENT ADDRESS SAME AS PERMANENT ADDRESS?

☐ YES☐ NO

PERMANENT ADDRESS (IF PERMANENT ADDRESS IS DIFFERENT FROM PRESENT ADDRESS) (House No./Building, Street, Barangay, City, Province, Country, Zip Code)

BUSINESS/EMPLOYER NAME

BUSINESS/OFFICE ADDRESS (Floor No., Building, Street, Village, Barangay, City, Province, Country, Zip Code)

EMPLOYMENT STATUS

☐ EMPLOYED☐ RETIRED☐ STUDENT☐ HOUSEWIFE/HOUSEHUSBAND☐ BUSINESS PROPRIETOR☐ OTHERS (SPECIFY)

OCCUPATION

NATURE OF BUSINESS

SOURCE OF FUNDS

☐ ALLOWANCE☐ DONATION☐ INVESTMENT☐ PROCEEDS FROM SALE (Property)☐ REMITTANCES☐ OTHERS (SPECIFY)

☐ BUSINESS OWNERSHIP☐ FINANCIAL ASSISTANCE☐ PENSION☐ PROFESSIONAL/SERVICE FEES☐ SALARY

☐ COMMISSION☐ INHERITANCE☐ PROCEEDS FROM SALE (Goods, Retail)☐ PROPERTY RENTAL☐ WINNINGS (Casino/Lottery)

PLEASE LIST DOWN YOUR OTHER BANKING RELATIONSHIPS. IF NONE, PLEASE INDICATE "NONE"

PLEASE LIST DOWN THE NAME(S) OF COMPANY WHERE YOU ARE A DIRECTOR, OFFICER, STOCKHOLDER.* IF NONE, PLEASE INDICATE "NONE"

Note: Please print legibly in **BLOCK LETTERS**. Fill-out completely, write "N.A." if not applicable.

TELL US ABOUT
YOUR
CO-TRUSTOR
(FOURTH TRUSTOR/
CLIENT)

CLIENT NAME

Last Name

Given Name

Middle Name

BIRTHDATE (MM/DD/YYYY)

PLACE OF BIRTH

NATIONALITY

GENDER

☐ MALE☐ FEMALE

CIVIL STATUS

☐ SINGLE☐ MARRIED☐ OTHERS (SPECIFY)

IF MARRIED, NAME OF SPOUSE

MOTHER'S MAIDEN NAME (First Name, Last Name)

TAX IDENTIFICATION NUMBER

ARE YOU A U.S. PERSON?

☐ YES☐ NO

GSIS/SSS/UMID NUMBER

MOBILE NUMBER

RESIDENTIAL NUMBER

EMAIL ADDRESS

OFFICE NUMBER

PRESENT ADDRESS (House No./Building, Street, Barangay, City, Province, Country, Zip Code)

PRESENT ADDRESS SAME AS PERMANENT ADDRESS?

☐ YES☐ NO

PERMANENT ADDRESS (IF PERMANENT ADDRESS IS DIFFERENT FROM PRESENT ADDRESS) (House No./Building, Street, Barangay, City, Province, Country, Zip Code)

BUSINESS/EMPLOYER NAME

BUSINESS/OFFICE ADDRESS (Floor No., Building, Street, Village, Barangay, City, Province, Country, Zip Code)

EMPLOYMENT STATUS

☐ EMPLOYED☐ RETIRED☐ STUDENT☐ HOUSEWIFE/HOUSEHUSBAND☐ BUSINESS PROPRIETOR☐ OTHERS (SPECIFY)

OCCUPATION

NATURE OF BUSINESS

SOURCE OF FUNDS

☐ ALLOWANCE☐ DONATION☐ INVESTMENT☐ PROCEEDS FROM SALE (Property)☐ REMITTANCES☐ OTHERS (SPECIFY)

☐ BUSINESS OWNERSHIP☐ FINANCIAL ASSISTANCE☐ PENSION☐ PROFESSIONAL/SERVICE FEES☐ SALARY

☐ COMMISSION☐ INHERITANCE☐ PROCEEDS FROM SALE (Goods, Retail)☐ PROPERTY RENTAL☐ WINNINGS (Casino/Lottery)

PLEASE LIST DOWN YOUR OTHER BANKING RELATIONSHIPS. IF NONE, PLEASE INDICATE "NONE"

PLEASE LIST DOWN THE NAME(S) OF COMPANY WHERE YOU ARE A DIRECTOR, OFFICER, STOCKHOLDER.* IF NONE, PLEASE INDICATE "NONE"

TELL US YOUR
SIGNING
INSTRUCTIONS

PLEASE RECOGNIZE THE FOLLOWING AUTHORIZED SIGNATURE(S) IN THE PAYMENT OF FUNDS FROM MY/OUR ACCOUNT AND/OR TRANSACTION OF OTHER BUSINESS WITH THE PBCOM TRUST AND WEALTH MANAGEMENT GROUP

☐ Joint OR account: ONE signature of any Trustor/Client

☐ Joint AND account: ALL signature of any Trustor/Client

☐ Sole account

☐ OTHERS (SPECIFY)

PLEASE SIGN HERE

FIRST TRUSTOR/CLIENT:

NAME: FIRST NAME, MIDDLE NAME, LAST NAME

SECOND TRUSTOR/CLIENT:

NAME: FIRST NAME, MIDDLE NAME, LAST NAME

THIRD TRUSTOR/CLIENT:

NAME: FIRST NAME, MIDDLE NAME, LAST NAME

FOURTH TRUSTOR/CLIENT:

NAME: FIRST NAME, MIDDLE NAME, LAST NAME

DO YOU AGREE
ON OUR
DATA PRIVACY
CONSENT?

I/We authorized and give my/our consent to PBCOM to collect, store, transmit, use, distribute, disclose, share, retain, dispose, destroy, and process my/our personal information and/or sensitive personal information contained in my/our customer record form or any other form or document that I/we have or will submit to PBCOM pursuant to my/our banking/trust relationship and for specified purposes which in all cases are in compliance with or pursuant to the Bank's/Trust's legal or contractual obligations and for any of the following legitimate purposes prescribed by RA No. 10173 and its IRR.

a)

to process my/our customer record form and other requests by itself or through its authorized third party service providers;

b)

to administer all my/our banking related documentations;

c)

to receive notices related to customer servicing, transactions and service advisory; and

d)

to be shared with Government regulatory agencies for mandatory audit engagement and know-your-client activities, Credit Information Corporation (CIC) which mandates the Bank/Trust to submit your credit data, authorized third parties engaged by the Bank/Trust or by its subsidiaries and affiliates to enable the Bank/Trust to service your account and to provide all the existing features of your account and any future enhancements.

e)

to comply with rules and regulations, legal and regulatory requirements of government regulators, judicial, supervisory bodies, tax authorities, or courts of competent jurisdiction;

I/We understand that any information provided to PBCOM is protected and collected through secure means (manually and electronically).

I/We understand that this authorization/consent shall continue to be in effect throughout the duration of my/our deposit/loan/investment and/or until expiration of the records retention limit set by the relevant banking laws and regulations for account closure, and the period set until destruction and/or disposal of my/our records, unless earlier withdrawn in writing.

I/We also opt in to the following Bank/Trust activities related to my/our account/s:

☐ I/We agree to participate with PBCOM's promos, marketing campaigns, cross selling activity, research, data analytics and to receive emails and SMS to share my/our feedback to improve my/our banking experience. I/We understand that all information related to marketing, promos, customer feedback, cross selling activity, data analytics and research will be processed securely according to the Banks Organizational, Technical and Physical Security measures.

ARE YOU A
QUALIFIED BUYER?

Applicable for directional Investment Management Account (IMA) and Personal Management Trust (PMT) accounts.

Please indicate 'N/A' if not applicable

I/We represent that I/we am/are eligible as a qualified buyer of an investment because I/we:

•

Have an annual gross income of at least Ten Million Pesos (PHP10,000,000) at least two (2) years prior to registration, or

•

Have a total portfolio investment in securities registered with the commission of at least Ten Million Pesos (PHP10,000,000), or

•

Have a personal net worth of not less than Thirty Million Pesos (PHP 30,000,000); and

•

Have been engaged in securities trading personally or through a fund manager for a minimum period of one (1) year, or

•

Have held for at least two (2) years a position of responsibility in any professional business entity that requires knowledge or expertise in securities trading, such as, legal consultant, financial adviser, sales person, or associated person of a broker-dealer, bank finance or treasury officer, trust officer, or other similar executive officers.

DO YOU WANT TO
KNOW MORE
ABOUT OUR
PRODUCTS?

I/We would like to be referred to **PBCOM Trust and Wealth Management Group** to learn more about their other products and services:

☐ EMAIL ME

☐ CALL ME

PREFERRED DATE/TIME

Please arrange and forward all the necessary product and account materials/documents to:

☐ BRANCH OF ACCOUNT

☐ TO ME/US DIRECTLY AT

DO YOU WANT TO
RECEIVE REPORTS,
ALERTS AND
NOTIFICATIONS?

I/We want to receive my/our quarterly/regular statements or reports, Confirmation of Investments (COI)/Confirmation of Participation (COP) through my/our designated email address.

CLIENT/S' CONFORME:

☐ I/We consent to the electronic sending of my/our quarterly/regular statements or reports and COIs or COPs through my/our email. All information I/we have provided are current, correct and shall be used for the sole purpose of sending my/our statements or reports.

☐ I/We do not consent to the electronic sending of my/our quarterly/regular statements or reports and COIs or COPs through my/our email.

DO YOU AGREE?

I/We hereby certify that the information provided in this form are true, correct, accurate, and complete. I/We understand that any false statement/information/invalid documents herein may be a ground for disapproval or immediate closure by the PBCOM Trust and Wealth Management Group of my/our account(s) or investment(s). I/We have read and understood and agree to be bound by the terms, conditions and agreements applicable and governing my/our accounts and/or investment/s, and all pertinent laws, government rules and regulations as well as separate documents relative to said account/s or investment/s. Said terms, conditions and agreements shall likewise apply to all my/our future account/s and/or investment/s with PBCOM TWMG. I/We agree to notify PBCOM TWMG in writing of any change in the information indicated herein.

By providing my/our personal data and signing this Form, I/we am/are giving my/our consent to the PBCOM TWMG and its authorized representatives and accredited service providers to collect, use, process, dispose, and protect my/our personal data contained in this Form and in any related documents and forms, whether given manually or electronically, for any legitimate business purpose of the PBCOM TWMG.

I/We hereby allow PBCOM TWMG to verify the said information and agree to inform PBCOM TWMG of any changes in the information produced above.

SIGNATURE OVER CLIENT'S PRINTED NAME/DATE (MM/DD/YYYY)

SIGNATURE OVER CLIENT'S PRINTED NAME/DATE (MM/DD/YYYY)

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SIGNATURE OVER CLIENT'S PRINTED NAME/DATE (MM/DD/YYYY)

DO NOT FILL-OUT FOR PBCOM USE ONLY

REFERRAL
INFORMATION
(FOR BRANCH USE
ONLY)

BRANCH OF ACCOUNT	<input type="text"/>	YEARS BANKING WITH PBCOM	<input type="text"/>
NAME OF BRANCH REFERRER	<input type="text"/>	REFERRER DESIGNATION	<input type="text"/>
REFERRAL GIVEN TO	<input type="text"/>		

SIGNATURE OVER BRANCH REFERRER'S PRINTED NAME

FOR PBCOM
TWMG USE ONLY

TRUST ACCOUNT NUMBER

I confirm having reviewed the information maintained in the system vs information provided on this form and supported documents, as applicable.

SIGNATURE OVER PRINTED NAME / DATE

SIGNATURE OVER PRINTED NAME / DATE