

Client Information Sheet for Institutions

IMPORTANT: Please answer completely and accurately and in CAPITAL letters. Use black ink/font color. Answer all fields, put "N/A" if not applicable. Any change should be counter-signed by the Account Owner. In this form, "I", "you" and "your" means the Account Owner. "The Company" means the Manulife Investment Management and Trust Corporation.

For your safety and convenience, please remit your subscriptions through our bank payment channels. For a complete list of our accredited bank partners, please visit www.manulifeim.com.ph. To ensure your protection, always secure a proof of remittance like validated bills payment, deposit or transfer slip or a screenshot of the successful online transaction message. A copy of the proof of remittance is required to be submitted for all subscription transactions.

The Account Owner is obliged to review the Confirmation of Participation (COP) for initial investments or Transaction Advice (TA) for subsequent investments that will be sent through the Account Owner's registered e-mail. Any inconsistency should be reported immediately by the Account Owner to phtrust@manulife.com.

| | |
|-------------------------------|---|
| Account No. (CIF Account No.) | Distributor Code (Wealth Specialist Code) |
|-------------------------------|---|

Institution Information

| | |
|--|--------------------------------------|
| ¹ Name of Institution (Full Legal Name) | ² Nature/Line of Business |
|--|--------------------------------------|

³Official Business Address

Floor/No., Building/Street, Subdivision / Village

Barangay/District, Town/City

Province/State, Country Zip Code

⁴Other Business Address

Floor/No., Building/Street, Subdivision / Village

Barangay/District, Town/City

Province/State, Country Zip Code

| | | |
|---|---------------------------------------|---|
| ⁵ Date of Incorporation (dd/mm/yyyy) | ⁶ Country of Incorporation | ⁷ Company Incorporation/Organization No. |
|---|---------------------------------------|---|

| | |
|--|--------------------------------|
| ⁸ Country/ies where the Institution is Operating/Doing Business (Indicate all that apply) | ⁹ Doing Business As |
|--|--------------------------------|

| | | |
|---|----------------|---------------------------|
| ¹⁰ Contact Numbers (area code) phone number Business () | Fax () | Mobile, if any () |
|---|----------------|---------------------------|

¹¹Email Address I do not want to receive promotions via email.

¹²Preferred Mailing Address Official Business Address Other Business Address

| | | |
|--|--|---|
| ¹³ Tax Identification No. (TIN) | ¹⁴ Estimated Annual Income in PHP | Estimated Net Worth/Stockholders' Equity/Capital in PHP |
|--|--|---|

¹⁵Source/s of Funds (check all that apply)

Business Income
 Investments or investment income (e.g. interest, dividends, royalty, etc.)
 Other income (pls. specify):
 Rental Income
 Proceeds from sale / transfer / disposition / lease of assets

Account Information

¹⁶Risk Profile based on the Client Suitability Assessment (CSA)*: Conservative Moderate Aggressive *Please refer to the CSA Form.
Please accomplish the Client Waiver if you wish to invest in a fund with a higher risk profile compared with the result of your CSA.

¹⁷Please indicate the name of the fund/s that you want to invest in, along with the amount and payment details of each:

| Fund Name | Currency | Amount | Payment Mode | | | Payment Details (Date, Bank Name) |
|-----------|----------|--------|--------------------------|--------------------------|--------------------------|--------------------------------------|
| | | | Bills Payment | Debit from Account | Wire Transfer | |
| | | | <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"/> | |

NOTE: 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.

For Funds with Unit-Paying Feature

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

Invest in Money Market Fund
(you need to have an investment in Manulife Money Market Fund to avail of this option)

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

Invest in Money Market Fund
(you need to have an investment in Manulife Global Money Market Fund to avail of this option)

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

Client Certification and Authorization

I/We hereby certify that all information given in this Client Information Sheet are true, complete and correct to the best of my/our personal knowledge, and I/we agree to update Manulife Investment Management and Trust Corporation (the "Company") within 30 calendar days of any change in the information supplied in this form. I/We have read and agree to be governed by the terms and conditions relative to this Account, as well as by the rules and regulations of the Bangko Sentral ng Pilipinas, the Anti-Money Laundering Act as amended, the Bureau of Internal Revenue, the Securities and Exchange Commission, and other applicable Philippine laws and regulations, as well as the United States Foreign Account Tax Compliance Act and the regulations of the United States Internal Revenue Services as may be amended from time to time, and other appropriate Philippine and/or foreign governmental agencies.

I/We certify that no one other than the institution will be funding/financing this transaction.

The Company collects and uses my/our personal and sensitive information to carry on its trust and fiduciary business. By signing this form and continuing to avail of the Company's products and services, I/we agree that the information I/we 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 www.manulifeim.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 our 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.

I/We will not unreasonably cancel my/our consent which could result to the Company or any member of the Manulife Financial Group violating any law, rules, regulations or guidelines or its obligation under any contract or commitment with local or foreign regulators, governmental bodies or industry recognized bodies (whether within or outside the Philippines).

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

Authorized Signatory's Signature over Printed Name

 Date signed (dd/mm/yyyy)

Authorized Signatory's Signature over Printed Name

 Date signed (dd/mm/yyyy)

Authorized Signatory's Signature over Printed Name

 Date signed (dd/mm/yyyy)

For Manulife Use Only

For Sales Personnel/Wealth Specialist:

I declare that I have personally (1) checked the identity of institution against the identification documents submitted; (2) reviewed the original copies of these identification documents and attest that any photocopy of these that are attached to this application are true and faithful copy of the original; and (3) interviewed the authorized representatives before this application is submitted.

For Sales Personnel/Wealth Specialist:

Reviewed and received by:

Signature over Printed Name

Manulife Personnel Signature over Printed Name

 Distributor Code

 Date Signed (dd/mm/yyyy)

 Date Signed (dd/mm/yyyy)

Unit Investment Trust Funds are NOT DEPOSIT products and are not insured by the Philippine Deposit Insurance Corporation (PDIC) or by Manulife Investment Management and Trust Corporation, its parent company or its affiliates. These products have no guaranteed returns/yields. The performances of the funds and their underlying securities are not guaranteed and the value of funds may fluctuate and could be less than the capital invested. Any loss/income arising from market fluctuations and price volatility, even if invested in government securities, is for the account of the client/investor. Past performance, when presented, is purely for reference purposes and is not indicative of similar future result. Manulife Investment Management and Trust Corporation is not liable for losses except for gross negligence, willful fraud or bad faith of its officers, employees, or authorized representatives. Prospective investors are advised to read the Declaration of Trust for the Fund which may be obtained from the office of the Trustee, consult a Financial Advisor/Wealth Specialist and take the Client Suitability Assessment to determine the suitable Fund before proceeding with the investment.

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. 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. To know your rights under BSP Circular 1160 (Regulations on Financial Consumer Protection), please access a copy at the BSP website (www.bsp.gov.ph).

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Client Suitability Assessment

| | |
|--------------|-------------------------------|
| Account Name | Account No. (CIF Account No.) |
|--------------|-------------------------------|

The products and services offered by Manulife Investment Management and Trust Corporation (Trustee/Investment Manager) are not deposit accounts and are not insured by the Philippine Deposit Insurance Corporation (PDIC). These are not obligations of, and are not guaranteed or insured by the Trustee/Investment Manager, its parent company or affiliates and does not carry any guarantee on returns. Any loss/income is for the account of the client. The Trustee/Investment Manager is not liable for losses, except losses attributable to its willful default, bad faith and gross negligence.

This Client Suitability Assessment (CSA) is done prior to account opening and is intended to assist you in understanding your own ability and willingness to take risks based on your personal profile, financial situation, objective, time frame, preference, tolerance and experience while you decide on which investments may be suitable for you. This will continue to be applied for any subsequent principal contributions to the account, until such is amended or updated by the client. However, this is not intended to be a complete and full assessment, there might be other variables affecting your risk tolerance that are not taken into consideration, thus your final choice may be different based on further discussion with your Sales Personnel/Wealth Specialist. Your risk profile changes over time and we encourage you to do an assessment at least every three (3) years or as your needs and situation change.

Client Suitability Assessment

1. Which of the following best describes your current stage?
 - a. 18-35 years old with little financial burden
 - b. 18-35 years old with some financial burden
 - c. 36-55 years old with little financial burden
 - d. 36-55 years old with some financial burden
 - e. Above 55 years old with little financial burden
 - f. Above 55 years old with some financial burden

2. How many years of investment experience in financial markets (excluding mandatory pension scheme if any) do you have?
 - a. No experience (Note: If you chose this answer, your answer to Q3 should be "f" by default)
 - b. Less than 1 year
 - c. 1 year to less than 3 years
 - d. 3 years to less than 5 years
 - e. 5 years or above

3. Which of the following investment products have you invested in past 3 years? (Check all that applies)
 - a. Principal-protected products / Investment-grade Bonds
 - b. Foreign Currencies / Gold
 - c. Balanced Funds / Mixed Allocation Funds
 - d. Stocks / ETFs / Equity Yield Bond Funds
 - e. High Yield Bond funds / Hedge Funds / Derivatives / Leveraged products
 - f. None of above (Note: If your answer to Q2 was "a", this should be your answer by default)

4. In general, what is the time period intended for your financial investment?
 - a. Less than 1 year
 - b. 1 year to less than 3 years
 - c. 3 years to less than 5 years
 - d. 5 years to less than 8 years
 - e. 8 years or above

5. What is the price fluctuation on financial investment you can tolerate within one year?
 - a. around 5% (i.e. expected return similar to bank deposit)
 - b. around 10% (i.e. expected return a bit higher than bank deposit)
 - c. around 15% (i.e. expected return comparable to major stock markets)
 - d. around 25% (i.e. expected return better than major stock markets)
 - e. more than 25% (i.e. expected return far much better than major stock markets)

6. Which of the following best describes your overall investment objective?
 - a. Capital preservation - keep investment loss at a minimum with little concern on returns
 - b. Income orientation - earn a little income or beat inflation
 - c. Income-and-growth - achieve returns on the balance of modest income and capital appreciation
 - d. Growth orientation - aim at returns with focus on capital appreciation
 - e. Aggressive growth - look for maximum returns possibly from high-risk financial investments

This is to certify that the CSA process and the resultant risk profile have been clearly explained to me by my Wealth Specialist.

Account Owner/Authorized Signatory's
Printed Name and Signature

Date signed (dd/mm/yyyy)

Account Owner/Authorized Signatory's
Printed Name and Signature

Date signed (dd/mm/yyyy)

Account Owner/Authorized Signatory's
Printed Name and Signature

Date signed (dd/mm/yyyy)

For Wealth Specialist Use only

Form No. CSA-INST MIM PH (v.11/2025)

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Date signed (dd/mm/yyyy)

Sales Personnel/Wealth Specialist's Printed Name and Signature

Verified by:

I acknowledge that I have explained the CSA process and the resultant risk profile to the client.

| Type | Score | General Risk Profile Description |
|--------------|-----------|--|
| Conservative | 4-10 pts | Low capacity to assume risk, not willing to tolerate "noticeable downside market fluctuations" and are prepared to forego significant upside potential. A fund invested in primarily fixed income instruments may be suitable for you. |
| Moderate | 11-28 pts | Moderate risk tolerance, comfortable with modest short term capital losses and fluctuations in your investment in anticipation of higher return. A fund composed predominantly of fixed income instruments mixed with high-risk equities appears suitable for you. |
| Aggressive | 29-35 pts | Willing to assume a high level of risk and may be prepared to lose majority of your money in exchange for the highest possible return. You might prefer a fund allocation which is almost entirely biased towards equities and/or denominated in foreign currencies. |

Risk Profile Based on the Total Score:

IMPORTANT: If answer to Q6 is "A", risk rating should be capped at "Conservative" regardless of total score. If answer to Q6 is "B", risk rating should be capped at "Moderate", regardless of total score.

* Represents the sum of the score for each question

Your Score*:

| Question No. | A | B | C | D | E | F | Notes | Score |
|--------------|---|---|---|---|---|---|---|-------|
| Question 1 | 5 | 3 | 6 | 4 | 2 | 1 | | |
| Question 2 | 0 | 1 | 2 | 3 | 4 | | | |
| Question 3 | 1 | 2 | 3 | 5 | 7 | 0 | If answer to Q2 is "A", this should be "F". Otherwise, if client has multiple answers, choose the answer carrying the highest point only. | |
| Question 4 | 1 | 2 | 3 | 4 | 6 | | | |
| Question 5 | 1 | 2 | 3 | 5 | 7 | | | |
| Question 6 | 1 | 2 | 3 | 4 | 5 | | If answer is "A", risk rating should be "Conservative", regardless of total score. If answer is "B", risk rating should be capped at "Moderate", regardless of total score. | |

Assign the following points:

Client Waiver

| | |
|--------------|-------------------------------|
| Account Name | Account No. (CIF Account No.) |
|--------------|-------------------------------|

I/We note the result of the Client Suitability Assessment (CSA), classifies me as a(n) _____ investor. Nevertheless, I/we want to invest in the investment/product/portfolio which is different from and bears a higher risk than the recommended products based on the results of the CSA.

I/We do not agree with the recommendation of Manulife Investment Management and Trust Corporation on the investment product/portfolio/strategy appropriate to my/our profile based on the results of the CSA. I/We hereby waive such results and have decided to avail instead of another investment product/portfolio/strategy other than which is consistent with the results of the CSA. I/We fully understand and I/we am/are willing to take the risks incidental to the investment product or portfolio to be availed of. I/We expressly agree to exclusively bear the consequences of my/our conscious decision to invest in investments products/portfolio with higher risk. I/we am/are fully aware that this waiver effectively supersedes any objective procedure established by the CSA process I/we have gone through.

I/We hereby hold Manulife Investment Management and Trust Corporation, its directors, officers, staff and other authorized representatives free and harmless from any and all liabilities, actions and claims, and I/we hereby undertake to indemnify the same for any and all liabilities, losses, damages, costs and expenses which may result from my/our decision to avail of the investment product/portfolio/strategy with higher risks.

Investor's Signature over Printed Name
(Account Owner/Authorized Signatory)

Date signed (dd/mm/yyyy)

Investor's Signature over Printed Name
(Authorized Signatory)

Date signed (dd/mm/yyyy)

Investor's Signature over Printed Name
(Authorized Signatory)

Date signed (dd/mm/yyyy)

For Manulife Use Only

For Sales Personnel/Wealth Specialist:

For Manulife Personnel:

Signature over Printed Name

Signature over Printed Name

Distributor Code

Date Signed (dd/mm/yyyy)

Date Signed (dd/mm/yyyy)

Authorized Signatories Information Sheet for Institutions

| | |
|--------------|-------------------------------|
| Account Name | Account No. (CIF Account No.) |
|--------------|-------------------------------|

Any (number) _____ of following are hereby authorized to certify and/or sign documents in all business transactions of our company/business with the Fund:

Authorized Signatory 1

| | | | |
|--|--|---|--|
| Honorific <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____ | First Name | Middle Name | Last Name |
| ²⁰ SSS/GSIS No.:* <small>*Please provide details if available</small> | ²¹ Tax Identification No. (TIN):* | ²² Philippine Identification System No. (PhilSys No.) (if available) | ²³ For Foreign Nationals: ACR No. or Passport No. _____ Expiration Date: _____ |
| Present Address Floor/No., Building/Street, Subdivision / Village _____ Barangay/District, Town/City _____ Province/State, Country, Zip Code _____ | Permanent Address Floor/No., Building/Street, Subdivision / Village _____ Same as Present Address? <input type="checkbox"/> Yes <input type="checkbox"/> No Barangay/District, Town/City _____ Province/State, Country, Zip Code _____ | | |
| Date of Birth (dd/mm/yyyy) | Mobile Number () | City/Municipality of Birth | |
| Country of Birth | | Nationality/Citizenship/s (indicate all) | |
| Nature of Work / Business / Position | | Name of Employer / Business | |
| Source/s of Funds (check all that apply) <input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Savings <input type="checkbox"/> Sale of Asset <input type="checkbox"/> Gift <input type="checkbox"/> Investment <input type="checkbox"/> Remittance from <country> _____ <input type="checkbox"/> Others _____ | | | |
| Signature Specimen 1 | Signature Specimen 2 | Signature Specimen 3 | |

Authorized Signatory 2

| | | | |
|--|--|---|--|
| Honorific <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____ | First Name | Middle Name | Last Name |
| ²⁴ SSS/GSIS No.:* <small>*Please provide details if available</small> | ²⁵ Tax Identification No. (TIN):* | ²⁶ Philippine Identification System No. (PhilSys No.) (if available) | ²⁷ For Foreign Nationals: ACR No. or Passport No. _____ Expiration Date: _____ |
| Present Address Floor/No., Building/Street, Subdivision / Village _____ Barangay/District, Town/City _____ Province/State, Country, Zip Code _____ | Permanent Address Floor/No., Building/Street, Subdivision / Village _____ Same as Present Address? <input type="checkbox"/> Yes <input type="checkbox"/> No Barangay/District, Town/City _____ Province/State, Country, Zip Code _____ | | |
| Date of Birth (dd/mm/yyyy) | Mobile Number () | City/Municipality of Birth | |
| Country of Birth | | Nationality/Citizenship/s (indicate all) | |
| Nature of Work / Business / Position | | Name of Employer / Business | |
| Source/s of Funds (check all that apply) <input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Savings <input type="checkbox"/> Sale of Asset <input type="checkbox"/> Gift <input type="checkbox"/> Investment <input type="checkbox"/> Remittance from <country> _____ <input type="checkbox"/> Others _____ | | | |
| Signature Specimen 1 | Signature Specimen 2 | Signature Specimen 3 | |

Authorized Signatory 3

| | | | | |
|--|-------------------|--|-------------|---|
| Honorific <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____ | | First Name | Middle Name | Last Name |
| ²⁸ SSS/GSIS No.:* <small>*Please provide details if available</small> | | ²⁹ Tax Identification No. (TIN):* | | ³⁰ Philippine Identification System No. (PhilSys No.) (if available) |
| | | | | ³¹ For Foreign Nationals: ACR No. or Passport No. _____ Expiration Date: _____ |
| Present Address Floor/No., Building/Street, Subdivision / Village Barangay/District, Town/City Province/State, Country, Zip Code | | Permanent Address Floor/No., Building/Street, Subdivision / Village Same as Present Address? <input type="checkbox"/> Yes <input type="checkbox"/> No Barangay/District, Town/City Province/State, Country, Zip Code | | |
| Date of Birth (dd/mm/yyyy) | Mobile Number () | City/Municipality of Birth | | |
| Country of Birth | | Nationality/Citizenship/s (indicate all) | | |
| Nature of Work / Business / Position | | Name of Employer / Business | | |
| Source/s of Funds (check all that apply) <input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Savings <input type="checkbox"/> Sale of Asset <input type="checkbox"/> Gift <input type="checkbox"/> Investment <input type="checkbox"/> Remittance from <country> _____ <input type="checkbox"/> Others _____ | | | | |
| Signature Specimen 1 | | Signature Specimen 2 | | Signature Specimen 3 |

Authorized Signatory 4

| | | | | |
|--|-------------------|--|-------------|---|
| Honorific <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____ | | First Name | Middle Name | Last Name |
| ³² SSS/GSIS No.:* <small>*Please provide details if available</small> | | ³³ Tax Identification No. (TIN):* | | ³⁴ Philippine Identification System No. (PhilSys No.) (if available) |
| | | | | ³⁵ For Foreign Nationals: ACR No. or Passport No. _____ Expiration Date: _____ |
| Present Address Floor/No., Building/Street, Subdivision / Village Barangay/District, Town/City Province/State, Country, Zip Code | | Permanent Address Floor/No., Building/Street, Subdivision / Village Same as Present Address? <input type="checkbox"/> Yes <input type="checkbox"/> No Barangay/District, Town/City Province/State, Country, Zip Code | | |
| Date of Birth (dd/mm/yyyy) | Mobile Number () | City/Municipality of Birth | | |
| Country of Birth | | Nationality/Citizenship/s (indicate all) | | |
| Nature of Work / Business / Position | | Name of Employer / Business | | |
| Source/s of Funds (check all that apply) <input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Savings <input type="checkbox"/> Sale of Asset <input type="checkbox"/> Gift <input type="checkbox"/> Investment <input type="checkbox"/> Remittance from <country> _____ <input type="checkbox"/> Others _____ | | | | |
| Signature Specimen 1 | | Signature Specimen 2 | | Signature Specimen 3 |

Authorized Signatory 5

| | | | |
|---|--|---|---|
| Honorific <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____ | First Name | Middle Name | Last Name |
| ³⁶ SSS/GSIS No.:* <small>*Please provide details if available</small> | ³⁷ Tax Identification No. (TIN):* | ³⁸ Philippine Identification System No. (PhilSys No.) (if available) | ³⁹ For Foreign Nationals: ACR No. or Passport No. _____ Expiration Date: _____ |
| Present Address Floor/No., Building/Street, Subdivision / Village Barangay/District, Town/City Province/State, Country, Zip Code | Permanent Address Floor/No., Building/Street, Subdivision / Village Barangay/District, Town/City Province/State, Country, Zip Code Same as Present Address? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Date of Birth (dd/mm/yyyy) | Mobile Number () | City/Municipality of Birth | Nationality/Citizenship/s (indicate all) |
| Country of Birth | Name of Employer / Business | | |
| Nature of Work / Business / Position | Source/s of Funds (check all that apply) <input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Savings <input type="checkbox"/> Sale of Asset <input type="checkbox"/> Gift <input type="checkbox"/> Investment <input type="checkbox"/> Remittance from <country> _____ <input type="checkbox"/> Others _____ | | |

Signature Specimen 1

Signature Specimen 2

Signature Specimen 3

For Manulife Use Only

For Sales Personnel/Wealth Specialist:

I declare that I have personally checked the identity of the authorized signatories against the identification documents provided.

For Sales Personnel/Wealth Specialist:

Reviewed and received by:

Signature over Printed Name

Manulife Personnel Signature over Printed Name

Distributor Code

Date Signed (dd/mm/yyyy)

Date Signed (dd/mm/yyyy)

Certification of Beneficial Owners

Account Information

To be filled out by the Sales Personnel/Wealth Specialist:

| | |
|--|-------------------------------|
| Account Name | Account No. (CIF Account No.) |
| Name of Legal Entity for which the Account is being opened, if applicable: | |

Beneficial Owner Information

To be filled out by the Account Owner. Individual applicant-owner and the authorized signatory/ies availing trust and/or investment management products and services on behalf of a legal entity must provide the following information:

Beneficial Owner 1: _____ % of Ownership

| | | | |
|---|---------------------------|--|--|
| Name (First Name, Middle Name, Last Name): | | Date of Birth (dd/mm/yyyy) | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female |
| City/Municipality of Birth | Country of Birth | Citizenship/Nationality | |
| Present Address (Number, Street, Apartment/Suite No., Barangay/Town, Municipality/City, State, Country, ZIP Code) | | | |
| Tax Identification No. | Nature of Work | Source/s of Funds (check all that apply) <input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Savings <input type="checkbox"/> Sale of Asset <input type="checkbox"/> Gift/Inheritance <input type="checkbox"/> Remittance from <country> <input type="checkbox"/> Others: | |
| Acceptable ID No. | Acceptable ID Description | Country of Issuance | Expiry Date (dd/mm/yyyy) |

Beneficial Owner 2: _____ % of Ownership

| | | | |
|---|---------------------------|--|--|
| Name (First Name, Middle Name, Last Name): | | Date of Birth (dd/mm/yyyy) | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female |
| City/Municipality of Birth | Country of Birth | Citizenship/Nationality | |
| Present Address (Number, Street, Apartment/Suite No., Barangay/Town, Municipality/City, State, Country, ZIP Code) | | | |
| Tax Identification No. | Nature of Work | Source/s of Funds (check all that apply) <input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Savings <input type="checkbox"/> Sale of Asset <input type="checkbox"/> Gift/Inheritance <input type="checkbox"/> Remittance from <country> <input type="checkbox"/> Others: | |
| Acceptable ID No. | Acceptable ID Description | Country of Issuance | Expiry Date (dd/mm/yyyy) |

Beneficial Owner 3: _____ % of Ownership

| | | | |
|---|---------------------------|--|--|
| Name (First Name, Middle Name, Last Name): | | Date of Birth (dd/mm/yyyy) | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female |
| City/Municipality of Birth | Country of Birth | Citizenship/Nationality | |
| Present Address (Number, Street, Apartment/Suite No., Barangay/Town, Municipality/City, State, Country, ZIP Code) | | | |
| Tax Identification No. | Nature of Work | Source/s of Funds (check all that apply) <input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Savings <input type="checkbox"/> Sale of Asset <input type="checkbox"/> Gift/Inheritance <input type="checkbox"/> Remittance from <country> <input type="checkbox"/> Others: | |
| Acceptable ID No. | Acceptable ID Description | Country of Issuance | Expiry Date (dd/mm/yyyy) |

Note: Fill this out if there are no Beneficial Owner/s with at least 20% ownership.

Managing Officials with effective control

Please tick the box of the senior managing officials who exercise effective control of the company:

CEO Chief Operating Officer General Partner
 President Treasurer Vice President
 Chief Financial Officer Managing Member Others (please specify): _____

Managing Official 1

| | | | |
|---|---------------------------|--|--|
| Name (First Name, Middle Name, Last Name): | | Date of Birth (dd/mm/yyyy) | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female |
| City/Municipality of Birth | Country of Birth | Citizenship/Nationality | |
| Present Address (Number, Street, Apartment/Suite No., Barangay/Town, Municipality/City, State, Country, ZIP Code) | | | |
| Tax Identification No. | Nature of Work | Source/s of Funds (check all that apply) <input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Savings <input type="checkbox"/> Sale of Asset <input type="checkbox"/> Gift/Inheritance <input type="checkbox"/> Remittance from <country> <input type="checkbox"/> Others: | |
| Acceptable ID No. | Acceptable ID Description | Country of Issuance | Expiry Date (dd/mm/yyyy) |

Managing Official 2

| | | | |
|---|---------------------------|--|--|
| Name (First Name, Middle Name, Last Name): | | Date of Birth (dd/mm/yyyy) | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female |
| City/Municipality of Birth | Country of Birth | Citizenship/Nationality | |
| Present Address (Number, Street, Apartment/Suite No., Barangay/Town, Municipality/City, State, Country, ZIP Code) | | | |
| Tax Identification No. | Nature of Work | Source/s of Funds (check all that apply) <input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Savings <input type="checkbox"/> Sale of Asset <input type="checkbox"/> Gift/Inheritance <input type="checkbox"/> Remittance from <country> <input type="checkbox"/> Others: | |
| Acceptable ID No. | Acceptable ID Description | Country of Issuance | Expiry Date (dd/mm/yyyy) |

Information About the Form

The 2018 Revised Implementing Rules and Regulations of the Anti-Money Laundering Act of 2001, as amended, requires Covered Persons to obtain certain information from the individual applicant-owner and institutional client availing trust and/or investment products and services. Beneficial Owner refers to any natural person(s) who ultimately owns or controls a customer and/or on whose behalf a transaction is being conducted; or those who has ultimate effective control over a juridical person or legal arrangement. Ultimate effective control refers to situation in which ownership/control is exercised through actual or a chain of ownership or by means other than direct control.

Beneficial owner shall be:

1. Natural persons, if any, who ultimately have controlling ownership interest in a juridical person.

A shareholding or ownership interest of at least twenty percent (20%) in the customer held by a natural person shall be an indication of direct ownership. A shareholding or ownership interest of at least twenty percent (20%) in the customer held by a corporate entity, which is under the control of a natural person(s), or by multiple corporate entities, which are under the control of the same natural person(s), shall be an indication of indirect ownership.

2. Natural persons, with significant responsibility to control, manage, or direct a juridical person customer, including an executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer); or any other natural person who regularly performs similar functions.

Client Certification and Authorization

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 www.manulifeim.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 (dd/mm/yyyy)

Date Signed (dd/mm/yyyy)

Authorized Signatory's Signature over Printed Name

Date Signed (dd/mm/yyyy)

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. 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. To know your rights under BSP Circular No. 1160 (Regulations on Financial Consumer Protection), please access a copy at the BSP website (www.bsp.gov.ph).

Manulife, Manulife Investment Management, and Manulife Investment Management & Block Design are trademarks of The Manufacturers Life Insurance Company and are used by it, and by its affiliates under license.

Prior to making an investment, Manulife Investment Management and Trust Corporation is hereby informing you of the nature of its Unit Investment Trust Funds (UITFs) and the securities they may invest in, and the risks involved in investing therein. As investments generally carry different degrees of risk, it is necessary that before you make any investment, you should have:

1. fully understood the nature of the securities/investment vehicles/UITFs you will be investing in and the extent of your exposure to risks;
2. read this Risk Disclosure Statement completely; and
3. independently determined that investment in said securities/investment vehicles/UITFs is appropriate for you.

There are risks involved in investing in various securities because the value of your investment may fluctuate depending on market circumstances. For UITFs in particular, the value of your investment is based on the Net Asset Value per Unit (NAVPU) of the Fund, which uses a marked-to-market valuation and therefore may fluctuate daily. The Net Asset Value (NAV) is derived from the summation of the market value of the underlying securities of the Fund plus accrued interest income less liabilities and qualified expenses.

INVESTMENT IN FUNDS DOES NOT PROVIDE GUARANTEED RETURNS EVEN IF THE FUNDS ARE INVESTED IN GOVERNMENT SECURITIES AND HIGH-GRADE PRIME INVESTMENT OUTLETS. YOUR PRINCIPAL AND EARNINGS FROM INVESTMENT IN THE FUNDS CAN BE LOST IN WHOLE OR IN PART WHEN THE NAVPU AT THE TIME OF REDEMPTION IS LOWER THAN THE NAVPU AT THE TIME OF PARTICIPATION. GAINS FROM INVESTMENT IN THE UITFS ARE REALIZED WHEN THE NAVPU AT THE TIME OF REDEMPTION IS HIGHER THAN THE NAVPU AT THE TIME OF PARTICIPATION.

Your investment in any security through Manulife Investment Management and Trust Corporation's various investment vehicles, segregated portfolios and UITFs exposes you to the various types of risks enumerated and defined hereunder:

INTEREST RATE RISK. This is the possibility for an investor to experience losses due to changes in interest rates. The purchase and sale of a debt instrument may result in profit or loss because the value of a debt instrument changes inversely with prevailing interest rates.

The Fund's portfolio, being marked-to-market, is affected by changes in interest rates thereby affecting the value of fixed income investments such as bonds. Interest rate changes may affect the prices of fixed income securities inversely, e.g. as interest rates rise, bond prices fall and when interest rates decline, bond prices rise. As the prices of bonds in a portfolio adjust to a rise in interest rate, the portfolio's market value may decline.

Risk Disclosure Statement

MARKET/PRICE RISK. This is the possibility for an investor to experience losses due to changes in market prices of securities (e.g. bonds and equities). It is the exposure to the uncertain market value of a portfolio due to price fluctuations.

The value of investments fluctuates over a given time period because of general market conditions, economic changes or other events that impact large portions of the market such as political events, natural calamities, etc. Fixed income securities, which are not held until they mature, are subject to this risk. In the case of UITFs, the Fund may gain/lose due to increase/decline in security prices, which may sometimes happen rapidly or unpredictably, hence, the NAVPU may increase to make profit or decrease to incur loss.

LIQUIDITY RISK. This is the possibility for an investor to experience losses due to the inability to sell or convert assets into cash immediately or in instances where conversion to cash is possible but at a loss. These may be caused by different reasons such as trading in securities with small or few outstanding issues, absence of buyers, limited buy/sell activity, restricted redemption periods, or underdeveloped capital markets.

Liquidity risk occurs when certain securities in the Fund may be difficult or impossible to sell at a particular time which may prevent the withdrawal/redemption of investments until its assets can be converted to cash. Even government securities which are the most liquid of fixed income securities may be subjected to liquidity risk particularly if a sizeable volume is involved.

CREDIT RISK/DEFAULT RISK. This is the possibility for an investor to experience losses due to a borrower's failure to pay principal and/or interest in a timely manner on instruments such as bonds, loans, or other forms of security which the borrower issued. This inability of the borrower to make good on its financial obligations may have resulted from adverse changes in its financial condition, thus, lowering credit quality of the security, and consequently lowering the price (market/price risk) which contributes to the difficulty in selling such security. It also includes risk of a counterparty (a party the Fund Manager trades with) defaulting on a contract to deliver its obligation either in cash or securities.

This is the risk of losing value in the Fund in the event the borrower defaults on his obligation or in the case of counterparty, when it fails to deliver on the agreed trade. This decline in the value of the Fund/Portfolio happens because the default /failure would make the price of the security go down and may make the security difficult to sell. As these happen, the NAVPU of a Fund may decline.

REINVESTMENT RISK. This is the risk associated with the possibility of having lower returns or earnings when maturing funds or the interest earnings of funds are reinvested.

UITF investors who redeem and realize their gains run the risk of reinvesting their funds in an alternative investment outlet with lower yields. Similarly, Manulife Investment Management and Trust Corporation is faced with the risk of not being able to find good or better alternative investment outlets as some of the securities in the Fund matures.

OFFSETTING/HEDGING RISK. This is the possibility for an investor to experience losses brought about by the inherent risks which the underlying investment is exposed to despite the use of a hedging instrument.

Hedging is the act of reducing the exposure of the underlying investment from its risks. In order for hedging to be effective, the prices of the hedging instruments and the underlying investment should normally move in opposite directions.

There is no guarantee, however, that the effectiveness of a hedging instrument shall remain throughout the term of the underlying investment. Should the hedging instrument become ineffective, liquidating this based on market prices may result to losses.

In case of a foreign currency-denominated security or a peso-denominated fund that is allowed to invest in securities denominated in currencies other than its base currency, the segregated portfolio and the fund are also exposed to the following risks:

FOREIGN EXCHANGE RISK. This is the possibility for an investor to experience losses due to fluctuations in foreign exchange rates. The exchange rates depend upon a variety of global and local factors, e.g. interest rates, economic performance, and political developments.

It is the risk of a security to currency fluctuations when the value of investments in securities denominated in currencies other than the base currency of the security depreciates. Conversely, it is the risk of the security to lose value when the base currency of the security appreciates. The NAVPU of a peso-denominated UITF invested in foreign currency-denominated securities may decrease to incur loss when the peso appreciates.

COUNTRY RISK. This is the possibility for an investor to experience losses arising from investments in securities issued by/in foreign countries due to the political, economic and social structures of such countries. There are risks in foreign investments due to the possible internal and external conflicts, currency devaluations, foreign ownership limitations and tax increases of the foreign country involved which are difficult to predict but must be taken into account in making such investments.

Likewise, brokerage commissions and other fees may be higher in foreign securities. Government supervision and regulation of foreign stock exchanges, currency markets, trading systems and brokers may be less than those in the Philippines. The procedures and rules governing foreign transactions and custody of securities may also involve delays in payment, delivery or recovery of investments.

OTHER RISKS. Your Fund may be further exposed to the risk of any actual or potential conflicts of interest in the handling of in-house or related party transactions by Manulife Investment Management and Trust Corporation. These transactions may include purchase of own-institution or affiliate obligations; purchase of assets from or sales to own institution, directors, officers, subsidiaries, affiliates or other related interests/parties; or purchases or sales between fiduciary/managed accounts.

I HAVE COMPLETELY READ AND FULLY UNDERSTOOD THIS RISK DISCLOSURE STATEMENT AND THE SAME WAS CLEARLY EXPLAINED TO ME BY A MANULIFE INVESTMENT MANAGEMENT AND TRUST CORPORATION SALES PERSONNEL/WEALTH SPECIALIST BEFORE I AFFIXED MY SIGNATURE HEREIN. I HEREBY VOLUNTARILY AND WILLINGLY AGREE TO COMPLY WITH ANY AND ALL LAWS, REGULATIONS, THE PLAN RULES/PROSPECTUS, WRITTEN TRUST/OTHER FIDUCIARY/INVESTMENT MANAGEMENT AGREEMENT, TERMS AND CONDITIONS GOVERNING MY INVESTMENT.

Investor's Signature over Printed Name
(Account Owner/Authorized Signatory)

Date signed (dd/mm/yyyy)

Investor's Signature over Printed Name
(Authorized Signatory)

Date signed (dd/mm/yyyy)

Investor's Signature over Printed Name
(Authorized Signatory)

Date signed (dd/mm/yyyy)

For Manulife Use Only

I acknowledge that I have (1) advised the client to read this Risk Disclosure Statement; (2) encouraged the client to ask questions on matters contained in this Risk Disclosure Statement, and (3) fully explained the same to the client.

Sales Personnel/Wealth Specialist's Signature and Printed Name

Distributor Code

Date signed (dd/mm/yyyy)

Unit Investment Trust Funds Omnibus Participating Trust Agreement (Trustee's Copy)

| | |
|--------------|-------------------------------|
| Account Name | Account No. (CIF Account No.) |
|--------------|-------------------------------|

The Participant, as TRUSTOR, through this Omnibus Participating Trust Agreement (the "Agreement"), hereby agrees to participate in the Manulife Investment Management and Trust Corporation Unit Investment Trust Fund/s (the "Fund/s") it has duly selected based on its Client Suitability Assessment (CSA)/Investment Policy Statement (IPS) OR in accordance with its risk appetite as supported by the Client Waiver it has executed established and administered by Manulife Investment Management and Trust Corporation (the "TRUSTEE"). The TRUSTOR also agrees that its initial contribution and subsequent contributions to Fund/s are subject to the approval of the TRUSTEE after which an evidence of participation shall be issued to the TRUSTOR; and that prior to approval, the TRUSTEE shall not be liable to the TRUSTOR for any loss arising from market fluctuations and price volatility of the securities held by the FUND/s.

It is expressly understood and agreed that this Agreement is subject to, and does not amend, modify or limit, the respective Fund/s' Declaration/s of Trust (the "Plan Rules"). As such, the TRUSTOR, hereby explicitly acknowledges having read and fully understood the Plan Rules pertaining to its investment/s and is amenable to all the terms and conditions contained therein. The TRUSTOR also confirms and certifies that the Fund/s is/are suitable to its investment requirements.

The TRUSTOR and the TRUSTEE likewise agree as follows:

- Participation and Redemption.** Participation in the Fund/s and redemption of such participation shall be allowed only on the basis of the net asset value of each participation unit (the "NAVPU") determined in accordance with the applicable Plan Rules. The TRUSTOR's investment in each Fund shall be expressed in terms of number of units of participation as appearing in the TRUSTOR's evidence of participation.

As its participation, the TRUSTOR shall transfer, convey and pay unto the TRUSTEE, such amount representing the value of the units as indicated in the TRUSTOR's evidence of participation, in the currency likewise indicated therein.

The TRUSTOR may redeem its participation in a Fund through means allowed under the TRUSTEE's policy. Participation and redemption shall be allowed only at such times as provided in the applicable Plan Rules.

As the participation and redemption of such participation are subject to certain documentary requirements, the NAVPU that will be applicable to the TRUSTOR's participation or redemption shall depend on the date the participation is actually approved or when the redemption is actually processed.
- Client Suitability.** Prior to the acceptance of participation, the TRUSTEE shall perform client suitability, through Client Suitability Assessment forms, which shall be acknowledged and signed by the TRUSTOR. Notwithstanding the investor classification/risk profiling made by the TRUSTEE of the TRUSTOR through the CSA, the TRUSTOR may waive the results of the CSA and invest in a Fund which bears a higher risk through the accomplishment of the Client Waiver.
- Disclosure of Risks.** The TRUSTOR confirms that it has read and understood the Risk Disclosure Statement prior to executing and agreeing to be bound by this Agreement.
- Administration and Investment of Each Fund.** Each Fund, which is the pool of trust funds from the participating trustors thereof, shall be managed, administered and invested by the TRUSTEE under the operation of the applicable Plan Rules.
- Disclosure of Investment Outlets.** TRUSTEE shall make available for the information of any interested participant a list of prospective and outstanding investment outlets for each Fund, which list shall be updated at least quarterly.
- Compensation.** As compensation for the TRUSTEE services, it shall be entitled to compensation as provided in the applicable Plan Rules.
- Liability of TRUSTEE.** Save that attributable to the TRUSTEE's fraud, willful default, evident bad faith or gross negligence, the TRUSTEE shall not be liable for any loss or depreciation in the value of the Fund/s or in the value of the TRUSTOR's units of participation in the Fund/s arising from any act done by the TRUSTEE pursuant to the terms hereof and the applicable Plan Rules. Neither shall the TRUSTEE be liable for refraining to do any act where such inaction in the good faith judgment of the TRUSTEE is necessary and appropriate for the proper and advantageous administration and management of the Fund/s.
- Amendments.** This Agreement shall be deemed automatically modified as and when the Plan Rules are amended by the TRUSTEE in order to comply with applicable laws and/or Bangko Sentral ng Pilipinas regulations and for such other purposes as may be deemed proper by the TRUSTEE.
- Term of Agreement.** This Agreement shall continue and remain in force until the termination of the Fund/s in accordance with the Plan Rules or with laws or regulations then existing.
- Reference Documents.** The terms and conditions in the Plan Rules, Risk Disclosure Statement, Client Suitability Assessment, the Client Waiver and the evidence of participation are incorporated herein by reference, restated herein and shall form integral parts hereof. In executing this Agreement, the TRUSTOR represents that it has carefully read and fully understood the same documents and that it has agreed to be bound by all terms and conditions thereof. In case of inconsistencies, the provisions of the Plan Rules shall prevail over those of this Agreement and the other reference documents.
- Evidence of Participation.** Contributions of the TRUSTOR into any of the Funds shall be evidenced by a separate Confirmation of Participation or Statement of Account, which is issued by the TRUSTEE for this purpose. Any evidence of participation is non-negotiable and serves only to confirm the units purchased as of its date. The possession of the original copy of any evidence of participation does not constitute proof that the units appearing therein remain outstanding. The TRUSTOR's outstanding units shall be based on the books and records of the TRUSTEE. The TRUSTEE reserves the right to require the prior surrender of any evidence of participation upon redemption of units. Notwithstanding the requirement for surrender, mere possession of the evidence of participation shall not be presumed or deemed as proof of non-payment of the participation.

12. Cooling-Off Provision. The participant of the Fund may avail of the cooling-off period of two (2) business days immediately following the approval of its participation in the Fund without penalty, subject to submission of a written notice to the TRUSTEE during the cooling-off period. The settlement amount shall be calculated based on the NAVPU of the Fund to be released on the immediately succeeding business day following receipt of the notice to avail of the cooling-off period.

13. Freezing of Account. The TRUSTEE shall have the right, in its sole discretion, but without any obligation to do so, to freeze the Account without incurring any liability to the TRUSTOR for any of the following instances:

- the Account is the subject of an ongoing investigation for suspicious transaction, cybercrime, identity theft, estafa, fraud and financial crimes;
- there is an unsettled claim or dispute related to the Account;
- the TRUSTEE is notified of the death of the TRUSTOR and the claimants have not yet fully complied with the TRUSTEE's settlement requirements; or
- the TRUSTEE received a notice or order from a court or other competent authority or written instruction from the Anti Money Laundering Council (AMLC) or other government or regulatory body to freeze the Account.

The TRUSTOR hereby agrees to fully indemnify and hold the TRUSTEE, its directors, officers, employees, and other authorized representatives free and harmless against any and all liabilities, whether civil, criminal, or administrative, which the TRUSTEE, its directors, officers, employees, and representatives, or any of them may incur or suffer in connection with the TRUSTEE's act of freezing the Account or the pursuit of any such action which the TRUSTEE considers appropriate.

14. Privacy Consent Clause. The Trustee collects and uses the Trustor's personal and sensitive information to carry on its trust and fiduciary business. By signing this form and continuing to avail of the Trustee's products and services, the Trustor agrees that the information it has provided and any subsequent changes to it can be processed, shared, disclosed, transferred or used by the Trustee, including its shareholders, directors, and employees, affiliates, subsidiaries, business partners, any member of the Manulife Financial Group, (including those located overseas), advisors, Sales Personnel/Wealth Specialists, 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 www.manulifeim.com.ph/customer-privacy-policy for purposes of:

- approving the Trustor's 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 the Trustee's business partners), promoting, getting feedback on the Trustee's 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 Trustee's internal purposes such as governance, risk, and underwriting management, and reporting; and
- for other reasonable purposes related to the service provided.

The Trustor will not unreasonably cancel its consent which could result to the Trustee or any member of the Manulife Group violating any law, rules, regulations or guidelines or its obligation under any contract or commitment with local or foreign regulators, governmental bodies or industry recognized bodies (whether within or outside the Philippines).

For the Trustor's personal and sensitive information which it has provided to the Trustee, it is allowing the Trustee to keep these in line with its records retention policy. The Trustor will not hold the Trustee responsible for any claim, loss, liability and cost as a result of using such information for valid purposes.

15. The TRUSTOR acknowledges that:

- **The Fund/s is a Trust product and not a deposit account, and is not insured nor governed by the Philippine Deposit Insurance Commission;**
- **The Fund/s is not an obligation of, nor guaranteed, nor insured by the Trust entity or its affiliates or subsidiaries;**
- **Due to the nature of the investments of the Fund/s, the returns/yields cannot be guaranteed. Historical performance, when presented, is purely for reference purposes and is not a guarantee of similar future performance;**
- **Any losses and income arising from market fluctuations and price volatility of the securities held by the Fund/s, even if invested in government securities, are for the account of the TRUSTOR. As such, the units of participation of the TRUSTOR in the Fund/s, when redeemed, may be worth more or worth less than his/her initial investment/contribution;**
- **The TRUSTEE is not liable for losses unless upon willful default, bad faith, or gross negligence;**
- **The investor must read the complete details of the fund in the Fund/s' plan, make his/her own risk assessment, and when necessary, seek an independent/professional opinion before making an investment.**

Agreed and accepted by:

Investor's Printed Name and Signature (Account Owner/Authorized Signatory)

Date signed (dd/mm/yyyy)

Investor's Printed Name and Signature (Authorized Signatory)

Date signed (dd/mm/yyyy)

Investor's Printed Name and Signature (Authorized Signatory)

Date signed (dd/mm/yyyy)

For and in behalf of Manulife Investment Management and Trust Corporation:

Sales Personnel/Wealth Specialist's Printed Name and Signature

Date signed (dd/mm/yyyy)

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Unit Investment Trust Funds Omnibus Participating Trust Agreement (Client's Copy)

| | |
|--------------|-------------------------------|
| Account Name | Account No. (CIF Account No.) |
|--------------|-------------------------------|

The Participant, as TRUSTOR, through this Omnibus Participating Trust Agreement (the "Agreement"), hereby agrees to participate in the Manulife Investment Management and Trust Corporation Unit Investment Trust Fund/s (the "Fund/s") it has duly selected based on its Client Suitability Assessment (CSA)/Investment Policy Statement (IPS) OR in accordance with its risk appetite as supported by the Client Waiver it has executed established and administered by Manulife Investment Management and Trust Corporation (the "TRUSTEE"). The TRUSTOR also agrees that its initial contribution and subsequent contributions to Fund/s are subject to the approval of the TRUSTEE after which an evidence of participation shall be issued to the TRUSTOR; and that prior to approval, the TRUSTEE shall not be liable to the TRUSTOR for any loss arising from market fluctuations and price volatility of the securities held by the FUND/s.

It is expressly understood and agreed that this Agreement is subject to, and does not amend, modify or limit, the respective Fund/s' Declaration/s of Trust (the "Plan Rules"). As such, the TRUSTOR, hereby explicitly acknowledges having read and fully understood the Plan Rules pertaining to its investment/s and is amenable to all the terms and conditions contained therein. The TRUSTOR also confirms and certifies that the Fund/s is/are suitable to its investment requirements.

The TRUSTOR and the TRUSTEE likewise agree as follows:

- Participation and Redemption.** Participation in the Fund/s and redemption of such participation shall be allowed only on the basis of the net asset value of each participation unit (the "NAVPU") determined in accordance with the applicable Plan Rules. The TRUSTOR's investment in each Fund shall be expressed in terms of number of units of participation as appearing in the TRUSTOR's evidence of participation.

As its participation, the TRUSTOR shall transfer, convey and pay unto the TRUSTEE, such amount representing the value of the units as indicated in the TRUSTOR's evidence of participation, in the currency likewise indicated therein.

The TRUSTOR may redeem its participation in a Fund through means allowed under the TRUSTEE's policy. Participation and redemption shall be allowed only at such times as provided in the applicable Plan Rules.

As the participation and redemption of such participation are subject to certain documentary requirements, the NAVPU that will be applicable to the TRUSTOR's participation or redemption shall depend on the date the participation is actually approved or when the redemption is actually processed.
- Client Suitability.** Prior to the acceptance of participation, the TRUSTEE shall perform client suitability, through Client Suitability Assessment forms, which shall be acknowledged and signed by the TRUSTOR. Notwithstanding the investor classification/risk profiling made by the TRUSTEE of the TRUSTOR through the CSA, the TRUSTOR may waive the results of the CSA and invest in a Fund which bears a higher risk through the accomplishment of the Client Waiver.
- Disclosure of Risks.** The TRUSTOR confirms that it has read and understood the Risk Disclosure Statement prior to executing and agreeing to be bound by this Agreement.
- Administration and Investment of Each Fund.** Each Fund, which is the pool of trust funds from the participating trustors thereof, shall be managed, administered and invested by the TRUSTEE under the operation of the applicable Plan Rules.
- Disclosure of Investment Outlets.** TRUSTEE shall make available for the information of any interested participant a list of prospective and outstanding investment outlets for each Fund, which list shall be updated at least quarterly.
- Compensation.** As compensation for the TRUSTEE services, it shall be entitled to compensation as provided in the applicable Plan Rules.
- Liability of TRUSTEE.** Save that attributable to the TRUSTEE's fraud, willful default, evident bad faith or gross negligence, the TRUSTEE shall not be liable for any loss or depreciation in the value of the Fund/s or in the value of the TRUSTOR's units of participation in the Fund/s arising from any act done by the TRUSTEE pursuant to the terms hereof and the applicable Plan Rules. Neither shall the TRUSTEE be liable for refraining to do any act where such inaction in the good faith judgment of the TRUSTEE is necessary and appropriate for the proper and advantageous administration and management of the Fund/s.
- Amendments.** This Agreement shall be deemed automatically modified as and when the Plan Rules are amended by the TRUSTEE in order to comply with applicable laws and/or Bangko Sentral ng Pilipinas regulations and for such other purposes as may be deemed proper by the TRUSTEE.
- Term of Agreement.** This Agreement shall continue and remain in force until the termination of the Fund/s in accordance with the Plan Rules or with laws or regulations then existing.
- Reference Documents.** The terms and conditions in the Plan Rules, Risk Disclosure Statement, Client Suitability Assessment, the Client Waiver and the evidence of participation are incorporated herein by reference, restated herein and shall form integral parts hereof. In executing this Agreement, the TRUSTOR represents that it has carefully read and fully understood the same documents and that it has agreed to be bound by all terms and conditions thereof. In case of inconsistencies, the provisions of the Plan Rules shall prevail over those of this Agreement and the other reference documents.
- Evidence of Participation.** Contributions of the TRUSTOR into any of the Funds shall be evidenced by a separate Confirmation of Participation or Statement of Account, which is issued by the TRUSTEE for this purpose. Any evidence of participation is non-negotiable and serves only to confirm the units purchased as of its date. The possession of the original copy of any evidence of participation does not constitute proof that the units appearing therein remain outstanding. The TRUSTOR's outstanding units shall be based on the books and records of the TRUSTEE. The TRUSTEE reserves the right to require the prior surrender of any evidence of participation upon redemption of units. Notwithstanding the requirement for surrender, mere possession of the evidence of participation shall not be presumed or deemed as proof of non-payment of the participation.

12. Cooling-Off Provision. The participant of the Fund may avail of the cooling-off period of two (2) business days immediately following the approval of its participation in the Fund without penalty, subject to submission of a written notice to the TRUSTEE during the cooling-off period. The settlement amount shall be calculated based on the NAVPU of the Fund to be released on the immediately succeeding business day following receipt of the notice to avail of the cooling-off period.

13. Freezing of Account. The TRUSTEE shall have the right, in its sole discretion, but without any obligation to do so, to freeze the Account without incurring any liability to the TRUSTOR for any of the following instances:

- the Account is the subject of an ongoing investigation for suspicious transaction, cybercrime, identity theft, estafa, fraud and financial crimes;
- there is an unsettled claim or dispute related to the Account;
- the TRUSTEE is notified of the death of the TRUSTOR and the claimants have not yet fully complied with the TRUSTEE's settlement requirements; or
- the TRUSTEE received a notice or order from a court or other competent authority or written instruction from the Anti Money Laundering Council (AMLC) or other government or regulatory body to freeze the Account.

The TRUSTOR hereby agrees to fully indemnify and hold the TRUSTEE, its directors, officers, employees, and other authorized representatives free and harmless against any and all liabilities, whether civil, criminal, or administrative, which the TRUSTEE, its directors, officers, employees, and representatives, or any of them may incur or suffer in connection with the TRUSTEE's act of freezing the Account or the pursuit of any such action which the TRUSTEE considers appropriate.

14. Privacy Consent Clause. The Trustee collects and uses the Trustor's personal and sensitive information to carry on its trust and fiduciary business. By signing this form and continuing to avail of the Trustee's products and services, the Trustor agrees that the information it has provided and any subsequent changes to it can be processed, shared, disclosed, transferred or used by the Trustee, including its shareholders, directors, and employees, affiliates, subsidiaries, business partners, any member of the Manulife Financial Group, (including those located overseas), advisors, Sales Personnel/Wealth Specialists, 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 www.manulifeim.com.ph/customer-privacy-policy for purposes of:

- approving the Trustor's 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 the Trustee's business partners), promoting, getting feedback on the Trustee's 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 Trustee's internal purposes such as governance, risk, and underwriting management, and reporting; and
- for other reasonable purposes related to the service provided.

The Trustor will not unreasonably cancel its consent which could result to the Trustee or any member of the Manulife Group violating any law, rules, regulations or guidelines or its obligation under any contract or commitment with local or foreign regulators, governmental bodies or industry recognized bodies (whether within or outside the Philippines).

For the Trustor's personal and sensitive information which it has provided to the Trustee, it is allowing the Trustee to keep these in line with its records retention policy. The Trustor will not hold the Trustee responsible for any claim, loss, liability and cost as a result of using such information for valid purposes.

15. The TRUSTOR acknowledges that:

- **The Fund/s is a Trust product and not a deposit account, and is not insured nor governed by the Philippine Deposit Insurance Commission;**
- **The Fund/s is not an obligation of, nor guaranteed, nor insured by the Trust entity or its affiliates or subsidiaries;**
- **Due to the nature of the investments of the Fund/s, the returns/yields cannot be guaranteed. Historical performance, when presented, is purely for reference purposes and is not a guarantee of similar future performance;**
- **Any losses and income arising from market fluctuations and price volatility of the securities held by the Fund/s, even if invested in government securities, are for the account of the TRUSTOR. As such, the units of participation of the TRUSTOR in the Fund/s, when redeemed, may be worth more or worth less than his/her initial investment/contribution;**
- **The TRUSTEE is not liable for losses unless upon willful default, bad faith, or gross negligence;**
- **The investor must read the complete details of the fund in the Fund/s' plan, make his/her own risk assessment, and when necessary, seek an independent/professional opinion before making an investment.**

Agreed and accepted by:

Investor's Printed Name and Signature (Account Owner/Authorized Signatory)

Date signed (dd/mm/yyyy)

Investor's Printed Name and Signature (Authorized Signatory)

Date signed (dd/mm/yyyy)

Investor's Printed Name and Signature (Authorized Signatory)

Date signed (dd/mm/yyyy)

For and in behalf of Manulife Investment Management and Trust Corporation:

Sales Personnel/Wealth Specialist's Printed Name and Signature

Date signed (dd/mm/yyyy)