LETTER OF INSTRUCTION Investment Management Inc. BPI Investment Management, Inc. Date 19th Floor BPI Buendia Center Sen. Gil Puyat Ave., Makati City Thru: BIMI Certified Investment Solicitor In reference to my/our Mutual Fund Account with account number/s: ______under the name/s of: (List all names if "and/or" account) 1. _______3. ______ I/We would like to request for: (please check the appropriate item) [] CHANGE OF CONTACT INFORMATION: [] Mailing Address [] Email [] Telephone Number Current Information: New Information: [] CHANGE OF ACCOUNT NAME/S: (List all names if "and/or" account) [] CHANGE OF SIGNATORIES (for corporate account only) For Individual & Joint Accounts For Corporate Accounts LOI signed by the client/s (all signatures required if "and/or" · LOI signed by the signatory/ies. Amended Customer Referral Sheet signed by all authorized signatories For a change in "Corporate Name," the corresponding: (1) Amended Certificate of Registration; and (2) Board Resolution or Secretary's Certificate Amended Customer Information Sheet signed by the client/s (all signatures required if "and/or" account). To add a signatory/ies, the signature card/s of the added To add/remove a signatory/ies, the original Corporate Secretary's Certificate stating the signatory/ies and a photocopy of 2 valid picture IDs. addition/deletion of signatory/ies and the signature card/s of the added signatory/ies. [] CHANGE OF REDEMPTION SETTLEMENT ACCOUNT []PHP [] USD []EUR Account Name: Account Number: Name of Bank: (Bank charges may apply. Redemption proceeds shall be transferred to the bank account in the name of the client only.) [] CERTIFICATION OF INVESTMENT AS OF THIS DATE: Purpose: [] VISA (pls specify country): _____ [] General / Legal Use [] Others (pls specify):__ [] REGISTER TO E-STATEMENT 1. E-statements will be sent to the registered email address 2. E-mail shall be an encrypted PDF file. Password to open the file is your Folio Number. 3. Folios enrolled in E-statements will no longer be sent paper statements [] CHANGE OF AGENT / ACCOUNT OFFICER Previous Agent / Account Officer: New Agent / Account Officer: Name: Broker Code: Broker Code: Reason: [] Service Issues [] Consolidation of accounts [] Client is the CIS [] Others (pls specify)____ [] AUTHORIZED REPRESENTATIVE I designate my authorized representative to (1) View & inquire about my account; and (2) Pick-up my statements, certificates and other correspondences. Representative's Name: Contact Details:____ I/We hereby confirm the validity of this request. Kindly receive this request by signing on the "Date received by" portion below.

Signature of Client

over Printed Name

Signature of Client over Printed Name

Date

Signature Verified (for authorized personnel use only)