LETTER OF INSTRUCTION
(Mutual Funds)

Date:_____

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

1. _____ 2. _____ 3. _____

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

[ ] CHANGE OF CONTACT INFORMATION: [ ] Mailing Address [ ] Email [ ] Telephone Number

Current Information: _____ _____ _____

New Information: _____ _____ _____

[ ] CHANGE OF ACCOUNT OWNER/S:
(List all names of new set of account owners if "and/or" account)

[ ] CHANGE OF SIGNATORIES
(List all names of new set of authorized signatories)

1. _____ **2.** _____ **3.** _____

For Individual & Joint Accounts
- LOI signed by the client/s (the old set of account owners must all sign if "and/or" account).
- Amended Account Opening Form signed by the client/s (the new set of account owners must all sign if "and/or" account).
- In case of additional signatory/ies, the signature card/s and a photocopy of 2 valid IDs of such signatory/ies.

For Corporate Accounts
- LOI signed by the new set of authorized signatory/ies.
- Amended Account Opening Form signed by the new set of authorized signatories.
- In case of addition/removal of signatory/ies, an original copy of the Secretary's Certificate reflecting the same and the signature card/s in case of addition of signatory/ies.

[ ] CHANGE OF REDEMPTION SETTLEMENT ACCOUNT [ ] PHP [ ] USD [ ] EUR

Account Name: _____

BPI/BPI Family Bank Deposit Account Number: [ ] S/A [ ] CA: _____

Please provide amended MF account opening form signed by the client/s (all signatures required if "and/or" account).

[ ] CERTIFICATION OF INVESTMENT AS OF THIS DATE: _____

Purpose: [ ] VISA (Please specify country): _____ [ ] General / Legal Use [ ] Others (Please specify): _____

[ ] ENROLL IN ELECTRONIC BANKING

[ ] OTHERS (KINDLY SPECIFY):

_____

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

_____	_____	_____	_____
Signature of Client over Printed Name	Signature of Client over Printed Name	Date Signed	Signature Verified & Date Received *(for authorized personnel use only)*