

# Additional CIF Form

**For your safety and convenience, please remit your subscriptions through our accredited payment channels. For a complete list of our accredited payment channels, please visit [www.manulifeim.com.ph](http://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](mailto:phtrust@manulife.com).**

## General Information

Name of Account Owner	Existing Account No. (CIF Account No.)*
Distributor Code (Wealth Specialist Code)	

\*If you have multiple CIF Account Nos., you only need to specify one (1).

**Important:** In accomplishing and signing this Additional CIF Form, I consent to Manulife Investment Management and Trust Corporation's (the "Company") use of my personal information and risk profile under my existing account to create an additional CIF Account No. I further certify that:

- my personal information under my existing account is updated, true, complete and correct to the best of my knowledge<sup>1</sup>;
- my risk profile is up to date based on my latest Client Suitability Assessment (CSA) which I accomplished<sup>2</sup>;
- I have read and fully understand the Risk Disclosure Statement which was previously explained to me by the Company's Sales Personnel/Wealth Specialist (a copy of which may be accessed at [www.manulifeim.com.ph](http://www.manulifeim.com.ph) by navigating to Resources > Forms > Account opening forms > Account Opening Kit for Individuals); and
- I have read, fully understand and agree to the terms and conditions of the Unit Investment Trust Funds Omnibus Participating Trust Agreement which governs my investment to the Company's Fund/s (a copy of which may be accessed at [www.manulifeim.com.ph](http://www.manulifeim.com.ph) by navigating to Resources > Forms > Account opening forms > Account Opening Kit for Individuals).

Notes: <sup>1</sup>Download a copy of the Personal Details Change Form at [www.manulifeim.com.ph](http://www.manulifeim.com.ph) by navigating to Resources > Forms > Other forms > Personal Details Change Form if you need to update your Personal Information and email the duly filled out form to [phtrust@manulife.com](mailto:phtrust@manulife.com) using your registered email address.

<sup>2</sup>Download a copy of the Client Suitability Assessment at [www.manulifeim.com.ph](http://www.manulifeim.com.ph) by navigating to Resources > Forms > Subsequent Transaction Forms > Client Suitability Assessment if you need to update your Risk Profile and email the fully filled out form to [phtrust@manulife.com](mailto:phtrust@manulife.com) using your registered email address.

## Initial Subscription

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"/>	

Please fill out this form and email to [phtrust@manulife.com](mailto:phtrust@manulife.com). Please note that this initial subscription shall be processed only upon receipt of payment and completely filled out Additional CIF Form.

Source/s of Funds (check all that apply) ☐ Salary ☐ Business ☐ Savings ☐ Sale of Asset ☐ Gift/Inheritance  
☐ Investment ☐ Remittance from <country> \_\_\_\_\_ ☐ Others: \_\_\_\_\_

Note: The Client acknowledges that this request for an additional CIF is subject to the Company's approval.

**Important Notes:** Please accomplish the Client Waiver form if the chosen Fund/s investment risk profile is higher than your risk profile based on the results of your Client Suitability Assessment (CSA) at the time of account opening or the latest CSA (you may download a copy at [www.manulifeim.com.ph](http://www.manulifeim.com.ph) by navigating to Resources > Forms > Subsequent Transaction Forms > Client Suitability Assessment).

In accomplishing and signing this Additional CIF Form, I understand, certify and agree that I have read the documents and the terms and conditions related to investing in the Fund/s I subscribed to. I also certify that I have read and understood the Plan Rules of the Fund/s, which contain the terms and conditions, features, nature and specific risks of the Fund/s I subscribed to. I further certify that the Fund/s I subscribed to is/are:

- In accordance with the risk profile based on the Client Suitability Assessment which I accomplished and/or
- In accordance with my risk appetite which though not suitable for my risk profile, is/are duly addressed by the Client Waiver which I accomplished with full understanding and acknowledgment of all attendant consequences of investing beyond what is appropriate with my investment profile.

## For Funds with Unit-Paying Feature

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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 Manulife Global Money Market Fund

(you need to have an investment in Manulife 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

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I hereby certify that all information given in this Additional CIF Form are true, complete and correct to the best of my personal knowledge, and I 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 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 also certify that no one other than me will be funding/financing this transaction.

The Company collects and uses my 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 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/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](http://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 will not unreasonably cancel my 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 personal and sensitive 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

\_\_\_\_\_  
Date Signed (mm/dd/yyyy)

\_\_\_\_\_  
Authorized Signatory's Signature over Printed Name

\_\_\_\_\_  
Date Signed (mm/dd/yyyy)

\_\_\_\_\_  
Authorized Signatory's Signature over Printed Name

\_\_\_\_\_  
Date Signed (mm/dd/yyyy)

Valid ID with Photo and Signature Presented:

ID Type: \_\_\_\_\_

ID Number: \_\_\_\_\_

IMPORTANT NOTE: Acceptable Valid IDs include those issued by any of the following official authorities: 1) The Philippine Government, including its political subdivisions, agencies, and instrumentalities; 2) Government-Owned or -Controlled Corporations (GOCCs); 3) Private entities or institutions registered with and supervised or regulated either by the Bangko Sentral ng Pilipinas (BSP), Securities and Exchange Commission (SEC) or Insurance Commission (IC); 4) For Filipino students, School ID signed by the school principal or head of the educational institution.

## For Manulife Use Only

For Sales Personnel/Wealth Specialist:

I declare that I have personally (1) checked the identity of the owner 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 account owner before this application is submitted.

For Sales Personnel/Wealth Specialist:

Note: For forms with incomplete information or documents, the Wealth Specialist/Sales Personnel should ask the client to complete requirements within five (5) business days after the submission of initial set of documents. A revised document should be re-submitted if there were fields not properly filled out. Changes in the document should be countersigned by the Client.

For Manulife Personnel:

\_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
Distributor Code

\_\_\_\_\_  
Date Signed (dd/mm/yyyy)

\_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
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](mailto: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](mailto: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](http://www.bsp.gov.ph)).

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