

The **Systematic Investment Plan (SIP)** allows customers the opportunity to **subscribe regularly** in a Chinabank Unit Investment Trust Fund (UITF) by purchasing units on a scheduled basis, either monthly or quarterly. The customer is required to designate a **Chinabank Deposit Account** where subscriptions will be automatically debited on specified dates and ensure the same is funded throughout the enrolled SIP period. Notification for every successful subscription will be sent to the customer through the designated email address. For any changes in the SIP enrollment, the customer shall notify the Chinabank Trust and Asset Management Group (CBC-TAMG) with a signed instruction duly received by CBC-TAMG.

Date \_\_\_\_\_

**UITF ACCOUNT DETAILS**

Customer Name \_\_\_\_\_

Customer ID \_\_\_\_\_

UITF Type	<b>Peso UITF</b>	<input type="checkbox"/> Cash Fund	<input type="checkbox"/> Money Market Fund	<input type="checkbox"/> Short-Term Fund
		<input type="checkbox"/> Intermediate Fixed Income Fund	<input type="checkbox"/> Fixed Income Fund	<input type="checkbox"/> Balanced Fund
		<input type="checkbox"/> Equity Fund	<input type="checkbox"/> High Dividend Equity Fund	<input type="checkbox"/> Philippine Equity Index Tracker Fund
	<b>Dollar UITF</b>	<input type="checkbox"/> Dollar Cash Fund	<input type="checkbox"/> Dollar Fixed Income Fund	<input type="checkbox"/> Income-Paying Dollar Bond Feeder Fund

**SIP DETAILS**
**Subscription Amount/Currency** (Note: The **Subscription Amount** should not be less than the minimum investment amount of the chosen UITF Type.)

☐ PHP **Subscription Amount (in Figures)** \_\_\_\_\_

☐ USD **Subscription Amount (in Words)** \_\_\_\_\_

**Schedule**
**Frequency** ☐ Monthly ☐ Quarterly **\*SIP Day (Provide a number from 1 to 28 only)** \_\_\_\_\_

**\*SIP Day** is the date of debit. If the SIP Day falls on a weekend or holiday, the SIP will be applied on the next banking day.

**SIP Date** Indicate First / Last Date of Debit Account **Start Date (mm/dd/yyyy)** \_\_\_\_\_ **End Date (mm/dd/yyyy)** \_\_\_\_\_

☐ **Perpetual** (If selected, no need to provide SIP End Date)

**Debit Account**
**CBC Deposit Account** ☐ Peso ☐ US Dollar **Branch** \_\_\_\_\_

**Account Number** ☐ CA ☐ SA \_\_\_\_\_

**Account Name** \_\_\_\_\_

**Other Instructions**
**TERMS AND CONDITIONS**

- I/We understand and agree that by enrolling my/our UITF Customer ID under the SIP facility, I/we am/are authorizing CBC-TAMG to debit my/our Chinabank Deposit Account ("Debit Account") on the Schedule and in the Subscription Amount specified above and to send the UITF Subscription Advice, and other related correspondences to the designated Email address.
- I/We understand and agree that in case said UITF Customer ID is a joint account operated as an "OR" account, I/we represent that the designated Debit Account and Email address have been authorized by my/our co-trustor(s) and hereby release CBC-TAMG from any liability whatsoever for acting on such representation. I/We hereby declare under the penalties of perjury that my/our co-depositor(s) is/are still living.
- I/We fully understand and agree that in case the UITF Customer ID is a corporate/partnership account, I/we shall submit to CBC-TAMG, together with this SIP Enrollment Form, a Board Resolution/Partnership Resolution and/or Secretary's Certificate/Managing Partner's Certificate indicating therein the Corporation/Partnership's authority to enroll in and avail of the SIP facility and designating me/us as the Corporation/Partnership's representative(s) with authority to designate/nominate a Chinabank Deposit Account, sign, execute, deliver any and all documents including this form, agreements, instruments and instructions, and perform any and all acts that may be required to fully implement the Corporation/Partnership's enrollment in and avancement of the SIP facility in accordance with the terms and conditions stated herein.
- I/We understand and agree that the "SIP Day" is the date of debit and if such day falls on a weekend or holiday, the debit will be applied on the next banking day.
- I/We understand and agree that it is my/our responsibility to ensure that the Debit Account is active and funded on the SIP Day specified above. In case of insufficient balance, the scheduled subscription will not proceed and will instead be processed on the next SIP Day. If after the SIP Day, I/we am/are able to fund the Debit Account, I/we shall submit a signed Trust Instruction Sheet (for UITF) to proceed with the subscription. However, in case the balance in my/our Debit Account remains insufficient for three consecutive months (for monthly subscription) or two consecutive quarters (for quarterly subscription), I/we further understand and agree that my/our enrollment in the SIP facility shall be immediately cancelled by CBC-TAMG.
- I/We understand and agree that CBC-TAMG can only debit cleared funds from my/our Debit Account.
- I/We understand and agree that no changes in the SIP Enrollment Form shall be valid and binding on CBC-TAMG until CBC-TAMG's receipt of a duly signed SIP Amendment Form from me/us indicating the changes.

I/We hereby certify and attest that all information provided herein are true and correct. I/We hereby affirm that I/we have read, understood, and agreed to accept the terms and conditions of the SIP facility in conjunction with the terms and agreements governing the UITFs in the signed Omnibus Participating Agreement (OPTA).



Signature(s) Over Printed Name(s) / Date

**FOR BANK'S USE ONLY**

Branch / Referring Unit \_\_\_\_\_

Branch / Referring Unit Code \_\_\_\_\_

Checked By \_\_\_\_\_

Noted By \_\_\_\_\_

Signature Over Printed Name / Date

Signature Over Printed Name / Date

**EVALUATION AND APPROVAL (For Trust and Asset Management Group's Use Only)**

Detail of Request(s) \_\_\_\_\_

Justification / Remarks \_\_\_\_\_

**SIP – Registration Ref. No.**  
(from Intellect - UITF)

**Commitment Date**  
(If for Exceptional Approval)

**Verified and Processed By**
**Approved By**

Signature Over Printed Name / Date

Signature Over Printed Name / Date