

Instructions

a. Please complete in CAPITAL LETTERS where applicable. Please answer all items. If an item is not applicable to you, indicate N/A or Not Applicable.
b. This form is not applicable for online transactions. This form is intended ONLY for investments made thru FAMI Investment Centers and over the counter.

DATE (MM/DD/YY) - -

FAMI ACCOUNT NUMBER

FUND NAME . Please tick the name of the fund/s you wish to make initial and/or additional subscriptions with.

- | | |
|---|--|
| <input type="checkbox"/> Save and Learn Equity Fund, Inc. | <input type="checkbox"/> Save and Learn Money Market Fund, Inc. |
| <input type="checkbox"/> Save and Learn Fixed Income Fund, Inc. | <input type="checkbox"/> Save and Learn Philippine Index Fund, Inc. |
| <input type="checkbox"/> Save and Learn Balanced Fund, Inc. | <input type="checkbox"/> Save and Learn F.O.C.C.U.S. Dynamic Fund Inc. |
| <input type="checkbox"/> Save and Learn Dollar Bond Fund, Inc. | <input type="checkbox"/> First Metro Consumer Fund, Inc. |
| <input type="checkbox"/> First Metro Philippine Equity Exchange-Traded Fund | |

ACCOUNT NAME

AMOUNT IN FIGURES

AMOUNT IN WORDS

- Initial Investment Additional Investment

I. INVESTMENT DETAILS/OPTIONS

- Cash
- Check Check No. DATE (MM/DD/YY) - -
Drawee Bank
- Direct Deposit Bank Name DATE (MM/DD/YY) - -
 Cash Check Check No.
- Shift from _____
To _____
- Special Instructions (if any): _____

II. DECLARATION OF SIGNATURES

- I/We hereby declare that all our information disclosed in this Subscription Transaction Form is correct, complete and truly stated and that the identification documents presented are authentic and legitimate. I/We hereby declare that I/We am/are authorized to make this investment and that the amount invested in the Fund/s is/are through legitimate sources only and does not involve and is/are not designated for the purpose of any contravention or evasion of any act, rules, regulations, notification or direction issued by any regulatory authority in the Republic of the Philippines. I/We am/are fully aware that only upon submission of complete information and documentary requirements will the transaction be processed.

I/We have read and agreed to all terms and conditions stated at the back of this form. These have been explained to me/us by the Certified Investment Solicitor.

SIGNATURE OVER PRINTED NAME

INVESTOR 1

Verified by:

SIGNATURE OVER PRINTED NAME

INVESTOR 2

Verified by:

SIGNATURE OVER PRINTED NAME

INVESTOR 3

Verified by:

III. FOR SALES PERSONNEL USE ONLY

SALES LOAD PR NUMBER
RNL PR DATE
CHANNEL Agency Banks & Non-Banks Direct Sales
MARKET Educational and Religious Institutions OTHERS, PLEASE SPECIFY: _____
NAME OF CERTIFIED INVESTMENT SOLICITOR FAMI AGENT CODE

IV. FOR TRANSFER AGENCY (TA) USE ONLY

RECEIVED BY:	DATE RECEIVED:
<input type="text"/>	<input type="text"/>
MAKER	AUTHORIZER
<input type="text"/>	<input type="text"/>
CHECKER	
<input type="text"/>	