

CLIENT SUITABILITY ASSESSMENT FORM

The Client Suitability Questionnaire is being given to determine the appropriateness of the fiduciary products and services we are offering. It aims to understand the investment preference of an investor based on his investment objectives, risk profile, liquidity requirements and other relevant information.

On the basis of the information you provide, we aim to ensure the suitability of the various investment instruments and vehicles we will present or recommend to you. It is important that your responses to the questions are accurate and complete. There is no right or wrong answer.

The Client Suitability assessment is done prior to account opening and must be updated every three (3) years. The Client Suitability assessment may also be subsequently revised at any time given changes in your circumstances or preferences. In case of revision, please request your account officer for a new profiling process so that appropriate changes may be made immediately as applicable.

GENERAL INFORMATION

CLIENT CODE _____

NAME _____

MAILING ADDRESS _____

CONTACT NUMBER/S _____

OCCUPATION _____

AMOUNT TO BE INVESTED _____

DISCRETIONARY LIMITS Directed
 Limited Discretionary
 Discretionary

FINANCIAL STATUS

HOUSEHOLD INCOME PER YEAR Under P1 Million
 P1 Million to P2.9 Million
 P3 Million to P4.9 Million
 P5 Million to P9.9 Million
 Over P10 Million

TOTAL FUNDS INVESTED Under P5 Million
 (e.g, deposits, bonds, stocks) P5 Million to P19.9 Million
 P20 Million to P34.9 Million
 P35 Million to P49.9 Million
 Over P50 Million

APPROXIMATE NET WORTH Under P5 Million
 (Total Assets minus Liabilities) P5 Million to P19.9 Million
 P20 Million to P34.9 Million
 P35 Million to P49.9 Million
 Over P50 Million

Kindly choose the statement that most closely defines your needs or best describes your situation. Put a check mark on the box that corresponds to your choice. Remember, there is no right or wrong answer.

SECTION 1: FINANCIAL GOALS

1. Which best describes your investment goals?

- | | SCORE |
|--|-------|
| <input type="checkbox"/> Aggressive Growth
I want to get the highest possible rate of return on my portfolio over the long term, and I am aware that the total value of my investments may significantly decline occasionally. | 5 |
| <input type="checkbox"/> Conservative Growth
My first goal is the long-term growth of my investments, but I'm willing to accept a lower return to avoid risk of a major decline in the value of my investments. | 4 |
| <input type="checkbox"/> Income and Growth
I want my investments to produce a fairly steady stream of income and grow without major declines in value. | 3 |
| <input type="checkbox"/> Income
My primary goal is to receive steady, consistent income from my investments. | 2 |
| <input type="checkbox"/> Security and Capital Preservation
I am willing to accept lower returns to minimize the risk of losing any money. | 1 |

2. How soon do you expect to need the money you are investing?

- | | SCORE |
|---|-------|
| <input type="checkbox"/> 11 years and over | 5 |
| <input type="checkbox"/> 5-10 years | 4 |
| <input type="checkbox"/> 3-4 years | 3 |
| <input type="checkbox"/> 1-2 years | 2 |
| <input type="checkbox"/> Less than 1 year | 1 |

3. Which best describes your experience and knowledge in investments?

- | | SCORE |
|---|-------|
| <input type="checkbox"/> Very High
I have a thorough knowledge of the three major asset classes and I am a highly experienced investor | 5 |
| <input type="checkbox"/> High
I understand the different categories of investments, different levels of risk and return associated with each type and I am experienced in investing | 4 |
| <input type="checkbox"/> Moderate
I am familiar with the basic types of investments. | 3 |
| <input type="checkbox"/> Low
I know something about instruments but do not have an in-depth knowledge | 2 |
| <input type="checkbox"/> Very Low
I am starting to learn about investing | 1 |

4. Which best describes your comfort level given investment declines over short periods (i.e. up to 2 yrs.)?

- | | SCORE |
|--|--------------|
| <input type="checkbox"/> Very High
I could tolerate a significant decline in the short-term value of my investments, in anticipation of a positive long-term return. | 5 |
| <input type="checkbox"/> High
A large decline in the short-term value of my investments would not be upsetting, in anticipation of a positive long-term return. | 4 |
| <input type="checkbox"/> Moderate
A modest decline in the short-term value of my investments would not be upsetting, in anticipation of positive long-term return. | 3 |
| <input type="checkbox"/> Low
Any drop in the value of my investments would make me uncomfortable, but I could tolerate minor declines from time to time. | 2 |
| <input type="checkbox"/> Very Low
My primary concern is the security of my investment. | 1 |

5. Which best describes your current lifestyle and investment habits?

- | | SCORE |
|---|--------------|
| <input type="checkbox"/> Significant
Have accumulated significant investment assets. | 5 |
| <input type="checkbox"/> Moderate
Have saved a moderate amount and continuously saving. | 4 |
| <input type="checkbox"/> Primary Debt Payment
Have increased my income but primarily paying down debt | 3 |
| <input type="checkbox"/> Little Savings
Have a few savings but need to borrow frequently | 2 |
| <input type="checkbox"/> Starting Out
Just starting out. | 1 |

TOTAL SCORE FOR SECTION 1:

SECTION 2: BACKGROUND INFORMATION

1. What is your age?

- | | SCORE |
|---|--------------|
| <input type="checkbox"/> 20-29 | 5 |
| <input type="checkbox"/> 30-44 | 4 |
| <input type="checkbox"/> 45-54 | 3 |
| <input type="checkbox"/> 55-64 | 2 |
| <input type="checkbox"/> Over 65 | 1 |

2. How many financial dependents do you have?

SCORE

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> None | 5 |
| <input type="checkbox"/> 1 | 4 |
| <input type="checkbox"/> 2-3 | 3 |
| <input type="checkbox"/> 3-5 | 2 |
| <input type="checkbox"/> More than 5 | 1 |

3. What is your employment status?

SCORE

- | | |
|---|---|
| <input type="checkbox"/> Employed full-time | 5 |
| <input type="checkbox"/> Employed part-time | 4 |
| <input type="checkbox"/> Self-employed | 3 |
| <input type="checkbox"/> Not employed | 2 |
| <input type="checkbox"/> Retired | 1 |

4. Describe your gross annual income. (combined for dual income family)

SCORE

- | | |
|--|---|
| <input type="checkbox"/> Very High | 5 |
| <input type="checkbox"/> High | 4 |
| <input type="checkbox"/> Above Average | 3 |
| <input type="checkbox"/> Average | 2 |
| <input type="checkbox"/> Low | 1 |

5. Describe your income source.

SCORE

- | | |
|---|---|
| <input type="checkbox"/> Very Secure | 5 |
| <input type="checkbox"/> Secure | 4 |
| <input type="checkbox"/> Somewhat uncertain | 3 |
| <input type="checkbox"/> Uncertain | 2 |
| <input type="checkbox"/> Very Uncertain | 1 |

TOTAL SCORE FOR SECTION 2:

OVERALL SCORE:

CSA Result

TOTAL	INVESTOR PROFILE	PORTFOLIO STRATEGY
<input type="checkbox"/> 41-50	Experienced investor willing to assume greater level of risk for potentially greater capital appreciation	Aggressive Growth
<input type="checkbox"/> 31-40	Investor with some tolerance for risks seeking capital appreciation and secondary income	Growth
<input type="checkbox"/> 21-30	Less conservative investor seeking current income plus capital appreciation	Growth and Income
<input type="checkbox"/> 11-20	Investor with a low tolerance for risk seeking a greater level of income with stability of income.	Income
<input type="checkbox"/> 0-10	Conservative investor seeking preservation of capital and a moderate level of income.	Capital Preservation

Therefore, you are best suited to invest in the following instruments:

- Bank Deposits
- Special Deposits
- Money Market Instruments
- Government Securities
- Bonds
- Equities
- Others (please specify) _____

I hereby authorize AB Capital and Investment Corporation- Trust and Investments Division to use and exchange information about me as necessary to the conduct of performing investment related services on my behalf, and the release of this information to its affiliates and subsidiaries only where services extend to savings and investment planning.

Signature over Printed Name

Conducted by:

Account Officer