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 PAMI Hotline: 817-PAMI (7264)  
 philamfunds.com

## e-SOA Enrollment

Enrollment No:
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*Philam Asset Management, Inc. (PAMI) proudly invites you to go paperless! You can now have your quarterly Statements of Account sent directly to your email. Digital documents are faster, simpler, and more versatile than paper. This initiative is a safe and secure way to monitor your mutual funds. You can now be in the know with your funds on any mobile device connected to your email.*

Enroll now by emailing [phi.philamasset@aia.com](mailto:phi.philamasset@aia.com) or calling the PAMI Customer Service Hotline (+632)817-PAMI (7264).

Investor Type:(Check one )		<input type="checkbox"/> Sole	<input type="checkbox"/> Joint	<input type="checkbox"/> Corporate
<b>Account Details</b>				
Investor's Name/s / Complete Company Name				
	(Last Name)	(First Name)	(Middle Initial)	
Registered E-mail Address				
Date of Birth (Primary Investor) / Date of Incorporation (For Corporate Account)				
Contact Person (For Corporate Only)				
	(Last Name)	(First Name)	(Middle Initial)	
<b>Folio Numbers</b>				
1		6		
2		7		
3		8		
4		9		
5		10		
<b>By enrolling in the e-SOA, please be reminded of the following:</b>				
<ol style="list-style-type: none"> <li>To protect your data:             <ol style="list-style-type: none"> <li>The e-mail above should match the e-mail registered upon account opening. If not, please request a static data change.</li> <li>The e-mail shall be an encrypted PDF file. Password to open the file is your Folio Number.</li> </ol> </li> <li>The e-SOA shall be sent to the client's registered e-mail address on or before the 20<sup>th</sup> day following the end of a quarter.</li> <li>Folios enrolled in e-SOA will no longer be sent Quarterly SOA via courier</li> <li>Enrolment form should be submitted on the last working day of the quarter to be included in the eSOA for the following quarter.</li> </ol>				
<b>Conforme</b>				
Investor 1 / Authorized Signatory 1		Investor 2 / Authorized Signatory 2		Investor 3 / Authorized Signatory 3
Signature over Printed Name		Signature over Printed Name		Signature over Printed Name
<b>For PAMI's Use Only</b>				
<input type="checkbox"/> Received and Signature Verified by SSA			<input type="checkbox"/> Completed by TA	
Signature over Printed Name		Signature over Printed Name		Date
Date		Date		

Please LEGIBLY fill out all fields. All fields are MANDATORY.