

TO BE ACCOMPLISHED BY UCPB SAVINGS ASSOCIATE

<input type="checkbox"/> New	<input type="checkbox"/> Updating	Branch/Unit	Date (mm-dd-yyyy)	Customer ID Number
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FOR INDIVIDUAL CLIENT

CLIENT NAME

Title Before Name	Last Name	First Name	Middle Name	Title After Name
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PERSONAL INFORMATION

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm-dd-yyyy)	Place of Birth	Nationality	Country of Citizenship
If Filipino Citizen <input type="checkbox"/> Resident <input type="checkbox"/> Non-resident		If Foreigner <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-resident Alien/Alien Certificate of Reg. No. _____		
Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			Religion	
SSS/GSIS Number (if none, indicate reason)		TIN (if none, indicate reason)		

CONTACT INFORMATION

Present Address (House Number, Street, Barangay, Town/City, Province)	Zip Code	Length of Stay ____ Years ____ Months
Permanent Address (House Number, Street, Barangay, Town/City, Province)	Zip Code	Length of Stay ____ Years ____ Months
Contact Number <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Mobile	Mailing Instruction <input type="checkbox"/> Branch Pick-up <input type="checkbox"/> via Email <input type="checkbox"/> No printing	Email Address
Preferred Mailing Address <input type="checkbox"/> Present Address <input type="checkbox"/> Permanent Address <input type="checkbox"/> Business Address	Home Ownership <input type="checkbox"/> Owned <input type="checkbox"/> Owned by Parents <input type="checkbox"/> Mortgaged <input type="checkbox"/> Rented <input type="checkbox"/> Others _____	

EMPLOYMENT/OCCUPATION/SOURCE OF FUNDS

Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> OFW <input type="checkbox"/> Freelancer <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Homemaker	Occupation/Job Title	Job Title Rank / Level <input type="checkbox"/> Contractual <input type="checkbox"/> Staff <input type="checkbox"/> Supervisory <input type="checkbox"/> Middle Mgt <input type="checkbox"/> Top Mgt. <input type="checkbox"/> Others _____
Name of Employer/Company	Nature of Business	Tenure with Employer ____ Years ____ Months
Employer's Address (Number, Street, Brgy., Town/City, Prov.)	Zip Code	Telephone Number
Sources of Funds (choose all that apply) <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Commission/Incentives <input checked="" type="checkbox"/> Remittances <input type="checkbox"/> Inheritance <input type="checkbox"/> Income from Business <input type="checkbox"/> Sale of Property <input type="checkbox"/> Pension/Retirement <input type="checkbox"/> Prize <input type="checkbox"/> Support from Relatives <input type="checkbox"/> Donations <input type="checkbox"/> Investments <input type="checkbox"/> Personal Savings <input type="checkbox"/> Campaign Funds <input type="checkbox"/> Others _____		Monthly Expected Income

BUSINESS DATA

Business Name	Nature of Business	Number of Years in Business
Business Address (Number, Street, Brgy., Town/City, Prov.)	Zip Code	Telephone Number
Type of Business <input type="checkbox"/> DTI Registered (DTI Registration No. _____) / Expiration Date (mm-dd-yyyy) _____ <input type="checkbox"/> Freelance		

GROSS ANNUAL SALARY / INCOME

In pesos or peso equivalent
 250,000 and below
 more than 250,000 to 500,000
 more than 500,000 to 1,000,000
 more than 1,000,000

PARENTS INFORMATION

Father's Name (Last Name, First Name, Middle Name)	Mother's Maiden Name (Last Name, First Name, Middle Name)
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SPOUSE INFORMATION

Title Before Name	Last Name	First Name	Middle Name	Title After Name
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> OFW <input type="checkbox"/> Freelancer <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Homemaker			Occupation/Job Title	
Name of Employer / Company			Job Title Rank / Level <input type="checkbox"/> Contractual <input type="checkbox"/> Staff <input type="checkbox"/> Supervisory <input type="checkbox"/> Middle Management <input type="checkbox"/> Top Management <input type="checkbox"/> Others _____	
Sources of Funds (choose all that apply) <input type="checkbox"/> Salary <input type="checkbox"/> Commission/Incentives <input type="checkbox"/> Remittances <input type="checkbox"/> Inheritance <input type="checkbox"/> Income from Business <input type="checkbox"/> Sale of Property <input type="checkbox"/> Pension/Retirement <input type="checkbox"/> Prize <input type="checkbox"/> Support from Relatives <input type="checkbox"/> Donations <input type="checkbox"/> Investments <input type="checkbox"/> Personal Savings <input type="checkbox"/> Campaign Funds <input type="checkbox"/> Others _____			Nature of Business	

FOR JURIDICAL AND FIDUCIARY ACCOUNT

CORPORATE INFORMATION

<i>Company Name (No Acronym or Abbreviation)</i>			<i>Nature of Business</i>		<i>Sources of Funds</i> _____ _____
<i>Date of Incorporation (mm-dd-yyyy)</i>	<i>Place of Incorporation</i>	<i>Resident</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Company SSS Number</i>	<i>Company TIN</i>	<i>Position of Signatory/ies</i>

ULTIMATE BENEFICIARY ACCOUNTS FOR CORPORATE

<i>BENEFICIAL OWNER OF ACCOUNT</i>	<i>PERCENTAGE OF OWNERSHIP</i>

CONTACT INFORMATION

<i>Official Address (House Number, Street, Barangay, Town/City, Province)</i>		<i>Zip Code</i>	<i>Length of Stay</i> ____ Years ____ Months
<i>Principal Address - Head Office (House Number, Street, Barangay, Town/City, Province)</i>		<i>Zip Code</i>	<i>Length of Stay</i> ____ Years ____ Months
<i>Website</i>	<i>Company Telephone Number/s</i>	<i>Email</i>	
<i>Preferred Mailing Address</i> <input type="checkbox"/> Official Address <input type="checkbox"/> Principal Address-Head Office		<i>Mailing Instruction</i> <input type="checkbox"/> Branch Pick-up <input type="checkbox"/> via Email <input type="checkbox"/> No printing	

OTHER INFORMATION

RELATIVES WORKING IN THE GOVERNMENT

<i>Choose all that apply</i> <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Offspring <input type="checkbox"/> Parent-in-Law <input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild	<i>Position (choose all that apply)</i> <input type="checkbox"/> Government Employee/Official <input type="checkbox"/> Appointee <input type="checkbox"/> Elected Official
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RELATIVES WORKING WITHIN THE UCPB GROUP (UCPB, UCPB Savings, UCPB Leasing and Finance Corporation, UCPB Securities, Inc.)

NAME	DESIGNATION	DEPARTMENT/UNIT	RELATIONSHIP

BENEFICIARY INFORMATION

RELATIONSHIP	LAST NAME	FIRST NAME	MIDDLE NAME	GENDER	DOB (mm-dd-yyyy)	CONTACT NOS.

MANDATORY INFORMATION AS REQUIRED BY THE AMLC

MONTHLY ESTIMATED VOLUME OF TRANSACTION: Transaction Frequency: _____ Expected Transaction Amount: _____

OTHER BANKING RELATIONSHIPS

BANK	BRANCH	ACCOUNT TYPE	DATE/YEAR OPENED

SPECIAL INFORMATION

<i>NUMBER OF CHILDREN:</i>	<i>SPECIAL INTERESTS/HOBBIES:</i>
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<i>EMPLOYMENT HISTORY (Employer Name/Start Date/End Date) / School (if student)</i>	EDUCATIONAL BACKGROUND / ATTAINMENT <input type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Post Graduate <input type="checkbox"/> Vocational
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REASON FOR BANKING WITH UCPB SAVINGS (check all that apply)

Location/Proximity Service Efficiency Reasonable Requirements ATM/Branch Network
 Referral Bank Image Interest Rates Others: _____

TIME DEPOSIT / DISPOSITION OF CTD PROCEEDS

Automatic Renewal of Principal + Interest Automatic Renewal of Principal only; Interest for credit to CASA Account others (please specify)

FATCA INFORMATION (FOREIGN ACCOUNT TAX COMPLIANCE REQUIREMENTS)

CLIENT INFORMATION-INDIVIDUAL ACCOUNT

ARE YOU A US CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, ARE YOU A CITIZEN OF ANY OTHER COUNTRY? <input type="checkbox"/> Yes (specify) _____ <input type="checkbox"/> No	US TIN/SSN
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US ADDRESS (House Number, Street, Apartment No., City, State, Country)

FATCA STATUS (Confirm your FATCA Status and indicate the date the IRS Form is signed)

US INDICIA	DATE OF IRS FORM (mm-dd-yyyy)	YES	NO	IF YES, PROVIDE THE FOLLOWING:	REMARKS
1. US Citizenship				1. IRS Form W-9 and 2. US Passport or other Identification 3. Signed Confirmation, Consent and Waiver	
2. US Resident-Green Card					
3. US Resident-residing in the US for 183 days or more				1. IRS Form W-9 and 2. US or non-US Passport or other identification 3. Signed Confirmation, Consent and Waiver	
<i>If any of your answers from 1 to 3 is YES, do not answer numbers 4 to 8</i>					
4. US Place of Birth (state)				Any of the following: 1. IRS Form W-9 and 2. Copy of Individual's Certificate of Loss of Nationality of the US (passport, driver's license, etc.) and 3. Identification Documents 3.1 US Identification documents (passport, driver's license, etc.) or 3.2 Non-US Identification documents (passport, driver's license, etc.) and written explanation of your renunciation of US citizenship or the reason you did not obtain US citizenship at birth	
5. US Resident/Mailing Address (residence, correspondence or PO Box)				1. IRS Form W-8BEN and 2. Non-US Identification Document (Tax Certificate or ID issued by the government or an identification document based on KYC as approved by the IRS in the Q1 system) 3. Signed Confirmation, Consent and Waiver	
6. US Telephone Number					
7. Standing instruction to transfer funds to an account maintained in the US					
8. Power of Attorney or signatory authority granted to a person with a US address or "in care of" or "hold mail" address				Any of the following: 1. IRS Form W-8BEN and 2. Non-US Identification Document (Tax Certificate or ID issued by the government or an Identification Document based on KYC as approved by the IRS in the Q1 system)	

IRS Form W-9 is the Request for Taxpayer Identification and Certification. This is used by the US Person.
 IRS Form W-8BEN is the Certificate of Foreign Status and Beneficial Owner for US Tax Withholding and Reporting. This is used by a Non-US Person.

FATCA INFORMATION (FOREIGN ACCOUNT TAX COMPLIANCE REQUIREMENTS)

CLIENT INFORMATION - JURIDICAL/CORPORATE

ARE YOU A JURIDICAL ENTITY ENTITY OF THE US?
 Yes (US TIN/SSN _____) No (specify other country juridical entity is registered with _____)

US Address (House Number, Street, Apartment No., City, State, County)

FATCA STATUS (Confirm your FATCA Status and indicate the date the IRS Form is signed)

US INDICIA	DATE OF IRS FORM (mm-dd-yyyy)	YES	NO	IF YES, PROVIDE THE FOLLOWING:	REMARKS
1. Is your entity a US-specified entity (organized and created under the US laws)?				1. IRS Form W-8BEN 2. Signed Confirmation, Consent and Waiver	
2. With US residence address/ mailing address (including US PO Box)					
3. With US Contact Number					
4. Is your entity owned by 1 or more substantial US owners (more than 10% of stock)?					

IRS Form W-8BEN is the Certificate of Foreign Status and Beneficial Owner for US Tax Withholding and Reporting. This is used by Non-US Person.

FOR JOINT "AND" / "OR" ACCOUNTS

JOINT ACCOUNT AGREEMENT (with Survivorship)

KNOW ALL MEN BY THESE PRESENTS:

That we, the undersigned, hereby agree with each other and with UCPB SAVINGS BANK (herein after called the "Bank"), that all moneys which may hereafter be deposited by us, or either of us, to credit our savings/current/time deposit account with the Bank, shall be received and held by the Bank with the understanding and upon the condition that said moneys so deposited, without reference to previous ownership, and all interests, dividends and credit thereon, shall be the property of all/both of us as joint owners, and shall be payable to and collectible by either of us during our lifetime, and upon the death of anyone of us, shall be payable to the surviving accountholders.

This Joint Account Agreement with right of survivorship shall be binding on each and all of us, our heirs, executors, administrators and assigns. No changes or modification of this agreement shall be effective unless done in writing, and signed by all of us and by the Bank.

In witness whereof, we have hereunto set our hands in _____, Philippines, this ____ day of _____.

I acknowledge having read and clearly understood the foregoing Joint Account Agreement

REQUEST FOR ACCEPTANCE OF CHECK DEPOSIT/S TO JOINT "OR" ACCOUNTS

Please accept checks payable to the order of either one of us for deposit to our joint "OR" account even without an endorsement from the payee, unless the contrary is clearly stated in writing by both/all of us.

I/We agree to hold the Bank and its officers and employees free and harmless from any and all liabilities, claims and demands of whatever kind and nature in connection with or arising from the Bank's implementation of this request.

CERTIFICATION

By signing below, I/We hereby certify and attest to the fact that all information represented and given by me/us are true and correct. Any changes in the foregoing information shall be promptly communicated to the Bank. I/We hereby allow UCPB Savings Bank to investigate said information and/or secure other information as may be required by UCPB Savings Bank. Further, I/we hereby authorize UCPB Savings Bank or its duly authorized representative/s to ascertain and all information of concern relative to the investigation of my character, general reputation, business operation, employment record, bank records and credit history.

For the purpose of remitting funds to my deposit account in the Philippines with UCPB Savings Bank-

- I/We hereby waive my/our rights under the provision of R.A. 1405, otherwise known as the Law on Secrecy on Bank Deposits, and hereby authorize the Bank, its branches, affiliates, agencies or correspondent banks to gain access and inquire into my deposit account/s and to disclose such data and papers as required by regulatory agencies conformably with the "Know Your Customer Policy" principles, without incurring any criminal, civil or administrative liability thereto.
- I/We further certify that I/ we have read and understood the Terms and Conditions on Deposit Products and Services and hereby accept them. I/ we further acknowledge receipt of a copy of said Terms and Conditions.

DATA PRIVACY CONSENT

DATA PRIVACY. By signing below, I/We hereby certify that the information stated above are true and correct. I/we acknowledge that I/we are aware of our rights as data subject under the Data Privacy Act of 2012 and its implementing rules and regulations. Pursuant thereto, I/we hereby authorize any affiliate or subsidiary under the UCPB Group (UCPB Group) the general use of the personal information, sensitive personal information, and privileged information obtained during the course of my/our transaction with UCPB Savings Bank.

I/we further authorize the sharing of my/our personal information, sensitive personal information, and privileged information with UCPB Group and authorized data recipients including credit bureaus/entities, financial institutions, counterparties, underwriters, facility/collateral agents, custodians, accredited insurers, trustees, assignees, buyers, subrogees, or transferees or those involved in the product, service, facility or transaction. I/we also consent UCPB Group to collect, process, access, use, disclose, retain for five (5) years or for as long as necessary for the fulfillment of the transaction herein my/our personal information, sensitive personal information, and privileged information, or other acts necessary for the execution of the transaction herein or other transaction that I may authorize; to offer, cross-sell, and provide new or related products and services of UCPB Group; and to comply with reporting obligations to government agencies by USB.

Likewise, I/we consent that my/our information may be collected and processed by USB for the purposes of marketing and advertising its products and services, handling bank-client relationships and transactions, business development, analysis and management, supporting and enhancing its policies, operations, controls and internal systems, and fulfilling its regulatory obligations and government reporting requirements.

I/We acknowledge that should I/we wish to access, update or correct certain information or dispute or withdraw consent to the use of any of the information provided herein, I/we may communicate with UCPB Savings Bank's Data Protection Officer by emailing dpo@ucpbsavings.com.



Signature of Accountholders/Date



TO BE ACCOMPLISHED BY UCPB SAVINGS BANK ASSOCIATE ACCOUNT INFORMATION

TYPE OF CLIENT

- Walk-in Referred Solicited (Solicited by: _____)

EXISTING ACCOUNTS WITH THE BANK

ACCOUNT TYPE	ACCOUNT NUMBER

BACKGROUND VERIFICATION

Account Verification	Date Done	Remarks	Done by:
<i>Personal Interview</i>			
<i>Neighborhood Check</i>			
<i>Telephone / Business call</i>			
<i>Sending of "Thank You" Letter (Centralized thru H.O.)</i>			
<i>Watchlist Screening</i>			

IDENTIFICATION CARD PRESENTED

TYPE OF ID	ID NUMBER	EXPIRATION

Signature Verified by <i>Signature over Printed Name/Date</i>	CIS Encoded by <i>Signature over Printed Name/Date</i>	CIS Creation Approved by <i>Signature over Printed Name/Date</i>	Acct Opening/Updating Approved by <i>Signature over Printed Name/Date</i>
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I. GENERAL PROVISION FOR DEPOSIT ACCOUNT**A. DEPOSIT**

1. In receiving items for deposit, the Bank obligates itself only as the Depositor's collecting agent assuming no responsibility beyond carefulness in selecting correspondents. The Bank reserves the right to charge back to the depositor's account any amount previously credited whether or not the deposited item is returned. This also applies to checks drawn on the Bank which are not paid because of insufficiency of funds, forgery, unauthorized overdraft, and stoppage of payment or any other reason. The Depositor assumes full responsibility for the correctness, genuineness and validity of all endorsements appearing on all checks or other items deposited. Except for gross negligence, the Bank or any of its officers, employees or agents shall not be responsible for any negligence incurred as depository.
2. The BANK reserves the right to refuse acceptance of deposits if it resolves that acceptance thereof would expose the Bank to any risk.
3. The BANK shall not be responsible for any payment it may make on a Deposit item prior to its notice of loss/theft of Deposit item and such payment shall have the same effects as if made to the DEPOSITOR personally except in case of patently discernable acts of forgery or irregularity.
4. Opening/maintenance of AFTA account shall be governed by separate agreement.
5. In case/s of extraordinary inflation/deflation, the provision of Article 1250 of the Civil Code shall not apply to the deposit.

B. JOINT ACCOUNT

1. This agreement shall be binding upon Joint account depositors and their respective heirs, executors, administrators and assigns. It is agreed that no change or alteration shall be effective until reduced to writing and signed by the DEPOSITOR/S and the BANK.
 - a. *Joint "OR" Account* - The DEPOSITORS agree and declare that the account is their joint account belonging to both of the depositors and payable to either one of them. In case one of the co-depositors predecease the other, the entire balance of the account shall be payable to the surviving co-depositor after submission of the documents required by the BANK for deceased depositor. The DEPOSITORS authorize the BANK to recognize either of the signatures of the depositors on the withdrawal transactions. Either depositors may also assign or encumber any amount of the deposit without the authority from the other depositor. Payments to or withdrawal made by either of the depositors shall completely discharge the BANK from any liability;
 - b. *Joint "AND" Account* - The DEPOSITORS agree and declare that the account is their joint account belonging to and payable to both the depositors. The BANK requires the signatures of all the depositors in withdrawal transactions or assignment or payment of funds. Upon death of one of the co-depositors, the legal representatives of the deceased co-depositor shall co-sign the withdrawal form with the surviving co-depositor, in accordance with the rules for settlement of estate of a deceased person, and other related laws, rules and regulations, when applicable.

C. WITHDRAWALS

1. Withdrawals shall be made by the depositor or upon his written authority, duly authenticated and in such form acceptable to the Bank.
2. No withdrawal is permitted without the presentation of the passbook or the Certificate of Time Deposit (CTD).
3. Stratified Savings Deposit (SSD) and Time Deposit (TD) are withdrawable only at the branch where the account is maintained.
4. In the event of any discrepancy between the entries in the passbook and the Bank's records, the latter shall prevail.

D. INTEREST

1. INTEREST - Deposits with a minimum balance as prescribed by the Bank shall earn interest based on the prevailing rates.

However, the amount of said minimum balance that will earn interest and interest rates are subject to change in accordance with the regulations issued or promulgated by the BANK.

Interest will be computed based on the average daily balance of the deposit credited to the account and shall become part of the principal. All interest earned shall be subject to the prevailing withholding tax except those with BIR Certificate of Exemption.

2. SERVICE FEES / PENALTY CHARGES - In accordance with existing bank regulations, a fee shall be charged on the following:
 - a. Accounts closed within a month after opening
 - b. Accounts falling below the required minimum Monthly Average Daily Balance (MADB), applicable for active and dormant accounts.
 - c. Request for the issuance of certification of account balances
 - d. Replacement of lost passbook
 - e. Return checks in accordance with PCHC
 - f. Other fees and charges which the BANK may impose depending on whatever policy it may adopt in the future

E. DEPOSIT INSURANCE AND OTHER RELATED LAWS AND BANK POLICIES

1. DEPOSIT INSURANCE - Deposits are insured by the Philippine Deposit Insurance Corporation (PDIC) up to a maximum amount of P500,000 per DEPOSITOR. PDIC shall recognize the registered owner/holder of a Legitimate Deposit in the books of the bank as the deposit entitled to deposit insurance, except where the records of the bank show that the Legitimate Deposit is maintained in the same right and capacity for the benefit of another depositor, in which case PDIC shall recognize the latter as the beneficial owner of the account entitled to deposit insurance. In cases (a) where a deposit account/s with an outstanding balance of more than the statutory maximum amount of insured deposit is/are broken up and transferred into one or more account/s; or (b) for deposit accounts and deposit transfers made in favor of individuals or of entities, either singly or jointly with individuals, from an account in the name of corporation, partnership, association, or unincorporated entity, the PDIC shall recognize the transferee/s as the beneficial owner/s of the account/s when:
 - (i) The transfer was made with all of the following conditions present: (a) The break-up and transfer of deposit to the transferee is for a Valid Consideration; (b) The details for the transfer, which establish the validity of the transfer from the transferor to the transferee, are contained in any of the Deposit Account Records of the bank; and (c) Copies of documents, which show the details or information for the transfer, such as but not limited to contracts, agreements, board resolutions, audited financial statements, orders of the courts or of competent government body/agency, are in the custody or possession of the bank upon takeover by PDIC. (ii) The transferee/s is/are the Qualified Relative/s of the transferor. Qualified Relatives are transferees within the second degree of consanguinity or affinity of the transferor. Relationship shall be proven by the relevant documents such as but not limited to, birth certificates and marriage certificates. Deposit Splitting occurs whenever a deposit account/s with an outstanding balance of more than the statutory maximum amount of insured deposit maintained under the name of natural or juridical persons is/are broken down and transferred into two or more accounts in the name/s of natural or juridical persons or entities who have no Beneficial Ownership on transferred deposits in their names within one hundred twenty (120) days immediately preceding or during a bank-declared bank holiday, or immediately preceding a closure order issued by the Monetary Board of the Bangko Sentral ng Pilipinas for the purpose of availing of the maximum deposit insurance coverage. Upon the determination by the PDIC of Beneficial Ownership or Deposit Splitting, the outstanding Legitimate Deposit/s in the closed bank maintained for the benefit of the beneficial owner/transferor, although in the name of another person/s/s or entity/entities, shall be subject to consolidation with the other Legitimate Deposits of the beneficial owner/transferor in said closed bank for deposit insurance purposes.

2. DEPOSITOR hereby agrees to be bound without need of prior notice by BSP rules and regulations, the rules and regulations of the BAP and BANK policies heretofore and hereafter adopted which may have relation to or in any way affect the account

F. DORMANT ACCOUNT

1. Deposit account becomes dormant if there has been no activity (deposit or withdrawal) for a period of (2) years for Savings and (1) year for Current Accounts. After (10) years of continuous inactivity, dormant accounts shall be reclassified to "Due to Treasurer of the Philippines" in accordance with the Unclaimed Balance Law. The dormant account thereafter shall be escheated in favor of the Philippine Government upon order of the Court.

G. NOTIFICATION BY DEPOSITORS

1. The DEPOSITOR shall advise the BANK in writing of:

- a. Change in authorized signatories to the account - also submit sworn certification by the Corporate / Association's Secretary or by all the partners in a partnership regarding the approval of the appropriate resolution authorizing such change/s in form and tenor acceptable to BANK. Pending acceptance by BANK of such certification, BANK may at its exclusive option continue to recognize existing signatories to the Account
- b. Change of address
- c. Lost passbook - the Depositor shall also submit a duly notarized affidavit of loss to which the Bank, upon receipt of same shall facilitate closure of the deposit account

H. CLOSURE OF ACCOUNT

1. The BANK reserves the right to close the account even without prior notice to the Depositor if it resolves that maintenance thereof will be prejudicial to the interest of the Bank. For Current Account (CA), closure may be effected if the account is mishandled by the issuance of (3) unfunded or insufficiently funded checks in a period of 90 days or less whichever comes first.

The BANK is authorized to report such closure and reasons thereto to the Bankers Association of the Philippines (BAP), Bankgo Sentral ng Pilipinas (BSP), Anti-Money Laundering Council or to any monitoring body established by BAP/BSP. The Depositor shall hold the BANK free and harmless from all liabilities, claims and demands arising from the above actions by the Bank.

2. Voluntary closure of deposit account shall be allowed at the branch where the account is maintained by the depositor himself subject to:

- SA & SSD- presentation of Passbook and duly signed withdrawal slip
- TD- surrender of duly signed Certificate of Time Deposit (CTD)
- CA- issuance of check for the account balance, surrender of all unissued checks and proper accounting of all checks drawn by the depositor against the account to the satisfaction of the Bank.

3. In both items 1 & 2 above, the current account Depositor shall:

- a. Be held liable for any damage or liability which the Bank may incur or suffer in view of his failure to surrender all unused checks.
- b. Hold the Bank and its officers and employees free and harmless from any liabilities, claims and demands of whatever kind in nature in connection with or arising from (i) the closing of the account and/or (ii) the dishonor of any check thereunder which may be presented to the Bank after closure of the account.

II. ADDITIONAL PROVISIONS

A. SAVINGS ACCOUNT

1. No interest shall be paid on savings deposit accounts closed prior to prescribed interest payment dates even if these accounts meet the required minimum balance to earn interest at the time of closure.

B. CURRENT ACCOUNT

1. A monthly statement of account (SOA) together with cancelled/negotiated checks, debit and credit memos shall be mailed to the DEPOSITORS, unless the pick-up option is specified. BANK shall consider the statement accepted and acknowledged to be correct by DEPOSITOR, if the BANK does not receive any notice from DEPOSITOR on any error in the statement not later than thirty (30) days from date of mailing or receipt by DEPOSITOR. Unclaimed bank statements of accounts including the cancelled/negotiated checks and client's copies of debit and credit memos shall be disposed of by shredding six (6) months from statement date.

2. The BANK reserves the right to dishonor presentation of checks if determined that honoring the check will prejudice the interest of the Bank or expose the Bank to probable loss or damage.

3. Stop Payment Order (SPO) and Revocation/Lifting of Stoppage of Payment shall not be valid unless made in writing and duly acknowledged as received by the Bank. The Bank shall not be liable for any loss or damage incurred by the depositor prior to the actual receipt and implementation of SPO or Revocation/Lifting of SPO.

C. MY FIRST STEP SAVINGS ACCOUNT

1. The BANK may, without prior notice to the DEPOSITOR, convert the account to Regular Savings Account once the child reaches the age limit set by the BANK. DEPOSITORS with more than five (5) years of historical relationship with the BANK however, shall have the privilege to continue the My First Step Savings Account with its original features, even upon reaching the age of majority.

D. ISSUANCE AND USE OF ATM CARD

1. Provisions governing the issuance and use of ATM Card shall be covered by separate Terms & Conditions manifested on the ATM Card Application and Maintenance Form (ACAMF)

E. TIME DEPOSIT ACCOUNT

1. Matured time deposit not withdrawn or renewed on its due date shall earn interest at the rate applicable to savings deposits from maturity to the date of actual withdrawal or renewal.

2. In case of pre-termination/withdrawal of time deposit prior to maturity date, the equivalent documentary stamp tax shall be collected from the client including other penalties which may be imposed by the Bank. Pre-termination/withdrawal made within the first and second half of the agreed term will be given an equivalent of 25% and 50% of the original stipulated rate, respectively.

F. STRATIFIED SAVINGS ACCOUNT (SSD)

1. INTEREST shall be computed based on the agreed Average Daily Balance (ADB) of cleared deposit of the account for one (1) month effective from the date the Deposit was placed and will be credited every end of the month.

2. In case of closure or withdrawal of SSD prior to the prescribed interest payment dates, the interest rate applicable shall be equivalent to that of a regular savings account regardless of the ADB of the account at the time of closure.

CONFORME:

By affixing my/our signature/s below, I/we hereby acknowledge having read and clearly understood the foregoing Terms & Conditions governing the bank product/s I/we are availing.



Signature of Accountholders/Date