



CUL FINANCIAL GROOT INC.

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Customer Service Hotline: (+632) 86515888
Email Address: helpdesk@coffinancial.com
PSE Trading participant, SCCP & SIPF Member

ITF ACCOUNT CLOSURE AND INSTRUCTION FORM v.11.2019

Please fill up clearly in BLOCK LETTERS and affix signature(s)

This is to request and authorize COL Financial perform the following actions stated below for my In-Trust-For (ITF) account:										
ITF ACCOUNT DETAILS:										
COL ACCOUNT: - ACCOUNT NAME:										
ACCOUNT CLOSURE INSTRUCTION (choose one): I would like to request for the closure of my ITF account AND:										
□ OPTION 1: I request and authorize COL to liquidate/sell all stock and mutual fund positions at market price and to transfer all proceeds and cash position to my designated COL account below:										
DESIGNATED - ACCOUNT NAME:										
□ OPTION 2: I represent that the ITF account has no cash, stock or mutual fund position.										
TERMS AND CONDITIONS: a. I understand and agree that all transactions shall be subject to a commission rate of 0.25% of the gross trade amount. Further, I understand that share prices may fluctuate, and thus the price at which the shares may be sold may be higher or lower than my expectations. b. I further represent and warrant to COL that I have complied with or will comply with all contracts, laws, and regulations that may apply to these instructions, including, among others, the filing and payment of appropriate donor's taxes, if applicable. c. I hold COL, all of its employees, shareholders, officers, and directors, and agents, free and harmless from any and all liabilities in connection with the account										

and/or resulting from these instructions, and agree to indemnify them for any and all damages, losses, claims, or expenses that they may suffer in connection therewith.

PRIMARY ACCOUNT HOLDER SIGNATURE

Signature √			Date Signed:	M	M	D	D	Υ	Υ	Υ	Υ
FOR COL'S USE ONLY											
RECEIVED BY:	DATE RECEIVED:	APPROVED BY:	DATE APPROVED:	PROCESSED BY:			DATE PROCESSED:				