

Primary Branch		CIF Number (To be Filled-Out by the Bank)	
Personal Information			
Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____		Customer Name (First Name, Middle Name, Last Name)	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (mm/dd/yyyy)	Place of Birth (Town/City, Province, Country)
TIN		GSIS/SSS Number	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed		Nationality <input type="checkbox"/> Filipino <input type="checkbox"/> Others _____	
U.S. Resident <input type="checkbox"/> Yes <input type="checkbox"/> No	Country/ies of Residence		
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. TIN (mandatory for US Citizen/Resident)		
Present Residence Address			
<i>Unit / Floor No., Premises / Building Name, House / Building No., Street Name, District / Town / Barangay</i>			
<i>City / Municipality</i>	<i>State / Province</i>	<i>Country</i>	<i>Postal Code</i>
Permanent Residence Address			
Same as Present Residence Address <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, please fill-out Permanent Residence Address</i>			
<i>Unit / Floor No., Premises / Building Name, House / Building No., Street Name, District / Town / Barangay</i>			
<i>City / Municipality</i>	<i>State / Province</i>	<i>Country</i>	<i>Postal Code</i>
Employer/Business Name		Nature of Work/Industry	
Office/Business Address			
<i>Unit / Floor No., Premises / Building Name, House / Building No., Street Name, District / Town / Barangay</i>			
<i>City / Municipality</i>	<i>State / Province</i>	<i>Country</i>	<i>Postal Code</i>
Residence Contact Number		Mobile Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>Country Code</small>	<small>Area Code</small>	<small>Number</small>	<small>4-digit prefix</small>
<small>7-digit no.</small>			
Office Contact Number		Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>Country Code</small>	<small>Area Code</small>	<small>Number</small>	<small>Local</small>
Preferred Mailing Address			
<input type="checkbox"/> Present Residence Address		<input type="checkbox"/> Office/Business Address	
<input type="checkbox"/> Permanent Residence Address			

Occupation/Rank

- | | |
|-----------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Rank and File to Middle Managers | <input type="checkbox"/> Politician |
| <input type="checkbox"/> Senior Management (VP and above) | <input type="checkbox"/> Technical/Skilled Worker |
| <input type="checkbox"/> Professionals | <input type="checkbox"/> Religious |
| <input type="checkbox"/> Self Employed/Owner/Independent | <input type="checkbox"/> Unemployed/Retired |
| <input type="checkbox"/> Shareholder | <input type="checkbox"/> Student |
| <input type="checkbox"/> OFW | |

Other Information**Purpose of the Account**

- | | | |
|-----------------------------------|-------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Savings | <input type="checkbox"/> Remittance | <input type="checkbox"/> Payroll |
| <input type="checkbox"/> Business | <input type="checkbox"/> Investment/Trust | <input type="checkbox"/> Settlement/Bills Payment |

Source of Funds**Monthly Expected Credit
(Max Amount)**

- | | |
|------------------------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Salary/Compensation/Professional Fee | _____ |
| <input type="checkbox"/> Commission | _____ |
| <input type="checkbox"/> Business | _____ |
| <input type="checkbox"/> Dividends/Interest Earnings | _____ |
| <input type="checkbox"/> Proceeds from Sale of Property/Inheritance/Donation | _____ |
| <input type="checkbox"/> Pension/Allowance | _____ |
| Total Monthly Expected Credit (Max Amount) | <input style="width: 150px; height: 20px;" type="text"/> |

Account with Beneficial Owner? Yes No

Name _____

Date of Birth _____

Place of Birth _____

Source of Funds _____

Nature of Work/Industry _____

Nationality _____

Relationship to the Client _____

Present Address _____

Bank Products/Services and Other Financial Products you are Interested in:**Bank Products/Services**

- | | |
|-----------------------------------------------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Deposit Account (Current, Savings or Time Deposit) | <input type="checkbox"/> Foreign Currency |
| <input type="checkbox"/> Business Loan | <input type="checkbox"/> Remittance |
| <input type="checkbox"/> Investment (Trust, Treasury, Others) | <input type="checkbox"/> Wealth Management |
| <input type="checkbox"/> RCBC Bankard Credit Card with <input type="checkbox"/> Credit Protect Plus | <u>Other Financial Services</u> |
| <input type="checkbox"/> Debit Card with <input type="checkbox"/> Card Protect | <input type="checkbox"/> Home/Auto/Salary Loans |
| <input type="checkbox"/> Pre-Paid Card with <input type="checkbox"/> Card Protect | <input type="checkbox"/> Life/Auto/Home Insurance |

I **Agree** **Disagree** that if interested in any of the products/services listed above, an authorized sales representative will get in touch with me.

I **Agree** **Disagree** to have my information shared with the Yuchengco Group of Companies (YGC) and RCBC's subsidiaries and affiliates for processing, referral, offer and cross-selling of products and services that I may be eligible subject to their respective Terms & Conditions and limitations set forth by the law.

I **Agree** **Disagree** to have my accounts'/customer information used in my application for other products and services offered by RCBC and YGC or as my application for RCBC Bankard.

RCBC Online Banking Enrollment

"Would you like to be enrolled in RCBC Online Banking? Yes No
Enrollment activation details will be sent to your indicated email address."

Enrollment to RCBC's Electronic Banking shall be subject to your acceptance of the Electronic Banking Terms and Conditions as stated in the RCBC's Terms and Conditions Applicable For All Deposit Accounts-Retail.

Client's Acknowledgement

By signing this form, I certify that all information provided herein is true and accurate to the best of my knowledge. I hereto agree to notify RCBC in writing of any change in the information supplied in this form. I further agree and confirm that:

- i. I acknowledge having read and clearly understood and agree to have my present and future accounts with RCBC governed by the terms and conditions set forth by RCBC which were discussed with me during account opening and are available via www.rcbc.com, as may be amended from time to time, as well as the rules and regulations of the Bangko Sentral ng Pilipinas (BSP), Bankers Association of the Philippines (BAP) and the Anti-Money Laundering Council (AMLC) relative to the opening and operation of deposit accounts and other bank/trust products and services availed of. I likewise confirm as having read and understood the said terms and conditions and hereby agree to be bound by the appropriate terms and conditions (as may be amended) governing the operation of each of my aforementioned present and future accounts.
- ii. I hereby grant RCBC full permission to have my financial account/s or information shared with its service providers, third party auditors, and such third parties as may be indicated in the Terms and Conditions, and/or reported to the US Internal Revenue Service (IRS), the Philippine Bureau of Internal Revenue (BIR), the AMLC or any other local or foreign regulators, authorities or bodies, and to comply with the Foreign Account Tax Compliance Act (FATCA) or any Anti-Money Laundering Act (AMLA) regulation or requirement, or in accordance with any applicable local and foreign laws or regulations or as may be required by or pursuant to agreements with local or foreign regulators, authorities or bodies.
- iii. The information collected, to be processed and retained, including updates, shall be for the following purposes:
 - a. Account opening and client identification;
 - b. Client risk profile assessment;
 - c. Offer and referral of other products and services, and cross-selling subject to client's consent herein; and
 - d. Compliance with BSP rules, AMLA, FATCA and such other purpose that may be required or allowed by law."
- iv. I hereby agree and authorize RCBC to collect, use, process, store, update, and disclose all information, personal or otherwise, relating to my account/s or credit standing in relation to the use of any products, services, facilities or channels that the I may avail of now or in the future from RCBC or any of its subsidiaries and affiliates. For this purpose, I hereby waive the rights as defined under applicable confidentiality and data privacy laws in the Philippines and other jurisdictions, including but not limited to, Republic Act (RA) No. 1405 or The Law on Secrecy of Bank Deposits, RA 6426 or The Foreign Currency Deposit Act, RA 8791 of the General Banking Law and RA No. 10173 or the Data Privacy Act of 2012.
- v. I agree to abide by the Bank's terms and conditions governing accounts set forth in the Deposit Terms and Conditions Version PF-TC-Ret (April2020.1) and the relevant rules and regulations governing the respective services linked to my account which have been disclosed to and discussed with me. I likewise hereby acknowledge receipt of and agree to be bound by the appropriate Terms and Conditions governing the operation of each of my aforementioned present and future Accounts / Investments as stated in this form.
- vi. I likewise acknowledge that I may request for and secure my ATM/Passbook/Checkbook and arrange for the release thereof with RCBC. This further serves as my authorization to debit my CASA for the fees/charges in relation for the mailing of my Statement of Account, as may be applicable.

- vi. I likewise acknowledge that I may request for and secure my ATM/Passbook/Checkbook and arrange for the release thereof with RCBC. This further serves as my authorization to debit my CASA for the fees/charges in relation for the mailing of my Statement of Account, as may be applicable.
- vii. I hereby authorize Rizal Commercial Banking Corporation to disburse funds as well as honor other related banking transactions on the basis of my signature as affixed below, in relation to the Accounts / Investments I maintain with the Bank as well as all other Accounts / Investments I may establish in the future.
- viii. That the information in this form shall be retained for a period of time as provided, required or allowed under applicable laws, rules and regulations.
- ix. I hereby acknowledge and consent that, for my joint "OR" account, enrolment in RCBC Online Banking be limited to only one of the joint "OR" co-depositors, which RCBC has disclosed to and discussed with me upon account opening. I hereby confirm that any enrollment, whether made by me or by joint "OR" co-depositor, shall be understood to have been made with my knowledge and consent.
- x. I hereby consent and confirm that the information as disclosed and verified by me in the Customer Record Form, including the supplemental thereof, will be used in my application for the opening new account/s in my name. I hereby agree and confirm that my signature as most-recently updated by me and currently on record with RCBC for my existing account/s, if any, shall serve as my specimen signature for this new account and any transaction undertaken therein until such time that I will update and submit a new one to replace the same.

I acknowledge that I have the right to: (i) access and correct the information given; and (ii) withdraw consent at any time by giving written instruction to RCBC.

Signature over Printed Name/Date

 _____
Signature over Printed Name/Date

 _____
Signature over Printed Name/Date



RCBC FLEXISAVERS ENROLLMENT FORM

BRANCH :				ACCOUNT NUMBER:		
CUSTOMER NAME: (First Name: Middle Name: Last Name:)				GENDER	DATE OF BIRTH (mm / dd / yyyy)	MARITAL STATUS

CHOOSE WHAT'S BEST FOR YOU!

ADB BASED ACCOUNT			FEE BASED ACCOUNT		
This requires a minimum Average Daily Balance (ADB) to maintain the account which will be based on the client's chosen features. The account will also start earning interest rate at P25,000 ADB.			This requires an annual fee to maintain the account which will be based on the client's chosen variant. The account will also start earning interest rate at P25,000 ADB.		
Pick Any	Add On Features	ADB Requirement	Pick One	Transaction Type	Annual Fee
<input type="checkbox"/>	Debit Card	PHP 3,000	<input type="checkbox"/>	Debit Card	PHP 300
<input type="checkbox"/>	Debit Card and Passbook	PHP 5,000	<input type="checkbox"/>	Debit Card and Passbook	PHP 600
<input type="checkbox"/>	Card Protect Insurance	PHP 5,000	<i>Client will receive a notification 2 months prior to its anniversary date (account opening date) with regard to the payment of the annual fee. By choosing this type of account, the client hereby authorizes the bank to debit the required annual fee from the account opened. In case the account has no sufficient balance, the bank reserves the right to automatically close the account.</i>		
<input type="checkbox"/>	Personal Accident Insurance	PHP 15,000			
<input type="checkbox"/>	No Withdrawal Fee in any Local ATM	PHP 10,000			
Total Initial Deposit			Total Initial Deposit & Annual Fee		
The initial deposit and maintaining ADB is the sum of ADB requirements of the chosen features.			The initial deposit shall not be less than the required annual fee.		

INSURANCE OVERVIEW

Items	Personal Accident	Card Protect
Insured	Account holders of FlexiSavers	
Age Eligibility	18 to 64 years old	None
Coverage Period	One (1) year effective from the account opening date	
Renewal of Coverage	Anniversary of the account opening date	
Definition of Cover	1. Accidental Death, Dismemberment and/or Disablement (AD&D)	1. Cash Protection Cover
	2. Medical Reimbursement (MR) due to Accidental Injuries	2. Personal Accident Cover
Provider	Malayan Insurance	3. Hospital Confinement
		4. Identity Restoration Cover
		5. Emergency and Trauma Assistance

CLIENT'S ACKNOWLEDGEMENT

By signing this form, I hereby acknowledge having read and clearly understood the foregoing and agree to have my present and future accounts governed by the Terms and Conditions stipulated herein, as may be amended from time to time.

Client's Signature over Printed Name
Date Signed:

FOR BANK USE ONLY

Verifier's Signature over Printed Name
Date Signed:

Approver's Signature over Printed Name
Date Signed: