



Application for Purchase of Units of the Sagicor International Balanced Fund  
("The Scheme")

PLEASE PRINT YOUR RESPONSES

APPLICANT INFORMATION		
NAME: (LAST) (FIRST) (MIDDLE)		
RESIDENTIAL ADDRESS:		
NATIONAL ID#:		EMAIL ADDRESS (PLEASE PRINT):
EMPLOYER (NAME AND ADDRESS):		OCCUPATION:
TEL # (HOME): (____) _____	TEL # (WORK): (____) _____	TEL # (CELL): (____) _____
NAME: (LAST) (FIRST) (MIDDLE)		
RESIDENTIAL ADDRESS:		
NATIONAL ID#:		EMAIL ADDRESS (PLEASE PRINT):
EMPLOYER (NAME AND ADDRESS):		OCCUPATION:
TEL # (HOME): (____) _____	TEL # (WORK): (____) _____	TEL # (CELL): (____) _____
NAME: (LAST) (FIRST) (MIDDLE)		
RESIDENTIAL ADDRESS:		
NATIONAL ID#:		EMAIL ADDRESS (PLEASE PRINT):
EMPLOYER (NAME AND ADDRESS):		OCCUPATION:
TEL # (HOME): (____) _____	TEL # (WORK): (____) _____	TEL # (CELL): (____) _____
NAME: (LAST) (FIRST) (MIDDLE)		
RESIDENTIAL ADDRESS:		
NATIONAL ID#:		EMAIL ADDRESS (PLEASE PRINT):
EMPLOYER (NAME AND ADDRESS):		OCCUPATION:
TEL # (HOME): (____) _____	TEL # (WORK): (____) _____	TEL # (CELL): (____) _____
NAME: (LAST) (FIRST) (MIDDLE)		
RESIDENTIAL ADDRESS:		
NATIONAL ID#:		EMAIL ADDRESS (PLEASE PRINT):
EMPLOYER (NAME AND ADDRESS):		OCCUPATION:
TEL # (HOME): (____) _____	TEL # (WORK): (____) _____	TEL # (CELL): (____) _____





**Application for Purchase of Units of the Sagicor International Balanced Fund  
("The Scheme")**

PLEASE PRINT YOUR RESPONSES

<b>NAME:</b>		
<b>(LAST)</b>	<b>(FIRST)</b>	<b>(MIDDLE)</b>
RESIDENTIAL ADDRESS:		
NATIONAL ID#:	EMAIL ADDRESS (PLEASE PRINT):	
EMPLOYER (NAME AND ADDRESS):		OCCUPATION:
TEL # (HOME): (____) _____	TEL # (WORK): (____) _____	TEL # (CELL): (____) _____
<b>CORPORATE SPONSOR</b>		
NAME OF COMPANY:		
REGISTERED ADDRESS:		
MAILING ADDRESS (IF DIFFERENT):		
REGISTRATION #:		
CONTACT NAME IN FULL:	OCCUPATION:	
EMAIL ADDRESS: (PLEASE PRINT)	TEL # (WORK): (____) _____	TEL # (CELL): (____) _____
<b>PAYMENT DETAILS</b>		
INITIAL SUBSCRIPTION (XCD): _____       PLEASE MAKE CHEQUES PAYABLE TO <b>SAGICOR INTERNATIONAL BALANCED FUND</b>	<b>FREQUENCY OF SUBSCRIPTION:</b> MONTHLY      QUARTERLY      SEMI-ANNUALLY ANNUALLY	
	<b>DO YOU REQUIRE MORE THAN ONE ACCOUNT?:</b> YES      NO <b>IF YES, PLEASE SPECIFY THE NO. OF ACCOUNTS REQUIRED AND SPECIFY THE SUBSCRIPTION TO EACH ACCOUNT.</b> _____ _____ _____	
<b>WHAT IS THE AVERAGE ANNUAL SUM ANTICIPATED TO BE INVESTED FOR THE SCHEME?</b> _____		



**Application for Purchase of Units of the Sagicor International Balanced Fund  
("The Scheme")**

PLEASE PRINT YOUR RESPONSES

**ACKNOWLEDGEMENT AND AGREEMENT**

We confirm that we have received and read the Particulars of the Scheme, the most recent Annual Report and any subsequent half yearly report and quarterly commentary and that we are aware of the risks associated with investment in the Scheme. On the basis of these documents, we apply to purchase units of the Scheme as specified herein and as hereinafter directed from time to time.

We understand that the value of the units in the Scheme is not guaranteed, that their value can go down as well as up and that there is no guarantee of achieving the objectives of the Scheme.

We attach or agree to submit the names and specimen signatures of any person(s) who have been authorized to sign on behalf of the applicants along with certified copies of valid government-issued picture identification and proof of address of any such person.

- Specify whichever is applicable

An entity may execute this application either under its common seal or under the hand of a duly authorized officer, who should state his capacity, and supply a list of authorized signatories. It should insert its registered head office address.

A Declaration of Source of Funds form must be completed before subscriptions are accepted for amounts invested, equal to or exceeding XCD10,000 (or its equivalent). The Management Company of the Scheme has discretion to require the completion of Source of Funds Form for subscriptions below XCD10,000.

**SIGNATURE OF APPLICANT(S)**

<p><b>NAME</b></p> <hr/> <p><b>SIGNATURE</b></p> <hr/> <p><b>DATE</b></p>	<p><b>NAME</b></p> <hr/> <p><b>SIGNATURE</b></p> <hr/> <p><b>DATE</b></p>	<p><b>NAME</b></p> <hr/> <p><b>SIGNATURE</b></p> <hr/> <p><b>DATE</b></p>
<p><b>NAME</b></p> <hr/> <p><b>SIGNATURE</b></p> <hr/> <p><b>DATE</b></p>	<p><b>NAME</b></p> <hr/> <p><b>SIGNATURE</b></p> <hr/> <p><b>DATE</b></p>	

**FOR SAGICOR USE ONLY**

**ACCOUNT NUMBER:** \_\_\_\_\_

**AMT RECEIVED:** \_\_\_\_\_      **CHEQUE #:** \_\_\_\_\_      **N.A.V (xcd):** \_\_\_\_\_

**DATE RECEIVED:** \_\_\_\_\_      **RECEIPT #:** \_\_\_\_\_      **PENSION PLAN #:** \_\_\_\_\_

**DATE PURCHASED:** \_\_\_\_\_      **CHECKED BY:** \_\_\_\_\_      **APPROVED BY:** \_\_\_\_\_