**ELECTRONIC FUNDS TRANSFER IN TRINIDAD DOLLARS** 



PLEASE COMPLETE ALL THE INFORMATION FIELDS BELOW (PRINT CLEARLY) IN FULL. THE INFORMATION CAN BE FOUND ON YOUR DRS ADVICE/STATEMENT OR ON YOUR DIVIDEND CHEQUE. IF YOU HAVE ALREADY COMPLETED AND SUBMITTED THE FORM BELOW OR ARE ALREADY RECEIVING ELECTRONIC FUND TRANSFER YOU DO NOT NEED TO COMPLETE THE FORM AGAIN. IF YOU ARE

	CHANGING YOUR BANKING DETAILS PLEASE COMPLETE THE FORM AGAIN AND SUBMIT IT TO TSX TRUST COMPANY.
	TSX TRUST ACCOUNT NUMBER
Sagicor	REGISTERED NAME (AS INDICATED ON YOUR DRS ADVICE/STATEMENT)
	MAILING ADDRESS
Please return completed form to:	MAILING ADDRESS (CONTINUED)
TSX TRUST COMPANY	CITY/REGION/MUNICIPALITY
301 - 100 Adelaide Street West Toronto, Ontario M5H 4H1 Canada	EMAIL ADDRESS
or by email to: <b>tsxtis@tmx.com</b>	By providing my email address. I hereby acknowledge and consent to all provisions outlined in the following: https://www.tsxtrust.com/consent-to-electronic-delivery.
ELECTRONIC FUNDS	TRANSFER - CURRENCY ELECTION
Funds Transfer into your Bank Account. PLE ACCOUNTS. In order for your currency elections	able in United States dollars UNLESS you elect to receive Trinidad and Tobago dollars through Electronic ASE NOTE THAT ELECTRONIC FUND TRANSFER IS NOT OFFERED FOR CREDIT UNION OR UNIT TRUST ion to be effective in relation to a particular dividend, TSX Trust Company must receive a completed form at for that dividend. Your currency election will remain effective until you notify TSX Trust Company otherwise in
IF YOU WISH TO RECEIVE FUNDS ELECTRONICAL REQUIRED.	LY IN TRINIDAD AND TOBAGO DOLLARS, PLEASE PROVIDE THE FOLLOWING BANKING INFORMATION. ALL FIELDS ARE
NAME OF RECIPIENT ON BANK ACCOUNT	
BANK NAME	

The Trinidad and Tobago dollar equivalent of such dividends will be based on the average U.S. dollar/Trinidad and Tobago dollar exchange selling rate for the 5 days preceding the record date for each dividend. Please provide a copy of a void cheque or the top half of your bank statement containing your banking information and address.

ACCOUNT TYPE (CHEQUING/SAVINGS)

Please note that dividends Less than \$1 Trinidad and Tobago dollar will not be entitled to receive electronic fund transfer.

#### **Signatures**

**BANK ACCOUNT NUMBER** 

**BANK ADDRESS** 

### THIS SECTION MUST BE COMPLETED FOR YOUR INSTRUCTIONS TO BE EXECUTED

To authorize TSX Trust Company to act in accordance with the form's instructions, please print and sign in the space below. If the common shares are held in more than one name, all holders must sign below. TSX Trust Company cannot execute the instructions if all the signatures are not provided.

#### Authorized Signature(s)

I/We authorize TSX Trust Company to act in accordance with my/our instructions set out above. I/We acknowledge that these instructions supersede and have priority over all previous instructions in respect to my/our holdings.

PLEASE PRINT NAMES				
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### **Privacy Notice**

TSX Trust Company ("TSX Trust") is committed to protecting each individual person's information. You can find our Privacy Policy at https://tsxtrust.com/ privacypolicy. Our privacy policy sets out the infomation gathering and dissemination practices of TSX Trust. This information could include name, address, phone number, e-mail address, securities holdings and other financial information. We use this to administer investor accounts to better serve investors' and clients' needs and for other lawful purposes relating to our services. We will limit the personal information we collect to what we require for the purposes for which it is collected, and will use such personal information for such purposes.

**BANK ROUTING NUMBER** 

# **Instructions**

#### **TSX TRUST ACCOUNT NUMBER**

• The TSX Trust account number can be located on your DRS Advice/Statement or your Dividend Cheque.

#### **REGISTERED NAME**

- Must match the registration associated with the TSX Trust Account Number. The Registration can be found on your DRS Advice/Statement or your Dividend Cheque. If the registration includes more than one name, all names must be included on the form.
- If the shares are held in the name of a Company, additional documentation must be provided to verify the authority of the individual signing the form. Acceptable documents are the Company's Corporate Resolution, Authorized Signing Resolution or Certificate of Incumbency.

#### **MAILING ADDRESS**

- The address must match the address that TSX Trust has on record and is associated with the TSX Trust account number and registration. The address on record can be found on your DRS Advice/Statement or your Dividend Cheque.
- If the address has changed, please contact TSX Trust Company. TSX Trust contact details are provided on the front of this form.

#### CITY

• Please include the city, region, or municipality of residence.

#### **EMAIL ADDRESS**

• We encourage you to provide an email address for future correspondence.

# **Currency Election**

#### TRINIDAD AND TOBAGO DOLLARS

• Dividend Funds less than \$1 Trinidad and Tobago dollar will not be entitled to receive Electronic Funds Transfer.

#### NAME OF RECIPIENT ON BANK ACCOUNT

• Must match at least one of the names listed under the same TSX Trust account number.

#### **BANK NAME**

- Provide the name of the Bank where your bank account is located.
  - \*Please note that Electronic Funds Transfer is not offered by Credit Unions or Unit Trusts at this moment.

#### **BANK ADDRESS**

Provide the address of the Bank where your bank account is located.

#### **BANK ACCOUNT NUMBER**

Maximum 17 digits.

# **BANK ACCOUNT TYPE**

• Select one of the account types: chequing or savings.

#### **BANK ROUTING NUMBER**

• Is a 9 digit number. Please confirm with your bank what their routing number is.

#### **SIGNATURE**

- All holders' names in the registration of the TSX Trust account must print and sign in the space provided.
- If the shares are held in the name of a Company, additional documentation must be provided to verify the authority of the individual signing the form. Acceptable documents are the Company's Corporate Resolution, Authorized Signing Resolution or Certificate of Incumbency.

#### DATE

• Fill out the date that the form is completed.

## Please contact us by phone at:

+1 647 727 0851 or by email sagicor@tsxtrust.com for any questions you may have.