



Sagikor

Application for Purchase of Mutual Funds

(opening of new accounts only)

CUSTOMER INFORMATION

(PLEASE PRINT YOUR RESPONSES)

PRIMARY SHAREHOLDER INFORMATION

Name: (Last) (First) (Middle)		
Alias (If Any): (Last) (First) (Middle)		
Permanent Residential Address:		
Mailing Address (If different):		
National Id#: Expiry Date:	Passport #: Expiry Date:	Driver's Licence #: Expiry Date:
Other Id # (State Type):		Nationality:
Date of Birth (yyyy/mm/dd):	Email Address (Please Print):	
Employer (Name and address):		Occupation:
Tel # (Home): ()	Tel # (Work): ()	Tel # (Cell): ()

SECONDARY SHAREHOLDER INFORMATION

Name: (Last) (First) (Middle)		
Alias (If Any): (Last) (First) (Middle)		
Permanent Residential Address:		
Mailing Address (If different):		
National Id#: Expiry Date:	Passport #: Expiry Date:	Driver's Licence #: Expiry Date:
Other Id # (State Type):		Nationality:
Date of Birth (yyyy/mm/dd):	Email Address (Please Print):	
Employer (Name and address):		Occupation:
Tel # (Home): ()	Tel # (Work): ()	Tel # (Cell): ()





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Is the applicant (primary, secondary shareholder or company official) a current or former head of state, head of government, member of parliament, or other senior political party official, senior military personnel, member of the judiciary or senior executive of a state owned corporation or is he/she closely related to or closely associated with such a public official?

Yes No

If yes, please provide details:

.....
.....
.....

Do you have Dual Citizenship? Yes No

If "Yes" please state the country(ies) of Citizenship.

.....
.....

INVESTMENT SELECTION AND PAYMENT DETAILS

What is the average annual sum anticipated to be deposited to the fund?

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Sagicor Global Balanced Fund (Series A Shares)	Amount (): \$ Currency	Source of funds: Salary Savings Gift Other (please state):
Sagicor Preferred Income Fund (Series A Shares) distribution or dividend Reinvest	Amount (): \$ Currency	
Sagicor Select Growth Fund (Series A Shares)	Amount (): \$ Currency	

Agent Representative Number:.....

Agent Representative Name (please print):

Primary Shareholder Initials.....

Secondary Shareholder Initials



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Prospectus

I/We confirm having read the Prospectus dated _____ and am/are aware of the nature of the Fund and the risks Associated with an investment therein and that shares are issued on the basis of the Prospectus, a copy of which is available for my/our perusal on request. On the basis of those documents I/We apply for shares as indicated.

Types of Co-ownership

Tenants-in-common (TIC) or have distinct but undivided interest in the shares. Where fund shares are held as tenants in common, all co-owners of the shares are required to authorize each transaction in respect of the share account. On the death of either tenant, the deceased's interest in the account forms part of that person's estate.

Fund shares may also be held by persons as **Joint Tenants with a right of survivorship (JTWRS)**. Where shares are held in this manner, each co-owner has an equal right over the account and may act either jointly with the co-owner (s) or separately in authorizing transactions. On death of any joint tenant shareholder, a right of survivorship will apply, the effect of which is that the surviving co-owner(s) will automatically own the share account.

Please tick desired type of co-ownership: **TIC** **JTWRS**

If the applicant is a company] I/We attach or agree to provide to you with a list of persons authorized to sign on behalf of the company.

I/We declare that I am/we are resident/non-resident in Barbados for the purpose of the Exchange Control Act of Barbados.

I/We understand that the value of the shares in the Fund are not guaranteed nor are they insured by any authority as the value can go down as well as up, and there is no guarantee of the achievement of the objectives of the Fund.

Payment should be sent to **Sagicor Funds Incorporated**, Cecil F. de Caires Building, Wildey, St. Michael BB15096, Barbados or any branch of First Citizens Bank (Barbados) Limited and made payable in cleared funds **Sagicor Funds Incorporated** by cheque or banker's draft, in either case crossed "**NOT NEGOTIABLE**" and for the account of the payee only. If payment is by telegraphic transfer, it should be sent to: Sagicor Funds Incorporated – Cecil F. de Caires Building, Wildey, St. Michael BB15096, Barbados, to the credit of the account of **Sagicor Funds Incorporated**.

A corporation 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.

If this form is signed under Power of Attorney, such power, or a duly certified copy thereof, must accompany this form.

A Declaration of Source of Funds form must be completed before subscriptions are accepted for amounts invested, equal to **or** over BDS\$10,000 (or its Equivalent). A Declaration of Source of Funds form may be requested at the discretion of the Fund for amounts invested below BDS\$10,000.

SIGNATURES

Primary Shareholder – Signature:	Secondary Shareholder – Signature:	Date:
_____	_____	_____

FOR OFFICIAL USE ONLY

ID Documents Received []	Proof of Address Received []	Agent Name &/or #.....
Amt Received:	Cheque #:	N.A.V (BDS\$):.....
Date Received:	Receipt #:	Account #:
Date purchased:	Checked By:	Approved By:.....