



THE SAGICOR SIGMA GLOBAL FUNDS SALARY DEDUCTION FORM

PART A: PERSONAL INFORMATION

Full Name: _____

Title
First
Middle
Last
Maiden

Name of Company: _____

Address of Company: _____

Employee I.D. #: _____

Department & Position: _____

Department
Position

This serves as authority for the above-stated company to deduct \$ _____
 _____ Dollars

from my monthly salary commencing _____ and forward to the attention of:

Day
Month
Year

The Sagicor Sigma Global Funds
 Business Support Unit
 Sagicor Investments Jamaica Limited
 85 Hope Road, Kingston 6

I understand that my monthly contributions will be used to purchase units in the portfolio as indicated in
 Part B: Portfolio Section

 Name

 Name of Witness

 Signature

 Signature of Witness

 Date: DD/MM/YYYY

 Date: DD/MM/YYYY

PART B: PORTFOLIO SELECTION

PORTFOLIO	Amount (\$)	Percentage (%)
Sigma Equity		
Sigma Bond		
Sigma Money Market		
Sigma Real Growth		
Sigma Income		
Sigma Diversified		
Sigma Global Equity		

PORTFOLIO	Amount (\$)	Percentage (%)
Sigma Global Bond		
Sigma Global Corporate		
Sigma Global Venture		
Sigma Educator Standard		
Sigma Educator Premium		
Sigma Educator Platinum		

Total Investment (\$) -

OFFICIAL USE ONLY

A/C #: _____

TOTAL AMOUNT: _____
