Sagicor Investments

Client Information Form
Individual

eForm CIFI07-2020

PERSONAL INFORMATION					
GENDER: Male ◯ Female ◯					
TITLE: Mr. ◯ Ms. ◯ Mrs. ◯ Dr. ◯ Other:					
MARITAL STATUS: Married ◯ Single ◯ Widowed ◯ Divorced ◯ Minor**:** ◯					
First Name:		Middle Name:		Last Name:	
Street Address:		State/Parish:		Country:	
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)					
Street Address:		State/Parish:		Country:	
PREVIOUS ADDRESS (IF CURRENT ADDRESS IS LESS THAN 5 YEARS)					
Street Address:		State/Parish:		Country:	
Area Code	Home Number	Area Code	Mobile Number	Area Code	Office Number
E-mail Address:					
Confirm E- Mail Address:					
Country(ies) Of Citizenship Or Nationality: If you are a citizen or national of more than one country, please state all countries.					

Tax Residence Country (ies):

Please state all countries in which you are liable to tax by reason of residence, domicile, etc.

Please provide the tax identification number for each tax residency country:

Please list tax ID numbers in corresponding order.

Date of Birth (DD/MM/YYYY):	City of Birth	Country of Birth:	Tax Identification Number (TIN)

Choose one form of identification and enter the ID Number: Photographic identification must be presented in respect of each individual named in this form and residential addresses confirmed by a recent original utility bill or bank statement.

National ID ◯ Passport ◯ Birth Certificate (Minors Only): ◯ Other:_____

ID NO:_____

Country of Issue	Issue Date (DD/MM/YYYY)	Expiry Date (DD/MM/YYYY)

Proof of Address (please attach a copy):

Utility Bill ◯	Bank Statement ◯

Mother's Maiden Name:

EMPLOYMENT INFORMATION

EMPLOYMENT TYPE: Employed ◯ Unemployed ◯ Self-Employed ◯ Retired ◯ Student ◯

Name of Employee:

ADDRESS OF EMPLOYER

Street Address:	State/Parish:	Country:

Employer's Business:

Occupation:	Job Title:	Start Date (DD/MM/YYYY)	Tenure (Years)

FINANCIAL INFORMATION

ANNUAL INCOME

1. UP TO TTD 50,000 ◯
2. TTD50,001– TTD100,000 ◯
3. TTD 100,000 > - TTD 150,000 ◯
4. TTD150,000 > - TTD 225,000 ◯

ANNUAL INCOME

5. TTD225,000 > - TTD 350,000 ◯
6. TD350,000> - TTD 500,000 ◯
7. TTD 500,000 > - TTD 700,000 ◯
8. TTD 700,000 > ◯

SIMA ACCOUNT OPENING	
Account Type: ◯ Individual ◯ Joint	
NAME OF ACCOUNT HOLDER	**CIF Official Use Only**
1.	
2.	
3.	
4.	
5.	

SOURCE OF FUNDING/ WEALTH FOR ACCOUNT		
Currency: Select	Expected Monthly Activity Deposits	
Initial Source of funds: Select	Amount TTD	Amount USD
Other:		

INVESTMENT OBJECTIVE

Education ◯ Appreciation ◯ Income ◯ Retirement ◯ Major Purchase ◯ Other

RISK PREFERENCE

(Identify your willingness and ability to assume risk)

◯ **Conservative** (You have a low tolerance for risk in your investments)

◯ **Moderate** (You have a medium tolerance for risk in your investments)

◯ **Aggressive** (You have a high tolerance for risk in your investments)

TAX COMPLIANCE INFORMATION

Are you a U.S. citizen or green card holder?

Yes ◯ No ◯

Counting all the days you were present in the U.S. in the current year, 1/3 of the days you were present in the preceding year and 1/6 of the days you were present in the first of these 3 years, have you been present in the U.S. for 31 days during the current year and 183 days during the last 3 years?

Yes ◯ No ◯

Are you giving standing instructions for the transfer of dividend income to a U.S. account?

Yes ◯ No ◯

Have you designated any U.S. beneficiaries on your account?

If yes, please state the full names and addresses of the beneficiaries.

Yes ◯ No ◯

Are you a grantee of a power of attorney or an authorised signatory with a U.S. address?

Yes ◯ no ◯

U.S. Tax Identification Number (TIN) / Social Security Number (SSN) (If Applicable):

Completion of U.S. treasury forms attached

If you are a U.S. citizen, resident or green card holder please confirm completion of form W-9.

FORM ATTACHED ☐

If you have provided information indicating a connection to the U.S. but are not a U.S. person, please confirm completion of form W-8BEN or other appropriate form and submission of supporting documentation. ☐

Not Applicable ☐

POLITICALLY EXPOSED PERSONS

Are any of the account holders, signatories, or their immediate family members (parents, siblings, spouse, children, & or in-laws); a current or former senior official in the military, executive, legislative or administrative arms of government, or judiciary of your country of residence or a foreign government or a senior officer of a foreign political party, or a senior executive of an enterprise owned by your country of residence or a foreign government?

Yes, (Please Provide Details Below.) ◯ No ◯

ONLINE INVESTMENT SERVICES & DECLARATION

I/we hereby request that Sagicor Investment Trinidad & Tobago Limited (SITTL) extend online investment services to me/us and in consideration of SITTL doing so, I/we hereby agree to be bound by the terms and conditions published by SITTL and which are applicable to its online investment products and services. I/we further acknowledge and agree that: (a) I/we have received, read and understood the terms and conditions applicable to SITTL's online investment products and services; and (b) SITTL may amend, vary or substitute the terms and conditions applicable to its online investment products and services from time to time in its sole and absolute discretion and that any use by me/us or on my/our instruction of such online investment services after the date of publication of the amended or substituted terms and conditions on Sagicor's website www.sagicor.com, shall constitute my agreement to be bound by same.

Yes: I /We Accept The E-Investment Services ◯ No: I/We Decline The E-Investment Services ◯

ELECTRONIC COMMUNICATIONS

I/We hereby request that Sagicor (which term shall, as applicable include Sagicor Investments Trinidad & Tobago Limited accept instructions and communications from me/us by facsimile and electronic mail and in consideration of Sagicor doing so I/we hereby agree as follows: (a) that Sagicor may (in its discretion) act on electronic communications made by me/us from time to time and I/we voluntarily and with full knowledge take and assume any and all risks associated therewith; (b) that once electronic communications are sent to Sagicor by me/us, Sagicor shall have no obligation to check or verify the authenticity or accuracy of electronic communications purporting to have been sent by me/us save and except that they have originated from the electronic mail address, facsimile or telephone number provided by me/us to Sagicor and Sagicor may act thereon as if same had been duly given by me/us; (c) that in acting on such electronic communications, Sagicor shall be deemed to have acted properly and to have fully performed all obligations owed to me/us, notwithstanding that such electronic communications may have been initiated, sent or otherwise communicated in error or fraudulently, and I/we shall be bound by such instructions on which Sagicor may act, if Sagicor has in good faith acted in the belief that such electronic instructions were given by me/us; (d) that Sagicor may, in its absolute discretion, decline to act on or in accordance with the whole or any part of an electronic communication pending further enquiry or further confirmation (whether written or otherwise) by me/us, so however that Sagicor shall not be under any obligation to so decline in any case, and Sagicor shall in no event or circumstances be liable in any respect for not so declining; (e) that communications sent by electronic means can sometimes only be carried out during the normal business hours of Sagicor; (f) that Sagicor will not be required to act on electronic communications unless they are sent from an electronic mail address, facsimile or telephone number previously notified to Sagicor and (g) to release Sagicor from and indemnify Sagicor against all claims, losses, damages, costs and expenses howsoever arising in consequence of, or in any way related to Sagicor having acted in accordance with the whole or any part of any electronic communication or having exercised (or failed to exercise) the discretion conferred upon Sagicor hereunder.

Select mode of communication:

☐ Email ☐ SMS ☐ WhatsApp ☐ All ☐ None

SHARING INFORMATION

I/We understand and agree that the information I/we provide in this form and from time to time, including information regarding my accounts and business transactions with you (customer information) may be used (1) to confirm my/our identity(ies); (2) to augment and update currently held information; (3) to provide me/us with accurate and up-to-date services; (4) to manage and assess the company's risks; (5) to satisfy information requests; and (6) to meet legal and regulatory requirements. I/We further understand and agree that my/our customer information may be shared within the company which includes its parent, subsidiaries, associated companies and affiliates, with third party service providers, credit bureaus and regulators in and outside of the jurisdictions in which Sagicor does business for the purposes above and as may be required by law. I/We hereby warrant that the information provided herein is accurate and consent to the sharing and disclosure of my/our customer information for the purposes provided herein and as Sagicor may require from time to time.

ACCOUNT HOLDER'S NAME	SIGNATURE	DATE (DD/MM/YYYY)

ACCOUNT HOLDER'S NAME	SIGNATURE	DATE (DD/MM/YYYY)

FOR OFFICIAL USE ONLY				
Branch Location:			**CIF Number:**	
BRANCH VERIFICATION			**ACCOUNT MAINTENANCE UNIT**	
AGENT/CLIENT ADVISOR NUMBER	**SIGNATURE**	**DATE** (DD/MM/YYYY)	**VERIFIED BY**	
ENTERED BY	**SIGNATURE**	**DATE** (DD/MM/YYYY)	**SIGNATURE**	**DATE** (DD/MM/YYYY)