Sagicor Investments

SIGMA GLOBAL FUNDS ALLOCATION CHANGE REQUEST

eForm SFACR06-2026

Account #: _____ Date: _____ (dd/mm/yyyy)

ACCOUNT DETAILS

Primary Account Holder:	Secondary Holder 1:	Secondary Holder 2:

Business Name:

FUND ALLOCATION CHANGE DETAILS

PORTFOLIO(S)	CURRENT FUND SPLIT	NEW FUND SPLIT
Sigma Equity (JMD)		
Sigma Bond (JMD)		
Sigma Income (JMD)		
Sigma Diversified (JMD)		
Sigma Real Estate (JMD)		
Sigma Global Bond (JMD)		
Sigma Global Corporate (JMD)		
Sigma Global Venture (JMD)		
Sigma Principal Protector (JMD)		
Sigma Principal Protector (USD)		
Sigma Global Equity (USD)		
Sigma Global Bond (USD)		
Sigma Global Corporate (USD)		
Sigma Global Income (USD)		
Sigma Global Markets (USD)		
TOTAL		

OFFERING CIRCULAR and GENERAL INVESTMENT TERMS & CONDITIONS

I/we acknowledge that I/we have read and fully understand the Sagicor Sigma Global Funds Offering Circular issued by Sagicor Investments Jamaica Limited and managed by Sagicor Life Jamaica Limited as delegated manager as well as the General Investment Terms and Conditions and that I/we fully agree to be bound by each of the terms and conditions contained therein.

UNIT ALLOCATION

I/we acknowledge and agree that the Manager may accept or reject an application for Units at its discretion.

PENALTY CHARGES

I/We understand and agree that a penalty charge may apply where the units are transferred prior to the end of the minimum holding period and shall be deducted from the principal amount being held to my/our account. In the case of a partial redemption of units, the fees apply to the portion of the units being redeemed. I/We, the undersigned agree that the investment allocation specified above will remain in effect unless otherwise stated by me/us.

_____ Primary Account Holder

_____ Date (dd/mm/yyyy)

_____ Secondary Account Holder 1

_____ Date (dd/mm/yyyy)

_____ Secondary Account Holder 2

_____ Date (dd/mm/yyyy)

_____ Witnessed by
Justice of the Peace/ Notary Public/ Investment Officer

_____ Signature

_____ Title

_____ Date (dd/mm/yyyy)

SIGMA GLOBAL FUNDS ALLOCATION CHANGE REQUEST

FOR OFFICIAL USE ONLY

Client ID#: _____ Account No.: _____ Brokerage ID: _____

Remarks: _____ Remarks: _____ Broker No.: _____

Gift Certificate No.: _____ Receipt No.: _____ Broker Name: _____

Transaction No.: _____ Business Date: _____ Business Date: _____

_____ _____ _____

Entered By: Signature Date (dd/mm/yyyy)

_____ _____ _____

Authorized By: Signature Date (dd/mm/yyyy)

Dealer Rep. Name: _____ Referral/Sales Advisor Name: _____

Dealer Rep. Code: _____ Referral/Sales Advisor Code: _____