Sagicor Investments

SAGICOR SIGMA GLOBAL FUNDS SUBSCRIPTION AND REDEMPTION

eForm SSR06-2026

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

☐ SUBSCRIPTION ☐ REDEMPTION ☐ SWITCH

ACCOUNT DETAILS

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

SUBSCRIPTION DETAILS

PORTFOLIO($)	NO. OF UNITS REQUESTED	UNIT PRICE($)	AMOUNT($)	PERCENTAGE (%)
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				

Source of funds: _____

Beneficiary Name: _____ Beneficiary DOB: _____

Trustee Name: _____ Trustee Relationship: _____

I/We the undersigned, hereby apply for units in the Sagicor Sigma Global Funds managed by Sagicor Investments Jamaica Limited, with Sagicor Life Jamaica Limited (Sagicor/Manager) delegated specific management and administrative duties and certify that the information given above is true and accurate. I/We hereby acknowledge that I/we have read and fully understand the Sagicor Sigma Offering Circular and the General Investment Terms and Conditions and that I/we agree to be bound by the terms and conditions set forth therein. I/We further agree that the Managers reserve the right to cancel any transaction which is the subject of a returned item. Units purchased before June 1, 2006 will require presentation of certificates issued by Sigma Unit Trust Managers Limited before the request for redemption is processed. Lost certificates will require completion of an indemnity form.

Authorized Signature _____ Authorized Signature _____

REDEMPTION DETAILS

☐ Sigma Equity (JMD) ☐ Sigma Diversified (JMD) ☐ Sigma Principal Protector (JMD) ☐ Sigma Global Equity (USD) ☐ Sigma Educator - Standard

☐ Sigma Bond (JMD) ☐ Sigma Global Bond (JMD) ☐ Sigma Principal Protector (USD) ☐ Sigma Global Bond (USD) ☐ Sigma Educator - Premium

☐ Sigma Real Estate (JMD) ☐ Sigma Global Corporate (JMD) ☐ Sigma Global Corporate (USD) ☐ Sigma Global Markets (USD) ☐ Sigma Educator - Platinum

☐ Sigma Income (JMD) ☐ Sigma Global Venture (JMD) ☐ Sigma Global Income (USD)

TOTAL NO OF UNITS	UNITS TO BE CASHED % OR AMOUNT($)	UNITS BALANCE	CASHOUT PRICE	AMOUNT

NB: Please send payment as stated below it being understood and agreed that I/we release and indemnify Sagicor, its agents, employees and officers from and against any irregularity, delay, omission, error or misrepresentation that may arise and from and against any loss, claim and/or damage which may be incurred through your agents employees or officers failing to properly identify the person named herein to receive the funds.

Payee Details

Cheques: _____ Cash: _____

Wire Transfer/e-transaction: _____ Conversion: _____

Sagicor accounts

☐ SIMA: _____ A/C Holder:
☐ Sagicor Bank A/C: _____ A/C Holder:
☐ Sagicor Bank Credit Card: _____ A/C Holder:
☐ Other: _____ A/C Holder:

I/we agree that Sagicor shall not be responsible for any fees charged by beneficiary banks for payments made herein.

Beneficiary Name: _____

Beneficiary Address: _____

Beneficiary Bank: _____

Branch: _____ Branch Code: _____

Beneficiary Account #: _____

Account Type: ☐ Savings Account: ☐ Chequing Account:

For the consideration stated I/We do hereby bargain, sell, assign and transfer to Sagicor Investments Jamaica Limited, hereinafter, called the Transferee, the units specified above to the several conditions on which I/We held the same immediately before the execution hereof; and the said Transferee does hereby accept and take the said units subject to the conditions aforesaid. I/We understand and agree that a penalty charge may apply where the units are transferred prior to 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.

_____	_____	_____
Authorized Signature	Authorized Signature	Authorized Signature
_____	_____	_____
Date (dd/mm/yyyy)	Date (dd/mm/yyyy)	Date (dd/mm/yyyy)

_____	_____	_____	_____
Witnessed by	Signature	Title	Date (dd/mm/yyyy)

Justice of the Peace/
Notary Public/Investment Officer

FOR OFFICIAL USE ONLY

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

Remarks: _____ Remarks: _____ Broker No.: _____

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

Business Date: _____ Business Date: _____

Transaction No.: _____

_____	_____	_____
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: _____