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 stated company to deduct $ _____

_____

from my monthly salary commencing _____and forward to the attention of:
Day Month Year

Via Cheque:
The Sagicor Sigma Global Funds
GTAM Operations – Sigma Unit
Sagicor Investments Jamaica Limited
28-48 Barbados Avenue, 4th Floor
R. Danny Williams Bldg., Kingston 5

Via Electronic Transfer:
Bank: Sagicor Bank
Branch: Business Banking (Dominica Drive)
Account Name: Sagicor Investments Jamaica Limited
Account Number: 5501 809 057
Client's Unit Holder/Account Number:

Note: All payment listings are to be sent to the email address SIJ_SigmaBSU@sagicor.com.

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

Minimum amount of JMD3,000.00 and USD50.00 for incremental subscriptions.

_____ _____
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 Income		
Sigma Diversified		
Sigma Global Bond		
Sigma Global Corporate		
Sigma Global Venture		

PORTFOLIO	Amount	Percentage (%)
Sigma Select Financial		
Sigma Select M&D		
Sigma Principal Protector (JMD)		

Total Investment ($) -

OFFICAL USE ONLY

A/C #: TOTAL AMOUNT:

_____ _____

THE SAGICOR SIGMA GLOBAL FUNDS SALARY DEDUCTION FORM

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: _____