



Application for Purchase of Mutual Funds

(opening of new accounts only)

CUSTOMER INFORMATION

(PLEASE PRINT YOUR RESPONSES)

COMPANY ACCOUNT INFORMATION

Company Name:

Company Registered Address:

Type of Company *(please tick the appropriate response below)*:

- | | | | | |
|--------------------------------------|--------------------------------------|--|--|---------------------------------------|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership | <input type="checkbox"/> Unincorporated Business | <input type="checkbox"/> Financial Institution | <input type="checkbox"/> Credit Union |
| <input type="checkbox"/> Other | | | | |

Company Registration #: Country of Formation:

Business #: () Fax #: () Web Address:

Documents provided *(please tick the appropriate response below)*:

Certificate of Incorporation	Yes	No	n/a
Articles of Incorporation or Continuance	Yes	No	n/a
Articles of Memorandum of Association	Yes	No	n/a
By-Laws	Yes	No	n/a
Partnership Agreement	Yes	No	n/a
Resolution Authorizing Relationship	Yes	No	n/a
Power or Attorney or other Authorities	Yes	No	n/a
Annual Return	Yes	No	n/a
Annual Report	Yes	No	n/a
Audited Financial Statements	Yes	No	n/a
Government or other Licence	Yes	No	n/a
Other <i>(please give details)</i>	Yes	No	n/a

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Nature of Business:

Products and Services Offered:





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Is the applicant (primary, secondary shareholder or company official) a current or former head of state, head of government, member of parliament, or other senior political party official, senior military personnel, member of the judiciary or senior executive of a state owned corporation or is he/she closely related to or closely associated with such a public official?

Yes No

If yes, please provide details:

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INVESTMENT SELECTION AND PAYMENT DETAILS

What is the average annual sum anticipated to be deposited to the fund?

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Sagikor Global Balanced Fund (Series A Shares)	Amount (): \$ Currency	Source of funds: Salary Savings Gift Other <i>(please state)</i> :
Sagikor Preferred Income Fund (Series A Shares) Distribution or Dividend Reinvest	Amount (): \$ Currency	
Sagikor Select Growth Fund (Series A Shares)	Amount (): \$ Currency	

Agent Representative Number:

Agent Representative Name *(please print)*:



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Prospectus

I/We confirm having read the Prospectus dated _____ and am/are aware of the nature of the Fund and the risks Associated with an investment therein and that shares are issued on the basis of the Prospectus, a copy of which is available for my/our perusal on request. On the basis of those documents I/We apply for shares as indicated.

Types of Co-ownership

Tenants-in-common (TIC) or have distinct but undivided interest in the shares. Where fund shares are held as tenants in common, all co-owners of the shares are required to authorize each transaction in respect of the share account. On the death of either tenant, the deceased's interest in the account forms part of that person's estate.

Fund shares may also be held by persons as **Joint Tenants with a right of survivorship (JTWS)**. Where shares are held in this manner, each co-owner has an equal right over the account and may act either jointly with the co-owner (s) or separately in authorizing transactions. On death of any joint tenant shareholder, a right of survivorship will apply, the effect of which is that the surviving co-owner(s) will automatically own the share account.

Please tick desired type of co-ownership: **TIC** **JTWS**

If the applicant is a company] I/We attach or agree to provide to you with a list of persons authorized to sign on behalf of the company.

I/We declare that I am/we are resident/non-resident in Barbados for the purpose of the Exchange Control Act of Barbados.

I/We understand that the value of the shares in the Fund are not guaranteed nor are they insured by any authority as the value can go down as well as up, and there is no guarantee of the achievement of the objectives of the Fund.

Payment should be sent to **Sagicor Funds Incorporated**, Cecil F. de Caires Building, Wildey, St. Michael BB15096, Barbados or any branch of Butterfield Bank (Barbados) Limited, and made payable in cleared funds to **Sagicor Funds Incorporated** by cheque or banker's draft, in either case crossed "**NOT NEGOTIABLE**" and for the account of the payee only. If payment is by telegraphic transfer, it should be sent to: Sagicor Funds Incorporated – Cecil F. de Caires Building, Wildey, St. Michael BB15096, Barbados, to the credit of the account of **Sagicor Funds Incorporated**.

A corporation may execute this application either under its common seal or under the hand of a duly authorized officer, who should state his capacity, and supply a list of authorized signatories. It should insert its registered head office address.

If this form is signed under Power of Attorney, such power, or a duly certified copy thereof, must accompany this form.

A Declaration of Source of Funds form must be completed before subscriptions are accepted for amounts invested, equal to **or** over BDS\$10,000 (or its Equivalent). A Declaration of Source of Funds form may be requested at the discretion of the Fund for amounts invested below BDS\$10,000.

SIGNATURES			
Primary Shareholder – Signature: _____		Secondary Shareholder – Signature: _____	
			Date: _____
Directors (Please Print Name)			Date: _____
Name _____	Name _____	Name _____	
Signature _____	Signature _____	Signature _____	

FOR OFFICIAL USE ONLY		
ID Documents Received []	Proof of Address Received []	Agent Name &/or #.....
Amt Received:	Cheque #:	N.A.V (BDS\$):.....
Date Received:	Receipt #:	Account #:
Date purchased:	Checked By:	Approved By:.....



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DECLARATION OF SOURCE OF FUNDS

1. Customer Name (Last, First, Middle) or Business:		7. Name of person conducting transaction, (If different from previous):	
2. Permanent Address:		8. Permanent Address:	
3. Date and Place of Birth:		9. Date and Place of Birth:	
4. Nationality:		10. Nationality:	
5. Occupation:		11. Occupation:	
6. Telephone Number (H):	Telephone Number (W):	12. Telephone Number (H):	Telephone Number (W):
13. A/C Number:		14. Amount of Transaction & Currency:	
15. Name of Company (Sagikor Life Inc, Sagikor Capital Life Insurance Company Limited or Sagikor Funds Incorporated etc):			

16. Address of Branch receiving funds:

Form of Verification (Please check box)	Issuer & Date	Number
National I.D.		
Passport		
Driver's Licence		
Social Security		
Other (specify)		

Description / nature of business transaction:
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Declaration
I declare the US\$ (Other.....) Totalling \$.....

Presented to complete this transaction, by means of..... (record particulars of instrument or attach copy)
represents the proceeds of monies obtained from the following source
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I acknowledge that this declaration is required under the Company's anti-money laundering and anti-terrorism policy and consent is given to the Company, a member of the SAGICOR Group, to disclose this information to Anti-Money Laundering personnel with the SAGICOR Group of companies and their affiliates for the purpose of ensuring that the Company complies with Anti-Money Laundering legislation.

Customer Signature: Date: Time:

Transaction Approved? Yes No

Receipt Number

If No, state reason:

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Officer Completing Transaction
(Signature & Title)

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Authorizing / Compliance Officer
(Signature & Title)

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Date

.....
Reviewed Date