

# THE SAGICOR SIGMA 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 above-stated company to deduct \$ \_\_\_\_\_  
 \_\_\_\_\_ Dollars

from my monthly salary commencing \_\_\_\_\_ and forward to the attention of:  
Day Month Year

The Sagicor Sigma Funds  
 Business Support Unit  
 Sagicor Investments Jamaica Limited  
 60 Knutsford Boulevard, Kingston 5

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

\_\_\_\_\_  
 NAME

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE:DD/MM/YYYY

\_\_\_\_\_  
 NAME OF WITNESS

\_\_\_\_\_  
 SIGNATURE OF WITNESS

\_\_\_\_\_  
 DATE:DD/MM/YYYY

## PART B: PORTFOLIO SELECTION

PORTFOLIO	AMOUNT (\$)	PERCENTAGE (%)
Sigma Solution		
Sigma Optima		
Sigma Liberty		
Sigma Corporate		
Sigma Venture		
Sigma Diversified Investor		
Sigma Global Equity		
Sigma Money Market		
Sigma Real Growth		
<b>Total Investment</b>		

### OFFICIAL USE ONLY

A/C #: \_\_\_\_\_  
 \_\_\_\_\_

TOTAL AMOUNT : \_\_\_\_\_  
 \_\_\_\_\_