

SIGMA EDUCATOR (JMD) SUBSCRIPTION FORM

ACCOUNT DETAILS

Full Name:

Address:

Email:

Contact (Home):

(Mobile):

(Work):

SUBSCRIPTION DETAILS

PORTFOLIO (S)	AMOUNT (JMD)	NO. OF UNITS	UNIT PRICE (JMD)	PERCENTAGE (%)
STANDARD				
PREMIUM				
PLATINUM				
TOTAL				

Source of Funds: _____

Beneficiary Name: _____ Beneficiary DOB: _____

Trustee Name: _____ Trustee Relationship: _____

Trustee Contact No: _____

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: _____