

SUBSCRIPTION

 REDEMPTION

 SWITCH

## PART A: ACCOUNT DETAILS

Date: \_\_\_\_\_ Account #: \_\_\_\_\_ Address: \_\_\_\_\_  
DD/MM/YYYY Street City/Town Parish/State Country

Primary Account Holder: \_\_\_\_\_  
First Middle Last Maiden

Secondary Account Holder: \_\_\_\_\_  
First Middle Last Maiden

Secondary Account Holder: \_\_\_\_\_  
First Middle Last Maiden

## PART B: SUBSCRIPTION DETAILS

PORTFOLIO(S)	NO. OF UNITS REQUESTED	UNIT PRICE (\$)	AMOUNT (\$)	PERCENTAGE (%)
Sigma Solution				
Sigma Optima				
Sigma Liberty				
Sigma Venture				
Sigma Corporate				
Sigma Real Growth				
Sigma Diversified Investor				
Sigma Global Equity				
Sigma Money Market				
Sigma Real Estate				
<b>Total Investment</b>				

The investment allocation specified above is specific to this unit(s) purchase only.

### SOURCE OF FUNDS:

I/We, the undersigned hereby apply for units in the Sigma Fund managed by Sagicor Investments Jamaica Limited, with Sagicor Life Jamaica Limited delegated specific management and administrative duties and certify that the information given above is true and accurate. I/We have agreed to abide by the terms and conditions set forth in the Trust Deed and outlined in the Offering Circular and agree to be bound by the same. I/We further agree that the Managers reserve the right to cancel any transaction which is the subject of a returned item.

## PART C: REDEMPTION DETAILS

PORTFOLIO(S):  Sigma Solution  Sigma Optima  Sigma Diversified Investor  Sigma Global Equity  Sigma Money Market  
 Sigma Real Growth  Sigma Real Estate  Sigma Liberty  Sigma Venture  Sigma Corporate

No. of Units	Units to be Cashed Out	Balance	Cashout Price	Gross Amount	Withholding Tax	Net Total

PAYEE DETAILS (MUST NOT BE LEFT BLANK): \_\_\_\_\_

## PART D: SIGNATURES

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.

_____ SIGNATORY 1	_____ SIGNATORY 2
_____ DATE	_____ DATE
_____ SIGNATORY 3	_____ SIGNATURE OF WITNESS
_____ DD/MM/YYYY	_____ DD/MM/YYYY

## FOR OFFICIAL USE

Client ID#: _____	Account No.: _____	Brokerage ID: _____	Inputter: _____
Remarks: _____	Remarks: _____	Broker No.: _____	Date: _____
_____	Receipt No.: _____	Broker Name: _____	Authorised by: _____
Gift Certificate No.: _____	Business Date: _____ <small>DD/MM/YYYY</small>	Business Date: _____ <small>DD/MM/YYYY</small>	Date: _____
	Transaction No.: _____		
Dealer Rep. Name: _____	Referral/Sales Advisor Name: _____		
Dealer Rep. Code: _____	Referral/Sales Advisor Code: _____		

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