



Sigma Global Funds Redemption and Subscription

Eform SRS02-2016

Account #: _____

Date: _____

(dd/mm/yyyy)

SUBSCRIPTION

REDEMPTION

SWITCH

ACCOUNT DETAILS		
Primary Account Holder:	Secondary Holder 1:	Secondary Holder 2:

SUBSCRIPTION DETAILS				
PORTFOLIO(S)	NO. OF UNITS REQUESTED	UNIT PRICE(\$)	AMOUNT(\$)	PERCENTAGE (%)
Sigma Equity				
Sigma Bond				
Sigma Money Market				
Sigma Real Growth				
Sigma Income				
Sigma Diversified				
Sigma Real Estate				
Sigma Global Equity				
Sigma Global Bond				
Sigma Global Corporate				
Sigma Global Income (USD)				
Sigma Global Markets (USD)				
Sigma Global Venture				
Sigma Educator – Standard				
Sigma Educator – Premium				
Sigma Educator – Platinum				
TOTAL				

Source of funds: _____

Beneficiary Name: _____ Beneficiary DOB: _____

Trustee Name: _____ Trustee Relationship: _____

I/We the undersigned, hereby apply for units in the Sagikor Sigma Global Funds managed by Sagikor Investments Jamaica Limited, with Sagikor Life Jamaica Limited (Sagikor/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 Sagikor 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 _____

REDEMPTION DETAILS				
<input type="checkbox"/> Sigma Equity	<input type="checkbox"/> Sigma Income	<input type="checkbox"/> Sigma Global Equity	<input type="checkbox"/> Sigma Global Income	<input type="checkbox"/> Sigma Educator - Standard
<input type="checkbox"/> Sigma Bond	<input type="checkbox"/> Sigma Diversified	<input type="checkbox"/> Sigma Global Bond	<input type="checkbox"/> Sigma Global Markets	<input type="checkbox"/> Sigma Educator - Premium
<input type="checkbox"/> Sigma Money Market	<input type="checkbox"/> Sigma Real Growth	<input type="checkbox"/> Sigma Global Corporate	<input type="checkbox"/> Sigma Global Venture	<input type="checkbox"/> Sigma Educator - Platinum
<input type="checkbox"/> Sigma Real Estate				
TOTAL NO OF UNITS	UNITS TO BE CASHED % OR AMOUNT(\$)	UNITS BALANCE	CASHOUT PRICE	AMOUNT

NB: Please send payment as stated below it being understood and agreed that I/we release and indemnify Sagikor, its agents, employees and officers from and against any irregularity, delay, omission, error or misrepresentation that may arise and from and against any loss, claim and/or damage which may be incurred through your agents employees or officers failing to properly identify the person named herein to receive the funds

Payee Details: Cheques: _____ Cash: _____

Wire Transfer/e-transaction: _____ Conversion: _____

Sagikor accounts
 SIMA: _____
 Sagikor Bank A/C: _____
 Sagikor Bank Credit Card: _____
 Other: _____

A/C Holder: _____
A/C Holder: _____
A/C Holder: _____
A/C Holder: _____

Beneficiary Name _____

Beneficiary Address _____

Beneficiary Bank _____

Branch _____ Branch Code _____

Beneficiary Account # _____

Account Type: Savings Account Chequing Account

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. I/We understand and agree that a penalty charge may apply where the units are transferred prior to the minimum holding period and shall be deducted from the principal amount being held to my/our account. In the case of a partial redemption of units the fees apply to the portion of the units being redeemed.

Authorized Signature

Authorized Signature

Authorized Signature

Date (dd/mm/yyyy)

Date (dd/mm/yyyy)

Date (dd/mm/yyyy)

Witnessed by
Justice of the Peace/
Notary Public/Investment Officer

Signature

Title

Date (dd/mm/yyyy)

FOR OFFICIAL USE ONLY

Client ID#: _____

Account No.: _____

Brokerage ID: _____

Remarks: _____

Remarks: _____

Broker No.: _____

Gift Certificate No.: _____

Receipt No.: _____

Broker Name: _____

Business Date: _____

Business Date: _____

Transaction No.: _____

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: _____