

APPLICATION NO: \_\_\_\_\_ CLIENT NO: \_\_\_\_\_

AGENT'S NAME: \_\_\_\_\_ AGENT'S CODE: \_\_\_\_\_ BRANCH: \_\_\_\_\_

**To become a participant of Sagicor Lifestyle the completed Application Form along with the following documents are required:**

- TRN  Proof of Residential Address (Copy Bank Statement/Utility Bill-no more than 3 months old)
- TAJ Application for Tax Exemption (if paying by Salary Deduction)  One (1) valid photo ID(Driver's Licence, Passport, National ID)  For Self Employed Persons (Proof of income e.g. audited accounts)

**PART A: CLIENT DETAIL**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Alias: \_\_\_\_\_

Maiden name (if applicable): \_\_\_\_\_ Mother's maiden name: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widowed Sex:  M  F Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD MM YYYY

Country of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_ Jamaican Resident:  Y  N If no, state Country \_\_\_\_\_ Since \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD MM YYYY

Country of Citizenship: \_\_\_\_\_ Are you a US green card holder?  Y  N

Have you been present in the US for 31 days during the current year and 183 days during the past 3 years?  Y  N

Tax Identification Number (Tin) Type-  Social Security  Individual Taxpayer ID  Employer ID Tin Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ TRN: \_\_\_\_\_ NIS: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Since \_\_\_\_/\_\_\_\_/\_\_\_\_  
Street City/Town Country DD MM YYYY

Previous Address: \_\_\_\_\_  
(if at current address five years or less) Street City/Town Country

Mailing Address (if different from above): \_\_\_\_\_  
Street City/Town Country

Email: \_\_\_\_\_

Tel. (H): \_\_\_\_\_ (W): \_\_\_\_\_ (M): \_\_\_\_\_

**Next of Kin**

Full Name of Next of Kin: \_\_\_\_\_

Current Address: \_\_\_\_\_

Tel. (H): \_\_\_\_\_ (W): \_\_\_\_\_ (M): \_\_\_\_\_

Name of Referee #1: \_\_\_\_\_ Tel. No: \_\_\_\_\_

Name of Referee #2: \_\_\_\_\_ Tel. No: \_\_\_\_\_

**For Employed Persons**

Name of current Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Tel. No: \_\_\_\_\_

Name of previous Employer: \_\_\_\_\_

**For Self-Employed Persons**

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Tel. No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ (Proof of income required)

Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

Have you ever engaged in any transaction with Sagicor or any of its subsidiaries:  Y  N

If yes, state type:  Investment  Insurance  Pensions  Mortgage  Banking  Other: \_\_\_\_\_

Are you currently contributing to a superannuation fund or a retirement scheme?  Y  N

**PART B: CLIENT IDENTIFICATION**

PASSPORT NO: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_ COUNTRY OF ISSUE: \_\_\_\_\_

DRIVERS LICENCE: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_ COUNTRY OF ISSUE: \_\_\_\_\_

ELECTOR REGISTRATION ID/  
 NATIONAL ID: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_ COUNTRY OF ISSUE: \_\_\_\_\_

OTHER (Please Specify): \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_ COUNTRY OF ISSUE: \_\_\_\_\_

**PART C: VERIFICATION OF RESIDENCE (Valid copy of any of the following must be attached)**

- Verification of Residential Address:
- Utility or Cable Bill (no more than 3 months old)
  - Bank Statement
  - Declaration Witnessed By J.P.
  - Other \_\_\_\_\_

*Note: copy of document must be attached.*

Are you or any of your immediate family members (parents, siblings, spouse, children or in-laws) a current or former senior official in the military, executive, legislative or administrative arms of government or judiciary of your country of residence or a foreign government or a senior officer of a foreign political party or a senior executive of an enterprise owned by your country of residence or a foreign government?

Yes  No: If yes, provide details.

\_\_\_\_\_

\_\_\_\_\_

**PART D: SOURCE OF FUNDS**

Salary  Transfer from another fund/scheme.  Other \_\_\_\_\_

Annual Income/Emoluments: \_\_\_\_\_

Transfer Value:  Y  N

Superannuation Fund/Retirement Scheme ( <i>kindly provide details on transferred value</i> )	Value

**PART E: PLAN DETAIL**

Annual Contribution: \_\_\_\_\_ (%) Frequency of Payment:  Annual  Semi-Annual  Quarterly  Monthly

Mode of Payment:  PAP  Salary Deduction  Cash

**PART F: BENEFICIARY INFORMATION**

Nominated Beneficiary ( <i>Trustee required where nominated beneficiary is a minor or mentally incapable of acting on his own</i> )	Telephone No.	Date of Birth DD/ MM / YY	Relationship	Sex (M/F)	Split %

\*Provide copy of trust instrument

**PART G: RISK PREFERENCE**

(A risk preference selection in accordance with the options below should be made after reading the Information Folder, Brochure, and the Description of Sagicor Pooled Funds)

- Conservative:** You have a low tolerance for risk in your investments and returns on investment will likely be lower than other strategies;
- Moderate:** You have a medium tolerance for risk in your investments and want your investment to have moderate fluctuations;
- Aggressive:** You have a high tolerance for risk in your investments recognizing that there may be significant changes in the value of your portfolio or losses at anytime;

**PART H: INVESTMENT APPROACH**

Pooled Investment Funds:  Sagicor selection  Member Selection (below)

% PIF EF	% PIF FIF	% PIF FCF	% PIF MMF	% PIF MREF	% PIF CPI	% PIF IEF	% PIF GMF	% PIF DIF

I certify that the above information is correct and I understand that failure to disclose may invalidate my membership in the scheme or affect future benefits. I agree to all the terms and conditions as set out in the Scheme's Master Trust Deed and Rules. I acknowledge that with regards to Pooled Funds, investment returns and principal value will fluctuate so that my units when redeemed may be more or less than their original cost.

I understand and agree that the information I provide in this form and from time to time, including information regarding my accounts and business transactions with you (Customer Information) may be used for the following purposes: to confirm my identity, to augment and update currently held information to provide me with accurate and up-to-date services, to manage and assess the company's risks, to satisfy information requests and to meet legal and regulatory requirement.

I further understand and agree that my Customer Information may be shared within the Company which includes its parent, subsidiaries, associated companies and affiliates, with third party service providers, credit bureaus and Regulators in and outside of the jurisdictions in which Sagicor does business for the purposes above and as may be required by law. I hereby warrant that the information provided herein is accurate and consent to the sharing and disclosure of my Customer Information for the purposes provided herein and as Sagicor may require from time to time.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Applicant Date Witness Date

**PART I: EXTRACTION OF AGE FOR ADMITTANCE (*Certified copy of Birth Certificate or valid Passport*)**

Name of Applicant: \_\_\_\_\_

Full Given Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Document from which details are being extracted:

Birth Certificate No: \_\_\_\_\_  Passport No: \_\_\_\_\_

**REPRESENTATIVE'S ACKNOWLEDGEMENT**

I, \_\_\_\_\_ (name of Rep.) confirm that this Application for the Sagicor Lifestyle for \_\_\_\_\_ will be forwarded to Sagicor Life Jamaica Limited with the sum of \_\_\_\_\_ dollars (\$ \_\_\_\_\_) being initial contribution for the said application.

\_\_\_\_\_  
Representative's Signature

\_\_\_\_\_  
Date