

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 Principal Protector (JMD)				
Sigma Principal Protector (USD)				
Sigma Educator - Standard				
Sigma Educator - Premium				
Sigma Educator - Platinum				
Sigma Educator (USD)				
TOTAL				

Source of funds: _____

Beneficiary Name: _____ Beneficiary DOB: _____

Trustee Name: _____ Trustee Relationship: _____

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 _____

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 | <input type="checkbox"/> Sigma Principal Protector (JMD) | <input type="checkbox"/> Sigma Principal Protector (USD) | | <input type="checkbox"/> Sigma Educator(USD) |

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 Sagicor, 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: _____

Sagicor accounts

- SIMA: _____ A/C Holder: _____
- Sagicor Bank A/C: _____ A/C Holder: _____
- Sagicor Bank Credit Card: _____ A/C Holder: _____
- Other: _____ A/C Holder: _____

I/we agree that Sagicor shall not be responsible for any fees charged by beneficiary banks for payments made herein.

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	_____ Signature	_____ Title
		_____ Date (dd/mm/yyyy)

Justice of the Peace/
Notary Public/Investment Officer

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: _____