



Money Market Fund

SCOTIA DBG FUND MANAGERS LTD
Customer Information Form
Personal Customer

Branch:

Account #

I wish to buy \_\_\_\_\_ units in the PGF at \$ \_\_\_\_\_ per unit (minimum of 200 units) to the value of \$ \_\_\_\_\_.

Form section for individual customer details including Title, Marital Status, Nationality, Residential Address, Employment Status, and Income Range.

JOINT ACCOUNT HOLDER or EXECUTOR/ADMINISTRATOR

Form section for joint account holder or executor/administrator details including Title, Marital Status, Nationality, Residential Address, Employment Status, and Income Range.

**JOINT ACCOUNT HOLDER****or EXECUTOR/ADMINISTRATOR**

Title \_\_\_\_\_

(Mr./Ms./Mrs./Dr./Prof) Surname First Name Middle Name Maiden/Alias Name

Marital Status:  Single  Married  Divorced  Widowed Number of Dependents: \_\_\_\_\_

Nationality: \_\_\_\_\_ Date of Birth (DDMMYYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_

Residential Address: \_\_\_\_\_  Own  Rent  Other

Parish/District: \_\_\_\_\_ Country: \_\_\_\_\_ Address Since(DD/MM/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Previous Address (if present address less than 3 years): \_\_\_\_\_

Employment Status:  Employed  Self Employed  Unemployed  Student  Retired

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer's Address \_\_\_\_\_ Employed Since(DD/MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

TRN: \_\_\_\_\_ ID #: \_\_\_\_\_  Drivers License  Passport  Voter's/ National IDGross Annual Income Range:  Under J\$1M  J\$1M - J\$3.9M  J\$4M - J\$9.9M  J\$10M and Over

Previous Employer (if less than 3 years at present employment): \_\_\_\_\_

**JOINT ACCOUNT HOLDER****or EXECUTOR/ADMINISTRATOR**

Title \_\_\_\_\_

(Mr./Ms./Mrs./Dr./Prof) Surname First Name Middle Name Maiden/Alias Name

Marital Status:  Single  Married  Divorced  Widowed Number of Dependents: \_\_\_\_\_

Nationality: \_\_\_\_\_ Date of Birth (DDMMYYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_

Residential Address: \_\_\_\_\_  Own  Rent  Other

Parish/District: \_\_\_\_\_ Country: \_\_\_\_\_ Address Since(DD/MM/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Previous Address (if present address less than 3 years): \_\_\_\_\_

Employment Status:  Employed  Self Employed  Unemployed  Student  Retired

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer's Address \_\_\_\_\_ Employed Since(DD/MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

TRN: \_\_\_\_\_ ID #: \_\_\_\_\_  Drivers License  Passport  Voter's/ National IDGross Annual Income Range:  Under J\$1M  J\$1M - J\$3.9M  J\$4M - J\$9.9M  J\$10M and Over

Previous Employer (if less than 3 years at present employment): \_\_\_\_\_

Initial Deposit: \_\_\_\_\_ Source of Funds: \_\_\_\_\_

Will this account be used to conduct business on behalf of someone other than the named accountholder(s)?  YES  NO

If yes, provide details: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**My portfolio manager has the right to manage my funds and securities in the following manner:**

- "Full Discretion" (I grant my fund manager full authority over my funds and securities, without consultation).  
 "Partial Discretion" (I must be contacted before execution of any trade/transaction).  
 "Custody" (No discretion to trade. Assets are for safe-keeping and reporting only).

**Risk Profile:**  Very Cautious - no unnecessary risks  Cautious - small risks acceptable  Moderate - reasonable levels of risks  
 Adventurous - accept greater levels of risk  Speculative - accept high levels of risk

**SIGNING INSTRUCTIONS FOR JOINT ACCOUNTS:** PLEASE STATE HOW MANY AND WHAT COMBINATION OF SIGNATURES IS REQUIRED TO EFFECT A TRANSACTION ON THIS ACCOUNT. Please note that if nothing is indicated, any one signature may be accepted and acted upon, provided however that where the account is being used as collateral to secure any loan, guarantee, indemnity, undertaking or other form of financial exposure (or in any other case, if deemed necessary or expedient), Scotia DBG Fund Managers Ltd. reserves the right (but shall not be obliged) to require all the named account holders to sign the required documents. \_\_\_\_\_

**A right of survivorship applies to joint accounts.** It has the effect that on the death of one of the joint account holders, his or her entire rights and interest in the account accrue automatically to the other joint account holder(s), and do not form part of the deceased joint account holder's estate.

**OFFERING CIRCULAR**

I/We have received a copy of the Money Market Fund Offering Circular on or before this date and acknowledge that I/we am /are responsible for familiarizing myself/ourselves with the contents contained therein.

**5% WAIVER**

It is my/our understanding that associated with the purchase of units in the Money Market Fund is a preliminary fee of 5% on the principal amount invested.

I/We also understand that this charge will be waived if my/our investment remains with the Money Market Fund for a period of 90 Days or longer. Therefore, if an encashment is effected before the expiration of the 90-day period, the 5% fee will be deducted from the principal amount originally invested. In the case of partial encashments, the 5% fee will apply only to the portion of units being encashed.

**ENCASHMENT PAYOUT PERIOD**

I/We am/are aware that, according to the Trust Deed, Scotia DBG Fund Managers Ltd ("SDBGFML") has up to seventeen (17) business days in which to pay out the proceeds of an encashment, but that all efforts are made to settle payments within a few days.

**DISBURSEMENT**

I request that my documents be disbursed as follows as a standing order: Certificates/ Receipts/ Contracts/ Quarterly Statements:

By Mail  Hold

_____ <b>Client Signature</b> _____ (DD/MM/YYYY)	_____ <b>Joint Holder Signature</b> _____ (DD/MM/YYYY)	_____ <b>Joint Holder Signature</b> _____ (DD/MM/YYYY)	_____ <b>Joint Holder Signature</b> _____ (DD/MM/YYYY)
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FOR USE BY SDBGUTML (or its affiliates) PERSONNEL ONLY

**PERSONAL CLIENTS:-**

CIF completed & signed by main & joints	2 SCOTIADBG Reference forms for main/single account holder	Verbal/Fax/Email /General indemnity	Bank Ref for foreign clients of SCOTIADBG T&T Branch
ID & TRN of signatories	Mailing/interest Instructions	Withholding application (If applicable)	Is (each) account holder a PEP or related/connecte d to a PEP? (Y/N)
Address confirmation	Source of funds	Prof. Intermediary letter	

**OFFICER'S NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**SENIOR MANAGER'S NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**COMMENTS:**