



Premium Growth Fund

SCOTIA DBG FUND MANAGERS LTD
Customer Information Form

Branch:

Account #

Business Customer Information Form and Client Account Agreement

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

Business Name: _____

Address _____

Country of Registration: _____ Beno ID/TRN: _____

Web Address: _____ Email Address: _____

Business Structure: [] Corporation [] Association [] Partnership [] Proprietorship [] Club

Date of Incorporation/Registration: (DD/MM/YYYY) ___/___/___ Expiry Date: (DD/MM/YYYY) ___/___/___

Company's Primary Business Activity: _____

Group / Corporate Structure: _____

Major Suppliers: _____

Name(s) of the principal officer(s) or representatives of the non incorporated entity: (1) _____

(2) _____ (3) _____ (4) _____

Name of Primary Banker: _____ Branch: _____

Name of Company Lawyer: _____

Address of Company Lawyer: _____

Name of Company Auditor: _____

Address of Company Auditor: _____

Purpose of the Account: _____

Initial Deposit: _____ Source of Funds: _____

Expected Monthly Level of Activity: _____

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

If yes, provide details: _____

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. _____

OFFERING CIRCULAR

I/We have received a copy of the Premium Growth 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.

WAIVER

It is my/our understanding that associated with the purchase of units in the Premium Growth Fund is a preliminary fee of up to 8% on the principal amount invested.

I/We also understand that this charge will be waived if my/our investment remains with the Premium Growth Fund for a period of 30 Days or longer. Therefore, if an encashment is effected before the expiration of the 30-day period, the applicable fee will be deducted from the principal amount originally invested. In the case of partial encashments, the applicable 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, SCOTIADBG Unit Trusts 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

NAME	TITLE	SIGNATURE	TRN	LIMITS (if applicable)

Chairman

Secretary

FOR USE BY DBGUTML (or its affiliates) PERSONNEL ONLY

Address confirmation	Source of funds	Prof. Intermediary letter		
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BUSINESS CLIENTS:-

CIF completed & signed	ID & TRN of signatories & 2 directors	Fax/E-mail/General indemnity	Deed of partnership/Internal rules
Certif. of incorp., Articles & Memo. of Assoc.	Nature of biz (statement/print out) & Last annual return	Withholding application (If applies)	Decision in writing/ resolution of the non incorporated entity
TRN of the entity, Source of funds, purpose of the a/c	Annual reports/ audited financials (etc) for listed companies	Prof. Intermediary letter	Mailing/interest instructions
Directors' Resolution	Certif. of Good standing (overseas)	Certif. of biz. name registration /proof of registration/existence	Is the entity or any of its members related/connected to a PEP? (Y/N)

OFFICER'S NAME: _____

SIGNATURE: _____

SENIOR MANAGER'S NAME: _____

SIGNATURE: _____

COMMENTS:

