

JOINT ACCOUNT HOLDER # 1 or EXECUTOR/ADMINISTRATOR

Title _____
Surname First Name Middle Name Maiden/Alias
Name

Residential address _____

Current Utility Bill Tel. Registry Employer's letter Verification by SCOTIADBG Bank statement/credit card bill

Phone #: Home: _____ Work: _____ Mobile: _____ E-MAIL ADDRESS: _____

Nationality: _____ Date of Birth (DDMMYYYY) ___/___/___ Place of Birth: _____

TRN: _____ ID #: _____ Drivers License Passport Voter's/ National ID

SOURCE OF FUNDS: _____

Gross Annual Income Range: Under J\$1M J\$1M - J\$3.9M J\$4M - J\$9.9M J\$10M and Over

Employment Status: Employed Self Employed Unemployed Student Retired

Employed Since: ___/___/___

JOINT ACCOUNT HOLDER # 2 or EXECUTOR/ADMINISTRATOR

Title _____
Surname First Name Middle Name Maiden/Alias
Name

Residential address _____

Current Utility Bill Tel. Registry Employer's letter Verification by SCOTIADBG Bank statement/credit card bill

Phone #: Home: _____ Work: _____ Mobile: _____ E-MAIL ADDRESS: _____

Nationality: _____ Date of Birth (DDMMYYYY) ___/___/___ Place of Birth: _____

TRN: _____ ID #: _____ Drivers License Passport Voter's/ National ID

SOURCE OF FUNDS: _____

Gross Annual Income Range: Under J\$1M J\$1M - J\$3.9M J\$4M - J\$9.9M J\$10M and Over

Employment Status: Employed Self Employed Unemployed Student Retired

Employed Since: ___/___/___

JOINT ACCOUNT HOLDER # 3 or EXECUTOR/ADMINISTRATOR

Title _____
Surname First Name Middle Name Maiden/Alias
Name

Residential address _____

Current Utility Bill Tel. Registry Employer's letter Verification by SCOTIADBG Bank statement/credit card bill

Phone #: Home: _____ Work: _____ Mobile: _____ E-MAIL ADDRESS: _____

Nationality: _____ Date of Birth (DDMMYYYY) ___/___/___ Place of Birth: _____

TRN: _____ ID #: _____ Drivers License Passport Voter's/ National ID

SOURCE OF FUNDS: _____

Gross Annual Income Range: Under J\$1M J\$1M - J\$3.9M J\$4M - J\$9.9M J\$10M and Over

Employment Status: Employed Self Employed Unemployed Student Retired

Employed Since: ___/___/___

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 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

SIGNATURE BY INDIVIDUAL CLIENTS:-

Main applicant:	Joint Holder #1:	Joint Holder #2:	Joint Holder # 3:
On: ___/___/200	On: ___/___/200	On: ___/___/200	On: ___/___/200

SIGNATURE BY BUSINESS CLIENTS:-

AUTHORIZED SIGNATORIES: (If Client is a Company kindly complete attached Resolution)

Name & Title	Signature	TRN	Limits (if applicable)

FOR USE BY DBGUTML (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	

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: