



SUBSCRIPTION APPLICATION FORM

Internal use only

Account # _____

INDIVIDUAL

Subscriber 1: _____
Last First Middle

Address (house# & Street): _____ P.O. Box: _____

City: _____ Island: _____ Country: _____

Ph. (Home): _____ Ph. (Work): _____ Ph. (Cell): _____

Email: _____ Fax: _____

Nationality: _____ Place of Birth: _____ Date of Birth: _____
(DD/MM/YYYY)

Driver's License #: _____ Passport #: _____ National Ins. No.: _____

Employer: _____ Position: _____

In the case of joint ownership

Subscriber 2: _____
Last First Middle

Address (house# & Street): _____ P.O. Box: _____

City: _____ Island: _____ Country: _____

Ph. (Home): _____ Ph. (Work): _____ Ph. (Cell): _____

Email: _____ Fax: _____

Nationality: _____ Place of Birth: _____ Date of Birth: _____
(DD/MM/YYYY)

Driver's License #: _____ Passport #: _____ National Ins. No.: _____

Employer: _____ Position: _____

Source of Funds:

() Salary () Savings () Inheritance Other _____

Purpose of Investment:

() Retirement () Education () Personal Savings () Investment Other _____

Required:

Copy of first four pages of passport (or voter's card), driver's licence, or such other ID bearing a photographic likeness of the person & Copy of recent bank statement or utility bill showing permanent home address

The undersigned hereby agrees to invest \$ _____ in the following Sub-Fund(s) as outlined below:

(Allocate \$ amount being invested in one or more of the Funds outlined below)

	<u>Initial Investment</u>	<u>Subsequent Allocation %</u>
Preferred Income Fund	\$ _____	(%)
Diversified Fund	\$ _____	(%)
Growth Fund	\$ _____	(%)
Total	\$ _____	(100 %)

(Total Minimum Subscription – Initial - \$100, Subsequent (if any) - \$100)

The undersigned hereby certifies receipt of a copy of the current Offering Memorandum, and has power and authority to purchase and hold the Shares covered by this Application. This Application is the valid and binding act of the undersigned, who is an Eligible Investor.

The Subscriber agrees that the Administrator has the right to verify the information on this form with third parties and that all Subscriptions (funds invested) will be beneficially owned by the Subscriber(s).

This subscription can only be finalized when the full payment is made in Bahamian dollars to **FG Financial Limited**, by cheque or other payment forms acceptable by the Fund. Should the Fund reject or rescind the acceptance of this subscription, all monies paid by the subscriber will be promptly refunded.

The Subscriber is aware that:

1. There is some degree of risk in investing in this Fund, and understands that the Fund is not guaranteed and the value of the Fund may increase or decrease.
2. Redemption requests must be submitted to FG Capital Markets Limited by the 25th of the month preceding the Redemption Day and cheques will be available within 10 business days after the relevant Redemption Day.
3. There are fees for all redemptions with higher fees during the first 3 years (subject to a \$50 minimum).
4. The Fund is subject to a Corporate Trustee Agreement made between FG Financial Limited and Bank of The Bahamas Limited

By signing below the Subscriber(s) confirm(s) agreement to the terms of this Subscription Application:

Signature (Subscriber 1)

Signature (Subscriber 2)

Date

Date

SIGNATURES (THIS ALLOWS ANY PERSON BELOW TO GIVE INSTRUCTIONS WITHOUT RESTRICTIONS)			
NAME: _____	SIGNATURE: _____		
<input type="checkbox"/> INDIVIDUALLY	<input type="checkbox"/> JOINTLY		
NAME: _____	SIGNATURE: _____		
<input type="checkbox"/> INDIVIDUALLY	<input type="checkbox"/> JOINTLY		
NAME: _____	SIGNATURE: _____		
<input type="checkbox"/> INDIVIDUALLY	<input type="checkbox"/> JOINTLY		
FOR OFFICE USE ONLY:			
APPROVED BY: _____	DATE: _____	ACCOUNT NUMBER: _____	CUST ID VERIFIED: YES _____ NO _____



FAMGUARD CORPORATION LIMITED

Includes all subsidiaries of FamGuard: Family Guardian Insurance Company, FG Insurance Agents & Brokers, FG Capital Markets, FG Financial Ltd and BahamaHealth Insurance Brokers & Benefit Consultant

NEW BUSINESS COMPLIANCE FORM

Compliance with the Financial Transactions Reporting Act - FTRA, 2000

Revised July 2011

KNOW YOUR CUSTOMER - KYC

FULL NAME _____

P.O. Box # _____ Date of Birth: _____
(or date of incorporation) Month /Day/ Year

Facility Being Requested: Amount: \$ _____ Date: _____

Type of Facility: Life Insurance Health Insurance General Insurance Annuity Deposit Other
Existing Business: (Policy nos. etc.): _____

IDENTIFICATION (Attach photocopies and certify IDs provided)

Nationality: _____ Passport # _____

Driver's License No. _____ Voter's Card # _____

NIB # _____ Copy of Utility Bill: _____

Company Documents: _____

Permanent Address: _____
Street Address City / Island

Tel #s: _____
Home Work Fax

Email Address: _____

OCCUPATION: _____ How many years? _____

Place of Employment: _____

Position: _____ Employer's Location: _____

SOURCE OF FUNDS VERIFICATION (please attach supporting documents)

Salary Pension Savings accumulation Sale of assets (describe): _____

Business Profits /Investments (describe): _____

Other (describe): _____

Expected Dollar Value of future transactions with the company:

Annual Contributions \$1,000 - \$20,000 \$20,001-\$50,000 \$50,001-\$100,000 _____ (specify amount)

Total Gross Annual Income: \$ _____

The undersigned declares to the best of his/her knowledge and belief that the above statements are complete and true. The undersigned grants **FamGuard and its subsidiaries** the authority to obtain independent verification of any information provided herein. **The undersigned confirms that all credits to this facility are and will be beneficially owned by them.** The undersigned confirms that he/she has produced valid verification of identity as prescribed by the Financial Transactions Reporting Act, 2000.

SIGNATURE: _____ Date: _____

WITNESS: _____ Date: _____

AGENT'S NAME: _____ AGENT'S # _____
ENTITY/DIVISION _____ OFFICE LOCATION: _____