



# APPLICATION FORM FOR PURCHASE OF UNITS

FORM AFPU - 122021

FUND MANAGERS LTD

A MEMBER OF THE JMMB GROUP

<b>TYPE OF ACCOUNT</b>	
<input type="checkbox"/> Individual <input type="checkbox"/> Corporate	Date: _____
<b>ACCOUNT NUMBER:</b>	_____
	<i>(dd/mm/yyyy)</i>
<b>ACCOUNT NAME:</b>	
<b>AMOUNT OF PURCHASE</b>	
I/We wish to purchase _____ units in the following fund to the value of	
\$ _____	
<input type="checkbox"/> Optimum Capital <input type="checkbox"/> Income and Growth <input type="checkbox"/> Giltedge <input type="checkbox"/> JMMB Life Goal Fund	
<i>Minimum 500units    Minimum 200units    Minimum 500units (JA)</i> <input type="checkbox"/> BF <input type="checkbox"/> RVF <input type="checkbox"/> IDF <input type="checkbox"/> USIDF <input type="checkbox"/> USGF	
<i>Minimum 500 units</i> <i>*Minimum 100 units (US)</i>	
<b>DECLARATION</b>	
<b>Redemption Period:</b>	
As per the Trust Deed, I am aware that JMMB Fund Managers Limited (JMMBFM) has up to ten (10) business days in which to pay out the proceeds of a redemption, but settlement may be before the expiration of this period.	
<b>Offering Circular and Gains from Investments:</b>	
a) I am aware that the price of the units and the gains received might go up or down. Therefore the value of my investment is not guaranteed. I also understand that past performance should not be taken as a guide to future performance as gains achieved over a time period may not be repeated.	
<ul style="list-style-type: none"> <li>▪ Government Securities: Although payment of principal and interest on securities in Government Securities is guaranteed to the Fund, the market value of the securities will fluctuate with rising or declining interest rates.</li> </ul>	
b) I have received a copy of the Offering Circular on this date or on a previous date and confirm that I am responsible for familiarizing myself with its contents.	
<b>Sales Charges:</b>	
The Offering Circular that I received discloses any front or back-end sales charges. I am therefore aware of the charges applicable and the associated terms.	
<b>Dishonoured Payments</b>	
In the event that any cheque or other payment I tender to JMMBFM is dishonoured by my bank or otherwise fails to clear for any reason, I shall immediately replace the same with good and cleared funds, and I shall indemnify the Trustees of the Fund and JMMBFM in full against all costs and losses incurred by them, or any of them, (including, without limitation, overdraft or other finance charges) together with interest thereon at the overdraft rate of JMMBFM's bankers from the date such payment was made or was due until I make full indemnification to JMMBFM. Notwithstanding, the Trustees and/or JMMBFM may at any time without my further authority or consent redeem for the account of the Fund whatsoever units as may be necessary to replace the dishonoured payments and pay the said costs and losses connected therewith.	

Client Name	Signature	Client Number (For Internal Use Only)

Signing Instructions:  Any One to Sign     Any Two to Sign     Special Instructions:

\_\_\_\_\_

\_\_\_\_\_

Account Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Mailing Instructions:  Mail     Email \_\_\_\_\_

**FOR INTERNAL USE ONLY**

\_\_\_\_\_  
Agent Name

\_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Branch

\_\_\_\_\_  
Date (dd/mm/yyyy)

\_\_\_\_\_  
Authorizing Agent Name

\_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Branch

\_\_\_\_\_  
Date (dd/mm/yyyy)