



APPLICATION FORM FOR PURCHASE OF UNITS

FORM:AFFPOU-042025

TYPE OF ACCOUNT <input type="checkbox"/> Individual <input type="checkbox"/> Corporate			Date: _____ (dd/mm/yyyy)
ACCOUNT NUMBER:			
ACCOUNT NAME:			
AMOUNT OF PURCHASE I/We wish to purchase _____ units in the following fund to the value of \$ _____			
<input type="checkbox"/> Optimum Capital <i>Minimum 500units</i>	<input type="checkbox"/> Income and Growth <i>Minimum 200units</i>	<input type="checkbox"/> Giltedge <i>Minimum 500units</i>	<input type="checkbox"/> JMMB Life Goal Fund <input type="checkbox"/> BF <input type="checkbox"/> RVF <input type="checkbox"/> IDF <i>Minimum 500 units</i> <input type="checkbox"/> USIDF <input type="checkbox"/> USGF <i>*Minimum 100 units (US)</i>
DECLARATION Redemption Period: As per the Trust Deed, I am aware that Jamaica Money Market Brokers Limited (JMMB) 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. Offering Circular and Gains from Investments: 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. ▪ 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. 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. Sales Charges: 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. Dishonoured Payments In the event that any cheque or other payment I tender to JMMB 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 JMMB 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 JMMB's bankers from the date such payment was made or was due until I make full indemnification to JMMB. Notwithstanding, the Trustees and/or JMMB 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	UCIN (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)
