



**SUBSCRIPTION APPLICATION FORM**

Internal use only

Account # \_\_\_\_\_

**COMPANY/INSTITUTION**

Name of Company/Institution: \_\_\_\_\_

Contact (primary): \_\_\_\_\_ Phone: \_\_\_\_\_

Contact (secondary): \_\_\_\_\_ Phone: \_\_\_\_\_

Business Street Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ Island: \_\_\_\_\_ Country: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**This Form to be accompanied by the following documents:**

1. Certified copy of Incorporation (and any certificate of name change etc.)
2. Certified Copy of Memorandum and Articles of Association
3. Certified Copy of Certificate of Good Standing from the Registrar of Companies
4. Authorised Signatory Listing
5. Resolution of the Board of Directors authorizing the Subscription
6. KYC information on Directors and Authorized Signatories of Shareholder's Account

For each Director and Officer of the Company:

(1) Name and Title: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

(2) Name and Title: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

(3) Name and Title: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

**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	\$ _____	(     %)
<b>Total</b>	\$ _____	( <b>100</b> %)

*(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 of Company Representative

\_\_\_\_\_  
Date

(Please note that the Company Seal MUST be affixed by all corporate entities)

SIGNATURES OF OFFICERS AUTHORISED TO GIVE INSTRUCTIONS ON BEHALF OF COMPANY	
NAME:	SIGNATURE:
NAME:	SIGNATURE:
NAME:	SIGNATURE:
NAME:	SIGNATURE:

FG FINANCIAL LIMITED  
**VERIFICATION OF IDENTITY FORM**  
 In Compliance with the Financial Transactions Reporting Act, 2000

**ACCOUNT NO. (s):** \_\_\_\_\_

Purpose of Contract (tick any that apply):

Group Pension Plan    Individual Pension Plan    Other \_\_\_\_\_

**COMPANY NAME** \_\_\_\_\_

P.O. Box # \_\_\_\_\_ Address \_\_\_\_\_  
Street Address City / Island

Date of Incorporation \_\_\_\_\_ National Insurance No. \_\_\_\_\_  
 (Please attach Memo & Arts)    Month /Day/ Year

**PRINCIPLES / AUTHORIZED PERSONS (1)** \_\_\_\_\_

Identification Provided (Please indicate and attach photocopies)

Passport No. \_\_\_\_\_ Voter's Card # \_\_\_\_\_

Photo Driver's License No. \_\_\_\_\_ NIB # \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
P.O. Box Street Address City / Island

Tel #s: \_\_\_\_\_  
Home Work Fax

Email Address: \_\_\_\_\_ Position \_\_\_\_\_

**PRINCIPLES / AUTHORIZED PERSONS (2)** \_\_\_\_\_

Identification Provided (Please indicate and attach photocopies)

Passport No. \_\_\_\_\_ Voter's Card # \_\_\_\_\_

Photo Driver's License No. \_\_\_\_\_ NIB # \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
P.O. Box Street Address City / Island

Tel #s: \_\_\_\_\_  
Home Work Fax

Email Address: \_\_\_\_\_ Position \_\_\_\_\_

1.

2. SOURCE OF FUNDS (verification required, supporting documents required)

Deduction From Employee Salary    Company Contributions    Other \_\_\_\_\_  
(please describe)

**Expected Dollar Value of Annual Transactions with the company:**

Annual Contributions    \$1,000 - \$20,000    \$20,001 - \$100,000    Above \$100,000

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

Signature \_\_\_\_\_ Witness \_\_\_\_\_

Date: \_\_\_\_\_

FG Financial Officer's Name: \_\_\_\_\_ Office \_\_\_\_\_