

**UNIT TRUST APPLICATION FORM** ■

**APPLICATION MUST BE FILLED IN BLOCK CAPITALS  
 CHOOSE ONLY ONE**

Individual     Joint     Minor     Corporate (Please go to section 2)

**1 PLEASE TELL US ABOUT YOURSELF** (For Individuals only)

Mr.    Mrs.    Miss.    Ms.    Other \_\_\_\_\_     Male    Female

Full Name \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Display Name (Tell us how you would like your name to appear on statements)

\_\_\_\_\_ (MANDATORY)    \_\_\_\_/\_\_\_\_/\_\_\_\_ (MANDATORY)    \_\_\_\_\_  
 NIC/Passport no                                  Date of Birth (DD/MM/YYYY)                                  Nationality

Permanent Address \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_                                  \_\_\_\_\_                                  \_\_\_\_\_                                  \_\_\_\_\_  
 City                                  Province /State                                  Country                                  Post Code / Zip Code

Bill/statement attached \_\_\_\_\_                                  \_\_\_\_\_  
 (Proof of address)                                  Type                                  Date

Email address \_\_\_\_\_

Telephone (home) \_\_\_\_\_                                  Telephone (mobile) \_\_\_\_\_

Occupation \_\_\_\_\_

Place of Work \_\_\_\_\_                                  Telephone \_\_\_\_\_

**2 FOR CORPORATES ONLY**

Corporate     Partnership     Trust     Other \_\_\_\_\_

Company Name \_\_\_\_\_

\_\_\_\_\_                                  \_\_\_\_\_  
 Registration no                                  Date of incorporation(DD/MM/YYYY)

Certified copy of registration attached                                   Boad resolution attached

Address (Attn:) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City Province /State Country Post Code / Zip Code

Contact Person 1: Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 (Mandatory) Email \_\_\_\_\_

Contact Person 2: Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Email \_\_\_\_\_

**3 UNIT TRUST REPORTING**

Please indicate your preferences for account information:

Transaction receipts, Account statements, Managers review, Performance sheet and Annual report of unit trust

By E-mail \_\_\_\_\_

By Post

Please complete if mailing address is different from above

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City Province /State Country Post Code / Zip Code

**4 FOR A JOINT JB FINANCIAL UNIT TRUST ACCOUNT, PLEASE COMPLETE THE FOLLOWING**

You would like to open a joint account with the right of survivorship with

Mr.  Mrs.  Miss.  Ms.  Other \_\_\_\_\_  Male  Female

Full Name \_\_\_\_\_

\_\_\_\_\_

Display Name (Tell us how you would like your name to appear on statements)

\_\_\_\_ (MANDATORY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MANDATORY) \_\_\_\_  
 NIC/Passport no. Date of Birth(DD/MM/YYYY) Nationality

Permanent Address \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 City Province /State Country Post Code / Zip Code

Bill/statement attached \_\_\_\_\_  
 (Proof of address) Type Date

Email address \_\_\_\_\_

Telephone (home) \_\_\_\_\_ Telephone (mobile) \_\_\_\_\_

Occupation \_\_\_\_\_

Place of Work \_\_\_\_\_ Telephone \_\_\_\_\_

We understand that where the account is opened among two or more persons JB Financial is hereby authorized to take orders from any persons jointly or singly and to address all correspondence and payments to the applicant named in Section 1.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Signature of Joint Applicant

**5 DISTRIBUTION PAYOUT INSTRUCTIONS**

For distributions from the trusts, please indicate your preference (please select only **one**)

- Automatically reinvest in additional units within my unit trust account.
- Deposit funds to my bank account detailed in Section 7 below.
- I wish to have payment made by crossed cheque

**6 REDEMPTION PAYOUT INSTRUCTIONS**

For redemptions of units please indicate your instructions to us (please select only **one**)

Please credit funds to :

- To JB Securities stock brokerage account in my name detailed in Section 8 below.
- My bank account detailed in Section 7 below.
- I wish to have payment made by crossed cheque.

Option to change redemption payout instructions is available at each redemption instance

**7 BANKING INFORMATION**

Account holder's name \_\_\_\_\_ Account no \_\_\_\_\_  
 Name of Bank \_\_\_\_\_ Branch \_\_\_\_\_

**8 JB SECURITIES STOCK BROKERAGE ACCOUNT INFORMATION**

J	B	S												
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- Please link the above JB Securities account to my JB Financial Unit Trust account. I have completed and signed the JB Account Link Agreement between JB Financial, JB Securities and myself to do so.
- Please link the above JB Securities account to my JB Financial Unit Trust account. I have completed and signed the JB Account Link Agreement between JB Financial, JB Credit and myself to do so.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Signature of Joint Applicant

**9 FAX AND EMAIL INSTRUCTIONS**

- I authorize JB Financial to accept Purchase, Switch and Redemption Forms from me by fax and/or email for subsequent purchases and redemptions for this JB Financial Unit Trust account on my behalf and indemnify and hold harmless JB Financial for acting on such instructions sent by fax and/or email.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Signature of Joint Applicant

**10 DECLARATIONS**

I confirm that I have received, read and understood the Explanatory Memorandum relating to this JB Financial Unit Trust(s) that I am purchasing;

I understand that the value of units of a unit trust may fall as well as rise from time to time due to market fluctuations.

I am fully aware of the investment risks involved.

I agree to submit a completed JB Financial Unit Trust Purchase, Switch or Redemption form for all subsequent transactions in units of the JB Financial Unit Trusts.

X \_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

X \_\_\_\_\_  
 Signature of Joint Applicant

\_\_\_\_\_  
 Date