



APPLICATION FOR SAGICOR LIFESTYLE

APPLICATION NO: _____ CLIENT NO: _____ BRANCH: _____
AGENT'S NAME: _____ AGENT'S CODE: _____

To become a participant of Sagikor Lifestyle the completed Application Form along with the following documents are required:

- TRN Proof of Residential Address (Copy Bank Statement/Utility Bill-no more than 3 months old) TAJ Application for Tax Exemption (if paying by Salary Deduction)
- One (1) valid photo ID(Driver's Licence, Passport, National ID) For Self Employed Persons (Proof of income e.g. audited accounts)

PART A: CLIENT DETAIL

Name: _____ First _____ Middle _____ Last _____ Alias _____

Maiden name (if applicable): _____ Mother's maiden name: _____

Marital Status: Single Married Divorced Widowed Sex: M F Date of Birth: ____/____/____ (dd/mm/yy)

Place of Birth: _____ Nationality: _____ Jamaican Resident: Y N If no state country: _____

Occupation: _____ TRN: _____ NIS: _____

Residential Address: _____ Street _____ City/Town _____

Previous Address: _____ Street _____ City/Town _____
(if at current address five years or less)

Mailing Address (if different from above): _____ Street _____ City/Town _____

Email: _____

Tel. (H): _____ (W): _____ (M): _____

Next of Kin

Full Name of Next of Kin: _____ Street _____ City/Town _____

Current Address: _____

Tel. (H): _____ (W): _____ (M): _____

Name of Referee#1: _____ Tel. No: _____

Name of Referee#2: _____ Tel. No: _____

For Employed Persons

Name of current Employer: _____

Address: _____ Street _____ City/Town _____ Tel. No: _____

Name of previous Employer: _____

For Self-Employed Persons

Name of Business: _____

Address: _____ Street _____ City/Town _____ Tel. No: _____

Nature of Business: _____ (Proof of income required eg. Audited Accounts)

Have you ever engaged in any transaction with Sagikor or any of its subsidiaries: Y N

If yes, state type: Investment Insurance Pensions Mortgage Banking Other: _____

Are you currently contributing to a superannuation fund or a retirement scheme? Y N

PART B: CLIENT IDENTIFICATION

PASSPORT NO: _____ EXPIRY DATE: _____

DRIVERS LICENCE: _____ EXPIRY DATE: _____

ELECTOR REGISTRATION ID/NATIONAL ID: _____ EXPIRY DATE: _____

OTHER (Please specify): _____ EXPIRY DATE: _____

PART C: VERIFICATION OF RESIDENCE (Valid copy of any of the following must be attached)

Utility/Cable Bill (no older than 3 months old) Bank Statement Other _____

REPRESENTATIVE'S ACKNOWLEDGEMENT

PART D: SOURCE OF FUNDS

Salary Transfer from another fund/scheme Other _____ Annual Income/Emoluments: _____

Transfer Value: Y N

Superannuation Fund/Retirement Scheme (kindly provide details on transferred value)	Value

PART E: PLAN DETAIL

Annual Contribution: _____ (%) Frequency of payment: Annual Semi-Annual Quarterly Monthly

Mode of Payment: PAP Salary Deduction Cash

PART F: BENEFICIARY INFORMATION

Nominated Beneficiary (Trustee required where nominated beneficiary is a minor or mentally incapable of acting on his own)

Telephone No.	Date of Birth	Relationship	Sex (M/F)	Split %

* Provide detailed information on Trustee if the Beneficiary is a Minor (including Relationship to beneficiary).

PART G: RISK PREFERENCE

(A risk preference selection in accordance with the options below should be made after reading the Information Folder, Brochure, and the Description of Sagcor Pooled Funds)

- Conservative:** You have a low tolerance for risk in your investment and returns on investment will likely be lower than other strategies;
- Moderate:** You have a medium tolerance for risk in your investments and want your investment to have moderate fluctuations;
- Aggressive:** You have a high tolerance for risk in your investments recognizing that there may be significant changes in the value of your portfolio or losses at anytime;

PART H: INVESTMENT APPROACH

Deposit Administration Pooled Investment Fund

Pooled Investment Funds: Sagcor selection Member Selection (below)

% PIF EF	% PIF FIF	% PIF FCF	% PIF MMF	% PIF MREF	% PIF CPI	% PIF IEF	% PIF FX MM	% PIF DIF

I certify that the above information is correct and I understand that failure to disclose may invalidate my membership in the scheme or affect future benefits. I agree to all the terms and conditions as set out in the Scheme's Master Trust Deed and Rules. I acknowledge that with regards to Pooled Funds, investment returns and principal value will fluctuate so that my units when redeemed may be more or less than their original cost.

I understand and agree that the information I provide in this form and from time to time, including information regarding my accounts and business transactions with you (Customer Information) may be used for the following purposes: (1) to confirm my identity (2) to augment and update currently held information (3) to provide me with accurate and up-to-date services (4) to manage and assess the company's risks (5) to satisfy information requests (6) to meet legal and regulatory requirements

I further understand and agree that my Customer Information may be shared within the Company which includes its parent, subsidiaries, associated companies and affiliates, with third party service providers, credit bureaus and Regulators in and outside of the jurisdictions in which Sagcor does business for the purposes above and as may be required by law. I hereby warrant that the information provided herein is accurate and consent to the sharing and disclosure of my Customer Information for the purposes provided herein and as Sagcor may require from time to time.

Signed at _____ this _____ day of _____ 20_____

Applicant _____ Date _____ Witness _____ Date _____

PART I: EXTRACTION OF AGE FOR ADMITTANCE (Certified copy of Birth Certificate or valid Passport)

Name of Applicant: _____

Full Given Name: _____ Date of Birth: _____

Document from which details are being extracted

Birth Certificate No: _____

Passport No: _____ EXPIRY DATE: _____

Name of Person extracting details: _____

Signature: _____ Date: _____

REPRESENTATIVE'S ACKNOWLEDGEMENT

I, _____ (name of Rep.) confirm that this Application for the Sagcor Lifestyle for _____ will be forwarded to Sagcor Life Jamaica Limited with the sum of _____ dollars (\$ _____) being initial contribution for the said application.

Representative's Signature _____

Date _____