

SUBSCRIPTION FORM – CLASS A SHARES – INDIVIDUAL(S)

Name

Address

Date of Birth

Telephone

P.O.Box Occupation

Nationality

If self-employed, Name and Nature of Business

Online Access Required YES NO Email

IF JOINT ACCOUNT - INDIVIDUAL #2

Name

Address

Date of Birth

Telephone

P.O.Box Occupation

Nationality

If self-employed, Name and Nature of Business

JOINT ACCOUNT SIGNING MANDATE (IF APPLICABLE)

Please select signing mandate for joint account:

Select one: Single (any one to sign) Joint Other

If selected, describe alternative method of signing instructions above.

Amount of Investment B\$

Minimum initial investment \$1,000.00

CFAL Balanced Fund Wire Transfer Details:

Bank: CIBC FirstCaribbean (Swift: FCIBBSNS)
Account Name: CFAL Balanced Fund Ltd.

Branch: Main Branch, Shirley Street (Transit: 09706)
Account Number: 201667073

Source of Funds

Required for all subscriptions over \$15,000.00

Investment Account Number

(To be completed by current shareholders of the Fund only)

Please attach: Certified copy of Passport (Photo & Signature pages) Residency Card (if applicable) NIB Card
 Certified copy of Proof of Address (Utility Bill, Bank Statement or Voters Card) Wire Transfer Confirmation (if applicable)

DECLARATION

I/we hereby acknowledge that I/we have read The CFAL Balanced Fund, Ltd. Offering Memorandum and accept the risks associated with the Fund. I/we declare that I/we am/are an eligible investor as defined in the Offering Memorandum and I/we waive the right to be sent copies of the financial statements of the Fund, which shall be available at the registered office of the Fund for inspection.

Source of funds (if applicable): I/we certify that the source of funds listed represents my true source of funds status as of this date, and my/ our subscription to the mutual fund. I/we further declare that the proceeds declared are derived from legitimate sources.

Signature _____ Signature _____

DAY	MONTH	YEAR

BENEFICIARY DESIGNATION (COMPLETE FOR NEW SUBSCRIPTIONS OR BENEFICIARY UPDATES ONLY)

I, the undersigned, appoint the below beneficiary and authorize all monies from my investment in the above named fund to be made payable to my beneficiary upon my death

Indicate Status of the Beneficiary Designation Revocable Irrevocable

Name of Beneficiary

Relationship to Investor Date of Birth

DAY	MONTH	YEAR

Contingent Beneficiary(ies)

Relationship to Investor Date of Birth

DAY	MONTH	YEAR

Please complete supplementary beneficiary form if designating more than one beneficiary.

Signature (s) _____

DAY	MONTH	YEAR

New Update