

SUBSCRIPTION FORM – CLASS A SHARES – INDIVIDUAL(S)

Name	LAST	FIRST	MIDDLE
Address	HOUSE NUMBER AND STREET		
	CITY	COUNTRY	Date of Birth DAY MONTH YEAR
Telephone	MOBILE	HOME	WORK
P.O.Box	Occupation		
Nationality		PASSPORT NUMBER	NIB NUMBER
If self-employed, Name and Nature of Business			
Source of Funds			
Online Access Required	<input type="checkbox"/> YES <input type="checkbox"/> NO	Email	

IF JOINT ACCOUNT - INDIVIDUAL #2

Name	LAST	FIRST	MIDDLE
Address	HOUSE NUMBER AND STREET		
	CITY	COUNTRY	Date of Birth DAY MONTH YEAR
Telephone	MOBILE	HOME	WORK
P.O.Box	Occupation		
Nationality		PASSPORT NUMBER	NIB NUMBER
If self-employed, Name and Nature of Business			
Source of Funds			
Online Access Required	<input type="checkbox"/> YES <input type="checkbox"/> NO	Email	

Amount of Investment

B\$

Minimum initial investment \$1,000.00

Investment Account Number

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

Please attach:

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Certified copy of Passport (First 4 Pages)

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Residency Card (if applicable)

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NIB Card

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Certified copy of Proof of Address (Utility Bill, Bank Statement or Voters Card)

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.

Signature

Signature

DAY			MONTH			YEAR		

BENEFICIARY DESIGNATION

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

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Revocable

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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		

Signature (s)

DAY			MONTH			YEAR		

New

☐

Update

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