

Beneficiary Form

Third Floor
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Tel: (242) 502-7010
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Investor Name

Account Reference No.

PRODUCT

CFAL Money Market Investment Fund Ltd.

CFAL Bond Fund Ltd.

CFAL Balanced Fund Ltd.

CFAL Global Bond Fund Ltd.

CFAL Global Equity Fund Ltd.

CFAL Brokerage Services

CFAL Savings Express

CFAL Advantage College Savings Plan

CFAL Blue Marlin Retirement Plan

Other _____

I, the undersigned, appoint the below beneficiary (ies) and authorize all monies from my investment in the above named product to be made payable to my beneficiary (ies) upon my death.

Indicate Status of the Beneficiary Designation

Revocable

Irrevocable

Name of Beneficiary (ies)	Relationship	Date of Birth	Percentage (%)
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Contingent Beneficiary (ies)

Should the person(s) designated above fail to survive me, then I designate the following alternate beneficiary (ies):

Name of Beneficiary (ies)	Relationship	Date of Birth	Percentage (%)
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NEW

UPDATE

If update: This designation cancels and supersedes all designations previously made by me.

Signature (s)

DAY	MONTH	YEAR