

## 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.

# CFAL Money Market Investment Fund Ltd.

Third Floor  
308 East Bay Street  
Nassau, The Bahamas  
Tel: (242) 502-7010  
Fax: (242) 394-3252



Amount of Investment

B\$

*Minimum initial investment \$1,000.00*

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)

ResidencyCard (if applicable)

NIB Card

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 Money Market Investment 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

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

Signature (s) \_\_\_\_\_

DAY	MONTH	YEAR

New

Update