

## New Account Application Form

	FOR INTERNAL USE ONLY		
SECTION A: ACCOUNT HOLDERS	Account Number:		
Names of all Account Holders - Primary Holder 1st	Type of A/c Holder	Client's Mnemonic	
1.	Primary		
2.			
3.			
4.			

SECTION B: SIGNING M	ANDATE			
Primary Holder Only	Any Holder	All Holders	Any Two Holders	Other:

SECTION C: INVESTMENT OBJECTIVES					
PURPOSE OF THE	ACCOUNT				
🗌 Income	Education	Wealth Appreciation	Retirement	Other:	

SECTION D: ACCOUNT AUTHORITY		
Full Discretion (Client gives full	Partial Discretion (Client must	Custody (No discretion to trade,
authority to operate account	be contacted before each new	Assets are for safe-keeping and
without consultation)	transaction)	reporting only)

SECTION E: INVESTMENT INFORMATION						
INITIAL INVESTMEN	IT					
Amount: \$			🗌 JMD 🗌 USD			
Type of Deposits:	🗌 Cash	Cheque	U Wire transfer	A/c Transfer	Internal	External
	Other:					
Source of Funds:						

SECTION F: PORTFOLIO DIVISION				
PORTFOLIOS	CURRENCY	% AGE DIVISION		
Fixed Income				
Equity				
Unit Trust				

SECTION G: PROJECTIONS AND ACCOUNT FUNDING						
ACTIVITIES	CURRENCY	AMOUNT (\$)	FREQUENCY			
Expected Deposits						
Expected Withdrawals						

## SECTION H: SPECIAL INSTRUCTIONS

PLEASE SPECIFY ANY ADDITIONAL INSTRUCTIONS:

## SECTION I: DECLARATION AND ACKNOWLEDGEMENT

I/We hereby certify that the information provided on this form is correct and complete. The account shall be governed by the Terms and Conditions set out in the Account Agreements and acknowledge receipt of same through electronic mail. The conditions outlined in the Account Agreement shall commence and is entered into on the day and by the parties referred to below.

NAME OF CLIENTS	CLIENT'S SIGNATURE	DATE (DD/MM/YYYY)
1.		
2.		
3.		
4.		

To be completed by a Justice of the Peace or Attorney at Law if this form &/or supporting documents are signed outside of the Victoria Mutual Wealth Management Limited (VMWM) OR VM Building Society (VMBS). A Notary Public must certify documents that are signed overseas.

## I hereby certify that the signature appearing on this form and on the accompanying documents was affixed in my presence, by the named applicant.

Name of Witness	
Signature of Witness	
Date	

Please place Stamp or Seal in this Box

FOR INTERNAL USE ONLY				
NAME	SIGNATURE	DATE		
Entered by:				
Approved by:				
Sales Branch:				

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