

SUBSCRIPTION
 REDEMPTION
 TRANSFER
 ACCOUNT #:

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SECTION A: CLIENT DETAILS

Mr.
 Mrs.
 Miss
 Primary Holder
 Joint Holder
 Signatory

Company Name: _____

SURNAME:	FIRST NAME:	MIDDLE NAME:	MAIDEN NAME:
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ID Type & #: _____ Telephone: _____ Email: _____

Address: _____

SECTION B: SUBSCRIPTION DETAILS

PORTFOLIO (\$)	# OF UNITS REQUESTED	UNIT PRICE (\$)	VALUE (\$)
VMWealth Global Income Portfolio (US\$)			
VMWealth Global Income Plus Portfolio (US\$)			
VMWealth Global Income Max Portfolio (US\$)			
VMWealth Classic Income Portfolio (JA\$)			
VMWealth Classic Equity Growth Portfolio (JA\$)			
VMWealth Classic Property Portfolio (JA\$)			
VMWealth Global Equity Growth Portfolio (US\$)			
VMWealth Classic Protector Portfolio (JA\$)			
TOTAL			

I/We, the undersigned hereby apply for units in the VM Wealth Management Unit Trust and certify that the information given above is true and accurate. I/we acknowledge that I/We have received and read a copy of the VM Wealth Management Limited Unit Trust Offering Circular and that I/we fully understand and agree to each of the terms and conditions contained therein.

Source of Funds _____

SECTION C: REDEMPTION DETAILS

PORTFOLIO (\$)	# OF UNITS REQUESTED	UNIT PRICE (\$)	VALUE (\$)
VMWealth Global Income Portfolio (US\$)			
VMWealth Global Income Plus Portfolio (US\$)			
VMWealth Global Income Max Portfolio (US\$)			
VMWealth Classic Income Portfolio (JA\$)			
VMWealth Classic Equity Growth Portfolio (JA\$)			
VMWealth Classic Property Portfolio (JA\$)			
VMWealth Global Equity Growth Portfolio (US\$)			
VMWealth Classic Protector Portfolio (JA\$)			
TOTAL			

SECTION D: PAYEE DETAILS

Payee Name:	
Beneficiary's Bank:	Branch:
Beneficiary's Account No.:	Account Type:
I/We agree to indemnify VM Wealth, its Agents & Employees of all delays, claims, liabilities, losses, costs and expenses which may arise from acting on the instructions contained herein.	

ENCASHMENT PAYOUT PERIOD

I/We acknowledge that payments for units redeemed may take up to three (3) business days following the date of request to be processed, and that further this process may take longer, pursuant to the Trust Deed.

AUTHORIZED SIGNATURE

DATE

AUTHORIZED SIGNATURE

DATE

FOR INTERNAL USE ONLY

Entered by:		Sales Branch:	
Referral Officer:			
Verified by:	Approved by:	Date:	