

UNIT TRUST SUBSCRIPTION/REDEMPTION FORM

Subscription

Redemption

Transfer

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Account #

Section A: CLIENT DETAILS

Mr. Mrs. Miss Primary Holder Joint Holder Signatory

COMPANY NAME

SURNAME FIRST NAME MIDDLE NAME MAIDEN NAME

ID TYPE& # TELEPHONE EMAIL ADDRESS

ADDRESS

Section B: SUBSCRIPTION DETAILS

Portfolio (s)	# 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 (s)	# 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's 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: _____