

VM Wealth Funds Subscription/ Redemption Form

 SUBSCRIPTION REDEMPTION

 ACCOUNT #:

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SECTION A: CLIENT DETAILS

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Primary Holder <input type="checkbox"/> Joint Holder <input type="checkbox"/> Signatory					
Company Name:					
SURNAME:		FIRST NAME:		MIDDLE NAME:	
MAIDEN NAME:					
ID Type & #:		Telephone:		Email:	
Address:					

SECTION B: SUBSCRIPTION DETAILS

PORTFOLIO (\$)	# OF UNITS REQUESTED	UNIT PRICE (\$)	VALUE (\$)
VM Wealth Income Fund			
VM Wealth Capital Growth Fund			
VM Wealth Property Fund			
TOTAL			

I/We, the undersigned, hereby apply for units in VM Wealth Funds 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 Funds Prospectus and Individual Fund Supplement 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 (\$)
VM Wealth Income Fund			
VM Wealth Capital Growth Fund			
VM Wealth Property Fund			
TOTAL			

Reason for Redemption _____

 Medical Reasons No longer interested in the investment Need for Cash Other

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

Client Signature: _____

ENCASHMENT PAYOUT PERIOD and LIMIT

I/We acknowledge that payments for units redeemed may take up to seven (7) business days following the date of the request to be processed, and that further this process may take longer, pursuant to the General Prospectus.

AUTHORIZED SIGNATURE	DATE
AUTHORIZED SIGNATURE	DATE

FOR INTERNAL USE ONLY		
Entered by:	Sales Branch:	
Referral Officer:		
Verified by:	Approved by:	Date:

