

VM Wealth Funds Subscription/ Redemption Form

□ SUBSCRIPTION □ REDEMPTION			ACCOUNT #:						
SECTION A: CLIENT DETAILS									
☐ Mr. ☐ Mrs. ☐ Miss	☐ Primary	Holder	☐ Joint Holder ☐ Sig			otory			
Company Name:		Tioluei		21 <u> </u>	Signa	атогу			
SURNAME: F	MIDDLE NAME:				MAIDEN NAME:				
ID Type & #:	Telephor	ne:		Email:					
Address:									
SECTION B: SUBSCRIPTION DET	TAILS								
		# OF UNITE	PEOUEOTER	LINIT DDI	OF (¢)		\/A1111	- (c)	
PORTFOLIO (S) VM Wealth Income Fund		# OF UNITS REQUESTED		UNIT PRICE (\$)		VALUE (\$)			
VM Wealth Capital Growth Fund									
VM Wealth Property Fund									
TOTAL									
I/We, the undersigned, hereby apply I/We acknowledge that I/We have r and that I/we fully understand and a Source of Funds_	eceived and read	a copy of the	VM Wealth Fur	nds Prospec	tus and				
SECTION C: REDEMPTION DETA	AILS								
PORTFOLIO (S)		# OF UNITS	REQUESTED	UNIT PRI	CE (\$)		VALUI	E (\$)	
VM Wealth Income Fund									
VM Wealth Capital Growth Fund									
VM Wealth Property Fund									
TOTAL									
Reason for Redemption Medical Reasons No longer int	terested in the invest	tment 🗌 Ne	ed for Cash 🔲 C)ther					

Payee Name: Beneficiary's Bank: Beneficiary's Account No.: 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	SECTION D: PAYEE DETAILS						
Beneficiary's Bank: Beneficiary's Account No.: Account Type:							
Beneficiary's Account No.: Maccount Type:	Payee Name:						
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:	Beneficiary's Bank:		Branch:				
Client Signature:	Beneficiary's Account No.:		Account Type:				
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 FOR INTERNAL USE ONLY Entered by: Sales Branch:		Employees of all dela	ys, claims, liabilities, losses, costs ar	nd expenses which may arise from the			
AUTHORIZED SIGNATURE DATE FOR INTERNAL USE ONLY Entered by: Sales Branch:							
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FOR INTERNAL USE ONLY Entered by: Sales Branch:	AUTHORIZED SIGNATURE		DATE				
FOR INTERNAL USE ONLY Entered by: Sales Branch:							
Entered by: Sales Branch:	AUTHORIZED SIGNATURE		DATE				
Entered by: Sales Branch:							
Entered by: Sales Branch:							
		FOR INTERNA	AL USE ONLY				
Referral Officer:	Entered by:		Sales Branch:				
	Referral Officer:						
Verified by: Approved by: Date:	Verified by:	Approved by:		Date:			

 $\label{lem:eq:composition} \textbf{Email:} we althin fo @myvmgroup.com | \textbf{Telephone:}\ 246-537-5076 | \textbf{Toll Free:}\ 1-844-562-0552 \\ \textbf{Address:}\ One\ Welches,\ Welches,\ St.\ Thomas,\ Barbados | \textbf{Website:}\ vmwealth funds.myvmgroup.com | \textbf{Messite:}\ vmwealth funds.myvmgroup.com | \textbf{Me$