

# NEW ACCOUNT APPLICANT FORM

## CORPORATE

		FOR INTERNAL USE ONLY	
<b>SECTION A: ACCOUNT HOLDERS</b>		Account Number:	
Names of Entity/ Company	Type of A/c Holder	Client's Mnemonic	
1.	Primary		
2.			
3.			
4.			
5.			
6.			
7.			

**SECTION B: SIGNING MANDATE**

Primary Holder Only
  Any Holder
  All Holders
  Any Two Holders
  Other:

**SECTION C: INVESTMENT OBJECTIVES**

PURPOSE OF THE ACCOUNT

Income
  Savings
  Wealth Appreciation
  Retirement
  Other:

**SECTION D: INVESTMENT INFORMATION**

**INITIAL INVESTMENT**

Amount: \$  BBD  USD

Type of Lodgement:
  Cash
  Cheque
  Wire transfer
  A/c Transfer
  Internal
  External
  Other:

Source of Funds:

SECTION E: PORTFOLIO DIVISION			
PORTFOLIOS	# OF UNITS	UNITS PRICE (\$)	% DIVISION
VM Wealth Income Fund			
VM Wealth Capital Growth Fund			
VM Wealth Property Fund			

SECTION F: PROJECTIONS AND ACCOUNT FUNDING			
ACTIVITIES	CURRENCY	AMOUNT (\$)	FREQUENCY
Expected Subscriptions			
Expected Redemptions			

**SECTION G: SPECIAL INSTRUCTIONS**

PLEASE SPECIFY ANY ADDITIONAL INSTRUCTIONS:

**SECTION H: 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 General Terms and Conditions set out in the Client 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 Victoria Mutual 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 Affix  
Stamp or Seal  
in this Box

**FOR INTERNAL USE ONLY**

NAME	SIGNATURE	DATE
Entered by:		
Approved by:		
Sales Branch:		