

Registered Retirement Savings Plan

**APPLICATION FOR PURCHASE OF SHARES**

FOR OFFICIAL USE ONLY

Client #:

Account #:

**Investment Selection:** *Select one (1) option ONLY*

**Fortress Managed Option**

Select one (1) of the three (3) share classes in Fortress Caribbean Pension Fund Limited.

- Aggressive Accumulator (AA) Share
- Conservative Consolidator (CC) Share
- Capital Secure (CS) Share

OR

**Fortress Select Option**

Select one (1) of the following Fortress Mutual Funds:

- Fortress Caribbean Growth Fund
- Fortress Caribbean High Interest Fund

Date of Maturity:

MM		DD		YY	
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**Primary Shareholder**

**Beneficiary Designation** *(if applicable)*

Dr. Mr. Mrs. Miss. Ms.	First Name:	Middle Name(s):
	Surname:	
Permanent Address:		
Parish/Province/State:		
Postal Code:	Country:	
Mailing Address <i>(if different than above)</i> :		
Parish/Province/State:		
Postal Code:	Country:	
Tel: (W)	Tel: (H)	Tel: (C)
Email:		
Date of Birth (mm/dd/yyyy):		
Barbados Residency Status: <input type="checkbox"/> Resident <input type="checkbox"/> Non Resident		
Citizenship <i>(list all which apply)</i> :		
Occupation:	Employer:	
Enclosed certified proof of address <i>(any ONE of the following)</i> : <input type="checkbox"/> Recent Utility Bill <input type="checkbox"/> Bank or Credit Card Statement <input type="checkbox"/> Other:		
Enclosed identification <i>(certified copy of any ONE of the following)</i> : <input type="checkbox"/> National I.D. Card <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport		
Kindly enter the identification numbers for the I.D.s you have supplied: National I.D. #: ..... Driver's License #: ..... Passport #: ..... NIS #: .....		

Dr. Mr. Mrs. Miss. Ms.	First Name:	Middle Name(s):
	Surname:	
Permanent Address:		
Parish/Province/State:		
Postal Code:	Country:	
Mailing Address <i>(if different than above)</i> :		
Parish/Province/State:		
Postal Code:	Country:	
Tel: (W)	Tel: (H)	Tel: (C)
Email:		
Date of Birth (mm/dd/yyyy):		
Barbados Residency Status: <input type="checkbox"/> Resident <input type="checkbox"/> Non Resident		
Citizenship <i>(list all which apply)</i> :		
Occupation:	Employer:	
Relationship to Policy Owner: .....		
National I.D. #: .....		
NIS #: .....		
Enclosed identification <i>(certified copy of any ONE of the following)</i> : <input type="checkbox"/> National I.D. Card <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport		
I hereby designate <input type="checkbox"/> my estate/ <input type="checkbox"/> the person named above as my beneficiary to receive all amounts payable under this plan in the event of my death, if he/she is alive. I reserve the right, without the consent of the beneficiary to further change the beneficiary subject to any statutory restrictions.		

**FUNDING & ACTIVITY**

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Anti-money laundering legislation requires that we ask:

Is the applicant or any immediate family member a current or former senior government, political or military official, or does he/she have a **relative** or **close connection** who is a current or former senior government, political or military official?

Yes  No

If Yes, please provide details: \_\_\_\_\_

Initial Investment: \$ \_\_\_\_\_

**Source of Initial Investment Funds**

Inheritance  Savings  Other

Other (please give details): \_\_\_\_\_

**Source of Wealth** (funds that will continue the account): \_\_\_\_\_

**Account Activity**

Expected transaction frequency and level of activity:

One off  Monthly  Quarterly  Annually  
 \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Would you like online access to the account?**

Yes (if yes provide email address of primary contact): \_\_\_\_\_

No

**HOME OWNERSHIP INFORMATION**

Do you currently own a home? (If yes, state Address) <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever owned a home in the past? (If yes, state Address) <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: _____	Address: _____

**SELF-CERTIFICATION**

I hereby confirm that I am, for tax purposes, resident in the following countries (indicate the tax reference number type and number applicable in each country).

Primary Shareholder		
Country/countries of tax residency	Tax reference number type <i>eg. Tax Identification Number</i>	Tax reference number <i>eg. # 000000-0000</i>

Please indicate not applicable if jurisdiction does not issue or you are unable to procure a tax reference number or functional equivalent. If applicable, please specify the reason for non-availability of a tax-reference number:

**DECLARATION:**

I hereby apply to Fortress Insurance Company Ltd. to open a Registered Retirement Savings Plan in accordance with the instructions as set out above and the terms of the Declaration of Trust, a copy of which I have received. I further request that the Plan be registered as a Registered Retirement Savings Plan in accordance with the provisions of the Income Tax Act of Barbados.

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Client #:  
Account #:

**TERMS & CONDITIONS**

I confirm:

1. That I have read the Declaration of Trust, and am aware of the nature of the investment opportunity and the related risks;
2. That I have read the prospectus, and am aware of the nature and objective of my investment option, and the related risks;
3. That I am aware that there is an assumption of market risk and volatility or loss of principal to achieve higher returns and;
4. That I understand, that the value of shares in the Fund are not guaranteed, nor are they insured by any authority, as the value of the shares can go down as well as up, and there is no guarantee of the achievement of the objectives of any Fund.
5. That for amounts invested that are equal to and exceed Bds \$10,000 or its equivalent, an Anti-Money Laundering form must be completed before subscriptions are accepted. Completion of an Anti-Money Laundering form may be requested at the discretion of the Fund for amounts below Bds \$10,000.
6. That the information in this application is true, complete and accurate.
7. That all transactions to the above described account are and will be beneficially owned by the account holder.
8. That I agree to advise the recipient promptly and provide an updated self-certification form within 30 days where any change in circumstances occurs that could affect the operation of the Account including changes to the account holder's full and correct name, nationality, immigration or residency status, or any other change which causes any of the information contained in this form to be inaccurate or incomplete.
9. That the recipient, may obtain independent verification of information provided in the application.
10. That where legally obliged to do so, I hereby consent to the recipient sharing this information with the relevant tax information authorities.
11. I consent to the fee schedule set out in Appendix 1 of the Declaration of Trust and any amendments thereto from time to time.
12. I accept that no interest will accrue on any amount withdrawn or transferred from my Registered Retirement Savings Plan from the date of such withdrawal or transfer from the plan.

Policy Owner (print name):			
Policy Owner Signature:		Date:	
Witness (print name):			
Witness Signature:		Date:	

**U.S. RESIDENCY VERIFICATION**

Please tick one of the boxes below accordingly:

I certify that the holder of this account  is/  is not a citizen of the USA or resident for tax purposes.

**DATA PROTECTION**

Please (1) initial and (2) sign below:

All personal data acquired by Fortress Insurance Company Ltd from (1) \_\_\_\_\_ shall only be used for the purposes of this Agreement and shall not be further processed or disclosed without the consent of (2) \_\_\_\_\_ except where disclosure is mandatory based on the laws of Barbados.

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<b>Verification of:</b> Existing Account <input type="checkbox"/> YES <input type="checkbox"/> NO	Link <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> Valid government issued I.D. <input type="checkbox"/> Proof of address	<input type="checkbox"/> Risk rating completed <input type="checkbox"/> Source of funds (for investments of \$10,000 or more)		
Checked/Approved by Compliance Officer:	Agent Name (if applicable):	Received by:	Date Received (dd/mm/yyyy):

**Additional Comments:**

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**INSTRUCTIONS - AUTHORITY AND INDEMNITY**

Tick All That Apply:     VERBAL     FAX     EMAIL

To: Fortress Insurance Company Ltd.

It would be convenient and in my interest if I could at any time and from time to time send verbal instructions/facsimile transmissions/instructions by means of electronic mail to Fortress Insurance Company Ltd ("FICO") in relation to any and all my existing accounts, facilities and other agreements with FICO and any accounts, facilities and other arrangements which I may now or in the future have with FICO.

In consideration of FICO agreeing to accept verbal instructions/facsimile transmissions/instructions by means of electronic mail from me as aforesaid, I agree:

1. That FICO may act on any verbal instructions/facsimile transmissions/instructions by means of electronic mail given by me from time to time, and I voluntarily and with full knowledge take and assume any and all risks associated therewith;
2. That once verbal instructions/ facsimile transmissions/instructions by means of electronic mail have been given to FICO purportedly by the person specified below, FICO shall have no obligation to check or verify the authenticity or accuracy of such verbal instructions/ facsimile transmissions/instructions by means of electronic mail purporting to have been sent by me and may act thereon as if same had been duly given by me;
3. That in acting on verbal instructions/ facsimile transmissions/instructions by means of electronic mail FICO shall be deemed to have acted properly and to have fully performed all obligations owed to me, notwithstanding that such verbal instructions/facsimile transmissions/instructions by means of electronic mail may have been initiated, sent or otherwise communicated in error or fraudulently, and I shall be bound by any verbal instructions/facsimile transmissions/instructions by means of electronic mail on which FICO may act if FICO has in good faith acted in the belief that such verbal instructions/ facsimile transmissions/ instructions by means of electronic mail were given by me;
4. That FICO may, in its absolute discretion, decline to act or in accordance with the whole or any part of a verbal instruction/facsimile transmission/instruction by means of electronic mail pending further enquiry to or further confirmation (whether written or otherwise) by me, so however that FICO shall not be under any obligation to so decline in any case, and FICO shall in no event or circumstance be liable in any respect for not so declining; and
5. To release FICO from and indemnify FICO against all claims, losses, damages, costs and expenses howsoever arising in consequence of, or in any way related to, FICO having acted in accordance with the whole or any part of any verbal instruction/facsimile transmissions/instructions by means of electronic mail or having exercised (or failed to exercise) the discretion upon FICO in Clause 4 above.

For email indemnity, please list all authorised persons and e-mail addresses below:

Name:	Email:
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**Please note that correspondence originating only from the above email addresses will be acknowledged.**

<i>Policy Owner (print name):</i>	
<i>Policy Owner Signature:</i>	<i>Date:</i>