www.provenwealth.com

UNIT TRUST INSTRUCTION FORM



26 Belmont Road, Kingston | Unit 5B, Cobblestone Professional Centre, Mandeville | Unit 11 Fairview II Shopping Centre, Montego Bay

All sections must be completed in full using BLOC	K LETTEKS									
PRIMARY ACCOUNT HOLDER:				CUSTOMER TYPE: BUSINESS INDIVIDUAL JOINT OTHER						
						T				
SECONDARY ACCOUNT HOLDER (1):	SEG	CONDARY ACCOUNT I			SECONDARY ACCOUNT HOLDER (3):					
COMPANY NAME:										
ADDRESS (INCLUDE POSTAL CODE IF APPLICABLE	E)									
ACCOUNT NO:								1	<u> </u>	<u> </u>
ACCOUNT NO.										
ID #: EXPIR	DV DATE:			ID TVDE:	Drivor's Lico	nco 🗆 Daceno	rt = National	ID = Other (B	loaco cnocifi	0
			ID TYPE: Driver's License Passport National ID Other (Please specify) ID TYPE: Driver's License Passport National ID Other (Please specify)							
ID #: EXPIR	RY DATE:		ID TYPE:	ID TYPE: Driver's License Passport National ID Other (Please specify)						
Buying and selling unit require at least proof of ident Completed forms are to be faxed to (876) 754-3802 / Instructions to buy or sell units may also be comm	(876) 625-03 unicated by	716/Fax: (876) 684-980 email provided that an)4 or e-mailed Authority & I	to info@prove ndemnity Fori	enwealth.com m for Fax & Er	nail instructio	•		mount)	
Portfolio Name	S/R	# of Units/Amounts				\$ Value				
PROVEN Select Money Market (JMD)										
PROVEN Select Money Market (USD)										
PROVEN Select Fixed Income (USD)										
PROVEN Select Equity (JMD)										
		/=		/6.1						
Unit I	rust S	witching/Ti	ranstei	r/ Subs	criptio	n Canco	ellatior	1		
UT Switching		Transfer				Subscription Cancellation				
# of Units/Amounts: (Full/Partial)		# of Units/Amounts: (Full/Partial)				Portfolio Name:				
From Portfolio:		From Customer Name:				# of Units/Amounts:				
To Portfolio:		To Customer Name:								
Authorized Signature		//		Autho	orized Sig	jnature		С	// Date	/
Authorized Signature	/////	/								

OFFERING CIRCULAR

I/We acknowledge whereverI/we instruct you to buy/sell units of the portfolios offered under the PROVENSELECT FUND, that I/we are bound under the conditions set out in Trust Deed and Offering Circular. I/We declare that I/we have read and understood the Offering Circular for the relevant portfolio that I/we are subscribing to and I/we have received a copy of said Offering Circular on this date or on a previous date and acknowledge that I/we are responsible for familiarizing myself/ourselves with the contents therein. Printed copies of the relevant Offering Circular may be obtained from our offices or on our website www.provenwealth.com.

www.provenwealth.com

UNIT TRUST INSTRUCTION FORM



26 Belmont Road, Kingston | Unit 5B, Cobblestone Professional Centre, Mandeville | Unit 11 Fairview II Shopping Centre, Montego Bay

CUT OFF TIME FOR INSTRUCTION

The cut-off time for receipt of all instructions is 1:00 pm each business day. Instructions received after 1:00 p.m. will be executed on the next business day.

REDEMPTION PAYOUT PERIOD

I/We understand that, according to the Trust Deed, PROVEN Wealth Limited ("PWL") has up to five (5) business days in which to pay out the proceeds of an encashment, but that all efforts are made to settle payments within the shortest possible time as stipulated in Offering Circular.

EARLY REDEMPTION WAIVER

I/We am aware that the redemption of units from the PROVEN SELECT FUND portfolios are subject to an early redemption fee of 4% of the amount invested and that this charge will/may be waived if my/our investment remains in the said portfolios of the PROVEN SELECT FUND for a period of 90 Days or longer, except for the PROVEN Select Money Market Fund which has a holding period of 30 days. All redemptions done prior to the expiration of the respective holding periods will attract a 4% fee of the amount invested at the transaction date. In the case of partial encashments, the 4% fee will apply only to the value of the units being redeemed.

REDEMPTION OF UNITS - PAYMENT METHODS

Cheque - Provide name of payee ____

Banking Details							
Bank Name:	Account Name:	Account Number:					
Branch:	Account Type: Savings						
NDEMNITY	Current □						
he information contained herein will be rel	led upon by us in executing your payment and by providing your t	banking details above, you agree to indemnify us if it is not true and accurat					
Authorized Signature FOR INTERNAL USE ONL							
Processed by:							
Signature:							
Received on: Date //Tir	ne						
Cheque: Dated //No							
Receipt #							
Authorized Signature:							
Authorized Signature:							
Early Redemption Charge applied: Yes 🗆 N	lo Amount:	Company Stamp					