



ACCOUNT OPENING CHECKLIST

INDIVIDUAL ACCOUNTS

- Customer Information Form – (“CIF”)
- Master Repurchase Agreement
- Source of Funds (Client Investment Form)
- Fax and Email Instructions Authorization and Indemnity Form (where applicable)
- Copy of valid identification for each accountholder (Drivers License, Passport or National Identification Card)
- Tax ID Number for each accountholder (TIN, SSN,TRN) where applicable)
- Tax Form eg W8, W9 etc. (where applicable)
- Two Character Reference Forms for each accountholder
- Verification of address for each accountholder (utility bill, credit card or bank statement (no more than 3 months old); property tax receipt duly stamped by the Tax Collectorate (no more than 6 months old)).

LIMITED LIABILITY COMPANIES

- Customer Information Form – (“CIF”)
- Master Repurchase Agreement
- Certificate of Incorporation
- Memorandum and Articles of Association
- Taxpayer Registration Number (TRN)
- Board Resolution
- Tax Form for the Organisation
- Tax Form for each Beneficial Owner eg. W8, W9
- Audited Financial Statements for the last two years
- Copy of valid identification for each authorized signer (eg. Drivers License, Passport)
- Tax ID Number for each authorized signer
- Verification of address for each authorized signer (utility bill, credit card or bank statement (no more than 3 months old); property tax receipt duly stamped by the Tax Collectorate (no more than 6 months old)).
- Two Character Reference Forms for each authorized signer

PARTNERSHIPS

- Customer Information Form – (“CIF”)
- Master Repurchase Agreement
- Partnership Agreement
- Registration Certificate
- Taxpayer Registration Number (TRN)
- Professional Intermediaries KYC Form (where applicable eg. Law Partnerships, Accounting Firms)
- List of authorized signers with their specimen signatures
- Tax Form for each Partner eg. W8, W9
- Copy of valid identification for all signers on the account
- Tax ID Number for each authorized signer
- Verification of address for each authorized signer (utility bill, credit card or bank statement (no more than 3 months old); property tax receipt duly stamped by the Tax Collectorate (no more than 6 months old)).
- Two Character Reference Forms for each authorized signer

TRADING AS

- Customer Information Form – (“CIF”)
- Master Repurchase Agreement
- Registration Certificate for individuals doing business as a firm
- Taxpayer Registration Number (TRN)

- List of authorized signers with their specimen signatures
- Copy of valid identification for each signer on the account
- Tax Form for each Beneficial Owner eg. W8, W9
- Tax ID Number for each authorized signer
- Verification of address for each authorized signer (utility bill, credit card or bank statement (no more than 3 months old); property tax receipt duly stamped by the Tax Collectorate (no more than 6 months old)).
- Two Character Reference Forms for each authorized signer

SOCIETIES, ASSOCIATIONS, CHURCHES, SCHOOLS ETC.

- Customer Information Form – (“CIF”)
- Master Repurchase Agreement
- Registration Certificate from the relevant Government Ministry
- Taxpayer Registration Number (TRN)
- Minutes of meeting declaring agreement to establish a financial relationship with JN Fund Managers Limited / Board Resolution
- List of authorized signers with their specimen signatures
- Beneficial Owners (where applicable)
- Tax Form for each Beneficial Owner eg. W8, W9 (where applicable)
- Copy of valid identification for all signers on the account
- TRN for all authorized signers
- Verification of address for each authorized signer (utility bill, credit card or bank statement (no more than 3 months old); property tax receipt duly stamped by the Tax Collectorate (no more than 6 months old)).
- Two Character Reference Forms for each authorized signer

ADDITIONAL PRODUCT SPECIFIC DOCUMENTS

In addition to the account opening documents clients may be required to provide us with additional information for some of the products that are available through our firm. These include:

CI Mutual Funds

- CI Mutual Fund Application Form
- Mutual Fund Declaration Form
- CI Web Login Request Form – where access is required by the client to view their CI account online.

JNFM Tax Free Account

- LSA Declaration Form

JNFM Online

- JNFM Online Service Agreement



1 ACCOUNT INFORMATION

Date (dd/mm/yyyy) _____

Hold Mail

Yes No

By choosing "Yes", I agree that JN Fund Managers will hold my correspondence for 90 Days. Thereafter JNFM is authorised to mail all correspondence to me.

Online Account Access Required?
Frequency of Statement

Yes No
Monthly Quarterly

Account Type:

Related Party? Yes No

Kindly complete all sections of this form.

2 INDIVIDUAL ACCOUNT HOLDER(S) INFORMATION

ACCOUNT HOLDER (A)

New Client? Yes No

Mr. Miss Ms. Mrs.

Marital Status: Single Married Divorced Widowed

Dependents Information

Number ____ Age(s) _____

Gender _____

First Name _____

Middle Name _____

Last Name _____

Home Address Street _____

Town/City _____

Mailing Address (if Different) Street _____

Town/City _____

Parish/State _____

Post/Zip Code _____

Country _____

Parish/State _____

Post/Zip Code _____

Country _____

Tax Identifying Number (TIN) _____

TRN / SSN _____

ID Type _____

ID Number _____

Residency _____

Nationality _____

Country of Birth _____

Date of Birth (dd/mm/yyyy) _____

Primary Email Address _____

Are you a US Citizen? Yes No

Yes No

Secondary Email Address _____

Are You a Green Card Holder? Yes No

Yes No

Occupation / Profession _____

Have you spent 6 or more months in the US within the last 3 years? Yes No

Yes No

Employer _____

Tax Form Type Submitted: W8 W9

Employer Address Street _____

Town/City _____

Phone (Home) _____

Cellular _____

Parish/State _____

Post/Zip Code _____

Country _____

Phone (Work) _____

Cellular _____

Are you a Director or Senior Officer of a publicly traded company? Yes No

If yes, name(s) of company(ies) _____

Are you individually, or as a part of a group, a majority shareholder in a publicly traded company? Yes No

If yes, name(s) of company(ies) _____

Are you individually, or as a part of a group, the substantial owner / shareholder of a US Foreign Entity? Yes No

If yes, name(s) and address of entity(ies) _____

Interests / Hobbies _____

ACCOUNT HOLDER (B)

New Client? Yes No

Mr. Miss Ms. Mrs.

Marital Status: Single Married Divorced Widowed

Dependents Information

Number ____ Age(s) _____

Gender _____

First Name _____

Middle Name _____

Last Name _____

Home Address Street _____

Town/City _____

Mailing Address (if Different) Street _____

Town/City _____

Parish/State _____

Post/Zip Code _____

Country _____

Parish/State _____

Post/Zip Code _____

Country _____

Tax Identifying Number (TIN) _____

TRN / SSN _____

ID Type _____

ID Number _____

Residency _____

Nationality _____

Country of Birth _____

Date of Birth (dd/mm/yyyy) _____

Primary Email Address _____

Are you a US Citizen? Yes No

Yes No

Secondary Email Address _____

Are You a Green Card Holder? Yes No

Yes No

Occupation / Profession _____

Have you spent 6 or more months in the US within the last 3 years? Yes No

Yes No

Employer _____

Tax Form Type Submitted: W8 W9

Employer Address Street _____

Town/City _____

Phone (Home) _____

Cellular _____

Parish/State _____

Post/Zip Code _____

Country _____

Phone (Work) _____

Cellular _____

Are you a Director or Senior Officer of a publicly traded company? Yes No

If yes, name(s) of company(ies) _____

Are you individually, or as a part of a group, a majority shareholder in a publicly traded company? Yes No

If yes, name(s) of company(ies) _____

Are you individually, or as a part of a group, the substantial owner / shareholder of a US Foreign Entity? Yes No

If yes, name(s) and address of entity(ies) _____

Interests / Hobbies _____

ACCOUNT HOLDER (C)New Client? Yes No Mr. Miss Ms. Mrs. Marital Status: Single Married Divorced Widowed **Dependents Information**

Number ____ Age(s) _____

Gender _____

First Name _____		Middle Name _____	Last Name _____	
Home Address Street _____		Town/City _____	Mailing Address (if Different) Street _____	
Parish/State _____		Post/Zip Code _____	Country _____	
Tax Identifying Number (TIN) _____		TRN / SSN _____	ID Type _____	ID Number _____
Residency _____		Nationality _____	Country of Birth _____	Date of Birth (dd/mm/yyyy) _____
Primary Email Address _____		Are you a US Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Secondary Email Address _____		Are You a Green Card Holder? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Occupation / Profession _____		Have you spent 6 or more months in the US within the last 3 years? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Employer _____		Tax Form Type Submitted: W8 <input type="checkbox"/> W9 <input type="checkbox"/>		
Employer Address Street _____		Town/City _____	(____)____-____	(____)____-____
Parish/State _____		Post/Zip Code _____	Country _____	Phone (Home) _____ Cellular _____
			(____)____-____	(____)____-____
			Country _____	Phone (Work) _____ Cellular _____
Are you a Director or Senior Officer of a publicly traded company? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, name(s) of company(ies) _____				
Are you individually, or as a part of a group, a majority shareholder in a publicly traded company? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, name(s) of company(ies) _____				
Are you individually, or as a part of a group, the substantial owner / shareholder of a US Foreign Entity? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, name(s) and address of entity(ies) _____				
Interests / Hobbies _____				

ACCOUNT HOLDER (D)New Client? Yes No Mr. Miss Ms. Mrs. Marital Status: Single Married Divorced Widowed **Dependents Information**

Number ____ Age(s) _____

Gender _____

First Name _____		Middle Name _____	Last Name _____	
Home Address Street _____		Town/City _____	Mailing Address (if Different) Street _____	
Parish/State _____		Post/Zip Code _____	Country _____	
Tax Identifying Number (TIN) _____		TRN / SSN _____	ID Type _____	ID Number _____
Residency _____		Nationality _____	Country of Birth _____	Date of Birth (dd/mm/yyyy) _____
Primary Email Address _____		Are you a US Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Secondary Email Address _____		Are You a Green Card Holder? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Occupation / Profession _____		Have you spent 6 or more months in the US within the last 3 years? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Employer _____		Tax Form Type Submitted: W8 <input type="checkbox"/> W9 <input type="checkbox"/>		
Employer Address Street _____		Town/City _____	(____)____-____	(____)____-____
Parish/State _____		Post/Zip Code _____	Country _____	Phone (Home) _____ Cellular _____
			(____)____-____	(____)____-____
			Country _____	Phone (Work) _____ Cellular _____
Are you a Director or Senior Officer of a publicly traded company? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, name(s) of company(ies) _____				
Are you individually, or as a part of a group, a majority shareholder in a publicly traded company? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, name(s) of company(ies) _____				
Are you individually, or as a part of a group, the substantial owner / shareholder of a US Foreign Entity? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, name(s) and address of entity(ies) _____				
Interests / Hobbies _____				

3 CLIENT PROFILE**Risk Tolerance**Low to Moderate Moderate High to Speculative **Investment Objective**Purchase Asset Retirement Cash Flow Management

Other _____

Investment HorizonOne to Six Months Six Months to a Year One to Five Years Over Five Years **Investment Instruments that you will invest in: (Portfolio Mix)**

Commercial Paper

Yes No

Foreign Currency Instruments

Yes No

Government of Jamaica Securities

Yes No

Mortgage Backed Instruments

Yes No

Equities

Yes No

Annual Gross Income

Account Holder

	A	B	C	D
up to \$1M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$1M to \$2M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$2M to \$5M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over \$5M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Net Worth

Account Holder

	A	B	C	D
Under \$1M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$1M to \$2M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$2M to \$5M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$5M to \$10M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$10M to \$25M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over \$25M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Source of funding for the account: _____

Are you a recipient of overseas income? Yes No

If yes, give details: _____

Have you or any relative or close associate been entrusted with any prominent public functions in Jamaica or elsewhere? Yes No

If yes give details: _____

4 HOW CAN WE BETTER SERVE YOU?

Do you have an account or do business with Jamaica National Building Society or any of its other subsidiaries?

Jamaica National Building Society	<input type="checkbox"/>	JN Finance Limited	<input type="checkbox"/>
Jamaica Automobile Association	<input type="checkbox"/>	Management Control Systems Ltd.	<input type="checkbox"/>
JN Small Business Loans Ltd.	<input type="checkbox"/>	JN Money Services Ltd.	<input type="checkbox"/>
Jamaica General Insurance Company Ltd.	<input type="checkbox"/>	Management Control Information Systems Ltd.	<input type="checkbox"/>

How did you hear about us?

Printed Media	<input type="checkbox"/>
Electronic Media	<input type="checkbox"/>
Financial Advisor	<input type="checkbox"/>
Referral	<input type="checkbox"/>
Internet	<input type="checkbox"/>

Other _____

Which correspondence would you like to receive?

JNFM Electronic Publications

Information on JNFM Events

Please indicate the authority granted to JN Fund Managers Limited as portfolio manager:

- full discretion;** (client grants, full authority, without consultation);
- partial discretion;** (client must be contacted before execution of any trade/transaction);
- custody;** (no discretion to trade. Assets are for safe keeping and reporting only).

Would you like us to send you text messages regarding your investment? Yes No

If "Yes" number to text messages to: (_____) - _____

5 CLIENT AUTHORIZATION

I/We certify that the information contained herein is accurate and agree to the Terms and Conditions of this Agreement.

Signing Authority

AND OR

Signature (A)

Date (dd/mm/yyyy)

Signature (B)

Date (dd/mm/yyyy)

Signature (C)

Date (dd/mm/yyyy)

Signature (D)

Date (dd/mm/yyyy)

Internal Use Only:

New Account Existing Account Account Number _____

Dealer Representative Name _____ Reviewed By _____

Dealer Representative Signature _____ Title _____

Date _____ Date _____

JN FUND MANAGERS LIMITED CLIENT AGREEMENT TERMS & CONDITIONS

1. This AGREEMENT ("Agreement") is made on the Date specified overleaf between JN Fund Managers Limited (JNFM) and the party described overleaf as "the client" WHEREBY JNFM will as principal engage in Asset Transactions and other transactions from time to time on behalf of the client.
2. This Agreement also sets forth the terms and conditions under which from time to time, in its sole discretion, JNFM may offer to sell to the client, who in their sole discretion, agree to purchase from, in each case without recourse, Participations in Assets pursuant to the terms and conditions set forth in Certificates of Participation or Repurchase Agreements or such other investment instruments agreed with the client hereinafter called "Documents of Participation".
3. JNFM agrees to handle all transactions relating to an asset and the respective documents in accordance with its usual practices in the ordinary course of its business. JNFM shall not be liable to the client for any error in judgment or for any action taken or omitted to be taken by JNFM, except for gross negligence or wilful misconduct. Except to the extent otherwise provided herein, neither JNFM nor any of its officers, directors, employees, attorneys or agents shall have any further obligation or responsibility to the client of any kind whatsoever in connection with the performance of JNFM's duties under the Documents of Participation.
4. Where the client comprises more than one person, they shall be deemed to be joint tenants for all purposes in connection herewith unless specific written instructions to the contrary signed by each of such persons are given to JNFM. On the death of any of the persons constituting the client (being survived by any other such person) the Agreement shall not terminate and except in the case of the trustees, the interest of the deceased in the securities will automatically enure to the benefit of the survivor(s) unless otherwise specified.
5. Subject to its policies, JNFM may follow the instructions of any one account holder and, if inconsistent instructions are received or JNFM reasonably believes instructions from one account holder may not be mutually agreeable to all, JNFM in its discretion may do any one or more of the following, (i) suspend all activities on the account until written instructions signed by all accounts holders are received, (ii) close the account and deliver all assets in the names of all account holders, net of debits and credits to the address of record, or (iii) take other appropriate action.
6. JNFM is authorized, **but not** required, to accept and act in accordance with instructions received by telephonic communication to execute transactions to purchase, sell or otherwise deal with the assets. The client agrees to indemnify and hold JNFM harmless from and against any loss, cost or liability paid or incurred by JNFM as a result of acting in accordance with telephonic instructions which it believed in good faith to be issued by the client. JNFM will require receipt of written confirmation (by facsimile transmission or otherwise) of telephonic instructions prior to executing such instructions. **The client HEREBY UNDERSTANDS AND AGREES THAT JNFM MAY TAPE RECORD ANY OF YOUR TELEPHONE CONVERSATIONS WITH JNFM.**
7. Client statements of account and all transaction certificates shall be conclusive if not objected to in writing within five days, in the case of certificates (transaction confirmations), and ten days, in the case of account statements, after such documents have been transmitted to the client by mail or otherwise, regardless whether such documents are actually received.
8. If either party hereto fails to remit to the other funds when required to with respect to an asset transaction or Documents of Participation, the party required to remit such funds shall pay to the other interest on the amount not remitted, for each day until the date of delivery of such amount in immediately available funds to the party entitled thereto, at (i) a fluctuating rate per annum, computed for actual days elapsed on the basis of a year of 365 days, equal to the six-month Treasury Bill Rate, or (ii) if a currency other than Jamaican dollars (J\$) is involved, an overnight rate reasonably determined by JNFM.
9. JNFM will make all statutory deductions in accordance with applicable laws and pay over to the appropriate statutory authority.
10. The client(s) may not, (i) assign their rights and obligations hereunder without obtaining the prior written consent of an authorized representative of JNFM, which consent shall not be unreasonably withheld, or (ii) sell, assign, convey, transfer, subdivide, sub-participate or otherwise dispose of all or any part of any Documents of Participation acquired by them hereunder, nor create or permit to exist any lien or security interest thereon without obtaining the prior written consent of JNFM, which consent shall not be unreasonably withheld.
11. The client(s) authorizes JNFM, in its discretion, to obtain reports concerning their credit standing and business conduct. They may make a written request within a reasonable period of time for a description of the nature and scope of the reports obtained by JNFM.
12. The client(s) hereby understands and agrees that:
 - a. JNFM may record and store all information on their account in such form and by such means as JNFM deems fit.
 - b. JNFM may use the services of its parent company or its parent company's subsidiaries and/or affiliates or any electronic data processing service provider in connection with the management of their accounts and the related data.
 - c. Save and except where the client communicates an objection to JNFM in writing, the client's personal information may be shared with JNFM's parent company or its parent company's subsidiaries and affiliates.
13. The client hereby agrees that this Agreement and all the terms hereof shall be binding upon them and their estate, heirs, executors, administrators, personal representatives, successors and assigns. This Agreement shall cover individually and collectively all accounts, joint, single or in a fiduciary capacity, which are held by JNFM for them. This Agreement shall be applicable to all existing transactions between JNFM and the client as well as all future transactions in the nature contemplated herein and shall remain in effect irrespective of any interruptions in the business relations of the client with JNFM.
14. These terms and conditions and the documents to which they are annexed will be governed by and construed in accordance with the laws of Jamaica. The courts of Jamaica are to have exclusive jurisdiction to settle any disputes or claims that may arise out of or in connection with such documents for which purpose all parties agree to submit to the jurisdiction of the courts of Jamaica.
15. Any complaints by the client should in the first instance be made in writing to the Compliance Officer c/o of JN Fund Managers Limited at 17 Belmont Road, Kingston 5.
16. No warranty is given by JNFM as to the performance or profitability of the client's investment portfolio or any part thereof.
17. The client shall not acquire title to or a proprietary interest in any securities hereunder until JNFM has received from the client full value of the funds to acquire the same and where payment has been made by cheque or other negotiable instrument until such cheque or instrument has been cleared or honored as the case may be.
18. **YOU UNDERSTAND, AND ACKNOWLEDGE THAT JNFM HAS INFORMED YOU, THAT:**
 - a. ANY INVESTMENT MADE UNDER THE TERMS OF THIS AGREEMENT IS NOT THE SUBJECT OF INSURANCE BY THE DEPOSIT INSURANCE ACT
 - b. ANY INVESTMENT MADE UNDER THE TERMS OF THIS AGREEMENT IS NOT AN OBLIGATION OF OR GUARANTEED BY JNFM.
 - c. ANY INVESTMENT MADE UNDER THE TERMS OF THIS AGREEMENT IS SUBJECT TO INVESTMENT RISK, INCLUDING BUT NOT LIMITED TO THE POSSIBLE LOSS OF THE PRINCIPAL INVESTED.
19. Upon signature of the Instructions or other documents to which these terms and conditions are attached the client shall be deemed to have read and understood the contents thereof and to have accepted that the details set out in the Schedule thereto are correct.