



Member of the **GraceKennedy FINANCIAL GROUP**

GK MUTUAL FUNDS INSTRUCTION FORM

CLIENT ACCOUNT NUMBER

PLEASE COMPLETE IN CAPITAL LETTERS

Tick applicable transaction request (s):

Subscription

Redemption

Fund Switch

Transfer

SECTION A: CLIENT INFORMATION			
TYPE OF ACCOUNT:	Individual <input type="checkbox"/>	Joint Account <input type="checkbox"/>	Corporate <input type="checkbox"/>
ACCOUNT NAME:			
ADDRESS LINE 1:			
ADDRESS LINE 2:			
TAX REGISTRATION NUMBER (TRN):			
ID TYPE:	ID NUMBER:	ID EXPIRY DATE:	
TELEPHONE:	EMAIL ADDRESS:		

SECTION B: SUBSCRIPTION OF SHARES (Subject to minimum holding amount)		
FUND NAME	VALUE	# OF SHARES (Internal use only)
GK MONEY MARKET FUND (JMD)		
GK GROWTH & INCOME FUND (JMD)		
GK USD INCOME FUND (USD)		

Source of Funds _____

SECTION C: REDEMPTION OF SHARES		
FUND NAME	# OF SHARES	VALUE(S)
GK MONEY MARKET FUND (JMD)		
GK GROWTH & INCOME FUND (JMD)		
GK INCOME FUND (USD)		

SECTION D: FUND SWITCH OR TRANSFER OF SHARES	
Fund Switch	Transfer of shares
# OF SHARES/ \$ AMOUNT:	# OF SHARES/ \$ AMOUNT:
FROM FUND:	FROM ACCOUNT NUMBER:
TO FUND:	TO ACCOUNT NUMBER:

I/We acknowledge that I/We have received and read a copy of the GK Mutual Funds Offering Document and that I/We fully understand and agree to each of the terms and conditions contained therein.
Initials _____

I/We, the undersigned hereby issue the foregoing instructions to apply for subscription/redemption/transfer of shares in the GK Mutual Funds and certify that the information given above is true and accurate.
Initials _____

I/We acknowledge and agree to the terms and conditions contained in the schedule hereto.
Initials _____

SIGNATURE/AUTHORISED SIGNATORY: _____ DATE: _____

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SCHEDULE- TERMS AND CONDITIONS

SUPPORTING DOCUMENTS REQUIRED

In order to issue instructions for the processing of a transaction, the client's Know-Your-Client (KYC) information must be up to date. Instructions to purchase or sell shares may also be communicated by email provided that an Authority & Indemnity form for Fax and Email instruction is in place. GKCM may require additional information or supporting documents in order to process the client's instructions.

CUT-OFF TIME FOR INSTRUCTION

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

REDEMPTION PAYOUT PERIOD

Ordinarily it will take up to three (3) business days following the date of submission for a redemption request to be processed and payment made. In certain circumstances however, as provided for in the Articles of Incorporation of GK Mutual Fund Limited, this timeline may be extended.

CHARGES AND FEES

The Offering Document/Prospectus for GK Mutual Funds discloses the front and/or back-end load fees (if any) as well as early redemption fees applicable per fund. The client acknowledge that they are aware of and agree to those charges and the terms and conditions applicable thereto.

FOR INTERNAL USE BY GK CAPITAL MANAGEMENT LIMITED ONLY

Entered by: _____

Signature: _____

Date of receipt: _____

Time: _____

Authorized signature: _____

Authorized signature: _____



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BANKING INSTRUCTIONS- REDEMPTION PAYMENTS

CURRENT ACCOUNT <input type="checkbox"/> SAVINGS ACCOUNT <input type="checkbox"/>	ACCOUNT NUMBER:
NAME ON ACCOUNT:	NAME OF FINANCIAL INSTITUTION:
BRANCH NAME:	BRANCH TRANSIT NUMBER:

I represent and warrant that the information written above is accurate and that the Account described above is my account and/or that I am duly authorized to sign this document. GKCML is entitled to rely on the information set out herein and further on any instructions (written or otherwise) believed by it in good faith to be given as agreed herein. GKCML is authorized, and in its sole discretion, to contact third parties to confirm the accuracy of the information herein if it chooses so to do. I acknowledge, understand and agree as follows:

- (1) that I am hereby authorizing GKCML to make a direct credit entry to my Account, using the ACH, which system has been explained to and is understood by me;
- (2) that GKCML may, in its sole discretion, refuse to initiate any entries (or take any actions) required by this authorization or may amend or otherwise adjust same as it deems fit and may do so at any time and from time to time;
- (3) that entries initiated by GKCML on my behalf may be rejected by other parties involved in the ACH system such as the bank originating the entries on behalf of GKCML;
- (4) that where GKCML has initiated entries in accordance with instructions as detailed herein GKCML may not be able to implement any return, reversal, withdrawal or other change to such entries
- (5) I agree to pay any charges levied as payable to give effect to this authorization and to meet any and all costs associated with the actions taken pursuant to this authorization including the costs related to (a) any initiation, reversal, return, dishonour, withdrawal of entries (b) error in instructions (3) changes in instructions; and/or resulting overdraft together with any other costs incurred otherwise pursuant to this authorization; to accept any and all risk involved in the utilisation of such a method;
- (6) to accept any and all risk involved in the utilisation of such a method;
- (7) to immediately report in writing to GKCML any discrepancies discovered in the entries or otherwise relating to this authorization;
- (8) to release GKCML from any liability resulting from actions and/or omissions authorized pursuant to this authorization save where same resulted from the gross negligence of GKCML; and
- (9) in the event that GKCML initiates a credit entry(ies) in an amount in excess of that authorized herein to the Account I will pay GKCML an amount the equivalent of the excess deposited.

I hereby hold GKCML, the Financial Institution, any of their agents, associates and affiliates, and each of their respective directors, officers and employees ("GKCML and all other entities collectively referred to herein as "Intermediaries") harmless for acts carried out in accordance with this authorization, and I agree to indemnify the Intermediaries against all liability, loss, harm, damage, costs fines, penalties, taxes or expenses that may be suffered as a result of any suit, claim or demand brought or commenced ("Loss") as a result of the Intermediaries' activities in accordance with this authorization. I will not have the responsibility to indemnify for Loss resulting from the gross negligence of the Intermediaries. I/We, the undersigned, hereby confirm that we understand, accept and agree to be bound by the terms and conditions set forth.

SIGNATURE/AUTHORISED SIGNATORY: _____ DATE: _____