



# INVESTMENT ACCOUNT APPLICATION

2880 Beaver Ridge Loop  
Clermont, FL 34711

## How to Apply for a Investment Account

- Complete Section 1-9.
- Sign and date your application
- Mail your application to the address to the left
- Questions? Call 352-8744487 from 8 am to 5 pm, Monday to Friday.

## Important Information about procedures for opening a new account

To fight the funding of terrorism and money laundering activities, the British Virgin Islands requires all financial institution to obtain, verify, and record information that identifies each person who opens an account. When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

### 1. CHOOSE YOUR ACCOUNT TYPE

#### Individual Account (Choose only one)

- Estate  
If the owner dies, his/her interest passes to his/her estate.
- Listed Beneficiaries  
If the owner dies, his/her interest passes to the beneficiaries listed in section 3.

#### Joint Account

- Rights of Survivorship  
If one owner dies, his/her interest passes to surviving owners.
- Estate  
If one owner dies, his/her interest passes to his/her estate.
- Listed Beneficiaries  
If one owner dies, his/her interest passes to the beneficiaries listed in section 3.

#### Custodial Account

Established by an adult for the benefit of a minor.

### 2. ENTER YOUR ACCOUNT HOLDER INFORMATION

British Virgin Islands Financial Services Commission regulations require that we collect all of the following information

Primary Account Holder (or minor if custodial account)		Co-Account Holder, If Applicable (or custodian if custodial account)	
Name (first, middle initial, last)		Name (first, middle initial, last)	
Home Street Address (cannot be a P.O. Box)		Home Street Address (cannot be a P.O. Box)	
City, State, Zip		City, State, Zip	
Mailing Address (if different from above; P.O.Box may be used)		Mailing Address (if different from above; P.O.Box may be used)	
City, State, Zip		City, State, Zip	
Home Phone	Business Phone	Home Phone	Business Phone
E-Mail Address (required for account updates)		E-Mail Address (required for account updates)	
Date of Birth (mm/dd/yyyy)	Social Security Number/Tax ID Number	Date of Birth (mm/dd/yyyy)	Social Security Number/Tax ID Number
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Not Employed		Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Not Employed	
Employer	Specific Occupation	Employer	Specific Occupation
Business Street Address		Business Street Address	
City, State, Zip		City, State, Zip	
Are you employed by a registered securities broker/dealer, investment advisor, bank, or other financial institution? <input type="checkbox"/> No <input type="checkbox"/> Yes (you must submit a compliance letter with this application)		Are you employed by a registered securities broker/dealer, investment advisor, bank, or other financial institution? <input type="checkbox"/> No <input type="checkbox"/> Yes (you must submit a compliance letter with this application)	
Are you an officer, or director of a publicly held company? <input type="checkbox"/> No <input type="checkbox"/> Yes (specify companies) _____		Are you an officer, or director of a publicly held company? <input type="checkbox"/> No <input type="checkbox"/> Yes (specify companies) _____	
Are you a 10% shareholder, or policymaker of a publicly held company? <input type="checkbox"/> No <input type="checkbox"/> Yes (specify companies) _____		Are you a 10% shareholder, or policymaker of a publicly held company? <input type="checkbox"/> No <input type="checkbox"/> Yes (specify companies) _____	
Passport Number (please attach a photocopy of your passport)	Passport Country of Issuance	Passport Number (please attach a photocopy of your passport)	Passport Country of Issuance
Country of Legal Residence		Country of Legal Residence	
Country of Citizenship		Country of Citizenship	

### 3. BENEFICIARIES

Beneficiary 1		Beneficiary 2	
Name (first, middle initial, last)		Name (first, middle initial, last)	
Home Street Address (cannot be a P.O. Box)		Home Street Address (cannot be a P.O. Box)	
City, State, Zip		City, State, Zip	
Mailing Address (if different from above; P.O.Box may be used)		Mailing Address (if different from above; P.O.Box may be used)	
City, State, Zip		City, State, Zip	
Home Phone	Business Phone	Home Phone	Business Phone
E-Mail Address (required for account updates)		E-Mail Address (required for account updates)	
Date of Birth (mm/dd/yyyy)	Country of Birth	Date of Birth (mm/dd/yyyy)	Country of Birth
Passport Number (please attach a photocopy of your passport)	Passport Country of Issuance	Passport Number (please attach a photocopy of your passport)	Passport Country of Issuance
Country of Legal Residence		Country of Legal Residence	
Country of Citizenship		Country of Citizenship	
Percentage Allocation (If not specified, what is left, will be distributed at equal amounts)		Percentage Allocation (If not specified, what is left, will be distributed at equal amounts)	
Beneficiary 3		Beneficiary 4	
Name (first, middle initial, last)		Name (first, middle initial, last)	
Home Street Address (cannot be a P.O. Box)		Home Street Address (cannot be a P.O. Box)	
City, State, Zip		City, State, Zip	
Mailing Address (if different from above; P.O.Box may be used)		Mailing Address (if different from above; P.O.Box may be used)	
City, State, Zip		City, State, Zip	
Home Phone	Business Phone	Home Phone	Business Phone
E-Mail Address (required for account updates)		E-Mail Address (required for account updates)	
Date of Birth (mm/dd/yyyy)	Country of Birth	Date of Birth (mm/dd/yyyy)	Country of Birth
Passport Number (please attach a photocopy of your passport)	Passport Country of Issuance	Passport Number (please attach a photocopy of your passport)	Passport Country of Issuance
Country of Legal Residence		Country of Legal Residence	
Country of Citizenship		Country of Citizenship	
Percentage Allocation (If not specified, what is left, will be distributed at equal amounts)		Percentage Allocation (If not specified, what is left, will be distributed at equal amounts)	

Note: If you have more beneficiaries, please attach as many copies as necessary of this page.

#### 4. CREATE YOUR INVESTMENT PROFILE

British Virgin Islands Financial Services Commission regulations require that we collect all of the following information. For joint accounts please include combined amounts.

Investment Objective for This Account (choose only one)	Investment Experience	Annual Income	Approximate Net Worth (excluding residence)	Approximate Liquid Net Worth (cash, stocks, etc.)
<input type="checkbox"/> Capital Preservation Minimize the potential for any loss of principal	<input type="checkbox"/> None	<input type="checkbox"/> \$0-\$14,999	<input type="checkbox"/> \$0-\$24,999	<input type="checkbox"/> \$0-\$14,999
<input type="checkbox"/> Income Provide current income rather than growth of principal	<input type="checkbox"/> Limited	<input type="checkbox"/> \$15,000-\$24,999	<input type="checkbox"/> \$25,000-\$49,999	<input type="checkbox"/> \$15,000-\$24,999
<input type="checkbox"/> Growth Increase investment value over time while accepting price fluctuations.	<input type="checkbox"/> Good	<input type="checkbox"/> \$25,000-\$49,999	<input type="checkbox"/> \$50,000-\$99,999	<input type="checkbox"/> \$25,000-\$49,999
<input type="checkbox"/> Speculation Assume the highest degree of risk for potentially higher returns.	<input type="checkbox"/> Excellent	<input type="checkbox"/> \$50,000-\$99,999	<input type="checkbox"/> \$100,000-\$499,999	<input type="checkbox"/> \$50,000-\$99,999
		<input type="checkbox"/> \$100,000-\$199,999	<input type="checkbox"/> \$500,000-\$999,999	<input type="checkbox"/> \$100,000-\$199,999
		<input type="checkbox"/> \$200,000+	<input type="checkbox"/> \$1,000,000+	<input type="checkbox"/> \$200,000-\$499,999
				<input type="checkbox"/> \$500,000-\$999,999
				<input type="checkbox"/> \$1,000,000+

#### 5. SELECT YOUR ACCOUNT FEATURES

Investment Objective for This Account (choose only one)

Long Term Investment Plan (Do not expect to make redemptions in less than 10 years)

Medium Term Investment Plan (Do not expect to make redemptions in less than 5 years)

Short Term Investment Plan (Do not expect to make redemptions in less than 1 year)

#### 6. FUND YOUR ACCOUNT

A \$1,000 minimum is required.  
Check one or more of the following.

I have enclosed a check or money order for \$ \_\_\_\_\_ made payable to Primus Vitae Mutual Fund BVI, Ltd.

Deposit in Account Number 5491873663, Bank of America, Gainesville, Florida, of Primus Vitae Mutual Fund BVI, Ltd

I plan to wire funds from another financial institution, the wiring address is the following:

Bank of America,  
ABA 026-009593  
Account number 5491873663  
Of Primus Vitae Mutual Fund BVI, Ltd

#### 7. ACCOUNTS TO FUND

Cash Management	\$ _____
Bond Index	\$ _____
Stock Index	\$ _____
Pension Fund	\$ _____
Total	\$ _____

#### 8. SIGN AND DATE YOUR APPLICATION

I am of legal age to enter into this contract. I acknowledge that I have received, read, and agree to be bound by the terms and conditions as currently set forth by Primus Vitae Mutual Fund BVI, Ltd. I acknowledge that Primus Vitae Mutual Fund BVI, Ltd does not provide investment, tax, or legal advice

I am not a U.S. person. I have also included a copy of my passport or government-issued ID.

Everything related to this agreement is govern by the law of the British Virgin Islands and any dispute can only be heard in the British Virgin Islands.

Signature of Primary Account Holder \_\_\_\_\_ Date \_\_\_\_\_

Signature of Co-Account Holder \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Printed Name \_\_\_\_\_

Investors should be aware of the following investment warning:

- (a) The fund has been established as a private fund;
- (b) A private fund is suitable for private investors only and that the fund is limited to 50 investors or any invitation to subscribe for interests in the fund may be made on a "private basis" only.
- (c) The fund is not subject to supervision by the Commission or by a regulator outside the BVI and that the requirements considered necessary for the protection of investors that apply to public funds do not apply to private funds;
- (d) An investor in a private fund is solely responsible for determining whether the fund is suitable for his investment needs; and
- (e) Investment in a private fund may present a greater risk to an investor than investment in a public fund.

Sign below to acknowledge that you received, understood and accepted the prescribed investment warning.

Signature of Primary Account Holder \_\_\_\_\_  
Date \_\_\_\_\_

Signature of Co-Account Holder \_\_\_\_\_  
Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Printed Name \_\_\_\_\_