

Accumulated Transfer Form (Portion)

Date:

Address:
(of Account holder)

The Manager
BPM Financial Ltd.
1A Holborn Road
Kingston 10

Dear Sirs,

Re: Account Number: _____ in the name(s) of: _____

Please take this as my/our authority to transfer \$_____ from A/c #
to A/c #_____ and invest in the following type of account with immediate effect:

Balanced Portfolio Account (50% Equity/50% Fixed Income)
100% Equity Portfolio Account
100% Fixed Income Account
Goal Savers Account
Nest Egg Investor Account
Savings Club Account
US\$ Maximizer
US\$ Global Equity
US\$ Balanced Portfolio (50% Equity / 50% Fixed Income)

The monthly allocation of \$_____ should be applied as follows:

BC..... (\$_____)
BP..... (\$_____)
BN..... (\$_____)

Thank you for your assistance in this regard.

Yours truly,

(Signature of Account Holder)