



MUTUAL FUNDS APPLICATION FORM (Individual/Joint)

PRODUCT INFORMATION

Please tick as appropriate the fund you wish to invest in

MERISTEM MONEY MARKET FUND

MERISTEM EQUITY MARKET FUND

EXISTING CLIENT YES NO

AMOUNT (that you want to invest) _____

in words _____

Meristem strictly prohibits payment of CASH by existing and prospective clients to any representative of the Company, for any reason whatsoever. All payments to the Company shall be by way of cheques or bank drafts issued in the name of the Fund or by direct bank transfers or cash payments to the Company's designated Bank Accounts. The Company shall not be liable for any direct or indirect loss or damage which may arise from failure of the client to adhere to this directive. If you do not receive any investment notification 48 hours after making payment for your investment, please contact our representatives via mutualfundsoperations@meristemng.com

CUSTOMER INFORMATION

FULL NAME

Title _____ Surname _____

First Name _____ Other Names _____

JOINT APPLICANTS

Surname _____ Other Names _____

IF APPLICANT IS A MINOR, PLEASE WRITE NAME OF SPONSOR BELOW

Title _____ Surname _____

First Name _____ Other Names _____

RESIDENTIAL ADDRESS:

State _____ Country _____

Mobile Number _____ Email Address _____

Date of Birth _____ Occupation _____

Mother's Maiden Name _____ Type of ID _____ ID Number _____

Next of Kin _____

Next of Kin's Address _____

Next of Kin's Phone No _____ Email Address _____ Relationship _____

Preferred mode of communication Email Telephone Letter Visit

BANK ACCOUNT INFORMATION

Account Name _____ Account Number _____

Bank Name _____ BVN Number _____

INTEREST/DIVIDEND RE-INVESTMENT: YES NO Dividends/Redemption payments will only be made to the bank account details stated above.

NATIONALITY Nigerian If not Nigerian, please state Nationality _____

If you have residence in a jurisdiction other than Nigeria, please state the jurisdiction _____

If you are a US citizen or US tax resident, please provide your US Tax Identification Number. _____

Do you hold a senior public office (in or outside Nigeria), or have a close business or personal connection to such a person?
A person who holds a senior public office includes persons who hold, or have held, political offices such as senior government officials, members of the judiciary, senior executives of government-owned companies, members of royal families, etc. If yes, please state the source of the assets or funds to be invested.



DECLARATION BY APPLICANTS

- () I am at least 18 years old.
- () I have attached a cheque, bank draft, or evidence of fund transfer/payment made payable in the name of my chosen fund to Meristem.
- () I/We understand that as with all stock market investment, the prices of Mutual Funds (Meristem Equity Market Fund) invested in quoted securities may go down or up. I understand that past performance is not an indication of future performance.
- () I agree to comply with the minimum investment period specified for any of the Mutual Funds, failing which I accept any losses, charges or costs that may arise at the point of redemption of my investment.
- () I agree that my e-statement can be sent at my risk to the correspondence address/email address I have provided.
- () I hereby authorize the Fund Manager to honour redemption requests and instructions sent by electronic mail in respect of my investment holdings in the Fund
- () I declare that the above information is true

INDEMNITY FOR REDEMPTION REQUESTS/INSTRUCTIONS SENT BY MERISTEM MUTUAL FUND CLIENTS THROUGH ELECTRONIC MAIL

() I hereby authorize the Fund Manager to honour redemption requests and instructions sent by electronic mail in respect of my investment holdings in the Fund and in this regard confirm the email address captured as designated one for this purpose.

In consideration of the Fund Manager honouring my requests and instructions sent by electronic mail, I hereby undertake to indemnify the Fund Manager against any loss, liabilities, damages, claims, proceedings, cost or expenses of whatever nature that may be incurred by the Fund Manager as a result of any issue arising from the honouring of my redemption requests and instructions sent by electronic mail from my designated email address stated above.

UNIT HOLDER'S SIGNATURE

DATE

UNIT HOLDER'S SIGNATURE

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APPLICATION CHECKLIST

- () Completed Application Form
- () Proof of Address (Utility Bill, Tenancy Agreement, etc)
- () Means of Identification (Drivers License, Int'l Passport or National ID card)
- () Recent Passport Photograph
- () Birth Certificate (if applicant is a minor)
- () Evidence of Initial Deposit/Transfer (copy)

NOTE:

Kindly be advised that SEC regulations require that we return remitted funds back to the originating account if account opening documentation is not completed within two weeks of receipt of funds by Meristem.

FOR FUND MANAGERS ONLY

Offer Price	Units Allocated

Meristem Wealth Mangement Limited

Ikoyi Office

3, Norman William Street, SW Ikoyi, Lagos
Tel: +234(1)4488260, Fax: +234(1)7389948

Yaba Office

213, Herber Macaulay Way, Adekunle, Yaba Lagos
Tel: +234(1)8920491-2

Email: mutualfundsoperations@meristemng.com

Website: www.meristemwealth.com