



--	--	--	--	--	--	--	--	--	--

DGM STRATEGIC FUNDS ACCOUNT

Welcome to DGM Bank & Trust Inc.

In order to open your account at DGM Bank & Trust Inc., we ask that you please follow the instructions below and complete the Application form(s) as requested.

1. Complete the information required in the application form and sign where indicated.

2. Please ensure that the following are attached:
 - Certified photocopy of Passport photograph/signature page.
 - Bank reference letter.
 - Professional reference letter (lawyer or accountant).
 - Personal reference letter.
 - For Corporate Accounts, please provide Certified copies of the Articles of Incorporation, Certificate of Incorporation, Corporate Resolution, Register of Directors and Register of Shareholders (Letters of Reference and certified copies of passports will be required for each director and shareholder)

3. Please indicate the method by which you will be funding your account.
 - Bank Draft/Cheque.
(Please attach your cheque/bank draft to the application form and deliver to DGM Bank & Trust Inc. along with the information requested in '2' above. Please note that it may take up to ten (10) business days for certain drafts/cheques to clear. Cheques/Bank Drafts should be made payable to "DGM Bank & Trust Inc. Ref: <your name>")
 - Wire (Telegraphic) Transfer
For Wire Transfers, please send us a copy of your completed Strategic Fund application (by fax to 1-246-431-3439) with this original to follow by post or courier. A Private Banker will contact you upon receipt of your application and provide you with complete Telegraphic Transfer details.

4. Source of Funds: _____

5. Please **RETURN THIS ORIGINAL APPLICATION** to DGM Bank & Trust Inc. (along with the original copy of your Telegraphic Transfer form and the information requested in "2" above), after keeping a copy for your files.

We appreciate you taking the time to complete the application and we look forward to serving your investment needs. Should you have any questions, please contact our Private Banking department for assistance.

Sincerely,
 DGM BANK & TRUST INC.



DGM STRATEGIC FUNDS

I/We hereby apply to invest in the classes of units indicated below, subject to the terms of the Explanatory Memorandum (the "Prospectus") and Declaration of Trust.

1. DETAILS OF APPLICANTS

Enter your full name and address in BLOCK CAPITALS. This is the address to which all documents and correspondence will be sent. If you wish them to be sent to an alternative address, enclose a separate advice to that effect. You may wish to apply jointly with other persons. You must then arrange for the Application Form to be completed by or on behalf of each joint applicant (up to a maximum of three other persons). Their full names and addresses should be put in BLOCK CAPITALS, using a separate sheet of paper.

Date of Application:		
(1) Surname	Forename(s)	Mr/Mrs/Ms/Title
(2) Surname	Forename(s)	Mr/Mrs/Ms/Title
Corporate Name in Full		
Address		
Postal Code	Country of Residence	
Telephone No. (Day)	Fax. No.	

2. INVESTMENT DETAILS

Enter below the amount you wish to invest in the DGM Strategic Funds. The minimum initial individual subscription to any one Fund is US\$10,000 or the equivalent in a freely convertible currency in which payment is made.

Name of Portfolio	Amount of Investment	Currency
US Larger Companies Equity Fund		
International Fund of Funds		
Canadian Equity Fund		
Canadian Bond Fund		
US Dollar Money Market Fund		
Canadian Dollar Money Market Fund		
TOTAL AMOUNT		

NB. A _____ % front-end purchasing fee will apply.

3. TYPES OF SHARES

DGM Strategic Funds offer investors the choice of holding Units in either Certificated or Non-Certificated form. For efficiency and flexibility the Directors recommend Unitholders to hold Non-Certificated Units. Please indicate your choice of shareholding by ticking one of the boxes below. (Unless otherwise instructed Non-Certificated Units will be issued.)

I/We wish to be issued with:

- Certificated Units Non-Certificated Units

4. METHOD OF PAYMENT

Please indicate your choice by ticking one of the boxes below:

I/We have arranged for the payment of my/our investment by:

- Cheque drawn on a major Clearing Bank*
 Bankers Draft*
 Telegraphic Transfer (A Private Banker will provide you with Transfer Instructions upon receipt of your application.)

** Cheques or Bank Drafts should be made payable to "DGM Bank & Trust Inc. Ref: <your name>".*

5. DIVIDENDS

Please indicate your choice by ticking one of the boxes below. Unless otherwise instructed payment will be by cheque to the registered address.

- Please automatically reinvest my dividends into:
 The Fund where they originated
 The DGM Strategic _____ Fund
 Please have my dividends paid directly to me

Method of payment:

- Cheque Bank Mandate (see section 6)

6. BANK DETAILS FOR DIVIDEND PAYMENT (IF APPLICABLE)

Please enter below details of your bank account.

Name of Your Bank
Name of Payee
Bank Address
Account Number Currency of Account

7. BANK DETAILS FOR REDEMPTION (NOT ESSENTIAL)

Please enter below details of your bank account.

Name of Your Bank	
Name of Payee	
Bank Address	
Account Number	Currency of Account

8. EXISTING INVESTOR

Are you an existing DGM Strategic Fund investor?

Yes

No

9. PROFESSIONAL ADVISOR

If you are submitting this application through a professional advisor, please indicate:

Name of Firm or Company	
Contact Name	
Address	
Telephone Number	Fax Number

10. REPORTING

You will receive confirmation of receipt of your funds directly from the Registrar of the DGM Strategic Funds immediately upon receipt, which will be sent to the address given in section 1. You will subsequently receive confirmation of your subscription in the DGM Strategic Funds as indicated in this Application Form which will also be sent to the address shown in section 1., as well as a monthly statement of holdings and a quarterly report. You should report any errors and omissions which may be found in your statements to DGM Bank & Trust Inc. as soon as possible after any detection. If you choose not to receive the above reports, undetected errors and omissions may occur and any loss of liability arising thereon, will be accepted to be entirely at the client's own risk.

If you do/do not wish to receive either the statement of holdings or the quarterly report, please indicate by ticking the appropriate box:

Statement of Holdings: Monthly Quarterly Annually Will Collect Online Access Only

Forwarding Method: Fax Mail Email Will Collect Online Access Only

11. SIGNATURE(S) AND DATE

- A. I/We understand and accept that this application is made on the basis of and subject to the current Explanatory Memorandum of the DGM Strategic Funds and its Declaration of Trust.
- B. I/We agreed to accept units to the value applied for, or to such smaller value as may be allotted, and request that such units be issued in the name(s) referred to above.
- C. I/We declare that I am/we are over 18 years of age.
- In the case of joint holders all applicants must sign.
- D. I/We undertake that if payment is being made by cheque, the cheque will be met on first presentation.
- E. I/We declare that I/we have retained a copy of this Application Form.
- F. I/We understand that there is a one-time setup fee in the amount of US\$200 (two hundred) to open our first offshore account. There is no charge for subsequent account openings.
- G. I/We confirm that I/we accept the above details to be absolute authorisation to DGM Bank & Trust Inc., which will remain binding until I/we instruct otherwise in writing.

1st Named Holder _____

2nd Named Holder _____

Date: _____