

SUBSCRIPTION AGREEMENT ACUERDO DE SUBSCRIPCIÓN

SUBSCRIPTION AGREEMENT BETWEEN: / ACUERDO DE SUBSCRIPCIÓN ENTRE:

1. ITA GLOBAL TRUST LTD. of Suite 4210, 2nd Floor Canella Court, 48 Market Street, Camana Bay, PO Box 32203, Grand Cayman KY1-1208, Cayman Islands as trustee of the Investors Trust Cayman (respectively the "Trustee" and the "Trust") and
2. Each of the Plan Participants (as hereinafter defined).

A. PLAN PARTICIPANT / PARTICIPANTE DEL PLAN

(the "First Plan Participant"); and
(el "Primer Participante del Plan"); y

LAST NAME or CORPORATE NAME ¹ / APELLIDOS O NOMBRE DE LA CORPORACIÓN ¹		FIRST NAME / NOMBRE		MIDDLE NAME / SEGUNDO NOMBRE	
GENDER / GÉNERO MALE / MASCULINO FEMALE / FEMENINO		DATE OF BIRTH / FECHA DE NACIMIENTO DD / MM / YYYY		COUNTRY OF BIRTH / PAÍS DE NACIMIENTO	
COUNTRY OF NATIONALITY / PAÍS DE NACIONALIDAD		DATE OF ISSUE / FECHA DE EMISIÓN DD / MM / YYYY		DATE OF EXPIRY / FECHA DE EXPIRACIÓN DD / MM / YYYY	
PASSPORT/ID / PASAPORTE / ID NUMBER / NÚMERO		ISSUING COUNTRY / PAÍS EMISOR		OCCUPATION / OCUPACIÓN	
E-MAIL / CORREO ELECTRÓNICO		RESIDENCE TELEPHONE / TELÉFONO RESIDENCIAL		BUSINESS TELEPHONE / TELÉFONO COMERCIAL	
COUNTRY CODE / CÓDIGO DE PAÍS	AREA CODE / CÓDIGO DE ÁREA	PHONE NUMBER / TELÉFONO	COUNTRY CODE / CÓDIGO DE PAÍS	AREA CODE / CÓDIGO DE ÁREA	PHONE NUMBER / TELÉFONO
COUNTRY CODE / CÓDIGO DE PAÍS	AREA CODE / CÓDIGO DE ÁREA	PHONE NUMBER / TELÉFONO	COUNTRY CODE / CÓDIGO DE PAÍS	AREA CODE / CÓDIGO DE ÁREA	PHONE NUMBER / TELÉFONO
RESIDENTIAL ADDRESS / DIRECCIÓN RESIDENCIAL ADDRESS / DIRECCIÓN		CITY / CIUDAD		STATE/PROVINCE / ESTADO/PROVINCIA	
BUSINESS ADDRESS / DIRECCIÓN COMERCIAL ADDRESS / DIRECCIÓN		CITY / CIUDAD		STATE/PROVINCE / ESTADO/PROVINCIA	
ZIP CODE / CÓDIGO POSTAL		CITY / CIUDAD		STATE/PROVINCE / ESTADO/PROVINCIA	
COUNTRY / PAÍS		CITY / CIUDAD		STATE/PROVINCE / ESTADO/PROVINCIA	

B. JOINT PLAN PARTICIPANT / CO-PARTICIPANTE DEL PLAN

(the "Joint Plan Participant") (the First Plan Participant and the Joint Plan Participant, together, the "Plan Participants").
(el "Co-Participante del Plan") (el Primer Participante del Plan y el Co-Participante del Plan, en conjunto como los "Participantes del Plan").

LAST NAME or CORPORATE NAME ¹ / APELLIDOS O NOMBRE DE LA CORPORACIÓN ¹		FIRST NAME / NOMBRE		MIDDLE NAME / SEGUNDO NOMBRE	
GENDER / GÉNERO MALE / MASCULINO FEMALE / FEMENINO		DATE OF BIRTH / FECHA DE NACIMIENTO DD / MM / YYYY		COUNTRY OF BIRTH / PAÍS DE NACIMIENTO	
COUNTRY OF NATIONALITY / PAÍS DE NACIONALIDAD		DATE OF ISSUE / FECHA DE EMISIÓN DD / MM / YYYY		DATE OF EXPIRY / FECHA DE EXPIRACIÓN DD / MM / YYYY	
PASSPORT/ID / PASAPORTE / ID NUMBER / NÚMERO		ISSUING COUNTRY / PAÍS EMISOR		OCCUPATION / OCUPACIÓN	
E-MAIL / CORREO ELECTRÓNICO		RESIDENCE TELEPHONE / TELÉFONO RESIDENCIAL		BUSINESS TELEPHONE / TELÉFONO COMERCIAL	
COUNTRY CODE / CÓDIGO DE PAÍS	AREA CODE / CÓDIGO DE ÁREA	PHONE NUMBER / TELÉFONO	COUNTRY CODE / CÓDIGO DE PAÍS	AREA CODE / CÓDIGO DE ÁREA	PHONE NUMBER / TELÉFONO
COUNTRY CODE / CÓDIGO DE PAÍS	AREA CODE / CÓDIGO DE ÁREA	PHONE NUMBER / TELÉFONO	COUNTRY CODE / CÓDIGO DE PAÍS	AREA CODE / CÓDIGO DE ÁREA	PHONE NUMBER / TELÉFONO
RESIDENTIAL ADDRESS / DIRECCIÓN RESIDENCIAL ADDRESS / DIRECCIÓN		CITY / CIUDAD		STATE/PROVINCE / ESTADO/PROVINCIA	
BUSINESS ADDRESS / DIRECCIÓN COMERCIAL ADDRESS / DIRECCIÓN		CITY / CIUDAD		STATE/PROVINCE / ESTADO/PROVINCIA	
ZIP CODE / CÓDIGO POSTAL		CITY / CIUDAD		STATE/PROVINCE / ESTADO/PROVINCIA	
COUNTRY / PAÍS		CITY / CIUDAD		STATE/PROVINCE / ESTADO/PROVINCIA	

1. For Corporations and other legal entities, please complete form IP142-1 Add/Remove Authorized Person.

1. En el caso de corporaciones u otras entidades legales, es necesario completar el formulario IP142-2 Agregar/Remover Persona Autorizada.

Plan Participant Initials
Iniciales del Participante del Plan

Joint Plan Participant Initials
Iniciales del Co-Participante del Plan

LA TRADUCCIÓN DE ESTE DOCUMENTO TIENE SOLO FINES INFORMATIVOS. ÚNICAMENTE EL IDIOMA INGLÉS TIENE VALIDEZ LEGAL.

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C. NOMINATION OF BENEFICIARIES / DESIGNACIÓN DE BENEFICIARIOS

The Plan Participants hereby designate the following as Primary and Contingent Beneficiaries:

El/Los Participante(s) del Plan por la presente designa(n) a los siguientes beneficiarios primarios y contingentes:

PRIMARY BENEFICIARY / BENEFICIARIO PRINCIPAL

LAST NAME / APELLIDO		FIRST NAME / NOMBRE		MIDDLE NAME / SEGUNDO NOMBRE	
DATE OF BIRTH / FECHA DE NACIMIENTO DD / MM / YYYY		RELATIONSHIP TO PLAN PARTICIPANT / RELACIÓN CON EL PARTICIPANTE Spouse /Cónyuge Child /Hijo(a) Other /Otro: _____		PERCENTAGE / PORCENTAJE %	
PASSPORT/ID / PASAPORTE /ID NUMBER / NÚMERO		DATE OF ISSUE / FECHA DE EMISIÓN DD / MM / YYYY		DATE OF EXPIRY / FECHA DE EXPIRACIÓN DD / MM / YYYY	
ISSUING COUNTRY / PAÍS EMISOR		LAST NAME / APELLIDO		FIRST NAME / NOMBRE	
MIDDLE NAME / SEGUNDO NOMBRE		DATE OF BIRTH / FECHA DE NACIMIENTO DD / MM / YYYY		RELATIONSHIP TO PLAN PARTICIPANT / RELACIÓN CON EL PARTICIPANTE Spouse /Cónyuge Child /Hijo(a) Other /Otro: _____	
PERCENTAGE / PORCENTAJE %		PASSPORT/ID / PASAPORTE /ID NUMBER / NÚMERO		DATE OF ISSUE / FECHA DE EMISIÓN DD / MM / YYYY	
DATE OF EXPIRY / FECHA DE EXPIRACIÓN DD / MM / YYYY		ISSUING COUNTRY / PAÍS EMISOR		LAST NAME / APELLIDO	
FIRST NAME / NOMBRE		MIDDLE NAME / SEGUNDO NOMBRE		DATE OF BIRTH / FECHA DE NACIMIENTO DD / MM / YYYY	
RELATIONSHIP TO PLAN PARTICIPANT / RELACIÓN CON EL PARTICIPANTE Spouse /Cónyuge Child /Hijo(a) Other /Otro: _____		PERCENTAGE / PORCENTAJE %		PASSPORT/ID / PASAPORTE /ID NUMBER / NÚMERO	
DATE OF ISSUE / FECHA DE EMISIÓN DD / MM / YYYY		DATE OF EXPIRY / FECHA DE EXPIRACIÓN DD / MM / YYYY		ISSUING COUNTRY / PAÍS EMISOR	

CONTINGENT BENEFICIARY / BENEFICIARIO CONTINGENTE

LAST NAME / APELLIDO		FIRST NAME / NOMBRE		MIDDLE NAME / SEGUNDO NOMBRE	
DATE OF BIRTH / FECHA DE NACIMIENTO DD / MM / YYYY		RELATIONSHIP TO PLAN PARTICIPANT / RELACIÓN CON EL PARTICIPANTE Spouse /Cónyuge Child /Hijo(a) Other /Otro: _____		PERCENTAGE / PORCENTAJE %	
PASSPORT/ID / PASAPORTE /ID NUMBER / NÚMERO		DATE OF ISSUE / FECHA DE EMISIÓN DD / MM / YYYY		DATE OF EXPIRY / FECHA DE EXPIRACIÓN DD / MM / YYYY	
ISSUING COUNTRY / PAÍS EMISOR		LAST NAME / APELLIDO		FIRST NAME / NOMBRE	
MIDDLE NAME / SEGUNDO NOMBRE		DATE OF BIRTH / FECHA DE NACIMIENTO DD / MM / YYYY		RELATIONSHIP TO PLAN PARTICIPANT / RELACIÓN CON EL PARTICIPANTE Spouse /Cónyuge Child /Hijo(a) Other /Otro: _____	
PERCENTAGE / PORCENTAJE %		PASSPORT/ID / PASAPORTE /ID NUMBER / NÚMERO		DATE OF ISSUE / FECHA DE EMISIÓN DD / MM / YYYY	
DATE OF EXPIRY / FECHA DE EXPIRACIÓN DD / MM / YYYY		ISSUING COUNTRY / PAÍS EMISOR		LAST NAME / APELLIDO	
FIRST NAME / NOMBRE		MIDDLE NAME / SEGUNDO NOMBRE		DATE OF BIRTH / FECHA DE NACIMIENTO DD / MM / YYYY	
RELATIONSHIP TO PLAN PARTICIPANT / RELACIÓN CON EL PARTICIPANTE Spouse /Cónyuge Child /Hijo(a) Other /Otro: _____		PERCENTAGE / PORCENTAJE %		PASSPORT/ID / PASAPORTE /ID NUMBER / NÚMERO	
DATE OF ISSUE / FECHA DE EMISIÓN DD / MM / YYYY		DATE OF EXPIRY / FECHA DE EXPIRACIÓN DD / MM / YYYY		ISSUING COUNTRY / PAÍS EMISOR	

D. INVESTMENT DETAILS / DETALLES DE LA INVERSIÓN

The Plan Participants shall make the following investments:

El/Los Participante(s) del Plan tendrán que realizar las siguientes inversiones:

PLAN CURRENCY MONEDA DEL PLAN	USD \$	EUR €	GBP £
REGULAR ANNUAL CONTRIBUTION AMOUNT Monto Anual de Contribución Regular	EVO 5yr ² EVO 5 años	EVO 15yr ³ EVO 15 años	EVO 25yr ³ EVO 25 años
	EVO 10yr ³ EVO 10 años	EVO 20yr ³ EVO 20 años	Fixed Income 15yr - Variable Rate ⁴ Renta Fija 15 años - Tasa Variable
LUMP SUM INVESTMENT AMOUNT Monto de Contribución Única	S&P500 7yr ⁵ S&P 500 7 años	Platinum Select ⁷ Platinum Select	Fixed Income 3yr - Fixed Rate ⁵ Renta Fija 3 años - Tasa Fija
	Platinum ⁶ Platinum	Platinum Plus ⁸ Platinum Plus	Fixed Income 5yr - Fixed Rate ⁵ Renta Fija 5 años - Tasa Fija
	Access Portfolio 5000 Series ⁹ Access Portfolio 5000	Access Portfolio 8000 Series ⁹ Access Portfolio 8000	Access Portfolio Plus ⁹ Access Portfolio Plus
	Product Code / Código del Producto	Product Code / Código del Producto	

2. Minimum Contribution USD/EUR/GBP 2,400 annually. 3. Minimum Contribution USD/EUR/GBP 1,200 annually. 4. Minimum Contribution USD 2,400 annually. 5. Minimum Contribution USD 10,000. 6. Minimum Contribution USD/EUR/GBP 10,000. 7. Minimum Contribution USD/EUR/GBP 50,000. 8. Minimum Contribution USD/EUR/GBP 100,000. 9. Minimum Contribution USD/EUR/GBP 75,000 / GBP 50,000.

2. Contribución Mínima de USD/EUR/GBP 2,400 por año. 3. Contribución Mínima de USD/EUR/GBP 1,200 por año. 4. Contribución Mínima de USD/EUR/GBP 2,400 por año. 5. Contribución Mínima de USD 10,000. 6. Contribución Mínima de USD/EUR/GBP 10,000. 7. Contribución Mínima de USD/EUR/GBP 50,000. 8. Contribución Mínima de USD/EUR/GBP 100,000. 9. Contribución Mínima de USD/EUR 75,000 / GBP 50,000.

E. CHOICE OF INVESTMENT FUND(S) / SELECCIÓN DE FONDOS

The Plan Participants' choice of investment fund(s) and the investment in each are specified below.¹⁰

A continuación constan los fondos seleccionados por el Participante del Plan y los porcentajes de inversión asignados a cada uno.¹⁰

FUND CODE / CÓDIGO DEL FONDO	FUND NAME / NOMBRE DEL FONDO	ALLOCATION / ASIGNACIONES
		%
		%
		%
		%
		%

10. a. For all Evolution and Platinum products the minimum allocation per fund is \$/€/£ 120, if no investment fund is specified or if any of the specified funds are unavailable, the Company will allocate the contributions into a cash equivalent fund. b. For all S&P 500 products, the Company will allocate the contributions to a structured note product with relative returns linked to the performance of index S&P 500. No choice of investment fund(s) is necessary. c. For all Fixed Income products, the Company will allocate the contributions to a USD fund portfolio with fixed competitive interest rate. No choice of investment fund(s) is necessary. d. For all Access Portfolio products, contributions will be allocated into cash. No choice of investment fund(s) is necessary.

10. a. Para todos los productos Evolution y Platinum, el monto mínimo para asignaciones es de \$/€/£ 120 por fondo. Si no se especifica ningún fondo de inversión o si alguno de los fondos especificados no está disponible, la Compañía asignará las contribuciones a un fondo equivalente a efectivo. b. Para todos los productos S&P 500, la Compañía destinará las contribuciones a notas estructuradas con retornos relativos, ligadas al rendimiento del índice S&P 500. No será necesario seleccionar fondo(s). c. Para todos los productos de Renta Fija, la Compañía destinará las contribuciones a una cartera de fondos en USD con tasa fija de interés competitiva. No será necesario seleccionar fondo(s). d. Para todos los productos Access Portfolio, las contribuciones se asignarán a dinero en efectivo. No será necesario seleccionar fondo(s).

Plan Participant Initials
Iniciales del Participante del Plan

Joint Plan Participant Initials
Iniciales del Co-Participante del Plan

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F. CONTRIBUTION METHOD AND INSTRUCTIONS / MÉTODOS E INSTRUCCIONES DE PAGO

CREDIT CARD Major credit cards are accepted.
TARJETA DE CRÉDITO Se aceptan las principales tarjetas de crédito.

CHECK Only checks drawn from US registered bank accounts are accepted.
Please make check payable to Investors Trust.

CHEQUE Solo se aceptan cheques pagaderos sobre cuentas de bancos de EE.UU.
Los cheques deben ser pagaderos a Investors Trust.

WIRE TRANSFER International wire transfers are accepted.
TRANSFERENCIA BANCARIA Se aceptan transferencias bancarias internacionales.

DIRECT DEBIT Direct debit from US bank accounts are limited to amounts below USD 100,000.
DÉBITO DIRECTO Se aceptan débitos directos de cuentas de bancos de EE.UU. por cantidades menores a USD 100.000.

To provide the instructions of your selected contribution method please complete and attach the Payment Authorization Form (IP114-1).
Para proveer instrucciones completas del método de pago seleccionado, por favor, adjunte el formulario de Autorización de Pago (IP114-2).

G. ADDITIONAL INFORMATION / INFORMACIÓN ADICIONAL

Are any of the Plan Participants and/or Payors, currently or have been in the past, one of the following:

Por favor, indique si alguno de los Participantes del Plan y/o Pagadores es/son o ha(n) sido en el pasado:

A senior military, governmental, or political official in a non-US country. If yes, please complete form IG192-1 Additional Information (PEP).
Un militar de alto rango, funcionario gubernamental o político de un país distinto a los EE.UU. Si es así, por favor complete el formulario IG192-1 Información Adicional (PEP).

Closely associated with or an immediate family member of such official. If yes, please complete form IG192-1 Additional Information (PEP).
Un pariente cercano o una persona estrechamente asociada con un funcionario con las características descritas en la opción anterior. Si es así, por favor complete el formulario IG192-2 Información Adicional (PEP).

None of the above.
Ninguna de las opciones anteriores.

H. PREFERRED LANGUAGE FOR COMMUNICATIONS / IDIOMA DE PREFERENCIA PARA COMUNICACIONES

ENGLISH
INGLÉS

SPANISH
ESPAÑOL

PORTUGUESE
PORTUGUÊS

CHINESE TRADITIONAL
CHINO TRADICIONAL

CHINESE SIMPLIFIED
CHINO SIMPLIFICADO

JAPANESE
JAPONÉS

RUSSIAN
RUSO

I. MAILING ADDRESS / DIRECCIÓN PARA CORRESPONDENCIA

This address will be used if the Company needs to physically mail the Plan Participant(s) any Plan related documents.¹¹
Esta dirección se utilizará si la Compañía necesitara enviar al/los Participante(s) del Plan documentos físicos relacionados al Plan de Inversión.¹¹

FIRST PLAN PARTICIPANT - Residential Address
PRIMER PARTICIPANTE DEL PLAN - Dirección Residencial

JOINT PLAN PARTICIPANT - Residential Address
CO-PARTICIPANTE DEL PLAN - Dirección Residencial

FIRST PLAN PARTICIPANT - Business Address
PRIMER PARTICIPANTE DEL PLAN - Dirección Comercial

JOINT PLAN PARTICIPANT - Business Address
CO-PARTICIPANTE DEL PLAN - Dirección Comercial

¹¹ Select only one option.

¹¹ Seleccione una opción únicamente.

J. ISSUED PLAN TYPE / DELIVERY METHOD ¹² / TIPO DE PLAN A EMITIR / MÉTODO DE ENTREGA ¹²

Your electronic plan documents will be made available for you to download from the secure account access website. If you also prefer to receive your plan documents in a printed format, please select an additional delivery method:

Los documentos electrónicos del Plan estarán disponibles para que los descargue de nuestro sitio web de acceso seguro a cuenta. Si usted además desea recibir los documentos del Plan impresos, por favor seleccione otro método de entrega:

PRINTED PLAN DELIVERED TO MY INTRODUCER (will incur in a USD 50 / EUR 50 / GBP 40 fee).¹³

PLAN IMPRESO PARA SER ENVIADO A MI INTRODUCTOR. (supone un cargo de USD 50 / EUR 50 / GBP 40).¹³

PRINTED PLAN DELIVERED TO THE SELECTED MAILING ADDRESS (will incur in a USD 50 / EUR 50 / GBP 40 fee).¹³

PLAN IMPRESO PARA SER ENVIADO A LA DIRECCIÓN DE CORRESPONDENCIA SELECCIONADA. (supone un cargo de USD 50 / EUR 50 / GBP 40).¹³

¹² Select only one option.

¹³ Delivery of printed plans is not available in all countries, verify with the Company before submitting the Subscription Agreement. If the selected delivery method is not available in your country, the Company will send the electronic plan documents instead.

¹² Seleccione una opción únicamente.

¹³ La entrega de los planes impresos no se encuentra disponible en todos los países, verifique con la Compañía antes de presentar el Acuerdo de Suscripción. Si el método de entrega seleccionado no está disponible en su país, la Compañía le enviará los documentos electrónicos de su plan.

K. EXISTING PLANS / PÓLIZAS EXISTENTES

Please provide details of any existing Investors Trust's plans you have or are making payments to (if applicable):

Por favor, proporcione los detalles de todos los planes de Investors Trust que usted tenga o en los cuales realice pagos (si aplica):

PRODUCT TYPE
TIPO DE PRODUCTO

PLAN NUMBER
NÚMERO DE PLAN

PRODUCT TYPE
TIPO DE PRODUCTO

PLAN NUMBER
NÚMERO DE PLAN

Plan Participant Initials
Iniciales del Participante del Plan

Joint Plan Participant Initials
Iniciales del Co-Participante del Plan

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by the Plan Participants to the Trustee:

Each Plan Participant jointly and severally:

- (1) represents that the information provided by the Plan Participants in this Subscription Agreement is accurate and complete;
- (2) acknowledges that a copy of the Declaration of Trust relating to the Investors Trust Cayman dated November 21, 2011 (the "Declaration of Trust") has been provided to them;
- (3) desires and hereby requests the Trustee to constitute a Sub-fund for the benefit of the Beneficiaries;
- (4) directs the Trustee to invest funds contributed by the Plan Participants in a Policy issued by the Insurance Company allocated to such Sub-fund;
- (5) represents and acknowledges that each Plan Participant has read carefully this Subscription Agreement, the Declaration of Trust and the form of Policy to be entered into between the Trustee and the Insurance Company;
- (6) represents, acknowledges, and agrees that the Plan Participants have full responsibility for the selection and choice of Investment Plans;
- (7) represents and acknowledges that each of them has seen and signed the Plan Illustration or any substitute document as established by the Company, attached to this Subscription Agreement;
- (8) represents and warrants that it is not:
 - a. a citizen or resident of the United States of America;
 - b. or a corporation or other entity deemed situated in the United States of America under the tax laws and Regulations (as defined in the Declaration of Trust) of the United States of America; or
 - c. physically present in the United States of America for a number of days in a taxable year which would result in it being taxable as a resident alien under the "substantial presence" test of Section 7701(b) of the Code; or
 - d. a member of the public in the Cayman Islands.
- (9) Each Plan Participant hereby represents, warrants, and agrees that:
 - i. it is aware that any failure to comply with the foregoing may result in material adverse tax consequences and that the Trustee shall have no liability therefor; and
 - ii. it will immediately advise the Trustee should there be any failure to comply with the foregoing;
- (10) represents, acknowledges and agrees that the Plan Participants have not and will not contribute to the Trust any criminal property (as that term is defined in the Proceeds of Crime Law, 2008 of the Cayman Islands);
- (11) represents, acknowledges, and agrees that all funds must be sent directly to the Trustee either by check, wire or credit card payment and that any funds given to any intermediary will be at the sole risk of the Plan Participants.

WHEREAS

The Trustee has established the Investors Trust Cayman trust under the Trusts Law (as revised) of the Cayman Islands;

A separate sub-fund shall be constituted under the Trust herein (the "Sub-fund");

Under the terms of the Trust, using one or more Sub-funds the Trustee shall purchase one or more insurance policies from the Investors Trust Segregated Portfolio of Investors Trust Assurance SPC (respectively the "Policies", the "Segregated Portfolio" and the "Insurance Company") with monies received from Plan Participants (the "Plan");

The Trustee shall direct the Insurance Company to invest the premium payments paid from the Sub-fund in investment funds specified by the Plan Participants (the "Investment Plans");

The Trustee shall administer the Plan in accordance with the terms of the Trust and this Subscription Agreement and both the selection of the Investment Plans and the Beneficiaries and

the mode of distribution of their benefits shall be set as forth by the Plan Participants in this Subscription Agreement.

NOW IT IS HEREBY AGREED AS FOLLOWS

1. DEFINITIONS

In addition to terms otherwise defined herein, where the context so admits the following expression shall have the following respective meanings:

"Beneficiaries" means the Primary Beneficiaries and Contingent Beneficiaries designated in the Nomination of Beneficiaries Section of this Subscription Agreement as beneficiaries and as applicable the estate of the Insured designated in Section 6 of this Subscription Agreement as beneficiary.

"Code" means the Internal Revenue Code of 1986.

"Insurance Company" means Investors Trust Assurance SPC on behalf of Investors Trust Segregated Portfolio, or another insurance company (or segregated portfolio thereof) selected.

"Insured" means the Plan Participant(s) (unless otherwise specified in this Subscription Agreement) as the person(s) whose life is insured under each Policy.

"Investment Plans" means the investment funds, specified by the Plan Participants in or pursuant to this Subscription Agreement, in which the Trustee shall direct the Insurance Company to invest funds contributed by the Plan Participants.

"Plan" means the arrangement whereby the Trustee makes payments related to one or more Policies for the benefit of one or more of the Beneficiaries with monies received from the Plan Participants.

"Policies" means insurance policies, supplemental to a master insurance policy, which insures the life of the Insured that are purchased from the Insurance Company in accordance with the terms of the Plan.

"Time of Maturity" means the date on which the Policies mature.

"Trust" means the trust declared by the Trustee for the Plan, currently known as the Investors Trust Cayman.

"Trustee" means the trustee or trustees holding office under the Trust from time to time.

OTHER INTERPRETATION

- (a) the singular shall include the plural and vice versa;
- (b) the masculine gender shall include the feminine gender and vice versa;
- (c) the neuter gender shall include the masculine and feminine and vice versa;
- (d) persons shall include companies, corporations, organizations, partnerships and other legal entities;
- (e) headings shall not be construed as part of this document;
- (f) this Subscription Agreement shall be construed in tandem with the provisions of the Trust Deed but to the extent that any provisions hereof are inconsistent therewith, the terms of the Trust Deed shall prevail;
- (g) capitalized terms used but not otherwise defined in this Subscription Agreement have the meanings assigned thereto in the Trust Deed.

2. FRAUDULENT DISPOSITIONS

Each Plan Participant warrants that no transfer of money or other property by them to the Trustee will at the time made constitute a fraudulent disposition under applicable law, i.e. that each such transfer has not been made at an undervalue and has not been made with an intention to defraud a creditor of the Plan Participants.

3. THE TRUST INSTRUMENT

Each Plan Participant agrees that it shall be subject to and bound by all of the provisions of the Declaration of Trust and this Subscription Agreement.

Without limiting the generality of the foregoing, each Plan Participant acknowledges and agrees: that funds contributed by the Plan Participants will be credited to a Sub-fund and used to purchase one or more Policies for the benefit of one or more of the Beneficiaries; that the making of such contribution constitutes each Plan Participant's agreement to the terms of the Declaration of Trust and this Subscription Agreement and such Plan Participant's agreement to be bound thereby.

Plan Participant Initials
Iniciales del Participante del Plan

Joint Plan Participant Initials
Iniciales del Co-Participante del Plan

4. PURCHASE OF THE INVESTMENT PLANS

With funds received from the Plan Participants, the Trustee shall purchase one or more Policies and shall continue to pay the premiums due thereon so long as funds contributed by the Plan Participants are available in the Sub-fund.

5. PAYMENTS TO THE TRUST

The Plan Participants have opted for a method of payment to the Trustee, (or to the entity designated by the Trustee to receive such payments on the Trustee's behalf), as shown in this Subscription Agreement, and such method may be changed by the Plan Participants, if agreed to by the Trustee, after written notice requesting a change has been given by the Plan Participants to the Trustee.

6. THE BENEFICIARIES

The names of those who are to be Beneficiaries are (subject to the last sentence of this Section) as listed in the above Nomination of Beneficiaries section of this Subscription Agreement are subject to compliance with applicable law (including laws and regulations directed at the prevention of money laundering) at any time, and from time to time. Upon receipt by the Trustee of a written notice signed by all the Plan Participants, Beneficiaries may be deleted or added or the order or proportion of their potential benefit may be changed.

If there are surviving Primary Beneficiaries at the time of a distribution from the Sub-fund, payment of such funds shall be made to the surviving Primary Beneficiaries in proportion to the percentage entitlements of such Primary Beneficiaries as set out in this Subscription Agreement (such that if there is only one surviving Primary Beneficiary such surviving Primary Beneficiary shall receive all such funds). If there are no surviving Primary Beneficiaries at the time of a distribution from the Sub-fund, payment of such funds shall be made by the Trustee to each Contingent Beneficiary in proportion to the percentage entitlements of such Contingent Beneficiary as set out in this Subscription Agreement (such that if there is only one surviving Contingent Beneficiary such surviving Contingent Beneficiary shall receive all such funds). If there are no surviving Primary Beneficiaries or Contingent Beneficiaries at the time of the distribution of funds from the Sub-fund, payment of such funds shall be made by the Trustee to the estate of the Insured.

7. DEFAULT IN CONTRIBUTION PAYMENTS

If the Plan Participants fail to make the necessary scheduled contribution, the Trustee shall not be under any obligation to make any payment on any Policy if funds are not available within the Sub-fund for such purpose. Therefore in the absence of due Policy premium payments within the Policy's pre-established grace period and subject to the discretion of the Insurance Company, the Policy may be lapsed and as permitted by applicable law funds (if any) may be requested by the Plan Participants, in accordance with the Policy's Surrender Provisions.

8. INVESTMENT SELECTIONS

To the extent that any Policy enables a choice of investments for a Sub-fund, the Trustee shall instruct that such investments be made in accordance with the directions of the Plan Participants as set forth in this Subscription Agreement. Changes in investment selection may be made at any time and from time to time by all the Plan Participants as permitted by the Insurance Company, the Investment Plans and the Trustee.

9. REVOCATION

The Plan Participants may give notice of revocation of that portion of the Trust as constituted by the Sub-fund to the Trustee at any time, in which case the Trustee will surrender to the Insurance Company each Policy allocated to the Sub-fund established in relation to the Plan Participants, and upon receipt by the Trustee of any funds from the Insurance Company in relation to such Policies shall distribute the net proceeds to the Plan Participants.

The payment, and timing of payments to the Plan Participants following a revocation, will depend upon the redemption value of each, the receipt of funds in respect thereof from the Insurance Company and compliance with applicable law.

10. CONFIRMATION OF REPRESENTATIONS AND WARRANTIES / INDEMNITY

Each Plan Participant hereby confirms the accuracy of all information and the validity of all representations and warranties provided to the Trustee in connection with the Plan and/or the subscription for Investment Plans and for the Policy, howsoever provided, including the terms of this Subscription Agreement and the contents of any personal or medical questionnaire (together "Representations & Warranties"). Each Plan Participant acknowledges that certain of such information will be provided to the Insurance Company on behalf of the Segregated Portfolio as the issuer of the Policy and potentially to reinsurers thereof, and that any inaccuracy therein may result in the invalidity of such Policy or the investments in the related Investment Plans and the loss of all funds contributed or paid in relation thereto. Each Plan Participant hereby undertakes to inform the Trustee of any change in any matter that forms the subject of any of the Representations & Warranties.

Each Plan Participant hereby undertakes to indemnify, defend, and hold harmless the Trustee against any loss or damage (including, without limitation, attorney's fees) occasioned by any inaccuracy in any of the Representations & Warranties or failure to advise the Trustee of any change in any matter that forms the subject of any of the Representation & Warranties.

Each Plan Participant agrees that the Trustee shall be entitled to rely on and to act in accordance with any written instruction purported to be provided by a Plan Participant and each Plan Participant hereby undertakes to indemnify, defend, and hold harmless the Trustee against any loss or damage (including, without limitation, attorney's fees) occasioned by the Trustee acting in accordance with any such instruction.

11. PAYMENT OF BENEFITS

The Trustee shall ensure that payments are made to the Beneficiaries in respect of proceeds received from the Insurance Company upon the death of the insured under a Policy, in accordance with the Policy's Death Benefit Provisions.

12. FEES AND EXPENSES

The Trustee, Administrator (if any exists) and Insurance Company shall charge its fees and expenses as provided in the Trust Deed and Policy.

13. VERIFICATION OF IDENTIFICATION AND SOURCE OF FUNDS

As part of the Trust's responsibility for the prevention of money laundering, and in regard to other matters, the Trustee will require detailed verification of each Plan Participant and Beneficiary's identity and the source of the subscription funds.

14. INDEMNITY AND PROTECTIONS

The Trustee and other Indemnified Parties (each as such and in its individual capacity) are provided with comprehensive indemnity and other protections in the Trust Deed as described in the Trust Deed.

15. GOVERNING LAW

This agreement is created under and shall be governed by and construed and enforced in accordance with the laws of the Cayman Islands (without regard to conflict of laws principles), which may include the requirement to report certain personal information to other jurisdictions.

16. SUBJECT TO ACCEPTANCE

This Subscription Agreement (which in its entirety consists of pages 1 through 5 hereof) is subject to acceptance by the Trustee and will not be effective unless and until accepted by the Trustee.

IN WITNESS WHEREOF THIS SUBSCRIPTION AGREEMENT HAS BEEN EXECUTED AND DELIVERED AS A DEED by each Plan Participant on the ____ day of ____, 20____
EN FE DE LO CUAL, ESTE ACUERDO DE SUSCRIPCIÓN HA SIDO OTORGADO Y ENTREGADO COMO UNA ESCRITURA por cada Participante del Plan, el día

PRINT NAME HERE – FIRST PLAN PARTICIPANT / NOMBRE DEL PRIMER PARTICIPANTE DEL PLAN

PRINT NAME HERE – JOINT PLAN PARTICIPANT / NOMBRE DEL CO-PARTICIPANTE DEL PLAN

Signed by, Firmado por,

Signed by, Firmado por,

**DECLARATION OF INDEPENDENT INTRODUCER
DECLARACIÓN DE INTRODUCTOR INDEPENDIENTE**

1. I certify that I was introduced to the Plan Participant(s) on the following date:
Certifico que conozco a el/los Participantes(s) del Plan desde la siguiente fecha:

Month and Year
Mes y año
MM / YYYY
2. I certify that I have seen and verified the contents of the original identification documents provided with this Subscription Agreement.
Certifico que he visto y verificado los documentos de identificación originales provistos en este Acuerdo de Suscripción.
3. I confirm that I have explained to the Plan Participant(s) the requirements and the need for completing, the Source of Funds, the Medical Questionnaire and the Declaration (together, the "Associated Documents").
Confirmando que le(s) he explicado a el/los titulares de la póliza los requisitos y la necesidad de completar el Cuestionario de Origen de los Fondos, el Cuestionario Médico y la Declaración (juntos, los "Documentos Asociados").
4. I also confirm that I have taken reasonable steps to ensure that the funding is legitimate, and where sourced from the Plan Participant's earnings is in line with the proposed Plan Participant's income.
Confirmando que he tomado las medidas necesarias para asegurar que los fondos utilizados en este Acuerdo de Suscripción sean legítimos, y que como provenientes de los ingresos de el/los Participante(s) del Plan, están alineados con dichos ingresos.
5. I declare that to the best of my knowledge, all the information provided with this Subscription Agreement is true and complete and that I will provide further information if required.
Declaro que hasta donde llega mi conocimiento toda la información proporcionada en este Acuerdo de Suscripción es verdadera y completa, y que proporcionaré más información en caso de ser requerido.
6. I enclose the Subscription Agreement and the related documents (including the Associated Documents) duly completed in original or certified form, and confirm that the signature(s) contained in the Subscription Agreement and the related documents are signed by the Persons they purport to be.
Envío el Acuerdo de Suscripción y los documentos relacionados (incluyendo los Documentos Asociados) debidamente completados en original o certificados, y confirmo que la(s) firma(s) contenida(s) en este Acuerdo de Suscripción y en los documentos relacionados fueron firmados por las personas indicadas.
7. This Subscription Agreement was executed by the Plan Participant(s) in my presence.
Este Acuerdo de Suscripción fue firmado por el/los Participante(s) del Plan en mi presencia.

PRINT NAME OF INTRODUCER / NOMBRE DEL INTRODUCTOR EN LETRA DE IMPRENTA

INTRODUCER CODE / CÓDIGO DEL INTRODUCTOR

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SIGNATURE OF INTRODUCER / FIRMA DEL INTRODUCTOR

DATE / FECHA

DD / MM / YYYY