BARITA UNIT TRUSTS MANAGEMENT CO. LTD.

CLIENT AGREEMENT - LONG TERM SAVINGS ACCOUNT

(FOR OFFICIAL USE ONLY)
ACCOUNT NO.

NAME AND TRN NUMBER OF ACCOUNT HOLDER(S)

1

(First Name, Initial, Surname)

ADDRESS:

TRN NUMBER

Signature

2

(First Name, Initial, Surname)

ADDRESS:

TRN NUMBER

Signature

3

(First Name, Initial, Surname)

ADDRESS:

TRN NUMBER

Signature

AMOUNT INVESTED: $ .00

I/We have read and understood the terms and conditions of the Long-Term Savings Account (LSA) as described in the attached letter. It is my/our intention to open an LSA with Barita Unit Trusts' Money Market Fund, and have supplied the foregoing information to facilitate this.

DATE: This Day of 1999