

ADDITIONAL APPLICATION REQUEST

Fund Name:			
*Class:			
*only complete if fund has multiple classes 1. Investor Details			
Investor Name:			
Investor Number:			
Contact Details			
Contact name:		Contact phone:	
Contact email:			
2. Application Amou	nt		
Application Amount:	\$AUD		
investment funding: Deposit Funds electronically into Fund's application account			
Deposit Reference:			
3. Authorisation I/we instruct Link Fund Solutions (LFS) to effect this request in accordance with the completed instructions set out above. I/we acknowledge that any personal information I/we provide to LFS will be collected and handled in accordance with Link Fund Solutions' privacy policy, a copy of which can be found at www.linkfundsolutions.com or posted / emailed to us if we contact LFS on +612 8767 1114 By submitting this form or any other paperwork relating to my/our investment I/we consent to my/our personal information being collected and handled by the unit registry in accordance with that policy.			
Signature		Signature	
Print Name		Print Name	
Title (circle)	Individual / Sole Director/ Director/ Trustee	Title (circle)	Individual / Sole Director/ Director/ Trustee
Date		Date	Want the tree
Please note it's up to th	e investor to ensure Link Fund Solutions have	been notified of author	ised signatories on this account. Where we

Please note it's up to the investor to ensure Link Fund Solutions have been notified of authorised signatories on this account. Where we cannot match the signature to the initial application form or signatory list provided there maybe delays in processing of this request.

4. Completed Form

Please return the completed form to:

- scan and fax this request to (02) 9221 1194 or
- Please **post** this completed form to:

Link Fund Solutions

Attention: Unitholder Services

Locked Bag 5038

Parramatta NSW 2124

If you have any questions about this form please contact us on (02) 8767 1114