



## ADDITIONAL APPLICATION FORM

Existing investors wishing to make additional investments into a Fund are encouraged to apply online via the Automic Investor Portal Offers tab: <https://investor.automic.com.au/#/home>.

Alternatively, this form may be used to make additional investments. Terms and conditions for additional investments are detailed in the Product Disclosure Statement (PDS)/Information Memorandum (IM) of the relevant Fund, a copy of which is available on the Fund Manager's/Responsible Entity's website.

Note: additional investment requests received after the Fund's cut off time will be treated as being received on the following business day.

### INVESTOR DETAILS

**Security Holder Reference Number (SRN) – 12 digits including the leading letter "I"**

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**Account Name:** \_\_\_\_\_

### APPLICATION DETAILS

FUND NAME	AMOUNT IN \$*

\*The minimum additional investment amount and the Fund's approach to rounding/fractional units are outlined in the Fund's PDS or as agreed with the Responsible Entity.

### FUNDS TRANSFER DETAILS

When your application is processed by our unit registry you will be sent an automated email confirmation which will provide your personalised payment instructions including Bpay reference.

- ⇒ For BPAY, please insert the personalised reference number provided.
- ⇒ For electronic funds transfer, please insert the SRN as your personalised reference and pay to:  
 Account Name: EQT Nanuk Applications Ac  
 BSB: 036-051  
 Account Number: 559001

**IMPORTANT:** Failure to include the correct SRN or BPAY reference in the transfer of funds to us may lead to delays in our ability to identify your funds and your application may be rejected.

Email Address to receive the confirmation: \_\_\_\_\_

By providing your email address, you elect to receive all communications electronically from the Responsible Entity (where legally permissible) using this email address.

## AUTHORISATIONS

I/we can confirm that I/we have read and understood the latest Product Disclosure Statement and any Additional Information to the PDS to which this request applies. Please ensure that this form is signed according to the authority assigned to the account.

Authorising Signatory 1.

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Full Name \_\_\_\_\_

Capacity: (e.g. director, trustee, POA) \_\_\_\_\_

Authorising Signatory 2.

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Full Name \_\_\_\_\_

Capacity: (e.g. director, trustee, POA) \_\_\_\_\_

Authorising Signatory 3.

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Full Name \_\_\_\_\_

Capacity: (e.g. director, trustee, POA) \_\_\_\_\_

Authorising Signatory 4.

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Full Name \_\_\_\_\_

Capacity: (e.g. director, trustee, POA) \_\_\_\_\_

## RETURN FORM

Via Post: Fund Name: \_\_\_\_\_  
C/- Automic Group GPO Box 5193  
SYDNEY NSW 2001

Via Email: [hello@automicgroup.com.au](mailto:hello@automicgroup.com.au)