

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 you with your personalised payment instructions to make your payment.

- ⇒ For electronic funds transfer, please insert the SRN as your personalised reference.
- ⇒ For BPAY payments, please insert the reference number provided.

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.

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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: nanuk@automicgroup.com.au