

ADDITIONAL UNIT
APPLICATION FORM

Channel Investment Management Limited ACN : 163 234 240 AFSL:439007

Please complete this form using BLACK INK and write clearly within the boxes in CAPITAL LETTERS.

If you require any information regarding your investments, please contact **Apex** on **1300 133 451**.

This additional unit application form is for existing investors in the CC Sage Capital Absolute Return Fund (ARSN: 634 149 287) Class A Units ('the Fund') who wish to apply for additional units in the Fund. The additional investment amount will be added to your existing investment in the Fund.

You should read the PDS to which this application relates issued by Channel Investment Management limited ACN 163 234 240 AFSL 439007 before completing this additional unit application form.

Section 1. Investor Identification

Investor Reference Number

Full name(s) of Registered Unitholder(s)

Registered Address

Suburb

State

Postcode

Section 2. Investment Amount

Additional Investment Amount \$

SOURCE OF FUNDS - Please tick the most relevant option.

☐ Retirement Savings

☐ Sale of Assets

☐ Financial Investments

☐ Employment Income

☐ Inheritance/gift

☐ Business Activities

☐ Other (provide detail)

Section 3. Declaration And Authorisation

I/We have read and understood the PDS to which this application relates and the declarations, conditions and acknowledgements contained under Part D 'Investor Declaration' of the Application Form and agree that they are incorporated in this declaration.

I/We agree, acknowledge and declare that all the details given in this application are true and correct.

I/We have received personally a complete and unaltered PDS prior to completing the Additional Unit Application Form.

I/We certify that if we are signing under a power of attorney the power of attorney has not been revoked.

Investor 1 Signature

Date / /

Name

Capacity

(i.e. Individual/Trustee/Director/Secretary/Partner)

Investor 2 Signature

Date / /

Name

Capacity

(i.e. Individual/Trustee/Director/Secretary/Partner)

Section 4. Payment Details

BSB	Account Number	Account Name	Reference
082-401	76-919-7498	CC Sage Capital Absolute Return Fund Applications Account	Please include your Investor Name in the reference field of your EFT.

Return form