

## Additional Investment Form

ARSN 629 066 913

This form is for existing investors only. If you are a new investor please use the Initial Application Form.

Account/Investor Number

Account/Investor Name

**Post, email or fax your application:**

Apex Fund Services Pty Ltd  
Attention: Unit Registry  
GPO Box 4968  
Sydney NSW 2001  
Email: [registry@apexgroup.com](mailto:registry@apexgroup.com)  
Fax: +61 2 9251 3525

**For assistance**

Contact Apex Fund Services Pty Ltd  
Phone: 1300 133 451

## Additional Investments

Application Amount:

\$AUD

Class A – Unhedged

Class H - Hedged

**Electronic Funds Transfer or Direct Deposit**

Bank: National Australia Bank  
BSB: 082-401  
Account Number: 337950124  
Account Name: Fairlight Global Small & Mid Cap Fund Application

OR

**Cheque made payable to:**

Apex Fund Services Pty Ltd ACF The Trust Company (Re Services) Limited Fairlight Global Small & Mid Cap Fund Application.

OR

**Direct Debit:**

Please complete the Direct Debit Service Agreement available at [fairlightam.com.au/invest](http://fairlightam.com.au/invest) and attach with this application form.

## Declaration

I/we declare and agree each of the following:

- I/we have read the current PDS and acknowledge this additional application request is subject to the terms and conditions set out in the current PDS.
- My/our application is true and correct.
- I am/we are bound by any terms and conditions contained in the current PDS and the provisions of the constitution of the Fund as amended from time to time.
- I/we have legal power to invest.
- If this is a joint application, each of us agrees that our investment is as joint tenants. Each of us is able to operate the account and bind the other to any transaction including investments or withdrawals by any available method.
- If investing as trustee on behalf of a super fund or trust, I/we confirm that I am/we are acting in accordance with my/our designated powers and authority under the relevant trust deed. In the case of a super fund, I/we also confirm that it is a complying fund under the Superannuation Industry (Supervision) Act 1993.

- I/we acknowledge that none of The Trust Company (RE Services) Limited ABN 45 003 278 831 or any of their related entities, officers or employees or any related company or any of the appointed service providers including the investment manager and custodian guarantee the repayment of capital or the performance of the Fund or of any particular rate of return by the Fund.
- I/we have read and understood the privacy disclosure as detailed in the current PDS. I/we consent to my/our personal information being collected, held, used and disclosed in accordance with the privacy disclosure. I/we consent to The Trust Company (RE Services) Limited disclosing this information to my/our financial adviser (named in this form) for units in the Fund. Where the financial adviser no longer acts on my/our behalf, I/we will notify The Trust Company (RE Services) Limited of the change.
- If I/we have appointed an authorised representative, I/we release, discharge and indemnify The Trust Company (RE Services) Limited from any loss, expense, action or other liability which may be suffered by, brought against me/ us or The Trust Company (RE Services) Limited for any action or omissions by the authorised representative whether authorised by me/us or not.

## Signatures

Investor type	Who should sign
Individual	Where the investment is in one name, the investor must sign.
Joint Investors	Where the investment is in more than one name, all investors must sign.
Company	Two directors or a director and a company secretary must sign, unless you are a sole director and sole company secretary.
Trust	Each trustee must sign or, if a corporate trustee, then as for a company.

### Investor 1

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

Date \_\_\_\_\_

Tick capacity (mandatory for companies):

<input type="checkbox"/> Sole Director and Company Secretary	<input type="checkbox"/> Non-Corporate Trustee
<input type="checkbox"/> Director	<input type="checkbox"/> Partner
<input type="checkbox"/> Secretary	

### Investor 2

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

Date \_\_\_\_\_

Tick capacity (mandatory for companies):

<input type="checkbox"/> Director	<input type="checkbox"/> Non-Corporate Trustee
<input type="checkbox"/> Secretary	<input type="checkbox"/> Partner