

# ADDITIONAL INVESTMENT FORM



Fund Administrator



Responsible Entity  
and Trustee

If you require further assistance, please do not hesitate to contact **Mainstream Fund Services** on 1300 133 451 or via email [registry@mainstreamgroup.com](mailto:registry@mainstreamgroup.com)



### INVESTMENT DETAILS

Investor Name

Investor Number

Contact Number

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

### APPLICATION DETAILS

Fund Name

Investment Amount

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

**A minimum transaction amount may be applicable for this Fund. Please refer to the PDS for more information.**

Any application for amounts below the minimum requirement will not be accepted and a return of monies may incur a cost for the investor.

### PAYMENT DETAILS

Please tick the box beside your chosen payment method and complete the required details.

**Cheque**

Made payable to: Mainstream Fund Services Pty Ltd ACF <Contact Australian Ex-50 Fund> Application Account.

Amount: AUD

**Electronic Funds Transfer or Direct Deposit\***

Bank: **National Australia Bank**

Account Name: **Mainstream Fund Services Pty Ltd ACF <Contact Australian Ex-50 Fund> Application Account**

BSB: **082-401**

Account number: **255100839**

Reference: **'Investor surname/company or trust'**

Amount: AUD

Date of Transfer

Reference Used

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

**\* Please note that you can only elect direct debit for accounts that are already held on record.  
If you wish to add or change your bank account details, please refer to the Change of Details Form.**





### DECLARATION AND SIGNATURE

- Please sign this form below. This form must be signed as per the current signing instructions that we have on record.
- If signed under power of attorney, the attorney certifies that he/she has not received notice of revocation of the power of attorney. Please include a certified copy of the power of attorney, if it has not been previously provided, to Mainstream Fund Services Pty Ltd.

#### Signature 1

#### Signature 2

Name

Name

|  |  |
|--|--|
|  |  |
|--|--|

Title

Title

|  |  |
|--|--|
|  |  |
|--|--|

Signature

Signature

|  |  |
|--|--|
|  |  |
|--|--|

Date

Date

|  |  |
|--|--|
|  |  |
|--|--|

**Please return completed forms to Mainstream Fund Services via mail, fax or email.**

**Mail:** Mainstream Fund Services - Unit Registry  
GPO Box 4968, Sydney NSW 2001

**Email:** [registry@mainstreamgroup.com](mailto:registry@mainstreamgroup.com)  
**Fax:** +61 9251 3525

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