

## **Additional Investment**

**Complete this form** to make an additional investment.

PLEASE USE BLOCK LETTERS AND BLACK INK TO COMPLETE THIS APPLICATION FORM

PLEASE RETURN THIS FORM TO: Vasco Funds Services Pty Limited Level 4, 99 William Street Melbourne VIC 3000

1. Fund details (must comp	e)	
Fund (name)		
2. Investor details (must be	mpleted)	
Investor number	Contact phone number(	(s)
Investor name		
3. Investment details (must be completed)		
Additional Investment Amount		
Unit Class (if applicable)		
Please make your cheque payable Product Disclosure Statement fo	or transfer your additional investment monies per the instructions in the ne Fund.	e relevant Information Memorandum or
4. Signatures (must be com	eted)	
It is a condition of making additional investments that you obtain and read the current Information Memorandum (IM) or Product Disclosure Statement (PDS) and Target Market Determination (TMD) for the Fund together with the other important information taken to form part of the IM or PDS, prior to making each and every investment in a Fund. From time to time, the Trustee or Responsible Entity updates the IM or PDS and TMD. The latest version of the IM or PDS and TMD can be found on our website at: www.vascofm.com or by contacting us on +61 3 8352 7120.  By signing this form, I/we:  confirm that I/we are duly authorised to execute this instruction on behalf of the investor(s).  confirm that between the date of my/our first investment and the date of this additional investment, the Fund's circumstances or target market may have changed. I confirm that I/we have obtained and read the most recent version of the relevant IM or PDS and TMD for the Fund prior to making this additional investment and confirm that my/our objectives, financial situation and needs have not materially changed since my/our initial investment.		
Authorised signatory 1	D;	ate // // // // // // // // // // // // //
Surname		
Given name(s)		
Position (please select one)	Investor Director Trustee Other:	
Authorised signatory 2	Da	ate/
Surname		
Given name(s)		
Position (please select one)	Investor Director Trustee Other:	