Additional Investment Form

ausbil

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Please print well within the boxes in CAPITAL LETTERS. Mark appropriate boxes with a cross like the following [X]
Please send the completed Additional Investment Form by fax to 1300 365 601 or by mail to:
National Australia Bank Limited, Registry Services, PO BOX 1406, Melbourne VIC 3001.

Important: Unless specified otherwise the minimum additional investment amount is $5,000 per Fund

SECTION 1: INVESTOR DETAILS

Investor Number ☐☐☐☐ Investor Name _____
(as shown on original Application Form)

Important: If any of your details have changed please complete a Change of Details Form. Forms are available on our website www.ausbil.com.au. If it has been more than 5 years since your initial application for units in a fund you are required to complete a new Application Form and relevant Client ID Forms.

SECTION 2: ADDITIONAL INVESTMENT DETAILS

Dollar amount of additional investment $ _____ which is to be allocated as detailed below:

Fund Name	**Amount $** (each Fund)	**or**	**%**	**Distribution*** (Cross one box for each investment) Reinvestment of distribution	**or**	Pay distribution to your nominated bank account
Ausbil Australian Active Equity Fund				☐		☐
Ausbil Australian Geared Equity Fund				☐		☐
Ausbil Australian Emerging Leaders Fund				☐		☐
Ausbil MicroCap Fund (Max $10,000)				☐		☐
Ausbil 130/30 Focus Fund (Retail Class)				☐		☐
Ausbil Balanced Fund				☐		☐
Candriam Sustainable Global Equity Fund				☐		☐
MacKay Shields Unconstrained Bond Fund				☐		☐
Other:_____				☐		☐
Total	$		**100%**			

***Your nomination will overide previous nominations and will apply to all investments in that Fund.**
If left blank, distributions will be reinvested unless previously advised.

SECTION 3: FUNDING INVESTMENT DETAILS

☐ **Direct Credit** Payments by direct credit transfer to the Custodian's Bank Account

Bank: National Australia Bank Limited
BSB No: 083 043
Account No: 561 830 901
Account Name: NNL-Ausbil Application Account
Reference: Investor number and Investor name

☐ **Cheque** Make cheque payable to **NNL-Ausbil Application Account** and complete the cheque details below:

Cheque Number _____ Branch Number (BSB) _____ Account Number _____

Cheque Drawer _____

Please note: The Responsible Entity will not issue cheques for distribution payments.

SECTION 4: SIGNATORIES

This form must be signed by all authorised signatories (e.g. For a joint account, both signatories must sign this form)

By executing this Form (Application) I/we agree with, and represent and warrant to Ausbil that:

- all details in this Application are complete, true and correct;
- all details previously provided to Ausbil in our first application for units in a fund and any supporting client identification documents are and remain complete, true and correct;
- I/we have read and understood the Product Disclosure Statement (PDS) and any Incorporated Material (IM) for the applicable fund(s) and agree to be bound by them (as updated from time to time);
- I agree to be bound by the constitution(s) for those fund(s) (as amended from time to time);
- that acceptance of my/our application for units in any fund(s) will be at the sole discretion of Ausbil and that Ausbil has the right to reject any application;
- I/we have legal power to sign this Application and invest in the fund(s) and have complied with all applicable laws in making the Application (including those relating to superannuation and tax);
- if the Application is signed by an attorney, the attorney declares that he/she has not received notice of revocation of appointment and has provided a certified copy of the Power of Attorney to Ausbil;
- I/we are aware of the risks involved with investing in the fund(s) and have not relied on any representation (whether oral or written) from Ausbil or any other persons in connection with the fund(s)
- It is my/our responsibility to seek independent investment, financial, legal or taxation advice as to the suitability of the fund(s) to my/our circumstances;
- I/we understand that my/our investment in the fund(s) is subject to investment risks, including possible delays in repayment and loss of income and principal;
- I/we understand that none of Ausbil or its related entities or associates guarantees the performance of the fund(s), repayment of capital, rate of return or amount of any distribution;
- I/We will not knowingly do anything to put Ausbil in breach of AML/CTF Laws and will I notify Ausbil if I/we are aware of anything that may put Ausbil in breach of AML/CTF Laws.
- I/we are not aware and have no reason to suspect that the application moneys or proceeds of investment in the fund(s) are derived from or will be used in connection with money laundering, terrorism financing or any other illegal activities;
- if requested, I/we will provide additional information and comply with all reasonable requests by Ausbil to enable it to comply with AML/CTF Laws;
- that personal information about me/us may be collected, used and disclosed in accordance with Ausbil's Privacy Policy and the privacy statements included in the PDS/IM, including for marketing purposes;
- I/we understand the increased risk of communications made by telephone, fax or electronic means;
- I/we will promptly advise Ausbil if event or circumstances occurs which would cause these representations and warranties to be incorrect or misleading or if I/we are in breach of any agreement or undertaking; and
- I/we indemnify Ausbil against any losses or liabilities incurred by it as a result of a breach by me/us of any agreement, representation or warranty,

I/we agree that the above agreements, representations, warranties are given on the date this Application is signed and repeated on each day thereafter until I/we cease to have an investment in the fund(s).

Name

Date D D / M M / Y Y Y Y

Signature

☐ Individual ☐ Partner ☐ Director

☐ Company Secretary ☐ Sole Director ☐ Trustee ☐ Executor ☐ Attorney

☐ Authorised signatory

Name

Date D D / M M / Y Y Y Y

Signature

☐ Individual ☐ Partner ☐ Director

☐ Company Secretary ☐ Sole Director ☐ Trustee ☐ Executor ☐ Attorney

☐ Authorised signatory

Company seal (If applicable)

SEND TO US

Once you have completed and signed this Form, please send it to:

National Australia Bank Limited Registry Services, PO Box 1406, Melbourne, VIC, 3001.
Fax: 1300 365 601

Ausbil will not be able to process your application until we receive the correct documentation. This may affect the unit price applying to your investment. If your application is not funded within 30 days of receipt it will be returned to you by mail.

ANY QUESTIONS?

If you have any questions about completing this Form, please contact our Client Services Team on 1800 287 245 (toll free).