

Investor Details

APN Fund name	Investor number
<input type="text"/>	<input type="text"/>
Investor name Trust name Company registered name Partnership name	
<input type="text"/>	

Old Adviser Details

Adviser name	Dealer group name	Company name
<input type="text"/>	<input type="text"/>	<input type="text"/>

New Adviser Details

Adviser name	Representative no.	AFSL no.
<input type="text"/>	<input type="text"/>	<input type="text"/>
Dealer group name	Company name	
<input type="text"/>	<input type="text"/>	
Company address	Postal address (if different from company address)	
Line 1	Line 1	
<input type="text"/>	<input type="text"/>	
Line 2	Line 2	
<input type="text"/>	<input type="text"/>	
Suburb/City/Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Company main number	Direct number	Email address for electronic correspondence
(<input type="text"/>)	(<input type="text"/>)	<input type="text"/>
Fax number	Mobile number	Web address
(<input type="text"/>)	<input type="text"/>	<input type="text"/>

Declaration and Signature(s) | joint applicants must both sign

I/We declare that:

- All details provided by me/us in this Form are true and correct.
- If I/we have received the Form from the internet or other electronic means that I/we received it personally or a printout of it, accompanied by or attached to this Form.
- If this is a joint investment, each of us agrees, unless otherwise indicated on this Form, our investment is as joint tenants. Each of us is able to operate the account and bind the other(s) to any transaction including investments, switches or withdrawal by any available method.
- I will provide to APN Funds Management (APN FM) or its nominee any information that APN FM reasonably requires in order to enable APN FM to comply with all its obligations under the Anti-Money Laundering Counter-Terrorism Financing Act 2006 and its associated rules (in force from time to time).
- If investing as trustee on behalf of a superannuation fund or trust I/we am/are acting in accordance with my/our designated powers and authority under the trust deed. In the case of superannuation funds, I/we also confirm that it is a complying fund under the Superannuation Industry (Supervision) Act.
- I/we acknowledge that APN FM and its related bodies corporate may disclose and use personal information as contemplated in the current PDS under the heading "Privacy".
- I/we acknowledge and agree that electronic instructions will be treated as contemplated in the current PDS under the heading "Electronic Instructions".
- If this application is signed under Power of Attorney, the Attorney declares that he/she has not received notice of revocation of that power (a certified copy of the Power of Attorney must be submitted with this application unless APN FM have already sighted it).
- SOLE SIGNATORIES signing on behalf of a company confirm that they are signing as either a director or sole director and sole secretary of the company by ticking the relevant box.

Name of Investor A | Trustee | Company Director (please print)

Signature of Investor A | Trustee | Company Director

Director Sole director | Sole secretary

Date

 / /

Name of Investor B | Trustee | Company Director/Secretary (please print)

Signature of Investor B | Trustee | Company Director/Secretary

Director Sole director | Sole secretary

Date

 / /

Company seal (if company or trust)

Please forward this completed form to:

APN Funds Management Limited

PO Box 18011, Melbourne Collins Street East, Victoria 8003

Email | apnfm@apngroup.com.au Website | www.apnfm.com.au

Investor Services | 1800 996 456 Adviser Services | 1300 027 636

Facsimile | (03) 8656 1010