

ADDITIONAL INVESTMENT FORM – ALEXANDER CREDIT INCOME FUND

Additional Investment Form For Existing Investors

Please use this form if you are already an investor in the Alexander Credit Income Fund and wish to make an additional investment. New investors should use the Alexander Credit Income Fund Application Form.

INVESTOR DETAILS

Number

Name

Company/Fund/Super Fund Name

ADDITIONAL INVESTMENT DETAILS

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

Additional Investment Amount

Amount: \$,,.

The minimum additional application amount is \$10,000

Tick to indicate how your additional investment amount will be made:

Electronic Funds Transfer or Direct Deposit

Bank Name St. George Bank
Account Name One Registry Services Application Account
BSB Number 332-127
Account Number 554 163 725

Cheque Made payable to: One Registry Services Application Account

BPAY®

Initial BPAY® payment

If this is your first time making payment to ACOF through BPAY® a member of our Investor Services team will email your ACOF BPAY® number to the email address provided on your initial application.



Biller Code: 276394
Ref: Your ACOF BPAY® number

Telephone & Internet Banking – BPAY®

Contact your bank or financial institution to make this payment from your cheque, savings, debit, credit card or transaction account.
More info: www.bpay.com.au

DECLARATION AND SIGNATURES

- I/We have read the Product Disclosure Statement (PDS), Reference Guide (RG) and Target Market Determination (TMD) for the Fund in which I am applying for additional units.
- I/We agree to be bound by the terms and conditions of the PDS, and Constitution of the Fund in which I/we have chosen to invest. I/We declare that all details are correct.
- By signing this Application Form, I/we acknowledge that I/we have read and understood the PDS and where appropriate have obtained my/our own independent financial investment advice.
- I/We acknowledge and agree that where Equity Trustees act as Responsible Entity (RE), in its sole discretion, determines that:
 - (a) I/We are ineligible to hold units in the Fund or have provided misleading information in my/our additional investment form; or
 - (b) I/We owe any amounts to EQT or any other person

I/we appoint the RE as my/our agent to submit a withdrawal request on my/our behalf in respect of all or part of my/our units, as the case requires, in the Fund.
- I/We confirm there has been no change to investor information provided in the initial application (e.g. address details).

Signature*

Signature*

Full Name

Full Name

Date

Date

Tick Capacity (mandatory for companies)

- Sole Director and Company Secretary
- Director
- Secretary

Tick Capacity (mandatory for companies)

- Sole Director and Company Secretary
- Director
- Secretary

Company Seal (if applicable)

Company Seal (if applicable)

Joint applicants must both sign; or
Company applications must be signed by two Directors, a Director and Secretary or the Sole Director and Secretary of the company; or
For trust/superannuation fund applications each individual trustee must sign.