

# APPLICATION FORM

## ADDITIONAL INVESTMENT FORM – ALEXANDER CREDIT OPPORTUNITIES FUND

### Additional Investment Form For Existing Investors

Please use this form if you are already an investor in the Alexander Credit Opportunities Fund and wish to make an additional investment. New investors should use the Alexander Credit Opportunities 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: AUD  ,  ,  .  *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.



**Billers 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](http://www.bpay.com.au)

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## DECLARATION AND SIGNATURES

- I/We have read the Product Disclosure Statement (PDS) 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 personI/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

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- Sole Director and Company Secretary  
 Director  
 Secretary

Company Seal (if applicable)

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\* 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.