

## ADDITIONAL INVESTMENT FORM

### FAIRVIEW EQUITY PARTNERS EMERGING COMPANIES FUND

**DATE: MAY 2024**

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Please use this form if you are an existing investor in the Fairview Equity Partners Emerging Companies Fund (Fund) and wish to make an additional investment.

Please complete the relevant sections in BLOCK letters, using BLACK or BLUE INK. If you make an error while completing this form, please do not use correction fluid. Cross out your mistakes and have all signatories initial the changes.

Before completing this form you should check you have read the latest up to date information for the Fund, by ensuring you have the current Product Disclosure Statement (PDS), Product Guide, or any website updates for the Fund. A copy of the PDS, Product Guide, and any website updates are available free of charge from [mlcam.com.au](http://mlcam.com.au) or by contacting Client Services on **1300 738 355** or from your approved Australian financial adviser (Financial Adviser).

Please return your completed form by:

**Mail:** Registry Services  
Fairview Equity Partners Emerging Companies Fund  
GPO Box 804  
Melbourne VIC 3001 Australia

**Email:** [mlc\\_transactions@unitregistry.com.au](mailto:mlc_transactions@unitregistry.com.au)

Please ensure you include your account number in the subject line of your email.

If you have any questions, please contact Client Services on **1300 738 355**.

#### Privacy notice

We are committed to protecting your privacy. Any personal information we collect about you will be handled in accordance with our privacy policy, which outlines how we manage your personal information and how you may complain about a breach of your privacy. To obtain a copy, please visit [mlcam.com.au/privacy](http://mlcam.com.au/privacy) or by contacting Client Services on **1300 738 355**.

## 1. INVESTOR DETAILS

Mandatory (\*)

Account number\*

Account name\*

## 2. ADDITIONAL INVESTMENT DETAILS

The minimum additional investment is \$1,000 per Fund. Please ensure that you complete the Direct Debit Request below if you wish to use Direct Debit as your payment method.

**All investments must be made in Australian dollars.<sup>1</sup>**

Fund	APIR Code	Additional Investment Amount
Fairview Equity Partners Emerging Companies Fund	ANT0002AU	A\$ <input type="text"/>

### Method of Payment

Please cross (X) the relevant box below to nominate your preferred payment method.

**Electronic Funds Transfer (EFT)**

Deposit your funds into the administrator's bank account:

- Bank: National Australia Bank Limited
- BSB No: 083 043
- Account No: 20 725 2192
- Account Name: NNL ANF MLC Fairview Application Account
- Reference: [Investor's name(s)]

**Direct debit** - Debit my/our bank account nominated in the Direct Debit Request below. By providing your bank account details, you accept the terms and conditions in our Direct Debit Request Service Agreement available at [mlcam.com.au/ddrsa](http://mlcam.com.au/ddrsa). Please ensure there are sufficient cleared funds in your nominated bank account prior to submitting this form as we will debit the additional investment amount upon receipt of your request. Cut-off times do apply, please refer to the information provided in the PDS.

<sup>1</sup> All payments and transactions to, and by, the Fund are in Australian dollars. Payments from/into non-Australian dollar bank accounts will be subject to currency conversion rates and may incur additional fees. Non-Australian resident investors should seek advice from their banking institution.

## DIRECT DEBIT REQUEST

I/We request National Nominees Limited, ABN 51 004 278 899 as agent for MLC Investments Limited, ABN 30 002 641 661 (Direct Debit User ID 657557), until further notice in writing, to debit my/our account at the financial institution identified below. This debit will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below.

I/We acknowledge and accept the terms and conditions of the Direct Debit Request Service Agreement available at [mlcam.com.au/ddrsa](http://mlcam.com.au/ddrsa)

### Bank Account

Name of Australian bank or financial institution

Branch

BSB number  -

Account number

Account name 1

Account name 2

Signature

Signature

Date (DD/MM/YYYY):  /  /

Date (DD/MM/YYYY):  /  /

Note: Not all building societies or credit unions accept or make fund transfers. Please check with your financial institution before completing this form. Should this nominated bank account not belong to you as the investor then we may seek further information from you. We will seek to establish your relationship to the third party who holds the nominated bank account as required under the Anti-Money Laundering legislation.

### 3. DECLARATION AND SIGNATURES

By signing this form I/we acknowledge that I/we have read and understood the Fund's current PDS and Product Guide to which this form relates and I/we agree to be bound by the PDS, the Product Guide and the Fund's Constitution, each as replaced, supplemented or updated from time to time. I/We declare that all the details provided on this form are true and correct.

If this form is signed under a 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 and FSC individuals identification form (available at [mlcam.com.au/forms](http://mlcam.com.au/forms)) for the Attorney should be submitted with this form unless MLC Investments Limited has already sighted it.

<input type="checkbox"/> Investor 1	<input type="checkbox"/> Individual trustee 1	<input type="checkbox"/> Sole Director <sup>2</sup>	<input type="checkbox"/> Director 1 <sup>2</sup>
<input type="checkbox"/> Attorney 1 <sup>3</sup>	<input type="checkbox"/> Partner 1	<input type="checkbox"/> Authorised signatory <sup>2,4</sup>	
Signature*		Full name*	
		Date signed (DD/MM/YYYY)	
		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

<input type="checkbox"/> Individual trustee 2	<input type="checkbox"/> Director 2 <sup>2</sup>	<input type="checkbox"/> Secretary <sup>2</sup>	<input type="checkbox"/> Authorised signatory <sup>2,4</sup>
Signature*		Full name*	
		Date signed (DD/MM/YYYY)	
		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

2 For a company this form must be signed by two directors, a director and secretary, the sole director or authorised signatories of the company.  
 3 Attorney's signature(s) must be witnessed.  
 4 An Authorised Signatory List must have been previously provided by the organisation.

**Signature of witness to Attorney 1**

Signature of witness to Attorney 1 signature (witness must be a third party, i.e. not the investor or the named Attorney)  
I declare I have witnessed the signature of the named Attorney

Witness name (print)

Date signed (DD/MM/YYYY)

 /  / 

**Residential Address**

Unit/Level

Street number

Street name

Suburb/Town

State

Postcode

Country

**Signature of witness to Attorney 2**

Signature of witness to Attorney 2 signature (witness must be a third party, i.e. not the investor or the named Attorney)  
I declare I have witnessed the signature of the named Attorney

Witness name (print)

Date signed (DD/MM/YYYY)

 /  / 

**Residential Address**

Unit/Level

Street number

Street name

Suburb/Town

State

Postcode

Country