

ADDITIONAL INVESTMENT FORM

FAIRVIEW EQUITY PARTNERS EMERGING COMPANIES FUND

DATE: OCTOBER 2020

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**, or available by contacting Client Services on **1300 738 355**, or from your approved Australian financial adviser (Financial Adviser).

Please return your completed form to Registry Services by:

Mail: Registry Services
C/- OneVue Fund Services Pty Ltd
GPO Box 804
Melbourne VIC 3001 Australia

Email: 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

Your privacy is important to us. For more information on how we collect, use, share and handle your personal information, please refer to the NAB Group's Privacy Policy. A copy is available at **mlcam.com.au/privacy** or by contacting Client Services.

1. INVESTOR DETAILS

Account number

Account name

2. ADDITIONAL INVESTMENT DETAILS

Investment amount (all investments must be made in Australian dollars)¹

A\$

Fairview Equity Partners Emerging Companies Fund (APIR ANT0002AU)

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Direct deposit

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 OCA ANF Fairview Application Account
- Reference: [Investor's name(s)]

If you wish to amend your pre-existing income distribution election, please complete the Change of Details Form available at mlcam.com.au or by contacting Client Services on **1300 738 355**.

¹ All payments and transactions to the Fund are in Australian dollars. Payments from non-Australian 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.

3. DECLARATION AND SIGNATURES

By signing this form I/we acknowledge that I/we have read and understood the current Fund's 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) for the Attorney should be submitted with this form unless Antares Capital Partners Ltd has already sighted it.

| | | | |
|--|---|---|--|
| <input type="checkbox"/> Investor 1 | <input type="checkbox"/> Individual trustee 1 | <input type="checkbox"/> Sole Director ² | <input type="checkbox"/> Director 1 ² |
| <input type="checkbox"/> Attorney 1 ³ | <input type="checkbox"/> Partner 1 | <input type="checkbox"/> Authorised signatory ^{2,4} | |
| Signature | | Full name | |
| <div></div> | | <div></div> | |
| | | Date signed (DD/MM/YYYY) | |
| | | <div></div> <div></div> / <div></div> <div></div> / <div></div> <div></div> <div></div> <div></div> | |

| | | | |
|--|---|---|---|
| <input type="checkbox"/> Investor 2 | <input type="checkbox"/> Individual trustee 2 | <input type="checkbox"/> Director 2 ² | <input type="checkbox"/> Secretary ² |
| <input type="checkbox"/> Attorney 2 ³ | <input type="checkbox"/> Partner 2 | <input type="checkbox"/> Authorised signatory ^{2,4} | |
| Signature | | Full name | |
| <div></div> | | <div></div> | |
| | | Date signed (DD/MM/YYYY) | |
| | | <div></div> <div></div> / <div></div> <div></div> / <div></div> <div></div> <div></div> <div></div> | |

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.

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

3 Attorney’s signature(s) must be witnessed.

4 An Authorised Signatory List must have been previously provided by the organisation.