



ADDITIONAL INVESTMENT FORM

MLC WHOLESALE INFLATION PLUS - CONSERVATIVE PORTFOLIO

DATE: NOVEMBER 2023

Please use this form if you are an existing investor in the MLC Wholesale Inflation Plus - Conservative Portfolio (Trust) 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 Trust, by ensuring you have the current Product Disclosure Statement (PDS), Product Guide, or any website updates for the Trust. A copy of the PDS, Product Guide, and any website updates are available free of charge from mlcam.com.au/mlctrusts/pds 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
MLC Wholesale Inflation Plus - Conservative Portfolio
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

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 or by contacting Client Services on **1300 738 355**.

1. INVESTOR DETAILS

Mandatory (*)

Account number*

Account name*

2. ADDITIONAL INVESTMENT DETAILS

| Trust | APIR Code | Additional Investment Amount |
|-------------------------------------------------------|-----------|------------------------------|
| MLC Wholesale Inflation Plus - Conservative Portfolio | MLC0921AU | A\$ <input type="text"/> |

All Additional investment amounts must be made in Australian dollars¹

Electronic Funds Transfer (EFT)

Deposit your funds into the administrator's bank account:

- Bank: National Australia Bank Limited
- BSB No: 083 043
- Account No: 21 098 7317
- Bank BIC: NATAAU3303X (for New Zealand investors only)
- Account Name: NNL OCA ANF MLC Investments Ltd (MLCIT) 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/mlctrusts/pds or by contacting Client Services on **1300 738 355**.

¹ All payments and transactions to the Trust 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 Trust'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 Trust'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 MLC Investments Limited 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* | |
| | | | |
| | | 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 ² | <input type="checkbox"/> Secretary ² | <input type="checkbox"/> Authorised signatory ^{2,4} |
| 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