

Fairview Equity Partners Emerging Companies Fund Additional Investment Form



Responsible Entity
nabInvest Managed Investments Limited
ABN 61 083 784 463 AFSL 312122

1. Investor Details

Investor Number

A. Investor 1 – Individuals / Joint Investors / Sole Traders / Trustees

Title	First Name	Surname
Date of Birth		
Telephone: Private	Business	Mobile
Email Address		Facsimile

B. Investor 2 – Joint Investors / Trustees

Title	First Name	Surname
Date of Birth		
Telephone: Private	Business	Mobile
Email Address		Facsimile

C. Companies / Associations / Trusts / Superannuation Funds / Partnerships / Government Bodies / Registered Co-operatives

Name	
Trustee/Executor name/s	Contact Person
Telephone: Business	Facsimile
Email Address	

2. Additional Investment Details – Amount and Method of Payment

Investment Amount

Fairview Equity Partners Emerging Companies Fund

Minimum additional investment: \$1,000

\$

Method of Payment

- If Lodging by Cheque – make cheque payable to:
'NNLATF Fairview Equity Partners Pty Ltd Application Account' and crossed 'Not Negotiable' and send your Additional Investment Form and cheque to:

National Australia Bank
Attn: Registry Services
GPO Box 1406
Melbourne VIC 3001

- If Lodging by Direct Deposit – fax your forms to:
National Australia Bank
Attn: Registry Services, Fax: 1300 365 601
AND

Deposit your monies into the administrator's bank account:

- Bank: National Australia Bank Limited
- BSB No: 083 043
- Account No: 832 243 507
- Account Name: NNLATF Fairview Equity Partners Pty Ltd Application Account
- Description (name that will appear on the administrator's statement): [your name(s)]

3. Income Distributions

Note: This election applies to all units. If no election is made, distributions will be made in accordance with existing instructions.

- Reinvest income as additional units.
- Pay income directly to the Australian bank or financial institution account shown below:
 (complete only if your distributions are not to be reinvested OR if you wish to change your existing account details).

Name of Australian bank or financial institution		Branch
Name in which the account is held (i.e. investor's name)		
BSB Number	Account Number	

By providing your bank account details in this section, you authorise nabInvest Managed Investments Limited to use these details for all distribution and withdrawal requests that you nominate.

4. Financial Adviser Details

I/We agree that information relating to my/our investment may be supplied to my/our financial adviser. Yes, please provide information. No, please do not provide information.

Please provide copies of all transactions to my/our financial adviser. If no election is made no copies will be sent. Yes No

Financial Adviser Name		Financial Adviser Stamp
Dealer Group		
Dealer Branch		
ABN	AFSL No.	
Contact Phone No.		
Financial Adviser's Address		
Email Address		

Complete this section to amend the financial adviser's bank account details.

Name of Australian bank or financial institution		Branch
Name in which the account is held		
BSB Number	Account Number	

Financial adviser remuneration will be paid into the above bank account.

5. Financial Adviser Remuneration

If this section is not completed, no adviser service fees will be deducted.

I request, until further notice from me, that nabInvest Managed Investments Limited deduct an Adviser Service Fee of the following amount/s from my account to pay my financial adviser.

One-off Fixed Dollar Fee

This structure can be used to facilitate a one-off payment to your financial adviser. This payment will be deducted from your investment. Please nominate the dollar amount you wish to pay your financial adviser.

\$

OR/AND

Initial Adviser Service Fee (Contribution Fee)

This fee is deducted from every contribution to your investment. Please nominate the percentage amount of each contribution you wish to pay your financial adviser.

% per contribution

OR/AND

Ongoing Adviser Service Fee

This fee is calculated on your investment balance on a monthly basis and deducted monthly from your investment. Please nominate the percentage or dollar amount you wish to pay your financial adviser.

% per annum OR \$ per annum

Note: The amount that will be paid to your financial adviser is inclusive of GST.

I understand that I may cancel this Ongoing Adviser Service Fee anytime by notifying nabInvest Managed Investments Limited in writing.

6. Declaration and Signatures

By signing this form I/we acknowledge that I/we have read and understood the current Fairview Equity Partners Emerging Companies Fund Product Disclosure Statement (PDS) to which this Additional Investment Form relates and I/we agree to be bound by the PDS (including the Initial Application Form) and the Constitution, each as amended or updated from time to time. A copy of the PDS, any supplemental PDS, and any website updates are available free of charge from www.nabinvest.com.au/nabinvest/our_partners/fairview. I/We declare that all the details provided on this form are true and correct.

Company Seal

Investor 1 signature _____ Date _____

Investor 2 signature _____ Date _____

Company applications must be signed by either two Directors, a Director and Secretary or the Sole Director of the company. If this form is signed under a Power of Attorney, it must be accompanied by a certified copy of the Power of Attorney.

Please return your completed form to: National Australia Bank Attn: Registry Services GPO Box 1406 Melbourne VIC 3001. Or fax to 1300 365 601. If you have any questions, please contact Investor Services on 1300 738 355.