

**Client Services contact details**

**Phone**

+61 3 9660 2652

**Email**

cooperinvestors\_transactions@unitregistry.com.au

## Additional investment form - Wholesale

**Use this form if you are an existing investor and wish to make an additional investment.**

Please complete all sections in BLOCK letters and using a black pen.

**1. Read and ensure you understand the Information Memorandum (IM) for the fund you are making an investment.**

The IM is available on our website [www.cooperinvestors.com](http://www.cooperinvestors.com), or from your financial adviser.

**2. Ensure you have completed the following:**

- written your account number and account name as it appears on your latest statement
- written the amount in Australian dollars
- ticked the standing instruction box (if applicable)
- selected the payment method you would like to use
- signed the form as per the 'signing instructions' in section 5.

**3. Send your documents to us.**

You can return your forms by post or email according to the details below:

Send by post:            Cooper Investors Pty Ltd  
                                 GPO Box 804  
                                 Melbourne VIC 3001

Scan and email to:    [cooperinvestors\\_transactions@unitregistry.com.au](mailto:cooperinvestors_transactions@unitregistry.com.au)

**4. Transfer your application money to us.**

Please refer to section 4 'payment of application amount'.

## 1. Investor details

Account number

Account name

## 2. Investment details and distribution instructions

Please specify the amount(s) you wish to invest. The minimum additional investment is AUD\$50,000 for each Trust.

If you are an existing unit holder in the fund for which you are applying, the distribution choice below will override any pre-existing election. If you have not previously provided your bank account information, please complete a Change of Details form. If you do not make an election and have not made one before, distributions will be reinvested.

FUND NAME	APIR CODE	INVESTMENT AMOUNT AUD\$	DISTRIBUTION OPTION (indicate preference with an X)	
			Pay to my bank a/c	Reinvest
CI Australian Equities Fund	CIP0005AU		<input type="checkbox"/>	<input type="checkbox"/>
Cooper Investors Endowment Fund	CIP0006AU		<input type="checkbox"/>	<input type="checkbox"/>
CI Brunswick Fund	CIP0002AU		<input type="checkbox"/>	<input type="checkbox"/>
Cooper Investors Global Endowment Fund	CIP7184AU		<input type="checkbox"/>	<input type="checkbox"/>

## 3. Other instructions

If you wish to change your other instructions (such as your reporting preferences, Financial Adviser information, or contact details), please complete the relevant form, available from [www.cooperinvestors.com](http://www.cooperinvestors.com).

## 4. Payment of application amount

Please select your payment method and complete the relevant section if applicable. All payments must be made in AUD.

I am making my payment by:

- EFT  
 Cheque  
 Direct debit

### EFT

Account name: NNL ANF Cooper Investors Pty Ltd –  
Coopers Applications Account  
BSB: 083-043  
Account number: 71-918-7603  
Your reference: [please use the name of the investor]

### Cheque

Please make your cheque payable to:  
NNL ANF Cooper Investors Pty Ltd – Coopers Applications  
Account

Please cross and write 'not negotiable' on Australian cheques only.

### Direct debit

Request and authority to debit the account named below to pay  
National Nominees Limited.

Surname or Company name

Given names or ACN/ARBN (you)

request and authorise National Nominees Limited, User ID 327900  
to arrange, through its own financial institution, a debit to your  
nominated account any amount National Nominees Limited has  
deemed payable by you.

This debit or charge will be made through the Bulk Electronic  
Clearing System (BECS) from your account held at the financial  
institution you have nominated below and will be subject to the  
terms and conditions of the Direct Debit Request Service  
Agreement.

Financial institution name

Address

Account name

BSB number

Account number

By signing and/or providing us with a **valid instruction** in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and National Nominees Limited as set out in this Request and in your Direct Debit Request Service Agreement.

Signature (if signing for a company, sign and print full name and capacity for signing eg. director)

Address

Date (DD/MM/YYYY)

Signature (if signing for a company, sign and print full name and capacity for signing eg. director)

Address

Date (DD/MM/YYYY)

## 5. Signing instructions

When you apply to invest, you (the applicant) are telling us:

- you have received, read and understood the current IM
- monies deposited are not associated with crime, money laundering or terrorism financing, nor will monies received from your account have any such association
- you are not bankrupt or a minor, and
- you agree to be bound by the constitution of the Fund and the IM as supplemented, replaced or re-issued from time to time.

**Individual** – where the investment is in one name, the account holder must sign.

**Joint Holding** – where the investment is in more than one name, all of the account holders must sign.

**Companies** – where the company has a sole director who is also the sole company secretary, this form must be signed by that person. If the company (pursuant to section 204A of the Corporations Act 2001) does not have a company secretary, a sole director can also sign alone. Otherwise this form must be signed by a director jointly with either another director or a company secretary. Please indicate the capacity in which the form is signed.

**Trust** – the trustee(s) must sign this form. Trustee(s) signing on behalf of the trust confirm that the trustee(s) is/are acting in accordance with such designated powers and authority under the trust deed.

**Power of Attorney** – if you have not already lodged the Power of Attorney with us, please attach a certified copy of the Power of Attorney document that includes Certificate of Witness and Statement of Acceptance and Certified Identification Document of the Power of Attorney. I/we attest that the Power of Attorney has not been rescinded or revoked and that the Donor is still living.

Signature of investor 1, director or authorised signatory

Please print full name

Date (DD/MM/YYYY)

Company officer (please indicate company capacity)

- Director
- Sole director and company secretary
- Authorised signatory

Signature of investor 2, director/company secretary or authorised signatory

Please print full name

Date (DD/MM/YYYY)

Company officer (please indicate company capacity)

- Director
- Company secretary
- Authorised signatory