

# ADDITIONAL INVESTMENT FORM

## ALEXANDER CREDIT OPPORTUNITIES FUND

### Additional Investment Form For Existing Investors

Please use this form if you are already an investor in the Alexander Credit Opportunities Fund and wish to make an additional investment. New investors should use the Alexander Credit Opportunities Fund Application Form.

#### INVESTOR DETAILS

Number

Name

Company/Fund/Super Fund Name

#### ADDITIONAL INVESTMENT DETAILS

Please tick the box beside your chosen payment method and complete the required details.

##### Additional Investment Amount

Amount: \$  ,  ,  .

*The minimum additional application amount is \$10,000*

Tick to indicate how your additional investment amount will be made:

☐

Electronic Funds Transfer or Direct Deposit [NEW ACCOUNT DETAILS](#)

Bank Name ANZ  
Account Name One Registry Services Apps - ACOF  
BSB Number 012 110  
Account Number 838 638 462

☐

**BPAY®**

Initial BPAY® payment

☐

If this is your first time making payment to ACOF through BPAY® a member of our Investor Services team will email your ACOF BPAY® number to the email address provided on your initial application.



Bill Code: 466060  
Ref: Your ACOF BPAY® number

##### Telephone & Internet Banking – BPAY®

Contact your bank or financial institution to make this payment from your cheque, savings, debit, credit card or transaction account.  
More info: [www.bpay.com.au](http://www.bpay.com.au)

#### FATCA & CRS

☐ I/We confirm there are no changes to our identification documents previously provided and that these remain current and valid.

☐ I/We confirm there have been no changes to our FATCA or CRS status

## CONSUMER ATTRIBUTES

To assist the RE in meeting the Design and Distribution Obligations, you are required to indicate the purpose of your investment by responding to each of the questions set out below. Your responses should reflect your objectives and needs for this Investment. Please tick **only 1 box** for each question below.

The below only needs to be answered where you are a **direct retail investor** (i.e., does not apply to Indirect or intermediated investments such as those made by platforms, custodians, etc.). **If you are not a retail investor you may be required to provide a wholesale certificate to support your application.**

Further information in relation to these questions can be found in the Target Market Determination (TMD) for the Fund. If you wish to access the TMD, please visit <https://www.alexanderfunds.com.au/documents-forms>

### 1. Have you received advice prior to applying to invest in the Fund?

- ☐ I/We have received personal advice in relation to my investment in this Fund
- ☐ I/We have not received any advice in relation to my investment in this Fund

### 2. What is your primary investment objective(s)?

- ☐ Capital growth                      ☐ Capital preservation                      ☐ Income Distribution

### 3. What percentage of your total investable assets are you directing to this fund?

- ☐ Solution/Standalone (up to 100%)                      ☐ Major allocation (up to 75%)
- ☐ Core component (up to 50%)                      ☐ Minor allocation (up to 25%)
- ☐ Satellite allocation (up to 10%)

### 4. Please select your Intended investment timeframe

- ☐ Short term (up to and including 2 years)                      ☐ Medium term (More than 2 years but less than 5 years)
- ☐ Medium to long term (equal to 5 years but less than 7 years)                      ☐ Long term (7 years or more)

### 5. What is your tolerance for risk?

- ☐ Low risk and return- I/we can tolerate up to 1 period of underperformance over 20 years and a low target return from this investment.
- ☐ Medium risk and return - I/we can tolerate up to 4 periods of underperformance over 20 years and a moderate target return from this investment.
- ☐ High risk and return- I/we can tolerate up to 6 periods of underperformance over 20 years in order to achieve higher returns this investment.
- ☐ Very High risk and return - I/we can tolerate more than 6 periods of underperformance over 20 years (high volatility and potential losses) in order to achieve accelerated returns from this investment.
- ☐ Extremely high – I/We can tolerate significant volatility and losses as I/we are seeking to obtain accelerated returns

### 6. Under normal circumstances, within what period do you expect to be able to access your funds for this investment?

- ☐ Within one week                      ☐ Within one month
- ☐ Within three months                      ☐ Within one year
- ☐ Within five years                      ☐ Within ten years
- ☐ More than 10 years                      ☐ At the Issuer's discretion

#### Please note:

1. Failure to complete the above questions may result in your application not being accepted;
2. Acceptance of your application should not be taken as a representation or confirmation that an investment in the Fund is, or is likely to be, consistent with your intentions, objectives and needs as indicated in your responses to these questions; and
3. For further information on the suitability of this product, please refer to your financial adviser and/or the TMD

## DECLARATION AND SIGNATURES

- I/We have read the Product Disclosure Statement (PDS) and Target Market Determination (TMD) for the Fund in which I am applying for additional units.
- I/We agree to be bound by the terms and conditions of the PDS, and Constitution of the Fund in which I/we have chosen to invest. I/We declare that all details are correct.
- By signing this Application Form, I/we acknowledge that I/we have read and understood the PDS and where appropriate have obtained my/our own independent financial investment advice.
- I/We acknowledge and agree that where Equity Trustees act as Responsible Entity (RE), in its sole discretion, determines that:
  - (a) I/We are ineligible to hold units in the Fund or have provided misleading information in my/our additional investment form; or
  - (b) I/We owe any amounts to EQT or any other person

I/we appoint the RE as my/our agent to submit a withdrawal request on my/our behalf in respect of all or part of my/our units, as the case requires, in the Fund.
- I/We confirm there has been no change to investor information provided in the initial application (e.g. address details).

Signature\*

Signature\*

Full Name

Full Name

Date

Date

Tick Capacity (mandatory for companies)

- ☐ Sole Director and Company Secretary
- ☐ Director
- ☐ Secretary

Tick Capacity (mandatory for companies)

- ☐ Sole Director and Company Secretary
- ☐ Director
- ☐ Secretary

Company Seal (if applicable)

Company Seal (if applicable)

Joint applicants must both sign; or

Company applications must be signed by two Directors, a Director and Secretary or the Sole Director and Secretary of the company; or For trust/superannuation fund applications each individual trustee must sign.