

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

Amo	ount: \$],, The minimum additional application amount is \$10,000		
Tickt	o indicate how your a	additional investment amount will be made:		
	Electronic Funds Transfer or Direct Deposit NEW ACCOUNT DETAILS			
	Bank Name Account Name BSB Number Account Number	ANZ One Registry Services Apps - ACOF 012 110 838 638 462		
Cheque Made payable to: One Registry Services Application Account				
	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.				
	BPAY	Biller Code: 276394 Ref: Your ACOF BPAY® number		
		Prnet Banking – BPAY [®] or financial institution to make this payment from your cheque, savings, debit, credit card or transaction account. hay.com.au		



DECLARATIONAND 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*	
Full Name	
Date	
Tick Capacity (mandatory for companies)	
Sole Director and Company Secretary	
Director	
Secretary	
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.