

This form should be completed if you wish to make additional applications by cheque into your existing investment. Cheques should be made payable to Hamilton Asset Management Limited.

The cut off time for the receipt of a valid additional investment form is 4.00 pm (Newcastle Time) on the last business day of the month. Please refer to the relevant Product Disclosure Statement for further details.

Please refer overleaf for instructions on how to complete this form, the relevant sections should be completed in BLOCK letters.

1. Investor details (must be completed)

Account Number	I												
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Account Name

Contact phone number

2. Investment choice (must be completed)

Name of fund	APIR code	Minimum amount	Dollar amount
Hamilton Investment Fund – Multi Asset Portfolio	HLN0003AU	\$1,000	\$
			\$

Your current distribution method will apply. If you wish to change your distribution selection you will need to complete and lodge a Change of Details Form.

3. Signatures (must be completed)

Each signatory acknowledges that the units will be issued pursuant to the Product Disclosure Statement (PDS) previously provided to you.

Each signatory confirms that they have been duly authorised to execute this application on behalf of the applicant(s) and that the signing authorities specified below have also been duly authorised.

Unit holder 1/Individual/Director 1)	Joint Unit holder 2/Director 2	Joint Unit holder 3/Director 3
Name	Name	Name
Signature	Signature	Signature
If a company, your corporate title <input type="checkbox"/> Director <input type="checkbox"/> Sole Director <input type="checkbox"/> Sole director and sole secretary <input type="checkbox"/> Other, please specify below	If a company, your corporate title <input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Other, please specify below	If a company, your corporate title <input type="checkbox"/> Director <input type="checkbox"/> Secretary Other, please specify below
Date	Date	Date

Instructions for Completing this Form

1. Investor details – MUST BE COMPLETED

- Have you supplied your account number?
- Have you supplied your account name?
- Have you supplied a contact phone number?

2. Investment choice – MUST BE COMPLETED

- Have you entered a dollar amount for your additional investment into your existing fund?

3. Signatories – MUST BE COMPLETED

- Have ALL signatories to the account signed this form?

4. Returning this form

You should return this form either by post or facsimile. Please only use one method of reply.

Mail

Hamilton Asset Management Limited
PO BOX 402
HAMILTON NSW 2303

Facsimile: +61 2 4920 2878

For more information please telephone 1300 133 836