

## Additional Investment Form

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

Please complete the relevant sections in BLOCK letters

## Returning this form

Hamilton Asset Management Limited

You must return this form by post with a cheque attached

Mail:

PO BOX 402

Email: investor\_services@reespritchard.com.au More information Please telephone 02 4920 2877

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.

HAMILTON NSW 2303

1. Investor details (must be completed)

Investor Number

Investor Name

Contact phone number

| 2. Investment choice (must be completed) |           |                |               |  |
|--|-----------|----------------|---------------|--|
| Name of fund                             | APIR code | Minimum amount | Dollar amount |  |
| Hamilton Sirius Fund                     | HLN0002AU | \$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 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)        | Joint Unit holder 2/Director 2     | Joint Unit holder 3/Director 3     |  |
|------------------------------------|------------------------------------|------------------------------------|--|
| Name                               | Name                               | Name                               |  |
| Signature                          | Signature                          | Signature                          |  |
|                                    |                                    |                                    |  |
| If a company, your corporate title | If a company, your corporate title | If a company, your corporate title |  |
| Director                           | Director                           | Director                           |  |
| Sole Director                      | Secretary                          | Secretary                          |  |
| Sole director and sole secretary   | Other, please specify below        | Other, please specify below        |  |
| Other, please specify below        |                                    |                                    |  |
|                                    |                                    |                                    |  |
|                                    |                                    |                                    |  |
| Date                               | Date                               | Date                               |  |