



ADDITIONAL INVESTMENT FORM

ANTARES DIVERSIFIED FIXED INCOME FUND

DATE: OCTOBER 2019

Please use this form if you are an existing investor in the Antares Diversified Fixed Income Fund (Fund) and wish to make an additional investment.

Please complete the relevant sections in BLOCK letters, using BLACK or BLUE INK. If you make an error while completing this form, please do not use correction fluid. Cross out your mistakes and have all signatories initial the changes.

Before completing this form you should check you have read the latest up to date information for the Antares Diversified Fixed Income Fund (Fund), by ensuring you have the current Product Disclosure Statement (PDS), Product Guide, or any website updates for the Fund. A copy of the PDS, Product Guide, and any website updates are available free of charge from mlcam.com.au, or available by contacting Client Services on **1300 738 355**, or from your approved Australian financial adviser (Financial Adviser).

Please return your completed form to:

National Australia Bank,
Attn: Registry Services,
GPO Box 1406
Melbourne VIC 3001 Australia

Or fax to 1300 365 601

If you have any questions, please contact Client Services on **1300 738 355**.

1. INVESTOR DETAILS

Account number

Account name

Contact phone number

Email address

Privacy notice

Your privacy is important to us. For more information on how we collect, use, share and handle your personal information, please refer to the NAB Group's Privacy Policy. A copy is available at mlcam.com.au/privacy or by contacting Client Services.

2. ADDITIONAL INVESTMENT DETAILS

Investment amount (all investments must be made in Australian dollars)¹

Minimum additional investment: A\$1,000

A\$

Antares Diversified Fixed Income Fund (APIR code PPL8808AU)

Cheque payment

Please make your cheque payable to: 'NNL ATF MLC Investments Ltd (NCIT) Application Acc' and crossed 'Not Negotiable'.

Direct deposit/telegraphic transfer

Deposit your funds into the administrator's bank account:

- Bank: National Bank Australia Limited
- BSB No: 083 043
- Account No: 856 413 777
- Account Name: NNL ATF MLC Investments Ltd (NCIT) Application Acc
- Reference: [Investor's name(s)]

If you wish to amend your pre-existing income distribution election, please complete the Change of Details Form available at mlcam.com.au or by contacting Client Services on **1300 738 355**.

¹ All payments and transactions to the Fund are in Australian dollars.

3. DECLARATION AND SIGNATURES

By signing this form I/we acknowledge that I/we have read and understood the current Fund's PDS and Product Guide to which this form relates and I/we agree to be bound by the PDS, the Product Guide and the Fund's Constitution, each as replaced, supplemented or updated from time to time. I/We declare that all the details provided on this form are true and correct.

If this form is signed under a Power of Attorney, the Attorney declares that he/she has not received notice of revocation of that power. A certified copy of the Power of Attorney and FSC individuals identification form (available at mlcam.com.au/forms) for the Attorney should be submitted with this form unless Antares Capital Partners Ltd has already sighted it.

<input type="checkbox"/> Investor 1	<input type="checkbox"/> Individual trustee 1	<input type="checkbox"/> Sole Director ²	<input type="checkbox"/> Director 1 ²
<input type="checkbox"/> Attorney 1 ³	<input type="checkbox"/> Partner 1	<input type="checkbox"/> Authorised signatory ^{2,4}	
Signature		Full name	
		Date signed (DD/MM/YYYY)	
		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Residential address			
Unit/Level	Street number	Street name	
Suburb/Town			
State	Postcode	Country	

<input type="checkbox"/> Investor 2	<input type="checkbox"/> Individual trustee 2	<input type="checkbox"/> Director 2 ²	<input type="checkbox"/> Secretary ²
<input type="checkbox"/> Attorney 2 ³	<input type="checkbox"/> Partner 2	<input type="checkbox"/> Authorised signatory ^{2,4}	
Signature		Full name	
		Date signed (DD/MM/YYYY)	
		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Residential address			
Unit/Level	Street number	Street name	
Suburb/Town			
State	Postcode	Country	

2 For a company this form must be signed by two directors, a director and secretary, the sole director or authorised signatories of the company.
 3 Attorney's signature(s) must be witnessed.
 4 An Authorised Signatory List must have been previously provided by the organisation.

Signature of witness to Attorney 1

Signature of witness to Attorney 1 signature (witness must be a third party, i.e. not the investor or the named Attorney)
I declare I have witnessed the signature of the named Attorney

Witness name (print)

Date signed (DD/MM/YYYY)

 / /

Residential Address

Unit/Level

Street number

Street name

Suburb/Town

State

Postcode

Country

Signature of witness to Attorney 2

Signature of witness to Attorney 2 signature (witness must be a third party, i.e. not the investor or the named Attorney)
I declare I have witnessed the signature of the named Attorney

Witness name (print)

Date signed (DD/MM/YYYY)

 / /

Residential Address

Unit/Level

Street number

Street name

Suburb/Town

State

Postcode

Country