



Mutual Limited

Additional Investment Form

Mutual Income (MIF)

Date / /

Section 1: Investor details

Investor number

Individual/Joint applicant 1

Title Given name(s) Surname

Joint applicant 2

Title Given name(s) Surname

Company/Fund/Trust name

Name

Designated account e.g. <super fund a/c>

Section 2: Additional investment amount

Specify the amount you want to invest in the Fund.
There is a minimum listed below, however Mutual, at its discretion, may accept a lesser amount.

Fund name	Minimum amount	Additional investment
Mutual Income (MIF) - PRM0015AU	\$5,000	\$ <input type="text"/>

Section 3: Payment details

Direct credit

Application monies can be received electronically into the following account as cleared funds.

Bank/Institution NAB **BSB number** 083 - 817 **Account number** 155538964

Account name Sandhurst Trustees Limited acf MIF

Reference Quote your investor number, surname or account designation

Cheque

Please make cheques payable to Sandhurst Trustees Limited acf MIF Account

Forward cheque via post to Generation Development Group, GPO Box 263, Collins Street West, Vic 8007

Please include investor name and address on the back of the cheque.

Section 4: Declaration and signatures

- I/we acknowledge that I/we have carefully read and understood the current Product Disclosure Statement (PDS) for the Fund in its entirety.
- I/we agree to be bound by the provisions of the Fund's constitution (as amended) and any other additional obligations or restrictions contained in the PDS.
- I/we understand we are required to keep a copy of the current PDS and any information updating the PDS for future reference.
- All joint unitholders must sign unless sole signatory authority has been provided. Applications on behalf of companies must be signed by two directors, or by one director and the company secretary, or in the case of single-director companies, by that director. Alternatively, applications may be signed under a power of attorney.

Signature	<input type="text"/>	Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Print full name	<input type="text"/>	
Signature	<input type="text"/>	Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Print full name	<input type="text"/>	

Return this form either via

Email mutual@gendevservices.com.au
Fax +61 3 9200 2275
Post Generation Development Group
GPO Box 263, Collins Street West, Vic 8007

Enquiries

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