



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](mailto: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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