



**Client Services contact details**

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**E** [contact@corcapital.com.au](mailto:contact@corcapital.com.au)

## Additional Investment Form

Cor Capital Fund

**Please use this form if you are an existing investor and wish to make an additional investment.**

**1. Read and ensure you understand the Product Disclosure Statement (PDS) for the fund in which you are making an investment.**

The PDS is available on our website [www.corcapital.com.au](http://www.corcapital.com.au), or from your financial adviser.

**2. Please complete all sections in block capitals and using a black pen.**

Please double check that you have completed the following:

- written your account number and account name as it appears on the latest periodic or transaction statements
- written the amount in Australian dollars
- ticked the standing instruction box (if applicable)
- selected the payment method you would like to use
- signed the form as per the 'signing instructions' in section 6.

**3. Send your documents to us.**

You can return your form by post or email according to the details below:

Send by Post:            Cor Capital Fund  
                                 GPO BOX 804  
                                 Melbourne VIC 3001

Scan and email to:    [corcapital\\_transactions@onevue.com.au](mailto:corcapital_transactions@onevue.com.au)

**4. Transfer your application money to us.**

Please refer to section 4 'payment of application amount'.

### 1. Investor details

Account number

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Account name

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Fund Name	ARSN	Investment Amount	Investment Options <small>(indicate preference with an X)</small>	
Cor Capital Fund	609 666 042	AUD \$	<input type="checkbox"/> Pay to my bank a/c	<input type="checkbox"/> Reinvest

### 3. Other instructions

If you wish to change your other instructions (such as your reporting preferences, financial adviser information, or contact details), please complete the relevant form, available from [www.corcapital.com.au](http://www.corcapital.com.au).

### 4. Payment of application amount

**Please select your payment method and complete the relevant section if applicable. All payments must be made in AUD.**

I am making my payment by:

EFT

Cheque

Direct Debit

#### EFT

Account name: OneVue P/L ATF Cor Capital Fund Application Account  
BSB: 083-001  
Account number: 677 825 266  
Your reference: [please use the name of the investor]

#### Cheque

Please make your cheque payable to:  
OneVue P/L ATF Cor Capital Fund Application Account  
Please cross and write "not negotiable" on Australian cheques only.

#### Direct debit authority – Australian bank accounts only

You can allow us to deduct your application amount directly from your nominated financial institution account by completing the direct debit authority below. This debit will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below.

By completing and signing this section, you have understood and agreed to the terms and conditions governing the debit arrangements between you and OneVue Fund Services Pty Ltd, as set out in this Request and in your Direct Debit Request Service Agreement, a copy of which is available on [www.onevue.com.au](http://www.onevue.com.au).

### 2. Investment details and distribution instructions

Please specify the amount(s) you wish to invest. The minimum additional investment is AUD\$5,000 for each Trust.

If you are an existing unit holder in the fund for which you are applying, the distribution choice below will override any pre-existing election. If you have not previously provided your bank account information, please complete a Change of Details form. If you do not make an election and have not made one before, distributions will be reinvested.

Financial institution name

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Branch name

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BSB number

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Account number

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Account name (no third party accounts)

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I/We request and authorise OneVue Fund Services Pty Ltd ABN 18 107 333 308 (User ID 411595) to arrange, through its own financial institution, a debit to the nominated account as deemed payable by OneVue.

Signature of primary bank account holder

Please print full name

Date (DD/MM/YYYY)

 /  / 

Signature of joint bank account holder (if applicable)

Please print full name

Date (DD/MM/YYYY)

 /  / 

### 5. Acknowledgements and signatures

When you apply to invest, you (the applicant) are telling us:

- you have received, read and understood the current PDS,
- monies deposited are not associated with crime, money laundering or terrorism financing, nor will monies received from your account have any such association,
- you are not bankrupt or a minor, and
- you agree to be bound by the constitution of the Fund and the PDS as supplemented, replaced or re-issued from time to time.

#### Signing instructions

**Individual** - where the investment is in one name, the account holder must sign.

**Joint Holding** - where the investment is in more than one name, all of the account holders must sign.

**Companies** - where the company has a sole director who is also the sole company secretary, this form must be signed by that person. If the company (pursuant to section 204A of the Corporations Act 2001) does not have a company secretary, a sole director can also sign alone. Otherwise this form must be signed by a director jointly with either another director or a company secretary. Please indicate the capacity in which the form is signed.

**Trust** - the trustee(s) must sign this form. Trustee(s) signing on behalf of the trust confirm that the trustee(s) is/are acting in accordance with such designated powers and authority under the trust deed.

**Power of Attorney** - if you have not already lodged the Power of Attorney with us, please attach a certified copy of the Power of Attorney document that includes Certificate of Witness and Statement of Acceptance and Certified Identification Document of the Power of Attorney. I/we attest that the Power of Attorney has not been rescinded or revoked and that the Donor is still living.

Signature of investor 1, director or authorised signatory

Please print full name

Date (DD/MM/YYYY)

 /  / 

Company officer (please indicate company capacity)

- Director
- Sole director and company secretary
- Authorised signatory

Signature of investor 2, director/company secretary or authorised signatory

Please print full name

Date (DD/MM/YYYY)

 /  / 

Company officer (please indicate company capacity)

- Director
- Sole director and company secretary
- Authorised signatory