

GUIDE TO COMPLETING THIS FORM

- > Complete this form using **black pen** – print in clear **CAPITAL LETTERS**.
- > Once completed, follow the instructions on the back page to return your form to Advance.
- > Questions? Call our Customer Relations team on **1800 819 935** or email **investorservices@advance.com.au**.
- > Please note that you can make additional investments on Investor *Online* if you have an Investor *Online* password. See **advance.com.au** for log-in instructions.
- > Investments can only be made into these Funds if there is an existing investment as these Funds are closed to new investors.
- > Note: Privacy laws protect your privacy. You can obtain a copy of our Privacy Policy from our website **advance.com.au**.

1. INVESTOR DETAILS

Investor Number

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Investor A – Individuals, joint investors or trustees

Title

Mr Mrs Miss Ms Other

Given name(s)

Surname

Date of birth (dd/mm/yyyy)

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Phone number during business hours

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Residential address/Registered office (PO Box **not** acceptable)

State	Postcode	
Country, if not Australia		

Postal address – if different from above

State	Postcode	
Country, if not Australia		

Investor B – Joint investors or trustees

Title

Mr Mrs Miss Ms Other

Given name(s)

Surname

Date of birth (dd/mm/yyyy)

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Phone number during business hours

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Residential address/Registered office (PO Box **not** acceptable)

State	Postcode	
Country, if not Australia		

Postal address – if different from above

State	Postcode	
Country, if not Australia		

Companies, associations or other investors

Full name of company, association or other investor

ABN (if applicable)

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Account reference

Where account is held on behalf of others



2. INVESTMENT DETAILS

How will your additional (one-off) investment be made?

Cross [X] the relevant box.

My cheque for
\$ is attached
Make cheques payable to – Advance Asset Management Limited
– a/c investor(s) name and mark 'not negotiable'

OR

Withdraw
\$ directly from my nominated financial
institution account.

3. DIRECT DEBIT REQUEST ACCOUNT DETAILS

Account holder(s) must complete this section if you want us to debit your account with your financial institution.

Name of Australian financial institution

Branch name

BSB number

Account number

Account holder's name(s)

ⓘ ALL FINANCIAL INSTITUTION ACCOUNT SIGNATORIES MUST SIGN AND DATE BELOW.

Direct Debit Authority

By signing this Direct Debit Request, I/we authorise Advance Asset Management Limited ABN 98 002 538 329 (User ID 137244 ID:055389) to, until further notice, arrange for funds to be debited from the account at the financial institution identified above through the Bulk Electronic Clearing System. I/We acknowledge this direct debit arrangement is governed by the terms of the Direct Debit Request Service Agreement available at advance.com.au.

Where the investor is not the nominated bank account holder:

I/We consent to the investor(s) increasing amounts or making additional investments without further approval from me/us.

If you **don't** agree with this declaration please cross [X] the box.

In the case of company signatories, two directors, or a director and a company secretary, must sign unless a sole director and sole secretary.

Signature of Account Holder A or company officer

Date (dd/mm/yy)

Signatory's full name (please print)

Company signatories must indicate their company title.

Director Sole Director and Sole Secretary

Signature of Account Holder B or company officer

Date (dd/mm/yy)

Signatory's full name (please print)

Company signatories must indicate their company title.

Director Company Secretary

Please ensure Investor's Declaration and Signature is also completed.



4. INVESTMENT DETAILS

Complete if you wish to start a Regular Savings Plan, change your existing fund allocation, or change the amount to be deducted from your financial institution account. A contribution fee is deducted from any amount invested.

A Investment amount				B Regular Savings Plan	C Regular Withdrawal Plan	D Distribution options ¹	
Enter the amount to be invested in each Fund. The minimum total investment is \$1,500 or \$1,000 if a Regular Savings Plan is set up.				A Regular Savings Plan via direct debit.	The Regular Withdrawal Plan allows you to nominate a fixed payment to be paid directly into your bank account at the end of your selected Fund's distribution period.	Select a distribution option for your investment. If you don't select a distribution option and haven't set up a Regular Withdrawal Plan, this will be treated as a request to reinvest your distribution.	
Retail Funds	APIR Code	Fund Code Trust Code	Initial investment amount	Specify amount for your Regular Savings Plan and also complete Section 5	Specify amount for your Regular Withdrawal Plan and also complete Section 6 to nominate a bank account	Reinvest	Pay to bank (also complete Section 6)
Advance Defensive Multi-Blend Fund	ADV0022AU	ARI-DMB	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
Advance Moderate Multi-Blend Fund	ADV0090AU	ARI-MMB	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
Advance Balanced Multi-Blend Fund	ADV0023AU	ARI-BMB	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
Advance Growth Multi-Blend Fund	ADV0024AU	ARI-GMB	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
Advance High Growth Multi-Blend Fund	ADV0086AU	ARI-HGM	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
Advance Australian Shares Multi-Blend Fund	ADV0025AU	ARI-ASM	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
Advance International Shares Multi-Blend Fund	ADV0028AU	ARI-ISM	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
Advance Property Securities Multi-Blend Fund	ADV0094AU	ARI-PSM	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
Advance Australian Fixed Interest Multi-Blend Fund	ADV0029AU	ARI-AFI	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
Advance International Fixed Interest Multi-Blend Fund	ADV0088AU	ARI-IFI	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
Advance Asian Shares Multi-Blend Fund	ADV0082AU	ARI-AEF	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
Advance Cash Multi-Blend Fund	ADV0069AU	ARI-CSH	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>

¹ Advance must be notified of a change in distribution option at least seven days before the next scheduled distribution for it to be effective that period.



5. REGULAR SAVINGS PLAN DETAILS

Which is the preferred day of the month for your contribution to be taken from your nominated account?

On or around: 5th 19th

What month do you want your Regular Savings Plan to start?

Note: if you do not indicate otherwise, your plan will commence on the 19th and on the earliest month.

6. PAYMENT ACCOUNT DETAILS

Regular Withdrawal Plan payments can only be made to a nominated financial institution account which must not be in the name of a third party. Please provide account details here.

Name of Australian financial institution

Branch name

BSB number

Account number

Account holder's name(s)

7. INVESTOR'S DECLARATION AND SIGNATURE

By signing this Additional Investment Request Form I/we:

- > acknowledge that I/we have read and understood the current Advance Alliance Investment Funds Product Disclosure Statement (PDS) and I/we agree to be bound by the terms of this PDS including the privacy collection statement titled 'Protecting your privacy', and the terms of the relevant constitution(s), each as amended from time to time

- > declare that all the details given in this application are true and correct.

If signing under a Power of Attorney, you verify that, at the time of signing, you haven't received notice of revocation of that power. Please provide a certified copy of the original Power of Attorney, including the appointed Power of Attorney's signature, if not already provided to us.

In the case of company signatories, two directors, or a director and a company secretary, must sign unless a sole director and sole secretary.

! ALL INVESTORS MUST SIGN AND DATE THIS FORM WITH POSITIONS INDICATED IF A COMPANY.

Signature of Investor A, Director or Sole Trader

Date (dd/mm/yy)

Signatory's full name (please print)

Position (companies only)

Director Sole Director and Sole Secretary

Clubs/Associations/Unincorporated bodies (indicate office title)

Signature of Investor B, Director or Secretary

Date (dd/mm/yy)

Signatory's full name (please print)

Position (companies only)

Director Company Secretary

Clubs/Associations/Unincorporated bodies (indicate office title)

8. ADVISER USE ONLY

Adviser number

Work phone number

Mobile phone number

Title

Mr Mrs Miss Ms Other

Given name(s)

Surname

SEND THIS COMPLETED FORM TO:

By Post: Advance Asset Management
GPO Box B87
Perth WA 6838

By Fax: 02 9274 5211

Please note: we cannot accept this form by fax if new bank account details are provided in Section 6.

FOR FURTHER ASSISTANCE CONTACT:

CUSTOMER RELATIONS
1800 819 935

FAX
02 9274 5211

EMAIL ADDRESS

investorservices@advance.com.au

INTERNET ADDRESS

advance.com.au

ADVANCE
ASSET MANAGEMENT



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