

ADDITIONAL INVESTMENT FORM

Note: This form can not to be used for an initial investment application, including existing Antipodes Partners investors who want to invest in a different Antipodes Partners fund. Please complete the Application Form and if applicable, include existing account number in section 1 of the Application Form.

Please note additional investment requests received prior to 12:00pm Sydney time (on a Sydney business day) are deemed to be received that day, requests received after 12:00pm Sydney time are deemed to be received the next business day.

Investor Details	
Account number	_____
Account name	_____
Fund Information	
Please accept this additional investment request with respect to my/our investment in the below Fund(s):	
Fund Name	Amount in \$
Antipodes Asia Fund	
Antipodes Global Fund	
Antipodes Global Fund - Long Only	
Minimum additional investment is \$5,000 per Fund, or as agreed with the Responsible Entity. You may investment a minimum of \$200 via a regular investment plan. To set up the regular investment plan, please complete the Regular Investment Plan form.	
Payment Details	
Payment Method:	
<input type="checkbox"/> Electronic Funds Transfer, or <input type="checkbox"/> Cheque	
Payment is to be made in Australian Dollars by cheques or through the following accounts by Electronic Funds Transfer ('EFT'):	
EFT:	
Currency	AUD
Country	Australia
Payee	RBCIS Antipodes [Investor Name]
BSB:	012-003
Account Number:	836 595 374
Deposit reference for EFT: Please quote your deposit reference number	
Cheque: Cheques should be crossed "Not Negotiable" and made payable to: RBCIS Antipodes [Investor Name]	
Please note that you will incur a fee if your cheque is dishonoured.	

Authorisation

I/we can confirm that I/we have read and understood the latest Product Disclosure Statement and Additional Information to the PDS to which this request applies. *Please ensure that this form is signed according to the authority assigned to the account.*

Signature _____ Date ____/____/____

Full Name _____

Capacity: (e.g. director, trustee) _____

Signature _____ Date ____/____/____

Full Name _____

Capacity: (e.g. director, trustee) _____

Signature _____ Date ____/____/____

Full Name _____

Capacity: (e.g. director, trustee) _____

Signature _____ Date ____/____/____

Full Name _____

Capacity: (e.g. director, trustee) _____

Post:

[Fund Name]

C/- RBC Investor Services Trust – Registry Operations

GPO Box 4471

SYDNEY NSW 2001

OR

Fax:

[Fund Name]

C/- RBC Investor Services Trust – Registry Operations

+612 8262 5492