

Arminius Capital Additional Application Form

This additional application form is for existing investors only. New investors please use the Application Form attached to the relevant PDS. Investors should note the times by which applications must be received to be processed on an application day. Please refer to the relevant PDS for further information.

Investor number:

Investor name:

A APPLICATION INSTRUCTIONS

Fund Name

<input type="checkbox"/>	Arminius Capital EMMA Fund
<input type="checkbox"/>	Arminius Capital GMMA Fund

Investment date

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>

\$Amount

<input type="text"/>
<input type="text"/>

B REGULAR INVESTMENT PLAN

I/we wish to commence participating in the Regular Investment Plan.

	Additional Amount \$	Regular Investment Plan Monthly Amount \$	Regular Investment Plan Start Date
Arminius Capital EMMA Fund			20 / ____ / ____
Arminius Capital GMMA Fund			20 / ____ / ____

Investments made by way of the Regular Investment Plan will be debited from your bank account previously nominated in the Application Form attached to the relevant PDS.

Regular Investment Plan payments will be deducted on the 20th of the month. If the 20th falls on a non business day, the payment will be deducted on the business day prior to the 20th.

C ADDITIONAL APPLICATION PAYMENT METHOD

Please select your payment method below. All payments are to be made in Australian dollars. All application monies must originate from an account held in the name of the Applicant and be from an Australian Authorised Deposit-taking Institution (ADI). No third party payments will be permitted.

Electronic funds transfer payable to:

Arminius Capital EMMA Fund

Institution: St George Bank Limited (SGB)

BSB: 332 027

Account number: 554727447

Account Name: AET SFS Arminius Capital EMMA Fund Applications Account

360 Online Account

Arminius Capital GMMA Fund

Institution: St George Bank Limited (SGB)

BSB: 332 027

Account number: 554727412

Account Name: AET SFS Arminius Capital GMMA Fund Applications Account

360 Online Account



Direct Debit Request and Authority to Debit

Debit my bank account previously nominated in the Application Form attached to the relevant PDS.
I/we acknowledge and accept the terms and conditions of the Direct Debit Request Service Agreement attached to this form.

I/we authorise St George Bank Limited (SGB) to until further notice arrange for funds to be debited from my/our nominated account through the Bulk Electronic Clearing System.

Only sign here if you are electing to invest by way of a direct debit. Please also sign section E of this Additional Application Form.

Signature of Investor 1 or company officer

Signature of Investor 2 or company officer

Please note: All application monies must originate from an account held in the name of the Applicant and be from an Australian ADI. No third party payments will be permitted.



D DIRECT DEBIT REQUEST SERVICE AGREEMENT

The following is your Direct Debit Service Agreement with St George Bank Limited (SGB).

This agreement is designed to explain what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider.

We recommend you keep this agreement in a safe place for future reference. It forms part of the terms and conditions of your Direct Debit Request and should be read in conjunction with your DDR form.

Definitions

account means the account held at your financial institution from which we are authorised to arrange for funds to be debited.

agreement means the Direct Debit Request Service Agreement between you and us.

banking day means a day other than a Saturday or Sunday or a public holiday listed throughout Australia.

debit day means the day that payment by you to us is due.

debit payment means a particular transaction where a debit is made.

direct debit request means the Direct Debit Request between us and you.

us or we means SGB (the Debit User) you have authorised by signing a direct debit request.

you means the customer who signed the Direct Debit Request.

your financial institution means the financial institution nominated by you on the DDR at which your account is maintained.

1. Debiting your account

- a. By signing a Direct Debit Request, you have authorised us to arrange for funds to be debited from your account. You should refer to the Direct Debit Request and this agreement for the terms of the arrangement between us and you.
- b. We will only arrange for funds to be debited from your account as authorised in the Direct Debit Request.
- c. If the debit day falls on a day that is not a banking day, we may direct your financial institution to debit your account on the following banking day.
- d. If you are unsure about which day your account has or will be debited you should ask your financial institution.

2. Amendments by Us

We may vary any details of this agreement or a Direct Debit Request at any time by giving you at least 14 days written notice.

3. Amendments by you

You may change, stop or defer a debit payment, or terminate this agreement by providing at least 14 days notification by writing to:

Apex Fund Services (Australia) Pty Ltd
PO Box 189
Flinders Lane
VIC 8009

or by arranging it through your own financial institution.

4. Your obligations

- a. It is your responsibility to ensure that there are sufficient cleared funds available in your account to allow a debit payment to be made in accordance with the Direct Debit Request.
 - you may be charged a fee and/or interest by your financial institution;
 - you may also incur fees or charges imposed or incurred by us; and
 - you must arrange for the debit payment to be made by another method or arrange for sufficient cleared funds to be in your account by an agreed time so that we can process the debit payment.
- c. You should check your account statement to verify that the amounts debited from your account are correct.
- d. If we are liable to pay goods and services tax ("GST") on a supply made in connection with this agreement, then you agree to reimburse us.

5. Dispute

- a. If you believe that there has been an error in debiting your account, you should notify us directly by faxing us on 1300 365 601 and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly. Alternatively you can take it up with your financial institution directly.
- b. If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.
- c. If we conclude as a result of our investigations that your account has not been incorrectly debited, we will respond to your query by providing you with reasons and any evidence for this finding in writing.

6. Accounts

You should check:

- a. with your financial institution whether direct debiting is available from your account, as direct debiting is not available on all accounts offered by financial institutions;
- b. your account details which you have provided to us are correct by checking them against a recent account statement; and
- c. with your financial institution before completing the Direct Debit Request if you have any queries about how to complete the Direct Debit Request.

7. Confidentiality

- a. We will keep any information (including your account details) in your Direct Debit Request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.
- b. We will only disclose information that we have about you:
 - to the extent specifically required by law; or
 - for the purposes of this agreement (including disclosing information in connection with any query or claim).

8. Notice

- a. If you wish to notify us in writing about anything relating to this agreement, you should write to:

Apex Fund Services (Australia) Pty Ltd
PO Box 189
Flinders Lane
VIC 8009

- b. We will notify you by sending a notice in the ordinary post to the address you have given us in the Direct Debit Request.
- c. Any notice will be deemed to have been received on the third banking day after posting.



E DECLARATION AND SIGNATURE

By signing this form, I/we:

- declare that I/we have read and understand the current (and any Supplementary) PDS for the relevant fund(s);
- declare that all details provided in this request form are true and correct and I/we undertake to inform you of any changes to the information supplied as and when they occur;
- (If signing under power of attorney) declare that I/we have not received notice of revocation of that power;
- acknowledge and agree to be bound by the declarations and conditions provided by me/us as outlined in [section K] of the relevant Application Form;
- acknowledge that investments in the fund(s) are subject to investment risk. For further information on the risks associated with the fund(s) please refer to the relevant PDS.

Investor Type	Who should sign
Individual	where the investment is in one name, the investor must sign
Joint investors	where the investment is in more than one name, all investors must sign
Sole Trader	where the investment is in the name of a sole trader, the sole trader must sign under their own name with a registered business name
Company	two directors or a director and a company secretary must sign, unless you are a sole director and sole company secretary
Trust	each trustee must sign or, if a corporate trustee, then as for a company
Partnership	each partner
Association or Registered co-operative	each office bearer
Government body	relevant principal officer/authorised signatory
Power of attorney	if signed by the unit holder's attorney, the power of attorney must have previously been provided. If not a certified copy of the power of attorney as well as a certified copy of the Power of Attorney's driver's license, passport or other photo identification which confirms the name, address and contains their signature must be attached to this form

Signature of Investor 1 or company officer

Name

Date

Title

- Investor 1 (individual) Director
 Secretary Sole director & secretary
 Non-corporate trustee Partner
 Other office barer or attorney (please specify)

Signature of Investor 1 or company officer

Name

Date

Title

- Investor 1 (individual) Director
 Secretary Sole director & secretary
 Non-corporate trustee Partner
 Other office barer or attorney (please specify)

Once completed

Please post this form to:

Apex Fund Services (Australia) Pty Ltd.
 PO Box 189, Flinders Lane, VIC 8009
 or fax to: +613 8648 6885

Should you require any assistance completing this form or require any further information, please go to the Responsible Entity's website: www.evolutiontrustees.com.au

Investor Inquiries:

Apex Fund Services (Australia) Pty Ltd.
 Phone: +613 9020 3000

