

Additional Investment Form

Antares Income Fund

Responsible Entity
Antares Capital Partners Ltd
ABN 85 066 081 114 - AFSL 234483
A member of the NAB Group of companies



Before completing this form you should check you have read the latest up to date information for the Fund, by ensuring you have the current Product Disclosure Statement (PDS), Product Guide, or any website update for the Fund. A copy of the PDS, Product Guide, and any website updates are available free of charge from www.antarescapital.com.au, or available by contacting Client Services on **1300 738 355 (0800 404 988 if calling from New Zealand)**, or from your financial adviser.

1. Investor details

Investor number

1A. Investor 1 – Individual / Joint investor 1 / Sole trader / Individual trustee 1

Title	Full given name(s)	Surname
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1B. Investor 2 – Joint investor 2 / Individual trustee 2

Title	Full given name(s)	Surname
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1C. Companies / Associations / Trusts / Superannuation funds / Partnerships / Government bodies / Registered co-operatives

Name	
Account designation	
Contact person name*	Contact person phone
Contact person email	

* Please provide details of the person we should contact regarding this form.

2. Additional investment details – amount and method of payment

Investment amount (all investments must be made in Australian dollars)

Antares Income Fund

Minimum additional investment: A\$1,000

A\$

Method of payment

If investing by cheque (Australian resident investors only)
– make your cheque payable to: 'NNL OCA ANF Antares Application Account' and crossed 'Not Negotiable' and send your Additional Investment Form and cheque to:

National Australia Bank
Attn: Registry Services
GPO Box 1406
Melbourne VIC 3001 Australia

If investing by direct deposit / telegraphic transfer

– fax your forms to:

National Australia Bank
Attn: Registry Services,
Fax: 1300 365 601 – if fax from Australia
(+61 1300 365 601 – if fax from New Zealand)

AND

Deposit your funds into the administrator's bank account:

- Bank: National Australia Bank Limited
- BSB No: 083 043
- Account No: 195 084 549
- Bank BIC: NATAAU3303X (for New Zealand investors only)
- Account Name: NNLOCA ACP Antares Application Account
- Reference: [Income Fund - Investor's name(s)]

Please note all payments and transactions to the Fund are in Australian dollars. Payments from non Australian dollar bank accounts will be subject to currency conversion rates and may incur additional fees. Non Australian resident investors should seek advice from their banking institution.



3. Declaration and signatures

By signing this form I/we acknowledge that I/we have read and understood the current Antares Income Fund Product Disclosure Statement (including the Initial Application Form) (PDS) and Product Guide to which this form relates and I/we agree to be bound by the PDS, the Product Guide and the Fund's Constitution, each as replaced, supplemented or updated from time to time. I/We declare that all the details provided on this form are true and correct.

If this form is signed under a power of attorney, the attorney declares that he/she has not received notice of revocation of that power.

A certified copy of the Power of Attorney and FSC individuals identification form (listed under 'Guidance Note No. 24' on FSC website www.fsc.org.au/standards-guidance/financial-services-council-guidance-notes.aspx) for the attorney should be submitted with this form unless Antares Capital Partners Ltd has already sighted it.

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|--|---|---|--------------------------------------|
| <input type="checkbox"/> Investor 1 | <input type="checkbox"/> Individual trustee 1 | <input type="checkbox"/> Sole director* | <input type="checkbox"/> Director 1* |
| <input type="checkbox"/> Attorney 1 [#] | <input type="checkbox"/> Partner 1 | <input type="checkbox"/> Authorised signatory** | |

Signature	Print name
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"/>	

- | | | | |
|--|---|---|-------------------------------------|
| <input type="checkbox"/> Investor 2 | <input type="checkbox"/> Individual trustee 2 | <input type="checkbox"/> Director 2* | <input type="checkbox"/> Secretary* |
| <input type="checkbox"/> Attorney 2 [#] | <input type="checkbox"/> Partner 2 | <input type="checkbox"/> Authorised signatory** | |

Signature	Print name
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"/>	

* For a company this form must be signed by two directors, a director and secretary, the sole director or authorised signatories of the company.

† An **Authorised Signatory List** must have been previously provided by the organisation.

Attorney's signature(s) must be witnessed below.

Signature of witness to Attorney 1 signature (Witness must be third party, i.e. not investor or attorney) I declare I have witnessed the signature of the named attorney	Signature of witness to Attorney 2 signature (Witness must be third party, i.e. not investor or attorney) I declare I have witnessed the signature of the named attorney
Witness name (print)	Witness name (print)
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"/>	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"/>
Address	Address

Please return your completed form to: National Australia Bank, Attn: Registry Services, GPO Box 1406, Melbourne, VIC 3001, Australia, or fax to 1300 365 601 (+61 1300 365 601 if fax from New Zealand). If you have any questions, please contact Client Services on **1300 738 355 (0800 404 988 if calling from New Zealand)**.