Client Services contact details

9am to 5pm (AEST)
Victorian business days

Phone: 1800 442 129 (free call within Australia), or
+61 3 9602 3199
Email: clientservices@copiapartners.com.au

Chester Opportunities Fund
Additional Application Form

Use this form if you are an existing investor in the fund and wish to make an additional investment.

Please complete all sections in BLOCK letters and using a black pen. If you make an error while completing this form, do not use correction fluid, cross out your mistake and initial your changes.

HOW TO COMPLETE THIS FORM

Step 1 **Please ensure you have completed the following:**

- written your account number and account name as it appears on the latest statement
- written the amount in Australian dollars
- selected the payment method you would like to use
- signed the form as per the 'Signing instructions' in **section 4**

Step 2 **Sign and send your documents to the below address.**

You can return the original forms by post, or a scanned copy of the signed document to the details below:

Email: copia_transactions@unitregistry.com.au

Post: GPO Box 804
Melbourne
Vic 3001

Step 3 **Transfer your application money to us.**

Please refer to **section 3** 'Payment of application amount'.

1. INVESTOR DETAILS

Account number

Investor name

2. INVESTMENT DETAILS AND DISTRIBUTION INSTRUCTIONS

Please specify the amount you wish to invest.

Fund name	APIR	Fund minimum AUD$	Investment amount AUD$	Distribution option (indicate (X) one option per fund)	
				Pay to my bank a/c	Reinvest
Chester Opportunities Fund	OPS2344AU	$20,000		☐	☐

Note: If no distribution selection is made, distributions will be automatically re-invested.

Please indicate the source and origin of funds being invested.

- ☐ Savings
- ☐ Superannuation contributions
- ☐ Income from employment - regular and/or bonus
- ☐ Normal course of business
- ☐ Investment
- ☐ Donation/gift
- ☐ Inheritance
- ☐ Sale of assets (e.g. shares, property)
- ☐ Other

3. PAYMENT OF APPLICATION AMOUNT

☐ EFT ☐ BPAY®

EFT	Electronic Funds Transfer
Account name:	Copia Applications Account
BSB:	082 036
Account number:	879 704 278
Your reference:	Please use the name of the investor or investor number

BPAY® – Telephone & internet banking

You can make your payment using telephone or internet banking.

You will need to quote the biller code and your account number (for reference) when making this payment.

Contact your bank or financial institution to make this payment from your cheque, savings, debit or transaction account.
More info **www.bpay.com.au**
®Registered to BPAY Pty Ltd ABN 69 079 137 518

Fund name	BPAY® details
Chester Opportunities Fund	Biller code: 483719 Reference number: Investor number

4. SIGNING INSTRUCTIONS

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

- you have received, read and understood the current Information Memorandum
- 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 IM as a supplemented, replaced or re-issued from time to time.

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, Individual trustee 1, Director or authorised representative

Signature

Please print full name

Date signed

D D / M M / Y Y Y Y

Company officer (please indicate company capacity)	
Director	☐
Company Secretary	☐
Authorised Representative	☐

Signature of Investor 2, Individual trustee 2, Director or authorised representative

Signature

Please print full name

Date signed

D D / M M / Y Y Y Y

Company officer (please indicate company capacity)	
Director	☐
Company Secretary	☐
Authorised Representative	☐