

Additional investment form

LCP Insurance Linked Securities Fund - AUD Class

This form can be used to apply for additional units in the LCP Insurance Linked Securities Fund - AUD Class, in which you are already invested.

This is an electronic form, so you can type directly into the provided boxes. If you prefer to handwrite your information, please use capital letters and black or blue ink, and mark boxes with an X. If you make an error, initial the change. Do not use correction fluid.

 If you have any questions, contact Bennelong Funds Management **Client Experience** on **1800 895 388 (Australia)** or **0800 442 304 (New Zealand)** or email client.experience@bennelongfunds.com.

Once you have completed this form, please post, fax or email it to:



Bennelong Funds Management Ltd
C/- Citi Unit Registry Australia
GPO Box 764
Melbourne VIC 3001, Australia



Attention: Bennelong Funds Management Ltd
client.experience@bennelongfunds.com

Note: investment instructions received before 2.00 pm Melbourne time will be processed at least 1 Business Day prior to Valuation Date.

Note: All information provided is in accordance with the Privacy Act 1988 and its amendments. Bennelong Funds Management's Privacy Policy is available on our website (bennelongfunds.com/privacy) or by contacting Client Experience.

Additional investment instructions

Investor number

Account name

I would like to make the following additional investment into the **LCP Insurance Linked Securities Fund - AUD Class**.

Additional application amount

\$

Min. additional investment \$150,000

Payments need to be made via EFT/direct deposit to the Administrator/Custodian's bank account:

Bank: Citibank NA, Australia
BSB no: 242 000
Account no: 245669003
Account name: Bennelong LCP Apps Account
Deposit reference: Investing entity's name

Note: Transfers can only be made from your (i.e. the investing entity's) bank account. Third party transfers are not accepted.

Please ensure you add the correct deposit reference to your transfer; failing to do so may result in delays unitising your deposit.

Signatories

I/We declare that I/we have read, understood and agree to the terms and conditions contained within the relevant LCP Insurance Linked Securities Fund - AUD Class Product Disclosure Statement and any related incorporated material to which this form applies.

This form must be signed by all authorised signatories.

Note: all signatures must match the specimen signatures we have on file.

Name of Investor 1

Signature

Date

Name of Investor 2 (if applicable)

Signature

Date

Select your **investor type**:

- | | |
|--|---|
| <input type="checkbox"/> Individual/joint investor/sole trader | <input type="checkbox"/> Trust/superannuation fund with corporate trustee |
| <input type="checkbox"/> Company | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Trust/superannuation fund with individual trustee | <input type="checkbox"/> Agent of investors |

Company seal (if applicable)