

Additional Investment

ATLAS Infrastructure Global Fund - AUD Hedged Class

ATLAS Infrastructure Global Fund - AUD Unhedged Class

Use this form if you are an existing investor 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 Read and ensure you understand the applicable Product Disclosure Statement (PDS) for the Fund you are making an additional investment in.

The PDS is available on our website www.atlasinfrastructure.com.

Step 2 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 5**

Step 3 Send your documents to us.

You can return your forms by post or email according to the details below:

Send by post:

ATLAS Infrastructure
GPO Box 804
Melbourne VIC 3001

Scan and email to: atlas.transactions@unitregistry.com.au

Step 4 Transfer your application money to us.

Please refer to **section 4** 'Payment of application amount'.

Section A: DDO Obligations

The following questions may assist Atlas Infrastructure in meeting its regulatory obligations by determining whether this financial product is being offered to the stated target market.

The below only needs to be answered where you are a direct [retail] investor (i.e. does not apply to Indirect or intermediated investments such as those made by platforms, custodians, etc).

Was this investment made based on personal advice received from your financial adviser?

☐ **Yes** - please ensure the details of your financial adviser are completed in Section B

☐ **No** - please complete the questions below:

A. What is your primary investment objective in relation to this investment? (select only one option)

Capital growth (you seek to invest in a product designed or expected to generate capital return over the investment timeframe. You prefer exposure to growth assets (such as shares or property) or otherwise seeks an investment return above the current inflation rate). ☐

Capital preservation (you seek to invest in a product designed or expected to have low volatility and minimise capital loss. You prefer exposure to defensive assets that are generally lower in risk and less volatile than growth investments (this may include cash or fixed income securities). ☐

Income distribution (you seek to invest in a product designed or expected to distribute regular and/or tax-effective income. You prefer exposure to income-generated assets (this may include high dividend-yielding equities, fixed income securities and money market instruments)). ☐

B. Are you seeking a source of supplemental income (which may not be regular or recurrent) in addition to the above investment objective? (select only one option)

☐ **Yes**

☐ **No**

C. What is your investment timeframe in relation to this investment? (select only one option)

Up to and including 2 years (i.e. Short term) ☐

More than 2 years but less than 5 years (i.e. Medium term) ☐

Equal to 5 years but less than 7 years (i.e. Medium to long term) ☐

Equal to 7 years or more (i.e. Long term) ☐

D. Under normal circumstances, within what period do you expect to be able to access your funds for this investment? (select only one option)

Within one week	<input type="checkbox"/>
Within one month	<input type="checkbox"/>
Within three months	<input type="checkbox"/>
Within one year	<input type="checkbox"/>
More than one year	<input type="checkbox"/>
Within five years	<input type="checkbox"/>
Within ten years	<input type="checkbox"/>
More than ten years	<input type="checkbox"/>
At issuer's discretion	<input type="checkbox"/>

E. In relation to this investment, which investment risk and return profile best describes you? (select only one option)

Low risk and return: You are looking for an investment that is low risk in nature (e.g. you have the ability to tolerate up to 1 negative return over a 20-year period and you are comfortable with a low target return from this investment).	<input type="checkbox"/>
Medium risk and return: You are looking for an investment that is moderate or medium risk in nature (e.g. you have the ability to tolerate up to 4 negative returns over a 20-year period and you are comfortable with a moderate target return from this investment).	<input type="checkbox"/>
High risk and return: You are looking for an investment that is higher risk in nature (e.g. you have the ability to tolerate up to 6 negative returns over a 20-year period in order to achieve a higher target return from this investment).	<input type="checkbox"/>
Very high risk and return: You are looking for an investment that is very high risk in nature (e.g. you have the ability to tolerate 6 or more negative returns over a 20-year period as you are seeking to maximise returns and you can accept higher potential losses).	<input type="checkbox"/>
Extremely high risk and return: You are for an investment that is extremely high risk in nature (e.g. you have the ability to accept significant volatility and losses as you are seeking to obtain accelerated returns (potentially in a short timeframe)).	<input type="checkbox"/>

F. What percentage of your total investable assets are you directing to this fund - that is the total assets you have available for investment, excluding your residential home? (select only one option)

Solution/Standalone (up to 100%)	<input type="checkbox"/>
Major allocation (up to 75%)	<input type="checkbox"/>
Core component (up to 50%)	<input type="checkbox"/>
Minor allocation (up to 25%)	<input type="checkbox"/>
Satellite allocation (up to 10%)	<input type="checkbox"/>

G. Where did you obtain your application form? (select only one option)

<input type="checkbox"/> Fund Manager Website	<input type="checkbox"/> Financial Adviser	<input type="checkbox"/> Referred by a friend/colleague	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Other
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Note: Acceptance of your application should not be taken as a representation or confirmation that an investment in the fund is, or is likely to be, consistent with your intentions, objectives and needs as indicated in your responses to these questions.

Section B: Investor details

Use this section to tell us about your financial adviser. If you change your financial adviser, it's important to let us know in a timely way. If you would like your financial adviser to receive copies of your statements by email, please enter their email address below.

Adviser email address

Notice to financial adviser: by completing this section of the application form, you are confirming that you hold a current Australian Financial Services Licence (AFSL), or are otherwise authorised to advise on and arrange this product.

Details

AFSL holder name

AFSL number

Adviser name

Advisor code or Authorised representative number

ABN

Property/building name

Unit

Street number

Street name

Suburb

State

Postcode

Country

Phone

Mobile

1. INVESTOR DETAILS

Account number

Investor name

2. INVESTMENT DETAILS

Your Distributions Election will apply as per your existing election for this product.

If this is the first time applying into this product, the distribution default will apply per the PDS. If there are changes to your distribution election required, Atlas Infrastructure requires a Change of Details form with an original signature to be completed. Confirmation must be received that your distribution election has been updated prior to the next distribution being processed.

Fund name	APIR	Investment amount AUD\$

3. OTHER INSTRUCTIONS

If you wish to change your other instructions (such as your reporting preferences, Distribution Election, Financial Adviser information, or Contact Details), please complete the relevant form, available from our website www.atlasinfrastructure.com.

4. PAYMENT OF APPLICATION AMOUNT

Select your payment method and complete the relevant section if applicable. All payments must be made in AUD.

☐ EFT ☐ Direct Debit

EFT Electronic Funds Transfer

Account name: OVFS ATF ATLAS INFRASTRUCTURE APPLICATION ACCOUNT

BSB: 083-001

Account number: 986730631

Your reference: [please use the name of the investor]

Direct debit authority – Australian bank accounts only

You can allow us to deduct your application amount directly from your nominated financial institution account by completing the direct debit authority below. This debit will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below.

We use OneVue Fund Services Pty Ltd as our external service provider to process your application and payment. By completing this section, you have understood and agreed to the terms and conditions governing the debit arrangements between you and OneVue Fund Services Pty Ltd as set out in this request and in your [Direct Debit Request Service Agreement](#).

Financial institution name	Branch name
<input type="text"/>	<input type="text"/>
Account name	
<input type="text"/>	
BSB number	Account number
<input type="text"/>	<input type="text"/>

I/We request and authorise [OneVue Fund Services Pty Ltd ABN 18 107 333 308 [User ID 411595]] to arrange, through its own financial institution, a debit to the nominated account as deemed payable by our administrator.

Signature of primary account holder	
<input type="text"/>	
Please print full name	Date (DD/MM/YYYY)
<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="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature of joint account holder (if applicable)	
<input type="text"/>	
Please print full name	Date (DD/MM/YYYY)
<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="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

5. SIGNING INSTRUCTIONS

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

- you have received, read and understood the current PDS
- 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 PDS 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, director or authorised signatory

Signature

Please print full name

Date (DD/MM/YY) / /

Company officer (please indicate company capacity)

Director	<input type="checkbox"/>
Sole Director and Company Secretary	<input type="checkbox"/>
Authorised Representative	<input type="checkbox"/>

Signature of investor 2, director/company secretary or authorised signatory

Signature

Please print full name

Date (DD/MM/YY) / /

Company officer (please indicate company capacity)

Director	<input type="checkbox"/>
Company Secretary	<input type="checkbox"/>
Authorised Representative	<input type="checkbox"/>