

## Additional Application Form

**Note:** This form **can not** be used for an initial investment application, including existing Longwave investors who want to invest in a different Longwave fund. Please complete the Application Form and if applicable, include existing account number in section 1 of the Application Form.

Please note additional investment requests received prior to 12:00pm Sydney time (on a Sydney business day) are deemed to be received that day, requests received after 12:00pm Sydney time are deemed to be received the next business day.

Investor Details	
Account number	_____
Account name	_____
Trustee name (For Funds/Trusts)	_____
Fund Information	
Please accept this additional investment request with respect to my/our investment in the below Fund(s):	
Fund Name	Amount in \$
Longwave Australian Small Companies Fund – Class A	
Longwave Australian Small Companies Fund – Class F	
Longwave Australian Small Companies Fund – Class I	
Longwave Australian Small Companies Fund – Class P	
Minimum additional investment is \$100,000 per Fund, or as agreed with the Responsible Entity.	
Payment Details	
<b>Payment Method:</b>	
<input type="checkbox"/> Electronic Funds Transfer, or <input type="checkbox"/> Cheque	
Payment is to be made in Australian Dollars by cheques or through the following accounts by Electronic Funds Transfer ('EFT'):	
<b>EFT:</b>	
<b>Currency</b>	AUD
<b>Country</b>	Australia
<b>Payee</b>	Pinnacle Application
<b>BSB:</b>	242 000
<b>Account Number:</b>	208 953 028
<b>Deposit reference for EFT:</b> Please quote your investor name	

**Authorisation**

I/we can confirm that I/we have read and understood the latest Offer Document to which this request applies. *Please ensure that this form is signed according to the authority assigned to the account.*

<p><b>Signature</b> _____</p> <p>Date ____/____/____</p> <p>Full Name _____</p> <p>Capacity: (e.g. director, trustee) _____</p>	<p><b>Signature</b> _____</p> <p>Date ____/____/____</p> <p>Full Name _____</p> <p>Capacity: (e.g. director, trustee) _____</p>
<p><b>Signature</b> _____</p> <p>Date ____/____/____</p> <p>Full Name _____</p> <p>Capacity: (e.g. director, trustee) _____</p>	<p><b>Signature</b> _____</p> <p>Date ____/____/____</p> <p>Full Name _____</p> <p>Capacity: (e.g. director, trustee) _____</p>

**Post:**

Longwave Capital Partners  
c/- Citi Unit Registry Australia  
GPO Box 764  
Melbourne VIC 3001

**Fax:**

[Fund Name] [Investor Name]  
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