


AIKYA

ADDITIONAL INVESTMENT FORM

Note: This form can not to be used for an initial investment application, including existing Aikya investment fund investors who want to invest in a different Aikya investment 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	
Investor number (eight-digit number) _____	
Investor name _____	
Fund Information	
Please accept this additional investment request with respect to my/our investment in the below Fund(s):	
Fund Name	Amount in \$
Aikya Emerging Markets Opportunities Fund - Class A	
Minimum additional investment is \$5,000 per Fund, or as agreed with the Responsible Entity.	
Payment Details	
Currency	AUD
Country	Australia
Payee	Pinnacle Application
BSB:	242 000
Account Number:	208 953 028
Deposit reference for EFT:	Your eight-digit investor number
BPAY	 Billers Code: 266783
One-off additional investments can also be made without an accompanying form by using the provided BPAY biller code (right) and the BPAY CRN, a ten-digit code which is a combination of the two-digit BPAY code (below) followed by your eight-digit investor number.	Telephone & Internet Banking – BPAY Call your bank, credit union or building society to make this payment from your cheque, savings or credit card account. More info: www.bpay.com.au
Fund name	BPAY code
Aikya Emerging Markets Opportunities Fund - Class A	69

Authorisation

I/we can confirm that I/we have read and understood the latest Product Disclosure Statement and Additional Information to the PDS to which this request applies. *Please ensure that this form is signed according to the authority assigned to the account.*

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

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

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

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

Post:

Aikya Investment Management Limited
c/- Citi Unit Registry Australia
GPO Box 764
Melbourne VIC 3001

OR

Fax:

[Fund Name] [Investor Name]
c/- Citi Unit Registry Australia
+61 1300 102 151